

**CITY OF BALTIMORE**

---

**ONE HUNDRED AND FORTY-FIFTH**

**ANNUAL REPORT**

**OF THE**

**DEPARTMENT OF HEALTH**

**1959**



*To the Mayor and City Council of Baltimore for the  
Year Ended December 31, 1959*

ALMIGHTY GOD, *Who hast taught us to make supplications, prayers  
and intercessions for all men. . .*

*We beseech Thee to hear us, Good Lord,  
For all who heal the body, guard the health of the people and tend the sick. . .*

From Divine Service

## DEPARTMENT OF HEALTH

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Commissioner, HUNTINGTON WILLIAMS, M.D., DR.P.H.  
Chief Assistant Commissioner, ROSS DAVIES, M.D., M.P.H.

---

### ADMINISTRATIVE SECTION

Administration ..... HUNTINGTON WILLIAMS, M.D., DR.P.H.  
Health Information ..... JOSEPH GORDON  
Laboratories ..... CLINTON L. EWING  
Public Health Nursing ..... ALICE M. SUNDBERG, R.N., M.P.H.  
Mental Hygiene .....  
Eastern Health District ..... W. SINCLAIR HARPER, M.D., D.P.H.  
Western Health District ..... WILSON M. WING, M.D., M.P.H.  
Druid Health District ..... H. MACEO WILLIAMS, M.D., M.P.H.  
Southeastern Health District ..... JOHN A. SKLADOWSKY, M.D.  
Southern Health District ..... WILSON M. WING, M.D., M.P.H.

### SECTION OF PREVENTIVE MEDICINE

MARK V. ZIEGLER, M.D., Assistant Commissioner of Health

Communicable Diseases ..... ROBERT E. FARBER, M.D., M.P.H.  
Child Hygiene ..... JOHN L. PITTS, M.D., M.P.H.  
School Hygiene ..... WOODROW HEMPHILL, M.D.  
Dental Care ..... H. BERTON McCAULEY, D.D.S.  
Nutrition ..... ELEANOR L. MCKNIGHT, M.S.

### MEDICAL CARE SECTION

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

Medical Care Research ..... BERTRAM W. HAINES, Sc.D.

### SANITARY SECTION

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

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

### RESEARCH AND PLANNING SECTION

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

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

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*Learn to Do Your Part in the Prevention of Disease*



MAYOR GRADY BREAKS GROUND FOR  
NEW DRUID HEALTH DISTRICT BUILDING

In the photograph are shown (left to right): Dr. H. Maceo Williams, *District Health Officer*; the Commissioner of Health; Mr. Raughley L. Porter, *Building Construction Engineer*; Mayor J. Harold Grady; Mr. Philip H. Goodman, *President of the City Council*; and Mr. Walter T. Dixon, *Chairman of the Health Committee of the City Council*.

## CONSULTANTS

- DR. MAURICE C. PINCOFFS,  
*Professor Emeritus of Medicine, School of Medicine,  
University of Maryland.*
- DR. JOHN E. BORDLEY,  
*Professor of Laryngology and Otology, Johns Hopkins School of Medicine.*
- DR. J. EDMUND BRADLEY,  
*Professor of Pediatrics, School of Medicine, University of Maryland.*
- DR. C. REID EDWARDS,  
*Professor of Surgery, School of Medicine, University of Maryland.*
- 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. PERRY F. PRATHER,  
*Director, Maryland State Department of Health.*
- DR. ERNEST L. STEBBINS,  
*Dean, Johns Hopkins School of Hygiene and Public Health*
- DR. THOMAS B. TURNER,  
*Dean, Johns Hopkins School of Medicine.*
- DR. ALLEN F. VOSHELL,  
*Professor of Orthopaedic Surgery, School of Medicine, University of Maryland.*
- DR. WALTER D. WISE,  
*Professor Emeritus of Surgery, School of Medicine, University of Maryland.*
- DR. SAMUEL WOLMAN,  
*Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine.*

## ADVISORY COMMITTEE ON SANITATION

- MR. CLARK S. HOBBS, Chairman  
*Director, Civic Development Bureau,  
Baltimore Association of Commerce.*
- DR. ANNA M. BAETJER,  
*Associate Professor of Environmental Medicine,  
Johns Hopkins School of Hygiene and Public Health.*
- DR. CALVIN B. SPENCER,  
*Medical Director, United States Public Health Service  
in charge of the Baltimore Quarantine Station.*
- MR. HANS FROELICHER, JR.  
*Honorary President, Citizens Planning and Housing Association.*
- MR. BERNARD L. WERNER,  
*Director of Public Works of Baltimore.*
- DR. ABEL WOLMAN,  
*Professor of Sanitary Engineering,  
Johns Hopkins School of Hygiene and Public Health.*

## MEDICAL STAFF

KIRAN C. ADHIKARI, M.D. t  
 RUTH M. ALLEN, M.D. m  
 WILLIAM A. ANDERSEN, M.D. c  
 LOIS ANDERSON, M.D. s  
 CARLOS E. ARRABAL, M.D. m, c  
 DANIEL BAKAL, M.D. t, c  
 McDONALD M. BANDO, M.D. c  
 W. E. BAERMANN, M.D. c  
 M. L. BARKSDALE, M.D. v  
 BRUCE V. BENJAMIN, M.D. c  
 ANNIE BESTEBREURTJE, M.D. c  
 WALTER P. BLOCK, M.D. c  
 LOUIS V. BLUM, M.D. t  
 SAMUEL BLUMENFELD, M.D. s  
 KATHARINE H. BORKOVICH, M.D. t  
 BARBARA K. CLARK, M.D. h  
 MORRIS M. COHEN, M.D. v  
 THEODORE COOPER, M.D. t  
 ERNEST S. CROSS, JR., M.D. v  
 CHARLES R. DAVIDSON, M.D. s  
 GEORGE H. DAVID, M.D. m  
 W. ALLEN DECKERT, M.D. m  
 LEON DONNER, M.D. s  
 FRANK A. FARAINO, M.D. t  
 HAROLD S. FARFEL, M.D. c  
 MAURICE FELDMAN, JR., M.D. s  
 JEROME FINEMAN, M.D. c  
 C. RICHARD FRAVEL, M.D. c  
 LOUIS C. GAREIS, M.D. m  
 HARRIS GOLDMAN, M.D. v, s  
 SYLVAN C. GOODMAN, M.D. v  
 PAUL H. HARDY, JR., M.D. c  
 LOUIS E. HARDY, M.D. v  
 N. ALAN HARRIS, M.D. s  
 THOMAS W. HARRIS, JR., M.D. v  
 JAMES B. HAWKINS, JR., M.D. s  
 MARY L. HAYLECK, M.D. c  
 ERWIN HECKER, M.D. m  
 EMIL H. HENNING, JR., M.D. s  
 RAY HEPNER, M.D. c  
 HENRY W. D. HOLLJES, M.D. mi  
 JOHN H. HOLMES, III, M.D. s  
 CLEWELL HOWELL, M.D. c  
 HUGH P. HUGHES, M.D. s  
 RICHARD H. HUNT, M.D. v  
 IRVIN HYATT, M.D. s  
 MEYER W. JACOBSON, M.D. t  
 GRACE JONES, M.D. c, s  
 JETHER M. JONES, JR., M.D. v  
 W. ATWELL JONES, M.D. v  
 WILLIAM O. JONES, M.D. c

HOWARD C. KRAMER, M.D. v  
 IRVING KRAMER, M.D. c, s  
 ALBERT L. LAFOREST, M.D. v  
 ARNOLD F. LAVENSTEIN, M.D. c  
 LOUIS LAVY, M.D. c  
 C. DUDLEY LEE, M.D. t  
 LUCILLE LIBERLES, M.D. c  
 RENOLD B. LIGHSTON, M.D. c  
 JERRY C. LUCK, M.D. c  
 CHARLES F. MALONEY, M.D. c  
 CLARENCE W. MARTIN, M.D. v  
 JOSEPH MATCHAR, M.D. t  
 ISRAEL P. MERANSKI, M.D. v  
 GEORGE H. MILLER, M.D. m  
 WALTER C. MOHR, M.D. s  
 GEORGE E. NAGER, M.D. ea  
 RICHARD O'NEIL, M.D. c  
 GEORGE C. PAGE, M.D. v  
 LAWRENCE C. PAKULA, M.D. c  
 JOSEPH F. PALMISANO, M.D. c, s  
 GEORGE H. PENDLETON, M.D. v  
 WINTHROP M. PHELPS, M.D. h  
 TALMADGE H. PINKNEY, M.D. v  
 WILLIAM G. POLK, M.D. v  
 DANIEL ROBERTS, M.D. v  
 GILBERT W. ROSENTHAL, M.D. c  
 CECIL RUDNER, M.D. t  
 ALVIN D. RUDO, M.D. s  
 ROYD R. SAYERS, M.D. mi  
 HERMAN H. SCHAERF, M.D. t  
 WILLIAM SCHAPIRO, M.D. s  
 A. M. SCHNEIDMUEHL, M.D. mh  
 BENSON SCHWARTZ, M.D. m  
 J. DOUGLASS SHEPPERD, M.D. v  
 E. WALTER SHERVINGTON, M.D. v, s  
 M. S. SHILING, M.D. t  
 ROBERT T. SINGLETON, M.D. v  
 PERCIVAL C. SMITH, M.D. v  
 DAVID SOLOMON, M.D. m  
 ALVIN A. STAMBLER, M.D. s  
 MARY BETTY STEVENS, M.D. t  
 ADORACION TAÑEGA, M.D. mh  
 ARTHUR C. TIEMEYER, M.D. m  
 ZSIGMUND J. TOTH, M.D. m  
 JOSE G. VALDERAS, M.D. m  
 UMBERTO VILLASANTA, M.D. m  
 HOWARD H. WARNER, M.D. s  
 GEORGE E. WELLS, JR., M.D. m  
 E. HUNTER WILSON, JR., M.D. t  
 ROBERT E. YIM, M.D. v  
 H. ZASSENHAUS, M.D. s

c = child hygiene, ea = ear clinic, h = handicapped, m = maternity hygiene,  
 mh = mental hygiene, mi = medical investigator, s = school physician, t = tuber-  
 culosis clinic, v = venereal disease clinic.

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ONE HUNDRED AND FORTY-FIFTH ANNUAL  
REPORT OF THE BALTIMORE CITY  
HEALTH DEPARTMENT  
1959

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 forty-fifth 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, 1959. This report is the twenty-ninth to be published under the same editorial supervision.

**Introduction**

The major public health achievement of the year was the opening on July 1 of the two new City Health Department mental hygiene clinics for children. These much needed services, made possible by new city appropriations were conducted with the assistance of the Department of Psychiatry of the University of Maryland School of Medicine and The Johns Hopkins School of Hygiene and Public Health.

Among the more favorable developments in the health of the city during 1959 were: (1) a decline of 22 per cent in deaths from tuberculosis when compared with the 1958 experience; (2) the achievement of a low maternal mortality rate of 3.3 per 10,000 live births; (3) limitation of the incidence of illness from the acute communicable diseases to levels indicative of satisfactory control; and (4) a record of no case of diphtheria in Baltimore during the year. A number of circumstances adversely affecting the physical and social health of young children including the incidence of illegitimacy, the extent of prematurity at birth, and relatively high levels of infant mortality, showed no evidence of change. Also at the end of the year a new record high number of individuals had been injured in automobile accidents that had occurred in Baltimore during 1959.



CONSULTATION CONFERENCE—MENTAL HYGIENE  
EASTERN HEALTH DISTRICT CLINIC AUGUST 4, 1959

In the photograph are shown (left to right): Miss Sylvia Miller, *Public Health Nursing Supervisor*; Dr. A. M. Schmeidmuhl, *Clinic Director*; the Commissioner of Health; Dr. W. Sinclair Harper, *District Health Officer*; Dr. Matthew Tayback, *Assistant Commissioner of Health for Research and Planning*; Dr. Paul V. Lemkau, *Professor of Public Health Administration, Johns Hopkins University*; and Dr. Sibyl Mandell, *Chief of the Division of Mental Hygiene Education*.

On July 2 Mayor J. Harold Grady broke ground for the new Druid Health District building at 1515 West North Avenue, and on November 2 he laid the cornerstone of the new Western Health District building at 700 West Lombard Street, adjacent to the University of Maryland Hospital. This district building was opened for Health Department use on November 24.

During October the City Health Department commenced a new program, the Baltimore Health Survey, for the collection of information on the health of the city. Supplementing the traditional vital statistics system, the Bureau of Biostatistics, with the aid of public health nurses making home visits will conduct a continuing surveillance of the health of the city's population. These home visits made each month will determine levels of illness, the extent of protection against diseases preventable through vaccination or inoculation and will evaluate programs of education and service administered by the City Health Department.

On July 1 the Maryland State Coordinating Commission on Problems of Aging was activated. It is expected that the complex social, economic and medical needs of the aged, a growing segment of the population, will be met through the efforts of this group. The City Health Department participated actively in Commission affairs and will continue to do so through membership on the Commission and through special studies for this group.

On December 16 the City Health Department started a truly preventive home inspection program for children living in "lead alley" and who are registered in the well baby clinics. The purpose of these inspections is to insure that these young children who are most likely to develop lead paint poisoning will have the poisonous paint removed from their homes before they become ill or die.

On May 4 the Supreme Court of the United States filed its decision upholding the constitutionality of Section 120 of Article 12 of the Baltimore City Code which allows the health inspection of any house in the daytime where a nuisance is suspected, without a warrant. On May 29 Regulation 3 on the control of tuberculosis was enforced for the first time when a police magistrate sent a recalcitrant infectious case of tuberculosis to the Baltimore City Hospitals. This was required to prevent further exposure to infection of four children, from 4 to 13 years of age, who were living in his household.

At the close of the year the Division of Plumbing was transferred from the City Health Department to the Office of the City Building Inspection Engineer, the secondary school medical and nursing services were transferred back to the Health Department from the Department of Education, which was the status prior to January 1, 1932, and the Division of Smoke Control was transferred from the Department of Public Works to the Health Department.

During June and again in early September Dr. Matthew Tayback, Assistant Commissioner of Health for Research and Planning, spent two weeks on loan to the Pan American Sanitary Bureau of the World Health Organization as consultant at a training course for a group of about 40 senior health officials from Caribbean, African, Asian, and South American countries in relation to medical statistics and epidemiological methods for the eradication of malaria. The Commissioner of Health presented a paper entitled "The Occupational Health Challenge to Preventive Medicine" before the American College of Preventive Medicine at the 87th annual meeting of the American Public Health Association, in Atlantic City, New Jersey, on October 22.

### The Health of the City

The population of the city on July 1, 1959, was estimated to be 987,000; the white population was 674,000 and the nonwhite population was 313,000, or 32 per cent of the total. These estimates have been used in computing the rates published in this report. When compared with 1958, there was an increase of 5,000 in the total population, a decline of 7,000 in the number of white residents and an increase of 12,000 in the nonwhite segment.

Significant population changes included (1) a continuation of the decline in the white population due primarily to a net out-migration of two per cent, (2) an increase of four per cent in the Negro population due to both in-migration and the excess of births over deaths. It is well to consider also that during this same period the number of persons eligible for public assistance increased from 32,761 to 37,234, a factor which provided evidence of some deterioration in the economic level of the population.

The preventable acute communicable diseases remained under effective control in 1959. There were no reported cases of smallpox or diphtheria. Typhoid fever was found among three residents while one case of tetanus and 110 cases of whooping cough were reported. Infectious hepatitis, a virus disease, transmitted usually among children like measles, caused illness in 292 residents most of whom lived in the south and southeastern sections of the city.

The death rate from tuberculosis declined to a record low level of 14.7 per 100,000 population, a drop of 22 per cent from the 1958 rate of 18.9. The number of newly reported cases of tuberculosis in 1959 was 833, a 7.3 per cent decline from the similar figure for 1958. Although it is gratifying to note a steady fall in the toll of this disease, it remains a disturbing fact that 3,449 residents have clinically significant tuberculosis. It is these individuals and their contacts or about 13,000 persons who must be kept under close surveillance in order to accelerate the further control of this disease which consumes a substantial amount of the energy of the Department.

In 1959, the death rate was 11.4 per 1,000 population. The comparable figure in 1958 was 11.7. The loss of life among infants which has been on the increase during the past few years continued at levels which are not acceptable to an advanced and progressive community. The infant death rate was 35.4 per 1,000 live born infants, 25.0 for white infants and 47.0 for colored infants. The lowest rates achieved in the past were 20.9 for white infants in 1952 and 37.2 for nonwhite infants in 1953.

*Principal Causes of Death*

The leading causes of death for the years 1959 and 1958 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  
1958—1959

TOTAL POPULATION			WHITE POPULATION				COLORED POPULATION			
Cause	Death Rate per 100,000		Cause	Death Rate per 100,000		Cause	Death Rate per 100,000			
	1959	1958		1959	1958		1959	1958		
Diseases of the heart...	479.7	491.0	Diseases of the heart...	553.7	544.5	Diseases of the heart...	320.4	370.1		
Cancer, all forms.....	186.2	183.9	Cancer, all forms.....	204.5	199.6	Cancer, all forms.....	147.0	148.5		
Vascular lesions of the central nervous system.....	88.2	89.3	Vascular lesions of the central nervous system.....	84.9	88.8	Certain diseases of early infancy.....	109.8	118.3		
Certain diseases of early infancy.....	54.8	60.7	Accidents.....	42.0	43.7	Vascular lesions of the central nervous system.....	95.5	90.4		
Accidents.....	46.5	45.9	Influenza and pneumonia.....	37.1	41.0	Accidents.....	56.2	50.8		
Influenza and pneumonia.....	41.9	43.4	Certain diseases of early infancy.....	29.5	35.2	Influenza and pneumonia.....	52.4	48.8		
Diseases of the arteries and veins.....	26.1	31.4	Diseases of the arteries and veins.....	28.0	32.9	Tuberculosis, all forms.	22.4	31.9		

**Administration**

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1959.

**FINANCIAL STATEMENT**

As of December 31, 1959

Total City Appropriations.....	\$3,311,280.74
Total City Expenditures.....	3,263,557.64
Appropriations by Ordinance of Estimates, January 1, 1959.....	\$3,256,504.63
Appropriation for Transportation.....	44,133.00
Supplementary Appropriations for Special Projects.....	10,643.11
	\$3,311,280.74

*Expenditures of the Baltimore City Health Department*

## ADMINISTRATIVE SECTION

Administration.....	\$85,047.33
Health Information.....	51,816.24
Laboratories.....	208,529.44
Eastern Health District.....	52,974.11
Western Health District.....	18,221.15
Southeastern Health District.....	29,484.63
Druid Health District.....	37,172.09
Southern Health District.....	15,979.15
Public Health Nursing.....	769,597.51
Mental Health.....	52,077.33
	<hr/>
	\$1,320,898.98

## MEDICAL SECTION—PREVENTIVE

Preventive Medicine—Supervision.....	\$15,539.74
Maternal and Child Health.....	192,739.91
Nutrition.....	7,908.85
School Health.....	290,571.38
Communicable Diseases.....	25,961.27
Venereal Diseases.....	116,034.90
Tuberculosis.....	147,669.15
Dental Care.....	142,154.92
	<hr/>
	\$938,580.12

## MEDICAL CARE SECTION

Administration.....	\$97,187.67
	<hr/>
	\$97,187.67

## SANITARY SECTION

Administration.....	\$51,269.30
Milk.....	100,697.05
Food.....	88,943.50
Meat.....	114,065.67
Environmental Hygiene.....	170,018.74
Plumbing.....	80,965.26
Industrial Hygiene.....	78,577.95
	<hr/>
	\$684,537.47

RESEARCH AND PLANNING SECTION

Administration.....	\$36,836.95	
Medical Epidemiology.....	23,253.29	
Vital Records.....	86,252.59	
Biostatistics.....	72,090.57	
		\$218,433.40

CIVIL DEFENSE

Administration.....	\$3,920.00	
		\$3,920.00

Total, Salaries and Expenses..... \$3,263,557.64

*Receipts*

Vital Records.....	\$74,079.34	
Plumbing Permits.....	46,776.00	
Food Permits.....	50,775.00	
Milk Permits.....	10,916.56	
Meat Permits.....	31,297.72	
Miscellaneous Revenue.....	1,880.32	
		\$215,724.94

*Additional Non-Health Department Expenditures*

Beginning July 1, 1958 State financial aid became available to the City for the first time for formula matching for certain local health services. There follow certain tabulations of expenditures for health work in Baltimore in 1959 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.....	\$27,921.93
City Department of Welfare	
Tuberculosis Hospital Services	
Baltimore City Hospitals.....	979,288.97
Mt. Pleasant Sanatorium—city cases.....	12,204.60
Eudowood Sanatorium—city cases.....	27,812.40
Communicable disease hospital service—Sydenham Service.....	105,000.00†
State Department of Health Funds	
State Tuberculosis Hospitals—city cases.....	1,378,076.48
Mt. Pleasant Sanatorium—city cases.....	7,301.36
Medical Care—public assistance clients.....	1,137,367.68
State Chronic Disease Hospitals—city cases.....	768,374.46
State Mental Hospitals—city cases.....	9,991,000.00
Services for Crippled Children	
State Funds.....	256,995.60
Federal Funds.....	59,992.82
Other Federal Funds for Research and Training.....	182,942.40
	\$14,934,268.60†

## II NONOFFICIAL EXPENDITURES

Baltimore Chapter—Muscular Dystrophy Association of America, Inc.....	\$10,750.00†
Baltimore City Chapter—National Foundation.....	96,616.80
Baltimore Hearing Society.....	31,199.50
Baltimore League for Crippled Children and Adults, Inc.....	36,954.70
Eudowood Sanatorium.....	3,385.93
Food Establishments—sanitary control, auxiliary inspection.....	115,000.00†
Heart Association of Maryland.....	225,000.00
Instructive Visiting Nurse Association.....	225,089.61
Johns Hopkins University—Eastern Health District.....	3,772.02
Laboratory Services—hospital or private.....	300,000.00†
Maryland Association for Cerebral Palsy.....	66,000.00†
Maryland Chapter—Arthritis and Rheumatism Foundation.....	73,038.46
Maryland Chapter—National Kidney Disease Foundation.....	19,093.00
Maryland Chapter—National Multiple Sclerosis Society.....	9,790.73
Maryland Division, Inc.—American Cancer Society.....	241,239.00
Maryland Society for the Prevention of Blindness.....	18,192.37
Maryland Tuberculosis Association.....	151,000.00†
Metropolitan Baltimore Association for Mental Health, Inc.....	80,500.00†
Mount Pleasant Sanatorium—city cases.....	111,505.23
Pasteurization Plants—farm and laboratory control.....	200,000.00†
Thomas Wilson Fund, mental hygiene.....	7,500.00†
Venereal disease control—hospital dispensaries.....	15,000.00†
	\$ 2,040,527.35†
Total.....	\$16,974,795.95†

This \$16,974,795.95 added to the City Health Department expenditures of \$3,283,357.64 gives an estimated total of \$20,238,153.59 or \$20.50 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.

† Approximate figure.

### Personnel

On June 25 Dr. Mark V. Ziegler, who for many years was a Medical Director in the U. S. Public Health Service, became Assistant Commissioner of Health for Preventive Medicine. Dr. Wilmer H. Schulze, Assistant Commissioner of Health for Sanitation died on May 17. This vacancy was filled by the promotion of Mr. George W. Schucker on July 15. Mr. George O. Motry, Chief of the Division of Community Sanitation, on July 31, was named Acting Director of the Bureau of Environmental Hygiene, the post held by Mr. Schucker. Dr. John L. Pitts became Director of the Bureau of Child Hygiene on June 1 and Dr. Wilson M. Wing was appointed District Health Officer of the Western Health District on November 30. Posts filled in the new Bureau of Mental Hygiene included the appointment of Dr. A. M. Schneidmuhl as Director of the Mental Hygiene Clinic in the Eastern Health District and Dr. Adoracion Tañega as Director of the Western Health District Mental Hygiene Clinic on July 1. Miss Mary Joan Albright was named Clinical Psychologist on July 27 and Mr. William T. Callaway was appointed as a Psychiatric Social Worker on October 5.

In the nursing division Miss Ann Miller became Supervisor of Volun-

teers on February 26 following the resignation of Mrs. E. Elizabeth Hipp on February 17. Miss Margaret A. Murphy, Senior Public Health Nurse in Pediatrics was assigned to work in the Division for the Handicapped on September 8. On November 4 the Health Department lost a devoted worker in the death of Miss Clara C. Plichta, Senior Public Health Nursing Supervisor who worked in the Division for the Handicapped.

Personnel changes in the Sanitary Section included the appointment of Mr. Gulus D'Ambrogi as Chief of the Division of Milk Plant Inspection on May 11. Death claimed Mr. Frederick C. Hettinger, Senior Engineering Supervisor for Air Pollution Control on February 1. This position was unfilled at the end of the year. December 31 marked the final day of employment in the City Health Department of personnel of the Division of Plumbing in the Bureau of Environmental Hygiene. This unit was transferred to the Bureau of Building Inspection on January 1, 1960.

