CITY OF BALTIMORE

ONE HUNDRED AND THIRTY-EIGHTH

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1952

To the Mayor and City Council of Baltimore for the Year Ended December 31, 1952

How fast is too fast?
How slow is too slow?
How far is too far?
How much is too much?

Answer these and perchance
all other wisdom may be added unto you.

H.W.

DEPARTMENT OF HEALTH

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

ADMINISTRATIVE SECTION

Administration.....HUNTINGTON WILLIAMS, M.D., DR.P.H.
Health Information.....JOSEPH GORDON
Laboratories.....CLINTON L. EWING
Eastern Health District.....W. SINCLAIR HARPER, M.D., D.P.H.
Western Health District.....
Druid Health District.....H. MACEO WILLIAMS, M.D., M.P.H.
Southeastern Health District.....JOHN A. SKLADOWSKY, M.D.
Southern Health District.....ABRAHAM M. LILIENFELD, M.D., M.P.H.

MEDICAL SECTION—PREVENTIVE

Communicable Diseases.....MYRON G. TULL, M.D., M.P.H.
Tuberculosis.....CHARLOTTE SILVERMAN, M.D., DR.P.H.
Venereal Diseases.....NELS A. NELSON, M.D., M.P.H.
Child Hygiene.....JANET HARDY, M.D.
Dental Care.....H. BERTON MCCAULEY, D.D.S.
Public Health Nursing.....ALICE M. SUNDBERG, R.N., M.P.H.

MEDICAL CARE SECTION

J. WILFRID DAVIS, M.D., M.P.H., Director

SANITARY SECTION

WILMER H. SCHULZE, Phar. D., Director

Milk Control.....IVAN M. MARTY
Food Control.....FERDINAND A. KORFF
Meat Inspection.....WILLIAM J. GALLAGHER, D.V.M.
Environmental Hygiene.....GEORGE W. SCHUCKER
Industrial Hygiene.....CHARLES E. COUCHMAN

HOUSING BUREAU

G. YATES COOK, Director

STATISTICAL SECTION

W. THURBER FALES, Sc.D., Director

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

Learn to Do Your Part in the Prevention of Disease

We must not in the Course of Publick Life expect *immediate* Approbation and *immediate* grateful Acknowledgment of our Services.~~But let us persevere thro' Abuse and even Injury. The internal Satisfaction of a good Conscience is always present, and Time will do us Justice in the Minds of the People, even of those at present the most prejudic'd against us.

Benj. Franklin 1772

SEEN UNDER GLASS ON A
CITY HALL DESK

CONSULTANTS

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

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

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

DR. LOUIS P. HAMBURGER,
Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine.

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

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

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

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

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

DR. THOMAS B. TURNER,
Professor of Bacteriology, Johns Hopkins School of Hygiene and Public Health.

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

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

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

ADVISORY COMMITTEE ON SANITATION

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

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

DR. FRANK S. FELLOWS,
Medical Director, United States Public Health Service
in Charge of the Baltimore Quarantine Station.

MR. PAUL L. HOLLAND,
Director of Public Works of Baltimore.

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

MEDICAL STAFF

George G. Adams, M.D. t
Townsend W. Anderson, M.D. v
David Bacharach, M.D. s, v
McDonald M. Bando, M.D. c
M. L. Barksdale, M.D. v
Annie M. Bestebreurtje, M.D. c
James M. Bisanar, M.D. c
Walter P. Block, M.D. c
Harry E. Bloom, M.D. ey
Louis V. Blum, M.D. t
Katherine H. Borkovich, M.D. t
Helen Bowie, M.D. c
M. L. Breitstein, M.D. ea
George P. Brown, M.D. c, v
G. Raynor Browne, M.D. v
W. Berkley Butler, M.D. v
James D. Carr, M.D. v
James J. Chisholm, Jr., M.D. v
J. W. V. Clift, M.D. c
Harry Cohen, M.D. m
Morris M. Cohen, M.D. v
Jerome E. Cohn, M.D. t
Theodore Cooper, M.D. t
Roscoe Z. G. Cross, M.D. s
Sir Allen Daley, M.D.
George H. Davis, M.D. m
W. Allen Deckert, M.D. m
Morris Feldman, Jr., M.D. s
Alan Foord, M.D. s
Norman R. Freeman, Jr., M.D. s
J. Earle Furman, M.D. c
Perry Futterman, M.D. v
Louis C. Gareis, M.D. m
Lester H. Gliedman, M.D. v
Harris Goldman, M.D. v
Eugene O. Goldstein, M.D. c
Sylvan C. Goodman, M.D. v
Martin K. Gorten, M.D. c
James P. Grant, Jr., M.D. v
S. Butler Grimes, M.D. c
Louis E. Harmon, M.D. v
Aaron Harris, M.D. c, s
Thomas W. Harris, Jr., M.D. v
James B. Hawkins, M.D. s
Mary L. Hayleck, M.D. c
Frederick J. Heldrich, Jr., M.D. v
Emil H. Henning, Jr., M.D. s
Clewell Howell, M.D. c
Hugh P. Hughes, M.D. s
Richard H. Hunt, M.D. v
Meyer W. Jacobson, M.D. t
R. Donald Jandorf, M.D. v
W. Atwell Jones, M.D. v
Theodore Kardash, M.D. m
Vernon C. Kelly, M.D. m
Katharine V. Kemp, M.D. c
Albert L. Laforest, M.D. v
Arnold K. Lavenstein, M.D. c
C. Dudley Lee, M.D. t
Lucille Liberles, M.D. c
Renold B. Lighston, Jr., M.D. c, v
Jerry C. Luck, M.D. c
Charles F. Maloney, M.D. c
Clarence W. Martin, M.D. v
Mary E. Matthews, M.D. c
Robert E. May, M.D. v
Robert Mazer, M.D. v, s
Israel P. Meranski, M.D. v
Donald W. Mintzer, M.D. v
J. Carl Myers, M.D. mi
George C. Page, M.D. v
George H. Pendleton, M.D. v
Talmadge H. Pinkney, M.D. v
William G. Polk, M.D. c, v
A. L. Rettaliata, M.D. mi
Paul F. Richardson, M.D. v
Gilbert W. Rosenthal, M.D. c
Alma S. Rothholz, M.D. c
Gilbert E. Rudman, M.D. s
Cecil Rudner, M.D. t
Alvin E. Rudo, M.D. ea
Royd R. Sayers, M.D. mi
Nathan Schnaper, M.D. v
Henry M. Seidel, M.D. v
J. Douglass Shepperd, M.D. v
E. Walter Shervington, M.D. v, s
M. S. Shiling, M.D. t
Isadore A. Siegel, M.D. mi, m
Andrew R. Sosnowski, M.D. s
Melchijah Spragins, M.D. c
Henry G. Summers, M.D. c
Leslie A. Walker, M.D. v
Howard H. Warner, M.D. s
William E. Weeks, M.D. c
Henry L. Whittle, M.D. c
Joseph C. Wich, M.D. c
Gustav H. Woltereck, M.D. c
Charles T. Woodland, M.D. v
Ralph J. Young, M.D. v
Harold E. C. Zheutlin, M.D. v

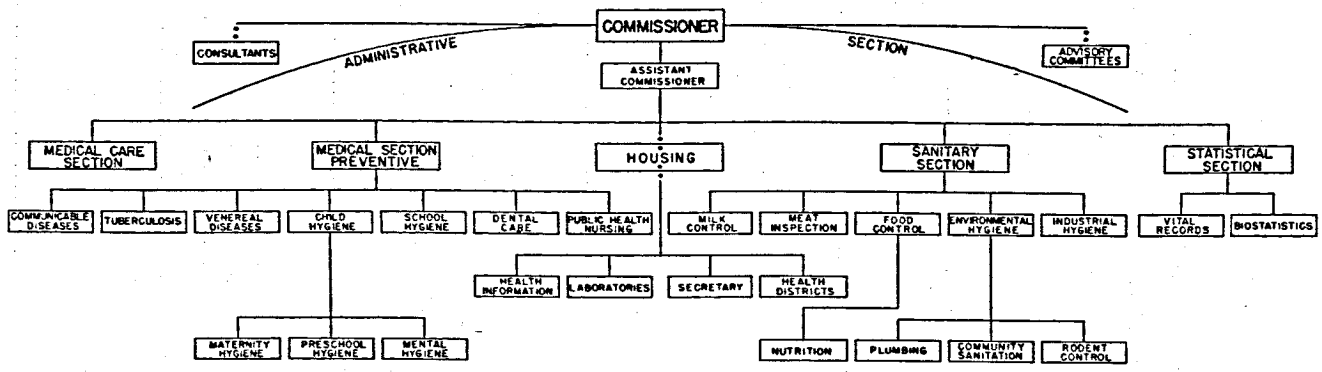
c = child hygiene, ea = ear clinic, ey = eye clinic, m = maternity hygiene, mi = medical investigator, s = school physician, t = tuberculosis clinic, v = venereal disease clinic.

TABLE OF CONTENTS

	Page
THE DEPARTMENT OF HEALTH	3
REPORT OF THE COMMISSIONER OF HEALTH	9
ADMINISTRATIVE SECTION	
Assistant Commissioner of Health	59
Civil Defense Health Service	63
Health Information	69
Laboratories	81
Eastern Health District	97
Western Health District	105
Druid Health District	111
Southeastern Health District	117
Southern Health District	125
MEDICAL SECTION—PREVENTIVE	
Communicable Diseases	137
Tuberculosis	145
Venereal Diseases	165
Child Hygiene	177
Dental Care	199
Public Health Nursing	209
MEDICAL CARE SECTION	217
SANITARY SECTION	
Sanitary Section	227
Milk Control	233
Food Control	239
Meat Inspection	261
Environmental Hygiene	267
Industrial Hygiene	281
HOUSING BUREAU	297
STATISTICAL SECTION	
Statistical Section	305
Biostatistics	309
Vital Records	313
VITAL STATISTICS TABLES	319
APPENDIX	
Ordinance: Eastern Health District Building	369
Opinion of the Court: Fluoridation of City Water Supply	370
INDEX	379

ORGANIZATION CHART

BALTIMORE CITY HEALTH DEPARTMENT



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

1952

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-eighth in a series of consecutive annual reports of the work done by the Baltimore City Health Department, and by the several bureaus thereof, for the year ended December 31, 1952.

Introduction

The outstanding public health event of the year took place on November 26 when Mayor Thomas D'Alesandro, Jr. inaugurated the fluoridation of the city water supply at the Montebello Filtration Plant. This measure, strongly recommended by both the dental and medical professions, will not only reduce tooth decay in thousands of young children now residing in the city but will also benefit future citizens in improved teeth, health and appearance. Basic documents in the two-year study-battle period are the Committee Report of the National Research Council, published in the Appendix of the 1951 ANNUAL REPORT of the Health Department and the court decision in the taxpayer's suit which appears in the Appendix of the 1952 ANNUAL REPORT.

The City Health Department was especially fortunate in securing the services of Sir Allen Daley, retired Medical Officer of Health of the London County Council and dean of British medical officers of health who early in March joined the Department staff for four months on a half-time basis as Associate Health Officer. His salary was provided by the Board of Estimates at the request of the Mayor and it may be said that never before has a British health official received such an official appointment in an American municipality. Sir Allen's work, primarily of a consultative nature, was inestimably profitable in evaluating and stimulating every part of the City Health Department work. His medical knowledge and administrative skill were as prodigious as his kindly humor was ap-

pealing. Sir Allen's presence in Baltimore was particularly helpful to the Civil Defense Health Service staff in the City Health Department in view of his extraordinary experience as London's wartime medical officer of health. When not in Baltimore he spent much time addressing the Schools of Public Health at Harvard, Yale and at the Universities of Michigan, Minnesota and North Carolina. He spoke more than once at Johns Hopkins

SIR ALLEN DALEY RETIRES

A BRILLIANT and influential career comes to an official end with Sir Allen Daley's retirement next week from his post of medical officer of health and school medical officer of the County of London.

Daley succeeded his father as M.O.H. for Bootle in 1911, and came to London, by way of Blackburn and Hull, in 1929. Placed in charge, under Sir Frederick Menzies, of the very extensive public-health work of the department, he also played an important part in the taking over by the L.C.C. of the 76 hospitals, with 40,000 beds, administered by the boards of guardians and the Metropolitan Asylums Board. The welding of these hospitals into an efficient municipal service was an immense undertaking, but it was largely accomplished before the outbreak of the second world war. Daley acted as chairman of departmental committees concerned with pathological services, hospital standards, hospital staffing, the district medical service, the ambulance service, and the tuberculosis scheme, and the reports of these committees influenced policy outside London as well as within L.C.C. borders. Promoted deputy in 1938, he succeeded Menzies as county medical officer in 1939. The L.C.C.'s mental-hospital service was placed under his administration in 1941 and he then became head of the biggest municipal hospital service in the word. Its part in serving the civilian sick and the air-raid casualties of London, despite the heavy bomb damage its buildings sustained in some 860 incidents, enabled it later to say that no acute case of illness and no casualty ever failed to get a bed in an L.C.C. hospital. In 1944 Daley's distinguished services were recognised by the bestowal of a knighthood.

The ending of the war plunged Sir Allen into the problems of reconstructing the hospital service and preparing for the National Health Service. In London these problems were peculiarly complex. Not only had the L.C.C.'s staffs, records, and hospitals to be handed over to four separate regional hospital boards and several boards of governors of teaching hospitals, but the maternity and child-welfare services of the 28 Metropolitan boroughs and the City had to be taken over and integrated with the remaining health services of the L.C.C. The smooth accomplishment of both tasks owed much to Daley's administrative genius. This period also saw his energies and abilities utilised in wider spheres. As president, and then for four years as chairman of council, of the Society of Medical Officers of Health, he occupied the leading position in the counsels of his own branch of the profession. He also occupied an ex-officio seat on the Central Health Services Council, sat on many of its standing advisory committees, and was chairman of that on mental health. Many voluntary bodies sought his assistance, and as elder statesman he befriended and guided many of his junior colleagues.

Blessed with good health, an astonishing capacity for work, an excellent memory, an abiding interest in men and things, and the saving grace of humour, Daley has served his day and generation well, but has still much to give us. Like Sir Arthur Newsholme before him, he goes for a few months to America, where, at the instance of his friend Dr. Huntington Williams, he will act as part-time associate health officer of the City of Baltimore and will also lecture in several American universities. On his return there will certainly be no lack of employment for his wisdom and experience; and we speak for hundreds of his friends in the medical and nursing professions in wishing him many fruitful years of healthy, happy, and energetic retirement.

FROM THE LANCET
LONDON, FEBRUARY 16, 1952

and also at the state and other local medical meetings, and late in June he and the Commissioner of Health addressed the Richmond Academy of Medicine in that city.

The program of providing modern health district buildings in Baltimore went forward with the ceremonial cornerstone laying for the new Southeastern Health District building at 3411 Bank Street on March 11 and the ground breaking for the Eastern Health District building on March 14. The study of air pollution control was given added impetus when $25,000 was appropriated for 1953 with a plan that a Division of Air Pollution Control be established in the Health Department's Bureau of Industrial Hygiene. The Bureau of Food Control likewise was strengthened with the addition of a Division of Food Plant Inspection. Lead poisoning in young children, long a public health problem in Baltimore, appeared to be on the decline with 5 deaths and 29 cases reported for 1952 as compared with 9 fatalities and 77 cases in 1951. A special exhibit of this hazard was dis-

played on special request at the annual meetings of the Southern Branch of the American Public Health Association in Baltimore in April, of the American Medical Association in Chicago in June and of the American Public Health Association in Cleveland in October.

HEALTH OFFICERS CONFERENCE
SIR ALLEN DALEY (RIGHT) AND THE COMMISSIONER

At the request of Mayor D'Alesandro, the Commissioner of Health participated in studies designed to investigate the needs for nursing homes and for the aged, two problems which are becoming increasingly important as our population ages; and in April Dr. W. Thurber Fales, Director of the Department's Statistical Section began his work, with the consent of the

Mayor, as a staff member of the President's Commission on the Health Needs of the Nation.

Baltimore's health record for 1952 showed a remarkable new low record of 6 cases of diphtheria for the year, 2 cases less than the prior low city record for 1951 and 40 less than the lowest prior figure reported both in 1948 and 1949. Whooping cough was recorded with a new low of 113 cases, and the tuberculosis death rate for the total population fell from 52.1 per 100,000 population in 1951 to a new low city record of 43.5 in 1952. Both for the white and colored groups the tuberculosis death rates were the lowest in the city's records. The number of mothers dying of conditions relating to pregnancy and childbirth was again remarkably low. There were only 5 deaths of mothers for every 10,000 babies born alive, as compared with 4 in 1951. The infant mortality rate was 27.9 per 1,000 live births, almost the same as the city's record low year, 1950, when it was 27.2. For white infants a new low record of 20.9 was achieved. In past years illnesses and deaths from typhoid fever, diphtheria, measles and whooping cough accounted for a large number of deaths each year. It is especially gratifying to report no death of typhoid fever, whooping cough or measles, and but 1 death from diphtheria in 1952.

The year was also marked by the completion of the major part of the work in the Housing Bureau's Pilot Program in a 27 block area in East Baltimore, and a resurvey of this area was made under the direction of Mr. Emil A. Tiboni of the U. S. Public Health Service. In it the American Public Health Association's appraisal technique was used. By the end of the year the Encyclopaedia Britannica Films, Inc. had finished its documentary sound motion picture which skillfully depicts Baltimore's law enforcement and rehabilitation activities in the fight against slum housing.

For the period September 16–October 16 the Commissioner of Health visited West Germany at the invitation of the German Federal Government. With a small group of other American officials he flew by way of London to Frankfurt and return. They studied with the help of national and local officials and nonofficial agencies current problems in about 25 West German cities, in West and East Berlin and in rural areas in the special fields of public administration, local planning and reconstruction.

Civil Defense

During the year particular effort was made to appoint key personnel to all responsible positions in the Civil Defense Health Service organization. To assist in carrying out their duties Health Department staff members in the Civil Defense Health Service participated in two national conferences and numerous state and local meetings.

In July, copies of "Baltimore City Civil Defense Health Service Key Information" were assigned to the Commissioner of Health in his capacity

as Director of the Civil Defense Health Service for Baltimore City, to Dr. J. Wilfrid Davis, deputy director of this service, to Dr. William H. F. Warthen of the Baltimore County Civil Defense Health Service and to Dr. William J. French of the Anne Arundel County Service. This key civil defense information material is brought up-to-date every three months so that essential information will always be available to administrators in an emergency. In November a succession of command was established to provide for an administrative head in the event the Director is unable to serve.

Other civil defense activities accomplished during 1952 included: The establishment of storage areas for emergency medical supplies and the origination of plans to distribute these supplies early in 1953 to the city's 98 casualty clearing stations; the assignment and instruction of 16 fully organized and 7 partially organized mortuary teams; the designation of temporary burial areas in the event of severe destruction; the completion of plans of procedure for the Sanitation and Special Weapons Defense section of the Civil Defense Health Service; the assignment of special duties to more than 50 volunteers of the Pest Control Association of Maryland and the Baltimore Chapter of Food Technologists and the training of these volunteers in Civil Defense Food Service techniques; and the distribution of civil defense identification cards to City Health Department personnel.

At the end of the year there remained the task of completing the civil defense organization of the hospitals in the city and also that of completing the staffing of the 98 casualty clearing stations throughout the city with the required number of volunteer nurse assistants and first aid and other workers. The American Red Cross continued to cooperate fully in the training of volunteers.

The Health of the City

The estimated population of the city on July 1, 1952 was 956,500; the white population was 724,000 and the nonwhite population was 232,500 or 24.3 per cent. These figures have been used in calculating the rates in this report. The annual increase in population is less than the growth which would be expected on the basis of the excess births over deaths. It is believed that this is due to a net outmigration from the city proper to the suburban fringe.

Mention has been made of the new low record of only 6 cases of diphtheria in the year. The reduction of reported cases of whooping cough to 113 and a decline of 16.5 per cent in the tuberculosis death rate to 43.5 per 100,000 population have also been noted.

Counterbalancing these trends was a disturbing rise of 10 per cent in the rate of mortality due to accidents from all causes. In 1952, there were 549

resident deaths ascribed to accidents as compared with 498 which were recorded in 1951. This increase was chiefly due to a rise in the number of deaths which resulted from accidents in the home, and plans for special studies in this field are being made.

The excellent record in maternal and infant mortality established in recent years in this city was maintained in 1952. The number of mothers dying of childbirth or as a result of conditions associated with childbearing was 5 per 10,000 live births. The infant mortality rate was 27.9 per 1,000 live births with rates of 20.9 and 41.2 prevailing in the white and nonwhite populations, respectively. The differential between the white and nonwhite infant mortality rates presents a problem which can be successfully dealt with, it is believed, by a more intensive program of preventive care among the underprivileged elements of the nonwhite population.

Principal Causes of Death

The total mortality rate rose from 11.4 to 11.7, a rise which is due to small increases in death rates for conditions associated with old age and to the 10 per cent increase in deaths from accidental causes. As the population ages, that is, as the proportion of the population in older age groups increases, it may be expected that the total death rate will show a gradual upward movement. This trend should not be considered as alarming, since it does not reflect by itself the progress which is being made in reducing the mortality risk at specific age levels.

The death rate in 1952 for the white population was 11.4 and the corresponding figure for the nonwhite population was 12.7. The difference between these rates which is now about 10 per cent has shown dramatic change in the past two decades. Twenty years ago, in 1932, the mortality rate in the nonwhite population was 50 per cent higher than the rate prevailing in the white population. The reduction of this difference between the groups may be attributed to the marked improvement in the general social and economic status of the Negro and to the several preventive medical programs administered by the City Health Department in maternal and child hygiene, and in tuberculosis and venereal disease control.

Diseases of the heart continued in first place among the principal causes of death with a rate of 505 per 100,000 population, as may be seen in the accompanying table. Cancer was the second leading cause of death. Among Negroes tuberculosis continued to play an important role in causing death, the rate being 104.1. Nevertheless striking progress was made in 1952, as is evidenced by a comparison of the 1951 and 1952 tuberculosis death rates in the colored population. The building of new tuberculosis hospital facilities and the use of streptomycin and other new drugs should aid in the struggle to remove this disease as a widespread hazard to life and family security.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH: TOTAL, WHITE AND COLORED POPULATION: BALTIMORE 1951-1952

TOTAL POPULATION			WHITE POPULATION			COLORED POPULATION		
CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000	
	1952	1951		1952	1951		1952	1951
Diseases of heart	505.0	480.5	Diseases of heart	528.0	501.2	Diseases of heart	433.1	415.2
Cancer, all forms	180.3	172.3	Cancer, all forms	192.3	183.7	Cancer, all forms	143.2	136.5
Vascular lesions of central nervous system	87.4	84.7	Vascular lesions of central nervous system	85.5	82.8	Tuberculosis, all forms	104.1	123.9
Accidental causes	57.4	52.3	Accidental causes	50.1	46.7	Vascular lesions of central nervous system	93.3	90.4
Tuberculosis, all forms	43.5	52.1	Diseases of arteries and veins	28.9	25.7	Certain diseases of early infancy	84.7	86.5
Certain diseases of early infancy	41.1	47.3	Certain diseases of early infancy	27.1	34.9	Accidental causes	80.0	70.4
Influenza and pneumonia	30.9	33.5	Influenza and pneumonia	25.4	24.7	Influenza and pneumonia	48.2	60.4

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1952.

FINANCIAL STATEMENT

As of December 31, 1952

Total City Appropriations		$2,011,208.14
Total City Expenditures		1,947,587.88
Appropriations by Ordinance of Estimates, January 1, 1952	$1,926,550.00	
Appropriation for Transportation	46,403.43	
Supplementary Appropriations for Building Maintenance and Special Projects	38,254.71	
		$2,011,208.14

Expenditures of the Baltimore City Health Department

ADMINISTRATIVE SECTION

Administration	$55,603.65	
Health Information	42,073.67	
Laboratories	143,386.94	
Eastern Health District	98,332.23	
Western Health District	71,316.50	
Southeastern Health District	79,228.28	
Druid Health District	150,889.12	
Southern Health District	81,378.33	
		$722,208.72

MEDICAL SECTION—PREVENTIVE

Communicable Diseases	$22,940.44	
Tuberculosis	74,759.24	
Venereal Diseases	112,173.73	
Child Hygiene	105,955.72	
School Hygiene	23,450.93	
Dental Care	44,318.43	
Public Health Nursing	171,776.44	
		$555,374.93

MEDICAL CARE SECTION

Administration	$20,397.47	
		$20,397.47

SANITARY SECTION

Administration	$26,547.16	
Milk	73,742.99	
Food	63,501.17	
Meat	79,347.55	
Environmental Hygiene	112,070.39	
Rodent Control	55,330.97	
Industrial Hygiene	31,743.73	
		$442,283.96

STATISTICAL SECTION

Administration	$11,904.86	
Biostatistics	21,456.77	
Vital Records	57,683.54	
		$91,045.17

HOUSING

Administration	$116,277.63	
		$116,277.63
Total, Salaries and Expenses		$1,947,587.88

Receipts

Vital Records	$31,827.75	
Child Hygiene Licenses	85.00	
Milk Permits	13,132.00	
Plumbing Permits	22,945.25	
Rooming House Permits	672.00	
Meat Permits	24,870.00	
Miscellaneous Revenue	156.75	
Total		$93,688.75

Additional Non-Health Department Expenditures

There follow certain tabulations of expenditures for health work in Baltimore in 1952 which was closely related to or a part of the work of the City Health Department:

I OFFICIAL EXPENDITURES	
City Civil Defense Organization—Health Service	$9,748.64
City Department of Education—high school medical services	102,188.00
City Department of Welfare	
Tuberculosis hospital service	
Baltimore City Hospitals	515,588.00
Mt. Pleasant Sanatorium—city cases	12,565.92
Eudowood Sanatorium—city cases	23,694.00
Communicable disease hospital service	70,547.55†
State Department of Health Funds	
State Tuberculosis Sanatoria—city cases	1,258,295.00
Mt. Pleasant Sanatorium—city cases	39,351.00
City venereal disease control	5,040.00
Services for city crippled children	76,801.71
Medical care—public assistance clients	552,467.00
U. S. Public Health Service Funds	
General	32,563.11
The Johns Hopkins Hospital—venereal disease control	18,308.00
Tuberculosis control	42,638.37
U. S. Children's Bureau Funds	
Maternal and Child Health Service	72,722.15
Services for crippled children	8,682.39
Services for cerebral palsy project	47,145.40
The Johns Hopkins University rheumatic fever and congenital heart project	15,860.86
The Johns Hopkins University training program in audiology and speech	28,100.00
The Johns Hopkins Hospital—epilepsy clinic	8,800.00
University of Maryland Hospital—epilepsy clinic	6,405.50
	$2,947,512.60
II NONOFFICIAL EXPENDITURES	
Baltimore City Chapter—National Foundation for Infantile Paralysis	67,930.71
Baltimore Hearing Society	17,581.81
Baltimore League for Crippled Children and Adults, Inc.	72,723.57
Eudowood Sanatorium—city cases	7,086.09
Food Establishments—sanitary control	70,000.00†
Heart Association of Maryland	35,573.13
Instructive Visiting Nurse Association	148,798.25
Johns Hopkins University—Eastern Health District	12,218.58
Laboratory services—hospital or private	140,000.00†
Maryland Division, Inc.—American Cancer Society	93,000.00
Maryland Society for the Prevention of Blindness	13,338.18
Maryland Tuberculosis Association	115,000.00
Mt. Pleasant Sanatorium—city cases	99,498.00
Pasteurization plants—farm and laboratory control	170,000.00
Venereal disease control—hospital dispensaries	25,000.00†
	$1,087,748.32†
Total	$4,035,260.92†

This $4,035,260.92 added to the City Health Department expenditures of $1,947,587.88 gives an estimated total of $5,982,848.80 or $6.25 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.

† Approximate figure.

Personnel

It was a privilege to have Sir Allen Daley, retired Medical Officer of Health of the London County Council join the City Health Department staff on March 6 for a period of four months on a part-time basis. On April 17 Mr. Jacque G. Ayd, who had been with the City Health Department since 1941, was promoted from Sanitarian to Chief of the newly created Division of Food Plant Inspection. Dr. Abraham M. Lilienfeld, Health Officer of the Southern Health District, resigned on July 16 after two years of service. Dr. W. Sinclair Harper, former District Health Officer in the Toronto City Health Department, was appointed Health Officer of the Eastern Health District on September 25.

The following personnel changes took place in the Housing Bureau: On February 7 Mr. Gerald J. Doyle transferred from Personnel Technician with the City Service Commission to Administrative Assistant—Housing; Mr. William M. Gardner was promoted on March 20 from Sanitarian to Supervisor—Housing Enforcement; on May 30 Mr. William Downey resigned from his position as Public Information Assistant and this vacancy was filled on December 15 by Mr. Morton J. Stussman; and Mr. Bernard Aiken, Senior Statistician, resigned on September 17.

Health Information

The dissemination of health information and the promotion of better health practices among the city's population continued in 1952 through the joint effort and close teamwork of all Health Department units, with a large measure of assistance rendered by the Maryland State Department of Health, the Medical and Chirurgical Faculty of Maryland and other city official and nonofficial agencies. This phase of Health Department work went forward through every available means of communication including individual and group conferences, personal correspondence, the press and printed matter, and radio and television.

The plan to fluoridate the city water supply, a significant public health achievement, was realized on November 26 after more than two years of study and a vigorous educational program carried on with the help of local and national health, medical and dental organizations.

The Housing Bureau continued its efforts to improve sanitary living conditions through Baltimore's special Housing Law Enforcement program. Owners and tenants of the buildings in the blighted areas were influenced to make improvements through the joint educational activities of the Housing Bureau, the Sanitary Section, the Department of Education and other municipal and nonofficial agencies interested in controlling blight.

The Department received two significant awards in the field of health information. In April "Your Family Doctor," the weekly health television series sponsored jointly by the City Health Department and the Medical and Chirurgical Faculty of Maryland and televised by the Baltimore *Sunpapers* station WMAR-TV, was accorded honorable mention at the Sixteenth American Exhibition of Educational Radio and Television Programs sponsored by the annual Institute for Education by Radio and Television at Ohio State University. In June an exhibit designed particularly for medical practitioners on the subject of lead poisoning in young children received a Certificate of Merit at the Annual Meeting of the American Medical Association in Chicago. Noteworthy among the informational programs in which City Health Department members participated for the benefit of the public were the civil defense health services, the child health services, community sanitation and mental hygiene. Staff members also participated actively in the many community health drives and in public health and medical education at the Johns Hopkins University and the University of Maryland.

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

1. The City Health Department issued its five regular publications during the year: The *Saturday Letter to the Mayor* which is the Commissioner of Health's weekly press release, the monthly *Baltimore Health News*, the *Quarterly Statistical Report*, the ANNUAL REPORT of the Department and its summary, GUARDING THE HEALTH OF BALTIMORE.

   The *Baltimore Health News* reached more than 10,000 individuals and agencies and provided for them accurate and authentic information on items affecting Baltimore's health. Articles of note which were published related to the fluoridation of water supplies, nursing homes, medical examination of food handlers, air pollution control and problems of the aged. An approximate summation of newspaper publicity resulting from Health Department releases revealed a total of 588 articles comprising 6,403 column inches. The total number of leaflets and other miscellaneous health literature distributed during the year was estimated at 587,249 pieces. Thirteen reprints of published articles written by staff members were distributed to the 1,800 physicians in the city.

2. Nine new informational publications were issued during the year. These were: "City Health Code," "Emergency Home Food Shelf," "Dental Hygiene," "Fluoridation—Questions and Answers," "Holiday Eating with Calories Reduced," "Illnesses Attributed to Foods," "Instructions for Food Demonstrators," "Ordinance and

American Medical Association

R. R. Sayers, Huntington Williams, Wilmer H. Schulze,
Charles E. Courchman and Emanuel Kaplan
Baltimore City Health Department, Baltimore, Maryland

are awarded a

Certificate of Merit

for the exhibit on

Lead Poisoning in Children

Section on Preventive and Industrial Medicine and Public Health

Scientific Exhibit

Chicago Session, 1952

Thomas G. Hull — Director, Scientific Exhibit

Louis H. Bauer — President

LEAD POISONING IN CHILDREN

THE SIXTEENTH AMERICAN EXHIBITION OF
EDUCATIONAL RADIO-TELEVISION PROGRAMS

IN RECOGNITION OF OUTSTANDING EDUCATIONAL VALUE AND DISTINGUISHED TELEVISION PRODUCTION

PRESENTS THIS

HONORABLE MENTION

IN THE LOCAL AND REGIONAL CLASSIFICATION FOR
A PUBLIC AFFAIRS PROGRAM TO

BALTIMORE CITY HEALTH DEPARTMENT AND STATION WMAR-TV

FOR THE PROGRAM SERIES

YOUR FAMILY DOCTOR

THE INSTITUTE FOR EDUCATION BY RADIO-TELEVISION
THE OHIO STATE UNIVERSITY

1 · 9 · 5 · 2

JOINTLY SPONSORED BY THE
MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

Regulations Governing the Hygiene of Housing" and "Some Household Tests for Food Wholesomeness." Three publications were revised: "City Housing Code," "Scarlet Fever" and the greeting card to all new 4 month old babies reminding parents of the need for toxoid inoculation to prevent diphtheria.

3. The weekly "Keeping Well" radio drama series and the weekly television program entitled "Your Family Doctor" continued without interruption during the year. These Health Department programs are both produced under joint sponsorship with the Medical and Chirurgical Faculty of Maryland. Studio survey records show a continued interest in the television program and a late 1952 rating estimated 125,000 viewers in the Baltimore metropolitan area.
4. Seventy-four exhibits were prepared and set up in many locations throughout the city in connection with Health Department clinics and various community health campaigns upon request by other city agencies or groups. Exhibits were directed at informing the public concerning mental hygiene, slum rehabilitation, food and nutrition, communicable diseases and personal health.
5. Staff members participated in 551 health meetings on local, regional and national levels and reached a collective audience estimated at 218,564 persons.
6. A total of 262 film showings was made during the year. These were accomplished through close cooperation with the Enoch Pratt Free Library Films Department and the Maryland State Department of Health film library. In many instances staff members served as guest speakers or acted as discussion leaders.
7. Library, editorial, duplicating and photographic services were made available to Department staff members.

Laboratories

The laboratories provided services involving 252,443 examinations of 126,730 samples and specimens. Total examinations increased by 5.4 per cent and samples and specimens decreased by 3.2 per cent in comparison with 1951 figures.

Gratifying results were obtained by the City Health Department's routine and special serologic laboratories in the 1951–1952 Maryland State-wide Syphilis Serology Survey. The two standard tests used routinely and employed in the study met the high standards expected of them.

Services involving medical-diagnostic and sanitary enforcement activities included the examination of 88,332 specimens of blood for syphilis, 5,272 smears and 4,373 cultures for gonococcus infections, 10,499 speci-

mens for tuberculosis, 447 cultures for diphtheria, 45 animals for rabies, 3,129 agglutination test specimens for enteric diseases, infectious mononucleosis, or certain rickettsial diseases, and 13,266 samples of milk, food products or industrial or other materials.

The bacteriology laboratory devoted considerable effort in making examinations to determine the causative agents in a number of alleged food poisoning outbreaks. This work and other activities involved 46,069 examinations of 8,276 samples of milk and dairy products, water, food utensil and hand swabbings, sea food and miscellaneous materials.

In the Division of Chemistry 33,904 examinations were made of 11,426 samples submitted principally in connection with the activities of the Sanitary Section. Both figures represent decreases when compared with the previous year. A total of 5,042 samples of milk or other dairy products was examined by the phosphatase test and in only 4 samples, representing three instances, was there evidence of faulty pasteurization. An increase of 8.5 per cent in the number of examinations for lead was noted in 1952 when a total of 743 blood specimens was submitted from 167 adults and 331 children. In addition, 204 samples of paint scrapings were also examined for lead.

Following the fluoridation of the city water supply on November 26, an added responsibility was placed on the chemical laboratory. This involved the testing of tap water samples for fluoride and represented the work equivalent of approximately 1 man-day per week.

Special investigations included comparative tests to determine the value of the use of the so-called cardiolipin indicator in the Hinton flocculation test for syphilis, a study of the effect of temperature on the colloidal mastic test used in syphilis diagnosis, and a study of the efficiency of the Venereal Disease Research Laboratory (VDRL—U. S. Public Health Service) microscopic flocculation test for syphilis. In addition, a new simple and inexpensive test was devised for the detection of sulfite preservative in ground meat.

Educational activities were continued in 1952 when the laboratory services were explained to approximately 500 visitors from schools and other local institutions and to representatives from Montreal, Canada, and Mexico City. Lectures were given to medical students at the University of Maryland and assistance was furnished to the Sanitary Section in its in-service training program.

Eastern Health District

Substantial progress was made in the Eastern Health District's building construction program. The new building, for which city funds were approved by the voters on May 8, 1951 in the Public Buildings and Struc-

tures Loan, will be located on the west side of Caroline Street between Monument and McElderry Streets and will be a part of the Broadway Redevelopment Area immediately to the west of the Johns Hopkins Hospital. On March 14 Mayor D'Alesandro participated in ground breaking ceremonies for the new building. When completed this structure will provide modern facilities for administrative and public health nursing staffs, for maternity and well baby clinics, for chest and venereal disease clinics and for new work in mental and dental health. The plans also make provision for continuing the research and teaching programs carried on jointly by the Johns Hopkins School of Hygiene and Public Health and the Health Department.

GROUND BREAKING FOR EASTERN HEALTH DISTRICT BUILDING
BROADWAY REDEVELOPMENT AREA—MARCH 14, 1952

The service programs in respect to communicable disease, tuberculosis control, maternal and infant health, venereal disease and school health were carried on, with few changes, as in years past. The incidence of communicable diseases, as reported, in general showed a downward trend from the previous year: Measles from 864 to 445 cases, whooping cough from 52 to 41 cases, diphtheria from 1 to 0. Meningococcal infections, however, increased from 1 to 2 cases and paralytic poliomyelitis increased from 2 to 5 cases.

Public health nurses made 7,865 home visits for the supervision of adults and children with active tuberculosis. The X-ray screening clinic took 4,880 films of contacts of active cases, volunteers, women registered in prenatal clinics of the Health Department and applicants for pre-employment ex-

amination, of whom 221 needed further follow-up. The limited BCG program was continued through the year, the vaccine being administered to 274 persons, and, in addition, the Mantoux testing of those previously vaccinated was continued.

The venereal disease clinic in the Somerset Health Center serviced 6,972 visits from clinic patients, and 14,403 visits were made to the child health clinics. There were 2,092 antenatal and postnatal visits to the maternity hygiene clinics and school physicians examined 2,050 children in the elementary public and parochial schools.

The educational programs which were integrated with service activities were continued with some changes and involved senior medical students of the Johns Hopkins School of Medicine, staff nurses of the Baltimore City Health Department, student nurses of the Johns Hopkins Hospital School of Nursing and the Sinai Hospital School of Nursing and senior secondary school pupils who observed as part of their civic experience program. The teaching was done mainly by seminars, case studies, home visits and clinic observation. The transfer of the Dispensary Visiting Nurse Service program of the Johns Hopkins Hospital to the Eastern Health District on a trial basis permitted all undergraduate nurses of the Johns Hopkins School of Nursing to have identical and improved instruction in public health nursing. On September 25 Dr. W. Sinclair Harper was appointed District Health Officer in order to fill the vacancy created by the resignation of Dr. George A. Silver on July 10, 1951. During the interim Dr. Henry F. Buettner served in an acting capacity.

Western Health District

For the third consecutive year the Assistant Commissioner of Health acted as District Health Officer. Miss Martha Baer, Clinical Instructor in the University of Maryland School of Nursing, continued to work in the Western Health District in the supervision of affiliating student nurses from that school. During the year seventeen such student nurses affiliated in public health nursing and student observation visits came to a total of 133.

The dental clinic at the Fourteen Holy Martyrs Parish Hall conducted 113 three hour clinic sessions with a total of 518 visits, 1,387 services rendered and 135 new patients. The entire nursing staff of the district was trained in the use of the Massachusetts Vision Test kit. Parent participation in the school health program showed encouraging gains with the training of 26 mothers in four schools in the use of this kit. Educational programs for public health nurses included special training and lectures in civil defense, child growth and development, and epilepsy. On September 1, Miss Ola C. Early, Supervisor of Public Health Nursing, retired after thirty-eight years of service with the City Health Department.

Druid Health District

Forty-eight clinic sessions were conducted in the Druid Health District each week as follows: Adult venereal diseases 12, children's venereal diseases 2, prenatal 5, chest 10 and well baby 19. During the latter part of 1952 a clinic was held for the purpose of performing Mantoux tests on the children given BCG in early infancy. This clinic met twice a week in the headquarters of the district. Twenty-seven official clinics were held in the district building and twenty-one were conducted elsewhere in the Druid area each week. The prenatal clinic in the Gilmor Housing Project was continued. Well baby clinics were held in the Gilmor Housing Project, Public School No. 161, Public School No. 141, and St. Mary's Protestant Episcopal Church.

Public health nurses served 30 public and parochial schools in or adjacent to the district. Student nurses from several hospitals met in the district building during the year to observe in the clinics or to receive instruction in public health nursing. Ten students from the Provident Hospital School of Nursing completed their two months' affiliation in public health nursing in the Druid Health District.

Southeastern Health District

Measles decreased to 565 reported cases as compared with 645 for 1951 but meningococcal infections increased from 2 to 8 cases. However, only 1 case of diphtheria and 2 cases of poliomyelitis, the same as for the previous year, were recorded.

Mayor D'Alesandro laid the cornerstone for the new Southeastern Health District building at 3411 Bank Street on March 11. The newly completed structure was accepted by the city on November 12 but its occupation as administrative headquarters was unavoidably delayed because of inadequate equipment.

For the third successive year Child Health Day on May 1 was celebrated with a combined open house and observance of the fifteenth anniversary of the establishment of the Southeastern Health District in the district quarters at Hudson Street and Kenwood Avenue. The dual observance was sponsored jointly by the Southeastern Health District and the Canton Area Council, Inc. With the assistance of the Maryland Tuberculosis Association, the Health Department again held community mass chest X-ray surveys for the Eastern and Southeastern Community Councils and the Canton Area Council in which over 3,000 persons fourteen years or older were X-rayed. An innovation for Baltimore was a combined tuberculosis and diabetic detection program conducted by the Southeastern Community Council during Diabetes Detection Week in November when over 800 persons were tested for both diseases.

The public health nurses continued monthly staff educational conferences in which various nonofficial agencies and Department bureau heads participated, and included discussions in mental hygiene, nutrition, tuberculosis, child and school hygiene and the nursing aspects of civil defense. Student nurses from the University of Maryland, St. Joseph's, Johns Hopkins, Maryland General and Mercy Hospitals Schools of Nursing were given affiliate instruction in public health nursing, and special classes in civic experience were provided for senior students from the Patterson Park and Clara Barton Vocational High Schools. Expectant mothers

MAYOR D'ALESANDRO LAYS CORNERSTONE—MARCH 11, 1952
SOUTHEASTERN HEALTH DISTRICT BUILDING—3411 BANK STREET

registered in the district prenatal clinics received weekly instruction in mothercraft, and the East Baltimore Medical Society for the eleventh consecutive year held its monthly meetings in the district building.

Southern Health District

On October 23 a dental extraction clinic, serving the school children of the entire city, was opened in the district building. A new dental clinic for the elementary school children of Public School No. 239 was also opened in October.

Except for 275 cases of measles reported during 1952, no major outbreaks of communicable diseases occurred. Tuberculosis continued to be a major health problem in the district. During the year the public health nurses made home visits to 320 patients with active tuberculosis in addition to many follow-up visits to families who were contacts of known cases. Also,

the public health nurses gave streptomycin to 40 patients who received this treatment under the new streptomycin program and to several patients who were under the medical care program or under the care of private physicians.

During the chest X-ray survey held by the Health Department in the district building under the sponsorship of the Parent-Teachers Associations of Public Schools Nos. 33, 84 and 92 and with the aid of the Maryland Tuberculosis Association, 858 people received chest X-rays. The referral of all new venereal disease clinic patients and all South Baltimore General Hospital prenatal patients to the chest clinic for X-rays was continued.

In addition to the three mothers' classes conducted by the staff nurses in the prenatal and well baby clinics, another class in a well baby clinic was begun in May. The classes in infant care at South Baltimore General Hospital for obstetrical patients about to be discharged from the hospital were continued.

Attendance at the nine well baby clinics showed a 5 per cent increase over 1951. Because of many requests for a colored well baby clinic in Fairfield, one clinic session a month was added in the Fairfield Housing Project.

During 1952 the new elementary school at Cherry Hill, Public School No. 160, was opened. The staff nurses supplied health teaching materials to the faculties of many of the schools, held discussions with pupils on the care of the teeth and the importance of a well-balanced diet, demonstrated the proper brushing of the teeth, and showed the movie "Teeth are to Keep." Other nurses met with groups of mothers, with Parent-Teachers Associations, and with the faculties of many of the schools to discuss the children's health needs and the school health program.

The District Health Officer, and, after his resignation, one of the supervising nurses continued to serve as a member of the Cherry Hill Health Council. Monthly health and welfare meetings were continued in the district building and the auditorium was utilized for many community and City Health Department meetings and activities.

The District Health Officer presented the results of the survey of infectious hepatitis in the O'Donnell Heights Housing Project at the Pediatric Conference at Baltimore City Hospitals and at seminars of the Epidemiology Department and Biostatistics Department at the Johns Hopkins School of Hygiene and Public Health. Eight student nurses from the University of Maryland School of Nursing and one from the Franklin Square Hospital School of Nursing had an eight weeks' affiliation in public health nursing at the Southern Health District. Forty-five student nurses from various hospital schools of nursing in the city observed district activities. Nine students from the Johns Hopkins School of Hygiene and Public Health received instruction in district health administration. Visi-

tors to the district came from England, Vienna, Japan and Liberia as well as from many parts of the United States. Also, students from several local public schools visited the district building. On July 16 Dr. Abraham M. Lilienfeld resigned his position as District Health Officer to become Assistant Professor of Epidemiology at the School of Hygiene and Public Health.

Communicable Diseases

During the year, 20,174 cases of communicable diseases were reported. Increases were noted in measles, meningococcal infections, scarlet fever and paralytic poliomyelitis, and decreases were evident in diphtheria, mumps and whooping cough. The reported cases of typhoid fever were 8 for 1952 as compared with 5 cases recorded during 1951.

The Health Department made changes in the protective inoculation schedule for babies aimed at administering whooping cough vaccine at an earlier age than was formerly the case and public health nurse visits to patients suffering from measles were discontinued to the homes where private physicians were in attendance.

Diphtheria and Meningococcal Infections

Baltimore experienced a new low in the number of cases of diphtheria when 6 cases were reported during 1952. One death occurred in a baby for whom there was no record of the child having received the protective toxoid inoculation. Toxoid inoculations were administered to 27,200 persons. Of these, 8,065 received booster doses.

CHILDREN RECORDED AS RECEIVING DIPHTHERIA TOXOID INOCULATION
BALTIMORE, 1948-1952

Agency	1952	1951	1950	1949	1948
Physician's Practice	10,161	9,333	9,970	10,346	11,909
Preschool Clinics	13,101	10,423	11,245	12,650	11,716
School Clinics	3,938	5,433	10,529	8,523	19,643
Total	27,200	25,189	31,744	31,519	43,268

The reported cases of meningococcal infections increased from 17 cases recorded during 1951 to 32 during 1952. There were 16 deaths from this cause, a case fatality rate of 50 per cent. In 14 of these 16 fatalities the death occurred either on the day the illness began or during the following day.

Other Communicable Diseases

There were 39 cases and 1 death of paralytic poliomyelitis reported during 1952 as compared with 15 cases and 1 death recorded during 1951. The number of cases of measles increased from 4,376 cases during 1951 to 5,126 cases reported during 1952. Whooping cough decreased from 227

cases in 1951 to 113 in 1952. The reported cases of scarlet fever increased from 302 to 472 cases. For the twenty-fourth consecutive year there was no smallpox in Baltimore; the last recorded case was reported on March 9, 1928.

Tuberculosis

During 1952 there were 416 deaths from tuberculosis among residents of Baltimore. Of these, 174 occurred among white persons and 242 among Negroes. In 1951 there had been 497 tuberculosis deaths, 212 among white persons and 285 among the colored. During 1952, as in previous years, Negroes suffered over 55 per cent of the total fatalities from tuberculosis although they constituted 24 per cent of the population.

The death rate from tuberculosis for all Baltimore residents during 1952 was 43.5 per 100,000 population. For white residents, the rate was 24.0, and the rate for colored persons was 104.1. Comparable figures for 1951 were 52.1 per 100,000 for the total tuberculosis rate, 29.3 for the white race and 123.9 for Negroes. The 1952 mortality rates for both races were the lowest ever recorded in Baltimore. The downward trend of mortality has been noticeably accelerated during the past five years for both races, but the Negro death rate has remained more than 4 times greater than that for the white population.

During the year there were 1,493 new cases of tuberculosis reported of which 734 were in white persons and 759 in the colored population. This represents an increase of 120 new cases of tuberculosis as compared with reports in 1951 and is due almost entirely to the increased number of cases of active pulmonary disease which came to the attention of the Health Department.

A factor influencing the more numerous reports of tuberculosis may have been the increased service which the Bureau of Tuberculosis was able to render in the form of chemotherapy for the first time during 1952. During the first six months of the year, small sums of money were expended from the bureau's regular budget for the purchase of streptomycin and para-aminosalicylic acid for home treatment of some patients who were awaiting sanatorium admission. In June, as the result of a resolution presented to the City Council by the Cherry Hill Health Council of South Baltimore, an appropriation of $10,000 for the purchase of these drugs was approved for the remainder of the calendar year. This was a most significant action and made possible the administration of streptomycin and PAS to 414 tuberculous residents of Baltimore during the year. These drugs were given by the public health nurses to tuberculous persons who would benefit from such treatment but who were unable to purchase the drugs.

In 1952 case-finding programs of various types were responsible for

chest X-ray examinations of 106,063 persons in Baltimore. The City Health Department with the assistance of the Maryland Tuberculosis Association X-rayed 52,563 apparently healthy persons with a mobile 70 millimeter photoroentgen unit. Of this group, 41,125 were white persons and 11,438 were Negroes. At the Eastern Health District, 4,880 apparently well persons were examined by means of 4 x 5 inch films, and similar X-ray equipment was used at the Druid Health Center to examine 1,199 persons of whom 898 were prenatal patients. The Southern Health District took 70 millimeter chest films of 1,100 individuals of whom 335 were prenatal cases. In the 3 largest general hospitals in Baltimore 32,408 examinations were made with 70 millimeter photofluorographic units provided some years ago by the City Health Department. The Baltimore City Hospitals took 6,591 chest microfilms, the Johns Hopkins Hospital X-rayed 18,876 persons, and the University of Maryland Hospital made 6,941 examinations. The Maryland Tuberculosis Association took 35 millimeter chest films of 13,913 individuals in its central office.

The use of BCG vaccination for individuals or groups most likely to be exposed to tuberculosis was continued in 1952. Weekly vaccination clinics were held at the Eastern Health District where 274 persons received BCG during the year. Those receiving the vaccine were 253 uninfected children who were contacts of known cases, 2 Health Department nurses, 7 student nurses and 1 physician from two of the general hospitals in the city, 1 medical student, and 10 other hospital employees. In addition to these vaccinations which were performed at the Eastern Health District, BCG was provided to 3 institutions for the vaccination of 15 medical students, 34 practical nurses working with tuberculosis patients and approximately 80 employees and volunteers at a newly opened tuberculosis hospital. The joint program of the Health Department and the Johns Hopkins Hospital, initiated in 1950 for the vaccination of all Negro babies born at the hospital, was continued during 1952. There were 1,199 Negro newborns who, with parental consent, received BCG during the year. Of these, 1,002 were residents of Baltimore City, and 197 were from the counties of Maryland.

Alleviation of the critical shortage of hospital beds for the tuberculous, which was expected at the end of the year, was unfortunately not realized. Because of construction delays, neither the new 300 bed wing at the Baltimore City Hospitals, nor the 300 bed addition to the Mt. Wilson State Hospital was completed. The new 300 bed Veterans Administration Hospital was opened in October but, because of decreased appropriations sufficient hospital personnel could not be hired and only a small number of patients was admitted during the last two months of the year. Much needed city and state tuberculosis hospital bed space will doubtless be available in 1953.

Venereal Diseases

During the year, 1,982 infections with syphilis, 6,940 infections with gonorrhea and 148 infections with chancroid were reported. Health Department studies made in 1948 indicated that these figures need interpretation because of the rapid curability of and reinfection rate in syphilis and much more so in gonorrhea. Thus it was estimated that the 6,940 infections with gonorrhea occurred in 5,760 persons, so there were about 864 or 15 per cent repeaters, some known to be multiple repeaters, during the year 1952. Such repeaters came for treatment of as many as 7 fresh gonorrhea infections in a calendar year. The syphilis studies showed that the percentage of repeating persons was about 2. Only 129 infections with primary or secondary syphilis were reported in 1952 as compared with 207 in 1951 and 2,053 in the peak year of 1946, a reduction over the six years of nearly 94 per cent. Reported infections with gonorrhea increased to a new peak during the year after an appreciable decline in 1951 when 6,511 infections were recorded. The morbidity rate for congenital syphilis in infancy continued to decline and for the second consecutive year no death from congenital syphilis in infancy was reported. There was one death of congenital syphilis in a forty-one year old mental hospital patient.

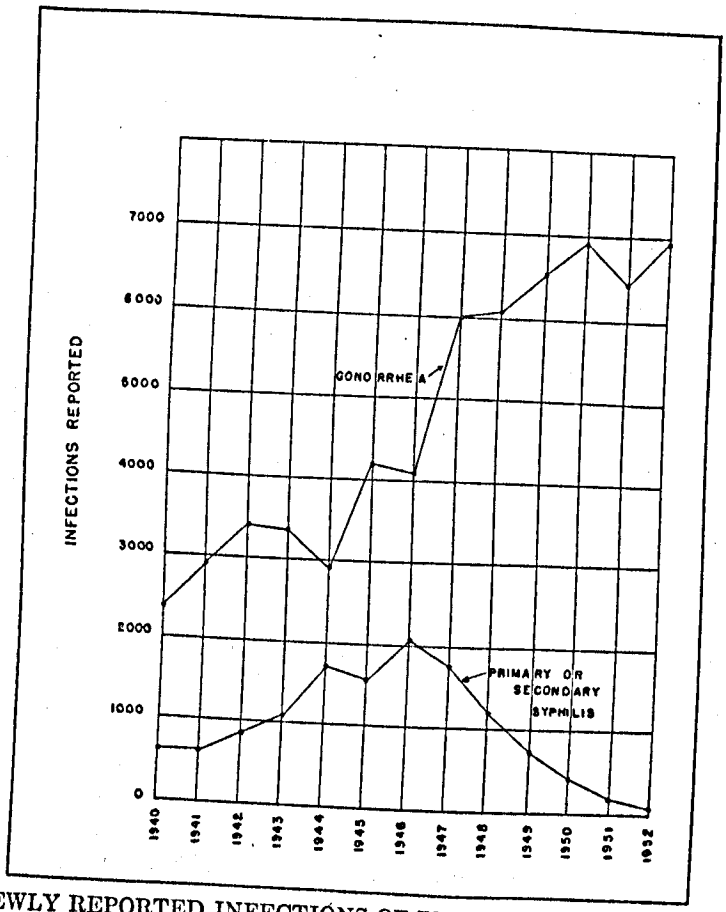
Approximately 35 per cent of the 7,437 contacts investigated by the Health Department were examined or found to be already under treatment or observation for infection. Of those examined 19 per cent were found to have a venereal disease. The decreasing productivity of contact investigation in syphilis is shown in the reduction of infections discovered, from 680 in 1946 to 42 in 1952. In the former year, 413 of the infections discovered were primary or secondary, whereas in 1952, only 9 were in these early stages. The public health nurses and social workers made 6,087 visits during the year in the investigation of contacts and the follow-up of delinquent patients.

The Health Department venereal disease clinics admitted 11,237 patients during the year. Admissions for syphilis continued to decrease. Patients made 32,949 visits to the clinics as compared with 41,290 in 1951.

Other medical agencies referred 570 patients to the Health Department venereal disease clinics because of inability to pay for treatment, treatment delinquency, availability of Health Department evening clinics or other reasons. Of these, 104 were pregnant women with syphilis and 24 were in urgent need of follow-up because of communicable or congenital syphilis. The Calvert Street clinic collected 2,006 blood specimens during the year for tests for syphilis for the City Service Commission.

The City Isolation Ordinance, Sections 215–218 inclusive, of Article 12 of the Baltimore City Code of 1950, designed to prevent the spread of communicable disease in Baltimore, was invoked in only 5 instances against patients with early syphilis who refused to take treatment. Three

of the 5 persons involved were brought to treatment as the result of court action. One could not be found, and the case of one was closed on reconsideration. As the result of collaboration between the Health Department and the Juvenile Court, 10 infants born to mothers with syphilis were examined after their mothers had first refused to have them examined. Six of the mothers had to be brought into court before they would agree to the examination of their infants.



NEWLY REPORTED INFECTIONS OF PRIMARY OR SECONDARY SYPHILIS, AND GONORRHEA
BALTIMORE, 1940–1952

The Health Department and the Armed Forces collaborated in the investigation of 967 contacts of infected military personnel, and in the examination and treatment of 142 selectees found to have positive serologic tests for syphilis at the time of examination at the induction stations.

The astonishing and unexplainable decline in syphilis continued during 1952. As recently as 1946 more than 170 infections of primary and secondary syphilis were reported per month, a total of 2,053 during the year. In 1952 an average of only 11 infections were reported per month and a total of 129 during the year. This is a reduction in six years, as already noted, of nearly 94 per cent. The decline is perhaps a little less astonishing, however, when it is considered that it is measured from the post-war peak of infection, that is, from the height of an outbreak which always seems to occur during and immediately following any war, with its associated dislocation of large masses of the population. During 1940, the last of the pre-war years, only 616 cases of primary and secondary infections were reported, at a rate of about 50 per month. The current reported incidence represents a decline of nearly 79 per cent from even that figure, however, so that it is a real one and not entirely attributable to the post-war readjustment of the population. The widespread use of antibiotics for the treatment of almost every illness, a possible tendency of the incidence of syphilis to decline over the past several decades, the intensive control program which has been developed, perhaps less promiscuity with improvement in standards of living, and other indeterminate influences, may all have contributed to this reduction in the incidence of syphilis. How permanent it may be, or at what level it may eventually become stabilized is a matter of some debate among the experts. It is probable that time alone can produce the answer. Certainly, there has been no comparable decline in the incidence of gonorrhea, which is equally difficult to explain.

Child Hygiene

During 1952 reorganization of the Bureau of Child Hygiene continued with particular emphasis on enlarging the scope of the prenatal clinic service, the school health program and bringing the child health clinic practices up-to-date.

Maternity Hygiene

During the year the Health Department prenatal clinics were granted additional funds to secure clinicians and clerical personnel to provide prenatal care for a previously neglected group of patients. Prior to 1952 those patients who applied for care after existing hospital bed quotas were exhausted were rejected for hospital delivery and for clinic care before and after delivery. With the new funds the division was able to register 676 additional patients for prenatal care. Thus prenatal care became available to every pregnant Baltimore woman even though she could not afford the services of a private physician.

Baltimore mothers gave birth to 22,775 babies in 1952 as compared

with 22,630 babies in 1951; 94.2 per cent of these babies were born in hospitals, 98 per cent were delivered by physicians and only 0.1 per cent of deliveries were unattended by either a physician or a midwife. The maternal mortality rate remained at the low figure of 5 per 10,000 live births. Twelve prenatal clinic sessions were held each week. Two physicians gave service at approximately 75 per cent of these sessions. During the course 3,326 patients made 12,940 clinic visits; of these, 676 patients were accepted for prenatal care only, as they could not be registered for delivery at Baltimore City Hospitals. Of patients accepted for care in the clinics 96 per cent eventually delivered in hospitals.

Preschool Hygiene

The infant mortality rate was 27.9 as compared with 29.8 per 1,000 live births in 1951 and 27.2 in 1950. Prematurity accounted for over one-half of the deaths occurring during the first month of life. Child health clinic procedures, policies and records were revised. A total of 71,623 well baby clinic visits was made during the year; 82 clinic sessions per week were held at 42 locations throughout the city; 23,194 individual inoculations of triple antigen for prevention of diphtheria, tetanus and pertussis were given in the clinics and 8,816 children were vaccinated against smallpox. On October 1 toxoid inoculations were started at four months of age instead of six months as previously, to give earlier protection against pertussis. Special educational programs for mothers, using group discussion techniques and the showing of motion pictures, were carried on in a number of clinics by the public health nurses in consultation with the Division of Mental Hygiene. This division continued to supply consultative and educational service for patients in both prenatal and child health clinics and provided in-service training for public health nurses. The Mothers' Counseling Service established in the Southern Health District was continued. Seventy-eight day nurseries and nursery schools caring for a total of 2,791 children held licenses during the year, and 382 Class A Family Homes were inspected for 11 agencies.

School Health

School physicians examined a total of 14,565 elementary pupils during the year of whom 7,083 were found to have physical defects. The physicians and nurses working in the schools were encouraged to break away from the old system of rapid physical inspection, and wherever possible, to replace it with health examinations conducted in the presence of the parents. Such examinations included a history, physical examination and on-the-spot interpretation of the defects found with plans for follow-up. Priority was given to those pupils referred from teacher-nurse conferences,

and routine physical examinations of new entrants was considered of lesser importance. Although the total number of children examined during the year was much less than the numbers examined in previous years, the improvement in the quality of the work performed more than justified the reduction in quantity. As in previous years, dental defects were far more numerous than any other type encountered with abnormalities of tonsils and adenoids second and defects of vision third. Although many of the dental, nose and throat and vision defects were reported as corrected, the percentage of correction obtained, roughly 50, remains far below a desirable one. In addition to health examinations, the school physicians inoculated a total of 3,938 preschool and school children and vaccinated a total of 196.

Dr. Alan Foord, Associate Chief of the Division of School Health held four staff meetings for the school physicians and nursing supervisors in order to acquaint them more fully with the type of school health work desired, to hear and discuss problems encountered and to provide up-to-date information on certain aspects of the work, such as the importance of postural deformities and orthopedic problems, which were discussed with the group through the courtesy of Dr. William I. Nachlas.

The vision screening program was greatly improved by the efforts of parent groups in many schools who undertook to screen the vision of all children in the school on an annual basis. The public health nurses re-screened all children failed by the parents prior to referral to eye clinics or physicians. These parent groups were taught how to do vision testing by courtesy of the Maryland Society for the Prevention of Blindness. A total of 1,251 school children made 2,730 visits to the eye clinic. One hundred and nine of these were not advised to have glasses; glasses were delivered in the clinic to 582. The hearing clinic saw a total of 721 patients who made in all 1,093 visits; 69 of these children were treated with radium, and hearing aids were recommended for 39.

Audiometric screening of elementary school pupils to discover impairments of hearing was carried on by a single audiometrist employed by the Department of Education. The extremely limited personnel available made it impossible to extend this valuable service to more than a few schools. The greatest lack in the school health service is an adequate hearing program.

During the latter part of the year two new large elementary schools were opened for which health services were provided. The combined enrollment of the public and parochial elementary schools reached the neighborhood of 120,000 which resulted in overcrowding. This increased the problem of providing proper facilities for examination in at least 28 of the schools. Numerous meetings were held with various members of the

Department of Education for planning closer cooperation in health activities and, in addition, representatives of the Department of Education joined with members of the Department of Health in meeting with the faculties of a number of individual schools to discuss problems in, and improvements for, their specific health activities. The success of health activities of each school, however, will depend ultimately on the individual school's principal, physician, public health nurse, parents and teachers.

Dental Care

Two programs of dental care proposed by the Maryland State Planning Commission's Committee to Study the Medical Care Needs of Baltimore City in 1948 were expanded and continued in 1952. A program of constructive and preventive treatment for children attending the public and parochial schools was enlarged by the activation of two new school dental facilities shortly after the opening of the fall school term. These were located in the Columbus School, Public School No. 99, at North Avenue and Washington Street, and the Benjamin Franklin School, Public School No. 239, in Curtis Bay. An emergency treatment program for persons receiving public assistance was extended through 1952 by agreement with the six hospitals participating in the Baltimore City Medical Care Program.

Altogether, thirteen dental clinics for school children were in operation at the end of the year. Twelve were located in elementary public or parochial school buildings and one in the Southern Health District building. With the exception of the two-unit clinic in that building, each utilized a single modern dental unit and chair and was staffed by a dentist and an assistant engaged primarily in constructive dental procedures.

A special clinic service for the extraction of teeth was opened on October 23. This clinic utilized facilities in the Southern Health District building and was equipped for the use of nitrous oxide and oxygen. It was designed to care for the many extractions found necessary in the school dental clinics. These referrals gave the school dentists more time for preventive work.

With minor exceptions, no children beyond the third grade were admitted to the program in 1952. Children in the prekindergarten, kindergarten and first grade were inspected for dental defects at the beginning of the school year. Older children who previously had been included in the program continued to receive its benefits through referral to a private dentist or to a Health Department clinic. If, on inspection, a child was found in need of treatment, his parents were advised accordingly and urged to take the child to the family dentist. Treatment was provided in school clinics only when follow-up disclosed that the child would not otherwise receive the necessary care.

At the close of the year, dental inspections had been given to 10,808

children attending 49 public and parochial schools. Another 1,731 were referred to private dentists or to Health Department clinics without inspection. The total number of children included in the program, 12,539, corresponds to 7,511 in 1951, and 3,722 in 1950. The Health Department clinics provided preventive dental care for 1,764 children, an increase of 205 over 1951. Of the children treated, 1,132 were completed cases. An additional 1,183 children of all ages referred from 19 scattered elementary schools received emergency services. The extraction service at the Southern Health District building removed 293 teeth from 75 children referred from school clinics.

Emergency dental care under the Baltimore City Medical Care Program was provided for 1,518 recipients of public assistance. These persons received 5,514 treatment services in six hospital dental clinics during 1952. In the preceding year 1,926 persons received 5,262 dental services under this program.

Dental Health Education was integrated into the school dental program. Information on the teeth and their care, and recommendations specific to the child at hand, were given by the clinic dentist to parents when the children's teeth were inspected. Of the 5,028 children whose teeth were inspected for the first time, 2,531 were accompanied by a parent. These children were chiefly those just beginning to go to school. Dental health information was also disseminated by numerous talks to parent-teacher and civic organizations, by radio, television and releases to the press, and by the distribution of posters and literature.

On November 26 Mayor D'Alesandro began the operation of a pump about the size of a typewriter that for the first time added a fluoride chemical to the water supply of Baltimore City. This ceremony, which took place at the Montebello Filtration Plant, culminated two years of study and preparation by the Health Department and the Bureau of Water Supply with the active support of the Mayor.

In 1952 the fluoridation plan was the subject of three lively City Council hearings and an injunction suit. However, the support of organized medicine and dentistry, of the U. S. Public Health Service, of the Maryland State Board of Health, and of the National Research Council's *ad hoc* Committee on the Fluoridation of Water Supplies all combined to make possible the acceptance of the plan. On March 24 the City Council voted 17 to 4 to reject a resolution to postpone fluoridation, and on November 12 the taxpayer's injunction was denied by the Circuit Court of Baltimore City. This favorable outcome was due in no small measure to the testimony of numerous experts in the fields of medicine, dentistry, engineering, epidemiology, physiology and toxicology, and to the ability of the City Solicitor and his staff who represented the city in court.

Maintenance of the fluoride level of the public water supply at the one part per million level is expected to reduce tooth decay by two-thirds in children continuously under its influence during the formative period of the teeth, which is roughly from before birth to the eighth year of age. For comparison in later years, the tooth decay experience of large groups of school children in the yearly age categories between 5 and 17 was recorded in a survey conducted by the dental staff in March.

Public Health Nursing

During 1952 the Bureau of Public Health Nursing carried on several interesting programs in relation to the generalized nursing work. Of particular note was the expanded supervision by the public health nurses of tuberculosis patients in their homes. This followed the allotment in June by the Board of Estimates of a considerable sum of money to be used for streptomycin and para-aminosalicylic acid for home treatment of tuberculosis patients. Eligible patients were those on bed rest who had filed application for sanatorium care. Four hundred and fourteen such persons were treated during the year.

For the second year the BCG vaccination for Negro newborns was carried on with the Bureau of Tuberculosis and the Johns Hopkins Hospital. One thousand and two infants were assigned for follow-up patch tests four months after vaccination. The readings were made by a public health nurse assigned to the program. These two activities in tuberculosis increased the visits by 10,340.

A study of premature infants born in Maryland was started in January, 1952 under the direction of the Division of Maternal and Child Health of the Johns Hopkins School of Hygiene and Public Health. Three thousand two hundred and eighty-three visits were made to 1,582 premature babies residing in the City of Baltimore. This included 1,336 initial visits, at which time the parents were given a circular describing the study. Three maturity evaluation questionnaires were made concerning the growth and development of each premature. Eight hundred and sixty-six had first evaluations; 503 had second evaluations; and 216 had third evaluations. Toward the end of the year a small number of control babies were also visited. The Bureau of Public Health Nursing was assisted in the preparation for these visits by Dr. Hilda Knobloch of the premature study staff. This in-service education regarding the growth and development of the infants at various age levels has improved the quality of clinic teaching in the child hygiene program.

The use of clerks and nonprofessional assistants in the various clinic services has been of great assistance in the better utilization of public health nursing time. Nonprofessional assistants have been used in the

dental clinics, the maternity hygiene clinics, the venereal disease clinics, and the tuberculosis clinics. The bureau hopes to be able to continue to increase the number of clerical workers in the public health nursing program.

Cooperating with the Division of School Health, the bureau made intensive efforts to strengthen the school health program. A supervising nurse from each of the health districts met with Dr. Alan Foord, Associate Chief of the Division of School Health, to discuss the philosophy of the school program and the changes in policy and procedures. Emphasis was placed on the nurse-teacher conferences, the examination of new pupils, referrals, and the use of parent volunteers in certain screening procedures.

In October the public health nurses' visits to measles cases reported by a family physician was discontinued. A cost and time study was made in 1952 but the cost analysis was not yet available at the end of the year. However, the distribution of nursing time by major type of activity did not vary appreciably from the 1951 record in spite of efforts to reduce clinic time and to allow more time for field visiting.

HOME VISITS OF PUBLIC HEALTH NURSES—1952

Service	Total	White Homes	Colored Homes
All home visits	161,507	78,409	83,098
Maternity hygiene	19,815	3,100	16,715
Infant health supervision	60,165	36,630	23,535
Preschool health supervision	17,580	8,445	9,135
School health supervision	9,135	8,195	940
Tuberculosis	35,835	12,935	22,900
Venereal disease	6,087	294	5,793
Acute communicable disease	8,440	6,815	1,625
Other morbidity	3,875	1,645	2,230
All others	575	350	225

The Bureau of Public Health Nursing in the various health districts continued to offer an eight weeks' affiliation in public health nursing to five hospital schools of nursing. School, home, and clinic observations were provided for 565 students to assist the schools of nursing in integrating and correlating public health nursing in the basic curriculum. The Johns Hopkins Hospital and the University of Maryland Hospital assigned public health nursing supervisors to assist in this program.

The instability and lack of prepared applicants for nursing positions was a major problem. Throughout the year there were increasing difficulties in finding replacements for staff vacancies, and on December 31 fifteen vacancies still existed. Thirty-four new nurses were appointed to the staff but since most of these nurses had not had any previous public health experience, the bureau found it necessary to give them a considerable

amount of orientation and supervision. The Bureau of Public Health Nursing made a total of 161,507 home visits in 1952. The visits of the public health nurses made in each service are shown in the accompanying table.

Medical Care

During the first half of the year 1952 the Baltimore City Medical Care Program was greatly restricted because of insufficient financial support but during the last half of the year, a period which corresponded to the first half of the state fiscal year, adequate funds were made available and the program was able to assume fully its responsibilities for providing medical care to recipients of public assistance. At the beginning of the calendar year the number of persons under the program was 19,248. At that time 4,290 eligible persons were waiting to be received. However, at the end of the year the number on the program had increased to 26,773 and all eligible persons were included.

For the entire year the average number of persons under the program was 24,107 as compared with 22,087, the average number for the previous year. The physician in general practice continued to be an important keystone in furnishing medical service to these persons. Choice of physicians was limited only by the willingness of the physician to accept the patient. Throughout the year the average number of these physicians who participated was 289. No physician was responsible for the care of more than 930 persons. Apparently physicians were satisfied with the program and few complaints were received from their patients.

The six medical care clinics continued to provide initial physical examinations, diagnostic and treatment services by specialists, laboratory examinations and other consultation services. There was no change of clinic directors in 1952. During the year, 99,600 prescriptions for drugs and medical supplies were written and paid for under the program. The total amount paid was $151,874.81. The average prescription cost was $1.52.

Late in the year a program, kept within strict financial limitations, was developed for the provision of eyeglasses. This new service cost a total of $1,593.60 and was of great benefit to some persons who had been in need of eyeglasses for a long time.

The total amount spent for the Baltimore City Medical Care Program during 1952 was $615,310.68 of which sum $590,430.68 was contributed by the State of Maryland. The remainder, or $20,397.47, was contributed by the City of Baltimore in cash in addition to a sum of $4,482.53 through the provision of such items as business machines, office quarters and postage. Of the total amount 39.4 per cent was paid to hospitals for medical care clinic services, 24.7 per cent went for drugs, 24.1 per cent was paid to physicians for home and office service, 3.8 per cent was used for dental

care, 0.3 per cent was paid to opticians for eyeglasses and 7.7 per cent was the cost of central administration. The average expenditure per person under the program was $25.37 as compared with $25.77 for the year 1951.

Milk Control

Efforts in milk sanitation as usual were chiefly centered around positive control over the safety of the city milk supply through rigid enforcement of the city milk code and Health Department milk regulations. Approximately 11,000 inspections were made of milk and ice cream plants, dairy farms and transportation agencies. These included almost daily visits to the pasteurization plants.

For investigational and control purposes the inspection staff submitted nearly 8,000 samples to the Bureau of Laboratories for bacteriologic and chemical examination, and out of a total of 5,042 phosphatase tests made on city-wide random samples of pasteurized milk and milk products only three instances of faulty pasteurization were noted. In this connection it is of interest that through the splendid cooperation of the milk dealers all milk distributed in the city is phosphatase-tested before it leaves the plant where it is pasteurized.

Notwithstanding some curtailment of available building material due to the Korean conflict, continued progress was made in the dairy farm construction program. Although there have been frequent interferences with the program launched by the Health Department in 1940 to bring all dairy houses and milking stables up to the established standards it now appears conceivable that the goal may be reached by 1955. Dairy farm trends which gained considerable momentum are toward the use of milking parlors wherein cows are milked but not stabled, the use of mechanical milkers from which the milk is piped to low-temperature refrigerated cooling and storage tanks, and the tank-truck delivery method which eliminates the use of milk cans.

During the twenty-one years in which the Bureau of Milk Control has conducted a Sanitary Milk Production Contest in rural high schools on the Baltimore milkshed more than 7,000 prospective dairy farmers have been trained in approved methods of milk production in preparation for the competition. This year's contest was won by the Delta High School, York County, Pennsylvania. Sparks High School, Baltimore County, Maryland, and Union Bridge High School, Carroll County, Maryland, finished in second and third places, respectively.

Food Control

In addition to continued improvement in the cleanliness of retail, wholesale and manufacturing food establishments in the city, outstanding ad-

vances in sanitation were made in food departments of institutions, hospitals, day nurseries, schools and colleges, and in industrial cafeterias. Over 400 large pieces of new equipment were purchased and more than $100,000 was estimated to have been spent in these food departments at the instigation of representatives of the bureau. Perceptible corrections without legal action were made in the wholesale commission market area. This was accomplished through the joint efforts of the bureau, the merchants, the Police Department and the City Bureau of Sanitation.

Food poisoning outbreaks numbered ten during the year. Of these, two occurred in the same institution among employees where chicken à la king in January and a veal salad combination in December were hand-infected, with inadequate subsequent refrigeration. Seventy-two persons suffered in these two instances. In another case, fifty-nine employees were made sick in a commercial cafeteria at a Thanksgiving Day office party. The other large group of fifty victims had eaten ham at a church supper in December. There were no fatalities in any of the ten outbreaks. Educational activities coupled with inspections, and a cooperative and regulatory program were reasonably effective in bringing these outbreaks to light, and in protecting the sanitary quality of the city food supplies.

The ten sanitarians of the bureau made 14,496 inspections. Classes were held for 75 food handlers. Court action was necessary for 22 food merchants for a total of 43 charges, with no dismissals by a cooperative court which assessed $3,530 in fines. The sale of wild rabbits from Australia in violation of the "Tularemia Control Ordinance" was stopped. Certain nationally advertised brands of cheese infected with botulinus bacteria, and canned egg powder infected with a strain of *Salmonella* were removed from sale and condemned. Advances were made in keeping infected poultry out of the city, and damaged food following fires was segregated and destroyed. A total of 79 tons of food was condemned during these activities. Efforts were made to urge food service personnel to wash their hands and use a disinfectant-containing liquid soap before handling food and after leaving the toilet.

The daily patrol of all types of food establishments, the training of personnel, the investigation of each case of illness alleged to have been caused by food, the condemnation of food suspected to be impure, and prosecution of persistent offenders accounted for the improvement made in hygienic conditions in food establishments and the maintaining of the city food supply in a pure condition.

The establishment of a Division of Food Plant Inspection and the continuance of cooperation given and received from federal, state and adjacent county food control agencies and other city departments aided materially in making for improved conditions related to the food supply of the city.

