

CITY OF BALTIMORE

ONE HUNDRED AND FORTIETH

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1954



*To the Mayor and City Council of Baltimore for the
Year Ended December 31, 1954*

The cure for accidents is prevention.
ANON.

We often forget that two-thirds of all the people in the world are colored.
CHESTER BOWLES

Question: Then it is your opinion that it is necessary for the protection of the health of the city that each dwelling unit should have its own private bath facilities, and if it does not it is unfit for human habitation?
Answer: That is correct.

COURT TESTIMONY, BALTIMORE, 1954

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.....GEORGE W. WATSON, M.S.P.H.
Druid Health District.....H. MACEO WILLIAMS, M.D., M.P.H.
Southeastern Health District.....JOHN A. SKLADOWSKY, M.D.
Southern Health District.....WILLIAM J. FRENCH, M.D.

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

FRANZ J. VIDOR, M.C.P., Director

STATISTICAL SECTION

MATTHEW L. TABACK, Sc.D., Director

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

Learn to Do Your Part in the Prevention of Disease

THE SUN

Published Every Week Day By
THE A. S. ABELL COMPANY
WILLIAM F. SCHMICK, Sr., President

BALTIMORE, MONDAY, MARCH 22, 1954

Baltimore Moves Toward The Private Bath tub

One Baltimore family in six, according to the 1950 census, had no bathtub of its own. Some improvements have been noted in the last few years. But that even one family in ten should lack this seemingly indispensable convenience leaves little cause for complacency.

The city Health Department has now decided to step in. By January of 1956, every dwelling unit must have its own bathtub or shower with adequate hot-water arrangements. If not, the owner will be subject to full penalty of the law. Slum landlords, in particular, are thus given plenty of advance warning that their opportunity to exploit tenants is shrinking.

Uncertainties and even questions are certain to arise. How long, for instance, will it take the Health Department's rather meager corps of inspectors to make the new rule fully effective? And how soon can tubless

units, only recently approved under the old regulations, be forced to conform to the new ones?

But, on principle, the Health Department is moving in the right direction. The principle was established some years back when outdoor privies were banned inside the city limits. Now, this regulation is being tightened again with the stipulation that every dwelling unit, rather than every ten persons, must have its own water closet. Still a third advance is the requirement for providing more square feet of living space per person than previously required.

All these steps are designed for the general purpose of bettering living conditions in low-rent neighborhoods. More specifically, they are aimed to reclaim slum neighborhoods and to prevent their further advance upon better preserved areas. Baltimore has already made its name nationally known for shrewd countermoves to the creeping destruction of blight. Here is another such move.

THE NEW HOUSING REGULATIONS
FOR SAFEGUARDING THE PUBLIC HEALTH

CONSULTANTS

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

DR. ANDREW C. GILLIS,
*Professor Emeritus 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 Preventive Medicine and Rehabilitation, School of Medicine,
University of Maryland.*

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

DR. JAMES M. II. 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 Microbiology, Johns Hopkins School of Hygiene and Public Health.

DR. ALLEN F. VOSHELL,
Professor of Orthopaedic 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,
*Associate 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. HANS FROELICHER, JR.,
Head Master, Park School.

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
 MAURICE L. ADAMS, M.D. s
 TOWNSEND W. ANDERSON, M.D. v
 DAVID BACHARACH, M.D. s, v
 McDONALD M. BANDO, M.D. c
 M. L. BARKSDALE, M.D. v
 BARNETT BERMAN, M.D. t
 WALTER P. BLOCK, M.D. c
 HARRY E. BLOOM, M.D. ey
 LOUIS V. BLUM, M.D. t
 KATHERINE H. BORKOVICH, M.D. t
 M. L. BREITSTEIN, M.D. ea
 GEORGE P. BROWN, M.D. v
 G. RAYNOR BROWNE, M.D. v
 W. BERKLEY BUTLER, M.D. v
 CAROLINE CHANDLER, M.D. c
 BARBARA K. CLARK, M.D. s
 J. W. V. CLIFT, M.D. c
 HARRY COHEN, M.D. m
 MORRIS M. COHEN, M.D. v
 THEODORE COOPER, M.D. t
 MIRIAM S. DALY, M.D. c
 GEORGE H. DAVIS, M.D. m
 W. ALLEN DECKERT, M.D. m
 WINSTON C. DUDLEY, M.D. v
 MAURICE FELDMAN, JR., M.D. s
 ALAN FOORD, M.D. s
 NORMAN R. FREEMAN, JR., M.D. s
 MARY O. GABRIELSON, M.D. s
 LOUIS C. GAREIS, M.D. m
 MORTON GOLDFARB, M.D. v
 HARRIS GOLDMAN, M.D. v, s
 SYLVAN C. GOODMAN, M.D. v
 PAUL H. HARDY, JR., 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
 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
 REUBEN D. JANDORF, M.D. v
 JETHER M. JONES, JR., M.D. v
 W. ATWELL JONES, M.D. v
 THEODORE KARDASH, 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
 ELIZABETH LOEWALD, M.D. t, s
 NORMAN LEVIN, M.D. m
 LUCILLE LIBERLES, M.D. c
 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 MAZER, M.D. v, s
 ISRAEL P. MERANSKI, M.D. v
 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
 MARY C. RILEY, M.D. t
 GILBERT W. ROSENTHAL, M.D. c
 ALMA S. ROTHHOLZ, M.D. c
 GILBERT E. RUDMAN, M.D. s
 CECIL RUDNER, M.D. t
 ALVIN D. RUDO, M.D. ea
 ROYD R. SAYERS, M.D. mi
 JAMES H. SHELL, JR., M.D. m
 J. DOUGLASS SHEPPERD, M.D. v
 ERNEST W. SHERVINGTON, M.D. v, s
 M. S. SHILING, M.D. t
 ISADORE A. SIEGEL, M.D. m
 MELCHIJAH SPRAGINS, M.D. c
 HENRY G. SUMMERS, M.D. c
 ARTHUR C. TIEMEYER, M.D. m
 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
 ORLYN H. WOOD, M.D. s
 CHARLES T. WOODLAND, M.D. v
 STANLEY N. YAFFE, 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.....	71
Civil Defense Health Service.....	77
Health Information.....	80
Laboratories.....	89
Eastern Health District.....	106
Western Health District.....	115
Druid Health District.....	120
Southeastern Health District.....	125
Southern Health District.....	131
MEDICAL SECTION—PREVENTIVE	
Communicable Diseases.....	141
Tuberculosis.....	147
Venereal Diseases.....	162
Child Hygiene.....	172
Dental Care.....	197
Public Health Nursing.....	203
MEDICAL CARE SECTION	213
SANITARY SECTION	
Sanitary Section.....	223
Milk Control.....	226
Food Control.....	230
Meat Inspection.....	245
Environmental Hygiene.....	248
Industrial Hygiene.....	261
HOUSING BUREAU	277
STATISTICAL SECTION	
Statistical Section.....	289
Biostatistics.....	291
Vital Records.....	294
VITAL STATISTICS TABLES	299
APPENDIX	
Ordinance: Milk Ordinance, Amendment.....	343
Regulations:	
Hygiene of Housing, Amended.....	345
Rooming Houses, Lodging Houses and Hotels, Amended.....	348
Maternity Hospitals, Amendment.....	351
Pasteurization of Milk and Ice Cream, Amendments.....	351
Brucellosis Control.....	352
State Regulations: Psittacosis Control, Amendment.....	353
Opinion of the Circuit Court: Housing Regulation on Bathtubs.....	353
INDEX	363

ONE HUNDRED AND FORTIETH ANNUAL
REPORT OF THE BALTIMORE CITY
HEALTH DEPARTMENT

1954

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 fortieth 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, 1954.

Introduction

The phenomenal decline reported in Baltimore's tuberculosis death rate for 1953 continued in 1954. The decline in 1953 of 36 per cent from the prior year was followed by a further decline of 26 per cent in 1954 as compared with the rate for 1953. There was not a single tuberculosis death in a Baltimore resident during the week ending August 26, 1954, the first such record since these vital statistics have been kept for the city.

On March 10 the Commissioner of Health adopted a major series of amendments to the rules and regulations governing the hygiene of housing and governing rooming houses, lodging houses and hotels. These regulations, first adopted on March 11, 1942, were promulgated pursuant to the city ordinance on the hygiene of housing. The new regulation requiring a bathtub or shower in individual dwelling units after January 1, 1956 was tested in court and upheld in an opinion rendered by Judge E. Paul Mason on October 22. The first Health Department project designed primarily for the prevention of residential blight as distinct from its correction, began on March 15 with the start of the Mount Royal neighborhood rehabilitation program.

The new million dollar Eastern Health District building on the southwest corner of Monument and Caroline Streets was completed and first put in operation on November 16. This structure was the first to be completed in the Broadway Redevelopment Area. The district boundaries were changed to include the entire northeast quarter of the city. The population served from the new building, in close association with the Johns Hopkins School of Hygiene and Public Health, was thereby increased to about one-third of the residents of the city. On November 2 the voters approved a bond issue loan to provide a like building for the Western Health District which will



THE MARYLAND STATE BOARD OF HEALTH

MAY 21, 1954*

In the photograph are shown (left to right): The Commissioner of Health of Baltimore; Lloyd N. Richardson, Phar.D.; A. Austin Pearre, M.D.; Robert H. Riley, M.D., Dr.P.H., *Chairman*; Maurice C. Pineoffs, M.D.; A. L. Penniman, Jr., P.E.; George M. Anderson, D.D.S.; and Ralph J. Young, M.D.

be located on the northwest corner of Lombard and Penn Streets, adjacent to the University of Maryland Hospital and Medical School.

Among other important city health activities in 1954 were the following: During the period April 30–May 10 the Health Department, in cooperation with the Department of Education and the Baltimore Safety Council, conducted a city-wide survey to promote the prevention of home accidents among 150,000 families of public school children; the amendment in March of the city milk ordinance and regulations to permit high-temperature short-time pasteurization; the assignment from the U. S. Public Health Service to the Health Department of a new mobile chest X-ray truck unit for making possible more widespread chest surveys in the city; and the completion in October of the report entitled “Widening the Lengthened Path of Life” which was prepared by the Baltimore Commission on Aging and the Problems of the Aged and submitted to Mayor Thomas D’Alessandro, Jr., who had appointed the Commission in 1952.

Dr. Wilmer H. Schulze, Director of the Health Department’s Sanitary Section, jointly with Edward Scott Hopkins who for many years served as engineer in charge of Baltimore’s water filtration plant, published early in September a volume entitled “The Practice of Sanitation.” This, in its second edition, is an authoritative text for health officers, physicians, nurses

* In the separate printing of the first 67 pages of this REPORT, under the title of *Guarding the Health of Baltimore—1954*, on page 10, the date of this photograph was recorded in error as May 28, 1954.

THE SUN

Published Every Week Day By
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WILLIAM F. SCHMICK, Sr., PRESIDENT

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second-class mail matter.

BALTIMORE, TUESDAY, MAY 25, 1954

Preventive Medicine And A Cornerstone Laying

This morning, with fitting ceremony, the cornerstone of the new Eastern Health District building will be laid. In his letter to Acting Mayor Price calling attention to the event, Dr. Huntington Williams, city health commissioner, refers to the close relationship that has always existed between the district and the Johns Hopkins School of Hygiene and Public Health. In fact, the histories of the school and of the district are so intertwined that it is impossible to treat of one without the other.

The School of Hygiene and Public Health was established in 1916 through a gift of the Rockefeller Foundation. It was the first institution ever set up to train men and women especially for the public-health service. As such it was primarily interested in the prevention rather than cure of disease. It offered opportunities for research and courses of instruction in every branch of scientific knowledge that throws light on the causes of ill-health. Public health administration has been only a part of its comprehensive curriculum.

The Eastern Health District came into being in 1932. In part it was the first move in a program for decentralizing the City Health Department. More particularly it was an area designed for assembling data for the study of the health of a whole com-

munity by the students and faculty of the School of Hygiene. The co-operation of the 26,000 families living in the district was obtained, making possible the building up of a file containing an intimate history of each one of them. On the basis of this data many important individual studies in preventive medicine have been made.

Keen competition for the school came from a number of other cities. It was largely through the influence of Dr. William H. Welch and the competence of other Johns Hopkins Medical men that Baltimore was chosen. Dr. Williams has turned up letters of congratulation exchanged at the time between Mayor James H. Preston, President Frank J. Goodnow and Dr. Welch. Dr. Welch became the first director.

It has been said that the Eastern Health District and the Johns Hopkins School of Hygiene and Public Health are better known in the far corners of the world than they are to Baltimoreans. In addition to Americans serving in the United States, graduates of the school from many foreign countries have returned home to play leading roles in the field of public health and preventive medicine. The director general of the World Health Organization, the chief medical officer of the Italian Public Health Service, the senior medical officer for the Paris area in France, the director general of the National Health Service of Chile are among the graduates who hold top rank.

In India, Iran, Tokyo, Indonesia, Viet Nam, Burma, Ceylon, Liberia, Nigeria and Nicaragua men and women trained at the school are attacking preventable diseases from malaria and tuberculosis to syphilis and polio.

When the Rockefeller gift was announced *The Sun* commented that it was a splendid thing for the university, for Baltimore and for humanity. Thirty-six years after the opening of the school and 22 years after the opening of the Eastern Health District the records of those two related enterprises prove that the prophecy was not exaggerated.

F.F.B.

FOR THE NEW EASTERN HEALTH DISTRICT BUILDING
MAY 25, 1954

THE SUN

Published Every Week Day By
THE A. S. ABELL COMPANY
WILLIAM F. SCHMIDT, SR., PRESIDENT

BALTIMORE, FRIDAY, APRIL 30, 1954

A Court Test Of The Bathtub Law

A landlord has brought suit to determine whether the Health Department's new regulation requiring that every dwelling unit shall have a bathtub or shower in good working condition is valid and enforceable. This is one of a number of new rules and regulations designed to raise the minimum living standards in the city.

The purpose is to have the regulations in effect by January 1, 1956. It was to be anticipated that they would be tested in the courts. In fact, such a test is essential if the Health Department is to have the full force of the law in carrying out its program.

Some twelve years ago, confronted by serious slum conditions that were spreading rapidly to the detriment of public health, Dr. Huntington Williams, health commissioner, introduced a set of rules and regulations aimed at raising the minimum standards. These regulations were successful among other things in banning outdoor privies and also in removing other back-yard nuisances that served as breeding ground for rats and other unsanitary conditions.

It then was recognized that these were pioneering efforts that would eventually have to be revised. In the opinion of the Health Department the time has now come for another lift to the minimum standards. Hence the new regulations having to do not only with bathtubs, but with adequate heating, cleanliness of premises, lighting and ventilation, and protection against overcrowding.

The rules as set forth are not merely the whims of an overzealous health department. They have been made pursuant to the power conferred on the Health Commissioner by Sections 118 and 68 of Article 12 of the Baltimore City Code of 1950. They have been adopted after consultation with the leading local medical authorities and on the advice of the special housing staff of the United States Public Health Service and other national authorities on housing.

The Baltimore Plan for meeting the slum problem has won distinction throughout the country. The new rules and regulations are an extension of that basic idea.

THE ANTICIPATED COURT TEST

and sanitarians and for all students of sanitary engineering. On October 13 the Commissioner of Health was elected Vice President of the American Public Health Association at the time the association was holding its eighty-second annual meeting in Buffalo. He continued for the twenty-second consecutive year to serve *ex-officio* as a member of the Maryland State Board of Health.

Civil Defense

On May 27 Baltimore witnessed its first demonstration of a civil defense casualty clearing station in operation following a mock atomic attack against the city. A number of simulated injuries were treated by physicians, nurses, and resident first-aid volunteers using the emergency medical supplies and equipment with which the station had been provided. The event was held at Casualty Clearing Station 98, located in the Uplands Community House near the western city boundary in the Edmondson Avenue area. Over 100 persons participated and the affair aroused much interest in civil defense in the neighborhood and generally in the city.

Hospital planning for a civil defense disaster was revised in 1954 by a Committee of Hospital Directors, headed by Mr. Carroll D. Hill, Director of the Union Memorial Hospital. Sites for improvised emergency hospitals were relocated as near as possible to the periphery of the city, but still within the city limits.

Key personnel of the Civil Defense Health Service participated in required drills and exercises both city-wide and at the district level. In conjunction with an international exercise held on June 14 a plan for transmitting "warning yellow" or "lemon juice" to hospitals by telephone was successfully implemented. In preparation for a "surprise" alert, held on November 8, an operations headquarters for the Health Service was obtained, located in the infirmary building at Morgan State College. A system of chain telephone calls during the November 8 test alerted key members of the Service upon receipt of the yellow warning. These persons thereupon reported to the operations headquarters.

Important civil defense medical conferences were attended by Dr. J. Wilfrid Davis in Pittsburgh on February 11 and in Chicago on October 30 and 31. Five dentists from Baltimore were instructed in a three-day civil defense course for dentists at the Olney Staff College near Washington during the month of July. In May Mr. William M. Stump, sanitarian in the Bureau of Industrial Hygiene, attended a course in radiological health at the U. S. Public Health Service Environmental Health Center in Cincinnati.

Mr. Samuel I. Raichlen, Chief of Pharmacy Services, assumed the task of obtaining an inventory of civil defense antibiotics stored in hospitals. The object of the inventory was to insure that no antibiotics would be stored beyond their expiration dates. During the year also training supplies for casualty clearing station groups were received from the Maryland Civil Defense Agency and placed in the Baltimore City civil defense storehouse in Carroll Park.

The Health of the City

The estimated population of the city on July 1, 1954 was 966,000; the white population was 708,000, and the nonwhite population was 258,000, or 26.7 per cent of the total. These figures have been used in calculating the rates in this report. Although the population total gives little evidence of annual change during the past several years significant shifts in racial distribution and geographical distribution have been experienced.

The tuberculosis death rate continued the precipitous decline in 1954 which is believed to have been initiated in 1952 when chemotherapy proved to be feasible and effective in the home treatment of cases. Baltimore's tuberculosis death rates per 100,000 population by race for the past five year period are as follows:

TUBERCULOSIS DEATHS AND DEATH RATES, BALTIMORE CITY, 1950-1954

YEAR	TOTAL		WHITE		NONWHITE	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1954	199	20.6	92	13.0	107	41.5
1953	268	27.8	139	19.4	129	52.1
1952	416	43.2	174	24.1	242	100.5
1951	497	52.1	212	29.4	285	122.1
1950	536	56.4	235	37.5	301	132.6

Although the mortality record for tuberculosis showed a remarkable fall, the incidence of the disease as measured by newly reported cases remained relatively constant. Nevertheless, the prevailing opinion among careful analysts of this problem forecasts a decline in the total reservoir of the disease in the near future.

The record as it related to communicable diseases was uniformly excellent. For the second consecutive calendar year, there was no diphtheria death among Baltimore residents and only 3 cases, a new low record; nor was there any death in 1954 from scarlet fever, whooping cough or typhoid fever. There were 3 deaths attributed to measles in 1954, all resulting from encephalitis, an infrequent complication of this common communicable disease. There was no death among the acute poliomyelitis cases which occurred in 1954. However, 1 death was ascribed to the late effects of poliomyelitis in a case with onset of disease in 1945. A total of 36 paralytic cases was reported which was well below the reported incidence of 92 cases for 1953.

Principal Causes of Death

The resident death rate reached a record low of 10.6 per 1,000 population in 1954. The figure of 11.2 in 1953 and 1950 was the previous low city rec-

ord. This trend is all the more surprising when one considers the fact that the population is aging. The decline was chiefly due to a drop of approximately 9 per cent in cardiovascular deaths during 1954 as compared to 1953. The principal causes of deaths for these two years are shown in the accompanying table.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH; TOTAL, WHITE AND COLORED POPULATION—BALTIMORE 1953-1954

TOTAL POPULATION			WHITE POPULATION				COLORED POPULATION			
CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000			
	1954	1953		1954	1953		1954	1953		
Diseases of the heart.....	441.2	481.2	Diseases of the heart.....	474.7	517.3	Diseases of the heart.....	349.2	376.7		
Cancer, all forms.....	176.8	172.5	Cancer, all forms.....	189.7	187.3	Cancer, all forms.....	144.2	129.6		
Vascular lesions of the central nervous system.....	85.6	85.4	Vascular lesions of the central nervous system.....	90.4	89.4	Certain diseases of early infancy.....	88.4	73.5		
Certain diseases of early infancy.....	50.0	45.1	Accidents.....	41.1	50.2	Vascular lesions of the central nervous system.....	72.5	73.9		
Accidents.....	46.5	52.1	Certain diseases of early infancy.....	36.0	35.3	Accidents.....	61.2	57.7		
Influenza and pneumonia.....	28.6	38.6	Diseases of arteries and veins.....	23.4	26.0	Influenza and pneumonia.....	48.1	63.8		
Diseases of arteries and veins.....	27.0	24.9	Influenza and pneumonia.....	21.5	29.9	Tuberculosis, all forms.....	41.5	52.1		

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1954.

FINANCIAL STATEMENT

As of December 31, 1954

Total City Appropriations.....	\$2,267,156.02
Total City Expenditures.....	2,240,787.68
Appropriations by Ordinance of Estimates, January 1, 1954.....	\$2,143,300.00
Appropriation for Transportation.....	41,703.87
Supplementary Appropriations for Building Maintenance and Special Projects.....	82,152.15
	<hr/>
	\$2,267,156.02

Expenditures of the Baltimore City Health Department

ADMINISTRATIVE SECTION

Administration.....	\$59,836.88
Health Information.....	37,014.40
Nutrition.....	8,089.30
Laboratories.....	144,819.93
Eastern Health District.....	170,464.03
Western Health District.....	63,379.09
Southeastern Health District.....	90,816.84
Druid Health District.....	160,148.92
Southern Health District.....	81,474.62
	<hr/>
	\$816,044.01

MEDICAL SECTION—PREVENTIVE

Communicable Diseases.....	\$17,184.35
Tuberculosis.....	86,230.09
Venereal Diseases.....	122,140.46
Child Hygiene.....	118,991.85
School Hygiene.....	39,512.13
Dental Care.....	80,096.48
Public Health Nursing.....	161,769.66
	<hr/>
	\$625,925.02

MEDICAL CARE SECTION

Administration.....	\$20,042.15
	<hr/>
	\$20,042.15

SANITARY SECTION

Administration.....	\$26,549.25
Milk.....	74,936.09
Food.....	70,567.92
Meat.....	89,159.34
Environmental Hygiene.....	125,941.82
Rodent Control.....	59,942.68
Industrial Hygiene.....	42,637.93
Air Pollution.....	27,677.83
	<hr/>
	\$517,412.86

STATISTICAL SECTION

Administration.....	\$16,276.68
Biostatistics.....	42,692.17
Vital Records.....	65,218.76
	<hr/>
	\$124,187.61

HOUSING

Administration	\$134,365.84	
		\$134,365.84

CIVIL DEFENSE

Administration	\$2,810.19	
		\$2,810.19

Total, Salaries and Expenses..... \$2,240,787.68

Receipts

Vital Records.....	\$32,527.81	
Child Hygiene Licenses.....	89.00	
Milk Permits.....	13,033.00	
Plumbing Permits.....	21,572.25	
Rooming House Permits.....	576.00	
Meat Permits.....	25,267.00	
Miscellaneous Revenue.....	250.00	
Total.....		\$93,315.06

Additional Non-Health Department Expenditures

There follow certain tabulations of expenditures for health work in Baltimore in 1954 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.....	\$	5,875.00
City Department of Education—high school medical services.....		121,195.00
City Department of Welfare		
Tuberculosis hospital service		
Baltimore City Hospitals.....		712,358.67
Mt. Pleasant Sanatorium—city cases.....		14,685.00
Eudowood Sanatorium—city cases.....		33,819.03
Communicable disease hospital service.....		70,000.00†
State Department of Health Funds		
State Tuberculosis Sanatoria—city cases.....	1,591,328.28	
Mt. Pleasant Sanatorium—city cases.....	61,222.28	
Services for city crippled children.....	67,649.21	
Medical care—public assistance clients.....	647,520.61	
U. S. Public Health Service Funds		
General.....	24,875.42	
The Johns Hopkins University and Hospital—venereal disease control.....	13,513.00	
Tuberculosis control.....	20,724.79	
U. S. Children's Bureau Funds		
Maternal and Child Health Service.....	83,897.78	
Services for crippled children.....	17,209.54	
Services for cerebral palsy project.....	47,211.64	
The Johns Hopkins University rheumatic fever and congenital heart project.....	16,552.97	

The Johns Hopkins University training program in audiology and speech	29,010.94
The Johns Hopkins Hospital—epilepsy clinic.....	10,727.32
University of Maryland Hospital—epilepsy clinic	5,207.48
	\$3,599,583.70

II NONOFFICIAL EXPENDITURES

Baltimore City Chapter—National Foundation for Infantile Paralysis	\$ 99,698.68
Baltimore Hearing Society	18,558.74
Baltimore League for Crippled Children and Adults, Inc.....	69,669.43
Food Establishments—sanitary control.....	90,000.00†
Heart Association of Maryland	70,000.00†
Instructive Visiting Nurse Association	145,084.69
Johns Hopkins University—Eastern Health District	11,453.54
Laboratory services—hospital or private.....	155,000.00†
Maryland Chapter—Arthritis and Rheumatism Foundation.....	33,669.00
Maryland Division, Inc.—American Cancer Society	125,000.00
Maryland Society for the Prevention of Blindness.....	14,000.00
Maryland Tuberculosis Association	135,000.00†
Mt. Pleasant Sanatorium—city cases	102,191.88
Pasteurization Plants—farm and laboratory control	175,000.00†
Venereal disease control—hospital dispensaries	20,000.00†
	\$1,264,325.96†
Total	\$4,863,909.66†

This \$4,863,909.66 added to the City Health Department expenditures of \$2,240,787.68 gives an estimated total of \$7,104,697.34 or \$7.35 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, by private hospitals, agencies or individuals, or by State chronic disease hospitals.

† Approximate figure.

Personnel

During the year death came to two of the Consultants to the City Health Department who had been members of the original group first appointed in 1932. Dr. Allen W. Freeman passed away on July 3 and Dr. James M. H. Rowland died on July 26. Dr. Freeman was former Dean of the Johns Hopkins School of Hygiene and Public Health and Dr. Rowland was former Dean of the University of Maryland Medical School. Both physicians gave long and distinguished service in the fields of public health and medical education, and greatly assisted in the development of the Baltimore City Health Department.

Mr. Theodore C. Buck, Jr., Assistant Director of the Bureau of Laboratories, was transferred on January 1 to the research laboratory of the Bureau of Sewers. A new position of Junior Associate Engineer in the Division of Air Pollution Control was filled on January 18 by Mr. John M. Brown. Mr. Todd M. Frazier joined the staff on February 18 as Director of the Bureau of Biostatistics. Mr. Gullius D. D'Ambrogi, Chief of the Division of Milk Plant Inspection, resigned on June 9 and this vacancy was filled on June 10 by Mr. Charles R. Brown. On October 29 Dr. William J. French resigned as Health Officer of the Southern Health District, and on December 31 Miss Dorothy R. Kalben retired from her position as Chief of the Division of Exhibits.

THE  **SUN**

Published Every Week Day By
THE A. S. ABELL COMPANY
 WILLIAM F. SCHMICK, Sr., President

BALTIMORE, THURSDAY, JULY 29, 1954

James M. H. Rowland

It is given to some men to live well beyond the period of their greatest activity and to withdraw into an inconspicuous place in the contemporary scene. Such was true of Dr. James M. H. Rowland, whose death occurred on Monday at the ripe age of 87 years.

For a quarter of a century before his retirement in 1939 Dr. Rowland was dean of the medical school of the University of Maryland, an office which he administered with rare skill. Those who served under him recall especially his kindness and his

patient understanding. It was his custom to delegate authority to his subordinates and give them a free hand to make their own decisions.

Dr. Rowland was a modest man who made few claims for himself. His colleagues in the field of obstetrics, however, attribute to him valuable contributions to that branch of medicine. Perhaps his greatest distinction was as a teacher. His teaching career covered 39 years. He is said to have had a special gift for putting things in terms that were easily understood. Former pupils who later became teachers have found themselves recalling and using the methods and illustrations that Dr. Rowland used on them in putting ideas across.

In the long and distinguished history of the University of Maryland's medical school Dr. Rowland is assured recognition among those who have served it faithfully and well.

A GREAT AND KINDLY PHYSICIAN AND TEACHER

The year 1954 also saw the following personnel changes: Miss M. Alice Caron, Supervisor of Public Health Nursing, retired on January 7 after 37 years of Health Department service; on January 21 Mr. Joseph P. Connor, Sanitarian in the Bureau of Industrial Hygiene, was transferred to the Bureau of Health Information and reclassified as Public Information Assistant; Miss F. Inistore Godfrey was appointed nutritionist on March 4; on September 7 Miss Marie E. Dandridge and Miss Ruth Collier, Supervisors of Public Health Nursing, exchanged districts, the former to the Southeastern Health District and the latter to the Southern Health District; also on October 22 Mrs. Jane D. Ellen, Educational Director in the Housing Bureau resigned and this post was filled on October 28 by Mrs. Terry J. King.

Health Information

The community-wide dissemination of health information was continued through the joint effort and teamwork of all Health Department units and

THE EVENING SUN

Published Every Week Day By
THE A. S. ABELL COMPANY
 WILLIAM F. SCHMUCK, Sr., President

BALTIMORE, SATURDAY, FEBRUARY 20, 1954

Dr. Freeman Retires

The published writings of Dr. Allen W. Freeman include an informal chronicle of medical experience entitled "Five Million Patients." It appeared in 1946, so that the total of Marylanders and others indebted to Dr. Freeman must be considerably larger still by now. That was the year of Dr. Freeman's retirement from the faculty of the Johns Hopkins School of Hygiene and Public Health. But he quickly went back to work for the State Department of Health, and there he remained, grappling with his especial foe, tuberculosis, until yesterday, when he again retired.

There is an unusual sense of dedication about a doctor whose field is public health. Not for him the rewards of private practice; not for him, either, the lonely vigil of the researcher in the laboratory, who, nevertheless, has the hope of some day sighting a medical Holy Grail. The ultimate triumph of the public health expert can only be in pages of statistics, in the sound condition of people generally. He routs a deadly enemy—as Dr. Freeman helped do, with typhoid fever—and soon the unhappy memory vanishes from people's minds. He seeks out and destroys disease before it enters human bodies; thus there is no dramatic death's-door cure, and no attendant fuss. But it is he who builds and maintains a strong nation.

Marylanders will be grateful to the eminent Virginian who today, at 73, is taking a respite at last. Few are the men and women among us with more right to look on their work as done, and done well.

OVER MANY YEARS HE STRENGTHENED BALTIMORE'S HEALTH SERVICE

the many community and civic organizations interested in the promotion of better health for Baltimore. In this phase of Health Department work every available medium of communication was utilized: Conferences on individual and group levels, group discussions, forums, seminars, the daily press, letters, Health Department publications, radio and television. In particular, mention should be made of the educational endeavors of Health

Department sanitarians and public health nurses who during their visits and inspections throughout the city helped to promote higher health standards among Baltimore's citizens.

Foremost among the activities of the year were those of the Housing Bureau with a continuing and vigorous approach to improving housing conditions in areas of blight and the preventing of the spread of blight into areas of better housing. Other fundamental efforts involving the dissemination of health information included those for teaching the prevention of home accidents, the mass chest X-ray surveys carried out with the assistance of the Maryland Tuberculosis Association and others in the fields of nutrition, atmospheric pollution control, the decrease of child lead poisoning, community sanitation, mental hygiene and civil defense.

Included also among the important health information activities of the year were the following:

1. The *Saturday Letter to the Mayor* was issued. This is the Commissioner of Health's weekly statistical report with comment, which serves as a news release.

The *Baltimore Health News* published monthly was distributed to 10,000 individuals and agencies. This publication is now in its 31st year.

The *Quarterly Statistical Report*, a publication including analyses of public health statistical information and special studies was distributed for the sixth consecutive year.

The 1953 ANNUAL REPORT OF THE DEPARTMENT OF HEALTH and its summary, *Guarding the Health of Baltimore*, were published and distributed. This was the 139th consecutive annual report of the City Health Department.

Newspaper publicity resulting from the *Saturday Letter to the Mayor* or from special news releases totaled 304 articles and comprised 4,756 column inches.

2. Eighteen new informational leaflets were issued during the year and eight leaflets were revised. Approximately 700,000 leaflets, pamphlets and other items of health literature were distributed during the year by the Department.
3. The end of 1954 saw the presentation of the 800th "Keeping Well" radio drama and the 312th "Your Family Doctor" television broadcast. Both programs, as in past years, were sponsored jointly with the Medical and Chirurgical Faculty of Maryland and presented over WFBR and WMAR-TV, respectively. The Director of the Bureau of Health Information was Vice Chairman of the Subcommittee on TV Health Education of the American Public Health Association and

assisted in the preparation of the Subcommittee's report presented at the annual meeting in October at Buffalo, New York.

4. Seventy-nine exhibits were placed in various locations throughout the city in connection with Health Department clinics, community health drives or upon special request by other city agencies or groups.
5. Health Department staff members participated in 709 health meetings related to local, regional, national or international health programs.
6. Three hundred and three health film showings were made during the year in Health Department clinics, to community groups, for in-service training courses, on television or at other special affairs.
7. Library, editorial, duplicating and photographic services were made available to Department members as in prior years.

Laboratories

Many changes have occurred during the past quarter of a century in the kinds of services supplied by the Bureau of Laboratories, and the record for 1954 reveals that the volume and scope of work has greatly expanded as compared with that of the year 1929. A search showed that 69,788 examinations were made 25 years ago. In 1954 all services furnished physicians, hospitals and various bureaus involved 232,799 examinations of 117,700 samples or specimens. Total examinations increased when compared with 1953 by 8,258 or 3.7 per cent and total samples or specimens decreased by 10,375 or 8.1 per cent.

Increased participation in laboratory evaluation studies and check work again produced gratifying results. Such studies related to syphilis serology, milk and water tests and to microbiological examinations.

Services were restricted to public health microbiology and chemistry and included the examination of 74,663 blood specimens for syphilis, 4,597 smears and 5,268 cultures for gonococcus infections, 10,069 specimens for tubercle bacilli, 265 cultures for diphtheria, 81 animals for rabies, 1,767 agglutination test specimens for enteric diseases, infectious mononucleosis or certain rickettsial diseases, 204 specimens for viral or rickettsial complement-fixation tests and 17,861 samples of milk, food products or industrial or other products.

Sanitary bacteriology and public health chemistry involved 24,432 bacteriologic and 36,343 chemical examinations of 17,861 samples. In addition to routine tests considerable effort was expended in determining the causative agents in the investigation of 32 alleged food poisoning outbreaks. A total of 4,537 samples of milk or other dairy products was examined by the phosphatase test and only 1 sample of bottled milk showed evidence of faulty pasteurization. An increase of 13 per cent over the prior year in the number of tests for lead in blood was noted and the total of 1,011 specimens

received represents the largest number of specimens ever tested in any year since the blood lead laboratory service began in 1935. In addition, 306 samples of paint scrapings were also examined for lead.

Because of the conviction that gamma globulin was useless as a prophylactic in poliomyelitis, only 501 cubic centimeters were distributed in marked contrast to the 3,500 cubic centimeters given out in 1953.

Special investigations included the following: A study of the relative value of gonococcus transport medium versus direct plating medium in the investigation of non-specific urethritis in the male; a study of blood reactions of rats and human beings associated with grain handling as related to the development of endemic typhus complement-fixing antibodies; a bacteriological study of eggs; the continuation of a joint study with a local ice cream plant on the survival of coliform bacteria in foam over pasteurized mix; an investigation of methods for the determination of quartz or free silica in refractory clays and fire brick heated to high temperatures; the improvement in the field test for rodent urine on food packages, and in the stability of the malachite green reagent used in the sanitarians' field test equipment for the detection of a preservative in ground meat; the effect of long storage in glass on the fluoride content of water; the sensitivity of the starch-iodide indicator and the use of perchloric acid as a precipitating agent for determining protein in spinal fluid.

Educational activities were similar to those of previous years and involved explaining laboratory services to 250 visitors from local schools and other institutions both local and national and to public health officials from other countries. Eleven employees of the Sanitary Section were also given one week of lectures and demonstrations in sanitary bacteriology and public health chemistry, and lectures and demonstrations were given by bureau staff members to the second year medical students at the University of Maryland.

Eastern Health District

The outstanding public health event of the year in the Eastern Health District was the completion and opening of the new Health Department building located at 620 North Caroline Street. Cornerstone ceremonies took place on May 25 and a number of articles of historical interest including correspondence, reports and photographs, selected by the Commissioner of Health and the Director of the Johns Hopkins School of Hygiene and Public Health were placed in the copper box provided within the stone. A file of copies of these materials was kept in the offices of the Commissioner and the Director.

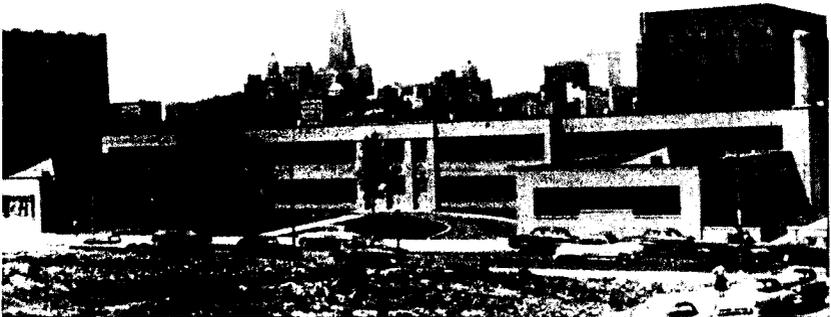
Construction of the building was completed early in the fall and the building was put in operation on November 16. The first clinic sessions in



ACTING MAYOR PRICE LAYS THE CORNERSTONE

In the photograph are shown (left to right): The Commissioner of Health, Mr. Parlett L. Davis, *builder*; Dr. W. Sinclair Harper, *Health Officer of the Eastern Health District*; Mr. Price, *Acting Mayor*; and Dr. Ernest L. Stebbins, *Director of the Johns Hopkins School of Hygiene and Public Health*.

the new building were held on November 22. During the latter part of the month clinic facilities from the former buildings at 1923-1929 East Monument Street, from the Somerset Health Center at Orleans Street and Central Avenue and from 28 South Broadway were moved to the new building and these clinics began to function during the week of December 6. A week later the staff of the Division of Mental Hygiene of the Johns Hopkins



THE NEW EASTERN HEALTH DISTRICT BUILDING

School of Hygiene and Public Health moved into new quarters provided on the second floor.

On September 1 the Eastern Health District was enlarged to the north and northeast so that the area was increased from 2.1 square miles to 24.2 square miles and the population from an estimated 102,000 persons to approximately 333,000 or one-third of the entire city. This change in area made possible the demonstration of public health practice in all its components as carried on from day to day at all socioeconomic levels of society.

With the advent of the new building and new facilities, there were some changes in the service programs related to maternity hygiene, child health and tuberculosis. Certain further revisions and changes were planned in the mental health, dental health and school health programs as personnel and funds become available. The interest of community organizations and of public and private agencies was much stimulated by the opening of the new building. Health information and the provision of laboratory facilities to private medical practitioners also increased in scope chiefly as a result of the interest of the directors of the public housing projects in the area and the cooperation of the physicians practicing in the district.

Communicable Diseases. The reporting of communicable diseases showed the following trends as compared with the previous year: Measles increased from 163 to 762 cases, scarlet fever decreased from 233 to 41 cases, whooping cough increased from 64 to 102 cases, meningococcal infections decreased from 8 to 2 cases, paralytic poliomyelitis decreased from 5 to 4 cases, and there was 1 case of diphtheria, just as in 1953.

Tuberculosis continued to be the disease that consumed the major proportion of the time of the district's staff during 1954. The new cases added to the amount of work necessary to administer home treatment for those on bed rest, also time was spent on the ambulant pulmonary and nonpulmonary cases who came to the district building twice weekly to receive their streptomycin. There were 291 new or readmitted cases recorded during the year which is an increase of 7.4 per cent for the same area over the previous year. The X-ray screening clinic took 5,802 films of apparently healthy persons who were contacts of active cases, or of others requesting X-rays, women registered in the prenatal clinics of the Health Department or of hospitals, and applicants for pre-employment examination; 59.4 per cent of those X-rayed were white persons and the remaining 39.6 per cent were colored. Two hundred and fifty-six persons, or 4.4 per cent had suspicious films and of these 20 were previously unknown cases of tuberculosis. Somewhat over 9 per cent of those X-rayed had formerly received BCG and were X-rayed as part of their follow-up when they returned for their Mantoux testing. Tuberculin testing of those previously vaccinated continued

to be a large measure of the work of the BCG clinic and 1,486 individuals were given this test, an increase of over 50 per cent from the previous year. BCG was administered to 496 individuals, an increase of over 25 per cent from the prior year.

Visits to the venereal disease clinic at Somerset Health Center and later in the new district building totaled 6,434 as compared with 5,976 in 1953. Continued effort was directed to the follow-up of maternity patients in order to prevent the occurrence of congenital syphilis. There was no recorded case of this disease in infants.

Maternal and Child Health. Maternity hygiene clinics continued in the old district building and at Somerset Health Center until the new building opened and a total of 3,809 antenatal and postnatal visits was recorded. Child health clinics continued at the old building and at four other localities including Somerset Health Center until the move into the new building. With the enlarged district these clinics were being held at eight localities at the end of the year. In addition to other services provided, 2,690 children were examined in the school health program.

Educational Work. The various educational programs were improved by the provision of seminar rooms and observation rooms in the new building and for the first time all senior medical students of the Johns Hopkins School of Medicine had all their lectures and seminars in public health on the new premises of the City Health Department. In addition, it was possible to allocate space to the Sanitary Section to conduct a twelve week in-service training course for sanitarians of the Health Department. This course began November 15. Candidates for the Master of Public Health degree and special students of the Johns Hopkins School of Hygiene and Public Health received their course in Public Health Administration 4-A in the Eastern Health District and, in addition, those students majoring in maternal and child health observed at the child health clinics. Senior medical students of the University of Maryland Medical School observed and participated in the maternity hygiene clinics and the District Health Officer lectured to the sophomore class of the School of Medicine of the University of Maryland. The Dispensary Visiting Nurse Service program of the Johns Hopkins Hospital continued to operate from the Eastern Health District. As in past years a large number of secondary school pupils who were enrolled in the civic experience program were given orientation and observation experience at the old district building.

The study to determine the efficacy of gamma globulin in the prevention of measles was terminated at the middle of the year. It established that this material is effective in proportion to the promptness of its use after exposure. Special studies of premature infants and of housing conditions con-

tinued in cooperation with the Johns Hopkins School of Hygiene and Public Health and the U. S. Public Health Service. The Baltimore Study on the Hygiene of Housing set up in 1954 with offices in the new district building began its investigation, under proper controls, of the effect of improved housing on health and will be continued over a five year period. This study resulted from plans and recommendations made more than five years previously by a joint committee of representatives of the American Public Health Association and the National Association of Housing Officials of which the Commissioner of Health was a member.

The demonstration of services, and educational and research activities was continued in 1954 for various other groups of students and also for visitors who came from many parts of the United States and Canada and also from Australia, Brazil, Colombia, Egypt, England, Formosa, Germany, India, Japan, Jerusalem, Norway, Pakistan, Paraguay, Peru, the Philippines, San Salvador and Scotland.

Western Health District

The most important public health event for 1954 in the Western Health District was the approval of the city voters on November 2 of a special Public Loan which provided \$1,000,000 to construct and equip a new Western Health District building to house administrative, laboratory, clinic and teaching services. It is planned that this building will be located at Lombard and Penn Streets, in the vicinity of the University of Maryland Medical School and Hospital. It should be remembered that the Commissioner of Health of Baltimore City has served as Professor of Hygiene and Public Health in this Medical School since 1918, and there have also been close City Health Department relations with the University of Maryland Schools of Nursing, Dentistry and Pharmacy, all located at Lombard and Greene Streets. The District Health Administrator and the public health nursing staff and certain Health Department bureau directors continued to participate in the instruction of medical students and student nurses.

Schools and community organizations cooperated with the district office in many projects notable among which were the Health Department's immunization and dental programs. Dental services rendered increased from 1,180 to 2,619 and the number of dental cases completed showed an even greater increase of from 139 in 1953 to 365 in 1954. Fifty-four mothers were trained in the use of the Massachusetts Vision Test kit. Twenty-nine student nurses affiliated in public health nursing and 100 senior medical students participated in the Home Survey Report work which is a part of their course in hygiene and public health.

Druid Health District

A new streptomycin clinic was inaugurated in 1954 in the Druid Health District. Previously, patients with tuberculosis awaiting hospitalization or after hospitalization were given streptomycin in the homes by public health nurses. Inasmuch as many of these patients were ambulatory they were assigned to this clinic for treatment.

Forty-eight other clinic sessions were conducted each week in the Druid Health District, twenty-seven in the headquarters building at 1313 Druid Hill Avenue and twenty-one elsewhere in the district. At the headquarters the weekly clinic schedule included the following: Prenatal 4, children's venereal diseases 2, child health 4, chest 5, and adult venereal diseases 12. In other localities in the district there were each week 15 child health clinics, 5 chest clinics, and 1 prenatal clinic. Child health clinics were held at Public School No. 161, Public School No. 141, St. Mary's Protestant Episcopal Church and the Gilmor Housing Project. The prenatal clinic was conducted at the Gilmor Housing Project while the chest clinics were held at 1516 Madison Avenue. The immunization clinics were continued each Wednesday afternoon during the year.

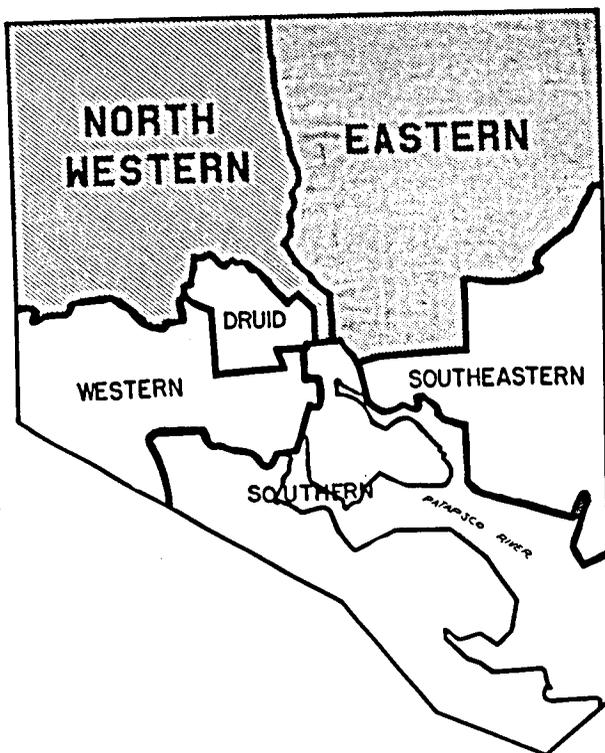
Medical social service was continued and expanded; the work increased to the extent that additional social workers became necessary. Student nurses from many hospitals observed or practiced under supervision in the district. Civil defense activities were increased in 1954. For this, district personnel attended several conferences and took part in air raid exercises.

Southeastern Health District

Measles increased to 777 reported cases as compared with 78 for 1953 and diphtheria likewise from 1 case to 2 cases. Paralytic poliomyelitis and meningococcal infections decreased to 2 cases each, 5 less each than for the previous year.

Three new dental hygiene clinics to provide preventive dental care for school children were established in the district during the year: The first in January at 901 South Kenwood Avenue, the second in March at Public School No. 243 in the Armistead Gardens Housing Project, and the third in April at Public School No. 240 in O'Donnell Heights Homes. In the latter school a second weekly child health clinic was opened on July 7 and a similar clinic was transferred on November 3 from Holabird Homes to 5023 Wright Avenue in Armistead Gardens which then went on a two clinics a week schedule. In addition two new streptomycin clinics for the treatment of ambulatory cases of tuberculosis were established, one on May 24 at 901 South Kenwood Avenue and one on December 3 at 4 South Central Avenue, with the result that two sessions were held weekly in each.

On April 28th for the fifth consecutive year Child Health Day was observed jointly by the Canton Area Council, Inc. and the Southeastern Health District in the South Kenwood Avenue building. With the assistance of the Maryland Tuberculosis Association the Health Department again conducted community mass chest X-ray surveys for the Eastern, Southeastern and Canton Area Councils in which 3,957 persons fourteen years or older were X-rayed.



BALTIMORE'S HEALTH DISTRICT BOUNDARIES—1954

Groups of public school teachers from the Community Study Workshop of the Eastern District, other public school teachers, social workers and counselors from the Department of Education studying health, welfare and social services in the city, members of the Parent-Teacher Association of Public School No. 215, and Girl Scouts of Troop 421 inspected the new district quarters building at 3411 Bank Street during the year where they studied the district organization and activities. Special classes in civic experience were also provided for senior students in Home Economics from the Patterson Park High and the Mergenthaler Vocational-Technical High Schools.

Educational activities for the public health nurses included monthly staff conferences in which various nonofficial agencies and Department bureau heads participated and field trips were made by the nurses to the University of Maryland Hospital Psychiatric Clinic, the Mergenthaler Vocational School, and the Baltimore City Hospitals. Senior Students from the Johns Hopkins, University of Maryland and St. Joseph's Hospitals Schools of Nursing were given affiliate instruction in public health nursing and similar students from the Baltimore City and Mercy Hospitals made weekly observations of district field and clinic activities.

On April 23 the District Health Officer was a guest on the "Your Family Doctor" television program and described the health activities in the Southeastern Health District. In December he resumed membership in the School Health Council of the Public Schools of Baltimore. As District Health Deputy he participated actively in the civil defense program for the Eastern and Southwestern areas of the city by monthly attendance at these two Control Centers and at the Health Department's Civil Defense Health Service meetings, by participation in the city-wide drill in June and the surprise alert exercise in November, and by completion of the civil defense operations course at Olney, Maryland in December.

Individual instruction in mothercraft was given once a week to expectant mothers in the district prenatal clinics and for the thirteenth consecutive year the East Baltimore Medical Society met monthly in the new district building.

Southern Health District

Except for an increase in the number of measles and whooping cough cases reported, very few cases of acute communicable diseases were recorded. However, there was 1 measles death. In May, 92 employees of the Southern Cooperative Mills, where typhus-infected rats had been discovered, were given blood tests and three doses each of typhus vaccine by the District Health Officer. The public health nurses visited the homes of 326 cases of active tuberculosis. Because of the shorter waiting period before hospitalization of tuberculosis patients and the resultant decrease in the number of visits made for presanatorium chemotherapy, the public health nurses were able to put more emphasis on case finding by making more visits for the purpose of obtaining contact examinations. The annual chest X-ray survey at Cherry Hill was held during the week of April 26.

Because of the decline in the number of patient visits to the venereal disease clinic, one night clinic session was discontinued in January, 1954, and the treatment schedule was adjusted to conform with this change.

The rapid and enormous increase in the population of Cherry Hill necessitated adding another well baby clinic session beginning January 21, mak-

ing a total of three sessions per week at Cherry Hill. Attendance at the nine well baby clinics totaled 11,268 clinic visits in 1954, a slight increase of 177 visits over 1953. Because of the increased attendance at the prenatal clinics, a second clinic physician was engaged for the district building prenatal clinic. In November, Miss Godfrey, nutritionist, began holding monthly meetings with the prenatal patients at this prenatal clinic.

Four hundred elementary school children were enrolled at the new junior high school, Public School No. 180 and this new school brought the total number of public and parochial elementary schools in the district to 26. During the year there was a 3.5 per cent increase in the number of school children given physical examinations over 1953. In approximately 88 per cent of the schools in the district all of the pupils were given the Massachusetts Vision Test by selected mothers who volunteered their services and who were trained to do the testing. Staff nurses and the nursing supervisors discussed the school health program at faculty and Parent-Teacher Association meetings at the various schools. Staff nurses also supplied health teaching materials to the faculties of many of the schools and held discussions and showed films on health topics to groups of pupils in the schools.

With the opening of a new dental clinic and the inclusion of two other schools in the dental program, only three public schools and four parochial schools were without a dental program at the end of the year.

One of the nursing supervisors and occasionally the District Health Officer continued to serve as members of the Cherry Hill Health Council. The District Health Officer and one of the nursing supervisors also served as members of the School Health Council of the city.

The monthly Health and Welfare meetings held in the district building were continued. A South Baltimore Cooperative Council was formed which sought to coordinate the work of the various agencies and organizations in the area in order to prepare for a local community council. One of the district nursing supervisors participated in this work. A meeting of the district nursing staff with personnel from the City Department of Recreation was held in the auditorium of the district building for the purpose of integrating the work of the two departments. On July 31 the District Health Officer and one of the nursing supervisors appeared on the television program "Your Family Doctor" in order to illustrate the work of the district and its public health nurses. The auditorium was used for community and City Health Department meetings and activities.

Thirteen student nurses from the University of Maryland Hospital School of Nursing had an eight weeks' affiliation in public health nursing in the Southern Health District. Ninety-two student nurses from various hospital schools of nursing, two nursing education students from Catholic University in Washington, and one nursing supervisor from Baltimore City

Hospitals observed district activities. Four students from the Johns Hopkins School of Medicine had conferences with the District Health Officer. Students from several local public schools also visited the district building.

Communicable Diseases

During the year 20,021 cases of communicable diseases were reported. Increases were noted in measles and whooping cough, and decreases were

DEPARTMENT OF HEALTH
AND
DEPARTMENT OF EDUCATION

Memorandum from the Baltimore City Health Department to principals of public schools concerning vaccination against smallpox.

SMALLPOX VACCINATION

I. State Law. We trust that you will give us your cooperation by the strict observance of the vaccination law (Sec. 78, Art. 43 of the Annotated Code of Maryland, 1939) which states: "No teacher in any of the public schools of this State shall receive into such school as a pupil any person who has not been successfully vaccinated."

Historical Note: Vaccination to control smallpox was first performed in Baltimore in 1800. Vaccine physicians were first appointed here in 1822 during a brisk outbreak of the disease.

The State Law, quoted above, was passed in 1864 when smallpox reappeared and President Lincoln was its victim, but recovered. However, 1043 persons died of the disease in Baltimore in 1872 and 1184 more died of it during the outbreak of 1882-1883.

It was not until the law was strictly enforced that smallpox disappeared, after 1928. The City Health Department rule is simple: any child that is well enough to go to school is well enough to be vaccinated. Very, very rarely the City Health Department recommends an exception to the rule.

Not to enforce this law strictly is to invite the return of smallpox to the city.

II. Parents shall be told of the legal vaccination requirements at the time they register their child for admission to the public school system and shall be directed to have the child vaccinated before the time for admission.

III. A vaccination scar will be accepted as evidence of successful vaccination.

IV. In the absence of a vaccination scar in a child reported to have been previously successfully vaccinated, the name and address and school number of such child shall be forwarded to the Bureau of Communicable Diseases of the Baltimore City Health Department (Plaza 2-2000, Extension 315.) Arrangements will then be made with the family physician for re-vaccinating the child and reading the result in 48 hours. The same procedure shall be followed if the family or family physician reports repeated vaccination of a child with "no take."

V. Whenever a principal has any doubt about the proper course to pursue in the above matter a telephone call should be made either to Dr. Alan Foord, Chief of the Division of School Health, Plaza 2-2000, Extension 326, or to Dr. Myron G. Tull, Director of the Bureau of Communicable Diseases, Plaza 2-2000, Extension 312.

We trust you will give us the same hearty cooperation in this matter that you have given us in past years.

John H. Fischer
Superintendent of Public Instruction

Huntington Williams, M.D.
Commissioner of Health

August 25, 1954

20 18

THE COMPULSORY VACCINATION MEMORANDUM—AUGUST 25, 1954

evident in diphtheria, German measles, meningococcal infections, paralytic poliomyelitis, scarlet fever and typhoid fever. The reported cases of typhoid fever were 6 for 1954. There were 11 cases of typhoid fever recorded during 1953. At the beginning of 1954 there were 65 known typhoid carriers. One of these carriers died and two new ones were discovered so that at the end of the year 66 remained on the list. There was no death attributed to typhoid fever during the year, and for the twenty-sixth consecutive year

REPORTABLE DISEASES

Anthrax
Botulism
Cholera
Cholera infantum
Cholera sicca
Cholera typhoid
Diphtheria
Dysentery, amoebic and bacillary
Epidemic typhus
German measles
Gonorrhoea
Hepatitis, infectious
Hepatitis, serum
Leptospirosis, including Weil's Disease
Malaria
Measles
Meningococcus meningitis
Meningococcus septicaemia
Mumps
Ophthalmia neonatorum
Typhus fever
Typhoid fever
Whooping cough

Paratyphoid fever
Pellagra
Plague
Poliomyelitis
Pott's Disease
Rabies
Rocky Mountain spotted fever
Scarlet fever
Septic sore throat
Smallpox
Syrphilis
Tetanus
Typhoid fever
Tuberculosis
Tularemia
Typhoid fever
Typhus fever
Whooping cough

Other communicable diseases during an epidemic.
All occupational or industrial diseases.
*Venerial diseases shall be reported in sealed envelopes.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE
TO AVOID PAYMENT OF
POSTAGE, 10c

Assistant Collaborating Epidemiologist
United States Public Health Service
% Commissioner of Health
of Baltimore City

P. O. BOX 1877

BALTIMORE 3, MD.

THE REPORTABLE DISEASES IN MARYLAND—1954

COMMUNICABLE DISEASE REPORT CARD
BALTIMORE CITY

File No.

Disease (or suspected disease)

Date of onset Date of first visit Date of report

Name of patient

Address

Age Sex Color

I should like
additional Report Cards.

.....
(Physician's signature)

.....
(Physician's telephone number)

Form approved
Budget Bureau No. 69-R097.
PHS-1467.

.....
(Hospital or dispensary)

THE NEW COMMUNICABLE DISEASE REPORT CARD

there was no smallpox in Baltimore. The last recorded case of smallpox was reported on March 9, 1928.

Diphtheria and Meningococcal Infections

The reported cases of diphtheria in Baltimore for the year were 3, a new low record and a 50 per cent reduction from the number for 1953. For the second consecutive calendar year there was no death from diphtheria in the city. Toxoid inoculations were administered to 34,975 persons. Of these,

CHILDREN RECORDED AS RECEIVING DIPHTHERIA TOXOID INOCULATION
BALTIMORE 1950-1954

AGENCY	1954	1953	1952	1951	1950
Physicians' practices.....	10,730	10,823	10,161	9,333	9,970
Preschool clinics.....	18,860	16,156	13,101	10,423	11,245
School clinics.....	5,385	4,336	3,938	5,433	10,529
Total.....	34,975	31,315	27,200	25,189	31,744

14,430 children received booster doses. The reported cases of meningococcal infections totaled 15 with 5 deaths.

Other Communicable Diseases

There were 36 cases of paralytic poliomyelitis reported during 1954. No death occurred in this group. There was 1 death, however, in a young woman, stricken during 1945, and whose death in 1954 was attributed to late complications of bulbo-spinal poliomyelitis.

The reported number of cases of measles rose from 1,064 cases recorded during 1953 to 5,764 cases and 3 deaths reported in 1954; likewise, the reported number of cases of whooping cough increased from 290 cases in 1953 to 513 cases in 1954. The number of cases of scarlet fever dropped from 1,387 cases in 1953 to 462 cases during 1954.

Tuberculosis

During 1954 the decline in fatalities from tuberculosis continued at a rapid rate. There were 199 deaths from tuberculosis among residents of Baltimore of which 92 occurred among white persons and 107 among Negroes. In 1953 there had been 268 tuberculosis deaths, 139 among white residents and 129 among the colored. During 1954, as in most previous years, Negroes suffered more than 50 per cent of the total fatalities from this disease although they constituted but 26 per cent of the population.

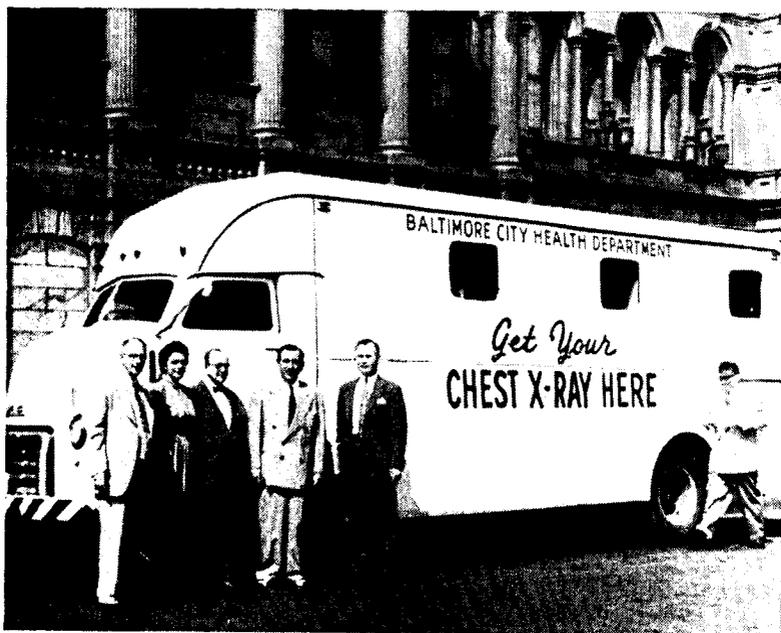
The death rate from tuberculosis for all Baltimore residents during 1954 was 20.6 per 100,000 population. For white persons the rate was 13.0 and for colored persons 41.5. Comparable figures for 1953 were 27.8 per 100,000 for the total population, 19.4 for white persons and 52.1 for Negroes. The 1954 mortality rates for both races were the lowest ever experienced in

Baltimore and the rate for the total population of the city was 26 per cent lower than it had been the previous year. While the colored death rate from tuberculosis has fallen markedly in recent years it is still more than three times greater than that for the white population.

Sickness from tuberculosis as measured by the number of newly reported cases continued at the same level as in previous years, and failed to show the decline recorded in death rates. During 1954 there were 1,373 new cases of tuberculosis reported of which 679 were among white persons and 694 among Negroes. In 1953 there had been 1,369 new cases with similar distribution in the two racial groups.

The home chemotherapy program which was begun in 1952 was continued during 1954 and served increasing numbers of patients. The program was originally initiated to offer prompt specific treatment to patients faced with long waiting periods for hospitalization. It was later expanded to include persons discharged from hospital but in need of continued drug treatment. During 1954 chemotherapy for bed patients in the home and for ambulatory persons in the chest clinics, in the form of combinations of two of the conventional three drugs, streptomycin, para-aminosalicylic acid and isoniazid, was given 1,142 tuberculous residents of Baltimore who could not afford to purchase the drugs. The duration of treatment in individual cases varied from a few days to the entire year. In this group there were 304 white patients and 838 colored patients. During the previous year 884 patients of whom 287 were white and 597 were Negro received treatment at home or clinic.

In 1954 case-finding programs of various types led to chest X-ray examinations of 116,693 persons. A mobile 70 millimeter photofluorographic truck unit was assigned to the City Health Department by the U. S. Public Health Service late in the year, and was used to supplement the activities of the portable 70 millimeter photofluorographic unit which was used in Baltimore for survey work during the past ten years. The City Health Department with the assistance of the Maryland Tuberculosis Association X-rayed 59,559 apparently healthy persons with these two portable units in mass surveys conducted during 1954. Of the group examined 47,264 were white persons and 12,295 were colored. Small chest films were also taken of 5,802 apparently healthy persons at the Eastern Health District, 1,160 at the Druid chest clinic and 930 at the Southern chest clinic. In the three largest general hospitals in Baltimore 31,814 examinations were made with 70 millimeter photofluorographic units provided some years ago by the City Health Department. The Baltimore City Hospitals took 3,699 chest microfilms, the Johns Hopkins Hospital X-rayed 20,783 persons, and the University of Maryland Hospital made 7,332 examinations. At the Provident Hospital 269 chest microfilms were taken during the year with equip-



THE NEW MOBILE X-RAY TRUCK UNIT

In the photograph are shown (left to right): The Commissioner of Health; Dr. Charlotte Silverman, *Director of the Bureau of Tuberculosis*; Dr. G. Canby Robinson, *Executive Secretary of the Maryland Tuberculosis Association*; Mayor Thomas D'Alesandro, Jr.; and Mr. Mark Adams, *Coordinator of the Canton Area Council*.

ment supplied by the Health Department several years ago. The Maryland Tuberculosis Association took chest microfilms of 17,159 persons in its central office.

The use of BCG vaccine for individuals or groups at special risk from tuberculosis was continued during 1954. Weekly vaccination clinics were held at the Eastern Health District where 496 persons received BCG during the year. Those receiving the vaccine were 477 uninfected children who were contacts of known tuberculosis cases, 18 student nurses from two of the general hospitals in the city and one hospital employee. In addition to these vaccinations, BCG was provided to two institutions for the vaccination of 37 practical nurses working with tuberculous patients, and of 11 employees in a 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 1954. There were 1,062 such newborns who, with parental consent, received BCG during the year. Of these 839 were residents of Baltimore City and 223 were from the counties of Maryland.

The diagnostic chest clinic which served residents of East Baltimore for

more than twenty years at 28 South Broadway was moved from this out-worn building to fine quarters in the new Eastern Health District building at 620 North Caroline Street in December, 1954. The chest X-ray screening clinic in the old Eastern Health District building was transferred to the new building as well, and this resulted in a large combined diagnostic and screening clinic at Caroline Street.

The tuberculosis hospital situation, while considerably improved over former years, remained a problem during 1954. The Baltimore City Hospitals opened its new 300 bed unit to full occupancy during the year but did not reopen the old 140 bed wing which has been unoccupied since the spring of 1953. As a result, the capacity of the Tuberculosis Division of the Baltimore City Hospitals was no greater during 1954 than it had been before the construction of the new unit. The increasing use of the facilities at the new 300 bed unit of the Mt. Wilson State Hospital made possible the prompt admission of white patients to State tuberculosis hospitals even though approximately one-half of the bed capacity of the new unit was not used. There still remained, however, a waiting list for colored patients for whom too few beds were available, a condition in need of prompt remedy.

Venereal Diseases

The astonishing seven year decline in the reported incidence of early syphilis appears to have come to an end, as approximately the same number of new cases were reported in 1954 as in 1953. Total reports of syphilis numbered 1,283 and reports of primary and secondary syphilis numbered 122. Reported infections with gonorrhea increased slightly, to 7,105. There were 1,147 repeaters, 21.1 per cent of the total number of persons, and they accounted for 39.4 per cent of the total number of infections. Not a single case of syphilis in a child less than 3 years old was reported in 1954 although 42 cases of congenital syphilis were reported as having been newly discovered in older persons. For the sixth consecutive year for white infants and the fourth consecutive year for colored infants, no death from syphilis was recorded.

Admissions to the Health Department venereal disease clinics have remained almost constant in number for the seventh consecutive year; persons admitted in 1954 totaled 11,297. The number of visits by patients to these clinics continued to decline slightly, however, to 27,246, as compared with 28,938 in 1953.

Contact investigations in syphilis are still relatively unproductive due to the small number of infectious cases which come to medical attention. There is some evidence that contact investigation in gonorrhea has been somewhat more productive each year. Nearly twice as many women were treated in the Health Department venereal disease clinics for this disease

in 1954 as were treated six or seven years ago. A total of 8,452 venereal disease contacts was investigated in 1954.

It was necessary to invoke the City Isolation Ordinance on two occasions in 1954, and with the assistance of the Juvenile Court to persuade the mothers of 16 children to have them examined for syphilis. The Health Department and the Armed Forces collaborated in the investigation of 628 contacts of infected military personnel and in the examination of 42 selectees and 66 separatees found to have evidence of infection with venereal disease.

Reports from scattered areas in the United States seemed to indicate not only that the seven year decline in the reported incidence of syphilis had come to a halt, but that the incidence, especially of early syphilis, was increasing. It was clear in Baltimore that the decline had ended, for the time being at least, since approximately the same number of cases of primary and secondary syphilis were reported in 1952, 1953 and 1954. Only time can tell whether the decline will be resumed or whether the incidence will increase, or whether an irreducible endemic minimum has been reached. Gonorrhea still showed only slight signs of responding to control procedures; in fact some communities have reported a sharply increasing incidence of this disease. We are fortunate, in Baltimore, that we are organized and equipped to meet the city needs.

Child Hygiene

Maternity Hygiene

The birth rate for 1954 remained at as high a level as for the two prior years. During the year 23,523 babies were born to Baltimore mothers as compared to 22,748 in 1953; 96.4 per cent of these births occurred in hospitals. Of all babies delivered 98.8 per cent were delivered by physicians, 1.1 per cent were delivered by midwives and only 0.1 per cent were unattended by either a physician or a midwife. Thirteen women died from causes associated with pregnancy as compared with 7 in 1953. Eleven of the 13 deaths occurred in the nonwhite group. The maternal mortality rates were 1.3 per 10,000 for the white mothers and 12.8 per 10,000 for the nonwhite group. During the year there was a great increase in Health Department prenatal clinic work. A total of 13,574 visits was paid by 3,433 patients in 1954 as compared with 10,692 visits by 2,758 patients in 1953; an increase of 27.0 per cent in clinic visits, and of 24.5 per cent in patients registered.

Preschool Hygiene

The infant mortality rate was 31.9 per 1,000 live births. Prematurity continued to account for more than one-half of all infant deaths occurring

in the first month of life. Congenital malformations and birth injuries were other important causes.

A record number of 80,413 visits were made to child health clinics which represented an increase of 4.1 per cent over the 77,235 visits recorded in 1953. During the year 4,732 clinic physician sessions were conducted at 38 locations in the city.

In child health clinics 35,252 inoculations of diphtheria and tetanus toxoids combined with whooping cough vaccine were given as compared with 33,223 in 1953, and 9,472 vaccinations against smallpox were recorded as against 7,094 in 1953. Special vaccination and toxoid clinics were conducted throughout the summer months for children entering school.

Day Nurseries, Nursery Schools and Day Care Centers

As of July 1, the records of all foster homes and child care institutions were transferred to the Bureau of Environmental Hygiene in order to expedite Health Department inspections and the handling of records. A total of 79 day nurseries with a capacity of 2,903 children held licenses during the year.

Mental Health

The division continued its program of staff education for public health nurses. Consultative and educational services for mothers attending prenatal and child health clinics were made available as in the past. The Mothers' Counseling Service in the Southern Health District was continued. The division continued its policy of contributing to the promotion of mental health on a community basis by maintaining close cooperation with other agencies working in similar or related fields.

School Health

The Division of School Health, in cooperation with the public and parochial school systems, was responsible for administering health services in the elementary schools for roughly 130,000 pupils during 1954. These services were rendered by part-time Health Department school physicians working on a session basis for a budgeted total of 65 two-hour sessions per week. A group of 16 part-time school nurses, and 125 generalized public health nurses also devoted between 15 and 20 per cent of their time to school health work.

The division was fortunate in obtaining the services of additional physicians with pediatric training and all budgeted positions were filled for the first time in the past three years. This represented an improvement both in quality and quantity of services rendered. However, the combined school enrollment was increased by approximately 3,000 pupils over that of the



THE PUBLIC HEALTH NURSE MAKES A HOME VISIT

previous year. Although 15,167 pupils who were new to the school system were examined by school physicians during the school year 1953-1954, 2,494 first grade pupils still had not been examined at the close of the school year. In view of the increasing enrollment and the increased emphasis placed upon careful history taking and physical examination, with interpretation of findings to pupils, parents and teachers and planning for referral for medical care, additional school physicians and a considerable increase in nursing time for school health work were needed to provide health examinations of pupils referred from the teachers as well as those pupils who were new to the school system and for whom no report from a private physician was available. In addition, more personnel was needed to carry out re-examination of 4th grade pupils who were not examined by private physicians.

Dr. Patricia Husson continued as senior supervising physician until the end of the school year in June, 1954. She directed her efforts in particular towards integrating the health services in each school with the total school program. To this end meetings with principals and school nurses were scheduled and written reports were made for discussion with the Director of the Bureau of Public Health Nursing and the Chief of the Division of School Health. Also, the five in-service meetings of school physicians and nursing supervisors were largely concerned with discussion of areas of cooperation between the school health personnel, the schools, private physicians and other community health facilities.

The school nurses held conferences with approximately 50 per cent of the teachers in spite of the acute nursing shortage encountered in the fall.

Parents were reported as present at health examinations for about 40 per cent of the children examined.

Parent volunteers continued to carry on vision screening in the elementary grades, and by the end of 1954 a total of 99 schools had received this extremely valuable service from parent groups. The division, however, was unable to obtain the appropriations needed for the establishment of a screening program to detect impairments of hearing.

With the assistance of Dr. Matthew Taback, Director of the Statistical Section, various changes were made in the reporting of school health statistics. The most important one was relative to reporting of abnormalities discovered in pupils. Plans were made to have a 6 to 15 months interval between the discovery of abnormalities and the reporting of the final outcome of efforts to follow them through to correction.

As the result of several meetings held during the spring, it was agreed that the Department of Education and the City Health Department would jointly offer a course for school physicians, nurses and teachers entitled "Guiding the Child to Achieve His Maximum Growth through the Development of a Healthy Body and Personality" as one of the professional study activities of the Department of Education for the school year 1954-1955. This course began in October. It is hoped that this type of activity may offer a solution to the problems of helping all those concerned with the health, education and welfare of school children to understand fully the part they can play and the cooperative relationships which are so necessary in providing a complete program for all children of school age.

Dental Care

Dental care was administered in two programs, one for school children, the other for recipients of public assistance in the Health Department medical care service. Treatment for school children was begun for the first time in six new dental clinics established in school buildings serving various sections of South and East Baltimore. At the end of the year children were receiving dental care in 24 clinics throughout the city.

The school dental program continued to emphasize measures to save teeth. With minor exceptions, the capacity of treatment facilities excluded children beyond the level of the fourth grade. Only kindergarten and first-grade children were admitted as new patients, and then only after a dental inspection and follow-up in which the services of the private dentist were enlisted at every opportunity. Children above the first grade received the benefits of the program through check-up and referral, either to a private dentist or to a Health Department clinic.

During the year there was a net increase of 6,813 children in the program. At the end of 1954 it included 28,182 children from 84 public and parochial schools. Of this number 5,137 were treated in Health Department clinics.

An additional 1,268 received emergency services in these clinics. Complete dental care was provided in 4,069 cases.

Medical care clients receiving public assistance were offered limited, essentially emergency, dental care in dental clinics maintained by the University of Maryland, John Hopkins, South Baltimore General, Sinai, Provident and Mercy Hospitals. A total of 9,755 treatment services, predominantly tooth extractions, was provided in the course of 3,496 patient visits under this program in 1954.

Every means was employed to inform the public, particularly children, parents and teachers, of the advantages of dental health and the way to obtain and preserve it. Nearly 5,000 parents attended the dental inspections of their children by Health Department dentists and dental hygienists, at which time they were given advice and motivated in the care of the teeth. In a cooperative effort with the Division of Health and Physical Education of the City Department of Education, more than 600 fifth-grade children in 15 public schools received special instruction on the teeth and their care, which included actual brushing of the teeth in the class room.

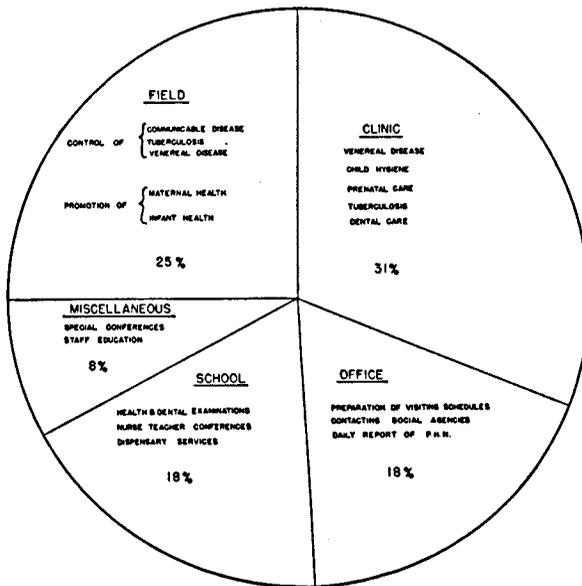
Posters, leaflets and folders played a prominent role in the dental educational effort. Several radio and television broadcasts on the subject were made during the year. The Bureau of Dental Care assisted materially in the observance of National Children's Dental Health Day on February 1.

The program of fluoridation of the city water supply instituted November 26, 1952, was continued through 1954. The Bureau of Water Supply, adding hydrofluosilicic acid to the output of the city filters at Montebello, maintained the fluoride level of the entire water supply of the community at one part per million.

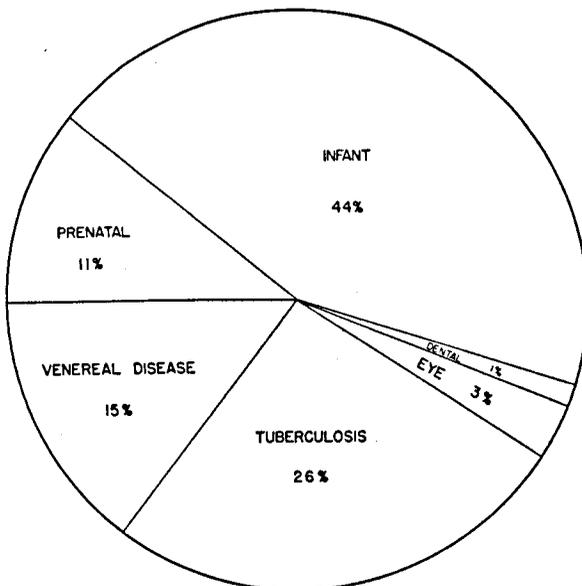
Public Health Nursing

Behind the Table of Home Visits and the diagrams on the Distribution of Nursing Time lies the story of the public health nurse in the preventive medical services which make up the program of the Health Department. The Bureau of Public Health Nursing was responsible for all of the nursing visits required in the many activities of the Health Department. Each day and in the evenings public health nurses worked in clinics or schools or in the homes with the people of Baltimore, gave district service, taught people how to care for themselves and keep well, and advised parents about the health needs of their children.

This responsibility was a serious problem in 1954 since the bureau was unable to maintain the nursing staff at its full strength due to a salary differential which had developed between the Health Department salary scale for nurses and the salaries paid by other institutions in the city which recruited the same type of nursing personnel as did the Bureau of Public



DISTRIBUTION OF NURSING TIME BY MAJOR TYPES OF ACTIVITIES—1954



DISTRIBUTION OF CLINIC NURSING TIME BY TYPE OF SERVICE—1954

Health Nursing. Sixty nurses were appointed and 48 resigned so that for the major part of the year there existed between 15 and 30 vacancies. The continued employment of part-time nurses proved very satisfactory in the school program, and 16 nurses were employed in this capacity. The City Service Commission increased the age limit from 45 to 54 so that the Health Department could avail itself of a larger number of possible applicants for positions. The amount of time that the supervisors spent in orienting and educating the nurses to the public health program, and the constant change in schedules required to meet the daily demands of the clinic and field program created great difficulties because of the turn-over in staff appointments.

During the year the Bureau of Public Health Nursing carefully evaluated the use of nursing time and instituted several changes in policy and procedure which saved nursing time. The Bureaus of Venereal Diseases, Tuberculosis, Child Hygiene and Dental Care continued to add clerical positions to replace nursing time. On January 1, 1954 the Health Department changed its policy of routinely visiting all newborn infants. The change provided time for more nursing visits in the following categories: Premature infants, infants malformed at birth, all colored infants, infants delivered at home, and other babies for whom visits were requested by hospitals, physicians or Health Department staff. Streptomycin clinics were set up in strategic areas for ambulatory tuberculous patients in order to reduce the number of home visits required.

The Volunteer Program inaugurated in December, 1953 under the direction of Mrs. Elizabeth Hipp, the public health nurse chairman, grew and proved to be most satisfactory. Twenty-one volunteers worked actively in clinics and in Health Department offices. Eighty-five other volunteers worked in the school health program, doing Massachusetts vision screening and clerical work. The volunteers contributed 2,595 hours to clinic and clerical work, and 1,512 hours in the schools, making a total of 4,107 hours, a most encouraging beginning for the first year.

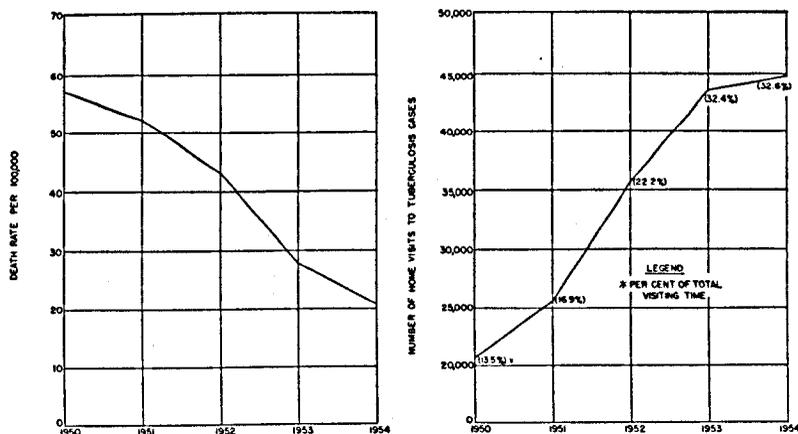
HOME VISITS OF PUBLIC HEALTH NURSES—1954

SERVICE	TOTAL	WHITE HOMES	COLORED HOMES
All home visits.....	137,433	50,597	86,836
Maternity hygiene.....	17,255	3,110	14,145
Infant health supervision.....	37,375	17,920	19,455
Preschool health supervision.....	15,410	6,480	8,930
School health supervision.....	4,655	3,825	830
Tuberculosis.....	44,800	14,835	29,965
Venereal disease.....	6,268	237	6,031
Acute communicable disease.....	7,100	2,860	4,240
Other morbidity.....	3,865	1,095	2,770
All others.....	705	235	470

The public health nurses assisted in the Baltimore City Medical Care Program and made 280 home visits to persons eligible for this service who had failed to register in a medical care clinic despite repeated notifications by mail. The visits were of an educational nature designed to encourage the medical care client to go to the clinic so that he would be able to secure medical care when ill.

Mrs. Mary Lanahan, public health nurse, was again assigned to the Bureau of Industrial Hygiene and made a total of 913 home visits to 34 lead poisoning or suspect cases. She also participated in two television programs and the in-service training course for sanitarians. Other generalized public health nurses made 57 visits in behalf of lead poisoning and its control among children of the teething age in the underprivileged areas of the city.

The accompanying graph "Comparison of Tuberculosis Death Rates and Allocation of Nursing Visits to Tuberculosis Cases, Baltimore 1950-1954" shows the decline in the death rate and the marked increase in nursing visits



COMPARISON OF TUBERCULOSIS DEATH RATES AND ALLOCATION OF NURSING VISITS TO TUBERCULOSIS CASES, BALTIMORE 1950-1954

and its relationship to the falling death rate. Nursing service to the tuberculous patient and his family continued to be a major activity of the public health nurse staff. In fact, for the past five years intensive efforts have been made on the part of the supervisors and nurses to improve the service given to the tuberculous patient. Since July, 1952 with the advent of streptomycin and the pre- and post-hospital treatment program with PAS and isoniazid public health nurse visits have increased markedly. In 1954, 1,142 patients received treatment and of this number 801 were new cases during the year. This meant an intensive home chemotherapy program and

44,800 visits were made. Miss Jeanette Vroom, public health nursing supervisor in tuberculosis, reviewed the tuberculosis nursing case loads in the Western and Druid Health Districts. Tuberculosis seminars were held for 52 nurses. This included eight seminars which covered the various aspects of tuberculosis prevention and control. Participating members included: Dr. Isadore Tuerk, Superintendent of Spring Grove State Hospital; Dr. Charlotte Silverman, Director of the City Health Department's Bureau of Tuberculosis; Miss Cecelia McCue, Director of Social Service of the Baltimore City Hospitals; Mr. Thomas D. Braun, Supervisor of the Vocational Rehabilitation Division of the State Department of Education; and others close to the tuberculosis problem in Baltimore.

Miss M. Elizabeth Pickens, the Assistant Director of the Bureau of Public Health Nursing, returned from a leave of absence on June 1 after securing her Master of Public Health degree from the Johns Hopkins School of Hygiene and Public Health. As a part of her program Miss Pickens conducted a job satisfaction study of the Health Department staff nurses which it is anticipated will be of value. Four nurses were given leave of absence to continue their education.