### Civil Defense

The year 1959 saw the completion of "An Operational Medical Plan for Natural Disasters Occurring in Baltimore City." The following groups cooperated in preparing this plan and endeavored to assure that it could be implemented in an emergency: The Baltimore City Medical Society, The Baltimore Chapter of the American Red Cross, The Hospital Council of Maryland, Inc., The Baltimore City Civil Defense Organization, The Baltimore City Fire Department, The Baltimore City Police Department, and The Baltimore City Health Department.

The Civil Defense Organization published a "Baltimore City Operational Survival Plan" in August. Health Service operations were detailed in Annex D, Volume III, of the plan. Seven sets of equipment for casualty clearing stations were added to the emergency medical stockpile, and a total of seventy-seven sets were on hand at the end of the year with seven more on order.

Four civil defense emergency hospitals were delivered to the custody of Baltimore City. Two units were placed in the Liberty Reservoir storehouse and two were placed in the storehouse at Prettyboy Reservoir. In December the system for alerting hospitals to a civil defense emergency by telephone calls from Health Department employees was discontinued.

Key persons in the Department were trained in the use of chemical agent detector kits and eighteen kits were issued to Department personnel. A substantial increase in requests for talks and lectures on Civil Defense Health Service plans and operations indicated a growing interest in these activities on the part of para-medical professions.

### Health Information

Throughout the year every Health Department administrative unit continued efforts to motivate residents to do their part in the prevention and control of disease. Particular efforts were directed at such hard core areas as tuberculosis, the venereal diseases, lead paint poisoning in children, poliomyelitis prevention, mental hygiene, accident prevention and prenatal care. Other programs and services were related to: Health examinations and health education in the public schools, heart disease, cancer control, diabetes detection, handicapped children, food control, other communicable diseases, environmental sanitation and industrial hygiene. Community health programs and health information services were carried out with the full cooperation of physicians, hospitals, the state and city medical societies, dentists, official and nonofficial community health organizations, the press, radio and television.

Other health information and educational activities included the following:

1. The Department continued to issue its five periodic publications during the year. These were: (a) The Commissioner of Health's *Saturday Letter to the Mayor* and the weekly vital statistics which were distributed to over 300 individuals and agencies including the press, radio and television; (b) *Baltimore Health News* which was issued seven times during the year and mailed to over 10,000 persons or agencies for the 36th year; (c) the Research and Planning Section's *Quarterly Statistical Report* distributed for the 11th consecutive year; (d) the Department of Health's Annual Report mailed to 500 official and nonofficial health groups and individuals working in health fields; and (e) 4,000 copies of *Guarding the Health of Baltimore—1958*, the Commissioner of Health's annual report to the Mayor and City Council. In addition to his *Saturday Letter to the Mayor*, the Commissioner of Health issued twenty-five special news releases on a variety of health matters.

2. Twenty-five health information pamphlets were completed during the year; of these, 13 publications were revisions of previously issued publications.

3. A total of 27 papers or articles was presented by staff members at professional meetings or published in journals or elsewhere.

4. Continuing the weekly "Keeping Well" radio broadcasts, the Commissioner of Health made taped spot announcements that were distributed to radio stations WFBR and WEBB. Emphasis was continued on the need to prevent lead paint poisoning in children and on the requirement of poliomyelitis vaccine inoculations. These "Keeping Well" spot announcements are a continuous series of announcements dating back to 1932 when the first "Keeping Well" messages were broadcast over the radio.

5. The year 1959 marked the 11th consecutive year of "Your Family

Doctor" television broadcasts which like the radio programs were jointly sponsored with the Medical and Chirurgical Faculty of Maryland. A special series of four programs pointed up health careers for high school students and three telecasts delineated the work of the new mental hygiene bureau which was inaugurated by the Health Department in 1959. All radio and television stations in the city assisted with the dissemination of health news or warnings periodically throughout the year.

6. A total of 162 exhibits was prepared in 1959. These were displayed at meetings, in health district or other show windows, on television and elsewhere. The Department also sponsored or arranged for 222 film showings. Emphasis continued on maternal and child health, mental hygiene and accident prevention.

### Laboratories

An outstanding event occurred when the Division of Chemistry discovered aminotriazole, a chemical weed killer and a suspect cancer causing agent, in a lot of whole cranberry sauce. This was the only positive result obtained by regulatory officials in this geographic area, but its discovery touched off a more intensive study by the U.S. Food and Drug Administration.

In connection with staphylococcal disease 149 specimens, which included 56 cultures from a local hospital, were tested specifically for staphylococci. Of these, 93 were found to contain coagulase positive, pigmented staphylococci. Bacteriophage typing tests revealed that 40 of these were type 80/81 and 16 others were variations of this pattern.

Because of the abolishment of four positions, activities related to routine service and investigative work were again curtailed. During 1959, there were recorded 224,878 examinations of 98,040 specimens and samples. In comparison with 1958 figures, total examinations increased by 4,130 or 1.9 per cent and total specimens and samples decreased by 1,272 or 1.3 per cent. Services concerned with the diagnosis, prevention or treatment of communicable diseases involved 157,048 microbiological tests of 78,597 specimens. Other services related to the control of sanitation involved 21,058 bacteriologic and 46,772 chemical examinations of 19,443 samples of milk and food products and industrial or other materials. No sample of improperly pasteurized milk was found in the examination by the phosphatase test of 1,975 samples of bottled milk. However, in the testing of 532 samples of other dairy products, one sample of cream was found underpasteurized. In this case the Bureau of Milk Control was notified and through prompt action none of the cream from this lot reached the public.

The laboratories again made a significant contribution to the child lead paint poison prevention program. Outstanding accomplishments in this

field were the examination of 1,797 specimens of blood and the testing of approximately 3,500 samples of paint scrapings.

Special investigations included the completion of joint studies on the incidence of coliform bacteria in pasteurized ice cream mix, the use of the Andersen Sampler in microbiological aerosol studies, the determination of the bacteriological quality of the soft type of ice cream, the source of pink color in oysters, the determinations of allergens in dust collected during the industrial handling of castor bean pomace, the collection of samples of soot of known origin as an aid in air pollution control, the simultaneous examination of multiple samples of air for fluoride by the perchloric acid distillation method, an improved method for the detection of fly eggs in tomato products, the examination of Japanese-made chinaware for lead content, the phosphatase content of raw milk, the elimination of copper interference in the screening method for lead in paint, the source of weevil infestation of stored macaroni products and methods for cleaning and deleading of Petroff blood collection needles.

### Public Health Nursing

#### *Services*

The new mental hygiene clinics in the Eastern and Western Health Districts stimulated interest in the field of mental health for elementary school children. Plans were initiated to help the public health nurses develop an awareness of the signs of mental or emotional illness, and of how to work as team-mates with the school principals and social workers. Three public health nurses were assigned to these clinics. Six hundred and fifteen mental hygiene visits were made in 1959, as compared to 70 in 1958.

In September several radical changes were made in the school health program. This meant more complete care and follow-up for those children with special education or special service problems and needs. Health examinations no longer were done on a routine basis but on a referral basis. The Teacher Observation Card was used for each child by the teacher and a Pupil's Medical Record was made out only if the child had a medical problem.

The last decade showed a continuing decrease in the number of home visits made by the public health nurse. On the other hand, time in the clinics increased. In 1949 the nurses made 171,260 visits and in 1959 they made a total of 80,415 visits. Twenty-nine per cent of their time was spent in clinics in 1949 and 37 per cent in 1959. Some of this change was due to program planning, the effect of chemotherapy in tuberculosis control, reduction of certain case loads, more intensive teaching within the clinic situation and new follow-up policies. There was a reduction in the nursing staff, but there was more intensive home visiting during 1959.

Public health nurses assisted the Bureau of Biostatistics by visiting 3,044 expectant mothers as part of a special study of the relationship between the smoking habits of expectant mothers and the incidence of premature births. In October nurses aided in a pilot study for the new Baltimore Health Survey which was to be inaugurated in January, 1960. In the survey one hundred randomly selected families will be visited each month to secure medical and public health information on a continuing basis.

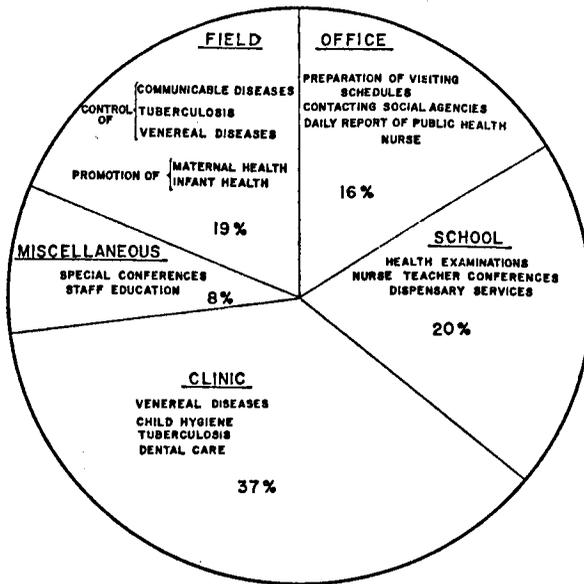
The work of the nurses to prevent lead paint poisoning in teething-age children continued on the same basis through distribution of educational material, teaching parents to recognize symptoms and secure early diagnosis, and by taking paint samples in homes where indicated. A total of 1,005 visits was made in behalf of this preventive program.

The liaison public health nursing service at Baltimore City Hospitals continued during 1959 although the amount of time was reduced because of staff nursing shortages. The Southeastern Health District allotted two half-days each week to Baltimore City Hospitals and referred 292 post-partum patients, 5 pediatric cases, and 639 premature infants for a total of 936 patients. Several meetings were held with the hospital Director of Social Service to strengthen the follow-up of premature babies to prevent repeated admissions due to respiratory infections, dehydration and diarrhea. The program demonstrated its value but to meet the needs effectively more full-time public health nursing service within the hospital is required.

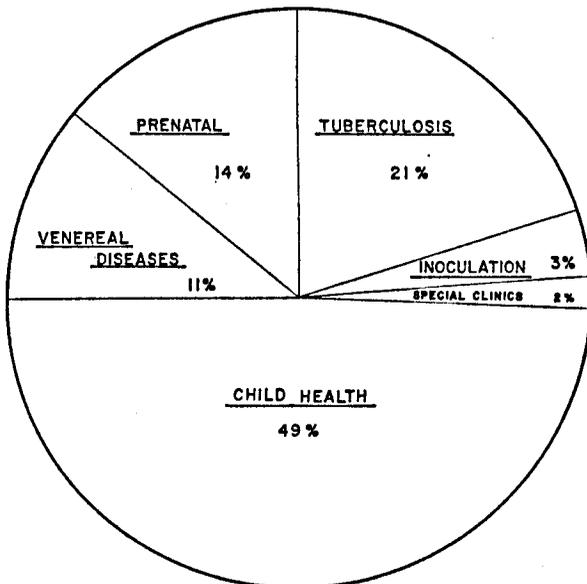
In September a senior public health nurse qualified in maternal and child health was assigned to the handicapped children's program. A greater interest in the needs of such children was shown by an increase in visits from 520 in 1958 to 1,295 in 1959. A great deal of satisfaction came from seeing that the health and educational needs of these children was being met in the community in a more adequate manner. Specific services given to individuals and families in homes are shown in the accompanying pie diagrams and table.

HOME VISITS OF PUBLIC HEALTH NURSES—1959

SERVICE	TOTAL	WHITE	COLORED
ALL HOME VISITS .....	80,415	22,344	58,071
Maternity hygiene .....	18,765	1,725	17,040
Infant health supervision .....	29,410	8,570	20,840
Preschool health supervision .....	5,630	1,740	3,890
School health supervision .....	4,705	3,115	1,650
Tuberculosis .....	10,565	3,970	6,595
Veneral disease .....	3,150	84	3,066
Other acute communicable diseases .....	2,705	1,455	1,340
Other morbidity .....	4,130	1,175	3,005
All others .....	1,125	510	615



DISTRIBUTION OF NURSING TIME  
BY MAJOR TYPES OF ACTIVITIES—1959



DISTRIBUTION OF CLINIC NURSING TIME  
BY TYPE OF SERVICE—1959

### *Volunteer Program*

During 1959 the Volunteer Program underwent many changes. Mrs. E. Elizabeth Hipp resigned early in the year and was replaced on February 26 when Miss Ann Miller started work. Fortunately decentralization made it possible for health district offices to continue as they had in the past. As a result, 1,114 volunteers contributed 22,979 hours of service. The Western and Southern Health Districts showed a considerable decrease in volunteer hours while the Druid Health District tripled the number of volunteer hours over 1958. Other health districts remained substantially as before.

In the Druid district with the assistance of the Community Council section of the Urban Renewal and Housing Agency, a committee of prominent citizens met to discuss community participation in promoting health in the district. As a result of this meeting an intensive program in vision testing was started in the schools. Recruitment for clinic and office volunteers was intensified with excellent results. Another program which increased volunteer participation was the new summer program for teenagers. Twenty-three high school students gave 2,600 hours of service. Students worked in well baby clinics in all of the districts as well as in the Bureau of Laboratories and in the Medical Care Section. The Fifth Annual Meeting of Volunteers was held on June 9. Approximately 100 volunteers met at the Municipal Stadium. Each health district explained the workings of one volunteer program which had been conducted successfully. Thirty volunteers received awards for more than 100 hours of service each.

In the latter part of the year volunteer hours in clinics declined sharply. The steel strike sent many women to work. The teacher shortage also gave substitute jobs to many former volunteer workers. Recruitment and orientation demanded an increasing amount of district nursing time. In order to stimulate an esprit de corps as well as to assist in recruitment and orientation it was suggested by the Advisory Committee that a formal organization of volunteers be considered. The Parent-Teacher Associations, the Maryland League of Women's Clubs, and the Women's Civic League agreed to assist in this.

### *Education*

Interest in education continued with several nurses enrolled in universities who worked toward degrees in nursing and public health. Public health affiliations were provided for two baccalaureate graduate nurses, 45 baccalaureate students and 71 diploma students; the bureau also provided 264 observations for nursing students in all areas of public health nursing. Nine public health nurses were trained in treatment techniques during the year, and ten public health nurses had a series of conferences to prepare them for interviewing in the venereal disease clinics. The Supervisor of

Public Health Nursing for Venereal Diseases conducted twenty-seven seminars on venereal disease control with a total attendance of ninety-three student and staff nurses. The Clinical Director for Venereal Diseases gave two lectures on venereal diseases to a group of public health nurses and clinic clerks.

### **Mental Hygiene**

Plans evolved during 1958 concerned with the establishment of a Bureau of Mental Hygiene were implemented when city appropriations were made available for 1959. A Division of Mental Hygiene Services was established on July 1 by the formation of two mental hygiene clinics for children, one located at the Eastern Health District building in cooperation with The Johns Hopkins School of Hygiene and Public Health and a second at the Psychiatric Institute of the University of Maryland Hospital in cooperation with the Department of Psychiatry of the University of Maryland School of Medicine. Referrals to these clinics were received from the public and parochial schools, the various voluntary child care agencies and from the Department of Public Welfare. A Division of Mental Hygiene Education had been established in 1948 when Dr. Sibyl Mandell became Chief of the Division. The anticipatory guidance program supervised by Dr. Mandell was extended to include kindergarten classes particularly at the start of the new school year. The Division of Mental Hygiene Research financed completely from federal funds and by the Thomas Wilson Fund commenced a new research project concerned with the measurement of the extent of emotional maladjustment among school children.

In order to advise the Department on the development and scope of the program, a small group of consultants in mental hygiene was appointed by the Commissioner of Health. These were: Dr. Leon Eisenberg, Associate Professor of Psychiatry of The Johns Hopkins Hospital; Dr. Jacob E. Finesinger, Professor of Psychiatry of the University of Maryland School of Medicine; Dr. Paul V. Lemkau, Professor of Public Health Administration of the Johns Hopkins School of Hygiene and Public Health; and Dr. Clifton T. Perkins, Commissioner of Mental Hygiene of Maryland.

### **Eastern Health District**

As mentioned previously a new mental hygiene clinic to work with schools and community agencies was established on July 1. Noteworthy also were: The assignment of Dr. Ray D. Baker, a Captain in the U. S. Army, as the district's first resident physician-in-training in Public Health on December 9; the transfer on January 1 of census tract 11-1 to the Druid Health District and of Ward 6 to the Southeastern Health District; and the discontinuance as of the first of the year also of group therapy of adolescent



BALTIMORE'S HEALTH DISTRICT BOUNDARIES

patients of the Phipps Clinic of The Johns Hopkins Hospital. On December 31 there was a general revision of the health district boundaries, as shown in the accompanying city map.

#### *Acute Communicable Diseases*

Cases of acute communicable diseases in the Eastern Health District were reported as follows: Measles, 370; meningococcal infections, 2 cases and 1 death; scarlet fever, 76; typhoid fever, 1; paralytic poliomyelitis, 1; whooping cough, 32; and infectious hepatitis, 77. There was no case of diphtheria during the year.

Tuberculosis control demanded more time and effort than any other single service. The treatment and supervision of patients with tuberculosis required 2,660 home visits by public health nurses. The X-ray screening clinic took 5,160 films of contacts of active cases, patients referred by private physicians or hospitals or self-referred apparently well persons and prenatal patients of the Health Department. This was a decrease of 11 per cent from the previous year. Of the total group surveyed, 2,264 were white

persons and 2,842 were colored persons. The films were read as follows: negative, 93.6 per cent; suspicious, 2.2 per cent; and unsatisfactory, 4.2 per cent. Of the 111 patients with suspicious films, 24 persons were registered as new cases of tuberculosis. A tuberculin testing and chest X-ray program for Health Department employees was carried out.

The BCG clinic was inactivated subsequent to July 1 as the vaccine provided by the Phipps Institute in Philadelphia was no longer available. The BCG clinic resumed work on September 23, utilizing a frozen, dried vaccine purchased from the Research Foundation in Chicago. BCG was administered to 620 persons, which was an increase of 179 over the previous year and was the largest number of vaccinations given in one year since the program began.

The venereal disease clinics continued with three nightly and two daily sessions and admitted 3,927 patients. Of these patients, 455 had syphilis and 1,933 had gonorrhea. Twelve had other venereal diseases. Forty-six persons received prophylactic treatment for syphilis, 398 received prophylactic treatment for gonorrhea, 1,031 had no disease and 52 did not complete diagnosis.

#### *Maternal and Child Health*

A hearing screening clinic was conducted in Child Health Clinic No. 11 at the district building. Child health clinics reported a total of 23,812 visits. For the first time birth certificate correction services became available at the district building, beginning in November.

A program of nutrition teaching was started in the Friday morning prenatal clinic. The Monday, Wednesday and Thursday morning maternity clinics registered a total of 8,798 antenatal and postnatal visits. The maternity caseload for the year was 2,121 colored patients and 137 white patients, or a total of 2,258 patients, 1,637 of whom were registered for delivery at hospitals. Midwives delivered 29 patients and postpartum examination only was provided for 121 patients.

#### *Mental Hygiene*

The mental hygiene clinic previously noted was established on July 1 with a psychiatrist, Dr. A. M. Schneidmuhl, a clinical psychologist, a secretary and two part-time nurses as a staff. Services were offered in three areas: Preventive, through the medium of consultation with community agencies, public health nurses, social workers, the clergy and private physicians; secondary prevention, through diagnostic and treatment services for individual children aged six through twelve; and educational, both in-service and to the community through the media of the press, television and radio.

*Generalized Sanitation Program*

While handicapped due to lack of personnel, the generalized sanitation service continued and a total of 3,964 inspections was made, resulting in 4,274 corrections. Special surveys were made in respect to lead paint labeling, shaving brushes and undated milk.

*Education and Research*

A field course in public health practice was inaugurated in November for Master of Public Health students of The Johns Hopkins School of Hygiene and Public Health. This course was for students without prior experience in health agency services. Field courses were continued for all major groups of public health workers and these included Master of Public Health students, medical students and student nurses of The Johns Hopkins Medical Institutions, sanitarians of the City Health Department, inspectors of the Urban Renewal and Housing Agency, inspectors of the Bureau of Building Inspection and student nurses of the University of Maryland Hospital and St. Joseph's Hospital. A total of 67 student nurses from The Johns Hopkins Hospital attended the regular eight week, full-time affiliate course in public health nursing, bringing to 1,967 the number of nurses who have attended this course since the district was established in 1932.

The Chief of the Division of Sanitarian Training, Mr. Milton Friedmann, supervised courses for City Health Department sanitarians and the sixth thirteen-weeks course was completed in February, 1959. Two employees of the Baltimore Urban Renewal and Housing Agency attended this course. Eight members of the Bureau of Building Inspection attended a three-weeks course in July and short courses were held in the detection of nerve and mustard gas, in new concepts in milk production and in additives to food as applied to Baltimore. Field observations of sanitary inspection were given to fifty-three student nurses of The Johns Hopkins Hospital School of Nursing and the University of Maryland School of Nursing.

The Baltimore Study on the Hygiene of Housing began its sixth year on March 1. The final tabulation and analysis of the data collected over five years proceeded throughout the year. A survey was carried out by Miss Elizabeth Britt and Mr. Joseph Dallas of the staff of the Cerebral Palsy Research Project at the Johns Hopkins Hospital in the Child Health Clinic in the building in order to collect developmental data related to auditory acuity in infants. Mrs. Betty Cuthbert was allocated office space adjacent to Dr. Paul Lemkau and is continuing her studies in the field of mental hygiene.

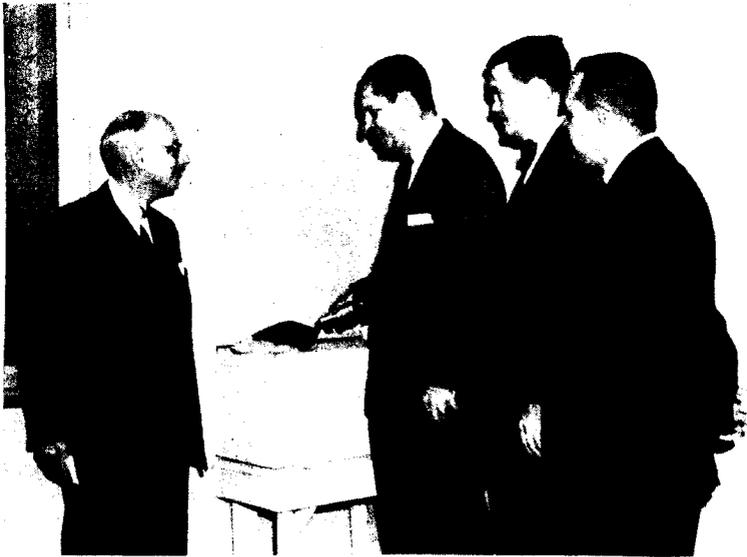
The district building and its facilities were demonstrated to many community agencies, groups of counselors from the Department of Education, students from Patterson Park High School and groups of students from

primary schools in the area. The seminar and other rooms were extensively used for professional meetings of sanitarians, nutritionists, rehabilitation and mental health groups and other workers. There were visitors from the United States and Canada and from Argentina, Brazil, Ceylon, Chile, England, India, Iran, the Philippines, Sweden, Taiwan, Thailand and Yugoslavia.

### Western Health District

On November 2, Mayor J. Harold Grady laid the cornerstone of the new Western Health District building. The administrative staff was moved to the new building on November 24 but child health and inoculation clinics continued in the University of Maryland Outpatient Department at the close of the year.

The mental hygiene clinic began weekly conferences with nurses and school personnel in August. Children were served who had proved to be problems in the classroom. Data as to the family situation was presented by the nurse to whom the problem had been referred by the school authorities. Final recommendations for treatment were reached jointly by the teacher or principal of the school, the school social worker or counselor and



MAYOR GRADY LAYS THE CORNERSTONE  
WESTERN HEALTH DISTRICT BUILDING--NOVEMBER 2, 1959

In the photograph are shown (left to right): The Commissioner of Health, Mayor J. Harold Grady, Dr. George Entwisle, *Professor of Preventive Medicine and Rehabilitation, University of Maryland School of Medicine*; and Mr. Raughley L. Porter, *City Building Construction Engineer*.

the clinic staff. By the end of the year 36 children had been discussed from schools in the Druid Health District, Northwestern Health District, Southern Health District and Western Health District. It was felt that the twenty-five nurses involved in these presentations acquired valuable in-service training. It was also felt that this activity would eliminate some duplication of effort by different community agencies in the care of children in problem families.

Well baby clinics continued to be well attended. The population requiring these services had increased due to the replacement of white by nonwhite families in the northwestern part of the district and the completion of the Lexington Poe Housing Project which added 950 families and more than 2,000 children to the nursing caseload. In the field of tuberculosis control there was a 25 per cent decrease in the number of new patients referred for domiciliary care. Twenty-eight per cent of the new cases were diagnosed as having far advanced active disease when reported to the Department. Of 240 kindergarten and first grade children tuberculin tested in 1958, 21 or 8.7 per cent had developed a positive reaction on retesting a year later indicating the strong forces operating in the spread of tubercle bacilli in this community.