Food Plant Inspection

The Division of Food Plant Inspection was created in the Bureau of Food Control early in 1952 following the adoption by the City Council of a resolution which encouraged this addition to the bureau. Its activities included the advancement of the self-inspection program in food establishments, the training of supervisors and sanitarians employed by these establishments, the systematic inspection of wholesale and manufacturing food businesses, cooperative action with state and federal health officials in the inspection of plants under concurrent jurisdiction, the processing of applications for carnivals, the investigations of new and altered food establishments following applications to other city agencies, the periodic instruction of food demonstrators and food service personnel, the supervision of activities of the sanitarians of the bureau and the preparation of the legal cases involving 43 charges in the Housing Court against the violators of the food laws.

Nutrition

Nutrition services included in-service training of Health Department personnel, participation in radio and television shows, program planning with other professional agencies, participation in civil defense activities related to emergency mass feeding, consultation on food service problems with operators of day nurseries and nursery schools, promotion of nutrition education in the public and parochial schools, preparation and procurement and distribution of printed and visual aid materials, and participation in community programs.

The nutritionist was the guest instructor in the nutrition class at the Johns Hopkins School of Hygiene and Public Health and participated in the health workshops for elementary teachers at the University of Maryland and Morgan College. The division continued to provide supervised field experience for graduate public health nutrition students. In addition, the nutritionist was a consultant and a participant in a public service television series at WBAL-TV and also served as an active member of several advisory committees interested in the promotion of better nutrition in Baltimore.

Meat Inspection

During the year, 242,169 inspections of cattle, calves, sheep, swine and goats resulted in the condemnation of 465 carcasses, and 40,341 parts of carcasses as being unfit for human consumption. The most frequent diseases encountered during inspection which caused condemnation of carcasses were: Hog cholera, pyemia, traumatic pericarditis, immaturity, septicemia and sarcoma; and of parts of carcasses were: parasites, abscess, actinomycosis and cirrhosis.

Supervision was maintained daily in seventy-five plants processing and manufacturing over 15,000,000 pounds of meat food products. 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. Dogs were examined for rabies in cooperation with the Bureau of Communicable Diseases and assistance was given at the permit desk on the first floor of the Municipal Building which issues licenses for the Sanitary Section. Students from the Johns Hopkins University were shown through the various manufacturing plants and given information by the director on slaughtering and manufacturing procedures.

Environmental Hygiene

Several important steps in the field of environmental sanitation were taken during the year to protect and improve the health of the community. These included: Fluoridation of the city water supply to reduce dental caries in children, begun by the Bureau of Water Supply on November 26; adoption of amendments to the "Rules and Regulations Governing Plumbing and Drainage Work" pertaining to foundation, areaway and rainleader drainage; close cooperation with the General Manager of Lexington Market and the City Market Master in the examination and approval of plans for stall construction in the Lexington and Cross Street markets.

Community Sanitation

The policy on permitting connection of properties to sewers with outlets in streams was reviewed during the year to assure that every reasonable precaution was being exercised to prevent the additional sewage pollution of streams. New housing developments were not permitted to connect with open stream sewers. With the introduction of fluoride into the city water supply the Health Department began collecting samples of water for fluoride determination from taps throughout the distribution system. These samples indicated that the desired amount of one part per million of fluoride was generally present throughout the city by the end of the year.

Other activities in community sanitation included: Evaluation of the city water supply through analysis of 1,412 samples collected throughout the city; supervision of the operation of rooming houses; inspections of swimming pools; assistance in the inspection of day nurseries and convalescent homes; cooperation with the Civil Defense Emergency Welfare Services in the evaluation of proposed emergency shelters; cooperation with the U. S. Public Health Service in the inspection of watering points for interstate rail and water carriers; and the investigation of complaints related to environmental sanitation.

Plumbing

As a result of the study started late in 1951 in cooperation with the Department of Public Works and the Home Builders of Maryland of the problem of seepage, ground water, foundation and areaway drainage, amended regulations to the "Rules and Regulations Governing Plumbing and Drainage Work" were adopted and became effective on May 1, 1952. These regulations which were published in the June–July, 1952 issue of *Baltimore Health News* should provide dry basements and prevent illegal connections to the sanitary sewers for the removal of storm water.

Following tests by the Health Department and the Bureau of Sewers two additional commercial type garbage grinders were approved for installation in Baltimore where sewers were adequate to receive the discharge. Based on the adequacy of sanitary sewers, location approval for the installation of commercial grinders was granted in a number of instances and refused in one case involving a canning plant located on a small sewer with a flat grade. In protecting the water supply against contamination 402 potential cross connections were prevented or eliminated and this total included 208 hazardous hopper-type yard toilets. Properties connected to the sanitary sewerage system during 1952 were 3,901 which brought the total number of connected properties within the city to 197,235.

Rodent Control

A record number of 100 rat bites were reported to the Health Department in 1952 as compared to 80 for 1950 which was the previous high year. Investigation disclosed that the majority of the bites occurred late at night or in the early morning hours; 25 were in infants under one year of age, 39 were in children from one through six years of age, and 36 were seven years old or older. Each rat bite resulted in immediate action to eliminate the rats and the cause of the infestation.

The environmental control program was expanded to include 17 additional blocks which brought the total included since the inception of the program in 1948 to 80 blocks. By the employment of environmental control procedures, that is, the elimination of food sources and rat harborages, and the rat proofing of properties in accordance with Health Department notices, 22 blocks containing 553 properties and 1,126 dwelling units were improved. These activities have resulted in the improvement of 77 blocks containing 2,135 properties and 3,593 dwelling units since the start of the program in 1948. Environmental control procedures were also used in the abatement of 2,298 complaints pertaining to rats outside the environmental control areas.

Other activities included: Investigation of a case of Haverhill fever following a rat bite in a five year old child; participation in the annual Clean-up, Paint-up, Fix-up Week, and the winning of a prize for the third time by School No. 110 in one of the environmental control areas; continuation of the educational program in rodent control through illustrated films and slide talks to schools and other interested groups; participation in the civil defense program; cooperation with the Rodent Ecology Project of the Johns Hopkins School of Hygiene and Public Health and the U. S. Public Health Service in a study of the rat population of Baltimore which was begun the latter part of the year; and cooperation with the Lexington Market Authority in the approval of plans for stall construction in order to build out any future rat infestation.

Industrial Hygiene

With industrial production still maintained at a high level, there was only a 7.5 per cent increase in the number of known cases of occupational diseases over the previous year. Of the 231 cases reported during the year, 35 per cent were due to dermatitis, 30 per cent were chrome ulcerations, and 4.3 per cent were caused by brucellosis. Some of the more serious exposures resulted in 3 fatalities from chrome carcinoma and 1 fatality from lead fumes. Efforts to prevent and control occupational illnesses were concentrated in the examination of new building plans, and the making of numerous field inspections, investigations, and technical studies. For the second consecutive year, parathion, the highly toxic insecticide, was packaged in large amounts by two producers without adversely affecting the workers.

An insidious exposure to organic mercury compounds, used for the insecticide and fungicide treatment of garden seeds, resulted in the serious illness of 3 workers among more than 40 who were engaged in packaging the compounds over a seven-month period. They required hospital care for several weeks each. The illnesses occurred upon completion of the work contract and subsequent studies disclosed a persistent contamination of the premises and equipment. Conferences were held with representatives of the companies involved and arrangements were made for the Health Department to be advised before resumption of the work so that proper control measures could be instituted for the protection of later workers.

For the first time, there were no accidental fatalities from the use of the relatively safe natural gas. Of the 16 known attempts to commit suicide, 14 resulted in uneventful recoveries. One person succeeded in the endeavor, probably by suffocation; the other died a month after the attempt from burns due to an explosion in the gas-filled room.

There was a decline in the number of cases of child lead poisoning as com-

pared with 1951. In 1952 there were 66 children with elevated lead absorption as against 77 for the prior year. There were 5 fatal cases. Information on child lead poisoning was presented by means of an exhibit at three national medical and public health meetings and by a paper published in *Public Health Reports*, the monthly journal of the U. S. Public Health Service. Splendid response and interest was shown by the large number of persons receiving this information.

Nuclear radiation problems increased. Arrangements were made with the U. S. Coast Guard to dispose of radioactive wastes at sea. The closing of the Kelly Clinic after having operated almost fifty years with one of the largest supplies of radium in the world presented a challenging opportunity to obtain pertinent data from a study of the clinic's records and environment on the possible effects of long-term radiation exposures, about which there is very limited knowledge. Many significant medical and scientific contributions were made by the Kelly group during its years of work, and even with the closing of the clinic there still seem to be some fields of research to be explored at the clinic, such as the effective means of decontamination of the premises and the results of the medical examination of personnel for radiation effects.

In the field of air pollution control, a phase of public health work created by community demand, a start was made by the employment of personnel who gave their entire time to this work. With most of the emphasis on vigilance, there was improvement by better control of offending operations, and, in three cases, discontinuance of the offending process.

In one of these cases early in the year the process involved the very odoriferous manufacture of a chemical compound. In another, important health hazards were resulting from a new lead smelting operation which was stopped under Health Department order; and in the third instance a large corporation abated an active dust nuisance that had resulted from the handling of magnesite ore, by rearranging the use of its pier facilities.

Over the year the Health Department has become increasingly effective in its air pollution control work because of the cooperative relations that have been built up between local officials, industrial managements, civic groups and the special committee of the Baltimore Association of Commerce. These have led to an improved understanding of this costly and vexing problem. The matter was set forth at some length in the October, 1952 issue of *Baltimore Health News*.

Housing

With the valuable assistance of numerous official and voluntary agencies and many individuals, the Housing Bureau concentrated its efforts throughout 1952 on the law enforcement program designed to rehabilitate the

Pilot Area of 27 blocks in East Baltimore. Toward the completion of this work the U. S. Public Health Service conducted a follow-up resurvey of the area, and for this used the American Public Health Association appraisal technique. Results of the survey, completed in November, will be tabulated and compared with the earlier survey made in 1951. Secondary only to the Pilot Area program was the training and organization of an expanded staff including ten new Housing Enforcement Officers. In addition, progress was made toward the elimination of the violations of city ordinances, frequently under multiple notices issued in 1951 against 786 properties in the Pilot Area. These notices dealt with a total of 14,000 violations of the housing code alone.

Area enforcement was undertaken in six new blocks in West Baltimore, with the groundwork laid for marked expansion in 1953 for inspections in that area with newly trained personnel. Notices were issued against 118 properties in the Franklin II area. Throughout the city the Commissioner of Health ordered 67 dwellings vacated as being unfit for human habitation. Five properties which had been ordered vacated were razed and 52 were approved for reoccupancy following improvements during the year. Review of 320 sets of plans for dwelling alterations and improvements to assure compliance with the housing code resulted in the disapproval of only 2 sets. Occupancy in violation of the Zoning Ordinance was found in 27 of the 131 inspection reports on multiple family dwellings referred to the Zoning Enforcement Officer.

Of the 124 owners and 2 tenants summoned to Housing Court for failure to correct unhealthful conditions, 60 were found guilty and fined a total of $1,087. In Criminal Court 3 defendants were found guilty. One was fined $750 for violation on 15 days; 3 were dismissed, 2 as not being legally responsible for the corrections and 1 as being mentally ill.

Fifty-nine visitors from 13 states and 7 countries came to observe the work of the Housing Bureau. Sixty-seven illustrated lectures by bureau staff members reached 4,771 persons. The bureau director was invited to six United States and Canadian cities for consultation on local applicability of the housing law enforcement program. Descriptive material was sent upon request to 113 persons in 76 cities in 30 states and 4 foreign countries. The bureau's program was assisted by effective coverage in the press and by radio and television.

A comprehensive training course on the operational procedures in the Pilot Program and for the cooperating municipal agencies and civic groups was conducted for the bureau staff and also for teachers enrolled in the Department of Education's Community Study Workshop on Housing. Similar courses were arranged for the Brethren Service volunteers of the Brotherhood Pilot House and for neighborhood groups. On November 30

neighbors, other citizens, and representatives of cooperating agencies participated in a Rededication Program at which time the completion of the major part of the Pilot Program effort was marked by an address by the Mayor.

Encyclopaedia Britannica Films' sound movie on the Baltimore Housing Law Enforcement work was completed. The reports of the Law Enforcement, Education, Social Services, and other Pilot Program committees gave facts and recommendations which will serve as a basis for future planning, and a summary report was made by the Pilot Program Steering Committee to the Housing Bureau Advisory Council and to the Commissioner of Health.

Biostatistics

Detailed studies of the racial, age, socio-economic, and housing characteristics of small areas of the city were completed by utilizing census tract data released by the Bureau of the Census. Work continued on the improvement of the accuracy and completeness of the medical information which appears on the birth certificates. A revision of the certificate was completed with the cooperation of the Committee on Maternal and Child Welfare of the Medical and Chirurgical Faculty for the purpose of collecting information useful in the investigation of the problems of prematurity and fetal pathology.

Assistance was given to the Bureau of Public Health Nursing in the design and conduct of a cost analysis of the various public health nursing programs. Procedures were outlined for the Medical Care Section to facilitate the collection of data related to the general physical examination activity of the medical care clinics.

The bureau director was appointed to the Mayor's Commission on Aging and the Problems of the Aged. A report was prepared for the subcommittee on statistics of the Commission which dealt with the details of the social characteristics of the aged residents of the city. The director also served on the editorial committee of the subcommittee on the Survey of Nursing Needs of the Maryland State Planning Commission which completed a two year investigation late in 1952 concerned with nursing requirements and nursing resources in Maryland.

Vital Records

A total of 40,010 transcriptions of death certificates issued during the year was the greatest number ever given out by the bureau. In addition, 20,498 transcripts of birth records were issued, 26 per cent of which were short-form certifications. Another record established by the bureau was the replacement of 604 birth certificates on the basis of legal adoption which

represented 59 per cent of all adoptions adjudicated in the entire state. For the first time in eight years, 584 delayed birth certificates were registered for persons whose records were not filed by medical attendants.

In 1952 totals of 6,288 birth verifications and 819 death verifications were issued to accredited private and governmental agencies, and 2,941 Statement of Age cards were issued. The information appearing on these cards verified essential birth facts required for school admissions, employment of minors and for participants in athletic programs sponsored by private agencies in cooperation with the City Department of Recreation and Parks.

A total of 222 birth records was replaced on the basis of legitimation as provided by state law. Such cases involved children born out of wedlock whose natural parents married subsequent to the birth of the children. As evidence of the increased activity relating to corrections on birth and death records the bureau handled 2,893 mail requests for assistance and granted a total of 7,390 personal interviews.

During its third successful year of operation, the Birth Record Correction Advisory Service, jointly sponsored by the Health Department and the Legal Aid Bureau, Inc., gave assistance in 226 cases. The majority of these cases dealt with problems which involved adoption, legitimation, and adjudication of paternity. The detection by a staff member of a case of fraudulent birth registration resulted in the arraignment in Criminal Court of the offender on charges of violation of the state adoption and vital statistics laws.

Conclusion

A summary has been presented of the City Health Department's activities in 1952. The expanded maternal and child health program, including school and mental health services, has provided better care for mothers and children. It is clear that there should be an extension in the field of mental health especially along preventive lines, such as the mothers' counseling and advisory services in the health districts.

Already the Health Department has been alerted to the challenge of our aging population and the Commissioner of Health serves with the Director of Public Welfare and others on a special committee to study the problems of the older age groups. In the related field of chronic illness a start has been made by the Commission on Chronic Illness, a national agency with headquarters in Baltimore which will soon inaugurate special studies in this city. The facts discovered will be related to the question of needs for hospital beds, institutional facilities, and services required by patients in their homes.

Communicable disease control, medical care, housing, food control,

environmental and industrial hygiene, air pollution control and health district activities are among the matters that will continue to be Health Department responsibilities. In considering its total year's work the Department pays tribute to the vision and energy of the Mayor of Baltimore and of a host of other officials, and of many nonofficial groups and agencies, who give unstintingly of their best to serve the interests of the people of Baltimore and to plan for the better guarding of the health of the city.

Respectfully submitted,

Huntington Williams, M.D.

Commissioner of Health.

Baltimore, Maryland
May 1, 1953

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QUARTERLY STATISTICAL REPORT

CITY HEALTH CODE

CITY HOUSING CODE (Revised)

DENTAL HYGIENE

EMERGENCY HOME FOOD SHELF

FLUORIDATION—QUESTIONS AND ANSWERS

FOUR MONTHS OLD TODAY! (Revised)

HOLIDAY EATING WITH CALORIES REDUCED

ILLNESSES ATTRIBUTED TO FOODS

INSTRUCTIONS FOR FOOD DEMONSTRATORS

ORDINANCE AND REGULATIONS GOVERNING THE HYGIENE OF HOUSING

SCARLET FEVER (Revised)

SOME HOUSEHOLD TESTS FOR FOOD WHOLESOMENESS

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
Sir Allen Daley, M.D., Associate Health Officer
Royd R. Sayers, M.D., Senior Medical Supervisor for Occupational Diseases
George W. Watson, M.S.P.H., Health Administrator
Reed Gaither, Principal Administrative Officer
Beatrice Bryant, Senior Stenographer
Mary L. Rentz, Senior Stenographer
Helen von Wachter, Senior 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, 1952. Sir Allen Daley was with the Department for the four months which began on March 6, 1952.

ASSISTANT COMMISSIONER OF HEALTH

ASSISTANT COMMISSIONER OF HEALTH

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

Activities and procedures in the office of the Assistant Commissioner of Health fell into two general categories: Assignments from the Commissioner of Health which are carried on routinely year after year as regular duties, and secondly, the many individual day by day assignments from the Office of the Commissioner and this is a large group of great variety as described below.

Among the more important duties in the first category the Assistant Commissioner of Health visited each district office monthly for a conference with the District Health Officer and the supervising nurses in the district; these conferences were always attended by the Director of the Bureau of Public Health Nursing and the assistant director. The Assistant Commissioner of Health also held two conferences each month in a district as long as a vacancy existed in the office of District Health Officer. The Western Health District was in this position and without an administrative health officer during all of 1952, and the Assistant Commissioner of Health supervised the activities in the district. Another routine procedure for which the Assistant Commissioner was responsible was the arranging of teaching schedules for the course in Hygiene and Public Health, given under the auspices of the Department of Medicine to third year students at the University of Maryland Medical School. This course consisted of weekly lectures in communicable diseases or other public health problems. An examination was given at the end of the course and the students' papers were graded. Other routine duties of a more intermittent nature included such work as assisting with personnel problems, the procuring of replacements for vacancies, making readjustments in the use of office space to allow for expanding staff, and handling the many minor repair problems in clinics and other Health Department locations throughout the city.

The second category of duties, classified as the day by day assignments from the Commissioner of Health, included such matters as arranging study-tour programs for the many visitors to the Health Department and particularly for those students from foreign countries who come to observe its work and discuss its programs and procedures. Visits varied in length from half a day to several weeks and the chief work in this activity was to get the visitor in touch with the particular administrator responsible for the program in which the visitor was interested. The visitors in 1952 came from Austria, Egypt, England, France, India, Japan, Liberia, Pakistan, Philippine Islands, Turkey, Uruguay, and from Florida and Washington, D. C.

A close working relationship with other city government departments

was carried on during the year. Particular bureaus which assisted the Health Department were: The Bureau of Building Inspection for such matters as repairs or alterations; the Bureau of Building Construction for the formulation of plans for new Health Department district buildings; and the Bureau of Transportation for working out transportation problems. Many other city departments in lesser measure assisted with similar activities. This system of channelling inter-departmental matters through the office of the Assistant Commissioner has helped to avoid the confusion which might result if other methods were followed.

Many other activities of varying degrees of importance were referred to the Assistant Commissioner for attention. Of these, a large number were of the nature of services necessary to the successful operation of bureau or division programs but not directly related to or part of the program itself.

CIVIL DEFENSE HEALTH SERVICE

CIVIL DEFENSE HEALTH SERVICE

The activities of the Civil Defense Health Service during the year 1952 were directed toward the implementation of those plans developed during 1951 with particular emphasis on the appointment of key personnel to all positions of responsibility within the framework of the organization. The record of definite appointments to casualty clearing stations on December 31 showed 98 chief physicians and 36 assistant physicians, 173 nurses, 99 pharmacists, 85 administrative officers, 100 dentists, 56 first aid team leaders, 18 first aiders, 5 nurse assistants, 2 ministers and 1 clerical assistant. During 1952 the number of casualty clearing stations was increased from 97 to 98 with the establishment of Station 98 at the Uplands Community House in the Southwestern Civil Defense District.

Supplies on hand and ready for distribution on December 31, 1952 were as follows:

900	cartons of small burn dressings
100	bottles of aureomycin hydrochloride capsules
100	bottles of chloramphenicol capsules
100	bottles of terramycin capsules
2,500	10 c.c. bottles of procaine penicillin
3,000	litters
225	cartons of large burn dressings
250	cartons of paper cups
50	cases of plasma

At the July staff meeting copies of "Baltimore City Civil Defense Health Service Key Information" were made available for any needed night-use at home by Dr. Huntington Williams, Director of the Baltimore City Civil Defense Health Service. Copies were also supplied to Dr. J. Wilfrid Davis, Deputy Director of the Baltimore Civil Defense Health Service, Dr. William H. F. Warthen of the Baltimore County Service and Dr. William J. French of the Anne Arundel County Service. This material will be revised at three months intervals so that up-to-date information in condensed form will always be readily available in case of emergency. It was presented for discussion at the Third County Medical Societies Civil Defense Conference in Kansas City, Missouri in December.

Throughout much of the first half of 1952 the Civil Defense Health Service of Baltimore City was fortunate in having the advice and counsel of Sir Allen Daley, retired Medical Officer of Health of the London County Council. Sir Allen's help, based on his experiences particularly in World War II, was of inestimable value to the Civil Defense Service.

A succession of command for Civil Defense Health Service was approved in November by both Colonel Frank Milani, Director of Civil Defense and Dr. Huntington Williams, the Commissioner of Health. The approved statement is as follows:

> "In the event Dr. Huntington Williams is unable to serve as Director of the Baltimore City Civil Defense Health Service, the chain of command will be assumed in the following order:
>
> Dr. Huntington Williams
> Dr. Ross Davies
> Dr. J. Wilfrid Davis
> Dr. Henry F. Buettner
> Dr. Wilmer H. Schulze
>
> In any such instance the city will be assisted by Dr. William H. F. Warthen, Director of the Civil Defense Health Service of Baltimore County.
>
> Should it become necessary for Dr. Buettner to assume the office of director, Dr. Myron Tull will assume Dr. Buettner's present posts as Assistant Director for Medical Services and Assistant Director for Medical Supplies. Should Dr. Schulze be required to serve, his present post as Assistant Director for Sanitation and Special Weapons Defense will be filled by Mr. George Schucker whose present Civil Defense duties will be cared for by Mr. George Motry. If none of those listed above, in the order given, can serve then Mr. George W. Watson, Assistant Director for Administration of the Civil Defense Health Service, will serve as acting director until such time as the Director of Civil Defense for the City of Baltimore can appoint a properly qualified physician to the post."

Toward the end of 1952 it became necessary to establish storage areas within the city for Health Service supplies. For this purpose space was allocated at the Montebello Filtration Plant and the Southern Health District building. A central storage and distribution point was also contributed by Ruse and Company at 808 Low Street. By December 31 representative supplies had been collected at this central point preparatory to the actual distribution to casualty clearing stations scheduled to begin early in January, 1953.

During 1952 staff members of the Civil Defense Health Service participated in two national conferences in Chicago on May 3 and 4 and in Kansas City, Missouri on December 13 and 14, and in numerous state and local conferences dealing with matters pertaining to civil defense health and medical services. In addition a representative from the Bureau of Industrial Hygiene attended a two weeks' course in radiological health at the Public Health Training Center in Cincinnati, Ohio.

Sixteen fully organized mortuary teams and 7 partially organized teams had received assignment and instruction by the close of 1952.

Burial areas were designated for use in case of severe destruction, as follows:

Operating Zones	*Burial Area*	*Meeting Point*
North	Sheppard and Enoch Pratt Hospital	Charles Street Avenue Gate
Northeast	Herring Run Park	Herring Run Bridge Pulaski Highway
East	Baltimore Sewage Treatment Works	Entrance Gate Eastern Boulevard
South	Cedar Hill Cemetery	Main Gate—Ritchie Highway
Southwest West	Arbutus Memorial Cemetery	Main Gate—Sulphur Spring and Shelburne Avenue
Northwest	Woodlawn Cemetery	Cemetery Office

The following locations will provide additional space in the zone indicated if required:

North Northeast	Hillendale Golf Club	Clubhouse
Northwest	Suburban Golf Club	Clubhouse

The areas selected are in accordance with the operating zones as shown in Annex 9, State of Maryland Civil Defense Plan.

The year 1952 saw the completion of assignments and plans of procedure within the Sanitation and Special Weapons Defense Section of the Health Service organization. In addition to Health Department personnel who were given Civil Defense Identification Cards more than 50 volunteers from the Pest Control Association of Maryland and the Baltimore Chapter of Food Technologists were given special assignments and are being given specialized training in Civil Defense Food Service techniques.

At the end of the year there remained the task of completing the organization of the city's hospitals for defense and also that of completing the staffing of 98 casualty clearing stations throughout the city with the required number of volunteer nurse assistants and first aid help. These volunteers must be enrolled and trained before they may be assigned to a station. The American Red Cross continued to cooperate fully in training volunteers. It was felt that when the hospitals and casualty clearing stations are fully organized for civil defense, the Baltimore City Civil Defense Health Service will have taken a large step nearer to the ultimate goal of being able to cope with most emergencies.

BUREAU OF HEALTH INFORMATION

BUREAU OF HEALTH INFORMATION

Joseph Gordon

Director

A vital aspect of the work of any health department is the promotion of better health practices among all ages of the population in the community which the health department serves. These goals are so many and so diverse that they can never be reached by any one procedure, or by any one organizational unit in a health department. It is, however, largely through the joint effort and close teamwork of health department units, official and nonofficial community health agencies, and by individuals in their homes or in industry that progress is made and the health status of the city is improved.

Throughout 1952 the Bureau of Health Information continued to function in its dual capacity as a community center of health information and as a service organization assisting the member units of the City Health Department. Community-wide dissemination of health information was achieved through every available method of communication including individual and group conferences, printed matter and exhibits, and radio and television. The bureau made every effort to assist in the preparation and promotion of health education projects organized or sponsored by the Department and other community official and nonofficial agencies. As a service organization the bureau continued to aid each Health Department unit with its own phase of health education or in-service training; the bureau also continued its supervision over all Health Department printed matter and this included the many forms, letters and publications required by Department units in their work.

Publications

The City Health Department issued its five regular publications during the year: The "Saturday Letter to the Mayor" including the "Weekly Statistical Report" which is a combined press release and report to the Mayor on timely health matters; the *Baltimore Health News*, the Health Department's monthly publication which reaches more than 10,000 individuals and agencies interested in Baltimore's health progress; the "Quarterly Statistical Report," a publication prepared by the Statistical Section which includes analyses of statistical information and special studies or articles of current interest; the ANNUAL REPORT OF THE DEPARTMENT OF HEALTH and *Guarding the Health of Baltimore*, the summary of the annual report. The latter three publications were distributed to libraries

and selected mailing lists of persons and agencies who wish the detailed information presented in these publications.

Press releases including the "Saturday Letter to the Mayor" in the main covered the many recurrent health hazards, and emphasized the need for public understanding and preventive or corrective procedures; not a few of these dealt with the prevention of accidents or communicable diseases, and with food control, environmental and industrial sanitation. An approximate summation of newspaper publicity revealed a total of 588 articles comprising 6,403 column inches.

The *Baltimore Health News* with its wide distribution to physicians, dentists, school teachers, health agencies, libraries, and others attempted to provide for these extensive groups accurate and authentic information on items affecting Baltimore's health. Included among these were articles relating to: The fluoridation of water supplies, the Report of the Committee on Nursing Homes, the revision of Plumbing Regulations Nos. 53 and 124, statements of the Commissioner of Health on the medical examination of food handlers and air pollution control, a Report of the Subcommittee on Statistics of the Commission on Aging and the Problems of the Aged, and a reminder to physicians to help in preventing occupational diseases by reporting such ills when they are brought to their attention. Numerous requests for additional copies of these specific issues of the *Baltimore Health News* was evidence of their value. An additional article which provoked much interest was a critical assessment of the British National Health Service by Sir Allen Daley, Medical Officer of Health of the London County Council (retired) and Associate Health Officer of the City Health Department for the four months March–June, 1952.

New publications issued during the year were: "City Health Code," "Emergency Home Food Shelf," "Dental Hygiene," "Fluoridation: Questions and Answers," "Holiday Eating with Calories Reduced," "Illnesses Attributed To Foods," "Instructions for Food Demonstrators," "Ordinance and Regulations Governing the Hygiene of Housing," and "Some Household Tests for Food Wholesomeness." Publications revised were: "City Housing Code," "Scarlet Fever," and "Four Months Old Today!" The latter is a greeting card reminding parents of the need for preventive inoculations for diphtheria. It was revised in accordance with a change in inoculation schedule, and copies with a special letter were distributed to all local physicians advising them of the change. The bureau also distributed to city physicians thirteen reprints of published articles written by staff members and considered of interest and value to medical practitioners. Twenty-eight such articles were published and their titles are listed on page 52. The total number of leaflets, pamphlets and other miscellaneous health literature distributed during the year was estimated at 587,249 pieces.

Radio and Television

The dissemination of health information through radio and television continued without interruption during the year. Both were fifteen minute programs produced weekly under joint sponsorship of the Health Department and the Medical and Chirurgical Faculty of Maryland, through stations WFBR and WMAR-TV, radio and television stations, respectively. The "Keeping Well" radio drama series is one of the oldest continuous health radio broadcasts in the country; December, 1952 saw its 696th broadcast. In this series the family doctor, "Dr. Richard C. Ashley," was played by Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases. In the "Your Family Doctor" television series, the family physician was portrayed by Mr. Robert M. Keller, a capable actor who has also participated in the radio dramas. The television programs as befits this new medium varied in presentation from week to week and took the form of a drama, a lecture, a demonstration, a chalk talk, or a panel discussion; it involved the showing of motion picture films, filmslides, photographs, charts, drawings or any combination of these; frequently a guest specialist participated with the "family doctor" in the program. The end of 1952 marked the presentation of the 209th TV program. Perhaps the most significant event of the year in this phase of health information was the presentation of an Honorable Mention award to "Your Family Doctor" by the Sixteenth American Exhibition of Educational Radio and Television Programs sponsored by the Institute for Education by Radio and Television at Ohio State University "in recognition of outstanding educational value and distinguished television production." It is also significant to note that during 1952, the viewing audience according to studio survey records, was estimated to be as high as 125,000 persons, a rating which compared favorably with some popular shows in the entertainment field. Both radio and television served effectively in promoting personal and community health; a complete list of program titles may be found on page 79. The bureau director gave assistance in the planning of several other television programs; namely, the Johns Hopkins Science Review program on fluoridation of water supplies; "Bringing Up Baby" a series on child care produced jointly by a number of interested community agencies; and the Red Cross-Civil Defense series on first aid.

Exhibits

Exhibits and displays relating to the dissemination of health information continued to constitute an important phase of the bureau's work. Seventy-four such displays were set up by the Division of Exhibits in many locations throughout the city in connection with City Health Department clinics, the various community health drives or upon request by other city agencies or groups.

Among the exhibits placed on display were the following: An exhibit of City Health Department publications and posters which included a three dimensional display warning against the use of lead paint for indoor use placed on view at the Municipal Museum with its exhibition, "Health Posters Around the World"; a slum rehabilitation exhibit "Before and After" at the Lord Baltimore Hotel for the National Convention of the American Institute of Planners; a replica of a refrigerator and its contents used by the Bureau of Food Control at the Southern Health District in its training course for food handlers; also at the same location two exhibits, "Happy Easter" and "Reading is Fun"; an electrically operated carrousel-type exhibit "For Health and Better Living" based on the Department's leaflet "What Does Your Family Eat?" together with three 3-dimensional panels, "Children Tell Your Parents Toxoid Prevents Diphtheria," "Know Your Public Health Nurse" and "Health Services for the School Child" at the Southeastern Health District building for the annual Child Health Day observance co-sponsored by the Canton Area Council, Inc.; the "Blondie" mental hygiene series placed on exhibit in the municipal child health clinics at the University of Maryland Hospital, the Druid Health District, the Eastern Health District and the Southern Health District; the panel exhibits, "Prevent Trichinosis," "Demand Pasteurized Pastries" and "Learn to do Your Part in the Prevention of Disease" at the fourth four-day annual chest X-ray survey held in the offices of the Canton Area Council; and an exhibit "Archway to Health" prepared especially for the combined chest X-ray and diabetes test survey sponsored jointly with the Southeastern Community Council, the Maryland Tuberculosis Association, Sinai Hospital and local druggists and conducted at Public School No. 2.

Other exhibits were prepared for National Children's Dental Health Day, Mental Hygiene Week, the Christmas Seal Sale, and for the municipal chest clinic at 1516 Madison Avenue; exhibits at the latter were located at the entrance to the clinic and changed on a monthly basis.

Of significant interest was an exhibit designed particularly for medical practitioners and health workers on the subject of lead poisoning in children. This exhibit created great interest among visitors at the annual meeting of the Southern Branch of the American Public Health Association in Baltimore in April, at the annual meeting of the American Medical Association in Chicago in June where the exhibit was awarded a Certificate of Merit, and at the annual meeting of the American Public Health Association in Cleveland in October.

The City Health Department's exhibits were viewed by many thousands of individuals and whenever possible health literature on the pertinent topics was made available. Plans for 1953 include the renovation and circulation of current exhibits and the construction of two electrically-lighted shadow boxes for the display of panels, posters and smaller exhibits.

Meetings

City Health Department staff members participated in 551 group meetings on local, regional or national levels; their lectures, talks and discussions on public health reached a total audience estimated at 218,564 persons. Incuded in these figures are the numerous conferences and sessions with a wide variety of community groups as well as students, teachers, and business and industrial representatives. Special conferences were held by the director with Dr. George E. Lacy, Assistant Commissioner of Health of Dade County, Florida, who was assigned by the Johns Hopkins School of Hygiene and Public Health for a school term for special field work in television as a medium of health education. Numerous other conferences were held with public health officials from other sections of the United States as well as from other parts of the world who were interested in learning of the Health Department activities and methods in health education. Two meetings of note for city physicians in which guest speakers were arranged for by the Department were a special session on poliomyelitis at the Southern Health District building in which Dr. David Bodian, Associate Professor of Epidemiology at the Johns Hopkins School of Hygiene and Public Health, discussed the latest developments relating to the prevention of poliomyelitis, and a meeting for the discussion of occupational diseases for the East Baltimore Medical Society in the Southeastern Health District building at which Dr. Royd R. Sayers, Senior Medical Supervisor for Occupational Diseases, was the guest speaker.

Health Department staff members, including the Director of the Bureau of Health Information, participated in a number of courses related to public health including a special course for student nurses of nine schools of nursing in a joint class at the University of Maryland Hospital. The Director and the Commissioner of Health also assisted in the health education course offered at the Johns Hopkins School of Hygiene and Public Health by participating in a television seminar which included a tour of the TV studios and observation of a health television production.

In conjunction with the Bureau of Laboratories the bureau director arranged numerous lecture-tours for public school groups, college students, teachers and new Health Department employees.

Film Services

Film services of the Health Department comprised two phases of activity—arranging for film showings for special groups, and assisting with films on Health Department in-service training programs. In all, a total of 262 film showings was made during the year. In many cases the bureau arranged for a guest speaker as well as for projection equipment and a projectionist. Throughout the year there was a general increase in interest in films, and with the purchase of four new films by the Bureau of Child

Hygiene: "Life With Baby," "Why Won't Tommy Eat?," "Human Beginnings," and "Know Your Baby," a schedule was arranged for these to be circulated in the health districts. The bureau prepared a series of filmslides on school health for use by the Division of School Health and another series on Health Department activities for the Bureau of Health Information for use with groups interested specifically in the work of the Health Department. Public health nurses exhibited a developing interest in films for in-service programs and a number of them were trained in the use of projection equipment, movies and filmslides. Toward the end of the year plans were made to show the film "Cheers for Chubby," a commercially produced educational cartoon on the subject of overweight, in the theatres of the city. This effective film service was made possible largely through the close cooperation of the Enoch Pratt Free Library Films Department, the Maryland State Department of Health Film Library, and the film libraries of the voluntary health agencies.

Community Health Programs

One of the significant community health programs with far reaching effects for the future citizens of Baltimore was the plan to fluoridate the city water supply and thereby reduce tooth decay in the children of the city. The inauguration of fluoridation after two years of work, was realized on November 26 when the Mayor set in motion the pumps which provided the proper amount of fluorine, one part per million, to the water supply. This step was taken after much careful study by all interested groups and a court trial in which the judge found no reason to delay the action. Much of the success in crystallizing this program may be attributed to making available to these groups and the public the latest information pertaining to the researches into the effects of fluorine through *Baltimore Health News*, press releases, radio and television.

Throughout the year the Housing Bureau continued its program for improving the blighted areas of the city through education and housing law enforcement. This was also carried to the public through numerous tours and illustrated lectures.

The problem of lead poisoning in children was vigorously attacked by sanitarians and the public health nurses in their work in the field as well as by press releases, publications, exhibits, radio and television.

Noteworthy among the community health programs in which the Health Department gave assistance by active participation were: The "Clean-up, Paint-up, Fix-up" campaign, Mental Health Week, National Children's Dental Health Day, Child Health Day, the South Baltimore and Franklin Square Hospital campaigns, and the periodic voluntary health agency drives.

A first for Baltimore was a combined Tuberculosis X-ray and Diabetes Survey which was held in November in the Southeastern Health District during Diabetes Week through joint efforts of the Health Department and the Southeastern Community Council, the Maryland Tuberculosis Association, Sinai Hospital, the City Department of Education and the druggists of Baltimore.

Services to the Department

The bureau continued to make available editorial and library services to the staff of the Health Department. Success in the continuing library program was due largely to close cooperation with the Medical and Chirurgical Faculty Library, the William H. Welch Medical Library, the Enoch Pratt Free Library and the University of Maryland School of Medicine Library. Prompt and efficient service by these libraries helped greatly to make the City Health Department's library activity an effective one.

A high mark in duplicating services was reached in 1952. By December the duplicating room had completed 753 requisitions for printed materials which amounted to 1,896,927 individual pieces. This was an increase of 568,724 over 1951. The reproduction of staff members' published articles for distribution to physicians was an added service made possible through the industrious efforts of the multilith operator. The bureau supervised the printing of 168 forms by the Municipal Duplicating Bureau. The photographic services produced 1,114 photographic prints, 19 photostats, and 195 lantern and filmslides. The photographic work is an essential adjunct service of the bureau and contributed toward general education and publicity, television, bureau records, exhibits, illustrated lectures and court testimony.

Personnel

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

TABLE NO. 1
SUMMARY OF EDUCATIONAL WORK DONE BY THE HEALTH DEPARTMENT IN 1952

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		
		Articles	Column Inches	Requests	Pieces		Health Addresses	Persons Reached	Exhibits	Films, Slides	Persons Reached				Number of Meetings	Number of Persons	Meetings Attended
Entire Department	28	588	6,403	31,350	587,249	37	551	21 ,564	74	262	42,534	51	53	1	699	7,041	2,363
Administrative Section																	
Commissioner of Health	6	37	232	200	6,000	8	100	5,000	..	..	..	2	3	..	65	500	650
Civil Defense Health Service	..	205	2,242	575	1,825	..	13	840	..	3	145	2	3	..	26	479	30
Asst. Commissioner of Health	..	6	24	..	..	..	..	..	..	..	..	1	3	..	..	..	252
Health Information	1	24	112	865	359,217	8	19	1,001	74	55	17,180	7	13	..	3	15	102
Baltimore Health News	..	..	..	*131*	*125,853*	..	..	..	..	..	..	..	..	..	..	..	..
Rack Distribution	..	..	..	*40*	*57,345*	..	..	..	..	..	..	..	..	..	..	..	..
Miscellaneous	..	..	..	*694*	*175,619*	..	..	..	..	..	..	..	..	..	..	..	..
Laboratories	2	..	..	188	983	..	28	791	..	1	6,000	1	2	..	17	295	31
Eastern Health District	1	3	46	..	3,948	2	12	664	..	36	565	..	..	..	51	1,309	73
Western Health District	..	..	..	822	9,960	..	..	..	..	..	..	..	..	..	23	110	46
Druid Health District	1	1	5	1,219	7,642	..	5	380	..	7	425	..	1	..	24	11	172
Southeastern Health District	..	..	..	3,039	2,745	..	12	29	..	6	38	..	..	..	20	129	216
Southern Health District	..	1	5	461	4,672	..	17	595	..	41	1,544	..	..	..	145	392	..
Medical Section—Preventive																	
Communicable Diseases	..	12	57	540	36,250	1	1	50	..	..	..	1	..	..	1	9	270
Tuberculosis	..	10	65	12	715	2	..	..	..	..	..	3	2	..	6	49	28
Venereal Diseases	1	4	66	96	11,147	..	18	739	..	..	..	..	..	..	58	495	31
Child Hygiene	1	9	75	422	27,926	..	97	6,244	..	32	2,482	10	8	..	25	558	120
Dental Care	..	25	207	..	32,000	1	9	384	..	7	1,465	2	2	..	2	45	14
Public Health Nursing	2	4	23	8,722	22,331	..	..	..	..	8	77	1	1	..	65	530	65
Medical Care Section																	
Administration	..	13	152	..	6,125	..	..	..	..	..	..	..	..	..	..	..	..
Sanitary Section																	
Administration	1	12	129	36	158	..	4	219	..	..	..	4	6	..	11	87	96
Milk Control	..	2	21	151	331	..	9	293	..	..	..	..	1	1	7	100	1
Food Control	5	5	38	11,292	22,789	1	111	196,881	..	5	8,249	7	7	..	37	509	89
Meat Inspection	..	2	13	10	80	..	..	..	..	..	..	..	1	..	..	..	..
Industrial Hygiene	2	19	174	985	2,918	2	6	1,485	..	2	300	4	..	..	17	74	7
Environmental Hygiene	..	16	141	372	21,638	1	13	216	..	1	264	6	..	..	35	673	42
Housing Bureau	..	150	2,420	363	3,724	..	47	2,253	..	67	4,771	..	..	..	49	472	78
Statistical Section	5	28	156	125	2,125	11	20	500	..	1	50	..	..	..	12	200	90

TABLE NO. 2

RADIO DRAMAS BROADCAST UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, 1952
"KEEPING WELL" SERIES
WFBR

Date		Title	Subject
January	7	Help Fight Polio	March of Dimes
	14	The Case of the Missing Hospital	South Baltimore General Hospital
	21	The Proper Case	General Health
	28	Out of Reach	Household Poisons
February	4	A Tooth for a Tooth	National Children's Dental Health Day
	11	Food Follies	Food Care in the Home
	18	Sniffles and Sneezes	Common Cold
	25	New Hope for Hearts	Heart Disease
March	3	Help Wanted	Civil Defense
	10	Are You Ready?	Civil Defense—First Aid
	17	The Right Choice	Nurseries and Nursery Schools
	24	Fill the Ranks	Student Nurse Recruitment
	31	Not a Drop to Drink	Polluted Streams
April	7	How Safe Is Safe?	Home Accidents in Children
	14	Appetites That Kill	Lead Poisoning in Children
	21	Appetites That Kill	Lead Poisoning in Children
	28	Illegal Vegetation	Poison Ivy—Noxious Weeds
May	5	Take It Easy	Geriatrics
	12	New Baby	Mental Hygiene
	19	Keep 'em Out	Rodent Control
	26	Don't Close the Door	Teen-Age Problems
June	2	Help for a Hospital	Franklin Square Hospital Campaign
	9	While They Wait	Home Care of the Sick
	16	Food in the Rough	Picnic Time
	23	All Wet	Water Safety—Swimming—Boating
	30	Hot Rod	Automobile Accidents
July	7	Life in the Sun	Sunburn
	14	Oh, Bugs!	Insect Pests
	21	Tickle Toes	Athlete's Foot
	28	A Consumer Complains	Consumer Complaints
Au ust	4	Keep It on Ice	Food Care in Summer
	11	Can It	Home Canning
	18	Ready to Go	Preschool Check-Up
	25	Itches and Sneezes	Allergies
September	1	I Smell Smoke	Fire Prevention
	8	Start Right	Better Breakfasts
	15	A Helping Hand	Cerebral Palsy
	22	You Can Beat It	Cancer
	29	Groom Your Furnace	Carbon Monoxide
October	6	Ears That Hear	Children's Hearing
	13	The Nurse in Civil Defense	
	20	Backyard Blues	Community Sanitation
	27	Head Trouble	Ringworm of the Scalp
November	3	Read the Label	Prevention of Poisoning
	10	Help for a Doctor	Laboratory Services
	17	The Sweet Sickness	Diabetes
	24	Take Your Picture	Tuberculosis
December	1	Care Saves Wear	Tuberculosis
	8	Keeping Christmas Merry	Home Accidents
	15	The Gift That Counts I	Christmas Gifts—Younger Child
	22	The Gift That Counts II	Christmas Gifts—Older Child
	29	Got the Sniffles	Respiratory Ills

TABLE NO. 3
TELEVISION SERIES TELECAST UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, 1952
"YOUR FAMILY DOCTOR" SERIES
WMAR-TV

Date		Title	Guest
January	7	Respiratory Ills	
	14	Day Care for Toddlers	Mrs. Leon Ginsberg
	21	How the Doctor Works	
	28	Your Doctor's Prescription	Dr. Noel E. Foss Dr. Benjamin F. Allen
February	4	Dental Health	Dr. H. Berton McCauley
	11	Drug Research and Controls	Dr. Noel E. Foss
	18	The New Method of Artificial Respiration	Mr. Robert Gregson Mrs. Oscar Hartman Miss Judy Rothholz
	25	Glaucoma	Dr. William C. Owens
March	3	Civil Defense Is Your Job	Mr. George W. Watson
	10	Sir Allen Daley Is Here	Sir Allen Daley Dr. Huntington Williams
	17	Heart Disease	
	24	Cancer	
	31	Cerebral Hemorrhage	
April	7	Tuberculosis	Dr. M. S. Shiling
	14	Accidents	
	21	Helping for Health (IVNA)	Mrs. Samuel Koski, R.N., IVNA
	28	Give Them a Lift Up	
May	5	Home Care of Foods	
	12	Appetites That Kill	Dr. H. Maceo Williams
	19	Food Fads	Miss Eleanor L. McKnight
	26	The Closed Door	Miss Mazie Rappaport
June	2	Biological Warfare	
	9	Watch Out for Fires	Fire Chief John J. Kellan
	16	The Personal Touch	
	23	Water Safety—Boating	Mr. William B. Matthews
	30	Water Safety—Swimming	Mr. Robert Gregson
July	7	Health Problems Around the World	Dr. Huntington Williams Mr. Wilbur H. Hunter, Jr.
	14	Snakes and Snake-Bite	Mr. Arthur R. Watson
	21	Vacation Hazards	
	28	Your Eyeglasses	Dr. Frederick M. Reese Dr. H. Berton McCauley
August	4	Getting Ready for School	Dr. Sibyl Mandell
	11	Cancer	
	18	Ice Cream Manufacture	Mr. Don D'Ambrogi
	25	Ringworm	Dr. Maurice Sullivan
September	1	School Lunches	
	8	Better Breakfasts	Miss Eleanor L. McKnight
	15	When in Doubt Throw It Out	
	22	Mental Health is ABC	Dr. Sibyl Mandell
	29	Read the Label	Dr. Wilmer H. Schulze
October	6	Protecting Our Meat Supply	Dr. William J. Gallagher
	13	Laboratory Detectives	Mr. Clinton L. Ewing Mrs. Evelyn M. Hankin Miss Mary J. McManus Mrs. Rudolpha Turner
	20	How to Catch a Cold	
	27	Microscopic Killers	
November	10	Your Child's Hearing	Dr. William G. Hardy
	17	Diabetes—Do You Have It?	Dr. A. A. Silver
	24	Viruses—What Are They?	
December	1	Facts About Tuberculosis	Dr. Charlotte Silverman Mr. William B. Matthews
	8	Vitamins and Health	
	15	Keep Your Christmas Merry	
	22	Assignment to Germany	Dr. Huntington Williams Dr W. Sinclair Harper
	29	A Drop in the Bucket	

BUREAU OF LABORATORIES

BUREAU OF LABORATORIES

Clinton L. Ewing

Director

Laboratory services furnished physicians, hospitals and various bureaus of the Health Department in 1952 involved 252,443 examinations of 126,730 samples and specimens. Of these totals, 172,470 examinations were made of 113,464 specimens to assist in the diagnosis, prevention or treatment of communicable diseases, and 46,069 bacteriologic and 33,904 chemical examinations were performed on 13,266 samples of milk and food products and industrial or other materials as part of the sanitary control of the environment. Total examinations increased by 5.4 per cent and specimens and samples decreased by 3.2 per cent in comparison with 1951 figures. These services were provided despite an unusual turnover in personnel which involved 23 resignations.

Conscientious laboratory workers welcome fair checking and for many years the bureau has engaged in cooperative checking programs especially in milk and water tests and in the serology of syphilis. In connection with the latter, the bureau participated in the Eighth Annual Maryland State-wide Syphilis Serology Survey which began in December, 1951 and continued until July, 1952. Fifteen hospital and three private laboratories located in Baltimore also collaborated. Results obtained by the Bureau of Laboratories were as follows:

Name of Test	Sensitivity	Specificity
Eagle-Strauss Flocculation	99 per cent*	100 per cent
Hinton Flocculation	99 per cent*	100 per cent

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

* One alleged positive specimen was reported as negative by both tests.

In addition to the above the Medical Bacteriology Laboratory participated in an Evaluation of Enteric Pathogens Procedures likewise conducted by the Maryland State Department of Health. Three bacteriologists received 8 unknown specimens of enteric bacteria which were correctly identified.

The Sanitary Bacteriology and the Chemistry Laboratories collaborated in a Milk Evaluation Study also conducted by the Maryland State Department of Health. Four samples of milk were received upon which plate counts, Breed counts, coliform counts, butterfat tests and phosphatase

tests were made. Four bacteriologists and two chemists participated. Creditable showings were made by those members of the staff who took part in the survey.

Division of Bacteriology

No case of rabies in animals was reported in 1952. The bureau examined 45 suspected animal heads as follows: 33 dogs, 7 cats, 3 rabbits, 1 goat and 1 guinea pig. In 1951 a total of 62 animals had been tested. The last rabid animal reported was a dog examined in February, 1947, and the last human case was a twenty-two year old man who was bitten by a dog in January, 1930 and who died two months later as a result of the bite.

Requests for examinations of specimens for diphtheria bacilli showed a further decrease in 1952. Thirteen hundred and forty-two microscopic tests and 37 virulence tests were made on 447 specimens. A decade ago 2,885 specimens were submitted and 232 virulence tests were done. Twenty years ago, 10,113 microscopic tests and 348 virulence tests were made on 8,604 specimens. The results of the immunization of children against diphtheria were reflected in these marked reductions in the number of laboratory examinations.

A further downward trend was experienced in laboratory work involving examinations for gonococcal infections. In 1952, a total of 9,635 smears and cultures was submitted in contrast to 9,957 in 1951. As a result of laboratory examinations, 3 new typhoid carriers were detected in 1952. A fourth known carrier moved into the city from a Maryland county. This indicated that the necessity for laboratory services in this communicable disease was still present in spite of modern sanitation accomplishments.

The first increase in demands for serological tests for syphilis since 1946 was experienced in 1952. The total of 89,176 specimens of blood or spinal fluid submitted represented an increase of 1.4 per cent in comparison with the number submitted in 1951. Of the total received, 88,332 were blood and 844 were spinal fluid. Routine Eagle-Strauss flocculation tests revealed that 12.3 per cent of the blood specimens were positive. In 1951 16.7 per cent were positive.

Personnel shortages interfered with the voluntary laboratory approval program that has existed since 1939. Activities along this line were reduced to obtaining monthly reports from the twenty-two nonofficial laboratories participating in the approval program and to continuing the monthly syphilis serology survey.

The Sanitary Bacteriology Laboratory devoted considerable effort in making examinations to determine the etiologic agents in a number of alleged food poisoning outbreaks. This work and other activities involved

46,069 examinations of 8,276 samples of milk and dairy products, water, food utensil and hand swabbings, sea food and miscellaneous materials and represented an increase of 105.5 per cent in examinations and a decrease of 3.9 per cent in samples as compared with work done in 1951.

In 4 of the 5 major investigations of food poisoning outbreaks, pigmented hemolytic staphylococci were isolated from samples of food or from lesions on the hands of food handlers associated with the outbreaks. A total of 805 examinations was made on 61 samples of food and hand swabbings in connection with the investigations of all alleged food poisoning outbreaks.

Division of Chemistry

Despite the most acute personnel difficulties experienced in many years, the work of the Division of Chemistry cared for all essential needs. Routine and special services involved 33,904 examinations of 11,426 samples submitted principally in association with the activities of the Sanitary Section. These figures represent decreases of 4.6 per cent in examinations and 4.3 per cent in samples when compared with the 1951 record.

The total of 6,726 samples of milk and dairy products examined in 1952 represented a decrease of 969 and was principally caused by personnel shortages in the Bureau of Milk Control. Results obtained in the examination of the samples revealed certain deviations from chemical standards as follows: Added water in 64 samples; butterfat deficiency in 34 samples; excessive sediment in 28 samples and skimming in 13 samples. Only 2 samples of bottled milk and 2 samples of bottled cream were found improperly pasteurized in the examination by the phosphatase test of 4,435 samples of milk and 607 other samples of dairy products. The 4 samples, however, represented only three instances of faulty pasteurization by milk plants.

Requests for microanalyses of miscellaneous food products involved the examination of 1,133 samples, an increase of 13.9 per cent in comparison with 1951 figures. Filth such as insect fragments or rodent contamination was found in 48.6 per cent of 865 samples collected from 218 local establishments.

During the year, Dr. Emanuel Kaplan, Chief of the Division of Chemistry, testified in 14 prosecutions instituted against violators of health ordinances in relation to food. Thirteen of the trials were held in the Housing Court and one prosecution took place in the Criminal Court. The defendants were all found guilty and paid total fines in excess of $2,800. In 5 cases, the addition of sodium sulfite as a preservative in ground meat was the basis for prosecution, 1 case was concerned with impure meat and 8 dealt with filth in food.

In 1951, the chemical laboratory examined 685 specimens of blood for lead as an aid in the diagnosis of lead poisoning. This number was increased by 8.5 per cent in 1952 when 743 specimens were tested. These latter specimens were obtained from 167 adults and 331 children and were referred by 18 hospitals and 66 practicing physicians. Abnormal amounts of lead were found in specimens from 23 adults engaged principally in painting, scrap metal salvage or the manufacture of lead-coated wire. Excessive amounts of lead were also detected in blood specimens from 143 children. As part of the investigation of lead poisoning in children, the Bureau of Industrial Hygiene submitted 204 samples of paint scrapings collected from the homes of 114 children. Fifty-four per cent of the samples contained lead.

The Bureau of Industrial Hygiene submitted 489 samples of air, dust and solvents which were tested for such toxic materials as lead, chromic acid, titanium, mercury, nitrous fumes, formaldehyde, chlorinated hydrocarbons and malathon, a toxic insecticide. The samples were associated with investigations involving scrap metal recovery; nonferrous metallurgy; the use of chemical rug cleaners; shooting gallery operation and the manufacture of chromate chemicals, insecticides and clothing. Twenty-two samples of dust, involved in atmospheric pollution by chemical industries, were analyzed to determine possible sources of contamination.

As a result of a telephone call requesting the services of the chemical laboratory in the detection of mercury in spinal fluid, an outbreak of mercurial poisoning was disclosed in a local factory where employees were engaged in the packaging of an organic mercurial seed disinfectant. Samples of urine from 7 workers were examined for mercury content and abnormal amounts of the metal were found in 6 samples. Two workers were hospitalized.

Following the fluoridation of the city drinking water supply on November 26, an additional routine procedure was added to the work of the chemistry laboratories. This involved the testing of tap water samples for fluoride content. During November and December, 207 samples were examined. There is no known test which permits the determination of fluoride directly in the field.

Special Investigations

In April a series of comparative tests was begun to determine the efficacy of the so-called cardiolipin indicator in the Hinton flocculation test for syphilis. After testing 214 specimens with 3 lipoidal antigens and one cardiolipin antigen it was found that the cardiolipin indicator (antigen) was the most satisfactory. Accordingly, this type of antigen was instituted in the routine Hinton tests on July 1.

Following the publication of an article in the May issue of *Public Health Reports*, a study was undertaken to determine the effect of temperature on the colloidal mastic test. This procedure pertains to the testing of spinal fluid specimens for syphilis. The work was begun in June and by August 40 specimens of spinal fluid had been tested in duplicate. One set of tests was incubated at room temperature overnight and the other at 35°C. for the same period.

The investigation of the value of the Venereal Disease Research Laboratory (VDRL—U. S. Public Health Service) flocculation test as a routine procedure in making STS which was begun in 1951 was concluded in 1952. A total of 1,007 specimens of blood was included in the study. The results indicated that this test was not more nor less reliable than the tests routinely in use and that it was considerably more difficult for the average worker to perform. It was, therefore, not adopted as a routine procedure.

A new, simple and inexpensive test was devised for the detection of sulfite preservative in ground meat. The test, which depends upon the bleaching of a dye, can be performed by the food sanitarian in the field in about 2 minutes. It is sensitive to as little as 1 grain of sodium sulfite in a pound of meat. This new procedure eliminated considerable bulky equipment formerly required in the field testing for the presence of the preservative.

An improved tabulation was prepared by Mr. Robert S. Shaull, Senior Chemist, showing the relationship of the butterfat content and specific gravity of milk to total solids, solids-nonfat and specific gravity of the total solids. The tabulation eliminated extensive calculations and resulted in an appreciable saving of time in determining the constants of milk as an aid in the detection of adulteration by skimming or addition of water.

Other studies included: The testing of samples of ice cream and ice cream mix to determine the relation of coliform bacteria to foam on top of the mix in pasteurizing tanks, the effect of storage of pasteurized milk at 36° to 38°F. on the bacterial contents, the effect of temperature and time on the results of the heterophile agglutination test for infectious mononucleosis, the design of a glass manifold to improve the acid digestion of blood samples for lead tests, the determination of protein in cerebrospinal fluid, the determination of fluoride in water, the detection of thiourea in metal polish, the determination of lead in paint scrapings, the detection of malathon insecticide in air and the resistance of various floor tiles to common laboratory solvents.

Educational Activities

Services of the bureau were explained to approximately 500 visitors. Students from 2 elementary schools, 11 high schools, 1 junior college and 1

senior college were given demonstrations of laboratory procedures. Two visitors from the Montreal City Health Department, one from Mexico City and 6 new employees from the Housing Bureau had the activities of the bureau described to them. A discussion of the Breed or microscopic test for counting bacteria in milk was held for approximately 40 field and laboratory men representing the local dairy industry. Two lectures 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. Several members of the staff participated in a television program on Station WMAR-TV when the services of the bureau were described.

Personnel

Clinton L. Ewing, Director
Theodore C. Buck, Jr. Assistant Director
Emanuel Kaplan, Sc.D., Chief, Division of Chemistry
Katharine E. Welsh, A.B., Principal Bacteriologist
Evelyn M. Hankin, B.S., Senior Bacteriologist
Mary J. McManus, B.A., Senior Bacteriologist
Katherine E. Shea, B.A., Senior Bacteriologist
Rudolpha Turner, B.S., Senior Bacteriologist
Sanford Belth, B.S., Senior Chemist
Robert S. Shaull, B.S., Senior Chemist
Elizabeth Lovelace, A.B., Junior Bacteriologist
Rosalinda McKenna, A.B., Junior Bacteriologist
Mary Varley, B.S., Junior Bacteriologist
Byrd G. Wenke, Junior Bacteriologist
Betty L. Chapman, Laboratory Assistant
John L. Lee, B.S., Laboratory Assistant
Louis F. Maire, B.S., Laboratory Assistant
Harry L. Carman, Senior Administrative Officer
John A. Wheeler, Junior Administrative Officer
Evelyn H. Griffiths, Senior Stenographer
Kathryn Hiltner, Senior Stenographer
Laura B. Grim, Senior Clerk
Marie R. Guckert, Senior Clerk
Frieda Troupe, Senior Clerk
Michael J. Doonan, Senior Storekeeper
Warren H. Barnes, Chauffeur
Marvin Asbury, Laborer
Raymond Buettner, Laborer
Thomas H. Hale, 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	113,464	172,470
Animal heads	45	
Animal inoculation	..	45
Microscopic	..	723
Blood	90,151	
Agglutination	..	7,257
Culture	..	5,143
Microscopic	..	177
Serologic	..	102,006
Direct culture	4,918	
Agglutination	..	6
Animal inoculation	..	39
Culture	..	9,637
Microscopic	..	3,126
Exudates	5,507	
Animal inoculation	..	60
Culture	..	476
Microscopic	..	5,690
Feces	877	
Culture	..	4,768
Macroscopic	..	15
Microscopic	..	2,209
Hairs	11	
Culture	..	34
Microscopic	..	18
Helminths	174	
Macroscopic	..	8
Microscopic	..	174
Spinal fluid	863	
Animal inoculation	..	8
Culture	..	89
Microscopic	..	46
Serologic	..	1,646
Sputum	9,766	
Animal inoculation	..	58
Culture	..	10,721
Microscopic	..	9,505
Stomach lavage	631	
Animal inoculation	..	83
Culture	..	5,272
Microscopic	..	808
Urine	521	
Animal inoculation	..	147
Culture	..	1,574
Microscopic	..	812

TABLE NO. 2

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

Type of Examination	Total	Positive	Negative	Doubtful	Unsatisfactory
Total	137,552*	27,948	104,281	2,492	1,979
Brucellosis					
Total	1,358	9	1,205	22	122
Agglutination					
Blood	1,114	9	1,083	22	..
Culture					
Blood	2	..	1	..	1
Blood clot	242	..	121	..	121
Diphtheria					
Total	171	44	127	..	..
Animal inoculation					
Virulence test	37	9	28	..	..
Microscopic					
Diagnostic	87	26	61	..	..
Institution	13	2	11	..	..
Release	34	7	27	..	..
Enteric Infections					
Total	5,490	805	4,234	445	6
Agglutination					
Blood, H antigen	2,359	602	1,382	374	1
Blood, O antigen	1,013	11	931	71	..
Culture					
Blood	81	12	69	..	..
Blood clot	987	2	980	..	5
Feces	865	40	825	..	..
Urine	185	138	47	..	..
Gonococcal Infections					
Total	9,645	1,998	7,015	396	236
Exudate					
Culture	4,373	959	3,287	..	127
Microscopic	5,272	1,039	3,728	396	109
Infectious Mononucleosis					
Blood, agglutination	1,409	231	571	601	6
Intestinal Parasites					
Total	614	64	543	..	7
Microscopic					
Feces	433	26	401	..	6
N.I.H. swabs or scotch tape slides	168	30	137	..	1
Worms	13	8	5	..	..
Malaria					
Blood, microscopic	9	1	8	..	..
Meningitis					
Spinal fluid, culture	1	..	1	..	..

* This includes 852 total protein tests (see next page).

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	760	259	307	182	12
Biochemic					
Arsenic					
Stomach	1	..	1	..	..
Urine	2	1	1	..	..
Lead					
Blood	742	248	300	182	12
Paint	1	1	..	..	..
Urine	6	2	4	..	..
Mercury					
Urine	8	7	1	..	..
MYCOSIS					
Hair, culture	19	..	19	..	..
RABIES					
Total	87	..	87	..	..
Animal inoculation					
Brain emulsion	42	..	42	..	..
Microscopic					
Animal brain	45	..	45	..	..
RICKETTSIAL INFECTIONS					
Total	1,745	2	1,715	26	2
Agglutination					
Blood					
Proteus OX_2	837	2	823	12	..
Proteus OX_{19}	839	..	827	12	..
Complement-fixation					
Blood					
Endemic typhus	33	..	32	..	1
"Q" Fever	2	..	1	1	..
Rickettsialpox	1	..	1	..	..
Rocky Mountain spotted fever	33	..	31	1	1
STREPTOCOCCAL INFECTIONS					
Total	7	6	1	..	..
Culture					
Exudate	1	1	..	..	..
Sputum	3	3	..	..	..
Swab	3	2	1	..	..
SYPHILIS					
Total	102,990	22,487	78,535	670	446
Biochemic					
Gum mastic	839	137	702	..	..
Total protein	852*	..	..	..	..
Complement-fixation					
Eagle					
Spinal fluid	807	73	695	33	6
Flocculation					
Eagle-Strauss					
Blood	88,324	10,898	76,768	260	398
Hinton					
Blood	1,078	289	370	377	42
Titre	11,090	11,090	..	..	..

* This figure is included in grand total. Not classified as to results.

TABLE NO. 2—Concluded

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

Type of Examination	Total	Positive	Negative	Doubtful	Unsatisfactory
Trichomoniasis					
Exudate, microscopic	224	146	78	..	..
Tuberculosis					
Total	12,840	1,800	9,753	147	1,140
Animal inoculation					
Exudate	72	5	67	..	..
Sputum	76	6	70	..	..
Stomach lavage	87	5	77	..	5
Urine	139	10	128	..	1
Culture					
Exudate	34	2	28	..	4
Sputum	1,121	155	865	..	101
Stomach lavage	549	61	461	..	27
Urine	91	4	76	..	11
Microscopic					
Exudate	88	..	84	..	4
Sputum	9,669	1,483	7,073	133	980
Stomach lavage	591	21	555	10	5
Urine	323	48	269	4	2
Tularemia					
Blood, agglutination	28	1	26	1	..
Vincent's Infection					
Exudate, microscopic	32	14	14	2	2
Virus Infections					
Complement-fixation					
Blood					
Ornithosis-psittacosis	4	..	4	..	..
Other Examinations					
Total	119	81	38	..	..
Biochemic	14	7	7	..	..
Culture	103	73	30	..	..
Microscopic	2	1	1	..	..

TABLE NO. 3
BIOLOGICALS DISTRIBUTED TO PHYSICIANS, HOSPITALS AND INSTITUTIONS

PRODUCT	NUMBER OF PACKAGES	BASIC CONTENT	TOTAL AMOUNT
TOTAL	46,947		
Diphtheria biologicals			
Antitoxin	107	Unit	2,363,000 units
Toxin for Schick test	16	Test	160 tests
Toxoid, alum-precipitated	1,322	Cubic centimeter	13,220 c.c.
Toxoid, fluid	2	Cubic centimeter	60 c.c.
Conjunctival tests			
Horse serum	146	Test	1,168 tests
Rabbit serum	6	Test	48 tests
Measles			
Immune serum gobulin	7,461	Cubic centimeter	14,922 c.c.
Penicillin	2,011	Unit	5,229,300,000 units
Pertussis biologicals			
Antipertussis serum, rabbit	50	Cubic centimeter	200 c.c.
Rabies vaccine (human)	2,303	Dose	2,303 doses
Silver nitrate solution, one per cent	315	Ampule	630 ampules
Smallpox vaccine	7,933	Tubes	39,665 tubes
Tetanus biologicals			
Antitoxin	692	Unit	1,696,000 units
Toxoid, alum-precipitated	633	Cubic centimeter	6,330 c.c.
Toxoid, fluid	148	Cubic centimeter	2,769 c.c.
Triple antigen			
Diphtheria and tetanus toxoids combined with pertussis vaccine	5,590	Cubic centimeter	55,900 c.c.
Tuberculin biologicals			
Koch's old	624	Cubic centimeter	3,120 c.c.
Patch test	16,887	Test	16,887 tests
Typhoid vaccine	179	Cubic centimeter	2,127 c.c.
Typhoid-paratyphoid vaccine	522	Cubic centimeter	5,865 c.c.

TABLE NO. 4
SUPPLY MATERIALS AND OUTFITS PREPARED AND DISTRIBUTED

Glassware and material cleaned (units)	1,143,095
Sterilized	568,394
Bottles	42,231
Petri dishes	98,320
Pipettes	191,558
Tubes	207,709
Vials	19,739
Miscellaneous	8,837
Media prepared	
Liters	1,743
Bottles	4,965
Petri dishes	17,132
Tubes	69,659
Vials	16,969
Outfits	
Prepared	126,344
Distributed	123,951
Culture stations	1,267
Health districts	80,037
Laboratory	42,751
Water distilled (gallons)	2,181

TABLE NO. 5

FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
Total	8,276*	46,069
Cream, pasteurized (plant, store, truck)	449	
Coliform count	..	908
Microscopic count	..	706
Plate count	..	449
Special tests	..	3,069
Temperature check	..	142
Cream, raw	1	
Plate count	..	1
Check work with outside laboratories	132	
Coliform count	..	18
Microscopic count	..	100
Plate count	..	406
Special tests	..	64
Equipment for sterility (bottles, containers)	225	
Plate count	..	225
Food products	53	
Coliform count	..	66
Microscopic count	..	36
Plate count	..	53
Special tests	..	238
Food poisoning investigations	61	
Culture tests	..	300
Microscopic count	..	115
Plate count	..	67
Special tests	..	323
Goat milk (plant, store, truck) pasteurized and raw	74	
Coliform count	..	80
Plate count	..	74
Special tests	..	154
Temperature check	..	21
Hand swabbings (food handlers)	892	
Coliform count	..	109
Microscopic count	..	265
Plate count	..	892
Special tests	..	1,071
Ice cream (plant, store, truck)	543	
Coliform count	..	1,028
Microscopic count	..	667
Plate count	..	543
Special tests	..	2,626

* Of this number 5,770 samples were submitted for bacteriologic examination only; the other samples were submitted for bacteriologic and chemical analysis.

TABLE NO. 5—Concluded

FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND EXAMINATIONS PERFORMED

Type of Sample	Number of Samples	Number of Tests
Insects	11	
Identification	..	11
Investigative work	4	
Plate count	..	270
Milk, pasteurized (plant, store, truck)	1,928	
Coliform count	..	3,754
Microscopic count	..	2,172
Plate count	..	262
Special tests	..	11,981
Temperature check	..	751
Milk, chocolate, pasteurized (plant, store, truck)	235	
Coliform count	..	470
Microscopic count	..	556
Plate count	..	235
Special tests	..	1,086
Temperature check	..	109
Milk, raw (shipper, plant)	574	
Microscopic count	..	25
Plate count	..	574
Special tests	..	11
Temperature check	..	81
Miscellaneous samples	12	
Coliform count	..	3
Plate count	..	15
Special tests	..	12
Shellfish and seafood	13	
Coliform count	..	16
Plate count	..	13
Special tests	..	52
Swabbings from utensils and equipment	994	
Coliform count	..	4
Plate count	..	994
Water (tap, pool, well, spring, river, etc.)	2,075	
Coliform count	..	1,920
Plate count	..	1,334
Special tests	..	4,542

TABLE NO. 6

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	11,426*	33,904
Body fluids and excreta	1,614	
Lead test	..	2,244
Total protein test	..	967
Unclassified biochemic tests	..	107
Dairy products (milk, cream, ice cream, etc.)	6,726	
Butterfat test	..	5,033
Added water tests	..	917
Phosphatase test	..	9,952
Sediment test	..	1,070
Unclassified tests	..	2,936
Food products	1,133	
Filth test (rodent and insect infestation)	..	2,673
Adulteration test	..	541
Decomposition tests	..	187
Unclassified tests	..	172
Industrial Hygiene and atmospheric pollution samples (air, dusts, solvents, etc.)	489	
Industrial poison tests	..	2,239
Miscellaneous samples	132	
Unclassified tests	..	1,193
Solutions and outfits	375	
Unclassified tests	..	1,793
Water samples	957	
Fluoride test	..	488
Boiler water control tests	..	772
Sanitary analysis	..	207
pH test	..	413

* Of this number, 7,496 samples were submitted for chemical analysis only; the other 3,930 samples were submitted for bacteriologic and chemical analysis.

TABLE NO. 7

BLOOD AND SPINAL FLUID SPECIMENS FOR STS BY SOURCE—1943-1952

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
1952	655	89,176	30,467	26,458	12,875	19,376	100.0	34.2	29.7	14.4	21.7
1951	674	87,969	32,259	28,127	10,436	17,147	100.0	36.7	31.9	11.9	19.5
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

EASTERN HEALTH DISTRICT

EASTERN HEALTH DISTRICT

W. Sinclair Harper, M.D.

Health Officer

During the year the site of the new Eastern Health District building in the 600 block of North Caroline Street was prepared by the razing of existing structures and plans and specifications were drawn up for the new building. Furniture, fixtures and equipment were planned and itemized in preparation for purchase.

Service and educational functions were carried on with some changes in their integration and implementation particularly with respect to the Dispensary Visiting Nurse Service program of the Johns Hopkins Hospital which was operated from the Eastern Health District office on a trial basis so that all student nurses of the Johns Hopkins Hospital School of Nursing received the same course in public health nursing.

Acute Communicable Diseases

The incidence of communicable diseases, as reported, in general showed a downward trend from the previous year: Measles from 864 to 445, whooping cough from 52 to 41, diphtheria from 1 to 0. Meningococcal infections, however, increased from 1 to 2 cases and paralytic poliomyelitis from 2 to 5 cases.

Venereal Diseases

The number of clinic visits to Somerset Health Center declined again from 7,593 in 1951 to 6,972 in 1952. There was a decrease in syphilis from 570 infections in 1951 to 331 in 1952 and an increase in the number of cases of gonorrhea from 1,203 in 1951 to 1,417 in 1952.

Tuberculosis

Public health nurses made 7,865 home visits for the supervision of adults and children with active tuberculosis. The X-ray screening clinic took 4,880 films of contacts of active cases, volunteers, women registered in prenatal clinics of the Health Department and applicants for pre-employment examination, of whom 221 needed further follow-up. The limited BCG program was continued through the year. The vaccine was administered to 270 persons and in addition the Mantoux testing of those previously vaccinated was continued. Tuberculin tests were administered to 918 white children in Public School No. 83 among whom 39 or 4 per cent gave positive reactions. Colored children tested in Public School No.

139 numbered 1,115, and among these students 112 or 10 per cent were positive reactors. All children exhibiting positive reactions were given a chest X-ray and the public health nurse did a home follow-up visit for tracing any possible source of infection.

School Hygiene

Physical examinations were carried on in the elementary public and parochial schools and were given to a total of 2,050 children, of whom 1,145 were found to have one or more physical defects. Dental services in Public School No. 139 were continued. However, because the month of March was utilized as a period to do a prefluoridation survey of pupils, there was a decrease in the quantity of services. A total of 1,004 dental services was rendered to 305 children during their 501 visits to the clinics. One hundred and thirty-two three hour clinic sessions were held in Public School No. 139 for the children of this school and three other schools in this area.

Other Services

The child health clinics serviced 14,403 visits in the seventeen weekly sessions held throughout the year. Prenatal clinics were held four times every week and serviced 2,092 visits. The Mothers' Advisory Service conducted by Dr. Marcia Cooper of the Johns Hopkins School of Hygiene and Public Health admitted 72 new patients and continued supervision of 105 patients from previous years. A number of these patients were seen repeatedly.

Teaching

The educational programs which were integrated with the service programs continued with some changes and involved senior medical students of the Johns Hopkins School of Medicine, staff nurses of the Baltimore City Health Department, student nurses of the Johns Hopkins Hospital and Sinai Hospital Schools of Nursing and senior secondary school pupils who observed as part of their civic experience program. The teaching was done mainly by seminars, case studies, home visits and clinic observation.

As previously mentioned the transfer of the Dispensary Visiting Nurse Service program of the Johns Hopkins Hospital to the Eastern Health District on a trial basis has permitted all undergraduate nurses of the Johns Hopkins Hospital School of Nursing to have the same and, it is hoped, an improved instruction in public health nursing.

Personnel

Dr. W. Sinclair Harper of Toronto, Canada, was appointed Health Officer of the district on September 25, 1952 succeeding Dr. George A.

Silver, who resigned on July 10, 1951. During the year several changes in nursing personnel were effected due to resignations, transfers and leaves of absence. Three nurses were granted leave of absence for further education at Catholic University, Washington, D. C. and New York University, New York City. Miss Clara C. Plichta was appointed Supervisor of Public Health Nursing on September 4, 1952. Miss Frieda Laubach and Miss Margaret Harrison of the Johns Hopkins Hospital School of Nursing were assigned to the Eastern Health District office in accordance with the agreement transferring on a trial basis the Dispensary Visiting Nurse Service program of the Johns Hopkins Hospital.

Visitors

As in previous years many visitors came to the district from the United States and Canada, Bolivia, Denmark, England, France, India, Japan, Peru, Scotland and South Africa.

Personnel

W. Sinclair Harper, M.D., C.M., D.P.H., District Health Officer
Hugh P. Hughes, M.D., Health Officer
Gertrude V. Boquist, B.S., Supervisor of Public Health Nursing
Mary I. Streckfus, Supervisor of Public Health Nursing
Clara C. Plichta, B.S., Supervisor of Public Health Nursing
Margaret Galbreath, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Mary Helen Abbott
Louise E. Allman
Marjorie S. Brown
Helene M. Delaney
Freda V. W. Fletcher*
Ellen D. Foster
Mildred Foster, B.S.
Mildred L. Gambrill
Marilyn J. Hensrud
Gladys R. Johnson
Juanita W. King
Rose E. Lewis
Mary H. Merva
Grace P. Orr
Elizabeth N. Quinlin*
Anne M. Rogers, B.S.
Peggy F. Sheeler
Helen M. Stone
Virginia C. Sullivan
Martha Tacka
Margaret A. Tripoda
Anna J. Virbal, B.S.
Elizabeth C. Waldron*
Joan Wendler
Pearl Winston

Edna E. Herget, Junior Administrative Officer
Helen R. Ewalt, Senior Clerk
Elaine E. Smith, Junior Stenographer
Patricia A. Cawley, Clerk-typist
Melba L. Sheets, Clerk-typist
Mary Ann Thomas, Janitress
William Richardson, Janitor

* On leave of absence.