The Johns Hopkins Hospital and the University of Maryland Hospital Schools of Nursing continued to assign public health nursing instructors to assist in their student affiliation programs. One hundred forty-two students from five schools of nursing completed an eight weeks' affiliation in public health with the Health Department and 339 observations in the homes and clinics were provided students from the schools of nursing in the city.

During 1954 there were forty-eight nurse resignations of which nine were by retirement. Those retiring were Miss M. Alice Caron, Supervisor of Public Health Nursing, and the following staff nurses: Miss Winifred F. Moore, Mrs. Cornelia M. Phillips, Mrs. Frieda W. Moore, Mrs. Alice Diver, Mrs. Helen B. Sharpe, Mrs. Violet B. Weber, Mrs. Ruth Pyle, and Miss Ruth Jones.

Medical Care

The number of persons enrolled under the Baltimore City Medical Care Program during the year 1954 was approximately the same as for the preceding year. However, a marked increase in the number of recipients of public assistance, the group which the program serves made it necessary to continue and, indeed, increase the waiting list of eligible persons. The inadequacy of the program was due to insufficient State funds.

For the year 1954 the monthly average number of persons under the program was 23,870 as compared with 23,503 for 1953. In sharp contrast, the monthly average number of recipients of public assistance for 1954 was

28,537 while for the previous year it was 24,623; this was an increase of nearly 4,000 persons.

The monthly average number on the waiting list was approximately 6,000 persons, some of whom were forced to wait as long as six months. Lack of funds made necessary other restrictions such as the reduction of the short period during which persons are given medical care after ceasing to be on welfare rolls. While there was some increase in the amount of State funds allocated to the program during the second half of the year this increase was not commensurate with the marked growth in the number of recipients of public assistance.

The main responsibility for providing medical care to persons under the program continued to rest with the physician in general practice near the patient's home. During the year the monthly average number of such physicians was 300. Most of these physicians had responsibility for a small number of persons. No physician was responsible for the care of more than 980 persons at any time. Complaints from patients regarding physician services were few and the number of patients making excessive demands on the physician was relatively small. Although it is easy for a patient to change from one doctor to another there were few requests for change because of dissatisfaction.

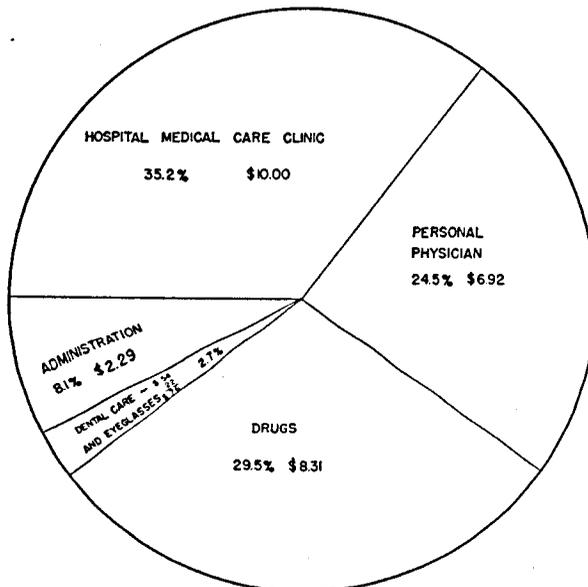
The seven medical care clinics continued in operation throughout the year for the purpose of providing initial physical examinations, diagnostic and treatment services by specialists, laboratory examinations and other services supplementing those of the personal physicians. Changes in clinic directors occurred at the University of Maryland Hospital and the Johns Hopkins Hospital. Both new directors are young men with excellent professional records.

Drugs, as in previous years, were a very costly item of the program. During the year 115,922 prescriptions were paid for at a total cost of \$198,378. The average cost for drugs per person under the program was \$8.31 as compared with \$7.66 for 1953. In an endeavor to reduce drug costs the Commissioner of Health appointed a committee to prepare a drug formulary for the use of physicians writing prescriptions. Fortunately, Dr. John C. Krantz, Jr., Professor of Pharmacology at the University of Maryland Medical School, a nationally recognized authority on drugs and formularies was willing to be chairman of this important committee. At the end of the year, after months of careful preparation, the formulary was nearly ready for printing.

The total expenditure for the Baltimore City Medical Care Program during 1954 was \$673,375.61. Of this sum \$647,520.61 was contributed by the State of Maryland. The contribution of the City of Baltimore was \$25,855, approximately one-half the cost of central administration, and of

this amount \$19,255 was cash. The remaining was the equivalent of \$6,600 in the form of such items as business machines, office quarters, telephone service and postage.

Of the total amount spent for the program 35.2 per cent was paid to hospitals for medical care clinic services, 24.5 per cent was paid to physicians for home and office care, 29.5 per cent was expended for drugs, 1.9 per cent went to hospitals for dental treatment, 0.8 per cent was paid to opticians and 8.1 per cent was the cost of central administration. The average ex-



DISTRIBUTION OF ANNUAL COST, \$28.28, PER PERSON ON MEDICAL CARE PROGRAM: BY TYPE OF SERVICE—1954

penditure per person under the program was \$28.28 as compared with \$27.62 for the preceding year.

Milk Control

The most important contribution to the milk control program was the adoption of regulations which permit high-temperature short-time pasteurization and a regulation which requires the annual brucellosis testing of cows. Most of the city's milk plants changed to high-temperature short-time pasteurization and there followed a marked reduction in bacteria counts.

A total of 8,023 samples of milk and milk products was submitted to the Bureau of Laboratories for investigation and control purposes and nearly

13,000 inspections were made of milk and ice cream plants, dairy farms and transportation agencies. In connection with the dairy farm sanitation program 29,679 direct microscopic bacteria counts on individual farm supplies were reported to the Bureau of Milk Control by the pasteurization plants. Only one out of a total of 4,537 city-wide samples of milk and milk products phosphatase tested in the Bureau of Laboratories indicated faulty pasteurization. In the one instance all of the milk represented by the positive sample was condemned before it left the milk plant.

The 1954 Sanitary Milk Production Contest sponsored by the City Health Department was won by Hereford High School in Baltimore County, Maryland. The two hundred and nine contestants trained in approved milk production methods under Health Department supervision raised the total number of student participants in the twenty-three annual contests since 1932 to 7,437.

The amount of supplemental emergency milk required from sources outside of the Baltimore inspection area reached a ten year low record of 150,000 gallons.

Food Control

Continuing the procedure of emphasizing the public health aspects of food control over those involving esthetics and economics the Bureau of Food Control gave first consideration during 1954 to the prevention of illness attributed to food. As a result there were no outbreaks of food poisoning reported involving food consumed in food establishments in the City. The three outbreaks that did occur involved some professional serving of food—a catered affair in a private office, a wedding dinner served in a rented hall and the eating of sandwiches prepared out of the State and carried into Baltimore. The instruction of 1,430 food handlers, the requiring of the installation of several hundred lavatory bowls in food preparing rooms of restaurant kitchens and manufacturing plants and the urging of the use of liquid germicidal soaps were some of the key points in the food control program during the year.

There were 15,638 inspections made by the eleven sanitarians. Office hearings were held with 251 violators and court action was necessary in 23 instances involving 38 charges; fines totaled \$2,950 and there was only one court dismissal. During the year there was a reduction in the number of complaints received and investigated. Approximately 900 per year were received in previous years compared with 798 in 1954. There were 46,318 pounds of food condemned as being unfit for human consumption, much of which was spoiled because of fire or water damage. The testing of food using simple chemical field-test equipment facilitated the detection of par-

tial decomposition and contamination and resulted in the prompt disposal of the incriminated products.

The concerted effort of the sanitarians in the bureau, collaborating with sanitary officers of the Police Department and personnel of the City Bureau of Sanitation in the Department of Public Works was effective in maintaining the wholesale and commission market area in a much improved condition. Daily inspections by representatives of the three agencies and the summoning of 38 individuals and merchants who were persistently careless in the disposal of trash and garbage, were effective in correcting unsightly conditions. All of these court cases were instigated by the police and sanitation officers, while the Health Department sanitarian appeared as a witness.

Compiling a card record of potentially dangerous chemicals that may be found in foods was continued. Studies of the hazard to food of sawdust on floors, supervision of the operation of food vending machines and the sale of dietetic foods led to corrective measures when necessary. Food departments in institutions continued to replace worn-out food equipment. Approximately \$10,000 was spent in the institutions after recommendations for improvement were made by the sanitarians assigned to the supervision of this type of food establishment.

Food Plant Inspection

Systematic assignment of sanitarians to all food establishments resulted in complete coverage for inspection of all of more than 11,000 food establishments in the city. Emphasis was placed on auxiliary inspection activities, a procedure whereby the food industry in all its branches was instructed and urged to police itself. Personnel employed by food manufacturing plants and restaurants as well as local pest control operators and independent food consultants made a total of 2,121 reports of inspections which were formally submitted to the division, an increase of 557 or 35 per cent over 1953.

In addition to routine activities, 869 inspection visits were made to new or remodeled food establishments, or following applications for carnivals or for the sale of alcoholic beverages, received either from the City Bureau of Buildings or from the Board of Liquor License Commissioners. Plans of 155 structures to be used as food establishments were reviewed and necessary instructions for preventive corrections were sent to architects or contractors. All of the cases involving legal prosecution were prepared by the chief of the division and instruction in such legal matters was given to the sanitarians.

Nutrition

The Division of Nutrition in 1954 continued to provide a variety of services on many community levels. Nutrition education was carried on in

Health Department prenatal and child health clinics, in elementary and secondary public and parochial schools, in industry, with parent groups, in selected Baltimore homes and over radio and television. In many instances literature and exhibit materials were provided.

In addition to direct service to individuals and community groups the division assisted many city agencies in planning programs concerned with nutrition and other related subjects. These activities included participation in the Department of Education training program for seventh grade teachers, discussions with students at the Johns Hopkins School of Hygiene and student nurses at Lutheran, University of Maryland and Mt. Wilson State Hospitals and graduate nurses of the Bainbridge Naval Hospital, and participation in the health workshop for elementary school teachers at Morgan State College.

As in past years the nutrition division integrated nutrition education with other Health Department activities. This included individual and group conferences with Health Department personnel and the training courses for Health Department staff nurses and the student nurses affiliating in the Department. In addition, weekly discussions were held with medical students in a clinic used for teaching purposes by the University of Maryland Medical School.

In February the nutrition division was transferred to the Administrative Section. In March Miss F. Inistore Godfrey, a well-qualified nutritionist, was appointed to the staff to assist the division chief in carrying a growing and expanding program.

Meat Inspection

During the year 254,327 inspections of cattle, calves, sheep, swine and goats resulted in the condemnation of 235 carcasses and 29,782 parts of carcasses as being unfit for human consumption. The most frequent diseases encountered during inspection which caused condemnation were: hog cholera, pyemia, traumatic pericarditis, immaturity, septicemia and sarcoma; and of parts of carcasses were: parasites, abscess, actinomycosis and cirrhosis.

Supervision of meat food products and the plant environment was maintained daily in seventy-three plants which processed and manufactured 15,221,656 pounds of meat food products in 1954. In addition, inspection service was rendered to the U. S. Bureau of Animal Industry in the slaughtering of cattle reacting to Bang's disease, Johne's disease and tuberculosis. During the year assistance was also given the Baltimore City Hospitals in relation to the condition of deer meat obtained from the State Game Reservation which was used for human consumption. Other activities included the examination of dogs for rabies. This was carried out in cooperation with the Bureau of Communicable Diseases.

Environmental Hygiene

Community Sanitation

Sewage pollution of the Vail Street stream in southeast Baltimore was removed after years of Health Department effort by the construction of the Canton trunk sewer which conveys the sewage to the Broening Highway sewage pumping station. Sewage pollution of this stream had been responsible for typhoid fever in a child while attending the Rappolla Street school in 1939.

Extension of sanitary sewerage facilities in the Gardenville area provided sewer connections for 36 properties 32 of which had individual disposal systems which were not functioning properly at the time of a 1953 survey. The Sewerage Engineer and the Commissioner of Health approved the construction by developers of three sewage pumping stations with force mains to connect to the sanitary sewerage system. These stations served three large tracts of land in the Moore's Run area of northeast Baltimore.

Other activities in community sanitation included: The investigation of 3,428 nuisance complaints; evaluation of the sanitary quality and fluoride content of the city water system through the analyses of 1,496 samples collected from consumer taps throughout the distribution system; development and use of a home accident check list in cooperation with the Baltimore Safety Council and the Department of Education; inspection of foster homes, day nurseries, and child care institutions in cooperation with the Bureau of Child Hygiene; cooperation with the U. S. Public Health Service in the inspection of interstate rail and ship watering points which included working out with the Water Engineer a plan for improvement of the ship watering facilities on city piers; participation in civil defense planning, training and alerts; periodic inspection of the operation of indoor and outdoor swimming pools; supervision of the licensing and operation of rooming houses, lodging houses and hotels which included notification of the operators concerning the new regulations adopted by the Commissioner of Health on March 10, 1954; inspection of hospitals, convalescent and care homes in cooperation with the Maryland State Department of Health; licensing and inspection of 103 establishments dealing in psittacine birds; and participation and attendance of staff personnel at regional public health engineering seminars conducted by the U. S. Public Health Service and at the annual meetings of the Interstate Sanitation Seminar, the Maryland-Delaware Water and Sewage Association, and the National Association of Sanitarians.

In-service training for the inspection staff of the Sanitary Section was instituted the latter part of the year. A comprehensive twelve week course under a full-time training officer with nine students from the bureaus of the

Sanitary Section and one from the Housing Bureau began in the new Eastern Health District building on November 15. The course will be repeated until every member of the inspection staff has been trained in the entire field of environmental sanitation.

Plumbing

Approvals were granted by the Bureau of Sewers and the Health Department for installation in Baltimore of three domestic and five commercial types of garbage grinders. Location approval was also granted for the installation of 29 commercial grinders ranging up to five horsepower in size.

A large institution on the advice of the Department refused to permit the use of a chemical compound for the cleaning and descaling of domestic water lines when the agent for the compound refused to divulge its ingredients. In order to protect the city water against contamination an auxiliary water supply pipe-line in a large commercial building was painted a distinctive color, and 436 potential cross connections were prevented or eliminated. The Director of the Bureau of Environmental Hygiene and the Chief of the Division of Plumbing presented a paper at the annual meeting of the Maryland-Delaware Water and Sewage Association entitled "Cross Connections and Other Plumbing Hazards."

Properties connected to the sanitary sewerage system during 1954 were 3,093 which brought the total number of connected properties in the city to 201,785.

Rodent Control

The study of endemic typhus in rats in establishments handling grain or seed which was begun in 1953 following a human case of this disease was continued during 1954. The discovery of rats with this infection was made at a large grain elevator. The study also disclosed the presence of infected rats at three other establishments, two of them in the Locust Point area and one only a few blocks from the main City Health Department office. In each instance DDT dusting, clean up, rat eradication and ratproofing measures were instituted as preventive procedures. In addition, the employees at the three establishments were given endemic typhus inoculations and blood samples were obtained for serological study. This study was seriously handicapped by the lack of laboratory personnel to handle the complement-fixation testing of rat bloods.

A total of 77 rat bites was investigated during the year; this was an increase over the low of 66 reported in 1953 but was still below the peak of 100 reported and studied in 1952. Persons bitten varied in age from seven weeks to fifty-eight years with 45.5 per cent of the bites in children under six years of age and 10 per cent in infants under one year of age. Immediate

action was taken in each case to eliminate the rats and to ratproof the property.

Twenty-one additional blocks were included in the environmental control program during the year bringing the number of blocks included in the program since its inception in 1948 to 114. In 17 blocks containing 548 properties and 762 dwelling units rats and food sources were eliminated, properties ratproofed and other environmental deficiencies corrected. This program since 1948 has improved 3,228 properties which contained 5,279 dwelling units. Environmental control measures were also used on premises where rat bites had been reported; as well as on 2,703 other properties where complaints of rat infestation resulted in abatement procedures.

Other activities in rodent control included: Cooperation with the Department of Aviation and the Department of Recreation and Parks in the handling of rat infestations at Friendship Airport and the Memorial Stadium; distribution of the "Fight the Rat" pamphlet and the "Rat Control" flier; cooperation with the Department of Public Works in the study and treatment of a rat and roach infestation on city property near the Reebird Avenue incinerator; addresses to the Executive Council of the Women's Civic League, the Park Royal Improvement Association and other interested groups; participation in radio and television programs relating to rodent control; participating in civil defense training and alerts; and attendance at the Interstate Sanitation Seminar at Chapel Hill, North Carolina.

Industrial Hygiene

There was a 16 per cent reduction in the number of reported cases of occupational diseases in 1954 in comparison with the previous year. Of the 173 cases reported in 1954, 42 per cent involved dermatitis. Except for swelling and pain which accounted for 16 per cent, the next largest number of cases, 9 per cent, was for ulcerations due to exposure to chromates. A similar exposure was responsible for 5 cases of carcinoma of the lungs. Other dust exposures resulted in 3 cases of lead poisoning, and 1 each for asbestosis, manganese poisoning, silicosis, and pneumoconiosis. Carbon tetrachloride and chlorine were responsible for 1 poisoning case each.

In the field of nuclear radiation, investigations were made of 25 users of isotopes. Altogether, 64 such shipments were received in Baltimore from the Atomic Energy Commission and reported to the City Health Department for study. An unsuccessful attempt was made to recover a 60-milligram radium supply which was lost by a local hospital. A study was made of an abandoned clinic where radium had been used for many years and after two sources of contamination, an old floor board and a chemical hood,

had been removed and burned on an open dump, there were no significant exposures on the premises.

The City Health Department continued to cooperate with the Bureau of Sewers in the investigation and study of the cause of explosions and fires resulting from the flash-drying of sewage sludge.

Domestic exposures to toxic materials resulted in 1 fatal case of carbon monoxide poisoning from automotive exhaust gases in a closed garage, 2 fatalities from products of incomplete combustion resulting from a defective gas-fired space heater using natural gas, and 1 fatal and 5 nonfatal exposures to coal gas from five defective heating systems.

Of the 34 cases of lead poisoning in children, 3 were fatal. In addition, there were at least 9 probable cases in which there were significant amounts of lead in the blood. An unusual source of a child's exposure was uncovered in one home when it was disclosed that the child ate ashes from a kitchen stove in which painted wood had been used as a fuel. The analysis of the ashes revealed a 20 per cent lead content.

Air Pollution Control

Air pollution control activities widened in scope during the year. Automatic sampling and recording equipment permitted more precise evaluation of local contamination sources; and additional personnel permitted more timely handling of cases. Procurement of more readily mobile equipment was begun. In this a truck-trailer combination will enable the staff to move to affected parts of the city and begin sampling without search for suitable instrument locations.

In most instances, industry gave full cooperation. Only one case required legal action because of undue delay. Progress was made in the installation and operation of controls but this corrective work had not reached a satisfactory conclusion by the end of the year.

Two cases of industrial equipment failure occurred and resulted in air pollution. In one, some 5,000 cubic feet of mixed naphtha and asphalt fumes were released to the atmosphere when a storage tank ruptured. No damage or prolonged discomfort resulted from the accident. One other plant released a small quantity of high-boiling-point oil as a spray which affected a small area. The latter plant made immediate adjustments.

Arrangements for a survey of air pollution potential were discussed with the Association of Commerce and various industrial plants. The tenor of discussions was favorable to such a survey although it was realized that more complete data was needed.

A request was made for an air pollution study in an industrial area where one of the ventilating towers for the Patapsco River tunnel will be located. With the concurrence of the Maryland State Roads Commission and the

Maryland State Department of Health, an agreement was reached providing for a survey to be made by the City Health Department. The survey will extend over a period of two years.

Housing

Housing standards were raised on March 11, 1954 when the revised Rules and Regulations Governing the Hygiene of Housing became effective. The regulations of 1942 were revised to require new occupancy standards, a private toilet for each dwelling unit and, after January 1, 1956, a bathtub or shower and water heating facilities in individual dwelling units. An appeal case was pending at the end of the year before the Maryland Court of Appeals with a challenge to the ruling by Circuit Court Judge E. Paul Mason of October 22, 1954 which upheld the bathtub requirement. On March 10



THE CITY HEALTH DEPARTMENT CONFERS WITH THE CITIZENS PLANNING AND HOUSING ASSOCIATION CONCERNING THE NEW HOUSING REGULATIONS—FEBRUARY 17, 1954

In the photograph are shown (left to right): Wilmer H. Schulze, Ph.D., *Director of the Sanitary Section*; Miss Frances H. Morton, *Executive Secretary, Citizens Planning and Housing Association*; Franz J. Vidor, M.C.P., *Director of the City Health Department's Housing Bureau*; Miss Cushing Niles, *Assistant Executive Secretary, CPH.A.*; and the Commissioner of Health of Baltimore City.

higher standards were also established in new regulations governing rooming houses and hotels.

Following the request of residents of the Mount Royal Area the bureau inaugurated a major neighborhood rehabilitation program in the area in March. A Neighborhood Council, representative of voluntary groups in the area, established an office and secretary and organized committees to assist in the enforcement effort and to work for neighborhood improvements

beyond those legally required. For instance, agreement was reached for acquisition of a school site and for a unique street park. The Council of

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WILLIAM F. SCHMICK, Sr., President

BALTIMORE, THURSDAY, MARCH 11, 1954

Hygiene Of Housing

Twelve years ago Dr. Huntington Williams, as Baltimore's health commissioner, issued a pioneering set of rules and regulations governing the hygiene of housing, prefacing his orders with the hope that "current and continuing efforts will remove the last of the rat-harboring, frost-proof hopper nuisances from the back yards of Baltimore, and that a generation or so hence much hard work will have led to the elimination of our disease-breeding slums." We have lived too long and too complacently with our slums, Dr. Williams said then. "They are bad investments regardless of any money return and we must fight a civic battle to rid our city of them as our predecessors fought to rid the city of pestilences."

Baltimore has gone far with those early housing regulations, even to the almost complete elimination of the backyard hoppers which so disturbed Dr. Williams. But it has not gone far enough. "The time has come for more positive action in the prevention of blight and slums," Dr. Williams wrote yesterday in a covering letter to Mayor D'Alesandro explaining the revisions that have been made in the 1942 regulations on the hygiene of housing. These 1954 revised regulations, effective today, are designed to head off housing blight as well as effect remedies in slum-level situations. They are

intended to correct those conditions—multiple family use of a single bathroom, lack of hot water and adequate washing facilities, shared kitchens and crowded, ill-ventilated bedrooms—that over and over again have turned once fine neighborhoods into slums.

The first enforcement of the new regulations on a large scale will be in the Mount Royal area, where the "Baltimore Plan" of housing-law enforcement is about to be tried on an area basis. Here the inroads of blight are already conspicuous, as some ordinary three-story houses have been subdivided into apartments for as many as fourteen families. And here, backed by the new concept of the hygiene of housing, the city agencies cooperating in the "Plan" will go after not only bad plumbing, faulty wiring and damp walls but after the shortage of bathtubs, kitchens, hot water and living space for the families involved.

The corrections will take time. The bathtub and hot-water requirements do not take effect until more than a year and nine months from now. And the city may have trouble bringing about lasting improvements where the subdividing into too-small apartments has already taken place. But the aim is to safeguard public health by preventing bad housing conditions, and that aim is a most desirable one.

TOWARD THE PREVENTION OF BLIGHT

Social Agencies undertook to study social conditions and make recommendations to meet the needs of the area.

A full-time building inspector and a full-time electrical inspector were

assigned by the Bureau of Building Inspection to the law enforcement team in the Mount Royal Area. The team also included representatives of the Police Department and the Fire Department as well as the Housing Bureau.

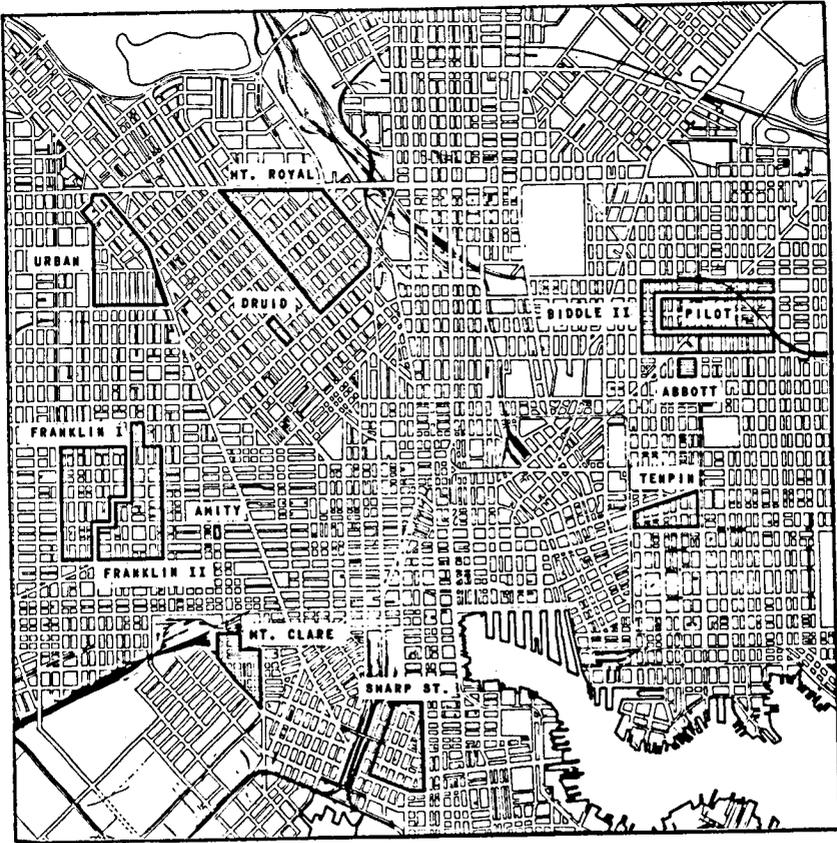


INAUGURATION OF THE MOUNT ROYAL NEIGHBORHOOD
REHABILITATION PROGRAM—MARCH 19, 1954

Urban renewal, as formulated in the Federal Housing Act of 1954, locally under the guidance of the Department of Planning and with the cooperation of all participating municipal agencies, advanced during the year to the point of site selection—Harlem Park, and the submitting to federal authorities of a “workable program” for approval.

Area law enforcement during the year increased 84.8 per cent with first inspections made on 1,624 properties compared to 879 in 1953. Action was closed on 1,230 properties compared with 663 in 1953 after satisfactory compliance. In addition to the major effort in the Mount Royal Area, three other area programs were advanced, namely Biddle II surrounding the Pilot Area, Tenpin and Druid. On December 31, 1954, the Housing Bureau was active in 68 census blocks which contained 1,044 properties as compared with 55 blocks with 650 properties on the active list at the close of 1953.

Complaints accounted for 2,091 housing notices following investigation, with 1,505, or 72 per cent, issued to absentee-owners. In addition, 1,295



HOUSING LAW ENFORCEMENT AREAS, 1945-1954

nuisance and overcrowding notices were issued during the year, with 1,027, or 79.3 per cent, issued to tenants. Houses declared unfit for human habitation by the Commissioner of Health totaled 112, of which 70 were occupied at the time notices were posted. Approval for reoccupancy of 58 properties was granted after alterations, 13 were razed and dwelling use was permanently discontinued in 4. Review of 322 sets of plans for dwelling alterations forwarded from the Bureau of Building Inspection resulted in disapproval in 6 instances. Occupancy in violation of the zoning ordinance was found in 253 properties, 193 of which were in the Mount Royal Area.

A grand total of 2,105 properties containing 4,214 dwelling units, including area properties and complaints, were inspected, an increase over the previous year of 67.7 and 60.7 per cent, respectively. The number of properties where faulty conditions were abated showed a 62.5 per cent

increase and totaled 1,656. Active cases at the year's end totaled 1,441 properties, containing 2,979 dwelling units; 175 of these properties were under vacate notice.

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BALTIMORE, FRIDAY, JUNE 4, 1954

Housing Warning

Judge James K. Cullen not long ago put a sharp, biting edge on the legal teeth in Baltimore's housing-law enforcement. Sitting in Criminal Court, Judge Cullen soaked one of the city's slum landlords with a \$700 fine for five substandard houses and then handed down a memorandum that should make other slum-property owners hesitant about disregarding health and building notices.

Noting that the landlord had a long record of convictions in Housing Court, Judge Cullen ripped apart the man's excuse that he owned so many slum properties that his repair crew could not keep up with correction notices. "His acquisition of this type of property is his own business," the judge's memorandum read, "and he has entered into this business with full knowledge that additional manpower will become necessary as his holdings increase. Failure to comply with the law has undoubtedly increased his personal financial return from his investments. These additional profits have been gained at the expense of the public and against the public interest."

Having pointed out that housing violations are a matter of public concern, Judge Cullen said that he had given some consideration to the possibility of giving the man a suspended jail sentence to impress him with his "public duty." He didn't do it this time, but warned that "such a penalty will, however, be imposed if the defendant persists in his violations of the law." In short, Judge Cullen has warned that the courts are taking housing violations seriously, and persistent violators had better start doing likewise.

FINANCIAL RETURNS VERSUS PUBLIC DUTY

In July, the Housing Bureau began the use of a field test kit, developed by the Bureau of Laboratories, for the determination on the scene of the lead content of interior paint. Of a total of 112 samples, 46 tested positive,

and necessitated a ten-day notice to property owners to rectify the condition.

Administrative hearings were held by the bureau director in 178 cases to explain and discuss notices and to determine whether legal action was warranted. Failure to comply with housing notices resulted in 141 Housing Court cases; 133 involved owners or agents and 8 tenants. Seventy-two owners and 6 tenants received guilty verdicts with fines totaling \$2,895. In 16 instances owners chose to have their cases heard in Criminal Court. Of 18 cases heard in Criminal Court, including 6 pending from 1953, 8 resulted in a verdict of guilty, 5 in probation without verdict and 5 were dismissed.

The bureau staff gave 109 lectures and 33 tours to a total of 7,817 persons. Visitors from 14 cities and 6 foreign countries totaled 65, and information was sent on request to 62 cities in 29 states and 3 foreign countries. The "Ordinance and Regulations Governing the Hygiene of Housing" and "A Clean Bill of Health for Your Home" were two pamphlets published during the year. Reprints were published of the director's speech at the inauguration of the Mount Royal program at the Fifth Regiment Armory on February 23 and of the two series of articles published by the *Sunpapers* during the year: "Baltimore's Unique Experiment" on January 4-7, and "Back Streets of Baltimore" on September 12-16.

Biostatistics

The Bureau of Biostatistics working with the Bureau of Dental Care completed a report on the results of a pre-fluoridation dental survey related to the city water supply and conducted in 1952. The information obtained from this survey will provide the basis for the subsequent evaluation of the effectiveness of the city's fluoridation program.

In answer to the many requests for information concerning the question of the role of smoking in lung cancer mortality an evaluation of existing information was prepared for release to members of the medical profession of Baltimore City.

Other major accomplishments of the bureau during the year included: A design of a study to determine the limits of normal weight for nonwhite preschool age children for use in the well baby clinics, preparation of a report presenting the first year's experience of the Joint Anesthesia Study Committee of the City Health Department and the Baltimore City Medical Society, and the analysis of the results of the 1954 Home Safety Survey.

The Bureau of Biostatistics continued to serve the community as a source of demographic information. Special studies were carried on in the application of socioeconomic determinants as a guide to more specific epidemiological investigations. The Director of the Statistical Section continued to serve as chairman of the Committee of the Hygiene of Housing

of the Johns Hopkins School of Hygiene and Public Health. This committee is responsible for the conduct of a five year study which is designed to compare the health of families in public housing with a control group residing in blighted areas.

Vital Records

The change in the Social Security law which made additional benefits available to eligible persons accounted for an increase in the number of official transcripts of birth issued during the year as compared with the prior year. The bureau issued 20,951 such copies in 1954, of which 4,762 were short-form certifications. The total of 42,055 death transcripts issued indicated a slight decrease from the number in 1953. A significant increase was noted in the 7,933 verifications of birth, most of which were made for the city's Department of Public Welfare or for the Probation Department of the Supreme Bench of Baltimore. Nine hundred eighty-two verifications of death were made for accredited government agencies. The majority of these requests came from the Veterans Administration. For the first time in the bureau's history a low record was established in 1954 when only 1,632 Statement of Age cards were issued compared with 2,061, the previous low in 1953. These cards verify essential birth facts required for school admission, employment purposes, and for participation of minors in sponsored recreational programs.

Replaced and corrected birth records were effected in 632 adoption cases, 66 per cent of which were for children under six years of age; 203 were cases of legitimation, 71 per cent of which were for children in the same age group; and 10 cases involved children whose paternity was established by filiation proceedings either in the Criminal Court of Baltimore or in the Domestic Relations Department of the State's Attorney's Office. Modern registration techniques for achieving total reporting of births reduced the number of unreported births to 10 such cases which set an all-time low record. The Commissioner of Health approved for filing a total of 407 delayed birth certificates, most of which were required in connection with Social Security or passport purposes. An index of the volume of cases handled was reflected in the 9,318 corrections made on birth certificates and the 362 alterations made on death records. The number of interviews for all types of corrections on birth and death records totaled 7,208, and detailed instructions were sent out in response to 3,217 mail requests for information on how to alter specific items on birth or death certificates.

Approximately 33 per cent of all babies born in Baltimore were to non-resident families which accounted for the 11,347 Notification of Birth Registration records mailed to such county residents. The Birth Record Correction Advisory Service, jointly sponsored by the City Health Depart-

ment and the Legal Aid Bureau, completed its fifth year of operation with a total of 177 cases handled during 1954.

Beginning November 1 a change was made in the procedure for obtaining Burial-Transit Permits after regular business hours. By arrangement with the Chief Medical Examiner of Maryland, funeral directors who applied for Burial-Transit Permits in the Municipal Building were required to obtain such permits at the Office of the Chief Medical Examiner if after hours. This change was made to accommodate funeral directors who had to arrange for shipping the remains of deceased persons during late evening or early morning hours, and for nonresident funeral directors who came to remove dead human bodies to be buried outside Baltimore.

Conclusion

In reviewing this summary of the city's official health effort for 1954 it is heartening to note the evidences of general public support and acceptance of such modern health programs as the City Health Department's long range drive for better housing and the prevention of future slums. The satisfaction over this and like public responses to the intensive dissemination of health information, of course, is tempered by the continuing inability to secure adequate salaries for highly trained professional Health Department staff personnel. In general, however, the year has been a fruitful one. The City Health Department is grateful for the assistance given it by many civic officials and by nonofficial groups and individuals.

Respectfully submitted,

Huntington Williams, M.D.

Commissioner of Health.

Baltimore, Maryland
May 1, 1955

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HEALTH DEPARTMENT PUBLICATIONS

BALTIMORE HEALTH NEWS, Monthly, 1954 and bound volumes of issues 1952-1953 with index

QUARTERLY STATISTICAL REPORT

A CLEAN BILL OF HEALTH FOR YOUR HOME

A FIRST RULE OF HYGIENE (Revised)

A SHORT DESCRIPTION OF THE BALTIMORE CITY MEDICAL CARE PROGRAM

BACK STREETS OF BALTIMORE

THE BALTIMORE PLAN FOR NEIGHBORHOOD REHABILITATION

THE BALTIMORE PLAN: PAST, PRESENT AND FUTURE

BLOCK MEETING

DAIRY FARM REGULATIONS—BRUCELLOSIS TESTING, PASTEURIZATION OF ICE CREAM AND OTHER FROZEN MILK PRODUCTS, PASTURIZATION HOLDERS, AND PASTEURIZATION OF MILK AND MILK PRODUCTS (Revised)

DO YOU HAVE ANEMIA?

HOW TO PREVENT FOOD POISONING OUTBREAKS

LET'S PREVENT THAT HOME ACCIDENT

THE MEDICAL CARE OF FOSTER CHILDREN

MOSQUITO CONTROL (Revised)

MOUNT ROYAL NEIGHBORHOOD REHABILITATION DEPENDS ON YOU

MOUNT ROYAL NEIGHBORHOOD REHABILITATION MEETING

NEIGHBORHOOD REHABILITATION IN THE MOUNT ROYAL AREA

OBJECTIVES AND PROCEDURES OF THE SCHOOL DENTAL PROGRAM (Revised)

ORDINANCE AND REGULATIONS GOVERNING THE HYGIENE OF HOUSING (Revised)

POISON IVY (Revised)

POLIOMYELITIS AND GAMMA GLOBULIN—1954

RINGWORM OF THE SCALP (*Tinea Capitis*) REQUIREMENTS

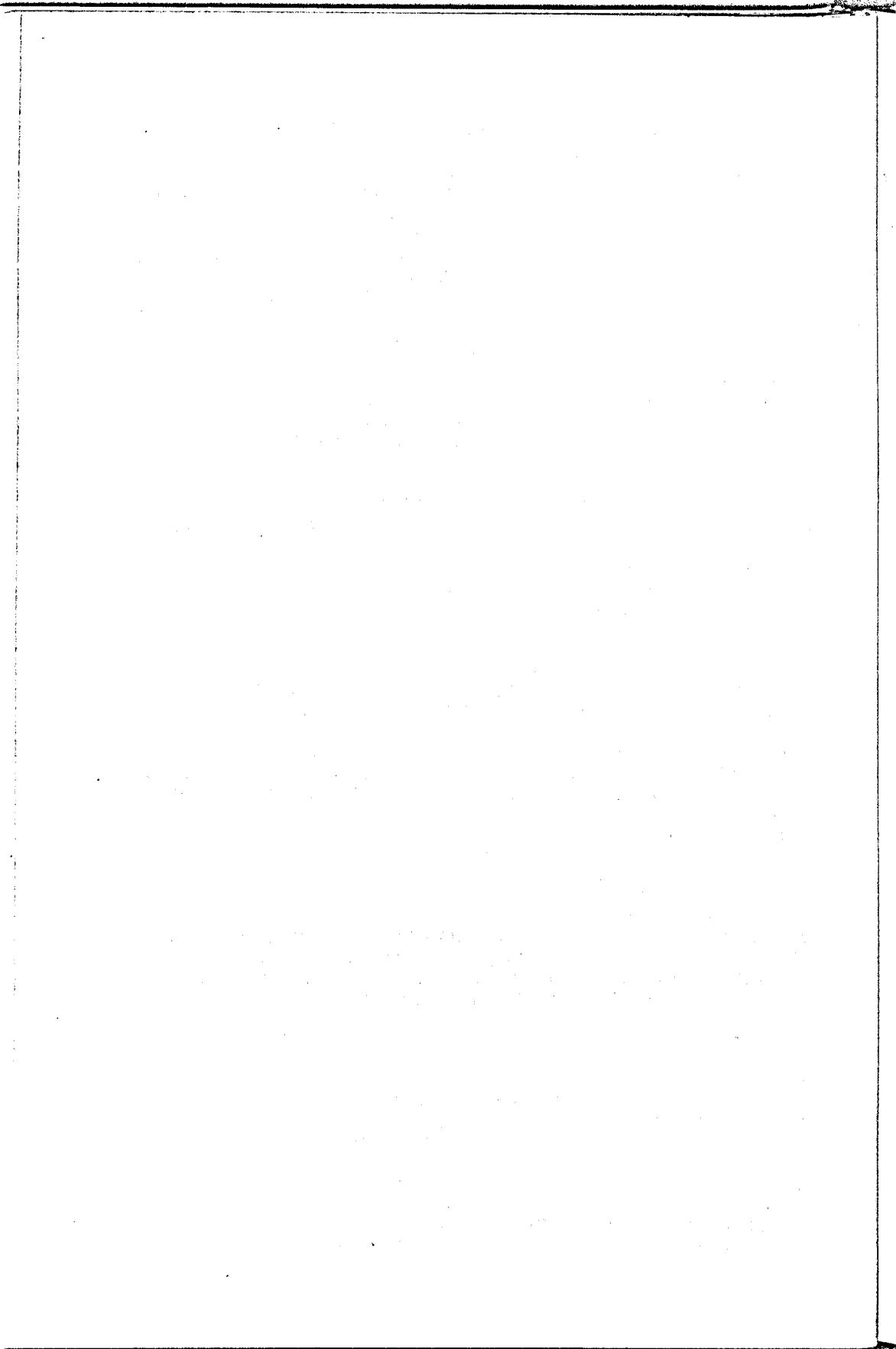
RULES AND REGULATIONS GOVERNING ROOMING HOUSES, LODGING HOUSES AND HOTELS (Revised)

TICKS AND ROCKY MOUNTAIN SPOTTED FEVER

TO RID THE HAIR OF HEAD LICE (Revised)

TOOTH BRUSHING DRILL FOR THE CLASS ROOM

WHAT FOOD SERVICE PERSONNEL SHOULD KNOW



ADMINISTRATIVE SECTION

EXECUTIVE OFFICE

Personnel

Huntington Williams, M.D., Dr. P.H., Commissioner of Health
Ross Davies, M.D., M.P.H., Assistant Commissioner of Health
Royd R. Sayers, M.D., Senior Medical Supervisor for Occupational Diseases
Robert M. Keller, Health Administrator, Civil Defense
Eleanor L. McKnight, B.S., M.S., Chief, Division of Nutrition
F. Inistore Godfrey, B.S., M.S., Nutritionist
Reed Gaither, Principal Administrative Officer
Beatrice Bryant, Junior Administrative Officer
Mary L. Rentz, Secretary-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, 1954.

ASSISTANT COMMISSIONER OF HEALTH

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

The Office of the Assistant Commissioner of Health functioned as a branch of the Commissioner of Health's office and therefore all of the activities and programs carried on by the Assistant Commissioner were direct assignments from the Commissioner's office. During 1954 the activities of this office were carried on as in previous years.

These programs and activities may be classified in three broad categories: first, routine programs and activities which necessitated field trips to the district health offices, clinic locations or other areas; second, office procedures which did not vary materially from year to year; and thirdly, assignments which came up from day to day, most of which were referred from the Commissioner's office, but a small number came directly.

In the first broad category involving assignments in the field several programs were involved. One of these was monthly or biweekly visits to each of the five district health offices to hold conferences with the district health officer and the supervising nurses in each regarding the progress of the city health programs in the homes, schools or clinics. The Director of the Bureau of Public Health Nursing and her assistant attended these meetings and quite often a bureau director attended to take part in discussions regarding the work of a particular bureau.

Other field work also included time spent in the teaching program in hygiene and public health in the University of Maryland Medical School for second, third and fourth year medical students. This activity included the arranging of lecture schedules for certain courses and the preparation and grading of examination papers for students in the third year class.

Routine procedures in the office were varied. As usual a considerable number of visitors from foreign countries and from other states came to study City Health Department policies, programs and procedures. These were received in the Assistant Commissioner's office and when their needs and major interests were reviewed, schedules were arranged for visits and conferences in different bureaus of the Department. Visits varied in length from one-half day to two or three weeks.

Certification of medical certificates for many people traveling to foreign countries was carried on and also the registration of all physicians when first licensed to practice medicine in Baltimore City. Regular assignments covered arranging for maintenance of the buildings and services in the health district buildings and clinics throughout the city. This involved repairs, heating, electricity and other emergency services with frequent visits to the several areas of the city.

Many personnel problems were studied or solved by the Assistant Commissioner of Health. Investigations were made of prolonged illness of a few of the staff members. Emergency administrative problems were given attention day by day with resultant aid from the proper persons in the Health Department or other departments in the city government. Frequently solution of the policy or executive detail involved took team study over several days or weeks.

Nutrition

The Division of Nutrition continued to provide a variety of services designed to integrate nutrition education into all Health Department activities. One of the highlights of the year was the provision in the 1954 budget for an additional nutritionist. Miss F. Inistore Godfrey, formerly a nutritionist with the Mississippi State Board of Health, joined the staff in March. Miss Godfrey is a graduate of the University of Alabama, the Johns Hopkins Hospital School of Dietetics, and Western Reserve University.

Since nutrition is fundamentally an integral part of so many of the services that constitute a modern public health program, the division was transferred from the Bureau of Food Control to the Administrative Section, effective February 15, 1954. The result of this change was that the expanded services of the division were used to a greater extent by the bureaus of the Health Department and by the community.

Nutrition services included individual and group instruction in both prenatal and child health clinics, promotion of nutrition education in elementary and junior high schools, participation in Health Department and other radio and television shows, program planning with other official and nonofficial agencies and related professional organizations; and in-service training of Health Department personnel.

In-service training included individual conferences with public health nurses to assist in planning the integration of nutrition education into school health programs, to discuss problems of specific families and individuals, to plan nutrition teaching in clinics, and to give guidance relative to personal nutrition problems. Visits were made to industrial plants with Mrs. Mary Lanahan, the public health nurse assigned to the Bureau of Industrial Hygiene; several plant nurses had requested help in doing some nutrition teaching. Conferences were held with staff and student nurses and students in the class for health officers at the Johns Hopkins School of Hygiene and Public Health. In two of the health districts the nutritionist held a series of conferences as a means of orienting new staff nurses to public health nutrition.

In the Eastern Health District it was possible to provide the services

of a nutritionist in the prenatal clinics to give both individual help to the patients and to do group teaching. In the fall, both the nutritionists participated in a pilot study to determine whether it would be feasible to attempt to do a study of the food habits of prenatal patients. The nutritionist did group teaching in the prenatal clinics in both the Southeastern and Southern Health Districts. In the Western Health District, the division chief began some group teaching in a child health clinic. This particular clinic was held in a school and the school principal was interested in attempting to correlate some activity in the clinic with the nutrition activities in the school.

A special clinic activity was originally instigated by the supervising nurse in the Western Health District. With the approval of the Director of the Bureau of Child Hygiene and the Chief of Pediatric Services of the University of Maryland Hospital, the resident-in-charge, the supervising nurse and the division chief planned a series of nutrition seminars for the medical students who observe in the Health Department child health clinic held at the University Hospital. The series, conducted by the division chief, included eight topics so that the pediatric house staff of the hospital, who were also invited to attend, felt that there was continuity in the discussions. The activity was well received and helpful to the physician in interpreting nutrition facts in a practical manner to his patients.

Since the elementary schools offer one of the largest areas where nutrition can be taught effectively, promotion of nutrition education activities in the Baltimore City Schools was encouraged through the school public health nurses. Because nutrition education can be best accomplished if the parent, teacher, and child are well informed, the nutritionists attempted to work with each of these groups. Parents were reached through Parent-Teacher Association meetings, parent education classes, and activities where the children invited their parents to be their guests at some special classroom activity. In several schools, assistance was given the principals and teachers in planning nutrition programs involving the whole school. The nutritionists gave special talks to classes of students who had been working on special nutrition projects. In two parochial schools, the nutritionists talked to the mothers at the request of the school physician. Since nutrition is one of the three health subjects taught in the junior high schools, the Supervisor of Health Education in the Department of Education arranged for the nutritionists to participate in the in-service training given the seventh grade teachers in preparing them to teach the unit.

Approximately 18,000 pieces of nutrition education materials were distributed in 1954. Assistance was given in the preparation of the Health Department radio and television scripts which were devoted to nutrition. At the request of the Chief of the Division of Maternity Hygiene, a pamphlet entitled, "Do You Have Anemia?" was prepared for use in the

prenatal clinics. The Maryland Heart Association requested assistance in preparing the section on nutritional needs of the child with rheumatic fever for a pamphlet they were preparing for publication.

The division chief appeared on four Health Department telecasts. As a public service feature, WBAL-TV presented twenty-five programs on nutrition subjects. During the year, the name of this series was changed from "Ways with Weight" to "Nutrition Corner" and became part of the Homemakers' Institute, a daily feature of the station. The nutritionist acted as a consultant, planned and wrote the scripts, and was a regular participant. Because it was felt that there was keen interest in nutrition, the station asked that a "Nutrition Corner" be planned for Mollie Martin's morning show. The staff nutritionist participated in this presentation. Weight control topics were predominant among the discussions on both shows although other timely nutrition topics were included.

During the year instruction was provided for graduate students at several schools. At the Johns Hopkins School of Hygiene and Public Health, the division chief discussed "Nutrition Activities in a City Health Department" for the nutrition class and "Nutrition Education in the School Health Program" for the class in school health. A graduate public health nutrition student from Columbia University spent several days with the division as part of her supervised field experience in Maryland. Both nutritionists participated in a workshop for elementary school teachers at Morgan State College. The division chief participated as a guest instructor in the in-service training program for graduate nurses at the Bainbridge Naval Hospital. She also took part in the educational programs for nurses at Mt. Wilson State Hospital, Lutheran Hospital of Maryland, and the University of Maryland Hospital.

Visitors to the division included a health officer from Bermuda, the Director of Dietetics for New Zealand, and the regional consultant from the U. S. Children's Bureau. Both nutritionists attended the annual meetings of the American Dietetic Association in Philadelphia. They also attended the Maryland State Welfare Conference, the Interstate Seafood Seminar, and the Tri-State Hospital meetings in Washington, D.C.

Educational materials and technical assistance in planning nutrition programs were provided the Baltimore City Home Demonstration Agents, the home economist with a utility company, several Girl Scout leaders, the food economist with the University of Maryland Extension Service, home economics teachers, hospital dietitians, nurses and the home economist with the Baltimore City Department of Public Welfare.

An evaluation of the food service of a residence for elderly ladies was provided at the request of its Board of Trustees. Assistance was given the camp director for the Children's Fresh Air Society in planning the menus

DIRECT NUTRITION SERVICES: 1952-1954

	NUMBER OF SESSIONS			TOTAL NUMBER OF PERSONS		
	1954	1953	1952	1954	1953	1952
IN-SERVICE TRAINING.....	170	15	144	392	292	529
Staff Nurses Group Conferences.....	3	5	10	63	73	235
Student Nurse Groups.....	10	6	6	134	165	131
Orientation of New Staff Nurses.....	6	1	5	42	7	28
Individual Nurse Conferences.....	145	..	115	145	..	115
Demonstration Home Visits.....	1	..	6	1	..	6
Consultation Visits with Industrial Nurse...	4	..	..	4	..	..
Other Health Department Personnel.....	1	3	2	3	47	14
CLINIC INSTRUCTION.....	19	6	3	151	63	50
Prenatal						
Group.....	2	6	2	50	63	32
Individual Instruction.....	12	..	..	63	..	..
Pilot Study of Eating Habits.....	4	..	..	24	..	..
Child Health						
Group.....	1	..	..	14	..	..
Chest.....	..	..	1	..	..	18
SCHOOLS.....	12	11	13	600	884	932
Parent Groups.....	6	3	6	426	657	446
Elementary Students.....	2	3	..	80	104	..
Junior and Senior High School Students.....	1	2	3	45	81	425
Teacher Groups.....	3	3	4	49	42	61
RADIO AND TELEVISION.....	34	28	11	1,480,000	955,000	288,574
Radio Programs.....	5	..	1	250,000	..	3,574
Telecasts.....	29	28	10	1,230,000	955,000	285,000
OTHER ACTIVITIES.....	21	30	26	539	873	4,632
Community Meetings.....	3	4	7	231	51	290
Weight Control Groups.....	..	14	7	..	520	219
Guest Instruction—College.....	6	5	3	68	152	44
Guest Instruction—Hospitals.....	6	..	..	153	..	..
Consultation to Small Institutions.....						
Office Conferences.....	..	..	6	..	..	6
Visits to the Institution.....	2	..	..	2	..	..
Nutrition Discussion With Parents of Children Involved.....	..	2	1	..	14	24
Movies and Filmstrips.....	4	5	2	85	136	49
Exhibits and Displays.....	..	..	3	..	..	4,000

for their summer encampment. Materials were provided the dietitian for Camp Greentop, Frederick County, for use with the counselors so that they would better understand the eating habits of the children in their care. The nutritionist discussed "Child Eating Habits" at a monthly meeting of the Maryland Camping Association.

The nutritionists served on the following committees: Nutrition Education Committee, Baltimore City Department of Education; Nutrition Advisory Committee, Baltimore Chapter, American Red Cross; Baltimore Low Cost Budget Committee; Maryland Nutrition Conference; Cabinet, Maryland Home Economics Association; Executive Board, Maryland Dietetic Association; Editorial staff, *The Bulletin*, a publication of the Maryland Dietetic Association; and the Community Nutrition Section, Maryland Dietetic Association.

The table on page 75 shows the direct service rendered in the community by the division during the period 1952-54.

CIVIL DEFENSE HEALTH SERVICE

Early in January, in an effort to recruit lay personnel as first-aid workers and nurse assistants for casualty clearing stations, the Civil Defense Health Service administrative office sent letters to parents of children attending those elementary schools designated as casualty stations in which the parents were asked to volunteer for such service. This method of recruitment where used was always with the approval of the school principals. Parents who volunteered received written notice of when and where to report for training. The letters were delivered to the parents by the children.

The initial response to this recruitment program was satisfactory. A large number of nurse assistants were eventually enrolled in this way, due largely to the excellent liaison between the Health Service administrative office and the Red Cross Nursing Service office which furnished required training and instructors. Although several hundred applicants for first-aid training were secured in this manner, there is no record of a single person completing the Red Cross first-aid and civil defense basic orientation courses and ultimately being enrolled in a Health Service unit.

No appreciable increase was made in assignment of professional personnel to civil defense medical installations. The need for a full-time medical officer in civil defense, to further this endeavor, was felt strongly.

As of December 31, 1954 the roster of volunteers assigned to the ninety-eight casualty clearing stations in Baltimore was as follows:

Administrative officers	96
Chief physicians	93
Assistant physicians	48
Registered nurses	227
Dentists	107
Pharmacists	212
First-aid team leaders	56
Nurse assistants	304
Nursery workers	5
First-aid workers	49
Clerical assistants	33
Total	1,230

During 1953 Dr. William J. French and Dr. Alan Foord had resigned as District Health Deputies of the Southern and Northern civil defense districts respectively. They were replaced in 1954 by:

Mr. Charles A. Rittler—Northern District

Mr. Harry L. Carman—Southern District.

In the latter part of September three other District Health Deputies were

reassigned by the Commissioner of Health. Dr. W. Sinclair Harper was transferred from the Northeastern District to the Eastern. Mr. George W. Watson was moved from Southwestern to Northeastern and Dr. John A. Skladowsky was moved from Eastern to Southwestern. The changes were made in order to place the men in civil defense assignments nearer their places of residence. Other appointments, by the Commissioner of Health, included the appointment of Mr. Todd M. Frazier as Chief of Statistical Services, Mr. Carroll D. Hill as Chief of Hospital Services and Mr. Clinton L. Ewing as Chief of Biological Defense.

On May 27 Baltimore witnessed its first demonstration of a civil defense casualty clearing station in operation following a mock atomic attack against the city. A number of simulated injuries were treated by physicians, nurses and resident first-aid volunteers who used the emergency medical supplies and equipment with which the station had been provided. The event was held at Casualty Clearing Station 98, located in the Uplands Community House near the west central boundary of the city. Over 100 persons participated and the affair aroused a great deal of civil defense interest in the neighborhood and in the city. There is no doubt that participants derived a great deal of benefit from this opportunity to put theory into simulated practice.

Hospital planning for a civil defense disaster was revised in 1954 by a committee of hospital directors, headed by Mr. Carroll D. Hill, Director of Union Memorial Hospital. Sites for improvised emergency hospitals were relocated as near as possible to the periphery of the city, but still within the city limits. If sufficient warning was received, it was planned for each parent hospital to disperse most of its staff to its assigned satellites. Patients will be evacuated as far as is practicable. This was referred to as Plan A. The former Plan B was eliminated. If the hospital's facilities within the city limits are rendered inoperable by attack, assigned satellites in Baltimore and Anne Arundel Counties will be utilized as improvised emergency hospitals. This was referred to as hospital Plan C.

Key personnel of the Health Service participated in required civil defense drills and exercises both city-wide and at the district level. In connection with a national exercise held on June 14 the method of transmitting "warning yellow" to hospitals by telephone was retested. Eighteen hospitals were alerted within nine minutes from the time that the initial phone call was received by the Commissioner of Health. This method was not considered as good as the more expensive Bell and Light Warning Device which had been installed in two hospitals.

In preparation for a "surprise" alert held on November 8, an Operations Center for the Health Service was obtained in the infirmary building at Morgan State College. A system of chain telephone calls to key Health

Department civil defense staff members of the Service alerted them on "warning yellow," or "lemon juice," the code name denoting a test alert. These persons thereupon reported to the Operations Center.

It was planned to equip the Health Service Operations Center with radio and telephone communications and with maps prior to the next civil defense drill. One of the functions to be performed at the Operations Center will be the estimation of casualties, dead and wounded, which will be chiefly the responsibility of the Statistical Services.

Important civil defense medical conferences were attended by Dr. J. Wilfrid Davis in Pittsburgh on February 11 and in Chicago on October 30 and 31. Five Baltimore dentists were instructed in a three day civil defense course for dentists at the Olney Staff College near Washington during the month of July. In May Mr. William M. Stump, sanitarian in the Bureau of Industrial Hygiene, attended a course in radiological health at the U. S. Public Health Service Environmental Health Center in Cincinnati.

Mr. Samuel I. Raichlen, Chief of Pharmacy Services, assumed the task of obtaining an inventory of civil defense antibiotics stored in hospitals. The object of the inventory was to insure that no antibiotics would be held beyond their expiration dates.

The following training supplies for casualty clearing station groups, received from the Maryland Civil Defense Agency, were placed in the Baltimore City Civil Defense storehouse in Carroll Park:

- 2,450 triangular muslin bandages
- 588 burn dressings, 22" x 36"
- 588 skin marking pencils
- 786 half Thomas leg splints
- 98 basswood splints, 4" x 18" (12's)
- 196 web tourniquets
- 196 books of emergency medical tags.

BUREAU OF HEALTH INFORMATION

Joseph Gordon

Director

Throughout 1954 the Bureau of Health Information continued to serve as a community center of health information and as a service organization to assist the other units of the City Health Department. The city-wide dissemination of health information was accomplished through the joint effort and teamwork of all Health Department units and the many related community and civic organizations interested in the promotion of better health for Baltimore.

As a service organization the bureau assisted each Health Department bureau or health district with its own program of health education or in-service training. This work entailed helping with community projects sponsored by the bureau or district, conferring with bureau heads regarding new or revised Health Department publications, the arranging of film showings, the providing of library service and meeting requests for printing and photographic work. The bureau also continued its supervision over all Health Department printed matter which included the many forms, letters and other publications required by the Department units in their work.

Community wide programs of health promotion during 1954 are described further in the report. The promotion of better health practices among all ages of the population requires continued application which cannot be achieved by any one Health Department unit or organization. Health Department goals, however, are reached through joint community effort when programs and policies are thoroughly understood by city residents.

Publications

The City Health Department's five periodic publications were issued during the year. These were the *Saturday Letter to the Mayor* prepared weekly; the *Baltimore Health News* printed monthly; the *Quarterly Statistical Report*; the 1953 ANNUAL REPORT OF THE DEPARTMENT OF HEALTH; and the *Guarding the Health of Baltimore*, a summary of the annual report.

The *Saturday Letter to the Mayor* continued as the Commissioner of Health's weekly statistical report to the Mayor with a cover letter describing the outstanding health event of the week or a timely health note which served as a news release. This letter was distributed to all news and health agencies interested in such information. Its mailing list comprised some 200 agencies and individuals. The *Saturday Letter to the Mayor* and other special press releases covered special messages on disease and acci-

dent prevention and Health Department programs. Newspaper publicity resulting from these releases totaled 304 articles which comprised 4,756 column inches.

The *Baltimore Health News* published monthly was distributed to approximately 10,000 individuals or agencies in Baltimore, in other states or abroad. This publication in 1954 completed its thirty-first year. It served to keep physicians, dentists, school teachers and other interested residents and organizations informed regarding important health matters as they transpired in the city. This periodical has a wide distribution outside of Baltimore to private and public health agencies, schools and other health workers. Items published during the year dealt with Baltimore's health in 1953, air pollution control, the new housing regulations, the non-use of gamma globulin for poliomyelitis, the new health district boundaries, the new Eastern and Western Health District buildings, amendments to the city milk ordinance and regulations to permit high-temperature short-time pasteurization, the new regulation to control brucellosis, the new communicable disease report card, a smallpox vaccination memorandum to school principals issued jointly by the Commissioner of Health and the Superintendent of Public Instruction, the report on the home accident survey in Baltimore homes, the new mobile X-ray truck unit, the Chronic Illness Commission's survey in Baltimore, the court decision on bathtubs, Sir Allen Daley's review in the British *Bulletin of Hygiene* on Baltimore's volume of the earliest City Health Department Reports for the years 1815-1849, and the summary and recommendations of Mayor D'Alesandro's Commission on Aging and the Problems of the Aged.

A number of editorials on prime health matters were reproduced in *facsimile* from the city newspapers. These editorials dealt with Dr. Allen W. Freeman's retirement, the new housing regulations, the cornerstone laying of the new Eastern Health District building, a housing warning, and the death of Dr. James M. H. Rowland, who like Dr. Freeman was one of the original Consultants to the City Health Department, a group first established as a chief advisory body in 1932.

The *Quarterly Statistical Report* was continued as a publication which included analyses of statistical information on marriages, births, morbidity and mortality, and special studies of current interest. This was prepared for distribution to selected agencies and persons by the Statistical Section for the sixth consecutive year.

The 1953 ANNUAL REPORT of which 600 copies were printed was distributed to libraries, and to other health departments and health agencies in this country and abroad. Its summary, *Guarding the Health of Baltimore*, was sent to each physician in the city and to a widely scattered mailing list of interested agencies and professional persons. Both reports are valued by health workers and educators as a reference source when studying

Baltimore's health, or its health services. In this respect it is interesting to quote part of a letter received by the Commissioner of Health from Dr. Leonard A. Scheele, Surgeon-General of the U. S. Public Health Service, as follows: "There is a tendency in some quarters to discount the importance of annual reports of official health agencies on various grounds. I am sure that this is because the value of such reports in historical research is not appreciated. Certainly, the long series of Baltimore City reports is one of the outstanding documentation sources in the health field, not only because of its continuity over more than a century, but also because of the high quality of the reporting, the programs, and the achievements. I am very glad to have the latest addition to this justly-famous series."

Eighteen new informational leaflets were issued in 1954 and eight leaflets were reissued after revision. Included among the new leaflets were: "A Clean Bill of Health for Your Home," "Back Streets of Baltimore," "The Baltimore Plan for Neighborhood Rehabilitation," "Do You Have Anemia?" "How to Prevent Food Poisoning Outbreaks," "The Medical Care of Foster Children," "Neighborhood Rehabilitation in the Mount Royal Area," "Poliomyelitis and Gamma Globulin—1954," "Ringworm of the Scalp (Tinea Capitis) Requirements," "A Short Description of the Baltimore City Medical Care Program," "Ticks and Rocky Mountain Spotted Fever," "Tooth Brushing Drill for the Class Room" and "What Food Service Personnel Should Know." The eight revised leaflets included "A First Rule of Hygiene," "Dairy Farm Regulations—Brucellosis Testing and Pasteurization," "Mosquito Control," "Objectives and Procedures of the School Dental Program," "Ordinance and Regulations Governing the Hygiene of Housing," "Poison Ivy," "Rules and Regulations Governing Rooming Houses, Lodging Houses and Hotels," and "To Rid the Hair of Head Lice." Approximately 700,000 leaflets, pamphlets and other items of health literature were distributed during the year by the Department. This figure includes the distribution to all physicians residing in the city of 30,000 reprints of published articles on public health subjects written by City Health Department staff members. Thirty such articles were published in 1954. Nine short articles describing the Health Department's programs were published in the monthly *Maryland State Medical Journal*. A bibliography of the above mentioned articles and a complete list of leaflets may be found beginning on page 64.

Radio and Television

The end of 1954 saw the presentation of the 800th "Keeping Well" radio drama and the 312th television broadcast. Both programs, as in past years, were sponsored jointly by the City Health Department and the Medical and Chirurgical Faculty of Maryland. Their primary functions are: (1) To increase the public's knowledge of the basic practices for keep-

ing well; (2) to encourage consultation with the family doctor when there is any doubt about illness; (3) to present public health problems and their local application to the community; and (4) to inform and familiarize the public with the activities of the City Health Department.

The "Keeping Well" health dramas were broadcast over station WFBR; the television series "Your Family Doctor" varied in presentation from week to week and were telecast over WMAR-TV, the Baltimore *Sunpapers* organization. Both programs were in the public service category broadcast without cost to the Health Department, and the radio and television stations were very generous and helpful in their production. The radio program was inaugurated in 1932 and the first presentation of the television program was made in 1948. Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases, portrayed the family physician on radio and Mr. Robert M. Keller of the Civil Defense Health Service staff continued as "Dr. John Worthington," the television program's family doctor. Both series reached many thousands of persons in the city and throughout the state and surrounding areas. Both also elicited much interest by other health agencies and medical societies. All scripts were written with the assistance of physicians, Health Department staff members or other health workers. Fifty-one persons, twelve of them physicians, participated as guests of "Dr. Worthington." Dramatic sequences were presented with the aid of members of the Baltimore Vagabond Theatre group, the Johns Hopkins Playshop and others.

Complete lists of titles of both radio and television programs presented by the Department are given in the tables directly following the report of this bureau. Table No. 1 also shows the total number of radio and television programs in which Health Department personnel participated during the year.

The bureau director was Vice Chairman of the American Public Health Association's Subcommittee on TV Health Education and assisted in the preparation of the Subcommittee's report presented at the APHA meeting in October at Buffalo, New York.

Exhibits

Seventy-nine health exhibits and displays were placed in a number of locations throughout the city in connection with Health Department clinics, the various community health drives, or upon special request by other city agencies or groups. These covered a wide variety of subjects including accident prevention, maternal and child health, the control of communicable diseases and community sanitation. There was a special exhibit on "Tuberculosis Control in Baltimore" which was displayed at the fiftieth annual convention of the National Tuberculosis Association during the week of May 16 in Atlantic City and at the eighty-second annual

APHA meeting in October at Buffalo. This exhibit highlighted Baltimore's experience in reducing the tuberculosis death rate by the home drug therapy program. Other exhibits worthy of mention included "You Always Lose When You Gamble on a Home Accident" presented jointly with the Baltimore Safety Council at the Governor's Safety and Health Conference in May and later placed at selected locations in the city, the American Medical Association exhibit on home accidents which was loaned for a period of one and one-half months for use in the Municipal Building where it was seen by an estimated 15,000 persons, the housing and safety exhibits presented at the National Home Week Exposition in September at the Fifth Regiment Armory and the rodent control and personal hygiene exhibits displayed in April at the Cherry Hill Health Carnival.

Meetings

Health Department staff members participated in 709 health meetings related to local, regional, national or international health programs. These sessions included meetings with high health officials and many other individuals and groups comprising physicians, dentists, nurses, teachers, students, civic groups, business and industrial representatives and residents of neighborhood areas. Numerous field trips through the Health Department were arranged by the Bureau of Health Information and the Bureau of Laboratories. Many of these were done in collaboration with the Department of Education's course in civic experience for high school students. Tours also were arranged for teacher study groups and other interested community organizations. City Health Department staff members also participated actively in public health and medical education at the Johns Hopkins University, the University of Maryland and the schools of nursing in the city.

Film Services

The Bureau of Health Information sponsored or arranged for 303 showings of motion picture films, filmstrips or filmslides. Films were shown in Health Department clinics, to community groups, for in-service training courses, on television and at other special affairs. Films most in demand included those on maternal and child health, mental health, weight reduction and accident prevention. The Bureau's film service was carried on with the close cooperation of the Enoch Pratt Free Library Films Department, the Maryland State Department of Health, and the film libraries of voluntary health and other agencies. Motion picture projection equipment was made available at each district health building except the Western and it is planned to purchase motion picture and slide equipment for this district when its new building is constructed.

Community Health Programs

Throughout the year the Bureau of Health Information assisted in organizing, publicizing and implementing health programs, large and small, on area and city-wide levels. Assistance was given not only to the many Health Department organizational units in their programs but also to other community agencies. Mention here may be made of the voluntary health agency campaigns, the home accident prevention survey in Baltimore homes, the student nurse recruitment campaign, the City Health Department mass X-ray surveys, the Cherry Hill Health Carnival, the community study workshop, National Children's Dental Health Day, Diabetes Detection Week, Child Welfare Week, Mental Health Week and civil defense.

Services to the Department

Editorial and library services were made available to the Department staff as in former years. This work was facilitated by the close working arrangements with the Enoch Pratt Free Library, the Medical and Chirurgical Faculty Library, the Johns Hopkins University Libraries and the University of Maryland School of Medicine Library.

The Bureau of Health Information continued to supervise the printing of Departmental forms, texts, and other literature. The Department's duplicating service in the Municipal Building completed 656 requisitions requiring the preparation of 1,702 master copies and the running of 2,349,571 copies of Departmental forms and text material. The bureau also supervised the printing of 186 forms by the Municipal Duplicating Bureau. The photographic service produced 1,122 prints, 21 photostats and 44 slides. These were used for court testimony, illustrated lectures, or publicity purposes.

Personnel

Miss Dorothy R. Yoe Kalben, Chief of the Division Exhibits, retired on December 31 after thirty-eight years with the City Health Department, twenty-two of which were in full-time public health education work.

Personnel

Joseph Gordon, B.S., Director
Dorothy R. Yoe Kalben, R.N., B.S., Chief, Division of Exhibits
Joseph P. Connor, B.A., M.A., Public Information Assistant
Bessie R. Sothoron, Secretary-Stenographer
Margaret P. Shaver, Senior Typist
Charles Scalion, Senior Clerk
Betty E. Anzengruber, Junior Stenographer

TABLE NO. 1
SUMMARY OF EDUCATIONAL WORK DONE BY THE HEALTH DEPARTMENT IN 1954

SECTION OR BUREAU	PUBLICATIONS		NEWSPAPER PUBLICITY		PRINTED MATERIAL DISTRIBUTED		ARTICLES IN BALTIMORE HEALTH NEWS		ADDRESSES, LECTURES AND SEMINARS LED		AUDIO-VISUAL EDUCATION			RADIO BROADCASTS	TELEVISION PROGRAMS	HEALTH CONTESTS	TRAINING OF DEPARTMENT PERSONNEL		MEETINGS ATTENDED
	Articles	Columns	Requests	Pieces	Articles in Baltimore Health News	Health Addresses	Persons Reached	Exhibits	Films, Slides	Persons Reached	Broadcasts	Programs	Contests	Number of Meetings	Number of Persons				
Entire Department.....	304	4,756	8,389	705,201	44	709	839,990	79	303	57,676*	53	79	1	650	6,031	2,130			
Administrative Section																			
Commissioner of Health.....	41	287	250	6,500	6	125	6,500				1	2		80	550	700			
Civil Defense Health Service.....	76	1,897				10	558							15	255	45			
Asst. Commissioner of Health.....	3	22				40	311,608							7	69	17			
Nutrition.....	17	48	508	543,829	6	15	499	77	2	25	6	29		4	24	172			
Health Information.....			169	93,298															
Baltimore Health News.....			51	59,897															
Rack Distribution.....			278	407,684															
Miscellaneous.....			29	584															
Laboratories.....	1	9				21	417		3	150				5	39	44			
Eastern Health District.....	6	88			3	51	895	2	51	860				31	512	63			
Western Health District.....	1	11	1	2,008	1	1	27	2	1	1	1			14	333	82			
Dread Health District.....	1	5				6	167		1	35				76	510	74			
Southeastern Health District.....	1	1				12	430		4	62				16	35	109			
Southern Health District.....	1	1		3,487		91	510		11	517				1	1				
Medical Section—Preventive																			
Communicable Diseases.....	12	61	554	33,688	1									10	300	10			
Tuberculosis.....	16	144	8	3,000	2	16	1,056							49	130	49			
Veneral Diseases.....						12	366							53	500	31			
Child Hygiene.....	1	3	122	28,070		92	2,874		45	1,746	7	3		61	500	64			
Dental Care.....	3	38	1,301	28,700		12	1,135		3	210	1	4		1	105	31			
Public Health Nursing.....	2	22				5	854		8	250	4	3		2	32	16			
Medical Care Section																			
Administration.....	3	45		3,148										70	253	51			
Sanitary Section																			
Administration.....	8	52	72	111		5	105							37	85	70			
Milk Control.....	3	26	136	362	3	5	274							1	25	4			
Food Control.....	4	198	3,600	5,529		25	2,428							22	264	2			
Meat Inspection.....																			
Environmental Hygiene.....	17	216	843	23,754		33	863		3	122	6	2		56	501	52			
Industrial Hygiene.....	9	64	45	760	1	3	100		1	50	1	2		10	100	60			
Housing Bureau.....	47	1,474	747	11,572	6	124	8,644		17	369	1	1		31	409	51			
Statistical Section.....	20	97	174	174	15	5	980				2					34			

* This figure does not include an estimated 75,000 persons which are reached weekly through the "Your Family Doctor" television series and a large listening audience which is reached through the weekly "Keeping Well" radio programs.

TABLE NO. 2
 RADIO DRAMAS BROADCAST UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY
 HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY OF
 MARYLAND, 1954
 "KEEPING WELL" SERIES
 WFBR

DATE	TITLE	SUBJECT	
January	4	No Better Time	Personal Health
	11	A Good Start	Infant Care
	18	It Could Be Worse	The Common Cold
	25	Double Trouble	Overweight
February	1	Appointment for Judy	Dental Care
	8	How Far Is Too Far	Heart Disease
	15	The Dangerous Age	Home Safety
	22	Don't Wait	Lung Cancer
March	1	The Villain Is a Crab	Hazards in Seafood
	8	What's the Name?	Birth Certificate Correction
	15	Right Is Wrong	Mental Health
	22	Chance to Make Good	Rehabilitation of Disabled Worker
29	Eight Days to Go	Measles	
April	5	Career with a Future	Student Nurse Recruitment
	12	The Answer to Cancer	Cancer
	19	Wonder Drugs	Antibiotics
	26	It's Your Castle	Community Sanitation
May	3	You Always Lose	Home Safety
	10	Adding Life to Years	Geriatrics
	17	Change in Scenery	Mount Royal Area Project
	24	Growing Like a Weed	Noxious Weeds
31	Hearts and Flowers	Heart Disease	
June	7	Follow Through	Health District Activities
	14	Caught with the Goods	Food in the Kitchen
	21	A Good Offense	Child Safety
	28	Road Test	Automobile Safety
July	5	The Long Swim	Swimming Safety
	12	The Deadly Frame	Child Lead Poisoning
	19	Two in a Boat	Boating Safety
	26	Be Good to Baby	Child Care in Summer
August	2	Food Makes a Difference	Summer Nutrition
	9	Happy Holiday	Vacation Hazards
	16	The Best Policy	Annual Check-up
	23	Time to Get Ready	Preparation for School
30	A Mind Made Up	Nurse Recruitment	
September	6	Look and Live	Home Safety
	13	Public Servant	Public Health Nurse
	20	All Wrapped Up	School Lunches
	27	Family Feud	Feeding Baby
October	4	The Deceptive Flame	Carbon Monoxide
	11	Your Public Health Nurse	Public Health Nursing
	18	Sticky Valves	Heart
	25	The Stitch in Time	Cancer
November	1	The Need Is Great	New Western Health District Building
	8	The Cold Facts	Colds and Respiratory Ills
	15	It Could Be You	Diabetes Detection
	22	Let's Talk Turkey	Holiday Eating
29	On the Run	Tuberculosis	
December	6	Emergency	Importance of First Aid
	15	More Than You Think	Mental Health
	22	A Safe Christmas	Christmas Safety
	29	On the Record	Review of the Year

TABLE NO. 3
 TELEVISION SERIES TELECAST UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY
 HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY
 OF MARYLAND, 1954
 "YOUR FAMILY DOCTOR" SERIES
 WMAR-TV

DATE	TITLE	GUEST
January 1	Let's Look at Your Health	Dr. H. Berton McCauley Biology Club, Forest Park High School
8	The Doctor Answers Some Questions	
15	Losing to Win	
22	Mickey's Big Chance	
29	The Teeth and Their Care	
February 5	Heart Disease	Miss Esther Lazarus Dr. Marvin Jaffe Miss Elaine Michelson Dr. Sibyl Mandell
12	Home Safe Home	
19	The Antibiotics	
26	Handle with Care	
March 5	Maintaining Mental Health	Miss Esther Lazarus Dr. Marvin Jaffe Miss Elaine Michelson Dr. Sibyl Mandell
12	Growing Up Safely	
19	You and Cancer	
26	Cerebral Hemorrhage	
April 2	Girl with a Lamp		Mr. Milton Friedmann Mr. Al Shecter Mr. William Sallow Dr. John A. Skladowsky Mr. Franz Vidor Mr. Ellsworth Andrews Mr. William Myers Mr. John Quinn Capt. Andrew Fiedler Mr. Thomas Henderson
9	Cancer Questions and Answers	
16	Healthy Homes	
23	Southeastern Health District Activities	
30	The Mount Royal Area Project	
May 7	Doorway to Death	Dr. Louis Krause Dr. Herman Seidel Mr. George W. Schucker
14	Medical Aspects of Maturing Years	
21	Adding Life to Years	
28	Noxious Weeds	
June 4	Affair of the Heart	Mr. Robert Gregson and six ARC Swim Class Students
11	Food in the Kitchen	
18	Vocational Rehabilitation	
25	Swimming Safety	
July 2	The Talking Car		Miss Eleanor L. McKnight Comdr. William B. Matthews Mrs. Mary Lanahan Dr. William J. French Miss Sylvia Miller
9	Good Nutrition in Summer	
16	Boating Safety	
23	Child Lead Poisoning	
30	Southern Health District Activities	
August 6	Beating the Heat	Mrs. Barbara Howell, R.N. Miss Miriam Robider, R.N. Miss Ann Miller, R.N.
13	Preparation for School	
20	Paging Miss Nightingale	
27	Losing to Win	
September 3	Medical Questions and Answers		Miss Eleanor L. McKnight Mr. Edgar Drake
10	Pack a Good School Lunch	
17	Read the Label	
24	Your Public Health Nurse	
October 1	Mrs. Hazard's House	Dr. Huntington Williams Dr. Ernest L. Stebbins Dr. W. Sinclair Harper Dr. Huntington Williams Dr. Maurice C. Pincoffs
8	The Heart and Heart Disease	
15	Losing to Win	
22	The New Eastern Health District	
29	The Western Health District	
November 5	What You Can Do About Cancer		Dr. Edward F. Lewison Dr. J. Sheldon Eastland Miss Eleanor L. McKnight Dr. Charlotte Silverman Dr. G. Canby Robinson
12	Diabetes Detection	
19	Holiday Eating	
26	Progress in the Fight against Tuberculosis	
December 3	Prevent That Cold	Dr. Edward F. Lewison Dr. J. Sheldon Eastland Miss Eleanor L. McKnight Dr. Charlotte Silverman Dr. G. Canby Robinson
10	Johnny's New World	
17	A Safe Christmas	
24	Better Than Cure	

BUREAU OF LABORATORIES

Clinton L. Ewing

Director

The changing pattern of public health work over the past twenty-five years has seen a corresponding change in the services provided by the City Health Department's Bureau of Laboratories. The phenomenal decline in the communicable diseases has resulted in marked decreases in the number of specimens submitted for certain kinds of tests. For example, in 1954 there were 265 cultures examined for diphtheria bacilli. Twenty-five years ago, the average annual figure was approximately 30,000. In 1954, not one specimen of sputum was submitted for pneumococci; neither were there any tests for scarlet fever. In 1929, however, 28 specimens were examined for pneumonia and 107 for scarlet fever. On the other hand, different kinds of tests are being made today that were not available in 1929. One such test is the blood-lead examination. This type of laboratory service has become an important factor in the diagnosis and prevention of lead poisoning in children.

All services furnished physicians, hospitals and various bureaus of the Health Department involved 232,799 examinations of 117,700 samples or specimens. Of these totals, 172,024 were made of 99,839 specimens in the diagnosis, prevention or treatment of communicable diseases, and 24,432 bacteriologic and 36,343 chemical examinations were performed on 17,861 samples of milk and food products and industrial or other materials. In comparison with 1953 figures, total examinations in 1954 increased by 8,258 or 3.7 per cent and total samples or specimens decreased by 10,375 or 8.1 per cent.

There was no improvement in the personnel situation. Twelve workers left the bureau in 1954 in contrast to 13 in 1953. At the end of the year there were 4 unfilled positions, the same number as existed on December 31, 1953.

As every laboratory worker realizes, the checking of procedures is very important. During 1954 the bureau engaged in cooperative checking programs. Miss Mary Jane McManus, principal bacteriologist, participated in three evaluation studies conducted by the Maryland State Department of Health. These were as follows: Nose and throat cultures; intestinal parasite specimens and a diagnostic study consisting of blood cultures, urine specimens, spinal fluid, material from puncture wounds and pus from lesions.

Members of the Chemistry Division participated in an evaluation of

methods for pH determination likewise conducted by the State Health Department. Values obtained were in excellent agreement with controls.

The Sanitary Bacteriology Laboratory also continued the important check work that was instituted in this unit many years ago. Laboratories that cooperated in 1954 were as follows:

Milk Plant Laboratories (private)	Milk samples
Green Spring Dairy	Milk samples
Hendler Creamery Company	Ice cream samples
Montebello Filtration Plant	Water samples
Maryland State Health Department	Milk and water samples
Strasburger and Siegel (private)	Milk and water samples
Western Maryland Milk Plant	Milk samples

The STS (serologic test for syphilis) laboratory cooperated with the State Health Department in a syphilis serology survey. Mrs. Evelyn Hankin, senior bacteriologist, received and tested 149 serum specimens on the basis of 15 specimens per month with the exception of July and August. Findings were reported to participating laboratories each month and a summary was compiled at the end of the year. Results obtained in the Bureau of Laboratories agreed completely with those reported by the control laboratories. In the testing of 50 positive sera, the bureau received a rating of 100 per cent in sensitivity, that is, ability to detect positive specimens. Although perfect results were obtained on the 99 negative sera tested, unfortunately, 1 other specimen container was broken when received and a duplicate specimen was not available for testing.

Division of Microbiology

With the interest and cooperation of the State Health Department the medical bacteriology laboratory was able to provide an expanded service in the identification of *Salmonella* organisms. In 1954, numerous isolations of bacteria belonging to the *Salmonella* and *Shigella* groups were identified. In addition, cultures of unknown bacteria were submitted by hospital laboratories for identification and a total of 86 of these were readily identified. Examination of fecal specimens from contacts of the 6 reported cases of typhoid fever resulted in the detection of 2 carriers.

Early in the year attempts were made to discover the source of an outbreak of *Salmonella saint paul* infection in the nursery of one of the local hospitals. In spite of the examination of a number of fecal specimens no carriers were found.

As in past years, a special service was furnished the Bureau of Public Health Nursing in the examination of clinical thermometers for tubercle bacilli. A total of 7 thermometers was tested with negative results.

Although there was no case of rabies reported in the city in 1954, the bureau received and examined the heads of 81 animals; of these there were

69 dogs, 9 cats, 1 chipmunk, 1 fox and 1 rabbit. Microscopic examinations and mouse tests of the brains of these animals did not reveal the presence of Negri bodies. In 1953, a total of 51 animals had been tested with negative results. The last positive dog was reported in February, 1947.

The STS laboratory cooperated with the Department of Microbiology in the University of Maryland Medical School, the Hospital for the Women of Maryland and the laboratory of the Western Electric Company by supplying pooled positive and negative STS sera. In the case of the Medical School, the sera were used for teaching purposes and in the other 2 cases for control purposes. An interesting but unexplained observation was reported by the STS laboratory in that the largest number of specimens was submitted in the month of March in the years 1953 and 1954 and the smallest number in the month of December in each year.

Although plans were made in 1953 to expand the voluntary laboratory approval services, it was only possible to continue to receive monthly reports from the participating hospital and private laboratories during 1954. This is an important activity and it is planned for reactivation as soon as facilities are again available.

Considerable effort was devoted in the Sanitary Bacteriology Laboratory in making laboratory examinations to isolate possible causative organisms as part of the investigations of a number of alleged food poisoning outbreaks. This work and other activities involved 24,432 examinations of 7,140 samples of milk and dairy products, water, food utensil and hand swabbings, sea food and miscellaneous materials and represented an increase of 17.6 per cent in the number of examinations and a decrease of 3.1 per cent in the number of samples as compared with work done in 1953.