Educational activities continued to be important in the work of the district staff. Field visits were arranged for junior medical students at the University of Maryland Medical School and for student nurses and affiliated nurses with the University of Maryland School of Nursing.

### **Druid Health District**

The most momentous occasion in 1959 for the Druid Health District was the ground-breaking ceremony at the site of the proposed new district building on July 2. The Mayor of the City and other public officials together with the architect and the builder participated in this brief but impressive ceremony. The site is the triangular area bounded by North Avenue, Pennsylvania Avenue, and Cumberland Street, adjoining a branch building of the Pratt Library. The Druid Health District was enlarged by the addition of census tracts 11-1 and 11-2. This brought the total population of the Druid area to 155,728.

Twenty-nine cases of lead paint poisoning, or 44 per cent of the 66 cases reported for the entire city in 1959 were found in the Druid Health District. There was one death. In the previous year 60 cases were reported in the Druid area with 5 deaths. Due largely to the campaign carried out by the Bureau of Health Information and Radio Station WEBB, efforts were made to alert the entire population of the district to this serious but preventable health hazard. On December 16 a truly preventive program was inaugurated. Visits were made by the sanitarians from the Bureau of Environ-

mental Hygiene to the homes of one year old children registered in the well baby clinics at 1313 Druid Hill Avenue, and paint samples were examined for the presence of lead. When found to be positive the lead paint was removed.

The district observed its 20th anniversary as a neighborhood health unit in 1959. The campaign against poliomyelitis was aided substantially by the Bureau of Health Information. In 1959, three cases of paralytic poliomyelitis were reported from the Druid Health District. The Division of Community Sanitation, the Bureau of Communicable Diseases, and the Bureau of Dental Care participated in various forms of activity.

The nurses at the Druid Health District continued their series of staff education conferences. In 1959 representatives from the Department of Education, the Police Department, the University of Maryland and the Health Department addressed the group. The volunteer program under Miss Ann Miller was greatly expanded. Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene Education, continued to lecture to patients who attended the prenatal clinic and to show motion pictures dealing with various aspects of mental hygiene. Student nurses from Johns Hopkins, Provident, Mt. Saint Agnes and the University of Maryland Schools of Nursing received various degrees of experience and instruction in the clinics or in the field within the Druid Health District.

### **Southeastern Health District**

A program for mental hygiene under the able direction of Dr. A. M. Schneidmuhl, Director of the Mental Hygiene Clinic in the Eastern Health District, was inaugurated in the Southeastern Health District in July with weekly conferences on case presentations by district public health nurses of school children in need of psychiatric services along preventive lines. The Commissioner of Health and his bureau directors as well as public and parochial school principals, teachers and social workers attended the conferences.

The new referral system conducted in cooperation with the Baltimore City Hospitals and begun in July, 1958 was continued during the year; two district public health nurses were assigned to this work two half-days each week for the purpose of referring postpartum mothers and their babies needing immediate follow-up to the public health nurses in the various districts of the city or to social and welfare agencies.

Ward 6 of the Eastern Health District with its five census tracts was taken over on April 8 by the Southeastern Health District and on April 10 the original administrative building of the district at 901 S. Kenwood Avenue was permanently closed and returned to the City Department of Education. This building housed the district administrative offices from

August 16, 1937 until March 10, 1953 when it was restricted for clinic use.

In view of the increasing shortage of nursing personnel special efforts were made during the year to augment and utilize the volunteer program by enlisting the services of workers from neighborhood churches, civic organizations and high schools. The resultant gratifying response made it possible to maintain a full scale health program.

For the seventh successive year the incidence of acute communicable disease was low with 105 cases of measles, 76 cases of infectious hepatitis, 28 cases of scarlet fever, 19 cases of whooping cough, 58 cases of chickenpox, 70 cases of mumps, and 1 case each of meningococcal infection and poliomyelitis. No case of diphtheria or typhoid fever was reported. A Mantoux tuberculin testing clinic was opened in the district building on January 27 and held every Tuesday thereafter. The poliomyelitis vaccination program was maintained throughout the year in the three inoculation clinics at 910 S. Kenwood Avenue, 3411 Bank Street and 1411 Gough Street where a total of 1,909 persons received the protective vaccine.

The affiliation in public health nursing was continued for the fourth year for fourteen collegiate nurses from the University of Maryland School of Nursing under the direction of Mrs. Mary Grotefend, Associate Professor of Public Health Nursing in that school. In addition, students from The Johns Hopkins School of Hygiene and Public Health, preclinical students from The Johns Hopkins School of Nursing, student nurses from the Maryland General Hospital School of Nursing and students from Mt. St. Agnes and Mt. St. Joseph's Colleges affiliating with the Instructive Visiting Nurse Association, made practical observation and studies in district field and clinic activities.

The monthly staff nurses education conferences centered on mental hygiene, the family health service and the recruitment of volunteers. Talks by members of the City Health Department bureaus, the Maryland State Department of Health, City Department of Public Welfare and the Maryland Society for the Prevention of Blindness were an integral part of the conferences. Field trips were made to the Rosewood State Training School, the Harriet Lane Home of the Johns Hopkins Hospital, the Florence Crittenton Home and the Veterans Administration Regional Office.

At the October meeting of the East Baltimore Medical Society, which continued to hold monthly meetings in the district building for the eighteenth consecutive year, Dr. B. Harvey Minchew, Epidemic Intelligence Officer of the United States Public Health Service at The Johns Hopkins Hospital and Dr. Robert E. Farber, Director of the Bureau of Communicable Diseases, were guest speakers. The District Health Officer attended civil defense staff meetings, a command post exercise, the Baltimore Civil Defense Drill, Operation Shamrock, at the Southwestern District Civil

Defense Control Center, and the monthly meetings of the Baltimore Civil Defense Health Service. Similar meetings of the Agency Teamwork for Youth Pilot Project of the Baltimore Council of Social Agencies and luncheon meetings of the Southeastern Council of Community Services were also attended.

### **Southern Health District**

Procurement of volunteers remained a major activity of the district staff. Orientation programs for new volunteers were held in the district building and in outlying districts such as Cherry Hill. The Southern Health District was asked by Miss Ann Miller, public health nurse in charge of the volunteer program, to assume chairmanship for planning the annual volunteer meeting. The crux of the problem appeared to be to retain volunteers after they had been recruited. Many volunteers left for paid employment after they proved to themselves in a few sessions that they could work outside the home.

Four of the well baby clinics were staffed by resident physicians from The Johns Hopkins Hospital. Attendance continued high both at these clinics and in the prenatal clinic. Nursing services in both public and parochial schools were reoriented in accordance with the new plan of physical examinations on a referral basis.

Educational activities continued to be an important function of the staff. In-service training utilized outside speakers and discussion groups as well as demonstrations of audiometer testing and the use of the Massachusetts vision testing kit. Prior to the opening of the new mental hygiene clinic in the Western Health District the nursing staff met with Dr. Adoracion Tañega, director of the clinic, for a discussion of the objectives and mechanics of the clinic. The first case from the district was presented to the clinic in September. Students were received from the University of Maryland School of Nursing and Mount St. Agnes College. Students from Maryland General Hospital, The Johns Hopkins Hospital and Franklin Square Hospital observed activities in clinics, schools and in the home visiting program. Junior nursing students from the University of Maryland School of Nursing visited neonatal and postpartum patients who had delivered at the University of Maryland Hospital in company with public health nurses. Three medical students from the University of Maryland School of Medicine also made field trips with the public health nurses. The district building auditorium was used to an increased extent for program meetings of various community agencies. The Southern Health District was also represented at each monthly meeting of the Southwest Professional Council held in the Westport Homes Housing Project.

### Preventive Medicine

The Section of Preventive Medicine was without a director following the resignation of Dr. Janet Hardy on July 18, 1957, until the appointment of Dr. Mark V. Ziegler on June 25, 1959. The administration of BCG vaccine for those at risk from tuberculosis was accomplished in the Eastern Health District during the fourth quarter by the use of the multiple point pressure disc. It was believed that this technique would reduce the danger of developing abscesses at the site of injection. Owing to the excessive maintenance expense the U. S. Public Health Service mobile X-ray unit on loan to the Department was returned in September, 1959.

At the close of the year six venereal disease investigators from the Public Health Service were on duty with the Department of Health in connection with the case-finding program. The Bureau of Laboratories made serological tests on blood specimens submitted by the Franklin Square Hospital on all of its outpatients.

The Bureau of School Hygiene continued to make physical examinations of those pupils suspected of having a disease or disability and referred by the teacher or nurse. This procedure made for more effective use of the medical and health services than the routine examination of pupils in selected grades. Other Health Department work in preventive medicine is recorded under Communicable Diseases, Child Hygiene, School Hygiene, Dental Care, and Nutrition.

### Communicable Diseases

There were 12,765 cases of communicable diseases reported during the year, a decrease of 2,979 from the 15,744 cases reported in 1958. There were fewer recorded cases of measles, German measles and chickenpox. Communicable disease Regulation 2, the requirements for communicable diseases in the form of a chart, was amended and republished on April 1 in accordance with the provisions of Section 217 of Article 12 of the Baltimore City Code of 1950.

#### *Acute Diseases*

For the second time Baltimore City experienced a full calendar year without a single case of diphtheria; the last case was reported on April 30, 1958 and died on May 10, 1958. There were 15 cases of paralytic poliomyelitis without any fatal case; 13 of the cases were in preschool children and only 2 of the cases had received three inoculations of the poliomyelitis vaccine. Three cases of typhoid fever were reported. One was traced to a carrier who was visiting from out-of-state, the second was a medical student who was working in a laboratory doing research with virulent typhoid

organisms, and the third case was contracted as a result of swimming in a polluted stream. At the beginning of 1959 there were 51 known typhoid carriers living in Baltimore. Three of these died and 2 moved out of the city so that at the end of the year 46 carriers remained under Health Department supervision.

The increase in the reported cases of infectious hepatitis which was noted in 1958, continued in 1959, with a total of 292 cases being recorded. The outbreak reached its peak in January and toward the end of the year was on the wane. There was 1 fatality attributed to the disease. For the first time since 1957 there were 4 cases of tularemia and 1 case of murine typhus reported. There were 1,138 cases of measles, 132 cases of German measles, 110 cases of whooping cough, and 10 cases of meningococcal meningitis.

It was estimated by a special sampling survey made in May that 88.7 per cent of preschool children over one year of age had received the combined diphtheria-whooping cough-tetanus inoculations, and also that 71.4 per cent of children under 16 years of age had received three inoculations of poliomyelitis vaccine. For the thirty-first year there was no case of smallpox in the city. The last recorded case was reported on March 9, 1928.

CHILDREN RECORDED AS RECEIVING DIPHTHERIA TOXOID INOCULATION  
BALTIMORE 1954-1959

AGENCY	1959	1958	1957	1956	1955	1954
<b>TOTAL</b> .....	30,790	30,520	32,355	35,690	33,545	34,975
Physicians' practices .....	...	...	8,505	8,965	10,660	10,730
Preschool clinics .....	26,960	25,005	21,245	19,300	17,775	18,860
School clinics .....	3,830	5,515	2,605	7,425	5,110	5,385

### *Tuberculosis*

There were 145 resident deaths from tuberculosis in 1959, which gave a death rate of 14.7 per 100,000 population. The white death rate was 11.1 and the nonwhite rate was 22.4. A total of 833 new cases of all forms of tuberculosis were reported, which was 7.3 per cent less than the number recorded in 1958. The total case rate was 84.4 new cases per 100,000 population, with a white rate of 56.2 and a nonwhite rate of 145.0.

Through the financial assistance granted to the Health Department by the Maryland Tuberculosis Association, the tuberculosis case register was brought up to date and indexed so that a continual check could be maintained on all known active cases of tuberculosis in the city. As a result of this work prevalence figures for tuberculosis were available for the first time. As of the single date July 1, 1959, there were 3,449 active cases registered, of which 1,573, or 46 per cent were white persons and 1,876, or

54 per cent were nonwhite. A total of 1,841 cases or 53.4 per cent were under the medical supervision of Health Department's chest clinics; 659, or 19.1 per cent were under the medical supervision of private physicians or general hospitals; 809, or 23.4 per cent were in tuberculosis hospitals; 54, or 1.6 per cent, were in other institutions, and the remaining 86, or 2.5 per cent were under no known medical supervision.

There were 24,637 individuals who were examined in the four Health Department chest clinics during 1959. They made 42,196 clinic visits and received 29,741 chest X-ray examinations. Pneumotherapy services were given to 46 individuals. The home chemotherapy program was continued during 1959. As of January 1, 1959 there were 1,251 patients on chemotherapy; 840 patients were added and 765 were discontinued during the year so that on December 31 there remained 1,326 individuals on the program.

Case-finding activities in 1959 included mass community surveys in high incidence areas by the Health Department's mobile and portable X-ray units, hospital screening programs of inpatients and outpatients, a screening service in the chest clinics, and a like service by the Maryland Tuberculosis Association. Through the combined efforts of all of these activities, small chest X-rays were made of 79,229 persons. The decrease from 92,491 persons similarly X-rayed in 1958 was due to budgetary restrictions and the returning of the mobile X-ray unit to the U. S. Public Health Service in September.

Special tuberculin testing clinics using 0.1 c.c., or 0.0001 mgm. of PPD, purified protein derivative, intermediate strength equivalent to 5 tuberculin units, were established in each of the organized health districts primarily to test children who were contacts of active cases. BCG vaccine was given to 720 individuals at a special clinic in the Eastern Health District building. Among those vaccinated were 603 child contacts, 113 nurses, 2 medical students, and 2 Health Department employees. In July the Henry Phipps Institute for Tuberculosis in Philadelphia, which had been supplying the BCG vaccine since October, 1949, discontinued supplying the vaccine; therefore, beginning in September the vaccine was obtained from Dr. Sol Roy Rosenthal of the Research Foundation at the University of Illinois.

As of July 1, 1958, there were 881 Baltimore City residents in various tuberculosis hospitals. During the next 12 months, 877 residents were admitted; 113 died in the hospital; and 836 were discharged so that on June 30, 1959 there were 809 residents remaining in the hospital. Of the 836 live discharges 610, or 73 per cent were with permission, and 226, or 27 per cent left the hospital against medical advice or were discharged for disciplinary reasons. Among the 226 irregular discharges, 88 or 39 per cent had positive sputa.

Pursuant to the power conferred upon the Commissioner of Health by

Section 217 of Article 12 of the Baltimore City Code of 1950, Regulation No. 3, adopted in August, 1956, and governing the compulsory isolation of persons having or suspected of having active tuberculosis, was invoked three times.

### *Venereal Diseases*

There were 1,670 cases of syphilis and 6,743 cases of gonorrhea reported in 1959. The large increase in syphilis above the 1,199 cases reported in 1958 was due to better case-finding and case-reporting techniques. There was no significant change in the number of cases of primary and secondary syphilis. A total of 196 cases in these stages of the disease was reported.

Syphilis was recorded as the cause of death for 36 individuals. This gave a mortality rate of 3.6 per 100,000 population. For the eleventh consecutive year for white infants and for the ninth consecutive year for nonwhite infants, no death from syphilis was recorded. During the year the number of male investigators assigned to the Health Department by the U. S. Public Health Service to assist the public health nurses in the contact investigation program was increased from three to six.

There were 11,276 individuals admitted to the venereal disease clinics, making a total of 20,585 clinic visits. Treatment was given to 752 patients with proven syphilis and to 6,168 patients with proven gonorrhea. In addition, 171 contacts were treated for syphilis and 1,131 contacts for gonorrhea.

During the year the city communicable disease control regulation adopted pursuant to Section 217 of Article 12 of the Baltimore City Code, was invoked twice to bring to examination or treatment recalcitrant individuals suspected or known to be infected with venereal disease.

## **Child Hygiene**

### *Maternity Hygiene*

The number of resident mothers who died in 1959 from causes associated with childbirth was 8 as compared with 15 in 1958; 6 of the 8 were nonwhite. The maternal mortality rates were 5.3 per 10,000 live births for the nonwhite group and 1.6 for the white group. A total of 25,734 visits was made by 6,347 patients to the prenatal clinics. This is an increase of 2,141 visits from the 23,593 visits made by 6,007 patients served in 1958.

The maternity hygiene interviewing service continued to assist all applicants to obtain prenatal and delivery care and to register patients for the Health Department prenatal clinics. During the year, a total of 7,610 patients was interviewed. The number referred to voluntary hospitals increased from 43 per cent in 1958 to 48.4 per cent in 1959. Sixty-four

emergency hospital admissions were made from the interviewing clinic at 414 North Calvert Street.

During the year, 23,893 babies were born to Baltimore mothers as compared with 24,464 in 1958; 97.9 per cent of these births occurred in hospitals. Of all babies delivered 99.4 per cent were delivered by physicians, 0.4 per cent were delivered by midwives and 0.2 per cent were unattended. Of the resident nonwhite births 96.6 per cent occurred in hospitals in 1959. For white births the figure was 99 per cent.

### *Preschool Hygiene*

In 1959 the infant mortality rate among white infants was 25.0 deaths per 1,000 liveborn, a decrease compared with the 1958 rate of 27.4 and 19.6 per cent higher than the lowest recorded white rate in 1952. The infant mortality rate for colored infants was 47.0, up somewhat from the figure of 44.7 in 1958. When compared with the lowest recorded nonwhite infant mortality rate of 37.2 for 1953, the loss of colored infant lives had risen by 26.3 per cent. Prematurity continued to account for a large number of neonatal deaths. Attendance at the child health clinics increased from 85,353 visits in 1958 to 88,165 visits in 1959. The number of patients seen in well baby clinics increased from 20,081 to 21,643.

The well baby clinics and inoculation clinics continued to administer the triple antigen and smallpox vaccine to infants and children. During 1959 inoculation clinics were held once weekly in the Eastern, Western, Southeastern and Druid Health Districts. A similar clinic is held every fourth Thursday in the Southern Health District. Poliomyelitis vaccine was administered in the well baby clinics and inoculation clinics to those children whose parents could not afford the service from private physicians.

Clinics were conducted at 34 locations and during 4,018 clinic sessions 21,643 infants were seen with 15,521 of this number under the age of one year. Due to overcrowded conditions a rigid appointment system was adopted and public health nurses conducted screening and educational conferences with mothers. Only those patients with specific problems were seen by the clinician unless they were scheduled for general physical examinations.

### *Day Nursery Program*

During 1959 special emphasis was placed on the screening of applicants to insure the quality of care given children in day nursery centers. Established nurseries still continued under health supervision with periodic inspections made throughout the year. The day nurseries were also visited by the director of the bureau. Of the 67 licensed day nurseries in Baltimore

at the end of the year, there were 15 that provided care for the nonwhite segment of the population. Nineteen of the 26 applications for day nurseries received throughout the year were cancelled or withdrawn. Fourteen nursery facilities terminated their services throughout the course of the year. Licenses for 10 new day nurseries were issued in 1959. At the end of the year 19 day nurseries in Baltimore were accredited as schools by the State Department of Education. During 1959 plans were laid to sponsor jointly with the Maryland Committee on Group Day Care of Children the first workshop for teachers and staff in day care centers in Baltimore City. A closer relationship with the Health Department and the services available to nursery center personnel was the primary aim of this workshop. It will be conducted in such a manner as to give day nursery personnel the opportunity to discuss basic problems of their work as well as to hear from leaders in the fields of health and education for early childhood.

#### *Other Activities*

The bureau director continued to represent the City Health Department at periodic meetings of the Executive Committee of the Maternal and Child Welfare Committee of the Medical and Chirurgical Faculty of Maryland. In the area of testing the hearing of infants, the program instituted in 1958 continued with the cooperation of the Hearing and Speech Clinic of The Johns Hopkins Hospital and the Child Growth and Development Center of that hospital. More nurses were trained to administer hearing tests to eight month old infants.

#### **School Hygiene**

During the year 1959 a total of 13,655 children was examined in public elementary schools and of this number 4,906 were found to have abnormalities. The total number examined was less than in 1958 and this reflects the emphasis during 1959 on referral of pupils as opposed to routine examinations of entering pupils. During 1959 a total of 5,139 pupils was referred to the school health service as a result of teacher-nurse conferences or because of a direct request by the principal. Of this number 2,283 children were found to have abnormalities. In the parochial schools 1,829 children were examined and 539 were found to have abnormalities.

Audiometric screening of first and fourth grade children was continued and each child referred for a health examination received an audiogram. Children who failed to pass the initial sweep test and then failed a re-check examination had notices sent to their parents.

Routine vision screening was continued with the initial examination being performed by volunteers and the re-check tests by the school nurses.

Those children whose parents could not afford private or clinic care were examined in the Eastern Health District eye clinic.

At the close of the year the Ordinance of Estimates for 1960 provided for the return to the City Health Department administration of the Medical and Nursing services in the secondary schools. They had been discontinued by the City Health Department on January 1, 1932 due to budget retrenchments, and were reestablished in the Department of Education in 1937.

#### *Services for the Handicapped*

In 1959 a total of 2,065 new patients was registered. During the year 234 children were referred to the diagnostic clinics at The Johns Hopkins Hospital or the University of Maryland Hospital for comprehensive evaluation of multiple handicapping conditions. Plans were made to increase the use of these clinics for diagnostic studies on preschool children so that they could be placed more efficiently in the educational system. The division continued to provide extra physician and nursing service at the William S. Baer School for Handicapped Children.

#### **Dental Care**

Dental care programs for needy school children and recipients of public assistance were continued in 1959. A new dental clinic, the 30th in the school program, was opened in Public School No. 66, the Mt. Royal Elementary School at McMechen and John Streets. A similar facility established six years ago at 901 S. Kenwood Avenue was closed.

The orthodontic service, begun in 1958, to care for children eligible for medical care benefits or aid to the handicapped, continued to be limited by the unavailability of sufficient trained personnel. The demand for dental service by clients of the Department of Public Welfare again increased substantially.

Designed to save as many teeth as possible by timely instruction and treatment, the school dental program encompassed 51,422 pupils in 111 public and parochial elementary schools which served the neediest of the city's children. The teeth of 36,844 were inspected. Health Department dentists treated 13,953. The children treated in Health Department clinics received 6,920 tooth cleaning operations, 37,194 fillings were inserted and 3,588 miscellaneous treatment services were provided. It was found necessary to remove 6,012 teeth, mostly deciduous. Treatment in 11,177 cases was carried to completion.

Every means was employed to inform children, parents and teachers of the advantages of dental health and how to attain and preserve it. Printed material, demonstrations, talks, press, radio and television releases and



A HEALTH DEPARTMENT SCHOOL DENTAL CLINIC

public health nursing services all played important roles in the sustained dental health educational effort.

Recipients of public assistance received emergency and surgical dental services in dental clinics of seven hospitals participating in the Medical Care Program. Preventive and restorative services were supplied in a special clinic in the Eastern Health District building which served 2,870 patients in 1959, as compared with 2,070 in 1958. Dentures were provided in certain clinics and by private dentists on a fixed fee basis. Altogether, 9,413 medical care beneficiaries received 28,621 dental treatment services, including 9,399 teeth extracted and 5,083 filled; and prosthetic services were furnished to 140 persons during 1959. The Bureau of Water Supply maintained the fluoride concentration of the entire domestic water supply at one part of fluoride in one million parts of water, the optimal concentration for dental health, throughout 1959.

### Nutrition

The Division of Nutrition continued to function as a city-wide educational service. The major division purpose was to assist the professional staff of the City Health Department and the staffs of allied agencies in achieving a wider community understanding of nutrition as an essential health element. This one-person division served during 1959 predominately on a consultant basis.

The objectives of the nutrition service were to establish and develop an educational program which would improve the nutritional status of Baltimore citizens, promote optimal health, and prevent and control disease. The service of integration of nutrition education into the total health program of the city was carried out in the following manner:

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

2. Instruction of allied professional personnel such as medical students, graduate public health students, student nurses in hospital training programs, college and university classes and workshops, and personnel of other agencies, such as teachers, social workers, and nurses.

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

4. Promoting nutrition activities in Health Department clinics which involved aiding other personnel in their teaching activities, the preparation of a manual for the public health nurses' prenatal group teaching, and referrals from nurses and physicians for individual help.

5. The preparation of visual aids and other teaching materials.

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

7. Program planning with personnel of other agencies and related professional organizations and groups.

The division chief was an active member of local professional organizations. She represented the Health Department and her profession on a variety of city and state committees. In 1959, she was appointed Editor of the *Newsletter* of the Food and Nutrition Section of the American Public Health Association.

### Medical Care

In 1959 the Baltimore City Medical Care Program in its twelfth year of operation was financially able to make home and office and clinic medical care available for all individuals living in Baltimore City who received assistance from the Department of Public Welfare. The average number of persons on the medical care rolls in 1959 was 37,817, an increase of 3,676 over the previous year. On July 1, the services to provide medical care for foster children, started in the latter part of 1953, were extended to include foster children in homes supervised by charitable agencies.