TABLE NO. 1
RESIDENT BIRTHS, EASTERN HEALTH DISTRICT—1952

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS	2,732	1,311	1,421
Hospital	2,585	1,272	1,313
Home	147	39	108
Private physician	*86*	*28*	*58*
Midwife	*59*	*11*	*48*
Other	*2*	..	*2*

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—EASTERN HEALTH DISTRICT—1952

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES	1,309	784	525
Tuberculosis, all forms (001-019)	59	22	37
Respiratory tuberculosis (001-008)	*59*	*22*	*37*
Syphilis (020-029)	23	3	20
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074)	2	..	2
Other virus diseases (086-096)	1	1	..
Malignant neoplasms (140-205)	188	133	55
Lymphatic and hematopoietic (200-205)	*12*	*9*	*3*
Benign and unspecified neoplasms (210-239)	7	3	4
Diabetes (260)	23	16	7
Anemias (290-293)	5	1	4
Other diseases of the blood and blood-forming organs (294-299)	1	1	..
Vascular lesions of the central nervous system (330-334)	103	64	39
Rheumatic fever (400-402)	4	1	3
Diseases of heart (410-443)	516	351	165
Chronic rheumatic heart disease (410-416)	*8*	*6*	*2*
Arteriosclerotic and degenerative heart disease (420-422)	*322*	*258*	*64*
Other diseases of the heart (430-434)	*9*	*4*	*5*
Hypertensive heart disease (440-443)	*177*	*83*	*94*
Other hypertensive diseases (444-447)	13	8	5
Arteriosclerosis (450)	18	15	3
Other diseases of the circulatory system (451-468)	7	5	2
Nephritis and nephrosis (590-594)	24	5	19
Influenza and pneumonia (480-483, 490-493)	38	22	16
Pneumonia (490-493)	*37*	*21*	*16*
Bronchitis (500-502)	3	3	..
Ulcer of the stomach and duodenum (540-542)	12	11	1
Intestinal obstruction and hernia (560-570)	9	8	1
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	9	4	5
Cirrhosis of the liver (581)	27	17	10
Hyperplasia of prostate (610)	2	..	2
Puerperal causes (640-689)	2	..	2
Congenital malformations (750-759)	10	5	5
Certain diseases of early infancy (760-776)	62	22	40
Pneumonia of newborn (763)	*3*	*1*	*2*
Senility, ill-defined and unknown conditions (780-795)	4	3	1
All other diseases	52	26	26
Accidents, total (800-962, 965)	68	31	37
Motor vehicle accidents (810-835)	*25*	*9*	*16*
All other accidents	*43*	*22*	*21*
Suicides (963, 970-979)	2	2	..
Homicides (964, 980-985)	15	1	14

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE EASTERN HEALTH DISTRICT—1952

DISEASE	TOTAL	WHITE	COLORED
TOTAL	3,197	713	2,484
Chickenpox	323	119	204
Diphtheria	..	..	..
German measles	32	15	17
Gonococcal infections	1,417	63	1,354
Influenza	3	3	..
Measles	445	295	150
Meningococcal infections	2	1	1
Mumps	25	9	16
Pneumonia, all forms	147	44	103
Poliomyelitis, paralytic cases	5	3	2
Rheumatic fever	13	2	11
Scarlet fever	46	22	24
Syphilis	331	20	311
Tuberculosis, all forms	216	67	149
Typhoid fever	2	..	2
Whooping cough	41	27	14
All others	149	23	126

WESTERN HEALTH DISTRICT

WESTERN HEALTH DISTRICT

For the third consecutive year the Assistant Commissioner of Health acted as the District Health Officer. Miss Martha Baer, Clinical Instructor of the University of Maryland School of Nursing, continued to work with the district nursing staff in the supervision of affiliating student nurses from the University of Maryland. The well baby clinic sponsored jointly by the University of Maryland Medical School and the City Health Department continued its mutually beneficial function during 1952. The medical care clinic at the University of Maryland Hospital and the Baltimore Rh Typing Laboratory continued to utilize the services of the Health Department through the district office. In addition, the University of Maryland Hospital obstetrical and chest clinics made use of the facilities of the Health Department and this relationship was coordinated through the district office.

Students of the senior class of the University of Maryland Medical School prepared their "Home Survey Reports" by visiting the district office to evaluate field records of selected patients and to discuss the cases with the public health nurse before making the home visits. A total of seventeen student nurses from the University of Maryland School of Nursing affiliated in public health nursing. Student observation visits totaled 133 with 107 of this total from the University of Maryland, 16 from the Johns Hopkins Hospital, 8 from Lutheran Hospital and 2 from St. Agnes Hospital.

Visitors to the Western Health District during 1952 included Sister Concilita, Sister Ann Joseph and Miss Jane Carney of the teaching staff of St. Joseph's Hospital, Mr. Philander B. Briscoe, then Director of Civil Defense for Baltimore City, Miss Patricia Sykes, Psychiatric Supervisor at the University of Maryland Hospital and Miss Frances Reed, University of Maryland Hospital Pediatric Supervisor.

Educational activities included lectures to the public health nursing staff by Dr. Hilda Knobloch, Research Associate in Public Health Administration at the Johns Hopkins School of Hygiene and Public Health on "The Premature Baby" and "Child Growth and Development," lectures by Dr. Ruth Baldwin, Director of the Pediatric Seizure Clinic at the University of Maryland Hospital on "Epilepsy"; a civil defense lecture by Mr. Philander B. Briscoe and a lecture on the new method of artificial respiration by Mr. John Lagna of the American Red Cross. Staff nurses observed in the skin clinic at the Johns Hopkins Hospital and attended the meeting of the Southern Branch of the American Public Health Association which was held in Baltimore in April; also the Biennial Convention of the National

Nursing Organizations in Atlantic City in June. In-service training courses were also conducted for nursing personnel by Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene, Dr. Alan Foord, Associate Chief of the Division of School Health and Miss Frances Reed, Supervisor of Pediatrics at the University of Maryland Hospital.

The dental clinic at the Fourteen Holy Martyrs Parish Hall served six schools in the district by conducting 113 three hour clinic sessions with a total of 518 visits, 1,387 services rendered and 135 new patients. In September 1952, Public School No. 89 became Public School No. 144 and thus increased the school facilities for colored children within the district.

The entire nursing staff of the district was trained by Mrs. Helen Verner of the Maryland Society for the Prevention of Blindness in the use of the Massachusetts Vision Test kit. In addition 26 mothers were trained in four schools of the district in the use of this test kit, and thus permitted an increase of parent participation in the school health program. During February and March Dr. Sibyl Mandell conducted a special parent education program in the child growth and development clinic conducted by the City Health Department at the University of Maryland Hospital.

Miss Ola C. Early, Supervisor of Public Health Nursing on the staff of the Western Health District since September 1950, retired in September 1952, after thirty-eight years of service in the Bureau of Public Health Nursing. Three new staff nurses were assigned to the district during the year, three nurses returned from leaves of absence, four resigned and one nurse was on leave of absence.

Personnel

———————— District Health Officer

Henrietta R. L. Gintling, Supervisor of Public Health Nursing

Public Health Nurses

Mary J. Amos	Edna B. Kenny
Irene T. Barnhill	Sarah S. Leach
Grace Berger	Eva K. Lowry
Jane S. Bowen	Mildred Marando
Wilma Clear	Margaret D. Miller
Evelyn M. Cortez	Geraldine Sweren
Ruth Guyton	Mary B. Tewell
Mary Ellen Hance	Mildred Watson, B.S.
Frances Harrell	Edna V. Yates

Elizabeth J. Heine, Junior Typist

TABLE NO. 1
RESIDENT BIRTHS, WESTERN HEALTH DISTRICT—1952

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS	2,999	2,176	823
Hospital	2,805	2,098	707
Home	194	78	116
Private physician	*151*	*71*	*80*
Midwife	*40*	*7*	*33*
Other	*3*	..	*3*

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY COLOR—WESTERN HEALTH DISTRICT—1952

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES	1,534	1,222	312
Tuberculosis, all forms (001-019)	61	30	31
Respiratory tuberculosis (001-008)	*61*	*30*	*31*
Syphilis (020-029)	15	7	8
Meningococcal infections (057)	2	2	..
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074)	2	..	2
Malignant neoplasms (140-205)	250	215	35
Lymphatic and hematopoietic (200-205)	*13*	*10*	*3*
Benign and unspecified neoplasms (210-239)	5	3	2
Diabetes (260)	27	24	3
Anemias (290-293)	2	..	2
Other diseases of the blood and blood-forming organs (294-299)	4	3	1
Vascular lesions of the central nervous system (330-334)	98	81	17
Rheumatic fever (400-402)	2	2	..
Diseases of heart (410-443)	668	577	91
Chronic rheumatic heart disease (410-416)	*28*	*26*	*2*
Arteriosclerotic and degenerative heart disease (420-422)	*456*	*423*	*33*
Other diseases of the heart (430-434)	*12*	*7*	*5*
Hypertensive heart disease (440-443)	*172*	*121*	*51*
Other hypertensive diseases (444-447)	21	18	3
Arteriosclerosis (450)	19	18	1
Other diseases of the circulatory system (451-468)	13	11	2
Nephritis and nephrosis (590-594)	21	12	9
Influenza and pneumonia (480-483, 490-493)	33	19	14
Pneumonia (490-493)	*32*	*18*	*14*
Bronchitis (500-502)	2	1	1
Ulcer of the stomach and duodenum (540-542)	9	9	..
Intestinal obstruction and hernia (560-570)	7	6	1
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	10	3	7
Cirrhosis of the liver (581)	18	15	3
Hyperplasia of prostate (610)	1	1	..
Puerperal causes (640-689)	3	2	1
Congenital malformations (750-759)	16	12	4
Certain diseases of early infancy (760-776)	45	29	16
Pneumonia of newborn (763)	*2*	*2*	..
Diarrhea of newborn (764)	*2*	*1*	*1*
Senility, ill-defined and unknown conditions (780-795)	1	..	1
All other diseases	62	43	19
Accidents, total (800-962, 965)	85	60	25
Motor vehicle accidents (810-835)	*26*	*18*	*8*
All other accidents	*59*	*42*	*17*
Suicides (963, 970-979)	13	12	1
Homicides (964, 980-985)	19	7	12

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE WESTERN HEALTH DISTRICT—1952

DISEASE	TOTAL	WHITE	COLORED
Total	1,875	836	1,039
Chickenpox	168	131	37
Diphtheria	..	..	..
German measles	11	9	2
Gonococcal infections	700	80	620
Influenza	2	2	..
Measles	328	316	12
Meningococcal infections	4	4	..
Mumps	72	41	31
Pneumonia, all forms	50	27	23
Poliomyelitis, paralytic cases	8	7	1
Rheumatic fever	4	3	1
Scarlet fever	45	41	4
Syphilis	219	29	190
Tuberculosis, all forms	205	118	87
Typhoid fever	3	3	..
Whooping cough	3	3	..
All others	53	22	31

DRUID HEALTH DISTRICT

DRUID HEALTH DISTRICT

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

Health Officer

Forty-eight clinic sessions weekly were conducted in the Druid Health District in 1952 as follows: Adult venereal diseases 12, children's venereal diseases 2, prenatal 5, chest 10 and well baby 19. Twenty-seven sessions were held in the district building and twenty-one were conducted elsewhere in the Druid area. The prenatal clinic located in the Gilmor Housing Project, through the kindness and the cooperation of the Housing Authority of Baltimore City, was continued with a session weekly, as were the well baby clinics held there every day of the week. Clinics for infant and preschool children were also conducted at Public School No. 161, Public School No. 141, and St. Mary's Protestant Episcopal Church. During the latter part of the year a clinic was held for the purpose of performing Mantoux tests on the children who were given BCG early in infancy. This clinic met twice a week.

Public health nurses served 30 public and parochial schools in or adjacent to the district. As far as possible the school health program inaugurated by Dr. Alan Foord, Associate Chief of the Division of School Health, was carried out in every school. It is the belief of the nurses that the school services have been benefited through this program. Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases, continued to meet monthly with key personnel from the Druid venereal disease clinics, his office staff, the supervisors of nursing and the District Health Officer. Dr. Sibyl Mandell and Miss Eleanor L. McKnight continued their work in mental hygiene and nutrition, respectively, in the clinics and were available for consultation purposes when requested by the public health nurses.

The Monumental City Medical Society discontinued their monthly meetings at the Druid Health Center because of lack of space. Students from the Johns Hopkins School of Hygiene and Public Health visited the district building several times during the year. Desk space was found for Mr. Leroy Cooper of the local civil defense organization. From time to time throughout the year student nurses from the Maryland General Hospital, Union Memorial Hospital, Henryton State Hospital, Johns Hopkins Hospital and Mercy Hospital observed in the clinics, participated in the field program or received lectures or demonstrations in public health nursing. Ten students from the Provident Hospital School of Nursing completed their two months' affiliation in public health nursing in the Druid Health District.

As usual a number of changes in personnel took place, particularly among

the public health nurses group. The resignations of Mrs. Olga Chambers and Mrs. Margaret L. Lockerman were received with great regret from their co-workers. Each of these nurses had been employed by the Health Department prior to being assigned to the Druid Health District and each played an outstanding part in the establishment and progress of the district through their devotion to service and their efficiency in general.

Personnel

H. Maceo Williams, M.D., M.P.H., District Health Officer
James B. Hawkins, M.D., Health Officer
Dorothea E. Tag, Supervisor of Public Health Nursing
Anita K. Henson, Supervisor of Public Health Nursing
Anna Persch, Supervisor of Public Health Nursing

Public Health Nurses

Diane Bland
Marjorie Boyd
Mary T. Brown
Florence Coates
Ophelia Coleman
Lelia F. Davage
Dorothy Davis
Ethelyn B. Dever
Katie Fernandis
Mary E. Fitchett
Mamie J. Greene
Margaret S. Harper
Ella N. Hughes
Mildred W. Jones
Alice D. Jubb
Irene Kyler
Pearl Levering
Elizabeth Lingo
Elizabeth Livingston
Genevieve Long
Dorothie Mills
Juanita Mills
Lillian Mills
Vivian Pendleton
C. M. Phillips
Agnes Pilgrim
Colleen Richardson
Elnora Robinson
Joyce G. Scott
Lillyan F. Slater
Marie Stromberg
Jessica B. Taylor
Patricia Vernon
Louise A. Ward
Credella F. White
Eleanor S. Willis
Leah P. Winters

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

TABLE NO. 1
RESIDENT BIRTHS, DRUID HEALTH DISTRICT—1952

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS	4,103	283	3,820
Hospital	3,622	266	3,356
Home	481	17	464
Private physician	*258*	*13*	*245*
Midwife	*216*	*3*	*213*
Other	*7*	*1*	*6*

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY COLOR—DRUID HEALTH DISTRICT—1952

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES	1,890	320	1,570
Tuberculosis, all forms (001–019)	132	6	126
Respiratory tuberculosis (001–008)	*125*	*6*	*119*
Syphilis (020–029)	28	2	26
Dysentery (045–048)	1	..	1
Other infective diseases of the intestinal tract (041–044, 049)	1	..	1
Scarlet fever and streptococcal sore throat (050–051)	1	..	1
Other infective diseases of bacterial origin (030–039, 052–054, 058–064, 070–074)	5	1	4
Other virus diseases (086–096)	2	..	2
Other infective and parasitic diseases (110–138)	1	..	1
Malignant neoplasms (140–205)	236	51	185
Lymphatic and hematopoietic (200–205)	*13*	*3*	*10*
Benign and unspecified neoplasms (210–239)	7	..	7
Diabetes (260)	26	2	24
Anemias (290–293)	4	..	4
Vascular lesions of the central nervous system (330–334)	147	28	119
Rheumatic fever (400–402)	5	..	5
Diseases of heart (410–443)	728	149	579
Chronic rheumatic heart disease (410–416)	*18*	*4*	*14*
Arteriosclerotic and degenerative heart disease (420–422)	*357*	*105*	*252*
Other diseases of the heart (430–434)	*17*	*2*	*15*
Hypertensive heart disease (440–443)	*306*	*38*	*268*
Other hypertensive diseases (444–447)	23	1	22
Arteriosclerosis (450)	23	5	18
Other diseases of the circulatory system (451–468)	9	3	6
Nephritis and nephrosis (590–594)	27	2	25
Influenza and pneumonia (480–483, 490–493)	61	12	49
Pneumonia (490–493)	*56*	*12*	*44*
Bronchitis (500–502)	3	..	3
Ulcer of the stomach and duodenum (540–542)	8	3	5
Appendicitis (550–553)	3	..	3
Intestinal obstruction and hernia (560–570)	9	2	7
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	23	5	18
Cirrhosis of the liver (581)	20	10	10
Hyperplasia of prostate (610)	1	..	1
Puerperal causes (640–689)	4	..	4
Congenital malformations (750–759)	18	..	18
Certain diseases of early infancy (760–776)	120	10	110
Pneumonia of newborn (765)	*4*	..	*4*
Diarrhea of newborn (764)	*8*	..	*8*
Senility, ill-defined and unknown conditions (780–795)	3	2	1
All other diseases	79	10	69
Accidents, total (800–962, 965)	94	13	81
Motor vehicle accidents (810–835)	*28*	*7*	*21*
All other accidents	*66*	*6*	*60*
Suicides (963, 970–979)	8	3	5
Homicides (964, 980–985)	30	..	30

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE DRUID HEALTH DISTRICT—1952

DISEASE	TOTAL	WHITE	COLORED
TOTAL	5,748	269	5,479
Chickenpox	193	22	171
Diphtheria	2	2	..
German measles	16	9	7
Gonococcal infections	3,478	70	3,408
Influenza	8	1	7
Measles	219	72	147
Meningococcal infections	1	1	..
Mumps	150	6	144
Pneumonia, all forms	99	15	84
Poliomyelitis, paralytic cases	2	1	1
Rheumatic fever	9	1	8
Scarlet fever	37	9	28
Syphilis	961	23	938
Tuberculosis, all forms	377	30	347
Typhoid fever	1	..	1
Whooping cough	7	..	7
All others	188	7	181

SOUTHEASTERN HEALTH DISTRICT

SOUTHEASTERN HEALTH DISTRICT

John A. Skladowsky, M.D.

Health Officer

Meningococcal infections increased in incidence with 8 cases reported as compared with 2 cases for 1951. One case of diphtheria and 2 cases of poliomyelitis, the same as for the previous year, were reported. Measles which had a high prevalence of 645 cases last year decreased to 565.

On March 11, Mayor Thomas D'Alesandro, Jr., officiated at the cornerstone laying of the new Southeastern Health District building at 3411 Bank Street which supplements the district building at Kenwood Avenue and Hudson Street. Construction for this building was started on May 25, 1951 and the building was completed on November 12, 1952 when official acceptance by the City of Baltimore was made. Occupancy by the district administrative staff, however, will be delayed until early in 1953 by which time the installation of essential equipment will have been completed.

Educational Activities

The third annual open house, sponsored jointly by the Southeastern Health District and the Canton Area Council, Inc. and held on Child Health Day, May 1, in the district building at Kenwood Avenue and Hudson Street, was a double celebration combining the open house with an observance of the fifteenth anniversary of the establishment of the Southeastern Health District. The program presented to the audience of 50 consisted of a welcome by the District Health Officer; a talk and exhibition of a film "Day Care of Children" by Dr. Kay K. Edwards, Assistant Director of the Bureau of Child Hygiene; addresses by Mr. William J. Fowler, Jr., Director of the Canton Area Recreation Center, and Mrs. Gustav Kallman, Chairman of the Council's Health Committee; and a brief summary of 15 years of progress in the district by the District Health Officer. Mr. Mark Adams, Coordinator of the Council, presided and displayed pictures of various activities in the Canton Area. In addition, four exhibits prepared by Miss Dorothy Kalben, Chief of the Division of Exhibits, and one by the Enoch Pratt Library Branch No. 4 were on view. The May 1, 1952 issue of *The Guide* published an illustrated article on the open house and celebration, and the Fourth Annual Report of the Canton Area Council featured the fifteenth anniversary of the district with an article by the District Health Officer.

Mass chest X-ray surveys were again conducted by the Health Department with the assistance of the Maryland Tuberculosis Association for the Eastern Community Council at Public School No. 47, Fleet Street and Linwood Avenue, from April 15 to 18; for the Canton Area Council, Inc. in its quarters at O'Donnell Street and Decker Avenue from September 15

to 19; and for the Southeastern Community Council at Public School No. 2, Stiles and Lloyd Streets, from November 11 to 17. More than 3,000 persons over fourteen years of age were X-rayed in the three surveys. The Southeastern Community Council survey, an innovation in Baltimore, was a combined tuberculosis and diabetes detection program scheduled during National Diabetes Week. More than 800 persons were tested for both diseases.

In-Service Training

Monthly nursing staff educational conferences were held during the year. Dr. Hilda Knobloch of the Department of Maternal and Child Hygiene in the Johns Hopkins School of Hygiene and Public Health, presented her premature infant study and a film "Infant Growth and Development" at the January, 1952 conference, and on February 7 Miss Grace S. Volmar, Supervisor of Public Health Nursing assigned to the Bureau of Child Hygiene, held a conference on the same subject. At the March 13 conference Mrs. Edythe Moore, Executive Secretary of the Maryland Society for the Prevention of Blindness, discussed the sight conservation activities of her organization and exhibited the film "Eyes for Tomorrow." The October 16 meeting was devoted to a discussion with Dr. Charlotte Silverman, Director of the Bureau of Tuberculosis, on the antibiotic treatment of tuberculosis and on October 20, Dr. Janet Hardy, Director of the Bureau of Child Hygiene, presented her new child hygiene program and manual for nurses. Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene, and Miss Eleanor L. McKnight, Chief of the Division of Nutrition, were the discussants at the November 20 conference. Three monthly conferences were devoted to the orientation of the public health nurse in the civil defense program. Regular monthly trips were continued during the year by the staff nurses to the Baltimore City Hospitals for conferences on the post-sanatorium care of tuberculosis cases.

Miscellaneous Activities

The new school health program inaugurated on a city-wide basis by Dr. Alan Foord, Associate Chief of the Division of School Health, was inaugurated in all the district public and parochial schools in September. At a meeting on November 19 of the Public Relations Committee of the Parent-Teacher Association of Public School No. 215, Clinton and Pratt Streets, at which the District Health Officer, the supervising nurse and the public health nurse assigned to this school were invited guests, Dr. Foord discussed his new program and presented the film "He Acts His Age." On December 23 the District Health Officer and supervising nurses attended Dr. Foord's meeting held at the Johns Hopkins School of Hygiene and Public Health, to hear Dr. William I. Nachlas, Associate Professor of Orthopedic Surgery of the Johns Hopkins School of Medicine, talk on postural problems in

school children and to review progress and developments in the new school health program.

During the year a two-month affiliate course in public health nursing was given to eight student nurses from the University of Maryland and St. Joseph's Hospital Schools of Nursing. In addition, student nurses from the Johns Hopkins Hospital, Maryland General Hospital and Mercy Hospital Schools of Nursing observed weekly in the field and well baby clinics. Senior students at the Patterson Park and the Clara Barton Vocational High Schools were given three-hour courses in December as part of their curriculum in civic experience. Individual instruction in mothercraft was given weekly by the staff nurses to 146 expectant mothers registered in the prenatal clinics. At the May meeting of the East Baltimore Medical Society, which held regular monthly meetings in the district building for the eleventh consecutive year, the Commissioner of Health presented the subject "Special Health Problems of Today in Baltimore" and at the December meeting he introduced Dr. Royd R. Sayers, Senior Medical Supervisor for Occupational Diseases in the Health Department, who spoke on "Occupational Diseases."

Personnel

Miss Wilda Snyder, Supervisor of Public Health Nursing, was assigned to the district on January 29. Miss Grace B. Ridgaway, public health nurse, a faithful co-worker in the district since its establishment August 16, 1937, retired on September 30 with a record of over thirty-three years of meritorious service in the City Health Department.

Personnel

John A. Skladowsky, M.D., District Health Officer
Ruth Collier, B.S., Supervisor of Public Health Nursing
Wilda Snyder, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Margaret H. Bell	Louisa S. Presson
Lynett Benvegar	Catherine Ralston
Rita E. Cannon	Frederica Reiter
Nancy H. Crabbin	Helen B. Reutter
Barbara Duerr	Doris Rodenhiser
Julia R. Hagenbuch	Lucille P. Slavik
Fannie May Hart	Lillian M. Staub
Helen Hauber	Celia Z. Trionfo
Mary E. Horney	Dena Valaco
Sadie C. Mullen	Edith M. Woodson
Virginia S. Pendleton	Florence Zinz

Lois Albrecht, Junior Stenographer
James B. Davis, Janitor
Jerome N. Johnson, Janitor

TABLE NO. 1
RESIDENT BIRTHS, SOUTHEASTERN HEALTH DISTRICT—1952

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS	2,180	1,979	201
Hospital	2,080	1,899	181
Home	100	80	20
Private physician	*55*	*45*	*10*
Midwife	*41*	*32*	*9*
Other	*4*	*3*	*1*

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY COLOR—SOUTHEASTERN HEALTH DISTRICT—1952

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES	1,112	1,007	105
Tuberculosis, all forms (001–019)	45	33	12
Respiratory tuberculosis (001–008)	*43*	*31*	*12*
Syphilis (020–029)	9	8	1
Meningococcal infections (057)	3	3	..
Other virus diseases (086–096)	1	..	1
Malignant neoplasms (140–205)	173	160	13
Lymphatic and hematopoietic (200–205)	*13*	*13*	..
Benign and unspecified neoplasms (210–239)	3	3	..
Diabetes (260)	27	26	1
Anemias (290–293)	2	2	..
Other diseases of the blood and blood-forming organs (294–299)	2	2	..
Vascular lesions of the central nervous system (330–334)	60	53	7
Rheumatic fever (400–402)	2	2	..
Diseases of heart (410–443)	469	441	28
Chronic rheumatic heart disease (410–416)	*15*	*15*	..
Arteriosclerotic and degenerative heart disease (420–422)	*320*	*308*	*12*
Other diseases of the heart (430–434)	*10*	*10*	..
Hypertensive heart disease (440–443)	*124*	*108*	*16*
Other hypertensive diseases (444–447)	12	12	..
Arteriosclerosis (450)	16	14	2
Other diseases of the circulatory system (451–468)	4	4	..
Nephritis and nephrosis (590–594)	19	19	..
Influenza and pneumonia (480–483, 490–493)	40	31	9
Pneumonia (490–493)	*40*	*31*	*9*
Bronchitis (500–502)	1	1	..
Ulcer of the stomach and duodenum (540–542)	9	9	..
Appendicitis (550–553)	2	1	1
Intestinal obstruction and hernia (560–570)	13	11	2
Gastritis, duodenitis and colitis (543, 571, 572)	1	1	..
Cirrhosis of the liver (581)	16	15	1
Hyperplasia of prostate (610)	3	3	..
Congenital malformations (750–759)	17	15	2
Certain diseases of early infancy (760–776)	28	24	4
Diarrhea of newborn (764)	*2*	*2*	..
Senility, ill-defined and unknown conditions (780–795)	2	2	..
All other diseases	56	51	5
Accidents, total (800–962, 965)	63	50	13
Motor vehicle accidents (810–835)	*20*	*15*	*5*
All other accidents	*43*	*35*	*8*
Suicides (963, 970–979)	11	10	1
Homicides (964, 980–985)	3	1	2

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE SOUTHEASTERN HEALTH DISTRICT—1952

DISEASE	TOTAL	WHITE	COLORED
TOTAL	1,602	1,256	346
Chickenpox	225	184	41
Diphtheria	1	1	..
German measles	21	16	5
Gonococcal infections	239	80	159
Influenza	..	..	..
Measles	565	550	15
Meningococcal infections	8	8	..
Mumps	28	20	8
Pneumonia, all forms	97	70	27
Poliomyelitis, paralytic cases	2	2	..
Rheumatic fever	2	2	..
Scarlet fever	60	55	5
Syphilis	92	49	43
Tuberculosis, all forms	166	140	26
Typhoid fever	..	..	..
Whooping cough	11	9	2
All others	85	70	15

SOUTHERN HEALTH DISTRICT

SOUTHERN HEALTH DISTRICT

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

Health Officer

In addition to the various clinics already in operation in the Southern Health District a dental extraction clinic serving the school children of the entire city was opened on October 23. The opening of this clinic brought the number of clinic sessions of all types held in the district to a total of thirty-seven; twenty-two of these clinic sessions were held in the district building as follows: Prenatal 1, well baby 3, tuberculosis 6, adult venereal diseases 4, children's venereal diseases 1, dental 7; the remaining fifteen sessions were held at other locations in the district—prenatal 1, well baby 9, dental 5.

Acute Communicable Diseases

Except for many cases of measles reported during the early part of 1952, no major outbreaks of communicable diseases occurred. There were 275 cases of measles reported, 29 scarlet fever, 2 diphtheria, 6 meningococcal infections, 9 whooping cough, 58 chickenpox, 1 streptococcal sore throat, and 34 cases of mumps.

Adult Health Services

Tuberculosis continued to be a major health problem in this district. During the year the public health nurses made home visits to 320 patients with active tuberculosis in addition to the many follow-up visits to families who were contacts of known cases of tuberculosis. Also, the public health nurses gave streptomycin to 40 patients who received this treatment under the new streptomycin program and to several patients who were under the medical care program or under the care of private physicians.

A chest X-ray survey, under the sponsorship of the Parent-Teacher Associations of Public Schools Nos. 33, 84, and 92 and the Maryland Tuberculosis Association, was held by the Health Department in the auditorium of the district building during the period March 24–28. In this time 858 people received chest X-rays.

In connection with the tuberculosis case-finding program, the referral of all new venereal disease clinic patients to the chest clinic for X-rays was continued and all South Baltimore General Hospital prenatal patients were X-rayed in the chest clinic.

Patient visits to the Calvert Street and Southern Health District venereal disease clinics continued to decline. Although the Southern Health District clinic was open for only six months in 1951, the number of patient-visits to both clinics decreased from 12,874 in 1951 to 10,005 in 1952.

Maternal and Child Health Services

In addition to the mothers classes conducted by the staff nurses in the prenatal clinic in the Cherry Hill Housing Project and in the prenatal clinic and one well baby clinic in the district building, another mothers class in a well baby clinic in the district building was begun in May. Also, a staff nurse continued to conduct the class in infant care at the South Baltimore General Hospital for the obstetrical patients who were about to be discharged from the hospital. The latter classes were held twice weekly.

There were 10,923 visits to the nine well baby clinics in 1952 which was a 5 per cent increase over the number of visits in 1951. Because of many requests for a colored well baby clinic in Fairfield, arrangements were made beginning in April, to allot one clinic session a month for this purpose in the already existing well baby clinic in the white Fairfield Housing Project area. Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene, continued with the Mothers' Counseling Service.

During 1952, the new elementary school at Cherry Hill, Public School No. 160, was opened. During the year, 2,254 elementary public and parochial school children had physical examinations, and 1,057 or 42 per cent were found to have defects. Only 31 per cent were found to have defects in 1951. The staff nurses supplied health teaching materials to the faculties of many of the schools; staff nurses held discussions on the care of the teeth with the pupils of Public Schools Nos. 92 and 121, demonstrated the proper brushing of the teeth, and showed the movie, "Teeth Are to Keep." The nurse in Public School No. 126 held two discussions with the pupils on the importance of a well-balanced diet, and in the interval between the two discussions the faculty conducted a nutrition survey of the pupils. Other staff nurses met with groups of mothers to discuss the children's health needs and the school health program, and one of the nursing supervisors discussed the same topic with a Parent-Teacher Association and with the faculties of many of the schools. In the fall plans were made to use the Massachusetts Vision Test in all of the schools in the district, and selected parents in the various schools were trained to do the testing.

In October a new dental clinic was opened for the elementary school children at Public School No. 239. Although ten of the schools in the district are now included in the dental program, dental care is still urgently needed in the Cherry Hill and Brooklyn areas; sixteen of the Southern Health District schools are not yet included in this program.

Community Activities

The District Health Officer and, after his resignation, one of the supervising nurses continued to serve as a member of the Cherry Hill Health Council. This council was quite active, and during the year sponsored evening

meetings on health education for the people living in this area. The attendance at these meetings averaged between sixty and seventy.

Under the joint sponsorship of the South Baltimore General Hospital and the City Health Department, a meeting for physicians was held in the auditorium of the district building on June 25. At this meeting, Dr. David Bodian of the Johns Hopkins School of Hygiene and Public Health discussed some of the newer preventive aspects of poliomyelitis.

Monthly health and welfare meetings were held with the southern district supervisors of the Department of Public Welfare and the Family and Children's Society, a representative of the Tenants Relations Division of the Housing Authority of Baltimore, a manager of one of the housing projects in the area, the supervisor of the Outpatient Department of the South Baltimore General Hospital, the District Health Officer, and the two nursing supervisors. These meetings proved most valuable both in clarifying agency functions and in expediting the solution of individual problems because of a much closer relationship with all of the agencies involved.

Eight meetings on interpersonal relationships were held in the district building. This group consisted of a health officer, some bureau directors, division chiefs, supervising nurses, and staff nurses of the Health Department. Because of an accident, Dr. John Powell, Research Associate in Psychiatry at the University of Maryland School of Medicine who was to serve as group leader, was able to attend only three meetings. Through an increased understanding of problems and functions these meetings helped greatly in improving working relationships. Further meetings of such a group will be valuable.

In September one of the supervising nurses was appointed to serve as a member of the School Health Council of the city. On June 12 graduation exercises for the students who completed the course for practical nurses at the South Baltimore General Hospital were held in the district building auditorium. One of the supervising nurses and five staff nurses attended the Biennial Convention of the National Nursing Organizations in Atlantic City in June. On September 9 the South Baltimore Business Men's Association and the Cross Street Market Association held a meeting in the auditorium of the district building. On June 25 the entire public health nursing staff of the Health Department met in the auditorium when Sir Allen Daley spoke on "Public Health Nursing in England."

Dr. Alan Foord, Associate Chief of the Division of School Health, held two meetings in the district building with all of the elementary school physicians in the city and some of the supervising nurses. At one of these meetings a Southern Health District staff nurse and a teacher in one of the schools in this area gave a demonstration of a nurse-teacher conference.

Educational and Other Activities

The District Health Officer presented the results of the survey of infectious hepatitis in the O'Donnell Heights Housing Project at the Pediatric Conference at Baltimore City Hospitals and at seminars of the Epidemiology Department and Biostatistics Department of the Johns Hopkins School of Hygiene and Public Health. One of the supervising nurses attended the course in school health given at the School of Hygiene and Public Health. The District Health Officer discussed immunizations in a lecture for the pediatric class of student nurses at the University of Maryland School of Nursing.

Eight student nurses from the University of Maryland School of Nursing and one student nurse from the Franklin Square Hospital School of Nursing had an eight weeks' affiliation in public health nursing at the Southern Health District. Students from the following Schools of Nursing spent one day observing district activities: 24 from the Union Memorial Hospital, 4 from the Lutheran Hospital of Maryland, and 3 from the Maryland General Hospital. In addition, 14 students from the Johns Hopkins Hospital School of Nursing spent a half day observing district activities, and nine students from the Johns Hopkins School of Hygiene and Public Health received instruction in district health administration at the Southern Health District.

Among those who visited the district building and observed some of the district activities were the following: Sir Allen Daley; the Mayor and Governor of Vienna; students of the Johns Hopkins School of Hygiene and other local, national and foreign public health workers as well as students from several city schools.

Personnel

On July 16 Dr. Abraham Lilienfeld resigned his position as District Health Officer to become Assistant Professor of Epidemiology at the Johns Hopkins School of Hygiene and Public Health. Dr. Mary Riley was appointed as part-time physician in the tuberculosis clinic on September 5. Mrs. Margaret Stokes was appointed as a new clerk-typist on March 10, and Mrs. Vera Gill was appointed clerk-typist in the dental clinics on October 23.

Personnel

———————— District Health Officer
Sylvia Miller, B.S., Supervisor of Public Health Nursing
Marie E. Dandridge, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Beverly Butler, B.S.
Theresa M. Byrne
Mary R. Carr
Norma Quimby Cornelius
Theresa Endres
Ethel V. Finneyfrock
Mary A. Goldberg
Doris McLean Gowans
Leah J. Hollander
Mary F. Jenkins
Betty A. Kern
Clara M. Kushto
Theresa Novak
Katherine E. Nutto
Laura J. C. Phillips
Helen R. Roff
Constance Root
Jean W. Skaggs

Jean G. Margolis, Senior Stenographer
Margaret Stokes, Clerk Typist
Rudolph Lee, Janitor

TABLE NO. 1
RESIDENT BIRTHS, SOUTHERN HEALTH DISTRICT—1952

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS	2,048	1,503	545
Hospital	1,818	1,398	420
Home	230	105	125
Private physician	*197*	*97*	*100*
Midwife	*30*	*6*	*24*
Other	*3*	*2*	*1*

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY COLOR—SOUTHERN HEALTH DISTRICT—1952

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES	825	671	154
Tuberculosis, all forms (001–019)	42	26	16
Respiratory tuberculosis (001–008)	*37*	*25*	*12*
Syphilis (020–029)	8	4	4
Meningococcal infections (057)	4	4	..
Other infective diseases of bacterial origin (030–039, 052–054, 058–064, 070–074)	1	..	1
Poliomyelitis, acute (080–081)	1	1	..
Malignant neoplasms (140–205)	96	89	7
Lymphatic and hematopoietic (200–205)	*4*	*4*	..
Benign and unspecified neoplasms (210–239)	2	1	1
Diabetes (260)	18	14	4
Anemias (290–293)	1	..	1
Vascular lesions of the central nervous system (330–334)	53	46	7
Rheumatic fever (400–402)	2	2	..
Diseases of heart (410–443)	347	301	46
Chronic rheumatic heart disease (410–416)	*13*	*12*	*1*
Arteriosclerotic and degenerative heart disease (420–422)	*249*	*226*	*23*
Other diseases of the heart (430–434)	*8*	*6*	*2*
Hypertensive heart disease (440–443)	*77*	*57*	*20*
Other hypertensive diseases (444–447)	6	5	1
Arteriosclerosis (450)	3	2	1
Other diseases of the circulatory system (451–468)	6	5	1
Nephritis and nephrosis (590–594)	16	10	6
Influenza and pneumonia (480–483, 490–493)	28	19	9
Pneumonia (490–493)	*26*	*18*	*8*
Bronchitis (500–502)	2	2	..
Ulcer of the stomach and duodenum (540–542)	2	2	..
Appendicitis (550–553)	2	2	..
Intestinal obstruction and hernia (560–570)	7	4	3
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	4	1	3
Cirrhosis of the liver (581)	28	26	2
Hyperplasia of prostate (610)	1	1	..
Congenital malformations (750–759)	6	4	2
Certain diseases of early infancy (760–776)	27	18	9
Pneumonia of newborn (763)	*2*	*2*	..
Senility, ill-defined and unknown conditions (780–795)	1	..	1
All other diseases	46	37	9
Accidents, total (800–962, 965)	52	38	14
Motor vehicle accidents (810–835)	*12*	*9*	*3*
All other accidents	*40*	*29*	*11*
Suicides (963, 970–979)	8	7	1
Homicides (964, 980–985)	5	..	5

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE SOUTHERN HEALTH DISTRICT—1952

DISEASE	TOTAL	WHITE	COLORED
TOTAL	1,116	607	509
Chickenpox	58	48	10
Diphtheria	2	2	..
German measles	5	3	2
Gonococcal infections	342	70	272
Influenza	4	3	1
Measles	275	262	13
Meningococcal infections	6	5	1
Mumps	34	21	13
Pneumonia, all forms	40	32	8
Poliomyelitis, paralytic cases	3	3	..
Rheumatic fever	3	3	..
Scarlet fever	29	24	5
Syphilis	122	23	99
Tuberculosis, all forms	138	74	64
Typhoid fever	..	..	..
Whooping cough	11	10	1
All others	44	24	20

MEDICAL SECTION—PREVENTIVE

BUREAU OF COMMUNICABLE DISEASES

BUREAU OF COMMUNICABLE DISEASES

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

Acting Director

A total of 20,174 cases of communicable diseases was reported during 1952. This number represents a decrease of 1,294 under the number recorded for 1951. Some of the diseases notably chickenpox, scarlet fever and measles showed marked increases in the total number of reported cases over the recorded number during the preceding year. Such diseases as diphtheria, mumps and whooping cough showed decreases. The total number of reported cases of paralytic poliomyelitis was 39 which is a small number for a city the size of Baltimore.

Diphtheria and Poliomyelitis

There were 6 cases and 1 death from diphtheria reported during the year, a new low in the yearly number of recorded cases. The 1 death occurred in a four year old colored child for whom there was no record of protective diphtheria toxoid inoculation.

During the year a change was made in the diphtheria inoculation schedule. In order to give an early protection against whooping cough, it was determined beginning on October 1, to inject a half cubic centimeter of the triple antigen, diphtheria and tetanus toxoid with whooping cough vaccine, at monthly intervals; the first dose at 4 months of age, the second at 5 months and the third at 6 months of age. Similar booster inoculations were given at 18 months of age and again when the child first entered school.

A total of 39 cases of paralytic poliomyelitis was reported during the year. This was an increase over the 15 cases recorded in the city during the preceding year. There was 1 fatality during the year.

Meningococcal Infections

The number of reported cases of meningococcal infections increased from 17 cases and 5 deaths in 1951 to 32 cases with 16 deaths in 1952, a case fatality rate of 50 per cent for the year. The fulminating character of the cases that proved fatal is shown by the fact that in 14 out of the 16 fatal cases, the death occurred on the same day the infection started or on the next day. Investigation revealed no specific relationship between the cases.

Typhoid Fever

There were 8 cases of typhoid fever reported in the city for the year. This number of cases was 3 more than the number recorded during the previous year. No death occurred from this disease.

Three new typhoid carriers were discovered during the year and one other carrier who had moved into the city from a Maryland county was reported by the State Department of Health. Of the 65 known carriers on the list at the beginning of the year, 5 died. This leaves 64 known typhoid carriers on the list at the close of the year.

Measles

The reported number of measles cases increased from 4,376 in 1951 to 5,126 cases during 1952. There was no resident death from measles. During the year it was decided to discontinue the visits of the public health nurse to children suffering from measles where there was a private physician in attendance. Such convalescents were permitted to return to school on the family physician's advice. Each physician reporting a case of measles in his practice was notified of this change.

Other Communicable Diseases

The number of cases of scarlet fever reported during the year increased from 302 cases during 1951 to 472 cases in 1952. The reported cases of whooping cough dropped from 227 cases for 1951 to 113 cases in 1952.

Typhoid Vaccine

The administration of typhoid vaccine to laborers in the City Bureau of Sewers and the City Harbor Board, begun in 1948, was continued during 1952.

Personnel

Myron G. Tull, M.D., M.P.H. Administrative Health Officer, Acting Director
Anthony L. Rettaliata, M.D., Medical Investigator
Howard H. Warner, M.D., Health Officer
Alice V. Owings, Junior Administrative Officer

TABLE NO. 1

REPORTED CASES AND RESIDENT DEATHS OF CERTAIN COMMUNICABLE DISEASES
1949–1952

DISEASE	1952		1951		1950		1949	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Botulism	..	..	..	..	..	..	..	..
Chickenpox	2,021	2	1,623	..	2,191	..	2,205	..
Diphtheria	6	1	8	1	60	3	46	2
Dysentery								
Amebic	4	1	5	1	4	..	9	..
Bacillary	118	..	148	1	9	..	4	..
All other	13	2	6	1	..	..	17	1
Encephalitis, acute infectious	6	..	9	1	3	..	1	..
Erysipelas	1	..	1	..	4	1	..	1
German measles	224	..	273	..	73	..	761	..
Hepatitis, infectious	133	5	159	2	6	3	9	4
Influenza	36	20	53	13	112	27	37	13
Measles	5,126	..	4,376	1	357	..	11,031	6
Meningococcal infections	32	16	17	5	26	9	14	2
Mononucleosis, infectious	1	..	7	..	11	..	4	..
Mumps	425	1	2,610	..	681	..	218	1
Paratyphoid fever	..	..	2	..	1	..	2	..
Pneumonia	598	276	617	305	643	232	745	301
Poliomyelitis (paralytic cases)	39	1	15	1	225	9	61	5
Rheumatic fever, total	40	20	33	19	47	17	76	32
Rocky Mountain spotted fever	1	..	1	..	..	..	3	..
Salmonella infection	22	1	8	..	4	3	4	..
Scarlet fever	472	..	302	..	303	..	466	..
Smallpox	..	..	..	..	..	..	..	..
Streptococcal sore throat	19	1	12	1	14	1	26	1
Tetanus	2	..	1	1	5	4	3	2
Trichinosis	3	..	5	..	2	..	3	..
Tuberculosis								
Pulmonary	1,400	393	1,285	465	1,275	497	1,434	574
Other forms	93	23	88	32	71	39	62	39
Tularemia	..	..	..	..	..	..	..	..
Typhoid fever	8	..	5	..	8	..	12	..
Typhus fever	..	..	..	..	..	..	..	..
Undulant fever	..	..	3	..	3	..	2	..
Weil's disease	..	..	3	1	4	..	..	..
Whooping cough	113	..	227	..	1,425	1	945	..
Venereal disease infections								
Chancroid	148	..	206	..	120	..	128	..
Gonorrhea, total	6,940	1	6,511	..	6,944	..	6,570	..
Ophthalmia	1	..	..	..	2	..	2	..
Syphilis, total	1,982	97	2,627	85	2,982	103	4,327	135
Congenital	78	1	126	..	114	2	108	6
Other venereal diseases	26	1	45	1	64	3	124	1

TABLE NO. 2

CASES AND RESIDENT DEATHS OF CERTAIN DISEASES ACCORDING TO MONTHS—1952

Disease		Total	January	February	March	April	May	June	July	August	September	October	November	December
Chickenpox	Cases	2,021	277	326	288	336	248	197	50	8	3	22	95	171
	Deaths	2	..	1	..	1	..	..	..	..	..	..	..	..
Diphtheria	Cases	6	1	1	..	..	1	..	..	..	1	..	..	2
	Deaths	1	..	..	..	..	1	..	..	..	..	..	..	..
Encephalitis, acute infectious	Cases	6	1	..	..	1	..	2	..	..	2	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	Cases	224	9	23	43	40	52	36	8	1	4	2	3	3
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	Cases	36	1	10	9	1	2	..	..	2	4	2	2	3
	Deaths	20	1	1	10	1	2	..	1	..	1	1	1	1
Measles	Cases	5,126	1,403	1,500	1,008	715	283	131	26	10	3	10	20	17
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infections	Cases	32	3	2	3	9	4	2	3	..	3	1	1	1
	Deaths	16	2	..	2	4	1	1	1	1	2	1	..	1
Paratyphoid fever	Cases	..	..	..	..	..	..	..	..	..	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, lobar	Cases	246	28	35	37	31	21	23	14	7	7	10	17	16
	Deaths	109	14	15	23	10	6	8	4	2	2	7	6	12
Pneumonia, broncho	Cases	190	12	22	37	21	22	12	13	4	7	10	7	23
	Deaths	107	10	9	20	13	8	8	6	5	4	6	6	12
Pneumonia, other and unspecified	Cases	162	17	21	26	13	13	4	10	6	8	6	14	24
	Deaths	60	5	7	12	1	2	2	5	6	5	4	5	6
Poliomyelitis (paralytic cases)	Cases	39	..	..	1	1	..	..	3	11	11	12	..	..
	Deaths	1	..	..	..	..	..	..	..	1	..	..	..	..
Rocky Mountain spotted fever	Cases	1	..	..	..	..	..	1	..	..	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever	Cases	472	58	76	65	50	53	29	7	3	9	29	49	44
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, respiratory	Cases	1,400	101	112	136	130	117	149	136	111	113	102	92	101
	Deaths	393	39	44	42	34	29	41	30	33	37	20	21	23
Tuberculosis, other forms	Cases	93	5	6	12	10	11	11	12	4	5	5	5	7
	Deaths	23	3	2	1	2	1	2	..	1	5	2	3	1
Typhoid fever	Cases	8	..	..	..	..	..	3	3	..	1	..	..	1
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough	Cases	113	11	3	3	13	13	13	11	3	9	7	7	20
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 3
DIPHTHERIA TOXOID INOCULATIONS BY DOSAGE, ACCORDING TO AGE AND RACE OF CHILDREN—1952

Age	Dose and Color								
	Total			Primary			Booster		
	Total	White	Colored	Total	White	Colored	Total	White	Colored
All Ages	27,200	17,246	9,954	19,135	12,377	6,758	8,065	4,869	3,196
Under 6 months	624	515	109	620	513	107	4	2	2
6 months	2,039	1,355	684	2,033	1,352	681	6	3	3
7 months	5,467	3,095	2,372	5,459	3,087	2,372	8	8	..
8 months	4,000	2,991	1,009	3,994	2,987	1,007	6	4	2
9 months	1,798	1,284	514	1,790	1,277	513	8	7	1
10 months	934	636	298	929	632	297	5	4	1
11 months	562	348	214	558	344	214	4	4	..
Under 1 year	*15,424*	*10,224*	*5,200*	*15,383*	*10,192*	*5,191*	*41*	*32*	*9*
1 year	2,046	1,172	874	1,922	1,112	810	124	60	64
2 years	763	436	327	502	270	232	261	166	95
3 years	783	461	322	325	191	134	458	270	188
4 years	1,559	918	641	314	185	129	1,245	733	512
5 years	3,688	2,154	1,534	409	242	167	3,279	1,912	1,367
6 years	1,641	1,009	632	186	124	62	1,455	885	570
7 years	448	272	176	48	29	19	400	243	157
8 years	300	197	103	14	8	6	286	189	97
9 years	259	201	58	10	5	5	249	196	53
10 years	142	100	42	7	6	1	135	94	41
11 years	96	66	30	4	3	1	92	63	29
12 years	29	18	11	1	..	1	28	18	10
13 years	7	4	3	..	..	..	7	4	3
14 years	4	3	1	..	..	..	4	3	1
15 years and over	11	11	..	10	10	..	1	1	..

TABLE NO. 4

CHILDREN RECORDED AS RECEIVING DIPHTHERIA TOXOID INOCULATION
BALTIMORE CITY, 1952

YEAR 1952	TOTAL INOCULATIONS	PHYSICIAN'S PRACTICE	PRESCHOOL CLINICS				SCHOOL
			Total	Home	Hospital	Infant Clinic	
TOTAL RECIPIENTS							
Total	27,200	10,161	13,101	36	144	12,921	3,938
Q 1	6,163	2,479	2,172	14	31	2,127	1,512
2	7,107	2,546	3,364	12	53	3,299	1,197
3	7,331	2,724	4,724	4	31	4,443	129
4	6,599	2,412	3,087	6	29	3,052	1,100
WHITE RECIPIENTS							
Total	17,246	9,596	5,377	21	90	5,266	2,273
Q 1	4,086	2,363	966	7	23	936	757
2	4,486	2,423	1,390	8	32	1,350	673
3	4,612	2,530	2,005	2	14	1,989	77
4	4,062	2,280	1,016	4	21	991	766
NONWHITE RECIPIENTS							
Total	9,954	565	7,724	15	54	7,655	1,665
Q 1	2,077	116	1,206	7	8	1,191	755
2	2,621	123	1,974	4	21	1,949	524
3	2,719	194	2,473	2	17	2,454	52
4	2,537	132	2,071	2	8	2,061	334

TABLE NO. 5

TOTAL BOOSTER DOSES—ENTIRE CITY, BALTIMORE—1952

	TOTAL	WHITE	COLORED
Total booster doses	8,065	4,869	3,196
Diphtheria only	6,131	3,490	2,641
Diphtheria with pertussis	722	338	384
Diphtheria with pertussis with tetanus	1,212	1,041	171

BUREAU OF TUBERCULOSIS

BUREAU OF TUBERCULOSIS

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

Director

Deaths

During 1952 the total number of deaths from all forms of tuberculosis among residents of Baltimore was 416. This represented 81 fewer fatalities than occurred in 1951, a decline that was greater than has been experienced in this city in a single year during the past decade. Of the total deaths, 174 took place among the 724,000 white residents and 242 among the 232,500 Negro residents of Baltimore. Corresponding figures for 1951 tuberculosis fatalities were 212 in white persons and 285 in colored persons. Although the number of deaths from this disease has decreased at an accelerated rate during recent years, colored persons, who constitute one-fourth of the city's population, still suffer more than one-half of all tuberculosis fatalities.

In Table No. 1 the age distribution of the 1952 tuberculosis deaths is shown according to race and sex. In the white race 82 per cent of the 174 deaths occurred among males, and more than 95 per cent of the males were 35 years of age or older. Among white females, in whom only 31 tuberculosis deaths were reported during the year, almost one-half occurred before the age of 35 was reached. White children under age 15 suffered but 5 deaths from tuberculosis and account for only 3 per cent of the total number of white deaths. In this race mortality from tuberculosis is principally a problem involving men who have passed their thirty-fifth birthday.

Among Negroes, over 60 per cent of the 242 deaths occurred in males, a predominance of males not as marked as in the white race. Of the 152 male deaths, 78 per cent took place among persons 35 years of age or older; of the 90 female fatalities, more than one-half occurred before the age of thirty-five. Children under the age of 15 experienced 13 deaths from tuberculosis, 5 per cent of the total number of nonwhite fatalities. In this race, although male deaths predominate, women are also subject to a considerable mortality risk from tuberculosis.

In Table No. 2, the place of death is shown for both races. More than one-fourth of the 1952 deaths from this chronic communicable disease occurred in patients' homes, 40 per cent in tuberculosis hospitals, and the remainder in other institutions.

Death Rates

The total tuberculosis death rate for Baltimore residents during 1952 was 43.5 per 100,000 population. For white residents the rate was 24.0, and for colored residents 104.1. Corresponding figures for 1951 were 52.1 for

the total tuberculosis death rate, 29.3 for the white race and 123.9 for Negroes.

The 1952 tuberculosis mortality rates were the lowest ever recorded in Baltimore. Although the colored rate has remained 4 to 5 times greater than that for the white rate, it was most encouraging to note that since 1947 the colored death rate from tuberculosis has declined 50 per cent.

Reported Cases

During 1952 the diagnosis of tuberculosis was made in 1,493 previously unreported cases. This increase of 120 new cases as compared with reports in 1951 was due almost entirely to more numerous reports of active pulmonary disease. Included among the new cases reported were 106 registered from death certificates, representing 7.1 per cent of the total number of new registrations. The ratio of newly reported cases to resident tuberculosis deaths was 3.6. The corresponding number of new cases registered in 1951 was 1,373 including 91 reported after death and the ratio of newly reported cases to resident deaths was 2.8.

Of the cases registered during 1952, tuberculosis of the lungs was found in 1,400 or 94 per cent of all forms of tuberculosis reported. Comparable figures for 1951 were 1,285 pulmonary cases or 94 per cent of all reported tuberculosis.

In Table No. 3 the race and age distribution of reported cases is shown according to extent and type of lesion. Of the 1,493 new cases of all forms of tuberculosis, there were 734 among white persons and 759 among Negroes. Nonpulmonary tuberculosis was reported 3 times more frequently in Negroes than in white persons. The ratio of new tuberculosis cases to resident deaths was 4.2 for the white race and 3.1 for Negroes. Corresponding ratios in 1951 were: white, 3.2; Negro, 2.5.

No major change was noted in the distribution of cases by stage or activity of disease when compared with similar figures for recent years. Of the total of 1,400 pulmonary cases, 766 or 55 per cent were in advanced stages of active disease. Active minimal cases numbered 139 and constituted but 10 per cent of the total cases. An additional 3 per cent were cases showing pleural effusion believed due to tuberculosis. Thus an unfavorable ratio of active minimal cases to advanced cases was not altered during 1952.

Principal differences between the white and colored cases in the reporting of pulmonary lesions were noted in the following classifications: *Inactive minimal tuberculosis:* white, 22.4 per cent; colored, 9.1 per cent; *tuberculous pleural effusions:* white, 1.1 per cent; colored, 5.1 per cent; *severe primary lesions:* white, 3.2 per cent; colored, 13.2 per cent; *acute miliary tuberculosis:* white, 0.1 per cent; colored, 4.0 per cent.

The newly reported cases for each race are analyzed in Table No. 4 to show sex and age distribution. Tuberculosis of the lungs or glands of the

chest was reported in 104 Negro children who were less than 15 years of age and no important sex difference was observed. Such cases in white children of similar age numbered only 25. New cases among males exceeded 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 colored females. Nonpulmonary forms of the disease were most frequently reported in Negroes past the age of 15 years.

Since many patients came to the attention of reporting agencies because tuberculosis had been suspected elsewhere, Table No. 5 is presented to show the original source of referral of cases registered in 1952. Private physicians suspected tuberculosis in or made the final report for 26 per cent of the enumerated cases. For white persons, they were the source of referral for 36 per cent of all new cases while among colored persons 16 per cent of new cases were referred by private physicians. General hospitals were the first source of referral for almost one-fourth of all new cases in white persons and for over 40 per cent of all new Negro cases. Health Department chest clinics were responsible for the initial suspicion of tuberculosis in 16 per cent of all registered cases, and mass survey programs directed 8 per cent of all registered cases to final diagnosis.

In Table No. 6 the reported cases are classified according to the agency responsible for the definitive final report which led to registration with the Bureau of Tuberculosis. Health Department chest clinics and general hospitals each contributed approximately one-third of the reports of new cases, with other agencies directly responsible for only small percentages of reports. Private physicians, who directly reported 14 per cent of all registered cases, played a more important role in notifications of tuberculosis in white persons, 23 per cent, than in reports of colored cases, 5 per cent. The Health Department chest clinics, of course, served the medical professions on a consultative basis.

Case Rates

The total tuberculosis case rate for 1952 was 156 new cases per 100,000 population. Among white persons the rate was 101 and for Negroes 326 per 100,000 population; so, the Negro case rate was three times greater than that for the white race. Corresponding figures for 1951 were 144 per 100,000 for the total tuberculosis case rate, 92 for the white race and 309 for colored persons.

Diagnostic Services

The services rendered by the four chest clinics of the Bureau of Tuberculosis are summarized in Table No. 7. The clinic at 28 S. Broadway con-

tinued to serve both white and colored patients residing in East Baltimore. At 1516 Madison Avenue, a clinic was conducted for white persons living in West Baltimore, while colored residents of that section were served by the chest clinic at the Druid Health Center. Persons living in South Baltimore had available to them the clinic at the Southern Health District building. A screening clinic located in the Eastern Health District building continued to offer small film service to apparently healthy persons and is described under "Case-Finding Projects."

Each of the four diagnostic clinics held 5 sessions a week including one or two evening sessions for the convenience of employed persons. A total of 15,087 individuals was examined during 1952 in all of the clinics, as compared with 13,237 in 1951. Of the 15,087 persons examined 8,399 were white and 6,688 were Negro. New registrants numbered 9,775 and represented 65 per cent of those examined. The remaining 5,312 or 35 per cent, were registered prior to 1952 and required further diagnostic service or follow-up examinations.

Of the 9,775 new registrants, 5,836 or 60 per cent, came to the clinics because pulmonary disease was suspected. There were 1,777 or 18 per cent who were apparently healthy but had been exposed to tuberculosis and were tabulated as tuberculosis contacts. This number of contacts did not include the 1,275 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 general hospitals of Baltimore or by their private physicians.

The majority of new patients who came to the clinics for diagnostic services were referred by private physicians: 60 per cent of white patients and 57 per cent of Negro registrants. The mass X-ray program conducted by the Health Department with the assistance of the Maryland Tuberculosis Association sent to the clinics 250 white persons and 103 colored who represented 6 per cent of the total diagnostic load of the clinics. Other miscellaneous sources accounted for the remaining one-third of new diagnostic patients, with the general hospitals a frequent source of referral.

Tuberculosis contacts were referred to clinics principally by Health Department personnel. Of the 1,153 white contacts who visited the chest clinics for the first time this year, 41 per cent were referred by public health nurses who also made the referral for 66 per cent of the 1,009 colored contacts examined at the clinic for the first time. Children under 15 still constituted too large a proportion of the contacts who came to the clinics. Thirty-nine per cent of all white contacts and all Negro contacts examined during 1952 were in this age group. The City Health Department program of contact examinations will not be adequate until more adults and particularly male adults can be persuaded to submit to examination since it is among adults that tuberculosis is the greatest problem.

Collapse Therapy for Ex-Sanatorium Patients

The four chest clinics held regular sessions once or twice weekly for artificial pneumothorax and pneumoperitoneum therapy. The service was limited to patients whose collapse therapy had been initiated elsewhere, usually in a sanatorium. During 1952 these treatments were given to 263 patients representing a continuing increase in the number of new patients noted during the past two years. The more extensive use of pneumoperitoneum in the tuberculosis hospitals, combined with chemotherapy, has resulted in a greater influx of new patients to our chest clinics. There were 156 former clinic registrants for whom treatment was continued. In all, 4,939 visits were paid to the pneumotherapy clinics during the year.

Case-Finding Projects

In addition to its program of searching for new cases of tuberculosis among contacts of diagnosed cases, the Bureau of Tuberculosis continued its efforts to discover tuberculosis among other groups of the population. With the assistance of other agencies, small chest X-rays were taken of 106,063 persons in Baltimore during 1952.

The largest project was conducted by the Health Department with the assistance of the Maryland Tuberculosis Association and led to the examination of numerous groups of apparently healthy people in the city. 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 1952 the mobile unit took chest microfilms of 52,563 apparently well persons. Of the entire group, 41,125 or 78 per cent were white persons and 11,438 or 22 per cent were Negroes. Because several large high schools for white students were included in this year's surveys, the proportion of colored persons examined was considerably smaller than in former years. Four per cent of those X-rayed were less than 15 years old and approximately one-third of each racial group was in the 15–24 year age span. Twenty-nine per cent of white persons and 47 per cent of Negroes surveyed were 25–44 years of age. Persons 45 years of age or older constituted 19 per cent of the white group and 16 per cent of the colored group examined.

Employees of industrial firms, public utilities, business offices and Government agencies, residents of various communities and housing projects, and students and staff members of colleges, high schools, and vocational schools were included in the 1952 surveys as shown in Table 8.

Among the 52,563 persons surveyed, 51,384 or 97.7 per cent were found to have negative chest films and were so notified. There were 1,032 individuals whose microfilms revealed suspected chest pathology and 147 instances in which the films were technically unsatisfactory. After roentgenological

and clinical follow-up, it was found that the mobile unit's survey program yielded 218 cases of tuberculosis, previously known or unknown, 168 among white persons and 50 among Negroes. When subtractions were made for previously known cases, nonresidents, revised diagnoses as well as 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 1952 was found to be 114, of which 89 were white and 25 were colored.

The 70 millimeter photoroentgen units in the three largest general hospitals in Baltimore were used to X-ray 32,408 individuals. At the Johns Hopkins Hospital 18,876 chest films were taken. At the Baltimore City Hospitals 6,591 persons received small chest films and the University of Maryland Hospital offered this service to 6, 941 individuals. The Provident Hospital, a small general hospital for Negro patients where a 35 millimeter photofluorographic unit has been in operation for several years, took 445 chest microfilms.

X-ray screening services at the Eastern Health District, the Druid Health District and the Southern Health District led to the examination of 7,179 persons. The Eastern Health District screening clinic took 4 x 5 inch chest films of 4,880 individuals of whom 2,820 were white and 2,060 Negroes. Contacts of known cases of tuberculosis, registrants of Health Department prenatal clinics, employees of governmental agencies and other miscellaneous groups comprised this category. The Druid Health Center took 4 x 5 inch chest films of 1,199 healthy Negro individuals, 898 of whom were prenatal clinic referrals. The Southern Health District offered similar service with 70 millimeter films to 1,100 persons of whom 574 were white and 526 colored. Persons exposed to tuberculosis who came to the Druid and Southern chest clinics 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 photoroentgen unit in its central office, took films of 13,913 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 examinations.

BCG Vaccination

The BCG vaccination clinic which was initiated at the Eastern Health District in October, 1949, held weekly sessions during 1952. During the year 274 persons who had negative reactions to 0.1 mg. old tuberculin received the vaccine. This group included 253 contacts of tuberculosis cases, 2 public health nurses of the Health Department, 7 student nurses and 1 physician from two of the general hospitals in the city, 1 medical student

and 10 other hospital employees. One hundred and twenty-nine of those receiving BCG were white and 149 Negro. In addition to these vaccinations which were performed at the Eastern Health District, BCG was provided to three institutions for the vaccination of 15 medical students of the Johns Hopkins University, 34 practical nurses working with tuberculosis patients at Baltimore City Hospitals and approximately 80 employees and volunteers at a newly opened Veterans Administration tuberculosis hospital.

The joint program of BCG vaccination for nonwhite newborns begun in November, 1950, by the Bureau of Tuberculosis and the Harriet Lane Home of the Johns Hopkins Hospital was continued during 1952. There were 1,199 such newborns who, with parental consent, received BCG during the year. Of these, 197 were infants of county parents and reports were forwarded to the State Department of Health which undertook the follow-up observations. Of the remaining 1,002 Baltimore City children, 75 could not be located two months after vaccination. The 927 vaccinated infants followed by the public health nurses of the Health Department received tuberculin patch tests at home two months after vaccination during the early part of the year and four months after vaccination during the latter part of the year. The interval between vaccination and the first home visit was increased to allow for observation of post-vaccinal axillary adenopathy which may appear after three months. Twenty-two children, or 3 per cent of the infants receiving follow-up examinations during the year were found to have axillary adenopathy.

All the BCG vaccine used by the Health Department was obtained from Dr. Joseph D. Aronson of the Henry Phipps Institute for Tuberculosis in Philadelphia and administered by the intradermal technique. In September, the dosage of vaccine was decreased by one-half in order to reduce the frequency of axillary adenopathy. Preliminary testing revealed that tuberculin skin reactions after the smaller vaccinating dose were as good as those following the larger dose. BCG is regarded as an important adjunct to a tuberculosis control program, particularly for persons or groups likely to suffer undue risk from this disease.

Hospital and Sanatorium Facilities

Alleviation of the critical shortage of tuberculosis hospital beds which was expected at the end of the year was unfortunately not realized. Because of construction delays, neither the new 300 bed wing at the Baltimore City Hospitals nor the 300 bed addition to the Mt. Wilson State Hospital was completed. There appeared to be no doubt, however, that these two institutions would be opened during 1953. The new 300 bed Veterans Administration Hospital in Baltimore was opened in October but because of decreased appropriations, sufficient hospital personnel could not be hired and only a

small number of tuberculosis patients was admitted during the last two months of the year. It is expected that this hospital will attain its full capacity in 1953.

During 1952 the various state sanatoria within Maryland and the Tuberculosis Division of the Baltimore City Hospitals reported the deaths of 99 residents of Baltimore City, and during the same time they discharged alive a total of 399 city residents. Of live discharged patients residing in the city 256 or 64 per cent were discharged with consent while the remaining 143 or 36 per cent failed to complete their treatment and left against medical advice. The corresponding figures for 1951 were 442 live discharges of whom 306 or 69 per cent were discharged with consent and 136 or 31 per cent failed to complete their treatment. One-half of the irregular discharges in 1951 were sputum positive cases.

Home Chemotherapy Program

This year the Bureau of Tuberculosis initiated a home chemotherapy program for the treatment of persons with active tuberculosis. Because of discouragingly long waiting periods for sanatorium admission and the grave problem which tuberculosis presents in this city, and because of recently evolved treatment schedules which have made therapy outside of hospital a feasible procedure, it was thought important to offer this additional method of control to suitable patients. During the first six months of the year, small sums of money were expended from the bureau's regular budget for the purchase of streptomycin and para-aminosalicylic acid for home treatment of a small group of patients who were awaiting hospital admission. In June, as the result of a resolution presented to the City Council by the Cherry Hill Health Council of South Baltimore, an appropriation of $10,000 for these drugs was approved by the Board of Estimates for the duration of the calendar year.

This important action made possible the administration of streptomycin and PAS to 414 tuberculous residents of Baltimore during the year. Among those treated were 112 white persons and 302 Negroes, all of whom were regarded as persons who could benefit from chemotherapy but who were themselves unable to purchase the drugs. Of the 112 white persons treated, 67 had newly reported tuberculosis, and 45 were suffering from reactivation of old disease; of the 302 colored persons, there were 231 cases of recently reported tuberculosis and 71 instances of exacerbation of former disease. The vast majority of those treated were persons with active pulmonary disease who were awaiting hospital admission. Many of them, from past experience, would not have survived their waiting periods for hospitalization had they not received specific drug therapy at home. The results indicated striking improvement after several months of chemotherapy particu-

larly among colored patients. In some cases, response to drug therapy and bed rest at home was sufficiently good to make hospitalization unnecessary. In other instances chemotherapy was continued for discharged hospital patients thereby making possible an earlier release of some hospital beds for new admissions.

All patients received 1 gram of streptomycin intramuscularly twice weekly and 12 grams of PAS orally each day. These drugs were given to the patients in their homes by the public health nurses of the Health Department. Too much cannot be said for the outstanding service rendered by the Bureau of Public Health Nursing which carried out this program with no additional nursing personnel. Persons with active tuberculosis who were receiving public assistance and registered under the Medical Care Program had these drugs made available to them through the Medical Care Section of the Health Department but were also treated at home by the public health nurses.

Nursing Service

Field service to tuberculosis patients and their families was carried on as in past years by a staff of public health nurses for whom tuberculosis was only one of a number of functions in a generalized nursing program. During the year, as a result of the home chemotherapy program, the number of nursing visits to the tuberculous was increased by more than 10,000 as compared with 1951 visits without any increase in the number of public health nurses. A supervisor of tuberculosis nursing is greatly needed but failure to find a suitable candidate still made impossible the filling of this important post.

Vocational Rehabilitation

Vocational rehabilitation of patients with tuberculosis was continued during the year by the Division of Vocational Rehabilitation of the State Department of Education. During 1952 there were 533 Baltimore residents, 254 of them white and 279 Negro, who were given rehabilitation service. Of this group, 177 were new referrals, 85 of them white persons and 92 colored. The majority of persons referred for vocational rehabilitation for the first time were directed to this agency by the tuberculosis hospitals. Other agencies contributed small numbers of referrals. With a limited budget, the Division of Vocational Rehabilitation has done excellently in helping tuberculous patients return to useful life in the community.

Federal Assistance

Since July 1, 1945, a yearly federal grant-in-aid from the U. S. Public Health Service has been available for tuberculosis control in Maryland. For

the fiscal year ending June 30, 1953, the sum available for Baltimore City through the Maryland State Department of Health was $38,028, a reduction of more than $6,000 from the allocation for 1951. A considerable reduction in personnel has resulted from decreases in federal appropriations during the past few years and it is expected that further reductions in federal funds will occur. It is most important that the various municipal agencies and the hospitals employing persons who were paid through federal funds make provision for these employees in their own budgets.