A total of 32 food poisoning investigations resulted in the submission of 65 samples of food. Possible causative bacteria were isolated in 7 or 23.3 per cent of the outbreaks studied. Hemolytic, pigmented staphylococci were found to be associated with 3 of the outbreaks while paracolon bacteria were isolated from various types of food in the other 4 outbreaks.

Routine examinations of milk and dairy products for coliform bacteria were continued in 1954. The following tabulation presents a summary of the results obtained.

TYPE OF PRODUCT	NUMBER OF SAMPLES TESTED	POSITIVE SAMPLES		NEGATIVE SAMPLES	
		Number	Percentage	Number	Percentage
Pasteurized milk.....	1,526	484	31.0	1,042	69.0
Pasteurized chocolate milk.....	233	76	32.7	157	67.3
Pasteurized cream.....	391	184	47.0	207	53.0
Ice cream.....	500	161	32.2	339	67.8

A comparison of the figures in the above table with results obtained in

1953 shows some improvement in the coliform picture, especially in the last half of 1954. This change is attributed to the installation and use of high-temperature short-time pasteurization equipment in some of the milk plants under new ordinance and regulatory provisions. It would seem that this method of pasteurizing is more efficient, especially in those plants where the formation of foam in the batch type of equipment had prevented the pasteurization of every particle of milk or other dairy products.

Division of Chemistry

Routine and special services involved 36,343 examinations of 12,959 samples associated principally with the activities of the Sanitary Section. Comparison with 1953 shows that these figures represent an increase of 1,172 examinations or 3.3 per cent and an increase of 14 samples or 0.1 per cent. Only 1 sample of bottled milk showed evidence of improper pasteurization in the 3,904 samples of milk and 633 samples of milk products which were examined by the phosphatase test.

A total of 957 samples of miscellaneous food products was examined, a decrease of 526 samples or 35 per cent in comparison with the number examined in 1953. The decrease is attributed to a curtailment in the number of samples submitted for microanalytical filth tests. Tests for filth were made of 699 samples as compared with 1,232 in the previous year. Filth such as rodent contamination or insect infestation was found in 45.8 per cent of the samples collected from 301 local food establishments.

Dr. Emanuel Kaplan, Chief of the Division of Chemistry, testified in the Housing Court in connection with 6 prosecutions instituted by the Bureau of Food Control. Testimony in 4 cases related to the addition of sulfite as a preservative in ground meat. In 2 cases the defendant was accused of adding red dye to ground meat to improve the appearance of the product.

The examination of 1,011 specimens of blood for lead as an aid in the diagnosis of lead poisoning constituted an increase of 13 per cent in comparison with the number tested in 1953 and represented the largest number of such specimens tested in any year since this important service was instituted in 1935. The specimens obtained from 541 children and 132 adults were submitted by 42 practicing physicians and 18 hospitals. Excessive amounts of lead were detected in specimens from 127 children and 14 adults. Eighty per cent of the specimens from children were received from the pediatric clinic of the University of Maryland Hospital and the Harriet Lane Home of the Johns Hopkins Hospital where studies were being conducted in the detection, treatment and prevention of this serious malady in young children, chiefly of the teething age and living in the slum areas.

As part of the investigation of lead poisoning in children, the Bureau of Industrial Hygiene submitted 306 samples of paint scrapings collected

from the homes of 115 children. Seventy per cent of the samples were found to contain lead.

The performance of 5,073 tests on 1,084 samples submitted by the Bureau of Industrial Hygiene represents increases of 119 per cent in samples and 152 per cent in examinations when compared with the 1953 record. This increase largely resulted from an expanded program of testing in connection with field studies and surveys conducted by the recently created Division of Air Pollution Control to determine the source and extent of atmospheric pollution. Samples of air, dust, stack gases and ores were examined for substances such as free silica, lead, hydrogen sulfide, sulfur dioxide, fertilizer, chromium, titanium and ammonium compounds. Considerable assistance was also rendered in the preparation of reagents and materials used in the standardization of air sampling equipment.

Biologicals

As a result of the expressed opinion of many authorities of the doubtful value of gamma globulin as a prophylactic in poliomyelitis, the laboratories dispensed only 501 cubic centimeters. In 1953, a total of 3,500 cubic centimeters had been distributed.

A total of 53,475 packages of all biologicals was dispensed in 1954 and represented an increase of 13,712 packages over the prior year. This increase was principally the result of increases in demands for gamma globulin for measles, rabies vaccine, triple antigen (DPT) and tuberculin patch tests. Gamma globulin for measles increased from 5,324 c.c. to 17,392 c.c., rabies vaccine from 2,302 doses to 3,646 doses and tuberculin patch tests from 13,811 tests to 19,236 tests. In the case of triple antigen it is not possible to show the increase in terms of cubic centimeters because of a change from the 10 c.c. vial to the 7.5 c.c. vial. However, there are the same number of immunizations in the 7.5 c.c. vial as in the 10 c.c. vial because of a decrease in dosage from 1 c.c. to $\frac{1}{2}$ c.c. In 1953, a total of 6,614 vials had been dispensed while in 1954 the number increased to 8,119.

Special Investigations

The bureau managed to conduct some investigations in spite of the personnel shortage. Beginning in February and continuing through June cooperation was extended to Dr. Erwin H. Braff of the Johns Hopkins School of Hygiene and Public Health in a study of the problem of nongonococcal urethritis. Dr. Braff did his work in the Calvert Street venereal disease clinic and used culture media supplied by the laboratories. Although Dr. Braff was interested in nonspecific urethritis, the bureau was able to evaluate the so-called transport medium which was developed some years ago in these laboratories and described by Mr. T. C. Buck then Assistant

Director of the Bureau of Laboratories in the article "A Transport Medium for *Neisseria Gonorrhoeae*" published in the January, 1947 issue of *The Journal of Venereal Disease Information*. Briefly, the study involved the immediate plating of urethral discharges by Dr. Braff in the clinic on chocolate agar medium. At the same time, he inoculated a tube of the transport medium. Both types of cultures were submitted to the laboratories where complete studies were made.

Dr. Braff's investigation included the laboratory work on 195 specimens. An analysis of results indicates that the transport medium was more efficient in picking up gonococci than the direct plating method as carried out in the survey. This is demonstrated in the following tabulation:

Total specimens obtained.....	195
Both methods positive.....	100
Both methods negative.....	78
Positive transport, negative direct.....	14
Positive direct, negative transport.....	2
Unsatisfactory.....	1

Another study was conducted in cooperation with Dr. R. R. Sayers, Dr. Wilmer Schulze, Mr. George Schucker and Mr. William Sallow, all of the City Health Department staff. This investigation involved the testing of specimens of blood from humans and rats for endemic typhus fever complement-fixing antibodies. A total of 102 specimens of blood was tested from 10 employees of a grain handling company and 92 employees of a grain storage elevator. Of these specimens, 98 were entirely negative by both the Weil-Felix test and the complement-fixation test; 1 was positive (complement-fixation only); 1 gave a doubtful complement-fixation test and two were doubtful by both tests. Employees of the 2 companies were inoculated with endemic typhus vaccine. The first dose was given at the time the blood specimens were obtained. Later in the study a second blood specimen was collected from each of the 10 employees of the grain handling company. These were tested as before and all 10 were negative with both tests. Unfortunately, it was not possible to obtain repeat specimens from the employees of the other company.

In the early part of July, the Bureau of Food Control submitted samples of eggs for bacteriological study. These eggs were described as either old eggs or incubator rejects and represented the type of eggs that are frozen. Six samples of eggs were submitted as follows:

Eggs freshly broken into a cup

Composite of vat eggs prior to freezing

Eggs from the vat that had been exposed to freezing temperatures for 1½ hours.

The bacterial counts of the broken eggs were fairly low, but the counts of the composited eggs and the partially frozen eggs were in the millions.

From 1 set of freshly frozen eggs an organism identified as *Paracolobactrum intermedium* was isolated.

The director, with the assistance of the Sanitary Bacteriology Laboratory, continued to collaborate with Mr. H. B. Siegmund, Laboratory Director of the Hendler Creamery Company in the study of coliform bacteria in foam. This investigation which had been begun in the latter part of 1952 was practically completed in November, 1954. Conclusions based on the results of two years work were as follows: In the pasteurization of ice cream mix in the batch-type pasteurizer it was almost impossible to prevent the formation of foam. When foam formed on top of the mix any coliform bacteria contained in the foam were not destroyed even when the mix was heated to at least 165°F. for at least 30 minutes. As a result it was not possible to pasteurize every particle of the mix. If coliform bacteria were protected in the foam it was logical to conclude that if certain pathogens such as *Brucella* or Q fever organisms were present in the raw mix, they too might not be destroyed. This then becomes a public health problem. It seemed that in spite of considerable effort to prevent foam from forming the batch type of pasteurizer would have to be discontinued and the high-temperature short-time method (HTST) substituted for it. Several articles published in 1954 reported that no foaming occurred in the vacuum type of HTST equipment and that coliform bacteria did not survive in this process. Additional studies were planned for 1955 to prove this point.

In connection with studies on the survival of coliform bacteria in pasteurized milk, an investigation was begun in February and continued through December. The so-called pretest incubation procedure which had been introduced in 1936 by Vernon and Walker and published in a report of the Annual Conference of the British Society of Agricultural Bacteriology was employed to determine if coliform bacteria did survive ordinary pasteurization practices. Routine coliform tests were made on samples of pasteurized milk submitted by the Bureau of Milk Control. These tests were made according to standards of the American Public Health Association and involved plating 1 c.c. quantities of milk on sodium desoxycholate lactose agar. Approximately 45 c.c. of milk were then incubated at 70°F. for 24 hours and then plated as before. Although many samples were negative when subjected to the pretest incubation technique, a fairly large percentage were found to be positive. The following tabulation summarizes the results obtained:

NUMBER OF SAMPLES TESTED	IMMEDIATE PLATING				AFTER HOLDING 24 HOURS		
	Number Positive	Per Cent Positive	Number Negative	Per cent Negative	Number Held	Number Positive	Per Cent
1,129	393	34.9	736	65.1	736	300	40.7

In the Division of Chemistry a calibration curve was established for the determination of the styrene content of air by the ultraviolet absorption method. This curve made possible the determination of the styrene content of air in a local plastics manufacturing plant.

Investigation was made of methods for the determination of quartz or free silica in refractory clays and fire brick heated to high temperatures.

Considerable testing was done with the filter paper tape method of sampling dust in air using the American Iron & Steel Institute automatic smoke sampler. The effect of the shape of the inlet tube on air contaminant recovery was investigated, the uniformity of paper pulp density in the tape was explored and an unsuccessful attempt was made to apply the method of sampling to the detection of acid vapors in air. The adaptation of this sampling instrument to the Amdur and Silverman method for the direct field determination of lead in air was studied.

Other investigations included: Improvement in the field test for rodent urine on food packages, and in the stability of the malachite green reagent used in the sanitarians' field equipment for the detection of preservative in ground meat; the effect of long storage in glass on the fluoride content of water; the sensitivity of the starch-iodide indicator; and the use of perchloric acid as a precipitating agent for determining protein in cerebrospinal fluid.

Educational Activities

Services of the bureau were explained to approximately 250 visitors as follows: One hundred and sixty-six students from 7 local schools, 47 local school teachers, 19 employees of the Sanitary Section, 5 persons from foreign countries and 13 air force and naval officers.

Eleven of the 19 bureau employees were given 1 week of lectures and demonstrations in sanitary bacteriology and public health chemistry. In addition, two lectures were given by the director of the bureau to the second year class of the School of Medicine of the University of Maryland. The lectures were on the bacteriology of milk and water as related to the public health. Practical demonstrations of techniques used in the bureau were given to the students by Mrs. Rudolpha Turner and Miss Byrd Wenke, senior and junior bacteriologists respectively.

Personnel

Clinton L. Ewing, Director
Emanuel Kaplan, Sc.D., Chief, Division of Chemistry
Mary McManus, B.A., Principal Bacteriologist
Katharine E. Welsh, A.B., Principal Bacteriologist*

* On Leave of Absence.

Melissa Donaldson, A.B., Principal Bacteriologist
Evelyn M. Hankin, B.S., Senior Bacteriologist
Rudolph Turner, B.S., Senior Bacteriologist
Sanford Belth, B.S., Principal Chemist
Marilyn E. Tracy, A.B., Senior Chemist
Robert S. Shaull, B.S., Senior Chemist
Elizabeth Lovelace, A.B., Junior Bacteriologist
Rosalinda McKenna, A.B., Junior Bacteriologist
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Eugene Cortese, Laboratory Assistant
Anna Johnson, Laboratory Assistant
Harry L. Carman, Senior Administrative Officer
John A. Wheeler, Junior Administrative Officer
Kathryn Hiltner, Senior Stenographer
Catherine Kluge, Senior Stenographer
Laura B. Grim, Senior Clerk
Hernel K. Gruber, Senior Clerk
Sue Seivers, Senior Clerk
Michael J. Doonan, Senior Storekeeper
William F. Gibson, Stockhandler
Warren H. Barnes, Chauffeur
Raymond Buettner, Laborer
George Johnson, Laborer
Michael Madigan, Laborer
Raymond McKenna, Laborer
Louis Svatora, Laborer

TABLE NO. I
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.....	99,839	172,024
Animal heads.....	81	
Animal inoculation.....	..	81
Microscopic.....	..	1,002
Blood.....	76,671	
Agglutination.....	..	6,297
Complement-fixation.....	..	268
Culture.....	..	2,275
Microscopic.....	..	92
Serologic.....	..	83,846
Direct culture.....	5,647	
Agglutination.....	..	815
Animal inoculation.....	..	15
Culture.....	..	11,899
Microscopic.....	..	3,057
Exudates.....	4,813	
Animal inoculation.....	..	48
Culture.....	..	1,274
Microscopic.....	..	5,048
Feces.....		
Bacteria.....	494	
Occult blood.....	4	
Parasite.....	507	
Culture.....	..	6,493
Macroscopic.....	..	17
Microscopic.....	..	2,074
Helminths.....	349	
Macroscopic.....	..	6
Microscopic.....	..	343
Spinal fluid.....	921	
Animal inoculation.....	..	12
Culture.....	..	109
Microscopic.....	..	57
Serologic.....	..	1,700
Sputum.....	9,092	
Animal inoculation.....	..	112
Culture.....	..	20,727
Microscopic.....	..	9,131
Stomach lavage.....	797	
Animal inoculation.....	..	90
Culture.....	..	10,264
Microscopic.....	..	1,471
Urine.....	463	
Animal inoculation.....	..	145
Culture.....	..	2,456
Microscopic.....	..	800

TABLE NO. 2
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
TOTAL	118,544*	20,000	93,111	1,963	2,632
BRUCELLOSIS					
Total.....	1,216	12	1,083	29	92
Agglutination					
Blood.....	1,008	11	968	29	..
Culture					
Blood.....	9	1	7	..	1
Blood clot.....	199	..	108	..	91
DIPHTHERIA					
Total.....	280	20	260	..	..
Animal inoculation					
Virulence test.....	15	6	9	..	..
Microscopic					
Diagnostic.....	251	10	241	..	..
Institution.....	2	..	2	..	..
Release.....	12	4	8	..	..
ENTERIC INFECTIONS					
Total.....	3,888	343	3,089	437	19
Agglutination					
Blood, H antigen.....	1,622	49	1,244	329	..
Blood, O antigen.....	830	12	712	105	1
Culture					
Blood.....	86	17	56	..	13
Blood clot.....	123	4	115	3	1
Feces.....	1,001	74	926	..	1
Pus.....	1	1	..	..	..
Urine.....	225	186	36	..	3
GONOCOCCUS INFECTIONS					
Total.....	9,865	2,283	6,818	460	304
Exudate					
Culture.....	5,268	1,482	3,542	..	244
Microscopic.....	4,597	801	3,276	460	60
INFECTIOUS MONONUCLEOSIS					
Blood, agglutination.....	1,250	200	550	499	1
INTESTINAL PARASITES					
Total.....	795	88	695	..	12
Microscopic					
Cellulose tape slides.....	343	58	282	..	3
Feces.....	442	23	410	..	9
N.I.H. Swabs.....	4	2	2	..	..
Worms.....	6	5	1	..	..

* This includes 838 total protein tests (see syphilis examinations—Biochemic).

TABLE NO. 2—Continued
 EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
MALARIA					
Blood, microscopic.....	2	..	2	..	..
METALLIC POISONING					
Total.....	1,029	351	439	230	9
Biochemic					
Arsenic					
Hair.....	1	..	1	..	..
Urine.....	1	..	..	..	..
Lead					
Blood.....	1,011	341	431	230	9
Paint.....	13	9	4	..	..
Urine.....	2	1	..	..	..
Mercury					
Urine.....	1	..	1	..	..
Mycosis					
Total.....	5	2	3	..	..
Exudate.....	2	1	1	..	..
Sputum.....	2	..	2	..	..
Urine.....	1	1	..	..	..
RABIES					
Total.....	159	..	159	..	..
Animal inoculation					
Brain emulsion.....	78	..	78	..	..
Microscopic					
Animal brain.....	81	..	81	..	..
RICKETTSIAL INFECTIONS					
Total.....	1,811	42	1,690	70	9
Agglutination					
Blood					
Proteus OX ₁	790	..	754	36	..
Proteus OX ₁₉	789	..	772	17	..
Complement-fixation					
Blood					
Endemic typhus.....	133	3	125	5	..
Q fever.....	3	..	2	1	..
Rickettsialpox.....	1	1	..	..	..
Rocky Mountain spotted fever.....	10	2	7	1	..
Rat blood.....	85	36	30	10	9
STREPTOCOCCUS INFECTIONS					
Total.....	35	25	10	..	..
Culture					
Blood.....	4	4	..	..	..
Exudate.....	5	3	2	..	..
Sputum.....	21	16	5	..	..
Swab.....	5	2	3	..	..

TABLE NO. 2—Concluded
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
SYPHILIS					
Total.....	84,742	14,698	68,483	59	664
Biochemic					
Gum mastic.....	894	39	809	38	8
Total protein.....	838*	..	..	..	..
Complement-fixation					
Eagle					
Spinal fluid.....	881	75	734	5	67
Flocculation					
Eagle-Strauss					
Blood.....	74,663	7,235	66,843	2	583
Hinton					
Blood.....	235	118	97	14	6
Titre.....	7,231	7,231	..	..	..
TRICHOMONIASIS					
Exudate, microscopic.....	141	88	53	..	..
TUBERCULOSIS					
Total.....	13,124	1,730	9,702	170	1,522
Animal inoculation					
Exudate.....	57	6	50	..	1
Sputum.....	112	21	91	..	..
Stomach lavage.....	97	14	75	..	8
Urine.....	142	8	134	..	..
Culture					
Exudate.....					
Sputum.....	1,708	189	1,308	16	195
Stomach lavage.....	797	69	616	6	106
Urine.....	118	10	97	..	11
Microscopic					
Exudate.....	74	1	73	..	..
Sputum.....	8,996	1,375	6,304	119	1,198
Stomach lavage.....	771	33	709	29	..
Urine.....	200	3	197	..	..
TULAREMIA					
Blood, agglutination.....	32	..	25	7	..
VINCENT'S INFECTION					
Exudate, microscopic.....	14	7	6	1	..
VIRUS INFECTIONS					
Total.....	36	..	35	1	..
Complement-fixation					
Blood					
Lymphogranuloma venereum.....	6	..	6	..	..
Mumps.....	5	..	5	..	..
Ornithosis-peittacosis.....	25	..	24	1	..
OTHER EXAMINATIONS					
Total.....	120	111	9	..	..
Biochemic.....	16	9	7	..	..
Culture.....	104	102	2	..	..

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

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

PRODUCT	NUMBER OF PACKAGES	BASIC CONTENT	TOTAL AMOUNT
TOTAL	53,475		
Triple antigen Diphtheria and tetanus toxoids combined with pertussis vaccine	8,119	Cubic centimeter	65,519 c.c.
Diphtheria biologicals			
Antitoxin	55	Unit	980,000 units
Toxin for Schick test	27	Test	270 tests
Toxoid, alum-precipitated	160	Cubic centimeter	1,255 c.c.
Toxoid, fluid	6	Cubic centimeter	128 c.c.
Cholera vaccine	4	Cubic centimeter	6 c.c.
Conjunctival tests			
Horse serum	14	Test	112 tests
Rabbit serum	61	Test	488 tests
Immune serum globulin, human			
Agammaglobulinemia	336	Cubic centimeter	672 c.c.
Infectious hepatitis	129	Cubic centimeter	255 c.c.
Measles	8,696	Cubic centimeter	17,392 c.c.
Pollomyelitis	71	Cubic centimeter	501 c.c.
Penicillin	1,490	Unit	4,470,000,000 units
Pertussis biologicals			
Antipertussis serum, rabbit	174	Cubic centimeter	596 c.c.
Rabies vaccine (human)	3,646	Dose	3,646 doses
Silver nitrate solution, one per cent	184	Ampule	386 ampules
Smallpox vaccine	8,289	Tubes	41,445 points
Tetanus biologicals			
Antitoxin	461	Unit	1,232,000 units
Toxoid, alum-precipitated	853	Cubic centimeter	5,000 c.c.
Toxoid, fluid	219	Cubic centimeter	6,454 c.c.
Tuberculin biologicals			
Koch's old	610	Cubic centimeter	3,050 c.c.
Patch test	19,236	Test	19,236 tests
Typhoid vaccine	118	Cubic centimeter	1,575 c.c.
Typhoid-paratyphoid vaccine	438	Cubic centimeter	4,875 c.c.
Typhus vaccine			
Epidemic strain	10	Cubic centimeter	20 c.c.
Murine strain	19	Cubic centimeter	380 c.c.

TABLE NO. 4
SUPPLY MATERIALS AND OUTFITS PREPARED AND DISTRIBUTED

Glassware and material cleaned (units)	1,077,886
Sterilized	552,502
Bottles	55,569
Petri dishes	86,658
Pipettes	144,128
Tubes	131,048
Vials	21,829
Miscellaneous	113,270
Media prepared	1,162
Liters	4,142
Bottles	14,850
Petri dishes	28,658
Tubes	19,788
Vials	
Outfits	
Prepared	110,452
Distributed	108,988
Culture stations	786
Health districts	72,329
Laboratory	35,873
Water distilled (gallons)	1,956

TABLE NO. 5
FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND
EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
TOTAL.....	7,140*	24,432
Cream, pasteurized (plant, store, truck).....	441	
Coliform count.....	..	443
Plate count.....	..	443
Temperature check.....	..	313
Cream, raw.....	4	
Plate count.....	..	4
Check work with outside laboratories.....	83	
Plate count.....	..	414
Microscopic count.....	..	108
Coliform count.....	..	900
Special tests.....	..	264
Equipment for sterility (bottles, containers).....	257	
Plate count.....	..	257
Coliform count.....	..	4
Food products.....	56	
Plate count.....	..	63
Microscopic count.....	..	84
Coliform count.....	..	183
Special tests.....	..	447
Food poisoning investigations.....	66	
Culture tests.....	..	675
Plate count.....	..	103
Microscopic count.....	..	140
Special tests.....	..	426
Goat milk (plant, store, truck) pasteurized and raw.....	66	
Plate count.....	..	67
Coliform count.....	..	48
Temperature check.....	..	50
Hand swabbings.....	45	
Plate count.....	..	45
Coliform count.....	..	132
Microscopic count.....	..	51
Special tests.....	..	423
Ice cream (plant, store, truck).....	513	
Plate count.....	..	515
Coliform count.....	..	515

* Of this number 5,791 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
Investigative work.....	23	
Plate count.....	..	10
Microscopic count.....	..	5
Coliform count.....	..	1,061
Special tests.....	..	1,725
Milk, pasteurized (plant, store, truck).....	1,523	
Plate count.....	..	469
Coliform count.....	..	1,522
Temperature check.....	..	1,161
Milk, chocolate, pasteurized (plant, store, truck).....	235	
Plate count.....	..	233
Coliform count.....	..	233
Temperature check.....	..	198
Milk, raw (shipper, plant).....	501	
Plate count.....	..	503
Microscopic count.....	..	18
Temperature check.....	..	238
Miscellaneous samples.....	72	
Plate count.....	..	72
Microscopic count.....	..	17
Coliform count.....	..	136
Special tests.....	..	145
Procedure controls		
Special tests.....	..	2,939
Shellfish and seafood.....	7	
Plate count.....	..	7
Coliform count.....	..	31
Special tests.....	..	18
Swabbings (Miscellaneous samples).....	3	
Plate count.....	..	3
Coliform count.....	..	5
Special tests.....	..	11
Swabbings from utensils and equipment.....	1,091	
Plate count.....	..	1,091
Water (tap, pool, well, spring, river, etc.).....	2,152	
Plate count.....	..	1,320
Coliform count.....	..	2,152
Special tests.....	..	1,987

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.....	12,959*	36,343
Body fluids and excreta.....	1,905	
Lead test.....	..	3,027
Total protein test.....	..	853
Unclassified biochemic tests ..	..	94
Dairy products (milk, cream, ice cream, etc.).....	5,906	
Phosphatase test.....	..	9,150
Butterfat test.....	..	3,869
Added water tests.....	..	562
Sediment test.....	..	880
Unclassified tests.....	..	2,275
Food products.....	957	
Filth test (rodent and insect infestation).....	..	2,327
Adulteration tests.....	..	372
Decomposition tests ..	..	156
Unclassified tests ..	..	256
Industrial hygiene and air pollution control Samples (air, dusts, solvents, etc.).....	1,084	
Industrial poison tests.....	..	2,346
Air contaminant tests.....	..	2,727
Miscellaneous samples.....	100	
Unclassified tests ..	..	370
Solutions and outfits.....	500	
Unclassified tests ..	..	2,040
Water samples.....	2,507	
Fluoride test.....	..	3,310
Boiler water control tests.....	..	902
Sanitary analysis.....	..	286
pH test.....	..	481

* Of this number 10,721 samples were submitted for chemical analysis only; the other 2,238 samples were submitted for bacteriologic and chemical analysis.

EASTERN HEALTH DISTRICT

W. Sinclair Harper, M.D.

Health Officer

Construction of the new building at 620 North Caroline Street continued into 1954 and the cornerstone laying ceremonies were held on May 25. The cornerstone was laid by Acting Mayor Arthur B. Price in the absence of Mayor Thomas D'Alesandro, Jr. Articles of historical interest including correspondence, reports and photographs, selected by the Commissioner of Health and the Director of the Johns Hopkins School of Hygiene and Public Health were placed in the cornerstone and duplicate collections of these articles have been kept in the offices of the Commissioner and the Director.

On September 1 the Eastern Health District was extended to include the area previously designated as the Northeastern and approximately the eastern half of the area previously designated as the Northern Health District. This change was an expansion in area from 2.1 square miles to 24.2 square miles and an expansion of population from an estimated 102,000 to an estimated 333,000 people. The Eastern Health District as enlarged encompassed all levels of socioeconomic stratification and had a Negro population of about 14 per cent, which is only slightly in excess of the national average for urban areas.

The facilities of the old Eastern Health District building at 1923 E. Monument Street were moved on November 16 and the first clinic sessions were held on November 22; the facilities of Somerset Health Center at Orleans Street and Central Avenue were moved on November 23, and on November 30 the facilities at 28 S. Broadway were moved to the new building. Each unit closed its facilities for a week subsequent to the day of moving so that on December 6 all units were functioning in the new building. On December 8 Dr. Daniel N. Wilner and his staff of the Baltimore Study on the Hygiene of Housing and on December 9 Dr. Paul V. Lemkau and his staff of the Division of Mental Hygiene of the Johns Hopkins School of Hygiene and Public Health moved into the new building.

The changes in the size of the district, the physical facilities and the additional personnel all portended favorably in the carrying out of the service, educational and research functions of the Eastern Health District. The developing pattern of public health practice could be demonstrated with greater facility in the enlarged district that provides a population framework that is fairly representative of an urban center in this country.

Service Activities

Public Health Nursing

The public health nurses served the district population in the homes, in the schools, and in the Health Department clinics held in the district building as well as in other localities throughout the district. While these activities are included in the different categories of disease listed, yet in practice the public health nurses rendered service in complex family situations taking cognizance of all facets of health, whether physical or mental and all categories of disease whether acute or chronic.

Tuberculosis

Public health nurses made 9,415 home visits for the supervision of adults and children with active tuberculosis. The X-ray screening clinic took 5,802 films of contacts of active cases, volunteers, women registered in the prenatal clinics of the Health Department and applicants for pre-employment examination, of whom 256 needed further follow-up. The limited BCG program continued throughout the year and followed residents from all districts of Baltimore City. The vaccine was administered to 496 persons and in addition 1,486 Mantoux tests were given to those previously vaccinated. With the assistance of personnel from the Johns Hopkins School of Hygiene and Public Health and the Director of the Bureau of Tuberculosis, the program of tuberculin testing white children in Public School No. 83 and colored children in Public School No. 139 was carried out as in previous years, except that in addition to a tuberculin test a histoplasmin test was also given. Of the 786 white children tested, 2 per cent were found to be positive reactors and of the 985 Negro children tested, 6 per cent were positive reactors to the tuberculin tests. Of the 801 white children given a histoplasmin test, 4.5 per cent were found to be positive reactors and of the 1,018 colored children given a histoplasmin test, 6.9 per cent were positive reactors. Those who exhibited positive reactions to the tuberculin test were given chest X-rays and a home visit by the public health nurse was carried out in attempting to trace possible sources of infection. The percentage of white and colored children with positive histoplasmin tests is much lower than found in the neighboring counties of Maryland.

The home treatment program of those awaiting admission to hospital and those discharged from hospital continued and also the clinic for those patients with pulmonary or nonpulmonary tuberculosis who were ambulant continued and gave service to a larger number of patients. After the move into the new building the X-ray screening clinics were integrated with the chest clinics and were carried out two nights a week instead of one. While

there was a further substantial decrease in the death rate from tuberculosis yet the morbidity rate and the potential threat from those patients with presumably arrested tuberculosis made it appear that the control of this disease will continue to be a large component of public health practice for a number of years.

School Health

The services provided in the elementary public and parochial schools continued with some further modifications of recording and were restricted to some extent in the schools in the better socioeconomic areas because of the shortage of staff nurses and the greater needs in the less privileged areas. Physical examinations were carried out on 2,690 children, of whom 1,460 were found to have one or more physical defects. Dental services in Public School No. 139 were continued with the assistance of a dental aide due to the resignation of the dental hygienist. Dental services included the inspection of 1,322 children. Of these, 408 were treated in the clinics and 200 were carried to completion. Dental services were provided for children attending Public Schools Nos. 13, 27, 27A, 37, 102, 116, 139, 147, St. Francis Xavier, St. Andrews and St. Wenceslaus Parochial Schools. The provision of additional personnel and equipment permitted the extension of dental services to additional numbers of public and parochial schools at the beginning of the school term in September.

Maternal and Child Health

The child health clinics held at Somerset Health Center and the child health clinics held at 1923 E. Monument Street were combined in sessions held every afternoon at the new building. Child health clinics were also held at eight localities throughout the district; four of these were in the old Eastern Health District and four in the new area. These clinics served 12,918 visits. The maternity clinics at Somerset Health Center were combined with the maternity clinics at the new building in sessions arranged so that a screening clinic was held on Monday morning and regular clinics on two other mornings. A total of 3,809 antenatal and postnatal visits was recorded in 1954.

The child guidance facility known as the Mothers' Advisory Service was transferred to the new building and admitted 108 new patients and continued supervision of 250 patients from previous years. Dr. Marcia Cooper of the Johns Hopkins School of Hygiene and Public Health conducted this clinic. Dr. Sibyl Mandell, Chief of the Health Department's Division of Mental Hygiene, continued group counseling at the maternity clinics and conducted the regular in-service training conferences with the public health nurses.

Acute Communicable Diseases

The incidence of these illnesses as reported, in general demonstrated the following trends as compared with the previous year: Measles increased from 163 to 762 cases, scarlet fever decreased from 233 to 41 cases, whooping cough increased from 64 to 102 cases, meningococcal infections decreased from 8 to 2 cases, paralytic poliomyelitis decreased from 5 cases to 4 cases and there was 1 case of diphtheria, the same number for diphtheria as reported in 1953.

The immunization clinic held once a week continued its services to children and adults with an increasing number of adults who were for the most part dependents of military personnel proceeding overseas.

The venereal disease clinic formerly held at Somerset Health Center continued three nights a week in the new building from November 23 to the end of the year. In addition there were two day sessions. This clinic admitted 3,015 patients of which 146 had syphilis, 1,780 had gonorrhea and 8 had other venereal diseases. Patients made 6,434 visits to the clinic during the year. There was no case of congenital syphilis in infants.

Educational Activities

The seminar rooms provided in the new district building and additional personnel from the Johns Hopkins School of Hygiene and Public Health permitted considerable improvement in the various educational programs. For the first time all senior medical students of the Johns Hopkins School of Medicine had their lectures and seminars in public health on the premises of the Health Department. Medical students from the University of Maryland School of Medicine continued to observe and participate at the Health Department maternity clinics in the Eastern Health District.

Candidates for the Master of Public Health degree, special students of the Johns Hopkins School of Hygiene and Public Health, medical students of the Johns Hopkins School of Medicine, and nursing students of the Johns Hopkins and Sinai Hospitals continued to be assigned case studies in the Eastern Health District and visited the homes, the schools, the Health Department clinics and other health and related community resources in their studies of public health practice and the socioeconomic implications of illness. The District Health Officer lectured to the second year class of the School of Medicine of the University of Maryland. Students taking courses with the Division of Mental Hygiene of the Johns Hopkins School of Hygiene and Public Health received their instruction at the new district building.

Special students and visitors spent varying amounts of time at the district facilities and in conference with the Health Officer. To the end that sanitarians employed in the Health Department could be given more gener-

alized instruction and experience and responsibility, a new program was set up on November 15 which will extend over a period of twelve weeks. This course was essentially lecture-seminar demonstration work in the mornings and field experience and training in the afternoons. It was expected that this course would give the sanitarians in the various bureaus and divisions a broader and more current point of view.

The Dispensary Visiting Nurse Service program of the Johns Hopkins Hospital continued to be conducted from the Eastern Health District building throughout the year and with the facilities and population of the new district provided a more representative experience in public health nursing for the undergraduate nurses of the Johns Hopkins and Sinai Hospitals Schools of Nursing. In addition, the more flexible and more comprehensive services of the new district and the new building encompassed more opportunities in planning the training and experience for the staff nurses of the Baltimore City Health Department and to graduate nurses of other medical centers and schools of nursing.

The civic experience program for secondary school pupils provided orientation and observation experience at the new building and the Health Officer attended different schools to lecture on health subjects related to family life such as communicable diseases, medical care and the venereal diseases.

Research Activities

The study to determine the efficacy of gamma globulin in the prevention of measles was terminated in June, 1954 and while not completed the report will indicate that this material is effective in proportion to the promptness of its use after exposure. Studies of premature infants, lead poisoning and housing carried on in cooperation with the Johns Hopkins Medical Institutions and the U. S. Public Health Service were continued.

As previously stated, the Baltimore Study of the Hygiene of Housing was initiated in 1954 and its personnel moved into the new building. This study, supported by a federal health grant, is to be carried on in a new public housing development known as Lafayette Courts and will have a comparable group of families as controls. It should be of major significance in the study of housing and social medicine. The first year of the project will be devoted to the development of schedules and techniques, the following three years to carrying out the actual study and the final year to evaluation. Essentially the project is planned to demonstrate if possible whether improved housing has any direct or measurable effect on health. This Hygiene of Housing Study resulted from plans and recommendations made more than five years previously by a joint committee of representatives of the American Public Health Association and the National Association of Hous-

ing Officials of which the Commissioner of Health of Baltimore was a member.

Demonstration Activities

The district staff participated in the regularly scheduled television and radio programs and made available to the public through meetings and literature a comprehensive variety of public health information and related preventive measures.

The opening of the new building and the revised district boundaries meant an increase in the amount of time devoted to demonstrating the various functions of the district to the public, to students and to visitors who came from many parts of the United States and Canada and from Australia, Brazil, Columbia, Egypt, England, Formosa, Germany, India, Japan, Jerusalem, Norway, Pakistan, Paraguay, Peru, the Philippines, San Salvador and Scotland.

Staff Changes

The rescheduling of certain clinics because of the new facilities brought about changes in part-time medical personnel, and the Bureau of Public Health Nursing experienced considerable turnover due to resignations, transfers and leaves of absence. Two staff nurses received two months leave of absence for outside field experience, one staff nurse continued on leave of absence to attend the University of Maryland and another staff nurse received leave of absence to attend the same university.

The public health nurses listed below are those assigned to the old Eastern Health District; the nurses of the area added in September were scheduled to report to the new building in 1955. Unless otherwise indicated the statistical data presented is also for the old area.

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
Clara C. Plichta, B.S., Supervisor of Public Health Nursing
Frieda Laubach, B.S., Supervisor of Public Health Nursing†
Margaret Harrison, B.S., Supervisor of Public Health Nursing†
Sue M. Starr, B.S., Acting Supervisor of Public Health Nursing

Public Health Nurses

Theresa R. Armiger	Grace P. Orr
Marjorie S. Brown	Elizabeth N. Quinlin
Joan Featherstonhaugh	Eileen Ada Simpson**
Ellen Foster*	Julia A. Smith, B.S.

Mildred L. Gambrill	Elsa M. Spiegel, B.S.
Audrey Heckner**	Josephine Svennevig, B.S.
Ida Mae Henderson	Martha Tacka
Zoe Anne Horowicz, B.S.	Margaret Tripoda
Gladys R. Johnson	Helen W. Urban
Juanita King	Anne Jeanne Virbal, B.S.
Rose E. Lewis	Elizabeth C. Waldron
Mary Merva	Pearl J. Winston
Jane N. Nelson	Florence Zinz

Edna E. Herget, Junior Administrative Officer
Helen R. Ewalt, Senior Clerk
Elaine E. Smith, Junior Stenographer
Louise E. Walle, Clerk-Typist
Mabel Thompson, Janitress
Norman E. Smith, Janitor

* On Leave of Absence.

** Part-time employee.

† Instructor of the Johns Hopkins Hospital School of Nursing assigned to the Eastern Health District.

TABLE NO. 1
RESIDENT BIRTHS, EASTERN HEALTH DISTRICT—1954

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	2,573	1,250	1,323
Hospital.....	2,511	1,224	1,287
Home.....	62	26	36
<i>Private physician</i>	41	18	23
<i>Midwife</i>	19	8	11
<i>Other</i>	2	..	2

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY
COLOR—EASTERN HEALTH DISTRICT—1954

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES.....	1,035	645	390
Tuberculosis, all forms (001-019).....	23	9	14
<i>Respiratory tuberculosis (001-008)</i>	21	8	13
<i>Syphilis (020-029)</i>	6	2	4
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	2	2	..
<i>Measles (085)</i>	1	1	..
<i>Other infective and parasitic diseases (110-138)</i>	1	..	1
Malignant neoplasms (140-205).....	163	109	59
<i>Lymphatic and hematopoietic (200-205)</i>	15	8	7
<i>Benign and unspecified neoplasms (210-239)</i>	5	4	1
<i>Diabetes (260)</i>	13	8	5
<i>Anemias (290-293)</i>	2	2	..
<i>Other diseases of the blood and blood-forming organs (294-299)</i>	1	1	..
<i>Vascular lesions of the central nervous system (330-334)</i>	80	54	26
<i>Rheumatic fever (400-402)</i>	3	..	3
Diseases of the heart (410-443).....	423	292	131
<i>Chronic rheumatic heart disease (410-416)</i>	15	9	6
<i>Arteriosclerotic and degenerative heart disease (420-422)</i>	229	229	64
<i>Other diseases of the heart (430-434)</i>	5	3	2
<i>Hypertensive heart disease (440-443)</i>	110	51	59
<i>Other hypertensive diseases (444-447)</i>	8	2	6
<i>Arteriosclerosis (450)</i>	19	14	5
<i>Other diseases of the circulatory system (451-468)</i>	12	6	6
<i>Nephritis and nephrosis (590-594)</i>	7	3	4
<i>Influenza and pneumonia (480-483, 490-493)</i>	36	14	22
<i>Pneumonia (490-493)</i>	58	14	22
<i>Ulcer of the stomach and duodenum (540-542)</i>	12	11	1
<i>Intestinal obstruction and hernia (560-570)</i>	8	7	1
<i>Gastritis, duodenitis, enteritis and colitis (543, 571, 572)</i>	2	1	1
<i>Cirrhosis of the liver (581)</i>	15	12	3
<i>Hyperplasia of prostate (610)</i>	4	3	1
<i>Puerperal causes (640-659)</i>	1	..	1
<i>Congenital malformations (750-759)</i>	15	10	5
<i>Certain diseases of early infancy (760-776)</i>	51	19	32
<i>Pneumonia of newborn (765)</i>	3	..	3
<i>Senility, ill-defined and unknown conditions (780-795)</i>	1	..	1
<i>All other diseases</i>	53	30	23
Accidents, total (800-962, 965).....	43	23	20
<i>Motor vehicle accidents (810-836)</i>	10	4	6
<i>All other accidents</i>	33	19	14
<i>Suicides (963, 970-979)</i>	10	4	6
<i>Homicides (964, 980-985)</i>	10	2	8

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE EASTERN HEALTH DISTRICT—1954

DISEASE	TOTAL	WHITE	COLORED
TOTAL	3,149	988	2,161
Chickenpox.....	258	129	129
Diphtheria.....	1	1	..
German measles.....	14	4	10
Gonococcal infections.....	1,409	86	1,323
Measles.....	762	489	273
Meningococcal infections.....	2	1	1
Mumps.....	106	87	19
Poliomyelitis, paralytic cases.....	4	3	1
Scarlet fever.....	41	29	12
Syphilis.....	180	17	163
Tuberculosis, all forms.....	212	88	124
Typhoid fever.....	..	..	..
Whooping cough.....	102	39	63
All others.....	58	15	43

WESTERN HEALTH DISTRICT

George W. Watson, M.S.P.H.

Health Administrator

The outstanding public health event for 1954 in the Western Health District was the approval, on November 2, of the Buildings and Structures Loan which will provide \$1,000,000 to construct and equip a new Western Health District building to house administrative offices and to make available laboratory, clinic and teaching services. Plans call for the building to be located on the northwest corner of Lombard and Penn Streets in the vicinity of the University of Maryland Medical School and Hospital, and its Schools of Dentistry, Pharmacy and Nursing. Because of the long and close relationship between the Medical School and the City Health Department even greater benefits should accrue to both with this increase in district facilities.

Another special event in 1954 was the delivery by the Commissioner of Health on December 14 of the first of a series of public health lectures to University of Maryland School of Pharmacy students. This initial lecture dealt with public health administration. Additional lectures are planned on medical care and public health laboratory procedures by the respective directors of these Health Department services.

In conjunction with the Department of Preventive Medicine and Rehabilitation of the University of Maryland Medical School newly established on July 1 the personnel of the Western Health District participated in the Home Survey Report Course involving 100 fourth year medical students. This program is outstanding as an example of beneficial results obtainable through Medical School—Health District cooperation.

During the first three months of 1954 a limited study of diphtheria toxoid "delinquents" was conducted by the District Health Administrator with the cooperation of the district nursing staff. Not only did this study result in a somewhat improved community participation in the toxoid program but it also brought to light numerous other public health problems in the community that were solved through the cooperative effort of the district office and the various bureaus of the Health Department.

A total of 36 students observed the many public health activities in the Western Health District during 1954. The University of Maryland Medical School, the University of Maryland School of Nursing, Franklin Square Hospital, Maryland General Hospital, Sinai Hospital, Women's Hospital, Baltimore City Hospitals, Johns Hopkins Hospital and the Instructive Visiting Nurse Association were all represented in this group.

During 1954 a total of 29 student nurses affiliated with the Western Health District. These students were under the direction of Miss Martha Baer, Instructor in Community Nursing in the University of Maryland School of Nursing.

The total caseload of Western Health District child health clinics increased from 2,318 in 1953 to 2,714 in 1954 while the dental clinics of the district had an increase of from 131 three hour sessions in 1953 to 240 for 1954. Dental services rendered increased from 1,180 to 2,619. Three hundred and sixty-five dental cases were completed in 1954 as compared to 139 in 1953.

Mrs. Helen Verner of the Maryland Society for the Prevention of Blindness trained 54 mothers in the use of the Massachusetts Vision Test kit.

Four staff nurses resigned during the year and four were added while two nurses were transferred to other districts. Miss Jean Ginn, clerk-stenographer accepted employment in another city department and Miss Elizabeth J. Heine, clerk-typist was advanced to the new position of senior clerk in the district office. On November 4 Miss Antonia Smith was employed as clerk-typist.

The staff education program for public health nurses was quite varied during 1954. Notable activities included special talks by Mrs. Elsie Seff from the Association of Jewish Charities; Mr. Thomas Braun, Supervisor of the Vocational Rehabilitation Division of the Maryland State Department of Education; Mrs. Mary Cowman of the Family and Children's Society; Mrs. Jane D. Ellen of the Housing Bureau; Dr. William A. Niermann, Assistant in Pediatrics at the University of Maryland School of Medicine; and Miss Charlotte Bouchett of the Associated Catholic Charities. Observation trips were also made by staff nurses to the Maryland School for the Blind, to Mount Wilson State Tuberculosis Hospital and to the Pine Street Police Station where housing and related cases were handled.

Personnel

George W. Watson, M.S.P.H., District Health Administrator
Henrietta R. L. Gintling, Supervisor of Public Health Nursing

Public Health Nurses

Mary J. Amos	Ruth Guyton
Irene T. Barnhill	Eva K. Lowry
Grace Berger	Mildred Marando
Carolyn Boykin	Doris McCurdy*
Mary Brown	Thelma Mellinger
Wilma Clear	Margaret D. Miller
Mary Coln	Elnora Robinson

* Part-time employee.

Evelyn Cortez	Mary B. Tewell
Ella Dubin	Edna V. Yates
Evelyn Godfrey	

Elizabeth J. Heine, Senior Clerk
Antonia Smith, Clerk-Typist

TABLE NO. 1
RESIDENT BIRTHS, WESTERN HEALTH DISTRICT—1954

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	3,140	2,127	1,022
Hospital.....	3,012	2,072	940
Home.....	137	55	82
<i>Private physician</i>	98	47	45
<i>Midwife</i>	42	7	35
<i>Other</i>	3	1	2

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY
COLOR—WESTERN HEALTH DISTRICT—1954

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES.....	1,362	1,102	260
Tuberculosis, all forms (001-019).....	30	13	17
<i>Respiratory tuberculosis (001-008)</i>	28	13	15
Syphilis (020-029).....	8	2	6
Meningococcal infections (057).....	1	1	..
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	1	1	..
Malignant neoplasms (140-205).....	229	196	33
<i>Lymphatic and hematopoietic (200-205)</i>	6	6	..
Benign and unspecified neoplasms (210-239).....	3	2	1
Diabetes (260).....	26	24	2
Anemias (290-293).....	3	..	3
Vascular lesions of the central nervous system (330-334).....	120	102	18
Rheumatic fever (400-402).....	2	1	1
Diseases of the heart (410-443).....	562	486	76
<i>Chronic rheumatic heart disease (410-416)</i>	17	16	1
<i>Arteriosclerotic and degenerative heart disease (420-422)</i>	388	366	55
<i>Other diseases of the heart (430-434)</i>	19	16	3
<i>Hypertensive heart disease (410-443)</i>	158	99	59
Other hypertensive diseases (444-447).....	12	9	3
Arteriosclerosis (450).....	11	10	1
Other diseases of the circulatory system (451-468).....	16	13	3
Nephritis and nephrosis (590-594).....	18	13	5
Influenza and pneumonia (480-483, 490-493).....	35	19	16
<i>Pneumonia (490-493)</i>	33	17	16
Bronchitis (500-502).....	2	1	1
Ulcer of the stomach and duodenum (540-542).....	8	7	1
Appendicitis (550-553).....	3	3	..
Intestinal obstruction and hernia (560-570).....	14	12	2
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	2	..	2
Cirrhosis of the liver (581).....	24	22	2
Hyperplasia of prostate (610).....	3	2	1
Fuerperal causes (640-689).....	1	..	1
Congenital malformations (750-759).....	12	10	2
Certain diseases of early infancy (760-776).....	63	39	24
<i>Pneumonia of newborn (763)</i>	2	1	1
<i>Diarrhea of newborn (764)</i>	1	..	1
Senility, ill-defined and unknown conditions (780-795).....	8	7	1
All other diseases.....	59	44	15
Accidents, total (800-962, 965).....	58	44	14
<i>Motor vehicle accidents (810-836)</i>	20	16	4
<i>All other accidents</i>	38	28	10
Suicides (963, 970-979).....	13	13	..
Homicides (964, 980-985).....	15	6	9

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE WESTERN HEALTH DISTRICT—1954

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	2,067	937	1,130
Chickenpox.....	198	109	89
Diphtheria.....	..	..	..
German measles.....	5	2	3
Gonococcal infections.....	647	58	589
Measles.....	547	440	107
Meningococcal infections.....	1	1	..
Mumps.....	146	117	29
Poliomyelitis, paralytic cases.....	2	2	..
Scarlet fever.....	53	42	11
Syphilis.....	176	22	154
Tuberculosis, all forms.....	177	100	77
Typhoid fever.....	1	1	..
Whooping cough.....	72	30	42
All others.....	42	13	29

DRUID HEALTH DISTRICT

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

Health Officer

The Druid Health District observed its 15th anniversary in October 1954. Initially it was organized to serve the public health needs of the large Negro population in the Western Health District, but in 1950 the boundaries were expanded and the total population therein was included thereby changing the status to that of a complete Health District.

Because of the large number of tuberculous patients given streptomycin in the home by the public health nurses, a streptomycin clinic was inaugurated in the district building at 1313 Druid Hill Avenue to accommodate ambulatory patients in need of such injections. About 50 patients twice each week attended these clinics. This left approximately 150 patients to receive this valuable therapeutic agent twice a week in their homes.

Forty-eight other clinic sessions were conducted each week in the Druid Health District, twenty-seven in the headquarters building and twenty-one elsewhere in the district. At 1313 Druid Hill Avenue the weekly clinic schedule was as follows: Prenatal 4, children's venereal diseases 2, child health 4, chest 5, and adult venereal diseases 12. In other localities in the district there were weekly 15 child health clinics, 5 chest clinics, and 1 prenatal clinic. Child health clinics were held at Public School No. 161, Public School No. 141, St. Mary's Protestant Episcopal Church and the Gilmor Housing Project. The prenatal clinic was conducted at the Gilmor Housing Project while the 5 chest clinics were held at 1516 Madison Avenue. In addition, the District Health Officer held immunization clinics each Wednesday afternoon during the year. Clinic attendance continued to increase, and resulted in overcrowding in all except the children's venereal disease clinic. This was especially true of the child health, prenatal and chest clinics; so much so that plans were formulated to seek a large and more adequate health district building.

Medical social service was available in the district throughout the year and was supplied by the Maryland Tuberculosis Association. The services of Miss Catherine Hagler, the social worker, demonstrated that the social needs of families and individuals in their homes called for more social service than the community had previously made available. The working together of the public health nurses, clinicians and other health personnel coordinating the medical-social needs of 231 tuberculous patients during 1954 was seen as a demonstration of expanding social service needs so that patients could receive treatment as "whole" individuals.

Student nurses from many hospitals in the city and elsewhere were recipients of various forms of public health education gained through practice under the guidance and jurisdiction of the nurse supervisors and the staff nurses of the district. Among these hospital schools of nursing were the University of Maryland, Provident Hospital, Henryton State Tuberculosis Hospital, the Hospital for the Women of Maryland, Johns Hopkins, and Bon Secours Hospitals.

Civil defense activities were increased in 1954. Several conferences for the nurses were held. The District Health Officer continued his assignment as the Health Deputy of the Northwestern District and took part in the air raid exercises of June 14 and November 8. He also pursued a 10 day course on the "Medical Care of Atomic Casualties" at Walter Reed Hospital in Washington, D. C. during October.

Two valuable members of the staff, Mrs. Cornelia C. Phillips, public health nurse and Mr. William P. Duffy, venereal disease investigator, retired in February and May respectively, after many years of faithful and efficient service. Both had been appointed to the Health Department prior to the establishment of the Druid Health Center and each was a member of the original staff of this health unit.

Personnel

H. Maceo Williams, M.D., M.P.H., Administrative Health Officer
 James B. Hawkins, M.D., Health Officer
 Anna Persch, Supervisor of Public Health Nursing
 Margaret Galbreath, Supervisor of Public Health Nursing
 Adelaide G. Smith, Supervisor of Public Health Nursing
 Anita K. Henson, Supervisor of Public Health Nursing

Public Health Nurses

Constance D. Alston	Elizabeth Lingo*
Diane C. Bland	Doris M. Lytle**
Helen R. Carr	Margaret E. Lytle
Ophelia Coleman	Dorothy W. Mills
Celia L. Cousins	Juanita P. Mills
Marie W. Crook	Lillian B. Mills
Dorothy W. Davis	Margaret C. Mims
Ethelyn B. Dever	Vivian R. Pendleton
Katie W. Fernandis	Agnes C. Pilgrim
Mary R. Fitchett	Mary C. Provenza
Freda V. Fletcher, B.S.	Anne M. Pulver
Irma R. Givens, B.S.	Joyce S. Saunders
Mamie J. Greene	Rosalie M. Shortt
Margaret S. Harper	Lilyan F. Slater
Mildred W. Jones	Jessica B. Taylor
Edna B. Kenney	Evelyn T. Ward
Irene F. Kyler	Credella F. White, B.S.

TABLE NO. 1
RESIDENT BIRTHS, DRUID HEALTH DISTRICT—1954

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	3,984	238	3,746
Hospital.....	3,690	227	3,463
Home.....	294	11	283
<i>Private physician</i>	163	9	154
<i>Midwife</i>	117	..	117
<i>Other</i>	14	2	12

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY COLOR—DRUID HEALTH DISTRICT—1954

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES.....	1,670	236	1,434
Tuberculosis, all forms (001-019).....	53	6	47
<i>Respiratory tuberculosis (001-008)</i>	48	6	42
<i>Syphilis (020-029)</i>	23	1	22
<i>Dysentery (045-049)</i>	1	..	1
<i>Meningococcal infections (057)</i>	1	..	1
<i>Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074)</i>	5	..	5
<i>Measles (085)</i>	1	1	..
<i>Other virus diseases (086-090)</i>	2	..	2
<i>Other infective and parasitic diseases (110-138)</i>	1	..	1
Malignant neoplasms (140-205).....	222	33	189
<i>Lymphatic and hematopoietic (200-205)</i>	13	1	17
<i>Benign and unspecified neoplasms (210-239)</i>	6	..	6
Diabetes (260).....	21	1	20
<i>Anemias (290-293)</i>	4	..	4
<i>Other diseases of the blood and blood-forming organs (294-299)</i>	2	1	1
<i>Vascular lesions of the central nervous system (330-334)</i>	120	24	96
<i>Rheumatic fever (400-402)</i>	3	..	3
Diseases of the heart (410-443).....	593	89	504
<i>Chronic rheumatic heart disease (410-416)</i>	17	2	15
<i>Arterioclerotic and degenerative heart disease (420-422)</i>	308	70	238
<i>Other diseases of the heart (430-434)</i>	13	3	10
<i>Hypertensive heart disease (440-445)</i>	255	14	241
<i>Other hypertensive diseases (444-447)</i>	29	4	25
<i>Arterioclerosis (450)</i>	25	4	21
<i>Other diseases of the circulatory system (451-468)</i>	16	5	11
<i>Nephritis and nephrosis (590-594)</i>	31	1	30
<i>Influenza and pneumonia (480-483, 490-493)</i>	70	11	59
<i>Pneumonia (480-483)</i>	70	11	59
<i>Bronchitis (500-502)</i>	2	..	2
<i>Ulcer of the stomach and duodenum (540-542)</i>	14	4	10
<i>Appendicitis (550-553)</i>	2	..	2
<i>Intestinal obstruction and hernia (560-570)</i>	12	1	11
<i>Gastritis, duodenitis, enteritis and colitis (543, 571, 572)</i>	13	1	12
<i>Cirrhosis of the liver (581)</i>	19	7	12
<i>Hyperplasia of prostate (610)</i>	3	..	3
<i>Puerperal causes (640-680)</i>	6	..	6
<i>Congenital malformations (750-759)</i>	18	..	18
<i>Certain diseases of early infancy (760-776)</i>	116	10	106
<i>Pneumonia of newborn (763)</i>	10	1	9
<i>Diarrhea of newborn (764)</i>	1	..	1
<i>Senility, ill-defined and unknown conditions (780-795)</i>	6	3	3
<i>All other diseases</i>	82	12	70
Accidents, total (800-962, 965).....	92	13	79
<i>Motor vehicle accidents (810-835)</i>	28	1	27
<i>All other accidents</i>	64	12	52
<i>Suicides (963, 970-979)</i>	14	1	13
<i>Homicides (964, 980-985)</i>	42	3	39

TABLE NO. 3
 COMMUNICABLE DISEASES REPORTED IN THE DRUID HEALTH DISTRICT—1954

DISEASE	TOTAL	WHITE	COLORED
TOTAL	5,365	235	5,130
Chickenpox.....	184	29	155
Diphtheria.....	..	..	..
German measles.....	5	1	4
Gonococcal infections.....	3,585	54	3,531
Measles.....	386	78	308
Meningococcal infections.....	3	..	3
Mumps.....	69	21	48
Poliomyelitis, paralytic cases.....	1	..	1
Scarlet fever.....	17	5	12
Syphilis.....	561	8	553
Tuberculosis, all forms.....	365	32	333
Typhoid fever.....	2	..	2
Whooping cough.....	101	4	97
All others.....	86	3	83

SOUTHEASTERN HEALTH DISTRICT

John A. Skladowsky, M.D.

Health Officer

Special effort was directed toward the further expansion of preventive health services for the residents of the Southeastern Health District during the year. Three new dental hygiene clinics to provide constructive and preventive dental care for school children were opened. The first one at 901 South Kenwood Avenue for children of Public School No. 47 and the Parochial Schools of St. Brigid and St. Casimir opened in January and was informally dedicated on February 1 with the aid of the Canton Area Council, Inc.; Dr. Ross Davies, Assistant Commissioner of Health, gave the dedication address to an audience of 24 composed of representatives of the Council, the City Health Department and the three schools. The second was launched on March 23 at Public School No. 243 in Armistead Gardens and the third in April at Public School No. 240, O'Donnell and Gusryan Streets, for children of these two schools. Six such clinics are now maintained in the district.

A second well baby clinic was opened on July 7 in the O'Donnell Heights Housing Project and the well baby clinic which had been conducted on Fridays at the Holabird Homes Project was discontinued on November 3 and transferred on that date to the Armistead Gardens. Both of these new clinics were set up as Wednesday clinics. Two streptomycin clinics to provide this chemotherapy for ambulatory patients with tuberculosis were established on May 24 at 901 South Kenwood Avenue and on December 3 at 4 South Central Avenue. In each, two sessions weekly were provided.

Acute Communicable Diseases

The incidence of communicable diseases for the second consecutive year continued low except for an increase in measles from 78 to 777. There were 2 cases each of diphtheria, meningococcus meningitis and paralytic poliomyelitis as compared with 1 case, 7 cases and 7 cases respectively in 1953.

Educational Activities

The District Health Officer attended the sixth anniversary celebration of the Canton Area Council, Inc. held on April 27 in the Council's quarters at O'Donnell Street and Decker Avenue. The Council and the Southeastern Health District on April 28 jointly observed Child Health Day in the district clinic building at 901 South Kenwood Avenue where the audience of 80 was addressed by Dr. H. Berton McCauley, Director of the Bureau of Dental Care, who showed a movie "Teeth Are to Keep." The meeting was arranged

for 67 school children from Public School No. 47 and St. Brigid and St. Casimir Parochial Schools. Representative of these schools, the Council and the Health Department were present as well as Dr. Thomas Willetts, dentist in charge of the dental hygiene clinic located in the building.

A total of 3,957 persons over fourteen years of age were X-rayed in the neighborhood mass chest X-ray surveys conducted by the City Health Department with the assistance of the Maryland Tuberculosis Association and the Southeastern Community Council at Public School No. 2, Stiles and Lloyd Streets, from April 5 to 9; with the aid of the Eastern Community Council at Public School No. 47, Fleet Street and Linwood Avenue, from April 13 to 17; and with assistance from the Canton Area Council, Inc. from September 13 to 17. The Department outdoor mobile X-ray truck unit was used for the first time in the Canton Area Council survey. Pictures of the unit were published in the September 9th issue of *The Guide* and the October, 1954 issue of the *Baltimore Health News*.

The Community Study Workshop of the Eastern District comprising a group of sixteen teachers from the Patterson Park High School and Public Schools Nos. 40, 47, 215, 228 and 240 inspected the new district quarters at 3411 Bank Street on January 12 and were given a description of the functions and activities of the Southeastern Health District by the District Health Officer. On March 4 a group of thirty-seven public school teachers, social workers and counselors from the Department of Education studying health, welfare and social services in the city visited the district office where Mr. Joseph Gordon, Director of the Bureau of Health Information, described the work of the Baltimore City Health Department; the District Health Officer and Miss Ruth Collier, supervising nurse, discussed district activities. In March, November and December senior students from Patterson Park High School and Mergenthaler Vocational-Technical High School for the third year in succession were given three-hour courses by the District Health Officer as part of their curriculum in civic experience. Five teachers and members of the Parent-Teacher Association from Public School No. 215 visited the district quarters on September 21 for a tour of inspection after receiving a description of the district work by the District Health Officer. On October 20 the District Health Officer, Miss Wilda Snyder, supervising nurse, and Miss Julia Hagenbuch, public health nurse assigned to Public School No. 215, attended the Parent-Teacher Association meeting at the school where Dr. Alan Foord, Chief of the Division of School Health, was the guest speaker. Miss Snyder on March 4 spoke to the Future Nurses Club of the Catonsville High School on "Nursing as a Career" and showed the film "Girl with a Lamp". On April 30 Miss Snyder gave a talk on public health nursing to the Milford Mill High School Future Nurses Club. On October 14 twenty Girl Scouts of Troop 421 with their

two Scout Leaders visited the Southeastern Health District building to receive an orientation in the duties of the public health nurse.

Nursing Activities

Student nurses from the Johns Hopkins, University of Maryland and St. Joseph's Hospitals Schools of Nursing were given a two month affiliate course in public health nursing, and student nurses from the Baltimore City and Mercy Hospitals made weekly observations in the field and child health clinics. Forty-two expectant mothers registered in the prenatal clinics received individual instruction in mothercraft once a week during the year.

The nursing staff held regular monthly staff educational conferences. At the January 21 conference Mrs. Elizabeth Hipp, public health nurse in charge of the Health Department volunteer program, spoke on the use of volunteers in clinics and schools. On February 18, Dr. Frank Kuehn and Dr. Howard F. Raskin of the University of Maryland Hospital staff, described the use of the newer drugs. On April 22 Miss Ruth Ring, counselor in the Division of Vocational Rehabilitation of the Maryland State Department of Education, told the nurses how they can use this service; and on May 20 Mrs. Edythe Moore, Executive Secretary of the Maryland Society for the Prevention of Blindness, discussed retrolental fibroplasia.

Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene, conducted basic seminars in mental hygiene during the year for the staff nurses, and Miss Inistore Godfrey of the Division of Nutrition held similar seminars on nutrition. On November 4 and 18 Miss Virginia Struve, supervising nurse in the Bureau of Venereal Diseases, conducted seminars on venereal diseases for all new staff nurses.

Miscellaneous Activities

Throughout the year the District Health Officer continued active participation as District Health Deputy in civil defense for the Eastern District of the city until October 1 when he assumed that position for the Southwestern District and attended monthly meetings at the Control Centers for these two districts. Included also was attendance at the monthly civil defense meetings held in the Municipal Office Building, the city-wide drill on June 14, the surprise alert exercise on November 8 and completion of the civil defense operations course at the Federal Civil Defense Administration Staff College, Olney, Maryland from December 13 to 17.

In April the District Health Officer became a representative member of the group of community organizations formed by the Southeastern Community Council to discuss the health and welfare needs of the area served by the Council; monthly luncheon meetings of the groups were held there-

after. On April 23 he appeared with "Dr. Worthington" on the regular weekly television broadcast of "Your Family Doctor" on WMAR-TV to present the subject "Southeastern Health District Activities", and in December as a representative of the district he resumed membership in the Health Council of the Public Schools of Baltimore for a two year period. For the thirteenth consecutive year the East Baltimore Medical Society held monthly meetings in the district building. On November 30 the municipal chest clinic at 28 S. Broadway was moved to the new Eastern Health District quarters at 620 N. Caroline Street.

Personnel

Mr. Charles Courtney, Bureau of Food Control sanitarian assigned to the Southeastern Health District, was replaced January 7 by Mr. William K. Marsh, Jr. who in turn was replaced on May 25 by Mr. James Lumpkin. Mr. Floyd G. Russell, stationary engineer, was transferred on September 1 to the new Eastern Health District building. On September 7 Miss Ruth Collier, supervising nurse, was transferred to the Southern Health District and was succeeded on the same date by Miss Marie Dandridge.

Personnel

John A. Skladowsky, M.D., District Health Officer
 Wilda L. Snyder, B.S., Supervisor of Public Health Nursing
 Marie Dandridge, B.S., Supervisor of Public Health Nursing
 Jeanette Vroom, M.A., F.A.P.H.A., Supervisor of Public Health Nursing

Public Health Nurses

Josephine F. Barnett	Mary M. Janitzky**
Pauline K. Benfer	A. Adeline S. Ludwig
Lynett A. Benvegar	Dorothy L. Martin
Rita E. Cannon	Margaret P. McKeever
Betty B. Chamberlain	Elaine B. Myers**
Julia Del Signore	Virginia S. Pendleton
Jean S. Donatelli	Doris J. Rodenhiser
Willagene Edel**	Marion E. Stromberg
Helen L. Farwell	Celia Trionfo
Julia Hagenbuch	Dena Valaco
Betty C. Hamilton	Jessie K. Wallace

Mary E. Horney*

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

* On leave of absence.

** Part-time employee.

TABLE NO. 1
RESIDENT BIRTHS, SOUTHEASTERN HEALTH DISTRICT—1954

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	2,119	2,005	114
Hospital.....	2,072	1,963	109
Home.....	47	42	5
<i>Private physician</i>	29	27	2
<i>Midwife</i>	17	14	3
<i>Other</i>	1	1	..

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY
COLOR—SOUTHEASTERN HEALTH DISTRICT—1954

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES.....	1,024	947	77
Tuberculosis, all forms (001-019).....	31	22	9
<i>Respiratory tuberculosis (001-008)</i>	31	22	9
Syphilis (020-029).....	2	1	1
Other infective diseases of the intestinal tract (041, 044, 049).....	2	2	..
Meningococcal infections (057).....	1	1	..
Other infective and parasitic diseases (110-138).....	3	1	2
Malignant neoplasms (140-205).....	162	149	13
<i>Lymphatic and hematopoietic (200-206)</i>	10	9	1
Benign and unspecified neoplasms (210-239).....	5	5	..
Diabetes (260).....	21	19	2
Vascular lesions of the central nervous system (330-334).....	73	70	3
Rheumatic fever (400-402).....	3	3	..
Diseases of the heart (410-443).....	401	384	17
<i>Chronic rheumatic heart disease (410-416)</i>	14	14	..
<i>Arteriosclerotic and degenerative heart disease (420-422)</i>	287	280	7
<i>Other diseases of the heart (430-434)</i>	7	7	..
<i>Hypertensive heart disease (440-443)</i>	83	83	10
Other hypertensive diseases (444-447).....	11	9	2
Arteriosclerosis (450).....	18	17	1
Other diseases of the circulatory system (451-468).....	11	9	2
Nephritis and nephrosis (590-594).....	10	7	3
Influenza and pneumonia (480-483, 490-493).....	30	27	3
<i>Pneumonia (490-493)</i>	30	27	3
Bronchitis (500-502).....	2	1	1
Ulcer of the stomach and duodenum (540-542).....	7	6	1
Appendicitis (550-553).....	2	2	..
Intestinal obstruction and hernia (560-570).....	10	10	..
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	4	4	..
Cirrhosis of the liver (581).....	26	26	..
Congenital malformations (750-759).....	20	18	2
Certain diseases of early infancy (760-776).....	41	38	3
<i>Pneumonia of newborn (765)</i>	3	3	..
Senility, ill-defined and unknown conditions (780-795).....	3	3	..
All other diseases.....	58	53	5
Accidents, total (800-962, 985).....	55	51	4
<i>Motor vehicle accidents (810-836)</i>	20	18	2
<i>All other accidents</i>	35	33	2
Suicides (963, 970-979).....	7	6	1
Homicides (984, 980-985).....	5	3	2

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE SOUTHEASTERN HEALTH
DISTRICT—1954

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	1,719	1,409	310
Chickenpox.....	206	167	39
Diphtheria.....	2	2	..
German measles.....	17	16	1
Gonococcal infections.....	241	75	166
Measles.....	777	745	32
Meningococcal infections.....	2	2	..
Mumps.....	84	82	2
Poliomyelitis, paralytic cases.....	2	2	..
Scarlet fever.....	35	34	1
Syphilis.....	57	30	27
Tuberculosis, all forms.....	152	127	25
Typhoid fever.....	..	..	..
Whooping cough.....	66	60	6
All others.....	78	67	11

SOUTHERN HEALTH DISTRICT

William J. French, M.D.

Health Officer

Acute Communicable Diseases

Except for an increase in the number of measles and whooping cough cases reported, very little acute communicable disease was noted in the district. A total of 270 cases of measles was reported and, unfortunately, there was 1 death from this disease. There were 56 cases of whooping cough, 6 German measles, 5 meningitis, 51 chickenpox, 53 scarlet fever, and 4 paralytic poliomyelitis.

In May, 92 employees of the Southern Cooperative Mills, where typhus infected rats were discovered, were given blood tests and three doses of typhus vaccine. The District Health Officer gave the first dose in the district building and the other two doses at the plant.

Adult Health Services

There were 127 new cases of active tuberculosis reported in 1954 as compared with 138 in 1953. The public health nurses visited in the homes of 326 cases of active tuberculosis during the year, almost the same number as the 328 in 1953. Because of the shorter waiting period before hospitalization and the resultant decrease in the number of visits made for presanatorium chemotherapy, more visits were made in 1954 for the purpose of obtaining contact examinations.

The annual chest X-ray survey at Cherry Hill was held the week of April 26. A satisfactory change in the conduct of the tuberculosis clinic was made, which allowed more opportunity for nurse-patient interviews.

Because of the continuing low attendance at the venereal disease clinic, one night clinic session was discontinued in January, 1954, and the treatment schedule was adjusted to conform with this change. There were 2,177 patient visits to the Southern Health District venereal disease clinic in 1954 as compared with 2,383 visits in 1953.

Maternal and Child Health Services

The rapid and large increase in the population of Cherry Hill necessitated adding another child health clinic session beginning on January 21. This made a total of three sessions per week at Cherry Hill. In order to obtain personnel for this new session, an adjustment was made in the schedule of three other child health clinics that were less heavily attended. There was a general increase in child health clinic attendance in the nine clinics

throughout the district with 11,268 clinic visits in 1954, an increase of 177 visits over the visits in 1953. In February, Clinic No. 54 which had been located in a church in Mt. Winans was moved to much more satisfactory quarters in the new Public School No. 156 at Puget Street and Harmon Avenue.

The prenatal clinics also showed increased attendance with 2,248 visits in 1954, an increase of 387 over the 1,861 visits in 1953. Because of this increased attendance a second clinician was engaged for the prenatal clinic in the district building.

All three of the child health clinic sessions in the district building conducted mothers' classes when the third class was added in May. Because of the extreme shortage of personnel during the summer, however, it was found necessary to discontinue all of these classes and they had not yet been resumed by the end of the year. In November, Miss Godfrey, nutritionist, began holding monthly meetings with the prenatal patients in the district building prenatal clinic. Four hundred elementary school children were enrolled in the new junior high school, P. S. No. 180 which brought the total number of public and parochial elementary schools in the district to 26. During the year 2,298 school children had physical examinations, and 886 or 38 per cent were found to have correctable defects, while 447 or 19 per cent were found to have noncorrectable defects or defects which needed no correction. There was a 3.5 per cent increase in the number of physical examinations in 1954 over the 2,219 examinations in 1953. In approximately 88 per cent of the elementary schools in the district all of the pupils were given the Massachusetts Vision Test by selected mothers who volunteered their services and who were trained to do the testing. Staff nurses and the nursing supervisors discussed the school health program at faculty and PTA meetings in the various schools. Staff nurses also supplied health teaching materials to the faculties of many of the schools and held discussions and showed films on health topics to groups of pupils in the schools; occasionally a school physician led the discussion. One of the nursing supervisors and the District Health Officer attended the various meetings held by Dr. Alan Foord, Chief of the Division of School Health with the school physicians and school supervising nurses.

The opening of a new dental clinic at P. S. No. 225 in May and the inclusion of P. S. Nos. 208 and 244 in the dental program left only three public schools and four parochial schools without a dental program. During the year 3,564 school children had dental inspections, and 1,412 were given dental care in five Southern Health District dental clinics.

Community Activities

One of the nursing supervisors and occasionally the District Health Officer continued to serve as members of the Cherry Hill Health Council.

This council held a Health Carnival during the week of April 26; displays and exhibits were set up by the various agencies working in the area and included were several by the Health Department.

The District Health Officer served as a member of the School Health Council and occasionally attended the meetings. One of the nursing supervisors served as a member of the School Health Council until October, when her two year term expired.

The health and welfare meetings, which included representatives from the various agencies working in the area, the District Health Officer, and the two nursing supervisors, continued to be held in the district building except for one meeting held at the Westport Homes at the invitation of the manager, who is a regular member of the health and welfare group. Occasionally, because of special interest in a particular subject to be discussed or because the group wished to refer a particular problem, other individuals such as Mr. Abraham Makofsky, Secretary of the Division of Recreational and Educational Agencies of the Baltimore Council of Social Agencies, the Reverend John J. Walsh of Holy Cross Church, Mrs. Mildred Atkinson of the Council of Churches, and personnel from the Department of Recreation attended these meetings. As a result, Father Walsh held a meeting in the auditorium of the district building in order to discuss the feasibility of organizing a South Baltimore Community Council. This meeting was attended by representatives of the various community groups and agencies in the district, the District Health Officer, and the two nursing supervisors. After several more meetings, a South Baltimore Cooperative Council was formed with the aim of eventually instigating the organization of a community council. The Council will attempt to coordinate the work of the various agencies and organizations in the district. One of the nursing supervisors was a member of this latter council and of its project committee.

On May 24 a meeting of the nursing staff and personnel from the Department of Recreation who worked in the southern district was held in the auditorium of the district building for the purpose of becoming better acquainted with each other and each other's activities.

On July 31 the District Health Officer and one of the nursing supervisors appeared on the television program, "Your Family Doctor" to explain the work of the Southern Health District.

One of the nursing supervisors attended the Institute conducted by the Maryland State Conference of Social Welfare. The two nursing supervisors and many staff nurses attended the annual Maryland State Nurses Association meetings, the meetings of the community agencies group held at Baltimore City Hospitals, and the X-ray conferences at the Southern Health District chest clinic. Three staff nurses attended the tuberculosis conference held in Washington on April 28. Two staff nurses represented the Southern Health District at the Tuberculosis Institute held at Balti-

more City Hospitals; the nursing supervisors and several staff nurses also attended some of these meetings.

The district building auditorium was used by various community groups and by Public School No. 33 and the South Baltimore General Hospital for their graduation exercises.

Educational and Other Activities

Monthly staff education meetings were held, and a field trip to the new quarters of the Department of Public Welfare took the place of one meeting. Thirteen student nurses from the University of Maryland 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: 17 from Delaware Hospital on affiliation with Baltimore City Hospitals; 43 from Union Memorial Hospital; 1 from Maryland General Hospital; 4 from Sinai Hospital; 2 from the Hospital for the Women of Maryland; and 3 from Bon Secours Hospital on affiliation with the Instructive Visiting Nurse Association. Also 2 nursing education students from Catholic University and one nursing supervisor from Baltimore City Hospitals spent a day observing district activities. Students from the following Schools of Nursing spent a half day observing district activities: 18 from the Johns Hopkins Hospital; 2 from St. Joseph's Hospital; and 2 from Bon Secours on affiliation with the Instructive Visiting Nurse Association. Also, 4 students from the Johns Hopkins School of Medicine spent a half day in conference with the District Health Officer.

Visitors to the district building included students from the Southern High School and several elementary schools and preliminary students from the Union Memorial Hospital School of Nursing.

Personnel

On September 7 Miss Marie Dandridge, one of the nursing supervisors, was transferred to the Southeastern Health District, and Miss Ruth Collier, nursing supervisor at Southeastern Health District, was transferred to the Southern Health District and on October 29, Dr. William J. French resigned his position as District Health Officer.

Personnel

—————District Health Officer

Sylvia Miller, B.S., Supervisor of Public Health Nursing

Ruth Collier, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Audrey E. Archbold

Neila M. Bewkes, B.S.

Louise H. Miller

Theresa M. Novak

Beverly Butler, B.S.
Theresa M. Byrne
Mary E. Dolle
Ethel V. Finneyfrock
Mary F. Jenkins
Helen S. Johnson
Clara M. Kushto

Katherine E. Nutto
Laura J. C. Phillips
Jeanne B. Pyle
Helen R. Roff
Ida M. Sorenson
Freda R. Stangle
Anne D. Straughn

Mary Jane Winters

Lois Polio, Senior Stenographer
Wanda Rice, Clerk-Typist
Rudolph Lee, Janitor

TABLE NO. 1
RESIDENT BIRTHS, SOUTHERN HEALTH DISTRICT—1954

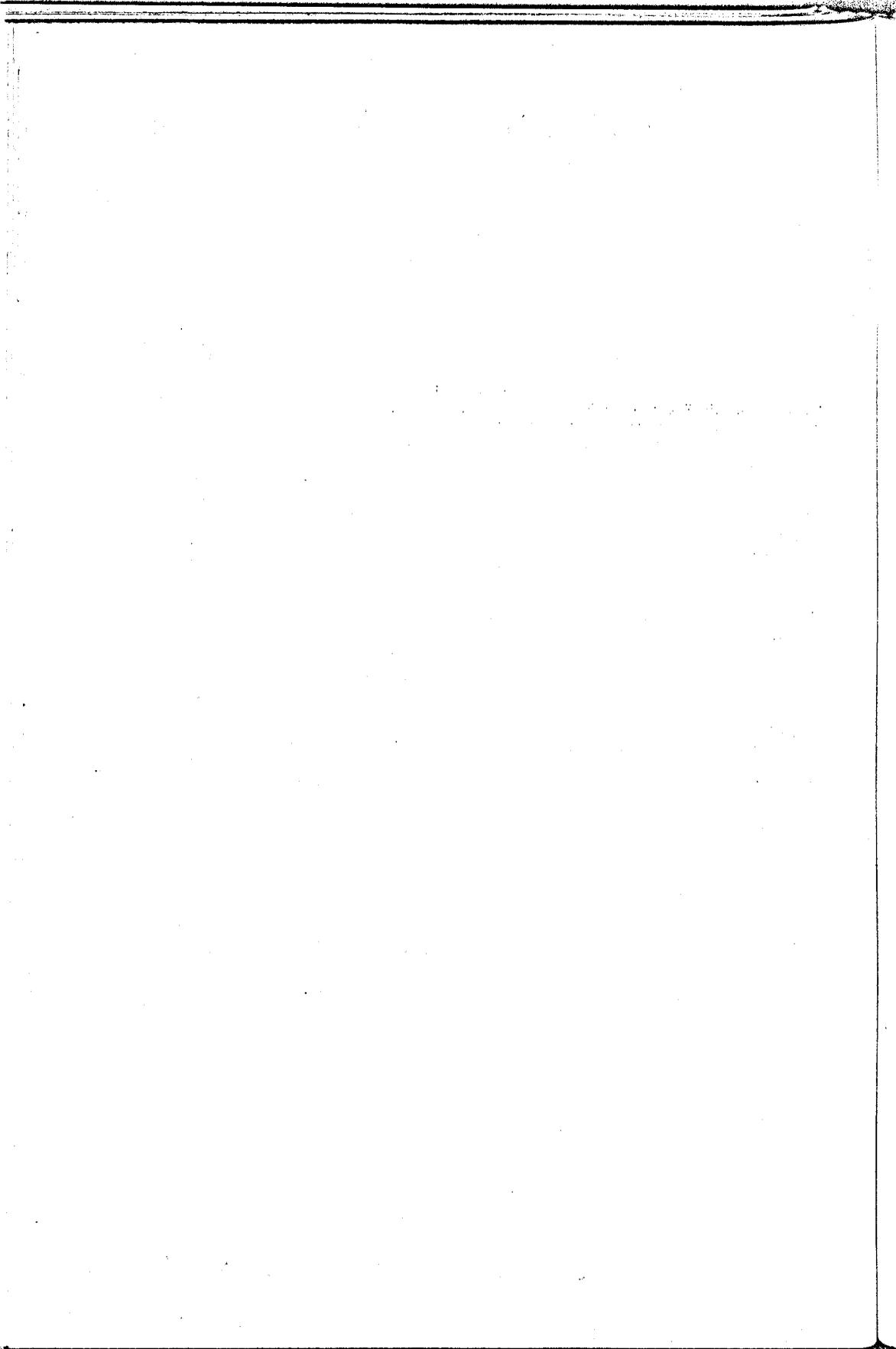
PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	2,262	1,570	692
Hospital.....	2,119	1,502	617
Home.....	143	68	75
<i>Private physician</i>	123	61	62
<i>Midwife</i>	17	6	11
<i>Other</i>	3	2	1

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY
COLOR—SOUTHERN HEALTH DISTRICT—1954

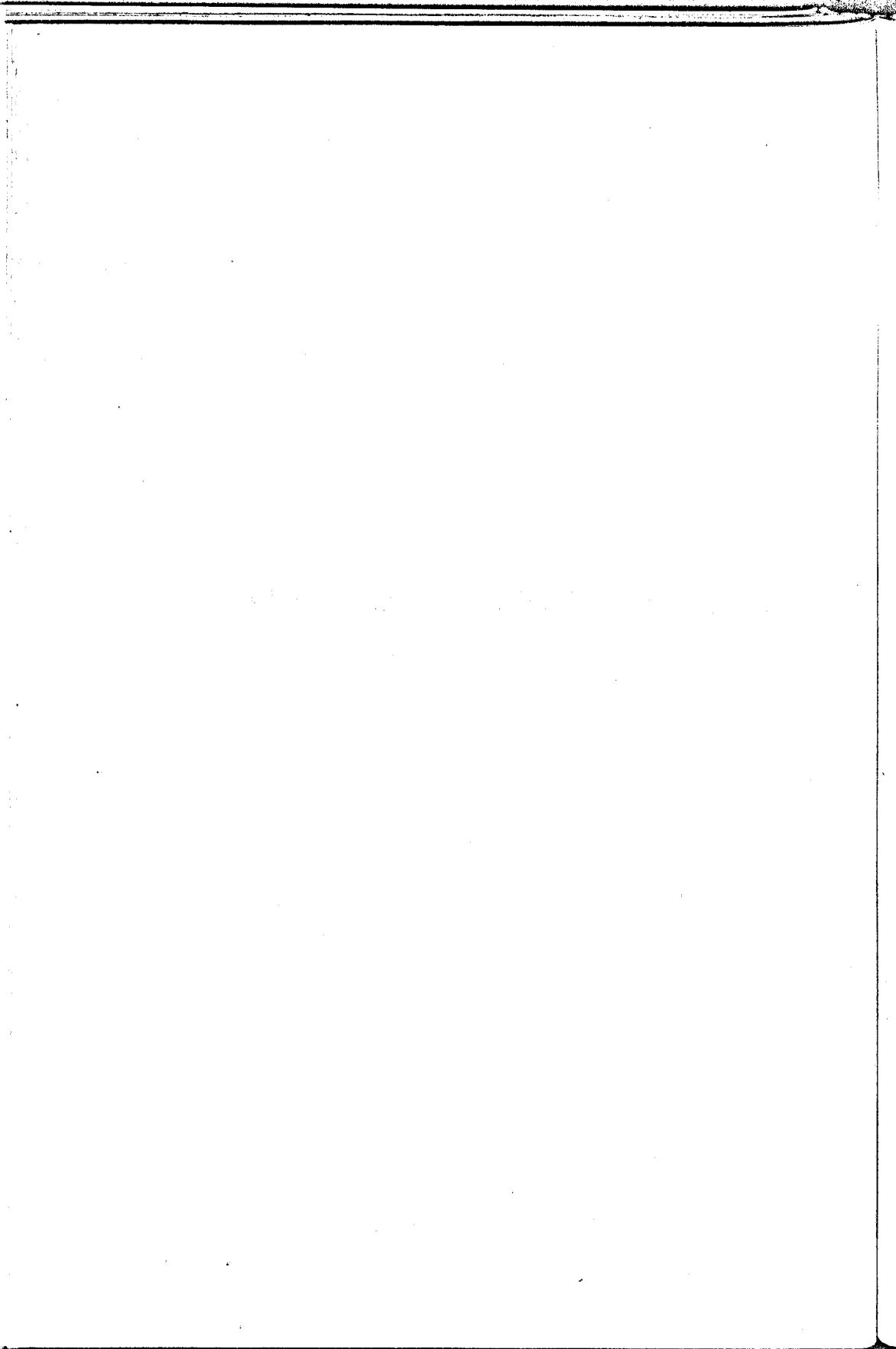
CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES.....	722	569	153
Tuberculosis, all forms (001-019).....	23	14	9
<i>Respiratory tuberculosis (001-008)</i>	22	14	8
<i>Syphilis (020-029)</i>	5	4	1
Meningococcal infections (057).....	1	1	..
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	1	1	..
Measles (085).....	1	..	1
Malignant neoplasms (140-205).....	111	93	18
<i>Lymphatic and hematopoietic (200-206)</i>	3	3	..
Benign and unspecified neoplasms (210-239).....	3	..	3
Diabetes (260).....	11	11	..
Anemias (290-293).....	1	..	1
Other diseases of the blood and blood-forming organs (294-299).....	1	1	..
Vascular lesions of the central nervous system (330-334).....	60	48	12
Diseases of the heart (410-443).....	264	229	35
<i>Chronic rheumatic heart disease (410-416)</i>	4	3	1
<i>Arteriosclerotic and degenerative heart disease (420-422)</i>	198	178	20
<i>Other diseases of the heart (430-434)</i>	6	5	1
<i>Hypertensive heart disease (440-443)</i>	56	43	13
Other hypertensive diseases (444-447).....	5	5	..
Arteriosclerosis (450).....	10	6	4
Other diseases of the circulatory system (451-468).....	5	5	..
Nephritis and nephrosis (590-594).....	15	9	6
Influenza and pneumonia (480-483, 490-493).....	22	15	7
<i>Pneumonia (490-493)</i>	22	15	7
Bronchitis (500-502).....	4	3	1
Ulcer of the stomach and duodenum (540-542).....	3	3	..
Appendicitis (550-553).....	1	1	..
Intestinal obstruction and hernia (560-570).....	9	6	3
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	1	1	..
Cirrhosis of the liver (581).....	14	12	2
Congenital malformations (750-759).....	14	9	5
Certain diseases of early infancy (760-776).....	37	26	11
<i>Pneumonia of newborn (765)</i>	3	1	1
Senility, ill-defined and unknown conditions (780-795).....	2	2	1
All other diseases.....	31	23	8
Accidents, total (800-962, 965).....	52	32	20
<i>Motor vehicle accidents (810-836)</i>	15	8	7
All other accidents.....	37	24	13
Suicides (963, 970-979).....	6	6	..
Homicides (984, 980-985).....	8	3	5

TABLE NO. 3
 COMMUNICABLE DISEASES REPORTED IN THE SOUTHERN HEALTH DISTRICT—1954

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	1,046	490	556
Chickenpox.....	51	20	31
Diphtheria.....	..	..	..
German measles.....	8	1	5
Gonococcal infections.....	330	63	267
Measles.....	270	183	87
Meningococcal infections.....	5	5	..
Mumps.....	30	30	..
Poliomyelitis, paralytic cases.....	4	4	..
Scarlet fever.....	53	50	3
Syphilis.....	83	17	66
Tuberculosis, all forms.....	120	81	39
Typhoid fever.....	..	..	..
Whooping cough.....	56	22	34
All others.....	38	14	24



MEDICAL SECTION—PREVENTIVE



BUREAU OF COMMUNICABLE DISEASES

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

Acting Director

A total of 20,021 cases of communicable diseases was reported during the year. This number represented an increase of 2,218 over the number of cases recorded for 1953. Decreases were noted in diphtheria, German measles, meningococcal infections, paralytic poliomyelitis, scarlet fever and typhoid fever. Increases were noted in measles and whooping cough.