The neighborhood physicians continued to be the central figures in the provision of medical care. There were, on an average, 292 private physicians

who participated in the program. The physicians continued to be paid at the rate of \$7.00 per person per year for physicians' home and office calls. On an average, about 4.3 home and office calls were made for every person on physicians' rolls.

The six medical care clinics established soon after the inauguration of the Baltimore City Medical Care Program continued in their twelfth year of operation. A seventh medical care clinic, started at Baltimore City Hospitals in 1953 to provide medical care clinic services to foster children remained in operation throughout 1959.

On July 1 a new fee schedule for pharmacist's services was inaugurated. This new fee schedule embodied an increased mark-up for pharmacist's services of 5.5 per cent on the selling price of prescriptions under the program.

Dental care was provided within strict financial limitations in dental clinics maintained at hospitals conducting medical care clinics and also at a Health Department dental clinic located in the Eastern Health District building. The dentists and other staff at the latter clinic continued to be under the direct supervision of the City Health Department.

The total expenditure for services under the Baltimore City Medical Care Program during 1959 was \$1,105,177.68, and was contributed by the State of Maryland. In addition \$96,540.00 was spent for administration; of this total for administration the City contributed \$64,360.00 and \$32,180.00 came from the State aid appropriation for local health services.

#### *Medical Care Research*

The Bureau of Medical Care Research during 1959 made substantial progress toward obtaining and correlating data on the utilization of all services under the program. By the year's end a plan was in operation to correlate data on dental and drug services with physician services.

Another accomplishment by the bureau in 1959 was the design and initiation of a study to evaluate the initial physical examinations given under the program. Illness of the director and lack of personnel prevented the bureau from completing the plan formulated in 1957 to obtain the reporting of all medical care services in such a manner as to make available to the administration and the interested public accurate knowledge of the utilization of program services.

#### **Sanitation**

The Supreme Court of the United States, in a 5 to 4 decision on May 4, 1959 upheld the constitutionality of Section 120 of Article 12 of the Baltimore City Code of 1950 and thus reaffirmed the traditional right of

entry of health officials for the health inspection of any house in the daytime where a nuisance was suspected, without a warrant.

Soon after, on May 11, the milk industry was defeated for the third time in an attempt to amend the city milk code by eliminating the requirement that the day of pasteurization appear on the bottle cap or milk container.

The Commissioner of Health, in order to assist the paint industry to comply with the lead labeling ordinance, Ordinance No. 1504, Approved June 9, 1959, adopted on April 27 a lid label regulation which permitted the legally required warning to be affixed to the lid of the paint can. In December ordinances were passed by the City Council and approved by the Mayor transferring the enforcement of the Plumbing Code from the Health Department to the Bureau of Building Inspection and the enforcement of the smoke control ordinance from the Bureau of Mechanical-Electrical Services to the Health Department.

On December 16 a new and truly preventive program to prevent lead paint poisoning in teething-age children was inaugurated when an inspection was made of the home of a child registered at the well baby clinic of the Druid Health District building and paint samples were collected. The homes of all children registered at the clinic were scheduled for visits and paint samples taken will call for removal if analyses reveal the presence of lead.

Continued cooperation was given the Bureau of Building Inspection in the multiple-dwelling inspection program and the Baltimore Urban Renewal and Housing Agency in their work in the Mount Vernon-Fremont area and in the planning for the demonstration block in the Harlem Park area. Progress was made by the Code Committee in a review of the Housing, Building, and Fire Codes for inconsistencies. The shortage of personnel, resulting from the elimination of 8 vacant positions from the 1959 budget and the continued job freeze seriously handicapped the environmental sanitation activities.

### Milk Control

Of special interest in milk control during the year was the unanimous rejection by the City Council on May 11 of an ordinance amendment introduced at the request of the local milk dealers. The amendment would have removed the day of pasteurization from milk labels. The Commissioner of Health, with the support of leading medical authorities, the Women's Civic League and the local press, vigorously opposed the measure.

It is gratifying that not one of the city-wide random samples of bottled milk collected almost daily throughout the year for laboratory examina-

tion showed any indication of improper pasteurization. This record of pasteurization efficiency has been upheld since August, 1955.

The Bureau of Milk Control continued to cooperate with the Maryland State Department of Health in joint activities such as the program for the detection and elimination of antibiotics and added water in milk; inspection of milk and ice cream equipment in New Jersey and Tennessee; and milk and ice cream plant inspection for the U. S. Public Health Service certification.

Five additional applications for permits were filed by ice cream plants located outside of the city. Of these, four were rejected for nonconformance with the city ordinance or regulations and one was approved, thereby raising to seven the total of such permits issued since July 9, 1956.

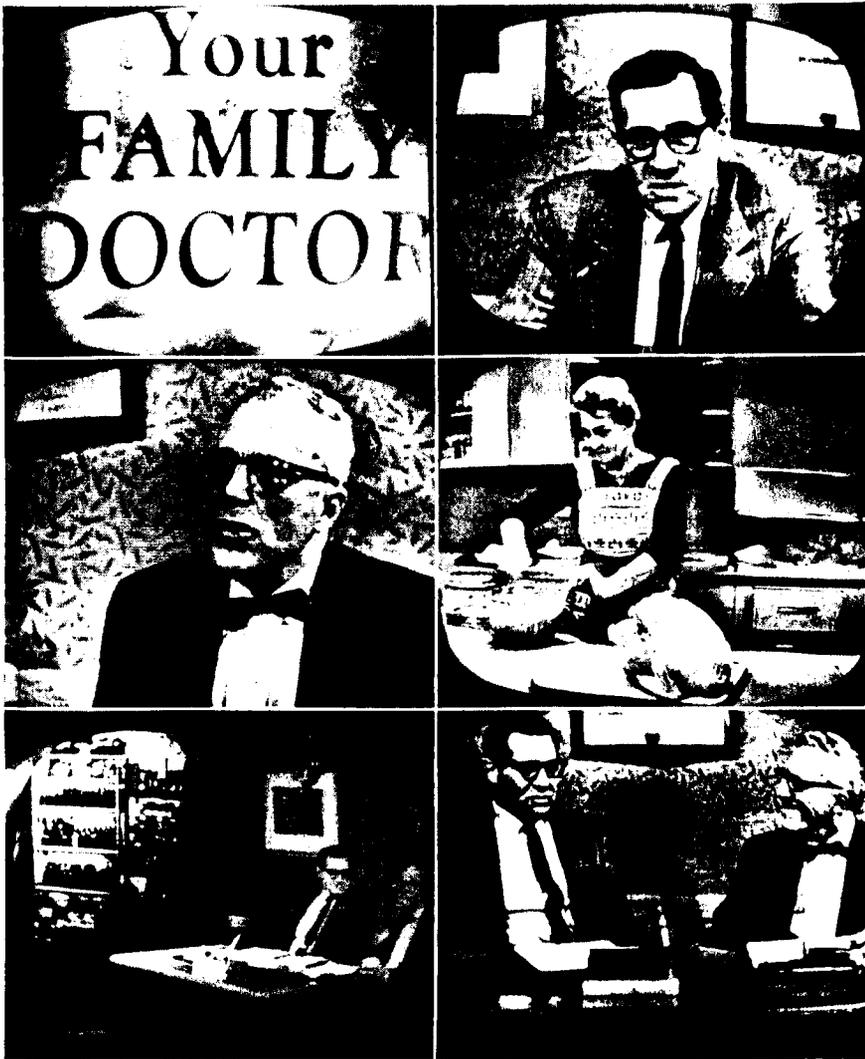
There was a further reduction in the number of dairy farms supplying milk to the city from the 1958 total of 2,457 to 2,285 at the end of 1959. However, the total volume of milk production, 542 million pounds, showed an increase of approximately 8 million pounds or a 4 gallon a day average increase per farm.

Mr. G. D. D'Ambrogi, who resigned as Chief of the Division of Milk Plant Inspection in June, 1954, after serving on the bureau staff for nearly fourteen years, was reappointed to the same position on July 30 to fill the vacancy left by the resignation of Mr. Charles R. Brown.

### Food Control

The effectiveness of the four-point program of the bureau in supervising the approximately 11,000 food establishments, commercial and others, in the city was indicated by (1) a diminution of the number of outbreaks of illnesses caused by food, and (2) the increase in the percentage of entirely satisfactory food establishments found during the 13,102 inspections by the ten sanitarians of the bureau. Only two outbreaks of illnesses caused by food were reported. Over 56 per cent of all the food establishments were found to be operating under satisfactory hygienic conditions. These inspections took into consideration: (a) The purity and wholesomeness of food; (b) hygienic conditions of the environs; (c) habits and operational procedures of the food-handling personnel; (d) sanitary condition and construction of equipment; and (e) the protection of the food. The results of laboratory examinations of samples of food also indicated that better sanitary conditions existed in food manufacturing plants.

Instruction of food handlers continued; over 1,000 were exposed to information in organized groups and many times this number were reached during inspection visits. Legal action was necessary in only 20 instances, and fines imposed totaled \$2,235. Office hearings totaled 169. These hearings deterred the necessity for drastic legal action and resulting publicity.



#### PARTY-TIME POISON

The December 11, 1959 program on "Your Family Doctor" television series—WMAR-TV. Prevention of food poisoning at group gatherings. Mr. F. A. Korff, *Director, Bureau of Food Control*, and "Dr. John Worthington" (Mr. Robert M. Keller) discuss food, fingers, and the turkey stuffing.

Auxiliary inspection continued to be emphasized, whereby all branches of the food industry were urged to establish their own inspection procedures and to report findings to the bureau. During the year 4,806 reports were received from 125 companies who made their own inspections of 416

establishments. The estimated \$115,000 which the industry paid in labor costs alone for this self-policing activity was more than the operational costs of the bureau.

In addition, and supplementing the supervision of the operation of food establishments, retail, wholesale, manufacturing and institution food departments, other activities and projects were advanced. These included: The search for and final destruction of over 1,000 dishes, decorated with a lead pigment readily dissolved by food acid; the investigation of 4 cases of tularemia found to be caused by the handling of squirrels and rabbits shot in adjacent counties; the stopping of the sale and final destruction of cranberries containing a quantity of aminotriazole, a suspected carcinogen; the enforcing of the section of the City Milk Code requiring dating of milk containers; the obtaining of records of instances of accidental poisonings from local hospital accident rooms; the issuing of warnings to dealers in seafood concerning the possible entry into the city of fish contaminated with a nitrite; the notifying of every church in the city of correct procedures to follow in the prevention of food poisoning in the preparation of meals served at socials and similar affairs; the alerting of the poultry industry in the city to the passage of a federal law requiring inspection of each fowl and the need for maintaining clean conditions within their establishments, regardless of whether they ship intra-state or inter-city; the devising and distributing of an attractive handwashing poster in color, of the decalcomania type, for use in kitchens and food-processing plants; and the notification of all dealers in food to pay the necessary inspection fees as required by city ordinance. The director of the bureau was elected President of the Maryland Public Health Association.

### Meat Inspection

During the year 1959 a total of 33,707 inspection visits was made to meat products plants under City Health Department supervision. Animals inspected numbered 219,720 and 447 whole carcasses were condemned. Compared with 1958 this represents 2,127 fewer animals inspected, but 76 more carcasses condemned. The slaughtering of cattle reacting to tuberculosis and Bang's disease was continued by the bureau upon authorization of various state and federal agencies. Parts of carcasses condemned as being unfit for human consumption amounted to 23,079. The most frequent diseases encountered during inspection which caused condemnation were: Hog cholera, pyemia, traumatic pericarditis, immaturity, emaciation, peritonitis, septicemia and icterus; and of parts of carcasses were: Parasites, abscess, actinomycosis and strongyli.

Supervision of meat food products and the plant environment was maintained daily in sixty-six plants processing and manufacturing

16,558,559 pounds of meat food products. Other activities included cooperation with the Bureau of Communicable Diseases in the examination of dogs for rabies as a result of 973 bite cases during the year.

### Environmental Hygiene

#### *Community Sanitation*

On December 16, 1959 the pilot program for the prevention of lead paint poisoning was inaugurated under which the homes of children attending a well baby clinic of the Druid Health District will be visited when the children reach one year of age. Sanitarians will require the removal of any lead paint found in the homes of the children. This pilot program is the first concentrated effort of the Health Department to remove lead paint from the homes of susceptible children prior to the development of illness from the ingestion of lead paint.

Surveys were made in January of the stocks of paint in the hands of retail and wholesale dealers to determine the extent of compliance with the ordinance requiring the presence of a warning label on paint containing more than 1 per cent lead. While dealers generally were endeavoring to comply with the ordinance a number of instances of failure to label lead paints were discovered and brought to the attention of the dealers.

On April 27 Regulation 1 under the Lead Paint Labeling Ordinance, Ordinance No. 1504, Approved June 9, 1958, was adopted. This regulation permits the placing of the warning required by the ordinance on a top label of specified size properly affixed to the lid of the container of the paint.

The magistrate of the Housing Court held that it was not necessary that the Health Department notify a property owner to remove weeds from his property before the owner could be held in violation of the Weed Ordinance. This ruling should enable the City Health Department more effectively to control the growth of noxious weeds in the city.

Activities in community sanitation included: The handling of 3,605 complaints pertaining to environmental sanitation; evaluation of the sanitary quality and fluoride content of the city water supply through the analysis of 1,496 samples collected throughout the distribution system; periodic inspections of public and semi-public swimming pools; a survey of lather brushes being sold in the city to assure that they were of brands certified by the U. S. Public Health Service as being free from anthrax spores; inspection of watering points for rail carriers; assistance in the study which is still in progress of possible assistance that the Health Department might offer to hospitals in their programs to combat hospital infections; assistance in the efforts to develop a comprehensive housing code; participation in the activities of the Home Safety Committee of the Baltimore Safety Council and the discussions leading to the passage of the

ordinance requiring warning labels on certain plastic bags; and cooperation with various licensing agencies through the preparation of reports and recommendations on the sanitary conditions of foster homes, private schools, day nurseries, hospitals and convalescent homes.

### *Plumbing*

In continuing the program of preventing or eliminating cross-connections, 535 such connections were prevented or eliminated during the year. There were 1,811 properties connected to the sanitary sewerage system in 1959 bringing the number of connected properties in the city to 211,919. Industrial expansion in unsewered areas of the city continued to require the making of percolation tests to determine the suitability of the soil for the installation of individual sewage disposal systems pending the extension of sanitary sewers to serve the areas.

The Bureau of Sewers and Health Department approved one domestic and four commercial models of garbage grinders for installation in Baltimore City. Approval was given for the installation of 55 commercial garbage grinders at locations where the sewers were capable of handling the discharge from the grinders. On December 23 Ordinance No. 164 was approved transferring the plumbing inspection service from the City Health Department to the Building Inspection Engineer in the Department of Public Works.

### *Rodent Control*

A property owner who was convicted in the lower courts for refusal to admit a sanitarian of the Division of Rodent Control to his home for the purpose of making an inspection for rat infestation appealed his conviction to the United States Supreme Court. On May 4, 1959, the Supreme Court in a 5 to 4 decision upheld the constitutionality of Section 120 of the Baltimore City Code of 1950 under which the prosecution was initiated. This gave final judicial approval to a most necessary tool in the efficient conduct of an environmental sanitation program, the right of entry without a search warrant.

The inadequate size of the staff of the Division of Rodent Control necessitated the discontinuance of the block-by-block type of program and curtailed the extent to which complaints could be serviced during the year. A total of 6,748 corrections were obtained through the exercise of environmental control procedures as compared with 7,586 for 1958.

Investigations were made of 50 rat bites reported to the Health Department, an increase of 3 over 1958. The ages of the persons bitten varied from an infant of four days to a man sixty-four years of age. Thirty-three

bites occurred in children under twelve years of age and twelve bites occurred in children under the age of one year.

One case of endemic typhus fever was reported during the year, the first case of this type since January, 1957. The patient, a business representative for the employer of a group of longshoremen, had paid frequent visits of short duration to a large number of steamships from various world ports. While certain port facilities recalled by the patient were visited and rodent infestations eliminated where found, it was not possible to ascertain definitely where he had contracted the disease. One case of Weil's Disease was also reported to the Health Department.

Educational activities in rodent control were continued through distribution of the pamphlet, "Fight the Rat", by the presentation of films and lectures to various groups and by newspaper releases.

### Industrial Hygiene

Exposures related to maritime activities rarely receive recognition but two incidents occurred along the waterfront of Baltimore City in 1959 that were deserving of note. In one instance, 18 workers among a group of 45 were adversely affected by the dust of castor pomace which contained a powerful allergen. The origin of the raw material was South America and after it was unloaded from the boat it was to be shipped by rail from the port of Baltimore to several fertilizer plants in southern states. The hazard was initially noticed when laborers attempted to load a small portion of the shipment into freight cars. City Health Department recommendations for controls consisted principally of respiratory protection and with such precaution the workers were able to load the remaining portion without ill effects. As a result of this unfavorable local experience the Occupational Health Program of the U. S. Public Health Service was alerted to the harmful nature of this material and issued advisory warnings to the rest of the country. Its subsequent investigations disclosed widespread adverse effects. The second waterfront hazard involved the fumigation of tobacco to kill insect pests prior to loading the cargo in a southern port and then transferring the ship to Baltimore City for securing the cargo in the hold for overseas shipment. Sufficient hydrogen cyanide was released from the treated tobacco during transit in the closed hold of the ship to affect severely the five carpenters who entered the area to perform the securing operation. All recovered without after effects.

Several unusual events occurred in the field of air pollution control. In one instance the release of soot in the downtown area from an oil-fired boiler stack during a lunch period resulted in the destruction of a large number of nylon stockings on the women who wore them. It was conclu-

sively demonstrated by microscopic examination that the damage to the hose resulted from particles of soot upon which sulfuric acid had been adsorbed.

During the construction of a public market over a former sanitary landfill complaints pertaining to odors were received. It was disclosed that the gases being released from the soil were inflammable and the flow rate from one fissure was sufficient to permit continuous burning of the escaping gas. This matter, together with previous experience elsewhere, was brought to the attention of the Department of Public Works for consideration of safety features to be provided in the structures being built on this ground.

Notwithstanding the vast amount of publicity given to the subject of lead paint poisoning in children a total of 66 cases was reported, two of which were fatal. This, however, was considerably less than the all-time high of 133 cases and 10 deaths reported in 1958. It was necessary for the first time to resort to legal action to have an uncooperative mother follow the Health Department's recommendations for the prevention of possible lead paint poisoning in her child. The first regulation to be adopted under the Lead Paint Labeling Ordinance pertaining to lid labels has already been mentioned.

Events of interest in the field of radiation were: The attempt to raze the existing structure which had housed the Kelly Clinic on Eutaw Place where radium had been used medically since 1904; the eventual sealing off of a radon pump room which had been contaminated in a hospital; conferences attended on the project of the Philadelphia Electric Company that involved the construction of a nuclear reactor on the Susquehanna River above the newly planned source of the Baltimore City water supply, and attendance at conferences concerned with an evaluation of a study being made at The Johns Hopkins University on hazards relating to the transport of radioactive materials.

Progress was made in the city's expanding occupational disease control work by the amendment of Regulation 2 adopted under the Maryland Occupational Disease Law governing the current concepts of the maximum allowable concentrations of potentially hazardous substances. Likewise, in an effort to accomplish uniformity and economy in the handling of air pollution episodes, the Division of Smoke Control in the Department of Public Works was transferred to the City Health Department effective January 1, 1960 under Ordinance No. 160, Approved December 23.

### **Research and Planning**

Plans which were drafted during 1958 in relation to the organization of a Bureau of Mental Hygiene were activated to the extent that new city funds were appropriated and became available on January 1, 1959. During

the early months of the year the Assistant Commissioner of Health for Research and Planning was concerned with negotiations with The Johns Hopkins School of Hygiene and Public Health and with the Department of Psychiatry of the University of Maryland School of Medicine which led to the establishment of two mental hygiene clinics for children.

The studies and reports prepared by the Section on the needs of the aged assisted in the passage of legislation by the General Assembly authorizing the creation of a State Coordinating Commission on Problems of the Aging. The Assistant Commissioner of Health for Research and Planning was designated Vice-Chairman of this Commission.

In view of the difficult budget position of the City Health Department which resulted from substantial reduction in personnel and in the funds allocated for operating expenses, fiscal controls were drafted by the Section to limit the program of the Department while protecting the public from those diseases for which specific preventive procedures were available.

The Section concluded the year with several worthy contributions to knowledge concerning important areas of public health. A grant from the National Institute of Neurological Diseases and Blindness permitted the Bureau of Biostatistics to investigate the relationship between smoking during pregnancy and the health of the newborn infant. A grant from the National Institute of Mental Health enabled the Chief of the Division of Mental Hygiene Research to undertake an important study of the capabilities of school teachers to judge validly the emotional health of students in their classes. In October the Bureau of Biostatistics inaugurated a project entitled the Baltimore Health Survey which will produce current information on the inoculation status of the population, on the extent of disease, and on certain other characteristics of the population which are related to health.

### Biostatistics

The estimated population on July 1, 1959 was 987,000 an increase of 5,000 over the 1958 estimate. The nonwhite population continued to increase rapidly with a 4 per cent gain from 301,000 in 1958 to 313,000 in 1959. Continuing a trend which has been consistent since 1943, the number of white residents dropped from 681,000 in 1958 to 674,000 in 1959, a loss of 1 per cent. Within this segment of the population the movement of young residents to the nearby counties has left the city with an aging white population. In contrast, a high birth rate and migration into the city have markedly increased the proportion of nonwhite residents in the younger age groups.

Infant mortality continued to increase over the unfortunate level attained

in 1957. For 1959 the rate was 35.4 deaths per 1,000 live births as compared to 35.2 in 1958 and 34.6 in 1957.

The bureau was given a grant of \$10,000 by the National Institute of Neurological Diseases and Blindness to interview 3,000 expectant mothers for the purpose of studying the effect of smoking during pregnancy on the incidence of prematurity. The interviewing phase of this investigation was completed in 1959 and the results will be available in 1960.

In October the Baltimore City Health Department commenced a new program, the Baltimore Health Survey, for the collection of information on the health of the city. Supplementing the traditional vital statistics system, the Bureau of Biostatistics with the aid of public health nurses making home visits will survey random samples of the population each month to determine levels of illness, the extent of protection against diseases preventable through vaccination or inoculation and to evaluate programs of education and service administered by the Baltimore City Health Department.

### Vital Records

There was a slight increase in the number of transcripts of birth certificates issued by the Bureau of Vital Records in 1959 as compared with the number issued in 1958. A total of 20,044 such official copies was issued in 1959, most of which were for persons who required proof of citizenship or age for employment or passport purposes. The 52,634 transcripts of death issued in 1959 fell short by some 500 from the number issued in 1958. Increased demands for proof of essential birth facts by the City Department of Public Welfare for its new clients, by the Probation Department of the Supreme Bench of Baltimore City for evidence in paternity proceedings and by veterans' agencies for settlement of insurance claims resulted in an all-time high of 12,109 such verifications being issued.

The interviewing staffs held a total of 7,954 personal interviews in connection with amendments made on birth certificates involving the legitimacy status of children, adoption, and errors in spelling of given or family names and personal information relating to parents. A total of 3,896 mail requests for assistance with correcting birth and death certificates was processed. During the year, 9,192 birth certificate alterations and 342 death certificate amendments were made; interviewers also added 1,128 given names on original birth certificates which had not been entered at the time of birth.

Replaced birth certificates made following legal adoption, adjudication of paternity or legitimation in accordance with statutory provisions amounted to 848 new certificates for adopted children, 242 for children who were legitimated by the subsequent marriage of their parents and 3 for children

whose paternity had been adjudicated. A noteworthy event was reflected in the 6 unreported birth certificates filed for newborn children for whom no certificates were registered. This number represented a 53 per cent decrease from the total filed in 1958. Another decrease was noted in the 293 delayed birth certificates filed for persons whose birth certificates were never received for filing. The majority of these cases involved persons applying for social security benefits and a host of State employees who were required to present proof of age to their retirement system. In order to accommodate mothers of newborn children in the eastern and Druid Hill areas of the city who wanted to have changes made on their babies' birth certificates, the bureau director arranged for monthly interviewing sessions to be held with these mothers at both the Eastern and Druid Health District buildings. This was the first time that any city vital records office has made its birth record correction services available to mothers in a special area of a city.

On May 11 the bureau began to issue Verifax copies of death certificates, a rapid process which enabled funeral directors, attorneys and others to receive completed death transcripts within a short time after placing their applications. The Birth Record Advisory Service cosponsored by the Baltimore City Health Department and the Legal Aid Bureau of Baltimore completed ten years of service in giving assistance with birth certificate problems. A total of 182 cases was handled, the majority of which involved matters concerning the legitimacy status of children.

### Conclusion

The chief work of the Baltimore City Health Department in 1959 has been summarized. The main advance towards the prevention of disease was the inauguration of the Department's program in mental hygiene. Because of the magnitude of the challenge mental illness has been referred to as "The Smallpox of Today." While financial limitations greatly curtailed the scope of the Department's work in 1959 there was evidence that State aid might lessen the difficulties in future years.