Personnel

Charlotte Silverman, M.D., Dr.P.H., Director
H. Margaret Lea, Health Administrator
M. S. Shiling, M.D., Director of Tuberculosis Surveys
Katherine H. Borkovich, M.D., Associate Director
Meyer W. Jacobson, M.D., Clinic Physician
Louis V. Blum, M.D., Clinic Physician
Theodore Cooper, M.D., Clinic Physician
Cecil Rudner, M.D., Clinic Physician
C. Dudley Lee, M.D., Clinic Physician
George G. Adams, M.D., Clinic Physician
Jerome E. Cohn, M.D., Clinic Physician
Mary C. Riley, M.D., Clinic Physician
Gertrude Cordish, Principal Clerk
Zenia K. Billian, Senior Stenographer
Myrtle Baker, Senior Clerk
Jessie S. Fineman, Senior Clerk
Leah Kushner, Senior Clerk
Frances T. Morris, Senior Clerk
Marian Matuszewski, Junior Typist
Bernice Taylor, Junior Clerk
Evelyn J. Windisch, Junior Typist
Joan May Messer, Key-punch Operator
Pauline Merryman, Key-punch Operator
Mary M. Knicely, Photofluorographic Machine Operator
Marion Banke, Jr., Photofluorographic Machine Operator

TABLE NO. 1

RESIDENT DEATHS FROM TUBERCULOSIS ACCORDING TO AGE—1952

Age Group	Grand Total	White			Colored		
		Total	Male	Female	Total	Male	Female
Number of Deaths							
All Ages	416	174	143	31	242	152	90
Under 15 years	18	5	1	4	13	6	7
15–24 years	26	1	0	1	25	8	17
25–34 years	56	11	3	8	45	19	26
35–44 years	86	26	22	4	60	38	22
45–54 years	84	33	30	3	51	39	12
55–64 years	80	49	47	2	31	28	3
65 years and over	66	49	40	9	17	14	3
Percentage Distribution							
All Ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	4.3	2.9	0.7	12.9	5.4	3.9	7.8
15–24 years	6.3	0.6	0.0	3.2	10.3	5.2	18.9
25–34 years	13.5	6.3	2.1	25.8	18.6	12.6	28.9
35–44 years	20.7	14.9	15.4	12.9	24.8	25.0	24.5
45–54 years	20.2	18.9	20.9	9.7	21.1	25.7	13.3
55–64 years	19.2	28.2	32.9	6.5	12.8	18.4	3.3
65 years and over	15.8	28.2	28.0	29.0	7.0	9.2	3.3

TABLE NO. 2

RESIDENT DEATHS FROM TUBERCULOSIS ACCORDING TO RACE AND PLACE OF DEATH 1952

Place of Death	Total		White		Colored	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total Deaths	416	100.0	174	100.0	242	100.0
Home	119	28.6	48	27.6	71	20.4
Tuberculosis Sanatoria	165	39.7	72	41.4	93	38.4
Baltimore City Hospitals	65	..	27	..	38	..
State Sanatoria	69	..	32	..	37	..
Federal Sanatoria	30	..	12	..	18	..
Other Sanatoria	1	..	1	..	0	..
General Hospitals	102	24.5	40	23.0	62	25.6
Mental Institutions	20	4.8	12	6.9	8	3.3
Other	10	2.4	2	1.1	8	3.3

TABLE NO. 3

REPORTED CASES OF TUBERCULOSIS CLASSIFIED BY TYPE, EXTENT AND ACTIVITY OF LESION ACCORDING TO RACE AND BROAD AGE GROUPS—1952

Classification of Lesion	Grand Total	White							Colored						
		Total	Under 15 years	15–24 years	25–34 years	35–44 years	45–64 years	65 years & over	Total	Under 15 years	15–24 years	25–34 years	35–44 years	45–64 years	65 years & over
All Cases	1,493	734	32	81	120	139	269	93	759	115	139	162	156	147	40
Pulmonary lesions	1,400	710	25	79	116	134	267	89	690	104	125	144	148	132	37
Minimal lesions—all types	404	244	2	39	38	49	92	24	160	8	45	38	38	25	6
Active	139	77	1	22	18	16	18	2	62	3	23	13	17	6	0
Inactive	222	159	1	12	18	33	73	22	63	0	10	16	13	18	6
Pleural effusion	43	8	0	5	2	0	1	0	35	5	12	9	8	1	0
Moderately advanced	439	261	0	29	54	57	92	29	178	1	39	51	37	38	12
Active	352	187	0	22	42	40	63	20	165	1	38	49	35	32	10
Inactive	87	74	0	7	12	17	29	9	13	0	1	2	2	6	2
Far advanced	414	181	0	11	24	28	82	36	233	6	30	50	67	64	16
Severe primary lesion	114	23	22	0	0	0	1	0	91	81	7	2	1	0	0
Acute miliary or disseminated	29	1	1	0	0	0	0	0	28	8	4	3	5	5	3
Nonpulmonary lesions	93	24	7	2	4	5	2	4	69	11	14	18	8	15	3
Meningitis	11	5	5	0	0	0	0	0	6	3	1	0	1	1	0
Spinal	11	1	0	0	0	1	0	0	10	3	0	3	0	3	1
Peritonitis	15	5	1	0	1	0	1	2	10	0	4	2	1	2	1
Other Forms	56	13	1	2	3	4	1	2	43	5	9	13	6	9	1
Percentage Distribution															
Pulmonary lesions	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	10 .0	100.0	100.0	100.0	100.0
Minimal lesions—all types	28.8	34.4	8.0	49.4	32.8	36.6	34.5	27.0	23.2	7.7	36.0	26.4	25.7	18.9	16.2
Active	9.9	10.9	4.0	27.9	15.5	11.9	6.8	2.3	9.0	2.9	18.4	9.0	11.5	4.5	0.0
Inactive	15.9	22.4	4.0	15.2	15.5	24.7	27.3	24.7	9.1	0.0	8.0	11.1	8.8	13.7	16.2
Pleural effusion	3.0	1.1	0.0	6.3	1.8	0.0	0.4	0.0	5.1	4.8	9.6	6.3	5.4	0.7	0.0
Moderately advanced	31.4	36.8	0.0	36.7	46.5	42.5	34.5	32.6	25.8	0.9	31.2	35.5	25.0	28.8	32.4
Active	25.2	26.4	0.0	27.9	36.2	29.9	23.6	22.5	23.9	0.9	30.4	34.0	23.7	24.2	27.0
Inactive	6.2	10.4	0.0	8.8	10.3	12.6	10.9	10.1	1.9	0.0	0.8	1.4	1.3	4.6	5.4
Far advanced	29.6	25.5	0.0	13.9	20.7	20.9	30.7	40.4	33.8	5.8	24.0	34.7	45.3	48.5	43.3
Severe primary lesion	8.1	3.2	88.0	0.0	0.0	0.0	0.3	0.0	13.2	77.9	5.6	1.4	0.7	0.0	0.0
Acute miliary or disseminated	2.1	0.1	4.0	0.0	0.0	0.0	0.0	0.0	4.0	7.7	3.2	2.1	3.3	3.8	8.1
Nonp ulmonary lesions	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Meningitis	11.8	20.8	71.4	0.0	0.0	0.0	0.0	0.0	8.7	27.3	7.1	0.0	12.5	6.7	0.0
Spinal	11.8	4.2	0.0	0.0	0.0	20.0	0.0	0.0	14.5	27.3	0.0	16.7	0.0	20.0	33.3
Peritonitis	16.1	20.8	14.3	0.0	25.0	0.0	50.0	50.0	14.5	0.0	28.6	11.1	12.5	13.3	33.3
Other Forms	60.3	54.2	14.3	100.0	75.0	80.0	50.0	50.0	62.3	45.4	64.3	72.2	75.0	60.0	33.4

TABLE NO. 4

REPORTED CASES OF TUBERCULOSIS BY RACE, SEX, AND BROAD AGE GROUPS

1952

CLASSIFICATION AND AGE	WHITE			COLORED		
	Total	Male	Female	Total	Male	Female
Pulmonary lesions						
All ages	710	480	230	690	416	274
Under 15 years	25	10	15	104	46	58
15–24 years	79	33	46	125	56	69
25–34 years	116	66	50	144	76	68
35–44 years	134	85	49	148	94	54
45–54 years	137	111	26	83	71	12
55–64 years	130	103	27	49	41	8
65 years and over	89	72	17	37	32	5
Nonpulmonary lesions						
All ages	24	17	7	69	31	38
Under 15 years	7	4	3	11	4	7
15 years and over	17	13	4	58	27	31
PERCENTAGE DISTRIBUTION						
Pulmonary lesions						
All ages	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	3.5	2.1	6.5	15.1	11.0	21.2
15–24 years	11.1	6.9	20.0	18.1	13.5	25.2
25–34 years	16.4	13.7	21.7	20.9	18.3	24.8
35–44 years	18.9	17.7	21.3	21.5	22.6	19.7
45–54 years	19.3	23.1	11.3	12.0	17.1	4.4
55–64 years	18.3	21.5	11.8	7.1	9.8	2.9
65 years and over	12.5	15.0	7.4	5.3	7.7	1.8
Nonpulmonary lesions						
All ages	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	29.2	23.5	42.9	15.9	12.9	18.4
15 years and over	70.8	76.5	57.1	84.1	87.1	81.6

TABLE NO. 5

TUBERCULOSIS CASES BY RACE AND ORIGINAL REFERRAL OR SOURCE OF REPORT—1952

Original Referral or Source of Report	Total		White		Colored	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total Cases	1,493	100.0	734	100.0	759	100.0
Private physicians	387	25.9	266	36.2	121	15.9
Baltimore City Hospitals	68	4.6	28	3.9	40	5.3
Other hospitals or sanatoria	513	34.3	179	24.3	334	44.0
Hospital survey	0	..	0	..	0	..
Other	513	..	179	..	334	..
Health Department	228	15.3	85	11.6	143	18.8
Chest clinics	201	..	75	..	126	..
Other	27	..	10	..	17	..
Mass survey	116	7.8	79	10.8	37	4.9
Other agencies	75	5.0	50	6.8	25	3.3
Reported after death	106	7.1	47	6.4	59	7.8

TABLE NO. 6

TUBERCULOSIS CASES BY RACE AND REPORTING AGENCY—1952

Reporting Agency	Total		White		Colored	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total Cases	1,493	100.0	734	100.0	759	100.0
Private physicians	211	14.1	172	23.4	39	5.1
Tuberculosis sanatoria	98	6.6	54	7.4	44	5.8
Baltimore City Hospitals	69	..	29	..	40	..
Other sanatoria	29	..	25	..	4	..
General hospitals	480	32.1	160	21.8	320	42.1
Mental hospitals	6	0.4	3	0.4	3	0.4
Health Department chest clinics	551	36.9	275	37.5	276	36.4
Transferred from other states	0	0.0	0	0.0	0	0.0
Death certificates	106	7.1	47	6.4	59	7.8
Other	41	2.8	23	3.1	18	2.4

TABLE NO. 7

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

1952

	Total		White				Colored			
			Male		Female		Male		Female	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Clinic Registrants										
Total	15,087	100.0	4,127	100.0	4,272	100.0	2,439	100.0	4,249	100.0
New in 1952	9,775	64.8	2,881	69.8	2,929	68.6	1,495	61.3	2,470	58.1
Screening apparently well persons	*1,777*	*11.8*	*198*	*4.8*	*347*	*8.1*	*157*	*6.4*	*1,075*	*25.3*
Diagnostic Service	*7,998*	*53.0*	*2,683*	*65.0*	*2,582*	*60.5*	*1,338*	*54.9*	*1,395*	*32.8*
Registered Prior to 1952	5,312	35.2	1,246	30.2	1,343	31.4	944	38.7	1,779	41.9
Screening group	*670*	*4.4*	*9*	*0.2*	*28*	*6.6*	*53*	*2.2*	*580*	*13.7*
Diagnostic service	*3,261*	*21.6*	*806*	*19.5*	*1,012*	*23.7*	*590*	*24.2*	*853*	*20.1*
Previously diagnosed cases	*1,381*	*9.2*	*431*	*10.5*	*303*	*7.1*	*301*	*12.3*	*346*	*8.1*
Age Distribution—New registrants										
Screening group										
Prenatal and other apparently well persons (Total)	1,777	100.0	198	100.0	347	100.0	157	100.0	1,075	100.0
Under 15 years	92	5.2	16	8.1	17	4.9	24	15.3	35	3.3
15–24 years	764	43.0	49	24.7	124	35.7	26	16.6	565	52.6
25–44 years	810	45.6	111	56.1	190	54.8	77	49.0	432	40.2
45–64 years	102	5.8	20	10.1	14	4.0	28	17.8	40	3.7
65 years and over	8	0.4	2	1.0	2	0.6	2	1.3	2	0.2
Age unspecified	1	0.0	0	0.0	0	0.0	0	0.0	1	0.0
Diagnostic service										
Suspected cases (Total)	5,836	100.0	2,200	100.0	1,912	100.0	935	100.0	789	100.0
Under 15 years	617	10.6	260	11.8	226	11.9	62	6.6	69	8.7
15–24 years	895	15.3	283	12.9	335	17.5	120	12.8	157	19.9
25–44 years	2,576	44.1	855	38.9	870	45.5	448	47.9	403	51.1
45–64 years	1,401	24.1	609	27.7	390	20.4	267	28.6	135	17.1
65 years and over	345	5.9	193	8.7	89	4.7	38	4.1	25	3.2
Age unspecified	2	0.0	0	0.0	2	0.0	0	0.0	0	0.0
Contacts (Total)	2,162	100.0	483	100.0	670	100.0	403	100.0	606	100.0
Under 15 years	834	38.6	225	46.6	220	32.8	182	45.1	207	34.2
15–24 years	336	15.5	68	14.1	102	15.3	51	12.7	115	18.9
25–44 years	657	30.4	137	28.4	220	32.8	107	26.6	193	31.9
45–64 years	286	13.2	44	9.1	106	15.8	56	13.9	80	13.2
65 years and over	49	2.3	9	1.8	22	3.3	7	1.7	11	1.8
Age unspecified	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Source of Referral—New registrants										
Screening group										
Prenatal and other apparently well persons (Total)	1,777	100.0	198	100.0	347	100.0	157	100.0	1,075	100.0
Physicians	294	16.5	36	18.2	159	45.8	28	17.8	71	6.6
Prenatal	861	48.5	0	0.0	46	13.3	0	0.0	815	75.8
Health Department clinics	35	1.9	2	1.0	12	3.5	16	10.2	5	0.5
Public health nurses	40	2.3	2	1.0	3	0.8	6	3.8	29	2.7
All other	547	30.8	158	79.8	127	36.6	107	68.2	155	14.4
Diagnostic service										
Suspected cases (Total)	5,836	100.0	2,200	100.0	1,912	100.0	935	100.0	789	100.0
Physicians	3,437	58.9	1,255	57.1	1,207	63.1	526	56.3	449	56.9
Health Department clinics	40	0.7	15	0.6	8	0.4	9	1.0	8	1.0
Public health nurses	322	5.5	85	3.9	70	3.7	74	7.9	93	11.8
Case-finding project	353	6.0	155	7.1	95	5.0	62	6.6	41	5.2
All other	1,684	28.9	690	31.3	532	27.8	264	28.2	198	25.1
Contacts (Total)	2,162	100.0	483	100.0	670	100.0	403	100.0	606	100.0
Physicians	393	18.2	141	29.2	194	29.0	24	6.0	34	5.6
Health Department clinics	10	0.5	1	0.2	2	0.3	3	0.7	4	0.7
Public health nurses	1,134	52.4	197	40.8	271	40.4	265	65.8	401	66.2
All others	625	28.9	144	29.8	203	30.3	111	27.5	167	27.5
Clinic Visits (Total)	24,902	100.0	7,079	100.0	6,916	100.0	4,399	100.0	6,508	100.0
Screening apparently well persons	2,871	11.5	241	3.4	434	6.3	284	6.5	1,912	29.4
Diagnostic service	17,158	68.9	5,284	74.6	5,504	79.6	2,904	66.0	3,466	53.3
Suspected cases	*11,004*	..	*3,887*	..	*3,483*	..	*1,819*	..	*1,815*	..
Contacts	*6,154*	..	*1,397*	..	*2,021*	..	*1,085*	..	*1,651*	..
Previously diagnosed cases	4,873	19.6	1,554	22.0	978	14.1	1,211	27.5	1,130	17.3

TABLE NO. 7 (Concluded)

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

1952

	Total		White				Colored			
			Male		Female		Male		Female	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Number of X-ray Examinations (Total)	19,149	100.0	5,221	100.0	5,150	100.0	3,364	100.0	5,414	100.0
Screening apparently well persons	2,634	13.8	210	4.0	384	7.5	214	6.4	1,826	33.7
Diagnostic service	13,205	68.9	4,048	77.5	4,143	80.4	2,286	67.9	2,728	50.4
Suspected cases	*8,902*	..	*3,144*	..	*2,802*	..	*1,506*	..	*1,450*	..
Contacts	*4,303*	..	*904*	..	*1,341*	..	*780*	..	*1,278*	..
Previously diagnosed cases	3,310	17.3	963	18.5	623	12.1	864	25.7	860	15.9
Pneumotherapy Service										
Total patients	263	100.0	68	100.0	99	100.0	58	100.0	38	100.0
New patients	107	40.7	26	38.2	35	35.4	29	50.0	17	44.7
Patients registered prior to 1952	156	59.3	42	61.8	64	64.6	29	50.0	21	55.3
Total Visits	4,939	..	1,470	..	1,852	..	927	..	690	..
Number of X-ray examinations	572	..	140	..	203	..	120	..	109	..
X-Ray Survey of Apparently Healthy Persons	59,742		44,519				15,223			
Eastern Health District	4,880		2,820				2,060			
Druid Chest Clinic	1,199		..				1,199			
Southern Chest Clinic	1,100		574				526			
Mobile X-Ray Unit	52,563		41,125				11,438			

TABLE NO. 8

CHEST X-RAY SURVEYS—1952

Group Surveyed	Number Examined		Group Surveyed	Number Examined	
	White	Colored		White	Colored
TOTAL	41,125	11,438	Commercial & Industrial—Cont.		
			U. S. Fidelity & Guaranty Co.	1,168	34
Commercial & Industrial	24,848	5,463	Union Memorial Hospital	325	140
			Veterans Administration	306	35
American Can Co.	1,025	11	William E. Hooper & Sons	365	146
American Sugar Refining Co.	463	625	Women's Hospital	153	89
Baltimore Signal Depot and Fort Holabird	1,581	1,031	Community	6,174	3,320
Buck Glass Co.	351	38			
			Chick Webb Center	7	932
Chesapeake & Potomac Telephone Co.	3,624	162	Canton Area Council	1,074	..
Charles T. Brandt, Inc.	419	50	Eastern Community Council	1,551	2
Comfy Manufacturing Co.	321	64	Latrobe Homes	350	59
Crown, Cork & Seal Co.	3,581	97	Metropolitan Methodist Church	4	444
Eastern Venetian Blind Co.	1,169	67	O'Donnell Heights	477	3
General Refractories Co.	157	458	Poe Homes	8	461
Geroter May Corporation	270	4	South Baltimore	822	33
Gunther Brewing Co.	247	3	Southeastern Community	865	16
Harbison Walker Refractories Co.	210	249	Y.M.C.A. (Druid Hill Avenue)	3	379
Hauswald's Bakery	61	10	School No. 53 (Community)	988	3
International Ladies Garment Workers	208	11	School No. 107 (Community)	..	720
			School No. 142 (Community)	25	268
L. Grief & Bros.	427	19			
Lord Baltimore Press	385	50	School	10,103	2,655
Maryland General Hospital	213	104			
Mercy Hospital	281	160	Baltimore City College	2,008	14
Monumental Life Insurance Co.	505	95	Carver Vocational School	..	661
Mt. Vernon-Woodberry Mills Inc.	422	3	Eastern High School	2,034	4
Pittsburgh Plate Glass Co.	369	13	Forest Park High School	2,106	13
Revere Copper & Brass Co.	882	352	Johns Hopkins University	1,476	28
Rice's Bakery	279	35	Loyola College	475	9
Safe Deposit & Trust Co.	264	6	Morgan State College	..	1,405
Sears, Roebuck & Co.	405	24	Notre Dame College	617	5
Social Security Administration	3,916	1,252	School No. 452	..	516
Sun Life Insurance Co.	224	11	Western High School	1,387	..
U. S. District Army Engineers	272	15			

BUREAU OF VENEREAL DISEASES

BUREAU OF VENEREAL DISEASES

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

Director

Morbidity and Mortality

During the year, 1,982 infections with syphilis, 6,940 infections with gonorrhea and 148 infections with chancroid were reported, as shown in Table No. 1. Health Department studies made in 1948 indicated that these figures need interpretation because of the rapid curability of and reinfection rate in syphilis and much more so in gonorrhea. Thus it was estimated that the 6,940 infections with gonorrhea occurred in 5,760 persons, so there were about 864 or 15 per cent repeaters, some known to be multiple repeaters, during the year 1952. Such repeaters came for treatment of as many as 7 fresh gonorrhea infections in a calendar year. The syphilis studies showed that the percentage of repeating persons was about 2.

The still continuing decline in reported cases of syphilis, from 2,627 in 1951, was again spread through all the stages of that disease. Only 129 infections with primary or secondary syphilis were reported in 1952, as shown in Table No. 2, and as compared with 207 for the prior year and 2,053 only six years ago in 1946. This is a reduction of nearly 94 per cent over the six year period. Reported infections with gonorrhea increased to a new peak during the year, after an appreciable decline in 1951 when only 6,511 infections were reported.

As shown in Table No. 3, only 6 infections with congenital syphilis in children under one year of age were reported, as compared with 10 in 1951, and for the second consecutive year no death from congenital syphilis in infancy was reported. Reported congenital infections in persons of all ages also declined in 1952 for the first time, only 77 infections being reported as compared with 127 in 1951. Resident deaths from syphilis numbered 97, as shown in Table No. 4.

Epidemiology and Case Holding

Reports were received of 7,437 contacts of patients with syphilis or gonorrhea from all sources, including the Health Department venereal disease clinics. Approximately 35 per cent of these contacts were examined or known to be already under observation or treatment. Of those examined as the result of contact investigation, 19 per cent were found to have a venereal disease. The results of the investigations of these contacts are shown in Table Nos. 5 and 6. During the year 6,087 visits were made by public health nurses and two social workers for the investigation of contacts and the follow-up of delinquent patients.

The decreasing productivity of contact investigation in syphilis is shown in the following table:—

RESULTS OF THE INVESTIGATION OF CONTACTS OF CITY CLINIC PATIENTS WITH SYPHILIS

BALTIMORE, 1946–1952

Year	Contacts Named*	Not Found	Not Examined	Examined	Infected with Syphilis	
					Primary and Secondary	All other Forms
1952	958	139	113	706	9	33
1951	1,363	243	214	906	13	79
1950	1,415	321	169	925	28	82
1949	1,698	468	127	1,103	55	101
1948	1,719	657	180	882	74	121
1947	1,293	255	175	863	137	146
1946	1,340	289	146	905	413	267

* Exclusive of those already known to be under observation or treatment.

The Clinics

The Health Department continued to conduct clinics at four locations with a total of 20 sessions a week for adults and 4 for children. As shown in Table No. 7, these clinics reported 11,237 admissions during the year, an increase of 142 over the 11,095 reported in 1951. It will be noted from the following table that there has been a remarkable decline in admissions for syphilis, and especially for primary and secondary syphilis, and a likewise remarkable increase in admissions for gonorrhea during the past several years, although total admissions remain almost constant:

ADMISSIONS TO CITY CLINICS FOR SYPHILIS AND GONORRHEA—1947–1952

Year	1952	1951	1950	1949	1948	1947
Total syphilis	948	1,345	1,441	2,004	2,483	2,531
Primary and secondary syphilis	84	119	220	439	785	1,074
Gonorrhea	6,411	5,808	6,245	5,402	4,636	4,021
Total admissions*	11,237	11,095	11,506	11,796	11,510	9,404

* Includes admission for other venereal diseases and persons found not to have venereal disease.

As shown in Table No. 7, the venereal disease dispensary service known as Medicine I of the Johns Hopkins Hospital reported 904 admissions during the year, so that at least 12,141 persons were admitted to venereal disease clinics during 1952 as compared with 12,270 in 1951.

The Health Department venereal disease clinics reported 32,949 patient visits, and the Johns Hopkins Hospital reported 11,169, a total of 44,118, as shown in Table No. 7, and as compared with 52,426 in 1951. Other medical agencies referred 65 patients to the Health Department venereal disease

clinics for treatment. Post-treatment observation was carried on by the referring agencies. Of these 65 patients, 30 were pregnant women with syphilis. These agencies also transferred 570 patients to the Health Department venereal disease clinics because of treatment delinquency, availability of evening clinics or other reasons. The Calvert Street clinic collected 2,006 blood specimens for testing for syphilis for the City Service Commission during the year. About two per cent of these were positive and adequate treatment was required before employment.

City Isolation Ordinance and Juvenile Cases

The city isolation ordinance, Sections 215–218 inclusive, of Article 12 of the Baltimore City Code of 1950, was invoked in 5 instances during the year, all because the patients failed to complete treatment for infectious or potentially infectious syphilis. All were colored; 3 were males and 2 were females. Three of the 5 persons were returned to treatment, all as the result of court action. One could not be found and the case of one was closed after reconsideration.

During the year, the mothers of 31 children were reported to the Health Department as having failed to have their children examined or, in some cases, treated for syphilis. As the result of action initiated by the Bureau of Venereal Diseases, 27 of these children were examined. Of the 4 remaining, one could not be found, the case of one was pending at the close of the year and 2 were not considered to be of sufficient risk to require court action and their cases were closed. Letters from the Juvenile Court resulted in the examination of 4 of the children and court hearings were required in 6 cases. Since 1949, when this procedure was adopted, action has been taken in 138 cases, resulting in the examination of 116 children, the discovery of 7 cases of congenital syphilis and the adequate treatment of 6 others known to have the disease.

Staff Training

Twenty-two nurses, 10 from the Health Department and 12 from the Instructive Visiting Nurse Association, received training in intravenous and intramuscular techniques during the year. Those from the I.V.N.A. were trained in preparation for civil defense. This brought to 105 the total number of Health Department nurses trained to give treatment during the last nine years. The director of the bureau gave another series of six lectures on the venereal diseases to a group of public health nurses in the Bureau of Public Health Nursing and clerks in the Bureau of Venereal Diseases. A total of 48 such lectures has been given to the Health Department nurses and Bureau of Venereal Diseases clerks during the past five years. The Supervisor of Public Health Nursing assigned to the Bureau of Venereal

Diseases conducted 16 seminars on venereal disease control for a total of 54 staff nurses and 111 student affiliates.

The Armed Forces

The Health Department and the Armed Forces collaborated in the investigation of 967 contacts of infected military personnel and in the examination and treatment of 142 selectees found to have positive serologic tests for syphilis at the time of examination at the induction stations. The director of the bureau 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
E. Walter Shervington, M.D., Senior Medical Supervisor
J. Douglass Shepperd, M.D., Medical Supervisor
Louis E. Harmon, M.D., Medical Supervisor
W. Atwell Jones, M.D., Medical Supervisor
G. Raynor Browne, M.D., Health Officer
W. 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

Clinic Physicians

*Townsend W. Anderson, M.D.
David Bacharach, M.D.
M. L. Barksdale, M.D.
*George P. Brown, M.D.
James D. Carr, M.D.
Perry Futterman, M.D.
Lester H. Gliedman, M.D.
Harris Goldman, 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.
Theodore H. Kaiser, M.D.
Renold B. Lighston, M.D.
Clarence W. Martin, M.D.
Robert Mazer, M.D.
Israel P. Meranski, M.D.
Donald W. Mintzer, M.D.
George H. Pendleton, M.D.
Talmadge H. Pinkney, M.D.
William G. Polk, M.D.
Paul F. Richardson, M.D.
Malcolm E. Ruben, M.D.
Nathan Schnaper, M.D.
*Leslie A. Walker, M.D.
*Stanley N. Yaffe, M.D.
Harold E. C. Zheutlin, M.D.

* On leave of absence for military duty.

Public Health Nurses

Virginia R. Struve, B.S., Supervisor of Public Health Nursing

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

Osborne B. Dixon, Senior Social Worker
William P. Duffy, Senior Social Worker
Mattie May Gwynn, Junior Administrative Officer
Yetta Glick, Senior Stenographer
Beatrice Goldberg, Senior Stenographer
Lillian T. Howard, Clerk Stenographer
Anne S. Elliott, Senior Clerk
Ruth E. Holmes, Senior Clerk
Daisy A. Johnson, Senior Clerk
James P. Lynch, Senior Clerk
Grace Hawes, Junior Stenographer
Eva L. Creigler, Clerk Typist
Barbara W. Evans, Clerk Typist
Gloria L. Mitchell, Clerk Typist
Gladys E. Patterson, Clerk Typist
Clarice Shell, Clerk Typist
Sylvia Williams, Clerk Typist
Rachel Williams, Clerk Typist
Leo M. White, Clinic Clerk
Dorothy Chapple, Janitress
Lizzie Mae Lee, Janitress

TABLE NO. 1

REPORTED INFECTIONS OF VENEREAL DISEASE, ACCORDING TO SOURCE OF REPORT

1948–1952

Source of Report	Syphilis					Gonorrhea					Chancroid				
	1952	1951	1950	1949	1948	1952	1951	1950	1949	1948	1952	1951	1950	1949	1948
Total	1,982	2,627	2,982	4,327	4,745	6,940	6,511	6,944	6,570	6,025	148	206	120	128	118
Private Physicians	245	328	368	445	612	424	450	386	375	371	..	..	2	1	8
City Health Department Clinics	940	1,345	1,441	2,004	2,445	6,345	5,809	6,245	5,498	4,544	137	174	96	77	52
Other Medical Agencies	797	954	1,173	1,878	1,688	171	252	313	697	1,110	11	32	22	50	58

TABLE NO. 2

REPORTED INFECTIONS OF VENEREAL DISEASE, ACCORDING TO COLOR AND SEX OF PATIENT—1952

Color and Sex of Patients	Syphilis						Gonorrhea	Chancroid
	Total	Primary or Secondary	Early Latent	Late and Late Latent	Congenital	Stage Not Stated		
Total	1,982	129	410	1,201	77	165	6,940	148
White								
Male	139	14	10	92	6	17	451	12
Female	92	3	21	51	4	13	109	..
Colored								
Male	789	68	139	500	23	59	5,698	119
Female	962	44	240	558	44	76	682	17

TABLE NO. 3

REPORTED INFECTIONS OF CERTAIN VENEREAL DISEASES, ACCORDING TO COLOR, SEX AND AGE OF PATIENT—1952

Age	Total	White			Colored		
		Total	Male	Female	Total	Male	Female
Congenital Syphilis							
All Ages	77	10	6	4	67	23	44
Under 1 year	6	..	..	..	6	4	2
1-14 years	29	2	2	..	27	10	17
15-24 years	25	4	2	2	21	7	14
25 years and over	17	4	2	2	13	2	11
Acquired Syphilis							
All Ages	1,905	221	133	88	1,684	766	918
Under 15 years	9	..	..	..	9	2	7
15-19 years	106	8	1	7	98	17	81
20-24 years	226	18	7	11	208	73	135
25-29 years	356	33	13	20	323	139	184
30-34 years	266	16	11	5	250	106	144
35-39 years	222	25	12	13	197	85	112
40-44 years	167	20	13	7	147	60	87
45-49 years	138	25	14	11	113	74	39
50 years and over	402	73	59	14	329	203	126
Age unspecified	13	3	3	..	10	7	3
Gonorrhea							
All Ages	6,940	560	451	109	6,380	5,697	683
Under 15 years	59	4	2	2	55	29	26
15-19 years	1,116	53	21	32	1,063	828	235
20-24 years	2,258	151	117	34	2,107	1,868	239
25-29 years	1,985	156	143	13	1,829	1,723	106
30-34 years	880	88	75	13	792	751	41
35-39 years	355	50	42	8	305	285	20
40-44 years	163	33	29	4	130	123	7
45-49 years	73	14	13	1	59	56	3
50 years and over	36	7	5	2	29	24	5
Age unspecified	15	4	4	..	11	10	1

TABLE NO. 4

RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY CAUSE OF DEATH AND COLOR—1948-1952

Cause of Death	1952*			1951*			1950*			1949			1948		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Total	97	35	62	85	31	54	103	21	82	135	54	81	182	72	110
Syphilis in infants under 1 year of age	..	..	..	..	..	..	2	..	2	6	..	6	5	1	4
General paralysis of the insane	15	1	14	15	2	13	20	4	16	17	5	12	40	9	31
Tabes dorsalis	..	..	..	..	..	..	2	2	...	2	2	..	4	1	3
Aneurysm of the aorta	23	11	12	17	6	11	25	5	20	65	27	38	78	34	44
Other forms of syphilis	59	23	36	53	23	30	54	10	44	45	20	25	55	27	28

* As defined by the 1948 Revision of the International List of Causes of Death.

TABLE NO. 5

RESULTS OF INVESTIGATION OF CONTACTS OF CITY CLINIC PATIENTS, BY COLOR AND SEX OF CONTACT AND DISEASE—1952

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	Total Infections Discovered	Primary or Secondary Syphilis	All Other Syphilis	Gonorrhea
Total	5,795	622	2,880	820	1,473	300	652	521	325	10	56	259
Total Syphilis	1,119	161	139	113	706	42	629	35	43	9	33	1
White												
Male	19	6	..	..	13	1	12	..	1	..	1	..
Female	21	8	2	..	11	0	10	1	..	..	..	..
Colored												
Male	554	78	63	70	343	19	303	21	19	1	18	..
Female	525	69	74	43	339	22	304	13	23	8	14	1
Total Gonorrhea	4,676	461	2,741	707	767	258	23	486[3]	282	1	23	258[4]
White												
Male	42	35	4	1	2	1	1	0	1	..	..	1
Female	352	43	260	11	38	20	1	17	21	..	1	20
Colored												
Male	112	82	5	13	12	3	9	..	4	..	1	3
Female	4,170	301	2,472	682	715	234	12	469	256	1	21	234

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

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

[3] Of these, 482 were treated as presumed to have gonorrhea.

[4] Does not include 482 contacts treated as presumably infected with gonorrhea, but diagnosis not confirmed.

TABLE NO. 6

RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OTHER AGENCIES, BY COLOR AND SEX OF CONTACT AND DISEASE—1952

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	Total Infections Discovered	Primary or Secondary Syphilis	All Other Syphilis	Gonorrhea
Total	1,642	64	911	227	440	70	233	137	76	3	13	60
Total Syphilis	477	28	141	51	257	16	224	17	22	3	13	6
White												
Male	9	1	3	..	5	..	4	1	..	..	..	..
Female	22	1	13	2	6	..	3	3	..	..	..	..
Colored												
Male	205	14	44	21	126	10	113	3	12	2	8	2
Female	241	12	81	28	120	6	104	10	10	1	5	4
Total Gonorrhea	1,165	36	770	176	183	54	9	120[3]	54	..	..	54[4]
White												
Male	..	..	..	..	..	..	..	..	..	..	..	..
Female	268	8	208	17	35	12	1	22	12	..	..	12
Colored												
Male	18	5	4	7	2	0	2	..	..	..	..	..
Female	879	23	558	152	146	42	6	98	42	..	..	42

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

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

[3] Of these, 119 patients were treated as presumed to have gonorrhea.

[4] Does not include 119 contacts treated as presumably infected with gonorrhea, but diagnosis not confirmed.

TABLE NO. 7

ADMISSIONS* TO VENEREAL DISEASE CLINICS BY DISEASE, AND VISITS BY COLOR AND SEX—1952

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	11,237	10,785	452	904	712	192
Total Syphilis	948	530	418	305	120	185
Primary or secondary	84	72	12	4	3	1
Early latent	262	178	84	14	3	11
Late latent and late	555	258	297	260	98	162
Congenital	47	22	25	27	16	11
Stage not stated	..	..	..	..	..	..
Gonorrhea	6,411	6,404	7	90	90	..
Presumptive of gonorrhea[2]	967	964	3	11	11	..
Chancroid	137	135	2	4	3	1
Lymphogranuloma venereum	7	6	1	6	6	..
Granuloma inguinale	11	10	1	1	1	..
Not infected with V.D.	2,516	2,515	1	450	450	..
Diagnosis not completed	240	221	19	37	31	6
Race and Sex	**Visits**					
Total	32,949			11,169		
White						
Male	2,489			443		
Female	1,121			319		
Colored						
Male	16,342			3,998		
Female	12,997			6,409		

* Duplicate admissions, due to transfer of patients 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

Janet B. Hardy, M.D.

Director

During 1952 the reorganization of the bureau, started the previous year, continued. Allocation of additional funds made possible the extension of prenatal clinic service so that no pregnant Baltimore woman need be without this important service. The school health service received considerable emphasis, educational sessions were held for staff members and close liaison was worked out with the Department of Education.

Efforts were made to improve and expand medical, nursing and educational services offered through the child health clinics. During the year a number of clinic physicians entered the Armed Services and considerable difficulty was experienced in obtaining competent and interested medical personnel for clinics and for the school health service in spite of a substantial increase in salary. This represented a reflection of the general shortage of medical personnel.

Maternity Hygiene

There were 22,775 babies born to Baltimore mothers during 1952, an increase of 145 over the 22,630 born during 1951. The birth rate of the white population remained at 20.7 per 1,000 population as in 1951. The birth rate for the nonwhite contingent of Baltimore's population showed a slight increase from 33.4 per 1,000 population in 1951 to 33.5 in 1952. The latter rate represented the highest recorded rate to date.

The number of hospital deliveries in 1952 was 94.2 per cent of the total, against 93 per cent for 1951. For white mothers the percentage rate rose from 96.6 to 97.4, and for the nonwhite, from 85.9 per cent to 89.3 per cent. Physicians delivered 65.6 per cent of all mothers delivered in the home, of the white 79.8 per cent and nonwhite 59.5 per cent. Midwife deliveries in the home accounted for 32.3 per cent of home deliveries, 17.7 per cent of the white and 38.6 per cent of the colored. Only 0.1 per cent of all deliveries were unattended. Eight midwives were actively practicing in the city in 1952 and signed one or more birth certificates.

The number of deaths from causes associated with pregnancy and childbirth increased from 10 to 12. The resulting maternal mortality rate was 0.5 per 1,000 live births. The corresponding rate for 1951 was 0.4. For the white population the maternal death rate for 1952 was 0.1, against 0.3 in 1951, and for 1952 the nonwhite rate was 1.3 against 0.7 for 1951. All maternal deaths were investigated and reviewed by the Joint Com-

mittee on Maternal Mortality of the City Health Department and the Baltimore City Medical Society which met monthly except during July and August.

Maternity Hygiene Clinics

The Health Department prenatal clinics continued to function throughout the year at 7 locations with a total of 12 clinic sessions a week. Plans to provide prenatal care for all pregnant Baltimore residents who could not otherwise obtain it, even though Baltimore City Hospitals could not promise delivery, came to fruition in 1952 when the Ordinance of Estimates included sufficient funds to provide 9 additional physician sessions a week and clerical help to make possible the registration of this additional group of patients. In addition to the prenatal cases for which hospital delivery reservations could be made at the Baltimore City Hospitals through the Department of Public Welfare, the Health Department was able to receive and to give prenatal care to 676 other patients for whom no bed reservations could be made and to 499 cases registered for delivery at home by midwives. During the last half of the year, Sinai Hospital provided hospitalization for 113 nonwhite patients and delivery before December 31 for 100 nonwhite live births.

There were 1,268 registered patients from Health Department clinics delivered at Baltimore City Hospitals. In addition, 174 of the midwife cases carried in clinics prenatally were hospitalized for delivery. Of the 676 above mentioned cases that were accepted for prenatal care 422 were eventually delivered in hospitals. It is felt that the prenatal care of this group of patients who are unable to find advance bookings for hospital beds should be continued since most of them are eventually able to secure hospital accommodations at the time of delivery.

Routine X-ray examinations of the chest and indicated X-ray cephalopelvimetric examinations were obtained on the clinic patients. Rh examinations, serologic tests for syphilis, and serial hemoglobin determinations were done on all patients and followed-up as indicated. At the close of the year 17 maternity hospital licenses were in force.

Preschool Hygiene

Infant Mortality

Infant mortality continued at the low rate of 27.9 per 1,000 live births as compared with 29.8 for 1951. As previously, prematurity, birth injuries and congenital malformations continued to be the leading causes of death during the first year of life.

Premature Infants

Premature infants received special interest in 1952 as a result of the Health Department's participation in the Special Study of Prematures conducted by the Division of Maternal and Child Health at the Johns Hopkins University School of Hygiene and Public Health, under the direction of Dr. Paul Harper. Facilities for the care of premature infants continued to be available in a number of hospitals throughout the city and transportation in special infant carriers was available where necessary through cooperation by City Fire Department ambulance service and the City Health Department.

Home Visiting Service

The Bureau of Public Health Nursing was assigned 23,785 copies of Record of Child Under Six Years for neonatal visiting and delivery of Notification of Birth Registration forms; 3,471 additional visits were assigned for diphtheria prevention.

The service for treatment of ophthalmia neonatorum was continued as previously for patients unable to afford the care of a private physician.

REPORTED CASES OF OPHTHALMIA NEONATORUM—1952

Cases reported and investigated by the Health Department	176
Cases assigned for nursing care	158
Total visits by public health nurses	595
Cases sent to hospital	0

During the summer months a special educational program designed to prevent lead poisoning in children was carried out by the bureau with the cooperation of the public health nurses. A brief questionnaire designed for case finding and as an educational tool was filled out by the nurse for each child between six months and five years of age seen by the nurse at either a home or clinic visit. A Health Department pamphlet, "Lead Poisoning in Children," was given to each parent and a number of children with symptoms suggestive of lead poisoning were referred to physicians and clinics for diagnosis and treatment.

Child Health Clinics

Child health clinics were conducted at 42 locations during the year with a total of 82 sessions each week. The total number of visits paid was 71,623 as compared with 70,569 paid in 1951. This represented an increase of approximately 1,100 visits over the previous year and as the increase was not evenly distributed caused serious overloading of facilities in some areas. The joint clinic operated each day by the Baltimore City Health

Department and the Department of Pediatrics, University of Maryland was continued.

The medical, nursing and educational policies and practices of the child health clinics were brought up to modern pediatric standards and a clinic manual stating them was prepared and issued in October, 1952. Preparatory to the introduction of the manual, special staff education sessions were held to acquaint staff members with the changes to be made.

Preventive Inoculations

One of the major policy changes in clinic practice involved lowering the age from six to four months, at which the first dose of diphtheria and tetanus toxoid combined with pertussis vaccine was given. This was done to provide needed earlier protection against pertussis. The change necessitated revising the six month greeting card to a four month card signed by the Mayor of Baltimore and the Commissioner of Health and sent to each Baltimore baby. This was done on October 1, 1952. During the year 20,409 six month greeting cards and 3,796 four month cards were mailed by the bureau.

Physicians in private practice reported the administration of toxoid to 10,161 children as compared with 9,333 in 1951. In the child health clinics 23,194 toxoid inoculations were given as compared with 10,423 in 1951. Smallpox vaccination was given to 8,816 in the child health clinics.

Nutrition Service

The services of the Chief of the Division of Nutrition were available in the clinics or at home visits as has previously been the case. The public health nurses working under her general supervision and that of the clinic physicians carried on an active nutritional educational program for mothers in the child health clinics.

Day Nurseries, Nursery Schools, Day Care Centers, Class A Family Homes and Child-Caring Institutions

At the request of the State Department of Public Welfare, the Bureau of Child Hygiene caused annual sanitary and fire inspections to be made of the 14 child-caring institutions located in the city. A total of 78 day-nurseries held licenses during the year. Of these, 72 were in operation on December 31. The total capacity of those nurseries operating on December 31 was 2,791, and they provided nursery facilities to 218 colored and 2,573 white children.

There were 28 applications for day nursery licenses filed during the year 1952. Of these, 3 were licensed, 6 were withdrawn by the applicant before final action was taken, 2 were disapproved, and 17 were on file and being processed at the year's end.

Requests for approval of Class A Family Homes were made by 11 agencies which submitted 382 applications. Of these, 268 were approved by the Sanitary Section, 25 were disapproved, 44 were cancelled, and 45 had not been reported on by the Sanitary Section by December 31. Of the 44 applications filed in 1951 which had not been reported on by the Sanitary Section by December 31, 1951, and the 14 which needed further study, 32 were approved, 11 were disapproved, and 15 were cancelled in 1952.

Mental Hygiene

The Division of Mental Hygiene continued its program of in-service education for public health nurses of all health districts through seminars, demonstrations, group and individual consultation services. A Mothers' Counseling Service, which serves families throughout the city whose members were enrolled in prenatal or well baby clinics, was maintained in the Southern Health District. A pilot program of weekly group meetings and individual interviews, with primiparas and other patients presenting special problems, was carried on as an integral part of a prenatal clinic in the Druid Health Center. Individual interviews and group sessions, largely on a demonstration basis, were held in well baby clinics in the Druid, Southern, and Western Health Districts. The following table indicates the extent of the limited program of direct mental hygiene services to the community:

MENTAL HYGIENE SERVICES

Type of Service	Number of Sessions	Film Showings	Group Meetings		Interviews	
			Number	Average Attendance	Number	Patients
Counseling	47				118	110
Prenatal Clinics	51		48	28	82	70
Child Health Clinics	36	20	22	20	54	49

The Division of Mental Hygiene in cooperation with the Bureau of Health Information was responsible for five radio and two television programs during the year.

Travelling mental hygiene exhibits including the "Blondie" series and "Mental Health is 1, 2, 3" were displayed in waiting rooms of various clinics. There was considerable interest shown by the public when the latter exhibit was displayed in May, during National Mental Health Week, in the Municipal Building lobby with available literature, some of which was of Health Department origin. With the assistance of the Division of Exhibits, display cases in the Southern Health District were suitably filled during the Christmas and Easter seasons and throughout the rest of the year.

The division chief continued to act as a liaison between the Health Department and various outside agencies, notably the Department of Adult Education and P.T.A. groups and the Mental Hygiene Society of Maryland, especially in the fields of group leadership and volunteer training. She served as lecturer, group leader or panel discussant to twenty-five extra-mural groups, including one in New York City and four through television appearances.

School Health

The Division of School Health continued its efforts to improve health services in the public and parochial elementary schools of Baltimore. The report of the pupils examined, defects discovered and defects corrected appears in the accompanying tables. The activities of the Health Department's eye and hearing clinics conducted by this division are also recorded in the accompanying tabulation. The demand for services in the clinics continued to exceed the available appointments and for this reason both remained open through June and the hearing clinic continued its services throughout most of July. Part of the overload in the hearing clinic was due to the illness of Dr. M. L. Breitstein whose absence left the hearing clinic without a physician between April 20 and June 17, at which latter date Dr. Alvin Rudo assumed the duties of clinic physician.

During the spring the reimbursement of school physicians was increased by the Board of Estimates. This prevented a serious shortage in these positions. The increased reimbursement was not sufficient, however, to attract and hold well-qualified physicians and therefore a second increase was granted in September. At this time the school physicians were given new contracts which placed reimbursement on the number of sessions actually worked rather than on an annual salary predicated on the probable sessions that might be worked during the school year.

Three staff meetings were held with the school physicians during the early part of September to acquaint them more fully with the type of school health work desired. These three meetings had to be duplicated, making six in all, due to the fact that no common meeting time satisfactory to all could be arranged. An additional meeting was held during the Christmas holidays, at which time the subject of postural and orthopedic deformities was presented by courtesy of Dr. William I. Nachlas, Associate Professor of Orthopedic Surgery of the Johns Hopkins University. A relatively large turnover of school physicians was encountered during the late fall, largely due to the induction of several into military service.

The school physicians and nurses were encouraged to break away from

the old system of rapid physical inspection and replace it wherever possible with health examinations conducted in the presence of parents; this included a history, physical examination and an on-the-spot interpretation of defects found with concomitant planning for follow-up. Priority was given to those pupils referred from teacher-nurse conferences, second in importance was attention to the routine physical examination of new entrants and third to re-examination in upper classes. As a result of this policy, the report of examinations showed a definite decrease in numbers of children examined, which is more than justified by the increase in quality of health work performed.

A compilation of the data obtained from questionnaires completed by the school public health nurses relative to the health room facilities in the schools was made by Miss Grace Volmar, Supervisor of Public Health Nursing, during the month of April. Of the 124 schools surveyed, 28 showed inadequate facilities for examinations and 49 had no running water in the health room. A report of these findings was made to the Department of Education through the Director of Health and Physical Education of that department.

During the latter part of the year 2 new large elementary schools were opened for which health services were provided. Combined enrollment for the public and parochial elementary schools reached about 120,000.

Numerous meetings were held with various members of the Department of Education for planning closer cooperation in health activities and, in addition, representatives of the Department of Education joined with members of the Department of Health in meeting with the faculties of a number of individual schools to discuss problems in and improvements for their specific health activities.

The Health Council of the Baltimore Public Schools met 7 times during the year. A committee was formed to review the membership of the Council. The Council forwarded the recommendations of this committee to the Superintendent of Public Instruction and the Commissioner of Health for their approval and action; this resulted in revision of the Council membership. A committee of the Council undertook the revision of the Teacher-Observation Record, which will not be completed until 1953. A third committee under the chairmanship of Dr. Lillian Davis of the Department of Education was appointed to consider the problem of health facilities within the schools.

The chief of the division met with representatives of the Health Committee of the Coordinating Council of Parent-Teacher Associations on several occasions and, in addition, addressed several local Parent-Teacher Association groups. The outstanding contribution to the health program

made by the Parent-Teacher Associations during the year was to provide vision screening. Stimulated by the Health Committee of the Coordinating Council, the parents in many schools formed groups to carry out vision screening of all the pupils on an annual basis. These groups of parents were instructed in the vision screening techniques used with the Massachusetts Vision Test kit by the courtesy and cooperation of the Maryland Society for the Prevention of Blindness. Numerous parents in parochial schools formed similar groups to carry out vision screening of all pupils. Pupils failing the screening test as administered by the parents were rescreened by the school public health nurse before referral to eye doctors.

Audiometric screening of elementary school pupils to discover impairments of hearing was carried on by a single audiometrist employed by the Department of Education. Budgetary cuts had made it impossible for the Division of School Health to provide the four additional audiometrists essential to an adequate program.

Administration of many of the phases of the school health program on a district level was carried through and improvements effected by the efforts of the one public health nursing supervisor who, in each district, devoted special attention to the health service in the schools. However, the success of the health activities of each individual school will depend ultimately on the coordinated efforts of the individual school's physician, public health nurse, principal, parents and teachers.

Personnel

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George H. Davis, M.D., Associate Chief, Division of Maternity Hygiene
Alan Foord, M.D., Associate Chief, Division of School Health
Sibyl Mandell, Ph.D., Chief, Division of Mental Hygiene
Grace S. Volmar, R.N., B.S., Supervisor of Public Health Nursing

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Child Health Clinics

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School Health Services

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Mary E. Bonomo, Senior Clerk
Julia Dalrymple, Senior Stenographer
Anneslia Edmonds, Junior Clerk
Dorothy Hartman, Senior Clerk
Caroline R. Kaufman, Senior Stenographer
Lillian H. Marley, Senior Clerk
Allene Roos, Junior Stenographer
Delores Stancil, Junior Clerk

TABLE NO. 1A
REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR DELIVERY AT HOSPITAL

Cases and Visits	Grand Total	All Clinics		Druid Health District	Gilmor Housing Project	Southern Health District		Cherry Hill Homes	Southeastern Health District		Somerset Health Center	Eastern Health District	
		Wh.	Col.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.
Total case load	1,789	124	1,665	556	334	50	171	129	34	56	200	40	219
Cases carried over from 1951	669	23	646	201	115	17	59	66	6	25	119	..	61
New cases admitted	1,120	101	1,019	355	219	33	112	63	28	31	81	40	158
Discharged cases													
Total	1,363	88	1,275	430	250	32	136	97	28	44	137	28	181
Not pregnant	10	2	8	3	1	1	2	1	1	..	1	..	..
Delivered in hospital	1,268	79	1,189	412	210	27	126	94	25	42	130	27	175
Delivered by midwife	2	..	2	..	..	..	..	..	..	..	2	..	..
Delivered by physician	9	1	8	1	2	..	1	2	1	..	2	..	..
Delivered unattended	1	..	1	..	..	..	..	..	..	..	1	..	..
Other	48	5	43	6	30	4	4	..	1	1	..	..	2
Transferred to other clinics	25	1	24	8	7	..	3	..	..	1	1	1	4
Cases carried over to 1953	426	36	390	126	84	18	35	32	6	12	63	12	38
Clinic Visits													
Total	7,631	520	7,111	2,506	1,498	196	759	456	132	190	730	192	972
Antepartum													
First visits	1,120	101	1,019	355	219	33	112	63	28	31	81	40	158
Revisits	5,696	377	5,319	1,908	1,144	142	569	313	95	138	542	140	705
Postpartum													
Postpartum	741	34	707	243	135	16	65	47	7	21	88	11	108
Neonatal	74	8	66	..	..	5	13	33	2	..	19	1	1
Analysis of new cases													
Duration of pregnancy													
Not pregnant	5	..	5	4	..	..	..	..	..	..	1	..	..
Under 12 weeks	18	2	16	7	5	..	..	1	1	2	..	1	1
12–23 weeks	413	33	380	126	94	15	42	32	8	17	28	10	41
24–27 weeks	275	16	259	78	49	8	45	20	7	5	26	1	36
28–31 weeks	185	23	162	63	26	2	10	6	6	5	13	15	39
32–35 weeks	113	14	99	47	22	5	7	1	2	1	8	7	13
36 weeks and over	67	12	55	25	5	2	3	1	4	1	3	6	17
Not determined	44	1	43	5	18	1	5	2	..	..	2	..	11

TABLE NO. 1B

REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR DELIVERY BY MIDWIFE

Cases and Visits	Grand Total	All Clinics		Druid Health District	Gilmor Housing Project	Southern Health District		Cherry Hill Homes	Southeastern Health District		Somerset Health Center	Eastern Health District	
		Wh.	Col.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.
Total case load	517	24	493	248	2	3	37	15	7	20	91	14	80
Cases carried over from 1951	215	7	208	97	..	..	12	8	3	16	51	4	24
New cases admitted	302	17	285	151	2	3	25	7	4	4	40	10	56
Discharged Cases													
Total	404	8	396	208	2	1	33	12	2	11	60	5	70
Not pregnant	2	..	2	1	..	..	1	..	..	..	..	..	..
Delivered in hospital	174	3	171	81	..	1	18	6	1	1	30	1	35
Delivered by midwife	185	5	180	104	2	..	12	2	1	8	26	4	26
Delivered by physician	2	..	2	1	..	..	..	1	..	..	..	..	..
Delivered unattended	1	..	1	1	..	..	..	..	..	..	..	..	..
Other	31	..	31	19	..	..	1	2	..	2	1	..	6
Transferred to other clinics	9	..	9	1	..	..	1	1	..	..	3	..	3
Cases carried over to 1953	113	16	97	40	..	2	4	3	5	9	31	9	10
Clinic Visits													
Total	1,716	51	1,474	927	12	9	148	40	15	41	216	27	281
Antepartum													
First visits	300	17	283	151	..	3	25	7	4	4	40	10	56
Revisits	1,221	30	1,191	677	11	6	106	29	9	31	147	15	190
Postpartum													
Postpartum	183	4	179	99	1	..	15	3	2	6	23	2	32
Neonatal	12	..	12	..	..	..	2	1	..	..	6	..	3
Analysis of New Cases													
Duration of pregnancy													
Not pregnant	1	..	1	1	..	..	..	..	..	..	..	..	..
Under 12 weeks	2	1	1	..	..	..	..	..	1	..	..	..	1
12–23 weeks	53	1	52	33	..	..	2	1	..	2	6	1	8
24–27 weeks	62	2	60	25	..	1	13	4	..	1	13	1	4
28–31 weeks	83	5	78	47	..	..	7	..	1	..	9	4	15
32–35 weeks	56	3	53	23	..	1	2	..	..	1	11	2	16
36 weeks and over	36	5	31	18	..	1	1	2	2	..	1	2	9
Not determined	7	..	7	4	..	..	..	..	..	..	..	..	3

TABLE NO. 1C

REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR PRENATAL CARE ONLY

Cases and Visits	Grand Total	All Clinics		Druid Health District	Gilmor Housing Project	Southern Health District		Cherry Hill Homes	Southeastern Health District		Somerset Health Center	Eastern Health District	
		Wh.	Col.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.
Total case load	676	29	647	317	53	10	54	14	7	12	81	12	116
Cases carried over from 1951	..	..	..	..	..	..	..	..	..	..	..	..	..
New cases admitted	676	29	647	317	53	10	54	14	7	12	81	12	116
Discharged Cases													
Total	514	26	488	227	45	9	44	10	6	12	70	11	77
Not pregnant	4	..	4	1	..	..	1	..	..	..	1	..	1
Delivered in hospital	422	17	405	194	34	5	36	6	2	9	61	10	65
Delivered by midwife	13	..	13	7	3	..	..	1	..	1	1	..	..
Delivered by physician	11	3	4	1	..	..	..	..	3	..	..	..	..
Delivered unattended	1	..	1	1	..	..	..	..	..	..	..	..	..
Other	53	3	47	20	8	3	6	2	..	1	3	..	7
Transferred to other clinics	17	3	14	3	..	1	1	1	1	1	4	1	4
Cases carried over to 1953	162	3	159	90	8	1	10	4	1	..	11	1	39
Clinic Visits													
Total	3,221	121	3,100	1,456	306	45	254	67	20	68	449	56	500
Antepartum													
First visits	676	29	647	317	53	10	54	14	7	12	81	12	116
Revisits	2,291	85	2,206	1,032	232	31	176	44	12	54	327	42	341
Postpartum													
Postpartum	243	7	236	107	21	4	18	6	1	2	39	2	43
Neonatal	11	..	11	..	..	..	6	3	..	..	2	..	..

TABLE NO. 1D

REPORT OF PRENATAL CLINICS—UNREGISTERED PATIENTS

Cases and Visits	Grand Total	All Clinics		Druid Health District	Gilmor Housing Project	Southern Health District		Cherry Hill Homes	Southeastern Health District		Somerset Health Center	Eastern Health District	
		Wh.	Col.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.
Discharged Cases													
Total	344	32	312	174	36	6	10	6	12	5	35	21	39
Not pregnant	..	..	..	..	..	..	..	..	..	..	..	..	..
Delivered in hospital	316	30	286	158	34	5	10	6	11	5	30	21	36
Delivered by midwife	15	1	14	11	1	1	..	..	..	..	..	..	2
Delivered by physician	3	1	2	1	..	..	..	..	1	..	1	..	..
Delivered unattended	8	..	8	3	..	..	..	..	..	..	4	..	1
Other	2	..	2	1	1	..	..	..	..	..	..	..	..
Total Clinic Visits	372	34	338	194	37	7	10	13	5	6	36	22	42
Clinic visits	43	9	34	19	2	6	6	..	2	3	..	1	4
Postpartum													
Postpartum	318	25	293	175	35	1	3	8	3	3	31	21	38
Neonatal	11	..	11	..	..	..	1	5	..	..	5	..	..

TABLE NO. 1E
REPORT OF PRENATAL CLINICS: ANALYSIS OF FINDINGS ON EXAMINATION

Findings	Registered for Delivery at Hospital						Registered for Delivery by Midwife					
	Number			Percentage Distribution			Number			Percentage Distribution		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Para												
Primipara	276	26	250	24.6	25.7	24.5	54	5	49	18.0	29.4	17.3
Multipara	844	75	769	75.4	74.3	75.5	246	12	234	82.0	70.6	82.7
Pelvis Type												
Platypelloid	81	4	77	7.2	4.0	6.9	19	1	18	6.3	5.9	6.4
Android	38	2	36	3.4	2.0	3.2	14	1	13	4.7	5.9	4.6
Gynecoid	879	69	810	78.5	68.3	72.3	241	13	228	80.3	76.4	80.5
Anthropoid	104	23	81	9.3	22.8	7.2	24	2	22	8.0	11.8	7.8
Unknown	18	3	15	1.6	2.9	1.4	2	..	2	0.7	..	0.7
Pelvis Size												
Adequate	1,000	94	906	89.3	93.1	88.9	272	17	255	90.7	100.0	90.0
Borderline	89	4	85	7.9	4.0	8.3	26	..	26	8.7	..	9.2
Contracted	14	..	14	1.3	..	1.4	1	..	1	0.3	..	0.4
Unknown	17	3	14	1.5	2.9	1.4	1	..	1	0.3	..	0.4
Serologic Test for Syphilis												
Positive	62	1	61	5.5	1.0	6.0	18	1	17	6.0	5.9	6.0
Negative	1,050	100	950	93.8	99.0	93.2	281	16	265	93.7	94.1	93.6
Doubtful	2	..	2	0.2	..	0.2	..	..	..	..	..	..
Not taken	6	..	6	0.5	..	0.6	1	..	1	0.3	..	0.4
Other Findings												
Toxemia	11	1	10	1.0	1.0	1.0	4	..	4	1.3	..	1.4
Heart Murmur	65	5	60	5.8	5.0	5.9	9	2	7	3.0	11.8	2.5
Rh Factor												
Positive	1,035	84	951	92.4	83.2	93.3	282	14	268	94.0	82.3	94.7
Negative	74	17	57	6.6	16.8	5.6	16	2	14	5.3	11.8	4.9
Not taken	11	..	11	1.0	..	1.1	2	1	1	0.7	5.9	0.4
X-ray												
Positive	31	3	28	2.8	3.0	2.7	12	1	11	4.0	5.9	3.9
Negative	951	77	874	84.9	76.2	85.8	263	14	249	87.7	82.3	88.0
Not taken	138	21	117	12.3	20.8	11.5	25	2	23	8.3	11.8	8.1

TABLE NO. 2
REPORT OF CHILD HEALTH CLINICS

	Registrants						Visits						
	Registrants from Previous Years		New Registrants		Registrants Seen During 1952		Registrants		Non-Registrants		Total		
	Under 1 Yr.	1 Yr. and over	Under 1 Yr.	1 Yr. and over	Under 1 Yr.	1 Yr. and over	Under 1 Yr.	1 Yr. and over	Under 1 Yr.	1 Yr. and over	Under 1 Yr.	1 Yr. and over	Total
Total City	3,308	2,882	7,798	549	11,106	3,431	45,804	15,191	2,016	8,612	47,820	23,803	71,623
Total White	1,053	1,019	2,411	248	3,464	1,267	14,670	6,033	1,034	5,442	15,704	11,475	27,179
Total Colored	2,255	1,863	5,387	301	7,642	2,164	31,134	9,158	982	3,170	32,116	12,328	44,444
White Clinics													
Clinic No.													
11	32	20	69	16	101	36	293	163	2	34	295	197	492
12	19	12	36	6	55	18	181	65	6	25	187	90	277
13	0	5	6	1	6	6	17	13	..	11	17	24	41
14	4	0	90	15	94	15	943	352	6	93	949	445	1,394
15	6	1	54	7	60	8	392	109	36	190	428	299	727
16	26	50	96	15	122	65	392	206	10	185	402	391	793
23	15	21	153	33	168	54	704	241	13	122	717	363	1,080
24	43	18	107	8	150	26	571	287	81	330	652	617	1,269
25	52	52	122	16	174	68	790	521	27	201	817	722	1,539
27	20	2	46	6	66	8	242	212	71	132	313	344	657
41	52	35	94	6	146	41	677	207	4	18	681	225	906
42	46	86	194	24	240	110	1,059	402	23	321	1,082	723	1,805
43	31	25	82	10	113	35	420	147	22	212	442	359	801
45	42	50	115	8	157	58	636	230	32	250	668	480	1,148
47	29	49	45	2	74	51	276	183	8	53	284	236	520
49	45	31	71	4	116	35	457	216	53	146	510	362	872
51	80	41	190	13	270	54	1,097	287	106	555	1,203	842	2,045
53	18	23	20	3	38	26	115	73	28	70	143	143	286
55	44	79	46	2	90	81	778	594	22	124	800	718	1,518
56	14	9	27	..	41	9	126	61	34	151	160	212	372
57	64	21	120	6	184	27	773	127	133	543	906	670	1,576
58	41	63	35	5	76	68	363	174	17	110	380	284	664
72	28	70	64	2	92	72	424	262	54	248	478	510	988
82	53	39	114	10	167	49	517	122	56	356	573	478	1,051
83	70	116	126	8	196	124	580	260	52	334	632	594	1,226
85	66	15	103	1	169	16	682	134	33	105	715	239	954
86	13	7	32	..	45	7	142	18	5	87	147	105	252
92	31	26	50	12	81	38	346	142	30	151	376	293	669
93	19	21	41	9	60	30	257	107	25	36	282	143	425
94	50	32	63	..	113	32	420	118	45	249	465	367	832
Colored Clinics													
Clinic No.													
11	61	48	146	9	207	57	837	337	9	18	846	355	1,201
12	65	87	140	11	205	98	865	370	8	61	873	431	1,304
13	164	112	131	7	295	119	1,245	451	8	46	1,253	497	1,750
15	104	59	82	12	186	71	1,105	476	13	207	1,118	683	1,801
16	116	119	280	22	396	141	1,423	518	8	129	1,431	647	2,078
17	168	241	295	23	463	264	1,549	830	14	152	1,563	982	2,545
23	251	280	504	99	755	379	2,802	1,266	25	137	2,827	1,403	4,230
31	185	56	489	6	674	62	2,741	363	136	256	2,877	619	3,496
32	90	90	561	7	651	97	3,114	724	96	425	3,210	1,149	4,359
33	129	50	334	5	463	55	1,928	268	143	145	2,071	413	2,484
34	389	135	980	21	1,369	156	5,155	1,008	188	424	5,343	1,432	6,775
35	19	13	436	10	455	23	2,163	411	98	339	2,261	750	3,011
46	65	89	105	13	170	102	527	325	4	61	531	386	917
48	37	105	88	24	125	129	487	321	..	70	487	391	878
51	70	66	149	8	219	74	872	333	78	180	950	513	1,463
52	19	25	27	1	46	26	187	99	10	10	197	109	306
54	38	48	55	2	93	50	333	154	26	58	359	212	571
58	0	1	13	1	13	2	99	24	1	10	100	34	134
59	86	62	173	7	259	69	1,381	352	65	190	1,446	542	1,988
83	93	97	206	10	299	107	1,082	236	38	128	1,120	364	1,484
85	2	2	12	..	14	2	58	15	..	1	58	16	74
86	31	23	59	..	90	23	351	65	..	19	351	84	435
94	73	55	122	3	195	58	830	212	14	104	844	316	1,160

TABLE NO. 3

REPORT OF CLASS A FAMILY HOMES (BOARDING HOMES), DAY NURSERIES AND NURSERY SCHOOLS—1952

Licenses and Agency	Class A Family Homes	Day Nurseries and Nursery Schools		
	Total	Total	White	Colored
Referred for licensing by	382			
Department of Public Welfare	247			
Associated Catholic Charities	50			
Family and Children's Society	42			
Baltimore County Welfare Board	19			
Church Mission of Help	13			
The Jewish Family and Children's Bureau	5			
Anne Arundel County Welfare Board	2			
Howard County Welfare Board	1			
The Board of Public Welfare of the District of Columbia	1			
The Barker Foundation	1			
Children's Aid and Family Service Society of Baltimore County, Inc.	1			
Referred to Sanitary Section	382			
Total licensed, December 31, 1952		72	61	11
New licenses issued		9	9	..
Licenses discontinued		6	6	..

TABLE NO. 4A

REPORT OF PUPILS EXAMINED AND DEFECTS FOUND

	Total	Public Elementary Schools		Parochial Schools	
		White	Colored	White	Colored
Number of pupils examined	14,565	7,004	5,099	2,397	65
Number of pupils defective	7,083	3,395	2,612	1,052	24
Throat-Tonsils	2,267	1,171	800	287	9
Nose-Adenoids	899	477	296	116	10
Mouth-Teeth	4,510	2,254	1,464	780	12
Eyes	429	180	215	34	..
Orthopedic deformities	149	76	50	23	..
Heart	331	173	97	61	..
Hernia	149	29	113	3	4
Malnutrition	347	99	223	18	7

TABLE NO. 4B

REPORT OF CORRECTIONS OF PHYSICAL DEFECTS OF SCHOOL CHILDREN

	Total	Public Elementary Schools		Parochial Schools	
		White	Colored	White	Colored
Tonsils and adenoids	890	618	50	222	..
Other operations	100	33	60	7	..
Teeth	2,400	832	1,109	423	36
Eyes refracted and glasses obtained	883	518	169	195	1
Eyes refracted and glasses not necessary	215	77	87	45	6
Skin eruption	114	34	64	10	6
Pediculosis	133	68	14	51	..
Minor ailments and injuries treated	741	91	296	354	..

TABLE NO. 4C

PUPILS EXCLUDED FROM SCHOOL BY NURSE

Condition Suspected	Total	Public Elementary Schools		Parochial Schools	
		White	Colored	White	Colored
Pediculosis	767	644	..	123	..
Tinea capitis	74	26	44	2	2
Tinea corporis	13	11	1	..	1
Ringworm (site not specified)	24	16	7	1	..
Scabies	32	29	2	1	..
Skin infections & impetigo	75	69	3	2	1
Skin rash—generalized	52	47	5	..	..
Sore throats & colds	104	96	5	3	..
Vomiting & abdominal pain	53	46	4	3	..
Headache	30	30	..	..	..
Fever	154	140	7	7	..
Earache & running ear	8	8	..	..	..
Swollen neck glands	21	21	..	..	..
Conjunctivitis & styes	85	77	5	2	1
Suspected communicable diseases	94	74	12	6	..
No vaccination	3	..	3	..	..
Misc., including injuries, fainting, etc.	43	30	13	..	..

TABLE NO. 4D

INCIDENCE OF COMMUNICABLE DISEASES

	1947	1948	1949	1950	1951	1952
Chickenpox	1,333	1,583	1,385	1,373	869	1,129
Diphtheria	36	9	10	28	2	2
German measles	15	47	510	31	139	103
Measles	108	4,410	6,522	140	1,556	3,160
Meningococcus meningitis	5	4	..	5	1	3
Paralytic poliomyelitis	12	5	12	47	1	3
Scarlet fever	231	197	326	193	150	286
Typhoid fever	..	..	2	1	..	..
Whooping cough	998	205	391	514	63	37

TABLE NO. 4E

REPORT OF EYE CLINIC EXAMINATIONS

New patients	937
First visit this year old patients	29
Readmitted	285
Total number of patients	1,251
Current visits	1,479
Total number of visits	2,730
Cycloplegics	875
Refractions	847
Post-examinations	152
Treatments	12
Glasses delivered in clinic	582
Referred to other dispensaries	9
Refractions not necessary	253
Refracted—glasses not advised	109
Discharged	1,243

DIAGNOSIS

Hyperopia	122
Hyperopic astigmatism	52
Compound hyperopic astigmatism	358
Myopia	137
Compound myopic astigmatism	261
Mixed astigmatism	73
Amblyopia exanopsia	51
Esotropia	59
Exotropia	13
Esophoria	41
Exophoria	9
Hordeolum	3
Nystagmus	12
Cataract	1
Choroiditis	1
Blepharitis	4
Muscle imbalance	1
Paralysis of rectus muscle	2
Optic atrophy	2
Corneal scarring	7
Acute conjunctivitis	2
Foreign bodies	4
Phthisis	1
Ptosis	3
Coloboma	2
Angioma	1
Scleral ectasia	1
Hydrocephalic with discs	1

TABLE NO. 4F

REPORT OF HEARING CLINIC EXAMINATIONS

New patients	325
First visit this year old patients	350
Readmitted	46
Total number of patients	721
Current visits	372
Total number of visits	1,093
Referred by Department of Education	253
Referred by Public Health Nurses	72
Received lip reading instruction	29
Received speech correction	22
Received Hearing Aids	39
Treated	374
Tested (2A)	974
Patients treated with radium	69
Radium treatments	153

DIAGNOSIS

Hypertrophied tonsils and adenoids	143
Acute purulent otitis media	12
Chronic purulent otitis media	30
Acute catarrhal otitis media	4
Chronic catarrhal otitis media	1
Nerve deafness	41
Conductive deafness	49
Congenital deafness	2
Acute pharyngitis	2
Acute rhinitis	65
Sinusitis	1
Cervical adenitis	18
Otitis externa	5
Otosclerosis	1
Foreign body (removed)	2
Oral sepsis	23
Nasal obstruction	2
High-tone hearing defect	12
Tonguetied (corrected)	2
Deviated septum	5
Tonsil and adenoid operations	46
Mastoidectomy	1

DISCHARGED

Condition to normal	189
Failed to return to clinic	184
Care no longer needed	26
Permanently withdrawn	21
Left city	10
Referred to private physician	7
Graduated from school	6
Referred to other clinics	4
Died	1
Total	448

BUREAU OF DENTAL CARE

BUREAU OF DENTAL CARE

H. Berton McCauley, D.D.S.

Director

The two programs of dental care proposed by the Maryland State Planning Commission's Committee to Study the Medical Care Needs of Baltimore City were continued. These plans, described in the *Baltimore Health News* for May–June, 1948, provide constructive and preventive treatment for the teeth of children attending the public and parochial elementary schools, and emergency dental services for persons receiving public assistance. In 1952 the school program was further expanded to the limit of availability of new personnel and, as in 1951, clients of the Department of Public Welfare received dental services in the six participating hospitals of the Baltimore City Medical Care Program.

School Dental Program

The school dental program was extended with continued assistance from the public and parochial schools, local dentists and community organizations. Shortly after the opening of the fall school term, new dental clinics were opened in the Columbus School, Public School No. 99, at North Avenue and Washington Street, and in the Benjamin Franklin School, Public School No. 239 in Curtis Bay. Altogether 13 dental clinics for school children were in operation at the end of 1952. All were located in areas of great need. With the exception of a two-unit facility in the Southern Health District building, each contained a modern dental unit and chair fully equipped and supplied for the use of a dentist and assistant engaged primarily in prophylactic and constructive dentistry. A list of these facilities appears in Table No. 1.

A new service to reduce the necessity for surgical procedures in school dental clinics was inaugurated October 23. Two three-hour clinic sessions a week were made available for the removal of teeth under general anesthesia in the two-unit facility of the Southern Health District building. This clinic, equipped for the use of nitrous oxide and oxygen, supplied a frequent need for multiple extraction of teeth encountered in school clinics and gave more time in those clinics for the restoration of savable teeth.

Procedures

The school dental program emphasized measures to save teeth. Children admitted for the first time were limited to those just entering school, a condition of maximum preventive effort. Prekindergarten, kindergarten

and first grade children were inspected for dental defects by Health Department dentists as early in the school year as possible. If defects were found, the parent was advised accordingly and motivated to take the child to a dentist. Treatment in a Health Department clinic was given only when investigation by the school nurse or clinic assistant disclosed that the child would not otherwise receive dental attention.

Children above the first grade who were included in the program in 1951 continued to receive its benefits through referral to a private dentist or to one of the school clinics. With minor exceptions no children beyond the third grade were admitted into the program in 1952.

At the end of 1952 the program encompassed 12,539 prekindergarten, kindergarten, first, second and third grade children attending 49 public and parochial schools, distributed as shown in Table No. 2. A year earlier 7,511 children attending 43 schools were included in the program.

Services Rendered

Of the 12,539 children in the program, 10,808 received dental inspection during the year and 1,764 received dental care in Health Department school clinics as indicated in Table No. 3. Approximately 8 per cent of the white children and 24 per cent of the colored children in the program were treated in school clinics. Of the 1,764 treated by Health Department dentists, 1,132 were completed cases. An additional 1,183 children of all ages referred from 19 scattered elementary schools received limited dental services, largely emergency in nature. The newly established extraction service in the Southern Health District building removed 293 teeth from 75 children referred from school clinics.

Dental Health Education

The school dental program continued to provide a measure of dental health education for parents and children. Parents were invited to attend the inspection of the teeth of children newly included in the program and to discuss, with the child at hand, the dental problems of the youngster with the clinic dentist or the school nurse. Every effort was made to encourage questions and to initiate the child in good habits of dental care with a pleasant experience. The parents of 2,531 of the 5,028 children whose teeth were inspected for the first time in 1952 accepted the invitation.

This work was supplemented by the distribution of a printed folder entitled "Care of the Teeth," a leaflet and poster "Baltimore Steps to Dental Health," another poster "Get Started Right," and a series of four colorful dental health educational posters approved by the American Dental Association for use with primary grade children. Approximately 25,000 folders and 15,000 leaflets were placed in the hands of children

and adults through schools, home nursing visits, well baby clinics and private dental offices. More than 500 each of the posters "Baltimore Steps to Dental Health" and "Get Started Right" were displayed in schools, Health Department clinics and windows wherever the opportunity obtained. Every elementary school in Baltimore received at least one set of the primary posters. Further efforts to inform the public of the importance and need for adequate dental care were made through radio and television programs, press releases, and talks to parent-teacher groups, community organizations and assemblies of school children. The Bureau of Dental Care also cooperated with the dentists of Baltimore and of Maryland in the promotion of the fourth annual observance of National Children's Dental Health Day on February 4.

Emergency Dental Care for Public Assistance Clients

The Bureau of Dental Care assisted the Medical Care Section 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 contracts negotiated in 1949 between the Commissioner of Health and six hospitals participating in the Baltimore City Medical Care Program. Altogether 1,518 persons received 5,514 dental treatment services, mostly tooth extractions, during 1952. In the preceding year 1,926 persons received 5,262 dental services under this program. A detailed report appears in Table No. 4.

City Water Supply Fluoridated

On November 26, after more than two years of study of the merits and safety of adding fluoride to its domestic water supply, Baltimore City converted its fluoridation plan into action. Mayor Thomas D'Alesandro, Jr. began the operation of a small pump which for the first time introduced a fluoride chemical into the city water. This action was predicated upon the favorable report of the National Research Council's *ad hoc* Committee on the Fluoridation of Water Supplies (*Baltimore Health News*, January 1952) and received the active support of the Maryland State Board of Health, the local medical and dental societies, the Medical and Chirurgical Faculty of Maryland, the Maryland State Dental Association and the U. S. Public Health Service.

Early in the year the Committee on Health of the Baltimore City Council conducted a series of three hearings on fluoridation which culminated in a favorable vote of 17 to 4 by the Council on March 24. Later a taxpayer's suit was filed in the Circuit Court of Baltimore City to restrain the Mayor and City Council, the Commissioner of Health and the Water Engineer from proceeding with the fluoridation plan. After several days

of testimony by numerous experts in the fields of public health administration, medicine, dentistry, engineering, epidemiology, physiology and toxicology, Judge Michael J. Manley dismissed the complaint on November 12.

The Court held that the evidence disclosed that the introduction of fluorine into the city water in the limited quantity proposed, one part of fluorine per million parts of water, would not be deleterious to the health of the people of Baltimore City, and was not a calculated risk of any kind; that the constitutional right of freedom of religion would not be invaded or violated; and that the Mayor and City Council of Baltimore had the authority under the City Charter to authorize the Commissioner of Health and the Water Engineer to carry into effect the fluoridation of the city water supply as a health measure for the partial prevention of tooth decay.

At the end of 1952 Baltimore was the biggest city in the United States maintaining its water supply at the one part per million fluoride level. The Bureau of Water Supply estimated that the fluoridated water was being used by 1,180,000 people, 970,000 in Baltimore City and 210,000 in surrounding Baltimore, Howard and Anne Arundel counties. Hydrofluosilicic acid in a 20 to 25 per cent solution was selected as the fluoridating agent and was introduced into the water at the outlet of the Montebello filters. The average daily output of the filters, 200 million gallons of water daily, required 40 to 60 gallons of the chemical per hour.

It was anticipated that future Baltimoreans continuously exposed to the fluoridated drinking water during the period of tooth formation, which is roughly from the prenatal period to the eighth year of age, will experience two-thirds less tooth decay than the present generation. For comparison in later years, the tooth decay experience of large groups of school children in yearly age categories between 5 and 17 was recorded in a survey conducted by the dental staff in March.

Personnel

Failure to obtain adequate personnel was a primary limiting factor in the expansion of the school dental program in 1952. Much needed dental hygienists remained unavailable. In their stead, two clerk-typists were employed as clinic assistants. Further diversion of nursing time to the dental program became impracticable. As a consequence new clinical facilities and improvements in the capacity of clinics already in operation were greatly reduced.

Personnel

H. Berton McCauley, D.D.S., Director
Robert Axman, D.D.S., Clinic Dentist

Sidney O. Burnett, D.D.S., Clinic Dentist
Arthur M. Bushey, D.D.S., Clinic Dentist
Lucius A. Butler, D.D.S., Clinic Dentist
Benjamin S. Crosby, Jr., D.D.S., Clinic Dentist
Paul M. Doctor, D.D.S., Clinic Dentist
James C. Donohue, D.D.S., Clinic Dentist
Edward McDaniels, Jr., D.D.S., Clinic Dentist
J. Laws Nickens, D.D.S., Clinic Dentist
Alvin D. Rudo, M.D., Anesthetist
Jerome H. Sherman, D.D.S., Clinic Dentist
C. Alfred Shreeve, D.D.S., Clinic Dentist
Sheldon Silverman, D.D.S., Clinic Dentist
Thomas W. Willetts, D.D.S., Clinic Dentist
Hernel K. Gruber, Senior Stenographer
Vera Gill, Clerk Typist
Ida R. Wees, Clerk Typist

TABLE NO. 1

LOCATION OF ACTIVE DENTAL FACILITIES OF THE CITY HEALTH DEPARTMENT DECEMBER 31, 1952

Clinic	School	Name	Address	Date Opened	Hours per Week
1	230	Canton Elementary School	Hudson St. and Highland Ave.	2/27/50	9
2	76	Francis Scott Key School	Fort Ave. and Decatur St.	9/13/50	12
3	6	William Fell School	Ann St. near Fleet St.	9/13/50	15
4	55	Hampden School	Chesnut Ave. and 37th St.	9/13/50	15
5		Fourteen Holy Martyrs Hall	Pratt St. and Mount St.	9/ 7/51	15
6	301	William S. Baer School	Warwick Ave. above North Ave.	9/ 7/51	15
7		Southern Health District	1211 Wall St.	9/24/51	21
8	99	Columbus School	North Ave. and Washington St.	9/ 8/52	12
9	239	Benjamin Franklin School	Cambria and Twelfth Sts.	10/30/52	3
50	132	Coppin Elementary School	Mount St. near Riggs Ave.	1/ 5/51	12
51	139	Elementary School	Central Ave. and Lexington St.	4/17/50	15
52	122	Samuel Coleridge Taylor School	Preston St. near Penna. Ave.	9/13/50	15
53	112	William M. Alexander School	Laurens and Calhoun Sts.	12/10/51	15

TABLE NO. 2

DISTRIBUTION OF CHILDREN AND SCHOOLS INCLUDED IN THE PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—DECEMBER 31, 1952

Item	Total	Public Elementary Schools		Parochial Schools	
		White	Colored	White	Colored
Children	12,539	5,222	3,974	2,788	555
Schools	49	19	12	14	4

TABLE NO. 3

FACILITIES USED, CLINIC TIME EXPENDED AND SERVICES RENDERED UNDER THE PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—1952

	1951 TOTAL	1952		
		Total	White	Colored
Dental clinics	11	13	9	4
Continued from 1951		11	7	4
Opened in 1952		2	2	
Clinic hours utilized	3,768	4,068	2,478	1,590
For dental inspections	669	645	450	195
For dental treatment	3,099	3,420	2,025	1,395
Children in program	7,511	12,539	8,010	4,529
Children inspected	7,511	10,808	6,927	3,881
Number with parent present	2,090	2,531	1,958	573
Per cent with parent present*	55	53	57	35
Children treated	2,970	2,947	662	2,285
Under preventive program	1,559	1,764	662	1,102
Referred for emergency care	1,411	1,183		1,183
Per cent of program children treated	21	14	8	24
Patient visits	5,857	6,122	3,162	2,960
Dental services provided	12,162	12,716	5,669	7,047
Average number per child treated	4.1	4.7	9.2	3.4
Dental cleaning operations	2,017	2,125	547	1,578
Fillings	5,516	6,461	3,714	2,747
Extractions, permanent teeth	886	574	91	483
Extractions, deciduous teeth	3,173	2,829	750	2,079
Other	570	727	567	160
Cases completed	1,068	1,132	416	716

* At initial inspection only. Few children were accompanied by a parent at subsequent inspections.