Diphtheria and Poliomyelitis

There were only 3 cases of diphtheria reported during the year, just half of the number of cases recorded each year for 1953 and 1952. None of the three children had a record of having received the diphtheria protective inoculation. This was a new low record for the city. The six cases each for the prior two years were the earlier low records. For the second consecutive calendar year there was no death in Baltimore due to diphtheria in 1954. The number of children reported as having received the diphtheria toxoid inoculations in 1954 was 34,975. Of these, 14,430 children received booster doses.

A total of 36 cases of paralytic poliomyelitis was reported during 1954. There was no death among this group of patients. A death from poliomyelitis was reported in a young woman who had her onset in 1945 and whose demise in 1954 was attributed to the after-effects of the spino-bulbar type of this disease.

Meningococcal Infections

The number of reported cases of meningococcal infections was 15 with 5 deaths, a case fatality of 33 per cent. While this rate is somewhat higher than the rate for 1953, it is well below the meningococcus experience during 1952 when the case fatality rate was 50 per cent.

Typhoid Fever

There were 6 cases of typhoid fever reported during the year. This was a decrease from 11 cases recorded during the preceding year. Two new typhoid carriers were discovered in 1954. Of the 65 known carriers on the list at the beginning of the year one died. This left a total of 66 known carriers on the list as of the close of 1954.

Measles

The reported number of cases of measles increased from 1,064 during 1953 to 5,764 cases with 3 deaths during 1954. Two of these deaths occurred in children under 3 years of age.

Other Communicable Diseases

A total of 462 cases of scarlet fever was reported. This was a decrease from 1,387 cases recorded during the preceding year. Whooping cough increased from 290 cases reported during 1953 to 513 cases recorded during 1954. During the year also there were 5 cases of Rocky Mountain spotted fever and 1 death. Table No. 1 lists the reported cases and deaths for the 1951-1954 period, and Table No. 2 lists cases and resident deaths of certain communicable diseases for 1954 according to months.

Personnel

Myron G. Tull, M.D., M.P.H., Administrative Health Officer and Acting Director
Howard H. Warner, M.D., Health Officer
Alice V. Owings, Junior Administrative Officer
Marguerite A. Gargiulo, Junior Stenographer

TABLE NO. 1
 REPORTED CASES AND RESIDENT DEATHS OF CERTAIN COMMUNICABLE DISEASES
 1951-1954

DISEASE	1954		1953		1952		1951	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Botulism.....	..	..	..	..	..	..	..	..
Chickenpox.....	1,871	..	1,670	1	2,021	2	1,623	..
Diphtheria.....	3	..	6	..	6	1	8	1
Dysentery								
Amebic.....	4	..	8	..	4	1	5	1
Bacillary.....	68	1	78	..	118	..	148	1
All other.....	6	..	3	2	13	2	6	1
Encephalitis, acute infectious.....	2	1	3	1	6	..	9	1
Erysipelas.....	1	..	..	..	1	..	1	..
German measles.....	111	..	574	..	224	..	273	..
Hepatitis, infectious.....	55	4	117	4	133	5	159	2
Measles.....	5,764	3	1,064	..	5,126	..	4,376	1
Meningococcal infections.....	15	5	33	7	32	16	17	5
Mononucleosis, infectious.....	1	..	6	..	1	..	7	..
Mumps.....	1,150	..	1,661	1	425	1	2,610	..
Paratyphoid fever.....	2	..	1	..	..	..	2	..
Poliomyelitis, paralytic cases.....	36	..	92	6	39	1	15	1
Psittacosis.....	..	..	1	..	..	..	..	..
Rocky Mountain spotted fever.....	5	1	3	1	1	..	1	..
Salmonella infections.....	30	2	24	..	22	1	8	..
Scarlet fever.....	462	..	1,387	..	472	..	302	..
Smallpox.....	..	..	..	..	..	..	..	..
Streptococcal sore throat.....	104	..	17	..	19	1	12	1
Tetanus.....	..	..	4	2	2	..	1	1
Trichinosis.....	..	..	2	..	3	..	5	..
Tuberculosis								
Respiratory.....	1,288	187	1,263	245	1,400	393	1,285	465
Other forms.....	85	12	106	23	93	23	88	32
Tularemia.....	..	..	..	..	..	..	..	..
Typhoid fever.....	6	..	11	..	8	..	5	..
Typhus fever.....	..	..	1	..	..	..	..	..
Undulant fever.....	..	..	..	..	..	..	3	..
Weill's disease.....	..	..	1	..	..	..	3	1
Whooping cough.....	513	..	290	1	113	..	227	..
Veneral diseases								
Chancroid.....	27	..	41	..	148	..	206	..
Gonococcal infections, total.....	7,105	..	7,012	..	6,940	1	6,511	..
Ophthalmia.....	..	..	3	..	1	..	..	..
Syphilis, total.....	1,283	57	1,336	63	1,982	97	2,627	85
Congenital.....	42	..	59	..	78	1	126	..
Other venereal diseases.....	24	2	22	2	26	1	45	1

TABLE NO. 3
CHILDREN RECORDED AS RECEIVING TOXOID INOCULATIONS BY DOSAGE,
ACCORDING TO AGE AND RACE—1954

AGE	DOSE AND COLOR								
	Total			Primary			Booster		
	Total	White	Colored	Total	White	Colored	Total	White	Colored
ALL AGES.....	34,975	19,465	15,490	20,545	12,620	7,925	14,430	6,865	7,565
Under 6 months.....	2,815	1,960	855	2,795	1,960	835	20	..	20
6 months.....	5,845	3,735	2,110	5,815	3,730	2,085	30	5	25
7 months.....	3,450	2,150	1,300	3,430	2,140	1,290	20	10	10
8 months.....	1,935	1,205	730	1,925	1,200	725	10	5	5
9 months.....	1,160	660	500	1,145	655	490	15	5	10
10 months.....	700	330	370	680	315	365	20	15	5
11 months.....	555	320	235	545	315	230	10	5	5
Under 1 year.....	16,460	10,360	6,100	16,335	10,315	6,020	125	45	80
1 year.....	3,985	1,725	2,260	1,755	890	865	2,230	835	1,395
2 years.....	1,955	945	1,010	730	375	355	1,225	570	655
3 years.....	1,370	620	750	440	215	225	930	405	525
4 years.....	2,195	985	1,210	420	275	145	1,775	710	1,065
5 years.....	3,680	1,750	1,930	450	265	185	3,230	1,485	1,745
6 years.....	2,770	1,435	1,335	235	175	60	2,535	1,260	1,275
7 years.....	1,260	650	610	95	65	30	1,165	585	580
8 years.....	585	425	160	40	15	25	545	410	135
9 years.....	495	420	75	15	15	..	480	405	75
10 years.....	150	105	45	25	10	15	125	95	30
11 years.....	45	40	5	..	..	..	45	40	5
12 years and over.....	25	25	..	5	5	..	20	20	..

TABLE NO. 4
CHILDREN RECORDED AS RECEIVING DIPHThERIA TOXOID INOCULATION
BALTIMORE CITY, 1954

YEAR 1954	TOTAL IN- OCULATIONS	PHYSICIAN'S PRACTICE	PRESCHOOL CLINICS				SCHOOL
			Total	Home	Hospital	Infant Clinic	
TOTAL RECIPIENTS							
Total	34,975	10,730	18,860	30	375	18,455	5,385
Q1	7,345	2,630	3,180	..	95	3,085	1,835
2	11,250	3,040	5,540	5	115	5,420	2,670
3	9,145	2,590	6,280	15	80	6,185	275
4	7,235	2,470	3,860	10	85	3,785	905
WHITE RECIPIENTS							
Total	19,485	9,875	6,665	25	120	6,520	2,945
Q1	4,295	2,485	975	..	30	945	835
2	6,235	2,795	2,025	5	40	1,980	1,415
3	4,610	2,300	2,265	10	25	2,230	45
4	4,345	2,295	1,400	10	25	1,365	650
NONWHITE RECIPIENTS							
Total	15,490	855	12,195	5	255	11,935	2,440
Q1	3,050	145	2,205	..	65	2,140	700
2	5,015	245	3,515	..	75	3,440	1,255
3	4,535	290	4,015	5	55	3,955	230
4	2,890	175	2,460	..	60	2,400	255

TABLE NO. 5
TOTAL BOOSTER DOSES—ENTIRE CITY, BALTIMORE, 1954

	TOTAL	WHITE	COLORED
TOTAL BOOSTER DOSES.....	14,430	6,865	7,565
Diphtheria only.....	175	110	65
Diphtheria with pertussis.....	15	10	5
Diphtheria with pertussis with tetanus.....	14,240	6,745	7,495

BUREAU OF TUBERCULOSIS

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

Director

Deaths

During 1954 there were 199 deaths from all forms of tuberculosis among residents of Baltimore, a decrease of 69 deaths compared with the previous year. Of the total fatalities, 92 occurred among the 708,000 white residents and 107 among the 258,000 colored residents of the city. Corresponding figures for 1953 tuberculosis deaths were 139 in white persons and 129 in Negroes. Although deaths from tuberculosis have been declining rapidly in recent years, Negroes who form one-fourth of the city's population still experience more than one-half of all deaths from this disease.

Table No. 1 presents the 1954 tuberculosis deaths according to age, race and sex distribution. Among white residents, 83 per cent of the 92 fatalities took place in males and only 17 per cent among females. All of the fatalities in men, with two exceptions, occurred among those past the age of 35 years and 86 per cent of the deaths took place in men past the age of 45. Among white females, who suffered only 16 tuberculosis deaths during the year, three-fourths of the fatalities occurred in those less than 45 years of age. Only one white child under age 15 died of tuberculosis during the year.

Among Negroes, 70 per cent of the 107 deaths occurred in males, a predominance of males not as marked as in the white race. Of the 75 male deaths in this race, 83 per cent took place among persons thirty-five years of age or older; of the 32 female fatalities, one-half occurred before the age of thirty-five. Only one colored child less than 15 years of age died of tuberculosis during 1954.

In Table No. 2 tuberculosis deaths for both races are shown according to the place where these deaths occurred. Sixteen per cent of all deaths from this chronic communicable disease took place in patients' homes. Forty-eight per cent of the fatalities occurred in tuberculosis hospitals and 35 per cent in other institutions.

Death Rates

The death rate from tuberculosis for all Baltimore residents during 1954 was 20.6 per 100,000 population. For white persons the rate was 13.0 and for Negroes 41.5. Corresponding figures for 1953 were 27.8 for the total population, 19.4 for the white race and 52.1 for Negroes. A decline of 26 per cent was experienced in the 1954 total tuberculosis death rate as com-

pared with the previous year. There was a decrease of 33 per cent in the white rate and 20 per cent in the colored rate.

Reported Cases

Morbidity from tuberculosis in 1954 showed no appreciable change from former years. During 1954 the diagnosis of tuberculosis was made in 1,373 previously unreported cases. The corresponding number of new cases registered in 1953 was 1,369. A difference was noted, however, in the cases registered from death certificates which accounted for only 4.2 per cent of the total registrations in 1954 and had been 7.2 per cent during the previous year. The ratio of newly reported cases to resident tuberculosis deaths in 1954 was 6.4, a more favorable ratio than ever before experienced and due entirely to the continuing decline in mortality. Of the cases registered during 1954, pulmonary disease was found in 1,288 or 92 per cent of all forms of tuberculosis reported. Comparable figures for 1953 were 1,263 pulmonary cases or 90 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 1,373 new cases of all forms of tuberculosis, there were 679 among white persons and 694 among Negroes. Nonpulmonary tuberculosis was reported three times as frequently in Negroes as in white persons. The ratio of new tuberculosis cases to resident deaths was 6.3 for the white race and 6.5 for Negroes, the highest ratios ever recorded. Comparable figures for 1953 were: white, 4.8; colored, 5.3.

No appreciable change was noted in the distribution of cases by extent or activity of disease when compared with figures for recent years. Of the 1,288 pulmonary cases reported, 715 or 56 per cent were in advanced stages of active disease. There were 111 active minimal cases and 41 cases of tuberculous pleural effusion reported which together constituted only 11 per cent of all new registrations. The unfavorable ratio of active minimal cases to advanced cases has not been altered for many years.

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 23 white children and 97 colored children under the age of 15 years and no important sex differences were observed. New cases among males exceeded those among females, particularly for the white race in which more than 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 were especially striking for white males and colored females. Nonpulmonary forms of the disease were most frequently reported in Negroes past the age of fifteen years.

The original source of referral of cases registered in 1954 is presented in Table No. 5; in Table No. 6 reported cases are classified according to the agency responsible for the definitive report which led to registration with the Bureau of Tuberculosis. Private physicians suspected tuberculosis in 27 per cent of the cases but made definite reports in only 14 per cent of the total registrants. Health Department chest clinics were responsible for the initial suspicion of tuberculosis in 14 per cent of the cases but made the definitive registration of 37 per cent of all reported cases. Examinations at general hospitals led to the registration of approximately one-third of all newly reported cases. The mass X-ray survey program directed 7 per cent of all registered cases to final diagnosis.

Case Rates

The total tuberculosis case rate for 1954 was 142 new cases per 100,000 population. Among white persons the rate was 96 and for Negroes 269 per 100,000 population. Comparable figures for 1953 were 142 for the total tuberculosis case rate, 94 for the white race and 280 for the Negro population.

Diagnostic Services

The diagnostic chest clinic which served residents of East Baltimore for more than 20 years at 28 South Broadway was moved from that location to fine quarters in the new Eastern Health District building at 620 North Caroline Street in December, 1954. The chest X-ray screening clinic of the old Eastern Health District at 1923 East Monument Street was also transferred to the chest clinic quarters in the new building, resulting in a large combined diagnostic and screening clinic at 620 North Caroline Street. To operate the X-ray equipment at this clinic, which is designed for laminography as well as conventional chest X-ray work, an X-ray technician was employed in a newly created position, the first position of this classification in the Bureau of Tuberculosis.

The combined services rendered by the four chest clinics of the Bureau of Tuberculosis are described in Table No. 7. Each of the four diagnostic clinics held five sessions a week including two evening sessions for the convenience of employed persons. A total of 16,233 individuals was examined during 1954 in all of the clinics, as compared with 14,750 in 1953. Of the 16,233 persons examined 8,653 were white and 7,580 were Negro. New registrants numbered 9,863 and represented 61 per cent of those examined. The remaining 6,370 or 39 per cent were registered prior to 1954 and required further diagnostic services or follow-up examinations. Of the new registrants, 61 per cent came to the clinics because pulmonary disease was suspected, 17 per cent were tuberculosis contacts and 22 per

cent were apparently healthy prenatal patients or members of other groups referred for routine screening purposes.

The majority of new patients who came to the clinics for diagnostic services were referred by private physicians, while tuberculosis contacts were sent principally by Health Department personnel. The 1,674 tuberculosis contacts examined in the four chest clinics represented only a portion of the tuberculosis contact examinations throughout the city. Not included are the 1,602 contacts who were examined in the Eastern Health District X-ray screening clinic, the unknown number of contacts X-rayed in the mass survey program, at the office of the Maryland Tuberculosis Association, in the general hospitals of Baltimore or by private physicians.

Collapse Therapy for Ex-Sanatorium Patients

Each of the four chest clinics held regular sessions once or twice weekly for artificial pneumotherapy. The service was limited to patients whose collapse therapy had been initiated elsewhere, generally in a sanatorium. During 1954 these treatments were given to 162 patients of whom 35 were new clinic patients and 132 former clinic registrants for whom treatment was continued. In all, 2,832 visits were paid to the pneumotherapy clinics during the year, representing a steadily decreasing patient load during recent years. With the exception of a few old pneumothorax cases, all of the patients received pneumoperitoneum refills.

Case Finding Projects

In addition to its program of searching for new cases of tuberculosis among contacts of diagnosed cases, the bureau continued its efforts to discover tuberculosis in other groups of the population. With the assistance of other agencies, small chest X-rays were taken of 116,693 persons in Baltimore during 1954.

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. A mobile 70 millimeter photofluorographic truck unit, assigned to the City Health Department in 1954, was put to use during the latter part of the year and supplemented the activities of the portable 70 millimeter unit which has been used in Baltimore for survey work for the past ten years. During 1954 both units, under the direction of Dr. M. S. Shiling, took chest microfilms of 59,559 apparently well persons in 64 surveys of commercial and industrial firms, various community groups, high school and college groups and others, as listed in Table No. 8. Of the entire group examined, 47,264 or 79 per cent were white persons and 12,295 or 21 per cent were

Negroes. An unusually small proportion of Negro residents was examined this year and plans have been made to increase the number next year.

The 70 millimeter photoroentgen units in the three largest hospitals in Baltimore were used to X-ray 31,814 individuals. At the Johns Hopkins Hospital 20,783 chest films were taken. At the Baltimore City Hospitals 3,699 persons received small chest films and the University of Maryland Hospital offered this service to 7,332 individuals. The Provident Hospital, a small general hospital for Negro patients where a 35 millimeter unit has been in operation for several years, took 269 chest microfilms.

X-ray screening services at the Eastern, Druid and Southern Health Districts led to the examination of 7,892 persons by small film technique. The Eastern Health District screening clinic took films of 5,802 persons, the small film unit at the Druid chest clinic was used to X-ray 1,160 individuals and there were 930 examined by chest microfilm at the Southern chest clinic. Registrants of Health Department prenatal clinics, employees of governmental agencies, contacts of known cases of tuberculosis, patients of private physicians and other miscellaneous groups were examined. Persons who came to the Druid and Southern chest clinics for small films were counted in the regular clinic reports and enumerated under "Contacts" in Table No. 7.

The Maryland Tuberculosis Association by means of the 70 millimeter photofluorographic unit in its central office took films of 17,159 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 in 1954. During the year 496 persons who had negative reactions to 0.1 mg. old tuberculin received the vaccine. This group included 477 contacts of tuberculosis cases, 18 student nurses from two general hospitals and one hospital employee. One hundred and eighty-six of those receiving BCG were white and 310 Negro. In addition to these vaccinations which were performed at the Eastern Health District, BCG was provided the Baltimore City Hospitals for the vaccination of 37 practical nurses, the Veterans Administration Hospital in Baltimore for the vaccination of 11 hospital employees and volunteers, and the Johns Hopkins Hospital for vaccination of a small group of medical students.

The joint program of BCG vaccination for Negro newborns begun in November, 1950 by the Bureau of Tuberculosis and the Harriet Lane

Home of the Johns Hopkins Hospital was continued during 1954. There were 1,062 Negro newborns who, with parental consent, received BCG during the year. Of these, 223 were infants of county parents and reports were forwarded to the Maryland State Department of Health which undertook the follow-up observations. Of the remaining 839 Baltimore City children, 55 could not be located for the routine patch test four months after vaccination.

Hospital and Sanatorium Facilities

The tuberculosis hospital situation, while considerably improved over former years, remained a problem during 1954. The Baltimore City Hospitals opened its new 300 bed unit to full occupancy during the year but did not reopen the old 140 bed wing which has been unoccupied since the spring of 1953. As a result, the capacity of the Tuberculosis Division of the Baltimore City Hospitals was no greater during 1954 than it had been before the construction of the new unit. The increasing use of facilities at the new 300 bed unit of the Mt. Wilson State Hospital made possible the prompt admission of white patients to State tuberculosis hospitals even though approximately one-half of the bed capacity of the new unit was not used. There still remained, however, a waiting list for Negro patients for whom too few beds have been made available. In former years, pleas were directed towards the construction of much needed tuberculosis hospital beds. By 1953 new construction had been approved and completed. It is ironic that there are now available all the tuberculosis hospital beds needed for the city but still there are waiting lists for admission to hospital, because many of these beds are not being used.

During 1954 the various sanatoria in Maryland including the Tuberculosis Division of the Baltimore City Hospitals reported the deaths of 83 residents of Baltimore City, and during the same time they discharged alive a total of 903 city residents. Of live discharged patients residing in the city, approximately 65 per cent were discharged with consent while 35 per cent failed to complete their treatment and left against medical advice. Among those who left without permission, approximately 27 per cent had positive sputa. Corresponding figures for 1953 were 653 live discharges of whom 70 per cent were discharged with consent, 30 per cent failed to complete their treatment and 49 per cent of the irregular discharges were sputum positive.

Home Chemotherapy Program

The home chemotherapy program which was begun in 1952 was continued during 1954 and served increasing numbers of patients. The program was initiated primarily to offer prompt specific treatment to patients

faced with long waiting periods for hospitalization. As hospital facilities have improved, an increasing proportion of post-sanatorium patients have been treated through this program. During 1954 home chemotherapy in the form of combinations of two of the conventional three drugs, streptomycin, para-aminosalicylic acid and isoniazid, was given 1,142 tuberculous patients who could not afford to purchase the drugs. The duration of treatment in individual cases varied from a few days to the entire year. In this group there were 304 white patients and 838 colored patients. During the previous year 884 patients of whom 287 were white and 597 Negro received treatment at home.

Vocational Rehabilitation

Vocational rehabilitation for tuberculosis patients was continued during the year by the Division of Vocational Rehabilitation of the State Department of Education. During 1954 there were 664 Baltimore residents, 282 of them white and 382 Negro who were given rehabilitation service. Of this group, 303 were new referrals, 135 of them white persons and 168 colored. The majority of those referred for vocational rehabilitation for the first time were directed to this agency by the tuberculosis hospitals.

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, 1955, the sum available to Baltimore City was \$22,220. The trend during recent years has been to decrease these federal appropriations and further cuts can be expected.

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Nancy L. Chambers, Photofluorographic Machine Operator
Ira C. Davis, Senior X-ray Photographer

TABLE NO. 1
RESIDENT DEATHS FROM TUBERCULOSIS ACCORDING TO AGE—1954

AGE GROUP	GRAND TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
NUMBER OF DEATHS							
All ages.....	199	92	76	16	107	75	32
Under 15 years.....	2	1	..	1	1	..	1
15-24 years.....	11	1	..	1	10	1	9
25-34 years.....	23	5	2	3	18	12	6
35-44 years.....	40	16	9	7	24	20	4
45-54 years.....	47	17	16	1	30	22	8
55-64 years.....	51	32	31	1	19	17	2
65 years and over.....	25	20	18	2	5	3	2
PERCENTAGE DISTRIBUTION							
All ages.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	1.0	1.1	..	6.2	0.9	..	3.1
15-24 years.....	5.5	1.1	..	6.2	9.4	1.3	28.1
25-34 years.....	11.6	5.4	2.6	18.8	16.8	16.0	18.7
35-44 years.....	20.1	17.4	11.8	43.8	22.4	26.7	12.5
45-54 years.....	23.6	18.5	21.1	6.2	28.0	29.3	25.0
55-64 years.....	25.6	34.8	40.8	6.3	17.8	22.7	6.3
65 years and over.....	12.6	21.7	23.7	12.5	4.7	4.0	6.3

TABLE NO. 2
RESIDENT DEATHS FROM TUBERCULOSIS ACCORDING TO RACE AND PLACE
OF DEATH 1954

PLACE OF DEATH	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL DEATHS.....	199	100.0	92	100.0	107	100.0
Home.....	31	15.6	17	18.5	14	13.1
Tuberculosis Sanatoria.....	96	48.2	51	55.4	45	42.0
Baltimore City Hospitals..	38	..	12	..	26	..
State Sanatoria.....	38	..	29	..	9	..
Federal Sanatoria.....	14	..	4	..	10	..
Other Sanatoria.....	6	..	6	..	..	..
General Hospitals.....	64	32.2	21	22.8	43	40.2
Mental Institutions.....	6	3.0	3	3.3	3	2.8
Other.....	2	1.0	..	..	2	1.9

TABLE NO. 3
 REPORTED CASES OF TUBERCULOSIS CLASSIFIED BY TYPE, EXTENT AND ACTIVITY OF LESION ACCORDING TO
 RACE AND BROAD AGE GROUPS—1954

CLASSIFICATION OF LESION	WHITE										COLORED																					
	GRAND 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	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.....	1,373	679	31	75	132	134	229	78	694	109	99	174	126	159	27	628	97	85	150	120	150	27	628	97	85	150	120	150	27			
Pulmonary lesions.....	1,288	660	23	73	130	132	225	77	628	97	85	150	120	150	27	628	97	85	150	120	150	27	628	97	85	150	120	150	27			
Minimal lesions—all types.....	377	224	3	37	46	42	73	23	153	7	27	40	20	30	11	153	7	27	40	20	30	11	153	7	27	40	20	30	11			
Active.....	111	61	1	20	12	12	14	5	60	4	15	13	13	16	4	60	4	15	13	13	16	4	60	4	15	13	13	16	4			
Inactive.....	225	152	1	53	18	20	58	18	73	2	16	14	12	15	2	73	2	16	14	12	15	2	73	2	16	14	12	15	2			
Pleural effusion.....	41	11	2	3	3	2	5	0	30	1	1	1	1	2	2	30	1	1	1	1	2	2	30	1	1	1	1	2	2			
Moderately advanced.....	434	258	0	30	57	56	84	31	176	4	33	49	33	50	7	176	4	33	49	33	50	7	176	4	33	49	33	50	7			
Active.....	364	203	0	25	47	45	56	27	143	4	32	43	31	45	6	143	4	32	43	31	45	6	143	4	32	43	31	45	6			
Inactive.....	70	155	0	5	10	11	28	4	115	0	1	6	2	5	1	115	0	1	6	2	5	1	115	0	1	6	2	5	1			
Far advanced.....	351	158	0	0	27	34	66	23	193	1	17	48	54	68	7	193	1	17	48	54	68	7	193	1	17	48	54	68	7			
Severe primary lesion.....	109	20	20	0	0	0	0	0	89	83	5	1	0	0	0	89	83	5	1	0	0	0	89	83	5	1	0	0	0			
Acute miliary or disseminated.....	17	2	0	0	0	0	2	0	15	2	3	3	4	2	1	15	2	3	3	4	2	1	15	2	3	3	4	2	1			
Nonpulmonary lesions.....	85	19	8	2	2	2	4	1	66	12	14	24	6	9	1	66	12	14	24	6	9	1	66	12	14	24	6	9	1			
Meningitis.....	12	3	1	1	0	0	1	0	9	5	1	1	0	2	0	9	5	1	1	0	2	0	9	5	1	1	0	2	0			
Spinal.....	7	0	0	0	0	0	0	0	7	0	3	3	0	0	0	7	0	3	3	0	0	0	7	0	3	3	0	0	0			
Peritonitis.....	10	1	0	0	0	0	1	0	9	0	3	3	0	0	0	9	0	3	3	0	0	0	9	0	3	3	0	0	0			
Other forms.....	56	15	7	1	2	2	3	0	41	7	7	17	3	7	1	41	7	7	17	3	7	1	41	7	7	17	3	7	1			
Pulmonary 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	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		
Minimal lesions—all types.....	29.3	33.9	13.0	50.7	35.3	31.8	32.4	29.0	24.4	7.2	31.8	32.7	24.2	20.0	42.3	24.4	7.2	31.8	32.7	24.2	20.0	42.3	24.4	7.2	31.8	32.7	24.2	20.0	42.3	24.4	7.2	
Active.....	8.6	9.2	4.3	27.4	9.3	4.8	6.2	6.5	8.0	4.1	8.3	8.7	6.9	6.0	13.4	8.0	4.1	8.3	8.7	6.9	6.0	13.4	8.0	4.1	8.3	8.7	6.9	6.0	13.4	8.0	4.1	
Inactive.....	17.5	23.7	0.0	19.2	24.0	27.7	25.8	23.4	11.6	2.1	18.8	12.7	10.9	12.7	19.2	11.6	2.1	18.8	12.7	10.9	12.7	19.2	11.6	2.1	18.8	12.7	10.9	12.7	19.2	11.6	2.1	
Pleural effusion.....	3.2	1.7	8.7	4.1	43.8	42.3	37.5	40.3	4.8	1.0	4.7	11.3	3.3	1.3	7.7	4.8	1.0	4.7	11.3	3.3	1.3	7.7	4.8	1.0	4.7	11.3	3.3	1.3	7.7	4.8	1.0	
Moderately advanced.....	33.7	39.1	0.0	41.1	43.8	44.4	37.3	40.3	28.0	4.1	38.8	32.7	27.5	33.3	27.0	28.0	4.1	38.8	32.7	27.5	33.3	27.0	28.0	4.1	38.8	32.7	27.5	33.3	27.0	28.0	4.1	
Active.....	29.3	30.8	0.0	34.2	36.1	34.1	26.2	35.1	25.6	4.1	37.6	28.7	25.8	30.0	22.2	25.6	4.1	37.6	28.7	25.8	30.0	22.2	25.6	4.1	37.6	28.7	25.8	30.0	22.2	25.6	4.1	
Inactive.....	4.4	8.3	0.0	6.9	7.7	8.3	11.1	5.2	2.4	0.0	1.2	4.0	1.7	3.3	3.8	2.4	0.0	1.2	4.0	1.7	3.3	3.8	2.4	0.0	1.2	4.0	1.7	3.3	3.8	2.4	0.0	
Far advanced.....	27.2	33.0	0.0	8.2	20.8	25.8	29.4	29.8	31.0	1.0	20.0	32.0	45.0	45.3	26.9	31.0	1.0	20.0	32.0	45.0	45.3	26.9	31.0	1.0	20.0	32.0	45.0	45.3	26.9	31.0	1.0	
Severe primary lesion.....	8.5	3.7	87.0	0.0	0.0	0.0	0.0	0.0	14.2	85.6	5.9	0.6	0.0	0.0	0.0	14.2	85.6	5.9	0.6	0.0	0.0	0.0	14.2	85.6	5.9	0.6	0.0	0.0	0.0	0.0		
Acute miliary or disseminated.....	1.3	0.3	0.0	0.0	0.0	0.0	0.9	0.0	2.4	2.1	3.5	2.0	3.3	1.4	3.8	2.4	2.1	3.5	2.0	3.3	1.4	3.8	2.4	2.1	3.5	2.0	3.3	1.4	3.8	2.4	2.1	
Nonpulmonary 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	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	100.0	
Meningitis.....	14.1	15.8	12.5	50.0	0.0	0.0	25.0	0.0	13.6	41.7	7.2	4.2	0.0	22.2	0.0	13.6	41.7	7.2	4.2	0.0	22.2	0.0	13.6	41.7	7.2	4.2	0.0	22.2	0.0	13.6	41.7	7.2
Spinal.....	8.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.6	0.0	21.4	12.5	0.0	100.0	0.0	10.6	0.0	21.4	12.5	0.0	100.0	0.0	10.6	0.0	21.4	12.5	0.0	100.0	0.0	10.6	0.0	
Peritonitis.....	11.8	5.3	0.0	0.0	0.0	0.0	0.0	100.0	13.6	0.0	21.4	12.5	50.0	0.0	100.0	13.6	0.0	21.4	12.5	50.0	0.0	100.0	13.6	0.0	21.4	12.5	50.0	0.0	100.0	13.6	0.0	
Other forms.....	65.9	78.9	87.5	50.0	100.0	100.0	75.0	0.0	62.2	58.3	50.0	70.8	50.0	77.8	0.0	62.2	58.3	50.0	70.8	50.0	77.8	0.0	62.2	58.3	50.0	70.8	50.0	77.8	0.0	62.2	58.3	50.0

PERCENTAGE DISTRIBUTION

TABLE NO. 4
PULMONARY AND NONPULMONARY REPORTED CASES OF TUBERCULOSIS
CLASSIFIED BY RACE, SEX, AND BROAD AGE GROUPS—1954

CLASSIFICATION AND AGE	WHITE			COLORED		
	Total	Male	Female	Total	Male	Female
Pulmonary lesions						
All ages.....	660	445	215	628	367	261
Under 15 years.....	23	11	12	97	42	55
15-24 years.....	73	32	41	85	29	56
25-34 years.....	130	71	59	150	81	69
35-44 years.....	132	90	42	120	83	37
45-54 years.....	128	101	27	100	78	22
55-64 years.....	97	82	15	50	37	13
65 years and over.....	77	58	19	26	17	9
Nonpulmonary lesions						
All ages.....	19	12	7	66	28	38
Under 15 years.....	8	6	2	12	5	7
15 years and over.....	11	6	5	54	23	31

PERCENTAGE DISTRIBUTION

Pulmonary lesions						
All ages.....	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	3.4	2.5	5.6	15.4	11.4	21.1
15-24 years.....	11.1	7.2	19.1	13.5	7.9	21.5
25-34 years.....	19.7	16.0	27.4	23.9	22.1	26.4
35-44 years.....	20.0	20.2	19.5	19.1	22.6	14.2
45-54 years.....	19.4	22.7	12.6	15.9	21.3	8.4
55-64 years.....	14.7	18.4	7.0	8.0	10.1	5.0
65 years and over.....	11.7	13.0	8.8	4.2	4.6	3.4
Nonpulmonary lesions						
All ages.....	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	42.1	50.0	28.6	18.2	17.9	18.4
15 years and over.....	57.9	50.0	71.4	81.8	82.1	81.6

TABLE NO. 5
TUBERCULOSIS CASES CLASSIFIED BY RACE AND ORIGINAL REFERRAL OR
SOURCE OF REPORT—1954

ORIGINAL REFERRAL OR SOURCE OF REPORT	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL CASES.....	1,373	100.0	679	100.0	694	100.0
Private physicians.....	370	26.9	243	35.8	127	18.3
Baltimore City Hospitals.....	86	6.2	32	4.7	54	7.8
Other hospitals or sanatoria.....	504	36.7	168	24.7	336	48.4
Hospital survey.....	2	..	0	..	2	..
Other.....	502	..	168	..	334	..
Health Department.....	194	14.1	106	15.6	88	12.7
Chest clinics.....	142	..	92	..	50	..
Other.....	52	..	14	..	38	..
Mass survey.....	96	7.0	73	10.8	23	3.3
Other agencies.....	65	4.7	34	5.0	31	4.5
Reported after death.....	38	4.2	23	3.4	35	5.0

TABLE NO. 6
TUBERCULOSIS CASES CLASSIFIED BY RACE AND REPORTING AGENCY—1954

REPORTING AGENCY	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL CASES.....	1,373	100.0	679	100.0	694	100.0
Private physicians.....	188	13.7	156	23.0	32	4.6
Tuberculosis sanatoria.....	162	11.8	80	11.8	82	11.8
Baltimore City Hospitals.....	86	..	32	..	54	..
Other sanatoria.....	76	..	48	..	28	..
General hospitals.....	416	30.3	123	18.1	293	42.2
Mental hospitals.....	3	0.2	1	0.6	2	0.3
Health Department chest clinics.....	510	37.2	275	20.0	235	33.9
Transferred from other states..	0	0.0	0	0.0	0	0.0
Death certificates.....	58	4.2	23	3.4	35	5.0
Other.....	36	2.6	21	3.1	15	2.2

TABLE NO. 7
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES BY RACE AND SEX—1954

	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.....	16,233	100.0	4,338	100.0	4,315	100.0	2,842	100.0	4,738	100.0
New in 1954.....	9,863	60.8	2,935	67.7	2,744	63.6	1,629	57.3	2,555	53.9
Screening apparently well persons.....	2,178	13.4	343	7.9	427	9.9	259	9.1	1,149	24.3
Diagnostic service.....	7,685	47.4	2,592	59.8	2,317	53.7	1,370	48.2	1,406	29.6
Registered Prior to 1954.....	6,370	39.2	1,403	32.3	1,571	36.4	1,213	42.7	2,183	46.1
Screening group.....	1,211	7.6	55	1.3	124	2.8	272	9.6	760	16.0
Diagnostic service.....	5,297	20.3	806	18.5	1,077	25.0	460	16.2	955	20.2
Previously diagnosed cases.....	1,862	11.4	543	12.5	370	8.6	481	16.9	468	9.9
Age Distribution—New Registrants										
Screening group										
Prenatal and other apparently well persons (Total).....										
Under 15 years.....	130	6.0	40	11.7	38	8.9	24	9.3	28	2.4
15-24 years.....	823	37.8	54	15.7	117	27.4	58	22.4	594	51.7
25-44 years.....	902	45.6	163	47.5	208	48.7	132	51.0	489	42.6
45-64 years.....	197	9.0	65	19.0	56	13.1	40	15.4	36	3.1
65 years and over.....	36	1.6	21	6.1	8	1.9	5	1.9	2	0.2
Age unspecified.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Diagnostic service										
Suspected cases (Total).....										
Under 15 years.....	583	9.7	195	8.8	185	10.0	90	8.9	113	12.1
15-24 years.....	935	15.5	294	13.3	310	16.7	122	12.1	209	22.5
25-44 years.....	2,523	42.0	868	39.2	813	43.8	423	41.9	419	45.0
45-64 years.....	1,555	25.9	645	29.2	427	23.0	318	31.5	165	17.7
65 years and over.....	415	6.9	211	9.5	122	6.5	57	5.6	25	2.7
Age unspecified.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Contacts (Total).....										
Under 15 years.....	542	32.4	150	39.6	124	27.0	123	34.2	145	30.5
15-24 years.....	299	17.9	59	15.6	99	21.5	65	18.1	76	16.0
25-44 years.....	506	30.2	115	30.3	147	32.0	99	27.5	145	30.5
45-64 years.....	277	16.5	50	13.2	78	16.9	54	15.0	95	20.0
65 years and over.....	50	3.0	5	1.3	12	2.6	19	5.2	14	3.0
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).....										
Physicians.....	580	26.6	174	50.7	205	48.0	79	30.5	122	10.6
Prenatal.....	883	40.6	0	0.0	51	12.0	0	0.0	833	72.5
Health Department clinics.....	5	0.2	0	0.0	2	0.5	1	0.4	2	0.2
Public health nurses.....	60	2.8	7	2.1	7	1.6	12	4.6	34	3.0
All other.....	649	29.8	162	47.2	162	37.9	167	64.5	158	13.7

TABLE NO. 7—Concluded
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES BY RACE AND SEX—1954

	TOTAL		WHITE				COLORED			
			Male		Female		Male		Female	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Diagnostic service										
Suspected cases (Total).....	6,011	100.0	2,213	100.0	1,857	100.0	1,010	100.0	931	100.0
Physicians.....	3,234	54.6	1,161	52.5	1,127	60.7	507	50.2	489	52.5
Health Department clinics.....	45	0.8	11	0.5	12	0.6	6	0.6	16	1.7
Public health nurses.....	339	5.6	85	3.8	74	4.0	90	8.9	90	9.7
Case-finding project.....	454	7.6	183	8.3	109	5.9	72	7.1	90	9.7
All other.....	1,889	31.4	773	34.9	535	28.8	335	33.2	246	26.4
Contacts (Total).....	1,674	100.0	379	100.0	460	100.0	360	100.0	475	100.0
Physicians.....	239	17.3	108	28.5	134	29.1	17	4.7	30	6.3
Health Department clinics.....	19	1.1	2	0.5	4	0.9	2	0.6	11	2.3
Public health nurses.....	927	55.4	160	42.2	178	38.7	264	73.3	325	68.4
All other.....	439	26.2	109	28.8	144	31.3	77	21.4	109	23.0
Clinic Visits (Total).....	27,312	100.0	7,764	100.0	6,957	100.0	5,256	100.0	7,335	100.0
Screening apparently well persons.....	3,839	14.1	513	6.6	702	10.1	404	7.7	2,220	30.3
Diagnostic service.....	16,469	60.3	5,039	64.9	4,864	69.9	3,071	58.4	3,495	47.6
<i>Suspected cases.....</i>	<i>11,233</i>	<i>..</i>	<i>3,892</i>	<i>..</i>	<i>3,284</i>	<i>..</i>	<i>2,054</i>	<i>..</i>	<i>2,003</i>	<i>..</i>
<i>Contacts.....</i>	<i>5,236</i>	<i>..</i>	<i>1,147</i>	<i>..</i>	<i>1,580</i>	<i>..</i>	<i>1,017</i>	<i>..</i>	<i>1,492</i>	<i>..</i>
Previously diagnosed cases.....	7,004	25.6	2,212	28.5	1,391	20.0	1,781	33.9	1,620	22.1
Number of X-Ray Examinations (Total).....	23,249	100.0	6,203	100.0	5,717	100.0	4,576	100.0	6,753	100.0
Screening apparently well persons.....	3,649	15.7	464	7.5	626	11.0	373	8.2	2,186	32.4
Diagnostic service.....	14,264	61.4	4,239	68.3	4,129	72.2	2,713	59.3	3,183	47.1
<i>Suspected cases.....</i>	<i>9,818</i>	<i>..</i>	<i>3,336</i>	<i>..</i>	<i>2,869</i>	<i>..</i>	<i>1,816</i>	<i>..</i>	<i>1,797</i>	<i>..</i>
<i>Contacts.....</i>	<i>4,446</i>	<i>..</i>	<i>903</i>	<i>..</i>	<i>1,260</i>	<i>..</i>	<i>897</i>	<i>..</i>	<i>1,386</i>	<i>..</i>
Previously diagnosed cases.....	5,336	22.9	1,500	24.2	962	16.8	1,490	32.5	1,384	20.5
Pneumothorax Service										
Total Patients.....	167	100.0	38	100.0	53	100.0	40	100.0	36	100.0
New Patients.....	35	20.9	5	13.2	7	13.2	12	30.0	11	30.6
Patients registered prior to 1954.....	132	79.1	33	86.8	46	86.8	28	70.0	25	69.4
Total Visits.....	2,832	..	705	..	951	..	580	..	596	..
Total X-rays.....	399	..	93	..	130	..	81	..	95	..
X-Ray Survey of Apparently Healthy Persons.....	67,451		51,188				16,263			
Eastern Health District.....	5,802		3,447				2,355			
Druid Chest Clinic.....	1,160		..				1,160			
Southern Chest Clinic.....	930		477				453			
Mobile and Portable X-ray Units.....	59,559		47,264				12,295			

TABLE NO. 8
CHEST X-RAY SURVEYS
1954

GROUP SURVEYED	NUMBER EXAMINED		GROUP SURVEYED	NUMBER EXAMINED	
	White	Colored		White	Colored
TOTAL.....	47,264	12,295	Commercial & Industrial (Cont.)		
Commercial & Industrial (Total)...	27,310	4,992	Sun Life Insurance Co.....	203	9
Afro American Newspaper.....	0	109	U. S. Army Engineers.....	280	21
American Brewery Inc.....	228	0	U. S. Internal Revenue.....	949	137
American Can Co.....	898	7	U. S. Naval Reserve.....	813	5
Army & Air Force Exchange.....	690	23	U. S. Post Office.....	901	549
Baltimore City Fireman.....	202	123	Union Memorial Hospital.....	324	163
Baltimore Signal Depot.....	1,807	1,008	Women's Hospital.....	189	110
Bugle Coat-Apron & Linen Service	199	220	Comunity (Total).....	9,376	1,161
Carr Lowry Glass Co.....	447	83	Bea Sharp Cleaners (Commu-		
Continental Can Co. (Biddle St.)..	704	157	nity).....	280	20
Continental Can Co. (Boston St.)..	553	164	Canton Area Council.....	1,570	4
Davidson Transfer Co.....	315	104	Cherry Hill Homes.....	3	660
Eastern Venetian Blind Corpora-	1,062	83	Civic Community Council (S.		
tion.....			W. Balto.).....	1,095	290
Federal Reserve Bank.....	231	13	Eastern Community Council.....	1,404	2
Gas & Electric Co.....	5,104	530	Gardenville Community.....	2,603	0
Greenspring Dairy.....	303	6	South Baltimore Community...	1,457	172
L. Greif & Bros, Inc.....	443	25	Southeastern Community		
Gunther Brewing Co.....	567	4	Council.....	964	13
Hochschild, Kohn & Co.....	1,244	216	Schools (Total).....	10,578	6,142
International Ladies Garment			Baltimore Polytechnic Institute	2,377	23
Workers Union.....	357	39	Carver Vocational School.....	4	977
Jewish Community Center.....	376	14	Institute of Notre Dame.....	499	17
Koester's Bakery.....	352	48	Johns Hopkins University.....	1,348	23
Koppers Co.....	1,757	251	Mergenthaler Vocational High		
Linen Thread Co.....	332	2	School.....	2,331	9
Lord Baltimore Press.....	449	67	Ner Israel Rabbinical College...	135	8
Maryland Casualty Co.....	776	38	Patterson Park High School....	1,799	6
Maryland Glass Co.....	331	106	Peabody Institute (Music).....	129	0
May Co. (Dept. Store).....	645	76	School No. 106.....	0	594
Mercantile Safe Deposit & Trust			School No. 130.....	0	2,528
Co.....	415	9	School No. 176.....	0	448
Mercy Hospital.....	349	190	School No. 452.....	0	655
National Brewing Co.....	642	2	School No. 453 (General Voca-		
News Post-Sunday American.....	484	8	tional).....	0	821
Patapasco Scrap & Buffalo Tank..	234	83	Southern High School.....	1,956	33
Recipe Foods, Inc.....	182	23			
State Teachers Convention.....	889	136			
Suburban Club Carbonated					
Beverage.....	104	31			

BUREAU OF VENEREAL DISEASES

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

Director

Morbidity and Mortality

It appears that the remarkable decline in the reported incidence of early syphilis during the last seven years has come to an end. Although total reports of syphilis declined slightly, to 1,283 cases in 1954 as compared with 1,336 in 1953, as shown in Table No. 1, the number of reported cases of primary and secondary syphilis increased to 122 in 1954 from 118 in 1953, as shown in Table No. 2. Not a single case of syphilis in a child less than 3 years old was reported in 1954 as compared with 4 in 1953, as shown in Table No. 3. The recorded death rate from syphilis reached the new low level of 5.9 per 100,000 population. For the sixth consecutive year for white infants and for the fourth consecutive year for colored infants, no death from syphilis was recorded, as shown in Table No. 4.

There was a slight increase in the number of reported cases of gonorrhea, to 7,105 in 1954 as compared with 7,012 in 1953, as shown in Table No. 1. Repeated infection of the same individuals continued to occur, so that approximately 23 per cent of the infections reported in 1954 were in individuals who already had had one or more infections during the calendar year.

Epidemiology and Case Holding

The results of the investigation of contacts of patients with gonorrhea or syphilis are shown in Tables Nos. 5, 6 and 7. Contact investigation in syphilis continues to be relatively unproductive, due to the small number of infectious cases among persons who come to medical attention. There is some evidence that contact investigation in gonorrhea has been increasingly productive, as nearly 1,900 women were treated for gonorrhea in the Health Department venereal disease clinics in 1954, as compared with approximately 1,100 in 1948, when comparable records were first available. During the year 6,286 visits were made by the public health nurses and social workers for the investigation of contacts and the follow-up of delinquent patients.

The Clinics

The Health Department continued to conduct clinics at four locations to a total of 20 sessions a week for adults and 4 for children. As shown in

Table No. 8, these clinics reported 11,297 admissions during the year, compared to 10,984 in 1953; thus an almost constant annual number of admissions was maintained for the seventh consecutive year. The clinics reported 27,246 patient visits in 1954, as compared to 28,938 in 1953. The venereal disease clinic previously located in the Somerset Health Center in the Somerset Homes on Orleans Street, was removed late in November to the new Eastern Health District building at 620 North Caroline Street where modern and adequate quarters have been provided.

Other medical agencies transferred 565 patients to the Health Department venereal disease clinics because of treatment delinquency, the availability of evening clinics and miscellaneous other reasons. The Calvert Street clinic collected 2,213 blood specimens for testing for syphilis during the year for the City Service Commission.

City Isolation Ordinance and Juvenile Cases

It was necessary in only two cases to invoke the City Isolation Ordinance during the year. In one case, the patient reported to the Baltimore City Hospitals for treatment without court action. The other patient moved and could not be located.

During the year 9 mothers of 20 children were reported to the Health Department as having failed to have their children examined for syphilis. As the result of action initiated by the Bureau of Venereal Diseases, and with the assistance of the Probation Officers of the Juvenile Court in some cases, 16 of the children were eventually examined. The remaining 4 moved and could not be located.

Staff Training

Fourteen public health nurses were trained in treatment techniques during the year. The Director of the Bureau of Venereal Diseases gave another series of six lectures on the venereal diseases to a group of public health nurses and venereal disease clinic clerks, bringing the total of such lectures to 60 in the past seven years. The Supervisor of Public Health Nursing assigned to the bureau conducted 35 seminars on venereal disease control, and the total attendance of student and staff nurses was 288. One public health nurse, assigned to the bureau for the Eastern Health District venereal disease clinic, was given two weeks of special training at the University of Pennsylvania.

The Armed Forces

In addition to the investigation and examination of contacts of infected military personnel, as shown in Table No. 7, the Health Department and the Armed Forces collaborated in the examination and treatment of 42

selectees found to have positive serologic tests for syphilis at the time of examination at the induction station, and 66 men found to have evidence of venereal disease at the time of their separation from the Armed Forces. The Director of the Bureau of Venereal Diseases continued to serve as a member of the Civilian Advisory Board of the Armed Forces Disciplinary Control Board.

Personnel

Nels A. Nelson, M.D., M.P.H., Director
 Morris M. Cohen, M.D., Senior Medical Supervisor
 Albert L. Laforest, M.D., Senior Medical Supervisor
 Ernest W. Shervington, M.D., Senior Medical Supervisor
 J. Douglass Shepperd, M.D., Medical Supervisor
 Louis E. Harmon, M.D., Medical Supervisor
 William Atwell Jones, M.D., Medical Supervisor
 G. Raynor Browne, M.D., Health Officer
 William Berkley Butler, M.D., Health Officer
 Harris Goldman, M.D., Health Officer
 George C. Page, M.D., Health Officer
 Charles T. Woodland, M.D., Health Officer

Clinic Physicians

Townsend W. Anderson, M.D.	William Atwell Jones, M.D.
David Bacharach, M.D.	Howard C. Kramer, M.D.
Moses L. Barksdale, M.D.	Renold B. Lighston, Jr., M.D.*
George P. Brown, M.D.	Clarence W. Martin, M.D.
Winston C. Dudley, M.D.	Robert Mazer, M.D.
Cleo J. L. Froix, M.D.	Israel P. Meranski, M.D.
Perry Futterman, M.D.*	George H. Pendleton, M.D.
Morton Goldfarb, M.D.	Talmadge H. Pinkney, M.D.
Harris Goldman, M.D.	William G. Polk, M.D.
Sylvan Goodman, M.D.	Richard A. Sindler, M.D.
Thomas W. Harris, Jr., M.D.	Percival C. Smith, M.D.
Richard H. Hunt, M.D.	Leslie A. Walker, M.D.*
Reuben D. Jandorf, M.D.	Stanley N. Yaffe, M.D.
Jether M. Jones, Jr., M.D.	Harold E. C. Zheutlin, M.D.

Public Health Nurses

Virginia R. Struve, B.S., Supervisor of Public Health Nursing	
Louise Allman	Marianne S. Fetsch**
Mary C. Bacon	Rose M. Hoffman
Minnie Leah Corbin	Ella N. Hughes
Ruth F. Eckman, B.A.	Katherine E. Nutto
Margaret T. Ellis	Erdie E. Scott

* On leave of absence for military duty.

** Part-time employee.

Osborne B. Dixon, Senior Social Worker
Mattie May Gwynn, Junior Administrative Officer
Yetta Glick, 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
Lillian Moulton, Clerk-Typist
Marguerite Scherer, Clerk-Typist
Philomena Simms, Clerk-Typist
Dorothy M. Washington, 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 1950-1954

SOURCE OF REPORT	SYPHILIS					GONORRHEA					CHANCROID				
	1954	1953	1952	1951	1950	1954	1953	1952	1951	1950	1954	1953	1952	1951	1950
TOTAL.....	1,283	1,336	1,982	2,627	2,982	7,105	7,012	6,940	6,511	6,944	27	41	148	206	120
Private Physicians.....	68	105	245	328	368	353	403	424	450	386	..	2	..	..	2
City Health Department Clinics.....	761	729	940	1,345	1,441	6,638	6,479	6,345	5,809	6,245	19	25	137	174	96
Other Medical Agencies..	454	502	797	954	1,173	114	130	171	252	313	8	14	11	32	22

TABLE NO. 2
 REPORTED INFECTIONS OF VENEREAL DISEASE, ACCORDING TO COLOR AND
 SEX OF PATIENT—1954

COLOR AND SEX OF PATIENTS	SYPHILIS						GONORRHEA	CHANCROID
	Total	Primary and Secondary	Early Latent	Late and Late Latent	Con-genital	Stage Not Stated		
TOTAL.....	1,283	122	141	919	42	59	7,105	27
White								
Male.....	96	9	8	70	3	6	446	6
Female.....	64	4	8	40	4	8	110	..
Colored								
Male.....	545	61	42	390	14	38	5,716	17
Female.....	578	48	83	419	21	7	833	4

TABLE NO. 3
 REPORTED INFECTIONS OF CERTAIN VENEREAL DISEASES, ACCORDING TO
 COLOR, SEX AND AGE OF PATIENT—1954

AGE	TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
CONGENITAL SYPHILIS							
All ages.....	42	7	3	4	35	14	21
Under 1 year.....	..	..	..	..	..	..	..
1-14 years.....	7	2	1	1	5	3	2
15-24 years.....	19	3	1	2	16	6	10
25 years and over.....	16	2	1	1	14	5	9
ACQUIRED SYPHILIS							
All ages.....	1,241	153	93	60	1,088	531	557
Under 15 years.....	4	1	..	1	3	2	1
15-19 years.....	66	5	1	4	61	18	43
20-24 years.....	124	9	6	3	115	43	72
25-29 years.....	189	19	9	10	170	62	108
30-34 years.....	170	17	11	6	153	67	86
35-39 years.....	139	17	8	9	122	61	61
40-44 years.....	140	10	7	3	130	76	54
45-49 years.....	91	13	7	6	78	50	28
50 years and over.....	196	55	39	16	241	139	102
Age unspecified.....	22	7	5	2	15	13	2
GONORRHEA							
All ages.....	7,105	556	446	110	6,549	5,716	833
Under 15 years.....	59	4	1	3	55	18	37
15-19 years.....	1,159	68	39	29	1,091	814	277
20-24 years.....	2,343	178	140	38	2,165	1,870	295
25-29 years.....	1,840	138	120	18	1,702	1,561	141
30-34 years.....	1,051	67	59	8	984	925	59
35-39 years.....	369	53	43	10	326	314	12
40-44 years.....	154	24	21	3	130	122	8
45-49 years.....	54	6	6	..	48	45	3
50 years and over.....	46	9	8	1	37	37	..
Age unspecified.....	20	9	9	..	11	10	1

TABLE NO. 4
RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY CAUSE OF DEATH AND COLOR
1950-1954

CAUSE OF DEATH	1954			1953			1952			1951			1950		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL.....	57	14	43	63	15	48	97	35	62	85	31	54	103	21	82
Syphilis in infants under 1 year of age ..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2
General paralysis of the insane.....	3	2	1	10	3	7	15	1	14	15	2	13	20	4	16
Tabes dorsalis.....	1	1	..	1	..	..	..	..	..	..	..	..	2	2	..
Aneurysm of the aorta.....	23	3	20	19	3	16	23	11	12	17	6	11	25	5	20
Other forms of syphilis.....	30	8	22	33	8	25	59	23	36	53	23	30	54	10	45

TABLE NO. 5
RESULTS OF INVESTIGATION OF CONTACTS OF CITY CLINIC PATIENTS, BY
COLOR AND SEX OF CONTACT AND DISEASE—1954

COLOR AND SEX OF CONTACT, AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED	PREVIOUSLY KNOWN	NOT INVESTIGATED ¹	INVESTIGATED BUT NOT FOUND	FOUND: NOT EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED ²			
						Total Examined	Infected With Homologous Disease ³	Not Infected With Homologous Disease	Examination Not Completed ⁴	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhoea ⁴
TOTAL.....	7,247	562	2,531	1,834	659	1,661	385	508	768	411	11	37	363
TOTAL SYPHILIS.....	909	106	109	54	83	557	27	494	36	33	8	20	5
White													
Male.....	23	3	..	1	1	18	1	17	..	1	..	1	..
Female.....	33	3	8	..	1	21	2	18	1	2	..	2	..
Colored													
Male.....	452	42	52	19	56	283	16	249	18	18	5	11	2
Female.....	401	58	49	34	25	235	8	210	17	12	3	6	3
TOTAL GONORRHEA...	6,338	456	2,422	1,780	576	1,104	358 ³	14	732 ⁴	378	3	17	358 ³
White													
Male.....	29	25	3	1	..	..	..	..	..	..	..	..	..
Female.....	344	29	204	55	8	48	24	1	23	24	..	..	24
Colored													
Male.....	77	66	2	6	1	2	..	1	1	..	..	..	..
Female.....	5,888	336	2,213	1,718	567	1,054	334	12	708	354	3	17	334

¹ Insufficient information to warrant investigation.

² Some contacts had multiple infections, so that number of infections discovered is greater than number of contacts infected.

³ Does not include 717 contacts treated as presumed to have gonorrhoea, but diagnosis not bacteriologically confirmed.

⁴ Of these, 717 were treated as presumed to have gonorrhoea for epidemiological reasons.

TABLE NO. 6
RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OTHER AGENCIES,
EXCLUSIVE OF THE ARMED FORCES, BY COLOR AND SEX OF CONTACT
AND DISEASE—1954

COLOR AND SEX OF CONTACT, AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED	PREVIOUSLY KNOWN	NOT INVESTIGATED ¹	INVESTIGATED BUT NOT FOUND	FOUND: NOT EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED ²			
						Total Examined	Infected With Homologous Disease ³	Not Infected With Homologous Disease	Examination Not Completed ⁴	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhoea ⁵
TOTAL.....	577	33	63	188	64	229	15	175	39	23	3	5	15
TOTAL SYPHILIS.....	340	25	11	74	41	189	5	172	12	11	2	4	5
White													
Male.....	9	..	..	..	2	7	1	6	..	2	..	1	1
Female.....	5	..	..	2	..	3	..	3	..	..	..	..	..
Colored													
Male.....	166	13	3	35	24	91	3	83	5	5	1	3	1
Female.....	160	12	8	37	15	88	1	80	7	4	1	..	3
TOTAL GONORRHEA.....	237	8	52	114	23	40	10 ⁶	3	27 ⁴	12	1	1	10 ⁶
White													
Male.....	1	..	..	1	..	..	..	..	..	..	..	..	..
Female.....	24	1	12	10	1	..	..	..	..	..	..	..	..
Colored													
Male.....	9	1	2	1	2	3	..	2	1	1	1	..	..
Female.....	203	6	33	102	20	37	10	1	26	11	..	1	10

¹ Insufficient information to warrant investigation.

² Some contacts had multiple infections, so that the number of infections discovered is greater than the number of contacts infected.

³ Does not include 28 contacts treated as presumed to have gonorrhoea, but diagnosis not bacteriologically confirmed.

⁴ Of these, 28 were treated as presumed to have gonorrhoea for epidemiological reasons.

TABLE NO. 7
RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY THE ARMED FORCES,
BY COLOR AND SEX OF CONTACT AND DISEASE—1954

COLOR AND SEX OF CONTACT, AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED	PREVIOUSLY KNOWN	NOT INVESTIGATED ¹	INVESTIGATED BUT NOT FOUND	FOUND: NOT EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED ²			
						Total Examined	Infected With Homologous Disease ³	Not Infected With Homologous Disease	Examination Not Completed ⁴	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea ⁴
TOTAL.....	628	19	242	184	49	134	36	17	81	41	2	2	37
TOTAL SYPHILIS.....	68	3	11	35	..	19	3	13	3	7	2	1	4
White													
Male.....	..	..	2	..	..	2	1	1	..	1	..	1	..
Female.....	4	..	..	..	..	..	..	..	..	..	..	..	..
Colored													
Male.....	2	..	..	1	..	1	1	..	..	..	2	..	..
Female.....	62	3	9	34	..	16	2	11	3	6	..	..	4
TOTAL GONORRHEA...	560	16	231	149	49	115	33 ³	4	78 ⁴	34	..	1	33 ⁴
White													
Male.....	..	..	..	..	..	..	..	..	..	..	..	1	..
Female.....	156	1	73	53	4	25	10	3	12	11	..	1	10
Colored													
Male.....	1	..	1	..	..	..	..	..	..	..	..	..	..
Female.....	403	15	158	95	45	90	23	1	66	23	..	..	23

¹ Insufficient information to warrant investigation.

² Some contacts had multiple infections, so that the number of infections discovered is greater than the number of contacts infected.

³ Does not include 78 contacts treated as presumed to have gonorrhea, but diagnosis not bacteriologically confirmed.

⁴ Of these, 78 were treated as presumed to have gonorrhea for epidemiological reasons.

TABLE NO. 8
ADMISSIONS* TO VENEREAL DISEASE CLINICS BY DISEASE, AND VISITS BY
COLOR AND SEX—1954

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.....	11,297	10,827	470	167	162	5
Total Syphilis.....	855	466	389	24	20	4
Primary or secondary.....	98	88	10	2	2	..
Early latent.....	118	80	38	..	..	..
Late latent and late.....	570	257	313	20	16	4
Congenital.....	39	13	26	2	2	..
Stage not stated.....	30	28	2	..	..	..
Gonorrhea.....	6,693	6,673	20	2	1	1
Presumptive of gonorrhea ²	974	971	3	..	..	..
Chancroid.....	19	18	1	..	..	..
Lymphogranuloma venereum.....	11	11	..	..	..	..
Granuloma inguinale.....	13	10	3	..	..	..
Not infected with V. D.....	2,444	2,435	9	113	113	..
Diagnosis not completed.....	288	243	45	28	28	..
RACE AND SEX	VISITS					
TOTAL.....	27,246			6,891		
White						
Male.....	1,768			539		
Female.....	775			258		
Colored						
Male.....	14,909			2,518		
Female.....	9,794			3,576		

* Duplicate admissions, due to transfer of patients from one clinic to another, have been excluded.

¹ The Johns Hopkins Hospital, Medicine 1, the only other clinic reporting.

² Contacts of patients with gonorrhea, treated for gonorrhea but diagnosis not confirmed bacteriologically.

BUREAU OF CHILD HYGIENE

Janet B. Hardy, M.D.

Director

The work of the Bureau of Child Hygiene materially increased during 1954 and the maternal, preschool and school health programs were all severely taxed by increased numbers of persons requiring service. It was difficult to keep these programs at the desired high level because of shortages of personnel, particularly of public health nurses. This was not only relative because of increased demands of other programs upon the available nursing time but very real because of the large number of public health nursing vacancies which existed during a considerable part of the year.

In order to make the most efficient use of the available public health nursing time emphasis was of necessity placed upon the essential clinic programs. The Notification of Birth Registration forms which had previously been delivered by public health nurses to the homes of all infants born in Baltimore were sent by mail, which eliminated many nursing visits. Home visiting to newborn infants was done on a selective basis to those homes where the need for health education and supervision was thought to be greatest. It was not possible to do more than a fraction of the usual follow-up home visits desired on infants failing to keep child health clinic appointments for physical examination and toxoid inoculations.

Maternity Hygiene

There were 23,523 live babies born to Baltimore mothers during 1954. This was a slight increase over the 22,748 births in 1953. The birth rate for the white population was 21.1 as compared to 20.4 for 1953 per 1,000 population. For the nonwhite contingent the birth rate showed an increase from the 32.8 rate for this group in 1953, to 33.2 in 1954.

The place of delivery and persons attending in homes, important indicators of the quality of obstetrical care, are shown in the table below.

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

	TOTAL			WHITE			NONWHITE		
	1954	1953	1952	1954	1953	1952	1954	1953	1952
Number.....	23,523	22,748	22,775	14,949	14,628	14,989	8,574	8,120	7,786
Per Cent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital.....	96.4	95.3	94.2	98.3	97.9	97.4	93.1	90.5	88.2
Home.....	3.6	4.7	5.8	1.7	2.1	2.6	6.9	9.5	11.8
Physician.....	2.4	2.9	3.8	1.4	1.5	2.1	4.1	5.4	7.0
Midwife.....	1.1	1.8	1.9	0.3	0.5	0.5	2.5	3.8	4.8
Unattended.....	0.1	0.2	0.1	0.1	0.1	0.0	0.2	0.3	0.2

It may be seen that virtually all the white deliveries were in hospitals and that there was a continuing rise in the percentage of nonwhite deliveries that occurred in hospitals. The decline in the maternal death rate has coincided quite closely with the decline in home deliveries. This tremendous shift from home to hospital delivery in the past two decades has been accomplished in Baltimore largely by shortened hospital stay for each patient rather than by any appreciable increase in the total obstetrical beds available. This has placed a great strain on both delivery room facilities and staff. The problem of providing adequate numbers of hospital beds for obstetrical patients was further complicated by the fact that the number of county residents delivering in Baltimore hospitals increased from 5,049 in 1943 to 11,292 in 1954. The greatest unmet need for the pregnant woman was the provision of more hospitals beds and delivery facilities for the nonwhite group. Baltimore City Hospitals, the Johns Hopkins Hospital, the University of Maryland Hospital, Provident Hospital, Sinai and the Franklin Square Hospital, continued during 1954 to admit nonwhite obstetrical patients. No other private hospitals admitted Negro patients. Some had plans for future admission of this group of patients, contingent upon approval by the hospital boards and upon future building plans.

The number of resident mothers who died from causes associated with pregnancy and childbirth showed an increase from 7 in 1953 to 13 in 1954 with a maternal mortality rate of 5.5 per 10,000 live births for the year. The maternal mortality rates were 1.3 per 10,000 live births for the white mothers and 12.8 per 10,000 for the nonwhite group. The year 1953 had been by far the lowest for Baltimore's maternal mortality with a rate of 3.1 per 10,000 live births, 0.7 for the white and 7.4 for the nonwhite. The lowest previous figure had been 4.4 in 1951, following which the rate rose to 5.3 in 1952. Review of these deaths was continued by the Joint Committee on Maternal Mortality of the Baltimore City Health Department and the Baltimore City Medical Society at its monthly meetings.

Maternity Hygiene Clinics

Health Department prenatal clinics were held at seven locations during the first ten months of the year. In November, the prenatal clinics held in the old Eastern Health District building and in the Somerset Housing Project were transferred to the new Eastern Health District building. During the year twelve clinic sessions were held each week with two physicians working in each of seven clinics and one physician in each of the remaining five sessions. Attendance at these clinics increased markedly, particularly during the second half of the year. A total of 13,574 visits was made by 3,483 patients in 1954 as compared with 10,692 visits by 2,758 patients in 1953. This represented a 27.0 per cent increase in visits and a 24.5 per cent increase in patient load as compared with 1953.

The increase severely taxed the existing clinic facilities. This was particularly noticeable as far as public health nursing service was concerned. It was not possible to keep up either the quality or quantity of public health nursing educational services or the extensive home visiting program for pregnant women.

During the first ten months of the year patients were admitted to prenatal clinics upon referral from the Department of Public Welfare. In November the functions of admitting patients to prenatal clinics and of assigning obstetrical beds at Baltimore City Hospitals was assumed by the Division of Maternity Hygiene. This change was made with the hope that prenatal care would be available to all who needed it and that obstetrical beds might be assigned on the basis of need for those who presented the greatest obstetrical risk. The Department of Public Welfare continued to provide financial screening and assistance where indicated.

In addition to those patients registered for hospital delivery, the prenatal clinics continued during the year to give the same care to that group of patients registered for home delivery by licensed midwives and had splendid cooperation from the few remaining midwives in sending their patients to the clinic and in their willingness to transfer to hospitals those patients who are considered unsafe for home delivery. Only 2.5 per cent of the nonwhite and 0.2 per cent of the white deliveries were attended by midwives.

As in the past two years, the clinics continued to care for those patients who were unable to make advance reservations for hospital delivery. These were carried in the regular prenatal clinics on a "prenatal-care-only" basis. Hospital beds were obtained for those who presented unusual obstetrical risks. Treatment for syphilis or anemia was given through the clinics.

Prenatal clinic work included for each patient complete medical history and physical examination, obstetrical examination, Rh blood studies, hemoglobin determinations, urinalysis, serologic tests for syphilis and chest X-ray examinations, with X-ray pelvimetry and more elaborate Rh studies where indicated.

At the end of the year plans were completed for the opening of screening clinics in the prenatal clinic system. These will open in January, 1955 and will be held once weekly in three locations, at the Druid Health District building, the Eastern Health District building, and the Southern Health District building. All new prenatal patients, whatever the source of referral, will be screened physically and by laboratory methods at these clinics before being assigned to the regular prenatal clinic most convenient to their homes. At the close of the year seventeen maternity hospitals held Health Department licenses as required by ordinance.

Preschool Hygiene

Infant Mortality

The infant mortality rate of 31.9 per 1,000 live births showed a slight increase over the 1953 rate of 30.2 per 1,000 live births. There had been a gradual increase in infant mortality since the record low rate of 27.2 was recorded in 1950. It appeared that the increase was associated with prematurity, congenital malformations, birth injuries and infections. The Negro infant mortality rate was 42.2 per 1,000 live births as compared with 37.2 for 1953 and 41.2 for 1952. It may be pointed out that the number of infants delivered in Baltimore hospitals has doubled since 1940 without any appreciable increase in hospital facilities. This has resulted in marked curtailment of hospital stay which in some instances proved detrimental to the infant.

Premature Infants

Premature infant services continued to be available in most of the hospitals with the major proportion being cared for at one of the three larger nursery units located at Johns Hopkins, University of Maryland and Baltimore City Hospitals. Upon request, the director of the bureau rendered special consultation service to hospitals interested in improving premature and newborn nursery facilities. Through the cooperation of the City Fire Department and the City Health Department premature infants were transported in special carriers.

Home Visiting Service

The Bureau of Public Health Nursing was assigned 22,240 copies of the Record of Child under Six Years. Home visits were routinely made to babies born prematurely, babies malformed or injured at birth and to selected cases as determined by the supervising and staff nurses in regard to health, social and welfare problems.

Postal card inquiries, relative to toxoid inoculations, were mailed to 4,055 parents. Of these, 1,137 were returned with conclusive information which eliminated the home nursing visits which would otherwise have been required to obtain the information. Public health nursing visits were made where the necessary information could not otherwise be obtained and the parents urged to secure diphtheria inoculations for their children.

The service for ophthalmia neonatorum control continued with only 9 cases reported and investigated by the Health Department. Nursing care was given to 8 of the reported cases with a total of 32 home visits. One case was sent to a hospital for treatment. It may be noted that the need for this service has markedly declined during recent years.

Child Health Clinics

Child health clinics were conducted at 38 locations during the year with a total of 4,732 clinic physician sessions. The total number of visits paid was 80,413 as compared with 77,235 paid in 1953. This represented an increase of approximately 3,178 visits or 4.1 per cent over the previous year and efforts were continued to increase the clinic service where the demand was greatest. Clinic attendance studies were continued and used as a basis for assigning clinic sessions at various locations. Clinic clerks continued to function in three clinics and assumed many duties previously performed by the public health nursing staff. With the shortage of nurses during the year and the increase in clinic attendance additional clerks will be used in more clinics when available.

The child health clinic in the dispensary building at the University of Maryland Hospital continued as a joint project of the City Health Department and the Department of Pediatrics of the University of Maryland. The Director of the Bureau of Child Hygiene participated actively in the teaching program particularly as it related to pediatric house staff and medical students.

The Department of Pediatrics of Sinai Hospital continued to provide part of the medical staff in the new Eastern Health District building child health clinics after the Somerset Housing Project child health clinic was moved to the new structure. Five weekly child health clinic sessions were established in the new building with two clinicians assigned to each session.

Preventive Inoculations

Inoculations of triple antigen, diphtheria and tetanus toxoid combined with pertussis vaccine, were continued in the child health clinics, toxoid clinics and school health clinics. Special toxoid clinics were held for the convenience of children entering school. During the year 21,750 Four Month Greeting Cards urging parents to secure these inoculations for their children were mailed by the bureau.

Physicians in private practice reported the administration of toxoid to 10,730 children as compared with 10,823 in 1953. In the child health clinics 35,252 toxoid inoculations were given as compared with 33,223 in 1953; 9,472 were vaccinated against smallpox as compared with 7,094 in 1953.

Nutrition Service

Consultation service continued to be available to the prenatal and child health clinics through the Chief of the Division of Nutrition and her assistant. Owing to the shortage of public health nursing time it was not possible, in most instances, to carry out the extensive educational program in this field previously engaged in.

Children's Boarding Homes and Institutions

In order to expedite Health Department inspections of foster homes for the public and private welfare agencies, the records of the foster home program were transferred on July 1, 1954, from the Bureau of Child Hygiene to the Bureau of Environmental Hygiene, and the latter bureau from that date began to receive directly applications for inspections of foster homes. This change was made in an effort to provide better Health Department service to the welfare agencies by eliminating duplication of records. Between January 1, 1954, and July 1, 1954, six agencies submitted a total of 253 requests to the Bureau of Child Hygiene for approval of agency-supervised foster homes. Of these, 235 were approved, 8 disapproved and 10 cancelled. In addition, the Baltimore City Department of Public Welfare submitted 18 requests for approval of independent boarding homes for children and all were approved.

The program of annual sanitary and fire inspections of the 14 child-caring institutions located in the city was continued. These institutions were under the supervision of the State Department of Public Welfare.

Day Nurseries, Nursery Schools and Day Care Centers

A total of 79 day nurseries with a capacity of 2,903 children held licenses during the year 1954. Of the 79 day nurseries, 76 with a capacity of 2,823 children held licenses as of December 31. Eleven new licenses were issued and three were discontinued during the year.

The policy of careful screening of persons wishing to apply for day nursery licenses was continued. This policy, initiated in the previous year, began to result in distinct improvement in the quality of care offered for children in day nurseries. There were 20 applications for day nursery licenses filed during the year. Of these, 3 were licensed, 12 were cancelled, 1 was disapproved, and 4 had not been completely processed as of December 31.

Mental Hygiene

The Division of Mental Hygiene continued its program of staff education for public health nurses through small group seminars, and utilized discussion, role taking and lecture techniques as well as the showing of appropriate films. More emphasis was placed than heretofore on the public health nurse as a group leader. The division chief continued the policy of working within the framework of the existing facilities of the Health Department; demonstration programs, which provided limited direct service to the community, included mothers' group meetings, individual interviews and counseling services in connection with both child health and prenatal clinics. Play observations of children in the waiting room of the counseling office were continued by student nurses from the University of Maryland Hospital

and by the staff nurses. On the initiative of the nurses, mental hygiene consultation services were provided for individual nurses as well as groups. Although consultative services were not limited, the emphasis continued to be on the preschool child.

Close cooperation with other social agencies continued, and the greater amount of time was allocated to the Division of Adult Education, the Mental Hygiene Society, the Parent-Teacher Association and other parent education groups. The division assisted the Bureau of Health Information in several radio and television productions dealing with mental health.

A report on mental hygiene services in the prenatal clinics was made to the American Orthopsychiatric Association in New York in the spring of 1954. In December *The American Journal of Individual Psychology* published a paper which had been presented in Los Angeles in May, 1953 related to the interviewing techniques in the Health Department's Mothers' Counseling Service.

School Health

The Division of School Health, in cooperation with the public and parochial school systems, was responsible for administering health services in the elementary schools for approximately 130,000 pupils during 1954. These services were rendered by part-time school physicians working on a session basis for a budgeted total of 65 two-hour sessions per week. Sixteen part-time school nurses and 125 generalized public health nurses devoted between 15 and 20 per cent of their time to school health work.

The division was fortunate in obtaining the services of more physicians with pediatric training and all budgeted positions were filled for the first time in the past three years. This represented an improvement both in quality and quantity of services rendered. However, the combined school enrollment was increased by approximately 3,000 pupils over that of the previous year. Although 15,167 pupils who were new to the school system were examined by school physicians during the school year 1953-1954, 2,494 first grade pupils still had not been examined at the close of the school year. In view of the increasing enrollment and the increased emphasis placed upon careful histories and physical examinations, with interpretation of findings to pupils, parents and teachers and planning for referral for medical care, additional school physicians and a considerable increase in nursing time for school health work will be needed in the future in order to provide health examinations of pupils referred from the teachers as well as pupils who are new to the school system and for whom no report from a private physician is available. In addition it is hoped to have sufficient personnel to carry out the re-examination of 4th grade pupils who are not examined by private physicians.

During the school year 1953-1954 school physicians examined a total of 20,816 pupils. Private physicians examined 7,398 pupils during this same period of time, and 1,138 pupils were listed as waiting to be examined by private physicians at the close of the school year. Statistics for the calendar year appear in table No. 3A.

For the first time pupils in special class placement due to cardiac conditions were rechecked by a pediatric cardiologist, Dr. George Husson, of the Johns Hopkins School of Medicine. The audiometric rescreening of pupils, assigned to special classes because of impaired hearing using pure tone audiometry including, when necessary, the psychogalvanic skin resistance method, was carried out during the spring and fall by Dr. Paul LaBenz, audiologist in the Johns Hopkins School of Medicine, who was kind enough to make his time available for this work.

Dr. Patricia Husson continued as senior supervising physician until the end of the school year in June, when her resignation resulted from a change in residence. Her activities were directed towards investigating the completeness of the content of the total school health program. To this end meetings with principals and school nurses were scheduled in an effort to obtain a clear picture of the existing health practices and the needs for improvement whether in physical plant, personnel, or working relationships. Dr. Husson's written reports on these meetings should serve as an excellent base line for future improvements in the health programs of many of the schools. Each of these reports was discussed at meetings which included Dr. Husson, the Director of the Bureau of Public Health Nursing, the Chief of the Division of School Health and the appropriate nursing supervisor.

Five meetings of the school physicians and nursing supervisors were held: one during spring vacation, three prior to beginning work in the schools in September and one during the Christmas vacation. The film "School Health in Action," which was purchased by the Health Department in the spring of 1954, was shown and discussed at one of these meetings; Mr. Frank Bennett, Specialist, in the Division of Safety Education of the Department of Education and Dr. Foord, Chief of the Division of School Health, discussed preschool and school accident prevention at another; Miss Elaine Michelson, Executive Secretary of the Mental Hygiene Society of Greater Baltimore, Inc., at the meeting on December 28 discussed the activities of this Society, with particular emphasis on training group leaders. Miss Elsie Saulsbury, Principal of the William S. Baer School for handicapped children, conducted a tour of her school for the physicians on September 15, and described the activities and special programs for her pupils. The last of the three meetings held prior to beginning work in the schools was for general discussion of school health problems, including proper use of new forms, and emphasizing in particular the role of the school physician in

establishing good liaison between the school and the physicians practicing in the community.

The schools' public health nurses continued to stress the importance of having parents present at health examinations of their children and of holding teacher-nurse conferences. The nurses held conferences with approximately fifty per cent of the teachers and reported formal consultations with more than sixty per cent. During the fall an acute shortage in nursing service was encountered, which was considered to be largely due to the fact that nursing salary scales in the Health Department had fallen below the prevailing rates in the community. The school health program suffered a severe setback as a result of this shortage and several schools had to go without health services for many weeks. Fortunately, the Bureau of Public Health Nursing was able to recruit some part-time nurses and later in the fall succeeded in filling most of the vacant positions.

The Health Council of the Public Schools of Baltimore held six meetings during 1954. The attention of the Council was directed towards the health of the school environment, standardization of procedures for the proper care of medical emergencies arising in schools and procedures for handling seriously ill or injured children on school buses. A statement was developed entitled "Care of Medical Emergencies in Elementary Schools," which was later approved by Dr. John H. Fischer, Superintendent of Public Instruction, and issued by Miss Mary A. Adams, Assistant Superintendent of Elementary Education, as Circular No. 234, to the principals of all elementary schools. A similar statement was begun relative to the management of serious illness or injury occurring on school buses.

A new form for requesting special class placement was developed during the spring and put into use at the beginning of the school year. This form "Request for Adjustment of Pupil's School Program" replaced a multiplicity of special application blanks and attempted to obtain briefly all the medical information necessary to providing sound medical advice which was needed by the Division of Special Education in determining the appropriate adjustment or special class placement. A great deal of the division chief's time was needed to check these requests with the physicians originating them, prior to sending them on to the Division of Special Education.