Respectfully submitted,

*Huntington Williams, M.D.*

*Commissioner of Health.*

Baltimore, Maryland  
May 1, 1960

## BIBLIOGRAPHY FOR THE YEAR 1959

- Beacham, G. Edmund; Hetherington, Leon H.; Jones, Frank T.; Sartwell, Philip E.; and Blomquist, Edward T. The Committee Report on Baltimore's Tuberculosis Control Program. *Baltimore Health News*, January, 1959, Vol. 36, No. 1, pp. 1-7.
- Couchman, Charles E. Use of Data. A paper presented at the Robert A. Taft Sanitary Engineering Center, Cincinnati, Ohio, November 24, 1959.
- Daley, Sir Allen. An Essay Concerning the Cause of the Endemial Colic of Devonshire, 1767. By George Baker, M.D., F.R.S. Delta Omega Society, facsimile reprint. A book review in the *Bulletin of Hygiene*, London, July, 1959, Vol. 34, No. 7, p. 694.
- Davis, J. Wilfrid. The Baltimore City Medical Care Program. A paper presented at a meeting of the Maryland State Council on Medical Care, October 13, 1959.
- Edelman, Sidney. Health Inspections. A review of the U.S. Supreme Court Decision on Right of Entry of Health Inspectors Without Warrants. A Legal Note. *Public Health Reports*, September, 1959, Vol. 74, No. 9, pp. 840-843.
- Ewing, Clinton L.; Siegmund, Harry B.; and Thiell, Warren W. Preliminary Experience with the Andersen Aerosol Sampler with Special Reference to Its Use in an Ice Cream Plant. A paper presented before the Laboratory Section of the American Public Health Association, October 21, 1959.
- Fisher, Russell S. For bibliography see Annual Report of the Maryland State Department of Post Mortem Examiners.
- Frankfurter, Felix. Supreme Court Decision—Right of Entry. *Baltimore Health News*, October-November, 1959, Vol. 36, Nos. 10-11, pp. 137-148. Reprinted also in *The Daily Record*, Baltimore, May 25, 1959. See also The Supreme Court: Case of the Baltimore Rats. *Time*, May 18, 1959, p. 25, and the Supreme Court Ruled Health Inspectors May Search Homes Without Warrants, *The Wall Street Journal*, May 5, 1959, Vol. 153, No. 87, p. 1.

- Goldfarb, Allan.....Judgments by Teachers, Principals, and Mental Hygienists of the Relative Importance of Behavior Problems Occurring in Elementary School Boys. Unpublished dissertation submitted to The Johns Hopkins School of Hygiene and Public Health, April, 1959, 104 pages.  
Reliability of Diagnostic Judgments Made by Psychologists. *Journal of Clinical Psychology*, October, 1959, Vol. 15, No. 4, pp. 392-396.
- Gordon, Joseph....."Your Family Doctor" Series celebrates 10th Anniversary. *WMAR-TV Television Topics*, January, 1959, Vol. 3, No. 2, p. 1.  
TV Health Program 10 Years Old. *Health Officers New Digest*, February, 1959, Vol. 25, No. 2, pp. 29-31.
- Graff, Thomas D.; Arbegast, Neil R.; Phillips, Otto C.; Harris, Leroy C.; and Frazier, Todd M.....Gas Embolism: A Comparative Study of Air and Carbon Dioxide as Embolic Agents in the Systemic Venous System. *American Journal of Obstetrics and Gynecology*, August, 1959, Vol. 78, No. 2, pp. 259-265.
- Haines, Bertram W.....Changes in the Character of the Population Served by the Baltimore City Medical Care Program. A paper presented at a meeting of the Baltimore City Advisory Committee on Medical Care, Baltimore, Maryland, October 27, 1959.
- Kaplan, Emanuel.....Report on Boric Acid in Meats. *Journal of the Association of Official Agricultural Chemists*, August, 1959, Vol. 42, No. 3, pp. 487-489.
- Kaplan, Emanuel and Shaull, Robert...Determination of Lead in Paint Scrapings as an Aid in the Control of Lead Poisoning in Young Children. A paper presented at the meeting of the Laboratory Section of the American Public Health Association, Atlantic City, New Jersey, October 20, 1959.
- Keller, Robert M.....None Must Deny It. *Maryland State Medical Journal*, July 1959, Vol. 8, No. 7, pp. 304-306.
- Korff, Ferdinand A.....Industry Checks Itself in Baltimore. *Health Officers News Digest*, March, 1959, Vol. 25, No. 3, pp. 1-4.  
Modern Concept of Sanitation in the Modern Bottling Plant. *Bottling Industry*, July 28, 1959, Vol. 28, No. 2, pp. 16, 17, 21.

- Preventive Maintenance and Auxiliary Inspection as Applied to Retail Food Stores. *The Maryland Grocers' Skirmisher*, Vol. 33, No. 10, October 1959, pp. 27-30.
- McCauley, H. Berton.....A Path to Professionalism. *Journal of the Maryland State Dental Association*, September, 1959, Vol. 2, No. 2, pp. 105-110.
- McKnight, Eleanor L., et al.....Guidelines for Teaching Nutrition and Diet Therapy in Schools of Nursing. Joint Committee of the Maryland League for Nursing and Maryland Dietetic Association. 1959.
- McKnight, Eleanor L. and Matthews, Anne R.....Public Health Nutrition in Maryland. *Bulletin of the Maryland Dietetic Association*, June, 1959, Vol. 13, No. 5, pp. 3-4.
- Norton, Sidney M. ....Historical Development of the Laws on Bastardy and Fornication in Maryland. January, 1959. Unpublished.
- Schulze, Wilmer H., et al.....Responsibilities of Local Health Agencies for Air Pollution Control. A Statement at the Conference of Municipal Public Health Engineers on Air Pollution Control, October 6, 1958. *Public Health Reports*, February, 1959, Vol. 74, No. 2, pp. 181-185.
- Schweinhaut, Margaret C.....Our Mature Population—A Valuable Human Resource. *Baltimore Health News*, December, 1959, Vol. 36, No. 12, pp. 150-154.
- Tayback, Matthew L.; Farber, Robert E.; and Williams, Huntington.....The Present Polio Vaccine Picture. *Baltimore Health News*, June-July, 1959, Vol. 36, Nos. 6-7, pp. 123-125.
- Trimble, I. Ridgeway.....What Every Physician Must Know. *Maryland State Medical Journal*, June, 1959, Vol. 8, No. 6, pp. 251-252, 269-276, and July, 1959, p. 306.
- Williams, Huntington.....Occupational Health Program as a Local Health Officer's Opportunity. Reprinted from the *American Journal of Public Health*, August, 1953 in *The Local Health Officer in Occupational Health*, U. S. Department of Health, Education and Welfare, Public Health Service, 1959, pp. 59-64.
- Graduation Address, Baltimore City Hospitals, School of Practical Nursing. Representing Mayor J. Harold Grady. October 6, 1959, 3 pages.

- Williams, Huntington and Gordon,  
Joseph.....Baltimore City Health Department Health  
Careers Activities. *Health Careers Activi-  
ties Roundup 1959*. National Health Coun-  
cil, New York, pp. 28-29.
- Williams, Huntington; Rosenau, M. H.;  
Bishop, E. L.; Maxcy, Kenneth F.; and  
Tarbett, R. E.....Preliminary Report of the Board to Inves-  
tigate the Landfills Maintained in the  
Borough of Queens, Supreme Court:  
Bronx County, March 15, 1940, reprinted  
in 1959.
- Wilner, Daniel M. and Walkley, Rosa-  
belle Price.....The Housing Environment and Mental  
Health. *Epidemiology of Mental Disorder*,  
edited by B. Pasamanick, American As-  
sociation for the Advancement of Science,  
1959, pp. 143-174.
- Wilner, Daniel M.; Walkley, Rosabelle  
Price; Glasser, M.; and Tayback, M..The Effects of Housing Quality on Morbid-  
ity—Preliminary Findings. *The American  
Journal of Public Health*, December, 1958,  
Vol. 48, No 12, pp. 1607-1615.

**HEALTH DEPARTMENT PUBLICATIONS**

ANNUAL REPORT OF THE DEPARTMENT OF HEALTH—1958  
GUARDING THE HEALTH OF BALTIMORE—1958  
BALTIMORE HEALTH NEWS, Monthly, 1959  
QUARTERLY STATISTICAL REPORT

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**AUXILIARY INSPECTION**

CHILD HEALTH CLINIC SCHEDULES (Revised)

THE CLINIC CHARGE NURSE

CONTROL OF ROACHES (Revised)

DIPHTHERIA (Revised)

FIGHT THE RAT (Revised)

FILM LIBRARY (Revised)

HOSPITALS IN BALTIMORE, JANUARY 1959

LEAD PAINT KILLS CHILDREN!

LEAD PAINT POISONING IN CHILDREN (Revised)

MEASLES (Revised)

OPERATIONAL MEDICAL PLAN FOR NATURAL DISASTERS OCCURRING  
IN BALTIMORE CITY

OPERATIONAL PLAN, BALTIMORE CITY HEALTH DEPARTMENT

ORDINANCE AND REGULATIONS GOVERNING DAY NURSERIES

POISON IVY (Revised)

PREVENTIVE MAINTENANCE AND AUXILIARY INSPECTION

PUBLIC HEALTH NURSING STUDENT PROGRAM. EASTERN HEALTH  
DISTRICT

PUBLICATIONS OF THE BALTIMORE CITY HEALTH DEPARTMENT  
(Revised)

RECOMMENDATIONS FOR RABIES PREVENTION FOR BALTIMORE  
CITY

REQUIREMENTS FOR COMMUNICABLE DISEASES (Revised)

TWO MONTHS OLD TODAY! (Diphtheria prevention) (Revised)

VENEREAL DISEASE CLINIC SCHEDULE (Revised)

WE NEED VOLUNTEERS

WHOOPING COUGH (Revised)

YOUR BIRTH CERTIFICATE

# ADMINISTRATIVE SECTION

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## EXECUTIVE OFFICE

### Personnel

Huntington Williams, M.D., Dr.P.H., Commissioner of Health  
Ross Davies, M.D., M.P.H., Chief Assistant Commissioner of Health  
Royd R. Sayers, M.D., Senior Medical Supervisor for Occupational Diseases  
Robert M. Keller, Health Administrator, Civil Defense  
Beatrice Bryant, Senior Administrative Assistant  
Mary L. Rentz, Principal Clerk Stenographer  
Helen von Wachter, Principal Clerk Stenographer  
Hernel K. Gruber, Principal Clerk  
Mary A. Williams, Senior Clerk Stenographer  
Jerome A. Kaufman, Senior Building Custodian

Note: Personnel records as given here and at the close of each bureau report are in accordance with the Department staff roster as of December 31, 1959.

## CHIEF ASSISTANT COMMISSIONER OF HEALTH

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

As in previous years the Chief Assistant Commissioner of Health worked in close association with the Commissioner of Health and his staff and by this relationship received many day by day work assignments. These assignments varied greatly in nature and in their degree of urgency and often required a considerable amount of time for their proper handling. There was such a great difference in the nature of the assignments that no attempt has been made to enumerate them; many were related to problems and inquiries originating outside of the Health Department and concerned most often citizens of Baltimore but less frequently persons or matters outside the city.

Certification of medical certificates for persons traveling abroad was carried on during the year and the trend prevailing during recent years by a constantly increasing number was evidenced throughout the year by the increased numbers that were presented. During 1959 nearly 4,500 of these certificates were processed.

Each of the five district health offices was visited monthly during the year except for July and August. These visits followed a definite prearranged schedule and each one included a conference with the district health officer and his supervising nurses. These conferences were also attended by the Director of the Bureau of Public Health Nursing and her assistant and a large number of the conferences was also attended by the Commissioner of Health.

The four new district health offices that are now in operation require an increased amount of time and attention to keep them in good repair and much effort was spent in assisting the Senior Building Custodian in a constant program of maintaining these buildings in good condition.

During the year bimonthly progress meetings were attended in connection with the construction of the new Western Health District building, which was completed and turned over to the city on November 24, and a considerable amount of time was spent in transferring the staff of this district from the old location in the University of Maryland Hospital Dispensary building to the new building located at Lombard and Penn Streets.

Another group of activities that required a considerable amount of time and attention concerned the solution of problems that occurred from day to day within the Health Department and involved personnel, budgets, sickness, absenteeism and many other problems of similar nature all of which needed to be worked on to keep the Department running smoothly.

Certain visitors to the Health Department from other countries were

routed to this office for interviews to find out their interests and needs. Conferences were then arranged with bureau directors or other administrative staff members to discuss the Health Department methods and progress in the areas of interest to the visitors. Countries represented by these visitors in 1959 were Brazil, India, and the Philippine Islands.

### CIVIL DEFENSE HEALTH SERVICE

An operational medical plan for natural disasters occurring in Baltimore City was completed during 1959. Under the provisions of this plan the Commissioner of Health appointed a Disaster Service Executive Committee with a representative from each of the following:

1. The Baltimore City Medical Society.
2. The Baltimore Chapter of the American Red Cross.
3. The Hospital Council of Maryland, Inc.
4. The Baltimore City Civil Defense Organization.
5. The Baltimore City Fire Department.
6. The Baltimore City Police Department.
7. The Baltimore City Health Department.

It is expected that the committee will recommend changes in the plan to the Commissioner of Health as necessary so as to assure that emergency operations will be conducted efficiently if required.

Chemical agent detector kits were demonstrated and issued to nineteen key persons in the Civil Defense Health Service; one of these kits was loaned to the Baltimore County Civil Defense Medical Service. Supplies for seven casualty clearing stations, ordered in 1958, were delivered, raising to seventy-seven the total number of such equipment sets in the Baltimore City emergency medical stockpile. An additional seven sets were ordered for delivery in 1960.

Under the emergency hospital repositioning program of the Office of Civil and Defense Mobilization, Baltimore took custody of four complete hospital units. Two of these units were stored at Liberty Reservoir storehouse. The other two were stored at the Prettyboy Reservoir storehouse.

During the month of August a Baltimore City Operational Survival Plan was published in five volumes. The Health Service Annex to this plan is contained in Volume III. On December 3 the Commissioner of Health wrote to eighteen hospital administrators informing them that the "call-up" system was discontinued whereby hospitals were to be alerted by telephone calls from City Health Department employees. This action was taken with the consent of the Civil Defense Director.

Mr. Robert M. Keller, Assistant Director for Administration, delivered a number of lectures on Civil Defense and Civil Defense Health Service operations; these reached a total of approximately 500 persons in allied medical fields.

## BUREAU OF HEALTH INFORMATION

Joseph Gordon

*Director*

During 1959 the Bureau of Health Information continued to provide basic health information services for the betterment of the city's health. Many of these services were related to or grew out of the work of the various organizational units of the Health Department or other city agencies and were provided through the avenues of individual and group conferences and mass communication media. The work was carried out with the full cooperation of many individuals and organizations interested in forwarding the health of Baltimore's residents.

### *Community Health Programs*

Lead paint poisoning, poliomyelitis prevention, mental hygiene, accident prevention and the promotion of good prenatal care were emphasized throughout the year. In general every opportunity was taken to motivate residents in the prevention of disease and accidents. The bureau worked with many community agencies on a wide variety of health projects including health education in the public schools, the inauguration of the Hospital Equipment Loan Program, the Maryland Public Health Association's program, the promotion of dental health with the dental societies, the rheumatic fever and heart disease control work of the Heart Association of Maryland, the health and safety program of the Boy Scouts of America and the activities of the many nonofficial health agencies in the city and state. Particular mention should be made of the Druid Health District's twentieth anniversary which was brought to the attention of residents through the facilities of the bureau.

### *Publications*

Each week during the year the Commissioner of Health's official report *Saturday Letter to the Mayor* which included the weekly vital statistics was distributed to over 300 individuals and agencies including the press, radio and television news offices. Augmenting this weekly report on health matters were twenty-five special news releases. Excellent cooperation from the press produced not less than 302 articles on these health subjects and 2,194 column inches of space as well as innumerable radio and television announcements.

The *Baltimore Health News* was continued for the 36th year but due to the Mayor's rigid economy move was printed only seven times during 1959.

The mailing list of 10,000 included city officials, physicians, dentists, teachers, libraries, news agencies, students and others with an interest in Baltimore's health matters.

For the 11th consecutive year the Research and Planning Section issued its *Quarterly Statistical Report* which was printed in the bureau's duplicating room.

The yearly reports of the Health Department—the 144th ANNUAL REPORT OF THE DEPARTMENT OF HEALTH—1958 and the booklet *Guarding the Health of Baltimore—1958*—were prepared for publication and distributed as in former years.

Continuing its services to the many Health Department units the bureau assisted in the preparation of 25 health information pamphlets of which 13 were revisions. Also included were the preparation of special letters signed by the Commissioner of Health and sent to selected groups including physicians, hospitals, funeral directors and parents. A total of 27 papers or articles dealing with particular Health Department programs was presented at professional meetings or published in journals. Approximately 300,000 pieces of educational matter were distributed through Health Department channels during the year. The bureau also assisted the Commissioner of Health in the preparation of monthly articles which were published in the *Maryland State Medical Journal*.

#### *Radio and Television*

The "Keeping Well" spot announcements were sent to radio stations WFBR, WEBB and WITH. These announcements were spoken by the Commissioner of Health, taped by the bureau and distributed to stations WFBR and WEBB. They were broadcast daily and changed weekly. WEBB continued with its special announcements emphasizing the danger in lead paint poisoning, the need for poliomyelitis vaccine inoculations and good prenatal care, and the new Birth Record Correction Service in the Druid Health District. The "Keeping Well" radio broadcasts represented a continuous series of health announcements for the benefit of the people of Baltimore since they began on January 12, 1932.

The "Your Family Doctor" television series was continued for the 11th consecutive year. December 18 marked the 565th program in this series. Both radio and television programs were jointly sponsored with the Medical and Chirurgical Faculty of Maryland. Noteworthy among these programs were a series of four health career telecasts aimed at the high school student and three telecasts that dealt with the new mental hygiene clinic work inaugurated by the Department in 1959. All radio and television stations in the city, as previously mentioned, assisted with the dissemination of health news or warnings throughout the year. Titles of radio and television programs may be noted in the accompanying tables.

*Exhibits and Films*

A total of 162 display items was prepared by the bureau's exhibits specialist. These displays were exhibited in health district buildings, at meetings, in show windows, on television and elsewhere. Of particular note was a large exhibit "Auxiliary Inspection in the Food Industry" displayed at the Fifth Regiment Armory for the Maryland Restaurant Association Equipment Show in September and at the Fifth Annual Meeting of the Maryland Public Health Association in Easton in October. Other display subjects included dental care, the control of tuberculosis, diabetes detection and home safety.

The health information office arranged for the procurement or showing of 222 films. Slide projectors and motion picture projectors were borrowed from the bureau on 96 occasions. Mention should also be made that each district has its own projection equipment but the Bureau of Health Information serves as a center for the procurement of films. Two films were added to the Health Department's library—"The Innocent Party" a film dealing with the problem of venereal disease in teenagers and "Health Careers" provided by the National Health Council. These two films brought the Health Department's film library to a total of 35 films.

*Services to the Department*

The bureau continued to make available to administrative units editorial, library and duplicating facilities. The duplicating service completed 517 requisitions for printing, varitype or addressograph work. A total of 1,349 multilith master copies was prepared by the varitypist and 1,737,394 copies of forms or text material were printed by the multilith operator. The bureau supervised printing of 122 forms by the city's Municipal Duplicating Bureau. Its photographic service produced 777 photographs for use with exhibits, on television, for the press, for lectures and other purposes. The Public Information Assistant position was lost by the bureau on January 1 due to budget curtailments for 1959. The position had been unfilled since it was frozen on October 2, 1958. This loss was sorely felt by the bureau throughout the year and imposed extra burdens on all staff members.

**Personnel**

Joseph Gordon, B.S., Director  
Frederic M. Stiner, Exhibits Specialist  
Charles Scalion, Senior Printing Press Operator—Offset Press  
Bessie R. Sothoron, Principal Clerk Stenographer  
Effa Lee Roehrle, Senior Clerk Stenographer  
Margaret P. Shaver, Senior Clerk Typist  
Osborne B. Dixon, Senior Clerk

TABLE NO. 1  
 "KEEPING WELL" RADIO SPOT ANNOUNCEMENTS BROADCAST UNDER THE  
 JOINT AUSPICES OF THE BALTIMORE CITY HEALTH DEPARTMENT AND  
 THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND  
 RADIO STATIONS WFBR, WEBB AND WITH—1959\*

January	4	Your Family Doctor
	11	Mental Health
	18	Volunteers
	25	Prevent Lead Poisoning
February	1	Prevent Paralytic Poliomyelitis
	8	National Children's Dental Health Week
	15	Heart Disease
	22	Serve it Hot or Serve it Cold
March	1	Red Cross Volunteers
	8	Cigarette Smoking and Illness
	15	Gift of Life
	22	Rheumatic Fever
	29	Home Safety—Prevent Falls
April	5	Prevent Polio
	12	Lead Paint Poisoning
	19	Food Fads: Merchants of Menace
	19	Control Tuberculosis
	26	
May	3	Weeds and Allergies
	10	Rodent Control
	17	Cancer in Women
	24	Heart Disease
	31	When a Child Won't Eat
June	7	Lead Paint Poisoning
	14	Cancer Check-Up
	21	Fishing Safety
	28	Safety for Baby
July	5	Safe Swimming and Boating
	12	Food Control in Summer
	19	Careers in Public Health Nursing
	26	Careers in Nutrition
August	2	Lead Paint Poisoning
	9	Preparation for School
	16	Don't Believe the Park Bench Doctor
	23	Skin Problems
	30	Automobile Safety
September	6	Overweight
	13	Tuberculosis Check-Up
	20	Better Breakfasts
	27	School Lunch
October	4	Check Heating Units
	11	Volunteer for Health
	18	Poor Eating Habits
	25	Home Accidents
November	1	Better Vision for School Children
	8	Good Prenatal Care
	15	Diabetes Detection
	22	Tuberculosis
	29	Mental Hygiene
December	6	Cancer in Women
	13	Holiday Parties
	20	Safe Christmas
	27	A Safe New Year

\* Announcements were recorded on tape by the Commissioner of Health for Radio Stations WFBR and WEBB.

TABLE NO. 2

TELEVISION SERIES TELECAST UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, 1959—"YOUR FAMILY DOCTOR" SERIES: WMAR-TV

DATE	TITLE	GUEST
January 2	Baltimore's Health in 1958	Dr. Huntington Williams Dr. M. Tayback
9	A Doctor for You	Drs. J. R. Guyther, N. E. Needle, C. F. O'Donnell, L. L. Keown
16	Mr. Finley's Feelings	
23	Public Health and the Press	Dr. Huntington Williams Mr. Francis F. Beirne Miss Effie Saxton
February 30	Medical Questions and Answers	Dr. J. Trager, 2 children
6	Keep Smiling	Dr. Frank Borges
13	Working with Your Heart	Mrs. Marjory Levi Dr. Miriam Pauls Mr. Robert Dombro Mrs. Cecilia Macri Ceci Macri, 5 ice skaters
20	These Children Play Too (Helping children with speech and hearing impairments)	Mr. Charles R. Brown Miss Ann White Miss Borghild Prior Mrs. Harvey E. Rojnicker
March 27	The Most Perfect Food	
6	One in Twenty-one (Red Cross Volunteer Services)	Mrs. W. Goodman, Mrs. I. Fox, Mrs. L. Gerber, Mr. W. Martin Dr. John K. Frost Dr. H. Jones, Mrs. C. Harrison Dr. George H. Davis Dr. Robert L. Watson Mr. John A. Childs Dr. E. Kaplan, Mrs. M. Lanahan, Dr. Huntington Williams, Mr. W. Sallow Mr. W. T. Dixon, Miss E. Saxton Mrs. W. B. VandeGrift Miss Helen Everheart Miss Eleanor L. McKnight Dr. Herman K. Goldberg Capt. Martin McMahon Mr. Bill Burton
13	Arthritis: A Million Years Too Old	
20	HELP (Hospital Equip. Loan Program)	
April 3	New Hope in Cancer Control	
10	Your Cancer Society	
17	The Gift of Life (Prenatal Care)	
24	Pets and Disease	
May 1	Mightier Than the Dinosaur	
8	The Poisoned Window Sill	
15	More Roads to Recovery	Mr. Art Schuster
22	Taking the Die Out of Diet	
29	Eye Care—Some Basic Facts	
June 5	The Fire Department Ambulance Service	
19	Fish with Safety	
26	The Model Is Man	
July 3	Swimming and Boating with Safety	
10	Health Careers	
17	Careers in Cytotechnology	Dr. John E. Frost
24	Careers in Nutrition	Miss Ethel Miller
31	Careers in Public Health Nursing	Mrs. Marial McIver Dr. Sibyl Mandell
August 7	Prepare for School Now	
14	The Park Bench Doctor	
21	Trouble for the Sun Worshiper	Dr. Morris M. Cohen
28	Mental Roadblocks (Accident Prevention)	Dr. Frank Bennett
September 4	The Smallpox of Today (Mental Hygiene)	Dr. Huntington Williams
11	The Way to Cancer Control	Dr. A. M. Schneidmuhl
18	Ancient Medical Practices	Dr. Louis A. M. Krause
25	Nutrition for the School Child	Miss Eleanor L. McKnight
October 2	Druid's Twenty Years	Dr. Huntington Williams Dr. H. Maceo Williams Miss Ann Miller Dr. A. M. Schneidmuhl Miss Grace Orr, Dr. W. S. Harper Miss Mary Jo Albright Miss Effie Saxton Mr. & Mrs. Philander Ries
9	Johnny's New World (Vision Saving)	
16	Child in Conflict	
23	Medical Questions and Answers	
30	A Future for Five Million (Mentally Retarded Children)	
November 6	What's Your Problem?	Mr. George Motry
13	Detection Story	Dr. A. A. Silver
20	The Reluctant Schoolboy	Dr. A. M. Schneidmuhl Mr. Paul Yaffe, Mrs. E. Wheeler Mrs. Anne Reed
December 27	The Fear Barrier (Tuberculosis)	Dr. Milton S. Sacks
4	A Race Against Time (Leukemia)	Mr. Ferdinand A. Korff
11	Party-Time Poison	Mr. Earl Smith, Capt. C. T. Crowley
18	Christmas Bells or Fire Bells	

## BUREAU OF LABORATORIES

Clinton L. Ewing

*Director*

Among the important events of 1959 was the active participation by the Division of Chemistry in an investigation to determine the presence of aminotriazole in cranberries and cranberry products. This chemical is a weed killer and has been reported as capable of producing cancer in laboratory animals. Twenty-eight samples of cranberries were examined and one lot of whole cranberry sauce was found contaminated. This finding, subsequently confirmed by the Food and Drug Administration, proved to be the only positive result obtained by regulatory officials in this geographic area. The contaminated product was seized by Federal authorities.