TABLE NO. 4

EMERGENCY DENTAL SERVICES RENDERED IN HOSPITAL DENTAL CLINICS UNDER BALTIMORE CITY MEDICAL CARE PROGRAM—1952

Item	Medical Care Clinic						Total All Hospitals
	University	Hopkins	South Baltimore General	Sinai	Provident	Mercy	
Patient Visits							
First visits	211	496	159	57	504	91	1,518
Revisits	273	593	199	244	350	25	1,684
Total number patient visits	484	1,089	358	301	854	116	3,202
Services							
Radiographs	57	845	25	283	79	0	1,289
Treatments acute gingivitis	10	8	1	8	1	3	31
Permanent teeth extracted	492	830	423	186	698	188	2,817
Deciduous teeth extracted	57	263	37	42	66	25	490
Post extraction treatments	88	123	40	60	38	1	350
Teeth dressed or filled	0	0	0	0	13	0	13
Other services	65	281	19	124	24	11	524
Total number services rendered	769	2,350	545	703	919	228	5,514

BUREAU OF PUBLIC HEALTH NURSING

BUREAU OF PUBLIC HEALTH NURSING

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

Director

The Bureau of Public Health Nursing participated in several interesting projects in relation to the generalized program carried on by the nurses in the homes, clinics and schools. The tuberculosis program was intensified through the home treatment program of streptomycin and para-aminosalicylic acid made possible by the action of the Board of Estimates in June, 1952. The public health nurse administered the drug on a bi-weekly basis to 414 patients on bed rest, awaiting admission to a tuberculosis hospital. The benefits to the patients were many and the public health nurse had the satisfaction of treating the patients with a beneficial medication. One thousand and two Negro newborn infants, who received BCG vaccine at the Johns Hopkins Hospital, were assigned for follow-up patch tests by the public health nurse; and one nurse, assigned to the program, continued with the readings. A total of 35,835 visits were made in behalf of the tuberculosis program, an increase of 10,340 over 1951.

The public health nurse, under the direction of the Maternal and Child Health Division of the Johns Hopkins School of Hygiene and Public Health, also participated in the study of premature infants born in Maryland. The follow-up of these infants required an initial visit to discuss with the parent a circular describing the study, and three visits to complete questionnaires concerning the development of each premature. Dr. Hilda Knobloch of the premature study staff assisted with the in-service education of the nurses regarding the growth and development of infants at various age levels. The material presented improved the nurses' knowledge and improved the quality of clinic teaching in the child hygiene program. A total of 1,582 prematures was reported for follow-up and 3,283 visits were made.

Eight supervising nurses, representing each of the health districts, were selected to meet with Dr. Alan Foord, Associate Chief of the Division of School Health, to discuss the philosophy of the school program and the anticipated changes in policy and procedure. Emphasis was placed on the nurse-teacher conference, the examination of new pupils and referrals, and the use of the parent-volunteer in the Massachusetts Vision Test screening. Sincere appreciation is extended to Mrs. Helen Verner of the Maryland Society for the Prevention of Blindness for the assistance she gave in the training of the parent-volunteers. The nurses' time in school has remained approximately the same; however, new schools, improvement

of service, selective visiting and more parent-teacher conferences necessitated some reassignment of nursing personnel.

The Bureau of Public Health Nursing successfully demonstrated the use of clerks and nonprofessional assistants in the various clinic services. Two nonprofessional assistants to the dentists were employed by the Bureau of Dental Care to relieve the public health nurses in some of the dental clinics. Eight nurse's aides served as nonprofessional assistants in the venereal disease clinics and worked a total of 3,037 hours, thus allowing more public health nursing time for other services. The Bureau of Child Hygiene employed two clerks to work in the prenatal clinics and the Bureau of Tuberculosis employed three clerks to work in the tuberculosis clinics to do clerical work formerly done by the public health nurse. It is anticipated that the bureau will be able to continue to increase the number of clerical workers in the public health nursing program.

Following a two day institute conducted by the Maryland State Department of Health, representatives from each of the City Health Districts presented to the staff Parts III and IV of the Civil Defense Training Manual for Nurses. Twelve members of the nursing staff attended the Biennial Nursing Convention in Atlantic City in June. The bureau continued to participate in the Baltimore City Hospitals' monthly pending discharge conferences regarding tuberculosis patients to discuss plans for those with special problems prior to discharge.

Each district carried on an in-service educational program to meet the needs of its respective group and new staff members were given seminars in mental hygiene, venereal diseases, and nutrition. The Supervisor for Public Health Nursing for venereal diseases held a series of conferences on interviewing techniques with six public health nurses, and ten nurses were trained as nurse-technicians for the venereal disease clinics. In connection with the civil defense program, 12 nurses from the Instructive Visiting Nurse Association were trained in intravenous techniques.

On September 16 the Johns Hopkins Hospital Dispensary Visiting Nurse Service was transferred to the Eastern Health District so that all students might have an eight weeks' affiliation in public health with an official agency. Miss Margaret Harrison and Miss Frieda Laubach, public health nursing supervisors at the Johns Hopkins Hospital, were assigned to the Eastern Health District to assist in the program.

Miss Martha Baer of the University of Maryland Hospital was assigned to the Western Health District to assist with the public health affiliate program. Seventy-two affiliate students from five basic schools of nursing were given an eight weeks' orientation in public health in the organized health districts. Five hundred and sixty-five clinic and school observations and field visits were provided for the schools of nursing in the city which

are integrating and correlating public health in the basic nursing curriculum.

For the first time since 1946 the bureau was faced with a large number of vacancies. There were 34 resignations and 34 appointments during the year, with 15 vacancies unfilled as of December 31. The five nurses who retired in 1952, Miss Lillian A. Kemp, Mrs. Geneva Gartside, Miss Ola C. Early, Miss Roberta Pinckard, and Miss Grace Ridgaway, had worked a total of 152 years. Two nurses completed an academic year in public health nursing, one at Catholic University of America in Washington, D. C. and the other at the University of Pennsylvania in Philadelphia; and four nurses were on leave of absence at Catholic University of America and New York University working for their degrees. One supervisor completed work for her B.S. degree in nursing. Fourteen nurses took academic courses in local universities and schools. The cooperation and interest of every member of the bureau greatly contributed to the smooth functioning of the nursing 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

Public Health Nurses

Marianne P. Aiau
Pauline K. Benfer
Katherine Brady
Altha E. Busch
Helen R. Carr
Doris M. Carter
Elevian R. Carter
Alice E. Diver
Edith L. Enten
Edna J. Faith
Virgie M. Finneyfrock
Kathryn S. Gairoard
Grace W. Gorski
Marian B. Hagan
Mina B. Hansen
Constance E. Jacobs
Ruth K. Jones
S. Margaret King
Elsa G. Kittell
Effie F. Lingner
Beulah B. McCausland
Winifred F. Moore
Rose Ann Pacunas
Ruth B. Pyle
Carolyn M. Shaffer
Helen B. Sharpe
Ruth Stoneham
Birdie M. Thearle
Violet B. Weber
Helen L. Wells
Beatrice H. Wienhold
Alva M. Williams

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

TABLE NO. 1
SUMMARY OF HOME VISITS OF PUBLIC HEALTH NURSES—1952

Service and Type of Visit	Entire City			Eastern Health District		Western Health District		Druid Health District		South-eastern Health District		Southern Health District		North-western Health District		Northern Health District		North-eastern Health District	
	Total	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
All Home Visits	161,507	78,409	83,098	8,961	24,997	14,410	10,087	1,436	30,543	14,077	2,847	8,813	6,175	11,820	1,309	10,447	4,297	8,445	2,843
Maternity Hygiene	19,815	3,100	16,715	1,465	6,950	610	2,015	210	5,555	365	350	185	930	70	100	120	375	75	440
Infant Health Supervision	60,165	36,630	23,535	3,545	6,065	6,180	2,750	445	8,595	6,205	1,030	4,095	2,225	5,465	505	5,290	1,395	5,405	970
Preschool Health Supervision	17,580	8,445	9,135	1,020	2,390	2,110	1,375	160	3,500	2,030	500	1,040	655	775	95	995	375	315	245
School Health Supervision	9,135	8,195	940	420	190	2,195	260	115	130	855	100	785	95	2,735	60	790	100	300	5
Tuberculosis	35,835	12,935	22,900	1,615	6,250	2,330	2,930	365	8,460	3,355	605	1,770	1,870	850	445	1,725	1,475	925	865
Venereal Disease	6,087	294	5,793	21	902	60	597	46	3,508	32	147	58	210	..	54	72	222	5	153
Acute Communicable Disease	8,440	6,815	1,625	635	775	715	45	80	385	800	50	585	90	1,580	20	1,135	200	1,235	60
Other Morbidity	3,875	1,645	2,230	215	1,395	190	110	15	350	355	45	215	90	270	15	245	150	140	75
All Others	575	350	225	25	80	20	5	..	60	80	20	80	10	75	15	25	5	45	30
Effective Visits	128,401	62,986	65,415	6,972	20,200	11,615	7,866	1,078	23,310	10,923	2,328	7,041	5,053	10,020	1,104	8,348	3,385	6,989	2,169
Maternity Hygiene	15,755	2,405	13,350	1,095	5,395	445	1,520	195	4,770	305	265	150	735	65	70	90	270	60	325
Infant Health Supervision	45,735	27,365	18,370	2,670	4,925	4,610	2,150	315	6,550	4,350	845	3,025	1,849	4,165	380	3,950	1,045	4,280	635
Preschool Health Supervision	13,340	6,705	6,635	715	1,750	1,750	995	100	2,355	1,580	445	850	495	670	85	785	305	255	205
School Health Supervision	8,270	7,460	810	360	145	1,995	215	105	120	720	85	705	85	2,540	60	755	95	280	5
Tuberculosis	29,815	10,615	19,200	1,335	5,400	1,905	2,470	255	6,855	2,775	490	1,465	1,590	735	425	1,345	1,220	800	750
Venereal Disease	3,626	146	3,480	12	620	30	376	28	1,975	13	103	26	138	..	34	33	130	4	104
Acute Communicable Disease	7,835	6,420	1,415	590	665	675	30	65	340	770	40	530	70	1,510	20	1,135	195	1,145	55
Other Morbidity	3,520	1,540	1,980	170	1,250	185	105	15	300	330	35	215	90	270	15	230	120	125	65
All Others	505	330	175	25	50	20	5	..	45	80	20	75	10	65	15	25	5	40	25
Maternity Hygiene Service																			
All visits	19,815	3,100	16,715	1,465	6,950	610	2,015	210	5,555	365	350	185	930	70	100	120	375	75	440
Health Department clinic case																			
Antepartum	4,050	410	3,640	110	1,190	85	450	30	1,135	60	115	60	345	..	50	35	180	30	175
Postpartum	3,435	290	3,145	115	1,375	30	245	10	985	85	80	20	275	5	..	15	70	10	115
Other clinic case																			
Antepartum	3,335	845	2,490	510	1,460	250	630	..	340	20	5	30	35	20	5	10	..	5	15
Postpartum	4,935	860	4,075	360	1,370	80	195	155	2,310	140	65	40	80	40	15	30	20	15	20
Home visit, not seen	3,145	530	2,615	265	1,060	135	475	10	635	60	85	20	180	5	30	20	55	15	95
Visit in behalf of case	915	165	750	105	495	30	20	5	150	..	..	15	15	..	..	10	50	..	20

Infant Health Supervision Service																			
All visits	60,165	36,630	23,535	3,545	6,065	6,180	2,750	445	8,595	6,205	1,030	4,095	2,225	5,465	505	5,290	1,395	5,405	970
Home visit, neonatal	24,380	15,725	8,655	1,460	2,015	2,225	840	225	3,955	2,055	290	1,645	650	2,460	135	2,520	410	3,135	360
Home visit, premature infant	3,150	1,590	1,560	160	345	280	210	15	605	175	45	160	125	220	25	300	130	280	75
Home visit, clinic infant	10,220	3,360	6,860	700	2,355	545	890	50	1,830	935	430	730	960	170	45	185	215	45	135
Home visit, other case	380	220	160	35	70	20	15	..	20	60	5	5	..	55	5	45	35	..	10
Home visit, diphtheria prevention	7,605	6,470	1,135	315	140	1,540	195	25	140	1,125	75	485	105	1,260	170	900	255	820	55
Home visit, not seen	12,035	7,915	4,120	705	780	1,375	555	115	1,675	1,670	175	935	340	980	110	1,040	240	1,095	245
Visit in behalf of case	2,395	1,350	1,045	170	360	195	45	15	370	185	10	135	45	320	15	300	110	30	90
Preschool Health Supervision Service																			
All visits	17,580	8,445	9,135	1,020	2,390	2,110	1,375	160	3,500	2,030	500	1,040	655	775	95	995	375	315	245
Health Department clinic case	8,180	2,865	5,315	335	1,475	740	800	60	2,005	1,060	435	315	275	165	40	140	140	50	145
Other case	485	380	105	45	50	35	25	5	20	25	..	15	5	210	..	40	..	5	5
Home visit, diphtheria prevention	4,675	3,460	1,215	335	225	975	170	35	330	495	10	520	215	295	45	605	165	200	55
Home visit, not seen	3,525	1,485	2,040	220	425	325	350	45	980	425	55	175	145	75	5	165	45	55	35
Visit in behalf of case	715	255	460	85	215	35	30	15	165	25	..	15	15	30	5	45	25	5	5
School Health Supervision Service																			
All visits	9,135	8,195	940	420	190	2,195	260	115	130	855	100	785	95	2,735	60	790	100	300	5
Home visit, correction of dental defect	350	335	15	..	5	55	5	15	..	55	..	145	5	55	..	5	..	5	..
Home visit, correction of physical defect	6,105	5,445	660	315	85	1,715	175	75	100	610	85	470	70	1,375	45	680	95	205	5
Home visit, other	1,815	1,680	135	45	55	225	35	15	20	55	..	90	10	1,110	15	70	..	70	..
Home visit, not seen	735	625	110	55	35	175	35	5	10	120	15	70	10	150	..	30	5	20	..
Visit in behalf of case	130	110	20	5	10	25	10	5	..	15	..	10	..	45	..	5	..	..	..
Tuberculosis Service																			
All visits	35,835	12,935	22,900	1,615	6,250	2,330	2,930	365	8,460	3,355	605	1,770	1,870	850	445	1,725	1,475	925	865
Pulmonary case																			
Presanatorium	15,000	4,755	10,245	555	2,525	870	1,150	250	4,300	1,025	195	520	805	405	270	735	640	395	360
Postsanatorium	5,915	3,260	2,655	375	695	560	495	..	850	1,035	90	455	95	140	75	465	200	230	155
Childhood type																			
Presanatorium	985	95	890	15	325	5	90	..	270	35	25	20	140	10	5	5	25	5	10
Postsanatorium	185	40	145	15	10	5	20	..	95	5	..	10	20	..	..	5	..	..	..
Suspect	1,640	685	955	50	305	170	275	5	160	170	30	170	100	40	15	70	45	10	25
BCG vaccination	1,790	80	1,710	25	755	25	75	..	370	15	85	..	85	10	40	..	160	5	140
Contact, living case	2,645	1,260	1,385	230	400	175	265	..	290	385	55	220	250	90	5	40	100	120	20
Contact, dead case	905	335	570	45	200	60	90	..	135	95	10	70	75	10	10	25	45	30	5
Home visit, other	750	105	645	25	185	35	10	..	385	10	..	..	20	30	5	..	5	5	35
Home visit, not seen	4,555	1,795	2,760	200	530	375	400	75	1,180	475	105	225	255	95	20	230	185	120	85
Visit in behalf of case	1,465	525	940	80	320	50	60	35	425	105	10	80	25	20	..	150	70	5	30
Venereal Disease Service																			
All visits	6,087	294	*5,793	21	902	60	597	46	3,508	32	147	58	210	..	54	72	222	5	153
Syphilis																			
Congenital service	1,174	30	1,144	2	309	2	114	5	481	4	57	6	37	..	14	7	61	4	71
Delinquent patient follow-up	1,323	43	1,280	7	195	11	148	9	752	3	24	4	88	..	15	9	36	..	22
Epidemiological investigation	402	17	385	..	51	3	46	4	253	..	10	4	4	..	1	6	11	..	9
Gonorrhea																			
Delinquent patient follow-up	73	4	69	1	35	..	3	..	23	..	..	3	5	..	..	..	2	..	1
Epidemiological investigation	654	52	602	2	30	14	65	10	466	6	12	9	4	..	4	11	20	..	1
Home visit, not seen	2,310	140	2,170	6	170	29	216	18	1,527	19	44	29	69	..	19	38	86	1	39
Visit in behalf of case	151	8	143	3	112	1	5	..	6	..	..	3	3	..	1	1	6	..	10

* Including work of social workers.

TABLE NO. 1—*Concluded*

Service and Type of Visit	Entire City			Eastern Health District		Western Health District		Druid Health District		South-eastern Health District		Southern Health District		North-western Health District		Northern Health District		North-eastern Health District	
	Total	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
Acute Communicable Disease Service																			
All visits	8,440	6,815	1,625	635	775	715	45	80	385	800	50	585	90	1,580	20	1,185	200	1,235	60
Home visit, reported case																			
Chickenpox	180	55	125	10	85	5	..	..	30	10	..	5	5	15	..	5	5	5	..
Measles	5,200	4,495	705	370	315	355	15	55	180	560	15	255	15	1,100	..	815	140	985	25
Whooping cough	280	215	65	95	50	5	..	..	10	25	..	40	..	30	..	15	5	5	..
Scarlet fever	880	725	155	50	55	90	10	10	45	110	5	35	30	160	5	155	5	115	..
Other	35	10	25	5	15	..	..	..	10	..	..	..	..	..	..	5	..	..	..
Home visit, suspect																			
Chickenpox	110	75	35	..	10	15	..	..	10	5	10	15	5	20	..	15	..	5	..
Measles	575	490	85	25	45	130	..	..	10	30	5	130	10	110	5	55	5	10	5
Whooping cough	80	50	30	10	15	..	..	..	5	..	..	25	5	5	..	10	..	..	5
Scarlet fever	40	35	5	..	5	5	..	..	..	10	..	10	..	5	..	5	..	..	..
Other	40	30	10	..	..	10	..	..	..	15	..	..	..	..	..	5	..	..	10
Home visit, contact																			
Measles	85	45	40	10	15	5	..	..	..	..	..	..	..	..	5	25	15	5	5
Whooping cough	10	..	10	..	5	..	..	..	..	..	..	..	..	..	..	..	5	..	..
Typhoid	80	80	..	..	..	45	..	..	..	..	..	..	..	35	..	..	..	..	..
Home visit, immunization																			
Measles	115	45	70	10	35	..	..	..	20	..	5	10	..	10	..	..	5	15	
Diphtheria	50	35	15	..	10	..	..	..	..	5	..	5	..	5	5	20	..	..	..
Typhoid	5	5	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..
Home visit, typhoid fever culture	40	15	25	..	..	..	5	..	20	..	..	..	..	15	..	..	..	..	..
Follow-up cases	30	15	15	5	5	5	..	..	..	..	..	..	..	..	..	..	10	..	..
Home visit, not seen	520	355	165	40	80	30	15	15	35	30	10	55	20	65	..	35	..	85	5
Visit in behalf of case	85	40	45	5	30	10	..	..	10	..	..	..	..	5	..	15	5	5	..
Other Morbidity Service																			
All visits	3,875	1,645	2,230	215	1,395	190	110	15	350	355	45	215	90	270	15	245	150	140	75
Sore eye case	515	240	275	25	140	10	10	10	80	115	25	15	5	15	..	35	15	15	..
Infant	525	105	420	35	240	20	15	..	65	20	..	15	55	..	5	10	10	5	30
Preschool child	335	130	205	25	125	35	20	..	30	15	5	30	10	15	..	..	..	10	15
School child	1,055	825	230	25	80	60	5	..	15	170	5	125	10	190	10	180	90	75	15
Adult	675	155	520	50	490	35	10	5	15	10	..	10	5	45	..	..	..	..	..
Mental hygiene	5	..	5	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lead poisoning	410	85	325	10	170	25	45	..	95	..	..	20	5	5	..	5	5	20	5
Home visit, not seen	275	95	180	40	105	5	..	..	45	20	10	..	..	..	..	15	15	15	5
Visit in behalf of case	80	10	70	5	40	..	5	..	5	5	..	..	..	..	..	..	15	..	5
All Other Service																			
All visits	575	350	225	25	80	20	5	..	60	80	20	80	10	75	15	25	5	45	30
Sanitary visits	15	15	..	5	..	..	..	..	..	..	..	5	..	5	..	..	..	..	..
Vital statistics investigation	50	20	30	..	5	..	5	..	10	5	5	10	..	5	5	..	..	..	..
Other visits	360	235	125	20	45	15	..	..	35	70	15	60	10	45	5	20	..	5	15
Medical care clients																			
Tuberculin reading	65	45	20	..	..	5	..	..	..	5	..	..	..	10	5	5	5	20	10
Nursing care	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..
Other visits	10	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	..
Home visit, not seen	55	20	35	..	20	..	..	..	10	..	..	5	..	10	..	..	..	5	5
Visit in behalf of case	15	..	15	..	10	..	..	..	5	..	..	..	..	..	..	..	..	..	..

MEDICAL CARE SECTION

MEDICAL CARE SECTION

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

Director

During the year 1952 the Baltimore City Medical Care Program continued to be limited to persons certified to the Medical Care Section of the Baltimore City Health Department as receiving public assistance. Such of these persons living in Baltimore who, at sometime during the year, were removed from Department of Public Welfare rolls remained under the Medical Care Program for a terminal period averaging about three months after they no longer received public assistance.

The average number of persons on Baltimore welfare rolls during the year was 23,949 as compared with 26,319 such persons for the previous year. The average number of persons under the Medical Care Program during the year was 24,107 as compared with 22,087, the average number of persons under the program during the year 1951.

Lack of funds during the first half of the year made it impossible to include under the program all recipients of public assistance but during the last half of the year increased state appropriations made it possible to include all persons on welfare rolls and, also for a short period, persons whose support from welfare funds had recently been withdrawn. At the beginning of the year there were 19,248 persons under the Medical Care Program. This left approximately 4,290 eligible persons uncared for because of lack of funds. However, at the end of the year the number of persons under the program had increased to 26,773 and all eligible persons were included.

During the first half of the year the average number of persons under the program was 22,400 whereas during the last half of the year this average number was 24,668. Because the program during the first half year was operating with insufficient funds while during the last half year the appropriation was adequate, the advantages of proper financial support for a program of this kind were conspicuous. It was found that with a long list of persons awaiting admission to the program its administration was much more complicated, difficult and ineffective. Particularly, telephone calls and other communications asking for more prompt admission of persons took much office staff time and of necessity the replies to them were a continued source of dissatisfaction to the patient, the physician and the hospital concerned. On the contrary it was found that prompt follow-up after a person is admitted to welfare rolls generated quick response from the patient needing to procure medical care for the removal or allevia-

tion of physical disabilities which so often were responsible for incapacity to earn a living.

Physician Services

Each physician was required to report at the end of each quarter the number of calls provided by him to persons choosing him and accepted by him under the program. According to these reports a total of approximately 30,500 visits were made by patients at the physicians' offices. Physicians reported that they had made 20,300 home calls, of which 15,200 were made during the day and 5,100 at night. Thus, on an average, each 100 persons received the following services:

Calls at physicians' offices	150
Home calls by physicians during day	75
Home calls by physicians during night	25
Total services	250

For his services to these 100 persons per year the physician received $700.00, or $7.00 per person per year. Payments to the physicians were made quarterly, in advance.

The average number of private physicians participating in the program during the year was 289. There was little change from quarter to quarter. To avoid misunderstanding it should be pointed out that the number of physicians participating in the program was largely governed by the choice of the patient and by the location of his residence. Doubtless there were physicians not participating in the program who would have been willing to do so if they had been chosen by an eligible person. Where the patient had no preference for a physician he was given the names of the three participating physicians nearest his residence and asked if he wished to choose one of them.

No private physician under the program was responsible for a large number of persons. The physician chosen by the largest number of eligible persons was responsible for the care of not more than 930 persons. Only one other physician was responsible for more than 750 persons and not more than three physicians were responsible for an average of between 500 and 750 persons.

Apparently Baltimore physicians were satisfied with the program. Few complaints were received from patients regarding physicians' services. The Baltimore City Medical Society at its largely attended meeting on October 17 unanimously passed a resolution approving the continuance of the Baltimore City Medical Care Program and giving a vote of confidence and its approval and support to the Commissioner of Health, the

director of the program and all those participating in making the program a success in meeting the medical needs of indigent persons in Baltimore.

Medical Care Clinics

Six medical care clinics were in operation throughout the year. The names of the hospitals conducting these clinics and the names of the physicians in charge of the clinics were as follows:

HOSPITAL	DIRECTOR OF MEDICAL CARE CLINIC
University of Maryland	Dr. Henry W. D. Holljes
Johns Hopkins	Dr. George W. Dana
South Baltimore General	Dr. Harry T. Wilson, Jr.
Sinai	Dr. Frank F. Furstenberg
Provident	Dr. C. Dudley Lee
Mercy	Dr. S. Edwin Muller

According to quarterly reports from medical care clinics a total of 4,405 general medical examinations was made during the year. Also there were 8,563 other examinations conducted at the clinics. The number of diagnostic and special treatment services given in other departments of the hospitals at the request of the medical care clinic directors was 26,872. Also there were 10,699 laboratory services provided by the hospitals in addition to such services connected with the general examination. Of persons assigned to medical care clinics 59.8 per cent received a general medical examination there and, in addition, an undetermined number of general medical examinations were conducted by child health clinics and other Health Department clinics to which persons were referred for special care.

Provision of Eyeglasses

On August 15, 1952 a program, with definite financial limitations, went into effect for the provision of eyeglasses to persons under the Baltimore City Medical Care Program. Under this plan eyeglasses were provided on the prescription of an ophthalmologist working in the eye clinic of a hospital or the Baltimore City Health Department, provided the patient was referred to that eye clinic by a medical care clinic. Funds allocated for this service were limited to $3,000 per year. Nine leading optical firms in Baltimore assisted in setting up the plan and agreed to fill the prescriptions using high quality lenses for a fee much smaller than that regularly charged. From the time the program started until the end of 1952 the number of persons receiving eyeglasses was 178 at a total cost of $1,593.60 or an average cost of $8.95 per person. Under the plan eyeglasses were

provided to many persons who had been much in need of them for a long time.

Drugs and Supplies

During the year covered by this report payment was made for 99,600 prescriptions for persons under the Baltimore City Medical Care Program at a total cost of $151,874.81. For this period the average cost of a prescription was $1.52 and the average drug cost per assigned person was $6.26. Table No. 4 gives information regarding drugs and medical supplies by months. The high cost of drugs continued to be a problem throughout the year but no satisfactory way of reducing drug costs was found.

Financial Statement

During the year the total amount spent for the conduct of the Baltimore City Medical Care Program was $615,310.68 and of this sum $590,430.68 was contributed by the State of Maryland. The City of Baltimore contributed $24,880, approximately one-half of the central administration costs. During the first six months of the year, in order to stay within the inadequate appropriation, it was necessary to withhold services from eligible persons for a period after their eligibility was certified to the City Health Department by the City Department of Public Welfare. However during the last six months of the year funds were sufficient for the care of all eligible persons so that it was possible routinely to take persons under the program immediately after the receipt of a certificate stating they had been admitted to the welfare rolls. Tables No. 5, No. 6 and No. 7 give detailed information regarding expenditures. It will be noted that the cost per person assigned was $25.37 as compared with $25.77 for the year 1951.

Personnel

J. Wilfrid Davis, M.D., M.P.H., Director
Charles A. Rittler, B.S., Assistant to the Director
Lillian J. Dudderar, Secretary-Stenographer
Marian Kramer, Senior Clerk
Louise D. Rosenberger, Senior Clerk
Florence Pritchett, Senior Clerk
Bealiah McCauley, Senior Stenographer
Dorothy Welsh, Statistical Clerk
Laura R. Schadler, Senior Keypunch Operator
Sophie Catterton, Keypunch Operator
Shirley Thomasson, Keypunch Operator

ADVISORY COMMITTEE ON MEDICAL CARE

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

DR. GEORGE M. ANDERSON,
Member, State Board of Health.

MR. CHARLES S. AUSTIN, JR.,
President, State Board of Pharmacy.

DR. ALBERT C. BURWELL,
President of the Monumental City Medical Society.

DR. ALAN M. CHESNEY,
Dean of the Johns Hopkins Medical School.

MRS. HENRY E. CORNER

MR. WILLIAM GALVIN

MR. ROBERT S. HOYT,
President of the Baltimore Hospital Conference.

DR. FRANCIS J. JANUSZESKI,
President of the East Baltimore Medical Society.

DR. AMOS R. KOONTZ,
President of the Maryland Academy of Medicine and Surgery.

DR. SAMUEL MCLANAHAN,
President of the Baltimore City Medical Society.

DR. MAURICE C. PINCOFFS,
Chairman of the Medical Care Committee of the Maryland State Planning Commission.

DR. LOWELL J. REED,
Chairman of the Committee to Study the Medical Care Needs of Baltimore City.

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

MR. T. J. S. WAXTER,
Director, Department of Public Welfare of Baltimore City.

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

DR. H. BOYD WYLIE,
Dean of the University of Maryland Medical School.

DR. HUNTINGTON WILLIAMS, *ex officio*
Commissioner of Health of Baltimore City.

TABLE NO. 1

UNEMPLOYABLE PERSONS ON RELIEF ROLLS AND PERSONS RECEIVING MEDICAL CARE THROUGH THE BALTIMORE CITY MEDICAL CARE PROGRAM, ACCORDING TO MONTH*—1952

MONTH	NUMBER OF PERSONS ON RELIEF ROLLS	NUMBER OF PERSONS ASSIGNED TO MEDICAL CARE CLINICS
January 1	23,538	19,248
February 1	23,488	22,008
March 1	23,673	22,060
April 1	23,557	22,839
May 1	23,463	23,820
June 1	23,565	24,426
July 1	23,639	22,714
August 1	23,647	22,706
September 1	23,837	24,473
October 1	24,231	25,180
November 1	24,298	26,165
December 1	24,513	26,773

* Total shown indicates census at first of month. It does not include foster children.

TABLE NO. 2

PERSONS ASSIGNED ACCORDING TO MONTH* AND HOSPITAL—1952

MONTH	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY
January	19,248	3,602	8,788	1,927	979	2,168	1,784
February	22,008	3,913	10,063	2,516	985	2,516	2,015
March	22,060	3,910	10,062	2,513	1,053	2,515	2,007
April	22,839	4,041	10,340	2,622	1,167	2,602	2,067
May	23,820	4,212	10,720	2,725	1,281	2,744	2,138
June	24,426	4,353	11,056	2,691	1,375	2,780	2,171
July	22,714	4,044	10,117	2,533	1,476	2,522	2,022
August	22,706	4,048	10,128	2,529	1,463	2,518	2,020
September	24,473	4,403	10,782	2,678	1,619	2,783	2,208
October	25,180	4,452	11,157	2,720	1,670	2,876	2,305
November	26,165	4,613	11,600	2,796	1,768	2,983	2,405
December	26,773	4,711	11,814	2,854	1,866	3,062	2,466
Contract Minimum†	22,000	4,000	10,000	2,500	1,000	2,500	2,000

* Total shown indicates census at first of month.

† *Note*—Under contracts between the Commissioner of Health and the six hospitals conducting medical care clinics, the minimum numbers of individuals to be assigned to the six hospitals having medical care clinics were as follows: University 4,000; Johns Hopkins 10,000; South Baltimore General 2,500; Sinai 1,000; Provident 2,500; Mercy 2,000. The total number of assignments guaranteed under contracts was 22,000.

TABLE NO. 3

PERSONS REGISTERED ACCORDING TO MONTH* AND HOSPITAL—1952

MONTH	TOTAL	PER CENT†	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY
January	16,544	85.9	3,039	7,458	1,748	977	1,808	1,514
February	17,372	79.0	3,112	7,869	1,855	983	1,930	1,623
March	19,165	88.5	3,303	8,831	2,065	1,044	2,168	1,754
April	20,622	90.3	3,481	9,637	2,216	1,120	2,339	1,829
May	21,349	91.6	3,586	9,880	2,353	1,167	2,468	1,895
June	22,277	91.2	3,740	10,190	2,508	1,232	2,626	1,981
July	19,436	87.4	3,405	9,064	2,023	1,073	2,105	1,766
August	20,016	84.8	3,454	9,291	2,106	1,141	2,210	1,814
September	20,953	83.9	3,563	9,705	2,198	1,229	2,323	1,935
October	21,744	85.1	3,682	10,039	2,273	1,291	2,409	2,050
November	22,518	85.1	3,849	10,323	2,353	1,369	2,500	2,124
December	23,094	84.6	3,968	10,522	2,404	1,452	2,575	2,173

* Total shown indicates mean number for each month.

† Represents percentage of assigned persons registered.

TABLE NO. 4

DRUG EXPENDITURES ACCORDING TO MONTH* AND NUMBER OF PERSONS REGISTERED—1952

MONTH	NUMBER OF PERSONS REGISTERED	NUMBER OF PRESCRIPTIONS	AMOUNT PAID FOR DRUGS	MEAN COST PER PRESCRIPTION	MEAN COST PER REGISTRANT	NUMBER OF PHARMACIES PAID
January	16,544	7,969	$12,138	$1.52	$.73	213
February	17,372	8,392	12,848	1.53	.74	204
March	19,165	8,731	12,622	1.45	.66	215
April	20,622	8,633	12,630	1.46	.61	218
May	21,349	7,573	11,518	1.52	.54	212
June†	22,277	8,500	12,888	1.52	.58	201
July†	19,436	8,500	12,888	1.52	.66	141
August	20,016	6,769	10,500	1.55	.52	181
September	20,953	6,738	10,522	1.56	.50	195
October	21,744	9,234	14,370	1.56	.66	209
November	22,518	8,904	13,877	1.56	.62	211
December	23,094	9,800	15,070	1.54	.65	215

* Total shown indicates mean number of persons registered for each month.

† Figures shown are the averages for June and July.

TABLE NO. 5

TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1952

	Hospitals Medical Care	Hospitals Emergency Dental	Physicians	Pharmacies	Opticians	Administration	
						State	City*
First Quarter.....	$55,000.00	$5,500.00	$31,431.49	$37,609.47	$ ..	$5,250.00	$3,759.55
Second Quarter...	59,772.82	5,977.28	38,470.14	47,073.48	..	5,250.00	5,407.47
Third Quarter....	60,610.06	5,602.19	36,905.79	23,874.39	191.14	6,174.25	3,986.77
Fourth Quarter...	67,159.92	6,230.60	41,453.48	43,317.47	1,402.46	6,174.25	4,955.53
	$242,542.80	$23,310.07	$148,260.90	$151,874.81	$1,593.60	$22,848.50	$18,109.32

* In addition to $18,109.32 a sum of $2,288.15 was expended for statistical services. These gave a total of $20,397.47. Furthermore the City of Baltimore provided for administration for IBM machine rental, office space, postage, telephone service, janitor service, transportation, elevator service, heat, light and power the equivalent of $4,482.53 during the year. These figures gave a city expense total of $24,880.

TABLE NO. 6

DISTRIBUTION OF EXPENDITURES BY TYPE OF SERVICE AND PROPORTION OF EACH TYPE TO TOTAL EXPENDITURE—1952

	Expenditure	Per Cent of Total
Hospitals for Medical Care Clinic Services.....	$242,542.80	39.4
Hospitals for Emergency Dental Treatment Services.....	23,310.07	3.8
Physicians for Home and Office Services.....	148,260.90	24.1
Pharmacies.....	151,874.81	24.7
Opticians.....	1,593.60	0.3
Administration*.....	47,728.50	7.7
	$615,310.68	100.0

* Includes $24,880 from City of Baltimore.

TABLE NO. 7

DISTRIBUTION OF EXPENDITURES BY TYPE OF SERVICE AND AMOUNTS PER PERSON ASSIGNED*—1952

	Expenditure	Expenditure per Person Assigned
Hospitals for Medical Care Clinic Services.....	$242,542.80	$10.00
Hospitals for Emergency Dental Treatment Services.....	23,310.07	.96
Physicians for Home and Office Services.....	148,260.90	6.11
Pharmacies.....	151,874.81	6.26
Opticians.....	1,593.60	.07
Administration†.....	47,728.50	1.97
	$615,310.68	$25.37

* The mean number of persons assigned to the medical care clinics during the year was 24,254.

† Includes $24,880 from City of Baltimore.

SANITARY SECTION

SANITARY SECTION

Wilmer H. Schulze, Phar.D.

Director

Fluoridation of the city water supply and air pollution control were considered at a special joint meeting of the Advisory Committee on Sanitation and the Dental Advisory Committee on February 7, 1952. Discussion of these items resulted in the adoption of the two following resolutions:

1. On the basis of the report of the National Research Council and other prior studies, the Advisory Committee on Sanitation and the Dental Advisory Committee approve a resolution recommending controlled fluoridation of the water supply of Baltimore City for the purpose of lessening the prevalence of dental caries.
2. It is our feeling that consolidation of the functions of the control of the discharge of smoke with those of the control of noxious fumes would not bring values sufficient to warrant the administrative change, and in fact would have many disadvantages. The problems and solutions are fundamentally different. Research in the field of noxious fumes indicates that action therein has many complexities and many economic issues not yet fully resolved.

Fluoridation of the water supply of Baltimore City started on November 26, and a procedure for collecting samples of water throughout the city for determination of fluoride content was put into effect in cooperation with the Bureau of Laboratories and the Bureau of Water Supply.

The position of the City Health Department in air pollution control was set forth in a statement from the Commissioner of Health to the City Council on June 2, 1952. This was published in the October, 1952 issue of *Baltimore Health News*. Although activity in the field of air pollution control by the Health Department has been an increasing one, in recent years it has become apparent that new appropriations would be necessary for putting into effect a program designed for reasonably prompt and effective control services. With the guidance and counsel of the U. S. Public Health Service, a minimum budget for personnel and expenses was prepared to provide for a Division of Air Pollution Control in the Bureau of Industrial Hygiene. At the close of the year a part of the $63,000 requested, that is a sum of $25,000 for 1953 was made available to inaugurate a more adequate air pollution control program in the City Health Department.

Steps were taken to provide measures for the prevention in so far as possible of storm and ground water sewage into cellars, basements, and crawl spaces in new building construction operations by the revision of Regulation No. 53 and Regulation No. 124 of the Rules and Regulations Governing Plumbing and Drainage Work in Baltimore City. The revised regulations pertained to foundation drains, areaway drains, and rain leaders, and were adopted by the Building Inspection Engineer and the Commissioner of Health on April 15, 1952. They became effective on May 1, 1952. An ordinance designed to require medical examination of food handlers was opposed in a statement of the Commissioner of Health to the City Council (October, 1952 issue of *Baltimore Health News*) on the basis that legislation of this type would not result in the prevention of communicable disease. Several hearings were held by the Health Committee of the City Council and the proposed ordinance was not enacted.

Some of the special studies and investigations in the field of environmental health made during the year were related to: The occurrence of mercury poisoning among workers in an industrial plant engaged in the packaging of ethyl mercuric phosphate; skin infections and cases of hepatitis apparently associated with lack of sanitation in the practice of tattooing in local establishments; the possible hazards together with necessary precautionary measures in connection with the use of radioactive isotopes in industry; the occurrence of vesicular exanthema, a virus disease of swine, in hogs shipped into Baltimore for slaughter; accidental stramonium poisoning of young children apparently from playing with Jimson weed, which was found growing wild in the rear yards of two houses in a blighted area of the city; a continuation of observations on the disinfectant properties of soap containing hexachlorophene for use in hand washing by food handlers; the arrangement of a procedure for the disposal of radioactive isotope wastes having a long half-life period; the sanitary operation of food dispensing machines followed by recommendations for any changes or improvements to the manufacturer of such equipment; sanitation problems involved in permanently installed sanitary milk piping; sanitation requirements for milking parlors on dairy farms; and methods of sewage disposal for proposed developments where connection to the city sanitary sewerage system was not possible.

Miscellaneous activities of special interest included: Several hearings of industrial plant representatives in connection with incidents of atmospheric pollution; participation in the exhibit of Lead Poisoning in Young Children presented at the annual meetings of the Southern Branch of the American Public Health Association, the American Medical Association, and the American Public Health Association; an intensive in-service training course given to new members of the inspection staff of the Sanitary

Section; the promotion of Mr. Jacque G. Ayd to fill the new position of Chief of the Division of Food Plant Inspection; increased activity in the field of home accident control through representation on and participation in the activities of the Home Safety Committee of the Baltimore Safety Council; participation in the Governor's Safety and Health Conference; attendance at the Interstate Conference of Sanitarians held at Charleston, S. C., by several of the sanitarians; participation in meetings of the Steering Committee on the Pilot Program of the Housing Bureau; investigation and study of the extent of exposures to radioactivity in connection with a radium clinic prior to removal to another location; preparation for distribution of a pamphlet for food demonstrators; intensive efforts made to improve sanitation in those areas of the city used by the wholesale food commission merchants; formulation with the assistance of industrial management of a program for the control and prevention of lead poisoning among workers engaged in the scrapping of ships; investigation of the reported case of Haverhill fever associated with a rat bite in a five-week-old child; extensive educational activities in the field of nutrition through radio and television programs, and by talks and discussions with many special groups and civic organizations; sanitation improvements accomplished in meat products manufacturing plants together with close scrutiny to assure proper labelling of these products; the planning and inauguration of a city-wide rat population estimation in cooperation with the Statistical Section, the Johns Hopkins School of Hygiene and Public Health, and the U. S. Public Health Service; and increased attention to methods for the detection of diseased poultry.

Members of the Sanitary Section staff participated with other official and nonofficial agencies in sanitation activities, some of which were: The arrangements to have all plans for the installation of stalls and equipment in the new Lexington and Cross Street markets submitted to the Health Department for review and approval; the annual "Clean-up, Fix-up, Paint-up" programs sponsored by the Baltimore Association of Commerce; the establishment of a policy whereby all proposed ordinances for permitting the location of certain industrial processes within the city be referred to the Health Department for review and comment after being reviewed by the Bureau of Building Inspection; the inspection of facilities and buildings proposed for vocational training under application to the State Department of Education; the prevention or correction of defective drainage as a result of new building construction with the Bureau of Building Inspection; cooperation with the State Department of Health in the investigation of shipments of oysters from uncertified sources, also the preparation of tentative standards for milking parlors; and inspections of buildings proposed for use as Mass Care Centers by the Civil Defense Welfare Services.

The Sanitary Section was appreciative of the splendid cooperation and assistance given within the Health Department, together with that of numerous official and nonofficial agencies and civic groups in working toward improvements in environmental hygiene within the city. Many of the items mentioned in this report together with others of interest will be found in the reports of the bureau directors which follow.

Personnel

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

BUREAU OF MILK CONTROL

BUREAU OF MILK CONTROL

Ivan M. Marty

Director

Bureau activities as usual were chiefly centered around positive control of the purity of the city milk supply. Vacancies in the staff due to illness and a resignation hampered to some extent the work of the milk control organization but failed to impair the sanitary quality of the milk supply. Participation in extra-curricular endeavors, such as the investigation of scientific advances and recent trends in dairy practices, was necessarily curtailed.

Notwithstanding reduced personnel approximately 11,000 inspections of milk and ice cream plants, dairy farms and transportation agencies were made. These included almost daily visits to each of the 12 milk pasteurization plants in the city.

For investigational and control purposes the inspection staff submitted nearly 8,000 samples to the Bureau of Laboratories for bacteriologic and chemical examination, and out of a total of 5,042 phosphatase tests made on city-wide random samples of pasteurized milk and milk products only three indicated instances of faulty pasteurization. It is of interest that through the splendid cooperation of the milk dealers all milk distributed in the city is phosphatase tested before it leaves the plant where it is pasteurized.

As a result of a pasteurization violation hearing before the Commissioner of Health, the last remaining holder of a pasteurization plant permit, located outside of the city, relinquished his permit. The number of milk plants operating under Health Department supervision was thereby reduced to twelve, probably the smallest number since the adoption of the modern city milk ordinance in 1917.

On the dairy farms the trend toward milking parlors, refrigerated cooling and storage tanks and the tank-truck delivery method continued to gain momentum. Indications are that rapid cooling, low-temperature storage and the elimination of milk cans by this method will improve the sanitary quality of the milk appreciably.

The twenty-first annual Sanitary Milk Production Contest, conducted by the Bureau of Milk Control in the high schools on the Baltimore milkshed, was won by the Delta High School, York County, Pennsylvania. Sparks High School, Baltimore County, Maryland, and Union Bridge High School, Carroll County, Maryland, finished in second and third places, respectively. During the twenty-one years in which the contests have been held, more than 7,000 prospective dairy farmers have been

trained in approved methods of milk production for these annual competitions. The contests not only taught the students how to produce high quality milk but also indoctrinated them with the general philosophy of milk sanitation, which they usually retained after they became dairy farmers.

Numerous conferences were held with staff members of the State Department of Health and the U. S. Public Health Service in an effort to clarify matters concerning dual inspection of farms and milk and ice cream plants by the three agencies. It is felt that much was accomplished in correcting former disunity of opinion.

There was a slight increase in the total volume of milk produced on the local milkshed. It was necessary, however, to supplement the supply with nearly 3,000,000 gallons of approved out-of-state emergency milk. The average daily milk production per farm, which has increased steadily since 1940 when the Health Department launched a dairy farm construction program, reached a new high of sixty gallons. The cow population averaged throughout the year approximately 50,000, with an average production of three gallons per day per cow.

After complying with all City Health Department requirements, practically the entire membership of the Annapolis Milk Producers Cooperative, although outside of the inspection area for Baltimore, were issued Dairy Farm Permits allowing them to deliver milk to Baltimore plants.

Despite some curtailment of building material due to the Korean conflict, many producers who had been notified to improve their buildings were able to comply. Although wars and rumors of wars have interfered continually with the Health Department's program, launched in 1940, to bring all of the dairy houses and milking stables up to the established standards it now appears conceivable that the goal may be reached by 1955.

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
Courtney C. Buck, Sanitarian
Lemuel S. Cookman, B.S., Sanitarian
Vernon L. Corey, Sanitarian
Louis George Hillebrand, Sr., 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
1952 AND 1951

Area of Baltimore milkshed ..... 2,600 square miles (approximate)
Active shippers 2,492

ACTIVITIES	1952	1951
INSPECTIONS		
Total	5,812	5,393
Routine dairy farms	1,700	1,620
Special dairy farms	2,912	3,134
Reinspections	325	..
Applications	350	339
Receiving and by-product plants	503	293
Cream plants	22	7
OTHER ACTIVITIES		
Violation notices issued	1,314	1,144
Hearings	23	..
Gallons of milk examined	200	3,000
Gallons of milk condemned	0	173
Permits issued	272	261
Permits cancelled	404	404
Producers' cans examined	9,110	16,005
SUSPENSIONS OF PERMITS		
Total	86	84
Department	29	7
Field	57	77

TABLE NO. 2
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1952 AND 1951

TYPE OF PLANT	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
Milk plants			
1952	3,827	24.84	478
1951	4,577	29.33	597
Ice cream plants pasteurizing on premises			
1952	1,100	3.79	868
1951	1,263	4.18	962
Ice cream plants buying pasteurized ingredients			
1952	197	3.05	123
1951	234	2.68	155

TABLE NO. 3
SUMMARY OF MILK AND MILK PRODUCT SAMPLES COLLECTED—1952 AND 1951

TYPE OF SAMPLE	1952	1951
ALL SAMPLES	7,603	8,577
Milk	5,924	6,649
Cream	362	498
Ice cream	844	954
Ice cream mix, evaporated and condensed milk	117	83
Empty bottles	245	257
Water samples	9	14
Miscellaneous samples	102	122
Dairy products cans inspected	1,750	10,797

BUREAU OF FOOD CONTROL

BUREAU OF FOOD CONTROL

Ferdinand A. Korff, B.S.

Director

The three-objective program of the bureau during the year, that of (1) preventing illnesses caused by food; (2) raising the level of sanitation in and around all types of food establishments and (3) instructing the consumer of food how to select that which is essential for his general well-being, was continued as in previous years.

Procedures directed toward the prevention of food poisoning and other illnesses caused by food, included the instruction of food service groups in the etiology of these ailments and specific preventive measures for each of about thirty specific causes, and the routine inspection of all types of about 11,000 food establishments in the city. Methods used to effect corrections relating to cleanliness in and around the food establishments included a four-point program of (a) inspection, the fact-finding activity; (b) cooperation, aiding the owner or manager in rodent and insect proofing and removing accumulations of unwanted materials; (c) education of the food service personnel through group and individual instruction; and (d) regulatory measures—office hearings, legal notices and court action.

The establishment of a Division of Food Plant Inspection within the bureau and the appointment of a chief accelerated the inspections of a number of groups of food establishments on a voluntary basis by individuals trained by Health Department personnel. The supervision of about 1,000 food manufacturing establishments placed under the surveillance of this division will thus become more intense through more frequent supervision by both City Health Department and plant personnel.

The Chief of the Division of Nutrition continued to maintain contact with the various medical bureaus in the Department and unofficial agencies engaged in nutrition education. Principles concerned with good eating habits were incorporated into the procedures of many bureaus of the Department and they were carried out through the instruction of public health nurses, by consultations with individuals, and in clinics.

Food Establishment Inspection

Food establishments in the city were placed under four groups, (1) Retail food establishments: groceries, meat stores, fruit and vegetable, confectionery and drug stores, restaurants, taverns and public dining rooms; (2) Wholesale food establishments: warehouses, commission merchants, and railroad, truck and boat terminals; (3) Food manufacturing establishments:

bakeries, canneries, bottling plants, poultry and seafood packing plants, candy, salad, pickling plants and similar establishments; and (4) Institution food departments: hospital, nursery and convalescent home kitchens, and industrial, school and college cafeterias.

Retail Food Establishments

Improvement was observed in the over-all picture of the 8,000 retail food establishments in the city. These improvements were not made by drives or specific projects, but by a continuous promotion program carried on over a period of years, and which will be continued. More restaurants than in previous years installed handwashing sinks in kitchens and provided germicidal soaps for use by food service personnel; an estimated 200 of such sinks have been installed. Rodent infestation of food establishments decreased —an estimate of 10 per cent of the retail food establishments, however, were still infested during some period of the year. Through cooperative action with the Lexington Market Authority, merchants were required to meet bureau requirements in rodent proofing and in the installation of food utensil and handwashing sinks as well as in the installation of glass guard plates and cases in food display equipment.

The inspection record form used in connection with food establishments, particularly in the retail group, was designed, among other purposes, to record conditions of the establishment at the time of visit and to advise in writing of preventive procedures. The recommendations quite frequently during the year were more demanding than those required by law.

An increase was found in the percentage of swabbings of food utensils complying with the administrative standard of less than 100 bacteria per utensil. This is seen in the following table which shows the results of bacteriologic examination of swabbings of food utensils obtained during the period of 1943–1952:

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
1952	911	470	51.6	126	13.8	52	5.7	152	16.7	111	12.2
1951	1,008	437	43.3	142	14.1	88	8.8	200	19.8	141	14.0
1950	840	349	41.5	118	14.0	62	7.3	185	22.0	126	15.0
1949	1,547	625	40.4	250	16.1	117	7.6	414	27.0	141	9.0
1948	1,587	551	34.7	286	18.0	114	7.2	343	21.6	293	18.4
1947	659	248	37.6	122	18.5	32	4.8	117	17.7	140	21.2
1946	492	173	35.2	89	18.0	30	6.1	79	16.0	121	24.6
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	13.2	61	13.7

There was an increase in the number of condemnations of food and the amount of food condemned. There were 362 violation notices issued and hearings of violators decreased from 248 in 1951 to 205 in 1952. The necessity for applying drastic regulatory action through the courts during the year in the retail group decreased from 26 in 1951 to 17 in 1952. Two sanitarians were again assigned to the Southern and Southeastern Health Districts partially to decentralize the work of the inspection personnel.

Wholesale Food Establishments

Because of limited personnel only sporadic visits previously had been made to the Wholesale Commission Merchants area. A survey made by a crusading national magazine reporter brought out criticisms of the sanitary conditions in a twenty-block area known as the commission area. Following the publishing of this report several meetings of two trade organizations of the food commission merchants in the city were held, a series of rules was prepared which were merely recapitulations of sections of existing laws and the merchants were informed of their responsibilities. Daily patrol of the area was carried out by an assigned sanitarian, the cooperation of a member of the Sanitary Police was obtained and more attention was paid to the cleaning of the area by the staff of the City Bureau of Sanitation. Corrections included the installation of approved toilet facilities, elimination of rodent harborages, the prompt removal of garbage and trash; and several scavengers were penalized in magisterial courts. The ten rules adopted as practical by members of the Fruit and Vegetable Merchants Organizations were as follows:

1. Pavements and immediate vicinity of premises must be kept clean at all times by operators of establishments.
2. Dry sweeping of pavements is discouraged. Hose down the pavements.
3. Gutters must be kept clean and free from garbage and offal. The storage of food in streets and areas adjacent to gutters is prohibited.
4. All foods and containers, if stored or displayed on outside, must be in accordance with minor privilege licenses (not more than 3 feet from building line and permitting a four-foot walkway).
   Containers of food and food should be stored at least 10 inches from surface of ground, if outside.
5. Garbage and offal must be disposed of at designated areas or stored in metal containers with tightly fitting lids.
6. Cats and other domestic animals must be kept away from food and food storage and out of food establishments.
7. Premises of food merchants must be kept clean and in good repair, both outside and inside, at all times.
8. Extraneous materials—junk and unused containers and equipment—must be eliminated from entire building.
9. Premises must be made rodent proof and kept free from rats and mice at all times.

10. Ample toilet and handwashing facilities must be provided. Ample and convenient toilet facilities of approved type must be provided for employees. These facilities should be located on the first floor of the premises.

The rules were given to the group for self enforcement in May with the understanding that after October strict enforcement would be carried out. After the latter month it was observed that with few exceptions, compliance had been carried out in spite of lack of complete cooperation by members of the merchants with each other. Daily patrol and inspection of establishments in the area and around the Wholesale Produce Market were continued during the remainder of the year to deter a retrogression to previous unhygienic conditions.

There were 45 condemnations of approximately 120,000 pounds of food during the year in wholesale establishments, of which a large amount, as seen in Table No. 2, was condemned following requests for examination.

Manufacturing Food Establishments

By far the most strategic, yet the least spectacular type of food establishment in which to maintain constant control is the food manufacturing plant. An infected or contaminated food originating in a bakery, salad preparing plant, cannery or poultry killing establishment could readily find its way through the storage warehouse and retail store to the consumer without being detected except by objective sampling. A combination of meticulous inspection and objective sampling of 92 bakeries revealed that 66 were offering for sale filth-infested food. Of a total of 865 samples submitted from 218 establishments 48 per cent were found to be contaminated. These samples were taken only from plants where there was evidence of rodent and insect invasion and in many instances multiple samples from the infested plants were obtained. Products of the large bakeries, however, were found to be free of filth with one exception. Cooperating with representatives of a nearby military camp, the bureau was instrumental in getting two bakeries to make many changes in equipment and operation. Self-inspection activities of establishments in this group continued and a change of procedure by pest control operators from solely killing invading pests to building out rodents and insect proofing, aided materially in improving sanitation in these food manufacturing plants.

Institutions and Miscellaneous Establishments

An additional inspection record form was prepared and used during the year for this group of establishments. Improvements obtained in institution food departments were numerous both in hospital kitchens and small nurseries and convalescent homes, industrial cafeterias and schools. The im-

provements were obtained through the concerted efforts of the licensing agency—the Bureau of Child Hygiene of the City Health Department in the case of nurseries, and the Division of Hospitals of the Maryland State Department of Health in the case of convalescent homes and hospitals—and the Bureau of Food Control. The employment of commercial cafeteria service companies by several schools resulted in improvements in the food departments of these institutions. No expense was spared by every hospital to follow instructions of the bureau in carrying out recommendations. Equipment was relocated away from walls; stored food was elevated and protected; handwashing bowls with liquid germicidal soap for food service personnel were installed; indicating thermometers were installed on dishwashing machines and on refrigerators, and auxiliary three-compartment sinks were added. It is estimated that over 400 pieces of equipment were replaced or added and over $100,000 spent in improvements.

Cooperative Activities

Cooperative activities consisted of guiding and directing food establishment owners and managers in planning for improvements, expansions and changes in operations. Plans submitted by the Bureau of Buildings for review, appplications from the Board of Liquor License Commissioners for Baltimore City (a state agency) and the voluntary submitting of proposed layouts of equipment for unit areas in the new Lexington and Cross Street Markets totalled 1,104. Each was reviewed and recommendations were given in writing. Plumbers were advised to install equipment away from walls and willingly complied with recommendations. Pest control operators began a new phase of their operation, that of carrying out minor repairs in building out rodents.

Dual inspections were made with representatives of the Bureau of Food Control of the Maryland State Department of Health of frozen food, canning and bottling plants as a preliminary to the procedure of eliminating state inspection of food plants in the city. Dual inspections of poultry killing plants with a veterinarian of the U. S. Food and Drug Administration resulted in the obtaining of information not heretofore known concerning diseased and injured poultry offered for sale in the city. Cooperative inspection of the food departments of the city-owned Friendship Airport in Anne Arundel County with representatives of the County Health Department proved the effectiveness of obtaining quick corrections when two agencies collaborate and demand improvements. Assistance was also given the U. S. Food and Drug Administration in removing from channels of trade a type of cheese alleged to be infected with the botulinus bacillus and canned egg yolk sold as a baby food infected with *Salmonella montevideo*.

Education

Representatives of the bureau continued with the instruction of food service personnel as in previous years. Over 1,800 persons were given various types of instruction depending upon the duties of the individual. Regular classes for food demonstrators were held for 74 persons. A leaflet outlining rules for their conduct while demonstrating was prepared and distributed. Vending machine service personnel, poultry graders, students of several colleges and universities of the state, hotel employees and high school students were instructed by means of blackboard talks, demonstrations and "flip charts" used as teaching aids; and every opportunity was used to train food service personnel in methods of preventing food poisoning, rodent and insect infestation of premises and in the need for handwashing and food utensil washing and disinfecting.

The following table gives a tabulation of the groups and persons given instruction since 1943:

NUMBER OF PERSONS AND GROUPS GIVEN INSTRUCTION

Year	Number of Groups	Number of Persons
1952	75	1,808
1951	77	1,538
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
Total	668	22,259

Regulation

The report of the Police Department on the activities of the Housing Court for 1952 showed a total of 487 cases disposed of by the court with fines assessed in 288 cases. Of these, 43 were cases instigated by the bureau on all of which fines were assessed. A total of $7,227 was assessed in fines. Of this amount, $3,530 was assessed against the 22 persons or companies brought before the court on the 43 charges by the bureau. In addition to this type of regulatory activity in which 216 inches of press publicity were obtained, 252 hearings were held within the office of the bureau. The cooperation of Magistrate Helen Elizabeth Brown of the Housing Court was commendable and her decisions resulted in deterring many food establishment owners and managers from having in possession impure food, and from operating unclean food establishments. The following table gives the number of prosecutions that occurred in the local court during ten years.

PROSECUTIONS IN COURT

YEAR	NUMBER OF CASES	RETAIL	OTHERS	TOTAL FINES
1952	22	17	5	$3,530
1951	29	26	3	4,335
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

Brief summaries of some of the noteworthy court cases follow:

1. Five dealers, three located within the new Lexington Market, one of whom was a second offender during the year, were charged with having impure food in their possession—ground meat to which sulfite had been added. One of the dealers requested a jury trial but was assessed the maximum fine of $100.00 and costs.
2. A dealer operating a lunch stand in a market and a commissary at a second address was charged with having mouse excreta contaminated food. The maximum fine was assessed for both charges.
3. A partnership likewise was charged, found guilty and fined for operating two establishments under insanitary conditions and having impure food. In this instance both parties operating the grocery stores were fined separately for having in possession impure food.
4. A corporation engaged in the manufacture of cider and vinegar was fined $100.00 and costs for failing to abate a nuisance consisting of rodent infestation, filthy equipment and insanitary conditions in the premises where the products were bottled. This case was unusual in that the corporation rather than the individual was held liable. The reason for this was that the unsatisfactory conditions appeared to be a corporate responsibility rather than the responsibility of any one individual.

Of the 22 court prosecutions, 6 were restaurant owners and 5 were groceries. In a number of instances large manufacturing plants were closed for several days on advice given at hearings.

Special Activities

The following projects were carried out in addition to routine activities:

1. Studies of G 11 (hexachlorophene) containing liquid soap as a means of freeing the hands of transient population of bacteria were continued.

2. A survey of food-vending machines to ascertain the operation and method of service was carried out. This type of dispenser, it was realized, would never improve the food, but merely keep it in its original condition or make it worse.

3. A survey of barber shops was carried out in cooperation with the

Bureau of Environmental Hygiene for the detection of ringworm on instruments and on the premises; ultraviolet light was used in the screening procedure before samples for cultivating mycological specimens were obtained.

4. The bureau persistently urged the refrigeration of canned hams in grocery stores. This procedure was directed to the attention of the Meat Inspection Division of the U. S. Department of Agriculture which threatened drastic action on the meat processing plant if sales personnel did not also urge the refrigeration.

5. Studies of samples of sawdust used on floors revealed no source of sawdust free from insect or vermin contamination. The hazard of using this as a floor cleaning or sweeping compound became apparent.

6. A field testing outfit in more compact form was devised which incorporated a new test for sulfites in meat, an additional alkali test for bottling plants and a test for dyed meat.

7. Toilet paper manufacturers were informed of the English procedure of printing on the paper, "Now Wash Your Hands, Please." This suggestion was not favorably received by this industry, but the bureau will continue to urge that it be carried out. Substitute procedures have been suggested by the paper industry.

8. The bureau prepared a compilation of information which was used in preventing the passage of an ordinance by the City Council which proposed the medical examination of food handlers. A similar legislative bill had been introduced in the State Legislature earlier in the year. Both the bill and the ordinance were opposed vigorously by the City Health Department and both died in committee.

Food Poisoning

There were 41 investigations of alleged cases or outbreaks of food poisoning conducted in collaboration with the Bureau of Communicable Diseases and the Bureau of Laboratories. Of these investigations 10 were judged as being actually caused by food. Those involving one to five persons were not considered as outbreaks. Brief summaries of several of the outbreaks are as follows:

1. Two outbreaks that occurred among employees of a hospital and which involved 45 and 27 persons were reported by the hospital superintendent. Investigation of the first outbreak indicated that chicken à la king was the cause, infected probably by a food handler. The use of hexachlorophene-containing soap was recommended and personnel were instructed in sanitary precautions.

   The second outbreak occurred several months later. Veal salad served warm was found to be the common food which caused the illness of 27 persons. Samples of food and hand swabbings proved negative in this investigation.

2. Over 50 persons became ill following a Thanksgiving dinner served to over 1,000 workers in a commercial cafeteria. Laboratory results of hand swabbings, fecal specimens and portions of food were all negative. Preventive measures were advocated to prevent a recurrence of a similar outbreak, chiefly by the complete heating of poultry dressing.
3. Fifty women became ill with symptoms resembling food poisoning following a women's club luncheon held in a church and attended by 110 persons. Unrefrigerated cooked ham stored overnight in the church kitchen was the food common to all the women. Precautionary measures that should have been taken were explained to the group in a talk after the investigation.

There were no fatalities in any of the outbreaks investigated. A summary of the investigations of reported food-poisoning investigations since 1933 is given in the following table:

SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS, 1933-1952

Period	Investigations		Outbreaks Established		
	Number	Persons Involved	Number	Persons Ill	Public Eating Establishments Involved
1948-1952	119	1,060	33	755	5
1952	41	438	10	251	2
1951	22	74	2	15	0
1950	23	176	6	152	2
1949	14	149	7	138	1
1948	19	223	8	199	0
1943-1947	114	937	20	586	8
1938-1942	145	1,093	24	631	8
1933-1937	126	686	13	306	8

A chart prepared by the bureau for use in the instruction of medical students was published in a national magazine (see Bibliography) and reprints of the chart were distributed to others as one of the means of instructing groups in preventive measures.

Food-Borne Diseases

No case of rabbit-borne tularemia was reported during the year. Shipments of wild Australian frozen rabbits were refused entry into the city while domesticated Danish frozen rabbits were permitted to be sold.

Three cases of trichinosis were investigated. Investigations have shown that eating improperly cooked pork and pork products is a hazard. Many people eat pork with a false sense of security, as they believe that all pork sold in the city is inspected for trichinosis either by federal or Health Department veterinarians.

A case of ascariasis in a five-year-old son of a baker was investigated.

The infection originated in a southern state and the baker's activities were supervised.

Civil Defense

The duties of protecting the food supply in anticipation of an attack by a foreign power, the salvaging of food in the city after the attack, and preventing the consuming of chemical debris and biologically—or radiologically—contaminated food is the responsibility of personnel in the food control bureau of the Health Department who are aided and assisted by civil defense volunteers recruited for this purpose. Recruitment from members of two organizations, the Pest Control Association of Maryland, and the Baltimore Chapter of Food Technologists, was begun during the year and about 50 volunteers enlisted in this service. Catastrophic-like incidents such as fires wherein large amounts of food are damaged were used as civil defense training opportunities. These experiences will prove useful in the event of any major catastrophe.

Miscellaneous Activities

The director attended meetings of the Central Atlantic States Association of Food and Drug Officials, the Annual Meeting of the American Public Health Association, a conference of food handler training of the U. S. Public Health Service, a meeting of consultants of the National Sanitation Foundation and the periodic sessions of the Baltimore Conference of Food, Drug and Sanitary Officials. The director served as Chairman of the Committee on Food Plant Sanitation of the Food and Nutrition Section of the American Public Health Association and continued his activities on the Association's Committee of Membership and Fellowship and as one of their advisors to the poultry industry. Requests for information concerning activities of the bureau were received from 24 states and 2 foreign countries, and visitors were received from 8 foreign countries.

Personnel changes within the bureau during the year were as follows: Mrs. Carolyn Rich replaced Mrs. Julia Dalrymple as Senior Stenographer. Mr. Herman Sodie resigned and Mr. John J. Neunan, Sanitarian, was transferred to the Bureau of Environmental Hygiene. Messrs. Elmer L. Rickerds, Melvin M. Johnson and Charles F. Courtney filled vacancies among sanitarians, and Mr. Jacque G. Ayd was promoted to the position of Chief of the Division of Food Plant Inspection.

Food Plant Inspection

On April 17 the Chief of the Division of Food Plant Inspection was appointed following the adoption by the City Council in 1951 of Resolution No. 2802 which encouraged the creation of the division. This action followed

several visits by the Women's Civic League to food establishments with representatives of the bureau and the League's subsequent recommendation for additional personnel to fortify the activities of the Bureau of Food Control. Projects planned for the new division are as follows: To establish a self-inspection program in food establishments operating multiple units; to inaugurate a systematic inspection plan of manufacturing and wholesale food establishments; to formulate and enforce a procedure with collaborating agencies to deter new food establishments from operating until all recommendations of the Health Department have been carried out; to prepare a handbook for food establishment operators; to promote interest in and increase attendance at food handler instruction classes; and to bring up-to-date compilation of the laws and legal references relating to the bureau.

During 1952 activities on these projects were as follows:

Under the self-inspection program the owners of food establishments operating multiple units were encouraged to require their own supervisory personnel to make routine inspection of their establishments and to report their findings to the bureau every month. A program was established in the larger establishments, but 85 per cent of small establishments were not under self-inspection.

Systematic inspections of manufacturing and wholesale food establishments were begun and the sanitarians assigned concentrated their activities on those places which had not been adequately reached in the past. Inspections of canning plants in the city were completed. Analyses of the findings disclosed that while much improvement was needed from the aesthetic point of view in the smaller plants the food was pure and wholesome. An index card system was also devised for recording the date of inspection and other data. Applicants for new food establishments were informed that business should not begin operation until approved by the bureau, and preliminary work on a handbook for food establishments operators was begun.

In large establishments group instruction of the food service personnel had been successful, but personnel in small establishments continued to be reluctant in attending classes for instruction. To further this program all applicants who request permits to open new establishments were advised of the need for food handler training before commencing business operations.

Inspection Activities

A survey was made of ice manufacturing plants to determine what measures were being taken to prevent the precipitation of chemical salts in the ice core. This study was made particularly to determine if the addi-

tion of fluorine to the city water supply would result in large amounts of that chemical reaching the consumer. No fluorine salts were found. An investigation of the manufacture of sawdust sweeping compounds revealed evidence of rodent infestation and other contamination of the sawdust. The interest of the owner of a mill manufacturing a sanitary sweeping compound was stimulated.

A survey of frozen food establishments was made and special emphasis was placed on those new establishments operating under contract with electrical appliance stores supplying frozen foods for home freezers; a survey of coin-type coffee vending machines was carried out; inspections of wholesale poultry establishments carried out jointly with a veterinarian of the U.S. Food and Drug Administration provided sanitarians of the division with information concerning methods of detecting diseased poultry; the inspection of a large pickling plant in the city resulted in extensive renovations throughout the entire plant; and the inspection of a ship led to the condemnation of twenty tons of strawberries which had been damaged by fire while the ship was at sea.

Cooperative Activities

Joint inspections of the wholesale produce area by representatives of the Bureau of Sanitation, the Police Department and the Bureau of Food Control showed the practical efficiency of cooperative action in obtaining improvements. The undesirable practice of dumping debris from produce trucks into the streets of the area was discontinued after the owners of the trucks, a grocery corporation which is under self-inspection, were notified.

A meeting of the representatives of the Lexington Market Authority with representatives of the Police Department and the Bureau of Sanitation brought about results in the removal of all stalls from streets in the vicinity of the market.

Plans submitted to the division through the Bureau of Building Inspection for the alteration or erection of 193 food establishments were reviewed. Numerous consultations were held with owners and architects regarding the plans and, where necessary, personal visits before work commenced were made to the premises where the alterations were to be made. Other cooperative activities included the investigations, with State Department of Health representatives, for the entry of uncertified oysters into the city; the condemnation of carbonated beverages that had been returned under detention by the State Department of Health to the city and which had been contaminated by a flash flood in an adjoining county; and the processing under an expedited procedure of the 157 applications for carnivals submitted through the Bureau of Building Inspection.

Educational Activities

In addition to the periodic instruction of food demonstrators and food service personnel, the supervisors and sanitarians employed by establishments cooperating in the self-inspection program were given instruction in the basic fundamentals of sanitation and other details necessary to the self-inspection program.

Regulatory Activities

There were 6 hearings of owners or operators of food establishments which were under the self-inspection program. Results were obtained in all cases without resorting to legal action.

All 22 cases which the bureau prosecuted in the Housing Court were prepared for trial by the chief of the division. Of these cases 4 involved wholesale or manufacturing plants and the remaining were retail food establishments.

Miscellaneous Activities

Talks were given by the chief of the division at the quarterly meeting of the Baltimore Conference of Food, Drug and Sanitary Officials at the State Department of Health and at the monthly meeting of the Sanitary Section of the City Health Department. The chief of the division also attended the Interstate Sanitation Seminar at Charleston, South Carolina.

Nutrition

The Division of Nutrition continued to provide a variety of services designed to integrate nutrition education into the city's health program. The activities of the division were aimed at education of the public toward the wiser use of available foods as well as the application of pertinent information to healthful everyday living. Nutrition services included in-service training of Health Department personnel, participation in radio and television shows, program planning with other professional agencies, consultation on food service problems with operators of day nurseries and nursery schools licensed by the Health Department, promotion of nutrition education in the elementary public and parochial schools, preparation and procurement of printed and visual aid materials, and participation in civil defense activities related to mass feeding.

In-service training included individual conferences with public health nurses and other Health Department personnel to review food problems of specific families and individuals, to assist in planning nutrition education programs for schools, to organize materials for exhibits and to discuss

individual nutrition problems. Home visits were made to demonstrate to the public health nurses the integration of nutrition information into the everyday teaching of families. Several periods of orientation in public health nutrition were planned for new staff nurses in the Bureau of Public Health Nursing. Staff conferences in the respective health districts included discussions of prenatal nutrition, nutrition and tuberculosis, weight control, food needs of school children, menu planning and food budgeting. Public health nutrition was discussed with four groups of student nurses during their training period with the Health Department and with hospital student nurses at two hospitals. Arrangements were made with the home economist from the Consumer Education Division of the Department of Agriculture to demonstrate grades and economic cuts of meat for the entire nursing group. Group instruction in the clinics was used to assist the clinic nurse in giving more adequate information in these matters. In-service training for other Health Department personnel included a discussion of family nutrition with the sanitarians of the Bureau of Food Control and the Sanitary Section.

The nutritionist was active in the planning of a conference of hospital administrators, dietitians, and hospital civil defense officers with a panel from the Baltimore Food Committee to discuss plans for food service and food procurement in the event of a disaster and in a discussion on "Mass Feeding" at the Nurses Institute on Civil Defense, a two day meeting of nurses from all parts of the state. The division chief also functioned as a consultant to the Food Committee of the Baltimore Civil Defense Emergency Welfare Service.

Cooperating with the program coordinator for WBAL-TV the nutritionist acted as a consultant and participant on a public service program "Ways With Weight" which was initiated as a half-hour program every other week. Weight control problems were predominant among the discussions although other timely nutrition subjects were also included. A pamphlet "Holiday Eating with Calories Reduced" was prepared for distribution in connection with this TV show.

Assistance was given in writing the radio scripts for four of the "Keeping Well" series. The nutritionist participated in two Health Department television shows and two additional TV programs and in a radio discussion on hot weather foods, in addition to those previously mentioned.

Promotion of nutrition activities in the Baltimore schools was encouraged through the school nurse, Parent-Teacher Association meetings and through meetings with principals and teachers. The nutritionist was invited to act as a consultant to the Advisory Committee of Elementary School Principals, and teachers were assisted in the integration of nutrition in their classroom activities. Posters and display materials with specific

nutrition emphasis were made available. Emphasis was given to the possibilities of nutrition education through school cafeterias.

The Division of Nutrition continued to provide supervised field experience for graduate students in public health nutrition. A student from Drexel Institute of Technology in Philadelphia spent two weeks observing and participating in the activities of the division.

The division chief discussed the topic, "Nutrition Activities in a City Health Department," for the nutrition class at the Johns Hopkins School of Hygiene and Public Health and also participated in workshops for elementary teachers at the University of Maryland at College Park and at Morgan State College.

A group weight control program in which the nutritionist participated was conducted for the employees of the local U. S. Social Security Agency. This group method is not designed to replace individual guidance by a physician, nurse or nutritionist, but it plays a part in stimulating an interest in weight loss.

Approximately 25,000 pieces of nutrition education materials were distributed in 1952. An exhibit based on weight control was procured for display by the Industrial Nurses Group at the Governor's Safety and Health Conference. Assistance was given the Division of Exhibits in revising nutrition displays. The nutritionist assisted the Bureaus of Public Health Nursing and Tuberculosis in the revision of the tuberculosis section of the Public Health Nursing Manual. A section on low cost foods was added to the existing nutrition materials. Assistance was given the Bureau of Child Hygiene in incorporating feeding instructions into the manual for clinicians in the well baby clinics. A discussion on weight control was presented to the medical staff attached to the Regional Office of the Veterans Administration. The nutritionist attended the sessions of the Southern Branch of the American Public Health Association and participated in the Food and Nutrition Institute sponsored by the U. S. Department of Agriculture, the U. S. Public Health Service, and the Inter-agency committee on Nutrition Education and the School Lunch.

The nutritionist was a member of the following committees: Nutrition Education Committee, Baltimore City Department of Education; School Health Council; Nutrition Advisory Committee, Baltimore Chapter American Red Cross; Baltimore Low Cost Budget Committee; Food Committee, Emergency Welfare Services, Baltimore Civil Defense; and the Maryland Nutrition Committee. She served as President and Chairman of the Executive Board of the Maryland Dietetic Association; she was a member of Association's Civil Defense Committee, on the editorial staff of *The Bulletin* of the Maryland Dietetic Association, and was Chairman of the Commun-

ity Nutrition Section. In the Maryland Home Economics Association, she was Chairman of the Civil Defense Committee and a cabinet member.

Of necessity, the majority of activities of one nutritionist in a city the size of Baltimore must be of the consultant type. The following table shows the direct service rendered to the community during 1949–1952:

DIRECT NUTRITION SERVICES—1952

	Number of Sessions				Total Number of Persons			
	1952	1951	1950	1949	1952	1951	1950	1949
In Service Training	144	144	194	69	529	560	1,332	717
Nurses Group Conference	10	21	60	39	235	360	1,028	622
Student Nurses Groups	6	5	7	6	131	46	108	71
Orientation of New Staff Nurses	5	7	..	..	28	43	..	..
Individual Nurse Conferences	115	105	119	..	115	105	119	..
Demonstration Home Visits	6	6	6	24	6	6	6	24
Other Health Department Personnel	2	..	2	..	14	..	71	..
Clinic Instruction	3	5	18	43	50	84	420	770
Prenatal (group)	2	2	7	16	32	23	174	302
Chest (group)	1	2	11	11	18	31	244	212
Schools	13	12	34	36	932	715	1,999	2,792
Parent Groups	6	10	16	18	446	595	533	669
Elementary Students	..	1	11	9	..	85	961	1,685
Parochial Students	..	..	3	5	..	..	430	355
Junior and Senior High School Students	3	..	..	..	425	..	..	..
Teacher groups	4	1	4	4	61	35	75	83
Other Activities	40	36	54	18	293,206	30,180	33,240	10,869
Community Meetings	7	4	8	7	290	373	650	430
Food Handlers Classes	..	..	1	3	..	..	11	121
Weight Control Groups	7	..	..	..	219	..	..	..
Guest Instruction—College	3	..	1	2	44	..	7	18
Consultation to Small Institutions								
Office Conferences	6	14	5	..	6	14	5	..
Visits to Nurseries	..	3	8	..	..	3	8	..
Nutrition Discussion with Parents	1	1	2	..	24	25	48	..
Radio Programs	1	2	2	3	3,574	10,200	8,000	7,000
TV Programs	10	3	2	3	285,000	15,500	14,000	3,300
Exhibits and Displays	3	5	8	..	4,000	3,500	10,000	..
Movies	2	4	13	..	49	565	511	..