During the summer and fall several meetings were held and plans were made to transfer medical personnel working in the cerebral palsy program from the Department of Education to the Division of School Health in order to integrate this program more closely with the rest of the school health program. In addition, it was agreed that requests for expenditures from the cerebral palsy account should be routed through the Office of the Division of School Health before being forwarded to the Department of Education for payment.

Parent volunteers continued to carry on vision screening of all children in all grades in the elementary schools in which this service had been organized. By the end of the year 99 schools had parent groups providing this service and a total of 668 parents had been given instruction in how to administer the Massachusetts Vision Test. It was decided to wait until more teams had been trained before requesting statistical reports on the results of this program.

Once again the division was not able to obtain budgetary allotment for audiometrists and it was, therefore, impossible to establish any screening program for hearing impairments. The Department of Education continued to provide one audiometrist for screening hearing in the public schools, and the Baltimore Hearing Society carried out similar work in a few parochial schools.

The hearing clinic at 709 Rutland Avenue was closed in June. At this time Dr. M. L. Breitstein found it necessary to resign from his position as Health Officer and clinic physician for the hearing clinic at 414 North Calvert Street. With the closing of the Rutland Avenue clinic Dr. Alvin Rudo, who had been the clinic physician, took over the position left vacant by Dr. Breitstein. Plans were made to establish an additional hearing clinic in the new Eastern Health District in 1955. Mrs. Violet Weber, who had been the public health nurse in charge of both the hearing and vision clinics for many years retired in June.

Numerous meetings were held with the nursing supervisors and the schools' public health nurses in order to clarify and standardize procedures and otherwise attempt to explain the overall purposes of the school health program. The chief of the division again served as Chairman of the Committee on School Health Statistics of the School Health Section of the American Public Health Association. With the assistance of Dr. Matthew Taback, Director of the Statistical Section, who is also a member of this committee, new forms and methods were worked out for reporting the activities of the school health service. The single most important change made related to reporting abnormalities discovered in pupils. These abnormalities are reported on IBM mark-sense cards which are sent in when the follow-through is complete. If the follow-through remains incomplete, such cards are called in six months after the close of the school year to which they apply for tabulation. Thus, abnormalities for the school year 1953-1954 will not be reported until January of 1955. This change permits six months additional time in which correction of abnormalities may take place and, of greater importance, makes it possible to relate the reporting of corrections directly to the actual abnormalities originally reported. In the past, the statistics of the division have reported the number of abnormalities found during the calendar year and the number of abnormalities known to have

been corrected during the same year. Often these corrections referred to abnormalities which had been reported during previous calendar years. The experience of the Baltimore City Health Department with this type of reporting and the forms necessary for it were described by the division chief at an open meeting on school health statistics which was part of the program of the annual meeting of the American Public Health Association at Buffalo in October.

The Health Committee of the Coordinating Council of Parent-Teacher Associations held a meeting on January 18 to discuss the overall school health program and to investigate ways in which parents could further help to improve it. The chief of the division addressed this meeting and urged that health chairmen meet with their principals and teachers in an effort to determine the adequacy of the program as it functioned in their own schools. In addition, the chief of the division spoke at several Parent-Teacher Association meetings on the general subject of school health services.

As the result of several meetings held during the spring, it was agreed that the Department of Education and the City Health Department would jointly offer a course entitled "Guiding the Child to Achieve His Maximum Growth through the Development of a Healthy Body and Personality" as one of the professional study activities of the Department of Education for the school year 1954-1955. This activity was made available to Health Department as well as to Education Department personnel. Meetings were to be held about every two weeks during the school year and to be conducted by Miss Evelyn Girardin, Principal of the Montebello School, and by Dr. Alan Foord, Chief of the Division of School Health. About thirty teachers and five nurses applied for admission to the course, and five meetings were held prior to the Christmas vacation. It is hoped that this type of activity may offer a solution to the problems of helping all those concerned with the health, education and welfare of school children to understand fully the part they can play and the cooperative relationships which are so necessary in providing a complete program for all children of school age.

As a whole, the health program of the Baltimore elementary schools showed definite gains in 1954 over the prior year. The increased attendance of parents at health examinations, the increased number of teacher-nurse conferences, the more careful carrying out of health examinations, the improved reporting by private physicians, and many other factors all contributed to this improvement. The health content of the total school program can only reach its maximum effectiveness when physician, nurse, principal, teacher, social worker, psychologist and all others concerned with the growth and development of the pupils are fully aware of the many opportunities available in the school setting for influencing pupil health.

Personnel*Bureau Office*

Janet B. Hardy, M.D., Director
 Kay K. Edwards, M.D., Assistant Director
 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
 Mary E. Bonomo, Senior Clerk
 Julia Dalrymple, Senior Stenographer
 Evelyn H. Griffiths, Senior Stenographer
 Dorothy Hartman, Senior Clerk
 Lillian Marley, Senior Clerk
 Dorothy Johnson, Junior Stenographer

Prenatal Clinic Physicians

W. Allen Deckert, M.D.	Norman Levin, M.D.
Isadore A. Siegel, M.D.	Theodore Kardash, M.D.
Harry Cohen, M.D.	James H. Shell, Jr., M.D.
Louis C. Gareis, M.D.	Arthur C. Tiemeyer, M.D.

Prenatal Clinic Clerks

Irene B. Futado, Clerk-Typist	Vivian S. Bennett, Clerk-Typist
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Child Health Clinic Physicians

McDonald M. Bando, M.D.	Jerry C. Luck, M.D.
Walter P. Block, M.D.	Charles F. Maloney, M.D.
Caroline Chandler, M.D.	Mary E. Matthews, M.D.
Raymond L. Clemmens, M.D.	W. A. Niermann, M.D.
J. W. V. Clift, M.D.	William G. Polk, M.D.
Miriam S. Daly, M.D.	Gilbert W. Rosenthal, M.D.
Victor Eisner, M.D.	Alma S. Rothholz, M.D.
Paul H. Hardy, Jr., M.D.	Melchijah Spragins, M.D.
Aaron Harris, M.D.	Henry G. Summers, M.D.
Mary L. Hayleck, M.D.	Joseph Taler, M.D.
Betty Hemphill, M.D.	William Earl Weeks, M.D.
Clewell Howell, M.D.	Henry L. Whittle, M.D.
Katharine V. Kemp, M.D.	Joseph C. Wich, M.D.
Arnold F. Lavenstein, M.D.	Gustav H. Woltereck, M.D.
Lucille Liberles, M.D.	Hiltgunt Zassenhaus, M.D.

Child Health Clinic Clerks

Beverly Epps, Clerk-Typist	Virginia Jackson, Clerk-Typist
Ida Ruth Womack, Clerk-Typist	

School Health Physicians

Maurice L. Adams, M.D.	Harris Goldman, M.D.
David Bacharach, M.D.	Aaron Harris, M.D.

Annie B. Bestebreurtje, M.D.	Betty Hemphill, M.D.
Barbara K. Clark, M.D.	Emil H. Henning, Jr., M.D.
Charles R. Davidson, M.D.	Elizabeth H. Loewald, M.D.
Leon Donner, M.D.	Robert Mazer, M.D.
Victor Eisner, M.D.	Gilbert E. Rudman, M.D.
Maurice Feldman, Jr., M.D.	E. Walter Shervington, M.D.
Norman R. Freeman, Jr., M.D.	Joseph Taler, M.D.
Cleo J. L. Froix, M.D.	Orlyn H. Wood, M.D.
Mary O. Gabrielson, M.D.	Hiltgunt Zassenhaus, M.D.
Patricia Husson, M.D., Senior Medical Supervisor	
Harry E. Bloom, M.D., Clinic Physician, Eye Clinic	
Alvin D. Rudo, M.D., Clinic Physician, Ear Clinic	

TABLE NO. 1B
REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR DELIVERY BY MIDWIFE—1954

CASES AND VISITS	GRAND TOTAL	ALL CLINICS		DAVID HEALTH DISTRICT		GILMOR HOUSING PROJECT		SOUTHERN HEALTH DISTRICT		CHERRY HILL HOMES		SOUTH-EASTERN HEALTH DISTRICT		SOMERSET HEALTH CENTER		EASTERN HEALTH DISTRICT	
		Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
Total case load.....	235	17	218	127	14	1	..	..	..	8	8	6	6	1	26	8	36
Cases carried over from 1953.....	74	2	72	42	6	..	..	..	..	2	2	3	3	1	11	..	8
New cases admitted.....	161	15	146	85	8	1	..	..	..	6	6	3	3	..	15	8	28
Discharged cases																	
Total.....	191	14	177	96	14	1	..	..	..	8	8	5	5	1	26	5	27
Not pregnant.....	6	..	6	5	..	..	..	..	..	..	..	..	..	..	1	..	1
Delivered in hospital.....	84	6	78	35	6	..	..	..	..	2	2	2	2	..	19	1	14
Delivered by midwife.....	78	4	74	46	7	1	..	..	..	6	6	2	2	1	5	1	7
Delivered at home by physician.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Delivered unattended.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other.....	22	3	19	10	1	..	..	..	..	..	..	1	1	..	1	2	6
Transferred to other clinics.....	16	2	14	2	..	..	..	..	..	..	..	..	..	1	4	..	6
Cases carried over to 1955.....	44	3	41	31	..	..	..	..	..	..	..	..	..	..	..	3	9
Clinic visits																	
Total.....	842	52	790	412	51	6	..	..	..	31	26	24	24	4	109	22	157
Antepartum.....	156	11	145	85	8	1	..	..	..	5	6	3	3	1	15	4	28
First visit.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Revisits.....	591	36	555	286	34	5	..	..	..	20	18	18	18	3	77	15	115
Postpartum.....	94	5	89	41	9	..	..	..	..	5	2	3	3	..	17	3	14
Neonatal.....	1	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Analysis of new cases																	
Duration of pregnancy																	
Total.....	161	15	146	85	8	1	..	..	..	6	6	3	3	1	15	8	28
Not pregnant.....	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Under 12 weeks.....	3	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..
12-23 weeks.....	36	9	27	20	3	1	..	..	..	..	..	..	..	1	2	4	3
24-27 weeks.....	29	1	28	11	3	1	..	..	..	4	1	1	1	..	2	2	4
28-31 weeks.....	20	1	19	12	..	..	..	..	..	1	1	..	..	..	2	2	4
32-35 weeks.....	39	3	37	22	4	1	..	..	..	1	1	..	..	..	3	6	6
36 weeks and over.....	26	2	24	12	1	1	..	..	..	..	1	1	..	..	5	2	6
Not determined.....	7	..	7	6	..	..	..	..	..	..	..	..	..	..	1	..	..

TABLE NO. 2—Concluded
REPORT OF CHILD HEALTH CLINICS—1954

CLINICS:	CHILDREN ON REGISTER JAN. 1, 1955		NEW CHILDREN REGISTERED DURING 1954		TOTAL CHILDREN SEEN DURING 1954		CLINIC VISITS RETURNS 1954		CLINIC VISITS SPECIAL 1954		TOTAL CLINIC VISITS		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	
Clinic No.—Cont.													
16.....	266	497	298	9	381	95	1,231	620	14	192	1,626	907	2,533
17.....			163	16	247	157	844	414	15	136	1,106	727	1,813
23.....	391	665	449	46	733	336	2,258	875	10	129	3,001	1,340	4,341
24.....					1	2				3		1	4
25.....	140	114	82	7	84	7	416	121	5	66	505	194	699
26.....	273	528	326	15	495	197	1,238	381	23	195	1,756	773	2,529
27.....							2			2			2
31.....	532	403	439	5	655	33	2,361	481	109	398	3,125	912	4,037
32.....	625	890	600	11	751	181	2,739	962	65	720	3,555	1,863	5,418
33.....	361	414	336	2	508	30	1,797	158	103	162	2,408	350	2,728
34.....	1,358	1,373	1,097	5	1,205	266	4,769	1,134	77	860	6,051	2,260	8,311
35.....	187	626	452	13	664	239	1,529	473	22	318	2,215	1,030	3,245
41.....	1						1			1		2	2
42.....							1			1		1	2
43.....							6	5		1	6	5	11
44.....													
45.....	2	1					2	1			2	1	3
46.....	86	129	86	13	114	72	411	211	7	62	532	345	877
47.....													
48.....			33	4	54	70	160	97	1	31	215	198	413
49.....													1
51.....	147	211	142	4	227	45	707	207	16	208	950	460	1,410
52.....	19	57	15		37	18	90	66	13	17	140	101	241
53.....													
54.....	41	53	46		61	8	169	41	3	69	233	118	351
55.....													4
56.....			1		1		1			2	2	2	4
57.....						1				3		4	4
58.....	5		5	1	5	1	2			7	1	1	8
59.....	312	547	372	7	545	106	1,739	398	42	534	2,326	1,038	3,364
72.....								1			1	1	2
82.....	2						1				1		1
83.....	343	282	358	27	509	140	1,538	438	9	116	2,056	694	2,750
85.....	103	19	15		19	4	67	25		3	88	32	118
86.....			49	1	76	22	231	40	15	29	322	91	413
92.....	46	81					1	1		1	1	2	3
93.....													
94.....	162	225	229	32	319	107	1,043	303	35	194	1,396	604	2,001
95.....													

† Nonwhite children at white clinics.

TABLE NO. 3A
RESULTS OF ELEMENTARY SCHOOL HEALTH EXAMINATIONS BY SCHOOL PHYSICIANS—1954

TYPE OF EXAMINATION	PUBLIC SCHOOLS				PAROCHIAL SCHOOLS			
	Number Examined	Number with No Abnormalities	Number with Abnormalities		Number Examined	Number with No Abnormalities	Number with Abnormalities	
			Correc-tion Needed	Correc-tion Not Needed			Correc-tion Needed	Correc-tion Not Needed
Total.....	16,271	8,747	5,764	2,049	3,118	1,956	939	259
Teacher-nurse referrals.....	2,014	764	1,136	154	365	191	138	37
Routines (new to school system).....	12,853	7,172	4,232	1,661	2,314	1,496	650	199
Routines (re-exam 4th or 5th grade).....	1,002	709	232	76	354	239	105	12
Rechecks of exceptional children.....	288	60	112	136	52	17	32	5
Rechecks requested by school physician.....	114	42	52	22	33	13	14	6

TABLE NO. 3B
RESULTS OF ELEMENTARY SCHOOL HEALTH EXAMINATIONS: CONDITIONS
REQUIRING CORRECTION BY DIAGNOSIS AND DISPOSITION
SCHOOL YEAR 1953-1954

DIAGNOSIS ON INITIAL EXAMINATION	DISPOSITION						
	Total	Corrected	Therapy Refused	Lost to Follow-up	Under Therapy	Therapy Pending	Continued Therapy
TOTAL.....	2,416	870	175	242	269	785	75
Head and Hair							
Pediculosis.....	7	7	..	..	..	..	..
Alopecia.....	4	2	..	..	2	..	1
Ringworm.....	95	74	..	2	15	3	1
Other.....	8	5	1	..	1	1	..
Skin and Nails							
Structural.....	3	..	..	..	2	1	..
Infections.....	32	25	..	2	4	1	..
Allergy.....	5	..	..	1	2	..	2
Tumors.....	2	2	..	..	..	..	..
Other.....	44	25	1	2	7	6	3
Eyes							
Structural.....	22	15	..	..	..	7	..
Muscle imbalance.....	95	43	2	9	5	27	9
Infection.....	20	17	..	2	..	..	1
Other.....	27	19	3	1	1	2	1
Vision							
Simple myopia.....	99	90	..	2	2	2	3
Simple hyperopia.....	29	28	..	..	1	..	..
Simple astigmatism.....	20	18	..	2	..	..	..
Compound myopic or hyper- opic astigmatism.....	99	97	..	..	..	1	1
Other.....	57	47	5	1	2	1	1
Ears							
External structure.....	2	1	1	..	..	..	..
External canal.....	8	7	..	..	..	1	..
Drum.....	14	4	..	1	3	4	2
Middle ear.....	10	5	..	3	..	2	..
Eustachean tube.....	1	..	..	..	..	1	..
Mastoid.....	1	1	..	..	..	..	..
Inner ear and nerve.....	5	4	..	..	1	..	..
Vestibular apparatus.....	1	..	..	..	..	..	1
Other.....	11	10	..	1	..	..	..
Hearing							
Conduction loss.....	19	6	..	3	5	1	4
Nerve type loss.....	1	..	1	..	..	..	..
Other.....	8	2	..	1	1	1	3
Speech							
Associated with hearing loss.....	4	1	..	..	..	2	1
Unassociated with hearing loss.....	42	2	4	3	15	16	2
Other.....	32	1	4	3	8	14	2
Mouth and Teeth							
Malocclusion.....	4	..	1	1	..	2	..
Tongue.....	1	..	..	..	..	1	..
Other.....	2	..	1	..	..	..	1
Nose and Throat							
Hypertrophied tonsils and adenoids.....	581	96	55	79	26	325	..
Chronic disease of T. and A.....	189	51	22	14	12	90	..
Allergy.....	5	..	..	1	..	1	4
Sinusitis.....	3	1	..	1	..	1	..
Deviated septum.....	1	..	1	..	..	..	..
Other.....	24	5	3	3	4	9	..
Lymph glands							
Cervical only.....	14	2	..	2	2	8	..
G.G.E.....	1	..	..	..	..	1	..
Other.....	3	2	..	..	..	1	..
Heart							
Functional murmur.....	23	2	2	3	6	10	..
Inactive rheumatic.....	9	..	..	2	4	2	1
Congenital.....	7	..	..	..	4	1	2
Other.....	18	5	1	2	3	7	..

TABLE NO. 3B—Concluded
RESULTS OF ELEMENTARY SCHOOL HEALTH EXAMINATIONS: CONDITIONS
REQUIRING CORRECTION BY DIAGNOSIS AND DISPOSITION
SCHOOL YEAR 1953-1954

DIAGNOSIS ON INITIAL EXAMINATION	DISPOSITION						
	Total	Corrected	Therapy Refused	Lost to Follow-up	Under Therapy	Therapy Pending	Continued Therapy
Chest							
Lungs:							
Allergy.....	4	1	..	2	..	..	1
Chronic infection.....	6	2	..	1	..	2	1
Active tuberculosis.....	3	..	..	..	2	..	1
Other.....	11	8	..	1	2	..	..
Abdomen							
Umbilical hernia.....	39	2	12	4	3	18	..
Other hernia.....	22	10	..	1	3	8	..
Gastro-intestinal.....	1	..	..	..	..	1	..
Liver.....	2	1	..	1	..	..	..
Spleen.....	1	..	..	..	..	1	..
Other.....	7	2	..	1	1	2	1
Genitalia							
Adhesions of prepuce.....	4	1	..	1	1	1	..
Phimosis.....	73	10	14	8	5	36	..
Undescended testicle.....	25	6	3	7	1	8	..
Other.....	18	3	..	1	3	11	..
Posture and Extremities							
Scoliosis.....	9	2	..	1	2	3	1
Lordosis.....	3	..	..	1	1	2	..
Kyphosis.....	2	1	..	..	..	..	..
Knock knee.....	11	..	3	2	1	5	..
Bow leg.....	3	..	..	1	..	2	..
Pronation of feet.....	34	11	7	5	4	5	2
Faulty posture.....	11	2	2	1	2	3	1
Other.....	69	16	3	6	14	29	2
Neurological							
Brain:							
Congenital.....	1	..	..	..	..	..	1
Injury.....	1	..	..	..	..	1	..
Epilepsy.....	7	1	..	1	1	..	4
Spinal cord, including polio- myelitis.....	1	..	..	..	..	..	1
Peripheral nerve.....	2	..	..	..	..	1	1
Other.....	4	1	1	..	2	..	..
Mental Development							
I.Q. below 80.....	1	..	..	1	..	..	..
Other.....	7	..	1	..	2	4	..
Emotional							
Conduct disturbance.....	21	4	3	4	2	8	..
Marked anti-social behavior.....	5	..	1	1	..	3	..
Neurosis.....	10	3	..	2	1	4	..
Psychoneurosis.....	6	1	..	1	1	3	..
Other.....	30	1	3	4	8	14	..
Growth and Nutrition							
Obesity.....	48	7	10	10	10	9	2
Malnutrition.....	146	43	3	15	45	31	9
Vitamin deficiency.....	2	..	..	..	1	..	1
Growth failure.....	4	1	..	..	..	3	..
Other.....	31	4	1	9	9	8	..
Laboratory							
Hemoglobin.....	4	1	..	..	..	3	..
Urine.....	2	..	..	1	..	1	..
Other.....	2	..	..	1	1	..	..
Other							
Reading disability.....	2	..	..	..	..	2	..
Other.....	9	3	..	2	3	..	1

TABLE NO. 3C
 INOCULATIONS AND VACCINATIONS BY ELEMENTARY SCHOOL PHYSICIANS—1954

	PUBLIC SCHOOLS						PAROCHIAL SCHOOLS					
	Diphtheria, Whooping Cough and Tetanus Inoculations				Smallpox Vaccinations		Diphtheria, Whooping Cough and Tetanus Inoculations				Smallpox Vaccinations	
	First	Second	Third	Booster	Initial	Repeat	First	Second	Third	Booster	Initial	Repeat
Preschool child.....	24	12	10	136	17	10	3	4	1	24	2	..
School child.....	54	100	99	4,021	32	40	5	20	8	1,078	4	7

TABLE NO. 3D
 PUPILS EXCLUDED FROM ELEMENTARY SCHOOL BY NURSE—1954

CONDITION SUSPECTED	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
		Pediculosis.....	254	227	..	27	..
Tinea capitis.....	238	22	195	20	1
Tinea corporis.....	38	16	15	7	..
Ringworm (site not specified).....	17	9	5	3	..
Scabies.....	32	31	1	..	..
Skin infections & impetigo.....	113	96	12	5	..
Skin rash—generalized.....	38	28	5	5	..
Sore throats & colds.....	173	148	17	8	..
Vomiting & abdominal pain.....	232	213	13	6	..
Headache.....	37	33	3	1	..
Fever.....	96	74	19	3	..
Earache & running ear.....	30	29	..	1	..
Swollen neck glands.....	20	17	2	1	..
Conjunctivitis & styes.....	79	71	5	3	..
Communicable diseases.....	100	76	20	4	..
Jaundice.....	2	2	..	..	..
No vaccination.....	6	..	6	..	..
Misc., including injuries, fainting, etc.....	88	74	10	4	..

TABLE NO. 3E
 INCIDENCE OF COMMUNICABLE DISEASES IN ELEMENTARY SCHOOLS: 1949-1954

	1949	1950	1951	1952	1953	1954
Chickenpox.....	1,385	1,373	869	1,129	962	1,062
Diphtheria.....	10	28	2	2	..	..
German measles.....	510	31	139	103	360	44
Measles.....	6,522	140	1,556	3,160	495	3,493
Meningococcus meningitis.....	..	5	1	3	3	1*
Paralytic poliomyelitis.....	12	47	1	3	12	6
Scarlet fever.....	326	193	150	286	985	307
Typhoid fever.....	2	1	..	..	..	1
Whooping cough.....	391	514	63	37	106	135

TABLE NO. 3F
REPORT OF EYE CLINIC EXAMINATIONS—1954

New patients.....	849
Readmitted.....	244
Total number of patients.....	1,093
Current visits.....	1,262
Total number of visits.....	2,293
Cycloplegics.....	870
Refractions.....	835
Post-examinations.....	146
Treated.....	2
Refractions not necessary.....	149
Referred to other dispensaries.....	20
Glasses delivered in clinic.....	607
Refracted—glasses not advised.....	128
Recommended sight saving class.....	4
Discharged.....	1,018

DIAGNOSES

Hyperopia.....	75
Hyperopic astigmatism.....	57
Compound hyperopic astigmatism.....	328
Compound myopic astigmatism.....	213
Mixed astigmatism.....	70
Myopia.....	89
Amblyopia exanopsia.....	58
Esotropia.....	55
Exotropia.....	14
Esophoria.....	32
Exophoria.....	16
Nystagmus.....	19
Anisocoria.....	2
Emmetropia.....	16
Hordeolum.....	1
Cataract.....	1
Choroiditis.....	2
Chorio-retinitis.....	6
Muscle imbalance.....	2
Duane's paralysis rectus muscle.....	1
Optic atrophy.....	10
Corneal scarring.....	1
Ptoisis.....	1
Coloboma.....	1
Dacryocystitis.....	1
Chalazion.....	1
Toxoplasmosis.....	1
Glaucoma.....	1

TABLE NO. 3G
REPORT OF HEARING CLINICS—1954

	CALVERT STREET CLINIC	RUTLAND AVENUE CLINIC
New patients.....	313	118
First visit this year old patients.....	230	156
Readmitted.....	21	5
Total number of patients.....	564	279
Current visits.....	484	215
Total number of visits.....	1,048	484
Referred by Department of Education.....	190	61
Referred by public health nurses.....	123	54
Tested (2A) audiometer.....	840	345

DIAGNOSES

Acute purulent otitis media.....	7	2
Chronic purulent otitis media.....	25	4
Chronic catarrhal otitis media.....	3	4
Otitis externa.....	3	..
Nerve deafness.....	34	6
Conductive deafness.....	42	45
Mixed deafness.....	42	24
Nerve deafness—mid region.....	15	4
High tone hearing defect.....	5	..
Acute rhinitis.....	16	..
Hypertrophied tonsils and adenoids.....	64	26
Deviated septum.....	3	4
Tubal lymphoid hyperplasia with obstruction.....	..	1
Foreign body.....	..	1
Acute pharyngitis.....	..	1
Cervical adenitis.....	18	..
Oral sepsis.....	8	..
Tongue-tied.....	1	..

TREATMENTS AND RECOMMENDATIONS

Treated.....	501	234
Patients treated with radium.....	60	32
Radium treatments.....	175	95
Recommended lip reading instruction.....	126	2
Recommended speech correction.....	21	18
Recommended hearing aids.....	25	9

DISCHARGED

Condition to normal.....	63	12
Failed to return to clinic.....	33	32
Permanently withdrawn from school.....	15	10
Care no longer needed.....	62	10
Left city.....	9	6
Graduated from school.....	10	2
Referred to private physicians.....	17	2
Referred to other clinics.....	1	..
Total.....	210	74

BUREAU OF DENTAL CARE

H. Berton McCauley, D.D.S.

Director

In 1954 the Bureau of Dental Care completed its fifth year as an administrative unit. The same two programs begun five years before were continued. One provided constructive and preventive dental treatment for children attending the elementary public and parochial schools. The other offered a limited dental service to persons in the medical care program and so receiving public assistance. The school program was expanded and encompassed nearly seven thousand more children than in 1953. No appreciable change occurred in the number of persons treated or the services rendered to the medical care clients of the Department of Public Welfare.

School Dental Program

With the help of the Department of Education, the dental profession and community groups, six new dental clinics were placed in operation. These were located in public schools in areas of South and East Baltimore not previously served by the school dental program: Westport, Carroll Park, the area just east of the Johns Hopkins Hospital, Armistead Gardens and O'Donnell Heights. Altogether 24 dental clinics for school children were in operation at the end of 1954. All were located where the need was great. With the exception of multiple-chair facilities in the buildings of the Southern and Southeastern Health Districts, 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.

The special dental extraction service begun in 1952 to reduce the necessity for surgical procedures in school clinics was continued in 1954. While schools were in session, two three-hour sessions a week were made available for the removal of teeth from children referred by school dentists or public health nurses. This service removed 286 permanent and 1,539 deciduous teeth from 416 children. The bulk of this work was done with the aid of nitrous oxide and trichloroethylene as anesthetics. These services were performed in the Bank Street building of the Southeastern Health District.

Procedures

The program continued to emphasize measures to save teeth. Only children coming to school for the first time as kindergarten or first grade pupils were admitted as new subjects, a condition of maximum preventive effort.

These children received an inspection for dental defects by Health Department dentists or dental hygienists early in the school year in the fall of 1954. If defects were found, parents were advised accordingly and motivated to seek dental care for the children. Treatment in a Health Department dental clinic was given when investigation by the school nurse, dental hygienist or assistant disclosed that the child would not otherwise receive necessary attention.

Children in grades above the first who were subjects of the program in 1953 received its benefits through follow-up and referral to private dentists or a Health Department clinic. With minor exceptions, the capacity of Health Department personnel and facilities prevented retention in the program of children above the fourth grade. At the end of 1954 the program included 28,182 children attending 84 public and parochial schools, a net increase of 6,813 children over the preceding year. The distribution of these children is shown in Table No. 2.

Services Rendered

Of the 28,182 children in the program 14,604 received a dental inspection and 5,137 were treated in Health Department school clinics as indicated in Table No. 3. Approximately 18 per cent of the children in the program received dental care from the Health Department. They received 4,684 tooth cleaning operations, 17,771 permanent fillings and 1,469 miscellaneous treatments. In the course of treatment it was found necessary to remove 5,656 teeth, of which all but 741 were deciduous. Of the 5,137 children treated, 4,069 received complete care. An additional 1,268 children of all ages referred from numerous scattered elementary schools received limited dental service.

Dental Health Education

Dental health education for parents and children was an integral part of the school dental program. Parents were invited to attend the dental inspection of children newly included in the program and to discuss, with the child at hand, the dental problems of the youngster with the dentist, dental hygienist or school nurse. Every effort was made to encourage questions and initiate the child in good habits of dental care under favorable psychological circumstances. The parents of 4,768 or 51 per cent of the 9,201 children whose teeth were inspected for the first time in 1954 accepted the invitation. Parents were also informed regarding teeth and their care by public health nurses in the course of routine home visits, follow-up interviews and child health clinic activities.

Special instruction on the teeth and their care, including actual brushing of the teeth in the class room, was given to more than 600 fifth grade chil-

dren in 15 public schools. This was done as part of a study of the effectiveness of dental health instruction on the oral hygiene of children who receive it, cooperatively conducted by the Bureau of Dental Care and the Division of Health and Physical Education of the Department of Education.

Posters, leaflets, folders and demonstrations by dentists and dental hygienists played a prominent role in the dental health educational effort. Approximately 3,000 dental health posters were used in the schools for teaching purposes or displayed in district health centers and Health Department clinics. Forty thousand folders "Care of the Teeth" and 15,000 leaflets "Baltimore Steps to Dental Health" were put in the hand of adults and children through schools, private dental offices and public health nurses. Further efforts to inform the public of the importance and need for adequate dental care were made through the press, radio, television and talks to parent-teacher groups and assemblies of school children. The Bureau of Dental Care also worked with the dentists of Baltimore and of Maryland in the promotion of the sixth annual observance of National Children's Dental Health Day on February 1.

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 assistance through the Department of Public Welfare were given access to limited dental services. These services, largely to alleviate emergency conditions, were provided in hospital dental clinics by contract between the Commissioner of Health and six hospitals participating in the Baltimore City Medical Care Program. Altogether 9,755 dental treatment services, mostly tooth extractions, were rendered in 3,496 patient visits during 1954. In the preceding year 7,195 dental services were provided under this program. Details are reported in Table No. 4.

Fluoridation

The program of fluoridation begun November 26, 1952, was continued through 1954. The Bureau of Water Supply, adding hydrofluosilicic acid to the output of the filters at Montebello, maintained the fluoride level of the entire city supply at or approximate to one part per million, the optimal concentration for reducing tooth decay.

Auxiliary Personnel

Three dental hygienists were in the employ of the Health Department at the end of 1954. Though greatly needed in the expanding school dental program there were few applicants for dental hygiene work. In their stead, eight clerk-typists were employed as clinic assistants.

Personnel

H. Berton McCauley, D.D.S., Director

Clinic Dentists

Robert Axman, D.D.S.	Donald F. Laird, D.D.S.
Saul Blumenthal, D.D.S.	Edward McDaniels, Jr., D.D.S.
Sidney O. Burnett, Jr., D.D.S.	J. Laws Nickens, D.D.S.
Arthur M. Bushey, D.D.S.	L. Paul Rivas, D.D.S.
Lucius A. Butler, D.D.S.	Wesley C. Seward, D.D.S.
Thomas F. Clement, D.D.S.	C. Alfred Shreeve, D.D.S.
Paul M. Doctor, D.D.S.	Sheldon Silverman, D.D.S.
Raymond L. Gray, D.D.S.	Louis Sober, D.D.S.
Benjamin J. Kimbers, Jr., D.D.S.	William E. Wolfel, Jr., D.D.S.
George F. Woodland, D.D.S.	

Anesthetist

Alvin D. Rudo, M.D.

Dental Hygienists

Judy Feaster Anne F. Jacobs Gloria A. Lazarus

Regina M. Spencer, Senior Stenographer

Vera M. Gill, Clerk-Typist	Cynthia Portee, Clerk-Typist
Dorothy Jackson, Clerk-Typist	Helen B. Richardson, Clerk-Typist
Faye V. McDaniel, Clerk-Typist	Elaine Veney, Clerk-Typist
Mildred McDaniels, Clerk-Typist	Ida R. Wees, Clerk-Typist

DENTAL ADVISORY COMMITTEE

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

DR. M. EDWARD COBERTH,
Assistant Professor of Pedodontics, Dental School, University of Maryland.

DR. EDWARD D. STONE, JR.,
*Chairman, Committee for Dental Care for School Children,
Baltimore City Dental Society.*

TABLE NO. 1
LOCATION OF ACTIVE DENTAL FACILITIES OF THE CITY HEALTH DEPARTMENT
DECEMBER 31, 1954

CLINIC	SCHOOL	NAME	ADDRESS	DATE OPENED	DENTIST-HOURS PER WEEK
1	230	Canton Elementary School	Hudson St. and Highland Ave.	Feb. 27, 1950	9
2	139	Elementary School	Central Ave. and Lexington St.	Apr. 17, 1950	15
3	76	Francis Scott Key School	Fort Ave. and Decatur St.	Sept. 13, 1950	6
4	6	William Fell School	Ann St. near Fleet St.	Sept. 13, 1950	15
5	55	Hampden School	Chestnut Ave. and 37th St.	Sept. 13, 1950	15
6	122	Samuel Coleridge Taylor School	Preston St. near Pennsylvania Ave.	Sept. 13, 1950	15
7	132	Coppin Elementary School	Mount St. near Riggs Ave.	Jan. 5, 1951	12
8		Fourteen Holy Martyrs Hall	Pratt and Mount Sts.	Sept. 7, 1951	15
9	301	William S. Baer School	Warwick Ave. above North Ave.	Sept. 7, 1951	9
10		Southern Health District	1211 Wall St.	Sept. 24, 1951	24
11	112	William M. Alexander School	Laurens and Calhoun Sts.	Dec. 10, 1951	15
12	99	Columbus School	North Ave. and Washington St.	Sept. 8, 1952	12
13	239	Benjamin Franklin School	Cambria and Twelfth Sts.	Oct. 30, 1952	9
14	113	Benjamin Banneker Elementary School	Federal St. and Greenmount Ave.	Sept. 28, 1953	6
15	160	Carter G. Woodson Elementary School	Cherry Hill Rd. and Seabury Ave.	Sept. 28, 1953	15
16	161	Fannie L. Barbour Elementary School	Saratoga and Schroeder Sts.	Sept. 28, 1953	15
17		Southeastern Health District	3411 Bank St.	Oct. 8, 1953	6
18		Southeastern Health District	901 S. Kenwood Ave.	Dec. 14, 1953	9
19	243	Armistead Gardens School	Erdman Ave. and Eager St.	Mar. 23, 1954	6
20	225	Westport Elementary School	Maisel and Nevada Sts.	May 5, 1954	3
21	240	Graceland Park-O'Donnell Heights School	O'Donnell and Gusryan Sts.	May 13, 1954	3
22	34	Barrister Charles Carroll School	Carey St. and Washington Blvd.	May 24, 1954	6
23	13	Tench Tilghman School	Patterson Pk. Ave. & McDerry St.	Sept. 22, 1954	12
24	162	Josiah Diggs School	Barre and Warner Sts.	Sept. 22, 1954	12

TABLE NO. 2
DISTRIBUTION OF CHILDREN AND SCHOOLS INCLUDED IN THE PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE, 1954 AND 1953

	TOTAL		PUBLIC		PAROCHIAL	
	1954	1953	1954	1953	1954	1953
Children.....	28,182	21,369	22,131	16,142	6,051	5,227
Schools.....	84	66	60	45	24	21

TABLE NO. 3
FACILITIES USED, CLINIC TIME EXPENDED AND SERVICES RENDERED UNDER THE
PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE
1950 THROUGH 1954

	1954	1953	1952	1951	1950
Dental clinics	24	18	13	11	8
Continued from preceding year.....	18	13	11	6	2
Opened during the year.....	6	5	2	5	6
Clinic hours utilized.....	7,521	5,802	4,065	3,768	2,445
For dental inspections.....	765	891	645	669	396
For dental treatment.....	6,756	4,911	3,420	3,099	2,049
Children in program.....	28,182	21,369	12,539	7,511	3,722
Children inspected.....	14,604	17,943	10,808	7,511	3,722
Number with parent present.....	4,768	4,141	2,531	2,000	1,713
Per cent with parent present*.....	51	47	53	55	46
Children treated.....	6,405	4,724	2,947	2,970	2,479
Under preventive program.....	5,137	3,297	1,764	1,559	941
Referred for emergency care.....	1,268	1,427	1,183	1,411	1,538
Per cent of program children treated.....	18	15	14	21	25
Patient visits.....	12,641	8,921	6,122	5,857	3,618
Dental services provided.....	29,580	19,762	12,716	12,162	8,298
Average number per child treated.....	4.6	4.2	4.3	4.1	3.3
Dental cleaning operations.....	4,684	3,385	2,125	2,017	1,646
Fillings.....	17,771	10,242	6,461	5,516	2,145
Extractions, permanent teeth.....	741	756	574	886	1,197
Extractions, deciduous teeth.....	4,915	4,434	2,829	3,173	3,049
Other.....	1,469	945	727	570	261
Cases completed.....	4,069	2,267	1,132	1,068	341

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

TABLE NO. 4
EMERGENCY DENTAL SERVICES RENDERED IN HOSPITAL DENTAL CLINICS UNDER
BALTIMORE CITY MEDICAL CARE PROGRAM—1954

	MEDICAL CARE CLINIC						TOTAL ALL HOSPITALS
	Uni- versity	Hopkins	South Balti- more General	Sinai	Provi- dent	Mercy	
PATIENT VISITS							
Total.....	588	1,050	749	420	475	214	3,496
SERVICES							
Radiographs.....	344	2,347	227	752	102	14	3,786
Treatments acute gingivitis.....	2	..	2	..	5	..	9
Teeth extracted.....	748	1,360	1,001	301	689	354	4,453
Post extraction treatments.....	92	77	693	31	16	10	919
Teeth dressed or filled.....	..	..	..	4	11	..	15
Other services.....	41	349	14	138	26	5	573
Total number services rendered.....	1,227	4,133	1,937	1,226	849	383	9,755

BUREAU OF PUBLIC HEALTH NURSING

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

Director

The Bureau of Public Health Nursing is responsible for all of the nursing visits required in the many activities of the Health Department. Each day and in the evenings public health nurses work in clinics and in homes with the people of Baltimore, giving district service, teaching people how to care for themselves, and advising parents about the health needs of their children. In 1954 the bureau found it increasingly difficult to meet these responsibilities because of its inability to maintain the nursing staff at full strength due to a salary differential which had developed between the Health Department salary scale for nurses and the salaries paid by other institutions in the city which recruit the same type of nursing personnel. Sixty nurses were appointed and 48 resigned so that for the major part of the year there existed between 15 and 30 vacancies. The continued employment of part-time nurses proved satisfactory in the school program, and 16 nurses were employed in this capacity. The City Service Commission increased the age limit for public health nurses from 45 to 54 and this made available a larger number of possible applicants for positions. A large amount of time that the nursing supervisors spent in orienting and educating the new nurses to the public health program, the constant change in schedules required to meet the daily demands of the clinic and field program and the turnover could be eliminated if an adequate salary was offered to attract well-prepared public health nurses to the Health Department.

During the year the use of nursing time was carefully evaluated and several changes in policy and procedure were instituted in order to save nursing time. On January 1 the Health Department changed its policy of routinely visiting all newborn infants. The new procedure provided for nursing visits to infants in the following categories: Premature infants, infants malformed at birth, all Negro infants, infants delivered at home, and infants for whom visits were requested by hospitals or City Health Department personnel. The Bureaus of Venereal Diseases, Tuberculosis, Child Hygiene and Dental Care continued to add to their clerical staffs and relieved public health nurses engaged in many such clerical activities. Further saving of the nurses' time was achieved with the establishment in strategic locations of streptomycin clinics for ambulatory tuberculosis patients. These new clinics aided materially in reducing the number of nurse home visits.

The Volunteer Program inaugurated in December, 1953 under the direction of Mrs. Elizabeth Hipp, the nurse chairman, grew and proved to be

most satisfactory. Twenty-one volunteers out of the 73 enrolled were actively engaged in clinics and offices. Eighty-five volunteers worked in the school program and assisted with vision screening and some clerical work. The volunteers contributed 2,595 hours to clinic and clerical work, and 1,512 hours in the schools, which made a total of 4,107 hours, a most encouraging beginning for the first year.

The table of home visits which follows this report and the diagrams on the distribution of nursing time found on page 43 tell much of the story of the work of the public health nurses in 1954 in the preventive medical services of the Health Department. The increase observed in the time spent in school work reflects the additional time required by new schools, the increased school population and the continued emphasis on nurse-teacher conferences, examination of referrals and the Massachusetts vision screening program. It is anticipated that the near future will see the use of school clerks to assist with clerical work including the marking of IBM defect cards and the numerous forms sent to parents. Such assistance would relieve the nurses for more nursing activity which should strengthen the school health program. The reduction in clinic time was possible because of the clerical assistance in the child health and maternity clinics.

Public health nurses assisted in the Baltimore City Medical Care Program and made 280 home visits to persons eligible for this service but who failed to register in a medical care clinic despite repeated notifications by mail. The visits were of an educational nature designed to encourage the medical care client to go to the clinic so he would be able to secure medical care when ill.

Mrs. Mary Lanahan, public health nurse, was again assigned to the Bureau of Industrial Hygiene and made a total of 913 home visits to 34 lead poisoning cases or other suspect cases. She also participated in two television programs and the in-service training course for sanitarians. Other public health nurses made 57 visits in behalf of lead poisoning investigations. The graph "Comparison of Tuberculosis Death Rates and Allocation of Nursing Visits to Tuberculosis Cases, Baltimore 1950-1954" on page 45 shows the decline in the death rate and the marked increase in nursing visits and its inverse relationship to the falling death rate. Nursing service to the tuberculosis patient and his family continued to be a major activity of the public health nurse. In fact, for the past five years intensive efforts were made on the part of the supervisors and nurses to improve the service given to the tuberculosis patient. Since July, 1952 with the advent of streptomycin and the pre- and post-hospital treatment program with PAS and isoniazid visits increased markedly. In 1954 a total of 44,800 visits was made in behalf of tuberculosis patients. During

the year 1,142 patients received treatment and of this number 801 were new cases. The Bureau of Tuberculosis and the Johns Hopkins Hospital continued the BCG study for a fourth year and 1,062 Negro newborns were given BCG vaccinations. A total of 2,105 visits was made as a part of the plan for follow-up of these babies. Miss Jeanette Vroom, public health nursing supervisor in tuberculosis, reviewed the tuberculosis nursing case loads in the Western and Druid Health Districts. Tuberculosis seminars were held for 52 nurses. This included eight seminars covering the various aspects of tuberculosis prevention and control. Participating members included: Dr. Isadore Tuerk, Superintendent of Spring Grove State Hospital; Dr. Charlotte Silverman, Director of the City Health Department's Bureau of Tuberculosis; Miss Cecelia McCue, Director of Social Service of the Baltimore City Hospitals; Mr. Thomas D. Braun, Supervisor of the Vocational Rehabilitation Division of the State Department of Education; and others close to the tuberculosis problem in Baltimore. Mental hygiene, venereal disease and nutrition seminars were also held for those nurses who had been on the staff for at least six months.

Miss M. Elizabeth Pickens, the Assistant Director of the Bureau of Public Health Nursing returned from a leave of absence on June 1 after securing her Master of Public Health degree from the Johns Hopkins School of Hygiene and Public Health. As part of her program Miss Pickens conducted a job satisfaction study of the City Health Department staff nurses which it is hoped will provide some interesting and useful information when it is completed. Four nurses were on leave of absence to continue their education.

The two student affiliation programs provided an eight weeks program in public health nursing for 142 students from five schools of nursing. A total of 24,628 visits was made by student nurses in the various field programs. The student nurses' activity is distributed as follows: Field 39 per cent; school 6 per cent; clinic 9 per cent; conference and class 24 per cent and office 22 per cent.

Among the forty-eight nurse resignations nine were by retirement as follows: Miss M. Alice Caron, Supervisor of Public Health Nursing, and the following staff nurses: Miss Winifred F. Moore, Mrs. Cornelia M. Phillips, Mrs. Frieda W. Moore, Mrs. Alice Diver, Mrs. Helen B. Sharpe, Mrs. Violet B. Weber, Mrs. Ruth Pyle, and Miss Ruth Jones.

Personnel

Alice M. Sundberg, B.A., M.P.H., Director
M. Elizabeth Pickens, B.S., M.P.H., Assistant Director
Ethel G. Gluck, Supervisor of Public Health Nursing
Mary I. Streckfus, Supervisor of Public Health Nursing

*Public Health Nurses**Central Office—Northwest District*

Marianne P. Aiau	E. Elizabeth Hipp
Eva M. Bailey	Margaret I. Hummel*
Ruth V. Berman*	Constance E. Jacobs
Katherine Brady	S. Margaret King
Altha E. Busch	Elsa G. Kittel
Doris M. Carter	Betty J. Knapp*
Elevian R. Carter	Effie L. Lingner
Isabel W. Dols*	Beulah B. McCausland
Edith L. Enten	Helen M. McKee
Frances E. Fahey*	Rose Ann Pacunas
Edna J. Faith	Rita M. Porter*
Mollie G. Fell	Helen B. Reutter
Virgie M. Finneyfrock	Carolyn M. Shaffer
Lillian G. Ford	Ruth Stoneham
Kathryn S. Gairoard	Sylvia G. Sweren*
Mary A. Goldberg	Birdie M. Thearle
Marian B. Hagan	Helen L. Wells
Mina B. Hansen	Alva M. Williams
Virginia E. Harris*	Edith M. Woodson

Grace S. Eyler, Senior Stenographer

Selma C. Mandelberg, Senior Stenographer

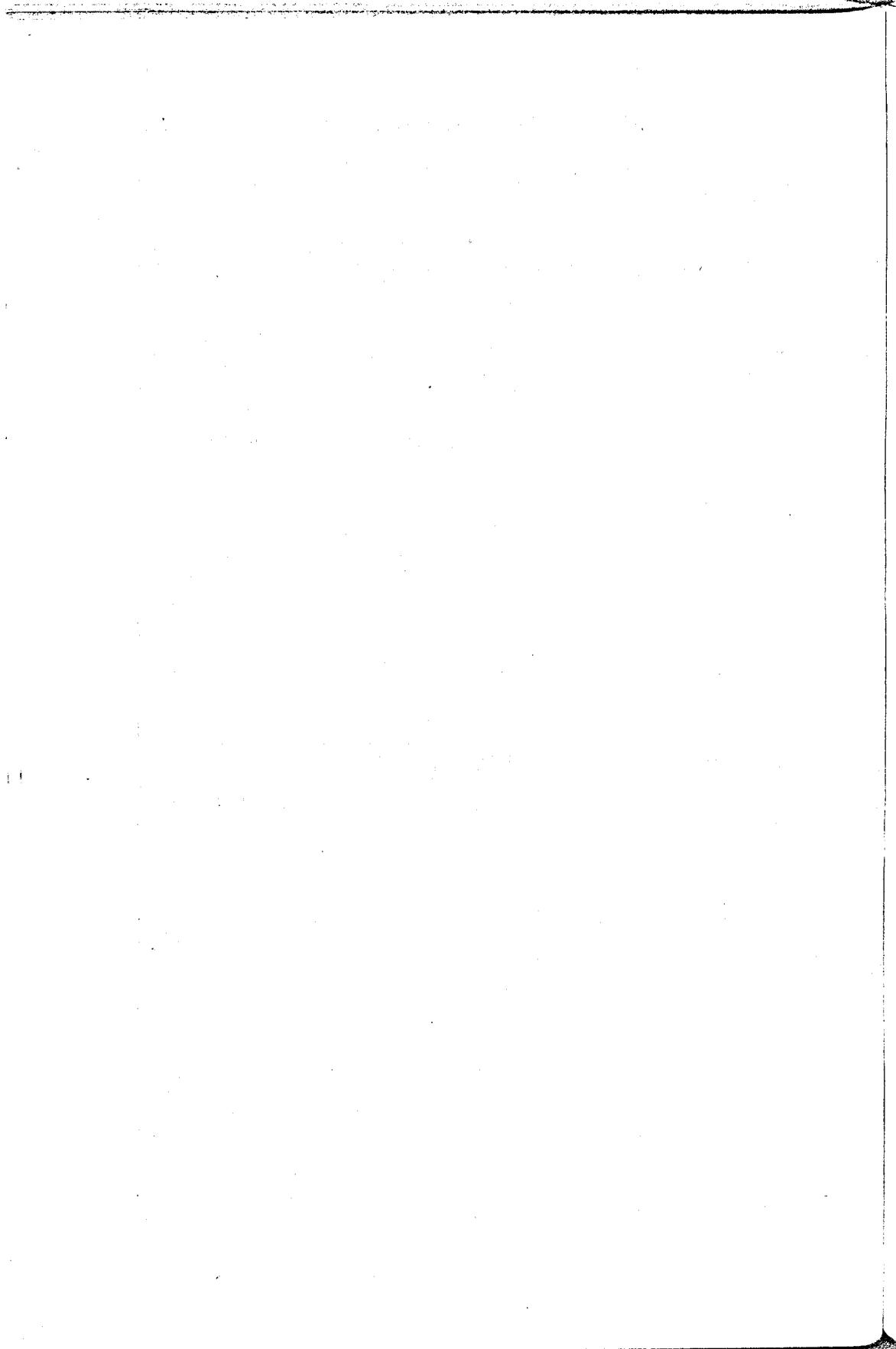
* Part-time employees.

TABLE NO. 1—Concluded
SUMMARY OF HOME VISITS OF PUBLIC HEALTH NURSES—1954

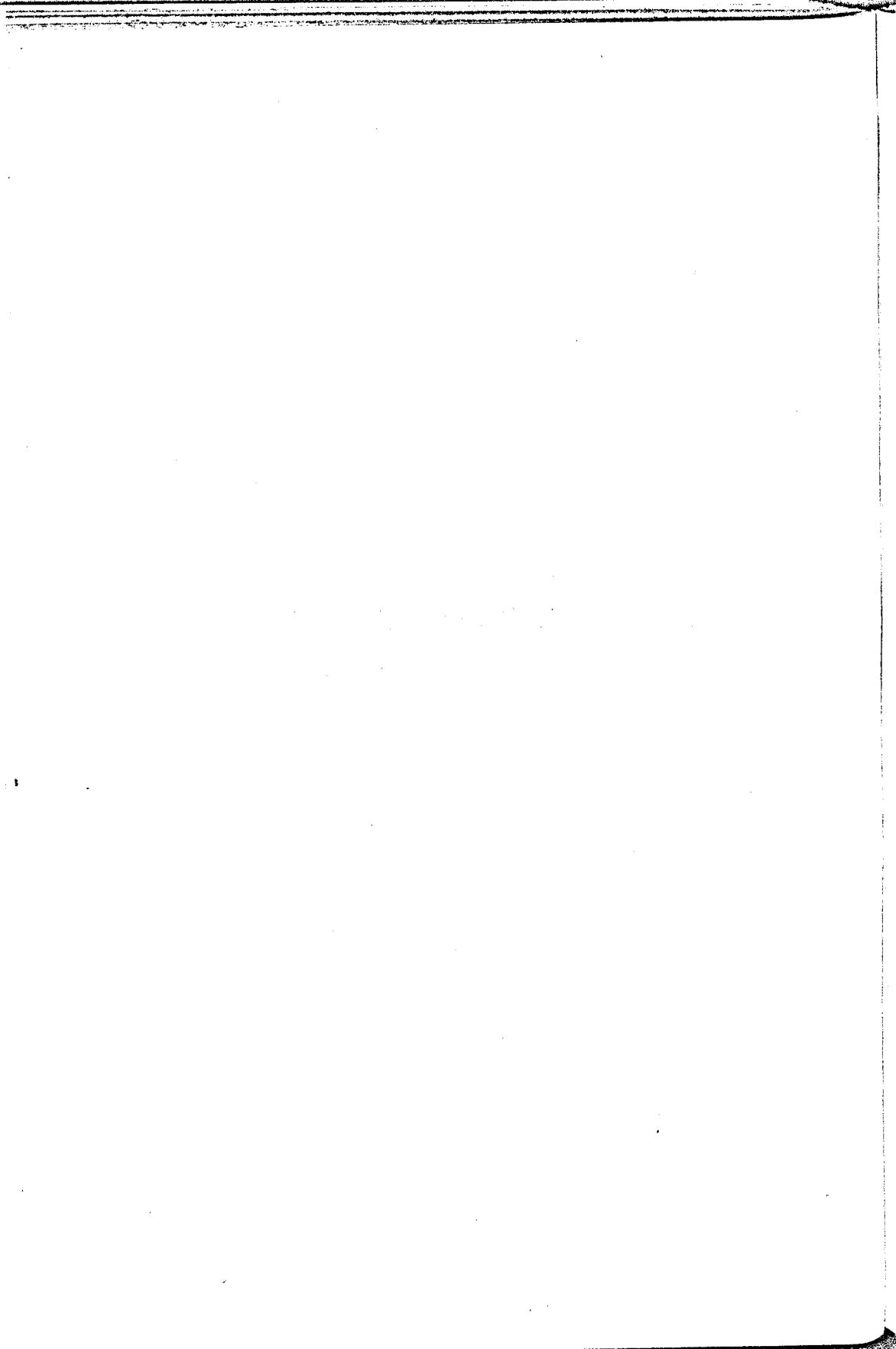
SERVICE AND TYPE OF VISIT	ENTIRE CITY		EASTERN HEALTH DISTRICT		WESTERN HEALTH DISTRICT		DURUID HEALTH DISTRICT		SOUTH-EASTERN HEALTH DISTRICT		SOUTHWESTERN HEALTH DISTRICT		NORTHERN HEALTH DISTRICT		NORTHEASTERN HEALTH DISTRICT	
	Total	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White
Preschool Health Supervision Service																
All visits.....	15,410	6,480	8,930	705	1,725	1,735	1,710	3,660	1,445	375	570	390	200	835	555	205
Health Department clinic case.....	6,315	1,870	4,445	230	1,055	520	935	20	1,865	720	210	155	70	80	80	40
Other case.....	180	75	105	35	75	20	10	10	10	10	10	5	5	5	5	5
Home visit, diphtheria prevention.....	4,475	2,945	1,530	215	165	875	225	25	375	400	30	415	225	80	365	65
Home visit, not seen.....	3,850	1,410	2,440	185	360	310	500	95	1,160	285	60	185	190	60	150	85
Visit in behalf of case.....	590	150	440	40	70	10	40	10	250	30	5	20	5	45	20	15
School Health Supervision Service																
All visits.....	4,655	3,825	830	135	240	420	90	45	160	685	115	355	80	1,065	65	270
Home visit, correction of dental defect.....	90	75	15	5	5	5	5	5	5	5	5	5	5	5	5	5
Home visit, correction of physical defect.....	2,550	2,045	505	45	125	320	60	10	110	450	95	275	50	390	5	205
Home visit, other.....	1,575	1,385	190	70	70	60	5	20	25	140	35	20	60	55	15	40
Home visit, not seen.....	360	270	90	15	25	40	25	15	15	80	20	10	45	45	20	5
Visit in behalf of case.....	80	50	30	..	20	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis Service																
All visits.....	44,800	14,835	29,965	2,170	7,245	2,705	3,355	230	11,725	3,950	870	1,530	2,280	1,050	1,525	1,980
Pulmonary case.....	17,275	4,055	13,220	555	2,585	955	1,545	90	5,655	595	410	430	1,075	320	1,085	590
Postnatorium.....	12,470	6,330	6,140	625	1,595	980	605	50	2,440	2,210	75	430	270	460	110	945
Childhood type.....																
Postnatorium.....	680	115	565	5	145	25	45	..	185	50	45	20	105	5	10	15
Suspect.....	235	85	150	40	5	5	5	..	60	105	15	5	65	5	15	20
BCG vaccination.....	845	370	475	30	60	150	180	..	135	105	15	25	30	15	25	15
Contact living case.....	2,105	1,650	1,940	400	835	95	215	5	445	30	70	115	25	110	25	210
Contact dead case.....	2,895	1,210	1,995	170	485	65	215	5	385	435	65	320	310	70	20	60
Home visit, other.....	770	210	278	25	30	30	..	..	185	60	5	35	5	25	35	65
Home visit, not seen.....	5,525	1,765	3,760	320	420	35	55	50	145	15	5	10	5	20	6	20
Visit in behalf of case.....	1,665	485	1,180	140	325	75	65	30	635	80	30	50	30	15	15	90
Veneral Disease Service																
All visits.....	6,268*	237	6,031*	28	1,065	26	654	31	3,282	33	121	25	301	4	185	68
Syphilis.....																
Congenital service.....	763	31	732	4	174	6	83	..	298	4	15	4	48	..	26	10
Delinquent patient follow-up.....	866	23	843	6	92	1	91	2	481	5	6	4	94	..	19	5
Epidemiological investigation.....	286	9	277	1	44	..	37	..	163	..	1	4	12	..	4	6
Gonorrhea.....																
Delinquent patient follow-up.....	185	6	179	2	123	..	3	1	32	1	2	2	11	..	2	..
Epidemiological investigation.....	1,375	53	1,322	3	139	8	141	6	837	7	36	1	3	3	62	18
Home visit, not seen.....	2,537	102	2,435	9	313	11	285	22	1,429	14	59	6	124	1	72	28
Visit in behalf of case.....	256	13	243	3	180	..	..	..	42	2	2	4	9	..	..	1

* Including work of social workers.

Acute Communicable Disease Service																			
All visits.....	7,100	2,860	4,240	690	2,230	185	355	105	810	925	125	265	350	170	100	340	155	180	115
Home visit, reported case																			
Chickenpox.....	175	25	150	5	85				25	5	10	5	15		5	5	10	5	5
Measles.....	3,405	1,215	2,190	335	1,215	50	155	55	405	515	90	85	150	5	25	125	95	45	55
Whooping cough.....	1,270	435	835	100	375	45	60	10	190	160	5	15	130	50	20	25	15	30	40
Scarlet fever.....	180	100	80	5	50	10	10	5	5	15	5	20	15	5	5	30	5	10	5
Other.....	95	40	55	5	20				5	15	5		10		10	5	5	5	5
Home visit, suspect																			
Chickenpox.....	140	55	85		25	5	15		20			5		25	20	20	5	5	5
Measles.....	275	175	100	25	55	10	5		20	30		60		20	5	25	15	5	5
Whooping cough.....	120	80	40	30	30		5		20		5	15		15	10	10		10	10
Scarlet fever.....	30	25	5				5			5					10	10			
Other.....	40	30	10		10	5								15		10			
Home visit, contact																			
Measles.....	185	90	95	40	75		5	5	10	25						15	5	5	5
Whooping cough.....	70	50	20	30	20					5				10					5
Scarlet fever.....	20	5	15		15														5
Other diseases.....	20	15	5		5			10						5					
Home visit, immunization																			
Measles.....	175	105	70	5	25	5	20		10	45	5	20			5	15	5	25	10
Whooping cough.....	112	55	60	5	5	35	40		10						5	5	6	5	5
Diphtheria.....	5								5										
Other diseases.....	30	15	15			5			5						5	10	5		
Home visit, typhoid fever culture.....	120	50	70	35	60		5		10	10					5	5	10	5	5
Follow-up cases.....	550	250	300	50	130	15	35	10	85	60	10	30	25		5	10		30	10
Home visit, not seen.....																			
Visit in behalf of case.....	80	40	40	20	30				10	5					5	15			
Other Morbidity Service																			
All visits.....	3,865	1,095	2,770	390	1,590	180	355	10	560	100	60	185	60	65	35	170	65	25	45
Sore eye case.....	155	35	120		85		35		50	5	20	30	5		5				
Infant.....	105	30	135	5	5	10	10		25	10	5	15	5		5				10
Preschool child.....	305	100	205	30	125	15	10		30	10	5	20	25		5	5		5	5
School child.....	845	375	170	19	80	25	10		20	50	10	85	5	60	20	125	15	15	10
Adult.....	1,375	375	1,000	325	970	20	10		10	15	5	15	5		5				
Mental hygiene.....																			
Lead poisoning.....	1,080	135	945	5	205	65	260	10	365	10	20	10	20		5	30	50	5	20
Home visit, not seen.....	180	35	125	5	70	10	5		40	10					5	10			
Visit in behalf of case.....	80	10	70	5	50	5	5		15										
All Other Service																			
All visits.....	705	235	470	10	100	20	45	5	175	70	15	35	55	15	15	55	60	25	5
Sanitary visits.....	30	15	15		5		5		5	15		5							
Vital statistics investigation.....	20	5	15		5		5		10			5							
Other visits.....	220	100	120	5	45	5	5		15	45		15	45	10	10	10	10	10	10
Medical care clients																			
Lapsed medical care clinic appointment.....	160	45	115	5	20	10	5		80	5		10	5		5	20	5	15	5
Tuberculin reading.....	95	40	55		5		5			5					5	15	40	5	15
Nursing care.....	20	5	15		5		5			5					5	5	5	5	5
Home visit, not seen.....	120	25	95		15	5	20	5	50	5		5	5		5	10	5	5	5
Visit in behalf of case.....	35		35		5		5		15			5	5						



MEDICAL CARE SECTION



MEDICAL CARE SECTION

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

Director

In 1954 there was a marked growth in the number of persons receiving public assistance in Baltimore but, because of inadequate funds, the number of persons under the Baltimore City Medical Care Program, a program designed to provide for all recipients of public assistance, remained at the previous level. The monthly average number of eligible persons waiting admission to the program was approximately 6,000 and some of the waiting persons had to wait as long as six months.

For the year 1954 the average monthly enrollment of recipients of public assistance in Baltimore was 28,537, a marked increase over 24,623, the corresponding number for the previous year. However, the monthly average number of persons under the Baltimore City Medical Care Program was 23,870, very little higher than 23,503, the monthly average for 1953.

While there was some increase in the amount of State funds for the program during the second half of the year, the increase was not commensurate with the great expansion in public assistance rolls. Throughout the year, because of inadequate State appropriations, in addition to maintaining the waiting list, it was necessary to curtail as in 1953 the average period of medical coverage for persons recently taken off welfare rolls and withdraw some much needed special services such as the provision of dentures for exceptional cases.

Many of the eligible persons who were compelled to wait for admission to the program made special appeals either directly, or through welfare worker, friends or in other ways. Although it was impossible to grant many such requests, the members of the staffs of the Medical Care Section and the hospital medical care clinics gave information and advice which was helpful. Also, it was found that some persons who, on admission to welfare rolls, had received instructions from the welfare worker regarding the services available under the Medical Care Program forgot these instructions during the long waiting period and no longer knew how to secure these services when at last they were available.

Again, delay in medical care not infrequently made treatment of the patient more difficult and prolonged. In these, and in various other ways, the waiting period caused hardship and difficulties not only for the patients, but also for hospitals, physicians and others responsible for providing services under the program.

The services to provide care for foster children, inaugurated in the latter part of the previous year, came into full operation in 1954. They provided for all foster children who were wards of the Baltimore City Department of Public Welfare except those living beyond the city boundaries or those in institutions or homes supervised by charitable organizations. Also included were foster children who, though living in Baltimore, were wards of a county welfare department. Reciprocally, city foster children living in the counties received a like service there. Medical care clinic and dental services for foster children were provided by Baltimore City Hospitals without charge to the program.

Physician Services

Neighborhood physicians chosen by persons coming under the program continued to be the central figures in the provision of medical care. The average number of private physicians participating in the program was 300; this number remained nearly constant throughout the year.

The physician chosen by the largest number of medical care clients was responsible during the year for an average of 980 persons. Only three other physicians were responsible for an average of more than 750 persons and five physicians were responsible for an average of from 500 to 749 persons. As in previous years there were very few complaints by patients regarding physicians' services or by physicians about excessive demands by patients.

Medical Care Clinics

The six medical care clinics established soon after the inauguration of the Baltimore City Medical Care Program in 1948 continued in operation throughout the year. The medical care clinic at Baltimore City Hospitals, started in 1953, reached full operation at the beginning of 1954 and continued so throughout the year. Services at the clinic at Baltimore City Hospitals were confined to the care of foster children.

The names of the seven hospitals conducting medical care clinics and the names of the directors of the clinics at the close of the year were as follows:

HOSPITAL	DIRECTOR OF MEDICAL CARE CLINIC
University of Maryland	Dr. Harry B. Scott
Johns Hopkins	Dr. John C. Harvey
South Baltimore General	Dr. Harry T. Wilson, Jr.
Sinai	Dr. Frank F. Furstenberg
Provident	Dr. C. Dudley Lee
Mercy	Dr. S. Edwin Muller
Baltimore City Hospitals	Mr. Charles H. Beal

On August 15 Dr. Henry W. D. Holljes resigned his position of Director

of the University Hospital Medical Care Clinic to join the armed forces. His temporary successor was Dr. Kyle Swisher who, in turn, on October 15 was succeeded by Dr. Harry B. Scott. Dr. John C. Harvey succeeded Dr. John G. Wiswell as Director of the Johns Hopkins Hospital Medical Care Clinic on July 1. On October 27, Mr. Charles H. Beal, Assistant Superintendent of Baltimore City Hospitals, succeeded Dr. Herbert C. Johnston as Director of Baltimore City Hospitals Medical Care Clinic.

According to quarterly reports received from medical care clinics, a total of 2,724 general examinations was made during the year. Also, at the clinics there were conducted 7,088 other examinations. The number of diagnostic and special treatment services provided in other departments of the several hospitals at the request of the medical care clinic directors was 42,168. There were also 9,591 laboratory services provided by the hospitals. Nursing services played an important part in the program, both in the medical care clinics and in the homes of the patients.

Of persons enrolled in the medical care clinics 55 per cent had received a general examination there. An undetermined number of general medical examinations were made by the child health clinics and other Health Department clinics to which persons were referred for special care.

Provision of Eyeglasses and Dental Services

A service for the provision of eyeglasses was conducted with strict financial limitations throughout the year. The number of persons receiving eyeglasses during the year was 612, at a total cost of \$5,306.10 and an average cost of \$8.67 per person served.

The agreements concluded during 1953 with all hospitals conducting medical care clinics, with the exception of Baltimore City Hospitals, for the payment for dental services on a capitation-fee-for-service basis continued throughout the year. Although an amount not to exceed an average of \$1.00 per person per year was available for dental service, the facilities at the hospitals were so limited that they could not earn the full amount. An average of only \$.54 per person was expended for dental services during the year.

Drugs and Medical Supplies

Payment was made during 1954 for 115,922 prescriptions for persons under the Baltimore City Medical Care Program at a total cost of \$198,378.03. The average cost per prescription was \$1.71 as compared with \$1.63 for 1953 and the average drug cost per person under the program was \$8.31 as compared with \$7.66 in the previous year. The increased cost of drugs was due to a rise in wholesale cost, and the use of more expensive drugs, particularly for patients in the middle age groups.

Financial Statement

The total amount spent for the conducting of the Baltimore City Medical Care Program in 1954 was \$673,375.61 and of this sum \$647,520.61 was contributed by the State of Maryland. The contribution of the City of Baltimore was \$25,855.00, approximately one-half of the central administration cost. Tables 4, 5, 6 and 7 give detailed information regarding expenditures. The average cost per person under the program was \$28.28 as compared with \$27.62 for the preceding year.

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
Estelle M. Dryden, Senior Stenographer
Laura R. Schadler, Senior Keypunch Operator
Sophie Catterton, Keypunch Operator
Charlotte Allen, Keypunch Operator
Genevieve Rye, Clerk-Typist

**THE BALTIMORE CITY 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

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DR. AMOS R. KOONTZ

President of the Baltimore City Medical Society

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DR. RUSSELL A. NELSON

President of the Hospital Council

DR. MAURICE C. PINCOFFS

DR. ROBERT H. RILEY

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DR. CONRAD ACTON

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MISS ETHEL TURNER

DR. THEODORE J. GRAZIANO

President of the East Baltimore Medical Society

MISS ESTHER LAZARUS

Director of Welfare of Baltimore City

DR. SAMUEL WOLMAN

Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine

DR. CHARLES T. WOODLAND

President of the Monumental City Medical Society

DR. H. BOYD WYLIE

Dean of the University of Maryland Medical School

DR. GEORGE H. YEAGER

*Chairman of the Medical Care Committee of the Maryland State Planning
Commission*

DR. HUNTINGTON WILLIAMS, *ex officio*

Commissioner of Health of Baltimore City

TABLE NO. 1
PERSONS ON PUBLIC ASSISTANCE ROLLS AND PATIENTS RECEIVING MEDICAL CARE
THROUGH THE BALTIMORE CITY MEDICAL CARE PROGRAM,
ACCORDING TO MONTH—1954

MONTH*	NUMBER OF PERSONS ON PUBLIC ASSISTANCE ROLLS	NUMBER OF PERSONS ON ROLLS OF MEDICAL CARE CLINICS
January.....	26,355	20,554
February.....	26,818	21,220
March.....	27,797	21,936
April.....	28,505	22,152
May.....	28,434	25,997
June.....	28,328	27,202
July.....	29,744	24,657
August.....	28,700	24,821
September.....	29,204	24,998
October.....	29,299	23,197
November.....	29,463	24,605
December.....	29,802	25,109
Monthly Average.....	28,537	23,870

* Total shown indicates census at first of month. It includes the average of 1,091 foster children living in private homes.

TABLE NO. 2
PERSONS ON ROLLS ACCORDING TO MONTH AND HOSPITAL—1954

MONTH*	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY	BALTO. CITY HOSPITALS
January.....	20,554	3,805	8,254	2,272	1,330	2,148	1,762	983
February.....	21,220	4,003	8,350	2,424	1,411	2,239	1,812	981
March.....	21,936	4,022	8,922	2,439	1,422	2,253	1,817	1,061
April.....	22,152	4,267	8,818	2,509	1,440	2,331	1,790	997
May.....	25,997	4,965	10,121	3,001	1,589	2,935	2,353	1,033
June.....	27,202	5,217	10,562	3,161	1,634	2,999	2,598	1,031
July.....	24,657	4,741	9,549	2,853	1,442	2,710	2,303	1,059
August.....	24,821	4,786	9,598	2,865	1,449	2,722	2,307	1,094
September.....	24,998	4,817	9,631	2,880	1,455	2,725	2,316	1,174
October.....	23,197	4,451	8,888	2,690	1,361	2,515	2,132	1,160
November.....	24,605	4,508	9,904	2,697	1,619	2,528	2,122	1,227
December.....	25,109	4,536	10,311	2,700	1,632	2,533	2,133	1,264
Monthly Average.....	23,870	4,509	9,409	2,708	1,482	2,553	2,120	1,091
Contract Minimum†.....	22,000	4,000	10,000	2,500	1,000	2,500	2,000	None

* Total shown indicates census at first of month.

† Note—Under contracts between the Commissioner of Health and the seven hospitals conducting medical care clinics, the minimum numbers of individuals to be assigned to the hospitals were as follows: University 4,000; Johns Hopkins 10,000; South Baltimore General 2,500; Sinai 1,000; Provident 2,500; Mercy 2,000; Baltimore City Hospitals provided care for an average of 1,091 foster children during the year. The total number of assignments guaranteed under contracts was 22,000.

MEDICAL CARE SECTION

TABLE NO. 3
PERSONS REGISTERED ACCORDING TO MONTH AND HOSPITAL—1954

MONTH	TOTAL*	PER CENT†	UNI- VERSITY	JOHNS HOPKINS	SOUTH BALTI- MORE GENERAL	SINAI	PROVI- DENT	MERCY	BALTI- MORE CITY HOSPI- TALS
January.....	20,342	94.3	3,861	7,950	2,309	1,340	2,168	1,777	937
February.....	20,842	96.6	3,929	8,212	2,363	1,362	2,200	1,796	980
March.....	21,567	94.6	3,993	8,612	2,421	1,416	2,239	1,837	1,049
April.....	22,907	98.6	4,201	9,139	2,596	1,513	2,432	1,933	1,093
May.....	24,650	92.7	4,533	9,636	2,870	1,601	2,714	2,174	1,122
June.....	26,054	94.3	4,880	10,085	3,013	1,613	2,875	2,469	1,119
July.....	24,727	100.0	4,760	9,565	2,859	1,443	2,718	2,310	1,072
August.....	24,883	100.0	4,803	9,601	2,872	1,450	2,727	2,320	1,110
September.....	25,008	100.0	4,827	9,629	2,878	1,457	2,730	2,323	1,164
October.....	23,395	97.9	4,463	9,039	2,694	1,378	2,520	2,125	1,176
November.....	24,005	96.6	4,486	9,479	2,702	1,456	2,529	2,122	1,231
December.....	24,755	97.4	4,504	10,072	2,711	1,524	2,535	2,126	1,283
Monthly Average..	23,595	98.8	4,437	9,252	2,691	1,463	2,532	2,084	1,111

* Total shown indicates mean number for each month.

† Represents percentage of registered persons on program.

TABLE NO. 4
DRUG EXPENDITURES ACCORDING TO MONTH AND NUMBER OF
PERSONS REGISTERED—1954

MONTH*	NUMBER OF PERSONS REGISTERED	NUMBER OF PRESCRIP- TIONS	AMOUNT PAID FOR DRUGS	MEAN COST PER PRE- SCRIPTION	MEAN COST PER REGISTRANT	NUMBER OF PHARMACIES PAID
January.....	20,342	9,622	\$15,834.11	\$1.65	\$.78	211
February.....	20,842	9,187	15,148.80	1.65	.73	213
March.....	21,567	9,252	15,585.05	1.68	.72	202
April.....	22,907	9,537	16,132.05	1.69	.70	212
May.....	24,650	8,875	15,013.72	1.69	.61	206
June.....	26,054	18,405	32,367.98	1.76	1.24	274
July.....	24,727	3,407	6,023.29	1.77	.24	132
August.....	24,883	8,464	14,714.31	1.74	.59	180
September.....	25,008	8,252	14,515.86	1.76	.58	190
October.....	23,395	10,608	18,155.02	1.71	.78	208
November.....	24,005	9,708	16,816.16	1.73	.70	207
December.....	24,755	10,605	18,074.68	1.70	.73	212
Monthly Average.....	23,595	9,660	16,531.75	1.71	.70	204

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

TABLE NO. 5
TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1954

QUARTER	HOSPITALS MEDICAL CARE	PHYSICIANS	PHAR- MACIES	HOS- PITALS DENTAL CARE	OPTI- CIANS	ADMINISTRATION	
						State	City*
First.....	\$52,972.70	\$36,759.34	\$16,564.96	\$2,391.50	\$ 618.87	\$6,986.75	\$6,463.75
Second.....	65,019.97	43,238.53	66,013.75	3,349.00	2,994.92	6,986.75	6,463.75
Third.....	59,505.22	43,253.13	32,753.46	3,907.00	694.78	7,364.00	6,463.75
Fourth.....	59,708.06	41,940.03	53,045.86	3,090.50	997.53	7,364.00	6,463.75
Total.....	\$237,205.95	\$165,191.03	\$198,378.03	\$12,738.00	\$5,306.10	\$28,701.50	\$25,855.00

* The sum of 25,855 includes \$6,600 for IBM machine rental, office space, postage, telephone service, janitor service, transportation, elevator service, heat, light and power.

TABLE NO. 6
DISTRIBUTION OF EXPENDITURES BY TYPE OF SERVICE AND PROPORTION
OF EACH TYPE TO TOTAL EXPENDITURE—1954

ITEM	EXPENDITURE	PER CENT OF TOTAL
Hospitals for Medical Care.....	\$237,205.95	35.2
Physicians for Home and Office Services.....	165,191.03	24.5
Pharmacies.....	198,378.03	29.5
Hospitals for Dental Care.....	12,738.00	1.9
Opticians.....	5,306.10	0.8
Administration*.....	54,556.50	8.1
Total.....	\$673,375.61	100.0

* Includes \$25,855.00 from the City of Baltimore.

TABLE NO. 7
DISTRIBUTION OF EXPENDITURES BY TYPE OF SERVICE AND AMOUNTS PER PERSON
ON PROGRAM*—1954

ITEM	EXPENDITURE	EXPENDITURE PER PERSON ON PROGRAM
Hospitals for Medical Care.....	\$237,205.95	\$10.00
Physicians for Home and Office Services.....	165,191.03	6.92
Pharmacies.....	198,378.03	8.31
Hospitals for Dental Care.....	12,738.00	.54
Opticians.....	5,306.10	.22
Administration†.....	54,556.50	2.29
Total.....	\$673,375.61	\$28.28

* The mean number of persons on the Medical Care Program during the year was 23,870, including 1,091 foster children for whom no payment of State funds was made for Medical Care Clinic Services or Dental Treatment.

† Includes \$25,855.00 from the City of Baltimore.

SANITARY SECTION

THE UNIVERSITY OF CHICAGO

SANITARY SECTION

Wilmer H. Schulze, Phar.D.

Director

On March 10 the Commissioner of Health adopted amendments to the Rules and Regulations Governing the Hygiene of Housing and to the Rules and Regulations Governing Rooming Houses, Lodging Houses and Hotels. The amended regulations which became effective March 11 raised materially the minimum standards for sanitary housing as compared with the original regulations adopted March 11, 1942. Of most significance were the new requirements pertaining to bathing, toilet and water heating facilities. Other changes in ordinances or regulations relating to activities of the Sanitary Section were: The approval on March 18 of Ordinance No. 960 which amended Rule 4 in Section 27 of Article 12 of the Baltimore City Code, 1950 Edition, to permit the use of high-temperature short-time pasteurization and the subsequent amendments on July 6 of Milk Regulations 28 and 41 and Ice Cream Regulation 10 for the same purpose; the adoption on July 7 of new Dairy Farm Regulation 7A for the purpose of eliminating brucellosis from herds of dairy cows on all farms holding permits to ship milk to Baltimore City and requiring that brucellosis testing of these cows be completed by January 1, 1956; and the adoption on January 15 by the State Board of Health of an additional regulation, Section 9, in the series of Regulations Governing Psittacine Birds to provide a way for public zoological gardens and scientific research laboratories to receive or import birds of the psittacine family from outside the continental United States.

Further expansion of the air pollution control program was made possible by the filling of two new positions, one of Junior Associate Engineer and one of Principal Chemist, and by the purchase and equipping toward the close of the year of a trailer for making field studies of air pollutants. Extensive studies were made of the air pollution from a chemical plant in the southeastern section of the city that was the cause for numerous complaints. Upon failure of the plant to control satisfactorily the pollutants after a trial and fine in the Housing Court the residents brought the case before the Board of Estimates and requested further legal action on the part of the city. The plant management agreed to make concerted efforts toward reducing air pollution to a minimum and at the close of the year material progress had been made in the control of air pollutants at this plant.

On October 28 the City Health Department signed an agreement with the State Roads Commission to make a two year study of atmospheric

conditions in proximity to the location for the ventilating building to be erected at the eastern end of the Patapsco River vehicular harbor tunnel.

The finding of rats showing positive tests for endemic typhus at several places where grain was stored or handled led to an extensive survey of this type of location particularly in the Locust Point section of the city. In those instances where it was deemed advisable industry cooperated in carrying out immunization procedures for those employees who had experienced potential exposures to infected rats. In addition, prompt measures were taken in carrying out recommendations of the Health Department for the control and elimination of rat populations. Fortunately no active case of endemic typhus was reported as occurring at any of these establishments.

The Baltimore Department of Education, the Baltimore Safety Council and the City Health Department joined together in a city-wide Home Inspection-Accident Prevention Program to alert parents and children of the need for preventive measures aimed at reducing the high incidence of accidents in the home. A special check list of potential accident hazards in the home was prepared together with a letter to parents for distribution to all public school children through their respective schools. After the child and parent made the home inspection jointly and answered the questions, the answer sheets were returned to the City Health Department. Of a total of 157,225 check lists distributed 108,000 answer sheets were returned. Analysis of a random sample of these returned sheets showed that apparently least attention was given to safety measures for the prevention of home accidents resulting from falls, which were, according to surveys of the National Safety Council, the leading cause of home accidents.

Toward the end of the year the first twelve week in-service training program for sanitarians was inaugurated after careful planning and with the assistance of the U. S. Public Health Service. Previous in-service training courses were primarily for the orientation of new personnel. The need for a comprehensive in-service training program covering the entire field of environmental sanitation had been apparent for some time. Mr. Milton P. Friedmann of the Sanitary Section staff was selected to serve as training officer and it was agreed to carry on these courses in the new Eastern Health District building and also to use that district for field training. It was anticipated that these courses would provide a broad training for the sanitarians in the field of environmental sanitation and the practical application of this knowledge in their daily assignments. Members of the Health Department staff gave splendid cooperation in classroom instruction.

Special studies and investigations were related to: A justified neighborhood complaint of offensive odors from the storage of fish meal that culmi-

nated in the removal of the material by the owner to a remote industrial area; the safe disposal of old equipment and refuse material found to be radioactive in a building formerly occupied by a radium clinic; applications for the drilling of wells on private properties for use of the well water for air conditioning purposes; the checking of protective measures used in connection with radioactive isotopes obtained through the Atomic Energy Commission for industrial, medical and research uses; establishment of a procedure for improving sanitary conditions in the central wholesale food area of the city; the control of lead exposures in a ship dismantling establishment; and the observation of performance characteristics of new models of domestic and commercial types of garbage grinders presented for approval for use in the city.

Other activities of special interest were: The reestablishment of a closely coordinated working relationship in sanitation problems with the Sanitary Detail of the Police Department; the institution of a program with the cooperation of the Department of Public Works for the control of rat and roach infestations in proximity to the city-operated incinerator; a further expansion of the auxiliary sanitation-inspection program and reporting the results of these inspections to the Health Department by managements of large food handling operations; instruction of the field men of local milk plants in the 1954 dairy farm control program; letters to owners of vacant lots informing them of their responsibility for any growth of noxious weeds on their properties; precautions to be taken to prevent food poisoning sent to persons engaged in preparing food for church suppers; and the study of a proposed privately operated sanitary landfill within the city including the compilation of sanitary requirements for this type of operation.

To carry on an effective city-wide sanitation program required the interest and cooperation of many official agencies at federal, State and municipal levels together with numerous nonofficial groups within the city. The City Health Department was fortunate in having this support which played such an important role in the continued improvement in environmental sanitation within the city.

Other sanitation items of interest together with enlargements on some of those mentioned in this report are included 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

Ivan M. Marty

Director

In general the bureau's goal of maintaining a safe city milk supply of high sanitary quality was achieved. The milk producers, processors and distributors through exceptional cooperation with the bureau assisted materially in this achievement. Although nearly 13,000 inspections were made by the bureau staff, in addition to thousands made by bureau approved milk plant field men, few serious violations of the City Milk Code and Health Department regulations were reported. For the approved farm and laboratory control work the milk industry spent approximately \$175,000 during the year.

The most important contributing factor in connection with improvement in the sanitary control and the protection of the purity of the city milk supply was the authorization granted by the Commissioner of Health for a change in pasteurization methods. Under the provisions of an amendment to Section 27 of Article 12 of the Baltimore City Code of 1950, approved by the Mayor and City Council on March 18, the Commissioner of Health on July 6 adopted regulations which permitted high-temperature short-time pasteurization of milk and ice cream. All of the city's ten commercial milk plants changed to this fully automatic and therefore safer method and there followed a marked reduction in pasteurized milk bacteria counts.

Mr. Gulius D. D'Ambrogi after fourteen years of service in the bureau resigned as Chief of the Division of Milk Plant Inspection on June 9. The following day Mr. Charles R. Brown who had previously served for six years on the bureau staff was appointed to fill the vacancy.

Out of a total of 4,537 city-wide samples of milk and milk products phosphatase tested in the Bureau of Laboratories only one sample indicated faulty pasteurization. It was gratifying that due to the efficient working arrangement between the Bureau of Milk Control and the Bureau of Laboratories it was possible to condemn all of the questionable milk represented by the sample before it left the milk plant.