The introduction on November 2 of the Venereal Disease Research Laboratory (VDRL) Standard Test for Syphilis (STS) as a routine procedure was an important step in providing a more accurate and satisfactory laboratory service in the control of syphilis.

The Division of Chemistry continued to contribute to the Health Department's lead paint poisoning control program. The examination of 1,797 specimens of blood for lead as an aid in the diagnosis of lead paint poisoning represented an increase of 267 specimens or 17.5 per cent when compared with the 1958 total and once again is a record number of such specimens tested in any one year. Specimens collected from 1,112 children and 141 adults were submitted by 28 practicing physicians and 20 hospitals. Excessive amounts of lead were detected in specimens from 212 children and 7 adults.

Since 1896 when the City Health Department laboratories were established biologicals have been distributed without cost to physicians, hospitals and other institutions in the prevention, diagnosis and control of communicable diseases. However, as a result of reductions in appropriations, the distribution of biologicals, except smallpox vaccine, to physicians was discontinued on September 1, 1959.

Services supplied to physicians and hospitals in 1959 in the diagnosis, prevention or treatment of communicable diseases and to other bureaus of the Health Department in the control of syphilis, tuberculosis, other diseases and sanitation involved 157,048 microbiological tests of 78,597 specimens and 21,058 bacteriologic and 46,772 chemical examinations of 19,443 samples of milk and food products and industrial or other materials. When combined, these figures totaled 224,878 examinations of 98,040 specimens or samples. In comparison with 1958 total examinations increased by 4,130 or 1.9 per cent and total specimens decreased by 1,272 or 1.3 per cent.

Although services and other activities were curtailed by the abolishment of four positions in the 1959 budget, the bureau was able to participate on a restricted basis in evaluation studies conducted by the Maryland State Department of Health laboratories. A total of 10 surveys in which the bureau collaborated concerned milk and water samples, intestinal parasites and diagnostic bacteriological specimens. The State laboratories did not conduct an STS survey in 1959.

### Microbiology

In the investigation of staphylococcal infections in hospitals and the follow-up by public health nurses of babies after discharge from hospitals, a number of specimens were examined for staphylococci. Nurses submitted 33 specimens and of these 12 were found to contain coagulase positive, pigmented staphylococci. When bacteriophage typed, 5 gave a pattern of 80/81 and 1 was type 80.

One of the local hospitals submitted 56 cultures of staphylococci for phage typing. These organisms had been isolated from various post-operative infections. Fifty-three cultures were coagulase positive, pigmented staphylococci. Of these, 22 were found to be phage type 80/81 and 9 others gave variations of this pattern.

A practicing physician submitted 60 nose and throat specimens from 4 families whose members had experienced a series of boils. In 28 specimens, coagulase positive staphylococci were found and 15 of these gave the phage pattern 80/81 while 6 others showed variations of this pattern. Twenty-one other coagulase positive staphylococcus specimens were received. However, only two were of the type 80/81.

A total of 17 isolations of various types of *Salmonella* and *Shigella* bacteria was made in the medical bacteriology laboratory. Of these, 5 were identified as typhoid bacilli, *Salmonella typhi*. One of the latter was from a fecal specimen of a known typhoid carrier. Two were from release specimens of a patient. The remaining two were from stool specimens of contacts of another case.

Attempts were made to isolate typhoid bacilli from Gwynns Falls as one of the typhoid fever patients had been swimming in the falls prior to onset of symptoms. Sterile gauze pads were suspended in the stream for certain periods and then cultured. No typhoid bacilli were recovered. However, the coliform counts were very high.

Concerning STS, the standard tests for syphilis, there was a decrease of 2.9 per cent from the previous year. In 1959, a total of 56,716 specimens was submitted of which 55,871 were bloods and 845 spinal fluids. The 80,224 tests made on these specimens represented an increase of 13 per cent. Data pertaining to the sources of STS specimens indicated that 544 different

practicing physicians submitted 21,955 or 38.7 per cent of the total; City Health Department venereal disease clinics sent in 24,699 or 43.5 per cent; commercial firms and special groups referred 7,652 or 13.5 per cent and hospitals and other institutions submitted 2,410 or 4.3 per cent.

Examinations for rabies decreased in 1959. The total of 54 animals tested represented a decrease of 31 when compared with the number submitted in 1958. All tests were negative. The last rabid animal to give a positive test in Baltimore was recorded in February, 1947.

Laboratory work associated with the investigation of alleged outbreaks of food poisoning was quite voluminous. Although only two official outbreaks were recorded, bacteriological examinations were also made of samples of food submitted in connection with 20 so-called cases. These usually involved one or more persons.

One of the two outbreaks involved a local hotel. In this instance, 137 samples were submitted but no suspicious or causative organisms were isolated.

The laboratories were more successful in the second outbreak which involved a church supper. Samples of sliced ham, potato salad and chiffon pie were submitted and coagulase positive, pigmented staphylococci were isolated from the potato salad. These organisms were penicillin resistant and gave a phage pattern of 79/6/7/42E/47/75/83. Nontypable, moderately penicillin resistant staphylococci were isolated from samples of vomitus, potted meat and smoked turkey. These foods were associated with the illness of one person. In addition, staphylococci were isolated from samples of food from two lunch rooms. A phage type (29/52A/80) staphylococcus was obtained from a sample of sliced tongue and a nontypable organism was found in a sample of summer bologna.

### Chemistry

Routine and investigative services involved the largest number of tests made in any one year since 1932. A total of 46,772 tests was made of 15,262 samples representing increases of 18.9 per cent in samples and 15.1 per cent in examinations when compared with the 1958 record. No evidence of improper pasteurization was observed in the examination of 1,975 samples of bottled milk. Of 532 samples of milk products examined by the phosphatase test, one sample of cream was found underpasteurized. In this instance the Bureau of Milk Control was notified and prompt action prevented the distribution of this lot in the city.

Microanalytical tests for filth were made of 485 samples of miscellaneous food collected from 273 local establishments. Filth such as rodent contamination or insect infestation was found in 18.8 per cent of the samples.

Approximately 3,500 samples of paint scrapings were examined for lead.

This represented an increase of 1,267 samples or 57 per cent over the number tested in 1958. Positive results were obtained on 53.3 per cent of the samples. In December, a new program was begun which will make still greater demand on this laboratory service. The homes of all children registered at the well baby clinic in the Druid Health District building will be visited for the purpose of removal of paint suspected of containing lead. This procedure is designed to separate the children from the lead paint before they become ill.

### Biologicals

On September 1 the distribution of all biologicals except smallpox vaccine to physicians, hospitals and other institutions, was discontinued. As a result there was a decrease in the number of packages dispensed. In 1959, a total of 31,348 packages was distributed in comparison to 47,343 packages given out in 1958.

### Special Investigations

The joint studies conducted by the Bureau of Laboratories and the laboratories of the Borden-Hendler Ice Cream Plants on the incidence of coliform bacteria in ice cream mix were completed. Results of the use of the Andersen Aerosol Sampler in these studies and in other studies were written up and presented before the Laboratory Section of the American Public Health Association at Atlantic City on October 21.

In addition to using the Andersen Sampler in the ice cream plant study, two surveys were made, by invitation, in the old and new Sinai Hospital buildings. Results indicated that the areas sampled in the new hospital were relatively free of viable aerosol particles.

In the Division of Chemistry improvements were made in the sensitivity and specificity of the rapid screening method for lead in paint at the one per cent level. A paper describing the test and entitled "The Determination of Lead in Paint Scrapings as an Aid in the Control of Lead Poisoning in Young Children" was presented by Dr. Emanuel Kaplan, Assistant Director for Chemistry, before the Laboratory Section of the American Public Health Association in Atlantic City on October 20, 1959.

An analytical procedure was developed for the detection of minute amounts of chromium in air as a part of an investigation conducted by the Division of Air Pollution Control. Six hundred and thirty-two samples of air particulates collected on filter paper tape with the American Iron and Steel Institute automatic sampler were tested. This study was initiated after the U.S. Public Health Service National Air Sampling Network revealed that the average chromium concentration in Baltimore air was 10

times the national average and because of the association of chromium compounds with lung cancer.

Further studies were made of the Scharer field phosphatase test as modified by the Baltimore City Health Department. Examination of 10 samples of milk by forty-four analysts in an evaluation study conducted by the State Laboratories in 1959 showed 100 per cent accuracy. In order to give the method official status a paper describing it was presented by Dr. Kaplan at the 1959 annual meeting of the Association of Official Agricultural Chemists.

Other investigations included the determination of bacteriological quality of the soft type of ice cream, the source of the pink color in oysters, the determination of allergens in dust collected during the industrial handling of castor bean pomace, the collection of samples of soot of known origin as an aid in air pollution control, the simultaneous examination of multiple samples of air for fluoride by the perchloric acid distillation method, an improved method for the detection of fly eggs in tomato products, the examination of Japanese-made chinaware for lead content, the phosphatase content of raw milk, the elimination of copper interference in the screening method for lead in paint, the source of weevil infestation of stored macaroni products and methods for cleaning and deleading of Petroff blood collection needles.

### Educational Activities

Services of the bureau were described to 125 visitors. Lectures and demonstrations were given to sophomore medical students and to an audience at the Enoch Pratt Free Library. Six students from the Patterson Park High School worked one afternoon a week from January through May as volunteers to learn about laboratory procedures.

### Personnel

Clinton L. Ewing, Director  
Emanuel Kaplan, Sc.D., Assistant Director for Chemistry  
Katharine E. Welsh, A.B., Assistant Director for Microbiology  
Grace Freeland, A.B., Principal Bacteriologist  
Mary McManus, B.A., Principal Bacteriologist  
Sanford M. Belth, B.S. Chem., Principal Chemist  
Wilbert R. Lewis, B.S., Senior Bacteriologist  
Rosalinda McKenna, A.B., Senior Bacteriologist  
Warren Thiell, Senior Bacteriologist  
Duane Tilghman, B.S., Senior Bacteriologist  
Robert S. Shaul, B.S., Senior Chemist  
Marilyn E. Tracy, A.B., Senior Chemist  
Byrd G. Wenke, Bacteriologist

Raymond Buettner, Laboratory Assistant  
Carroll Bacon, Laboratory Assistant  
Joan Marie Carfine, Laboratory Assistant  
Anna G. Johnson, Laboratory Assistant  
Michael Madigan, Laboratory Assistant  
Ruth B. Mickens, Laboratory Assistant  
Carolyn Sigwing, Laboratory Assistant  
Harry L. Carman, Senior Administrative Assistant  
John A. Wheeler, Principal Clerk  
Kathryn Hiltner, Senior Clerk Stenographer  
Katherine Wood, Senior Clerk Stenographer  
Ruby G. Hankins, Senior Clerk Typist  
Patricia Ann Lee, Senior Clerk Typist  
Michael J. Doonan, Senior Storekeeper  
Thomas J. Faulkner, Stores Clerk  
Warren H. Barnes, Equipment Operator  
Elmer Isaac, Laboratory Aide  
Patrick J. McHugh, Laboratory Aide

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

TYPE OF SPECIMEN AND TEST	NUMBER OF SPECIMENS	NUMBER OF TESTS
Total .....	78,597	157,048
Animal heads .....	54	
Animal inoculation .....		54
Microscopic .....		652
Blood .....	57,186	
Agglutination .....		4,273
Culture .....		972
Microscopic .....		22
Serologic .....		79,396
Direct culture .....	6,086	
Agglutination .....		380
Animal inoculation .....		5
Culture .....		14,200
Microscopic .....		3,981
Exudates .....	4,441	
Animal inoculation .....		18
Culture .....		1,211
Microscopic .....		5,245
Feces .....		
Bacteria .....	231	
Occult blood .....	5	
Parasite .....	391	
Culture .....		4,001
Macroscopic .....		19
Microscopic .....		2,023
Fungi .....	5	
Culture .....		75
Microscopic .....		64
Helminths .....	410	
Macroscopic .....		1
Microscopic .....		409
Spinal fluid .....	845	
Culture .....		4
Microscopic .....		2
Serologic .....		823
Sputum .....	7,382	
Animal inoculation .....		54
Culture .....		7,480
Microscopic .....		7,274
Stomach lavage .....	1,285	
Animal inoculation .....		43
Culture .....		20,384
Microscopic .....		1,813
Urine .....	273	
Animal inoculation .....		29
Culture .....		1,548
Microscopic .....		588

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

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
<b>TOTAL</b> .....	<b>99,305*</b>	<b>15,055</b>	<b>77,586</b>	<b>4,092</b>	<b>1,828</b>
<b>BRUCELLOSIS</b>					
Total.....	475	2	309	6	68
Agglutination					
Blood.....	348	..	342	6	..
Culture					
Blood.....	1	1	..	..	..
Blood clot.....	126	1	57	..	68
<b>DIPHTHERIA</b>					
Total.....	177	4	172	..	1
Animal inoculation					
Virulence test.....	3	..	3	..	..
Microscopic					
Swab.....	174	4	169	..	1
<b>ENTERIC INFECTIONS</b>					
Total.....	1,451	231	1,085	134	1
Agglutination					
Blood, H antigen.....	338	4	250	84	..
Blood, O antigen.....	263	4	209	50	..
Culture					
Blood.....	15	1	14	..	..
Blood clot.....	30	2	28	..	..
Feces.....	577	59	517	..	1
Rectal swab.....	45	1	44	..	..
Urine.....	183	160	23	..	..
<b>GNOCOCCUS INFECTIONS</b>					
Total.....	9,991	2,511	6,563	352	565
Exudate					
Culture.....	5,619	1,386	3,707	..	526
Microscopic.....	4,372	1,125	2,856	352	39
<b>INFECTIOUS MONONUCLEOSIS</b>					
Blood, agglutination.....	1,070	300	150	617	3
<b>INTESTINAL PARASITES</b>					
Total.....	801	86	708	2	5
Microscopic					
Cellulose tape slides.....	409	70	335	2	2
Feces.....	391	15	373	..	3
Worms.....	1	1	..	..	..
<b>METALLIC POISONING</b>					
Total.....	1,803	347	934	514	8
Biochemic					
Lead					
Blood.....	1,795	344	929	514	8
Paint.....	5	2	3	..	..
Urine.....	3	1	2	..	..
<b>MYCOSIS</b>					
Total.....	72	60	12	..	..
Exudate.....	44	32	12	..	..
Sputum.....	21	21	..	..	..
Urine.....	7	7	..	..	..

\* This includes 745 total protein tests (see syphilis examinations—Biochemic), and 97 microbial sensitivity tests (other examinations).

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

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
<b>RABIES</b>					
Total .....	110	..	110	..	..
Animal inoculation					
Brain emulsion .....	56	..	56	..	..
Microscopic					
Animal brain .....	54	..	54	..	..
<b>RICKETTSIAL INFECTIONS</b>					
Total .....	388	..	305	23	..
Agglutination					
Blood					
Proteus OX <sub>1</sub> .....	194	..	175	19	..
Proteus OX <sub>19</sub> .....	194	..	190	4	..
<b>STAPHYLOCOCCAL DISEASE</b>					
Total .....	95	56	39	..	..
Culture					
Exudate .....	95	56	39	..	..
<b>STREPTOCOCCUS INFECTIONS</b>					
Total .....	125	101	24	..	..
Culture					
Exudate .....	106	83	23	..	..
Sputum .....	14	14	..	..	..
Swab .....	5	4	1	..	..
<b>SYPHILIS</b>					
Total .....	71,536	10,445	57,848	2,279	317
Biochemic					
Total protein .....	745*	..	..	..	98
Complement-fixation					
Eagle					
Spinal fluid .....	845	59	729	24	33
Flocculation					
Eagle-Strauss					
Blood .....	55,871	4,794**	49,776**	1,129**	172
Titre .....	4,966	4,068	..	898	..
VDRL					
Blood .....	8,301	716	7,343**	228	14
Titre .....	808	808	..	..	..
<b>TRICHOMONIASIS</b>					
Exudate, microscopic .....	135	106	29	..	..
<b>TUBERCULOSIS</b>					
Total .....	10,653	558	9,083	165	847
Animal inoculation					
Exudate .....	10	2	8	..	..
Sputum .....	60	9	43	8	..
Stomach lavage .....	41	3	32	6	..
Urine .....	24	1	22	1	..
Culture					
Exudate .....	10	1	8	..	1
Sputum .....	469	48	388	27	6
Stomach lavage .....	1,273	51	1,133	74	15
Urine .....	48	..	43	4	1
Microscopic					
Exudate .....	15	3	12	..	..
Sputum .....	7,337	413	6,067	34	823
Stomach lavage .....	1,297	26	1,259	11	1
Urine .....	69	1	68	..	..

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

\*\* This includes a total of 188 premarital examinations, of which 4 were positive and 2 doubtful.

TABLE NO. 2 (Concluded)

## EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
<b>TULAREMIA</b>					
Blood, agglutination.....	11	1	10	..	..
<b>VINCENT'S INFECTION</b>					
Exudate, microscopic.....	7	1	6	..	..
<b>OTHER EXAMINATIONS</b>					
Total.....	405	246	49	..	13
Biochemic.....	19	4	15	..	..
Culture.....	212	169	30	..	13
Microbial sensitivity.....	97†	..	..	..	..
Microscopic.....	77	73	4	..	..

† 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
<b>TOTAL.....</b>	<b>31,348</b>		
<b>Triple antigen</b>			
Diphtheria and tetanus toxoids combined with pertussis vaccine.....	7,410	Cubic centimeter	55,575 c.c.
<b>Diphtheria biologicals</b>			
Antitoxin.....	4	Unit	42,000 units
Toxoid.....	15	Cubic centimeter	75 c.c.
Toxoid, fluid.....	1	Cubic centimeter	7.5 c.c.
Toxoid combined with tetanus toxoid.....	1,101	Cubic centimeter	5,505 c.c.
<b>Antibiotics</b>			
Bicillin.....	1,310	Unit	3,930,000,000 units
<b>Conjunctival tests</b>			
Horse serum.....	25	Test	200 tests
<b>Histoplasmin</b> .....	22	Cubic centimeter	22 c.c.
<b>Immune serum globulin, human</b>			
Agammaglobulinemia.....	20	Cubic centimeter	40 c.c.
Infectious hepatitis.....	605	Cubic centimeter	1,210 c.c.
Measles.....	486	Cubic centimeter	972 c.c.
<b>Pertussis biologicals</b>			
Antipertussis serum, rabbit.....	2	Cubic centimeter	4 c.c.
<b>Poliomyelitis vaccine</b> .....	8,767	Cubic centimeter	78,903 c.c.
<b>Rabies biologicals</b>			
Antitoxin.....	1	Unit	1,000 units
Vaccine.....	28	Dose	28 doses
<b>Silver nitrate solution, one per cent.</b> .....	24	Ampule	48 ampules
<b>Smallpox vaccine</b> .....	7,851	Point	39,255 points
<b>Tetanus biologicals</b>			
Antitoxin.....	118	Unit	177,000 units
Toxoid.....	988	Cubic centimeter	4,940 c.c.
Toxoid, fluid.....	707	Cubic centimeter	5,282 c.c.
<b>Tuberculosis biologicals</b>			
BCG vaccine.....	33	Cubic centimeter	33 c.c.
Koch's old tuberculin.....	12	Cubic centimeter	60 c.c.
Patch test.....	923	Test	923 tests
Purified Protein Derivative.....	371	Test	7,820 tests
<b>Typhoid vaccine</b> .....	17	Cubic centimeter	325 c.c.
<b>Typhoid-paratyphoid vaccine</b> .....	507	Cubic centimeter	5,835 c.c.

**TABLE NO. 4**  
**SUPPLY MATERIALS AND SPECIMEN CONTAINERS PREPARED AND DISTRIBUTED**

Glassware and material cleaned (units)	804,328
Sterilized	783,303
Bottles	50,808
Needles	152,949
Petri dishes	94,084
Pipettes	198,707
Syringes	144,973
Tubes	99,837
Vials	18,093
Miscellaneous	3,852
Media prepared	
Liters	1,056
Bottles	4,087
Petri dishes	13,279
Tubes	25,671
Vials	16,036
Specimen containers	
Prepared	73,552
Distributed	74,339
Physicians supply stations	278
Health districts	49,220
Laboratory	24,843
Water distilled (gallons)	3,009

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

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
<b>TOTAL</b>	<b>7,085*</b>	<b>21,058</b>
Dairy products (milk, cream, ice cream, etc.)	2,980	
Coliform count		2,761
Microscopic count		17
Plate count		1,683
Special tests		148
Temperature check		2,107
Equipment for sterility (bottles, containers)	185	
Plate count		185
Food poisoning investigations	69	
Coliform count		65
Plate count		68
Special tests		520
Food products	134	
Coliform count		117
Plate count		132
Special tests		699
Investigative work	52	
Coliform count		37
Special tests		242
Miscellaneous samples	658	
Coliform count		820
Microscopic count		30
Plate count		714
Special tests		1,011
Procedure controls		
Special tests		3,781
Swabbings (hand and equipment)	813	
Coliform count		4
Plate count		786
Special tests		149
Water (tap, pool, well, spring, river, etc.)	2,194	
Coliform count		2,195
Plate count		1,244
Special tests		1,543

\* Of this number, 5,031 samples were submitted for bacteriologic examination only; the other samples were submitted for bacteriologic and chemical analysis.

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 .....	15,262*	46,772
Body fluids and excreta .....	2,649	
Lead test .....	..	5,434
Total protein test .....	..	751
Unclassified biochemic tests .....	..	104
Dairy products (milk, cream, ice cream, etc.) .....	3,503	
Phosphatase test .....	..	5,332
Butterfat test .....	..	3,468
Added water tests .....	..	821
Sediment test .....	..	788
Unclassified tests .....	..	1,679
Food products .....	863	
Filth test (rodent and insect infestation) .....	..	2,030
Adulteration test .....	..	1,123
Decomposition tests .....	..	146
Unclassified tests .....	..	60
Industrial hygiene and air pollution control samples (air, dusts, solvents, paint scrapings, etc.) .....	5,287	
Industrial poison tests .....	..	8,309
Air contaminant tests .....	..	7,987
Miscellaneous samples .....	224	
Unclassified tests .....	..	796
Solutions and outfits .....	222	
Unclassified tests .....	..	2,909
Water samples .....	2,514	
Fluoride test .....	..	3,272
Boiler water control tests .....	..	952
Sanitary analysis .....	..	277
pH test .....	..	534

\* Of this number, 12,358 samples were submitted for chemical analysis only; the other 2,904 samples were submitted for bacteriologic and chemical analysis.

## BUREAU OF PUBLIC HEALTH NURSING

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

*Director*

### *Services*

The Bureau of Public Health Nursing continued to provide nursing service for elementary public and parochial schools. This was strengthened through the addition of two new mental hygiene clinics for children and new policies for the care and follow-up of children needing health services. Through case conferences with nurses, social workers and psychiatrists the public health nurses have developed a keener awareness of the problems of beginning emotional disturbances and behavior problems in the school age child. Closer working relationships with the school principals and social workers resulted in a better sharing of information and joint planning. Two public health nurses were assigned to the Eastern mental hygiene clinic and one to the Western mental hygiene clinic. Mental hygiene visits increased from 70 in 1958 to 615 in 1959.