Personnel

Ferdinand A. Korff, B.S., Director
Jacque G. Ayd, A.B., LL.B., Chief, Division of Food Plant Inspection
Eleanor L. McKnight, B.S., M.S., Chief, Division of Nutrition

Sanitarians

Charles F. Courtney
James H. Edwards
William W. Fox, B.S.
Benjamin Ginsberg, Ph.G.
Melvin M. Johnson
Bernard J. Lingeman
William K. Marsh, Jr., LL.B.
James M. Lumpkin, B.A.
Elmer L. Rickerds
Abraham Shecter
Robert M. Williar

Cecile D. Carpenter, Senior Clerk
Etta Levin, Senior Stenographer
Carolyn C. Rich, Senior Stenographer

TABLE NO. 1

INSPECTIONS OF FOOD ESTABLISHMENTS, 1952 and 1951

INSPECTIONS AND ACTIVITIES	1952	1951
Total Inspections—All Establishments	14,496	18,749
RETAIL ESTABLISHMENTS		
Inspections	8,090	11,368
Initial inspections	3,921	3,506
Special inspections	2,398	5,094
Reinspections	1,771	2,768
Activities		
Violation notices issued	326	360
Number of condemnations of food	237	203
Hearings within bureau	205	248
Samples of food obtained for examination	397	306
Field tests by inspectors (all types of establishments)	1,258	1,109
Complaints received and investigated (all types of establishments)	859	1,030
Prosecutions (all types of establishments)	22	29
MANUFACTURING ESTABLISHMENTS		
Inspections	1,018	1,131
Activities		
Violation notices issued	66	85
Number of condemnations of food	23	22
Hearings within bureau	35	57
Samples of food obtained for examination	482	442
WHOLESALE ESTABLISHMENTS		
Inspections	1,544	738
Activities		
Violation notices issued	18	8
Number of condemnations of food	45	51
Hearings within bureau	12	7
Samples of food obtained for examination	14	17
MARKET STALLS AND MISCELLANEOUS ESTABLISHMENTS		
Inspections	3,844	5,512
Market stalls	1,681	3,127
Institutions	640	481
Miscellaneous	1,523	1,904

TABLE NO 2

POUNDS OF FOOD CONDEMNED IN FOOD ESTABLISHMENTS, 1952 AND 1951

Type of Food	Total	Found By Inspections	Requested For Decision
1952			
All Types of Food	157,346	109,065	48,281*
Wholesale Food Establishments			
All types of food	119,449	99,817	19,632
Vegetables and fruit	..	..	..
Meats	220	..	220
Seafood	3,355	67	3,288
Poultry and game	546	..	546
Groceries, canned and bottled goods	113,886	98,308	15,578
Baking supplies, nuts and candies	1,442	1,442	..
Manufacturing Food Establishments			
All types of food	22,516	2,610	19,906
Vegetables and fruit	..	..	..
Groceries, canned and bottled goods	20,280	520	19,760
Baking supplies, nuts and candies	2,236	2,090	146
Retail Food Establishments			
All types of food	14,805	6,290	8,515
Vegetables and fruit	263	263	..
Meats	231	231	..
Seafood	72	72	..
Groceries, canned and bottled goods	12,418	3,903	8,515
Baking supplies, nuts and candies	376	376	..
Milk and dairy products	1,051	1,051	..
Poultry and game	394	394	..
Miscellaneous Food Establishments and Institutions			
All types of food	576	348	228
Meats	35	35	..
Seafood	126	..	126
Groceries, canned and bottled goods	413	313	100
Milk and dairy products	2	..	2
1951			
All Types of Food	146,990	36,562	110,428†
Wholesale Food Establishments			
All types of food	111,147	15,895	95,252
Vegetables and fruit	..	..	..
Meats	356	257	99
Seafood	2,737	174	2,563
Poultry and game	1,919	..	1,919
Groceries, canned and bottled goods	23,808	8,332	15,476
Baking supplies, nuts and candies	82,327	7,132	75,195
Manufacturing Food Establishments			
All types of food	23,146	12,110	11,036
Vegetables and fruit	8	8	..
Groceries, canned and bottled goods	3,572	3,572	..
Baking supplies, nuts and candies	19,566	8,530	11,036
Retail Food Establishments			
All types of food	12,697	8,557	4,140
Vegetables and fruit	368	368	..
Meats	613	613	..
Seafood	386	386	..
Groceries, canned and bottled goods	10,163	6,073	4,090
Baking supplies, nuts and candies	457	407	50
Milk and dairy products	698	698	..
Poultry and game	12	12	..

* Includes 10,873 pounds damaged at fires.

† Includes 93,402 pounds damaged at fires.

TABLE NO. 3

DISTRIBUTION OF INSPECTIONS OF WHOLESALE AND MANUFACTURING FOOD ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENT, 1952 AND 1951

Type of Establishment	Number of Establishments In City 1952	Number of Inspections	
		1952	1951
Total	6,040	6,406	7,381
Wholesale and distributing establishments	1,524	1,544	739
Hucksters and loaded trucks	400*	58	32
Commission merchants	132	945	270
Groceries, cold storage plants, auction houses	83†	209	133
Candy jobbing houses	50	29	27
Wharves and railroad terminals	9	55	35
Wine and liquor and miscellaneous establishments	850	248	242
Manufacturing food establishments	916	1,018	1,130
Bakeries and ice cream cone plants	416	482	756
Poultry killing—wholesale and retail	228	226	160
Candy manufacturing plants	65	34	67
Oyster packing plants	40	10	10
Soft drink and extract bottling plants	69	96	31
Salad, pickling and codfish cake plants	46	53	60
Canning plants	16	74	12
Noodle and potato chip plants	10	35	10
Sandwich plants, caterers and misc. establishments	26	8	24
Market stalls	2,400	1,681	3,127
Institutions and other establishments	1,200	2,163	2,385

* Approximate figure.

† Includes warehouses, butter and egg and meat plants.

BUREAU OF MEAT INSPECTION

BUREAU OF MEAT INSPECTION

William J. Gallagher, D.V.M.

Director

The provisions of the city meat ordinance require that all meat sold in Baltimore must be from plants maintained either under federal or municipal inspection. In 1952, as in previous years, ante- and post-mortem inspection was made on all cattle, sheep, calves, swine and goats in thirty slaughtering plants, three of which are located in adjacent counties. The examination of animals before and after slaughter including the condemnation of diseased animals and parts was carried on by the veterinarians; also there was inspection of the sanitation of the plants. Daily supervision was carried out in seventy-five meat food products and processing plants by bureau meat inspectors.

During the year, 33,360 inspection visits were made; 242,169 animals were inspected as compared with 219,559 animals in 1951; 465 whole carcasses were condemned in 1952 as compared with 431 carcasses in 1951. Parts and pounds of carcasses condemned because of disease or undesirable conditions are shown in Tables 1 and 2. Four 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. Twenty-four cattle reacting to Bang's disease were inspected and permitted to be sold for food. Due to a shortage of veterinarians, lay inspectors were assigned to assist the veterinarians in the slaughterhouses. During the year, 27,790 pounds of diseased or contaminated meat were condemned on reinspection as compared with 10,056 pounds in 1951.

Students from Johns Hopkins University were shown through the slaughtering plants on various occasions. The Bureau of Meat Inspection assisted the Bureau of Food Control in the control of diseased and contaminated poultry. Some manufacturing plants discontinued operations as manufacturers and began operating trucks with a wholesale license.

The director was deputized by the State Department of Health to examine and release for shipment outside the state 8,436 pounds of meat which were stored in a cold storage freezer in the city.

A number of sanitary improvements were made in Baltimore slaughtering and manufacturing plants. Other activities carried on by the bureau consisted of assistance at the Sanitary Section's permit desk, and the

supervising of sanitary conditions at the Municipal Animal Shelter. Dr. Stasys T. Kelpsa, formerly connected with the Bureau of Meat Inspection in the city of Cleveland Department of Health in Ohio became a staff member in November.

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

ESTABLISHMENT	NUMBER	INSPECTIONS
Slaughterers, under permit, in city	27	2,670
Slaughterers, under permit, in county	3	265
Manufacturers, under permit, in city	71	23,150
Manufacturers, under permit, in county	4	775
Wholesalers, under permit	156	6,500
Retailers—route trucks	45	
	306	33,360

Personnel

William J. Gallagher, D.V.M., Director
Franklin C. Herndon, D.V.S., Veterinarian
Kostas Kanauka, D.V.M., Veterinarian
Stasys T. Kelpsa, D.V.M., Veterinarian
Edward J. Moylan, D.V.M., Veterinarian
Edward P. Roberts, D.V.M., Veterinarian
John R. Saunders, 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
1952	16,130	121	1,284	59,555	26	78	45,617	8	7,624	120,172	310	31,355	155	..	..
1951	15,472	87	1,457	56,839	13	85	35,375	8	2,894	111,184	323	28,924	689	..	..
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	..	..

TABLE NO. 2

POUNDS OF MEAT CONDEMNED ON REINSPECTION

Year	Total	Pork	Beef	Mutton	Veal	Meat Products	Mixed Products
1952	27,790	12,142	406	65	60	11,944	3,173
1951	10,056	6,880	545	..	..	1,559	1,072
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	693	1,171	7,051	5,289
1942	39,261	7,261	22,984	2,167	851	2,949	3,049
1941	58,200	14,765	21,043	2,609	629	7,409	12,345
1940	37,779	20,316	7,564	677	791	3,054	3,357

TABLE NO. 3

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

	City	Counties
Meat products (fresh)	1,258,261	8,380
Meat products (smoked)	4,345,160	704,074
Meat food products (fresh)	1,545,441	457,060
Meat food products (smoked)	3,280,101	457,060
Meat food products (cooked)	947,174	207,485
Meat food products (boiled)	184,151	168,560
Lard	1,050,030	607,154
Lard compound	21,220	..
	12,631,538	2,609,773

BUREAU OF ENVIRONMENTAL HYGIENE

BUREAU OF ENVIRONMENTAL HYGIENE

George W. Schucker, B.E.

Director

A number of activities and actions during the year were taken to improve environmental sanitation in the community and to improve the health of its citizens. On November 26, 1952 the Bureau of Water Supply began the fluoridation of the city water supply to reduce the dental caries in children. The Building Inspection Engineer and the Commissioner of Health adopted amended plumbing regulations, effective on May 1, to assure in so far as possible dry basements and to prevent illegal connections to the sanitary sewer which have resulted in basements being flooded with sewage due to overcharged sanitary sewers. The approval of changes, recommended by the Health Department, in the mechanical plans for the Cross Street Market, providing sewer and water connections for each stall, and close cooperation with the General Manager of Lexington Market and the City Market Master in the examination and approval of plans for stall construction in both new markets should prevent the rat harborages and insanitary conditions which existed in the old markets.

Community Sanitation

The division continued its activities in the field of general environmental sanitation. These included complaint investigations, inspections of foster homes, convalescent homes, day nurseries, and rooming houses, and the sampling of water from the city water supply and swimming pools.

Water Supplies

The sanitary quality of the city water was evaluated through analysis of 1,412 samples collected from consumers' taps throughout the distribution system and from two fixed points outside the city. The percentage of 10 ml. portions confirmed for coliform organisms was 2.07 as compared with 0.93 for 1951. Sampling of bottled water and public and semi-public springs was also continued.

The most significant event in the field of water supply was the beginning of fluoridation of the city water supply. Addition of hydrofluosilicic acid at the rate of 0.5 p.p.m. of fluorides was started on November 26, 1952, and the amount of fluoride was increased by stages until on December 8, 1952, 1.0 p.p.m. was being added. By the end of December the full amount of 1.0 p.p.m. of fluoride was well distributed throughout the water system. To assure close controls over this new process, fluoride determinations were

made by the Health Department from samples collected throughout the distribution system. These samples supplement plant control samples and samples from fixed points which were collected by the Bureau of Water Supply.

Sewage Disposal and Stream Pollution

The policy of the Health Department with reference to the addition of sewage to streams already carrying sewage pollution was reviewed during the year. The principal problem in this connection is presented in areas where existing sanitary sewers were constructed with temporary outlets into streams, pending extension of the sanitary sewer system to carry the sewage to a disposal plant. For some time the Health Department has refused to approve applications for the discharge of sewage from any further developments into sewers of this character. Exceptions were made in a few cases where extension of the sanitary sewer system was imminent. In these instances applications were approved with the stipulation that if the development were completed prior to completion of the sewer extension, the builder would construct and maintain a suitable septic tank and chlorinator until such time as the city had extended a sanitary sewer interceptor. No further applications of this nature were being approved at the close of the year. However, applications were occasionally received for construction of a single new building in an already developed area where the only sewer available was a sanitary sewer discharging to a stream. It was decided that each such case would be considered on an individual basis.

A case of typhoid fever was reported in a nine-year-old boy who played in and drank water from Gwynns Falls near the Frederick Avenue bridge. This stream received sewage from bleeders on sanitary sewers, and, during storms, the discharge from combined sewers. The Department of Recreation and Parks cooperated with the Health Department by placing signs at this point on the stream, which gave warning of the polluted character of the water. During the year the signs previously posted on polluted streams were checked and replaced where necessary.

Swimming Pools

Indoor and outdoor swimming pools were inspected periodically and samples of water were collected for laboratory examination. Certain operational difficulties were encountered immediately following the opening of several of the public park pools. Occasional unsatisfactory samples of water were collected from some other pools. However, operation of the swimming pools in general was satisfactory. One set of samples collected from each of the two bathing beaches at Fort Smallwood indicated the bathing water to be of good quality.

Rooming Houses and Lodging Houses

Inspection of rooming houses was curtailed during the year due to the existence of vacancies in the staff. Emphasis was placed on inspecting rooming houses where deficiencies had previously been found with spot checks of the more satisfactory establishments.

Psittacosis Control

Following discovery of six parakeets in a store belonging to a national chain, the birds were destroyed and the purchasing agent of the company and the vendor of the birds notified of the existence of the Maryland Law and Baltimore City Ordinance which prohibited importation and sale of psittacine birds. The Railway Express Agency was also informed that the local laws were still in existence. It cooperated by withholding delivery and notifying the Health Department when shipments of psittacine birds were received for delivery in the city.

A change in policy was adopted with regard to psittacine birds on vessels arriving in the city. The Health Department permitted the birds to remain on board provided that the captain of the vessel certified in writing that he would assume responsibility for seeing that the birds were not removed from the vessel while in port. Heretofore, it had been customary for the Health Department to receive and destroy the birds as an alternate to prosecution for violation of the ordinance for the prevention of psittacosis.

Miscellaneous Activities

1. In cooperation with the Bureau of Child Hygiene, inspections were made of 33 barber shops and theatres patronized by children who had acquired ringworm of the scalp. Where ultraviolet light disclosed fluorescent hairs on barber equipment or seat backs, slants were inoculated for laboratory examination for fungi. While disinfection of equipment in most barber shops was not adequate to destroy fungi, none of the samples submitted were found to be positive for the ringworm organism.

2. Preliminary investigations of the overcharging of sanitary sewers indicated that the possible cause was illegal discharge of storm water into the sanitary sewers. Detailed investigations with the Bureau of Sewers were made of two small areas and one large area served by sewers in which this trouble developed. A large number of storm water connections to the sanitary sewer were found. These consisted principally of areaway drains, with some rain leaders and cellar pumps. After 247 notices were served to remove storm water connections from the sanitary sewer, enforcement of the notices was deferred pending a review of this administrative problem.

3. In cooperation with the U. S. Public Health Service, inspections were made of watering points for interstate rail and water carriers.

4. With the assistance of the Bureau of Food Control, inspections were continued of additional locations proposed for use as emergency shelter and feeding stations by the Emergency Welfare Service in the city civil defense organization.

5. Investigation of a block in the Curtis Bay area from which a number of cases of diarrhea were reported, disclosed the water supply to be of good quality and the sanitary sewer system to be operating properly.

6. Near the close of the year, a report was received from the United States Navy that several cases of infectious hepatitis had occurred in Navy personnel and that the only common factor among the patients was a history of recent tattooing in Baltimore. Investigations of this problem were started and will be continued during 1953.

7. The division chief served as a member of the Home Safety Committee of the Baltimore Safety Council.

Plumbing

In order to assure, in so far as possible, dry cellars, basements, and crawl spaces and to prevent illegal connections to the sanitary sewers to remove storm water, seepage, ground water and areaway drainage the Building Inspection Engineer and the Commissioner of Health on April 15, 1952 adopted revised regulations pertaining to foundation and areaway drains, and rain leaders. The amended regulations became effective on May 1, and applied to all applications for building permits filed with the Building Inspection Engineer. These regulations were the result of a study by a committee appointed by the Director of Public Works consisting of representatives of the Home Builders of Maryland, Bureau of Building Inspection, Bureau of Highways, Bureau of Sewers and the City Health Department. A request for additional personnel necessary for the effective enforcement of these regulations was approved by the Board of Estimates. However, it was not possible to fill the positions by the end of the year. A study of the problem of existing illegal connections to the sanitary sewers to remove storm water, foundation and areaway drainage that caused overcharging of the sanitary sewers in several areas of the city during heavy storms was undertaken during the year.

The Sewerage Engineer and the Commissioner of Health tested and approved for installation in Baltimore, at locations where the sanitary sewers are adequate to receive the increased discharge, two additional commercial type garbage grinders. A number of location approvals were granted for the installation of the four commercial grinders which had been tested and approved. In one instance the request for approval of the instal-

lation of a large commercial grinder at a canning plant was disapproved as the existing sanitary sewer was only eight inches in diameter and was installed on a very flat grade.

There were 3,901 connections made to the sanitary sewerage system during the year bringing the number of properties connected to the system to 197,235. Cross connections prevented or eliminated totaled 402. These included 208 hazardous hopper type yard toilets.

Rodent Control

Environmental Control

The emphasis in rodent control again was placed on controlling the environmental factors which make it possible for rats to feed and breed. In the application of this principle on a premises-by-premises survey in the pre-selected rodent control program areas, 17 additional blocks were inspected to determine the location, degree of infestation and the contributing causes, and notices were sent to owners and occupants to eliminate rats, correct all sanitation violations and to accomplish ratproofing measures. By the end of the year, 22 additional blocks were completed. This activity resulted in the improvement of 553 properties containing 1,126 dwelling units. Since the program was inaugurated, 77 blocks containing 2,135 properties and 3,593 dwelling units have been improved.

The elimination of food sources, rat harborage and ratproofing of properties, in effect, the same type of environmental control procedures, were employed in handling 2,298 complaints which resulted in the inspection of 3,522 premises. A total of 11,989 environmental deficiencies was corrected in the program areas or on the basis of complaints. An overall total of 19,805 inspections was made during the year.

Rat Bites and Rat-Borne Disease

A record number of rat bites were reported in 1952. One hundred persons were reported bitten by rats at 85 locations during the year. This was an increase of 20 bites over the previous high year, 1950, when 80 persons were bitten. Persons bitten varied in age from an infant of one week to a man seventy-two years old. The majority of the bites occurred late at night or during the early morning hours. However, a number occurred inadvertently while handling grain, removing trash or in clearing a drain. With the exception of three locations, all the bites occurred within a two mile radius of the center of the city. Of the 100 rat bites, 59 occurred in children under six years of age. Twenty-five of the total were in infants under one year and 23 were in adults twenty-one years of age or older.

Rat bites have been under intensive investigation for five successive

years. Since 1948, a total of 322 rat bites has been reported and investigated by the division. Percentagewise 24.8 per cent have been of children under one year of age, 31.4 per cent of the cases were in children from one through five years of age, 21.5 per cent were in the six through twenty year age group and 22.3 per cent were twenty-one years or older. In all instances, the rat bite was immediately investigated and corrective measures were required where necessary by notices to owners or occupants.

The third case of Haverhill fever in the history of this division was reported during the year and gave a history as follows:

> On October 26, 1952 in the early morning, a five week old male child was bitten on the left hand by a rat. The mother stated that she treated the laceration on advice from a hospital clinic. On October 31, 1952 the child became ill and was taken to the Harriet Lane Home and admitted. The diagnosis was Haverhill fever. Recovery was uneventful and patient was discharged on November 11, 1952.

Education

The division obtained five reels of film for use in public exhibitions, demonstrations or as adjuncts to lectures. These films were probably the finest ever produced in the field of rodent control. The subject matter covered habits and characteristics of the Norway and roof rats, rat control through sanitation and rat proofing and rat ectoparasites. Approximately 10 showings of these films reached some 450 persons. In addition, a series of "before and after" color slides were prepared for demonstration use.

In cooperation with the Association of Commerce during the annual "Clean-up, Fix-up, Paint-up" Week and in addition to an exhibit and demonstration, the division prepared a Rodent Control Check List as an experimental publication. Copies of this were distributed to the children of Public Schools Nos. 110 and 110A at Waesche Street near Fremont Avenue and proved to be the stimulus for noticeable improvement in yard sanitation in the vicinity. More widespread distribution of this list has been planned. Illustrated lectures were given to public school groups and in connection with several interdepartmental in-service training courses.

Rodenticide Studies

Warfarin, 3-(Alpha-phenyl-beta-acetylethyl)-4-hydroxycoumarin, sold under many trade names, continued to prove an excellent baiting material. The handicap of weather was overcome in many experiments by the use of a commercial type bait-station which made the material available to rats but kept it dry in all types of inclement weather. The division undertook to determine the efficiency of thiosemicarbazide as a rat killer. Its experiments were being developed at the close of the year.

Miscellaneous

1. The division devoted a considerable amount of time in consultation with Mr. H. W. Woodward of the Lexington Market Authority regarding stall base structures and the physical layout for the new market.

2. The old Lexington Market was baited for the last time during April, just prior to its being dismantled to provide space for the new market.

3. Public School No. 110 in the Lexington Environmental Control Area won a prize in connection with the annual "Clean-up, Paint-up, Fix-up" Week for the third consecutive year. The school also gained a national prize in this connection. Sanitation consciousness in this quarter is a direct result of the stimulus of the environmental type control program.

4. Mr. Romeo Mondello, Sanitary Engineer from the Montreal City Department of Health, visited the division to discuss rodent control procedures.

5. In cooperation with the Rodent Ecology Section at the Johns Hopkins School of Hygiene and Public Health and the U. S. Public Health Service the division commenced a rat population survey of the city late in the year. This is an attempt to determine a rat index which may be useful as a measure of rat populations in urban centers.

6. A total of 9,777 maintenance program inspections was made in completed environmental control blocks. Maintenance of previously required ratproofing and of tenant education in requirements of good sanitation was continued.

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

Philip A. Berman
Sidney L. Berlin
John F. Block, Ph.G.
John A. Childs
Elbert H. Cohen, B.A., LL.B.
Thomas H. Devlin, B.S., M.Ed.
Emanuel N. Donik
Eugene Ellison, B. S.
T. Evans Fernandis, Jr., A.B.
Milton P. Friedmann, B.S.
Francis J. Goldsmith, Ph.B., LL.B.
William H. Hunter, LL.B.
Walter W. Jones, A.B.
John O. Long
Albert Paul Manner
John J. Neunan
Thomas C. Nugent, B.S., LL.B.
Wellington S. Ross, A.B., M.A.
Arthur L. Turner
Robert B. Turner
Reginald C. Young, A.B.

Hiram Abiff Burkhardt, Principal Inspector-Plumbing
Harley Fickus, Principal Inspector-Plumbing

Worthington S. Law, Principal Inspector-Plumbing
Henry G. Rausch, Principal Inspector-Plumbing
Joseph P. Reynolds, Principal Inspector-Plumbing
Walter Underwood, Principal Inspector-Plumbing
John H. Pike, Inspector-Plumbing
Josephine B. Milner, B.S., Principal Clerk
Jacob G. Vogtmann, 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
Jeannette Shapos, Clerk Stenographer
May Hiltz, Junior Stenographer
Betty Ann Horner, Junior Stenographer
Nancy C. Rottloff, Junior Stenographer
Mary Jo Meadowcroft, Clerk-Typist
John W. Biden, 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	
	1952	1951	1952	1951
Total	5,123	5,188	5,416	5,508
Complaints				
Ashes and garbage	241	149	..	11
Building defects	602	634	6	19
Choked sewers	42	60	49	18
Dead animals	6	..	..	1
Defective drainage	392	250	270	46
Defective heating equipment	40	40	1	..
Defective plumbing	353	463	98	29
Defective toilet facilities	368	521	..	28
Fowl and other animals	333	277	40	17
Grass and weeds	450	427	196	177
Insanitary conditions	1,148	1,144	252	205
Insects	62	129	5	7
Miscellaneous	128	103	88	8
Privies and cesspools	38	17	1	2
Rats	154	194	45	32
Water in cellar	766	780	153	62
Special Investigations				
Child care institutions	..	..	130	127
City dumps and sanitary fills	..	..	58	28
Color tests	..	..	323	465
Environmental survey inspections	..	..	43	188
Foster homes	..	..	393	487
Home accidents	..	..	..	251
Hospitals and convalescent homes	..	..	54	44
Motion picture houses	..	..	8	18
Private dumps	..	..	216	325
Psittacine bird investigations	..	..	33	9
Rooming houses	..	..	297	752
Schools	..	..	17	9
Stream pollution	..	..	99	54
Supervisory inspections	..	..	410	57
Swimming pools	..	..	416	319
Watering points—carriers	..	..	100	4
Water supply sampling	..	..	1,615	1,709

TABLE NO. 2

COMPLAINT, PATROL AND SPECIAL INSPECTIONS

Type of Inspection	1952	1951
Total	15,856	17,681
Complaint	6,268	5,672
Patrol and special	5,416	5,508
Reinspection	4,172	6,501

TABLE NO. 3
COMPLAINTS

ACTION TAKEN	1952	1951
Handled by inspectors	3,976	3,802
Referred direct to other bureaus or departments	..	3
Investigated and referred to other bureaus or departments	94	155
Investigated and referred to police for follow up	35	78
Notices to abate nuisances	2,121	1,802
Hearings for failure to comply with notices	10	8
Summonses issued for failure to comply with notices	16	29
DISPOSITION		
TOTAL	4,136	5,462
Abatement by inspector	1,224	2,148
Cancelled (withdrawn or corrected before inspection)	866	749
Closed without action	1,147	1,383
Conditions of no health significance	785	946
Direct reference to other bureaus or departments	..	3
Investigated and referred to other bureaus or departments	114	233

TABLE NO. 4
METHOD OF SEWAGE DISPOSAL

METHOD OF DISPOSAL	TOTAL TO DECEMBER 1952	NEW CONNECTIONS	DISCONNECTED
Connections to sanitary sewers	197,235	3,901	..
Private drains to sanitary sewers	15,297	7	..
Connections to storm water outlets	15,076	447	..
Privies	..	..	17
Cesspools	..	..	77

TABLE NO. 5
PERMITS, PLUMBING INSPECTIONS AND PLUMBING FIXTURES INSTALLED

GROUP	1952	1951
Total permits issued	15,789	17,100
Permits for sanitary sewer connections	4,446	5,400
Permits for plumbing installations	11,343	11,700
Inspections of plumbing	28,707	29,365
Plumbing fixtures installed	41,709	48,306
Bathtubs	6,822	8,446
Miscellaneous	2,393	1,880
Sinks	7,130	8,212
Slophoppers	180	170
Urinals	382	500
Wash basins	9,320	10,044
Water closets	11,029	13,971
Wash trays	4,453	5,083

TABLE NO. 6
CROSS CONNECTIONS PREVENTED OR CORRECTED

TYPE	1952	1951
TOTAL	402	900
Air conditioning units	..	1
Bathtubs	105	73
Frostproof hoppers	208	764
Wash basins	89	62

TABLE NO. 7
RODENT CONTROL ACTIVITIES

ENVIRONMENTAL CONTROL AREAS	1952	1951
Number of blocks inspected	17	23
Number of blocks completed	22	24
Number of blocks pending	3	8
Total properties inspected	600	615
Dwellings	427	399
Commercial	37	46
Industrial	..	7
Combination with dwelling	92	92
Other	44	71
Dwelling units inspected	1,229	1,027
Properties improved	553	651
Dwelling units improved	1,126	1,191
Properties requiring no corrections	15	59
Properties pending corrections	159	127
TYPE OF INVESTIGATION		
TOTAL	19,805	16,983
Initial: Complaints	2,882	1,892
Patrol	640	1,430
Program areas	600	615
Reinspections: Complaint and patrol	2,327	2,459
Program areas	3,579	5,206
Maintenance	9,777	5,381
COMPLAINT HANDLING		
Complaints received	2,338	1,963
Complaints abated by Sanitarians	2,298	1,892
Complaints pending	127	87
Premises inspected on complaint	3,522	3,322
Disposition: Abated by Sanitarian	2,553	2,150
Referred to other divisions or bureaus	44	75
Cancelled (corrected prior to investigation)	87	367
No nuisance	765	676
Premises pending correction	127	54
DEFICIENCIES CORRECTED BY RODENT CONTROL ACTIVITIES	11,989	12,481
ENFORCEMENT PROCEDURES		
Notices to abate nuisance	1,962	1,798
Hand notices issued in field	103	139
Verbal recommendations	528	745
Hearings for failure to comply	1	2
Final notices for failure to comply	242	316
Summonses for failure to comply	18	34
VIOLATIONS REFERRED TO POLICE BY NORTHERN VOLUNTEERS	1,710	1,135

BUREAU OF INDUSTRIAL HYGIENE

BUREAU OF INDUSTRIAL HYGIENE

Charles E. Couchman, B.S.

Director

Throughout the year the changes that took place in staff personnel were as unprecedented as the character of the services rendered. Three new field positions for atmospheric pollution control work and an additional stenographic position were provided for in the 1952 budget. These were filled in the last four months of the year, but the clerical position was made vacant again by the resignation of Mrs. Margaret McIntyre on November 26. Other vacant positions which were later filled were created by the resignations of Mr. Charles H. Borcherding, Jr., who had had six years' service; and Mr. Felix H. Pretsch, who had been employed by the Health Department for more than fifteen years. Fortunately, the part-time services of Mr. Robert S. Nekomoto, an industrial hygienist from Hawaii, were obtained on a voluntary basis for a few months while he studied at the Johns Hopkins School of Hygiene and Public Health. On January 28, Miss Margaret Galbreath, Supervisor of Public Health Nursing, was transferred to the Eastern Health District and was replaced by Mrs. Mary Lanahan, Public Health Nurse, on a full-time basis in the bureau.

Notwithstanding these changes in staff, some of the special services rendered were: The study of 3 severe illnesses resulting from exposure to organic mercury compounds, the study of the vastly improved environmental exposures to chrome dust in a new multimillion dollar chromate manufacturing plant, the issuance for the first time of an immediate closure notice on a lead smelting plant for polluting the atmosphere with lead fume in hazardous concentrations, arranging a procedure with the U. S. Coast Guard for the disposal of waste radioisotopes at sea, investigating domestic hazards attended by the use of a toy plastic kit, the study of an exposure to trichloroethylene in a rug cleaning mixture, and intensive investigations of children eating lead paint.

These activities were conducted in addition to work which has become more of a routine nature. Surveys were conducted in 200 plants employing 5,285 workers. Examinations were made of 225 plans and applications for erecting new industrial buildings. Plant inspections resulted in 325 improvements affecting 11,306 workers. Fifty-three industrial studies were made of 10 different harmful substances in addition to hazardous conditions involving radiation, noise, faulty illumination, or ventilation. Information on industrial hygiene was released through an exhibit (Lead Poisoning in Children), radio, television, press conferences, lectures, and scientific jour-

nals. The staff personnel also participated in the civil defense program pertaining to special weapons defense. Visitors to observe activities were public health workers from the states of Delaware, Florida, Georgia, Tennessee, and Texas, as well as from Canada, England, Germany, Japan, and Uruguay.

Industrial Exposures

An insidious exposure to organic mercury compounds resulted in the serious illness of 3 workers. These cases were disclosed as a result of a conversation in which the Bureau of Laboratories was requested to examine a spinal fluid specimen for mercury. Subsequent field investigations and studies revealed that the compounds known as Semesan and Lignisan were packaged for a seven-month period by a small chemical plant in Baltimore for a large national chemical company under hazardous conditions known to the latter. The packaging work was completed just about the time the illnesses appeared. Two weeks later a study disclosed an elevated mercury vapor content in the workroom air from contaminated packaging equipment which appeared to be clean. In addition to the 3 affected persons there were about 40 other workers engaged at various times during the packaging period, and of these 5 were examined and 4 showed high urinary mercury content. Both companies were informed that before such work was ever begun again in Baltimore, the Health Department must be advised for the purpose of controlling the hazard during the work period.

Other mercury studies were conducted in chemistry and physics laboratories and in a warehouse where another organic mercury compound used for crab grass control was stored. Hazardous conditions were found only in the warehouse and this was alleviated by segregation of the compound from food products and by placing it in a well-ventilated portion of the building.

Seven cases of occupational lead poisoning, including 1 fatality, occurred from spray painting, metal scrapping of old ships, and the operation of a shooting gallery. Studies were conducted in these instances and resulted in improving the working environments. Likewise, similar work was conducted in lead metal melt plants, one of which performed smelting, and at a wire drawing operation. Due to the gross contamination in the smelting plant, it was necessary to issue an immediate closure notice which was complied with promptly.

An exhaustive environmental study was made of dust in a new chromate manufacturing plant costing several million dollars. Engineering control features incorporated in the new plant made a phenomenal decrease in the workers' exposures to dust as compared to a study made six years ago in the century-old plant which is being abandoned. Management of this

particular plant advised the workers of the health risks involved in the chromate industry if protective working standards are ignored. None the less, 69 cases of perforated nasal septa were reported during 1952; hence, a constant vigilance was maintained over the working conditions.

Of the solvents studied, carbon tetrachloride was the only one known to have caused an illness. This occurred in an operator of a dry cleaning plant and was believed to have been caused by unnecessary exposures since the equipment when properly operated was quite safe. Insignificant results were obtained in studying the exposure to petroleum-silicone mixtures used for waterproofing, and xylene used in a lacquering process.

The organic phosphorous insecticides, parathion and malathon, were packaged by two plants without adverse effects. Control measures consisted of safe handling procedures with studies of the air in the workrooms and weekly examinations of the blood of workers for evidence of reduced cholinesterase activity. This was the second year for producing the insecticide without affecting the workers even though production schedules were heavy.

Workers exposed to carbon monoxide formed by incomplete combustion of a gas-fired water heater in a municipal building were partially asphyxiated. The condition was promptly corrected by relieving the chokage in the clogged vent pipe. A study of gases claimed to have affected one of three tunnel workers disclosed no presence of carbon monoxide, methane, hydrogen sulfide, or oxygen deficiency. Silica dust studies in a rough grinding operation and in the mixing of a cement material disclosed the absence of any hazard.

The use of nuclear radiation substances gave rise to some interesting health developments. Shipments of radioactive elements from the Atomic Energy Commission were investigated and it was found that with one exception the users were taking the necessary precautions in handling the materials under safe conditions. One of the three plants receiving cobalt 60 for radiography had failed to provide adequate protection and this condition was later corrected. Strontium 90, a beta emitter, was used safely by a rubber company in an ingenious instrument designed automatically to control the thickness of rubber in a continuous production operation. Phosphorous 32 and neutron-bombarded dimes were used, respectively, for biological experimentation and lecture purposes. An unusual request for aid in the disposal of waste radioactive isotopes resulted in arrangements being made with the U.S. Coast Guard to dump the properly packed materials into the sea.

An opportunity without precedent to study the possible effects of radiation on humans occurred in the closing of the Kelly Clinic where a radon plant having nearly 5 grams of radium as a parent material had been oper-

ated for almost half a century. Some of the rare experiences over this period of years were: Two fatalities of workers in the early years when little was known of safe working practices and of the damaging character of the emanations; the gift of a large supply of spent radon bulbs still rich in the radium daughter product, polonium, to Dr. N. Feather, a colleague of Sir James Chadwick, working in Rutherford's Laboratory in England, enabled the latter to make his discovery of the neutron[1] which played an important role in the subsequent development of the atomic bomb; the ability of the clinic workers to be exposed to seemingly hazardous radiation intensities over a period of decades in the later period of the clinic's operation without apparent adverse effects; and the recovery of about 80 milligrams of radium in four forgotten locations when the old premises were recently monitored by the Division of Occupational Health of the U.S. Public Health Service in cooperation with the City Health Department industrial hygiene staff. The Division of Occupational Health upon request arranged for a medical study of the clinic personnel. Such a study will be of material value in adding to the limited available knowledge of radiation effects on humans.

Domestic Exposures

For the first time, no accidental fatalities occurred from exposure to natural gas or carbon monoxide in its products of incomplete combustion. Natural gas in a community, as compared with manufactured gas containing carbon monoxide, has proven within its past three years of use in Baltimore to be a major factor in public health advancement.[2] At least sixteen attempts were made by persons to commit suicide with the relatively harmless natural gas with the following results: 14 were unsuccessful and recovery occurred without any ill effects; 1 resulted in a fatal asphyxiation under unusual conditions suggestive of oxygen deprivation; and the sixteenth person accomplished the feat by dying of severe burns a month after an explosion occurred in his purposely gas-filled room. Although there were 17 coal gas conditions investigated, only one was serious enough to cause partial asphyxiation of a person inhaling carbon monoxide.

There were 29 diagnosed cases of lead poisoning in children, of which 5 were fatal. In addition, there were 37 children between 11 months and 5 years of age who lived in blighted areas and who on blood lead examination showed 0.07 milligram or more of lead in 100 grams of blood together with giving a history of available lead for pica in their homes. The total, 66 cases of lead absorption in children compared with 77 cases in 1951. This year the Lead Industries Association sponsored a study of the problem at the Johns Hopkins Hospital. Two hospital physicians treated a total of 13 cases with Ca EDTA. This compound, the calcium salt of ethylenediamine-

tetraacetic acid was recently introduced as a therapeutic agent for treating cases of lead poisoning. Physicians using it reported that better results were obtained than with other tried methods of treatment and there was an increase in lead excretion without adverse effects.

In order to publicize the significance of lead poisoning in children, an exhibit was prepared and shown at the American Medical Association meeting in Chicago where it was awarded honorable mention. This exhibit was also displayed at the Cleveland meeting of the American Public Health Association and at the Baltimore meeting of the Southern Branch of the American Public Health Association. The exhibit provoked a large interest in the subject. An article on lead poisoning in children[3] was also requested frequently in reprint, chiefly from public health workers. Since most of the lead poisoning cases occurred in tenanted slums or blighted areas, the property owners were sent legal notices to make improvements, and in one case where the recommendations were not complied with, court action was instituted and the owner was found guilty and fined.

The potential dangers of a toy plastic kit were investigated upon request, and it was found that the catalyst was of such a nature as to be a fire and an explosion hazard. The matter was referred to the National Bureau of Fire Underwriters[4]; and, subsequently, the toy kit apparently disappeared from the market.

An investigation of a trichloroethylene hazard related to the use of the solvent in a rug cleaning compound available to the public disclosed that 3 workers who had used the compound extensively had been made ill. Studies made jointly with the Division of Industrial Health and Air Pollution in the Maryland State Department of Health demonstrated that at times during the cleaning period the maximum allowable concentration of trichloroethylene vapors was exceeded.

Community Exposures

Developments in atmospheric pollution control brought the bureau into extensive local publicity during the year. Following an investigation by the Health Committee of the City Council, their report[5] with recommendations was answered by the Director of the City Department of Public Works[6] and by the Commissioner of Health.[7] With an appropriation of $13,000 for 1952, three sanitarians were added to the staff for the purpose of devoting their activities to atmospheric pollution control. An additional $25,000 was made available to the Health Department for 1953 although about twice this sum had been requested. Conferences were held with the Health Department's Advisory Committee on Sanitation, and with the Baltimore Association of Commerce. These groups together with the

Women's Civic League were helpful in the progress made in expanding the Health Department's work in air pollution control. In this the U.S. Public Health Service served as consultant.

Of the various types of complaints handled, those on atmospheric pollution were by far the most numerous as shown in the following table:

SUMMARY OF COMPLAINTS—1952

NATURE OF COMPLAINT	NUMBER	PER CENT
Atmospheric pollution	137	68
Coal gas	17	8
Industrial waste	12	6
Noise	5	3
Sanitation	8	4
Sanitary facilities	15	7
Ventilation	8	4
TOTAL	202	100

Some of the more acute atmospheric pollution conditions handled were:

1. Even though special permission had been granted by the City Council for the operation of a lead smelting plant without the knowledge of the Health Department, it was necessary for the Department to issue an immediate closure notice shortly after the plant began operations since lead fume concentrations were in excess of the safe limit.

2. The drying of a fermented product caused widespread foul odors which defied several methods of control. Finally, the plant discontinued the process at the insistence of the City Health Department.

3. The unloading of magnesite ore created a dust nuisance which was abated by the rearrangement of pier facilities.

4. The grinding and drying of oyster shells of southern origin created an unusually dusty condition and control procedures were being arranged at the close of the year.

From an enforcement and preventive control viewpoint, a significant arrangement was made with the Building Inspection Engineer whereby certain types of industries likely to cause atmospheric pollution would have their building applications referred to the Health Department for review and approval. A group of 30 industries mentioned specifically in paragraph 4 of the Zoning Ordinance No. 1247, approved March 30, 1931, are prohibited from starting business in Baltimore unless authorized by a specific ordinance in each individual case. The authority for exception may be granted by ordinance of the Mayor and City Council. On January 14, 1952, the Building Inspection Engineer directed the Zoning Engineer to refer all such exception ordinances to the Health Department. Since this group of industries are notorious offenders in polluting the atmosphere, corrective

action will be taken to prevent nuisances before operations are begun. The paragraph in the Zoning Ordinance dealing with this prohibitory type of manufacturing had its origin in a group of ordinances in the City Code of 1879.

Many of the activities mentioned in this bureau report began in cooperation with the Bureau of Laboratories, the Bureau of Public Health Nursing, and Dr. R. R. Sayers, Senior Medical Supervisor for Occupational Diseases.

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[2] Unity Cuts Accidents. Kooke, C. A., and Schulze, W. H., *American Gas Association Monthly*, July–August, 1952, Vol. 34, No. 7–8, pp. 16–18.
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[4] Plastics and Their Fire Problems. Braidech, M. M., Paper presented to the State Fire Chiefs'Association of Virginia Annual Meeting, August 11, 1952, p. 7.
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[6] Ibid. June 2, 1952, pp. 95–98.
[7] Ibid. June 2, 1952, pp. 99–107.

Personnel

Charles E. Couchman, B.S., Ch.E., Director
C. Edward Sachs, Sanitarian
Edward H. Vail, B.S., Sanitarian
Mary Lanahan, Public Health Nurse
David T. Lewis, B.S., Sanitarian
Joseph P. Connor, B.A., M.A., Sanitarian
Albert J. Grossman, Sanitarian
William M. Stump, Sanitarian
John J. Gunning, Sanitarian
Selma Aebli, Senior Stenographer

TABLE NO. 1

HEALTH AND ACCIDENT HAZARDS ELIMINATED IN INDUSTRIAL PLANTS—1952

TYPE OF IMPROVEMENT	NUMBER	POPULATION
TOTAL	325	11,306
Health-Occupational Hazards		
Atmospheric pollution	17	1,548
Exposure to toxic materials controlled by:		
Provision of protective clothing	1	22
Installation of local exhaust system	18	521
Change of operations	3	68
Isolation of operations	3	21
Repair of defective equipment	2	120
Provision of respirators	7	43
Wetting	1	3
Exposure to radiant energy controlled by:		
Provisions of salt, clothing, goggles and shields	1	50
Lighting provided or improved		
Artificial	2	42
Ventilation provided or improved		
Artificial	2	755
Natural	1	100
Noise reduced	1	2
Sanitation		
Drinking facilities provided or improved	16	324
City water supply installed	1	15
Industrial waste disposal provided or improved	6	189
Insect, rodent and vermin control instituted	1	50
Insanitary premises improved	3	103
Lockers provided	4	113
Rest rooms provided	2	195
Toilet facilities provided or improved	27	601
Washing facilities provided or improved	21	418
Personnel Services		
First-aid equipment provided	1	700
Accident Hazards		
Good housekeeping instituted	7	988
Fire hazards eliminated	1	30
Obstructed passageways cleared	2	21
Unsafe practices eliminated	3	102
Other Improvements		
New building	137	2,563
Heat supplied	19	1,375
New equipment	15	224

TABLE NO. 2

DETAILED STUDIES MADE—1952

Industry	Number of Studies	Dusts					Gases		Vapors			Others			
		Chrome	Lead	Silica	Malathon	Other	Carbon Monoxide	Nitrogen Oxides	Benzol and Analogs	Chlorinated Hydrocarbons	Mercury	Lighting	Noise	Ventilation	Radiation
All Industries Studied	53	6	14	1	1	1	3	1	1	4	6	3	4	3	5
Automotive	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..
Chemical	9	5	..	..	1	..	..	1	..	..	1	..	..	1	..
Clinic	3	..	..	..	..	..	..	..	..	..	1	..	..	..	2
Clothing	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..
Education	2	..	..	..	..	..	..	..	..	..	2	..	..	..	..
Foundry	2	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Granary	4	..	..	..	..	..	..	..	..	..	..	..	4	..	..
Laundry	4	..	..	..	..	..	..	..	..	4	..	..	..	..	..
Metal goods	4	..	2	1	..	..	..	..	1	..	..	..	..	..	..
Metal reclamation	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..
Office	4	..	..	..	..	..	1	..	..	..	..	3	..	..	..
Paint	2	..	1	..	..	1	..	..	..	..	..	..	..	..	..
Steel fabrication	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Storage	2	..	..	..	..	..	..	..	..	..	2	..	..	..	..
Others—less than 2 plants	8	1	5	..	..	..	..	..	..	..	..	..	..	..	2

TABLE NO. 3

INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED FOR OCCUPATIONAL HAZARDS AND SANITATION—1952

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 Convenience	Recommendations	
All Types	225	..	59	166	2	23	15	..	2	5	2	225
Automotive repair	9	..	..	9	..	..	9	..	..	..	..	9
Automotive service	7	..	..	7	..	..	1	..	..	..	..	7
Chemical	5	..	..	5	..	1	..	..	..	..	..	5
Dry cleaning and laundry	6	..	..	6	..	2	..	..	2	..	..	6
Electrical apparatus	3	..	..	3	..	1	..	..	..	..	1	3
Loading facilities	4	..	3	1	..	..	..	..	..	..	..	4
Machine shop	5	..	..	5	1	1	..	..	..	..	..	5
Metal goods	14	..	..	14	..	8	..	..	..	..	..	14
Office and storage	20	..	1	19	..	..	..	..	..	..	..	20
Paper	3	..	..	3	..	..	..	..	..	..	..	3
Parking garage	4	..	..	4	..	..	..	..	..	..	..	4
Personal service building	5	..	3	2	..	..	..	..	..	5	..	5
Warehousing and storage	104	..	49	55	1	..	3	..	..	..	..	104
Truck terminals	7	..	..	7	..	1	2	..	..	..	..	7
Woodworking	3	..	..	3	..	2	..	..	..	..	..	3
Others—less than 3 of 1 type	26	..	3	23	..	7	..	..	..	..	1	26

TABLE NO. 4

SUMMARY OF INDUSTRIAL PLANTS SURVEYED, CLASSIFIED ACCORDING TO TYPE OF PLANT, AND POTENTIALLY HAZARDOUS MATERIALS—1952

Type of Plant	Number of Plants	Number of Employees	Hazards																							
			Dusts			Gases			Metals				Vapors							Miscellaneous						
			Silica	Other Inorganic	Organic	Acetylene	Ammonia	Carbon Monoxide	Chromium	Lead	Zinc	Others	Alcohols	Aliphatic Hydrocarbons	Aromatic Hydrocarbons	Esters	Halogenated Hydrocarbons	Petroleum Products	Varnish	Acids	Alkalis	Oils	Ventilation	Radiant Energy	Skin Irritants	Tar
All Plants Surveyed	200	5285	30	61	22	42	4	36	3	50	6	3	1	2	1	2	5	57	6	41	6	67	2	16	71	3
Automotive—accessories	5	32	3	3	1	1	..	1	..	3	..	1	..	1	..	..	..	..	1	2	..	3	..	..	..	..
Automotive—body renovating	7	76	1	2	..	4	..	..	..	3	..	..	..	..	..	..	..	3	..	..	..	..	..	..	4	..
Automotive—repair	47	819	6	17	..	27	..	27	..	25	..	..	..	..	..	..	1	29	3	27	..	41	1	5	39	1
Building materials mfg	2	7	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chemical manufacturing	8	431	1	3	4	2	2	..	..	1	..	..	..	..	..	1	1	2	..	4	1	..	..	1	1	..
Clothing—alterations	4	10	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Clothing—dry cleaning	3	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	2	..	..	..	..	..
Clothing manufacturing	31	2006	1	1	2	..	..	1	..	..	..	..	..	..	..	1	1	3	..	..	..	..	..	..	7	..
Electrical appliance mfg	2	65	..	2	..	..	..	1	..	1	..	..	..	..	..	..	1	1	..	..	..	1	..	..	..	1
Foundry	1	5	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Ice manufacturing	2	19	..	..	..	1	2	1	..	..	..	..	..	..	..	..	..	1	..	..	1	2	..	..	2	..
Metal goods fabrication	6	126	..	2	..	3	..	..	..	2	2	1	..	..	1	..	..	..	..	..	..	2	..	2	1	..
Metal goods manufacturing	29	628	4	11	1	2	..	2	..	4	..	1	..	..	..	..	..	2	..	3	..	10	..	7	2	..
Metal goods—sales & service	8	49	3	6	..	..	..	1	..	4	1	..	..	1	..	..	..	4	..	2	1	2	..	..	1	1
Paint and varnish mfg	4	78	2	3	..	1	..	..	3	3	3	..	..	..	..	..	..	1	2	..	..	3	..	..	3	..
Paper goods manufacturing	4	167	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	2	..
Printing	7	110	..	2	..	..	..	..	..	4	..	..	..	..	..	..	..	5	..	2	1	..	..	..	6	..
Reclamation—metal	3	42	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Stone cutting and polishing	6	11	6	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Upholstery	3	140	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Woodworking	8	158	2	..	8	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
Others	10	299	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	2	..

TABLE NO. 5

STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES—1952

PLANT ACTIVITIES	
Total number of different plants serviced	1,475
Total number of workers in plants serviced	66,475
Total number of plant visits made	1,687

SOURCE OF SERVICE	
Self-initiated	779
Requests from management, labor, etc.	52
Total	831

GENERAL TYPE OF SERVICE GIVEN	NUMBER OF SERVICES
Plant surveys	381
Technical studies of hazards	53
Reinspections and routine	174
Medical and nursing surveys	61
Consultations	51
Atmospheric pollution investigations	137
Other nuisance complaints investigated	77
Follow-up on building applications	728
Follow-up on compliance with recommendations	165
Special activity	11
Total	1,838

RECOMMENDATIONS	GIVEN	CARRIED OUT
Number of recommendations	99	112
Number of plants involved	55	77
Number of workers affected	5,352	3,650

VOLUNTARY IMPROVEMENTS MADE IN PLANTS	
Number of improvements	260
Number of plants	201
Number of workers affected	4,250

SPECIFIC SERVICES	
Number of laboratory analyses and examinations	396
Field determinations of atmospheric contaminants	309
Field determinations of physical conditions	476
Examination of plans for control equipment	231
Occupational disease cases reported	231
Occupational diseases investigated	28

TABLE NO. 6
OCCUPATIONAL DISEASES REPORTED—1952

Disease		Cases
Total		231
Blisters		5
Bronchopneumonia		1
Brucellosis		10
Carbon monoxide poisoning		1
Carbon tetrachloride poisoning		2
Chrome carcinoma		3
Chrome ulceration		69
Convulsions		1
Galvanize poisoning		1
Infection		4
Lead poisoning		7
Lime ulceration		1
Rocky Mountain spotted fever		1
Silicosis		1
Steel dust and rust		1
Synovitis		42
Dermatitis		81
Alkalis	17	
Plant irritations	16	
Solvents	10	
Oils and greases	8	
Paint	6	
Moisture	2	
Dyes	2	
Cloth material	2	
All others	18	

TABLE NO. 7
ACUTE CASES OF ILLUMINATING GAS POISONING—1932-1952

Year	Total Cases	Suicides and Attempted Suicides	Accidents
1952	16	16	..
1951	45	24	21
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

* Entire city operated on natural or natural and oil gas as of September 1950.

TABLE NO. 8

NONFATAL AND FATAL ACCIDENTS FROM ILLUMINATING GAS AND DEFECTIVE APPLIANCES FROM 1932–1952

Year	Total	Accidents From Unburned Gas		Accidents From Incomplete Combustion of Gases		Defective Appliances Causing Accidents
		Nonfatal	Fatal	Nonfatal	Fatal	
1952	..	..	..	..	..	..
1951	21	..	..	19	2	10
1950*	24	10	4	10	..	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

* Entire city operated on natural or natural and oil gas as of September 1950.

TABLE NO. 9

NONFATAL AND FATAL CASES OF LEAD POISONING IN CHILDREN

1932–1952

Year	Cases			Deaths		
	Total	White	Colored	Total	White	Colored
Total	377	113	264	94	33	61
1952	29	6	23	5	2	3
1951	77	20	57	9	3	6
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

TABLE NO. 10
AIR POLLUTION INVESTIGATIONS

Nature of Complaint	Number of Complaints	Number of Conditions	Disposition of Conditions		
			Cancelled	Improved	Pending
Total	137	46	1	34	11
Dusts					
Asphalt plant	2	1	..	1	..
Grain	1	1	..	1	..
Industrial particulates	6	5	1	2	2
Ore	21	5	..	3	2
Oyster shell	11	1	..	..	1
Sawdust	8	2	..	2	..
Stone	6	1	..	1	..
Truck area	12	3	..	3	..
Fumes					
Carbon tetrachloride	2	2	..	2	..
Flux	1	1	..	1	..
Lead	1	1	..	1	..
Varnish	12	2	..	1	1
Xylene	1	1	..	1	..
Gases					
Acid	10	4	..	2	2
Carbon monoxide	10	2	..	2	..
Mists					
Spray painting	22	10	..	10	..
Odors					
Coffee roasting	6	1	..	..	1
Mercaptan	4	2	..	..	2
Sludge combustion	1	1	..	1	..

HOUSING BUREAU

HOUSING BUREAU

G. Yates Cook

Director

During 1952 the Housing Bureau made advances in the neighborhood rehabilitation program initiated in 1951 in the Pilot Area of East Baltimore. Problems arising from the execution of an experimental approach to the elimination and prevention of blighted areas challenged progress on countless occasions, but ingenuity, fortitude and patience brought compensating successes. The bureau's Advisory Council assisted in seeking solutions to these problems and in the process new techniques and procedures were tried for raising housing to acceptable standards.

Cooperation of other city departments and agencies was solicited and coordination of efforts was nurtured toward expediting the rehabilitation process. Representatives of the Housing Bureau and its Advisory Council conferred with personnel of the Planning Commission, the Baltimore Redevelopment Commission, the Housing Authority of Baltimore City and several Health Department divisions. Mobilization of many other community forces and resources behind the law enforcement effort demonstrated what such support could do to extend the effectiveness of law enforcement. The purpose, activities and accomplishments of the various Advisory Council committees were reported completely. All committees agreed with the basic approach. Specific accomplishments included the following:

In serving as liaison between the people of the area and the Housing Bureau, the Neighborhood Committee discovered the need for and so established what should be a permanent "Pilot Protective and Improvement Association." The Brethren Volunteer Service Unit continued to operate the Pilot House at 1213 Durham Street as an information and referral center. The Unit also organized week-end work camps to supplement their assistance to resident-owners with home repair problems, and provided a recreational program for children. Late in the year a suitable play space was finally obtained by the Social Services Committee. The City Department of Recreation plans to convert it into a play lot and to provide appropriate equipment. Completion of the major part of the Pilot Program effort was marked by an address by Mayor D'Alesandro at Rededication exercises on November 30. By the end of the year Encyclopaedia Britannica Films had finished camera work and was editing its sound film on the Pilot Area which was scheduled for release in 1953.

Law Enforcement—Pilot Program Area

Steady progress was made toward abatement of the many violations of city codes ordered corrected by notices on 786 properties issued in 1951. Included in these were some 14,000 housing code violations.

A resurvey of the entire area was made by nine staff inspectors under the direction of Mr. Emil A. Tiboni of the U.S. Public Health Service using the American Public Health Association's appraisal technique. The results of the survey, which will be compared with the earlier survey of February 1951, were not available at the close of the year.

The Hearing Board, composed of representatives of the municipal agencies concerned with the operation of the program and headed by the Chairman of the Law Enforcement Committee, continued to provide the flexibility needed in a law enforcement program of this nature. It held 254 hearings, almost exclusively for owner-residents, at 29 sessions, and screened the cases for type of help needed or possible court action. Advice on financial matters, and assistance where justified, were made available to owner-residents through the new Fight Blight Fund, Inc., a nonprofit, private agency.

Law Enforcement—General

With its principal effort concentrated on the Pilot Area, the Housing Bureau continued to handle dwelling complaints and to enforce vacate orders against houses declared unfit for human habitation by the Commissioner of Health. In its first full year of use, the master index gave a more complete picture of properties on which action had been taken by any unit of the Health Department than has ever before been available.

Area enforcement was undertaken in six new blocks in the Franklin Area in West Baltimore, with the groundwork laid for marked expansion in 1953 of inspections in that area with newly trained personnel. The Pilot Program advances of coordinated enforcement and integrated use of all available municipal and voluntary resources for neighborhood rehabilitation were not being used since this was an interim operation pending planning and implementation of a full-scale neighborhood rehabilitation project to succeed the Pilot Program.

In six blocks newly opened in Franklin Area II, notices were issued against 118 properties. Meanwhile, pending notices against properties in the Sharp Street, Urban, and Franklin areas, issued previous to the Pilot Program, were reduced from 215 to 81 during 1952.

Because of the existence of extremely insanitary and hazardous conditions or the failure of owners to comply with notices, 67 dwellings throughout Baltimore were ordered vacated by the Commissioner of Health in 1952. Five vacated properties were razed during the year, and 52 were

reoccupied following improvement and on written Health Department approval.

Review of 320 sets of plans for dwelling alterations and conversions to assure compliance with the housing code resulted in the disapproval of only 2 sets, though owners were often asked to provide additional information before approval was granted. Occupancy in violation of the Zoning Ordinance was found in the case of 27 of 131 inspection reports on multiple family dwellings referred to the Zoning Enforcement Officer.

Public Information Activities

The Housing Bureau received numerous inquiries concerning its work, its methods and its accomplishments. Fifty-nine visitors, representing 13 states, 7 foreign countries and 25 cities came to observe the work in action. Sixty-seven illustrated lectures reached 4,771 people. The bureau director was invited to six cities in the United States and Canada for consultation and recommendations on the applicability of the work in Baltimore to their local conditions. Descriptive materials were sent to 113 persons in 76 cities in 30 states and 4 foreign countries at their written request.

Published materials in various magazines and journals concerning the program totaled 257 column inches. Newspaper coverage was 2,420 column inches. Background material and data were provided for a *Saturday Evening Post* article and the bureau cooperated in radio and television activities for the Fight Blight Fund, Inc.

Educational Activities

The educational program of the Housing Bureau was directed toward developing the understanding, knowledge and acceptance of the Baltimore program of housing law enforcement, particularly in special enforcement areas. A comprehensive training course on the operational procedures of the program and on the municipal agencies and civic groups cooperating in its application in the Pilot Area was conducted for the staff and for the teachers enrolled in the Department of Education's Community Study Workshop on Housing. Similar appropriate orientation courses were arranged for the Brethren Service volunteer workers in the Brotherhood Pilot House and for residents of the Pilot Area through parent-teacher associations and other neighborhood groups.

The Pilot Program was the pivot for educational activities. An Education Committee, appointed by the Superintendent of Public Instruction coordinated the programs of schools adjacent to the area with those in the area. The schools launched a program to develop sensitivity, increase knowledge and stimulate action to produce a safer, healthier home and neighborhood by instruction in the basic principles of personal and housing

hygiene and by development of skills and habits conducive to better living. Resultant learning expressed in varied forms reached a larger audience through school assemblies, demonstrations, recordings and publications of school projects, and radio and television broadcasts. Recognition of these school contributions to improvement of the community was given in *The School Executive* issue on Schools and Community Improvement.

The number of requests from schools, colleges, civic and religious groups for information, materials or cooperative action necessitated slide talks, field trips, and the composition and publication of booklets on the Baltimore program of housing law enforcement and on the "Rehabilitation of the Brotherhood Pilot House."

Organizational Changes

Appointment of four Housing Enforcement Officers in April to fill vacancies and six more in October to fill newly created positions necessitated an intensive in-service training program which was broadened to include the whole staff. At the end of the year the bureau lacked two important members of its administrative staff, an Educational Director and a Senior Statistician, both vacancies that had existed since September. A Public Information Assistant was appointed in December to fill a position vacant since June. A continuous effort was made to fill these and vacant clerical positions. Bureau positions in 1952 totaled 40, of which 12 were clerical. Miss Frances Murphy resigned from the Advisory Council during the year. Her service on the Council had brought both respect and affection.

Personnel

G. Yates Cook, Director
Ross W. Sanderson, Jr., B.A., M.B.A., Assistant Director
Gerald J. Doyle, B.A., B.L.S., Administrative Assistant
Morton J. Stussman, B.A., Public Information Assistant
E. Shirley Biddison, B.S., Supervisor-Housing Enforcement
William M. Gardner, B.S., Supervisor-Housing Enforcement

Housing Enforcement Officers I

Ellsworth J. Andrews
Eugene V. Chircus, LL.B.
Albert Pruss
Ethel Y. Rice, B.S.

Housing Enforcement Officers II

Solomon Baylor, LL.B.
Richard J. Brown, B.S.
Frank B. Cahn, II, B.A.
Roland H. Ganges, B.S.
John W. Hall, Jr., B.A.

John E. Hicks
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Alexander Woodhouse, B.A.

William M. Schell, Senior Draftsman
Helen Pfister, Secretary-Stenographer
Phyllis C. Beck, Principal Clerk
Sadie I. Clampitt, Senior Clerk
Mildred M. King, Senior Clerk
Dorothy S. Powers, Senior Stenographer
Betty M. Sopher, Senior Stenographer
Helen R. Stoller, Senior Stenographer
Thelma O. Wilson, Senior Stenographer
Elizabeth A. Young, Junior Stenographer
Clarice M. Brooks, Clerk-Typist
Margaret I. Wiggins, Clerk-Typist

TABLE NO. 1
CUMULATIVE SUMMARY OF ENFORCEMENT ACTIVITIES—HOUSING BUREAU

Area	Number Blocks	Total Properties	1945–1950 Added	1945–1950 Closed	1945–1950 Active Cases Carried to 1951	1951 Added	1951 Closed	1951 Active Cases Carried to 1952	1952 Added	1952 Closed	1952 Active Cases Carried to 1953	Per Cent Completed to Date
Total	163	5,155	4,246	3,572	674	791	559	906	118	622	402	a
Pilot	24	791	..	..	..	791	100	691	..	483	208	74.7
Franklin II	6	118	..	..	..	..	..	..	118	5	113	b
Areas Opened Prior to 1951[f]	133	4,246	4,246	3,572	674	..	459	215	..	134	81	98.9
Non-Area .. Complaints	a	3,595[c]	d	d	d	d	d	d	281	134	325[e]	a

a = Not applicable.
b = Total number properties subject to change.
c = 1940–1952 (approximate).
d = Not available.
e = Includes 153 "vacated" properties.
f = Known as Sharp St., Mt. Clare, Urban and Franklin Areas.

TABLE NO. 2
SUMMARY OF 1952 ENFORCEMENT ACTIVITIES—HOUSING BUREAU

	Grand Total	Area: Total	Area: Pilot	Area: Franklin II Area	Area: Areas Opened Prior to 1951	Non-Area: Complaints
A. First Inspections						
Blocks	6	6	..	6	..	a
Properties	356	118	..	118	..	238
Total dwelling units	691	332	..	332	..	359
White	237	134	..	134	..	103
Nonwhite	363	173	..	173	..	190
Vacant	91	25	..	25	..	66
B. Notices						
Housing-Total	658	507	256	125	126	151
Absentee owners	493	379	197	102	80	114
Owner residents	159	128	59	23	46	31
Tenants	6	..	..	..	..	6
Nuisance						
Owners	138	61	41	11	9	77
Tenants	1157	1128	1119	29	8	1
C. Abatements						
Blocks	14	14	6	..	8	a
Properties	756	622	483	5	134	134
Total dwelling units	1180	1047	671	5	371	133
D. Pending, Dec. 31, 1952						
Blocks	29	29	18	6	5	a
Properties	749[d]	402	208	113	81	325
Dwelling units	b	b	266	332	b	b
E. Properties Ordered Vacated						
Posted prior to 1952 and still in effect January 1, 1952	143	18	b	b	b	125
Posted in 1952	67	20	b	b	b	47
Total closed in 1952	57	20	b	b	b	37
Improved	52	20	b	b	b	32
Razed	5	..	b	b	b	5
In effect Dec. 31, 1952	153	18	b	b	b	135
F. Court Action in 1952						
Summons—Housing Court	126[c]	99	84	6	9	27
Dismissed	50	42	40	..	2	8
Guilty	60	45	36	4	5	15
Pending	8	6	4	2	..	2
Sent Criminal Court	8[c]	6	4	..	2	2
Dismissed	3	1	1	..	..	2
Guilty	3	3	1	..	2	..
Postponed	2	2	2	..	..	..

a = Not applicable.
b = Not available.
c = 2 Sent Criminal Court 1951.
d = Includes 153 "vacated" properties.

STATISTICAL SECTION

STATISTICAL SECTION

W. Thurber Fales, Sc.D.

Director

The director devoted a major proportion of his time during 1952 as consultant to the President's Commission on the Health Needs of the Nation. This assignment was undertaken on invitation of the Commission chairman, Dr. Paul B. Magnuson, and with the consent of the Mayor and Commissioner of Health.

In his capacity as key census man in Baltimore, the director assisted various interested groups in preparations for a business census scheduled for 1953. Studies were initiated to determine how the city could be stratified into socio-economic classes for purposes of marketing and health analyses. This work was presented in a paper entitled "Index of Socio-Economic Status by Census Tract" at the 1952 annual meeting of the American Statistical Association. Toward the end of the year, on request of Judge Joseph Sherbow, the director assisted the Committee to Review the Medical Care Program, which was appointed by the Governor pursuant to a request of the State Legislature to evaluate the medical care programs in the counties of Maryland and in the City of Baltimore. The Committee's report will be completed early in 1953.

Personnel

W. Thurber Fales, Sc.D., Director
Luther M. Frantz, Jr., B.A., Junior Statistician
Dorothy L. Horowitz, Junior Draftsman

BUREAU OF BIOSTATISTICS

BUREAU OF BIOSTATISTICS

Matthew Taback, M.A.

Director

Major activities for 1953 included studies of population trends, assistance to the Mayor's Commission on Aging and Problems of the Aged, participation in the work of the Subcommittee on Nursing Needs of the State Planning Commission, and completion of a revision of the Census Tract Manual.

Population and Vital Statistics

Following the release by the Bureau of the Census of detailed census tract statistics, the Bureau of Biostatistics completed studies of the racial, age, socio-economic and housing characteristics of all sections of the city. This information was of value to agencies concerned with the planning of such services as schools, churches, and recreation centers. It assisted also in localizing disease problems to specific population elements.

Work was continued on the improvement of the accuracy and completeness of medical information appearing on birth certificates. With the cooperation of the Committee on Maternal and Child Welfare of the Medical and Chirurgical Faculty, the birth certificate form was revised so that data useful for studies of prematurity and fetal pathology might be more readily obtained.

Public Health Statistics

The work of the Bureau of Public Health Nursing is wide in scope and involves all of the programs concerned with preventative medical services. To evaluate this work, the Bureau of Biostatistics assisted in the conduct of a cost analysis of all public health nursing activities. Results of the survey should be available in 1953.

Medical Care Statistics

The director prepared a paper with the assistance of the Commissioner of Health demonstrating statistical methods which are useful in the administration of a Health Department medical care program for the indigent. The paper was presented at the University of Michigan School of Public Health and was favorably received. Assistance was given both to the Director of the Medical Care Section and the directors of the six medical care clinics in the problem of ascertaining the completeness with which newly registered persons were offered a comprehensive physical examination.

Special Services

The director was designated a member of the Mayor's Commission on Aging and the Problems of the Aged, and was requested to assist in the fact finding phases of the commission's investigation. A paper was prepared detailing the social characteristics of the aged based on data available from the Eastern Health District censuses conducted by the City Health Department and the Johns Hopkins School of Hygiene and Public Health. The director continued to serve as chairman of the Natality Statistics group of the National Public Health Conference on Records and Statistics. The work of this unit is concerned with statistics relevant to problems of fetal death, early infant death and the etiology of congenital malformation and of birth injury.

Personnel

The director was granted a leave of absence for the 1952–1953 academic year to complete research and academic work leading to the degree of Doctor of Science in Hygiene at the Johns Hopkins School of Hygiene and Public Health.

Personnel

Matthew L. Taback, M.A., Director
Elizabeth V. Steman, Principal Statistical Clerk
Margaret E. Amspacher, Senior Statistical Clerk
Ruth Gees, Senior Clerk
Beatrice Rusen, Statistical Clerk
Kenyon Burdick, Tabulating Equipment Operator
Ernest V. Dennstaedt, Tabulating Equipment Operator
Anna Greengold, Key Punch Operator
Ida M. Padgett, Key Punch Operator

BUREAU OF VITAL RECORDS

BUREAU OF VITAL RECORDS

Sidney M. Norton, B.S.

Director

The total number of death certificate transcripts issued and birth certificates replaced on the basis of legal adoption during the year established a new high record in the bureau's activities. A total of 40,010 certified transcripts of death records was issued, and 604 original birth certificates were replaced as provided in the Annotated Code of Maryland for cases where children were legally adopted and new birth certificates were substituted for the corresponding original records. The bureau recorded the court orders on 604 or 59 per cent of all adoptions in the state.

A total of 20,498 transcripts of birth certificates was issued, 26 per cent of which were Certifications of Birth in the short form. A combined total of 3,452 Search Certificates was issued during the year for birth and death certificates which were found not to be on file with the City Health Department. The bureau issued 6,288 birth verifications and 819 death verifications to accredited private and government agencies. A total of 2,941 statement of age cards was issued as verification of the essential facts of birth required for admission of children into the public or parochial schools, for employment purposes for minors, and for the several athletic programs sponsored by private agencies in cooperation with the City Department of Recreation and Parks.

In 1952 the bureau registered a high total of 584 delayed birth certificates for persons over six years of age whose birth records were not filed with the City Health Department by persons in attendance at the births. The increase in delayed birth registration, which has taken place since 1944, can be attributed to the publicity given birth certificates in several articles which appeared in local papers and in nationally known magazines and to the desire by persons preparing to make application for social security benefits with the Federal Government. A total of 65 birth certificates was registered for children under six years of age whose records were not filed at the time of birth. These latter cases for the most part referred to instances where there was no medical attendant at birth and where the child was delivered by a relative or friend of the mother.

The interest created by the press in publicizing the importance of having correct birth certificates contributed greatly to the total of 9,312 alterations made on original birth certificates and to the 484 corrections made on certificates of death. A total of 222 birth records was replaced on the basis of legitimation; such cases referred to situations where children were

born out of wedlock and the natural parents married subsequent to the birth of the children. Natural mothers involved in these cases may have been either single and free to marry at the time of conception and birth, or they may have been married women who were subsequently divorced and later married the fathers of these natural children. The increased activity in the correction phase of the bureau's work was the result of a total of 7,390 personal interviews and 2,893 mail requests for assistance during the year.

In order to ease the requirement for adding given names omitted from original birth certificates of persons six years of age and over, the bureau instituted a new affidavit form which enabled 1,817 registrants to have their full names added on their birth records without any undue delay or inconvenience. This was particularly true in cases of births occurring prior to 1900 when there was no provision for including given names on birth certificates.

During its third successful year of operation, the Birth Record Correction Advisory Service, jointly sponsored by the City Health Department and the Legal Aid Bureau, Inc., gave assistance in 226 cases. These included 41 cases involving legal adoption; 29 were concerned with legitimation, 8 dealt with the adjudication of paternity, 26 cases involved a legal change of name; 12 were cases of correction on the basis of reputation and usage, and 68 were other cases that involved varied types of corrections. A total of 37 cases dealt with delayed registration of birth; and 5 cases were referred to other registration jurisdictions. Seven cases were referred to the Legal Aid Bureau and 8 cases were referred to private attorneys for necessary legal action.

The alertness of a staff member in detecting a case of fraudulent birth registration resulted in the arraignment of the violator on charges of breaking the state adoption and vital statistics laws. In this case one woman assumed another's name in giving birth to a child at a local hospital so that the baby could be taken without formal adoption proceedings by the woman who desired the child. Judge Herman M. Moser in Criminal Court granted the violator "probation without a verdict."

Table No. 1 contains comparable data on selected bureau activities for the decade, 1943–1952. These data serve to illustrate not only the variety of the bureau's activities but also show the efforts made by all the bureau personnel in serving the public efficiently.

Personnel

Sidney M. Norton, B.S., Director
Ida S. Blum, Principal Clerk
James G. McLaughlin, Principal Clerk

Frieda Meizlish, Senior Stenographer
Irene F. Greenberg, Senior Clerk
Mary A. Hohrein, Senior Clerk
A. Walter Just, Senior Clerk
Lorraine Meyers, Senior Clerk
Josephine A. Roemer, Senior Clerk
Linda D. Whitney, Senior Clerk
Margaret Kaiser, Addressograph Operator
Dorothy Brown, Clerk-Typist
Ruth Krebs, Clerk-Typist
Ruth Maltz, Clerk-Typist
Patricia O'Hara, Clerk-Typist
Gloria Sussman, Clerk-Typist
Antoinette M. Spinoso, Junior Typist
John P. Boyle, Chauffeur
James H. Carter, Chauffeur

TABLE NO. 1

SELECTED VITAL RECORDS ACTIVITIES FOR THE PERIOD 1943-1952

Year	Certifications Issued			Verifications Issued			Delayed Birth Records Filed		Certificates Replaced (Section 22, Article 43, State Code)	
	Birth Transcripts	Death Transcripts	Search Certificates‡	Birth	Death	Statement of Age Cards	1-5 Years Unreported Births	6 Years and Over	Adoption	Legitimation
1952	20,498*	40,010	3,452	6,288	819	2,941	65	584	604	222
1951	21,058	35,368	2,964	6,057	751	3,403	49	380	502	262
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

na = Data not available.

* Includes 5,517 Certifications of Birth-Short Form.

† Data taken from records of Bureau of Child Hygiene.

‡ Statement for births or deaths not found.

VITAL STATISTICS TABLES

VITAL STATISTICS TABLES

1952

TABLE NO. 1. ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION BY COLOR, BALTIMORE, MARYLAND—1930-1952.

TABLE NO. 2A. RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR, 1935-1952.

TABLE NO. 2B. RECORDED MARRIAGES BY AGE OF GROOM AND BRIDE TOTAL, WHITE, COLORED: BALTIMORE—1952.

TABLE NO. 3A. RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1952.

TABLE NO. 3B. RESIDENT LIVE BIRTHS BY MONTH AND BY BIRTH-WEIGHT ACCORDING TO COLOR AND SEX—1952.

TABLE NO. 4. MATERNAL, FETAL AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1936-1952.

TABLE NO. 5. RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1952.

TABLE NO. 6. RECORDED AND RESIDENT DEATHS BY INSTITUTION AND COLOR—1952.

TABLE NO. 7. RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1952.

TABLE NO. 8. RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1952.

TABLE NO. 9. RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1952.

TABLE NO. 10. ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE: BALTIMORE—1952.

TABLE NO. 11. RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1940-1952.

TABLE NO. 12. CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1952.

TABLE NO. 13. REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1952.

TABLE NO. 1

ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION BY COLOR, BALTIMORE, MARYLAND—1930-1952

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
1952....	956,500	724,000	232,500	22,775	14,989	7,786	23.8	20.7	33.5	11,237	8,280	2,957	11.7	11.4	12.7
1951....	953,000	723,000	230,000	22,630	14,938	7,692	23.7	20.7	33.4	10,885	7,996	2,889	11.4	11.1	12.6
1950....	950,000	723,000	227,000	21,382	14,168	7,214	22.5	19.6	31.8	10,624	7,835	2,789	11.2	10.8	12.3
1949....	947,000	727,300	219,700	21,496	14,507	6,989	22.7	19.9	31.8	10,772	7,973	2,799	11.4	11.0	12.7
1948....	943,000	729,000	214,000	22,083	15,414	6,669	23.4	21.1	31.2	11,097	8,201	2,896	11.8	11.2	13.5
1947....	938,000	729,800	208,200	23,992	17,799	6,193	25.6	24.4	29.7	11,011	8,232	2,779	11.7	11.3	13.3
1946....	933,000	730,500	202,500	21,111	15,805	5,306	22.6	21.6	26.2	10,798	8,061	2,737	11.6	11.0	13.5
1945....	930,000	732,800	197,200	17,848	13,308	4,540	19.2	18.2	23.0	11,358	8,481	2,877	12.2	11.6	14.6
1944....	937,000	743,000	194,000	18,830	14,021	4,809	20.1	18.9	24.8	11,544	8,552	2,992	12.3	11.5	15.4
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	11.5	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
1935–1952

YEAR	NUMBER			RATE		
	Total	White	Colored	Total	White	Colored
1952	12,206	8,636	3,570	12.8	11.9	15.3
1951	12,851	9,108	3,743	13.5	12.6	16.3
1950	13,075	9,618	3,457	13.8	13.3	15.2
1949	12,701	9,471	3,230	13.4	13.0	14.7
1948	15,639	11,782	3,857	16.6	16.2	18.0
1947	17,718	13,495	4,223	18.9	18.5	20.3
1946	21,445	16,340	5,105	23.0	22.4	25.2
1945	16,206	12,308	3,898	17.4	16.8	19.8
1944	15,818	11,542	4,276	16.9	15.5	22.0
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—1952

AGE OF GROOM	AGE OF BRIDE								
	All Ages	15–19	20–24	25–29	30–34	35–44	45–64	65 and over	Unknown
All Ages	12,206	3,158	3,897	1,877	1,135	1,320	764	44	11
15–19	821	719	92	3	..	..	..	..	7
20–24	4,407	2,047	2,052	247	42	14	1	..	4
25–29	2,605	326	1,273	738	208	56	4	..	..
30–34	1,466	45	325	538	362	187	9	..	..
35–44	1,563	18	145	296	412	596	96	..	..
45–64	1,195	2	10	54	107	454	554	14	..
65 and over	149	1	..	1	4	13	100	30	..
WHITE									
All Ages	8,636	2,367	2,889	1,251	753	807	535	31	3
15–19	563	494	66	2	..	..	..	..	1
20–24	3,368	1,587	1,563	172	34	10	..	..	2
25–29	1,881	241	938	511	151	37	3	..	..
30–34	971	31	218	342	246	125	9	..	..
35–44	991	13	98	189	261	362	68	..	..
45–64	767	1	6	35	59	268	388	10	..
65 and over	95	..	..	..	2	5	67	21	..
COLORED									
All Ages	3,570	791	1,008	626	382	513	229	13	8
15–19	258	225	26	1	..	..	..	..	6
20–24	1,039	460	489	75	8	4	1	..	2
25–29	724	85	335	227	57	19	1	..	..
30–34	495	14	107	196	116	62	..	..	..
35–44	573	5	47	108	151	234	28	..	..
45–64	427	1	4	18	48	186	166	4	..
65 and over	54	1	..	1	2	8	33	9	..