For many years the volume of milk produced on the local milkshed has been inadequate during a few months of the year; however, there has been a steady improvement in the supply since 1944 when the volume of emergency supplemental milk required from sources outside of the Baltimore inspection area reached the peak of 12,000,000 gallons. Acceptance of two milk supplies located outside the local milkshed, namely Queenstown,

Maryland and Rising Sun, Maryland, both of which had formerly been approved for emergency supplies, reduced appreciably the usual shortage. A ten year low of less than 150,000 gallons of emergency milk was required to meet the 1954 deficit.

In a joint program to eradicate brucellosis from the cattle in Maryland, simultaneous action was taken by four participating groups: The City Health Department, the State Department of Health, the Maryland State Livestock Sanitary Service and the Maryland Cooperative Milk Producers, Incorporated. On July 7 the Commissioner of Health adopted Dairy Farm Regulation 7A which requires the annual brucellosis testing of all cattle on farms holding City Health Department dairy farm permits.

There were 281 new dairy farm permits issued and 138 permits cancelled, thereby raising the total at the end of the year to 2,770. Of this total approximately 90 per cent of the farms were in complete compliance with Health Department construction requirements and all others were notified that it was necessary for them to comply by August 25, 1955 or relinquish their permits.

In connection with the dairy farm control program, 29,679 direct microscopic bacteria counts on individual farm supplies were reported to the bureau by the pasteurization plants. Of the total counts 1,765 or 5.9 per cent were in excess of the maximum limit established by ordinance and regulation.

A total of 7,462 inspections was made by the dairy farm inspection staff. A review of the records of inspections made on dairy farms disclosed the following information which was indicative of dairy farm trends on the Baltimore milkshed: 99 per cent of the farms were equipped with mechanical refrigeration; 95 per cent were using milking machines compared to 92 per cent in 1953; 98 per cent were equipped with water heaters in dairy houses, an increase of 4 per cent over the previous year; and the use of approved wash vats in dairy houses increased from 87 per cent in 1953 to 97 per cent. One hundred and ninety-six milking parlors were in use, an increase of 57 during the year. Ninety-three farms installed refrigerated bulk milk tanks. One hundred and forty-three farms used milk pipe lines to convey the milk from milking machines to storage tanks.

The 1954 Sanitary Milk Production Contest sponsored by the City Health Department was won by Hereford High School, Baltimore County, with Frederick and Damascus High Schools, Frederick County, finishing in second and third places respectively. The two hundred and nine contestants trained under Health Department supervision raised the total number of student participants in the twenty-three annual contests since 1932 to 7,437. It is of interest that at the presentation of the 1953 contest award at the annual meeting of the Maryland Cooperative Milk Producers,

Incorporated, in February 1954 many milk producers who themselves as high school students participated in the contest, were present. In fact, when called upon several active milk producers who had competed in the original contest in 1932 arose for recognition.

Personnel

Ivan M. Marty, Director
Robert F. Gaddis, Chief, Division of Dairy Farm Inspection
Charles R. Brown, LL.B., 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

BUREAU OF MILK CONTROL

TABLE NO. 1
SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION
1954 AND 1953

Area of Baltimore milkshed..... 2,600 square miles (approximate)
Active shippers..... 2,770

ACTIVITIES	1954	1953
INSPECTIONS		
Total.....	7,462	6,612
Routine dairy farms.....	2,459	2,567
Special dairy farms.....	3,952	3,166
Reinspections.....	375	264
Applications.....	461	430
Receiving and by-product plants.....	204	182
Cream plants.....	11	3
OTHER ACTIVITIES		
Violation notices issued.....	2,280	2,276
Hearings.....	9	17
Gallons of milk examined.....	17,000	46,320
Gallons of milk condemned.....	566	1,510
Permits issued.....	281	333
Permits cancelled.....	138	198
Producers' cans examined.....	14,949	12,340
SUSPENSIONS OF PERMITS		
Total.....	72	64
Department.....	9	17
Field.....	63	47

TABLE NO. 2
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1954 AND 1953

TYPE OF PLANT	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
Milk plants			
1954.....	3,650	25.36	488
1953.....	3,708	25.61	428
Ice cream plants pasteurizing on premises			
1954.....	1,194	4.07	963
1953.....	1,111	3.87	970
Ice cream plants buying pasteurized ingredients			
1954.....	180	2.60	133
1953.....	175	2.45	137

TABLE NO. 3
SUMMARY OF MILK AND MILK PRODUCT SAMPLES COLLECTED—1954 AND 1953

TYPE OF SAMPLE	1954	1953
ALL SAMPLES.....	8,023	7,746
Milk.....	6,206	6,158
Cream.....	447	351
Ice Cream.....	837	774
Ice cream mix, evaporated and condensed milk.....	115	113
Empty bottles.....	258	228
Miscellaneous samples.....	160	122
Dairy products cans inspected.....	4,863	3,520

BUREAU OF FOOD CONTROL

Ferdinand A. Korff, B.S.

Director

Basic activities in food control consisted of those which were pointed to the prevention of the infection and contamination of food during its transportation, preparation, storage, sale and use in the city. The activities were specifically concentrated on the prevention of illnesses that may be attributed to foods. A total of 15,638 inspections of the four types of establishments—wholesale, manufacturing, retail food businesses and food departments of institutions—was made by field personnel during which time over 5,500 recorded corrections were made and detailed instructions were given to food manufacturers and merchants for the purpose of preventing possible future contamination or infection of the food. After many years of routine visits, the time was found propitious during 1954 to change from correcting existing undesirable conditions only to one of urging improved conditions for the future.

A concerted effort was made to inspect all of the approximately 11,000 food establishments. This was successful in spite of curtailment in personnel for several months and the many necessary instances of deviation from routine assignments including specific investigations, field studies and other nonroutine activities. The auxiliary inspection program in which food companies assigned additional personnel at their own expense, for supervision of their operations, continued to gain momentum. A total of 195 establishments were under this type of supervision at the end of the year. Reports of their actual findings, both good and bad, were submitted to the Division of Food Plant Inspection for review, and it was estimated that approximately \$90,000 worth of this type of labor was spent in the work of insuring that the food and the premises were being maintained according to Health Department standards.

Food Establishment Inspection

Retail Food Establishments

During the year there was continued improvement in food handling procedures in restaurants, groceries, and other retail food establishments. Such improvements consisted of the installation of handwashing facilities with the use of germicidal liquid soap by food service personnel, placing equipment away from walls and above the floors, the installation of three-compartment food utensil washing troughs, and rodent and insect proofing,

most of which were made without resorting to legal action or threat of legal action. There were fewer office hearings during the year, 231 in 1954 compared with 301 in 1953. A total of 18 prosecutions was instituted in 1954. This small number of legal prosecutions in retail establishments indicated that cooperative activities were effective. More than 18 tons of food were condemned as being unfit for human consumption in 506 field actions.

Food utensils were found to be sanitized according to the regulations of the Maryland State Department of Health and there was an increase in the percentage of utensils found disinfected by the swab test. The following table shows the bacteriological results of such swabbings obtained during 1954:

NUMBER OF BACTERIA PER RIM OF GLASS

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
1,074	688	64.1	101	9.4	55	5.1	152	14.1	78	7.3

Results of all inspections, transferred to punch cards and tabulated during the year as in previous years indicated that of the 7,288 retail food establishments visited on the first visit during the year, 42.9 per cent were found entirely satisfactory from a sanitary viewpoint and in regard to purity of food.

Wholesale Food Establishments

Working in cooperation with representatives of the Bureau of Sanitation of the Department of Public Works and with assigned officers of the Police Department Sanitary Squad, the bureau was able to maintain a continuous surveillance of the wholesale food distributing area. The results of these continuous routine inspections plus the summoning of 38 dealers to the magisterial court where fines were imposed, indicated that this area could be maintained in a clean and sanitary condition, free from the debris and extraneous materials usually associated with this type of operation. Rodent proofing of buildings, the discouraging of scavengers through legal prosecution and making dealers aware of their responsibility continued as in 1953.

In other wholesale food establishments 3,653 pounds of food were condemned as being unfit for human consumption primarily because of spoilage and damage en route to the city. The type of food condemned is shown in Table 2 at the end of the bureau's report. Candy warehouses were given particular attention and orders were given to owners and managers to

clean their warehouses, relocate stocks and to rodent- and insect-proof their structures.

Manufacturing Food Establishments

Baltimore had over 25 varieties of food manufacturing plants which necessitated a continuous supervision over this type of establishment. During the year 1,521 inspections were made of the 658 food plants in the city. Objective sampling of the food products was utilized as a means of ascertaining the purity of the food, in addition to the usual fact-finding inspection visits. Of the 699 samples of food submitted from 301 establishments, 45.8 per cent showed evidence that the products in 166 of the plants were manufactured under undesirable conditions. Most of this work was carried out in small bakeries in the city; 426 of the samples were from this type of plant with 169 showing evidence of insects, insect parts or rodent hairs. In every instance reinspections were made and corrections instigated. Leaflets advising the reheating or "pasteurizing" of custard-filled pastries were mailed to all bakeries.

Representatives of the Baltimore Station of the U. S. Food and Drug Administration cooperated in giving attention to egg breaking plants, and frozen products from these plants were found entirely free from spoilage. Salad greens washing plants were also given attention and improved methods were devised for the more efficient freeing of insects from kale, spinach, cabbage and other leafy vegetables. The raw materials for these products were obtained from areas where there is a minimum of infestation.

Soft drink bottling plants, canneries, egg breaking plants, cold storage warehouses and food freezing operations, under license from the Maryland State Department of Health, were maintained under supervision by the City Health Department's Bureau of Food Control; initial inspections for permit renewals were made by representatives of both agencies. This made for more efficient utilization of inspection personnel of the State Department of Health and eliminated duplication of activities and confusion of directives. This is the second year of operation of this collaborative activity and it has been effective in obtaining improvements over and above those required specifically by State regulations. Several hearings with operators of soft drink plants were held collaboratively with State and City Health Department representatives present at the same hearing.

Institutions and Miscellaneous Establishments

The bureau made 1,158 inspections of food departments of institutions—hospitals, day nursery and nursery home kitchens, industrial and private and public school cafeterias—and miscellaneous food establishments. Of

these 441 were made of institution food departments. Findings and recommendations following inspections of day nurseries and nursery schools were reported to the Bureau of Child Hygiene and of hospitals and convalescent homes to the Maryland State Department of Health, the respective licensing agencies for these institutions. It is estimated that approximately \$10,000 was spent by these institutions for food equipment and construction in these institutions. Markets of the city improved in general sanitation, particularly the Lexington Market. The protection of food in other markets is being carried out better than in past years.

Cooperative Activities

The procedure of reviewing plans of all new establishments including church kitchens, and contemplated renovations reported through the City Bureau of Buildings, the Board of Liquor License Commissioners for Baltimore City, and others voluntarily submitted was carried out as in past years. Dependence was placed on these agencies, the Maryland State Department of Health and other bureaus of the City Health Department for information concerning new enterprises involving food sale, storage and preparation, in the absence of one overall license system. It can be estimated that over 90 per cent of such new operations were reported in this manner.

The auxiliary inspection procedure previously referred to and elaborated upon in the report of the Division of Food Plant Inspection indicates that the division can rely on cooperative activities to improve the sanitary condition and to prevent the accumulation of health hazards in the environment.

The Baltimore County Health Department requested that a joint inspection be made of a circus before, during and after its visit to a suburban county area. This type of dual operation was carried out as a safeguard to those attending the circus from the city. The cooperative activity with representatives of the Bureau of Sanitation and the Police Department is also mentioned under wholesale food establishment inspection activities.

Education

The sporadic instruction of food handling and food service personnel and the giving of information to lay and professional groups continued as in past years. Twenty-six groups comprising 1,430 persons were given instruction in food handling procedures. Market masters of the city, operating under the direction of the Superintendent of Markets, were given detailed guidance in the detection of certain forms of food contamination and adulteration. The following table gives a tabulation of the number of

groups and persons exposed to instruction since 1945:

NUMBER OF PERSONS AND GROUPS GIVEN INSTRUCTION

PERIOD	NUMBER OF GROUPS	NUMBER OF PERSONS
1950-1954	297	8,785
1954	26	1,430
1953	51	1,880
1952	75	1,808
1951	77	1,538
1950	68	2,129
1945-1949	212	11,258

Regulation

Regulatory action was necessary in 23 instances following findings of hazardous and persistent nuisances and the presence of impure food. In every such court case except one a decision of guilt was rendered and a total of \$2,950 in fines was assessed. In addition, 38 persons or companies were fined in connection with improper disposal of trash and garbage; these cases were instigated by other agencies and witnessed by a representative of the bureau. Three hearings were held by the Board of Liquor License Commissioners and penalties were imposed following testimony by representatives of the bureau. A total of 251 office hearings was held with operators of all types of food establishments. The following table gives the number of prosecutions and fines imposed during the 1945-1954 period:

PROSECUTIONS IN COURT

YEAR	NO. CASES	RETAIL	OTHERS	TOTAL FINES
1954	23	18	5	\$2,950
1953	22	18	4	3,655
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

Brief summaries of some of the noteworthy cases are as follows:

1. A grocer was found during inspection having in possession impure food and maintaining his store in an unclean condition. Failing to comply with a legal notice issued by the sanitarian, he was fined \$250 and costs for having violated

- the two sections of the City Health Code. Previous to this incident a relation of the grocer had been fined a smaller amount for the same offences.
2. During an inspection a retail meat dealer was found having in possession meat to which a preservative, a sulfite, had been added. Tracing back the source of the meat to a local meat packing plant resulted in the finding of sulfited meat in the plant. Both the packer and retailer were fined \$50 and \$100 and costs, respectively, in Housing Court.
 3. During a routine inspection, a retail grocer was found maintaining his store in a state of nuisance and having impure food and meat containing a preservative in his possession. Legal action was instigated and fines totaling \$250 were imposed. An appeal was taken by the merchant and the charge of maintaining a nuisance was dismissed, but charges concerning impure food were sustained. A transcript of the appeal case was obtained and is being used for instruction of sanitarians and others who are required to appear in the courts.
 4. An operator of a poultry establishment after several notices to clean the environment of his poultry storage and killing plant, was fined the maximum \$100 and costs. This resulted in the beginning of steps being taken to reconstruct his entire structure.

Special Activities

The following special studies and projects were carried out:

1. Suggested revisions of proposed regulations of the Maryland State Department of Health involving the use of artificial sweeteners—cyclamates—in carbonated beverages included the insistence that calcium cyclamate only be permitted.
2. Continuous shipment of several thousand deer to a local hospital necessitated daily inspection of the meat before use.
3. The use of cresylic acid inks in price marking of food packages was discouraged in certain chain stores.
4. A photographic record of inspection techniques was made for publication in a national trade periodical.
5. Anticipating the increase of the use of chemical additives to food, the bureau continued its compilation of chemicals and trade names which, at the end of the year, totaled over 800 items. In addition, the card record of poisonous chemicals in household trade-name products was maintained.
6. A railroad company was assisted in organizing a self-inspection procedure to prevent rodent invasion of one of its marshalling yards.
7. Food service at the recently constructed municipal stadium was supervised.
8. A study of the use of color dynamics in food establishments was made, and the use of colors instead of all white walls and ceilings was encouraged.
9. Vending machines for both hot and cold beverages, packaged milk, packaged candy and loose confections were inspected and the recommendations of the advisory board of the National Research Council were followed.
10. An attempt was made to have incorporated within the curriculum of the public vocational schools a course in food handler training to be carried out jointly with the Department of Education and the local restaurant association.
11. A study of sawdust used on floors of grocery stores indicated that only a few

of the commercial sawdusts were free from insect and rodent filth. It was found that this product could be made free from filth if certain precautions are taken. However, sawdust in food stores was discouraged during routine inspection activities.

12. Dietetic foods sold in certain specialty stores, on investigation, indicated higher costs for the consumer purchasing such foods.
13. An attempt was made to have bakers of unwrapped irregularly shaped loaf-bread package the product, and for retailers to refuse to accept this type of unwrapped food. This was successful in some instances.
14. Sales persons of specialty chemicals were given instruction concerning the use of their products, and they were admonished to advise their clientele how to use their products in accordance with the procedures urged by personnel of the bureau during inspections.
15. Following an erroneous statement in a local trade publication in which benzoates were recommended to be added to meats, which statement was later corrected, activities were started to check the use of this chemical in food. No field test was available for this detection and dependence had to be placed on objective sampling for testing of foods for this chemical in the Bureau of Laboratories.
16. Demonstrations of the use of the sanitarians' field testing chemical kit were made for a representative of the local press and 50 inches of publicity concerning the use of the kit appeared in the city newspapers.

Food Poisoning

There were 32 investigations made of alleged outbreaks of food poisoning during the year. Investigations were carried out with the assistance of the Bureau of Laboratories and the Director of the Bureau of Communicable Diseases. Only three outbreaks were established as being caused by food. The other investigations involved 1 to 6 persons only. The following table shows the number of investigations carried out in Baltimore City since 1930. There were no fatalities in any of 1954 outbreaks.

SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS, 1930-1954

PERIOD	INVESTIGATIONS		OUTBREAKS ESTABLISHED		
	Number	Persons Involved	Number	Persons Ill	Public Eating Establishments Involved
1930-1954.....	158	1,509	24	618	6
1954.....	32	666	3	147	0
1953.....	40	155	3	53	2
1952.....	41	438	10	251	2
1951.....	22	74	2	15	0
1950.....	23	176	6	152	2
1945-1949.....	100	793	24	571	4
1940-1944.....	115	1,063	22	595	10
1935-1939.....	158	897	24	523	10
1930-1934.....	70	795	7	573	4

Brief summaries of the three 1954 outbreaks are given as follows:

1. A group of "Little League" baseball players and their parents visited the city from nearby out-of-state small towns bringing with them chicken salad sandwiches prepared in a private home. After eating the sandwiches on the motor bus and in the Baltimore Stadium while watching a professional baseball game, 87 became ill with explosive vomiting within three hours. With the cooperation of the attending physician of the professional baseball team and representatives of the Pennsylvania State Health Department, a County Health Officer from that state and local hospitals, sufficient epidemiological evidence was obtained to prove that the chicken meat became infected with an enterotoxin-producing *Staphylococcus*.
2. A catered meal was eaten by the office personnel of a local company. The food common to all of the 32 persons made ill was chicken salad. A delay after preparation of the salad plus the storage of the food without refrigeration and possible infection of the food during manufacture of the salad indicated the probable cause of the illnesses.
3. Over 200 wedding guests were served sliced ham prepared by a local retailer. Within several hours 28 of the guests including the bride and groom became ill. Several of the guests were given portions of the sliced ham and ate the food two and three days later. These persons became ill for a second and third time. Only two persons required medical attention. Corrective procedures were recommended to and carried out by the local retailer of meat.

Food-Borne Diseases

In order to prevent the possible spread of enteric infections, all reported cases of diarrhea, dysentery and *Salmonella* infections of individuals were investigated; particular emphasis was placed on possible food service personnel among contacts. The findings were constant throughout; namely, that (1) there was a lack of facilities and awareness of the necessity in the household for hand washing, and (2) the contacts were observed not taking the simplest precautions against the spread of the infection. In only one instance was a food handler found as a contact, and removal of this individual from handling food was rapidly carried out. The following table shows the number of investigations and reported cases during the year:

ENTERIC INFECTIONS—1954

INVESTIGATIONS		PERSONS	
Salmonellae 17	Diarrhea and Dysentery 59	Salmonellae 59	Diarrhea and Dysentery 209

No case of tularemia was reported from the handling of wild rabbits during the year. An effective control procedure was carried out by the appearance in the local press of an article on the cause of tularemia and the reason for the prohibition by city ordinance of the importation and

sale of wild rabbits in the city. One case of ascaris infection in the family of a food handler was investigated.

Two deaths due to botulism that occurred and originated in a neighboring county were investigated jointly by the State Department of Health, the Federal Food and Drug Administration and the City Health Department. Home-processed beets eaten by the two persons who died were declared to have been the cause following the bacteriologic examination of samples of the product obtained from the home of the victims.

Civil Defense

Civil defense activities in food protection continued to be a part of the duties of the bureau. Actual incidents consisting of minor catastrophes, small and large fires and water damage of food, were used for training of personnel of the bureau. In a water-damaged plant, due to Hurricane Hazel, over 40,000 jars of ketchup were examined and permitted to be reconditioned. Normal public health procedures in food sanitation were merely accelerated and modified in the civil defense instruction and training. Assembly points in the city and a control center were utilized by food sanitarians during alerts.

Miscellaneous Activities

The director of the bureau attended meetings of the American Public Health Association in Buffalo and of the consultants of the National Sanitation Foundation. The Chief of the Division of Food Plant Inspection and a sanitarian attended a meeting of the Interstate Sanitation Seminar in North Carolina. Two radio talks were given in connection with food control activities of the city.

Papers prepared and published are given in the bibliography on page 65. The director also served as a public health consultant at the National Sanitation Foundation. Visitors to the bureau came from the Erie County Health Department, Buffalo, New York; the Philadelphia Health Department; the Virginia State Health Department; and Santiago, Chile.

Inspections were made with representatives of the Grand Jury during several evenings. A study of the percentage of time engaged in transportation, office routine and inspection was made as a means to increase the number of inspections. The Division of Nutrition was transferred to the Administrative Section of the Health Department on February 15, 1954.

Food Plant Inspection

The auxiliary inspection program of the Division of Food Plant Inspection which is aimed at sensitizing food service personnel to undesirable conditions so that corrections can be made before serious violations develop,

was carried on successfully during the year by an increasing number of participants. A total number of 2,121 sanitation reports was received from 195 establishments which were cooperating in the program. This number represents an increase of 557 or a gain of approximately 35 per cent over the number of reports received in the preceding year. In addition, there were numerous establishments in which routine auxiliary inspections were made which did not report their findings to the bureau.

Encouragement of engaging in the auxiliary inspection procedure was carried out through personal conferences, correspondence and telephone conversations, and sample inspection forms were provided upon request. During the year two luncheonette chains, two restaurants, a national bakery and a chain of confectioneries were added to the auxiliary inspection program. Letters of acknowledgment were sent upon receipt of sanitation reports and enclosed therewith was some literature concerning various phases of public health information. During the year 329 leaflets and pamphlets were distributed.

Inspection

The systematic plan first devised in 1953 of assigning work to the sanitarians and placing on them the responsibility for the inspection of all retail food establishments in census tracts in a particular health district was continued during the year. Using the pin map method and photographing the map at the end of each quarter the division was able to follow the progress made. This permanent visual record showed both the completed and uncompleted assignments at various periods throughout the year. For the first ten months inspections in the retail field were made according to schedule and at times ahead of schedule in spite of changes in personnel. In November two additional sanitarians were removed from their regular assignments to attend an in-service training course at the Eastern Health District.

After completion of a directory of all wholesale and manufacturing food establishments, inspections were made of all establishments manufacturing one type of food before other assignments were made. Every wholesale and manufacturing food plant was inspected at least once during the year and, where necessary, additional reinspections were made. Table No. 3 which has been revised in accordance with the recent reclassification of food establishments gives the number of inspections of each type of business.

In addition to the routine procedures additional activities of the division included: A study of a proposed milk carbonator designed to produce a carbonated skimmed milk beverage at a local milk plant; the detention and sampling of 1,200 cases of ketchup water-damaged by harbor water;

the detention of approximately \$7,000 worth of coconut in a local warehouse following the finding of insect infestation in preliminary samples; a survey of the feeding facilities of a commissary, a sub-commissary and 26 refreshment stands with modern equipment in the new Memorial Stadium; the inspection at night of all carnivals which were operating for more than two nights; and the investigation of food damage following fires in six groceries, a luncheonette, a pharmacy and stalls at the temporary Lafayette Market and the subsequent condemnation of damaged food.

Cooperative Activities

Cooperation with the State Department of Health was successfully continued in bottling, cold storage, frozen food, egg breaking and canning plants in accordance with an agreement whereby city health officials would exercise exclusive jurisdiction over such plants. Initial inspections were made, however, with representatives of the State Department of Health at the time of licensing or renewal of licenses. Hearings conducted at the State Department of Health were participated in by representatives of the division and were concerned with 4 bottling plants and 2 frozen food plants. Police of the Southern District cooperated, upon request, in checking on suspicious deliveries at an egg breaking plant from midnight to dawn. Continuous inspection was made jointly with representatives of the Baltimore County Health Department of the eating and drinking facilities at a circus in Baltimore County near the city line. The wholesale commission market area was kept under close surveillance with the cooperation of the City Bureau of Sanitation and the Sanitary Squad of the Police Department. Inspections were made following the receipt of 522 applications from the Board of Liquor License Commissioners and 230 applications for new or proposed remodeling of food establishments reported by the City Bureau of Buildings Inspection, and 117 carnivals. Plans for the erection or renovation of 155 food establishments were reviewed and applicants, architects or contracting companies were informed of any necessary changes. There were 648 delinquent milk and meat permittees visited and violation notices issued.

Regulatory Activities

Of the 23 cases prosecuted in Housing Court by the bureau all except three cases concerned retail food establishments. Summonses in all of the cases consisting of 38 charges were prepared by the chief of the division with the new form of summons used since May 1954, which required no oath of the prosecuting witness. The prosecutions not involving retail food establishments pertained to adulterated meat found in a meat manufacturing plant, a nuisance in a poultry plant and a nuisance in a bakery.

Maximum fines were imposed on the owners of the poultry plant and meat manufacturing plant. The owner of the bakery was eventually dismissed although the magistrate in Housing Court penalized him by requiring him to cease operations of the bakery for ten days. During this time he made all necessary improvements as instructed. Details of the other cases are given on page 234. In addition to the aforementioned cases the sanitarian assigned to the commission market area appeared as a witness in 38 cases instituted by the Sanitary Police.

Special Activities

Talks were given during the year by the chief of the division at a meeting of the Maryland Association of Sanitarians, to City Market Masters, to food demonstrators and to sanitarians in the City Health Department in-service training course. Information concerning health and sanitary laws was furnished to the Director of the Baltimore Police Academy for use in teaching newly appointed members of the Police Department. Meetings of the Interstate Sanitation Seminar and the Central Atlantic States Association of Food and Drug Officials were attended. The chief of the division was elected President of the Baltimore Conference of Food, Drug and Sanitary Officials.

Personnel

Ferdinand A. Korff, B.S., Director

Jacque G. Ayd, A.B., LL.B., Chief, Division of Food Plant Inspection

Sanitarians

Charles F. Courtney

James H. Edwards

Thomas H. Devlin, B.S., M.Ed.

Benjamin Ginsberg, Ph.G.

Melvin M. Johnson

Bernard J. Lingeman

James A. Lumpkin, B.A.

Elmer L. Rickerds

Leo A. Schuppert, B.A.

Abraham Shecter

Robert M. Williar

Etta Levin, Senior Stenographer

Julia M. Burke, Senior Stenographer

TABLE NO. 1
INSPECTIONS OF RETAIL, WHOLESALE AND MANUFACTURING AND MISCELLANEOUS
FOOD ESTABLISHMENTS, 1954 AND 1953

INSPECTIONS AND ACTIVITIES	1954	1953
Total Inspections—All Establishments.....	15,638	16,518
RETAIL ESTABLISHMENTS		
Inspections.....	10,940	10,617
Initial inspections.....	7,288	6,072
Special inspections.....	1,897	2,457
Reinspections.....	1,755	2,088
Activities		
Violation notices issued.....	590	587
Number of condemnations of food.....	506	539
Hearings within bureau.....	231	301
Samples of food obtained for examination.....	302	441
MANUFACTURING ESTABLISHMENTS		
Inspections.....	1,521	1,561
Activities		
Violation notices issued.....	38	50
Number of condemnations of food.....	30	49
Hearings within bureau.....	18	39
Samples of food obtained for examination.....	468	602
WHOLESALE ESTABLISHMENTS		
Inspections.....	1,239	1,186
Activities		
Violation notices issued.....	24	11
Number of condemnations of food.....	23	59
Hearings within bureau.....	2	8
Samples of food obtained for examination.....	32	59
MARKET STALLS AND MISCELLANEOUS ESTABLISHMENTS		
Inspections.....	1,938	3,154
Market stalls.....	780	1,006
Institutions.....	441	419
Miscellaneous.....	717	1,729
ALL TYPES OF ESTABLISHMENTS		
Field tests by inspectors.....	1,844	1,784
Complaints received and investigated.....	798	939
Prosecutions.....	23	22

TABLE NO. 2
POUNDS OF FOOD CONDEMNED IN WHOLESALE, MANUFACTURING, RETAIL AND
MISCELLANEOUS ESTABLISHMENTS, 1954

TYPE OF ESTABLISHMENT	TOTAL
ALL TYPES OF FOOD	46,318
WHOLESALE FOOD ESTABLISHMENTS	
All types of food.....	3,653
Vegetables and fruit.....	824
Meats.....	120
Seafood.....	45
Groceries, canned and bottled goods.....	2,511
Baking supplies, nuts and candies.....	153
MANUFACTURING FOOD ESTABLISHMENTS	
All types of food.....	5,124
Groceries, canned and bottled goods.....	656
Baking supplies, nuts and candies.....	4,462
Poultry and game.....	6
RETAIL FOOD ESTABLISHMENTS	
All types of food.....	37,271
Meats.....	880
Seafood.....	155
Groceries, canned and bottled goods.....	34,126
Baking supplies, nuts and candies.....	315
Milk and dairy products.....	1,630
Poultry and game.....	165
MISCELLANEOUS FOOD ESTABLISHMENTS AND INSTITUTIONS	
All types of food.....	270
Meats.....	50
Seafood.....	145
Groceries, canned and bottled goods.....	55
Baking supplies, nuts and candies.....	20

TABLE NO. 3
 DISTRIBUTION OF INSPECTIONS OF WHOLESALE AND MANUFACTURING FOOD
 ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENT, 1954

TYPE OF ESTABLISHMENT	NUMBER OF ESTABLISHMENTS IN CITY 1954	NUMBER OF INSPECTIONS
Total	5,102	4,698
MANUFACTURING FOOD ESTABLISHMENTS.....	658	1,521
Bakeries.....	233	616
Seafood processing.....	7	31
Canning plants.....	18	46
Packaging plants.....	28	71
Bottling plants.....	22	63
Candy manufacturers.....	53	136
Salad and pickling plants.....	24	47
Extract plants.....	25	49
Noodle and potato chip plants.....	7	30
Commissaries.....	11	94
Egg breaking plants.....	3	16
Industrial cafeterias.....	133	38
Poultry houses.....	104	284
WHOLESALE AND DISTRIBUTING ESTABLISHMENTS.....	844	1,239
Produce and fruit houses.....	130	450
Terminals.....	29	45
Auctioneers.....	8	10
Trucks.....	400*	102
Seafood houses.....	13	51
Warehouses and distributing plants.....	147	387
Butter and egg plants.....	12	27
Cold storage and frozen food.....	41	66
Vending machine companies and miscellaneous establishments.....	64	101
MARKET STALLS.....	2,400	780
INSTITUTIONS AND OTHER ESTABLISHMENTS.....	1,200	1,158

* Approximate figure

BUREAU OF MEAT INSPECTION

William J. Gallagher, D.V.M.

Director

The provisions of the city meat ordinance require that all meat sold in the City of Baltimore must be from plants maintained either under federal or municipal inspection. In 1954, as in previous years, ante- and post-mortem inspection was made on all cattle, sheep, calves, swine and goats in twenty-nine slaughtering plants, three of which were located in adjacent counties. The examination of animals before and after slaughter including condemnation of diseased animals and parts was carried on by veterinarians; inspection activities also included the sanitation of the plants. Daily supervision was carried out in seventy-three meat food products and processing plants by bureau meat inspectors.

During the year 34,270 inspections were made; 254,327 animals were inspected as compared with 257,977 animals in 1953, and 235 whole carcasses were condemned in 1954 as compared with 307 carcasses in 1953. Parts and pounds of carcasses condemned because of disease or undesirable conditions are shown in Tables No. 1 and No. 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. Forty-one cattle reacting to Bang's disease were inspected and permitted to be sold for food.

During the year 29,769 pounds of diseased or contaminated meat were condemned on reinspection as compared with 23,646 pounds in 1953. The bureau also supervised sanitary conditions at the Municipal Animal Shelter.

While compulsory meat grading had been lifted recently, the public apparently still demanded it. However, in order for municipal slaughtering establishments to continue grading of meats it was necessary that they comply with all federal regulations. This was somewhat of a problem since additional equipment was required in the plants.

The State regulation which prohibits the slaughtering of swine fed uncooked garbage was rigidly enforced in the various slaughtering plants.

A sausage company operating in the county was selling its products in the city. The persons concerned were indicted by the Grand Jury in 1953. After many postponements the case was settled in the latter part of 1954, with the understanding that the company obtain 1953 and 1954 meat

licenses and carry on its manufacturing under a licensed manufacturing plant in the city, a procedure which was followed.

The director accompanied the various sanitarians taking the Health Department in-service training courses through the slaughtering and manufacturing plants. They were instructed in the various procedures used in this work.

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

ESTABLISHMENT	NUMBER	INSPECTIONS
Slaughterers, under permit, in city	26	2,700
Slaughterers, under permit, in county.....	3	270
Manufacturers, under permit, in city.....	69	24,000
Manufacturers, under permit, in county.....	4	800
Wholesalers, under permit	159	6,500
Retailers—route trucks	44	
	305	34,270

Personnel

William J. Gallagher, D.V.M., Director
 Jacob Goldbrown, D.V.M., Veterinarian
 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

Meat Inspectors

Matthew N. Bean	Charles A. Ray
Elmer Frederick	Ernest H. Smith
Henry A. Miller	Adolph Staub
Thomas J. Morris	Lawrence Stettmeier
Philip A. Ottenritter	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	Con-demned		Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned	
		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts
1954	20,116	110	1,501	87,119	28	209	63,419	9	8,164	83,243	88	19,908	430	..	..
1953	18,474	133	1,319	77,294	43	153	59,821	10	10,491	102,121	121	28,932	267	..	..
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	96,882	51	555	52,984	10	3,853	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	5,676	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	..	..

TABLE NO. 2
POUNDS OF MEAT CONDEMNED ON REINSPECTION

YEAR	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
1954	29,769	10,897	8,804	1,128	2,429	1,003	5,508
1953	23,646	9,921	3,745	110	60	3,318	6,492
1952	27,790	12,142	406	65	60	11,944	3,173
1951	10,056	6,880	545	..	..	1,550	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	98	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	5,259
1942	39,261	7,261	22,984	2,167	851	2,949	3,049

TABLE NO. 3
POUNDS OF MEAT AND MEAT FOOD PRODUCTS PREPARED, PROCESSED AND MANUFACTURED UNDER LOCAL INSPECTION

TYPE OF MEAT PRODUCT	CITY	COUNTIES
Meat products (fresh)	1,494,191	34,365
Meat products (smoked)	4,448,832	681,010
Meat food products (fresh)	1,387,610	529,390
Meat food products (smoked)	3,280,754	467,790
Meat food products (cooked)	910,396	177,675
Meat food products (boiled)	161,903	178,100
Lard	875,090	570,465
Lard compound	24,125	..
	12,582,861	2,638,795

BUREAU OF ENVIRONMENTAL HYGIENE

George W. Schucker, B.E.

Director

The inauguration on November 15, 1954 of a twelve week in-service training course for the inspection staff of the Sanitary Section, marked another milestone in the provision of better environmental sanitation services to the city. Mr. Milton P. Friedmann, Sanitarian in the Division of Community Sanitation was selected as Training Officer and developed the course with the assistance and guidance of a Training Consultant from the U. S. Public Health Service and an advisory group from the Sanitary Section. This course was initiated at the new Eastern Health District building with classroom instruction in the mornings conducted by staff members and field work in the afternoons in which each student acted as an instructor in his own specialized field. Nine students from the various bureaus and divisions of the Sanitary Section and one from the Housing Bureau were selected to attend the first course and it is planned to rotate the entire inspection staff through subsequent courses.

Community Sanitation

While the investigation of complaints concerning environmental sanitation problems continued to be a substantial portion of the work of the Division of Community Sanitation, an arrangement under which the Sanitary Police Detail handled certain exterior sanitary deficiencies permitted sanitarians of the division to devote additional time to planned activities. The latter included the inspection of hospitals, convalescent homes, day nurseries, rooming houses, swimming pools, foster homes and private schools.

Complaint Activities

During the year 4,548 complaints concerning sanitary deficiencies were received as compared with 4,043 received in 1953. However, 1,120 of these complaints were referred to the Sanitary Police Detail for investigation, leaving only 3,428 to be handled by sanitarians of the division. The referral of the complaints to the Sanitary Police Detail resulted from a conference between representatives of the Police Department and the Health Department during January. The Sanitary Police Detail was originally created to provide rapid inspectional coverage over large areas of the city for the purpose of correcting readily discernible and quickly remedial nuisances on the exterior of buildings. During recent years, progress of the Detail

toward accomplishing its basic purpose has been retarded by detailed inspections of interior conditions in the investigation of which its members were paralleling and sometimes conflicting with work of Health Department personnel. At the January meeting, it was decided that for a trial period the Sanitary Police Detail would confine itself to the investigation of routine sanitary problems on the exterior of buildings leaving more technical problems and sanitary deficiencies on the interior of buildings for investigation by the Health Department. Complaints received by one office pertaining to the field of the other were transferred by telephone or mail, depending upon the urgency of the situation. A two-month trial period of the new system proved so successful that at a further meeting between the two departments in March it was established as a permanent system.

Water Supplies

The sanitary quality of the city water was evaluated through the analyses of 1,496 samples collected from consumers' taps throughout the distribution system and from two fixed stations outside the city. The percentage of 10 ml. portions confirmed for coliform organisms was 1.39 as compared to 2.28 for 1953. Samples collected for fluoride determination indicated that the fluoride content of the water was maintained within acceptable limits except during November and December when power interruptions necessitated by plant improvements prevented the addition of fluorides for certain periods.

The engineer of a large institution refused to contract for cleaning of water lines with a proprietary chemical compound unless permission to use the product was given by the Health Department. The pipe cleaning contractor was unable to give the formula for the product and the manufacturer refused to divulge it. The Health Department, therefore, did not authorize its use. There are no specific ordinances or regulations in Baltimore City governing the addition of chemicals to the water systems in buildings for corrosion control or descaling of water lines. This incident points to the possible need for such controls.

The owners of a large office building having a dual water supply agreed to adopt a distinguishing color coding of the two piping systems to guard against the possibility of unintentional connections being made between the two systems.

Sewage Disposal and Stream Pollution

The program of maintaining warning signs along polluted streams was continued. At the close of the year there were 139 signs posted along streams throughout the city. Completion of a trunk sewer to the Broening Highway pumping station in the Canton area eliminated exposed sewage pollution

of the Vail Street stream. The construction of housing developments in the area was authorized prior to actual completion of the sewer with the provision that they would not be occupied until the sewer was completed. The latter part of the year on the recommendation of the Health Department sanitary sewers were provided in the Greenhill, Willshire, La Salle, Seifert and Plainfield Avenue section of northeast Baltimore. A survey of this area in 1953 disclosed that 32 of the 36 properties had individual disposal systems which were not functioning properly.

Other activities in the field of sewage disposal included the authorization for construction of three pumping stations to permit development in the lower Herring Run area and investigation of pollution of a stream by sewage from a soft drink bottling plant.

Swimming Pools

Periodic inspections were made of indoor and outdoor swimming pools and samples of pool water were collected for bacteriologic analysis. While operational difficulties developed in several of the pools from time to time, satisfactory yearly ratings were achieved by all but two pools. The outdoor pools in Carroll Park and Gwynns Falls Park, which are modified fill and draw pools employing manual chlorination, failed to attain satisfactory ratings during any of their operating months.

Interstate Carrier Watering Points

The division continued its cooperation with the U. S. Public Health Service in the program of inspection of watering points serving interstate carriers. During the past year significant improvements were made in a number of vessel watering points, particularly in the installation of check valves on hydrant outlets. For many years the municipally owned piers on Pratt Street had very unsatisfactory vessel watering facilities and consideration was given to prohibiting their use. The City Water Engineer devised a plan for improvement of the vessel watering facilities and a sample installation was made on one of the piers which met required standards. The Water Engineer plans to complete improvement of the piers during the first part of 1955.

Home Safety

The Department of Education authorized the Health Department and Home Safety Committee of the Baltimore Safety Council to conduct a home safety campaign through the public schools during the period April 30 to May 10, 1954. A check list was prepared consisting of 25 questions covering accident hazards frequently found in homes. The questionnaire included a message from the Commissioner of Health stressing the impor-

tance of preventing home accidents and urging the householder to check his home for the hazards listed and to correct the deficiencies. Approximately 157,000 check lists were packaged and delivered to the Department of Education for distribution to the 156 participating schools. The pupils were asked to take the questionnaire home to their parents and return to the school the detachable answer portion of the check list without signature. The principals of 121 schools returned 108,000 check lists to the Health Department indicating that a home inspection had been made. It was felt that the number of returns indicated that the questionnaire had been a valuable educational device. The Statistical Section of the Health Department analyzed a random sample of 600 of the answer sheets. They found no material differences in the answers to the questions among the various socio-economic strata of the population. The three deficiencies most frequently reported as being present in the homes were lack of non-slip mat in bathtub (29 per cent), lack of non-slip protection for small rugs (22 per cent) and failure to use a sturdy stepstool or ladder when reaching high places (11 per cent).

Rooming Houses

On March 10, 1954, the Commissioner of Health adopted amended regulations governing rooming houses, lodging houses and hotels. A principal change in the regulations, which became effective on March 11, 1954, was the requirement that a private toilet and wash basin be installed in each dwelling unit located in the establishment. Some changes were also made in the number and location of sanitary facilities required for occupants of rooming units. A provision, effective January 1, 1956, requires the installation of a bathtub or shower in each dwelling unit. A copy of the new regulations was sent each licensed rooming house operator in May. Inspections were made of each rooming house at the expiration of its current permit and when necessary notices were served to bring the establishment into conformity with the new regulations. In some instances the operator was unable to make the improvements immediately, but it was necessary to grant rather liberal extensions of time on some notices. A few small operators reduced the number of their roomers to less than five and surrendered their permits to avoid the necessity of installing separate sanitary facilities for themselves and their roomers. Some other operators converted apartments to sleeping rooms where it was impractical to install a private bathroom in the apartment.

Weed Control

The ordinance requiring property owners to keep their properties free of rank growths of weeds presented the usual enforcement problem due to the

difficulty of policing a large number of lots during the period of the year when other complaints were also at a maximum. In an effort to enforce this ordinance more adequately, a procedure was used in 1954 similar to that which proved effective in 1950. During January and February the Police Officers prepared lists of vacant lots on their posts. These lists were forwarded to the Health Department and members of the Division of Community Sanitation obtained the names and addresses of the owners of the lots through the tax records and other sources. The property owners were then notified by letter of their responsibilities under the ordinance. The amount of work involved was greater than anticipated and it was not possible to send letters to all property owners in advance of the weed season. During the spring and summer months 961 letters were sent to owners of properties in those areas where greatest difficulty with weed growth was expected. There was a reduction of only 17 per cent in the number of complaints received concerning weeds. However, the sanitarians indicated that far better weed control was achieved during 1954 than in previous years.

Miscellaneous Activities

1. Inspections were continued of the 103 establishments which were licensed in 1954 to deal in psittacine birds. Investigation of a series of deaths of parakeets reported by a chain store disclosed that the average death rate among birds in the stores of the chain was about 2 per cent of the number of birds handled and that the deaths were apparently due to causes of no public health significance.

2. A conference was held in February between members of the State and City Health Departments to resolve certain questions which had arisen as to policies and procedures under the State Law requiring licensing of hospitals and convalescent homes. Inspections of these institutions were continued during the year.

3. Day nurseries were inspected in cooperation with the Bureau of Child Hygiene. By agreement with the Bureau of Child Hygiene, the division became responsible for all Health Department activities relative to the inspection and approval of foster homes.

4. At the request of the Commissioner of Health, two department stores suspended sale of a home fumigator which vaporized lindane, pending an investigation by the Health Department into the safety of the device for home use. The latest information available from the U. S. Department of Agriculture and the Committee on Pesticides of the American Medical Association indicated that the device could be used safely if the directions for use were carefully followed. The stores involved were then informed that the Health Department would have no objection to the sale of the fumigator.

5. In the course of investigation of complaints concerning defective drainage, three relatively dangerous accumulations of water were eliminated. Two of these corrections were made by the property owners. In the third case, the Bureau of Sewers volunteered to make corrections in order to eliminate the hazard more promptly than would have been possible through notification to the responsible party.

6. The division assisted in the testing of domestic and commercial garbage grinders which the manufacturers had requested be approved for installation in the city.

7. Through assistance of the Health Department's Division of Rodent Control and other city agencies, it was possible to afford aid in insect control to persons in a city block heavily infested with ticks and to a housing project experiencing trouble with roach invasion from a nearby dump.

8. In addition to in-service training in the Health Department, the professional knowledge of members of the staff was enhanced through attendance of selected persons at seminars conducted by Region III of the U. S. Public Health Service, a swimming pool operator's course conducted by the health departments of the District of Columbia and adjoining states, the Interstate Sanitation Seminar of the states comprising Region III of the U. S. Public Health Service and the annual meeting of the National Association of Sanitarians. Members of the Maryland Association of Sanitarians also attended meetings of that organization.

Plumbing

The Sewerage Engineer and the Commissioner of Health after tests to determine grinding efficiency approved three domestic and five commercial types of garbage grinders for sale and installation in Baltimore. Commercial grinders must receive separate location approval based on the adequacy of the sanitary sewers to receive the additional discharge and in this connection location approval was granted for the installation of 29 commercial grinders. In cooperation with the City Bureau of Building Construction and the consulting engineer for the new municipal incinerator plumbing and sewage disposal plans were reviewed and due to unusual conditions certain minor deviations of the plumbing regulations were permitted. Also through the cooperation of the Building Construction Engineer recommendations for the provision of water and sewer connections for each stall were included in the plans for the renovating of Northeast Market at Monument and Chester Streets. The use of a chemical compound for descaling and cleaning domestic water lines in a large institution was rejected by the institution on the recommendation of the City Health Department when the manufacturer of the chemical compound refused to submit its composition. The Sewerage Engineer and the Commissioner of Health granted

permission for builders to develop three areas sewerage them to sewage pumping stations which will pump the sewage through force mains to the existing sanitary sewerage system. The sewage pumping stations will be operated and maintained by the developers until the developments are completed and then the Sewerage Engineer will take over their operation.

In protecting the city water against contamination 436 potential cross connections were prevented or eliminated. In one instance the piping of an auxiliary water supply was labeled on each floor and painted a distinctive color to prevent it from being mistaken for the potable water supply. The director and the Chief of the Division of Plumbing presented a paper entitled "Cross Connections and Other Plumbing Hazards" at the annual meeting of the Maryland-Delaware Water and Sewage Association at Frederick, Maryland in April. There were 3,093 connections made to the sanitary sewerage system; this brought the total number of properties connected in the city to 201,785.

Rodent Control

Environmental Control

The emphasis on rodent control continued to be placed on controlling the factors most important to rat life. Elimination of food, shelter and other health violations by premises-to-premises surveys was continued in areas found to be heavily rat infested. Twenty-one blocks were inspected during the year to determine the cause for and the degree of rat infestation. Notices were sent to owners and occupants to eliminate rats, correct sanitation violations and accomplish necessary measures for ratproofing. Six hundred and twelve premises containing 992 dwelling units were inspected in these blocks. By the end of the year 17 blocks containing 548 properties and 762 dwelling units were improved. Environmental control on a door-to-door basis has improved 3,228 premises and 5,279 dwelling units since this program was initiated in 1948. The program to insure the maintenance of ratproofing in block areas was continued in 2,032 premises in completed blocks.

Environmental control procedures consisting primarily of the elimination of food sources for rats, and harborage for rats as well as ratproofing of properties were employed in the servicing of 2,703 complaints resulting in the inspection of 4,011 premises during the year. A total of 6,250 environmental deficiencies was corrected as a result of complaint service and 5,424 were corrected in program areas. A total of 11,674 deficiencies was corrected in 1954.

Rat Bites and Rat-Borne Disease

During 1954, 77 rat bites occurring at 65 locations were reported to the division. This represented an increase of 11.7 per cent from the 66 which

occurred in 1953. Thirty-five bites or 45.5 per cent occurred in children under six years of age. Of this figure, 8 bites occurred in children under one year. Persons bitten varied in age from an infant seven weeks old to a fifty-eight year old woman. Usually a very high percentage of the bites occurred at night or in the early morning while the victims were sleeping. In 1954 a number of persons were bitten while taking rats from other animals, or while at play picking up apparently dead rats. As usual, each case was immediately investigated and necessary corrective measures instituted.

The endemic typhus survey commenced in 1953 was continued during the year in an effort to gain additional evidence as to the origin and extent of infected rats in Baltimore. Grain elevators, grain mills and similar establishments in the Locust Point section of the city were inspected and the recovery of positive rat bloods led to a quick expansion to include all types of commercial and industrial establishments in the area. Two specific locations proved to be highly significant because of the percentage of positive reactions. By reason of the proximity of one of these plants to dwellings, twenty-eight blocks were rapidly surveyed for rat infestation. There was no significant infestation found.

Nine establishments were inspected and in seven cases it was necessary to order rat harborage elimination, rat proofing and ectoparasite control measures on Locust Point. In addition to these measures, it was decided, after a conference between the Commissioner of Health, Dr. R. R. Sayers, Dr. Wilmer H. Schulze, Mr. George W. Schucker, Mr. John A. Childs and Mr. William Sallow, chief of the division, to carry out immunization procedures at the critical locations and also attempt to do as broad a serological study as possible on the plant employees involved. One plant arranged for carrying out its own program and the other was capably handled by Dr. William J. French, Health Officer of the Southern Health District, and his staff. Inspections continued at various rail yards and allied establishments during the year. Approximately 70 additional locations were inspected and notices to accomplish corrective measures were sent where necessary. However, complement-fixation tests were discontinued for a considerable period because of laboratory personnel difficulties. Considerable improvement was accomplished in the areas already surveyed, particularly in the Locust Point area. The division anticipates the re-testing of rat bloods from all areas inspected, and an expansion to include a cross-section of the entire city.

Education

The "Fight the Rat" and "Rat Control" leaflets were the mainstay of the educational program during the year. Response to the suggestions in each of these publications continued to be of material assistance in alleviating certain rodent conditions prior to inspection. Addresses and lectures

were given to the Executive Council of the Women's Civic League, the Park Royal Improvement Association and other interested groups. In cooperation with the Citizens Planning and Housing Association and the Housing Court a tape recording was made at radio station WCBM for the program "Your Housing Court." A television appearance in connection with the weekly "Your Family Doctor" series was also made by the division chief. Illustrated lectures and several showings of Health Department rat films were given at in-service training courses for the Housing Bureau and other groups. Mr. John A. Childs, division sanitarian, delivered lectures to an Army Engineer Battalion on "Rodent and Ectoparasite Control."

Miscellaneous

1. The divisional crew serviced more than 744 rat complaint locations, baited 270 blocks, gassed 486 blocks and observed and recovered 1,822 dead rats during the year.

2. During July the division cooperated with the Friendship Airport and the municipal Memorial Stadium in inspecting and assisting in the elimination of rodents.

3. Mr. N. G. Gratz of the Ministry of Health of Israel visited the division for information regarding environmental rodent control. Demonstrations of field techniques in inspections and gassing operations were given.

4. The entire inspectional staff of the division participated in various civil defense activities during the year.

5. The staff personnel assisted in a roach survey in the vicinity of Reedbird Island. Infestation was located and after a conference between officials of the Department of Public Works and the Health Department residual chlordane spraying was carried out.

6. Eleven members of the division participated in the opening of the Chronic Illness Screening Clinic.

7. The division chief represented the Health Department in the inauguration of the 1954 Clean Block Campaign sponsored by the Afro-American newspaper.

Personnel

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Calvin DeFord, Heavy Duty Laborer

TABLE NO. 1
COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

TYPE OF CONDITION	COMPLAINTS RECEIVED		PATROL AND SPECIAL INVESTIGATIONS MADE	
	1954	1953	1954	1953
TOTAL.....	3,428*	4,043	6,154	6,122
Complaints				
Ashes and garbage.....	76	205	12	22
Building defects.....	505	528	21	21
Choked sewers.....	42	25	42	45
Defective drainage.....	232	329	83	106
Defective heating equipment.....	73	45	4	2
Defective plumbing.....	191	183	52	22
Defective toilet facilities.....	241	276	6	1
Fowl and other animals.....	225	315	18	22
Grass and weeds.....	395	475	257	289
Insanitary conditions.....	684	908	381	328
Insects.....	120	71	8	6
Miscellaneous.....	285	126	23	10
Privies and cesspools.....	19	25	1	6
Rats.....	15	12	17	32
Water in cellar.....	325	520	64	61
Special Investigations				
Child care institutions.....	..	..	119	142
City dumps and sanitary fills.....	..	..	4	146
Color tests.....	..	..	299	298
Environmental survey inspections.....	..	..	36	206
Foster homes.....	..	..	506	400
Hospitals and convalescent homes.....	..	..	88	88
Motion picture houses.....	..	..	2	4
Private dumps.....	..	..	252	180
Psittacine bird investigations.....	..	..	55	63
Rooming houses.....	..	..	470	537
Schools.....	..	..	47	38
Stream pollution.....	..	..	151	52
Supervisory inspections.....	..	..	1,015	681
Swimming pools.....	..	..	450	483
Watering points—carriers.....	..	..	24	17
Water supply sampling.....	..	..	1,657	1,834

* Does not include 1,120 complaints referred to Sanitary Police Detail for investigation

TABLE NO. 2
COMPLAINT, PATROL AND SPECIAL INSPECTIONS

TYPE OF INSPECTION	1954	1953
TOTAL.....	13,819	16,700
Complaint.....	2,609	5,522
Patrol and special.....	6,154	6,122
Reinspection.....	5,056	5,056

TABLE NO. 3
COMPLAINTS

ACTION TAKEN	1954	1953
Handled by inspectors.....	3,086	4,690
Referred direct to other bureaus or departments.....	1,120	..
Investigated and referred to other bureaus or departments.....	111	163
Investigated and referred to police for follow up.....	23	229
Notices to abate nuisance.....	1,606	1,724
Hearings for failure to comply with notices.....	18	11
Summonses issued for failure to comply with notices.....	10	10
DISPOSITION		
TOTAL.....	4,895	6,371
Abatement by inspector.....	2,349	2,612
Cancelled (withdrawn or corrected before inspection).....	311	676
Closed without action.....	342	1,681
Conditions of no health significance.....	634	1,247
Direct reference to other bureaus or departments.....	1,120	..
Investigated and referred to other bureaus or departments.....	139	155

TABLE NO. 4
METHOD OF SEWAGE DISPOSAL

METHOD OF DISPOSAL	TOTAL TO DECEMBER 1954	NEW CONNECTIONS	DISCONNECTED
Connections to sanitary sewers.....	201,785	3,093	1,638
Private drains to sanitary sewers.....	15,299	1	..
Connections to storm water outlets.....	15,796	322	..
Privies.....	..	..	3
Cesspools.....	..	..	91

TABLE NO. 5
PERMITS, PLUMBING INSPECTIONS AND PLUMBING FIXTURES INSTALLED

GROUP	1954	1953
Total permits issued.....	14,075	14,329
Permits for sanitary sewer connections.....	3,238	3,369
Permits for plumbing installations.....	10,837	10,960
Inspections of plumbing.....	23,062	26,008
Plumbing fixtures installed.....	33,970	40,183
Bathtubs.....	5,154	6,827
Miscellaneous.....	2,289	2,264
Sinks.....	5,232	7,009
Slophoppers.....	146	112
Urinals.....	536	328
Wash basins.....	8,190	9,169
Water closets.....	9,226	10,216
Wash trays.....	3,197	4,258

TABLE NO. 6
CROSS CONNECTIONS PREVENTED OR CORRECTED

TYPE	1954	1953
TOTAL.....	436	458
Bathtubs.....	119	145
Frostproof hoppers.....	204	205
Wash basins.....	113	108

TABLE NO. 7
RODENT CONTROL ACTIVITIES

ENVIRONMENTAL CONTROL AREAS	1954	1953
Number of blocks inspected.....	21	13
Number of blocks completed.....	17	13
Number of blocks pending.....	8	4
Total properties inspected.....	612	652
Dwellings.....	512	530
Commercial.....	17	38
Industrial.....	1	1
Combination with dwelling.....	62	60
Other.....	20	23
Dwelling units inspected.....	992	862
Properties improved.....	548	545
Dwelling units improved.....	762	924
Properties requiring no corrections.....	39	138
Properties pending corrections.....	153	128

TYPE OF INVESTIGATION

TOTAL.....	13,441	14,355
Initial: Complaints.....	2,568	2,703
Patrol.....	1,443	2,136
Program areas.....	675	473
Reinspections: Complaint and patrol.....	2,415	3,358
Program areas.....	4,308	3,012
Maintenance.....	2,032	2,673

COMPLAINT HANDLING

Complaints received.....	2,620	2,812
Complaints abated by Sanitarians.....	2,703	2,758
Complaints pending.....	98	181
Premises inspected on complaint.....	4,011	4,712
Disposition: Abated by Sanitarian.....	2,727	3,234
Referred to other divisions or bureaus.....	187	78
Cancelled (corrected prior to investigation).....	137	30
No nuisance.....	1,040	1,394
Premises pending correction.....	23	103
DEFICIENCIES CORRECTED BY RODENT CONTROL ACTIVITIES.....	11,674	11,000
Program areas.....	5,424	5,017
Complaints.....	6,250	5,983

ENFORCEMENT PROCEDURES

Notices to abate nuisance.....	1,932	2,092
Hand notices issued in field.....	53	44
Verbal recommendations.....	781	553
Hearings for failure to comply.....	2	3
Final notices for failure to comply.....	252	277
Summonses for failure to comply.....	14	10

BUREAU OF INDUSTRIAL HYGIENE

Charles E. Couchman, B.S.

Director

The principal activities of the Bureau of Industrial Hygiene in 1954 were devoted to encouraging plant managers to improve conditions for their employees and neighbors. In addition, home owners were stimulated to correct exposures to carbon monoxide from furnaces and to exposures to lead from paint. In order to make the program more effective, emphasis was placed upon training and educating the staff members as well as upon informing the public. Four members of the staff received training at either the U. S. Public Health Service Laboratories in Cincinnati, Ohio, or at the Michigan School of Public Health at Ann Arbor, Michigan. Others attended numerous conferences and exhibits including the 1954 Industrial Health Conference held in Chicago, Illinois; the fall meeting of the Industrial Hygiene Foundation in Pittsburgh, Pennsylvania; and the exhibit of a wind tunnel showing stack emissions at New York University.¹ Information on industrial hygiene activities was disseminated to the public by means of radio, television, the press and magazines. Visitors to the bureau came from New York and Tennessee, and from Colombia, India, Paraguay and Peru.

Activities of a routine nature consisted of surveys conducted in 68 plants employing 3,286 workers; and the examination of 255 plans and applications for erecting new industrial buildings. Plant inspections resulted in 616 improvements affecting 12,909 workers. Sixty-five industrial studies were made of 15 different, potentially harmful conditions including exposures to toxic materials, radiation, noise, and inadequate ventilation.

Industrial Exposures

The radium study at the Kelly Clinic at 1416-18 Eutaw Place was completed after the clinic's radium supply was removed along with laboratory and office equipment when the building was vacated after having been used for 50 years.² Approximately half of the clinic's 5 grams of radium after a loan of about 25 years was returned to the U. S. Government. The remainder was taken to a new clinic location at 600 West Belvedere Avenue. The vehicles used in transporting both radium supplies were conventional passenger-type automobiles. An old chemical hood and a portion of a floor board were found to be heavily contaminated; these were later removed to a dump and destroyed by fire. A radiation study made during the removal and burning procedure disclosed that it was performed safely. Even

the ashes showed little or no remaining radiation. Several months later a survey was made of the still empty building on Eutaw Place with the result that practically no radiation intensity was in evidence.

Upon request of a local hospital a search was made for 60 milligrams of radium which was lost during the treatment of an uncooperative patient. The sewer line was tested periodically for several weeks without results. The search inside the institution was also unproductive.

Investigations and at times radiation studies were made of isotope users who received a total of 64 shipments from the Atomic Energy Commission. Most of the shipments were of small quantities used for experimental purposes; however, four supplies of several hundred millicuries each of cobalt 60 were received by industries for radiographic purposes. Studies were made in these instances and adequate precautions for the protection of personnel were being practiced. Radiation studies were also made of three X-ray machines used in clinics.

Of the 65 technical studies made of toxic materials used in industries, the following were of particular interest:

1. A study of a defective stack on an annealing furnace which was responsible for three nonfatal cases of carbon monoxide poisoning.
2. Two studies of polystyrene vapors using the ultra-violet light mercury vapor detector as a field instrument with excellent results. The instrument was first calibrated in the laboratory where it was demonstrated that its response was suitable for vapor concentrations both above and below the maximum allowable limit of 400 parts per million.
3. An investigation of two hospitalized cases of manganese poisoning, followed by a detailed study made in the chemical plant where the dioxide was being reduced which showed dust concentrations above the maximum allowable limit.
4. A study of lead poisoning among workers engaged in scrapping old ships coated with lead paint with a resulting provision of air-line respirators which proved to be effective as a control measure. Nonetheless, in another industry under study, a lead poisoning case occurred when a worker continued to wear a defective air-line respirator.
5. A study of two dangerous and closely related insecticides, parathion and malathion, in two plants. One employee showed symptoms of malathion poisoning and was given prompt and effective treatment. There was no case of parathion poisoning reported.
6. A dust study conducted in a stainless steel foundry disclosed that the refractory bricks used in this foundry were nearly devoid of free silica.

The bureau continued to participate in the investigations being made of explosion and fire hazards associated with the sludge-drying plant of the Bureau of Sewers of the Baltimore Department of Public Works. Two in-

dependent consultants were engaged along with the U. S. Bureau of Mines personnel who made a technical study to determine causative factors. Relatively small operating changes were made of the flash-drying system to decrease the risks involved but fires and explosions continued to occur.

With the adoption of Dairy Farm Regulation 7A dealing with brucellosis testing of cattle herds³, it appeared that after the regulation becomes effective on January 1, 1956, there should be a decrease in exposures to the disease among slaughterhouse workers exposed to affected carcasses.

Audiometric testing of workers was carried out in one plant, and two other plants contemplated similar programs to determine if there is a loss of hearing among the workers exposed to industrial noise. In some areas of the country this problem has become complex from a compensation viewpoint; hence, the local companies pursued the study more with a view toward prevention and the correction of noisy operations.

Domestic Exposures

Again in 1954, notwithstanding the release of public information on this hazard, 1 fatality occurred from exposure to carbon monoxide in a closed garage. Asphyxiation from carbon monoxide in homes also resulted from exposure to coal gas from defective coal-fired furnaces and to products of incomplete combustion from improperly adjusted gas-fired appliances supplied with natural gas. Of the five locations where coal gas was a factor of exposure, 1 fatal case occurred among 6 persons affected. The gas-fired appliance was responsible for 2 fatalities. These were the only fatalities occurring throughout the year, and thus demonstrated the smaller risk involved from the use of natural gas over manufactured gas.

An investigation of an exposure to gasoline vapors in a dwelling disclosed that the fuel leakage had occurred in an adjacent filling station.

Lead poisoning in children still remained a significant public health problem. Of the 34 diagnosed cases, 3 were fatal. In addition, there were at least 9 probable cases having blood lead values in excess of 0.1 milligrams of lead per 100 grams of blood. Information on the dangers associated with lead paint in old homes was released to the public in several ways. Both the University of Maryland television series "Live and Let Live" and the "Your Family Doctor" television series sponsored jointly by the City Health Department and the Medical and Chirurgical Faculty of Maryland devoted one program each to this subject. Landlords of property usually associated with the disease were advised of the problem in an article appearing in their association's magazine.⁴ Mrs. Mary Lanahan, the public health nurse assigned to the Bureau of Industrial Hygiene, made 913 lead poisoning home visits for diagnostic and educational purposes during the year.

An interesting exposure to lead was disclosed in investigating one of the cases. Numerous old homes in one area of the city were being demolished for a housing project. An itinerant vendor would gather the old wood, some of which was heavily coated with paint, and sell it for burning in kitchen stoves. This fuel was used in the home of the affected child and it was disclosed that the child ate the ashes from the stove as well as the paint in the dwelling. An analysis of the ashes showed that they contained 20 per cent lead. Samples of room air were also obtained while the wood was being burned in the stove and due to a partially defective flue pipe, lead fumes were present in the air but below the maximum allowable concentration of 0.15 milligrams of lead per cubic meter of air.

Two representatives of the Home Accident Unit of the U. S. Public Health Service visited the bureau to learn of the child lead poisoning program. They were supplied with data and a brochure of forms and procedures which they intended to study and disseminate to other communities.

Community Exposures

Of all the complaints received those on air pollution predominated. A summary of an analysis of the types of complaints is as follows:

SUMMARY OF COMPLAINTS—1954

NATURE OF COMPLAINT	NUMBER	PER CENT
TOTAL.....	526	100.0
Atmospheric pollution.....	459	87.3
Carbon monoxide.....	8	1.5
Industrial waste.....	24	4.5
Lighting.....	1	0.2
Noise.....	21	4.0
Sanitation.....	1	0.2
Sanitary facilities.....	7	1.3
Ventilation.....	5	1.0

In general, industry cooperated quite satisfactorily in reducing sources of air pollution. As an example, a plant engaged in pelletizing inorganic fertilizer developed a gaseous effluent interfering with the operation of an adjacent railroad marshalling yard by causing discomfort to the trainmen and the reduction of visibility under certain atmospheric conditions. The plant, on receipt of complaint, rescheduled operations during favorable winds and finally suspended the operation when it was found redesign of equipment was required for adequate control.

Effluent from a refractory brick drying operation gave rise to several complaints. The nature of the offending component could not be determined definitely; hence, elevation of the stacks seemed the obvious solution. Necessary work on this control was proceeding at the end of the year.

Storage of incompletely cured fish meal caused a nuisance to develop in a commercial-residential district. The use of an industrial deodorant showed some promise. Public pressure, however, caused the owner to move the offending material to a less sensitive location.

In one case, it was necessary to bring legal action against a chemical and pigment company. The plant was emitting acid gases in objectionable concentrations. Correctional planning had been begun in 1953, with the expectation that control would be completed in June 1954. Controls had not been placed in operation by July 1954; hence, the action was the result of the company's failure to make timely correction. The controls installed produced a marked reduction in concentrations of sulfur dioxide. A highly objectionable concentration of hydrogen sulfide appeared, requiring the installation of further controls. By the end of the year gratifying results had been obtained, although some minor sources remain to be controlled. It must be noted that while technical improvement was pronounced, continuing complaints show dissatisfaction with residual contamination.

Two incidents of equipment failure occurred. The first was a rupture of the roof of a storage tank containing a naphtha-asphalt mixture. The gas released amounted to about 5,000 cubic feet. Reports received were so spaced in time, distance, and lateral dispersion as to permit rapid location of the source. The area affected was a sector about five miles in radius and 15 degrees wide. No damage or discomfort resulted. The second incident was malfunction of a catalytic cracking refinery tower. As a result of the malfunction, a fine spray of higher boiling point oils was released, discoloring some drying laundry in the neighborhood. The incident was of short duration and was quickly settled by the responsible company.

In connection with the ventilation of the proposed Patapsco River vehicular tunnel under the harbor, the designers requested the technical assistance of the division in assuring uncontaminated air for the structure. Preliminary discussion indicated a period of not less than two years would be required for survey and elimination of pollutants at the source. The project will be executed jointly by the Maryland State Roads Commission and the Baltimore City Health Department with the concurrence of the Maryland State Department of Health. Supervision of the project will be the responsibility of the City Health Department, as well as the execution of such measures as may be required to reduce air pollution in the area.

With the cooperation of the Baltimore Association of Commerce, a plan for determining potential air pollution in the city was developed. It is proposed to determine the amount of pollutants in the exhaust gases from various industries so that the degree of control in each plant could be prescribed, especially in those areas having several plants with similar discharges in close proximity. Plants visited gave the information freely, and

showed interest in the conclusions to be drawn. At a meeting with several chemical plant managers, methods of control were discussed, although no immediate action was thought necessary until more data as to existing concentrations could be obtained.

A request was received from a steel manufacturer to assist in the determination of the cause of rusting of wire rope in a warehouse. The test made was inconclusive because of insufficient time, available equipment, and apparent low concentrations of the suspected contaminant. The company gave no information on other tests made later.

Of the many minor complaints, most concerned objectionable vapors or gases affecting few people. In general, these incidents were corrected within reasonable periods. Several cases of lint collector failures at laundries occurred, indicating a desirability of redesign by manufacturers. A simple device developed by Mr. Albert J. Grossman of the bureau proved quite satisfactory in the control of this source of air pollution.

Several items of equipment were procured during the year. A caravan-type trailer was designed by the division and built by a local manufacturer. A station wagon-type vehicle was ordered for movement of the trailer to appropriate working areas. The trailer was designed to obtain continuously recorded air samplings as well as meteorological data essential to the interpretation of the results of the samplings.

Other equipment included a photovolt reflectance meter, an automatic air sampler from the Automatic Sampling Equipment Company, and an additional hydrogen sulfide automatic detector from the Research Appliance Company. Equipment operation during the year was generally quite satisfactory. Certain limitations of the equipment were found, preventing complete confirmation of the efficiency of controls installed by offenders.

It was shown, for example, that a sulfur dioxide determination below 0.1 part per million by means of the titrilog was not reliable. Hydrogen sulfide on the same instrument could be measured to 0.045 ppm, but separation of the two components proved impractical in the field. By means of comparison with a Thomas Autometer, operated in the same vicinity by the Maryland State Department of Health, it was possible to demonstrate the presence and approximate concentrations of the two pollutants. The results obtained from the long period of observation indicated that established maximum allowable concentration limits established for industrial hygiene practice were not applicable in air pollution control practice. Further, the volume of complaints over the period of observation indicate that the generally accepted figures for sensitivity could be much too high. Any change in present values, however, should be made only after further data have been compiled, since the state of mind of the particular observers did not encourage unbiased conclusions.

Several experiments for increasing the capabilities of the various instruments were begun during the year. In general, the results were inconclusive, although promise was shown in the case of detection of lead in atmospheric dust by treatment of dust spots collected with the Research Appliance Company Automatic Air Sampler. A measurable difference before and after treatment of the spot with hydrogen sulfide gas indicated further study of the method might be of value. Extension of the method to other pollutants is under consideration.

A liaison visit was made to the Bureau of Industrial Hygiene of the Pennsylvania State Health Department. The visit was quite instructive in obtaining ideas on the use of air pollution control and related instruments. An application of the Houdry catalytic process of deodorizing hydrocarbons was observed and found of great interest.

The cooperation in service and counsel received from the Division of Chemistry of the Bureau of Laboratories, and from Dr. R. R. Sayers, Senior Medical Supervisor for Occupational Diseases, was most helpful in carrying out many of the activities mentioned in this report; likewise, most of the field work on child lead poisoning was conducted by the public health nurse assigned to the bureau from the Bureau of Public Health Nursing.

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TABLE NO. 1
HEALTH AND ACCIDENT HAZARDS ELIMINATED IN INDUSTRIAL PLANTS—1954

TYPE OF IMPROVEMENT	NUMBER	POPULATION
TOTAL.....	616	12,909
Health-Occupational Hazards		
Atmospheric pollution.....	29	1,973
Exposure to toxic materials controlled by:		
Provision of protective clothing.....	1	6
Installation of local exhaust system.....	27	568
Provision of respirators.....	7	59
Isolation of operations.....	8	154
Change of operations.....	4	114
Wetting.....	3	98
Repair of defective equipment.....	3	206
Exposure to radiant energy controlled by:		
Monitoring.....	4	23
Shielding.....	4	23
Lighting provided or improved		
Artificial.....	24	257
Natural.....	19	145
Ventilation provided or improved		
Artificial.....	16	146
Natural.....	8	229
Noise reduced.....	2	100
Sanitation		
Cross connection eliminated.....	1	24
Drinking facilities provided or improved.....	75	1,064
Industrial waste disposal provided or improved.....	9	115
Insanitary premises improved.....	2	4
Insect, and rodent control instituted.....	2	38
Janitor service provided.....	1	150
Lockers provided.....	8	334
Lunchroom provided.....	4	247
Rest periods instituted.....	1	59
Restroom provided.....	2	89
Seats for females provided.....	3	108
Toilet facilities provided or improved.....	81	1,212
Washing facilities provided or improved.....	79	1,158
Personnel Services		
Accident record keeping instituted.....	4	101
First-aid equipment provided.....	8	175
Pre-employment examination instituted.....	1	59
Accident Hazards		
Building defects corrected.....	2	12
Housekeeping improved.....	1	3
Unclean floors corrected.....	2	5
Other Improvements		
New building or additional space.....	126	1,997
Heat supplied.....	23	975
New equipment or processes.....	22	879

TABLE NO. 2
DETAILED STUDIES MADE—1954

INDUSTRY	NUMBER OF STUDIES	DUSTS					GASES				VAPORS			OTHERS		
		Chrom	Dust Counts	Lead	Parathion	Others	Carbon Monoxide	Hydrogen Sulfide	Nitrogen Oxide	Phosgene	Benzol and Analogs	Chlorinated Hydrocarbons	Mercury	Noise	Radiation	Ventilation
All Industries Studied.....	65	4	10	8	5	1	5	2	1	1	7	2	2	2	9	6
Automotive.....	4	..	..	2	..	..	1	..	..	..	..	..	..	..	..	1
Chemical.....	16	2	..	..	5	1	..	..	..	2	..	..	..	..	..	4
Dry cleaning.....	2	..	..	..	..	..	1	..	..	1	1	..	..	..	..	..
Education.....	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Electrical apparatus.....	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Foundry.....	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Hospital and clinics.....	7	..	..	..	..	..	..	..	1	..	1	..	2	4	..	..
Metal goods.....	5	..	1	1	..	..	2	..	..	..	..	..	..	1	..	..
Metal reclamation.....	3	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Plastics.....	3	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..
Printing.....	3	..	..	2	..	..	..	1	..	..	..	..	..	..	..	..
Steel.....	7	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..
Others.....	5	..	..	2	..	..	..	..	..	1	..	1	..	1	..	..

TABLE NO. 3
INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED FOR OCCUPATIONAL HAZARDS AND SANITATION—1954

PROPOSED USE OF BUILDING	APPLICATIONS AND PLANS					SPECIAL RECOMMENDATIONS						CONSULTATIONS
	Number Reviewed	Disapproved	Approved		Abandoned	Ventilation			Sanitation		Other Recommendations	
			Without Recommendations	With Recommendations		Mechanical	Industrial Waste Disposal	Personal Service Conveniences				
									Local	General			Natural
All Types.....	255	1	58	192	4	7	35	..	21	10	1	255
Automotive repair.....	9	..	..	9	..	3	6	..	1	..	..	9
Automotive service.....	9	..	1	8	..	1	4	..	..	..	..	9
Chemical.....	11	..	..	8	3	1	1	..	2	..	..	11
Dry cleaning and laundry.....	14	..	..	14	..	..	2	..	..	..	..	14
Machine shop.....	11	..	..	10	1	..	4	..	..	..	..	11
Metal goods.....	10	..	..	10	..	..	1	..	3	..	..	10
Office and garage.....	8	..	..	8	..	..	8	..	..	..	..	8
Office and storage.....	23	..	1	23	..	..	..	..	..	..	..	23
Paper goods.....	3	..	..	3	..	..	..	..	..	..	..	3
Personal service building.....	10	..	3	7	..	..	..	..	..	10	..	10
Petroleum.....	4	..	..	4	..	..	..	..	..	..	..	4
Plastics.....	4	..	..	4	..	..	4	..	2	..	..	4
Truck terminals.....	8	..	..	8	..	..	1	..	..	..	..	8
Warehousing and storage.....	95	1	49	45	..	..	1	..	1	..	..	95
Woodworking.....	6	..	..	6	..	..	3	..	..	..	..	6
Others—less than 3 of 1 type.....	30	..	4	26	..	2	..	..	1	..	1	30

TABLE NO. 5
STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES—1954

PLANT ACTIVITIES	
Total number of different plants serviced	1,228
Total number of workers in plants serviced	68,351
Total number of plant visits made	1,516
SOURCE OF SERVICE	
Self-initiated	1,149
Requests from management, labor, etc.	81
TOTAL	1,230
GENERAL TYPE OF SERVICE GIVEN	NUMBER OF SERVICES
Plant surveys	65
Technical studies of hazards	56
Reinspections and routine	174
Medical and nursing surveys	68
Consultations	19
Atmospheric pollution investigations	459
Other nuisance complaints investigated	67
Follow-up on building applications	898
Follow-up on compliance with recommendations	20
Special activities	19
TOTAL	1,845
RECOMMENDATIONS CARRIED OUT	
Number of recommendations	617
Number of plants involved	196
Number of workers affected	2,909
VOLUNTARY IMPROVEMENTS MADE IN PLANTS	
Number of improvements	464
Number of plants	148
Number of workers affected	2,478
SPECIFIC SERVICES	
Number of laboratory analyses and examinations	1,004
Field determinations of atmospheric contaminants	112
Field determinations of physical conditions	349
Examination of plans for control equipment	255
Occupational disease cases reported	173
Occupational diseases investigated	14

TABLE NO. 6
OCCUPATIONAL DISEASES REPORTED—1954

DISEASE	CASES
TOTAL.....	173
Angioneurotic edema.....	1
Asbestosis.....	1
Blisters.....	9
Bursitis.....	5
Carbon tetrachloride poisoning.....	1
Chlorine poisoning.....	1
Chrome carcinoma.....	5
Chrome ulceration.....	16
Dermoid cyst.....	3
Emphysema.....	1
Frostbite.....	1
Ganglion.....	6
Gastrointestinal upset.....	1
Hernias.....	1
Laryngitis.....	1
Lead poisoning.....	3
Manganese intoxication.....	1
Myositis.....	1
Paronychia.....	3
Pneumoconiosis.....	1
Silicosis.....	1
Sprain.....	3
Swelling and pain.....	6
Tenoosynovitis.....	27
Tumor—calous.....	1
Dermatitis.....	73
Acids.....	1
Adhesives.....	1
Alkalis.....	1
Candy.....	1
Chemicals.....	10
Chlorine.....	1
Cloth material.....	2
Dyes.....	3
Dust.....	6
Meat.....	2
Oils and greases.....	6
Paints.....	2
Plant irritations.....	15
Rubber.....	1
Soap.....	5
Solvents.....	2
Others.....	14

TABLE NO. 7
ACUTE CASES OF ILLUMINATING GAS POISONING—1934-1954

YEAR	TOTAL CASES	SUICIDES AND ATTEMPTED SUICIDES	ACCIDENTS
1954	11	9	2
1953	30	15	15
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	89	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

* Entire city operated on natural and oil gas as of September 1950.

TABLE NO. 8
NONFATAL AND FATAL ACCIDENTS FROM ILLUMINATING GAS AND DEFECTIVE APPLIANCES FROM 1934-1954

YEAR	TOTAL	ACCIDENTS FROM UNBURNED GAS		ACCIDENTS FROM INCOMPLETE COMBUSTION OF GASES		DEFECTIVE APPLIANCES CAUSING ACCIDENTS
		Nonfatal	Fatal	Nonfatal	Fatal	
1954	2	..	..	..	2	1
1953	15	..	..	12	3	8
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	65	28	9	18	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

* Entire city operated on natural or natural and oil gas as of September 1950.

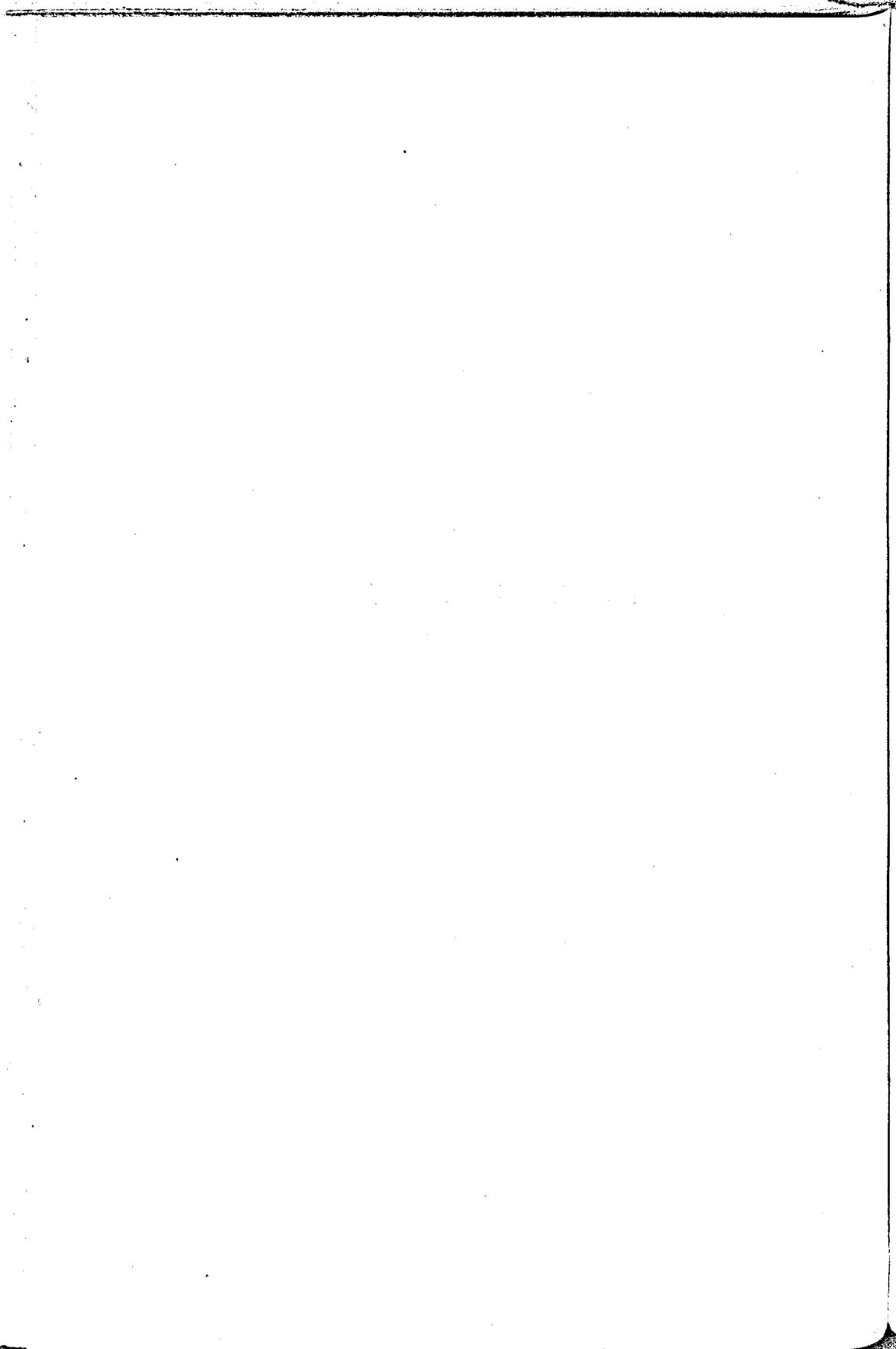
TABLE NO. 9
NONFATAL AND FATAL CASES OF LEAD POISONING IN CHILDREN
1931-1954

YEAR	CASES			DEATHS		
	Total	White	Colored	Total	White	Colored
TOTAL	462	131	331	105	37	68
1954	34	8	26	3	1	2
1953	49	10	39	6	3	3
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
1934-31	16	6	10	12	4	8

TABLE NO. 10
AIR POLLUTION INVESTIGATIONS—1954

NATURE OF COMPLAINT	NUMBER OF COMPLAINTS	NUMBER OF CONDITIONS	DISPOSITION OF CONDITIONS			
			Cancelled	Control Failure	Controls Provided	Pending
TOTAL.....	459	92	36	14	23	20
Dusts						
Inorganic.....	38	20	4	3	8	5
Organic.....	5	4	..	1	1	2
Fumes						
Metallic.....	8	5	3	1	1	..
Gases						
Acid.....	271	5	..	..	..	5
Ammonia.....	12	6	2	3	1	..
Nitrous oxide.....	3	2	..	..	..	2
Vapors						
Alkali.....	1	1	..	..	..	1
Ether.....	1	1	..	..	1	..
Incineration.....	8	1	..	..	1	..
Mercaptan.....	1	1	..	1	..	..
Paint, varnish, and lacquer.....	23	10	3	3	4	..
Petroleum.....	49	10	6	2	1	1
Resins.....	5	2	..	..	..	2
Solvents.....	7	5	2	..	2	1
Waste, animals.....	11	3	1	..	1	1
Waste, food.....	4	4	3	..	1	..
Others.....	13	12	12	..	..	..