At the beginning of the 1959 school term new policies were made which should result in more complete care for children with special education or health service problems and needs. Routine health examinations were discontinued and put on a referral basis. The pupil's medical record was made out only if the child had a medical problem. A Teacher Observation Card was used for each child by the teacher and more emphasis placed on the nurse-teacher conference and the examination of these referrals. More effective results and satisfaction in school work was evidenced by the nurses as routine record work was reduced.

The table of home visits of public health nurses at the end of this report and the pie diagrams on page 22 show how public health nurses spent their time in various activities. The decline in nursing visits from 171,260 in 1949 to 80,415 visits in 1959 is a reflection of the decreasing trend noted in all health agencies. The change in Baltimore can be attributed to program planning, the change in chemotherapy procedures for tuberculosis patients, reduction of certain case loads and more teaching within the clinic and new policies. Staff shortages, personnel cuts and turnover also played an important part. Too few days for home visits to families in need of intensive services which is the heart of public health nursing, continued to give great concern.

The Bureau of Biostatistics in connection with a study of the relationship between smoking habits of expectant mothers and the incidence of prema-

ture births requested public health nursing visits to 3,044 mothers. Public health nurses also aided in the preparation for the new Baltimore Health Survey which will start in January 1960 on a continuing monthly basis by participating in a pilot study in October. Nurses visited one hundred randomly selected families and secured certain medical and public health information.

The prevention and control of lead paint poisoning in young children was very much a part of the nursing program, and a total of 1,005 visits was made in behalf of these children. Educational materials were distributed in clinics and homes in an effort to teach parents how to recognize symptoms and secure early diagnosis.

The amount of time of the liaison public health nurse at Baltimore City Hospitals was reduced because of staff nursing shortages. However, 936 patients were referred to the nurses for follow-up in an effort to prevent repeated readmissions due to respiratory infections, dehydration and diarrhea.

#### *Volunteer Program*

The Volunteer Program of the Baltimore City Health Department underwent many changes in 1959. Mrs. E. Elizabeth Hipp resigned on February 17 and Miss Ann Miller was appointed to the post on February 26. The decentralization of the program, however, made it possible for this work to continue as in the past. During the year a total of 1,114 volunteers contributed 22,979 hours of service. In the Druid Health District a committee of prominent citizens met to discuss community participation in promoting health in the district. As a result of this meeting an intensive program in vision testing was started in the schools. Recruitment for clinic and office volunteers was intensified with excellent results. Another program which increased volunteer participation was the new summer program for teenagers. Twenty-three high school students gave 2,600 hours of service. Students worked in well baby clinics in all of the districts as well as in the Bureau of Laboratories and the Medical Care Section. The Fifth Annual Meeting of Volunteers was held on June 9. Approximately 100 volunteers met at the Municipal Stadium. Each health district explained the workings of one volunteer program which was conducted successfully. Thirty volunteers received awards for more than 100 hours of service each.

In the latter part of the year volunteer hours in clinics declined sharply. The steel strike caused many women to find paid employment and the teacher shortage also made available substitute jobs to many former volunteer workers. Recruitment and orientation demanded an increasing amount of district nursing time. In order to stimulate an esprit de corps as well as to assist in recruitment and orientation the Advisory Committee

suggested that a formal organization of volunteers be considered. The Parent-Teacher Associations, the Maryland League of Women's Clubs, and the Women's Civic League agreed to assist in this.

### *Education*

A selected number of public health nurses under the guidance of Miss Florence Burnett, Mental Health Consultant of the Maryland State Health Department, had a week's training at the University of Maryland Psychiatric Institute to develop skill in helping patients through a better understanding of human behavior. Several nurses enrolled in universities to work toward degrees in nursing and public health. An orientation program was planned for new staff and continuous in-service education planned by each district.

Two baccalaureate graduate nurses, 45 baccalaureate students and 71 diploma students were provided public health affiliations. Nursing students from diploma schools had 264 observations in all areas of public health nursing. Nine public health nurses were trained in treatment techniques during the year, and ten public health nurses had a series of conferences to prepare them for interviewing in the venereal disease clinics. The Supervisor of Public Health Nurses for Venereal Diseases conducted twenty-seven seminars on venereal disease control with a total attendance of ninety-three student and staff nurses. The Clinical Director for Venereal Diseases gave two lectures on venereal diseases to a group of public health nurses and clinic clerks.

### *Staff Changes*

Fifty-one nurses resigned from the Bureau of Public Health Nursing in 1959 and four nurses left for retirement. The nurses who retired were: Mrs. Mary Tewell with twenty-six years of service; Mrs. Mary Goldberg and Mrs. Marion Stromberg both with thirty-seven years of service; and Mrs. Helen Carr with twelve years of service.

Fifty-one nurses were appointed to fill vacancies that occurred during the year. This turnover of nurses for a variety of reasons, required a considerable amount of administrative and staff time for orientation and the introduction of new staff to public health.

### **Personnel**

Alice M. Sundberg, B.A., M.P.H., Director  
M. Elizabeth Pickens, B.S., M.P.H., Assistant Director  
Mary I. Streckfus, Supervisor of Public Health Nursing  
Virginia Struve, B.S., Sr. Supervisor of Public Health Nursing (Venereal Diseases)  
Grace S. Volmar, B.S., Supervisor of Public Health Nursing (Maternity Hygiene)  
Margaret Murphy, B.S., M.S., Senior Public Health Nurse (Pediatrics)  
Ann Miller, B.S., Supervisor of Public Health Nursing (Volunteers)

*Public Health Nurses†*

Marianne P. Aiau	Constance Jacobs
Mary C. Bacon	Betty Jean Knapp*
Eva M. Bailey	Mary B. Lanahan
Ruth Berman*	Beulah McCausland
Katherine Brady	Rose Ann Pacunas
Esther R. Cammann*	Doris Rodenhiser
Ruth F. Eckman, B.A.	Helen R. Roff
Mollie G. Fell	Ethyl Roffman*
Virgie Finneyfrock	Lillian D. Roseman
Alberta R. Gottlieb*	Sylvia D. Sweren*
Rose M. Hoffman	Elizabeth E. Terry*

Helen L. Wells

Alma M. Dieringer, Senior Clerk Stenographer  
 Catherine A. Ruckle, Senior Clerk Stenographer

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\* Part-time employees.

† Other Bureau of Public Health Nursing staff are listed with the various health district personnel.

TABLE NO. 1  
SUMMARY OF HOME VISITS OF PUBLIC HEALTH NURSES—1959

SERVICE AND TYPE OF VISIT	ENTIRE CITY		EASTERN HEALTH DISTRICT		WESTERN HEALTH DISTRICT		DURID HEALTH DISTRICT		SOUTHEASTERN HEALTH DISTRICT		SOUTHERN HEALTH DISTRICT		NORTH-WESTERN HEALTH DISTRICT		
	Total	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
All home visits.....	80,415	22,244	58,071	2,789	20,137	3,553	7,416	676	18,837	8,405	2,720	3,681	5,289	3,040	3,692
Maternity hygiene.....	18,765	1,725	17,040	230	6,915	1,380	2,255	160	4,960	4,960	865	145	975	1,800	1,970
Infant health supervision.....	29,410	8,570	20,840	880	6,785	1,280	2,675	235	6,960	3,560	970	1,675	1,365	1,180	1,485
Preschool health supervision.....	5,630	1,740	3,890	80	730	290	625	35	1,360	555	165	675	1,060	105	80
School health supervision.....	4,795	3,115	1,680	215	295	465	270	15	1,275	420	290	420	300	725	190
Tuberculosis.....	10,565	3,970	6,595	790	1,870	665	820	175	2,585	540	290	540	355	675	227
Veneral disease.....	3,150	84	3,066	29	822	18	431	6	1,407	15	60	305	210	95	55
Acute communicable disease.....	2,795	1,455	1,340	225	475	205	110	35	370	590	120	305	210	95	55
Other morbidity.....	4,180	1,175	3,005	245	2,000	190	270	10	465	535	145	100	60	95	65
All others.....	1,125	510	615	95	245	60	60	5	175	230	25	15	25	105	85
Effective visits.....	62,133	17,647	44,486	2,251	15,444	2,741	6,115	480	13,840	6,754	2,142	2,944	4,188	2,477	2,757
Maternity hygiene.....	13,855	1,345	12,510	180	4,965	300	1,770	135	3,730	545	640	120	790	65	675
Infant health supervision.....	23,015	6,405	16,610	700	5,425	975	2,280	160	5,280	2,510	765	1,200	1,655	860	1,205
Preschool health supervision.....	4,330	1,375	2,955	65	515	215	470	20	1,005	485	150	490	770	100	45
School health supervision.....	4,125	2,700	1,425	190	250	400	245	10	1,090	65	65	345	230	655	185
Tuberculosis.....	7,415	2,925	4,490	565	1,285	425	635	105	1,600	905	220	385	425	520	325
Veneral disease.....	2,078	47	2,031	11	644	11	290	5	1,600	9	47	4	93	7	167
Acute communicable disease.....	2,615	1,380	1,235	220	420	200	105	30	350	550	200	210	210	90	45
Other morbidity.....	3,910	1,065	2,845	230	1,875	170	270	10	450	470	130	95	55	90	65
All other.....	790	405	385	70	165	45	50	5	85	190	20	15	20	80	45
Maternity Hygiene Service															
All visits.....	18,765	1,725	17,040	230	6,915	330	2,255	160	4,960	730	865	145	975	80	1,070
Health Department clinic case															
Antenartum.....	5,150	315	4,835	40	1,945	20	540	20	1,390	150	285	50	360	25	315
Postpartum.....	4,890	220	4,670	45	1,760	..	290	35	1,540	115	225	20	330	5	325
Other clinic case															
Antenartum.....	725	180	545	15	170	65	235	5	90	70	25	10	15	15	10
Postpartum.....	3,090	630	2,460	80	1,090	215	505	75	710	210	105	40	25	10	25
Home visit, not seen.....	3,430	225	3,205	45	1,420	35	305	20	820	105	120	5	175	15	365
Visit in behalf of case.....	1,480	155	1,325	5	530	45	180	5	410	80	105	20	70	..	30
Infant Health Supervision Service															
All visits.....	29,410	8,570	20,840	880	6,785	1,280	2,675	235	6,960	3,350	970	1,675	1,965	1,150	1,485
Home visit, neonatal.....	11,715	3,295	8,420	345	3,135	525	1,330	95	2,325	1,205	355	510	525	615	750
Home visit, premature infant.....	2,280	495	1,785	195	660	85	180	5	650	110	25	55	100	65	190
Home visit, clinic infant.....	8,255	2,315	5,940	130	1,365	300	720	60	2,220	1,055	365	610	1,020	160	250
Home visit, other case.....	490	115	375	19	190	..	50	..	80	120	10	10	5	15	..
Home visit, diphtheria prevention.....	70	15	55	9	40	..	5	..	..	5	10	..	..	..	..
Home visit, handicapped children.....	205	130	75	23	35	60	15	..	..	5	..	..	..	..	..
Home visit, not seen.....	4,700	1,690	3,010	135	1,085	220	255	..	1,080	640	145	410	240	235	255
Visit in behalf of case.....	1,695	475	1,220	45	325	85	140	25	600	200	60	65	70	55	25

TABLE NO. 1—Concluded  
SUMMARY OF HOME VISITS OF PUBLIC HEALTH NURSES—1959

SERVICE AND TYPE OF VISIT	ENTIRE CITY		EASTERN HEALTH DISTRICT		WESTERN HEALTH DISTRICT		DRUID HEALTH DISTRICT		SOUTHEASTERN HEALTH DISTRICT		SOUTHERN HEALTH DISTRICT		NORTH-WESTERN HEALTH DISTRICT		
	Total	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
Preschool Health Supervision Service															
All visits.....	5,630	1,740	3,890	80	730	290	525	35	1,360	555	165	675	1,060	105	50
Health Department clinic case.....	3,440	900	2,540	35	430	155	390	15	830	255	95	360	675	80	20
Other cases.....	280	140	140	10	50	15	30	5	25	105	25	5	5	5	5
Home visit, diphtheria prevention.....	195	90	105	10	10	15	5	..	10	40	30	25	35	10	15
Home visit, hand-dipped children.....	415	245	170	20	25	30	45	..	40	85	..	100	55	10	5
Home visit, not seen.....	960	280	710	15	160	55	45	15	245	50	..	140	260	5	..
Visit in behalf of case.....	310	85	225	..	55	20	10	..	110	20	15	45	30	..	5
School Health Supervision Service															
All visits.....	4,705	3,115	1,680	215	295	465	270	15	545	80	420	300	725	190	170
Effective visits.....	3,510	2,300	1,210	145	370	215	5	350	1,000	55	275	185	620	45	15
Home visit, handicapped children.....	615	310	305	70	105	30	30	5	100	90	10	70	45	45	15
Home visit, not seen.....	480	260	190	20	20	20	20	..	75	125	10	75	60	60	5
Visit in behalf of case.....	190	125	65	15	25	45	5	5	20	60	5	..	10	..	..
Tuberculosis Service															
All visits.....	10,565	3,970	6,595	790	1,870	665	820	175	2,595	1,125	290	540	555	675	465
Pulmonary case	1,680	760	900	180	235	65	120	50	320	165	25	85	90	185	110
Exclusive of hospital care.....	3,885	1,525	2,330	280	945	165	260	55	945	525	140	225	170	275	170
Post-hospital case.....															
Childhood type															
Home visit.....	205	25	180	..	60	15	35	..	15	10	20	..	45	..	5
Suspect.....	135	15	120	..	30	30	30	..	35	6	..	..	5	..	5
Other type.....	235	85	150	20	25	5	20	..	40	25	..	..	15	..	5
Contact.....	1,060	400	660	205	90	125	..	..	230	160	..	10	65	40	25
BCG, patch test, application and reading.....	1,160	70	90	30	25	35	..	..	10	5	..	..	10	..	..
Home visit, not seen.....	2,100	740	1,360	155	375	150	90	30	625	180	55	120	85	135	130
Visit in behalf of case.....	1,050	305	745	50	210	90	95	40	370	70	15	35	45	20	10
Veneral Disease Service															
All visits.....	3,150	84	3,066	29	822	18	431	6	1,407	15	60	6	119	10	227
Syphilis															
Delinquent patient follow-up.....	470	13	457	5	146	1	57	..	198	6	9	..	20	1	27
Epidemiological investigation.....	534	14	570	4	179	4	102	3	206	..	10	..	18	1	55
Gonorrhea															
Delinquent patient follow-up.....	70	1	69	..	32	6	131	..	17	1	4	..	13	..	3
Epidemiological investigation.....	954	19	935	2	187	6	132	2	469	2	24	..	42	5	82
Home visit, not seen.....	978	33	945	17	214	6	132	1	505	5	11	..	23	3	60
Visit in behalf of case.....	94	4	90	1	64	1	9	..	12	1	2	..	1	..	..

<b>Acute Communicable Disease Service</b>															
All visits.....	2,795	1,455	1,340	225	475	205	110	35	370	580	120	305	210	95	55
Home visit, reported case.....	45	15	30	45	25	20	55	5	160	15	35	25	60	25	5
Chickenpox.....	710	275	435	5	100	10	10	10	35	155	10	10	15	10	5
Whooping cough.....	175	80	95	5	25	10	..	10	35	35	10	10	15	5	10
Scarlet fever.....	110	35	75	65	60	25	15	..	25	30	10	15	15	5	10
Other.....	400	280	120	..	55	..	..	..	..	170	10	..	..	..	..
Home visit, suspect.....	55	35	20	15	10	..	..	..	10	10	..	10	10	..	..
Chickenpox.....	150	80	70	..	20	20	10	5	30	25	..	15	10	..	..
Whooping cough.....	12	10	5	..	..	..	..	..	5	10	..	..	..	..	..
Scarlet fever.....	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other.....	40	20	20	..	15	10	..	..	..	5	..	..	..	..	..
Home visit, contact.....	80	20	60	..	10	..	..	..	45	5	..	5	..	..	..
Measles.....	5	5	..	..	..	..	..	..	5	5	..	..	..	..	..
Whooping cough.....	5	5	..	..	..	..	..	..	5	5	..	..	..	..	..
Scarlet fever.....	5	5	..	..	..	..	..	..	5	5	..	..	..	..	..
Other.....	175	120	55	40	40	15	..	10	5	45	10	10	..	..	..
Home visit, immunization.....	100	55	45	15	10	..	5	..	15	5	..	25	15	10	..
Measles.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other.....	470	305	105	30	50	90	20	..	5	20	5	165	85	..	..
Home visit, typhoid fever culture.....	20	15	6	5	10	5	..	..	5	5	..	5	..	..	..
Home visit, special follow-up.....	55	25	30	..	..	..	..	..	5	5	..	5	10	5	..
Home visit, not seen.....	105	40	65	5	40	5	..	5	15	25	..	5	..	..	10
Visit in behalf of case.....	75	35	40	..	15	5	5	..	5	15	15	10	..	5	..
<b>Other Morbidity Service</b>															
All visits.....	4,180	1,175	3,005	245	2,000	180	270	10	465	535	145	100	60	95	65
Sore eye case.....	50	10	40	..	25	..	..	..	10	10	..	..	5	..	..
Infant.....	100	45	55	..	40	15	5	..	5	25	..	5	..	..	..
Preschool child.....	160	55	105	30	60	..	..	..	15	25	..	..	25	..	..
School child.....	275	185	90	10	70	10	..	..	15	70	..	25	70	..	..
Adult.....	1,645	235	1,410	1,285	1,285	15	15	..	15	40	80	10	10	15	5
Mental hygiene.....	615	455	160	35	120	75	..	5	45	240	..	55	10	..	..
Lead poisoning.....	1,005	25	980	..	350	..	175	5	345	5	45	..	..	5	55
Handicapped children.....	1,605	55	5	..	5	..	..	..	5	55	..	..	..	..	..
Home visit, not seen.....	175	80	95	5	80	5	..	..	5	60	10	5	..	..	..
Visit in behalf of case.....	95	30	65	10	45	15	..	..	10	5	..	..	5	..	..
<b>All Other Service</b>															
All visits.....	1,125	510	615	95	245	60	60	5	175	230	25	15	25	105	85
Sanitary investigation.....	35	5	30	..	20	..	10	..	..	5	..	..	..	..	..
Vital statistics investigation.....	135	55	80	40	10	..	10	5	45	5	..	..	15	5	..
Other special investigation.....	585	335	250	30	120	45	30	..	30	170	20	15	5	75	45
Medical care clients.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lapsed medical care clinic appointment.....	5	5	15	..	5	..	..	..	..	5	..	..	..	..	..
Other visit to medical care patient.....	20	5	5	..	5	..	..	..	..	5	..	..	..	..	..
Tuberculin reading.....	5	5	5	..	5	..	..	..	..	..	..	..	..	..	..
Nursing care.....	5	5	5	..	5	..	..	..	..	..	..	..	..	..	..
Plant consultation.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Home visit, not seen.....	280	85	195	20	60	15	5	..	80	30	5	..	5	20	40
Visit in behalf of case.....	55	20	35	5	20	..	5	..	10	10	..	..	..	5	..

## BUREAU OF MENTAL HYGIENE

The mental hygiene efforts of the Department can be classified into three broad categories: (1) clinic services; (2) mental hygiene education; and (3) mental hygiene research. An additional activity whose importance cannot be overestimated is that of program planning within the Department and the coordination of community resources so that maximum benefit can be realized within the existing capabilities of the community. Due to budget limitations, a full-time bureau director could not be appointed. Consequently, the duties of program direction were absorbed by the Assistant Commissioner of Health for Research and Planning, a makeshift maneuver which can work for a short time only and if continued will restrict the forward pace which can be made in the mental hygiene program.

### *Program Planning and Community Coordination*

The 1959 Board of Estimates provided a new sum of \$50,000 for the establishment of two mental hygiene clinics for children. Recruiting of staff and establishing suitable relationships with the Department of Psychiatry of the University of Maryland with the Division of Mental Hygiene of the Johns Hopkins School of Hygiene and Public Health required a period of six months. With the assistance of these institutions, the clinics were opened on July 1, 1959.

The Department of Education, through its Division of Special Services, constitutes a considerable resource for the provision of diagnosis and consultation in respect to behavior disorders among children in the public schools. However, the number of children requiring such services is beyond the capabilities of this Division. A series of conferences were held to coordinate the work of the newly established Health Department mental hygiene clinics and the existing Division of Special Services of the Department of Education.

For a number of years the Maryland State Department of Mental Hygiene has conducted several outpatient clinics for residents of Baltimore City who have been discharged from the mental hospitals. In the counties of Maryland this type of service is provided through the county mental hygiene clinics under the administration of the county health departments. Although, it might be desirable in principle that community mental hygiene clinics for adults should be administered by the City Health Department, the space, money, and personnel are not obtainable at this time. These matters at the end of the year were actively under consideration by the Baltimore City Health Department, the Maryland State Department of Health and the Maryland State Department of Mental Hygiene.

Two clinics for children were established on July 1, 1959. The Eastern Health District Mental Hygiene Clinic for Children was housed in the Eastern Health District building and staffed with the assistance of the Division of Mental Hygiene of the Johns Hopkins School of Hygiene and Public Health. The Western Health District Mental Hygiene Clinic for Children was provided space in the Psychiatric Institute of the University of Maryland Hospital pending completion of the new Western Health District building. The Department of Psychiatry of the University of Maryland entered into a contractual agreement with the Baltimore City Health Department designed to provide psychiatric and psychological services to this clinic.

Following the establishment of the two clinics, considerable effort was required of the clinic directors, Dr. A. M. Schneidmuhl and Dr. Adoracion Tañega, towards the orientation of nurses, principals of parochial schools, and officials of eligible referral agencies including the Department of Education, Department of Public Welfare and The Family and Children's Society with the purpose of establishing procedures for the admission of children and the provision of consultation. Sufficient experience had not been developed by the end of the year to warrant a comprehensive report on services rendered. However, an analysis of the first fifty cases admitted provides a tentative view of some of the characteristics of the children who have been seen by the two clinics.

SELECTED CHARACTERISTICS OF THE FIRST FIFTY CHILDREN ADMITTED TO THE MENTAL HYGIENE CLINIC OF THE BALTIMORE CITY HEALTH DEPARTMENT

SEX	NUMBER	PER CENT
Total.....	50	100
Male.....	36	72
Female.....	14	28

SOURCE OF REFERRAL		
	NUMBER	PER CENT
Total.....	50	100
School authorities.....	11	22
Public health nurse.....	33	66
Department of Public Welfare.....	3	6
Other child agencies.....	3	6

PRINCIPAL REASON FOR REFERRAL		
	NUMBER	PER CENT
Total.....	50	100
Aggressive behavior.....	22	44
Immature behavior.....	10	20
Phobia.....	10	20
Hyperactivity.....	6	12
Other.....	2	4

In describing the clinic activities for 1959 mention should be made of the contribution of the clinic staffs towards community education in the principles of mental hygiene. These included the innovation of a television series on mental hygiene problems of children which was a joint endeavor by Dr. Schneidmuhl and the Bureau of Health Information. Also, invitations were accepted to address various parent-teacher groups on behavioral problems of children.

### Mental Hygiene Education

The Division of Mental Hygiene Education, emphasizing the positive and preventive aspects of a mental health program in the community, directed considerable attention during 1959 to children who were beginning school. Since behavioral symptoms of disturbance are more apparent at a time of crisis the division chief in cooperation with the Department of Education began a pilot program in Public School No. 64 which involved kindergarten children and first graders during their first days of school. Observations were made by a psychologist and the respective teachers. Consultations were held. A group of children was selected who, it was thought, would have increasingly difficult problems as school progressed. Criteria included motor incoordination sometimes expressed through arrhythmic responses, withdrawal from other children during free play and gravitation toward the teacher, speech abnormalities, failure to follow directions, interrupting group activity, apparent inability to accomplish tasks or exhibit skills natural to his age, markedly atypical appearance, exaggerated quietness and other characteristics apparent to the trained observer. Results on a primary aptitude test and on the Goodenough Man Drawing Test were compared for outstanding discrepancies. Reports on selected children included suggestions for individual interviews with their respective parents. Such interviews had been routine for the teachers in this school but were now less general in nature.

At the invitation of the principal the psychologist spoke briefly of the program to the parents. Shortly thereafter plans were made to invite parents of the first graders in small groups to discuss the children's total well-being and the mutual and divergent responsibilities of professionals and parents in relation to the children. Plans were carried out through the principal's office, and the school nurse, social worker, administrators and the teacher were invited to attend with the parents. The division chief, who was the psychologist-in-charge, moderated these discussions which, it was hoped, would increase feelings of worth, security, and mutual understanding. Such feelings might, in turn, lead to fuller cooperation in helping the child to solve the everyday problems of living as well as the more serious problems which might arise. The early cooperation of the parent was felt to

be of paramount importance especially in the area of emotional disturbance.