Based on data provided by the Division of Vital Records and 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—1952

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	31,797	23,463	8,334	627	395	232	22,775	14,989	7,786	480	267	213
Hospital	30,472	23,063	7,409	567	365	202	21,460	14,593	6,867	424	241	183
Baltimore City Hospitals	3,692	472	3,220	85	13	72	3,614	434	3,180	83	12	71
Bon Secours Hospital	1,535	1,535	..	22	22	..	878	878	..	11	11	..
Church Home and Hospital	927	927	..	15	15	..	414	414	..	7	7	..
Doctors Hospital	677	675	2	13	13	..	458	456	2	10	10	..
Franklin Square Hospital	606	604	2	10	9	1	394	392	2	8	7	1
Hospital for Women of Maryland	2,332	2,331	1	35	35	..	1,350	1,349	1	21	21	..
Johns Hopkins Hospital	2,888	1,352	1,536	81	22	59	2,041	795	1,246	64	17	47
Lutheran Hospital of Maryland	2,351	2,346	5	35	35	..	1,550	1,546	4	27	27	..
Maryland General Hospital	1,335	1,334	1	25	25	..	741	740	1	15	15	..
Mercy Hospital	2,205	2,204	1	30	29	1	1,500	1,499	1	21	21	..
Provident Hospital	1,249	..	1,249	27	..	27	1,133	..	1,133	26	..	26
St. Agnes Hospital	1,343	1,343	..	22	22	..	616	616	..	11	11	..
St. Joseph's Hospital	1,017	1,017	..	51	45	6	676	676	..	30	25	5
Sinai Hospital	2,808	2,691	117	29	27	2	2,059	1,953	106	23	22	1
South Baltimore General	1,049	1,045	4	13	13	..	766	762	4	8	8	..
Union Memorial Hospital	1,771	1,770	1	20	20	..	1,015	1,014	1	10	10	..
University Hospital	2,687	1,417	1,270	54	20	34	1,740	691	1,049	45	14	31
Out of city hospitals	..	..	..	..	..	..	515	378	137	4	3	1
Home	1,325	400	925	60	30	30	1,315	396	919	56	26	30
Physician	864	316	548	49	26	23	863	316	547	46	23	23
Midwife	423	68	355	2	..	2	425	70	355	2	..	2
Other	38	16	22	9	4	5	27	10	17	8	3	5

TABLE NO. 3B
RESIDENT LIVE BIRTHS BY MONTH AND BY BIRTHWEIGHT ACCORDING TO COLOR AND SEX—1952

MONTH	TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
Total	22,775	14,989	7,692	7,297	7,786	3,923	3,863
January	1,895	1,247	633	614	648	328	320
February	1,803	1,209	614	595	594	324	270
March	1,879	1,238	650	588	641	332	309
April	1,670	1,108	554	554	562	286	276
May	1,690	1,104	573	531	586	290	296
June	1,875	1,217	627	590	658	341	317
July	2,006	1,327	687	640	679	339	340
August	2,075	1,348	684	664	727	343	384
September	2,149	1,428	746	682	721	364	357
October	1,995	1,325	698	627	670	330	340
November	1,757	1,163	577	586	594	288	306
December	1,981	1,275	649	626	706	358	348
Birthweight:							
Total	22,775	14,989	7,692	7,297	7,786	3,923	3,863
1500 grams and below	281	128	70	58	153	87	66
1501–2000 grams	370	187	91	96	183	83	100
2001–2500 grams	1,389	794	370	424	595	258	337
2501–3000 grams	5,163	2,916	1,323	1,593	2,247	1,015	1,232
3001–3500 grams	8,899	5,956	2,870	3,086	2,943	1,506	1,437
3501–4000 grams	5,033	3,780	2,153	1,627	1,253	717	536
4001–4500 grams	1,259	990	649	341	269	177	92
4501–5000 grams	174	131	96	35	43	28	15
5001 grams and over	22	17	13	4	5	4	1
Weight not stated	185	90	57	33	95	48	47

TABLE NO. 4

MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1936–1952

Year	Maternal Deaths			Fetal Deaths*			Infant Deaths					
							Under One Year			Under 28 Days		
	Total	White	Col.	Total	White	Col.	Total	White	Col.	Total	White	Col.
Number of Deaths												
1952...	12	2	10	435	240	193	635	314	321	446	239	207
1951...	10	5	5	456	249	207	674	373	301	497	291	206
1950...	18	8	10	460	270	190	581	307	274	425	240	185
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												
1952...	0.5	0.1	1.3	19.1	16.0	24.8	27.9	20.9	41.2	19.6	15.9	26.6
1951...	0.4	0.3	0.7	20.1	16.7	26.9	29.8	25.0	39.1	22.0	19.5	26.8
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

* 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—1952

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	11,237	8,280	4,567	3,713	2,957	1,672	1,285	725	240	703	277	840	294	643	236	686	221	728	275	795	234	584	225	605	220	632	263	630	229	709	243
Under 28 days	446	239	144	95	207	117	90	27	9	17	7	23	21	11	11	19	14	18	21	20	14	26	16	24	23	21	29	20	23	13	19
28 days to 2 months	76	28	8	20	48	28	20	4	4	4	5	3	2	2	2	1	1	1	3	1	2	2	5	1	7	4	11	3	2	2	4
3 to 11 months	113	47	27	20	66	35	31	6	7	5	7	6	8	2	3	5	1	3	8	6	7	2	5	5	10	2	4	3	2	2	4
Total under 1 year	635	314	179	135	321	180	141	37	20	26	19	32	31	15	16	25	16	22	32	27	23	30	26	30	40	27	44	26	27	17	27
1 year	58	30	17	13	28	12	16	4	2	3	1	4	..	1	2	1	5	2	1	3	7	3	5	3	..	..	2	4	2	2	1
Total under 2 years	693	344	196	148	349	192	157	41	22	29	20	36	31	16	18	26	21	24	33	30	30	33	31	33	40	27	46	30	29	19	28
2 to 4 years	79	57	31	26	22	13	9	2	2	6	2	8	3	4	3	5	1	5	1	4	2	4	2	5	..	4	..	6	4	4	2
Total under 5 years	772	401	227	174	371	205	166	43	24	35	22	44	34	20	21	31	22	29	34	34	32	37	33	38	40	31	46	36	33	23	30
5 to 9 years	55	29	20	9	26	17	9	1	1	1	3	4	2	3	4	4	1	4	2	3	4	2	1	1	3	3	3	2	..	1	2
10 to 14 years	39	23	11	12	16	8	8	3	1	1	..	2	1	3	..	3	3	3	2	..	4	1	3	2	1	1	..	3	1	1	..
15 to 19 years	59	34	26	8	25	17	8	2	2	2	4	5	2	2	1	2	..	..	4	2	2	3	2	5	2	3	4	4	1	4	1
20 to 24 years	88	35	25	10	53	26	27	2	10	4	5	2	7	2	7	1	3	2	3	2	2	2	3	3	4	2	1	2	3	11	5
25 to 29 years	172	81	43	38	91	50	41	4	6	4	6	8	11	7	13	5	5	9	7	11	5	6	7	8	8	5	8	8	9	6	6
30 to 34 years	212	98	61	37	114	62	52	9	9	9	14	13	6	5	11	12	11	7	8	14	7	3	10	7	12	7	10	7	9	5	7
35 to 39 years	343	175	108	67	168	94	74	16	15	18	18	15	15	15	11	19	12	15	20	17	12	8	8	18	15	7	18	11	10	16	14
40 to 44 years	422	233	143	90	189	106	83	21	9	13	16	23	19	21	18	23	19	20	24	22	17	17	14	24	13	14	12	17	11	18	17
45 to 49 years	606	386	257	129	220	130	90	41	18	25	19	38	17	33	18	32	23	45	22	32	17	29	18	25	12	36	19	18	16	32	21
50 to 54 years	851	538	364	174	313	183	130	43	26	48	36	46	35	47	18	40	20	49	32	49	24	50	21	38	27	41	25	43	28	44	21
55 to 59 years	1,094	756	510	246	338	200	138	62	39	64	33	67	38	58	23	59	24	59	31	65	27	65	28	64	21	60	20	74	25	59	29
60 to 64 years	1,273	955	620	335	318	190	128	72	19	86	38	91	33	80	35	86	20	80	28	100	27	69	22	58	12	70	33	70	24	93	27
65 to 69 years	1,313	1,057	618	439	256	147	109	96	19	82	25	115	20	83	19	80	22	82	17	110	20	81	20	68	23	101	21	74	24	85	26
70 to 74 years	1,260	1,051	536	515	209	115	94	85	23	70	16	108	26	86	12	87	17	91	21	114	17	72	15	72	12	75	15	85	14	106	21
75 to 79 years	1,123	992	453	539	131	66	65	90	11	114	8	113	18	68	13	74	7	90	7	100	9	57	12	75	8	58	16	76	10	77	12
80 to 84 years	870	803	342	461	67	35	32	74	6	73	8	79	5	64	6	62	8	84	8	67	7	49	5	53	3	70	4	62	5	66	2
85 to 89 years	456	428	153	275	28	14	14	35	2	39	1	39	3	29	4	48	2	39	2	37	1	20	2	31	2	32	5	24	2	55	2
90 to 94 years	173	156	38	118	17	6	11	21	..	12	3	24	2	14	1	15	2	12	3	7	..	11	1	13	1	14	2	9	2	4	..
95 to 99 years	45	44	11	33	1	..	1	5	..	3	1	4	..	3	..	2	..	8	..	7	..	2	..	2	..	2	..	5	..	1	..
100 years and over	7	3	..	3	4	..	4	..	..	..	1	..	..	..	1	1	..	..	..	1	..	..	..	..	1	..	..	..	1	1	..
Age not specified	4	2	1	1	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	1	1	..

TABLE NO. 6

RECORDED AND RESIDENT DEATHS BY INSTITUTION AND COLOR—1952

Place of Death	Recorded			Resident		
	Total	White	Colored	Total	White	Colored
Grand total	12,005	9,128	2,877	11,237	8,280	2,957
Institutional	7,576	5,707	1,869	6,708	4,780	1,928
Baltimore City Hospitals	701	401	300	620	337	283
Bon Secours Hospital	153	153	..	109	109	..
Church Home and Hospital	171	171	..	98	98	..
Franklin Square Hospital	226	156	70	197	133	64
Johns Hopkins Hospital	1,110	621	489	759	334	425
Lutheran Hospital of Maryland	315	311	4	257	253	4
Maryland General Hospital	286	269	17	225	210	15
Mercy Hospital	481	414	67	380	314	66
Provident Hospital	349	..	349	332	..	332
St. Agnes Hospital	242	240	2	138	136	2
St. Joseph's Hospital	412	370	42	343	307	36
Sinai Hospital	330	322	8	276	268	8
South Baltimore General Hospital	317	274	43	225	187	38
Union Memorial Hospital	496	494	2	355	353	2
U. S. Public Health Service Hospital	201	171	30	90	73	17
University of Maryland	913	526	387	651	311	340
Other city institutions	873	814	59	731	676	55
Institutions in Maryland Counties	..	..	..	814	595	219
Out of State institutions	..	..	..	108	86	22
Non-institutional	4,429	3,421	1,008	4,529	3,500	1,029
Home	4,330	3,356	974	4,440	3,445	995
Other	99	65	34	89	55	34

TABLE NO. 7

RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1952

International List Number	Cause of Death	Color	Total Under One Year	Age Groups: Under 1 Day	1-6 Days	7-27 Days	28 Days-2 Months	3-5 Months	6-11 Months
	All Causes	T	635	204	170	72	76	62	51
		W	314	119	86	34	28	25	22
		C	321	85	84	38	48	37	29
002	Pulmonary tuberculosis	C	1	..	..	..	..	..	1
042.0	Salmonella infection without mention of food as a vehicle of infection	C	1	..	..	..	..	1	..
046.0	Amebic dysentery without mention of liver abscess	C	1	..	..	..	..	..	1
048	Unspecified form of dysentery	C	1	..	..	..	..	1	..
	Septicemia and pyemia:								
053.0	Streptococcus	C	2	..	..	1	..	..	1
053.1	Staphylococcus	C	3	..	..	1	2	..	..
053.3	Other specified organism	C	2	..	..	..	1	1	..
053.4	Organism unspecified	W	1	..	..	..	1	..	..
		C	1	..	..	..	..	1	..
	Meningococcal infections:								
057.0	Meningococcal meningitis	W	1	..	..	..	1	..	..
057.1	Acute and unspecified meningococcemia	W	5	..	..	..	1	2	2
252.0	Toxic diffuse goiter	W	1	..	1	..	..	..	..
293	Anemia of unspecified type	W	1	..	..	..	..	..	1
		C	1	..	..	..	1	..	..
296	Purpura and other hemorrhagic condition	W	1	..	..	1	..	..	..
325.4	Mongolism	W	1	..	..	..	..	..	1
	Meningitis, except meningococcal and tuberculous:								
340.1	Pneumococcus	C	1	..	..	..	..	..	1
340.3	With no organism specified as cause	C	1	..	..	1	..	..	..
343	Encephalitis, myelitis, and encephalomyelitis (except acute infectious)	W	1	..	..	..	..	..	1
344.1	Hydrocephalus, NOS, ages 4 weeks and over	W	1	..	..	..	..	1	..
351	Cerebral spastic infantile paralysis	W	1	..	..	..	..	1	..
		C	1	..	..	..	..	..	1
	Otitis media without mention of mastoiditis:								
391.0	Acute	W	2	..	..	..	..	1	1
		C	1	..	..	..	1	..	..
391.2	Unspecified	C	10	..	..	..	4	4	2
392.0	Otitis media with mastoiditis, acute	W	1	..	..	..	..	1	..
422.2	Myocardial degeneration	C	1	..	..	..	..	1	..
468.3	Noninfective diseases of lymphatic channels	W	1	..	..	..	1	..	..
473	Acute tonsillitis	C	1	..	..	1	..	..	..
475	Acute upper respiratory infections of multiple or unspecified sites	W	2	..	..	..	1	1	..
		C	2	..	..	..	..	2	..
490	Lobar pneumonia	W	1	..	..	..	1	..	..
		C	2	..	..	..	..	..	2
491	Bronchopneumonia	W	9	..	..	..	2	5	2
		C	6	..	..	..	2	2	2

TABLE No. 7—Continued

RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1952

International List Number	Cause of Death	Color	Total Under One Year	Age Groups					
				Under 1 Day	1-6 Days	7-27 Days	28 Days-2 Months	3-5 Months	6-11 Months
492	Primary atypical pneumonia	W	2	..	..	..	1	..	1
493	Pneumonia, other and unspecified	W	2	..	..	..	..	2	..
		C	2	..	..	..	2	..	..
500	Acute bronchitis	W	1	..	..	..	..	..	1
501	Bronchitis, unqualified	W	1	..	..	..	..	..	1
		C	1	..	..	..	1	..	..
510.0	Hypertrophy of tonsils and adenoids without mention of tonsillectomy or adenoidectomy	C	1	..	..	..	..	..	1
522	Pulmonary congestion and hypostasis	C	1	..	..	..	1	..	..
525	Other chronic interstitial pneumonia	W	5	..	..	..	1	4	..
		C	11	..	..	1	7	3	..
527.2	Other diseases of lung and pleural cavity (except emphysema without mention of bronchitis)	C	1	..	..	..	..	..	1
539.1	Diseases of esophagus other than functional	W	1	..	..	1	..	..	..
560.4	Abdominal cavity hernia	W	1	1	..	..	..	..	..
561.2	Umbilical hernia with obstruction	W	1	..	..	1	..	..	..
570.3	Volvulus, without mention of hernia	W	1	..	1	..	..	..	..
		C	1	..	1	..	..	..	..
570.4	Impaction of intestine, without mention of hernia	C	1	..	..	1	..	..	..
570.5	Other intestinal obstruction	W	1	..	..	1	..	..	..
571.0	Gastro-enteritis and colitis, except ulcerative	W	7	..	..	..	2	2	3
		C	30	..	..	..	13	13	4
578	Other diseases of intestines and peritoneum	W	1	..	1	..	..	..	..
		C	1	..	..	1	..	..	..
587.2	Other diseases of the pancreas	W	1	..	..	..	1	..	..
		C	1	..	..	..	..	1	..
744.2	Other diseases of muscle, tendon, and fascia	W	1	1	..	..	..	..	..
750	Monstrosity	W	3	3	..	..	..	..	..
		C	1	1	..	..	..	..	..
751	Spina bifida and meningocele	W	2	..	..	..	1	..	1
		C	2	..	..	..	..	1	1
752	Congenital hydrocephalus	W	7	1	..	1	1	..	4
		C	1	..	..	..	..	..	1
753.1	Other congenital malformations of nervous system and sense organs	W	1	..	..	..	..	1	..
754.0	Tetralogy of Fallot	C	1	..	..	1	..	..	..
754.1	Patent ductus arteriosus	W	2	1	1	..	..	..	..
		C	3	1	..	1	..	1	..
754.2	Interventricular septal defect	W	2	..	2	..	..	..	..
754.3	Interauricular septal defect	W	5	4	1	..	..	..	..
		C	1	..	1	..	..	..	..
754.4	Other and unspecified malformation of heart	W	17	1	4	3	5	3	1
		C	11	1	1	3	2	2	2
754.5	Coarctation of aorta	C	2	..	..	..	1	..	1
754.6	Other circulatory malformations	C	1	..	1	..	..	..	..
756.1	Imperforate anus	W	2	..	..	1	..	1	..
756.2	Other congenital malformation of digestive system	W	4	2	1	1	..	..	..
		C	2	..	2	..	..	..	..

TABLE NO. 7—Concluded

RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDNG TO AGE AT DEATH—1952

International List Number	Cause of Death	Color	Total Under One Year	Age Groups					
				Under 1 Day	1–6 Days	7–27 Days	28 Days–2 Months	3–5 Months	6–11 Months
757.1	Polycystic disease of kidney	W	2	2	..	..	..	..	..
757.3	Other malformation of genito-urinary system	W	1	1	..	..	..	..	..
758.6	Other congenital malformation of bone and joint	W	1	1	..	..	..	..	..
759.3	Other and unspecified congenital malformations, not elsewhere classified	W	4	2	2	..	..	..	..
		C	2	1	1	..	..	..	..
760	Intracranial and spinal injury at birth	W	17	6	11	..	..	..	..
		C	13	2	10	1	..	..	..
761	Other birth injury	W	20	14	5	..	1	..	..
		C	7	5	2	..	..	..	..
762	Postnatal asphyxia and atelectasis	W	52	24	26	2	..	..	..
		C	37	13	18	5	..	1	..
763	Pneumonia of newborn	W	6	1	2	2	1	..	..
		C	7	..	4	3	..	..	..
764	Diarrhea of newborn	W	4	..	..	4	..	..	..
		C	10	..	1	6	3	..	..
766	Pemphigus neonatorum	W	1	..	..	1	..	..	..
		C	1	..	1	..	..	..	..
768	Other sepsis of newborn	W	6	..	2	3	1	..	..
		C	10	..	7	3	..	..	..
769	Neonatal disorders arising from maternal toxemia	W	1	1	..	..	..	..	..
		C	2	1	1	..	..	..	..
770	Hemolytic disease of newborn	W	11	5	3	3	..	..	..
		C	3	..	3	..	..	..	..
771	Hemorrhagic disease of newborn	W	2	1	..	1	..	..	..
		C	2	..	2	..	..	..	..
772	Nutritional maladjustment	W	1	..	..	1	..	..	..
		C	6	..	..	..	3	1	2
773	Ill-defined diseases peculiar to early infancy	W	2	1	1	..	..	..	..
		C	2	..	..	..	1	..	1
774	Immaturity with mention of any other subsidiary condition	W	5	1	1	1	2	..	..
		C	3	..	1	1	1	..	..
776	Immaturity unqualified	W	68	43	20	4	1	..	..
		C	94	60	26	7	1	..	..
785	Symptoms referable to abdomen and lower gastro-intestinal system	W	1	..	1	..	..	..	..
795	Ill-defined and unknown causes of mortality	W	1	1	..	..	..	..	..
902	Falls from one level to another	W	1	..	..	..	1	..	..
904	Unspecified falls	C	1	..	..	..	..	..	1
916	Accident caused by fire and explosion of combustible material	W	1	..	..	..	..	..	1
		C	1	..	..	..	..	..	1
917	Accident caused by hot substance, corrosive liquids, and steam	C	1	..	..	..	..	..	1
921	Inhalation and ingestion of food causing obstruction or suffocation	W	2	..	..	1	1	..	..
		C	3	..	1	..	1	1	..
924	Accidental mechanical suffocation in bed and cradle	W	1	..	..	..	..	..	1
936	Other and unspecified accidents	W	1	..	..	1	..	..	..
		C	1	..	..	..	..	..	1
983	Assault by other means	W	1	1	..	..	..	..	..

TABLE NO. 8
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1952

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
	All Causes	11,237	W	8,280	M	4,567	179	17	11	8	12	20	11	26	25	43	61	108	143	257	364	510	620	618	536	453	342	202	1
					F	3,713	135	13	13	8	5	9	12	8	10	38	37	67	90	129	174	246	335	439	515	539	461	429	1
			C	2,957	M	1,672	189	12	5	4	4	17	8	17	26	50	62	94	106	130	183	200	190	147	115	66	35	20	1
					F	1,285	141	16	1	4	4	9	8	8	27	41	52	74	83	90	130	138	128	109	94	65	32	30	1
	I—Infective and Parasitic Diseases																												
001–019	Tuberculosis, all forms	416	W	174	M	143	..	1	..	..	..	..	..	..	..	..	3	15	7	16	14	26	21	19	10	5	6	..	..
					F	31	..	..	1	2	..	1	..	..	1	3	5	2	2	1	2	2	..	3	2	3	..	1	..
			C	242	M	152	1	1	..	..	..	3	1	1	7	7	12	14	24	22	17	16	12	6	5	1	..	2	..
					F	90	..	2	..	..	..	2	3	3	14	14	12	12	10	5	7	1	2	1	..	1	1	..	..
001–008	Tuberculosis of the respiratory system	393	W	167	M	139	..	..	..	..	..	..	..	..	..	..	3	14	7	16	14	26	21	18	9	5	6	..	..
					F	28	..	..	..	1	..	..	..	..	1	3	5	2	2	1	2	2	..	3	2	3	..	1	..
			C	226	M	143	1	1	..	..	..	2	..	1	6	6	12	13	23	22	17	15	10	6	5	1	..	2	..
					F	83	..	1	..	..	..	..	3	2	13	14	12	11	10	5	7	1	2	..	..	1	1	..	..
010	Tuberculosis of the meninges and central nervous system	9	W	4	M	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	5	M	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	4	..	1	..	..	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
011	Tuberculosis of the intestines peritoneum and mesenteric glands	1	C	1	M	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
012–013	Tuberculosis of bones and joints	3	W	1	M	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..

014–019	Tuberculosis, all other forms	10	W	2	M	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
			C	8	M	6	..	..	..	..	..	..	..	..	1	..	..	1	1	..	..	1	2	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
020–029	Syphilis, all forms	97	W	35	M	26	..	..	..	..	..	..	..	..	..	..	1	..	1	4	2	3	3	6	6	..	..	..	..	..
					F	9	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	4	..	..	..	..	..	..	..	..
			C	62	M	49	..	..	..	..	..	..	..	..	..	..	3	5	3	12	7	10	5	2	2	..	..	..	..	..
					F	13	..	..	..	..	..	..	..	..	..	..	1	..	5	..	1	3	2	1	..	..	..	..	..	..
020	Congenital syphilis	1	C	1	F	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
025	General paralysis of insane	15	W	1	F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
			C	14	M	13	..	..	..	..	..	..	..	..	..	..	..	..	2	3	4	2	1	..	1	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
022–023	All other syphilis	81	W	34	M	26	..	..	..	..	..	..	..	..	..	..	1	..	1	4	2	3	3	6	6	..	..	..	..	..
					F	8	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	4	..	..	..	..	..	..	..	..
			C	47	M	36	..	..	..	..	..	..	..	..	..	..	3	5	1	9	3	8	4	2	1	..	..	..	..	..
					F	11	..	..	..	..	..	..	..	..	..	..	1	..	4	..	1	3	1	1	..	..	..	..	..	..
030–035	Gonococcal infection	1	C	1	F	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
041, 042	Paratyphoid fever and other Salmonella infections	1	C	1	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
045–048	Dysentery, all forms	3	W	1	F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
			C	2	M	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
051	Streptococcal sore throat	1	C	1	F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
053	Septicemia and pyemia	10	W	1	F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	9	M	4	3	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
055	Diphtheria	1	C	1	F	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
057	Meningococcal infections	16	W	16	M	9	4	3	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	7	2	1	1	..	..	..	..	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
080.0, 080.1	Acute poliomyelitis	1	W	1	F	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
092	Infectious hepatitis	5	W	2	F	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..
			C	3	M	3	..	..	..	1	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 8—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1952

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
124, 126, 128, 130	Other diseases due to helminths	1	C	1	F	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
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	4	F	4	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	..	..	..
			C	1	F	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
	II—Neoplasms																												
140–205	Malignant neoplasms	1,725	W	1,392	M	726	..	1	2	1	3	4	..	1	4	7	7	15	19	36	64	100	118	117	92	69	46	20	..
					F	666	..	1	1	1	1	1	1	2	2	8	11	25	28	56	51	65	88	100	78	86	43	17	..
			C	333	M	188	..	..	..	2	..	..	..	..	3	..	..	6	7	16	36	33	31	27	14	9	2	2	..
					F	145	..	..	..	1	..	..	..	2	..	..	8	12	15	16	25	27	16	5	12	4	1	1	..
140–148	Malignant neoplasm of buccal cavity and pharynx	63	W	49	M	41	..	..	..	..	..	..	..	..	..	..	1	1	..	2	3	9	7	4	4	8	2	..	..
					F	8	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	2	..	1	1	..	..
			C	14	M	12	..	..	..	..	..	..	..	..	1	..	..	1	1	..	2	2	..	2	2	..	1	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..
150	Malignant neoplasm of esophagus	35	W	22	M	19	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	1	1	5	6	..	1	2	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	..
			C	13	M	13	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	3	2	3	1	..	..	..
151	Malignant neoplasm of stomach	158	W	116	M	73	..	..	..	..	..	..	..	..	..	..	1	1	2	4	4	9	10	12	17	9	3	1	..
					F	43	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	3	6	7	9	6	6	1	..
			C	42	M	30	..	..	..	..	..	..	..	..	..	..	..	2	2	3	5	6	3	4	1	3	..	1	..
					F	12	..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	2	1	1	2	..	..	1	..

152–153	Malignant neoplasm of intestine, except rectum	180	W	162	M	75	..	..	..	..	..	..	..	..	..	..	1	3	..	2	3	5	12	14	13	8	9	5	..
					F	87	..	..	..	..	..	..	..	..	..	..	1	..	..	6	4	8	12	13	18	14	7	4	..
			C	18	M	10	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	2	2	1	1	..	..	..	..
					F	8	..	..	..	..	..	..	..	..	..	..	..	..	2	1	1	3	1	..	..	..	..	..	..
154	Malignant neoplasm of rectum	70	W	63	M	31	..	..	..	..	..	..	..	..	..	..	..	..	3	..	5	3	8	1	5	5	..	1	..
					F	32	..	..	..	..	..	..	..	1	..	..	..	..	2	3	1	1	5	4	1	9	5	..	..
			C	7	M	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	1	..	1	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
161	Malignant neoplasm of larynx	20	W	15	M	13	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	2	4	1	..	2	1	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..
			C	5	M	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..
162–163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	216	W	180	M	163	..	..	..	..	..	..	..	..	..	..	..	2	8	12	21	24	34	33	20	7	2	..	..
					F	17	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2	1	3	3	1	3	2	..	..
			C	36	M	32	..	..	..	..	..	..	..	..	..	..	..	1	..	5	6	11	5	3	1	..	..	..	..
					F	4	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1	..	..	..	..	..	..
170	Malignant neoplasm of breast	183	W	151	F	151	..	..	..	..	..	..	..	..	..	1	4	1	12	12	17	13	20	22	16	22	6	5	..
			C	32	F	32	..	..	..	..	..	..	..	..	..	..	2	5	7	1	6	3	1	1	4	1	1	..	..
171	Malignant neoplasm of cervix uteri	80	W	53	F	53	..	..	..	..	..	..	..	..	..	4	1	7	4	12	6	6	3	7	1	1	1	..	..
			C	27	F	27	..	..	..	..	..	..	..	..	..	..	4	4	1	5	4	7	2	..	..	..	..	..	..
172–174	Malignant neoplasm of other and unspecified parts of uterus, including chorionepithelioma	57	W	41	F	41	..	..	..	..	..	..	..	..	..	..	2	1	..	3	3	4	7	7	8	4	2	..	..
			C	16	F	16	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	4	4	1	1	..	..	..	..
177	Malignant neoplasm of prostate	80	W	60	M	60	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	3	3	5	8	14	16	5	..
			C	20	M	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	2	4	6	..	3	..	1	..
190–191	Malignant neoplasm of skin	18	W	17	M	9	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	2	1	1	..	2	1	..
					F	8	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	1	..	1	1	..	1	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
196–197	Malignant neoplasm of bone and connective tissue	23	W	19	M	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	3	..	2	1	..	..
					F	9	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	2	1	..	..	3	..	..	..
			C	4	M	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1952

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
155–160, 164, 165, 175, 176, 178–181, 192–195, 198–199	Malignant neoplasm of all other and unspecified sites	410	W	331	M	159	..	..	..	1	2	..	..	..	..	..	1	3	4	7	15	30	25	29	15	14	9	4	..
					F	172	..	..	..	..	..	..	1	..	2	1	1	10	8	11	10	19	26	28	20	20	9	6	..
			C	79	M	47	..	..	..	1	..	..	..	..	2	..	..	..	3	5	11	6	9	6	2	2	..	..	..
					F	32	..	..	..	..	..	..	..	..	..	..	1	1	2	4	6	5	4	2	5	2	..	..	..
204	Leukemia and aleukemia	58	W	50	M	29	..	1	1	..	1	4	..	1	1	..	..	1	2	3	1	4	2	4	2	..	..	1	..
					F	21	..	..	1	1	1	1	..	1	..	1	1	..	1	1	2	..	2	4	1	2	1	..	..
			C	8	M	5	..	..	..	1	..	..	..	..	..	..	..	1	..	..	1	..	2	..	..	..	..	..	..
					F	3	..	..	..	1	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..
200–203, 205	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system	74	W	63	M	44	..	..	1	..	..	..	..	..	3	6	3	1	..	3	4	9	8	5	1	..	..	..	..
					F	19	..	..	..	..	..	..	..	..	..	1	1	2	..	3	..	5	2	1	1	1	2	..	..
			C	11	M	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	1	1	..	..	..	..	..
					F	5	..	..	..	..	..	..	..	2	..	..	..	..	..	1	..	..	1	..	..	1	..	..	..
210–239	Benign neoplasms and neoplasms of unspecified nature	37	W	22	M	10	..	..	..	..	..	..	..	1	..	..	..	1	..	1	1	2	1	1	..	1	..	1	..
					F	12	..	..	..	..	..	..	..	..	..	1	2	1	1	..	1	1	..	1	1	2	1	..	..
			C	15	M	3	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..
					F	12	..	..	..	..	..	..	..	..	..	..	..	2	3	1	3	1	1	1	..	..	..	..	..
III and IV—Allergic Disorders: All Other Endocrine, Metabolic and Blood Diseases																													
252	Thyrotoxicosis with or without goiter	6	W	6	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	5	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	1	..	..
260	Diabetes mellitus	218	W	173	M	70	..	2	..	..	..	..	1	..	..	..	..	1	1	7	4	11	11	13	8	9	2	..	..
					F	103	..	..	..	..	..	1	..	..	..	2	..	..	..	4	3	12	10	29	14	13	11	4	..
			C	45	M	17	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	4	4	3	1	1	..	..	..
					F	28	..	..	..	..	..	..	..	..	..	1	1	2	4	..	4	4	5	3	3	..	1	..	..

280–286	Avitaminosis and other deficiency states	2	W	2	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
290–293	Anemia	26	W	12	M	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..
					F	9	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	1	2	1	2	1	..	..	..
			C	14	M	8	1	..	..	..	..	1	..	..	..	..	1	2	1	1	..	1	..	..	..	..	..	..	..
					F	6	..	2	..	1	..	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..
240–245, 253–254, 270–277, 287–289, 294–299	All other allergic, endocrine, metabolic and blood diseases	73	W	58	M	43	..	..	1	1	..	..	1	..	..	1	1	2	1	3	5	7	3	6	5	5	..	1	..
					F	15	1	..	..	..	1	..	..	..	1	1	..	1	2	1	2	..	2	1	2	..	..	..	..
			C	15	M	5	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	2	1	..	..	..	..	..	..
					F	10	..	..	..	..	..	..	1	..	..	1	..	2	..	1	1	2	1	..	..	..	1	..	..

V—MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS

300–309	Psychoses	4	W	2	M	2	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
			C	2	M	2	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
310–324, 326	Psychoneuroses and disorders of personality	34	W	22	M	15	..	..	..	..	..	..	..	..	..	..	1	..	2	4	4	2	2	..	..	..	..	..	..	..
					F	7	..	..	..	..	..	..	..	..	..	..	..	1	3	..	3	..	..	..	..	..	..	..	..	..
			C	12	M	10	..	..	..	..	..	..	..	1	..	..	1	1	1	2	2	1	1	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
325	Mental deficiency	3	W	3	M	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

330–334	Vascular lesions affecting central nervous system	836	W	619	M	280	..	..	..	..	..	..	..	1	..	..	1	1	8	10	13	29	37	35	44	40	37	24	..
					F	339	..	..	1	..	..	..	..	1	..	..	..	4	4	11	16	24	29	42	51	54	51	51	..
			C	217	M	102	..	..	..	..	..	1	..	..	1	..	3	3	9	5	11	9	16	18	11	10	4	1	..
					F	115	..	..	..	..	..	..	1	..	..	..	3	6	7	10	9	15	21	14	10	10	5	4	..
340	Nonmeningococcal meningitis	11	W	6	M	4	..	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
					F	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..
			C	5	M	2	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
					F	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
345	Multiple sclerosis	11	W	8	M	4	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1	..	..	..	..	..
					F	4	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	..	..	1	..	..	..	..
			C	3	M	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1952

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
353	Epilepsy	18	W	9	M	8	..	..	..	..	..	..	..	1	..	..	..	..	1	1	1	2	..	1	..	..	1	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
			C	9	M	7	..	..	..	..	..	..	1	..	3	1	..	1	..	1	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
391–393	Otitis media and mastoiditis	16	W	5	M	3	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
					F	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	11	M	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	6	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
341–344, 350–352, 354–359, 380–384, 386, 388–390, 394–398	All other diseases of the nervous system and sense organs	54	W	44	M	24	2	..	..	..	1	..	2	..	..	..	..	1	..	..	3	..	4	3	4	2	2	..	..
					F	20	1	2	1	..	..	..	..	..	..	..	..	1	..	..	..	1	5	1	4	1	3	..	..
			C	10	M	5	1	1	..	..	..	..	1	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	2	..	..	..	..	..
VII—Diseases of the Circulatory System																													
400–402	Rheumatic fever	20	W	12	M	8	..	..	..	..	..	..	..	3	1	1	1	..	..	..	..	..	2	..	..	..	..	..	..
					F	4	..	..	..	..	..	..	..	1	..	..	1	..	..	..	1	1	..	..	..	..	..	..	..
			C	8	M	3	..	..	..	..	..	..	1	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
					F	5	..	..	..	1	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..	1	..	..	..
410–443	Heart diseases, total	4,830	W	3,823	M	2,067	..	..	..	..	..	..	..	2	2	7	13	24	53	107	173	238	307	310	287	246	197	100	1
					F	1,756	..	..	..	..	1	..	..	..	..	1	2	14	20	35	60	98	159	213	292	321	280	260	..
			C	1,007	M	535	1	..	..	..	..	..	..	1	4	8	4	14	32	39	58	80	86	75	70	32	21	10	..
					F	472	..	..	..	..	..	..	..	..	..	5	6	15	16	40	58	66	59	67	60	42	18	20	..

410–416	Chronic rheumatic heart disease	138	W	118	M	59	..	..	..	..	..	..	..	1	1	2	4	4	10	12	6	7	8	2	1	1	..	..	..
					F	59	..	..	..	..	..	..	..	..	..	1	2	8	7	4	5	10	9	4	5	1	3	..	..
			C	20	M	15	..	..	..	..	..	..	..	..	2	2	1	2	3	1	1	1	1	..	1	..	..	..	..
					F	5	..	..	..	..	..	..	..	..	..	..	1	1	..	..	2	1	..	..	..	..	..	..	..
420–422	Arteriosclerotic and degenerative heart disease	3,283	W	2,818	M	1,607	..	..	..	..	..	..	..	..	..	3	9	17	36	75	134	188	246	236	223	193	162	84	1
					F	1,211	..	..	..	..	..	..	..	..	..	..	..	3	5	17	33	65	110	138	201	225	202	212	..
			C	465	M	256	1	..	..	..	..	..	..	..	2	3	2	1	14	19	27	34	45	32	45	16	10	5	..
					F	209	..	..	..	..	..	..	..	..	..	1	2	2	3	19	18	28	19	29	32	25	14	17	..
430–434	Other diseases of the heart	93	W	62	M	47	..	..	..	..	..	..	..	1	1	..	..	1	..	3	6	6	7	7	5	7	2	1	..
					F	15	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	1	4	1	2	3	1	..
			C	31	M	17	..	..	..	..	..	..	..	1	..	2	..	1	2	1	2	1	2	1	..	1	2	1	..
					F	14	..	..	..	..	..	..	..	..	..	1	1	..	1	..	4	2	2	1	1	1	..	..	..
440–443	Hypertension with heart disease	1,316	W	825	M	354	..	..	..	..	..	..	..	..	..	2	..	2	7	17	27	37	46	65	58	45	33	15	..
					F	471	..	..	..	..	1	..	..	..	..	..	..	3	8	12	21	23	39	67	85	93	72	47	..
			C	491	M	247	..	..	..	..	..	..	..	..	..	1	1	10	13	18	28	44	38	42	24	15	9	4	..
					F	244	..	..	..	..	..	..	..	..	..	3	2	12	12	21	34	35	38	37	27	16	4	3	..
444–447	Hypertension without mention of heart	105	W	70	M	31	..	..	..	..	..	..	..	..	..	1	1	..	2	4	2	4	3	3	1	4	2	4	..
					F	39	..	..	..	..	..	..	..	..	..	..	..	1	..	..	2	4	3	5	8	5	7	4	..
			C	35	M	17	..	..	..	..	..	..	..	..	..	..	1	4	1	3	2	2	1	..	3	..	..	..	..
					F	18	..	..	..	..	..	..	..	..	..	..	2	5	3	1	..	1	1	3	1	..	1	..	..
450	Arteriosclerosis	173	W	144	M	59	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	5	4	7	14	10	17	..
					F	85	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	8	12	20	40	..
			C	29	M	15	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	3	2	..	3	1	1	1
					F	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	3	2	3	..	3	..
451–456	Diseases of the arteries	50	W	43	M	25	..	..	..	..	..	..	1	..	..	..	..	..	2	..	4	..	6	4	5	1	1	1	..
					F	18	..	..	..	..	..	..	..	..	..	1	..	..	3	2	1	2	1	4	..	3	..	1	..
			C	7	M	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..
					F	4	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..
460–468	Other diseases of the circulatory system	29	W	22	M	14	1	..	..	..	..	..	..	..	..	..	1	1	2	1	1	..	2	3	2	..	..	..	..
					F	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	3	1	2	..	..
			C	7	M	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	1	..
VIII—DISEASES OF THE RESPIRATORY SYSTEM																														
470–475	Acute upper respiratory infections	10	W	5	F	5	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
			C	5	M	3	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	2	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1952

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	20	W	11	M	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	2	2	1	..	..
					F	3	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
			C	9	M	3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..
					F	6	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	4	1	..	..	..	..	..	..
490–493	Pneumonia, all forms	276	W	173	M	115	6	4	2	..	3	1	1	..	1	..	2	4	..	10	8	9	12	11	12	15	5	9	..
					F	58	8	..	1	..	..	2	1	1	..	..	2	..	1	..	..	3	1	5	7	2	11	12	1
			C	103	M	58	7	2	..	..	1	1	..	1	..	1	3	6	3	5	5	7	6	4	3	1	1	1	..
					F	45	3	2	..	..	1	..	..	..	1	6	1	3	5	2	8	3	3	2	2	1	1	1	..
490	Lobar pneumonia	109	W	55	M	42	1	..	..	..	..	1	1	..	1	..	..	2	..	9	3	4	4	2	6	4	2	2	..
					F	13	..	..	..	..	..	1	..	..	..	..	1	..	1	..	..	1	..	1	1	1	2	3	1
			C	54	M	28	1	..	..	..	1	1	..	..	..	..	2	5	2	3	5	5	2	..	..	..	1	..	..
					F	26	1	..	..	..	..	..	..	..	1	6	..	2	3	2	5	3	2	..	..	..	..	1	..
491	Bronchopneumonia	107	W	75	M	45	2	3	2	..	2	..	..	..	..	..	1	1	..	1	4	2	4	7	4	7	2	3	..
					F	30	7	..	..	..	..	..	1	..	..	..	1	..	..	..	..	1	1	3	2	1	6	7	..
			C	32	M	18	4	1	..	..	..	..	..	1	..	..	..	..	1	1	..	1	2	4	1	1	..	1	..
					F	14	2	2	..	..	1	..	..	..	..	..	..	1	1	..	1	..	1	2	2	..	1	..	..
492–493	Primary atypical, other and unspecified pneumonia	60	W	43	M	28	3	1	..	..	1	..	..	..	..	..	1	1	..	..	1	3	4	2	2	4	1	4	..
					F	15	1	..	1	..	..	1	..	1	..	..	..	..	..	..	..	1	..	1	4	..	3	2	..
			C	17	M	12	2	1	..	..	..	..	..	..	..	1	1	1	..	1	..	1	2	..	2	..	..	..	..
					F	5	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..	..	..	..	1	..	..	..
500	Acute bronchitis	3	W	1	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
501–502	Chronic bronchitis	16	W	14	M	11	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	2	..	3	..	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..
			C	2	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

510	Hypertrophy of tonsils and adenoids	2	W	1	M	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
518, 521	Empyema and abscess of lung	10	W	6	M	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	1	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
			C	4	M	4	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	1	1	..	..	..	..	..
511–517, 520, 522–527	All other respiratory diseases	72	W	51	M	39	1	1	1	..	..	..	..	..	..	..	..	..	3	1	5	4	8	5	3	6	1	..	..	..	..
					F	12	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	..	1	1	..	..	..
			C	21	M	14	8	..	..	..	..	..	..	1	..	..	1	..	1	2	1	..	..	..	..	..	..	..	..	..	..
					F	7	5	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..

IX—DISEASES OF THE DIGESTIVE SYSTEM

540	Ulcer of stomach	32	W	28	M	22	..	..	..	..	..	..	..	..	..	..	..	3	..	1	..	5	3	4	2	2	..	2	..	..	..
					F	6	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	1	..	2	1	..	..	..	..	..
			C	4	M	3	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
541	Ulcer of duodenum	26	W	23	M	21	..	..	..	..	..	..	..	..	..	..	2	..	2	..	2	2	4	7	1	1	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..
			C	3	M	3	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..
550–553	Appendicitis	16	W	11	M	8	..	..	1	..	..	..	..	..	..	..	..	1	1	1	..	1	1	1	..	..	..	1	..	..	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..
			C	5	M	4	..	..	..	..	..	..	..	1	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
560, 561, 570	Intestinal obstruction and hernia	78	W	63	M	31	2	..	..	1	..	..	..	..	..	..	..	1	..	..	3	7	4	6	4	..	1	2	..	..	..
					F	32	2	..	..	..	..	..	..	..	..	..	..	..	2	..	1	5	5	4	3	3	3	4	..	..	..
			C	15	M	8	1	..	..	..	..	..	..	..	..	..	..	1	..	2	..	2	1	1	..	..	..	..	..	..	..
					F	7	1	..	..	..	..	..	..	..	1	..	1	..	..	..	2	1	1	..	..	..	..	..	..	..	..
571, 572	Gastro-enteritis and colitis, except diarrhea of the newborn	59	W	24	M	15	5	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1	3	2	..	1	1	..	..	..	..
					F	9	2	..	..	..	..	..	1	..	..	..	1	..	1	..	1	..	..	..	..	3	..	..	..	..	..
			C	35	M	15	13	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..
					F	20	17	..	..	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..
581	Cirrhosis of liver	172	W	145	M	103	..	..	..	..	..	..	..	..	..	1	2	5	11	19	19	12	16	8	5	4	1	..	..	..	..
					F	42	..	..	..	..	..	..	..	..	..	7	1	5	6	4	5	3	2	4	2	3	..	..	..	..	..
			C	27	M	20	..	..	..	..	..	..	..	..	..	..	1	2	2	2	5	6	2	..	..	..	..	..	..	..	..
					F	7	..	..	..	..	..	..	..	..	..	1	3	..	..	1	1	..	1	..	..	..	..	..	..	..	..
584, 585	Cholelithiasis and cholecystitis	38	W	37	M	15	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	3	3	1	1	3	..	3	..	..	..
					F	22	..	..	..	..	..	..	..	..	..	..	2	..	1	..	1	4	1	3	2	2	2	4	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1952

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
536–539, 542, 544, 545, 573–580, 582, 583, 586, 587	Other diseases of the digestive system	59	W	44	M	28	2	..	..	..	..	..	..	..	..	..	..	2	..	4	4	1	5	4	2	1	2	1	..
					F	16	1	..	1	1	..	..	..	..	..	..	..	..	1	..	..	1	1	3	4	1	1	1	..
			C	15	M	9	1	..	..	..	..	..	..	..	..	..	..	1	2	..	..	2	1	1	1	..	..	..	..
					F	6	1	..	..	..	..	..	..	..	1	1	..	..	1	..	1	..	1	..	..	..	..	..	..
X—Diseases of the Genito-Urinary System																													
590–594	Nephritis, total	164	W	101	M	46	..	..	..	..	..	..	1	..	1	1	5	3	2	2	3	7	4	4	5	3	3	2	..
					F	55	..	..	..	..	..	..	3	..	1	..	2	2	3	4	4	5	3	7	11	2	4	4	..
			C	63	M	31	..	..	..	..	..	..	..	1	..	1	..	4	..	1	4	5	3	2	3	4	1	2	..
					F	32	..	..	..	..	..	..	..	..	1	2	2	..	2	4	4	4	6	2	2	2	1	..	..
590–591	Acute nephritis	12	W	8	M	5	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	1	..	1	..	..	..
					F	3	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
			C	4	M	2	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..
592–594	Chronic, other and unspecified nephritis	152	W	93	M	41	..	..	..	..	..	..	1	..	1	1	5	3	1	1	2	7	4	3	5	2	3	2	..
					F	52	..	..	..	..	..	..	1	..	1	..	2	2	3	4	4	5	3	7	11	2	3	4	..
			C	59	M	29	..	..	..	..	..	..	..	..	..	1	..	4	..	..	4	5	3	2	3	4	1	2	..
					F	30	..	..	..	..	..	..	..	..	1	1	2	..	2	4	4	3	6	2	2	2	1	..	..
600	Infections of kidney	25	W	12	M	4	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	2	..	..	..	..	..
					F	8	..	..	..	..	..	..	..	..	..	..	1	..	..	2	1	..	1	..	2	..	1	..	..
			C	13	M	9	..	..	..	..	..	..	..	..	..	1	..	1	1	..	3	1	2	..	..	..	..	..	..
					F	4	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..	..	..	..	..	..
602, 604	Calculi of urinary system	9	W	8	M	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	1	..	..
					F	4	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	1	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..

610	Hyperplasia of prostate	20	W	17	M	17	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	2	3	2	3	3	..
			C	3	M	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	..	..
601, 603, 605–609, 611–617, 622–637	Other diseases of genito-urinary system	14	W	9	M	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	2	..	1	..	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..
			C	5	M	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..
					F	3	..	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..

XI—DELIVERIES AND COMPLICATIONS OF PREGNANCY, AND THE PUERPERIUM

640, 641, 681, 682, 684	Sepsis of pregnancy, childbirth and the puerperium	3	C	3	F	3	..	..	..	..	..	..	..	..	1	..	..	1	1	..	..	..	..	..	..	..	..	..	..
642, 652, 685, 686	Toxemias of pregnancy and the puerperium	1	C	1	F	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
643, 644, 670–672	Hemorrhage of pregnancy and childbirth	1	C	1	F	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
650	Abortion without mention of sepsis or toxemia	1	W	1	F	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
119	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	4	C	4	F	4	..	..	..	..	..	..	..	..	..	1	2	1	..	..	..	..	..	..	..	..	..	..	..

XII AND XIII—DISEASES OF THE SKIN AND MUSCULOSKELETAL SYSTEM

690–698	Infections of skin and subcutaneous tissue	1	W	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
720–725	Arthritis and spondylitis	6	W	3	M	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..
			C	3	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..
700–716, 731–736, 738–744	All other diseases of skin and musculoskeletal system	11	W	11	M	4	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..
					F	7	1	..	..	..	..	..	..	..	..	1	..	..	..	2	1	..	..	..	..	1	1	..

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1952

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
	XIV—Congenital Malformations																												
751	Spina bifida and meningocele	9	W	5	F	5	2	3	..	..	..	..	..	..	..	..	..	..	..	.	..	..	..	..	..	..	..	..	..
			C	4	M	3	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
754	Congenital malformations of circulatory system	61	W	36	M	16	12	..	..	..	..	..	..	1	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..
					F	20	14	2	..	1	..	..	1	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
			C	25	M	10	8	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	15	11	1	..	..	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..
750, 752, 753, 755–759	All other congenital malformations	42	W	35	M	20	15	1	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..
					F	15	10	1	..	1	..	1	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..
			C	7	M	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	4	3	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	XV—Certain Diseases of Early Infancy																												
760, 761	Birth injuries	57	W	37	M	22	22	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	15	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	20	M	11	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	9	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
762	Postnatal asphyxia and atelectasis	89	W	52	M	34	34	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	18	18	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	37	M	21	21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	16	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

763–768	Infections of the newborn	45	W	17	M	8	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	9	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	28	M	14	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	14	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
770	Hemolytic diseases of newborn	14	W	11	M	9	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	3	M	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
769, 771, 772	All other defined diseases of early infancy	14	W	4	M	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	10	M	9	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
773–776	Ill-defined diseases peculiar to early infancy and immaturity unqualified	174	W	75	M	45	45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	30	30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	99	M	60	60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	39	39	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

XVI—Symptoms, Senility and Ill-Defined Conditions

794	Senility without mention of psychosis	7	W	7	M	4	..	..	.	.	.	.	.	..	..	..	..	..	..	..	..	..	..	..	1	..	3	..			
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..			
780–793, 795	Ill-defined and unknown causes of mortality	10	W	6	M	3	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..			
					F	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..			
			C	4	M	2	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..			
					F	2	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..			

XVII—Accidents, Poisonings, and Violence

	All Accidents	549	W	363	M	249	3	3	2	3	3	14	2	11	13	20	10	21	11	16	16	16	18	21	16	11	11	8	..		
					F	114	3	3	3	1	2	2	3	2	1	5	2	3	4	2	2	5	11	5	8	16	15	16	..		
			C	186	M	140	3	5	4	1	3	10	4	6	5	14	15	11	10	8	17	6	7	3	..	3	4	..	..		
					F	46	4	8	1	..	2	5	1	1	2	3	1	3	1	3	2	2	2	2	1	1	..	1	1		
E810–E835	Motor vehicle accidents	174	W	118	M	87	..	..	..	1	..	6	1	5	6	9	4	7	2	3	7	6	4	10	8	3	5	..	..		
					F	31	..	..	1	..	1	1	1	2	1	4	2	1	2	..	..	1	3	2	1	3	4	1	..		
			C	56	M	46	..	1	1	..	2	1	..	2	3	7	5	2	4	2	7	3	4	..	..	..	2	..	..		
					F	10	..	1	..	..	1	..	..	..	2	..	1	..	..	1	..	1	..	2	..	..	..	..	..	1	

TABLE NO. 8—Concluded
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1952

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
E800–E802, E840–E866	Other transport accidents	25	W	19	M	15	..	..	..	..	..	..	..	1	2	1	1	1	1	2	1	..	2	..	2	..	..	1	..
					F	4	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..
			C	6	M	6	..	..	..	..	..	..	..	..	..	2	1	1	..	..	1	..	1	..	..	..	..	..	..
E870–E895	Accidental poisoning	22	W	7	M	5	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	2	..	..	..	..	..	..	..
					F	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	15	M	10	..	3	..	..	..	2	..	..	1	..	1	1	1	..	1	..	..	..	..	..	..	..	..
					F	5	..	2	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..
E900–E904	Accidental falls	136	W	112	M	60	..	2	1	..	2	..	..	..	1	4	..	3	2	5	5	2	5	9	2	5	6	6	..
					F	52	1	..	..	1	..	..	..	..	..	1	..	..	..	2	..	4	3	2	5	11	8	14	..
			C	24	M	19	..	1	1	..	..	..	..	..	1	1	1	2	1	1	2	3	..	1	..	2	1	1	..
					F	5	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
E912	Accident caused by machinery	9	W	6	M	5	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	..	1	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
			C	3	M	3	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..
E916	Accident caused by fire and explosion of combustible material	50	W	24	M	13	1	..	1	1	1	..	..	..	..	2	..	1	..	..	..	2	1	..	2	1	..	..	..
					F	11	..	..	1	..	1	1	1	..	..	..	..	2	1	..	1	..	1	1	..	..	1	..	..
			C	26	M	13	..	..	1	1	1	1	..	1	..	1	1	1	1	1	1	..	..	1	..	1	..	..	..
					F	13	1	2	..	..	1	3	..	..	..	1	..	..	..	1	2	..	1	..	1	..	..	..	..
E917, E918	Accident caused by hot substance, corrosive liquid, steam and radiation	8	W	2	M	2	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
			C	6	M	4	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..
					F	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
E919	Accident caused by firearm	8	W	6	M	6	..	..	..	..	..	2	..	1	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	2	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

E929	Accidental drowning and submersion	46	W	27	M	26	..	..	.	..	..	5	..	4	1	2	1	..	2	4	1	1	1	..	1	2	..	1	..
					F	1	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
			C	19	M	18	..	..	..	..	..	4	3	2	..	1	3	1	1	1	2	..	..	..	..	..	..	..	..
					F	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
E910, E911, E913–E915, E920–E928, E930–E962, E970–E979	All other accidental causes	71	W	42	M	30	2	..	..	1	..	1	1	..	1	1	4	6	4	..	1	2	4	2	..	..	..	..	..
					F	12	2	1	1	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..	..	1	2	1	..
			C	29	M	19	2	..	..	..	..	1	1	..	..	..	2	3	1	3	3	..	2	1	..	..	..	..	..
					F	10	2	1	..	..	..	2	1	..	..	1	..	1	1	1	..	..	..	..	..	..	..	..	..
E963, E970–E979	Suicide and self-inflicted injury	83	W	75	M	57	..	..	..	..	..	..	..	2	2	2	3	5	8	6	5	8	5	5	4	..	2	..	..
					F	18	..	..	..	..	..	..	..	..	2	1	1	1	1	3	3	..	3	2	..	..	1	..	..
			C	8	M	4	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	1	..	..	..	..	..
					F	4	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..
E964, E980–E985	Homicide and injury purposely inflicted by other persons (not in war)	91	W	23	M	14	..	..	..	..	..	..	..	3	..	..	2	1	2	..	4	..	1	1	..	..	..	..	..
					F	9	1	..	..	..	..	..	1	..	..	2	1	2	..	..	1	..	1	..	..	..	..	..	..
			C	68	M	53	..	1	..	..	..	..	..	2	1	12	13	11	2	5	4	..	2	..	..	..	..	..	..
					F	15	..	..	..	..	..	..	..	..	3	2	4	1	2	1	1	1	..	..	..	..	..	..	..
E965, E990–E999	Injury resulting from operations of war	2	W	2	M	2	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..

NOTE—Deaths by color include the following non-Negro races:
Diabetes mellitus—1 male Chinese 58 years of age.
Cardiovascular disease—1 male Chinese 61 years of age.
Hypertensive heart disease—1 male Japanese 52 years of age.
Other hypertensive disease without mention of heart—1 male Chinese 59 years of age.
Bronchopneumonia—1 male Chinese 91 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—1952

Cause of Death	Recorded						Resident					
	Number			Rate per 100,000 Population*			Number			Rate per 100,000 Population*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
All Causes	12,005	9,128	2,877	12.5	12.6	12.4	11,237	8,280	2,957	11.7	11.4	12.7
Tuberculosis, all forms (001–019)	319	134	185	33.3	18.5	79.6	416	174	242	43.5	24.0	104.1
Respiratory tuberculosis (001–008)	*290*	*121*	*169*	*30.3*	*16.7*	*72.7*	*393*	*167*	*226*	*41.1*	*23.1*	*97.2*
Syphilis (020–029)	70	26	44	7.3	3.6	18.9	97	35	62	10.1	4.8	26.7
Typhoid fever (040)	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery (045–048)	3	1	2	0.3	0.1	0.9	3	1	2	0.3	0.1	0.9
Other infective diseases of the intestinal tract (041–044, 049)	2	1	1	0.2	0.1	0.4	1	..	1	0.1	..	0.4
Scarlet fever and streptococcal sore throat (050–051)	1	..	1	0.1	..	0.4	1	..	1	0.1	..	0.4
Diphtheria (055)	1	..	1	0.1	..	0.4	1	..	1	0.1	..	0.4
Whooping cough (056)	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infections (057)	21	21	..	2.2	2.9	..	16	16	..	1.7	2.2	..
Other infective diseases of bacterial origin (030–039, 052–054, 058–064, 070–074)	12	1	11	1.3	0.1	4.7	12	1	11	1.3	0.1	4.7
Poliomyelitis, acute (080–081)	9	9	..	0.9	1.2	..	1	1	..	0.1	0.1	..
Encephalitis (082–083)	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox (084)	..	..	..	..	..	..	..	..	..	..	..	..
Measles (085)	..	..	..	..	..	..	..	..	..	..	..	..
Other virus diseases (086–096)	11	8	3	1.1	1.1	1.3	9	6	3	0.9	0.8	1.3
Typhus and rickettsial diseases (100–108)	..	..	..	..	..	..	..	..	..	..	..	..
Other infective and parasitic diseases (110–138)	2	1	1	0.2	0.1	0.4	1	..	1	0.1	..	0.4
Malignant neoplasms (140–205)	1,935	1,607	328	202.3	222.0	141.1	1,725	1,392	333	180.3	192.3	143.2
Lymphatic and hematopoietic (200–205)	*172*	*146*	*26*	*18.0*	*20.2*	*11.2*	*132*	*113*	*19*	*13.8*	*15.6*	*8.2*
Benign and unspecified neoplasms (210–239)	46	32	14	4.8	4.4	6.0	37	22	15	3.9	3.0	6.5
Diabetes (260)	237	192	45	24.8	26.5	19.3	218	173	45	22.8	23.9	19.3
Anemias (290–293)	26	14	12	2.7	1.9	5.2	26	12	14	2.7	1.7	6.0
Other diseases of the blood and blood-forming organs (294–299)	13	12	1	1.3	1.7	0.4	14	13	1	1.5	1.8	0.4
Vascular lesions of the central nervous system (330–334)	845	642	203	88.3	88.7	87.3	836	619	217	87.4	85.5	93.3
Rheumatic fever (400–402)	27	16	11	2.8	2.2	4.7	20	12	8	2.1	1.7	3.4
Diseases of heart (410–443)	4,983	3,996	987	521.0	551.9	424.5	4,830	3,823	1,007	505.0	528.0	433.1
Chronic rheumatic heart disease (410–416)	*158*	*141*	*17*	*16.5*	*19.5*	*7.3*	*138*	*118*	*20*	*14.4*	*16.3*	*8.6*
Arteriosclerotic and degenerative heart disease (420–422)	*3,366*	*2,913*	*453*	*351.9*	*402.3*	*194.8*	*3,283*	*2,818*	*465*	*343.2*	*389.2*	*200.0*
Other diseases of the heart (430–434)	*100*	*68*	*32*	*10.5*	*9.4*	*13.8*	*93*	*62*	*31*	*9.7*	*8.6*	*13.3*
Hypertensive heart disease (440–443)	*1,359*	*874*	*485*	*142.1*	*120.7*	*208.6*	*1,316*	*825*	*491*	*137.6*	*113.9*	*211.2*

* 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—1952

Cause of Death	Recorded						Resident					
	Number			Rate per 100,000 Population*			Number			Rate per 100,000 Population*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Other hypertensive diseases (444–447)	117	77	40	12.2	10.6	17.2	105	70	35	11.0	9.7	15.1
Arteriosclerosis (450)	161	137	24	16.8	18.9	10.3	173	144	29	18.1	19.9	12.5
Other diseases of the circulatory system (451–468)	96	79	17	10.0	10.9	7.3	79	65	14	8.3	9.0	6.0
Nephritis and nephrosis (590–594)	183	120	63	19.1	16.6	27.1	164	101	63	17.1	13.9	27.1
Acute nephritis and nephritis with edema, including nephrosis (590–591)	*18*	*13*	*5*	*1.9*	*1.8*	*2.2*	*12*	*8*	*4*	*1.3*	*1.1*	*1.7*
Influenza and pneumonia (480–483, 490–493)	286	174	112	29.9	24.0	48.2	296	184	112	30.9	25.4	48.2
Pneumonia (490–493)	*270*	*167*	*103*	*28.2*	*23.1*	*44.3*	*276*	*173*	*103*	*28.9*	*23.9*	*44.3*
Bronchitis (500–502)	21	17	4	2.2	2.3	1.7	19	15	4	2.0	2.1	1.7
Ulcer of the stomach and duodenum (540–542)	71	64	7	7.4	8.8	3.0	58	51	7	6.1	7.0	3.0
Appendicitis (550–553)	19	14	5	2.0	1.9	2.1	16	11	5	1.7	1.5	2.2
Intestinal obstruction and hernia (560–570)	86	70	16	9.0	9.7	6.9	78	63	15	8.1	8.7	6.5
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	79	42	37	8.3	5.8	15.9	59	24	35	6.2	3.3	15.1
Cirrhosis of the liver (581)	177	153	24	18.5	21.1	10.3	172	145	27	18.0	20.0	11.6
Hyperplasia of prostate (610)	30	24	6	3.1	3.3	2.6	20	17	3	2.1	2.3	1.3
Puerperal causes (640–689)	18	6	12	0.6	0.3	1.4	12	2	10	0.5	0.1	1.3
Congenital malformations (750–759)	205	168	37	21.4	23.2	15.9	112	76	36	11.7	10.5	15.5
Certain diseases of early infancy (760–776)	557	338	219	58.2	46.7	94.2	393	196	197	41.1	27.1	84.7
Pneumonia of newborn (763)	*22*	*13*	*9*	*2.3*	*1.8*	*3.9*	*13*	*6*	*7*	*1.3*	*0.8*	*3.0*
Diarrhea of newborn (764)	*16*	*5*	*11*	*1.7*	*0.7*	*4.7*	*14*	*4*	*10*	*1.5*	*0.5*	*4.3*
Senility, ill-defined and unknown conditions (780–795)	22	17	5	2.3	2.3	2.1	17	13	4	1.8	1.8	1.7
All other diseases	538	396	142	56.2	54.7	61.1	477	342	135	49.9	47.2	58.1
Accidents, total (800–962, 965)	591	412	179	61.8	56.9	77.0	549	363	186	57.4	50.1	80.0
Motor vehicle accidents (810–835)	*205*	*148*	*57*	*21.4*	*20.4*	*24.5*	*174*	*118*	*56*	*18.2*	*16.3*	*24.1*
Home accidents	*203*	*138*	*65*	*21.2*	*19.1*	*27.9*	*186*	*121*	*65*	*19.4*	*16.7*	*27.9*
Occupational accidents	*62*	*38*	*24*	*6.5*	*5.2*	*10.3*	*61*	*34*	*27*	*6.4*	*4.7*	*11.6*
All other accidents	*121*	*88*	*33*	*12.7*	*12.1*	*14.2*	*128*	*90*	*38*	*13.4*	*12.4*	*16.3*
Suicides (963, 970–979)	92	84	8	9.6	11.6	3.4	83	75	8	8.7	10.3	3.4
Homicides (964, 980–985)	93	23	70	9.7	3.2	30.1	91	23	68	9.5	3.2	29.2

* 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—1952

Intermediate List Number (6th Revision)	Cause of Death	Total Recorded Deaths		Residents of						Baltimore Residents Dying Elsewhere				Total Resident Deaths	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
	All Causes	9,128	2,877	7,423	2,683	1,373	158	332	36	699	239	158	35	8,280	2,957
A 1	Tuberculosis of respiratory system	121	169	107	166	10	1	4	2	53	57	7	3	167	226
A 2	Tuberculosis of meninges and central nervous system	8	9	4	5	3	4	1	..	..	..	..	..	4	5
A 3	Tuberculosis of intestines, peritoneum and mesenteric glands	1	..	..	..	1	..	..	..	..	1	..	..	..	1
A 4	Tuberculosis of bones and joints	1	1	1	1	..	..	..	..	..	1	..	..	1	2
A 5	Tuberculosis, all other forms	3	6	2	6	..	..	1	..	..	2	..	..	2	8
A 6	Congenital syphilis	..	..	..	..	..	..	..	..	..	1	..	..	..	1
A 7	Early syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 8	Tabes dorsalis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 9	General paralysis of insane	1	..	1	..	..	..	..	..	..	14	..	..	1	14
A 10	All other syphilis	25	44	20	42	3	1	2	1	12	5	2	..	34	47
A 11	Gonococcal infection	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 12	Typhoid fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 13	Paratyphoid fever and other Salmonella infections	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 14	Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 15	Brucellosis (undulant fever)	1	..	..	..	..	..	1	..	..	..	..	..	..	..
A 16	Dysentery, all forms	1	2	1	2	..	..	..	..	..	..	..	..	1	2
A 17	Scarlet fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 18	Streptococcal sore throat	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 19	Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 20	Septicemia and pyemia	1	9	1	9	..	..	..	..	..	..	..	..	1	9
A 21	Diphtheria	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 22	Whooping cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 23	Meningococcal infections	21	..	14	..	7	..	..	..	..	..	2	..	16	..
A 24	Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 25	Leprosy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 26	Tetanus	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 27	Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 28	Acute poliomyelitis	9	..	1	..	6	..	2	..	..	..	..	..	1	..
A 29	Acute infectious encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 30	Late effects of acute poliomyelitis and acute infectious encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 31	Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 32	Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..

A	33	Yellow fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	34	Infectious hepatitis	4	3	2	2	..	1	2	..	..	1	..	..	2	3
A	35	Rabies	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	36	Typhus and other rickettsial diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	37	Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	38	Schistosomiasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	39	Hydatid disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	40	Filariasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	41	Ankylostomiasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	42	Other diseases due to helminths	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A	43	All other diseases classified as infective and parasitic	5	1	4	1	..	..	1	..	..	..	..	..	4	1
		Malignant neoplasm of:														
A	44	Buccal cavity and pharynx	49	14	38	13	6	1	5	..	10	1	1	..	49	14
A	45	Esophagus	30	13	21	13	6	..	3	..	..	..	1	..	22	13
A	46	Stomach	133	39	104	38	23	1	6	..	10	3	2	1	116	42
A	47	Intestine, except rectum	178	18	151	16	22	1	5	1	10	1	1	1	162	18
A	48	Rectum	70	7	56	5	13	2	1	..	7	2	..	..	63	7
A	49	Larynx	19	3	14	3	2	..	3	..	1	2	..	..	15	5
A	50	Trachea and of bronchus and lung not specified as secondary	193	29	163	26	19	2	11	1	14	10	3	..	180	36
A	51	Breast	159	32	140	31	14	1	5	..	9	1	2	..	151	32
A	52	Cervix uteri	66	28	51	27	14	1	1	..	1	..	1	..	53	27
A	53	Other and unspecified parts of uterus	42	17	35	15	7	2	..	..	5	..	1	1	41	16
A	54	Prostate	73	19	55	18	12	..	6	1	5	2	..	..	60	20
A	55	Skin	22	1	17	1	..	..	5	..	..	..	..	..	17	1
A	56	Bone and connective tissue	22	5	18	4	4	..	..	1	1	..	..	..	19	4
A	57	All other and unspecified sites	405	77	302	70	76	3	27	4	27	8	2	1	331	79
A	58	Leukemia and aleukemia	70	12	49	8	18	4	3	..	..	..	1	..	50	8
A	59	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system	76	14	54	8	15	5	7	1	4	3	5	..	63	11
A	60	Benign neoplasms and neoplasms of unspecified nature	32	14	20	14	8	..	4	..	1	1	1	..	22	15
A	61	Nontoxic goiter	1	..	..	..	1	..	..	..	..	..	..	..	..	..
A	62	Thyrotoxicosis with or without goiter	8	..	5	..	2	..	1	..	1	..	..	..	6	..
A	63	Diabetes mellitus	192	45	161	41	28	1	3	3	10	2	2	2	173	45
A	64	Avitaminosis and other deficiency	3	..	2	..	1	..	..	..	..	..	..	..	2	..
A	65	Anemias	14	12	12	11	2	1	..	..	..	2	..	1	12	14
A	66	Allergic disorders; all other endocrine, metabolic and blood diseases	63	14	52	14	7	..	4	..	4	1	2	..	58	15
A	67	Psychoses	2	1	..	1	1	..	1	..	2	1	..	..	2	2
A	68	Psychoneuroses and disorders of personality	23	12	20	12	1	..	2	..	2	..	..	..	22	12
A	69	Mental deficiency	3	..	3	..	..	..	..	..	..	..	..	..	3	..
A	70	Vascular lesions affecting central nervous system	642	203	554	192	74	11	14	..	55	24	10	1	619	217
A	71	Nonmeningococcal meningitis	9	7	6	5	3	2	..	..	..	..	..	..	6	5
A	72	Multiple sclerosis	8	3	8	3	..	..	..	..	..	..	..	..	8	3
A	73	Epilepsy	9	9	7	9	2	..	..	..	2	..	..	..	9	9
A	74	Inflammatory diseases of eye	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	75	Cataract	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	76	Glaucoma	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	77	Otitis media and mastoiditis	6	11	5	11	..	..	1	..	..	..	..	..	5	11

TABLE NO. 10—Concluded

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1952

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	78	All other diseases of the nervous system and sense organs	48	10	37	9	10	1	1	..	7	..	..	1	44	10
A	79	Rheumatic fever	16	11	12	8	4	3	..	..	..	..	..	..	12	8
A	80	Chronic rheumatic heart disease	141	17	107	16	23	1	11	..	9	3	2	1	118	20
A	81	Arteriosclerotic and degenerative heart disease	2,913	453	2,554	436	305	14	54	3	210	24	54	5	2,818	465
A	82	Other diseases of heart	68	32	54	30	13	2	1	..	4	1	4	..	62	31
A	83	Hypertension with heart disease	874	485	759	470	106	11	9	4	59	21	7	..	825	491
A	84	Hypertension without mention of heart	77	40	63	35	11	4	3	1	6	..	1	..	70	35
A	85	Arteriosclerosis	137	24	128	24	8	..	1	..	14	4	2	1	144	29
A	85	Other diseases of the arteries	50	9	41	7	6	1	3	1	1	..	1	..	43	7
A	86	Other diseases of the circulatory system	29	8	22	7	5	1	2	..	..	..	..	..	22	7
A	87	Acute upper respiratory infections	7	5	5	5	1	..	1	..	..	..	..	..	5	5
A	88	Influenza	7	9	7	9	..	..	..	..	4	..	..	..	11	9
A	89	Lobar pneumonia	52	56	42	53	9	1	1	2	12	..	1	1	55	54
A	90	Bronchopneumonia	70	30	58	30	11	..	1	..	14	1	3	1	75	32
A	91	Primary, atypical, other and unspecified pneumonia	45	17	40	14	3	3	2	..	3	2	..	1	43	17
A	92	Acute bronchitis	1	2	1	2	..	..	..	..	..	..	..	..	1	2
A	93	Bronchitis, chronic and unqualified	16	2	12	2	3	..	1	..	2	..	..	..	14	2
A	94	Hypertrophy of tonsils and adenoids	3	..	1	..	2	..	..	..	..	..	..	1	1	1
A	95	Empyema and abscess of lung	6	4	4	4	2	..	..	..	2	..	..	..	6	4
A	96	Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	97	All other respiratory diseases	51	23	42	20	5	2	4	1	9	1	..	..	51	21
A	98	Diseases of teeth and supporting structures	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	99	Ulcer of stomach	35	4	26	4	8	..	1	..	2	..	..	..	28	4
A	100	Ulcer of duodenum	29	3	20	3	7	..	2	..	2	..	1	..	23	3
A	101	Gastritis and duodenitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A	102	Appendicitis	14	5	11	5	3	..	..	..	..	..	..	..	11	5
A	103	Intestinal obstruction and hernia	70	16	53	15	16	1	1	..	7	..	3	..	63	15
A	104	Gastro-enteritis and colitis, except diarrhea of the newborn	42	37	24	33	16	4	2	..	..	2	..	..	24	35
A	105	Cirrhosis of liver	153	24	130	24	14	..	9	..	13	3	2	..	145	27
A	106	Cholelithiasis and cholecystitis	46	1	33	1	11	..	2	..	3	..	1	..	37	1
A	107	Other diseases of digestive system	57	19	42	14	13	4	2	1	2	1	..	..	44	15
A	108	Acute nephritis	13	5	8	4	4	1	1	..	..	..	..	..	8	4
A	109	Chronic, other and unspecified nephritis	107	58	87	55	16	3	4	..	5	4	1	..	93	59
A	110	Infections of kidney	16	15	11	13	5	2	..	..	1	..	..	..	12	13

A 111	Calculi of urinary system	9	1	8	1	1	..	..	..	..	..	..	..	8	1
A 112	Hyperplasia of prostate	24	6	16	2	5	4	3	..	1	1	..	..	17	3
A 113	Diseases of breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 114	Other diseases of genito-urinary system	12	3	9	3	3	..	..	..	..	1	..	1	9	5
A 115	Sepsis of pregnancy, childbirth and the puerperium	..	3	..	3	..	..	..	..	..	..	..	..	..	3
A 116	Toxemias of pregnancy and the puerperium	2	1	..	1	2	..	..	..	..	..	..	..	..	1
A 117	Hemorrhage of pregnancy and childbirth	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 118	Abortion without mention of sepsis or toxemia	1	..	1	..	..	..	..	..	..	..	..	..	1	..
A 119	Abortion with sepsis	1	2	1	1	..	1	..	..	..	..	..	..	1	1
A 120	Other complications of pregnancy, childbirth and the puerperium	2	5	..	4	2	1	..	..	..	..	..	..	..	4
A 121	Infections of skin and subcutaneous tissue	1	1	1	..	..	1	..	..	..	..	..	..	1	..
A 122	Arthritis and spondylitis	3	3	3	3	..	..	..	..	..	..	..	..	3	3
A 123	Muscular rheumatism and rheumatism unspecified	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 124	Osteomyelitis and periostitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 125	Ankylosis and acquired musculoskeletal deformities	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 126	All other diseases of skin and musculoskeletal system	13	1	9	..	4	1	..	..	2	..	..	..	11	..
A 127	Spina bifida and meningocele	8	3	5	3	3	..	..	..	..	1	..	..	5	4
A 128	Congenital malformations of circulatory system	97	25	35	24	25	1	37	..	..	1	1	..	36	25
A 129	All other congenital malformations	63	9	35	7	23	2	5	..	..	..	..	..	35	7
A 130	Birth injuries	69	25	36	20	31	4	2	1	1	..	..	..	37	20
A 131	Postnatal asphyxia and atelectasis	82	44	52	37	28	7	2	..	..	..	..	..	52	37
A 132	Infections of the newborn	30	31	17	28	13	3	..	..	..	..	..	..	17	28
A 133	Hemolytic disease of newborn	17	3	11	3	6	..	..	..	..	..	..	..	11	3
A 134	All other defined diseases of early infancy	5	11	4	10	1	1	..	..	..	..	..	..	4	10
A 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	135	105	74	95	59	10	2	..	1	3	..	1	75	99
A 136	Senility without mention of psychosis	8	..	7	..	1	..	..	..	..	..	..	..	7	..
A 137	Ill-defined and unknown causes of mortality	9	5	6	4	2	1	1	..	..	..	..	..	6	4
A 138	Motor vehicle accidents	148	57	88	43	47	10	13	4	12	7	18	6	118	56
A 139	Other transport accidents	29	3	12	3	11	..	6	..	6	2	1	1	19	6
A 140	Accidental poisoning	8	14	7	14	1	..	..	..	..	1	..	..	7	15
A 141	Accidental falls	118	25	97	22	18	3	3	..	13	..	2	2	112	24
A 142	Accident caused by machinery	6	2	4	2	2	..	..	..	1	1	1	..	6	3
A 143	Accident caused by fire and explosion of combustible material	30	28	23	26	7	2	..	..	1	..	..	..	24	26
A 144	Accident caused by hot substance, corrosive liquid, steam and radiation	3	6	2	6	1	..	..	..	..	..	..	..	2	6
A 145	Accident caused by firearm	4	2	4	2	..	..	..	..	1	..	1	..	6	2
A 146	Accidental drowning and submersion	21	14	16	14	4	..	1	..	10	4	1	1	27	19
A 147	All other accidental causes	45	28	37	27	7	..	1	1	4	2	1	..	42	29
A 148	Suicide and self-inflicted injury	84	8	68	8	12	..	4	..	6	..	1	..	75	8
A 149	Homicide and injury purposely inflicted by other persons (not in war)	23	70	19	66	3	2	1	2	2	2	2	..	23	68
A 150	Injury resulting from operations of war	1	..	1	..	..	..	..	..	1	..	..	..	2	..