HOUSING BUREAU



HOUSING BUREAU

Franz J. Vidor, B.S., M.C.P.

Director

New rules and regulations on the Hygiene of Housing, initiation of the Mount Royal neighborhood program, and considerable study of and preparation for a new urban renewal program made 1954 a noteworthy year.

The New Regulations

On March 10, 1954, the revised Rules and Regulations Governing the Hygiene of Housing were adopted by the Commissioner of Health. These made it possible to raise housing standards both in complaint cases as well as in area work. The revised regulations call for new occupancy standards, a private indoor toilet for each dwelling unit and, after January 1, 1956 require a bathtub or shower and water heating facilities for individual dwelling units. Other revisions were also made. On April 28, 1954, a bill was filed in Circuit Court of Baltimore City challenging the validity of the bathtub requirements and on October 22, 1954, Judge E. Paul Mason dismissed the action in a lengthy written opinion upholding the regulation. The opinion was published in *The Daily Record* on November 15, 1954, and republished in the November 1954 issue of *Baltimore Health News*. An appeal was filed and at the end of the year it was pending before the Maryland Court of Appeals.

The Mount Royal Area

For several years interested groups and residents of the Mount Royal Area, particularly representatives of the Mount Royal Improvement Association, had urged the Health Department to initiate a neighborhood rehabilitation program in that area. Distinctly different from the Pilot Area, where the Health Department's most concerted neighborhood effort had been carried out during the years 1951-1953, the Mount Royal Area contains large row houses, many of them in excellent condition and well maintained by owners who reside in them. This fine old neighborhood had shown serious signs of blight due to such factors as the increasing conversion of houses into multiple dwelling units and the deteriorating character of maintenance in some houses and blocks. Thus, after careful consideration and months of preliminary planning, coupled with the availability of inspectors, an educational and enforcement program began in March in the Mount Royal Area, bounded by North Avenue, Mount Royal Avenue,

Dolphin Street, and Eutaw Place. This effort became the focus of the Housing Bureau's major program for 1954.

At the Housing Bureau's suggestion, a Neighborhood Council was formed to include residential, civic, and religious organizations within the area. The Council was furnished a paid secretary by the Mount Royal Improvement Association, opened an office in the area, and organized committees to assist in the educational and enforcement effort and to work for neighborhood improvements beyond those resulting from law enforcement. As the result of such citizen participation, the School Board acted affirmatively on the request for prompt site acquisition for a new elementary school. The Board of Recreation and Parks approved, in principle, the establishment of a street park, and a committee of the Housing Bureau's Advisory Council began to explore the problem of families which were overcrowding second-rate furnished apartments in some of the blocks. The Council of Social Agencies, at the request of the Health Department, organized a committee to study social conditions prevalent within the area and to recommend measures to meet unmet needs if such were disclosed.

For the enforcement program itself, a full-time building inspector and a full-time electrical inspector were assigned to the Housing Bureau by the City Bureau of Building Inspection, and the Police and Fire Departments made available as much of the time of a fire prevention inspector and a police sanitarian as was needed. A new procedure was established by which the zoning status of each property was available to the inspector at the time an inspection was initiated, thus strengthening enforcement on this score. However, results seemed to indicate the inherent difficulties in the present zoning ordinance and past history of zoning in the area.

Urban Renewal

The U. S. Housing Act of 1954, through the availability of federal grants and aids, offered considerable incentive to communities for an overall attack on slums and blighted areas. Urban renewal, as formulated in this act, combines housing law enforcement with necessary public and private improvements on a neighborhood basis, properly coordinated, and invites citizen participation. Emphasis is placed on the rehabilitation of structures rather than on wholesale demolition. The work of the Housing Bureau, along with the Housing Authority of Baltimore City and the City Redevelopment Commission, under the guidance of the City Department of Planning, contributed greatly to the local development of the urban renewal program. To implement this program in Baltimore, a Coordinating Committee of city officials began developing plans for an integrated attack on the blighted inner-city area. A workable program for urban renewal was submitted to the Federal Housing and Home Finance Agency for approval.

By the end of the year, public announcement was made that the Harlem Park area of West Baltimore would be the site for the first local urban renewal program. Staff members of the Housing Bureau were active both in the consideration of broad urban renewal policies and in developing details of approach. Thus it was possible to reach the real beginning, the careful planning with the people in the Harlem Park community, and to develop with them an acceptable and constructive plan for neighborhood renewal.

Law Enforcement—Area Programs

The number of properties on which first inspections were made in area programs increased 84.8 per cent over the previous year, from 879 in 1953 to 1,624 in 1954. Action was closed on 1,230 properties after satisfactory compliance, compared to 663 in 1953. While major attention was given to the Mount Royal neighborhood, important work was also proceeding in three other areas, Biddle II, which is an extension around three sides of the original Pilot Area; Tenpin, and Druid. The Church of the Brethren Volunteer Service Unit and the Fight Blight Fund, Inc. continued to assist needy owner-occupants in areas where the Housing Bureau concentrated its efforts. On December 31, 1954, the Housing Bureau was active in 68 census blocks containing 1,044 properties as compared with 55 blocks containing 650 properties on December 31, 1953.

Mount Royal. After almost ten months, 627 properties had been inspected in the Mount Royal Area, not quite one-half of the total number of properties in that area. In contrast to the Pilot Area, initiated in 1951, no concerted effort was made completely to inspect the entire area within a brief period. Inspections were pushed as rapidly as feasible, but enforcement was also followed up promptly on the expiration of notices and an encouraging rate of abatement was achieved. The bureau submitted to the Board of Municipal and Zoning Appeals comments on every case heard by that Board originating in the Mount Royal Area.

Biddle II. Expansion of the original Pilot Area which was bounded by Preston, Chester, Chase and Caroline Streets proceeded with an orderly addition of surrounding blocks under the general designation of Biddle II Area bounded by Hoffman, Chester, Eager and Eden Streets. During 1954 inspections were initiated in ten of these blocks in addition to six where work was begun in 1953. Where deteriorating conditions appeared in blocks previously worked in, new notices were issued. Owners who did slipshod work and tenants responsible for code violations were sent new orders to comply.

Tenpin. In an effort to alleviate conditions in one of the worst slum sections of the city, an area enforcement program was begun in July in Tenpin Area bounded by Fayette Street, Broadway, Baltimore Street and Central

Avenue. A high percentage of properties in this area was absentee-owned and the ultimate plan for it, as determined by the Department of Planning, calls for demolition of most of the structures. Because of this a full-fledged rehabilitation effort was not undertaken, but a curative approach was used. First inspections were practically completed in fourteen census blocks, and by the end of the year a very gratifying improvement could be noted in that section.

Franklin II and Druid. First inspections were completed by the end of the year in the Franklin II Area in West Baltimore and enforcement carried to completion on most properties. This is an irregularly shaped area, bounded generally by Edmondson and Carrollton Avenues, Baltimore and Stricker Streets. Tentative plans for enforcement in a neighborhood to be known as the Druid Area, immediately west of the Mount Royal Area, were also made. Enforcement was actually undertaken on one block in the Druid Area in addition to a block which had been worked in 1953. The real development of an area program was delayed pending availability of inspectors and further crystallization of urban renewal projects within the inner city.

Law Enforcement—General

The Housing Bureau continued to handle dwelling complaints and to enforce all vacate orders against houses declared unfit for human habitation by the Commissioner of Health. Procedures were established in conferences between staff members of the bureau, the Sanitary Section, and the Police Department to avoid duplication and conflicts in the handling of complaints.

One hundred and twelve properties were posted as unfit for human habitation during 1954, of which 70 were occupied at the time they were posted. Permission was granted to reoccupy 58 posted properties after code compliance; 13 properties were razed; and the dwelling use permanently discontinued in 4.

During the year, 2,091 housing notices were issued, 1,505 of which, or 72.0 per cent, were issued to absentee-owners. In addition, 1,295 nuisance and overcrowding notices were issued during the year, 1,027 of which, or 79.3 per cent, were issued to tenants.

Review of 322 sets of plans for dwelling alterations forwarded from the City Bureau of Building Inspection resulted in disapproval of 6 sets. Occupancy in violations of the zoning ordinance was found in 253 properties, 193 of which were in the Mount Royal Area. However, many of these were violations involving only failure to obtain the necessary occupancy permit to which the owner was entitled. In addition to referrals of zoning violations, 198, 12 and 1 referrals respectively were sent to the Building, Elec-

trical and Mechanical Inspection Divisions in the City Bureau of Building Inspection. Thirty-three referrals were also made to the Fire Prevention Bureau and 5 to the Sanitary Section of the Health Department.

The overall work load of the Housing Bureau increased considerably during 1954. A total of 2,105 properties, containing 4,214 dwelling units, were inspected, compared with 1,255 properties, containing 2,622 dwelling units, which were inspected during 1953. This represented an increase of 67.7 per cent and 60.7 per cent respectively. The number of properties where code violations were abated during the year likewise increased from 1,019 in 1953 to 1,656 in 1954, a 62.5 per cent increase. This increase in activity during the year resulted in a year's end current work load on December 31, 1954 of 1,441 properties containing 2,979 dwelling units. Of the 1,441 properties, 175 were vacated properties, a group which required periodic reinspection to insure that they had not been reoccupied illegally, and to determine whether nuisance conditions had arisen which would call for the issuance of special notices.

In July, 1954 the Housing Bureau began the use of a new field test kit, developed by the Bureau of Laboratories, for the determination of lead in paint. The use of this kit greatly facilitated the investigation and testing of suspected painted surfaces. With it one of the housing enforcement officials in the field, in a matter of minutes, was able to detect excessive concentrations of lead in given paint samples. A total of 112 such samples of interior paints, taken from dwelling units throughout the city, were tested with the new test kit during the six-month period. Of these, 46 tests were positive, indicating the presence of lead in dangerous proportions. In each instance the property owner was issued a ten-day notice to rectify the condition by either removing the paint or shielding it in an approved manner. In the past, because of the limited facilities of the Health Department laboratories, it was impossible to do much more than sample paint in cases of suspected lead poisoning. In 1954 with the aid of the new field test equipment, sampling was more extensive; this resulted in the removal of paint before it caused illness and served as a deterrent to owners who might have been willing to take a chance on violating the regulation.

Hearings and Housing Court

Administrative hearings were held by the Director of the Housing Bureau in 178 cases to explain and discuss notices and to determine whether legal action was warranted. In respect to properties in the Mount Royal Area, where joint notices were issued, combined hearings were held by the director and representatives of the City Bureau of Building Inspection.

In 141 instances action was taken in the Housing Court for failure to comply with legal abatement notices. Of these, 133 involved owners or

agents and 8 involved tenants. In 72 cases involving owners and 6 involving tenants, verdicts of guilt were found and fines assessed totaling \$2,895. In 16 instances owners chose to have their cases heard in Criminal Court. Of 18 cases heard in Criminal Court, including 6 pending from 1953, 8 resulted in a verdict of guilt, 5 in probation without verdict and 5 were dismissed. The 46.9 per cent increase in number of cases taken to Housing Court over a total of 96 for 1953 was the result of a policy decision requiring the housing enforcement officer to recommend legal action after a given period of time when no corrective work or very little work had been performed.

Eighteen per cent of all cases decided in Housing Court during 1954 originated with the Housing Bureau. Sixty-two per cent of the cases were brought to court by the Sanitary Police, 10 per cent by the City Bureau of Building Inspection, 7.5 per cent by other City Health Department units and the balance by other city agencies and individuals.

Community Education

The Housing Bureau's city-wide educational program was designed to aid law enforcement in the correction or elimination of substandard housing. An effort was therefore made to inform the public at large of the housing problem, of the newly revised Rules and Regulations Governing the Hygiene of Housing and of their enforcement by the bureau. This was done chiefly in 109 talks and 33 tours which reached an audience of 7,817 persons representing students in public and private schools and colleges and teachers in the City Department of Education Community Study Workshops, as well as church, hospital and civic groups. Printed matter was distributed and audio-visual aids were used.

To improve housing enforcement officer effectiveness, an in-service training session for the field staff was held monthly and a library of relevant material was maintained for bureau personnel. An intensive training program of four weeks duration was given five new inspectors during July and August.

To facilitate law enforcement operations and to encourage the cooperation and participation of owners and residents in the rehabilitation of their neighborhoods, intensive educational and organizational efforts were used. Mention has been made of the establishment of a Neighborhood Council in the Mount Royal Area. Courses in neighborhood rehabilitation were conducted in Pilot Area and Mount Royal Area schools; neighborhood and block meetings were held prior to first inspections in all new areas of law enforcement. Contact was maintained and support offered each neighborhood upon completion of the actual enforcement program.

Housing Bureau displays were designed and shown in the National Home Show in the Fifth Regiment Armory in Baltimore, at a convention of the

National Association of Housing and Redevelopment Officials in Philadelphia, and at selective locations in the Mount Royal rehabilitation area. Broadsheet reprints of two series of articles from the Baltimore *Sunpapers* were published and distributed and with guidance and stimulation from the Housing Bureau, several vacant lots were converted into playgrounds and gardens by interested citizens and students.

The 65 visitors from 14 cities and 6 foreign countries who came to observe the bureau's operation, the requests for information from 62 cities in 29 states and 3 foreign countries, the invitations to address groups in other cities, and radio, television and newspaper coverage of the law enforcement program, attest to the significant contribution the Baltimore City Health Department's Housing Bureau has made in the fight against blight.

Organizational Changes

By action of the Mayor on February 24 Mr. Hans Froelicher, Jr. was appointed Chairman of the Housing Bureau Advisory Council, after having served as Acting Chairman. The Council functioned throughout the year with a membership of eleven until December 14, when the resignation of Mrs. Evelyn H. Samler became effective.

Through the cooperation of the City Department of Public Works the Bureau of Building Inspection assigned two full-time inspectors to the Housing Bureau to expedite the neighborhood rehabilitation program in the Mount Royal Area. Six promotions within the bureau took place during the year, four of which were on the field staff. At the year's end all positions were filled except two in the field and three in the office.

ADVISORY COUNCIL

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MRS. ROBERT DUDLEY
MR. EDGAR M. EWING
MRS. JAMES W. FOSTER
MR. HARRY S. KRUGER
MR. CHARLES A. MOHR
MR. PHILIP NEEDLE
MR. HOWARD J. WHELAN
MR. PAUL C. WOLMAN

Personnel

Franz J. Vidor, B.S., M.C.P., Director
Ross W. Sanderson, Jr., B.A., M.B.A., Assistant Director
Gerald J. Doyle, B.A., B.L.S., Administrative Assistant
Terry J. King, B.A., Educational Director
Luther M. Frantz, Jr., B.A., Senior Statistician

Ellsworth J. Andrews, Supervisor-Housing Enforcement
William M. Gardner, B.S., Supervisor-Housing Enforcement
William K. Marsh, Jr., LL.B., Supervisor-Housing Enforcement

Housing Enforcement Officers I

Solomon Baylor, LL.B.
Stanley J. Kihn, B.S.
Ethel Y. Rice, B.S.
John W. Hall, Jr., B.A.

Housing Enforcement Officers II

George H. Ball
William A. Bevans
Albert J. Blankman, B.S.
Edward J. Brambel, B.A.
Richard J. Brown, B.S.
Harry A. Gail, Jr., A.B.
Roland H. Ganges, B. S.
John E. Hicks
Lewis E. Merchant
June G. Rouse, A.B.
Sander A. Siegel, B.A.
William R. Smith, B.S.
Doris N. Wilson, A.B.
Alexander Woodhouse, B.A.

Anne C. Tremearne, Senior Draftsman
Helen Pfister, Secretary-Stenographer
Phyllis C. Beck, LL.B., Principal Clerk
Bernice T. Caldwell, Senior Clerk
Lois G. Herbert, Senior Clerk
Mildred M. King, Senior Clerk
Helen W. Simmons, B.S., Senior Stenographer
Adelle S. Traub, Senior Stenographer
Doris E. Sullivan, Junior Stenographer
Margaret I. Wiggins, Junior Stenographer
Alberta Stanton, Clerk-Typist

TABLE NO. 1
CUMULATIVE SUMMARY OF ENFORCEMENT ACTIVITIES—HOUSING BUREAU

ENFORCEMENT AREA	CUMULATIVE TOTAL 1940-1954	1940-1950			1951			1952			1953			1954		
		Added	Abated	Carried to 1951	Added	Abated	Carried to 1952	Added	Abated	Carried to 1953	Added	Abated	Carried to 1954	Added	Abated	Carried to 1955
Number of Properties																
Grand Total.....	12,139	na	na	na	na	na	1,084	431	756	759	1,252	1,010	992	2,105	1,656	1,441
Complaints.....	4,449 ¹	na	na	na	na	na	178	281	134	325	373	358	342	481	426	397
Area Total.....	7,690	4,246	3,572	674	791	559	906	150	622	434	879	663	650	1,624	1,230	1,044
Opened 1945-1950 ²	4,246	4,246	3,572	674	..	459	215	..	134	81	..	37	44	..	29	15
(Pilot) Biddle I.....	791	..	..	..	791	100	691	..	483	208	..	136	72	..	48	24
Franklin II.....	801	..	..	..	..	..	..	150	5	145	511	437	219	140	311	48
Druid.....	52	..	..	..	..	..	..	..	..	..	20	14	6	32	10	28
Biddle II.....	604	..	..	..	..	..	..	..	..	..	201	30	171	403	363	211
Amity.....	53	..	..	..	..	..	..	..	..	..	53	8	45	..	44	1
Abbott.....	118	..	..	..	..	..	..	..	..	..	94	1	93	24	108	9
Mt. Royal.....	627	..	..	..	..	..	..	..	..	..	..	..	..	627	246	381
Tenpin.....	398	..	..	..	..	..	..	..	..	..	..	..	..	398	71	327
Number of Blocks																
Area Total.....	248	133	100	33	24	20	37	6	14	29	29	10	48	56	36	68
Opened 1945-1950 ²	133	133	100	33	..	20	13	..	8	6	..	2	3	..	3	..
(Pilot) Biddle I.....	24	..	..	..	24	..	24	..	6	18	..	8	10	..	10	..
Franklin II.....	28	..	..	..	..	..	..	6	..	6	19	..	25	3	21	7
Druid.....	2	..	..	..	..	..	..	..	..	..	1	..	1	1	1	1
Biddle II.....	16	..	..	..	..	..	..	6	..	6	6	..	6	10	..	16
Amity.....	1	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..
Abbott.....	2	..	..	..	..	..	..	..	..	..	2	..	2	..	..	2
Mt. Royal.....	28	..	..	..	..	..	..	..	..	..	..	..	..	28	..	28
Tenpin.....	14	..	..	..	..	..	..	..	..	..	..	..	..	14	..	14

na: Not available.

¹ Includes approximately 3,314 properties (1940-1951).

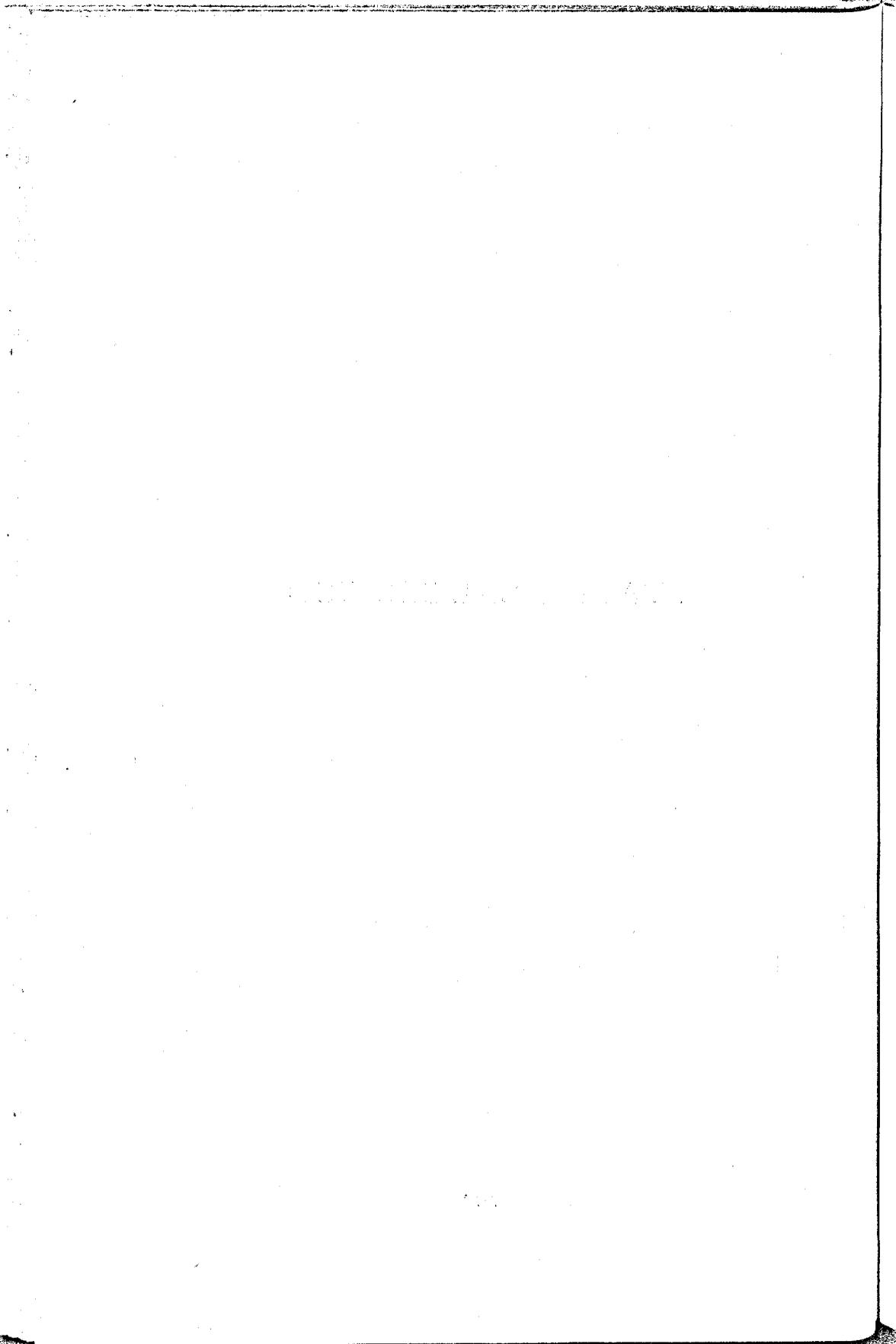
² Sharp Street, Mt. Clare, Urban, Franklin I.

TABLE NO. 2
SUMMARY OF 1954 ENFORCEMENT ACTIVITIES OF THE HOUSING BUREAU

BUREAU ACTIVITIES	GRAND TOTAL	COMPLAINT TOTAL	ENFORCEMENT AREA									
			Area Total	Biddle I (Pilot)	Franklin II	Druid	Biddle II	Amity	Abbott	Mt. Royal	Tenpin	Opened 1945-1950 ¹
First Inspections:												
Blocks.....	56	..	56	..	3	1	10	..	..	28	14	..
Properties.....	2,105	481	1,624	..	140	32	403	..	24	627	398	..
Dwelling Units.....	4,214	788	3,426	..	334	76	538	..	24	1,893	561	..
White.....	1,961	161	1,800	..	3	..	29	..	5	1,618	145	..
Non-white.....	1,929	570	1,359	..	318	76	494	..	17	61	393	..
Vacant.....	324	57	267	..	13	..	15	..	2	214	23	..
Abatements:												
Blocks.....	36	..	36	10	21	1	..	1	..	..	..	3
Properties.....	1,656	426	1,230	48	311	10	363	44	108	246	71	29
Dwelling Units.....	3,023	823	2,220	50	745	30	455	74	126	607	82	31
Active—Dec. 31, 1954:												
Blocks.....	68	..	68	..	7	1	16	..	2	28	14	..
Properties.....	1,441	397	1,044	24	48	28	211	1	9	381	327	15
Dwelling Units.....	2,979	661	2,318	26	132	66	298	1	12	1,286	479	18
Notices:												
Housing.....	2,091	417	1,674	18	132	33	499	1	72	553	348	18
Absentee Owner.....	1,505	395	1,110	13	93	27	328	1	48	307	282	11
Owner Occupant.....	586	22	564	5	39	6	171	..	24	246	66	7
Nuisance.....	1,295	265	1,030	378	109	7	188	7	64	158	115	4
Absentee Owner.....	251	134	117	2	15	..	23	..	5	21	47	4
Owner Occupant.....	17	9	8	..	2	..	2	..	1	1	2	..
Tenant.....	1,027	122	905	376	92	7	163	7	58	136	66	..
Properties Ordered Vacated:												
Posted prior to 1954 and still active Jan. 1, 1954.....	138	108	30	2	7	..	1	3	..	..	..	17
Posted in 1954.....	112	82	30	1	5	..	7	..	1	7	9	..
Abated in 1954.....	75	61	14	..	3	..	2	2	..	3	..	4
Improved.....	58	44	14	..	3	..	2	2	..	3	..	4
Razed.....	13	13	..	..	..	..	..	..	..	..	..	..
Other Use.....	4	4	..	..	..	..	..	..	..	..	..	..
Active Dec. 31, 1954.....	175	129	46	3	9	..	6	1	1	4	9	13
Court Cases:												
Pending Jan. 1, 1954.....	6	3	3	..	3	..	..	..	..	..	..	..
Housing Court.....	..	..	..	..	..	..	..	..	..	..	..	..
Criminal Court.....	6	3	3	..	3	..	..	..	..	..	..	..
Housing Court.....	141	57	84	7	20	4	39	1	3	7	..	3
Dismissed.....	44	21	23	5	9	..	3	1	1	2	..	2
Guilty.....	80	31	49	2	5	..	34	..	2	5	..	1
Pending Dec. 31, 1954.....	1	..	1	..	..	..	1	..	..	..	..	..
Sent to Criminal Court.....	16	5	11	..	6	4	1	..	..	..	..	..
Criminal Court.....	22	8	14	..	9	4	1	..	..	..	..	..
Dismissed.....	5	1	4	..	..	4	..	..	..	..	..	..
Guilty.....	8	3	5	..	4	..	1	..	..	..	..	..
Probation without verdict.....	5	..	5	..	5	..	..	..	..	..	..	..
Pending Dec. 31, 1954.....	4	4	..	..	..	..	..	..	..	..	..	..

¹ Sharp Street, Mt. Clare, Urban, Franklin I.

STATISTICAL SECTION



STATISTICAL SECTION

Matthew Taback, Sc.D.

Director

The research activities of the Statistical Section, severely curtailed in 1953 due to a vacancy in the directorship of the Bureau of Biostatistics, were resumed with the appointment of Mr. Todd M. Frazier in February, 1954. Investigations commenced or completed during 1954 which are worthy of note were:

1. The Baltimore Study on the Hygiene of Housing.
2. An inquiry into the relationship between socioeconomic status and incidence of prematurity among parturient women, made in cooperation with the Division of Maternal and Child Health of the Johns Hopkins School of Hygiene and Public Health.
3. An evaluation of the effect of a period of dental health education upon oral hygiene among school children.
4. A field trial of the efficacy of gamma globulin in the prevention of measles which was a joint study with the Health Officer of the Eastern Health District.
5. Determination of adoption practices which prevailed during the period 1938-1952 and the preparation of a report thereon for the Governor's Commission for the Study of Adoption and Placement Laws.
6. A review of the evidence related to the association of smoking and lung cancer.
7. Design of a dental survey for the purpose of contributing to the epidemiology of dental caries and to determine the relationship between oral hygiene and dental decay.
8. A critical review, on request of local anesthesiologists, of a study by Beecher and Todd relating to anesthetic mortality. This study entitled "A Study of Deaths Associated with Anesthesia and Surgery" was published in the July, 1954 issue of the *Annals of Surgery*.

The section director continued as Secretary to the Joint Anesthesia Study Committee of the City Health Department and the City Medical Society. In addition, he was appointed to a three year term as a member of the Committee on Medical Care of the Maryland State Planning Commission and was requested to assist in a state-wide survey of chronic disease facilities. The report of the Mayor's Commission on Aging and the Problems of the Aged was edited for publication by the section director on request of the Commission's Chairman, Judge T. J. S. Waxter. Results of the deliberations of the Commission were presented in an address at the annual meeting of

the Maryland State Nurses Association. The director also participated in the annual meeting of the State Conference on Social Welfare where he presented a paper entitled "Next Steps in Health Planning." Advice was given to many of the community and church groups on recent and estimated population movements and on the specific health problems of defined population segments.

Personnel

Matthew Taback, Sc.D., Director
Letruce M. Boyle, Senior Stenographer
Dorothy L. Horowitz, Junior Draftsman

BUREAU OF BIOSTATISTICS

Todd M. Frazier, A.B.

Director

On February 18, 1954, Mr. Todd M. Frazier joined the City Health Department staff as Director of the Bureau of Biostatistics, thereby filling the vacancy created when Dr. Matthew Taback, the former director of the bureau, became the Director of the Statistical Section.

Public Health Statistics

The Bureau of Biostatistics, in cooperation with the Bureau of Dental Care, completed a report on the results of the 1952 Dental Survey in Baltimore City. The object of this study, conducted approximately eight months before fluoridation of the city water supply was begun, was to provide standards which could subsequently be used to test the effectiveness of the fluoridation program. Analysis of the observations obtained from dental examination of over 12,000 Baltimore City elementary school children indicated that 50 per cent of white children had one or more decayed, missing or filled permanent teeth by the time they attained the age of six and one-half years. The corresponding value for the nonwhite children shows that 50 per cent had one or more decayed, missing or filled permanent teeth at age of seven and one-half years. By comparing in future surveys the age at which 50 per cent of the examined children have had a caries experience with the 1952 base line values it should be possible to assess the effectiveness of the fluoridation program. The results of this study and recommendations for future studies were presented in the October issue of the *Quarterly Statistical Report*.

As a result of the interest expressed in the question of the role of smoking in lung cancer mortality and lately the more general question of the role of smoking on the survivorship of the older adult, an extensive literature survey was initiated with the objective of studying the nature and implications of the existing evidence. The results of this study will be available in 1955.

In 1953, the Bureau of Biostatistics assumed responsibility for maintaining the basic records for the Joint Anesthesia Study Committee of the Baltimore City Medical Society and the Baltimore City Health Department. During the period August 1, 1953 to July 31, 1954, requests were forwarded to hospitals located in Baltimore City for case reports on all patients who died either the day of or the day after an operation.

The following is a summary of the committee's disposition of these cases:

1. Total number of cases..... 212

2. Number of adequate case reports returned.....	164	(77 per cent)	
a. Considered by screening committee.....	143		
b. Considered at open meeting.....	21		
3. Cases pending.....	48		
4. The role of anesthesia:			
a. Number of cases in which anesthesia contributed to the death of the patient.....	30		
1. As the primary cause.....	7		
2. As one of several contributing factors.....	23		
b. Phase of the anesthetic management principally at fault:			
	<i>Total</i>	<i>Primary</i>	<i>Contributory</i>
Total Care	30	7	23
1. Premedication	0	0	0
2. Choice of Agent or Method	6	3	3
3. Improper Management	19	2	17
4. Improper Resuscitation	3	2	1
5. Post-Operative Medication or Management	2	0	2

The cooperative and enthusiastic support given to this study by members of the medical profession was indicated by the fact that during the first year of activity adequate replies were received for approximately 80 per cent of the cases considered by this committee.

In cooperation with the Bureau of Child Hygiene the Bureau of Biostatistics reviewed the weight chart now in use in nonwhite child health clinics. The limits of normal weight appearing on this chart were developed from measurements of white children and do not necessarily reflect the normal growth profile for nonwhite children. Over 3,000 observations of age and weight which have been obtained from the files of Health Department child health clinics were analyzed in order to develop estimates of the limits of normal weight for the children seen in these clinics. These data will be published in 1955.

During the spring of 1954 more than 150,000 home safety inspection forms were distributed to the school children of Baltimore City in order to (1) alert parents and children to home accident hazards and (2) determine the leading potential hazards to safety in the home. The three most frequently reported hazards to safety in the home can be categorized as being situations of neglect that contribute to disability and death due to falls.

The Bureau of Biostatistics carried on its usual activities as a demographic center for official and nonofficial agencies of Baltimore City concerned with problems necessitating estimates of population characteristics.

Personnel

Todd M. Frazier, A.B., Director
 Margaret E. Amspacher, Principal Statistical Clerk
 Elizabeth V. Steman, Principal Statistical Clerk

Ruth Gees, Senior Clerk
Kenyon Burdick, Tabulating Equipment Supervisor
Louis Mathai, Tabulating Equipment Operator
Helen Boesche, Key Punch Operator
Anna Greengold, Key Punch Operator
Pauline Merryman, Key Punch Operator
Ida M. Padgett, Key Punch Operator
Dorothy Pardoe, Key Punch Operator

BUREAU OF VITAL RECORDS

Sidney M. Norton, B.S.

Director

The total number of official transcripts of births and deaths issued by the Bureau of Vital Records varied only slightly from that of the previous year. A total of 20,951 birth transcripts, 4,762 of which were Certification of Birth-Short Form certificates, represented an increase of slightly over 1,000 copies compared with the number issued in 1953. The total of 42,055 death transcripts issued indicated a decrease of almost three hundred copies from the 1953 figure. The year 1954 also showed a new high in the total of 3,638 Certificates of Record Search issued. These certificates certify the fact that birth or death certificates were not found to be on file in the vital records office. The majority of these cases were requests for transcripts of birth records for persons born prior to 1900, a period when birth registration was incomplete and the techniques for achieving total reporting were still unknown. Another significant increase was noted in the 7,933 verifications of birth, most of which were made to the City Department of Public Welfare and the Probation Department of the Supreme Bench of Baltimore. Nine hundred and eighty-two verifications of death were made for accredited government agencies, a total which showed a very slight decrease from the number issued in 1953. The year also saw a new low record established when only 1,632 Statement of Age cards were issued; the previous low was 2,061 in 1953. These cards verify the name, date of birth and the date of original filing of the birth records of children for whom these facts must be furnished for school admission, employment, and participation in juvenile recreational programs.

Services involved in replacing birth records on the basis of legal adoption, legitimation following the intermarriage of the parents of out-of-wedlock children, and adjudication of paternity following bastardy proceedings in the Criminal Court of Baltimore or in the Domestic Relations Department, all made possible by statutory provisions, accounted for 845 changes in birth records. Of these, 632 records pertained to adopted children, 66 per cent of whom were under six years of age, 203 certificates were for legitimated children 71 per cent of whom were also under six years of age and 10 records were for children whose paternity was established by filiation proceedings.

Four hundred and seven delayed birth certificates were registered for persons whose birth records were not filed after birth by the attendants. The majority of these certificates were for persons in the age group eligible

for social security benefits and for those who required evidence of citizenship for passport purposes. A new low mark was made in the 10 cases of unreported births for children in the 1 to 5 age group whose birth certificates were not registered. In these cases there was neither a physician nor midwife in attendance at the birth, and the child was delivered by a friend or relative of the mother.

A good index of the volume of cases handled by the bureau and of the services rendered was reflected in the 9,318 corrections made on birth certificates and the 362 alterations effected on death certificates. During the year 7,208 interviews were also held for all types of corrections on vital records, and detailed instructions were sent out in reply to the 3,217 mail requests for information on how to go about correcting or changing specific items on birth or death certificates.

It was interesting to note that 11,347 Notification of Birth Registration records were sent to nonresident mothers. This indicated that approximately 33 per cent of all the babies born in Baltimore City were born to nonresident families. These facts were significant because they showed an increasing number of births to county residents whose communities did not have adequate hospital facilities for maternity patients, with the result that such county residents came to the city to deliver their children.

The Birth Record Correction Advisory Service, sponsored jointly by the Baltimore City Health Department and the Legal Aid Bureau, completed its fifth successful year of operation. During the year 177 cases were handled as follows: Twenty-nine cases dealt with adoption, 33 cases related to legitimation, 7 cases involved adjudication of paternity, 13 cases dealt with legal change of name, 5 cases involved change of names of illegitimate children on the basis of usage, 61 cases dealt with other types of corrections made on birth records, 22 cases were concerned with delayed birth registration, and 7 cases were referred to other registration jurisdictions. Nine persons were referred to the Legal Aid Bureau for further assistance and 8 persons were advised to obtain the services of private attorneys.

Beginning November 1 funeral directors who applied for Burial-Transit Permits after regular business hours were required to obtain them at the Office of the Chief Medical Examiner, formerly the City Morgue. This change was made to accommodate funeral directors who had to arrange for shipping the remains of deceased persons out of Baltimore during late evening or early morning hours, and to assist nonresident funeral directors who came to Baltimore to remove dead human bodies for burial in their respective towns and cities.

The bureau director collaborated with the Director of the Statistical Section in an article on adoption practices in Baltimore for the period 1938-1952 which the University of Chicago School of Social Work will publish in

the March 1955 issue of its *Social Service Review*. Data contained in the study were of inestimable value and assistance to the Governor's Commission on the Study of the Adoption and Placement Laws. The report emphasized the necessity for tighter controls in adoptions made without agency participation by parents unrelated to the child particularly when the child to be adopted was less than one year of age. The study concluded with a recommendation for a rigorous adoption statute to provide for placement only through accredited child placement agencies.

The bureau director, in connection with his activities with the Public Health Conference on Records and Statistics, prepared digests of the statutory provisions and procedures for legitimation as carried out in all the States, Territories, and independent registration areas. He was elected Representative of Region II of the American Association of Registration Executives and the Public Health Conference on Records and Statistics. Region II comprises the registration and statistical offices of Health Departments for the States of Maryland, Delaware, Pennsylvania, New Jersey and New York, and the independent registration areas for Baltimore and New York City.

Table No. 1 contains comparable data for selected vital records activities for the period 1945 to 1954. The table briefly summarizes the main work of the bureau and is a good indication of the number of persons helped in this phase of City Health Department work.

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 Myers, Senior Clerk
Josephine A. Roemer, Senior Clerk
Linda D. Whitney, Senior Clerk
Margaret Kaiser, Principal Addressograph Operator
Laurabel Diezel, Clerk-Typist
Margaret Lyons, Clerk-Typist
Ruth Maltz, Clerk-Typist
Gloria Van, Clerk-Typist
Antoinette Ferraro, Junior Typist
John P. Boyle, Chauffeur
James H. Carter, Chauffeur

TABLE NO. 1
SELECTED VITAL RECORDS ACTIVITIES FOR THE PERIOD 1945-1954

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
1954	20,951*	42,055	3,638	7,933	982	1,632	10	407	632	203
1953	19,936**	42,339	3,394	7,412	1,028	2,061	13	429	639	235
1952	20,408***	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

na—Data not available

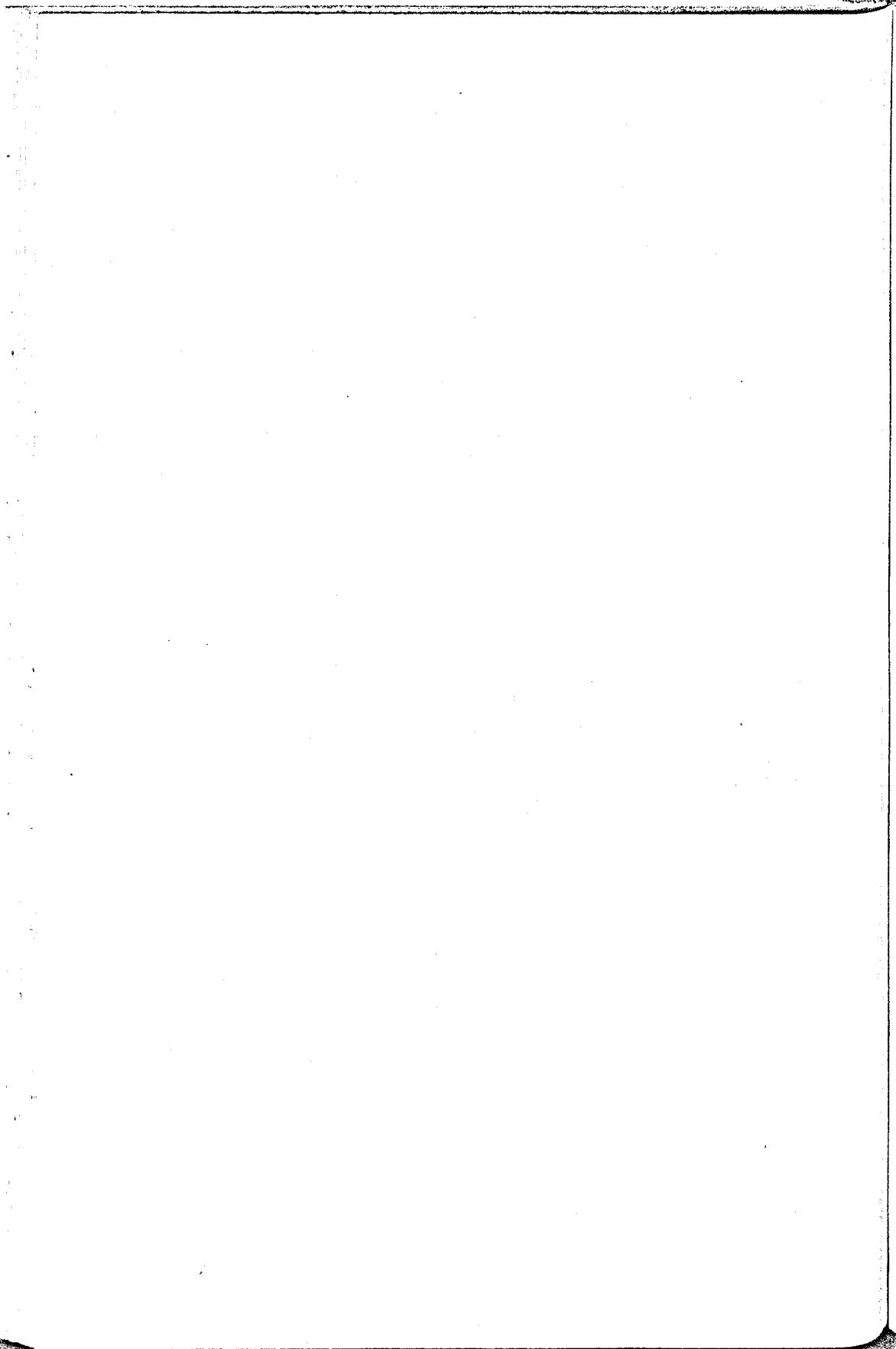
* Includes 4,762 Certification of Birth-Short Form.

** Includes 5,126 Certification of Birth-Short Form.

*** Includes 5,517 Certification of Birth-Short Form.

† Statement of Births and Deaths Not Found on File.

‡ Includes 10 Cases of Adjudication of Paternity.



VITAL STATISTICS TABLES

1954

- TABLE NO. 1. ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION BY COLOR, BALTIMORE, MARYLAND—1930-1954.
- TABLE NO. 2A. RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR, 1935-1954.
- TABLE NO. 2B. RECORDED MARRIAGES BY AGE OF GROOM AND BRIDE: TOTAL, WHITE, COLORED, BALTIMORE—1954.
- TABLE NO. 3A. RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1954.
- TABLE NO. 3B. RESIDENT LIVE BIRTHS BY MONTH AND BY BIRTH-WEIGHT ACCORDING TO COLOR AND SEX—1954.
- TABLE NO. 4. MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1936-1954.
- TABLE NO. 5. RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1954.
- TABLE NO. 6. RECORDED AND RESIDENT DEATHS BY INSTITUTION AND COLOR—1954.
- TABLE NO. 7. RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1954.
- TABLE NO. 8. RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1954.
- TABLE NO. 9. RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1954.
- TABLE NO. 10. ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE: BALTIMORE—1954.
- TABLE NO. 11. RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1940-1954.
- TABLE NO. 12. CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1954.
- TABLE NO. 13. REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1954.

TABLE NO. 1
ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000
POPULATION BY COLOR, BALTIMORE, MARYLAND—1930-1954

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
1954	966,000	708,000	258,000	23,523	14,949	8,574	24.4	21.1	33.2	10,242	7,506	2,736	10.6	10.6	10.6
1953	963,500	715,800	247,700	22,748	14,628	8,120	23.6	20.4	32.8	10,762	8,044	2,718	11.2	11.2	11.0
1952	962,300	721,400	240,900	22,775	14,989	7,786	23.7	20.8	32.3	11,237	8,280	2,957	11.7	11.5	12.3
1951	954,800	721,400	233,400	22,630	14,938	7,692	23.7	20.7	33.0	10,885	7,996	2,889	11.4	11.1	12.4
1950	950,000	723,000	227,000	21,382	14,168	7,214	22.5	19.6	31.8	10,824	7,835	2,789	11.2	10.8	12.3
1949	947,000	727,300	219,700	21,406	14,507	6,899	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	8,522	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

STATISTICAL SECTION

TABLE NO. 2A
RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR
1935-1954

YEAR	NUMBER			RATE		
	Total	White	Colored	Total	White	Colored
1954.....	10,707	7,553	3,154	11.1	10.7	12.2
1953.....	11,824	8,259	3,565	12.3	11.5	14.4
1952.....	12,206	8,636	3,570	12.7	12.0	14.8
1951.....	12,851	9,108	3,743	13.5	12.6	16.0
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	6,589	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—1954

AGE OF GROOM	AGE OF BRIDE							
	All Ages	15-19	20-24	25-29	30-34	35-44	45-64	65 and over
All Ages.....	10,707	2,907	3,392	1,473	963	1,185	733	54
15-19.....	883	777	86	..	..	..	..	..
20-24.....	3,742	1,723	1,786	192	32	9	..	..
25-29.....	2,289	337	1,116	600	187	49	..	..
30-34.....	1,209	61	283	381	330	157	7	..
35-44.....	1,314	16	112	258	314	545	68	1
45-64.....	1,125	3	9	42	98	404	558	11
65 and over.....	165	..	..	..	2	21	100	42
WHITE								
All Ages.....	7,553	2,159	2,500	1,004	607	745	497	41
15-19.....	582	526	56	..	..	..	..	..
20-24.....	2,820	1,323	1,329	143	20	5	..	..
25-29.....	1,674	252	832	431	127	32	..	..
30-34.....	797	41	199	241	206	107	3	..
35-44.....	850	15	79	165	194	350	47	..
45-64.....	711	2	5	24	60	239	373	8
65 and over.....	119	..	..	..	..	12	74	33
COLORED								
All Ages.....	3,154	748	892	469	356	440	236	13
15-19.....	281	251	30	..	..	..	..	..
20-24.....	922	400	437	49	12	4	..	..
25-29.....	615	85	284	169	60	17	..	..
30-34.....	412	10	84	140	124	50	4	..
35-44.....	464	1	33	93	120	195	21	1
45-64.....	414	1	4	18	38	165	185	3
65 and over.....	46	..	..	..	2	9	26	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—1954

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	34,299	25,098	9,201	657	411	246	23,523	14,949	8,574	480	248	232
Hospital	33,459	24,831	8,628	610	392	218	22,686	14,682	8,004	435	231	204
Baltimore City Hospitals	4,338	617	3,721	71	14	57	4,270	579	3,691	69	14	55
Bon Secours Hospital	1,819	1,816	3	31	31	..	975	974	1	13	13	..
Church Home and Hospital	988	988	..	19	18	1	392	392	..	12	11	1
Doctors Hospital	835	831	4	20	20	..	495	491	4	15	6	9
Franklin Square Hospital	653	461	192	19	9	10	467	299	168	16	16	..
Hospital for Women of Maryland ..	2,531	2,527	4	34	34	..	1,448	1,444	4	20	20	..
Johns Hopkins Hospital	2,832	1,442	1,390	68	21	47	1,855	754	1,101	49	9	40
Lutheran Hospital of Maryland	2,659	2,652	7	36	35	1	1,620	1,614	6	21	20	1
Maryland General Hospital	1,494	1,492	2	28	28	..	711	711	..	11	11	..
Mercy Hospital	2,540	2,540	..	29	29	..	1,578	1,578	..	18	18	..
Provident Hospital	1,288	..	1,288	39	..	39	1,077	..	1,077	37	..	37
St. Agnes Hospital	1,377	1,377	..	16	16	..	629	629	..	4	4	..
St. Joseph's Hospital	1,311	1,310	1	54	48	6	816	815	1	36	30	6
Sinai Hospital	3,074	2,709	365	42	39	3	2,121	1,800	321	29	28	1
South Baltimore General	777	774	3	9	9	..	550	549	1	6	6	..
Union Memorial Hospital	1,820	1,814	6	17	16	1	988	983	5	11	10	1
University Hospital	3,123	1,481	1,642	77	24	53	2,105	664	1,441	61	12	49
Other institutions .....	..	..	..	1	1	..	..	..	..	1	1	..
Out of city hospitals .....	..	..	..	..	..	..	589	406	183	6	2	4
Home	840	267	573	47	19	28	837	267	570	45	17	28
Physician	541	209	332	29	6	23	548	215	333	29	6	23
Midwife	254	39	215	1	..	1	259	40	219	1	..	1
Other	45	19	26	17	13	4	30	12	18	15	11	4

TABLE NO. 3B
RESIDENT LIVE BIRTHS BY MONTH AND BY BIRTHWEIGHT ACCORDING
TO COLOR AND SEX—1954

MONTH	TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
TOTAL	23,523	14,949	7,608	7,341	8,574	4,283	4,291
January.....	1,995	1,287	658	629	708	356	352
February.....	1,783	1,168	566	602	615	315	300
March.....	1,861	1,184	630	554	677	320	357
April.....	1,755	1,174	562	612	581	290	291
May.....	1,780	1,148	580	568	632	321	311
June.....	1,876	1,189	613	576	687	347	340
July.....	2,150	1,336	657	679	814	384	430
August.....	2,149	1,312	680	632	837	441	396
September.....	2,121	1,335	668	667	786	384	402
October.....	2,092	1,320	692	628	772	375	397
November.....	1,964	1,229	660	569	735	376	359
December.....	1,997	1,267	642	625	730	374	356
Birthweight:							
Total.....	23,523	14,949	7,608	7,341	8,574	4,283	4,291
1500 grams and below.....	387	178	97	81	209	107	102
1501-2000 grams.....	432	224	109	115	208	105	103
2001-2500 grams.....	1,559	812	364	448	747	326	421
2501-3000 grams.....	5,334	2,904	1,282	1,622	2,430	1,063	1,367
3001-3500 grams.....	9,070	5,895	2,868	3,027	3,175	1,610	1,565
3501-4000 grams.....	5,146	3,727	2,108	1,619	1,419	844	575
4001-4500 grams.....	1,237	967	618	349	270	165	105
4501-5000 grams.....	218	167	121	46	51	33	18
5001 grams and over.....	16	11	7	4	5	4	1
Weight not stated.....	124	64	34	30	60	26	34

TABLE NO. 4
MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—
1936-1954

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												
1954.....	13	2	11	408	214	194	751	387	364	548	302	246
1953.....	7	1	6	391	222	161	687	385	302	513	306	207
1952.....	12	2	10	435	240	193	635	314	321	446	239	207
1951.....	10	5	5	456	249	207	674	373	301	497	291	206
1950.....	18	8	10	460	270	190	581	307	274	425	240	185
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	200	149
1944.....	40	30	10	683	417	261†	766	478	288	472	313	159
1943.....	34	17	17	740	439	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
DEATH RATES**												
1954.....	5.5	1.3	12.8	17.3	14.3	22.6	31.9	25.9	42.5	23.3	20.2	28.7
1953.....	3.1	0.7	7.4	17.2	15.2	19.8	30.2	26.3	37.2	22.5	20.9	25.5
1952.....	5.3	1.3	12.8	19.1	16.0	24.8	27.9	20.9	41.2	19.6	15.9	26.6
1951.....	4.4	3.3	6.5	20.1	16.7	26.9	29.8	25.0	39.1	22.0	19.5	26.8
1950.....	8.4	5.6	13.9	21.5	19.0	26.3	27.2	21.7	38.0	19.9	16.9	25.6
1949.....	4.7	2.1	10.0	24.2	20.5	31.9	31.3	26.5	41.1	21.9	19.2	27.5
1948.....	10.9	9.1	15.0	25.9	20.5	38.2	28.7	24.9	37.3	21.7	19.1	27.6
1947.....	10.8	5.6	25.8	28.3	21.3	48.6	32.7	28.5	44.9	23.0	20.5	30.3
1946.....	12.3	8.2	24.5	30.1	22.2	53.5	35.5	30.2	51.3	26.3	22.4	38.1
1945.....	15.1	12.8	22.0	34.5	26.5	58.1	39.7	32.8	59.9	24.6	21.8	32.8
1944.....	21.2	21.4	20.8	36.3	29.7	54.2	40.7	34.1	59.9	25.1	22.3	33.1
1943.....	16.1	10.6	34.2	35.1	27.9	55.6	46.2	38.5	71.1	26.3	24.1	33.2
1942.....	17.7	11.9	36.6	39.5	30.6	66.1	39.5	34.2	56.4	24.8	23.1	30.1
1941.....	22.5	17.7	36.5	40.9	34.1	58.9	49.6	37.9	83.5	26.4	22.8	36.7
1940.....	20.4	14.8	36.0	47.0	36.9	73.4	46.7	38.3	70.4	27.8	23.8	39.1
1939.....	35.9	30.4	51.3	51.7	43.7	73.9	40.8	32.8	63.1	24.0	21.1	32.0
1938.....	33.3	29.3	45.2	44.7	41.3	54.6	51.7	43.4	76.6	27.6	24.2	37.7
1937.....	33.6	29.9	44.5	46.7	41.9	60.4	53.1	41.9	86.1	27.8	23.8	39.7
1936.....	41.5	39.0	49.2	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.

** Maternal mortality rates are per 10,000 live births; fetal and infant death rates are per 1,000 live births

TABLE NO. 6
RECORDED AND RESIDENT DEATHS BY INSTITUTION AND COLOR—1954

PLACE OF DEATH	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
Grand total.....	11,187	8,485	2,702	10,242	7,506	2,736
Institutional.....	7,684	5,715	1,969	6,643	4,671	1,972
Baltimore City Hospitals.....	691	391	300	620	329	291
Bon Secours Hospital.....	140	140	..	94	94	..
Church Home and Hospital.....	159	159	..	89	89	..
Franklin Square Hospital.....	236	172	64	205	143	62
Johns Hopkins Hospital.....	1,097	623	474	753	348	405
Lutheran Hospital of Maryland.....	338	317	21	267	246	21
Maryland General Hospital.....	284	275	9	217	208	9
Mercy Hospital.....	436	365	71	332	267	65
Provident Hospital.....	366	3	363	351	3	348
St. Agnes Hospital.....	305	305	..	160	160	..
St. Joseph's Hospital.....	449	403	46	375	330	45
Sinai Hospital.....	367	350	17	308	295	13
South Baltimore General Hospital.....	313	249	64	238	180	58
Union Memorial Hospital.....	515	512	3	335	332	3
U. S. Public Health Service Hospital...	112	104	8	38	34	4
University of Maryland Hospital.....	901	508	393	602	257	345
Other city institutions.....	975	839	136	773	655	118
Institutions in Maryland Counties.....	..	..	..	789	625	164
Out of State institutions.....	..	..	..	97	76	21
Non-institutional.....	3,503	2,770	733	3,599	2,835	764
Home.....	3,388	2,697	691	3,492	2,770	722
Other.....	115	73	42	107	65	42

TABLE NO. 7
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1954

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 W C	751 387 364	297 159 138	186 114 72	65 29 36	82 31 51	72 35 37	49 19 30
053.4	Septicemia, organism unspecified	W C	1 1	.. ..	.. ..	.. ..	.. ..	1 ..	.. 1
057.1	Meningococcemia, acute and unspecified	W	2	..	..	..	..	1	1
204.1	Myeloid leukemia	W	1	..	..	..	..	1	..
223	Benign neoplasm of brain and other parts of the nervous system	C	1	..	..	..	..	1	..
228	Hemangioma and lymphangioma	C	1	..	1	..	..	..	..
229	Benign neoplasm of other and unspecified organs and tissues	C	1	..	..	1	..	..	..
241	Asthma	C	1	..	..	..	..	..	1
274	Diseases of the adrenal glands	C	1	..	..	..	1	..	..
	Meningitis, except meningococcal and tuberculous:								
340.0	<i>H. Influenas</i>	W	1	..	..	..	..	1	..
340.1	Pneumococcus	W	1	..	..	..	..	..	1
340.3	With no organism specified as cause	W	2	..	..	..	1	1	..
344.1	Hydrocephalus, NOS	W	1	..	..	..	..	..	1
	Epilepsy:								
353.2	Status epilepticus	C	1	..	..	..	..	..	1
353.3	Other and unspecified (except grand and petit)	C	1	..	..	..	..	..	1
	Otitis media without mention of mastoiditis:								
391.0	Acute	C	5	..	..	..	4	..	1
391.2	Unspecified	W C	4 4	.. ..	.. ..	.. ..	2 1	1 2	1 1
	Acute upper respiratory infection of multiple or unspecified sites								
475		W C	2 2	.. ..	.. ..	.. ..	1 1	1 ..	.. 1
481	Influenza with other respiratory manifestations, and influenza unqualified	W	1	..	..	..	..	..	1
	Pneumonia:								
490	Lobar	W C	4 4	.. ..	.. ..	.. ..	1 3	3 1	....
491	Broncho	W C	6 20	.. ..	.. ..	.. ..	2 10	3 5	1 5
492	Primary, atypical	W C	7 23	.. ..	.. ..	.. ..	5 7	2 11	.. 4
493	Other and unspecified	W	2	..	..	..	1	..	1
	Bronchitis, acute								
500		W C	2 2	.. ..	.. ..	.. ..	.. 1	1 1	1 1
501	Unqualified	C	2	..	..	..	1	1	..
525	Other chronic interstitial pneumonia	W C	1 3	.. ..	.. ..	.. ..	1 2	.. ..	.. 1
500.2	Umbilical hernia of abdominal cavity without mention of obstruction	W	2	..	2	..	..	..	..
	Hernia without mention of obstruction, of site other than inguinal, femoral or ventral								
500.4		W C	1 1	1 1	....	....	....	....	....

TABLE NO. 7—Continued
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1954

INTER- NATIONAL 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
570.1	Paralytic ileus	W	1	..	..	..	1	..	..
570.3	Volvulus	C	1	..	..	..	1	..	..
570.4	Impaction of intestine	W	1	..	..	1	..	..	..
570.5	Intestinal obstruction without mention of hernia, other than the aforementioned or intussusception, or mesenteric infarction	W	1	..	..	..	1	..	..
571.0	Gastro-enteritis and colitis, except ulcerative	W C	3 13	.. ..	.. ..	.. ..	.. 4	2 3	1 6
586	Other diseases of the gallbladder and biliary duct	C	1	..	..	..	..	1	..
591	Nephritis with edema, including nephrosis	C	1	..	..	..	..	1	..
744.2	Other diseases of muscle, tendon and fascia	C	2	2	..	..	..	..	..
750	Monstrosity	W C	6 1	5 1	1..	....	....	....	....
751	Spina bifida and meningocele	W C	9 3	1 ..	1 ..	3 ..	1 1	2 2	1 ..
752	Congenital hydrocephalus	W C	7 1	2 ..	1 ..	1 ..	1 ..	1 1	1 ..
753.1	Other congenital malformations of nervous system and sense organs (except congenital cataract)	W	4	..	..	1	1	1	1
754.0	Tetralogy of Fallot	W	1	..	..	..	..	1	..
754.1	Patent ductus arteriosus (Botalli)	W	3	..	1	1	1	..	..
754.2	Interventricular septal defect	W C	3 1	.. ..	1 ..	1 ..	.. ..	.. 1	1 ..
754.3	Interauricular septal defect	W C	2 3	.. 3	.. ..	.. ..	1 ..	1..	....
754.4	Other and unspecified malformations of heart	W C	23 13	6 1	6 2	4 2	2 5	3 1	2 2
754.6	Other circulatory malformations (except coarctation of aorta)	W	1	..	..	..	1	..	..
756.1	Imperforate anus	W	1	..	..	1	..	..	..
756.2	Other congenital malformations of digestive system (except hypertrophic pyloric stenosis)	W C	3 4	.. ..	2 2	1 1	.. 1	....	....
757.1	Polycystic disease of kidney	W C	1 2	1 ..	.. 1	.. 1	....	....	....
758.3	Brittle bones	W	1	1	..	..	..	..	..
758.6	Congenital malformations of bone and joint	W	1	..	..	..	..	..	1
759.3	Other and unspecified congenital malformations, not elsewhere classified	W C	6 3	5 1	.. 1	1 ..	.. ..	.. ..	.. 1
760	Intracranial and spinal injury at birth	W C	34 28	12 11	16 13	3 2	2 1	1 1	....

TABLE NO. 7—Concluded
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1954

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
781	Other birth injury	W	25	17	7	..	..	1	..
		C	13	10	2	1	..	..	..
782	Postnatal asphyxia and atelectasis	W	59	28	29	1	1	..	..
		C	34	21	10	3	..	..	..
783	Pneumonia of newborn	W	10	..	4	5	1	..	..
		C	16	..	5	11	..	..	..
784	Diarrhea of newborn	C	2	..	..	2	..	..	..
786	Pemphigus neonatorum	C	1	..	..	1	..	..	..
788	Other sepsis of newborn	W	4	..	2	1	1	..	..
		C	7	1	2	4	..	..	..
789.4	Neonatal disorders arising from maternal toxemia: Unspecified cause, without mention of immaturity	C	1	1	..	..	..	..	..
789.5	Toxemia of pregnancy, with immaturity	W	4	3	1	..	..	..	..
770	Hemolytic disease of newborn (erythroblastosis)	W	5	4	1	..	..	..	..
		C	1	1	..	..	..	..	..
771	Hemorrhagic disease of newborn	W	1	1	..	..	..	..	..
772	Nutritional maladjustment	W	3	..	2	..	..	1	..
		C	7	..	..	2	2	2	1
773	Ill-defined diseases peculiar to early infancy	W	1	1	..	..	..	..	..
		C	3	2	1	..	..	..	..
774	Immaturity with mention of any other subsidiary condition	W	1	..	1	..	..	..	..
		C	3	3	..	..	..	..	..
776	Immaturity, unqualified	W	108	68	34	4	2	..	..
		C	112	76	31	3	2	..	..
785.2	Jaundice	C	1	..	..	1	..	..	..
795.5	Ill-defined and unknown causes of mortality	W	4	1	1	..	..	2	..
		C	3	..	1	1	..	1	..
825	Motor vehicle traffic accident of unspecified nature	C	2	..	..	..	1	..	1
916	Accident caused by fire and explosion of combustible material	W	2	..	..	..	..	2	..
		C	1	..	..	..	..	..	1
921	Inhalation and ingestion of food causing obstruction or suffocation	W	3	..	1	..	..	1	1
		C	1	..	..	..	1	..	..
924	Accidental mechanical suffocation in bed and cradle	W	3	..	..	..	..	1	2
926	Lack of care of infants	C	1	1	..	..	..	..	..
932	Excessive cold	C	2	..	..	..	2	..	..
982	Assault by cutting and piercing instruments	C	1	1	..	..	..	..	..
983	Assault by other means	W	2	2	..	..	..	..	..
		C	1	1	..	..	..	..	..

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1954

INTER-NATIONAL LIST NO.	CAUSE OF DEATH	TOTALS		AGE GROUPS																						
		Grand Total	By Color	By Sex	Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over
					W	C	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
140-205	Malignant neoplasms	1,708	1,336 W 372 C	737 M 599 F	1	4	2	1	1	2	2	3	4	7	5	11	23	45	55	68	121	188	95	75	51	24
140-148	Malignant neoplasm of buccal cavity and pharynx	43	33 W 10 C	27 M 6 F																						
150	Malignant neoplasm of esophagus	41	29 W 12 C	27 M 2 F																						
151	Malignant neoplasm of stomach	166	109 W 57 C	72 M 37 F																						
152-153	Malignant neoplasm of intestine, except rectum	171	143 W 28 C	57 M 86 F																						
154	Malignant neoplasm of rectum	81	64 W 17 C	34 M 30 F																						

II—NEOPLASMS

TABLE NO. 9
RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR
CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1954

CAUSE OF DEATH	RECORDED						RESIDENT					
	Number			Rate per 100,000 Population*			Number			Rate per 100,000 Population*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
All Causes	11,187	8,485	2,702	11.6	12.0	10.5	10,242	7,506	2,736	10.6	10.6	10.6
Tuberculosis, all forms (001-019).....	165	66	99	17.1	9.3	38.4	199	92	107	20.6	13.0	41.5
<i>Respiratory tuberculosis (001-008)</i>	152	65	87	15.7	9.2	35.7	187	90	97	19.4	12.7	37.6
Syphilis (020-029).....	51	14	37	5.3	2.0	14.3	57	14	43	5.9	2.0	16.7
Typhoid fever (040).....	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery (045-048).....	1	..	1	0.1	..	0.4	1	..	1	0.1	..	0.4
Other infective diseases of the intestinal tract (041-044, 049)	4	4	..	0.4	0.6	..	2	2	..	0.2	0.3	..
Scarlet fever and streptococcal sore throat (050-051).....	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (055).....	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough (056).....	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infections (057).....	6	4	2	0.6	0.6	0.8	5	4	1	0.5	0.6	0.4
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	15	9	6	1.6	1.3	2.3	11	5	6	1.1	0.7	2.3
Poliomyelitis, acute (080-081).....	6	6	..	0.6	0.8	..	1	1	..	0.1	0.1	..
Encephalitis (082-083).....	1	1	..	0.1	0.1	..	2	2	..	0.2	0.3	..
Smallpox (084).....	..	..	..	..	..	..	..	..	..	..	..	..
Measles (095).....	5	4	1	0.5	0.6	0.4	3	2	1	0.3	0.3	0.4
Other virus diseases (086-096)	5	3	2	0.5	0.4	0.8	4	2	2	0.4	0.3	0.8
Typhus and rickettsial diseases (100-108).....	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..
Other infective and parasitic diseases (110-138).....	6	3	3	0.6	0.4	1.2	6	2	4	0.6	0.3	1.6
Malignant neoplasms (140-205).....	1,951	1,580	371	202.0	223.2	143.8	1,708	1,336	372	176.8	188.7	144.2
<i>Lymphatic and hematopoietic (200-205)</i>	175	144	31	18.1	20.3	12.0	126	96	30	13.0	13.6	11.6
Benign and unspecified neoplasms (210-239).....	46	34	12	4.8	4.8	4.7	33	20	13	3.4	2.8	5.0
Diabetes (280).....	200	165	35	20.7	23.3	13.6	180	145	35	18.6	20.5	13.6
Anemias (290-293).....	23	13	10	2.4	1.8	3.9	16	8	8	1.7	1.1	3.1
Other diseases of the blood and blood-forming organs (294-299).....	13	12	1	1.3	1.7	0.4	8	7	1	0.8	1.0	0.4
Vascular lesions of the central nervous system (330-334).....	855	670	185	88.5	94.6	71.7	827	640	187	85.6	90.4	72.5
Rheumatic fever (400-402).....	16	10	6	1.7	1.4	2.3	15	8	7	1.6	1.1	2.7
Diseases of the heart (410-443)	4,398	3,525	873	455.3	497.9	338.4	4,262	3,361	901	441.2	474.7	349.2
<i>Chronic rheumatic heart disease (410-416)</i>	138	114	24	14.3	16.1	9.3	118	93	25	12.2	13.1	9.7
<i>Arteriosclerotic and degenerative heart disease (420-422)</i>	3,021	2,618	403	312.7	369.8	158.2	2,957	2,531	426	306.1	357.5	165.1
<i>Other diseases of the heart (430-434)</i>	97	78	19	10.0	10.7	8.1	85	65	20	8.8	9.2	7.8
<i>Hypertensive heart disease (440-445)</i>	1,148	717	425	118.2	101.3	164.7	1,109	672	430	114.1	94.9	166.7

* Death rates for all causes are per 1,000 population and for puerperal causes are per 10,000 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—1954

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).....	108	67	41	11.2	9.5	15.9	94	57	37	9.7	8.1	14.3
Arteriosclerosis (450).....	147	116	31	15.2	16.4	12.0	157	122	35	16.3	17.2	13.6
Other diseases of the circulatory system (451-468).....	136	110	26	14.1	15.5	10.1	103	79	24	10.7	11.2	9.3
Nephritis and nephrosis (590-594).....	141	88	53	14.6	12.4	20.5	124	67	57	12.8	9.5	22.1
Acute nephritis and nephritis with edema, including nephrosis (590-591).....	17	9	8	1.8	1.3	3.1	14	4	10	1.4	0.6	3.9
Influenza and pneumonia (480-483, 490-493).....	287	161	126	29.7	22.7	48.8	276	152	124	28.6	21.5	48.1
Pneumonia (490-493).....	281	157	124	29.1	22.2	48.1	273	150	123	28.3	21.2	47.7
Bronchitis (500-502).....	21	16	5	2.2	2.3	1.9	21	15	6	2.2	2.1	2.3
Ulcer of the stomach and duodenum (540-542).....	88	73	15	9.1	10.3	5.8	65	52	13	6.7	7.3	5.0
Appendicitis (550-553).....	19	14	5	2.0	2.0	1.9	15	12	3	1.6	1.7	1.2
Intestinal obstruction and hernia (560-570).....	98	75	23	10.1	10.6	8.9	86	67	19	8.9	9.5	7.4
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	42	24	18	4.3	3.4	7.0	37	20	17	3.8	2.8	6.6
Cirrhosis of the liver (581).....	158	138	20	16.4	19.5	7.8	146	125	21	15.1	17.7	8.1
Hyperplasia of prostate (610).....	32	27	5	3.3	3.8	1.9	24	19	5	2.5	2.7	1.9
Puerperal causes (640-689).....	18	7	11	5.2	2.8	12.0	13	2	11	5.5	1.3	12.8
Congenital malformations (750-759).....	227	184	43	23.5	26.0	16.7	132	93	39	13.7	13.1	15.1
Certain diseases of early infancy (760-776).....	645	399	246	66.8	56.4	95.3	483	255	228	50.0	36.0	83.4
Pneumonia of newborn (763).....	29	12	17	3.0	1.7	6.6	26	10	16	2.7	1.4	6.2
Diarrhea of newborn (764).....	3	1	2	0.3	0.1	0.8	2	..	2	0.2	..	0.8
Senility, ill-defined and unknown conditions (780-795).....	44	31	13	4.6	4.4	5.0	36	26	10	3.7	3.7	3.9
All other diseases.....	500	363	137	51.9	51.3	53.5	446	307	139	46.3	43.4	54.3
Accidents, total (800-962).....	501	365	136	51.8	51.6	52.3	450	291	159	46.5	41.1	61.2
Motor vehicle accidents (810-856).....	179	130	49	18.5	19.2	16.7	141	80	61	14.6	12.1	21.3
Home accidents.....	177	124	53	18.2	17.5	20.2	149	96	53	15.3	13.6	20.2
Occupational accidents.....	45	33	12	4.7	4.7	4.7	39	26	13	4.0	3.7	5.0
All other accidents.....	100	72	28	10.4	10.2	10.9	121	83	38	12.5	11.7	14.7
Suicides (963, 970-979).....	103	76	27	10.7	10.7	10.5	97	68	29	10.0	9.0	11.2
Homicides (984, 980-985).....	104	27	77	10.8	3.8	29.8	96	25	71	9.9	3.5	27.5

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

RESIDENT	DIPHTHERIA						INFLUENZA						TUBERCULOSIS, ALL FORMS					
	3	2	1	0.3	0.3	0.4	199	107	20.6	13.0	41.5	
1884.....	..	..	..	..	..	..	33	9	0.3	3.3	3.6	268	139	20.6	13.0	41.5
1885.....	1	..	..	0.1	..	..	20	9	3.4	3.3	3.7	268	129	27.8	13.4	52.1
1886.....	..	1	..	0.1	..	..	11	9	2.1	1.5	3.7	416	242	27.8	13.4	52.1
1887.....	..	..	..	0.4	..	..	13	9	1.4	1.2	1.7	497	255	43.2	24.1	122.1
1888.....	3	..	..	0.4	..	..	27	6	2.8	2.9	2.6	536	301	58.4	32.5	132.9
1889.....	..	..	..	0.9	..	..	16	9	1.7	1.2	3.2	597	246	63.0	33.8	139.9
1890.....	2	..	..	0.3	..	..	22	9	2.3	1.2	6.1	639	360	67.8	38.3	188.2
1891.....	..	..	..	0.2	..	..	9	13	3.8	2.6	8.2	699	291	40.8	39.9	198.0
1892.....	5	..	..	0.5	..	..	36	19	5.0	3.4	10.9	726	328	77.8	44.9	196.5
1893.....	19	..	..	2.0	..	..	47	23	4.8	4.0	8.1	752	328	80.9	44.8	215.0
1894.....	17	..	..	2.0	..	..	45	20	8.1	5.4	18.6	779	424	83.1	46.4	223.7
1895.....	13	..	..	1.4	..	..	78	40	33	11.7	17.0	781	378	81.1	49.2	207.7
1896.....	13	..	..	0.3	..	..	123	90	12.8	5.7	16.0	788	352	84.2	47.9	240.1
1897.....	3	..	..	0.2	..	..	72	43	7.7	6.9	19.0	790	334	456	47.9	271.4
1898.....	2	..	..	0.1	..	..	60	48	9.2	7.4	10.2	792	369	92.1	53.2	263.0
1899.....	3	..	..	0.3	..	..	68	51	7.9	7.4	10.2	792	369	92.1	53.2	263.0
1900.....	1	..	..	0.1	..	..	68	51	7.9	7.4	10.2	792	369	92.1	53.2	263.0
RECORDED	..	..	..	..	..	..	6	4	0.6	0.5	0.7	165	99	17.1	9.3	38.4
1954.....	..	..	..	..	..	..	32	9	3.3	3.3	3.7	247	123	25.6	17.3	49.7
1955.....	1	..	..	0.1	..	..	19	9	1.4	1.0	3.7	319	134	33.1	18.6	76.8
1956.....	3	..	..	0.3	..	..	13	4	1.4	1.2	1.7	365	158	38.2	21.9	88.7
1957.....	4	..	..	0.4	..	..	27	5	2.8	2.9	2.6	163	185	36.6	22.5	81.5
1958.....	4	..	..	0.6	..	..	27	7	1.7	1.2	3.2	351	168	37.1	23.1	83.3
1959.....	..	..	..	..	..	..	16	7	1.4	1.4	6.1	360	166	38.2	22.8	90.7
1960.....	2	..	..	0.2	..	..	23	10	2.4	2.6	8.6	452	197	48.2	27.0	122.5
1961.....	2	..	..	0.2	..	..	19	18	2.5	4.0	10.9	457	215	49.0	29.4	119.5
1962.....	6	..	..	0.6	..	..	37	19	3.6	4.8	8.6	483	242	51.9	33.4	137.6
1963.....	6	..	..	0.7	..	..	51	29	3.6	4.8	19.1	515	248	55.0	28.8	137.6
1964.....	27	..	..	2.9	..	..	52	35	3.0	5.8	17.0	510	262	53.0	34.1	161.9
1965.....	25	..	..	3.0	..	..	78	41	3.3	12.8	16.5	552	294	59.1	34.3	161.9
1966.....	13	..	..	1.7	..	..	128	95	13.3	2.8	16.5	552	294	59.1	34.3	161.9
1967.....	7	..	..	0.8	..	..	84	44	7.9	5.8	20.2	532	300	61.4	40.2	178.6
1968.....	2	..	..	0.1	..	..	75	51	9.8	7.6	7.6	586	307	68.1	40.2	183.6
1969.....	1	..	..	0.4	..	..	70	53	8.1	7.6	10.2	586	307	68.1	40.2	183.6
1970.....	3	..	..	0.3	..	..	70	53	8.1	7.6	10.2	586	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—1940-1954

YEAR	RESPIRATORY TUBERCULOSIS						CANCER, ALL FORMS						DISEASES OF THE HEART					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored
RESIDENT																		
1954	187	90	97	19.4	12.7	37.6	1,708	1,336	372	176.8	188.7	144.2	4,262	3,561	901	441.2	474.7	349.2
1953	245	118	127	25.4	17.7	47.6	1,682	1,241	441	197.9	187.3	190.6	4,638	3,703	935	481.2	517.3	376.7
1952	393	167	226	40.8	28.1	63.8	1,735	1,302	433	172.5	163.0	138.2	4,830	3,823	1,007	501.9	529.9	418.0
1951	465	202	263	48.7	33.0	74.7	1,642	1,238	404	172.0	161.5	137.4	4,579	3,624	955	479.6	502.4	409.2
1950	497	220	277	52.3	36.4	80.4	1,632	1,211	421	170.8	161.3	137.4	4,563	3,676	907	482.4	508.4	399.6
1949	559	229	330	59.0	41.5	95.9	1,623	1,205	418	169.1	162.2	123.6	4,318	3,476	842	456.0	477.9	383.2
1948	616	270	346	65.3	45.9	107.7	1,601	1,225	376	169.1	168.3	110.3	4,401	3,549	852	466.7	486.8	398.1
1947	658	270	388	70.1	49.8	117.7	1,463	1,227	236	155.1	165.9	119.6	4,082	3,351	731	435.2	459.2	351.1
1946	697	320	377	73.0	51.8	121.2	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	74.5	51.8	121.2	1,400	1,179	221	150.5	160.9	112.1	4,018	3,329	689	432.0	454.3	349.4
1944	716	320	396	76.4	54.3	129.2	1,380	1,156	224	147.3	155.6	115.5	3,959	3,283	676	422.5	441.9	348.5
1943	732	334	398	76.0	54.3	129.2	1,383	1,189	204	144.7	154.6	105.2	4,324	3,511	813	449.0	456.6	419.1
1942	725	333	392	77.8	54.1	127.5	1,287	1,071	216	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	368.8
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	358.8
RECORDED																		
1954	152	65	87	15.7	9.2	33.7	1,951	1,580	371	202.0	223.2	143.8	4,398	3,525	873	455.3	497.9	338.4
1953	221	111	110	22.9	15.5	44.4	1,907	1,579	328	197.9	220.6	132.4	4,809	3,907	902	499.1	545.8	364.2
1952	290	141	149	30.1	16.8	70.2	1,935	1,607	328	201.1	222.8	136.2	4,983	3,996	987	517.8	553.9	409.7
1951	327	141	186	34.2	19.5	79.7	1,868	1,555	313	197.7	215.6	142.7	4,722	3,776	946	464.9	503.4	406.6
1950	310	146	164	32.6	20.2	72.2	1,860	1,544	316	195.8	213.6	139.2	4,442	3,638	804	469.1	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	506.9	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	1,663	1,421	242	176.4	194.9	113.1	4,445	3,607	838	471.4	494.8	391.6
1946	414	203	211	44.4	27.8	114.0	1,646	1,402	244	176.4	191.9	125.8	4,445	3,607	838	471.4	494.8	391.6
1945	424	183	241	45.6	25.0	122.2	1,560	1,362	198	171.0	185.9	115.6	3,991	3,322	669	416.4	440.5	329.2
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	437.2	339.7
1943	459	242	217	47.7	31.5	111.9	1,566	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	3,652	3,024	628	426.3	433.2	397.6
1940	537	259	278	62.4	37.4	166.3	1,488	1,263	226	172.9	182.0	135.2	3,660	3,008	652	426.3	433.2	397.6

RESIDENT	MAJOR CARDIOVASCULAR-RENAL DISEASE						PNEUMONIA, ALL FORMS						DIABETES						
	5,464	4,247	1,217	565.6	599.9	471.7	273	150	123	28.3	21.2	47.7	180	145	35	18.6	20.5	13.6	
1954.....	5,845	4,560	1,255	600.7	641.2	506.7	330	190	149	35.2	26.5	60.2	188	148	40	19.5	20.7	16.1	
1953.....	6,103	4,757	1,351	634.7	650.4	500.8	276	170	103	28.7	24.0	42.8	218	173	45	22.7	24.0	18.7	
1952.....	5,804	4,521	1,253	607.9	626.7	540.7	305	173	135	31.9	23.6	57.8	216	179	37	22.6	24.5	15.0	
1951.....	5,648	4,368	1,252	615.6	631.5	565.9	256	119	113	24.4	16.5	49.8	180	150	30	18.9	20.7	13.2	
1950.....	5,951	4,566	1,283	628.4	642.2	582.6	256	145	111	27.0	19.9	50.5	181	146	35	19.1	20.1	15.7	
1949.....	6,035	4,671	1,280	640.0	649.5	607.5	294	167	127	31.2	22.9	59.3	200	160	40	21.2	21.9	18.7	
1948.....	5,781	4,522	1,300	616.3	627.8	575.9	312	193	119	33.3	26.4	57.2	183	153	30	19.5	21.0	14.4	
1947.....	5,537	4,368	1,199	593.5	627.9	577.3	327	202	125	35.0	27.7	61.7	162	136	26	21.2	21.9	12.8	
1946.....	5,844	4,634	1,181	623.7	634.1	595.9	451	291	178	51.7	41.3	90.3	189	151	38	20.3	20.6	19.3	
1945.....	5,815	4,637	1,207	623.7	624.1	522.2	425	291	200	56.0	39.2	120.6	186	168	38	20.9	22.6	14.4	
1944.....	6,343	4,978	1,365	658.7	647.3	703.6	709	349	233	64.2	54.5	149.5	198	163	35	20.6	21.2	18.0	
1943.....	5,735	4,503	1,232	612.7	608.9	578.4	601	368	223	61.5	48.8	128.3	173	142	31	18.5	18.8	17.1	
1942.....	5,617	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	
1941.....	5,632	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	
1940.....																			
RECORDED	5,649	4,466	1,183	584.8	630.8	458.5	281	157	124	29.1	22.2	48.1	200	165	35	20.7	23.3	13.6	
1954.....	6,034	4,527	1,207	626.3	674.3	487.3	341	199	142	35.4	27.8	57.3	212	170	42	22.0	23.7	17.0	
1953.....	6,289	4,972	1,317	653.5	669.2	546.7	270	167	103	38.1	23.1	42.8	237	192	45	24.6	26.6	18.7	
1952.....	5,941	4,579	1,262	622.2	648.6	540.7	308	176	132	32.2	24.4	56.6	225	186	39	23.6	25.8	16.7	
1951.....	6,060	4,804	1,256	637.9	664.5	533.3	233	120	113	24.9	14.6	49.8	188	157	31	19.8	21.7	13.7	
1950.....	5,951	4,671	1,280	628.4	642.2	562.6	251	146	105	28.5	20.1	47.8	198	161	37	20.9	22.1	16.8	
1949.....	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	
1948.....	5,823	4,652	1,171	620.8	637.4	562.4	321	198	133	34.2	27.1	50.7	200	171	29	21.3	23.4	13.9	
1947.....	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	
1946.....	5,792	4,644	1,148	622.8	633.7	582.2	480	301	179	51.6	41.1	80.6	204	167	37	21.9	22.8	18.8	
1945.....	5,846	4,873	1,173	623.9	604.6	604.6	546	312	234	58.3	42.0	120.6	200	177	39	22.0	23.1	17.0	
1944.....	5,341	4,008	1,333	658.5	651.2	687.1	758	468	290	78.8	60.9	139.5	211	178	35	21.9	23.1	19.3	
1943.....	5,732	4,533	1,199	612.4	600.9	660.2	636	339	237	67.9	52.8	130.4	191	158	35	20.4	20.7	17.0	
1942.....	5,528	4,349	1,179	638.3	623.1	701.8	636	336	219	64.1	48.1	130.4	200	170	30	23.1	24.4	17.9	
1941.....	5,718	4,502	1,213	664.2	649.4	725.5	566	368	178	65.8	56.0	106.5	205	182	23	23.8	26.2	13.7	

TABLE NO. 13*
 REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
 COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1954

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
TYPHOID FEVER not including paratyphoid fever)	1954.....	6	3	3	0.6	0.4	1.2
	1953.....	11	4	7	1.1	0.6	2.8
	1952.....	8	5	3	0.8	0.7	1.2
	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	1.6
	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.....	21	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	53	11	8.3	8.6	7.1
1934.....	81	58	23	9.8	8.6	15.1	
MEASLES	1954.....	5,764	4,831	933	596.7	682.3	361.6
	1953.....	1,064	567	497	110.4	79.2	200.6
	1952.....	5,126	4,692	434	532.7	650.4	180.2
	1951.....	4,376	2,505	1,871	458.3	347.2	801.6
	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	682.1
	1947.....	274	167	107	29.2	22.9	51.4
	1946.....	8,136	6,711	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	

* For a more complete record see Table No. 1, Bureau of Communicable Diseases.