TABLE NO. 11

RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1940-1952

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																		
1952	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1951	..	..	..	..	..	..	1	..	1	0.1	..	0.4	..	..	..	..	..	..
1950	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.1	..	0.4
1949	..	..	..	..	..	..	6	4	2	0.6	0.5	0.9	..	..	..	..	..	..
1948	1	1	..	0.1	0.1	..	2	2	..	0.2	0.3	..	..	..	..	..	..	..
1947	..	..	..	..	..	..	..	..	..	..	..	..	10	6	4	1.1	0.8	1.9
1946	1	1	..	0.1	0.1	..	6	4	2	0.6	0.5	1.0	2	1	1	0.2	0.1	0.5
1945	1	1	..	0.1	0.1	..	..	..	..	..	..	..	12	5	7	1.3	0.7	3.5
1944	1	..	1	0.1	..	0.5	10	3	7	1.1	0.4	3.6	11	6	5	1.2	0.8	2.6
1943	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..	10	6	4	1.0	0.8	2.1
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																		
1952	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1951	..	..	..	..	..	..	1	..	1	0.1	..	0.4	..	..	..	..	..	..
1950	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.1	..	0.4
1949	..	..	..	..	..	..	8	6	2	0.8	0.8	0.9	..	..	..	..	..	..
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	1.0	1.9
1946	1	1	..	0.1	0.1	..	8	6	2	0.9	0.8	1.0	2	1	1	0.2	0.1	0.5
1945	2	2	..	0.2	0.3	..	..	..	..	..	..	..	18	8	10	1.9	1.1	5.1
1944	1	..	1	0.1	..	0.5	12	5	7	1.3	0.7	3.6	16	8	8	1.7	1.1	4.1
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																		
1952	1	..	1	0.1	..	0.4	20	11	9	2.0	1.5	3.9	416	174	242	43.5	24.0	104.1
1951	1	..	1	0.1	..	0.4	13	9	4	1.4	1.2	1.7	497	212	285	52.1	29.3	123.9
1950	3	3	..	0.3	0.4	..	27	21	6	2.8	2.9	2.6	536	235	301	56.4	32.5	132.6
1949	2	..	2	0.2	..	0.9	16	9	7	1.7	1.2	3.2	597	246	351	63.0	33.8	159.8
1948	2	2	..	0.2	0.3	..	22	9	13	2.3	1.2	6.1	639	279	360	67.8	38.3	168.2
1947	5	4	1	0.5	0.5	0.5	36	19	17	3.8	2.6	8.2	699	291	408	74.5	39.9	196.0
1946	19	18	1	2.0	2.5	0.5	47	25	22	5.0	3.4	10.9	726	328	398	77.8	44.9	196.5
1945	19	17	2	2.0	2.3	1.0	45	29	16	4.8	4.0	8.1	752	328	424	80.9	44.8	215.0
1944	13	13	..	1.4	1.7	..	76	40	36	8.1	5.4	18.6	779	345	434	83.1	46.4	223.7
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	253.0
Recorded																		
1952	1	..	1	0.1	..	0.4	16	7	9	1.7	0.9	3.9	319	134	185	33.3	18.5	79.6
1951	3	1	2	0.3	0.1	0.9	13	9	4	1.4	1.3	1.7	365	158	207	38.3	21.9	90.0
1950	4	4	..	0.4	0.6	..	27	21	6	2.8	2.9	2.6	348	163	185	36.6	22.5	81.5
1949	2	..	2	0.2	..	0.9	16	9	7	1.7	1.2	3.2	351	168	183	37.1	23.1	83.3
1948	2	2	..	0.2	0.3	..	23	10	13	2.4	1.4	6.1	360	166	194	38.2	22.8	90.7
1947	6	5	1	0.6	0.7	0.5	37	19	18	3.9	2.6	8.6	452	197	255	48.2	27.0	122.5
1946	27	26	1	2.9	3.6	0.5	51	29	22	5.5	4.0	10.9	457	215	242	49.0	29.4	119.5
1945	25	22	3	2.7	3.0	1.5	52	35	17	5.6	4.8	8.6	483	211	272	51.9	28.8	137.9
1944	13	13	..	1.4	1.7	..	78	41	37	8.3	5.5	19.1	515	248	267	55.0	33.4	137.6
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	8.1	7.6	10.2	586	279	307	68.1	40.2	183.6

TABLE NO. 11—Concluded

RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1940-1952

Year	Pulmonary Tuberculosis						Cancer, All Forms						Diseases of the Heart					
	Number			Rate per 100,000 Population			Number			Rate per 100,000 Population			Number			Rate per 100,000 Population		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Resident																		
1952	393	167	226	41.1	23.1	97.2	1,725	1,392	333	180.3	192.3	143.2	4,830	3,823	1,007	505.0	528.0	433.1
1951	465	202	263	48.8	27.9	114.3	1,642	1,328	314	172.3	183.7	136.5	4,579	3,624	955	480.5	501.2	415.2
1950	497	220	277	52.3	30.4	122.0	1,623	1,311	312	170.8	181.3	137.4	4,583	3,676	907	482.4	508.4	399.6
1949	559	229	330	59.0	31.5	150.2	1,601	1,325	276	169.1	182.2	125.6	4,318	3,476	842	456.0	477.9	383.2
1948	616	270	346	65.3	37.0	161.7	1,463	1,227	236	155.1	168.3	110.3	4,401	3,549	852	466.7	486.8	398.1
1947	658	276	382	70.1	37.8	183.5	1,486	1,237	249	158.4	169.5	119.6	4,082	3,351	731	435.2	459.2	351.1
1946	687	320	367	73.6	43.8	181.2	1,448	1,212	236	155.2	165.9	116.5	3,881	3,196	685	416.0	437.5	338.3
1945	694	306	388	74.6	41.8	196.8	1,400	1,179	221	150.5	160.9	112.1	4,018	3,329	689	432.0	454.3	349.4
1944	716	326	390	76.4	43.9	201.0	1,380	1,156	224	147.3	155.6	115.5	3,959	3,283	676	422.5	441.9	348.5
1943	732	364	368	76.0	47.3	189.7	1,393	1,189	204	144.7	154.6	105.2	4,324	3,511	813	449.0	456.6	419.1
1942	728	333	395	77.8	44.1	217.5	1,257	1,071	186	134.3	142.0	102.4	3,877	3,182	695	414.2	421.8	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	233.9	1,294	1,081	213	150.4	155.9	127.4	3,632	2,982	650	422.1	430.1	388.8
Recorded																		
1952	290	121	169	30.3	16.7	72.7	1,935	1,607	328	202.3	222.0	141.1	4,983	3,996	987	521.0	551.9	424.5
1951	327	141	186	34.3	19.5	80.9	1,888	1,555	333	198.1	215.1	144.8	4,725	3,776	949	495.8	522.3	412.6
1950	310	146	164	32.6	20.2	72.2	1,860	1,544	316	195.8	213.6	139.2	4,722	3,838	884	497.1	530.8	389.4
1949	310	147	163	32.7	20.2	74.2	1,818	1,537	281	192.0	211.3	127.9	4,442	3,614	828	469.1	496.9	376.9
1948	331	153	178	35.1	21.0	83.2	1,663	1,421	242	176.4	194.9	113.1	4,445	3,607	838	471.4	494.8	391.6
1947	412	180	232	43.9	24.7	111.4	1,683	1,421	262	179.4	194.7	125.8	4,148	3,425	723	442.2	469.3	347.3
1946	414	203	211	44.4	27.8	104.2	1,646	1,402	244	176.4	191.9	120.5	3,885	3,218	667	416.4	440.5	329.4
1945	424	183	241	45.6	25.0	122.2	1,590	1,362	228	171.0	185.9	115.6	3,991	3,322	669	429.1	453.3	339.2
1944	448	223	225	47.8	30.0	116.0	1,560	1,324	236	166.5	178.2	121.6	3,982	3,323	659	425.0	447.2	339.7
1943	459	242	217	47.7	31.5	111.9	1,586	1,378	208	164.7	179.2	107.2	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	367.3
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	166.3	1,488	1,262	226	172.9	182.0	135.2	3,660	3,008	652	425.3	433.9	390.1

	Major Cardiovascular-Renal Disease						Pneumonia, All Forms						Diabetes					
Resident																		
1952	6,108	4,757	1,351	638.6	657.0	581.1	276	173	103	28.9	23.9	44.3	218	173	45	22.8	23.9	19.3
1951	5,804	4,521	1,283	609.0	625.3	557.8	305	170	135	32.0	23.5	58.7	216	179	37	22.7	24.7	16.1
1950	5,848	4,566	1,282	615.6	631.5	564.8	232	119	113	24.4	16.5	49.8	180	150	30	18.9	20.7	13.2
1949	5,951	4,671	1,280	628.4	642.2	582.6	256	145	111	27.0	19.9	50.5	181	146	35	19.1	20.1	15.9
1948	6,035	4,735	1,300	640.0	649.5	607.5	294	167	127	31.2	22.9	59.3	200	160	40	21.2	21.9	18.7
1947	5,781	4,582	1,199	616.3	627.8	575.9	312	193	119	33.3	26.4	57.2	183	153	30	19.5	21.0	14.4
1946	5,537	4,368	1,169	593.5	597.9	577.3	327	202	125	35.0	27.7	61.7	162	136	26	17.4	18.6	12.8
1945	5,815	4,634	1,181	625.3	632.4	598.9	481	303	178	51.7	41.3	90.3	189	151	38	20.3	20.6	19.3
1944	5,844	4,637	1,207	623.7	624.1	622.2	525	291	234	56.0	39.2	120.6	196	168	28	20.9	22.6	14.4
1943	6,343	4,978	1,365	658.7	647.3	703.6	709	419	290	73.6	54.5	149.5	198	163	35	20.6	21.2	18.0
1942	5,735	4,503	1,232	612.7	596.9	678.4	601	368	233	64.2	48.8	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	719.0	534	352	182	62.1	50.8	108.9	189	164	25	22.0	23.7	15.0
Recorded																		
1952	6,289	4,972	1,317	657.4	686.7	566.4	270	167	103	28.2	23.1	44.3	237	192	45	24.8	26.5	19.3
1951	5,941	4,679	1,262	623.4	647.2	548.7	308	176	132	32.3	24.3	57.4	225	186	39	23.6	25.7	16.9
1950	6,060	4,804	1,256	637.9	664.5	553.3	233	120	113	24.5	16.6	49.8	188	157	31	19.8	21.7	13.7
1949	5,951	4,671	1,280	628.4	642.2	582.6	251	146	105	26.5	20.1	47.8	198	161	37	20.9	22.1	16.8
1948	5,987	4,646	1,341	634.9	637.3	626.6	303	173	130	32.1	23.7	60.7	212	170	42	22.5	23.3	19.6
1947	5,823	4,652	1,171	620.8	637.4	562.4	321	198	123	34.2	27.1	59.1	200	171	29	21.3	23.4	13.9
1946	5,507	4,380	1,127	590.2	599.6	556.5	338	210	128	36.2	28.7	63.2	177	150	27	19.0	20.5	13.3
1945	5,792	4,644	1,148	622.8	633.7	582.2	480	301	179	51.6	41.1	90.8	204	167	37	21.9	22.8	18.8
1944	5,846	4,673	1,173	623.9	628.9	604.6	546	312	234	58.3	42.0	120.6	206	177	29	22.0	23.8	14.9
1943	6,341	5,008	1,333	658.5	651.2	687.1	758	468	290	78.8	60.9	149.5	211	178	33	21.9	23.1	17.0
1942	5,732	4,533	1,199	612.4	600.9	660.2	636	399	237	67.9	52.8	130.5	191	156	35	20.4	20.7	19.3
1941	5,528	4,349	1,179	638.3	623.1	701.8	555	336	219	64.1	48.1	130.4	200	170	30	23.1	24.4	17.9
1940	5,715	4,502	1,213	664.2	649.4	725.5	566	388	178	65.8	56.0	106.5	205	182	23	23.8	26.2	13.7

TABLE NO. 12

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1952

International List 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
001–019	Tuberculosis, all forms	1,493	W	734	M	497	1	3	4	1	2	1	2	11	24	40	29	45	44	63	49	63	40	41	16	11	7	..	..
					F	237	2	3	4	3	1	3	2	14	32	30	21	30	20	16	11	15	12	4	4	7	..	3	..
			C	759	M	447	2	8	11	3	5	15	6	20	40	52	33	50	48	42	34	27	19	14	9	3	2	4	..
					F	312	1	14	8	11	7	12	12	24	53	46	31	36	22	11	5	4	5	3	3	..	2	..	..
001–008	Tuberculosis of the respiratory system	1,400	W	710	M	480	1	1	4	..	2	..	2	10	23	40	26	44	41	62	49	63	40	38	16	11	7	..	..
					F	230	2	2	3	2	1	3	2	14	33	30	20	30	19	16	10	15	12	4	4	7	..	2	..
			C	690	M	416	2	7	10	3	5	13	6	19	37	46	30	49	45	39	32	26	15	14	9	3	2	4	..
					F	274	1	14	6	10	6	11	10	20	49	41	27	34	20	8	4	3	5	1	2	..	2	..	..
010–019	Tuberculosis, other forms	93	W	24	M	17	..	2	..	1	..	1	..	1	1	..	3	1	3	1	..	..	..	3	..	..	..	..	..
					F	7	..	1	1	1	..	..	..	..	.	..	1	..	1	..	1	..	..	..	..	..	..	1	..
			C	69	M	31	..	1	1	..	..	2	..	1	3	6	3	1	3	3	2	1	4	..	..	..	..	..	..
					F	38	..	..	2	1	1	1	2	4	6	5	4	2	2	3	1	1	..	2	1	..	..	..	..
020–029	Syphilis	1,982	W	231	M	139	..	..	..	..	1	..	1	2	8	14	12	12	13	14	17	14	10	7	10	1	..	..	3
					F	92	..	..	..	..	..	..	..	8	15	20	6	13	8	11	..	6	2	3	1	..	2	..	..
			C	1,751	M	789	4	1	..	..	1	3	6	19	79	140	106	85	61	74	64	66	38	21	11	2	..	1	7
					F	962	2	1	..	..	4	9	10	91	139	190	146	114	87	39	51	38	19	10	5	3	..	1	3
030–035	Gonococcal infections (except ophthalmia)	6,939	W	560	M	451	..	..	..	..	1	1	..	21	117	143	75	42	28	13	1	3	1	..	..	..	..	..	4
					F	109	..	..	..	..	..	2	.	32	33	13	13	8	4	1	..	2	.	..	..	..	..	..	..
			C	6,379	M	5,697	3	..	..	2	2	1	21	828	1,869	1,723	751	285	123	56	18	4	1	..	1	..	..	..	10
					F	682	..	1	3	..	1	6	15	235	239	106	41	20	7	3	3	..	2	..	..	..	..	..	..
033	Gonococcal ophthalmia	1	C	1	F	1	..	..	..	..	..	..	..	..	.	..	..	..	.	..	..	..	..	..	..	.	..	..	1
036	Chancroid	148	W	12	M	12	..	..	..	..	..	..	..	1	1	1	3	3	2	1	..	..	.	..	..	..	..	..	..
			C	136	M	119	..	..	..	..	..	..	..	15	39	28	10	11	11	4	1	..	..	..	..	..	..	..	..
					F	17	1	..	..	..	..	..	2	5	6	3	..	..	..	..	..	..	..	..	..	..	..	..	..

037	Lymphogranuloma venereum	14	C	14	M	12	..	..	..	..	..	..	..	2	5	1	3	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
038	Granuloma inguinale, venereal	12	C	12	M	7	..	..	..	..	..	..	..	..	..	3	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	5	..	..	..	..	..	..	..	1	2	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..
040	Typhoid fever	8	W	5	M	2	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
			C	3	M	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
042	Other salmonella infections	22	W	3	M	2	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	19	M	17	10	2	2	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
					F	2	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
045	Bacillary dysentery	118	W	22	M	13	5	2	2	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
					F	9	..	3	2	2	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
			C	96	M	49	11	14	11	4	1	6	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	47	12	5	7	5	5	11	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
046	Amoebic dysentery	4	W	3	M	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
048	Dysentery, unspecified	13	W	3	F	3	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
			C	10	M	3	1	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	7	2	1	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
050	Scarlet fever	472	W	397	M	197	3	6	10	25	29	110	11	2	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	200	..	6	9	6	27	126	18	5	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	75	M	33	..	2	4	4	3	15	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	42	..	4	4	4	5	19	5	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
051	Streptococcal sore throat	19	W	14	M	6	1	..	..	..	..	3	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	8	1	..	..	..	..	1	2	..	1	1	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
			C	5	M	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
052	Erysipelas	1	C	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..

TABLE NO 12—Continued

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1952

International List 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
055	Diphtheria	6	W	5	M	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	..	..	..	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	F	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
056	Whooping cough	113	W	85	M	43	13	3	2	5	2	16	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	42	6	4	2	2	5	20	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	28	M	12	7	1	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	16	4	4	1	1	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
057	Meningococcal infections	32	W	30	M	14	6	4	..	..	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	16	4	1	4	..	..	3	..	..	1	..	..	..	1	..	1	1	..	..	..	..	..	..	..
			C	2	M	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
061	Tetanus	2	W	1	M	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
070	Vincent's infection	1	W	1	F	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
080.0 080.1	Acute poliomyelitis, paralytic cases	39	W	35	M	17	1	4	3	2	1	2	..	1	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..
					F	18	1	1	2	4	..	6	..	..	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..
			C	4	M	3	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
080.2	Acute poliomyelitis, specified as nonparalytic	25	W	16	M	11	..	2	2	..	1	4	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	5	..	..	..	..	..	3	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	9	M	3	1	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	6	2	..	1	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

082	Acute infectious encephalitis	6	W	4	M	2	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
085	Measles	5,126	W	4,692	M	2,361	42	133	159	242	276	1,453	37	11	3	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2,331	45	102	142	214	253	1,476	63	13	6	5	4	4	3	..	..	..	..	1	..	..	..	..	..	..	..
			C	434	M	223	16	31	64	39	24	46	2	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	211	20	50	41	29	21	41	5	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
086	German measles (Rubella)	224	W	187	M	91	7	8	5	6	4	42	8	7	2	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	96	3	4	5	5	8	43	9	5	8	3	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	37	M	12	2	1	1	1	1	5	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	25	3	2	5	1	1	10	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
087	Chickenpox	2,021	W	1,506	M	780	35	48	52	57	73	469	27	2	6	4	4	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..
					F	726	24	44	54	67	73	433	18	5	3	2	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
			C	515	M	256	23	33	25	31	22	99	11	2	3	1	2	1	1	1	..	..	..	1	..	..	..	..	..	..	..	..
					F	259	24	27	28	31	31	105	5	3	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
089	Mumps	425	W	195	M	114	4	5	5	11	8	57	9	2	4	2	1	2	2	1	1	..	..	..	..	..	..	..	..	..	..	..
					F	81	..	2	4	5	4	50	3	4	1	1	3	..	2	..	1	..	..	..	1	..	..	..	..	..	..	..
			C	230	M	128	..	8	9	19	12	60	11	2	..	3	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	102	..	9	8	7	5	59	7	2	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
092	Infectious hepatitis	133	W	88	M	40	1	..	..	..	2	16	13	5	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	48	..	..	2	2	..	20	9	4	4	3	3	..	..	..	..	..	..	..	..	..	..	..	1	..	..
			C	45	M	23	..	..	..	2	..	11	9	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	22	..	1	4	..	1	11	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
093	Infectious mononucleosis	1	W	1	F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
104.1	Rocky Mountain spotted fever	1	C	1	F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
128	Trichiniasis	3	W	3	M	2	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
400	Rheumatic fever without mention of heart disease	11	W	5	M	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
					F	3	..	..	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	6	M	2	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	4	..	..	..	..	..	..	1	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO 12—Concluded

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1952

International List 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
401	Rheumatic fever with mention of heart disease	29	W	13	M	8	..	..	..	..	..	..	..	3	..	1	1	..	..	1	..	..	2	..	..	..	..	..	..
					F	5	..	..	..	..	..	..	..	1	..	1	1	..	..	..	1	1	..	..	..	..	..	..	..
			C	16	M	5	..	..	..	..	..	..	1	2	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
					F	11	..	..	..	1	..	..	..	1	1	..	4	1	..	2	..	..	..	..	..	1	..	..	..
480–483	Influenza	36	W	25	M	17	..	..	..	..	..	..	..	1	4	2	2	..	..	1	3	2	..	1	..	1	..	..	..
					F	8	..	..	..	1	..	2	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	2	..
			C	11	M	5	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	1	..	..	..	..	..
					F	6	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	4	..	..	..	..	..	..	..
490–493	Pneumonia, all forms	598	W	325	M	199	8	5	3	1	3	4	2	3	5	9	10	7	8	20	16	19	18	13	18	14	2	10	1
					F	126	12	1	3	2	2	4	2	2	1	5	4	2	7	4	4	7	9	7	14	8	16	10	..
			C	273	M	169	13	4	..	2	2	2	..	6	2	9	14	21	23	23	11	11	11	7	6	1	1	..	..
					F	104	5	2	..	1	1	..	..	3	6	8	8	9	10	6	14	7	6	7	5	2	3	1	..
490	Lobar pneumonia	246	W	106	M	72	2	..	..	1	..	1	1	1	4	4	5	2	4	14	5	9	7	3	5	2	..	2	..
					F	34	1	..	..	..	2	2	1	..	..	..	3	1	4	..	1	2	2	2	3	4	3	3	..
			C	140	M	88	1	..	..	..	1	1	..	2	1	8	9	14	16	14	8	8	4	..	..	..	1	..	..
					F	52	..	..	..	..	..	..	..	3	2	7	5	4	6	4	8	5	2	1	2	1	1	1	..
491	Bronchopneumonia	190	W	114	M	60	2	4	3	..	2	1	1	..	1	2	3	2	1	2	5	4	3	4	9	7	1	2	1
					F	54	9	..	2	2	..	..	..	..	..	1	1	..	1	1	1	2	6	4	5	4	10	5	..
			C	76	M	43	7	2	..	2	..	1	..	1	..	..	..	5	2	4	2	2	4	6	4	1	..	..	..
					F	33	4	2	..	1	1	..	..	..	2	..	1	3	2	1	2	1	3	5	3	..	2	..	..
492–493	Pneumonia, other and unspecified	162	W	105	M	67	4	1	..	..	1	2	..	2	..	3	2	3	3	4	6	6	8	6	4	5	1	6	..
					F	38	2	1	1	..	..	2	1	2	1	4	..	1	2	3	2	3	1	1	6	..	3	2	..
			C	57	M	38	5	2	..	..	1	..	..	3	1	1	5	2	5	5	1	1	3	1	2	..	..	..	..
					F	19	1	..	..	..	..	..	..	..	2	1	2	2	2	1	4	1	1	1	..	1	..	..	..

571	Gastroenteritis and colitis (except ulcerative)	40	W	10	M	7	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	30	M	14	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
					F	16	15	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
763	Pneumonia of newborn	10	W	5	F	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	5	M	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
764	Diarrhea of newborn	15	W	4	M	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	11	M	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	6	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
885	Accidental poisoning by lead and its compounds	30	W	6	M	3	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	24	M	14	..	8	4	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	10	..	6	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 13*

REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1952

Disease	Year	Reported Cases			Rate per 100,000 Population		
		Total	White	Colored	Total	White	Colored
Typhoid Fever (not including paratyphoid fever)	1952	8	5	3	0.8	0.7	1.3
	1951	5	2	3	0.5	0.3	1.3
	1950	8	5	3	0.8	0.7	1.3
	1949	12	8	4	1.3	1.1	1.8
	1948	5	4	1	0.5	0.5	0.5
	1947	11	6	5	1.2	0.8	2.4
	1946	10	7	3	1.1	1.0	1.5
	1945	11	6	5	1.2	0.8	2.5
	1944	15	11	4	1.6	1.5	2.1
	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	8.1	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	1952	5,126	4,692	434	535.9	648.1	186.7
	1951	4,376	2,505	1,871	459.2	346.5	813.5
	1950	357	287	70	37.6	39.7	30.8
	1949	11,031	10,111	920	1,164.8	1,390.2	418.8
	1948	8,943	7,526	1,417	948.4	1,032.4	662.1
	1947	274	167	107	29.2	22.9	51.4
	1946	8,136	6,511	1,625	872.0	891.3	802.5
	1945	206	178	28	22.2	24.3	14.2
	1944	10,324	9,050	1,274	1,101.8	1,218.0	656.7
	1943	2,213	2,101	112	229.8	273.2	57.7
	1942	6,445	6,155	290	688.6	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	1,544.7	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	1952	472	397	75	49.3	54.8	32.3
	1951	302	248	54	31.7	34.3	23.5
	1950	303	269	34	31.9	37.2	15.0
	1949	466	426	40	49.2	58.6	18.2
	1948	341	285	56	36.2	39.1	26.2
	1947	446	384	62	47.5	52.6	29.8
	1946	806	733	73	86.4	100.3	36.0
	1945	2,202	2,068	134	236.8	282.2	68.0
	1944	2,297	2,182	115	245.1	293.7	59.3
	1943	1,432	1,360	72	148.7	176.9	37.1
	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—Concluded

REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1952

Disease	Year	Reported Cases			Rate per 100,000 Population		
		Total	White	Colored	Total	White	Colored
Whooping Cough	1952	113	85	28	11.8	11.7	12.0
	1951	227	121	106	23.8	16.7	46.1
	1950	1,425	660	765	150.0	91.3	337.0
	1949	945	843	102	99.8	115.9	46.4
	1948	604	317	287	64.1	43.5	134.1
	1947	3,247	2,126	1,121	346.2	291.3	538.4
	1946	1,004	759	245	107.6	103.9	121.0
	1945	2,172	1,313	859	233.5	179.2	435.6
	1944	2,349	1,423	926	250.7	191.5	477.3
	1943	3,400	2,414	986	353.1	313.9	508.2
	1942	2,174	1,504	670	232.3	199.4	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	465.3	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	551.5	597.5	347.9
Diphtheria	1952	6	5	1	0.6	0.7	0.4
	1951	8	7	1	0.8	1.0	0.4
	1950	60	50	10	6.3	6.9	4.4
	1949	46	24	22	4.9	3.3	10.0
	1948	46	36	10	4.9	4.9	4.7
	1947	142	108	34	15.1	14.8	16.3
	1946	424	385	39	45.4	52.7	19.3
	1945	353	310	43	38.0	42.3	21.8
	1944	226	188	38	24.1	25.3	19.6
	1943	106	90	16	11.0	11.7	8.2
	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	14.7	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	12.3
	1934	108	91	17	13.0	13.5	11.1
Tuberculosis of the Respiratory System	1952	1,400	710	690	146.4	98.1	296.8
	1951	1,285	648	637	134.8	89.6	277.0
	1950	1,275	667	608	134.2	92.3	267.8
	1949	1,434	780	654	151.4	107.2	297.7
	1948	1,540	885	655	163.3	121.4	306.1
	1947	1,491	844	647	159.0	115.6	310.8
	1946	1,468	867	601	157.3	118.7	296.8
	1945	1,872	1,216	656	201.3	165.9	332.7
	1944	1,870	1,076	794	199.6	144.8	409.3
	1943	1,901	1,043	858	197.4	135.6	442.3
	1942	1,631	865	766	174.3	114.7	421.8
	1941	1,842	885	957	212.7	126.8	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	189.9	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 FOR THE EASTERN HEALTH DISTRICT BUILDING

City Ordinance No. 207

An ordinance authorizing and directing the Department of Public Works to expend out of the proceeds of sale of the certificates of indebtedness of the Mayor and City Council of Baltimore issued pursuant to Chapter 133 of the Acts of the General Assembly of Maryland of 1951 and Ordinance No. 1610 of the Mayor and City Council of Baltimore, approved April 4, 1951, and approved by the voters on May 8, 1951, the following sums of money for the hereinafter mentioned purposes: (a) One million, five hundred thousand dollars ($1,500,000.00) for reconstructing and enlarging the Infirmary Building at the Baltimore City Hospitals; (b) one million, five hundred thousand dollars ($1,500,000.00) for completing the repairing, remodeling, improvement, renovation and modernization of the present Baltimore City Court House, and (c) one million dollars ($1,000,000.00) for constructing, erecting and equipping the Eastern Health District Building.

WHEREAS, under the terms and provisions of Chapter 133 of the Acts of the General Assembly of Maryland of 1951 and Ordinance No. 1610 of the Mayor and City Council of Baltimore, approved April 4, 1951, and approved by the voters on May 8, 1951, the Commissioners of Finance are empowered to issue certificates of indebtedness of the Mayor and City Council of Baltimore to an amount not exceeding Four Million Dollars ($4,000,000.00), and authority is given to use the proceeds derived from the sale of the certificates of indebtedness for reconstructing and enlarging the Infirmary Building at the Baltimore City Hospitals; completing the repairing, remodeling, improvement, renovation and modernization of the present Baltimore City Court House, and constructing, erecting and equipping the Eastern Health District Building, all as may be approved, from time to time, by the Board of Estimates of said municipality and 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 the acquisition, by purchase, condemnation or any other legal means, of land or property, or any rights therein, in the City of Baltimore, and constructing and erecting on said land or property or on any land or property now or hereafter owned or controlled by the Mayor and City Council of Baltimore, such buildings or structures as may be approved by the Board of Estimates of said municipality and by an ordinance or ordinances of the Mayor and City Council of Baltimore; and

WHEREAS, the Ordinance of Estimates of the Mayor and City Council of Baltimore, for the year 1952, appropriated the sum of Four Million Dollars ($4,000,000.00) of the proceeds of sale of said certificates of indebtedness to the Department of Public Works, to be used for public buildings; therefore

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, That the Department of Public Works is hereby authorized and directed, out of the proceeds of sale of said certificates of indebtedness authorized by Chapter 133 of the Acts of the General Assembly of Maryland of 1951, and Ordinance No. 1610 of the Mayor and City Council of Baltimore, approved April 4, 1951, and approved by the voters on May 8, 1951, to expend the following sums of money for the hereinafter mentioned purposes:

(a) One Million, Five Hundred Thousand Dollars ($1,500,000.00) for reconstructing and enlarging the Infirmary Building at the Baltimore City Hospitals;

(b) One Million, Five Hundred Thousand Dollars ($1,500,000.00) for completing the repairing, remodeling, improvement, renovation and modernization of the present Baltimore City Court House, and

(c) One Million Dollars ($1,000,000.00) for constructing, erecting and equipping the Eastern Health District Building.

SECTION 2. *And be it further ordained*, That this ordinance shall take effect from the date of its passage.

Approved, March 5, 1952.

THOMAS D'ALESANDRO, JR., *Mayor*

CIRCUIT COURT OF BALTIMORE CITY

Opinion Filed November 12, 1952.*

IAN ROSS MACFARLANE AND HARRY C. HOFFMAN

vs.

MAYOR AND CITY COUNCIL OF BALTIMORE CITY ET AL.

H. Clifton Owens and *Louis E. Bowen* for plaintiffs.

Thomas N. Biddison, City Solicitor; *Edwin Harlan*, Deputy City Solicitor, and *F. Clifford Hane*, Assistant City Solicitor, for defendants.

Municipal Corporations—Fluoridation of City Water Supply.

Complainants filed a bill of complaint to restrain the Mayor & City Council of Baltimore, the Commissioner of Health and the Water Engineer from proceeding with the proposed plan for the fluoridation of the Baltimore City Water Supply. Held that the evidence discloses that the ingestion of fluorine in the city water in the limited quantity proposed would not be deleterious to the health of the people of Baltimore City, and is not a calculated risk of any kind.

One of the complainants challenged the constitutionality of the proposed program on the ground that the introduction of fluorine into the water would compel him to violate one of the basic principles of his religion in that it would force him to use medication. Held that none of the constitutional rights of the plaintiff, Hoffman, to freedom of religious belief would be invaded or violated by the adoption of the proposed program.

The Mayor & City Council of Baltimore has the authority under the City Charter to authorize the Commissioner of Health and the Water Engineer to carry into effect the fluoridation of the city water supply as a health measure for the prevention of partial decay of teeth.

MANLEY, J. (Orally)—

The purpose of the bill of complaint which was filed in this case was to obtain a temporary restraining injunction prohibiting the defendants, the Mayor and City Council of Baltimore, Dr. Huntington Williams the Commissioner of Health, and Mr. Joseph S. Strohmeyer, Water Engineer of Baltimore City, from introducing fluorine into the water supply of Baltimore City until a hearing has been had in this matter, and to permanently restrain the defendants from introducing fluorine into the water supply of Baltimore City. The bill of complaint was filed by two com-

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plainants. One of the plaintiffs, Mr. MacFarlane, not only did not testify in the case, but he did not, as far as I know, make his appearance in the court room. At least I have not seen him in the court room during the several days that testimony has been taken, and no explanation has been given for his absence.

In the bill of complaint the plaintiffs allege that fluorine is a toxic substance and its effect on the health of the people of Baltimore City is likely to be deleterious, especially in the case of aged people and people having certain organic weaknesses. It is also alleged that the addition of fluorine to the water supply of Baltimore City is a calculated risk, and that there are many important aspects of such an adventure that have not been fully explored scientifically.

The preponderance of the evidence shows that fluorine ingested into the water supply of Baltimore City in the proposition or amount that is contemplated to be used is not toxic. The evidence also is that its effect on the health of the people of Baltimore City will not be deleterious even in the case of aged people or people having certain organic weaknesses. The evidence also shows that this project is not a calculated risk, and that it would be safe at this time as a result of the experiments that have already been made that the fluoridation of the water be immediately undertaken.

Doctor Williams testified that that there is no substantial disagreement among competent scientists that the proposed fluoridation of Baltimore's water supply will have any effect at all of a deleterious nature on aging people or on people of any age group. It also appears from the report on Fluoridation of Water Supplies of the National Research Council, published November 29, 1951, and which report was offered in evidence, that:

"In the accumulated experience there is no evidence that the prolonged ingestion of drinking water with a mean concentration of fluorides below the level causing mottled enamel would have adverse physiological effects."

The Chairman of the National Research Council Committee on this matter was Dr. Kenneth F. Maxcy, Professor of Epidemiology, Dr. A. McGehee Harvey, Professor of Medicine, and Dr. Abel Wolman, Professor of Sanitary Engineering, were members of the Committee. These gentlemen are at Johns Hopkins University. Among the other members were representatives of the U. S. Public Health Service, The University of Cincinnati College of Medicine and The University of Minnesota School of Public Health.

Doctor Williams further testified to the effect that any claims made that fluoride in the minute amounts to be added to the City's water supply, namely, one part per million, would be harmful to persons suffering from rheumatism and arthritis are not correct and cannot be scientifically confirmed. He further testified that no bodily defects attributable to water borne fluorine below the eight parts per million level have ever been corroborated and that careful physical and dental examination of Newburgh (Newburgh, N. Y. study) children exposed to fluoridation of their water supply for six years disclosed no ill effects in the eyes, ears, bones, or teeth or vital organs, and further, that the Baltimore City Health Department has been studying the matter of the fluoridation of the City water supply since the first request to do so was received from Mayor D'Alesandro during the month of August, 1950.

In November, 1950, the Baltimore City Dental Society approved the fluoridation of the Baltimore City water supply. In November, 1950, the Medical and Chirurgical Faculty of Maryland, which is the State Medical Society, placed itself on record as approving the fluoridation of the Baltimore City water supply. In 1951 the Maryland State Board of Health after due consideration approved the addition of fluoride to the City water supply of Hagerstown, and on December 20, 1951, approved the same procedure for Baltimore City.

Doctor Maurice C. Pincoffs, Professor of Medicine at the University of Maryland, who serves with the Commissioner of Health of Baltimore City, and who is a member of the Maryland State Board of Health, personally approved the fluoridation of the Baltimore City water supply, and he testified it would be a safe and important procedure for the partial prevention of dental decay in children.

There is testimony that in many Maryland communities there is naturally more than one part per million of fluoride in the normal drinking water, and that there is no evidence that there has been any harmful effect from long continued drinking of these natural waters in those various communities.

The purpose of adding fluoride to the City water supply, it has been testified, is to prevent needless tooth decay and suffering for thousands of Baltimore children in the future and for better adult health as the years go by. From the best available evidence the Commissioner of Health of Baltimore City testified that well over ninety five per cent of the soundest scientific thought in the United States is in favor of the view that there is no danger to adjusting a City water supply to one part per million of fluoride, and that further if this procedure is adopted that roughly two-thirds of all the dental decay in children as the years go by will be eliminated.

The testimony of Doctor Williams has been supported by many scientists, including medical and dental authorities not only from this state but from other states in the country, who have come here to testify as to their knowledge of the situation, and they all join in the approval of the plan. Doctor Williams, our own Commissioner of Health, is a very competent, capable and honest public official. He has recommended this fluoridation of the water to the City Council and the Mayor. They have accepted this recommendation, and I see no reason why the Court should not also do so. We must rely on scientists and doctors and dentists in technical affairs of this kind, and when we have an honest opinion given after a careful study I think it is entitled to great weight and should be adopted, so I find from the evidence that there is nothing in this proposed program that would be deleterious to the health of the people of Baltimore City, and I do not find from the evidence that the addition of fluorine to the water supply is a calculated risk of any kind.

The objection is also made by Harry C. Hoffman, one of the complainants, that the introduction of fluorine into the water supply would be an infringement of his constitutional rights, he being a Christian Scientist, alleging that the introduction of fluorine into the water supply of Baltimore City will compel him to violate one of the basic principles of his religion. A letter was introduced in evidence from the Committee on Publication of the Christian Science Publications for Maryland in which it is stated that:

"Adherents of Christian Science regard medication and medical examination of all sorts as methods of indoctrination which operate to teach them to look to the physical body for health, whereas Christian Science teaches that health comes from God and true prayer makes that fact evident."

The argument is made that to require him to use City Water after it has been ingested with fluoride, which it is claimed is a drug, would require him to submit to something which is against the tenets of his religion. However, the question as to whether this is medication is a debatable one, because in the opinion of Doctor Pincoffs he would not consider this as being medication, so that irrespective of the merits of the contention of Mr. Hoffman on broad constitutional lines, as a question of fact it is debatable as to whether or not the use by him of this water after fluoride has been put into it would be a violation by him of the tenets of his religion. It has been shown in the evidence that in other large cities the water has been treated exactly

the same as it is proposed by the Water Engineer and the Commissioner of Health to treat the water in the City of Baltimore.

In the case of Aryan vs. Butler, Mayor of San Diego, California, et al., in the Superior Court for San Diego County, California, (No. 169974—decided April 3, 1952) the identical question involved here was presented to that court for decision by a member of the Christian Science faith who opposed the fluoridation of the water in San Diego. The Court, in a Memorandum Opinion on Motion for Nonsuit, stated:

"Religious freedom embraces two concepts, freedom of belief and freedom to act. The first is absolute, but in the nature of things the second cannot be, in that all acts or conduct of our citizens must conform to all reasonable regulations adopted by the respective governmental agencies acting within the scope of their authority."

And in that connection, the Court quoted from an opinion of the State Supreme Court of California, Rescue Army vs. Municipal Court, 28 Cal. (2d) 460, 470, as follows:

"There can be no question, therefore, that a person is free to hold whatever belief his conscience dictates, but when he translates his belief into action he may be required to conform to reasonable regulations which are applicable to all persons and are designed to accomplish a permissible objective."

It was held in the Aryan vs. Butler case that no constitutional rights of any of the citizens of San Diego would be invaded or violated by the adoption of the proposed program.

In a case decided by the New York Court of Appeals, 176 N. Y. 201, which was a prosecution for failure to provide medical attention for the accused's female minor child, the defense was made that it was contrary to the tenets of the religion of the accused to provide or call on medical services for relief from physical disease, but in that case the Court of Appeals held:

"We are aware that there are people who believe that the Divine power may be invoked to heal the sick, and that faith is all that is required. There are others who believe that the Creator has supplied the earth, nature's storehouse, with everything that man may want for his support and maintenance, including the restoration and preservation of his health, and that he is left to work out his own salvation under fixed natural laws. There are still others who believe that Christianity and science go hand in hand, both proceeding from the Creator; that science is but the agent of the Almighty through which he accomplishes results, and that both science and Divine power may be invoked together to restore diseased and suffering humanity. But, sitting as a court of law for the purpose of construing and determining the meaning of statutes, we have nothing to do with these variances in religious beliefs and have no power to determine which is correct. We place no limitations upon the power of the mind over the body, the power of faith to dispel disease, or the power of the Supreme Being to heal the sick. We merely declare the law as given us by the legislature. We have considered the legal proposition raised by the record, and we have found no error on the part of the trial court that called for a reversal."

In the court below in that case the accused was found guilty. The Appellate Division of the Supreme Court, reversed, and on appeal to the Court of Appeals the Appellate Division was reversed and the conviction was sustained.

We also find the following language in an opinion by Mr. Justice Field in the Supreme Court of the United States in the case of Davis vs. Beason, 133 U. S. 333:

"The term 'religion' has reference to one's views of his relations to his Creator, and to the obligations they impose of reverence for his being and character, and of obedience to his will. It is often confounded with the *cultus* or form of worship of a

particular sect, but is distinguishable from the latter. The first amendment to the Constitution, in declaring that Congress shall make no law respecting the establishment of religion, or forbidding the free exercise thereof, was intended to allow every one under the jurisdiction of the United States to entertain such notions respecting his relations to his Maker and the duties they impose as may be approved by his judgment and conscience, and to exhibit his sentiments in such form of worship as he may think proper, not injurious to the equal rights of others, and to prohibit legislation for the support of any religious tenets, or the modes of worship of any sect. * * * There have been sects which denied as a part of their religious tenets that there should be any marriage tie, and advocated promiscuous intercourse of the sexes as prompted by the passions of its members. And history discloses the fact that the necessity of human sacrifices, on special occasions, has been a tenet of many sects. Should a sect of either of these kinds ever find its way into this country, swift punishment would follow the carrying into effect of its doctrines, and no heed would be given to the pretence that, as religious beliefs, their supporters could be protected in their exercise by the Constitution of the United States."

There is no question that under the Constitution of both the United States and the State of Maryland a person has a right to believe in any particular religion or faith that he cares to, but he does not have the absolute freedom to act in accordance with the tenets of any of those religions, but in his action he is bound to follow the laws duly enacted for the preservation of the health of citizens generally. He cannot object on religious grounds to laws enacted either by national, state, or city authorities. I find in this case that from the evidence none of the constitutional rights of the plaintiff Hoffman to freedom of religious belief would be invaded or violated by the adoption of the proposed program.

I might say also that we have several cases in Maryland, particularly the case of Judefind vs. State, 78 Md. 510, in which a man was indicted for violating the law prohibiting work on Sunday. The objection was made that members of a certain denomination do not observe Sunday as their Sabbath; that they observe as their Sabbath another day during the week; and they contended if the law was upheld it would promote the Christian religion to the detriment of their religion which allowed its members to work on Sunday. The Court of Appeals affirmed the conviction in that case and held that the believers in every religion were required to submit to the laws duly passed by the proper authorities. See also Hiller vs. State, 124 Md. 385, in which a law prohibiting playing baseball on Sundays was attacked on Constitutional grounds.

The question has arisen as to the right of the City to adopt this program of fluoridation. It has been suggested that the City has the right to do this under sub-section 11, of Section 6, of the City Charter, which authorizes the Mayor and City Council of Baltimore to provide for the preservation of the health of all persons within the city, to prevent the introduction of contagious diseases within the city and within three miles of the same upon land and within fifteen miles thereof upon the navigable waters leading thereto, and to prevent and remove nuisances. And also under sub-section 24, Section 6, of the City Charter, which is a delegation to the City of the police power in the city to the same extent as the State has or could exercise said power within said limits, but it seems to me that sub-section 37, Section 6, of the City Charter would be more applicable here. Under sub-section 37, of Section 6, the Mayor and City Council of Baltimore is given the right and power to establish, maintain, regulate and control a system of water supply, and to make charges for the consumption or use of said water. I am of the opinion that the power to promulgate

and go through with this program would be sanctioned under that provision and subsection 11, of Section 6, relating to health and nuisances.

I find nothing in the Charter or in the ordinances that would authorize the Water Engineer or the Commissioner of Health to go through with a plan of this kind on their own initiative. It has been suggested that the Water Engineer would have the right to do that, but the power given him under the City Charter and also under the Code are limited and restricted. And it has been suggested that the Water Engineer would have authority under Section 642 of the City Charter, which provides for "Water Supply Improvement—Gunpowder River," but that section is a grant of power to the Mayor and City Council of Baltimore and is not a grant of power to any particular official of the City.

Section 81 of the City Charter creates the Department of Health, the head of which shall be the Commissioner of Health, who shall be appointed by the Mayor, and provides that:

"He shall cause the ordinances for the preservation of the health of the inhabitants of Baltimore City to be faithfully executed and strictly observed."

It goes on then to provide for his salary and other matters that have nothing to do with his powers. Under that section of the Charter he is charged with the duty of enforcing the ordinances. In the City Code, Article 12, section one:

"The Commissioner of Health is required from time to time to make observations of the several parts of the city and its environs which may be deemed the cause of disease, and in all cases where he may discover the existence of any agent the presence of which will prove dangerous to the health of the inhabitants, he shall cause any ordinances in existence for its correction to be enforced, or if there be no ordinance competent to the correction of the evil he shall make a full report of all of the attending circumstances to the Mayor, accompanied by his opinion of the necessity of extraordinary or particular action."

Other provisions of that section indicate he acts in an advisory capacity, and that he is the watch dog for the city as to any matters that may be prevalent here that would cause the spread of disease, and it is his duty to take all action within his power to prevent disease, and in the event he has not the authority to take appropriate action then it is his duty to report it to the Mayor so that an ordinance or resolution may be passed giving him the specific authority to act in any instances in which it should be necessary for him to do so. Of course there are many other instances where there are direct ordinances authorizing him to take action in certain cases.

It appears from the evidence that this authority of the Water Engineer and the Commissioner of Health to act in this case is derived from certain resolutions passed by the City Council of Baltimore, and the question then arises as to whether the City Council of Baltimore has the authority to act by way of resolution rather than by ordinance. There are several provisions in the Charter regarding the legislative duties and powers of the Mayor and City Council of Baltimore under the Charter.

Section 11, page 45, provides:

"All ordinances or resolutions duly passed by the City Council after being properly certified by the President of the City Council as having been so passed, shall be delivered to the Clerk to the Mayor for his approval, and there shall be noted on said ordinance or resolution the date of said delivery."

Then it goes on to provide what should be done in the event that the Mayor vetoes certain ordinances or resolutions, that they should be returned to the City Council for further action. Section 26 provides that:

"Ordinances and Resolutions of the City may be read in evidence from the printed volumes thereof published by its authority."

And Section 28 of the City Charter states:

"Every legislative act of the City shall be by ordinance or resolution."

So I would take it from that provision in the City Charter that a resolution not only can be but must be considered a legislative act of the City Council, entitled to the same weight and respect as an ordinance.

In 62 C. J. S. p. 786, Municipal Corporations, #411, it is stated that the terms "resolution" and "ordinance" have been used interchangeably, and that the term "resolution" has been held to be the equivalent of the term "ordinance," although a resolution generally is less solemn and formal than an ordinance, and further that a resolution passed with all the formalities required for passing ordinances may operate as an ordinance regardless of the name by which it is called.

In Pennsylvania, in the case of Kepner vs. Commonwealth, 40 Pa. 124, the Court held that a resolution is only a less solemn or less usual form of an ordinance, but that it is an ordinance still if it is in any way intended to regulate any of the affairs of a municipality.

The first Resolution that was passed by the City Council is Resolution #2469. That was introduced on November 13, 1950, and provides:

"Whereas the American Dental Association has approved the fluoridation of the water supply as a preventive of dental decay, particularly in children, Therefore, Be it resolved by the City Council of Baltimore that the Water Bureau and the Health Department of Baltimore City be and they are hereby requested to study the desirability of using fluoride chemicals in the water supply for the purpose of preventing the decay of children's teeth, and Be it further resolved that if this study indicates that it is desirable to use fluoride chemicals steps be taken to do this at the earliest practicable date."

The next Resolution that was introduced was Resolution #506, (introduced February 25, 1952) and it provides:

"Whereas there is disagreement among scientists as to the effect of water fluoridation on aging people, and whereas claims are made that fluoride is harmful to persons suffering from rheumatism and arthritis, now, Therefore, Be it Resolved by the City Council of Baltimore that the Health Committee request the Commissioner of Health and the Water Engineer to give to it whatever information is available on this treatment by fluoridation of City water supplies."

A further Resolution #533 was introduced on March 10, 1952, which provided that:

"Whereas there seems to be considerable uncertainty as to the wisdom of placing fluoride in the water supply, and Whereas it seems desirable that further study should be given to this important subject in order to determine whether such chemical will be harmful to certain adults, and Whereas while such fluoridation of water may be beneficial to young children, if the result is that adults are seriously harmed, and Whereas a slight further delay until additional information may be obtained may not prove to be harmful, now, Therefore, Be it Resolved by the City Council of Baltimore, that the Commissioner of Health and the Water Engineer of Baltimore City be and they are hereby requested to delay the fluoridation of the City's water supply until additional information has been acquired in order to determine whether it is a wise step to take under all the circumstances."

I understand from the testimony there was a public hearing held on this last Ordinance #533, in which persons testified in favor of the Resolution, and of course the Commissioner of Health and others testified against the Resolution, and the Resolu-

tion was defeated, the evidence shows, by a vote of seventeen to four, and after this Resolution was defeated Doctor Williams testified that he considered it then to be an ultimatum to him to proceed with the fluoridation of the water supply.

I might state that in accordance with Resolution 506 the Commissioner of Health did make a study of the situation and favorably reported on this program to the Mayor and City Council of Baltimore, as I have previously referred to in commenting on Doctor Williams' testimony in this case. So that because of the fact that this study indicated it would be desirable to use fluoride chemicals in accordance with Resolution 2469, it seems to the Court that there was ample authority to the Commissioner of Health and the Water Engineer to proceed with the program at the earliest practicable date, as provided in Resolution 2469.

I find from the evidence and from a consideration of the City Charter that this Resolution which was duly passed by the Council and approved by the Mayor constitutes a legislative act of the City Council, and the Commissioner of Health and the Water Engineer were in duty bound to comply with the provisions of the Resolution. As a matter of fact, if they had not complied they would be subject to official censure for not acting in accordance with a Resolution duly passed by the City Council which declared it was the legislative intent of the City Council, approved by the Mayor, that this program of ingesting fluoride in the limited degree that it is proposed to do in the City water supply would be advantageous to the citizens of Baltimore City.

The argument is made that because the City water supply is supplied to certain localities in three counties bordering the City, one, Baltimore County, and the others Anne Arundel County and Howard County, that it would be a deprivation of constitutional rights of the inhabitants of those three counties who are supplied with City water to be required to comply with legislation which was passed locally in Baltimore City. However, the plan has been approved by the State Department of Health, and there are no individuals in any of the localities in the counties involved in this program who have made any complaint at all, so that in the absence of a complaint from members of those localities I am of the opinion that that argument is not sufficient in this case to prevent the City from proceeding with this program.

For the reasons stated above I will sign a decree dismissing the bill of complaint, the plaintiffs to pay the costs.

INDEX

Adams, Mark, 119
Administration, 15
Administrative Section, 57
Adoptions, 50, 316
Adult education, 184
Adult health services, Southern Health District, 127
Adulteration test for sulfite, 87
Advisory Committee on Medical Care, 223
Advisory Committee on Sanitation, 287
Aged, studied by Commissioner of Health, 11
Aiken, Bernard, 18
Air pollution control, 47, 229, 283, 287
  new appropriation, 10
American Medical Association, 230, 287
American Public Health Association, 48, 230, 250, 300
  Southern Branch meeting, 11, 107, 230, 255, 287
American Red Cross, 67, 73, 255
  cooperates with Civil Defense Health Service, 13
American Statistical Association, 307
Anne Arundel County Health Department, 245
Annual Report, 19, 71
Appendix, 369
Armed Forces, venereal disease investigations, 32, 170
Aronson, Joseph D., 153
Ascariasis, 249
Assistant Commissioner of Health, 24, 61, 66, 107
Atomic Energy Commission, 285
Ayd, Jacque G., 18, 231, 250

Bacteriology laboratory, 22
Baer, Martha, 24, 107, 212
Baetjer, Anna M., 6
Baldwin, Ruth, 107
Baltimore Association of Commerce, 47, 231, 274, 287
Baltimore City
  Bureau of Building Construction, 62
  Bureau of Building Inspection, 62, 231, 252, 272
  Bureau of Highways, 272
  Bureau of Sanitation, 243, 252
  Bureau of Sewers, 45, 140, 272
  Bureau of Transportation, 62
  Bureau of Water Supply, 37, 44, 204, 229, 269, 270
  City Service Commission, 169
  Department of Education, 18, 36, 77, 185, 255
  Department of Public Welfare, 129, 180, 203, 219, 222
  Department of Public Works, 45, 287
  Department of Recreation and Parks 50, 270, 299, 315
  Fire Department, 181
  Harbor Board, 140
  Medical Care Program, 40
  Police Department, 246, 252
  Sanitary Police, 243
Baltimore City Circuit Court
  fluoridation injunction, 37
Baltimore City Hospitals, 30, 130, 153, 180, 212
  seminar on infectious hepatitis, 27
Baltimore City Medical Care Program
  emergency dental care, 37, 201
Baltimore City Medical Society, 180, 220
Baltimore Conference on Food, Drug and Sanitary Officials, 250
Baltimore Department of Education Community Study Workshop on Housing, 48, 301
Baltimore Health News, 19, 71
Baltimore Redevelopment Commission, 299
Baltimore Safety Council, 231, 272
Baltimore's Health Record for 1952, 12
Barber shops, 247, 271
BCG, 24, 25, 30, 38, 99, 152, 211
Bibliography, 52
Biennial Convention Nursing Organizations, 107, 129, 212
Biostatistics, 49, 311-312
  medical care statistics, 311
  population and vital statistics, 311
  public health statistics, 311
  special services, 312
  studies, 49
Birth certificates, 49, 311, 315
Birth Record Correction Advisory Service, 50, 316
Births, 179
Board of Liquor License Commissioners, 245
Bodian, David, 75, 129
Breitstein, M. L., 184
Brethren Volunteer Service, 48, 299
Briscoe, Philander B., 107
Brown, Judge Helen Elizabeth, 246
Brucellosis, 46
Buettner, Henry F., 24, 66
Building Inspection Engineer, 230, 269, 272, 288
Business census, 307, 311

Calvert Street clinic, 31, 127, 169
Cancer, 14
Canton Area Council, 25, 119
Carbon monoxide, 285
Carbon tetrachloride, 285

Carney, Jane, 107
Census tract manual, 311
Central Atlantic States Association of Food and Drug Officials, 250
Chadwick, Sir James, 286
Chambers, Olga, 113
Chancroid, 167
Chemical examinations, 22
Cherry Hill Health Council, 27, 29, 128, 154
Chickenpox, 127
Child Health Day, 25, 76, 119
Child Hygiene, 33–36, 179–197
  Class A Family Homes, 34, 182
  clinics, 25, 27, 34, 35, 100, 107, 113, 127, 128, 181
  day nurseries and nursery schools, 34, 182
  home visiting service, 181
  infant mortality, 180
  maternity hygiene, 33, 179,
    clinics, 25, 26, 27, 99, 113, 127, 180
  mental hygiene, 34, 113, 128, 182, 183
  nutrition service, 182
  premature infants, 181
  preschool hygiene, 34, 180
  preventive inoculations, 178
  school health, 34, 184
Child lead poisoning, 10, 19, 46, 74, 230, 286
Chrome ulcerations, 46
City Council, 288
  fluoridation hearing, 37
  Health Committee, 230, 287
City water supply, 9
  samples collected, 44
Civic experience course in high schools, 26, 121
Civil Defense Health Service, 12, 65–67, 255
  burial areas, 67
  Casualty Clearing Stations, 13, 65
  food supplies, 250
  key information, 65
  storage areas, 66
  succession of command, 66
  supplies on hand, 65
  training for nurses, 212
  welfare services, 44, 231, 272
Class A Family Homes, 34
Clean-Up, Paint-Up, Fix-Up Week, 46, 76, 231, 274
Clinics
  BCG, 152
  child health, 25, 27, 34, 100, 107, 113, 127, 128, 181
  dental, 26, 36, 100, 108, 127, 128, 201
  eye, 35
  hearing, 35
  medical care, 40, 221
  obstetrical, 107
  prenatal, 25, 26, 27, 99, 113, 127, 180
  skin, 107
  tuberculosis, 27, 99, 107, 113, 127, 149
  venereal disease, 25, 31, 99, 113, 127, 168
Commission on Chronic Illness, 50
Commissioner of Health, 10, 11, 12, 19, 48, 49, 50, 51, 61, 65, 66, 75, 121, 182, 185, 203, 220, 229, 230, 269, 272, 287, 307, 311
Committee on Maternal and Child Welfare, 49, 311
Communicable diseases, 28, 44, 127, 139–144, 248
  cases reported, 139
  diphtheria, 139
  measles, 140
  meningococcal infections, 139
  poliomyelitis, 139
  typhoid fever, 139
Community health programs, 76
Community sanitation, 44
Conclusion, 50
Consultants, 5
Contest, milk production, 235
Convalescent homes, 269
Cook, G. Yates, 299
Cooper, Leroy, 113
Couchman, Charles E., 283
Criminal Court, 85, 316
Cross connections, 45
Cross Street Market Association, 129, 231, 245, 269
Cullen, Thomas S., 5

Dairy farms, 235
Daley, Sir Allen, 9, 10, 18, 65, 72, 129
Dana, George W., 221
Davies, Ross, 24, 61, 66, 107
Davis, J. Wilfrid, 13, 65, 219
Davis, Lillian, 185
Day nurseries and nursery schools, 182, 269
Deaths associated with pregnancy and childbirth, 179
Death certificates, 49, 315
Dental Care, 36–38, 201–208
  clinics, 26, 36, 100, 108, 128, 201
  education, 202
  emergency care, 37, 203
  fluoridation, 9, 37, 203
    opinion of court in taxpayer's suit, 370
  inspections, 36
  medical care program participation, 36, 226
  National Dental Health Day, 203
  new school facilities, 36
  school program, 201
  services, 202
Diabetes survey, 77, 120
Diabetes Week, 25, 120
Diphtheria, 12, 13, 22, 28, 99, 119, 127, 139
  examinations, 84
  inoculations, 28, 182
Director of Public Welfare, 50
Director of Public Works, 272

Dispensary Visiting Nurse Service, 212
Downey, William, 18
Doyle, Gerald J., 18
"Dr. Richard C. Ashley," 73
Drugs, Medical Care Program, 222
Druid Health District, 25, 113-116
  Center, 30, 150
  clinics, 25, 113
  X-ray screening services, 152
Duplicating services, 77

Early, Ola C., 24, 108, 213
East Baltimore Medical Society, 26, 75, 121
Eastern Community Council, 25, 119
Eastern Health District, 22-24, 30, 99-103, 150, 312
  building construction program, 10, 22, 99
  communicable diseases, 99
  Mothers' Advisory Service, 100
  ordinance for new building, 369
  school hygiene, 100
  tuberculosis, 99
  venereal diseases, 99
Editorial,
  Benjamin Franklin, 4
  Sir Allen Daley, 10
Edwards, Kay K., 119
Encyclopaedia Britannica Films, 299
  documentary film on housing law enforcement, 12
Enoch Pratt Free Library, 77, 119
  Films Department, 21, 76
Enteric diseases, 22
Environmental Hygiene, 44-46, 269-279
  community sanitation, 44
    psittacosis control, 271
    rooming houses and lodging houses, 271
    sewage disposal, 270
    stream pollution, 270
    swimming pools, 270
  plumbing, 45, 272
  rodent control, 45, 273
    education, 274
    inspections and improvements, 273
    rat bites and disease, 273
    rodenticide studies, 274
Ewing, Clinton L., 83
Executive Office staff, 58
Exhibits, 21, 73, 287
  lead poisoning award, 74
Expenditures of Health Department, 15
Eyeglasses, 221

Fales, W. Thurber, 11, 307
Family and Children's Society, 129
Feather, N. 286
Fellows, Frank S. 6
Fight Blight Fund, Inc., 300
Film services, 75
Films
  "Cheers For Chubby," 76
  "Day Care Of Children," 119
  "Eyes For Tomorrow," 120
  "He Acts His Age," 120
  "Human Beginnings," 76
  "Know Your Baby," 76
  "Infant Growth and Development," 120
  "Life With Baby," 76
  "Teeth Are To Keep," 27, 128
  "Why Won't Tommy Eat?" 76
Financial statement, 15
Fluoridation, 9, 37, 44, 76, 86, 229, 269
  opinion of court in taxpayer's suit, 370
Food and Drug Administration, 252
Food Control, 41-43, 241-260
  civil defense, 250
  examinations, 85
  food-borne diseases, 249
  food condemned, 42, 259
  food establishment inspection, 241
    education, 246
    institutions and miscellaneous, 244
    manufacturing establishments, 244
    regulation, 246
    retail establishments, 242
    special activities, 247
    wholesale establishments, 243
  food handler training, 42, 246
  food plant inspection, 10, 42, 250
  food poisoning outbreaks, 42, 248
  improvements and corrections, 41
  inspections, 42, 258
  nutrition, 43, 253
  prosecutions, 42, 246
Foord, Alan, 35, 39, 108, 113, 120, 129, 211
Fort Smallwood, 270
Foster homes, 269
Fowler, William J., Jr., 119
Franklin Square Hospital
  affiliation in public health nursing, 27
  campaign, 76
  School of Nursing, 130
Freeman, Allen W., 5
French, William J., 13, 65
Fruits and Vegetable Merchants Organizations, 213
Furstenberg, Frank F., 221

Galbreath, Margaret, 283
Gallagher, William J., 263
Garbage grinders, 45, 272
Gardner, William M., 18
Gartside, Geneva, 213
Gillis, Andrew C., 5
Gonococcus infections, laboratory examinations, 21, 90
Gonorrhea, 167
Gordon, Joseph, 71
Governor's Safety and Health Conference, 231, 255
Guarding the Health of Baltimore, 19

Hamburger, Louis P., 5
Hardy, Janet, 120, 179
Harper, Paul, 181
Harper, W. Sinclair, 18, 24, 100
Harrison, Margaret, 101, 212
Haverhill fever, 46, 231, 274
Health Information, 18–21, 71–80
community health programs, 76
exhibits, 73
film services, 75
meetings, 75, 129
publications, 71
radio and television, 73
services to Department, 77
Health of the City, 13
Henry Phipps Institute for Tuberculosis, 153
Henryton State Hospital, 113
Hepatitis, 230, 272
Hexachlorophene, 230, 274
Hobbs, Clark S., 6
Holland, Paul L., 6
Holljes, Henry W. D., 221
Home Builders of Maryland, 45, 272
Home Survey Reports, 107
Hospital and sanatorium facilities, 153
Hospital beds for tuberculous, 30
Hospital deliveries, 179
Housing, 18, 47–49, 76, 299–304
educational activities, 48, 301
Encyclopaedia Britannica
Films movie, 12, 49
law enforcement
general, 300
Pilot Program Area, 300
legal action in Housing Court, 48, 304
organizational changes, 302
Pilot Program, 12, 231, 300
public information activities, 301
resurvey of Pilot Area, 48, 300
violations, 300
visitors, 48, 301
Housing Authority of Baltimore, 129, 299
Housing Bureau Advisory Council, 49, 299, 302
Housing Court, 48, 85, 246
food law violations, 43

Industrial Hygiene, 46–47, 86, 283–296
air pollution control, 10, 47, 229, 283, 287
child lead poisoning, 10, 19, 46, 74, 230, 286
community exposures, 287
complaints, 288
domestic exposures, 286
industrial exposures, 284
lead poisoning investigations, 286
nuclear radiation problems, 47, 285
occupational diseases, 46, 75, 121, 284
special studies, 283
suicide attempts, 46, 286
Infant mortality, 12, 14, 180
Infectious mononucleosis, 22
Inspections, milk, 235
Instructive Visiting Nurse Association, 169

Johns Hopkins Hospital, 30, 38, 39, 113, 152, 153, 168, 221
Dispensary Visiting Nurse Service, 24, 99
School of Nursing, 24, 26, 99, 100, 121, 130
Johns Hopkins University, 19, 44, 263
School of Medicine, 24, 100, 120
Johns Hopkins School of Hygiene and Public Health, 27, 38, 43, 46, 75, 100, 113, 130, 181, 221, 231, 255, 275, 283, 312
seminar on infectious hepatitis, 27
Johns Hopkins Science Review, 73
Juvenile Court, 32, 169

Kalben, Dorothy, 119
Kallman, Mrs. Gustav, 119
Kaplan, Emanuel, 85
"Keeping Well," 21, 73
Keller, Robert M., 73
Kelly Clinic, 47, 285
Kelpsa, Stasys T., 264
Kemp, Lillian A., 213
Knobloch, Hilda, 38, 107, 120, 211
Korff, Ferdinand A., 241

Laboratories, 21–22, 41, 75, 83–96, 248
bacteriology, 84
chemistry, 85
educational activities, 87
examinations, 83
special investigations, 86
Lacy, George, 75
Lagna, John, 107
Lanahan, Mary, 283
Laubach, Frieda, 101, 212
Lead Industries Association, 286
Lead poisoning, 86, 231, 284
exhibit award, 19
in children, 10, 19, 46, 74, 230, 286
Lee, C. Dudley, 221
Legal Aid Bureau, 50, 316
Lexington Market, 44, 46, 231, 245, 247, 269
Lexington Market Authority, 242, 252, 275
Lilienfeld, Abraham M., 18, 28, 127, 130
Lockerman, Margaret L., 114
Lutheran Hospital of Maryland, 107
School of Nursing, 130

Magnuson, Paul B., 307
Malathon, 285
Mandell, Sibyl, 108, 113, 120, 128
Manley, Judge Michael J., 204, 370
Marty, Ivan M., 235
Maryland Dietetic Association, 255
Maryland General Hospital School of Nursing, 26, 113, 121, 130

Maryland Home Economics Association, 255
Maryland Society for the Prevention of Blindness, 35, 120, 186, 211
Maryland State
  Board of Health, 37, 203
  Dental Association, 203
  Department of Education, 231
  Department of Health, 18, 21, 83, 140, 153, 156, 212, 231, 236, 245, 252, 263, 287
    film library, 76
  Department of Public Welfare, 182
  Division of Vocational Rehabilitation, 155
  Legislature, 248, 307
  Planning Commission, 36, 49, 201, 299
Maryland Tuberculosis Association, 25, 27, 30, 77, 119, 127, 150
Maternal and Child Health Services, Southern Health District, 128
Maternal mortality, 12, 14
Maternity hygiene, 179
Mayor Thomas D'Alesandro, Jr., 9, 11, 25, 37, 51, 76, 119, 182, 203, 288, 299, 307
Mayor's Commission on Aging and Problems of the Aged, 49, 311
McCauley, H. Berton, 201
McKnight, Eleanor L. 113, 120
Measles, 12, 28, 99, 119, 127, 140
Meat Inspection, 43–44, 263–265
  inspections and condemnations, 265
Medical and Chirurgical Faculty of Maryland, 18, 21, 77, 203
  Committee on Maternal and Child Welfare, 49, 311
Medical Care, 40, 219–226
  Advisory Committee, 223
  clinics, 40, 221
  Committee to review program, 307
  dental care, 36, 40, 226
  drugs and supplies, 40, 222
  expenditures, 40, 222
  eyeglass program, 40, 221
  persons assigned, 40, 219
  physicians, 40, 220
  statistics, 311
Medical staff, 6
Meningococcal infections, 28, 99, 119, 127, 139
Mental Health Week, 76, 183
Mental hygiene, 34, 113, 128, 182
  exhibits, 183
  services, 182
Mental Hygiene Society, 184
Mercury study, 283
Mercy Hospital Medical Care Clinic, 221
Mercy Hospital School of Nursing, 26, 113, 121
Midwife deliveries, 179
Milani, Col. Frank, 66
Milk Control, 41, 235–237
  evaluation study, 83
  contest in high schools, 41, 235
  dairy farm trends, 41, 235
  inspections, 41, 235
  milk produced, 236
  permits, 236
  phosphatase test, 41, 83, 85, 235
  samples examined, 41, 235
Mondello, Romeo, 275
Montebello Filtration Plant, 9, 37, 66
Monumental City Medical Society, 113
Moore, Edythe, 120
Morgan State College, 43, 255
Moser, Judge Herman M., 316
Mothercraft, 121
Mothers' Advisory Service, 100
Mothers' Counseling Service, 34, 128, 182
Motion picture programs, 34
Motry, George, 66
Mount Wilson State Hospital, 30, 153
Muller, S. Edwin, 221
Mumps, 28, 127
Municipal Animal Shelter, 264
Murphy, Frances, 302

Nachlas, William I., 35, 120, 184
National Bureau of Fire Underwriters, 287
National Children's Dental Health Day, 76
National Public Health Conference on Records and Statistics, 312
National Research Council Committee on Fluoridation, 37, 203
National Sanitation Foundation, 250
Natural gas, 286
Nekomoto, Robert S., 283
Nelson, Nels A., 73, 113, 167
Norton, Sidney M., 315
Nursing Homes investigation, 11
Nutrition, 43, 113, 128, 182
  civil defense activities, 256
  cooperative activities, 254
  educational activities, 254
  field experience for students, 255
  home visits, 254
  in-service training, 253
  services, 256

Occupational diseases, 46, 75, 121, 284
Ophthalmia neonatorum, 181
Organization chart, 8
Overweight, 76, 255

Parathion, 46, 285
Parent-Teacher Associations, 27, 120, 127, 184, 254
  Health Committee, 185
Personnel, 18
Pest Control Association of Maryland, 250
Phosphatase test, 41, 83, 85, 235

Pilot program, 12, 231, 300
Pinckard, Roberta, 213
Pincoffs, Maurice C., 5
Plichta, Clara C., 101
Plumbing, 45, 272
  regulations revised, 230
Pneumoperitoneum, 151
Pneumothorax, 151
Poliomyelitis, 28, 99, 119, 129, 139
Population, 13
Powell, John, 129
Premature infants, 181
  study, 38, 211
Preschool hygiene, 34, 180
President's Commission on Health Needs of Nation, 307
  appointment of Dr. Fales, 11
Press releases, 71
Principal Causes of Death, 14
  table, 15
Provident Hospital, 152, 221
  School of Nursing, 25, 113
Psittacosis control, 271
Public Health Nursing, 38–40, 155, 211–216, 311
  home treatment tuberculosis patients, 38, 211
  home visits, 39, 214–216
  premature infant study, 38
  school health conferences, 211
  school health program, 39, 211
  student affiliate course, 39, 212
  tuberculosis testing, 38, 211
  venereal disease conferences, 212
Publications, 19, 55

"Quarterly Statistical Report," 19, 71

Rabies, 22, 44, 84
Radiation problems, 47
Radio, 73, 301
Radioactive isotopes, 230, 283
Rat bites, 45, 273
Rat-borne disease, 273
Rat population study, 231
Reed, Frances, 107
Rh Typing, 107, 180
Rickettsial diseases, 22
Ridgaway, Grace B., 121, 213
Riley, Mary, 130
Riley, Robert H., 5
Ringworm, 271
Rodent Control, 45, 273
Rooming houses, 44, 269, 271
Rowland, James M. H., 5
Rudo, Alvin, 184

St. Agnes Hospital, 107
St. Joseph's Hospital, 107
  School of Nursing, 26, 121
Sanitary bacteriology, 84
Sanitary Section, 18, 229–232
  air pollution control, 229
  special studies, 230
Sanitary sewers, 271
Saturday Evening Post, 301
"Saturday Letter to the Mayor," 19, 71
Sayers, Royd R., 75, 121, 289
Scarlet fever, 28, 127, 140
School health, 34, 120, 128, 184
  Eastern Health District, 100
  eye and ear clinics, 184
  health council, 129, 185, 255
  Physicians, 184
  vision and audiometric screening, 186
School physicians examinations, 34, 184
Schucker, George, 66, 269
Schulze, W. H., 66, 229
Sewage disposal, 270
Sewerage Engineer, 272
Shaull, Robert S., 87
Sherbow, Judge Joseph, 307
Shiling, M. S., 151
Shipley, Arthur M., 5
Silver, George A., 24, 100
Silverman, Charlotte, 120, 147
Sinai Hospital, 77, 180, 221
  School of Nursing, 24, 100
Sister Ann Joseph, 107
Sister Concilita, 107
Skladowsky, John A., 119
Snyder, Wilda, 121
Somerset Health Center, 24, 99
South Baltimore Business Men's Association, 129
South Baltimore General Hospital, 27, 127, 128, 129, 221
  campaign, 76
Southeastern Community Council, 25, 77, 120
Southeastern Health District, 25–26, 119–123
  communicable diseases, 25, 119
  educational activities, 119
  new building, 10, 25, 119
  X-ray surveys, 119
Southern Health District, 26–28, 30, 34, 36, 127–133, 150
  adult health services, 127
  clinics, 127
  communicable diseases, 26, 127
  community activities, 128
  maternal and child health, 128
  X-ray screening services, 152
Statistical Section, 307
  Dr. Fales appointed to President's Commission, 11
Statistical tables, *See* end of each report
Stebbins, Ernest L., 5
Stramonium poisoning, 230
Stream pollution, 270
Streptococcal sore throat, 127
Stussman, Morton J., 18
Subcommittee on Nursing Needs, 311
Suicide attempts, 46, 286
Superintendent of Public Instruction, 185, 301
Survey of Nursing Needs, 49, 311

Swimming pools, 44, 269, 270
Sykes, Patricia, 107
Syphilis, 21, 31, 167
  congenital, 167, 169
  serological tests, 84
  serology survey, 21, 83

Taback, Matthew, 311
Tattooing, 230, 272
Taxpayer's suit, fluoridation, 203, 370
Television, 19, 21, 43, 73, 88, 301
Tetanus, 182
The School Executive, 302
Tiboni, Emil A., 12, 300
Trichinosis, 249
Tuberculin tests, 99
Tuberculosis, 29-30, 147-163
  BCG vaccination, 30, 38, 152
  case-finding projects, 29, 151
  case rates, 149
  collapse therapy, 151
  deaths and death rates, 12, 14, 22, 29, 120, 127, 147
  diagnostic services, 149
  federal assistance, 155
  home chemotherapy, 154
  hospital and sanatorium facilities, 30, 153
  new cases, 29
  nursing service, 155
  reported cases, 148
  treatment, 29, 38, 211
  vocational rehabilitation, 155
Tularemia control, 42
Tull, Myron, 66, 139
Turner, Thomas B., 5
Typhoid fever, 12, 28
  carriers, 84, 140
  vaccine, 140

Union Memorial Hospital School of Nursing, 113, 130
U. S. Bureau of the Census, 49
U. S. Coast Guard, 283
U. S. Department of Agriculture, 255
  Meat Inspection Division, 248
U. S. Food and Drug Administration, 245
U. S. Navy, 272
U. S. Public Health Service, 12, 37, 44, 46, 48, 155, 203, 229, 231, 236, 250, 255, 271, 275, 286, 288, 300
U. S. Social Security Agency, 255
University of Maryland, 19, 255
  Hospital, 30, 39, 43, 75, 107, 152, 182, 221
  Medical School, 61, 107, 129
    Library, 77
  School of Nursing, 26, 27, 107, 121, 130
University of Michigan School of Public Health, 311

VDRL flocculation test for syphilis, 87
Venereal diseases, 31-33, 99, 167-176, 212
  Armed Forces, 32, 170
  City isolation ordinance in juvenile cases, 169
  clinics, 25, 31, 99, 113, 127, 168
  congenital syphilis, 167, 169
  contacts, 31, 168
  epidemiology and case holding, 167
  graph, Baltimore 1940-1952, 32
  home visits, 167
  infections, 31, 167
  legal action, 31, 169
  morbidity and mortality, 167
Verner, Helen, 108, 211
Veterans Administration
  Hospital, 30, 153
  weight control discussion, 255
Vision screening, 35, 108, 211
Visitors, 28, 48, 61, 87, 107, 130, 284, 301
Vital Records, 49-50, 315-318
  birth certificates, 49, 315
  Birth Record Correction Advisory Service, 50, 316
  death certificates, 49, 315
Vital statistics tables, 321
Volmar, Grace S., 120, 185
Voshell, Allen F., 5

Warfarin, 274
Warthen, William H. F., 13, 65, 66
Water supplies, 269
Watson, George W., 66
WBAL-TV, 43
Welfare meetings, 129
Western Health District, 24, 61, 107-110
  vision screening program, 108
WFBR, 73
Wholesale Commission Merchants, 243
Whooping cough, 12, 13, 28, 127, 140
  inoculations, 182
William H. Welch Medical Library, 77
Williams, H. Maceo, 113
Williams, Huntington, *See* Commissioner of Health
Wilson, Harry T., Jr., 221
Wise, Walter D., 5
WMAR-TV, 19, 73, 88
Wolman, Abel, 6
Wolman, Samuel, 5
Women's Civic League, 251, 288
Woodward, H. W., 275

X-ray examinations, 30, 99, 127, 149, 151, 163
X-ray cephalo-pelvimetric examinations, 180

"Your Family Doctor," 19, 73

Zoning Enforcement Officer, 301
Zoning Engineer, 288
Zoning Ordinance, 288, 301