TABLE No. 13—Continued
 REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
 COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1954

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
SCARLET FEVER	1954.....	462	415	47	47.8	58.6	18.2
	1953.....	1,387	1,317	70	144.0	184.0	28.3
	1952.....	472	397	75	49.0	55.0	31.1
	1951.....	302	248	54	31.6	34.4	23.1
	1950.....	303	269	34	31.9	37.2	15.0
	1949.....	466	426	40	49.2	58.6	18.2
	1948.....	341	285	56	38.2	39.1	28.2
	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.....	828	724	102	88.2	96.0	56.2
	1941.....	857	689	168	99.0	98.7	100.0
	1940.....	571	459	112	68.4	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	
WHOOPING COUGH	1954.....	513	236	277	53.1	33.3	107.4
	1953.....	290	187	103	30.1	26.1	41.6
	1952.....	113	85	28	11.7	11.8	11.6
	1951.....	227	121	106	23.8	16.8	45.4
	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	425.8	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	

TABLE NO. 13—Concluded
 REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
 COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1954

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
DIPHTHERIA	1954.....	3	3	..	0.3	0.4	..
	1953.....	6	2	4	0.6	0.3	1.6
	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	1954.....	1,288	660	628	133.3	93.2	243.4
	1953.....	1,263	645	618	131.1	90.1	249.5
	1952.....	1,400	710	690	145.5	98.4	286.4
	1951.....	1,285	648	637	134.6	89.8	272.9
	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

AMENDMENT TO THE CITY MILK ORDINANCE

City Ordinance No. 960

An ordinance to repeal and reordain, with amendments, Section 27 of Article 12 of the Baltimore City Code (1950 Edition), title "Health," sub-title "Food Products," sub-heading "Milk," relating to the manner in which milk and cream shall be produced, pasteurized and handled in this City.

WHEREAS, the Mayor and City Council of Baltimore is empowered by Charter to provide by ordinance for the control and sanitary quality of all milk and cream intended for consumption in Baltimore City to the end that these products shall be suitable for consumption as human food; and

WHEREAS, pasteurization of milk and cream at temperatures higher than 150 degrees Fahrenheit for periods less than 30 minutes has been found to be effective and scientifically safe, and such pasteurization is legal and has been in use in practically all American cities; and

WHEREAS, the Baltimore City Milk Ordinance does not now permit pasteurization at temperatures higher than 150 degrees Fahrenheit for periods less than 30 minutes; therefore

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore, That* Section 27 of Article 12 of the Baltimore City Code (1950 Edition), title "Health," sub-title "Food Products," sub-heading "Milk," be and it is hereby repealed and reordained, with amendments, to read as follows:

27. (a) Milk and cream produced and handled in conformity with the requirements of this section and such additional regulations as may be prescribed by the Commissioner of Health shall be known as "Standard Milk Pasteurized" and "Standard Cream Pasteurized," respectively.

(b) The Commissioner of Health is authorized to prohibit the sale or use in Baltimore City of any ice cream or butter or other milk product which is made from milk or cream which is below the requirements for Standard Milk Pasteurized or Standard Cream Pasteurized, or any ice cream, butter or other milk product which for any other reason is unfit for human food, and no person shall sell, offer for sale, sell or deliver for consumption in the City of Baltimore any ice cream or butter or other milk product the sale or use of which shall have been so prohibited by the Commissioner of Health.

(c) All milk, skimmed milk, or cream held, kept, offered for sale, sold or delivered for consumption in the City of Baltimore or used for the manufacture of ice cream or butter, buttermilk, or other fermented milks, whey or curd, in the City of Baltimore, shall be produced, pasteurized and handled in the manner set forth in the following rules and definitions, and in conformity with such additional regulations as may be prescribed by the Commissioner of Health, except as otherwise provided in Sections 28, 30, 31 and 32 of this Article.

(d) Rule 1. Standard Milk Pasteurized and Standard Cream Pasteurized shall be produced on dairy farms having dairy farm permits issued pursuant to the provisions of Section 34 of this Article.

(e) Rule 2. Standard Milk Pasteurized shall not contain more than 100,000 bacteria per cubic centimeter after pasteurization and prior to delivery.

(f) Rule 3. Standard Milk Pasteurized shall not contain more than 1,500,000 bacteria per cubic centimeter before pasteurization.

(g) Rule 4. Pasteurized Milk shall be milk which has been uniformly heated to a

temperature between 142 degrees Fahrenheit and 150 degrees Fahrenheit and maintained at that temperature for not less than 30 minutes, and cooled immediately to a temperature of 45 degrees Fahrenheit or less; provided, however, that nothing in this sub-title shall be construed to prevent the Commissioner of Health from permitting the heating of milk to temperatures higher than 150 degrees Fahrenheit *and reducing the holding period at such higher temperatures to less than 30 minutes*, if, in the opinion of said Commissioner of Health such higher temperatures *and shorter holding periods* are desirable.

Pasteurized milk or skimmed milk which is used for the manufacture of any milk products, or pasteurized cream shall be milk or cream which has been uniformly heated to a temperature of 142 degrees Fahrenheit, or higher, and maintained at that temperature for not less than 30 minutes; provided, however, that nothing in this sub-title shall be construed to prevent the Commissioner of Health from permitting the reduction in the period of holding of such milk or skimmed milk to be used for the manufacture of milk products or cream. Such milk or cream shall be cooled immediately after pasteurization to a temperature of 45 degrees Fahrenheit or less, unless the same is to be used for buttermilk or other ripened milk products.

(h) Rule 5. Milk or cream, while in the plant where it was pasteurized or where it is held, kept or stored, shall be maintained at a temperature below 50 degrees Fahrenheit, and pasteurized milk or cream shall be maintained at all times, prior to delivery, at a temperature below 60 degrees Fahrenheit, unless otherwise permitted by the Commissioner of Health.

(i) Rule 6. Pasteurized milk shall not be repasteurized and sold as milk, except by authorization of, and under regulations, prescribed by the Commissioner of Health.

(j) Rule 7. Pasteurized milk shall not be sold, delivered, or offered for sale after 36 hours from the day of pasteurization.

(k) Rule 8. No pasteurizing apparatus or appliances shall be used for the pasteurization of milk or cream for sale or for use in the manufacture of milk products in the City of Baltimore, until and unless such apparatus and appliances are approved by the Commissioner of Health, or his subordinates.

(l) Rule 9. No building, or any part of any building intended for the pasteurization, bottling, storage or handling of milk or cream shall be erected, altered or enlarged in the City of Baltimore without a permit from the Commissioner of Health. All applications for such permits shall be made to the Commissioner of Health and shall be accompanied with plans and full details of the contemplated erection, alteration or enlargement. Plans shall be submitted in duplicate. One copy shall be retained by the Commissioner and the other returned to the applicant. This requirement is in addition to any building permit required by law or ordinance.

(m) Rule 10. All apparatus and appliances in a plant where milk or cream is pasteurized shall be so constructed that they can be readily cleansed and sterilized. All such apparatus and appliances shall be thoroughly sterilized immediately prior to every time they are used, and shall be thoroughly cleansed immediately following every use thereof. All bottles and other containers of milk or cream shall have been thoroughly cleansed and sterilized with boiling water or otherwise subjected to a moist heat at a temperature of 200 degrees Fahrenheit or sterilized by other method approved by the Commissioner of Health, before being filled with milk or cream.

(n) Rule 11. An automatic temperature recording apparatus approved by the Commissioner of Health, or his duly authorized subordinates, shall be installed on pasteurizing appliances, and shall be so maintained that it will accurately record the temperature to which the milk or cream has been raised, and so far as possible the

duration of time the milk or cream is maintained at the recorded temperature; and also record the temperature to which pasteurized milk or cream is cooled. All records and charts shall be dated and filed at the pasteurizing plant and subject at all times to the inspection of the Commissioner of Health, or his duly appointed subordinates.

(o) Rule 12. Pasteurized milk or cream shall not be bottled or placed in other receptacles in any place other than in the plant where it has been pasteurized. No person or dealer in milk shall offer for sale, sell or deliver any milk or cream in quantities of less than one gallon unless the same be kept, offered for sale, exposed for sale, sold or delivered in sanitary glass bottles or such other receptacles or in such other manner as may be approved by the Commissioner of Health.

(p) Rule 13. No person shall sell, or with intent so to do, have in his possession, care, custody or control any pasteurized milk or cream unless such milk or cream is contained in and is sold in a tightly closed container in which it was pasteurized or placed immediately after pasteurization and then closed and kept continuously closed until after sale. All milk or cream shall be placed in bottles or other receptacles and capped or tightly closed in such a manner as to prevent the contact of the person of the operator with the milk or cream. The filling or capping of bottles by hand is prohibited.

SEC. 2. *And be it further ordained*, That this ordinance shall take effect from the date of its passage.

Approved, March 18, 1954

ARTHUR B. PRICE
Ex Officio Mayor of Baltimore City

AMENDED REGULATIONS GOVERNING THE HYGIENE OF HOUSING

Regulation 1. Definitions. When used in these regulations, the term "dwelling" means a house or building or portion thereof which is occupied in whole or in part as a home, residence or sleeping place of one or more human beings, either permanently or transiently; the term "dwelling unit" means a room or group of rooms forming a single habitable unit with facilities which are used or intended to be used exclusively by the occupants of such unit for living, sleeping, eating and cooking; and the term "habitable room" means a room used or intended to be used for living, sleeping, eating or cooking. Storerooms, bathrooms, toilet rooms, closets, halls or spaces in attics or in basements are not habitable rooms except as permitted in Regulation 7 in this series entitled "Basement occupancy."

Regulation 2. Cleanliness of premises. Each occupant of a dwelling unit shall keep in a clean and sanitary condition that portion of the property which he occupies or over which he has exclusive control. Each owner of a dwelling shall keep in a clean and sanitary condition that portion of the property over which occupants of dwelling units do not have exclusive control.

Regulation 3. Basements and cellars. The basement or cellar of any dwelling shall be dry and ventilated and shall be kept free from rubbish accumulation and rodent infestation.

Regulation 4. Heating. Every dwelling and every dwelling unit shall be weather-proof and capable of being adequately heated, and the heating equipment in every dwelling or dwelling unit shall be maintained in good order and repair.

Regulation 5. Dampness. The floors and walls of every dwelling and every dwelling unit shall be kept free from dampness.

Regulation 6. Lighting and ventilation. Every habitable room in a dwelling or dwelling unit shall contain a window or windows, opening directly to the outside air, and the total glass area of such window or windows shall not be less than 10 per cent of the floor area of such room, provided that the Commissioner of Health may approve such other device or arrangement as will adequately light and ventilate the room where the provision of a window or windows is not possible. All window sash shall be glazed and provided with suitable hardware, and shall be made to open to the extent of not less than 5 per cent of the floor area of such room.

Every bathroom and every toilet room in a dwelling shall be provided with adequate light and ventilation.

Regulation 7. Basement occupancy. No room in any basement or cellar shall be occupied as a habitable room, bathroom or toilet room unless:

1. There are no pipes, ducts or other obstructions less than 6 feet 6 inches above the floor level, and ceiling heights are in accordance with Regulation 8, and
2. Light and ventilation are provided in accordance with Regulation 6, and
3. The floor and walls, if in contact with earth, are waterproof and dampproof in accordance with a method approved by the Commissioner of Health. Such waterproofing and dampproofing shall be between the floor or wall finish and the ground.

No room in any basement or cellar shall be used for sleeping unless the ceiling height is at least 3 feet 6 inches above the average outside ground level.

Regulation 8. Overcrowding.

1. For every dwelling unit there shall be at least 150 square feet of floor area for the first occupant, and at least 90 additional square feet of floor area for each additional occupant over one year of age. The floor area shall be calculated on the basis of the total floor area of the dwelling unit exclusive of stairways. For the purpose of such calculation only the floor area in a basement meeting the requirements of Regulation 7 shall be counted.
2. No room used for sleeping purposes shall have a floor area of less than 70 square feet. No room shall be used for sleeping purposes by two or more persons unless there is at least 50 square feet of floor area for each adult and at least 35 square feet of floor area for each child more than one year old and less than 12 years of age.
3. At least one-half of the floor area of every habitable room or bathroom shall have a ceiling height of at least 7 feet and at least one-half of the floor area of every toilet room shall have a ceiling height of not less than 6 feet 6 inches. The floor area of that part of any room where the ceiling height is less than 5 feet shall not be considered as part of the floor area in computing the total floor area of the room for the purpose of determining the maximum permissible occupancy thereof.

Regulation 9. Bathing facilities. Every dwelling unit shall contain within a room which affords privacy, a bathtub or shower in good working condition which shall be properly connected to both hot and cold water lines and to the public sanitary sewer or to an approved sanitary sewage disposal system. This regulation shall not apply to any two-story dwelling which contains not more than two dwelling units, provided there is at least one such facility available for the occupants of such dwelling. This regulation shall take effect January 1, 1956.

Regulation 10. Sinks. Every dwelling unit shall contain a sink in good working condition which shall be properly connected to both hot and cold water lines and to the public sanitary sewer or to an approved sanitary sewage disposal system. For the purpose of this regulation a lavatory basin shall not be counted as a sink. Provided,

however, that the requirement of this regulation relating to hot water lines shall not take effect until January 1, 1956.

Regulation 11. Toilet facilities. Every dwelling unit shall contain, within a room which affords privacy, a water closet and a lavatory basin in good working condition. Such water closet and lavatory basin shall be within and accessible from within the building and shall be properly connected to the public sanitary sewer or to an approved sanitary sewage disposal system. The lavatory basin shall be properly connected to both hot and cold water lines and the water closet shall be properly connected to a cold water line. Where the premises are occupied by more than one bona-fide family, there shall be at least one water closet accessible for each 10 persons or fraction thereof. Provided, however, that the requirement of this regulation relating to hot water lines shall not take effect until January 1, 1956.

Regulation 12. Water-heating facilities. Every dwelling or dwelling unit shall have supplied water-heating facilities which are properly installed, are maintained in safe and good working condition and are properly connected to the bathtub or shower, sink and lavatory basin, as required in these regulations. Such water-heating facilities shall be capable of heating water to such a temperature as to permit an adequate amount of hot water to be drawn at every required outlet. This regulation shall take effect January 1, 1956.

Regulation 13. Plumbing. All plumbing, water closets and other plumbing fixtures in every dwelling or dwelling unit shall be maintained in good order and repair and in accordance with the requirements of the city plumbing code and regulations.

Regulation 14. Cooking of food prohibited in sleeping rooms. Where more than two persons occupy any dwelling unit food shall not be prepared or cooked in any room used for sleeping purposes.

Regulation 15. Garbage, rubbish and ash receptacles. Every dwelling and every dwelling unit shall be provided with such receptacles to contain all garbage, rubbish and ashes as may be necessary, and all such receptacles shall at all times be maintained in good order and repair. Receptacles shall be made of metal, watertight and provided with tight covers.

The occupant of every dwelling unit shall provide such receptacles, except that for every dwelling containing three or more dwelling units the owner shall provide an adequate number of such receptacles in a location accessible to all dwelling units.

Regulation 16. Entrances. There shall be for each dwelling unit a separate access either to a hallway, landing, stairway or street.

Regulation 17. Drainage. All courts, yards or other areas on the premises of every dwelling shall be properly graded and drained.

Regulation 18. Interior painting. No paint shall be used for interior painting of any dwelling or dwelling unit or any part thereof unless the paint is free from any lead pigment.

Regulation 19. Lighting of public halls. In every dwelling containing three or more dwelling units such electric lights shall be kept burning in the public halls and stairways as may be necessary, day or night, in order to prevent fire hazard or other accident.

Huntington Williams, M.D.

Commissioner of Health

Date adopted: March 11, 1942.

Dates amended: June 29, 1951 and March 10, 1954.

Date effective: March 11, 1954.

AMENDED REGULATIONS GOVERNING ROOMING HOUSES, LODGING HOUSES AND HOTELS

Regulation 1. Definitions. When used in these regulations, the term "dwelling" means a house or building or portion thereof which is occupied in whole or in part as a home, residence or sleeping place of one or more human beings, either permanently or transiently; the term "dwelling unit" means a room or group of rooms forming a single habitable unit with facilities which are used or intended to be used exclusively by the occupants of such unit for living, sleeping, eating and cooking; the term "rooming unit" means a room or group of rooms forming a single habitable unit used or intended to be used for living and sleeping but not for eating or cooking; and the term "habitable room" means a room used or intended to be used for living, sleeping, eating or cooking. Storerooms, bathrooms, toilet rooms, closets, halls or spaces in attics or in basements are not habitable rooms except as permitted in Regulation 7 in this series, entitled "Basement occupancy."

Regulation 2. Fire Protection. Every applicant for a permit to conduct, keep, manage or operate a rooming house, lodging house or hotel shall procure from the Board of Fire Commissioners a certificate to the effect that the building and premises for which the permit is desired are free from fire hazards and comply with all fire laws, ordinances, rules and regulations applicable thereto and designed for fire prevention and control. Such certificate shall be filed with the Commissioner of Health at the time the application for permit is made.

Regulation 3. Permit to be posted. The permit issued by the Commissioner of Health to conduct, keep, manage or operate any rooming house, lodging house or hotel shall be conspicuously posted and displayed in the office, public corridor or hallway of the rooming house, lodging house or hotel for which it is issued and shall remain so posted at all times.

Regulation 4. Cleanliness of premises. Every rooming house, lodging house or hotel and every part thereof shall be kept clean and free from any accumulation of dirt, filth, rubbish, garbage or similar matter, and shall be kept free from and effectively protected against vermin and rodent infestation.

The permittee of any rooming house, lodging house or hotel shall be responsible for any insanitary condition upon the premises and shall be charged with the responsibility for the proper observance of the provisions of these regulations and of the ordinances pertaining thereto.

Regulation 5. Heating. Every rooming house, lodging house or hotel and every part thereof shall be weather-proof and capable of being adequately heated, and the heating equipment in every such rooming house, lodging house or hotel shall be maintained in good order and repair.

Regulation 6. Lighting and ventilation. Every habitable room in a dwelling unit or a rooming unit shall contain a window or windows, opening directly to the outside air, and the total glass area of such window or windows shall not be less than 10 per cent of the floor area of such room, provided that the Commissioner of Health may approve such other device or arrangement as will adequately light and ventilate the room where the provision of a window or windows is not possible. All window sash shall be glazed and provided with suitable hardware, and shall be made to open to the extent of not less than 5 per cent of the floor area of such room.

Every bathroom and every toilet room in a dwelling shall be provided with adequate light and ventilation.

Regulation 7. Basement occupancy. No room in any basement or cellar shall be occupied as a habitable room, bathroom or toilet room unless:

1. There are no pipes, ducts, or other obstructions less than 6 feet 6 inches above the floor level, and ceiling heights are in accordance with Regulation 8, and
2. Light and ventilation are provided in accordance with Regulation 6, and
3. The floors and walls, if in contact with earth, are waterproof and dampproof in accordance with a method approved by the Commissioner of Health. Such waterproofing and dampproofing shall be between the floor or wall finish and the ground.

No room in any basement or cellar shall be used for sleeping unless the ceiling height is at least 3 feet 6 inches above the average outside ground level.

Regulation 8. Overcrowding.

1. For every dwelling unit there shall be at least 150 square feet of floor area for the first occupant, and at least 90 additional square feet of floor area for each additional occupant over one year of age. The floor area shall be calculated on the basis of the total floor area of the dwelling unit exclusive of stairways. For the purpose of such calculation only the floor area in a basement meeting the requirements of Regulation 7 shall be counted.
2. No room used for sleeping purposes shall have a floor area of less than 70 square feet. No room shall be used for sleeping purposes by two or more persons unless there is at least 50 square feet of floor area for each adult and at least 35 square feet of floor area for each child more than one year old and less than 12 years of age.
3. At least one-half of the floor area of every habitable room or bathroom shall have a ceiling height of at least 7 feet and at least one-half of the floor area of every toilet room shall have a ceiling height of at least 6 feet 6 inches. The floor area of that part of any room where the ceiling height is less than 5 feet shall not be considered as part of the floor area in computing the total floor area of the room for the purpose of determining the maximum permissible occupancy thereof.

Regulation 9. Bathing facilities.

1. Every dwelling unit in any rooming house, lodging house or hotel shall contain within a room which affords privacy, a bathtub or shower in good working condition and properly connected to both hot and cold water lines and to the public sanitary sewer or to an approved sanitary sewage disposal system. The provisions of this paragraph shall take effect January 1, 1956.
2. Every rooming house, lodging house or hotel shall provide, within a room which affords privacy, at least one bathtub or shower for each 10 persons or fraction thereof who are occupants of rooming units. Such bathtub or shower shall be in good working condition and properly connected to both hot and cold water lines and to the public sanitary sewer or to an approved sanitary sewage disposal system. Where such bathtub or shower facility is not provided within the rooming unit, it shall be accessible from a common hall and not more than one story removed from the rooming unit intended to be served by such facility.

Regulation 10. Sinks. Every dwelling unit in any rooming house, lodging house or hotel shall contain a sink in good working condition and properly connected to both hot and cold water lines and to the public sanitary sewer or to an approved sanitary sewage disposal system. For the purpose of this regulation a lavatory basin shall not be counted as a sink.

Regulation 11. Toilet facilities.

1. Every dwelling unit in any rooming house, lodging house or hotel shall contain, within a room which affords privacy, a water closet and a lavatory basin in good working condition and properly connected to the public sewer or to an approved sanitary sewage disposal system. Such water closet and lavatory basin shall be within and accessible from within the building. The lavatory basin shall be properly connected to both hot and cold water lines and the water closet shall be properly connected to a cold water line.
2. Every rooming house, lodging house or hotel shall provide, within a room which affords privacy, at least one water closet and at least one lavatory basin for each 10 persons or fraction thereof who are occupants of rooming units. Such water closet shall be within and accessible from within the building and shall be in good working condition and properly connected to a cold water line and to the public sanitary sewer or to an approved sanitary sewage disposal system; and such lavatory basin shall be in good working condition and properly connected to both hot and cold water lines and to the public sanitary sewer or to an approved sanitary sewage disposal system. Where such water closet and lavatory basin facilities are not provided within the rooming unit, they shall be accessible from a common hall and not more than one story removed from the rooming unit intended to be served by such facilities.

Regulation 12. Water-heating facilities. Every rooming house, lodging house or hotel shall be provided with water-heating facilities which are properly installed, are maintained in safe and good working condition and are properly connected to each bathtub or shower, and to each sink and lavatory basin, as required in these regulations. Such water-heating facilities shall be capable of heating water to such a temperature as to permit an adequate amount of hot water to be drawn at every required outlet.

Regulation 13. Plumbing. All plumbing, water closets and other plumbing fixtures in every rooming house, lodging house or hotel shall be maintained in good order and repair and in accordance with the requirements of the city plumbing code and regulations.

Regulation 14. Cooking of food prohibited in sleeping rooms. Where more than two persons occupy any dwelling unit in any rooming house, lodging house or hotel, food shall not be prepared or cooked in any room used for sleeping purposes.

Regulation 15. Garbage, ash and rubbish receptacles. Every rooming house, lodging house or hotel shall be provided with a sufficient number of receptacles to contain all garbage, ashes and rubbish that may accumulate during the usual interval between collections thereof, and all such receptacles shall at all times be maintained in good order and repair. Receptacles shall be made of metal, watertight and provided with tight covers.

Regulation 16. Entrances. There shall be for each dwelling unit and for each rooming unit a separate access either to a hallway, landing, stairway or street.

Regulation 17. Exits and fire protection equipment. In every rooming house, lodging house or hotel there shall be such exits and fire protection equipment as may be required by the Building Inspection Engineer or the Fire Department.

Regulation 18. Drainage. All courts, yards or other areas on the premises shall be properly graded and drained.

Regulation 19. Interior painting. No paint shall be used for interior painting of any rooming house, lodging house or hotel or any part thereof unless the paint is free from any lead pigment.

Regulation 20. Lighting of public halls. In every rooming house, lodging house or hotel the permittee shall keep such electric lights burning in the public halls and stairways as may be necessary, day or night, in order to prevent fire hazard or other accident.

Huntington Williams, M.D.

Commissioner of Health

Date adopted: March 11, 1942.

Date amended: March 10, 1954.

Date effective: March 11, 1954.

AMENDED REGULATION GOVERNING MATERNITY HOSPITALS

Regulation 20A. Medical Staff. Every maternity hospital, except where pregnant women are not delivered, shall have attached thereto one or more physicians with adequate training and experience in obstetrics, one of whom shall at all times be within and accessible from within the hospital.

Huntington Williams, M.D.

Commissioner of Health

Date adopted: September 30, 1953.

Date amended: March 23, 1954.

Date effective: March 23, 1954.

AMENDED REGULATIONS GOVERNING MILK AND ICE CREAM

Milk Regulation 28. Pasteurization Holders. All pasteurization holders shall be so constructed and equipped as to insure that all of the milk or milk products shall be uniformly heated to a temperature of not less than 142 degrees Fahrenheit and maintained at that temperature for not less than 30 minutes, or in the case of high-temperature short-time pasteurization the equipment shall be so constructed and equipped as to insure that all of the milk or milk products shall be held for the required period of 15 seconds at the required temperature of 161 degrees Fahrenheit.

Milk Regulation 41. Pasteurization. Pasteurized milk or milk products shall be milk or milk products

- (a) which have been uniformly heated to a temperature of not less than 142 degrees Fahrenheit and maintained at that temperature for not less than 30 minutes and thereafter cooled immediately to a temperature of 45 degrees Fahrenheit or less; or
- (b) which have been heated to a temperature of not less than 161 degrees Fahrenheit and maintained at that temperature for not less than 15 seconds and thereafter cooled immediately to a temperature of 45 degrees Fahrenheit or less.

The cooling provisions of paragraphs (a) and (b) of this regulation shall not apply to sour cream, buttermilk or other fermented milk products.

Huntington Williams, M.D.

Commissioner of Health

Date adopted: November 23, 1923.
 Dates amended: August 15, 1936; July 6, 1954.
 Date effective: July 6, 1954.

Ice Cream Regulation 10. Pasteurization. All milk, cream and other products used in the manufacture of ice cream, sherbet and other frozen confections shall be pasteurized by a process whereby every part of the entire mixture with or without additional flavoring shall be

- (a) Uniformly heated to a temperature of not less than 142 degrees Fahrenheit and maintained at that temperature for not less than 30 minutes; or
- (b) heated to a temperature of not less than 165 degrees Fahrenheit and maintained at that temperature for not less than 15 seconds.

Pasteurization shall, in every case, be carried out on the premises where the product is finally manufactured or frozen. Nothing in this regulation shall be retroactive to affect holders of permits who were not required to pasteurize the ingredients on the same premises where frozen, at the time of the amendment of this regulation in 1935.

Huntington Williams, M.D.

Commissioner of Health

Date adopted: September 4, 1923.
 Dates amended: August 26, 1935; July 6, 1954.
 Date effective: July 6, 1954.

DAIRY FARM REGULATION TO CONTROL BRUCELLOSIS

Dairy Farm Regulation 7A. Brucellosis Testing. All milk produced on a farm holding a permit shall be milk solely from cows annually subjected to the brucellosis test and certified to be free from disease by a veterinarian designated or approved by the Commissioner of Health. The brucellosis test shall have been applied in a manner approved by the Commissioner of Health. All reactors shall be removed immediately from possible contact with the dairy herd and the premises disinfected in accordance with the rules and regulations of the U. S. Bureau of Animal Industry. The completion of the brucellosis testing of herds under this regulation shall be not later than January 1, 1956, on which date this regulation shall take effect.

Huntington Williams, M.D.

Commissioner of Health

Date adopted: July 7, 1954.
 Date effective: July 7, 1954.

AMENDMENT TO STATE REGULATIONS GOVERNING PSITTACINE BIRDS

Section 9. Public Zoological Gardens and Scientific Research Laboratories.

9.01. Zoological gardens operated under public authority or laboratories, in which scientific research is being carried out, may receive or import birds of the psittacine family from outside the continental United States provided permission for such importation is obtained from the U. S. Public Health Service and the applicant conforms with the provisions of the pertinent sections of the Public Health Service Foreign Quarantine Regulations.

Date adopted: January 15, 1954.

CIRCUIT COURT OF BALTIMORE CITY

Filed October 22, 1954.*

ALLAN GIVNER

vs.

HUNTINGTON WILLIAMS, COMMISSIONER OF HEALTH
OF BALTIMORE CITY; MAYOR AND CITY COUNCIL
OF BALTIMORE, A MUNICIPAL CORPORATION

Eugene Hettleman for complainant.

Thomas N. Biddison, City Solicitor, and *W. Thomas Gisriel*, Assistant City Solicitor, for respondents.

Health Department Of Baltimore City—Regulations—City Council May Delegate Part Of Its Police Power If It Applies Only To Administrative Functions—Regulation Must Bear A Direct Relation To Health—Exception To Regulation Must Not Show Discrimination.

Opinion

MASON, J.—

The bill filed herein on the 28th day of April, 1954, seeks a declaratory decree determining the validity of Regulation No. 9 of the New City Housing Regulations adopted by the Commissioner of Health on March 10th, 1954. This regulation was adopted pursuant to Section 118 of Article 12 of the City Code of 1950. Regulation No. 9 does not become fully effective until January 1, 1956.

Complainant argues first:

That the State may delegate its Police Power to the City, but that the City has no power to delegate any part of its police power to the Commissioner of Health. The case of *Tighe vs. Osborne*, 149 Md. 349, a leading case on the subject, appears to be a treatise on the subject of delegation of police power. The following extracts from this case are apposite:

Where the free use of property held under the protection of the Constitution is abridged under the ostensible authority of the police power, the invasion cannot be

* Reprinted from *The Daily Record*, Baltimore, Md., November 15, 1954.

justified unless the exercise is reasonably referable to one of the specific objects of that power, the public order, security, health, or morals.

It is settled that the legislature may delegate the right to exercise the police power to municipalities. But it is not so clear that the municipality can redelegate the power thus conferred upon it to another. * * * It has been repeatedly held that the municipality had no such power of delegation. But it is now the recognized rule that the state may expressly authorize delegation of certain powers by the corporation. In the absence of such express authority the council must itself exercise all discretionary powers; but this does not forbid the delegation of ministerial or administrative functions to subordinate officials.

That it may delegate to such officials the power and duty of carrying into effect valid ordinances adopted by it and provide all the machinery necessary therefore, has long been settled, even though such a delegation involves the exercise of a certain discretion which may be regarded as part of the police power by such officials in the administration of their duties, where such discretion is guided and restrained by rules and standards sufficient to protect the citizens against any arbitrary or unreasonable exercise thereof.

See also *Tighe vs. Osborne*, 150 Md. 452.

In order to understand the defendants' position, it is necessary that the history of this regulation be set forth.

On March 6, 1941, Ordinance No. 384 of the Mayor and City Council of Baltimore was approved by the Mayor after passage by the City Council. This Ordinance provided for, and became known as, the Ordinance on the "Hygiene of Housing" since it required that every dwelling and every part thereof shall be maintained in good repair and fit for human habitation. Under Section 156G of this Ordinance the Commissioner of Health was authorized and empowered to make and adopt such rules and regulations as he may deem proper and necessary for the enforcement of the Ordinance for the better protection of the health of the City.

Pursuant to this authority, Dr. Williams on March 11, 1942, adopted and promulgated seventeen regulations governing the hygiene of housing. One of these regulations made outside "hoppers" unlawful and required that toilet facilities be accessible from within the dwelling.

On June 24, 1943 the Court of Appeals of Maryland, in the case of *Petrushansky vs. State*, 182 Md. 164, upheld the validity of Ordinance No. 384 on eight different points and affirmed the conviction of the defendant, who violated the Ordinance, by affirming the lower Court's ruling which overruled the defendant's demurrer to the indictment.

Since the adoption of the regulations, there have been many criminal cases in which the right of the Commissioner of Health to issue rules and regulations, and especially the validity of the rule requiring inside toilet facilities, has been contested by the defendants. However, the validity of the regulations and the power of the Commissioner of Health to issue the regulations, has been continuously upheld.

On March 11, 1954, Dr. Williams issued a revised set of nineteen regulations governing the Hygiene of Housing, which supersede the previous rules of March 11, 1942, and fix the minimum requirements necessary to make a dwelling fit for human habitation at the present time. Regulation Nine, pertaining to "Bathing Facilities," is the regulation that is under attack in this case.

Regulation Nine provides:

"Every dwelling unit shall contain within a room which affords privacy, a bathtub or shower in good working condition which shall be properly connected to both hot and cold water lines and to the public sanitary sewer or to an approved sanitary sew-

age disposal system. This regulation shall not apply to any two-story dwelling which contains not more than two dwelling units, provided there is at least one such facility available for the occupants of such dwelling. This regulation shall take effect January 1, 1956."

It is the contention of the defendants herein that under Ordinance No. 384 the Commissioner of Health was authorized and empowered to make and adopt such rules and regulations as he may deem proper and necessary for the enforcement of this Ordinance for the better protection of the health of the City, and that the adoption of rules and regulations by Dr. Williams to enforce the Ordinance is an administrative and not a legislative function.

The defendants strongly oppose plaintiff's contention that the regulation embodies new substantive law and that Dr. Williams is thus legislating and not administering the Ordinance when he issues the regulation.

Section 156 B of the Ordinance provides:

"Every dwelling and every part thereof shall be maintained in good repair by the owner or agent, and *fit for human habitation*. * * *"

Section 156 C provides:

"Whenever any dwelling * * *, matter, condition or thing in or about a dwelling or the lot on which it is situated, or the plumbing, sewerage, drainage, light or ventilation thereof, *is found by the Commissioner of Health to be dangerous or detrimental to life or health, the Commissioner of Health may order that the matter, condition or thing be removed, abated, suspended, altered or otherwise improved*, as his order shall specify * * *."

It is the opinion of Dr. Williams, his medical consultants and the lay advisory committee on sanitation that advised him, and many other experts in the field of housing and health, both local and out of State, that a dwelling unit in Baltimore City that does not have its own private bath facilities is unfit for human habitation and detrimental to the physical and mental health of its occupants.

Being of this opinion and conscious of the requirement of Section 156 B of the Ordinance that every dwelling be "fit for human habitation," Dr. Williams adopted and promulgated the regulation as to "Bathing Facilities" pursuant to the authority vested in him by Section 156 G of the Ordinance.

Under Section 6 (24) of the Baltimore City Charter (1949 Edition), the Mayor and City Council of Baltimore has the power to have and to exercise within the limits of Baltimore City all the power commonly known as the "Police Power" to the same extent as the State has or could exercise said power within said limits.

From this legislative grant by the Maryland Assembly it is obvious that the Mayor and City Council of Baltimore has the power to have and exercise the "Police Power" of the State, that is, the power of making and enforcing laws to preserve and promote the public health, the public morals, and the public safety. This brings us to the immediate question: Can the Mayor and City Council of Baltimore delegate this power by ordinance to a board or a commissioner?

The best answer to that question is found in the case of *Pocomoke City vs. Oil Co.*, 162 Md. 368 at 376, in which the Court says:

"Primarily the police power belongs to the State and is ordinarily exercised by its legislative department, *but* the right to exercise it may lawfully be delegated to some subordinate agency of the State, such as a municipal corporation, and such an agency may delegate to others the purely administrative duties incident to it. (*Tighe vs. Osborne*, 150 Md. 452), or may itself directly exercise the entire power. Where such an agency acts directly, the only limitation upon its right to exercise the power is that it must act impartially, that any interference by it with the unrestricted use of pri-

vate property must be reasonably necessary to the public welfare, and consistent with the prohibitions of the Constitution. Where the power is exercised directly by the agency or delegate, the validity of acts done under its authority is determined by whether its acts in a particular case are upon the facts of such case reasonably necessary to the protection of the public welfare, *but*, when any part of it is further delegated by the municipality to subordinate officials, the validity of their acts under it may depend upon whether the grant or delegation to such officials vested them with a complete and uncontrolled discretion, or whether it vested them with mere ministerial and administrative functions, to be exercised in obedience to and in conformity with definite rules, guides and standards. In the former case, the right to use the power in support of an act pretended to be done under its authority is denied, not because the act is not reasonably necessary to the public welfare, but because the delegation of power is too broad and indefinite, while in the second case ordinarily it is permitted, and the sole inquiry is whether acts done under it are reasonably necessary to the public welfare."

From the foregoing two cases, namely, *Tighe vs. Osborne* and *Pocomoke City vs. Oil Co.*, it appears that the delegation may be made if it is reasonably necessary and related to the object to be accomplished, in this case that would be the protection of the health of the people of Baltimore City and it vests only ministerial and administrative functions upon the health commissioner. It seems to the Court that in this case both propositions must be answered in the affirmative.

The validity of Ordinance No. 384 was upheld in the case of *Petrushansky vs. State*, 182 Md. 164, at page 174. There the defendant raised eight grounds to sustain his demurrer to the indictment. Objection number four was "no definite standards are defined in the Ordinance for the guidance of the Commissioner of Health as to the conditions under which he is to act." Objection number five was "The Ordinance grants the Commissioner of Health arbitrary discretion as to the corrective action to be taken."

To these objections the Court says on page 174:

"The defendant has referred us to several cases from other States in which similar ordinances have been stricken down because no standards for the observance of the citizens have been prescribed. We fail to see how filth can be classified, graduated, or standardized except as filth. *We have a standard, which we have thought, and still think, is the better test, and that is that the application shall be to all alike. The only purpose of the Ordinance is to protect and preserve the health of the people of Baltimore, and the Commissioner of Health is obliged to treat all alike. Portsmouth Stove and Range Co. vs. Baltimore*, 156 Md. 244, 253. If the Commissioner acts arbitrarily, unreasonably, or exceeds his power, those injured thereby may obtain relief from the courts. *Baltimore vs. Bloecher & Schaaf*, 149 Md. 648, 654; *Tighe vs. Osborne*, 150 Md. 452, 465; * * *

"To the criticism of the defendant that the Commissioner has unbridled power the answer is *State vs. Hyman*, 98 Md. 596, 619, where it was said:

"It may be conceded that some of these provisions, if harshly administered, may be or become oppressive, but it by no means follows that the law itself is therefore not a legitimate exercise of the police power. It is not to be assumed that the public functionary will act in an oppressive or unlawful manner. Discretion must be reposed somewhere. If an official should transcend the limits of the authority with which the statute clothes him, the injured party is now without redress'."

The plaintiff's brief in this case quotes extensively from the case of *Tighe vs. Osborne*, 149 Md. 349, in which the Court held that an ordinance that gave anyone the power to decide what was detrimental to the "public welfare" was an improper delegation of power. But the plaintiff did not quote the later case of *Tighe vs. Osborne* in

150 Md. 452, in which the Court upheld the revised ordinance that left out the words "public welfare."

The distinction between the two cases is made clear in the later case at page 457, when the Court said:

"An examination of the opinion in *Tighe vs. Osborne*, 149 Md. 349, shows that the chief difficulty with the ordinance in that case was caused by the phrase 'public welfare', and all that was there decided was that the City could not delegate to anyone the power to decide what was detrimental to the 'public welfare'. In the present case there is no such delegation. Here the authority of the Zoning Commissioner is limited to prohibiting structures the uses of them *which would menace the public security, health or morals. These things, as we have seen, are proper objects of the police power*, and many of the matters which can legitimately be said to affect any of them, as well as many matters which cannot be properly said to affect them, have been passed upon in previous decisions of this Court.

"In *State vs. Hyman*, 98 Md. 596, the delegation by the Legislature to an inspector of the power to determine when the manufacture of clothing in a tenement was detrimental to the health of the community was upheld as valid; in *Smith vs. Standard Oil Co. of N. J.*, 149 Md. 61, we held valid two ordinances of Baltimore City requiring anyone who desired to erect a livery stable, junk shop, garage, gasoline service station, etc., to first secure a permit from the Mayor; and in the very recent case of *Baltimore vs. Bloecher & Schaaf, et al.*, 149 Md. 648, we sustained an ordinance of the Mayor and City Council of Baltimore which authorized the Health Commissioner or his inspectors to condemn meat which was found to be intrinsically unsound, unhealthful, unwholesome or otherwise *unfit for human food*, and which further authorized the condemnation of meat products prepared under conditions so unclean or unsanitary as to induce a reasonable belief that they had thereby been rendered unsound, unclean, unwholesome and unfit for human food. *This ordinance did not provide any more definite formula than that contained in the phrase 'unfit for human food' by which the wholesomeness of meat could be determined*, but on the contrary it directed the Health Commissioner to have inspections made by experts in sanitation, so that he could acquire the necessary information about the places in which meat was prepared or offered for sale, and it amounted in effect to delegating to the Health Commissioner the power to condemn and prohibit the sale of meat or meat products which would injure the public health.

* * * * *

"In *Creaghan vs. Baltimore*, 132 Md. 442, this Court sustained as valid an ordinance authorizing the Commissioner of Health of Baltimore City to prohibit the sale of milk within the City if the producers of the milk did not store, keep and distribute it in accordance with such regulations as the Commissioner might adopt to insure its being safe for human consumption, and also authorizing him to prohibit its sale if in his 'opinion' it was kept, stored or distributed under such conditions as to render it unsuitable for human food."

* * * * *

"In *Blue vs. Beach*, 155 Ind. 121, it was held that, under a general statutory authority to prevent the spread of contagious and infectious diseases a rule of the State board of health upon the subject of vaccination was not legislative.

* * * * *

"The foregoing authorities seem to establish conclusively the validity of the delegation of power contained in Ordinance No. 522. It may be that the language used in some of the earlier decisions of this and other American Courts is at variance

with this conclusion, but certainly the more modern decisions amply and specifically sustain it. The change, if there has been any, is due to the constantly increasing complexity of modern society and the consequent multiplicity of matters which require the State's attention. The field has become so vast, and the things to be considered so enlarged in number and so interrelated with one another, that it has been found practically impossible to provide in laws and ordinances specific rules and standards by which every conceivable situation can be measured and determined. The result has been that we have turned more and more to the plan of providing in our laws and ordinances general rules and standards, and leaving to administrative boards and agencies the task of acquiring information, working out the details, and applying these rules and standards to specific cases. *This is not considered a delegation of legislative authority, though it probably does represent an expansion of administrative power.* * * * Such ordinances represent no change in principle; they merely indicate that the courts, faced by at least an apparent necessity, have relaxed to some extent the particularity with which they formerly required the laws and ordinances to set out the rules and standards by which the delegated power was to be limited, and whatever may be said of the wisdom of this relaxation, no doubt can now be entertained as to its sanction by the great weight of authority in this country."

In the case of *Lee vs. Leitch*, 131 Md. 30, the Mayor and City Council of Baltimore created the Water Board to operate and maintain a system of water supply for Baltimore City, with power to make all reasonable rules for the management of the same.

The Court held:

"In delegating these powers to the Water Board, the City does not violate the principle 'delegatus non potest delegare.' The corporation in such matters may act through its officers and agents. This was recognized in *State vs. Latrobe*, 81 Md. 233, and, as said by Judge Schmucker in *Down vs. Swann*, 111 Md. 53: 'It has been settled by numerous decisions that the State may delegate the police power to subordinate boards and commissions, and that the reasonable and just exercise by them of the delegated power will be upheld.' In this connection we may also refer to *Commissioners of Easton vs. Covey*, 74 Md. 262, and *Brown vs. Stubbs*, 128 Md. 129." McQuillin on Municipal Corporations, Section 24.224, Volume 7, at page 55, had this to say:

"Municipal corporations or boards of health, under power to preserve the health, commonly may and do establish ordinances and regulations pertaining thereto. These ordinances and regulations are largely discretionary with these authorities. They pertain to a wide variety of particular matters relating to public health and sanitation, and ordinarily they should be liberally construed to the end of not hampering municipal authorities in the promotion of public health and sanitation." *Hyland vs. Cobb*, 252 N. Y. 325, 169 N. E. 401:

"Sanitary codes should be construed with great liberality."
State vs. Clarke, 320 Mo. 1190, 9 S. W. 2d 635, 638:

"Liberal construction should be accorded to powers of boards of health."
Druzik vs. Board of Health of Haverhill, 324 Mass. 129, 85 N. E. (2d) 232:

"Regulation of local or city board of health pursuant to statute stands on same footing as a statute, ordinance or by-law, and all rational presumptions are made in favor of its validity and enforcement will be refused only when it is in manifest excess of legislative power, in which connection, if the question is fairly debatable, courts cannot substitute their judgment for that board of legislature."

In view of the above mentioned authorities, and especially the case of *Petrushansky vs. State*, 182 Md. 164, which upholds the validity of Ordinance No. 384, the ordi-

nance does not improperly delegate the police powers to the Commissioner of Health when it authorizes him to make and adopt such rules and regulations as he may deem proper and necessary for the enforcement of this ordinance for the better protection of the health of the City.

The issuance of rules and regulations by the Commissioner of Health under such authority and power is merely ministerial and administrative. The exercise of this power to issue regulations is not discretionary, but is a duty. The preservation of the health and safety of the inhabitants is one of the chief purposes of local government. And it is the duty of the Commissioner of Health to see that the health of the City is properly safeguarded.

Because of this public duty, health boards and health commissioners throughout the country have been granted broader powers to issue rules and regulations than other department heads. This is so for many reasons:

(a) Municipal governments are large and complex corporations and they must act through their agents.

(b) Health boards or health commissioners with their professional and lay advisers are best equipped to know the needs of the public health.

(c) They act for the best interest of the citizens, that is, for the public health of all.

(d) If the Health Commissioner steps beyond the limits of public health, his actions can be restrained.

(e) The power to issue regulations to enforce an ordinance for the better protection of the public health must of necessity be broad. How can you standardize what is necessary to protect the public health? How can the public health be classified, graduated, or standardized, except as public health? In the *Petrushansky case* (supra), the Court said: "We have a *standard*, which we have thought, and still think, is the better test, and that is that the application shall be to all alike. The only purpose of the ordinance is to protect and preserve the health of the people of Baltimore, and the Commissioner of Health is obliged to treat all alike."

Plaintiff's second argument is that regulation Number 9 is discriminatory. He expresses his objection as follows:

"The Plaintiff also contends that the regulation requiring bath facilities is discriminatory since it uses the dwelling unit as a classification and not the number of people; and because two-story dwellings which contain not more than two dwelling units, and have one bath facility, were excepted."

The part that the Court is asked to construe, after providing that every dwelling unit shall provide a private bath room with hot and cold water, is the part excepting "any two story dwelling which contains not more than two dwelling units."

At first reading the exception seems discriminatory and that point was strenuously argued by the plaintiff. On further consideration and examination of the papers herein, the explanation of Dr. Williams for the exception seems not unreasonable. Dr. Williams explains that most two-story houses renting an apartment are occupied by the same family group, that is a family constituting the landlord and some relative, such as a son or daughter occupying the apartment, and they exhibit more interest in keeping the bathroom clean. That may be true but it seems to the Court that whether the apartment is occupied by a relative or a stranger, the first floor in such cases is usually occupied by the landlord and there would be more interest in keeping the bathroom clean than if both parties were without financial interest in the property and the landlord lived elsewhere.

When we get around to a three-story property, as in the present case, we find a multiplication of the evil the regulation is designed to correct. In the case at bar there are four apartments with one bath for each two apartments and such multiplic-

ity only serves to further increase the health danger. That would be true as the multiple use of baths continues to increase in any given building. We must also remember that these regulations are made for city dwellers, people living in congested areas and not for those living on farms or outlying locations who are not affected by the problems incident to those of congested areas. People living in cities must expect health regulations that would never be considered necessary for those living in the country, one of the most outstanding examples being in the regulations concerning the sale and handling of dairy products.

The plaintiff in his brief quotes extensively from the case of *Dasch vs. Jackson*, 170 Md. 251. At page 263 the Court said:

"The State in the exercise of what is usually called its police power may regulate or restrict the freedom of the individual to act, when such regulation is essential to the protection of the public *safety, health or morals.*"

And the Court held that an act of the Legislature of Maryland providing for the licensing and regulation of *paperhangers* in Baltimore City was invalid as violating the 14th Amendment of the Constitution, *since it has no substantial relation to the public health or safety.*

The testimony in this case has clearly shown that

- (a) the minimum requirements of public health require a private bath facility in each dwelling unit;
- (b) that a dwelling unit that is without a private bath facility is unfit for human habitation;
- (c) that private bath facilities are needed for both the physical and mental health of the citizen.

Where the relation of the regulation to the police power is fairly debatable, ordinarily the Court will not interfere. In other words, Courts will interfere only in clear cases of misuse or abuse of the police power, and Courts will not interfere unless a purported police measure has no reasonable relation to the public health, safety, morality or welfare or other legitimate object of the police power. Moreover, an attack on state or municipal police legislation as denying equal protection of the laws will be disregarded by the Court, where the contention is based on disputable considerations of classification and conditions not judicially determinable."

The presumption of reasonableness, constitutionality and validity of a legislative measure is applicable to an exercise of the police power, and a police ordinance presumptively is reasonable and valid. A city is presumed to have full knowledge of local conditions, and its determination of the reasonableness of any specific regulation in the light of this knowledge is *prima facie* valid."

Pocomoke City vs. Standard Oil Co., 162 Md. 368, 159 Atl. 902, 906.

In *Board of Health of Weehawken Township vs. New York Central Railroad*, 4 N. J. 293, 72 A 2d 511 (1950), the defendant appealed from a conviction for violation of a smoke abatement ordinance. It contended that the ordinance was unconstitutional in that it excepted one and two-family houses from its operation.

After adverting to the fact that there are manifest differences between power plants and private residences, the Court declared at page 302:

"The exigency and the remedy were peculiarly within the judgment of the local legislative body; and unless there be an utter lack of basis for the classification, the action taken is not discriminatory in the constitutional sense. * * * The legislature may make distinctions of degree having a rational basis; and they will be presumed to rest on that basis if there be any conceivable state of facts which would offer reasonable ground for its action."

The case of *Petrushansky vs. State*, 182 Md. 164, has held *Ordinance No. 334*, under which the regulation is adopted, to be valid on eight grounds.

The plaintiff argues that since the case reached the Court of Appeals on a demurrer to the indictment, the full validity of the Ordinance was not decided. A study of the case will reveal, however, that the validity of the Ordinance was established on all points.

The grounds for the defendant's demurrer were not based on a faulty or illegal indictment, but were based solely on the validity of the Ordinance which the indictment was enforcing. The defendant set out eight grounds to uphold his demurrer, each one of which attacked the Ordinance from a different point.

The Court dealt with each point and specifically held that the Ordinance was valid as to every one. The whole case dealt with the validity of the Ordinance. The only mention of the indictment is made at the end of this case and then the Court makes it clear that it upholds the Ordinance as valid. At page 176, the Court said:

"Nevertheless, in our opinion it charges a good common law indictment, even if we held the ordinance defective, *which we do not so hold.*"

The plaintiff also argues that the Court of Appeals in upholding the validity of the Ordinance did not contemplate that the Commissioner of Health would issue rules and regulations necessary to enforce the Ordinance for the better protection of the health of the City.

That contention cannot be accepted. In ordinances dealing with communicable diseases, day nurseries, gas appliances, hotels and rooming houses, meat inspection, milk, morgue, parrots, plumbing, vacant lots and weeds, there is a section similar to Section 156 G in Ordinance 384 in which the Commissioner of Health is given the same power to make and adopt such rules and regulations as he may deem proper and necessary for the enforcement of the Ordinance for the better protection of the health of the City. The Court of Appeals certainly knew from cases dealing with these matters that the Commissioner of Health of Baltimore has always had broad powers, and that Boards of Health and Commissioners of Health all over the country are understood to have broader powers than other municipal boards or commissions because of the difficulty of classifying, graduating or standardizing requirements for the protection of the public health.

No evidence was offered by the plaintiff to challenge the contention of the City that infections and body lice could be spread by the common use of bathing facilities, and that the maintenance of bath rooms in clean condition is hampered by the division of responsibility between two families making use of a single bath facility. The plaintiff contented himself with conducting cross-examination geared to the negative purpose of establishing that epidemics had not resulted from shared use of bath rooms.

That the City has slum conditions to contend with was not denied. It is reasonable to suppose that many health problems brought about by uncleanness and contagion confront a City of the size and character of Baltimore, with dense and varied population, and with areas of substandard housing. The adoption of measures to solve these health problems need not wait upon the existence of epidemics. The public would be ill-served if prevention of disease were not conceded to be a legitimate objective of the Health Department of a City.

Private, individual bathing facilities within a dwelling unit serve the purpose of localizing and isolating infection and other objectionable conditions. This simple expedient is not feasible in combating the same evils when associated with shared use of bath facilities. Though not of the same compelling force, the claim that divided

responsibility might result in no one discharging the duty of keeping a shared bath room clean provides further support for the view that the regulation should be sustained. Here, again, it would appear to be good sense and reasonable practice to insulate the clean family as much as possible from the infections and unclean habits of its neighbor. How better may it be done than by avoidance of the use of the shared bath room.

In the course of the trial the point was raised that after the landlord makes the bath improvements he may not be able to receive a rent increase from the rent board. However, the failure of the rent board to increase a rent after the required improvement is not a reflection on the rightness or advisability of the public health requirement, but is merely a reflection on the judgment of the rent board in its determination of the proper rent. The landlord can show legal necessity.

The Court finds that regulation number nine bears a direct relation to health, that the exception is not unreasonable or discriminatory, and said regulation is valid and enforceable. A decree dismissing the bill may be submitted, costs to be paid by complainant.

INDEX

- Accidents, 2, 15
 home accident survey, 10, 61, 224, 250, 292
- Acton, Conrad, 217
- Adams, Mark, 36
- Adams, Mary A., 180
- Administration, 15
- Administrative Section, 69
- Advisory Committee on Sanitation, 5
- Afro American*, 256
- Air pollution control, 55, 223, 264-267
 chemical studies, 93
- American Public Health Association, 12,
 21, 27, 83, 95, 110
- American Red Cross, 76, 77
- Anaesthesia Study Committee, 61, 239
- Anderson, George M., 10, 217
- Appendix, 343-362
- Appropriations, 15-17
- Armed Forces, 38, 163
- Armed Forces Disciplinary Control
 Board, 164
- Assistant Commissioner of Health, 71-76,
 125
 Nutrition Division, 72
- Associated Catholic Charities, 116
- Atkinson, Mildred, 133
- Atomic Energy Commission, 54, 225, 262
- Austin, Charles S. Jr., 217
- Baer, Martha, 116
- Baetjer, Anna M., 6
- Bainbridge Naval Hospital, 51
- Baltimore Association of Commerce, 55
- Baltimore City
 Board of Liquor License Commis-
 sioners, 50, 233, 234, 240
 Board of Recreation and Parks, 278
 Bureau of Building Construction, 253
 Bureau of Building Inspection, 50, 58,
 59, 233, 240, 278, 280
 Bureau of Sanitation, 50, 231, 240
 Bureau of Sewers, 53, 55, 262
 Bureau of Water Supply, 42, 199
- Department of Aviation, 54
- Department of Education, 10, 29, 41,
 42, 51, 52, 73, 76, 180, 224, 235, 251
 Division of Health and Physical
 Education, 199
 Division of Safety Education, 179
- Department of Planning, 58
- Department of Public Welfare, 62, 74,
 134, 174, 177, 197, 214
- Department of Public Works, 54, 224,
 256
- Department of Recreation, 31, 54
- Fire Department, 58, 278
- Markets, 233, 240, 253
- Police Department, 58, 116, 231, 240,
 278
 Sanitary Detail, 225, 248
 Redevelopment Commission, 278
- Baltimore City Hospitals, 30, 31, 35, 37,
 51, 115, 127, 133, 134, 151, 152, 173,
 214, 215
- Baltimore City Medical Society, 289
- Joint Anaesthesia Study Committee,
 61, 291
- Baltimore Commission on Aging, 10, 81,
 289
- Baltimore Council of Social Agencies, 57,
 287
- Baltimore County Health Department,
 233, 240
- Baltimore Health News*, 21, 80, 81, 126, 227
- Baltimore Hearing Society, 181
- Baltimore Safety Council, 10, 52, 84, 224,
 250
- Baltimore School Health Council, 123
- Baltimore Study on the Hygiene of Hous-
 ing, 27, 61, 106, 110, 289
- Baltimore *Sunpapers*, 61, 83
- Baltimore Vagabond Theatre, 83
- Bathtub law court test, editorial, 12
- Bathtubs, 2, 9, 56
 Opinion of the Circuit Court, 353
- BCG, 25, 36, 46, 107, 151, 205
- Beal, Charles H., 214, 215
- Bennett, Frank, 179
- Bibliography, 64-67
- Biddle II Area, housing, 58, 279
- Biologicals, 93
- Biostatistics, 61-62, 291-292
 home accident study, 292
 Joint Anaesthesia Study Committee
 cases, 291
 public health statistics, 291
- Birth certificates, 294
- Birth Record Correction Advisory Ser-
 vice, 62, 295
- Birth transcripts, 62
- Births and birth rates, 38, 172
- Bon Secours Hospital, 134
 School of Nursing, 121
- Botulism, 238
- Bouchett, Charlotte, 116
- Bowles, Chester, 2
- Braff, Erwin H., 93
- Braun, Thomas D., 46, 116, 205
- Breitstein, M. L., 181
- Broadway Redevelopment Area, 9
- Broening Highway sewage pumping sta-
 tion, 52
- Brown, Charles R., 18, 226
- Brown, John M., 18
- Brucellosis, 223, 263
 regulation, 227, 352

- Buck, Theodore C. Jr., 18, 93
 Burial-transit permits, 63, 295
- Cancer, 15
 Canton Area Council, 29, 125, 126
 Carbon monoxide, 55, 263
 Carman, Harry L., 77
 Caron, M. Alice, 19, 46, 205
 Casualty Clearing Stations, 13
 Chemistry services, 92-93
 Cherry Hill Health Carnival, 84
 Cherry Hill Health Council, 31, 132
 Chesney, Alan M., 217
 Chickenpox, 131
 Chief Medical Examiner, 63
 Child Health Day, 125
 Child Hygiene, 38-41, 172-196
 births, 172
 maternal mortality, 173
 maternity hygiene, 38, 172
 clinics, 31, 38, 108, 120, 132, 172, 173
 mental hygiene, 39, 177
 preschool hygiene, 38, 175
 child health clinics, 31, 38, 39, 61,
 108, 116, 120, 125, 131, 176
 children's boarding homes and insti-
 tutions, 177
 day nurseries, nursery schools, and
 day care centers, 39, 177
 home visiting service, 175
 infant mortality, 175
 nutrition service, 176
 premature infants, 38, 175
 preventive inoculations, 39, 109, 176
 school health, 39, 178
 Child Welfare Week, 85
 Children's boarding homes and institu-
 tions, 177
 Children's Fresh Air Society, 74
 Childs, John A., 255
 Chronic Illness Commission, 81, 256
 Church of the Brethren, 279
 Circuit Court, 277
 Citizens Planning and Housing Associa-
 tion, 56
 City Isolation Ordinance, 38, 163
 City Milk Ordinance, amendment, 343
 Civic experience course, 26, 29
 Civil Defense Health Service, 13, 30, 77-
 79, 85
 Casualty Clearing Station assign-
 ments, 77
 Druid Health District, 121
 Southeastern Health District, 127
 training supplies, 79
 volunteers, 77
 Clean Block Campaign, 256
 Clinics
 child health, 31, 38, 39, 61, 108, 116,
 120, 125, 131, 176
 dental, 28, 31, 41, 42, 108, 116, 125, 132,
 197, 198, 199
 Druid Health District, 28, 120
 hearing, 181
 maternity, 31, 38, 108, 120, 132, 172
 medical care, 47, 214
 streptomycin, 28, 120, 125
 toxoid, 39, 109, 176
 tuberculosis, 120, 131, 149
 vaccination, 39, 176
 venereal disease, 30, 37, 109, 120, 131,
 162
 Collier, Ruth, 19, 126, 128, 134
 Commissioner of Health, 9, 10, 12, 23, 27,
 36, 47, 52, 56, 59, 62, 63, 71, 78, 80, 81,
 82, 106, 111, 217, 226, 251, 253, 255,
 277, 280
 Committee on Maternal Mortality, 173
 Communicable diseases, 32-34, 141-146
 cases reported, 32
 diphtheria, 14, 28, 33, 34, 39, 125, 141
 Eastern Health District, 109
 measles, 14, 26, 28, 30, 32, 34, 109, 125,
 131, 142
 meningococcal infections, 28, 33, 34,
 109, 125, 131, 141
 poliomyelitis, 14, 28, 33, 34, 109, 125,
 131, 141
 Rocky Mountain spotted fever, 142
 scarlet fever, 14, 33, 34, 131, 142
 Southern Health District, 131
 typhoid carriers, 33, 141
 typhoid fever, 14, 141
 whooping cough, 14, 30, 32, 34, 109, 131,
 142
 Community health programs, 85
 Community sanitation, 52, 248-253
 Community study workshop, 126
 Connor, Joseph P., 19
 Consultants, 5
 Cooper, Marcia, 108
 Coordinating Council of Parent-Teacher
 Associations, 182
 Corner, Mrs. Henry E., 217
 Couchman, Charles E., 261
 Courtney, Charles, 128
 Cowman, Mary, 116
 Criminal Court, 61, 62, 282
 Cross connections, 53, 254
 Cullen, Judge James K., 60
- D'Alesandro, Thomas Jr., *see* Mayor
 Thomas D'Alesandro, Jr.
 Daley, Sir Allen, 81
 D'Ambrogi, Gulius D., 18, 226
 Dandridge, Marie E., 19, 128, 134
 Davies, Ross, 71, 125
 Davis, J. Wilfrid, 13, 79, 213
 Day nurseries and child care institutions,
 39, 52, 177, 252
 Death transcripts, 62
 Deaths, leading causes, 15
 Dental Care, 41-42, 197-202
 Advisory Committee, 200
 clinics, 28, 31, 41, 42, 108, 116, 125, 132,
 197, 198, 199

- education, 42, 198
 fluoridation, 42, 199
 health education study, 289
 medical care program, 42, 199
 National Dental Health Day, 42, 85, 199
 prefluoridation dental survey, 61
 school program, 41, 197
 services rendered, 198
 Diabetes Detection Week, 85
 Diphtheria, 14, 28, 33, 34, 39, 125, 141
 toxoid inoculations, 34, 176
 toxoid study, 115
 Diseases of arteries and veins, 15
 Diseases of early infancy, 15
 Diver, Alice, 46, 205
 Druid Area, housing, 58, 280
 Druid Health District, 28, 120-124
 civil defense, 121
 clinics, 28, 120
 student nurse affiliation, 121
 Duffy, William P., 121

 East Baltimore Medical Society, 30, 128
 Eastern Community Council, 126
 Eastern Health District, 23-27, 106-114
 BCG, 25
 building, 9, 23, 106
 editorial, 11
 communicable diseases, 25, 109
 demonstration activities, 111
 Dispensary Visiting Nurse Service, 26, 110
 educational activities, 26, 109
 gamma globulin study, 26
 housing study, 27, 61, 106, 110, 289
 maternal and child health, 26
 research activities, 110
 revised boundaries, 25, 106
 service activities, 107
 maternal and child health, 108
 public health nursing, 107
 school health, 108
 tuberculosis, 107
 visitors, 26
 X-ray screening clinic, 25
 Educational work of Health Department—table, 86
 Ellen, Jane D., 19, 116
 Encephalitis, 14
 Enoch Pratt Free Library, 85
 Films Department, 84
 Environmental Hygiene, 52-54, 248-260
 community sanitation, 52, 248-253
 complaints, 52, 248
 home safety, 250
 in-service training, 52, 253
 inspections, 52, 250, 252
 rooming houses, 251
 sewage disposal, 249
 sewage pumping stations, 52, 249
 stream pollution, 249
 swimming pools, 250
 water supplies, 249
 weed control, 251
 foster homes and child care institutions, 39, 252
 plumbing, 53, 253
 rodent control, 53, 254-256
 endemic typhus study, 53, 255
 environmental control, 54, 254
 rat bites, 53, 254
 Ewing, Clinton L., 78, 89
 Examinations, laboratories, 22, 89
 Exhibits, 22, 89
 Expenditures, 16-17

 Federal Civil Defense Administration, 127
 Fellows, Frank S., 6
 Fifth Regiment Armory, 61, 84
 Films, 22, 125, 126, 179
 Financial statement, 15
 Fischer, John H., 81, 180
 Fluoridation, 42, 199
 prefluoridation dental survey, 61
 Food control
 civil defense, 238
 complaints, 49
 condemnations, 49, 243
 cooperative activities, 233
 education, 233
 food-borne diseases, 237
 food handler training, 49, 233
 food plant inspection, 238
 food poisoning, 49, 236
 inspections, 49, 50, 230
 prosecutions, 49, 231, 234, 240
 special activities, 235
 wholesale and commission market area, 50, 233
 Foord, Alan, 77, 126, 132, 179, 182
 Foster children, medical care clinic, 214
 foster homes, 39, 252
 Franklin Square Hospital, 115, 173
 Franklin II Area, housing, 280
 Frazier, Todd M., 18, 78, 289, 291
 Freeman, Allen W., 5, 18, 81
 editorial, 20
 French, William J., 18, 77, 134, 255
 Friedmann, Milton P., 224, 248
 Friendship Airport, 54, 256
 Froelicher, Hans Jr., 6, 283
 Furstenberg, Frank F., 214
 Future Nurses Club, 126

 Galvin, William, 217
 Gamma globulin, 26, 93, 110, 289
 Garbage grinders, 53
 German measles, 33, 131
 Gillis, Andrew C., 5
 Ginn, Jean, 116
 Girardin, Evelyn, 182
 Girl Scouts, 29, 74
 Godfrey, F. Inistore, 19, 31, 51, 72, 127, 132

- Gonorrhea, 37, 109, 162
 Gordon, Joseph, 80, 83, 126
 Governor's Commission on the Study of
 Adoption and Placement Laws, 289,
 296
 Governor's Safety and Health Confer-
 ence, 84
 Gratz, N. G., 256
 Graziano, Theodore J., 217
 Grossman, Albert J., 266
Guarding the Health of Baltimore, 21, 80,
 81

 Hagenbuch, Julia, 126
 Hagler, Catherine, 120
 Hamburger, Louis P., 5
 Harper, W. Sinclair, 78, 106
 Harvey, John C., 214
 Health district boundaries—map, 29
 Health Information, 19-22, 80-88
 community health programs, 85
 exhibits, 83
 film services, 84
 library services, 22, 85
 meetings, 84
 publications, 80
 radio and television, 82
 services to the Department, 85
 Health of the City, 14
 Health Association of Maryland, 74
 Heart disease, 15
 Heine, Elizabeth J., 116
 Henryton State Hospital, 121
 Hill, Carroll D., 13, 78
 Hipp, Elizabeth, 127, 203
 Hobbs, Clark S., 6
 Holland, Paul L., 6
 Holljes, Henry W. D., 214
 Home accident survey, 10, 61, 224, 250,
 292
 Home visiting service, 175
 Home visits by nurses, 44
 Hopkins, Edward S., 10
 Hospital for the Women of Maryland, 91,
 121, 134
 Hospitals, tuberculosis, 37, 152
 Hotels, 9, 251, 348
 Housing, 56-61, 277-286
 Advisory Council, 283
 amendments, 9
 complaints, 58, 285
 educational activities, 61, 282
 hearings and Housing Court, 61, 281
 inspections, 59, 279, 286
 law enforcement—area programs, 58,
 59, 279
 law enforcement—general, 280
 Mount Royal Area program, 56, 277
 regulations revised, 56, 57, 223, 277, 345
 urban renewal, 58, 278
 Housing Authority of Baltimore City,
 278
 Housing Court, 223, 234, 240, 256, 281

 Husson, George, 179
 Husson, Patricia, 40, 179

 Industrial Hygiene, 54-56, 261-274
 air pollution control, 55, 264-267
 audiometric testing, 263
 carbon monoxide poisoning, 55, 263
 child lead poisoning, 55, 263
 community exposures, 264
 complaints, 264
 domestic exposures, 55, 263
 industrial exposures, 54, 261
 occupational diseases, 54, 272
 radiation studies, 54, 261
 Infant mortality, 38, 175
 Influenza and pneumonia, 15
 Instructive Visiting Nurse Association,
 115
 Investigations, laboratories, 23

 Johns Hopkins Hospital, 35, 36, 46, 47,
 109, 115, 151, 173, 205, 214, 215
 Dispensary Visiting Nurse Service, 26,
 110
 Harriet Lane Home, 92, 151
 School of Nursing, 30, 121, 127, 134
 Johns Hopkins Playshop, 83
 Johns Hopkins School of Hygiene and
 Public Health, 9, 23, 26, 46, 51, 62,
 '72, 93, 106, 108, 109, 289
 Johns Hopkins University, 84
 Library, 85
 School of Medicine, 32, 109, 179
 Johnston, Herbert C., 215
 Joint Anaesthesia Study Committee, 61,
 289
 Jones, Ruth, 46, 205
 Juvenile Court, 38, 163

 Kalben, Dorothy R., 18, 85
 Kaplan, Emanuel, 92
 "Keeping Well", 21, 82, 87
 Keller, Robert M., 70, 83
 Kelly Clinic, 261
 King, Terry J., 19
 Koontz, Amos R., 217
 Korff, Ferdinand A., 230
 Krantz, John C., Jr., 47
 Kuehn, Frank, 127

 LaBenz, Paul, 179
 Laboratories, 22-23, 89-105
 biologicals, 93
 chemistry, 92
 educational activities, 96
 examinations, 22, 89
 food poisoning investigations, 92, 236
 lead examinations, 92, 281
 microbiology, 90
 special investigations, 93
 tests, syphilis, 90
 Lanahan, Mary, 45, 72, 204, 263
 Lazarus, Esther, 217

- Lead poisoning, 54
 examinations, 92, 281
 in children, 45, 55, 92, 263
 new test kit, 60
- Leaflets, 82
- Lee, C. Dudley, 214
- Legal Aid Bureau, 63
- Lemkau, Paul V., 106
- Licenses
 day nurseries and child care institu-
 tions, 39
- Lodging houses, 9, 251, 348
- Lumpkin, James, 128
- Lung cancer, 61, 289
- Lutheran Hospital, 51, 74
- Makofsky, Abraham, 133
- Mandell, Sibyl, 108, 127
- Marsh, William K., 128
- Marty, Ivan M., 226
- Maryland Civil Defense Agency, 13
- Maryland Cooperative Milk Producers,
 227
- Maryland Court of Appeals, 56
- Maryland Dietetic Association, 76
- Maryland General Hospital, 134
- Maryland Home Economics Association,
 76
- Maryland School for the Blind, 116
- Maryland Society for the Prevention of
 Blindness, 116, 127
- Maryland State Board of Health, 10, 12
- Maryland State Department of Educa-
 tion, Vocational Rehabilitation Div-
 ision, 46, 116, 127, 153
- Maryland State Department of Health,
 52, 56, 84, 89, 152, 227, 231, 232, 233,
 235, 240, 265, 266
- Maryland State Department of Public
 Welfare, 177
- Maryland State Game Reservation, 51
- Maryland State Livestock Sanitary Ser-
 vice, 227
- Maryland State Nurses Association, 133,
 290
- Maryland State Planning Commission,
 Committee on Medical Care, 289
- Maryland State Roads Commission, 55,
 223, 265
- Maryland Tuberculosis Association, 21,
 29, 35, 120, 126, 151
- Mason, Judge E. Paul, 9, 56, 277
- Maternal mortality, 33, 173
- Maternity hospitals, amended regula-
 tion, 351
- Maternity hygiene, 38, 172-174
 clinics, *see* Child Hygiene
- Mayor Thomas D'Alesandro, Jr., 9, 10,
 36, 81, 106, 226
- McCauley, H. Berton, 125, 197
- McCue, Cecelia, 46, 205
- McManus, Mary Jane, 89
- Measles, 14, 26, 28, 30, 32, 34, 109, 125,
 131, 142
- Meat Inspection, 51, 245-247
 condemnations, 51, 247
 inspections, 51, 246
- Medical and Chirurgical Faculty of
 Maryland, 21, 82, 85, 263
- Medical Care, 46-48, 213-220
 Advisory Committee, 217
 clinic directors, 214
 clinics, 47, 214
 dental services, 42, 199, 215
 distribution of annual cost per person
 —chart, 48
 drugs and medical supplies, 215
 eyeglasses, 215
 expenditures, 47, 215
 financial statement, 216
 Formulary, 47
 home visits by nurses, 45, 204
 persons enrolled, 46, 213
 physicians' services, 47, 214
- Medical staff, 5
- Meetings, 22, 84
- Memorial Stadium, 54, 240, 256
- Meningococcal infections, 28, 33, 34, 109,
 125, 131, 141
- Mental Health Week, 85
- Mental hygiene, 39, 177
- Mental Hygiene Society, 178, 179
- Mercy Hospital, 30, 127, 214
- Michelson, Elaine, 179
- Milk and dairy product examinations, 91
- Milk and dairy regulations revised, 223
- Milk and ice cream, amended regula-
 tions, 351
- Milk Control, 48-49, 226-229
 change in pasteurization regulation,
 48, 226, 351
 dairy farm permits issued, 227
 inspections, 49, 227
 samples tested, 48, 226
 Sanitary Milk Production Contest, 49,
 227
- Moore, Edythe, 127
- Moore, Frieda W., 46, 205
- Moore, Winifred F., 46, 205
- Morgan State College, 13, 51, 74, 78
- Morton, Frances H., 56
- Mothers' Advisory Service, 108
- Mothers' Counseling Service, 39, 178
- Mount Royal Area, housing, 9, 56, 59, 277
- Mount Royal Improvement Association,
 277
- Mount Wilson State Hospital, 37, 51, 74,
 116, 152
- Muller, S. Edwin, 214
- National Association of Housing Offi-
 cials, 27, 110
- National Home Week Exposition, 84
- National Tuberculosis Association, 83
- Neirmann, William A., 116

- Nelson, Nels A., 83, 162
 Nelson, Russell A., 217
 Niles, Cushing, 56
 Norton, Sidney M., 294
 Notification of Birth Registration Records, 62
 Nutrition, 50-51, 72-76
 prenatal and child health clinics, 176

 Occupational diseases, 54
 Ordinance, milk, amended, 343
 Organization chart, 8

 Parakeets, 252
 Parent-Teacher Associations, 29, 31, 126, 132, 178
 Park Royal Improvement Association, 54, 256
 Pasteurization
 City Milk Ordinance amended, 10, 343
 laboratory study, 95
 Milk Regulation amended, 10, 48, 226, 351
 Patapsco River Tunnel, 55
 Pearre, A. Austin, 10
 Penniman, A. L. Jr., 10
 Personnel, 18
 Phillips, Cornelia M., 46, 121, 205
 Pickens, M. Elizabeth, 46, 205
 Pilot Area, housing, 58
 Pincoffs, Maurice C., 5, 10, 217
 Plumbing, 53, 253
 Pneumonia, 15
 Poliomyelitis, 14, 28, 33, 34, 109, 125, 131, 141
 Pollution, streams, 249
 Population, 14
 Premature infants, 38, 175
 Prenatal clinics, 31, 38, 108, 120, 132, 172, 173
 Preschool hygiene, 175-177
 Price, Arthur B., 106
 Principal Causes of Death, 14
 Probation Department of Supreme Bench, 62
 Providence Hospital, 35, 151, 173, 214
 School of Nursing, 121
 Psittacine birds, State Regulation amendment, 353
 Psittacosis, 223
 Public Health Nursing, 42-46, 203-209
 distribution of nursing time—charts, 43
 home visits, 44, 204
 student affiliation, 27, 28, 30, 31, 46, 205
 volunteer program, 44, 203
 Publications, 67
 Pyle, Ruth, 46, 205

Quarterly Statistical Report, 21, 80, 81

 Rabies, 90
 Radiation studies, 54, 261

 Radio, 21, 51, 82, 83, 256
 programs—list, 87
 Raichlen, Samuel I., 13, 79
 Raskin, Howard F., 127
 Rat bites, 53, 254
 Reportable diseases, 33
 Richardson, Lloyd N., 10
 Riley, Robert H., 5, 10, 217
 Ring, Ruth, 127
 Rittler, Charles A., 77
 Robinson, G. Canby, 36
 Rocky Mountain spotted fever, 142
 Rodent control, 53, 254-256
 Rooming houses, lodging houses and hotels, amended regulations, 9, 251, 348
 Rowland, James M. H., 5, 18, 81
 editorial, 19
 Rudo, Alvin, 181
 Russell, Floyd G., 128

 St. Joseph's Hospital School of Nursing, 30, 127
 Sallow, William, 94, 255
Salmonella isolations, 90
 Samler, Evelyn H., 283
 Sanitary Section, 223-225
 in-service training, 224
 new regulations, 223
 special studies, 224
Saturday Letter to the Mayor, 21, 80
 Saulsbury, Elsie, 179
 Sayers, R. R., 70, 94, 255, 267
 Scarlet fever, 14, 33, 34, 131, 142
 Scheele, Leonard A., 82
 School health, 39, 178-182
 dental program, 197
 Eastern Health District, 108
 examinations, 40, 178
 health council, 180
 hearing program, 181
 Southern Health District, 132
 vision screening, 181
 Schucker, George W., 94, 248, 255
 Schulze, Wilmer H., 10, 56, 94, 223, 255
 Scott, Harry B., 214, 215
 Seff, Elsie, 116
 Sewage disposal, 249
 Sewerage engineer, 52, 253
 Sharpe, Helen B., 46, 205
 Shiling, M. S., 150
 Shipley, Arthur M., 5
 Siegmund, H. B., 95
 Silverman, Charlotte, 36, 46, 147, 205
 Sinai Hospital, 109, 134, 173, 176, 214
 Skladowsky, John A., 78
 Smallpox, 32, 34, 39, 176
 Smith, Antonia, 116
 Snyder, Wilda, 126
 Somerset Health Center, 26, 106, 108, 163
 South Baltimore General Hospital, 134, 214

- Southeastern Community Council, 126, 127
- Southeastern Health District, 28-30, 125-130
- communicable diseases, 28, 125
 - dental clinics, 28, 125
 - educational activities, 29, 30, 125
 - nursing activities, 127
 - streptomycin clinics, 28, 125
 - X-ray surveys, 29
- Southern Health District, 30-32, 131-137
- affiliate nurse program, 31, 134
 - communicable diseases, 131
 - community activities, 132
 - dental clinics, 31, 132
 - educational activities, 134
 - maternal and child health services, 131
 - Mothers' Counseling Service, 39
 - school health, 31, 132
 - typhus study, 30, 131
 - venereal diseases, 30, 131
 - X-ray survey, 30, 131
- Spring Grove State Hospital, 46
- Statement of age cards, 62
- State's Attorney's Office, domestic relations department, 62
- Statistical Section, 289-290
- Stebbins, Ernest L., 5, 217
- Streptomycin, 25, 28, 35, 44, 120, 125, 204
- Struve, Virginia, 127
- Student nurses, 46
- affiliation program, 27, 31, 110, 116, 121, 127, 134
- Stump, William M., 13, 79
- Sundberg, Alice M., 203
- Superintendent of Public Instruction, 81, 180
- Swimming pools, 250
- Swisher, Kyle, 215
- Syphilis, 26, 37, 109, 162
- serology survey, 90
- Taback, Matthew L., 41, 181, 289
- Television, 21, 45, 51, 74, 82, 128, 133, 256, 263
- programs—list, 88
- Tenpin Area, housing, 58, 279
- Tetanus, 39
- The Daily Record*, 277
- The Guide*, 126
- "The Practice of Sanitation", 10
- Tuberculosis, 15, 25, 30, 34-37, 147-161
- BCG, 36, 151
 - case-finding programs, 35, 150
 - cases and case rates, 148-149
 - collapse therapy, 150
 - deaths and death rates, 9, 14, 34, 147
 - diagnostic services, 36, 149
 - Eastern Health District, 107
 - exhibits, 83
 - federal assistance, 153
 - home chemotherapy, 35, 45, 152
 - hospitals, 37, 152
 - new mobile chest X-ray unit, 10, 36, 176, 150
 - seminars for nurses, 46
 - Southern Health District, 131
 - vocational rehabilitation, 153
- Tuerk, Isadore, 46, 205
- Tularemia, 237
- Tull, Myron G., 141
- Turner, Ethel, 217
- Turner, Rudolpha, 96
- Turner, Thomas B., 5
- Typhoid fever, 14, 141
- carriers, 33, 141
- Typhus, endemic, 30, 53, 94, 131, 255
- Union Memorial Hospital, 13, 78, 134
- U. S. Bureau of Animal Industry, 51
- U. S. Bureau of Mines, 263
- U. S. Department of Agriculture, 252
- U. S. Food and Drug Administration, 232, 233
- U. S. Public Health Service, 10, 27, 35, 52, 110, 153, 224, 248
- University of Maryland, 84, 176
- Extension Service, 74
 - Hospital, 10, 27, 35, 47, 51, 73, 74, 92, 115, 151, 173, 176, 177, 214, 215
 - Psychiatric Clinic, 30
 - Medical School, 10, 23, 26, 27, 47, 51, 71, 91, 96, 109, 115, 116
 - Library, 85
 - School of Dentistry, 27, 115
 - School of Nursing, 27, 30, 46, 115, 121, 127, 134
 - School of Pharmacy, 27, 115
- Urban renewal, 58, 278
- Venereal diseases, 26, 37-38, 162-171
- Armed Forces, 38, 163
 - clinic admissions, 37, 162
 - congenital syphilis, 37
 - epidemiology and case holding, 162
 - gonorrhoea, 37, 162
 - investigations, 37, 162
 - juvenile cases, 163
 - morbidity and mortality, 162
 - patient visits, 37, 163
 - staff training, 163
 - syphilis, 37, 162
- Verner, Helen, 116
- Veterans Administration, 62
- Hospital, 151
- Vidor, Franz J., 56, 277
- Vision screening, 41, 44, 116, 132, 181
- Visitors, 23, 61, 74, 96, 111, 238
- Vital Records, 62-63, 294-296
- Birth Record Correction Advisory Service, 62, 295
 - birth transcripts, 62, 294
 - burial transit permits, 63, 295
 - death transcripts, 62, 294
 - replaced and corrected records, 62, 294
- Vital statistics tables, 299-342

- Volunteer program, public health nursing, 44, 127
 Voshell, Allen F., 5
 Vroom, Jeanette, 46
- Walsh, Rev. John J., 133
 Walter Reed Hospital, 121
 Water engineer, 250
 Water supplies, 249
 Watson, George W., 78, 115
 Waxter, T. J. S., 289
 WBAL-TV, 74
 WCBM, 256
 Weber, Violet B., 46, 181, 205
 Weed control, 251
 Wenke, Byrd, 96
 Western Electric Company laboratory, 91
 Western Health District, 27, 115-119
 affiliate nurse program, 27, 116
 clinic, 116
 dental services, 27
 medical students, 27, 115
 new building planned, 9, 115
 vision screening, 27, 116
 WFBR, 21, 83
- Whooping cough, 14, 30, 32, 34, 109, 131, 142
 Willets, Thomas, 126
 Williams, H. Maceo, 120
 Williams, Huntington, *see* Commissioner of Health
 Wilner, Daniel N., 106
 Wilson, Harry T., Jr., 214
 Wise, Walter D., 5
 Wiswell, John G., 215
 WMAR-TV, 21, 83, 88, 128
 Wolman, Abel, 6
 Wolman, Samuel, 5, 217
 Women's Civic League, 54, 256
 Woodland, Charles T., 217
 Wylie, H. Boyd, 217
- X-ray examinations, 149
 X-ray surveys, 30, 35, 107, 126, 131
 new mobile truck unit, 10, 36, 126, 150
- Yeager, George H., 217
 Young, Ralph J., 10
 "Your Family Doctor", 21, 30, 31, 133, 256, 263