Group teaching of mothers was carried on in the waiting room of well baby clinics in the Druid Health District by means of discussions and film showings. As most of these clinic visitors return at approximately monthly intervals, the films, six in number, were changed each month. They dealt with such subjects as emotions in relation to appetite, the emotional impact of the birth of a child on the older children of the family, preparation for the new baby, the development of children, expected behavior at various age levels. Discussion preceded and followed each film showing. In November a nurse was appointed to assist in this program. Consulting with the division chief, she shared the leading of groups, and later on occasion took over completely. Individual counseling was available to mothers whether self referred or referred by a public health nurse. Where such counseling service entailed referral to a mental hygiene clinic, emphasis was placed on preparing the parents for continued cooperation with clinic personnel and for taking some responsibility, albeit with professional help, for the emotional health of the children.

Counseling services for mothers of first born infants and for those having special problems was continued in connection with a clinic in the Southern Health District. Summaries of interviews were placed on clinic record forms.

Staff education in the form of individual consultation as well as group seminars was carried on with public health nurses. The emphasis was on interviewing and interpersonal relationships. Conferences were held with groups of student nurses from The Johns Hopkins School of Nursing in connection with the affiliation program in the Eastern Health District. The focus was on individual interviewing. The division chief continued to act as consultant to groups of student nurses from the University of Maryland Hospital while they were engaged in the group teaching of patients in a prenatal clinic in the Southeastern Health District. A group of overweight women in the community met weekly from February to May to discuss their problems under the leadership of the division chief.

The survey of well baby clinics begun in 1958 was completed. Results indicated that too little time, especially on the part of physicians, was being allotted to parent education.

The revision and publication of the booklet *Mental Hygiene in Maternal and Preschool Child Health, an Outline for Public Health Nurses* was accomplished. This booklet has been much in demand by health agencies and individuals throughout the country. An article, originally published in 1954, entitled "The Process of Identification in the Adlerian Sense, as Used in Interviewing in a Public Health Setting" was reprinted in a collection

entitled *Essays in Individual Psychology*, K. Adler and D. Deutsch, Editors, Grove Press, N. Y., 1959.

### Mental Hygiene Research

The major research interest of the Division of Mental Hygiene Research is the study of the epidemiology of children's behavior disorders. In line with this approach an investigation was undertaken to determine the appropriateness of using teachers as evaluators of children's behavior. This study was considered necessary since it is not possible to do a large-scale epidemiological survey using mental hygienists because of the shortage of such personnel. With the data obtained from this type of research health departments should be able to evaluate their mental hygiene programs of prevention and treatment. Specifically, the investigation consisted of three separate but related studies: (a) comparison of teachers' and principals' evaluations of pupil behavior with those of mental hygienists; (b) determination of the specificity and sensitivity of teachers as case-finders of emotionally disturbed children; and (c) determination of the characteristics of the pupil population referred for mental hygiene services in the Baltimore school system.

#### *Comparison of Teachers' and Principals' Evaluation of Pupil Behavior with Those of Mental Hygienists*

This study was initiated in September 1958 and completed in June 1959. Rating scales were derived which included a number of brief descriptions of children's behavior problems. Evaluations were then made of the relative importance of these behavior problems. The subjects who completed the rating scales were members of the Baltimore public school system. Included were 782 teachers of the elementary grades, 116 principals of elementary schools, and 61 mental hygienists. The mean scores for each of the behavior items were used as a basis for determining the rank-difference correlation coefficient for any two arrays of ranks. The data were analyzed according to such indices as years of experience of the various professional groups, grade of pupil, and socio-economic factors. The results of the study revealed a very high degree of congruence in the ratings made by the teachers, principals, and mental hygienists. These results were in marked contrast to the findings of all previous studies of this type. It was noted that before one can conclusively ascertain the capabilities of teachers as evaluators of pupil behavior it was required to know the degree of correspondence between teachers' and mental hygienists' evaluation of pupil behavior based on the assessment of identical children. This question was studied in the following research.

*Specificity and Sensitivity of Teachers as Case-Finders of Emotionally Disturbed Children*

This study was initiated October 1959 and will be completed by October 1960. The purpose of this study is as follows: If it can be demonstrated that teachers can make valid judgments of the importance of the actual behavior of pupils as would mental hygienists then it should be possible to make a comprehensive and thorough epidemiological study of behavior disturbances in children by using teachers.

In this study a sample of 521 children from the third, fourth, and fifth grades of 21 elementary schools is being evaluated according to need for referral for mental hygiene services. The identical children are being judged on the same basis by teachers and psychiatrists. This approach is not reported elsewhere in the literature.

*Determination of the Characteristics of the Pupil Population Referred for Mental Hygiene Services in the Baltimore School System*

This study began in April 1959. The research procedure consists of analyzing every tenth record of new cases (pupils) referred to the Division of Special Services of the Baltimore Public Schools for the period 1955-1960. The data are being studied according to a variety of indices. The major purpose of the study is to describe the characteristics of the referred children from such viewpoints as environmental and personal factors. It is planned to have these data summarized by October 1960.

An important feature of this work has been the excellent cooperation extended by personnel in the Baltimore public school system, and The Johns Hopkins School of Hygiene and Public Health. With the assistance of Miss Mary A. Adams, Assistant Superintendent for Elementary Education and Dr. Paul V. Lemkau of the Division of Mental Hygiene of the School of Hygiene the success of the division's investigation has been greatly enhanced.

### Personnel

————— Director, Bureau of Mental Hygiene  
A. M. Schneidmuhl, M.D., Director, Eastern Health District Mental Hygiene Clinic  
Adoracion Tafega, M.D., Director, Western Health District Mental Hygiene Clinic  
Sibyl Mandell, Ph.D., Chief, Division of Mental Hygiene Education  
Allan Goldfarb, Ph.D., Dr.P.H., Chief, Division of Mental Hygiene Research  
William T. Callaway, M.S.W., Psychiatric Social Worker  
Mary J. Albright, M.S., Clinical Psychologist  
Ida S. Blum, Principal Clerk  
Carolyn McQueen, Principal Clerk Stenographer  
Essie M. Johnson, Senior Clerk Stenographer

## EASTERN HEALTH DISTRICT

**W. Sinclair Harper, M.D.**

*Health Officer*

A new mental hygiene clinic was established on July 1 and began to function on a community basis working with the primary schools and social agencies. In the educational field a resident physician in public health, Dr. Ray D. Baker, captain in the U. S. Army, began work in the district on December 9. Also noteworthy was the discontinuance in January of group counseling of adolescent patients of the Phipps Clinic of The Johns Hopkins Hospital.

The district boundaries were changed at the first of the year when Census Tract 11-1 was assigned to the Druid Health District and Ward 6 became part of the Southeastern Health District. Minor structural improvements were made in the clinics and a sidewalk was constructed on the McElderry Street side of the building.

### Service Activities

#### *Tuberculosis*

The treatment and supervision of patients with tuberculosis required 2,660 home visits by public health nurses. The X-ray screening clinic took 5,106 films of contacts of active cases, patients referred by private physicians, hospitals, self-referred apparently well persons and prenatal patients of the Health Department. This was a decline of 11 per cent from the previous year. Of the total group surveyed, 2,264 were white persons and 2,842 were colored persons. The films were read as follows: Negative, 93.6 per cent; suspicious, 2.2 per cent; unsatisfactory, 4.2 per cent and 1 per cent showed cardiovascular and other chest pathology. Of the 111 patients with suspicious films, 24 persons were registered as new cases of tuberculosis. On July 1 BCG vaccine was no longer available. A frozen, dried vaccine was obtained and BCG continued on September 23. BCG was given to 620 persons.

#### *School Health*

Physical examinations were done on 4,150 children, and 1,426 children were found to have one or more physical defects requiring correction. A total of 2,978 children from nineteen public and three parochial schools received 12,325 preventive dental services at 832 dental clinic sessions. The extraction dental clinic removed 437 permanent teeth and 1,572 deciduous

teeth from 583 children. A total of 497 new patients was served at the eye clinic. There were 565 new patients registered in the audiometric clinic.

### *Maternal and Child Health*

Child health clinics in the district reported a total of 23,812 visits. Birth certificate correction services at the district building were provided for the first time, beginning in November. The Monday, Wednesday and Thursday morning maternity clinics registered a total of 8,798 antenatal and post-natal visits. The maternity caseload for the year was 2,121 colored patients and 137 white patients, or a total of 2,258 patients of whom 1,637 were registered for delivery at hospitals. Midwives delivered 29 patients and postpartum examination only was provided for 121 patients.

### *Mental Hygiene*

As mentioned previously a mental hygiene clinic was established on July 1 to serve the Eastern and Southeastern Health Districts. Preventive services through the medium of consultation were offered to public health nurses, workers of the City Department of Welfare, the Family and Childrens Society, the public and parochial schools, the Catholic Charities, Associated Jewish Charities, the clergy and private physicians. Secondary preventive services through diagnosis and group and individual treatment were set up at the clinic for children aged six through twelve. The third main activity was educational, both in-service and to the community through conferences and the media of television, press and radio.

### *Acute Communicable Diseases*

Cases of acute communicable diseases were reported as follows: Measles, 370; meningococcal infections, 2 cases and 1 death; scarlet fever, 76; typhoid fever, 1; paralytic poliomyelitis, 1; whooping cough, 32; and infectious hepatitis, 77. There was no case of diphtheria during the year.

Venereal disease clinics recorded 6,350 visits and were conducted on three nightly and two daily sessions. There were 3,927 patients admitted, of whom 455 had syphilis and 1,933 had gonorrhea, 9 had chancroid and 3 had granuloma inguinale. Of the remaining 1,527 patients, 1,031 had no disease, 52 did not complete diagnosis, 46 received prophylactic treatment for syphilis and 398 received prophylactic treatment for gonorrhea. There were 7 cases of congenital syphilis.

### *Generalized Sanitation Program*

This service was considerably handicapped during the last half of the year by the transfer of one of the sanitarians to other duties. A total of 3,964 inspections were made which resulted in 4,274 corrections. In addition,

special surveys were made in respect to lead paint labeling, shaving brushes and undated milk.

### **Educational Activities**

A new field course in public health practice was conducted for Master of Public Health students of The John Hopkins School of Hygiene and Public Health. All major groups of public health workers attended courses in the district and these included Master of Public Health students, medical students and student nurses of The John Hopkins Medical Institutions, sanitarians of the City Health Department, inspectors of the Baltimore Urban Renewal and Housing Agency, inspectors of the Bureau of Building Inspection, student nurses of the University of Maryland and student nurses of St. Joseph's Hospital. During the year 67 student nurses from The Johns Hopkins Hospital attended the regular eight-week full-time affiliate course in public health nursing, thus bringing to 1,967 the number of nurses who have taken this course since the district was established in 1932.

Mr. Milton P. Friedmann, Chief of the Division of Sanitarian Training, supervised courses for City Health Department sanitarians and the sixth thirteen-week course was completed in February, 1959. A course in environmental sanitation was held in July for eight members of the Bureau of Building Inspection. Three short courses were held for Health Department sanitarians; these were concerned with the detection of nerve and mustard gas, newer concepts in milk production, and additives in food as applied to Baltimore.

### **Research Activities**

The Baltimore Study on the Hygiene of Housing began its sixth year on March 1. The final tabulation and analysis of the data collected over five years continued throughout the year.

Miss Elizabeth Britt and Mr. Joseph Dallas of the staff of the Cerebral Palsy Research Project at The Johns Hopkins Hospital carried out a survey of developmental factors in infants in relation to auditory acuity. Mrs. Betty Cuthbert, a student in the Division of Mental Hygiene of The Johns Hopkins School of Hygiene, had office space adjacent to Dr. Paul Lemkau. Mrs. Cuthbert continued her studies towards an advanced degree.

### **Demonstration Activities**

The facilities and activities of the district building were discussed and shown to community agencies, groups of counselors from the City Department of Education, students from Patterson Park High School and groups of students from primary schools in the area. As in the past the seminar rooms were extensively used for professional meetings of sanitarians,

nutritionists, rehabilitation workers, mental health groups<sup>3</sup> and others. Visitors to the district came from the United States, Canada and other countries.

### Personnel

W. Sinclair Harper, M.D., C.M., D.P.H., District Health Officer  
 Hugh P. Hughes, M.D., Health Officer  
 Sylvia Miller, B.S., M.A., Senior Supervisor of Public Health Nursing, Administrative  
 Gertrude V. Boquist, B.S., Supervisor of Public Health Nursing, Education  
 Elizabeth N. Quinlin, B.S., Supervisor of Public Health Nursing  
 Eleanor Grimes, B.S., Supervisor of Public Health Nursing  
 Lynett Benvegar, B.S., Acting Supervisor of Public Health Nursing

#### *Public Health Nurses*

Demetra Bahadouris	Catherine Kinney, B.S.
Virginia Bradford*	Rose F. Lewis
Virginia Brisebois*	Effie L. Lingner
Dawn Brown	Elizabeth W. Lingo
Altha E. Busch	Ada D. Lovick
Mary Cahee	Grace P. Orr
Doris Carter	Rita Porter*
Florence Coates	Paula Poteet
Evelyn Cortez	Frances Prevas*
Isabel L. W. Dols*	Anita Richardson
Frances Fahey	Colleen Richardson
Marianne Fetsch	Elinor D. Shaffar*
Mildred H. Gambrell	Lilyan Slater
Juanita Green	Mary K. Slater, B.S.
Marian B. Hagan	Mildred Taber*
Virginia F. Harris*	Flossie Taylor
Ida M. Henderson	Pearl Winston
Eunice P. Holmes	Leah Winters
Winifred Hubbard	Edith M. Woodson
Barbara Kilk	Florence Zinz

Beverly Irvin, Public Health Assistant\*

Louise Pierce, Public Health Assistant\*

Ruth Smith, Public Health Assistant\*

Pauline Townes, Clinic Assistant\*

Mabel Laws, Laboratory Aide

Edna E. Herget, Principal Clerk Stenographer

Eleanor Daffin, Senior Clerk Stenographer

Elaine E. Smith, Senior Clerk Typist

Claudette Smith, Clerk Typist

Zeter M. Branson, Clerk Typist

Mabel Thompson, Custodial Worker

Lillian Jones, Custodial Worker

Clarence Holmes, Custodial Worker

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\* Part-time employee.

## WESTERN HEALTH DISTRICT

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

### *Health Officer*

On November 2, the cornerstone of the new Western Health District building was put into place. The presence of a number of members of the University of Maryland Hospital community indicated interest in cooperative development in the use of this new structure as a teaching medium as well as an administrative unit for community service. On November 24 staff and furniture were moved to the new building at 700 W. Lombard Street. Child health and inoculation clinics continued to be operated in the University Hospital Outpatient Department pending arrival of furniture for the new building.

During the year there were considerable changes in population in the Western Health District with replacement of white by Negro families in the northwest part of the district. Completion of the Lexington-Poe Housing project added 950 families with more than 2,000 children to the nursing caseload of home visiting and school health work.

### *Mental Hygiene Services*

In August the staff of the new mental hygiene clinic began to hold weekly conferences with nurses and school personnel to review the information about children who had proved to be problems in the classroom and to make recommendations for appropriate clinic services. By the end of the year procedure had crystallized into a series of weekly conferences at which information on the child's adjustment in school together with data on the family background was presented by the school nurse to whom the case had been referred by teacher, school counselor or school principal. Thirty-six children were discussed in such sessions from the following districts:

Druid Health District	10
Northwestern Health District	4
Southern Health District	6
Western Health District	16

Twenty-five nurses were involved in these presentations with valuable in-service training benefit. Agencies in the city directly involved in referral were:

Department of Education—Special Services	11
Department of Education—Counselor	1
Department of Public Welfare—Children's Division	2
Family & Children's Society, Protective Division	2
Catholic Schools	1
Private physicians	3

Two evaluation conferences were held to review the cases of children who had been studied, together with their parents, in the mental hygiene clinic long enough for the clinic to be able to make a recommendation as to definitive treatment. In one case residential treatment in an institution was recommended. In the other case the family was referred back to nurse and school.

#### *Communicable Disease Control*

In the field of tuberculosis control 105 new patients were referred to the nursing service. This was a 25 per cent decrease over 1958. Of these, 10 per cent were under three years of age and 12 per cent 65 years or over. Twenty-eight per cent were diagnosed as having far advanced active disease when reported to the Department. The tuberculin testing program in the inoculation clinic was successful with a high proportion of families that brought children in for testing and who returned for reading of the test.

In February a repeat tuberculin testing program was carried out in Public School No. 110 in which kindergarten and first grade children had been tested in 1958. Of 240 retested children 21 or 8.7 per cent developed a positive reaction which indicated the strong forces operating in the spread of tuberculosis bacilli in this community.

#### *Child Health*

Development of the plan for selected patient conferences with the doctor has led to better child care. The presence of a high school volunteer in Child Health Clinic No. 26 during the summer made possible the starting of a supervised play area for waiting patients.

#### *School Health*

The plan for referral for health services of all children needing special services has led to a more regular contact between nurse, social worker and teacher in coordinated efforts to help the adjustment of such children. This procedure implements the focussing of medical attention upon the children most in need of it.

#### *Public Health Nursing*

During the year the district was divided into 13 nursing caseload areas. Prior to this division nurses were assigned by census tract. It was estimated that if an experienced public health nurse were assigned full time to each area the basic minimum services can be given. As of the end of the year 8 of the 30 schools in the area did not have the full services of a public health nurse. Extensive use of volunteers released some nursing time previously required for clerical and other functions.

*Educational Activities*

Education continued to be an important function in the district. Field trips were arranged for third year medical students and for student nurses with the cooperation of the Bureau of Food Control, Bureau of Public Health Nursing, and the Bureau of Environmental Hygiene.

The following students were given instruction during the year:

- 40 Third year medical students, University of Maryland.
- 14 Nursing students from the basic collegiate program of the University of Maryland School of Nursing, 13 weeks affiliation.
- 1 Student from Mount St. Agnes College, 8 weeks field experience, to meet requirements of B.S. in Nursing.
- 50 Student affiliates, in Pediatric Nursing, University of Maryland Hospital, 4 sessions in the child health clinic of the University of Maryland Hospital.
- 4 Students from The Johns Hopkins School of Hygiene and Public Health.

**Personnel**

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

*Public Health Nurses*

Irene Barnhill	Eva Lowry
Grace Berger	Catherine McCormick
Eloise Brown	Doris McCurdy*
Mary Brown	Margaret Miller
Eleanor Bunting	M. Janice O'Donnell
Mary Coln	Vivian Pendleton
Ella Dubin	Lois Pollack
Deborah Ennis	Elnora Robinson
Shirley Ferreri	Estelle Rodrigues
Ruth Guyton	Edna Yates

- Daisy E. Flood, Senior Clerk
- Yvette Johnson, Clerk Stenographer
- Arthur L. Wiley, Senior Custodial Worker
- Everett C. Smith, Assistant Custodial Worker
- Martina Anderson, Janitress\*

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\* Part-time employee.

## DRUID HEALTH DISTRICT

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

*Health Officer*

The most momentous occasion in 1959 for the Druid Health District was the groundbreaking ceremony at the site of the proposed new district building. The Mayor of the City, other public officials, the Commissioner of Health as well as the architect and the builder participated in a brief but impressive program. Before the end of the year the building was in the process of being erected. The site is the triangular area bounded by North Avenue, Pennsylvania Avenue, and Cumberland Street, adjoining a branch building of the Enoch Pratt Library. It is expected that the edifice will be ready for occupancy late in 1960 or early in 1961.

Census tracts 11-1 and 11-2 with a combined population of 9,144 persons were transferred to the Druid district. They are located in the southeastern section of the Druid, and with the addition of these tracts the population of the district was estimated to be 155,728 at the end of the year.

It is gratifying, though not entirely satisfactory, to note improvement in the lead paint poisoning situation among young children. The Druid Health District has long been concerned with this problem since it represents a health menace of no little significance. Twenty-nine cases, or 44 per cent of the 66 cases reported for the entire city in 1959, were reported in the Druid Health District. In the previous year 60 cases were reported. One death from this preventable condition occurred in the district in 1959 as compared to 5 for the previous year. Only one other death was reported from the rest of the city. It is hoped and expected that this decrease will continue. There are reasons to believe that the physicians and hospitals as well as parents themselves are much more alert to the possible diagnosis of lead paint poisoning. Intensive efforts were exerted by the Bureau of Health Information, Mr. Joseph Gordon, Director, to teach as many people as possible of the hazard. The new leaflet, "Lead Paint Kills Children," was mailed to families on the city's Medical Care rolls and to households in which babies were born. This leaflet and other similar literature were available to the public at large. Radio Station WEBB deserves much commendation in its efforts for frequent announcements throughout the year dealing with this subject. Near the end of 1959 a preventive program was instituted. Homes of well baby clinic children reaching the age of one year were visited by sanitarians from the Bureau of Environmental Hygiene, and samples of paint were analyzed for lead by the Bureau of Laboratories.

Several changes were made in the clinic sessions: the Friday evening chest clinic was transferred to Thursday evening, and another child health session was created by absorbing it into the weekly inoculation clinic. Thus, at the year's end child health clinics were conducted daily at 1313 Druid Hill Avenue. The Mantoux tuberculin test replaced the patch test in the chest and inoculation clinics. Other clinic sessions maintained the same schedules as in 1958 at 1313 Druid Hill Avenue, Public Schools Nos. 161 and 141, St. Monica's Protestant Episcopal Church, Provident Hospital, the Gilmor Housing Project and 1516 Madison Avenue. A new service for parents who lived within or near the district was inaugurated October 23 by Mr. Sidney M. Norton, Director of the Bureau of Vital Records. The new service enabled parents to correct the birth records of their children in the district building. This valuable time-saving procedure was conducted once a month.

The Druid Health District observed its twentieth anniversary as a neighborhood unit in 1959. Throughout its existence the various health department bureaus and divisions have contributed enormously to whatever success it has had. Mention has already been made of the Bureau of Health Information. The campaign against poliomyelitis has been aided substantially by this bureau through radio, television, newspapers, and other efforts. In 1959 three cases of paralytic polio were reported in the Druid Health District. There was no death from this disease. The Division of Rodent Control baited and gassed 25 blocks in the district, and the Division of Community Sanitation, received and disposed of 404 complaints dealing with environmental sanitary deficiencies. As usual, Dr. H. Berton McCauley, Director of the Bureau of Dental Care, carried out an extensive program. A total of 3,836 children from 21 public and 2 parochial schools received 21,714 preventive dental services during 1,020 dental clinic sessions.

As in former years, conferences were held periodically with Dr. Robert E. Farber, Director of the Bureau of Communicable Diseases, his staff assigned to Druid Health District, and administrative personnel of the district. The Division of Venereal Diseases provided a technician for the Franklin Square Hospital to take blood specimens on patients attending the outpatient clinics there. Over 1,000 specimens were examined in the Bureau of Laboratories and positive reactions were found in 8 per cent. About one third of the positive cases were previously unknown to the Health Department and these persons were put under treatment.

The nurses at the Druid Health District continued their series of staff education conferences. In 1959 representatives from the Department of Education, the Police Department, the University of Maryland and the City Health Department addressed the group. The volunteer program

under Miss Ann Miller was greatly expanded. Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene Education, continued to lecture to patients attending the prenatal clinic and to show motion pictures dealing with various aspects of mental health. Student nurses from the Johns Hopkins, Provident, Mount St. Agnes and the University of Maryland Schools of Nursing received various degrees of experience and instruction in field or clinic work of the Druid Health District.

**Personnel**

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

*Public Health Nurses*

Constance Alston	Edna Kenney
Christine Bland	Irene Kyler
Margaret Bonds	Doris Lytle
Pearl Caplan*	Margaret Lytle
Raye Cohen	Inez Mack
Lena Coleman*	Frances Martin
Ophelia Coleman	Lois Merritt
Minnie Corbin	Dorothie Mills
Celia Cousins	Lillian Mills
Marie Crook	Agnes Pilgrim
Ethelyn Dever	Peggy Poole
Margaret Ellis	Joyce Robinson
Katie Fernandis	Ida Ruck*
Mary Fitchett	Erdie Scott
Mamie Greene*	Evelyn Ward*
Ella Hughes	Dorothy Wiggins
Rebecca Jackson	Eleanor Willis
Mildred Jones	Sylvia Wolkstein

Betty Wright

Margie Bradley, Clerk Typist  
 Vivian R. Dougherty, Clerk Stenographer  
 Bernard A. Smith, Senior Custodial Worker  
 James C. Collins, Custodial Worker  
 Ethel Clark, Custodial Worker

\* Part-time employee.

## SOUTHEASTERN HEALTH DISTRICT

John A. Skladowsky, M.D.

*Health Officer*

The most important event in the Southeastern Health District in 1959 was the establishment of a program for mental hygiene under the direction of Dr. A. M. Schneidmuhl, director of the City Health Department mental hygiene clinic in the Eastern Health District. Weekly conferences were held in the district quarters with case presentations by the district public health nurses of school children requiring psychiatric services along preventive lines. Dr. Huntington Williams, Commissioner of Health, Dr. W. Sinclair Harper, Health Officer of the Eastern Health District, Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene Education, Miss Alice M. Sundberg, Director of the Bureau of Public Health Nursing, as well as school principals, teachers and school social workers attended the conferences, one of which was conducted on December 3 in the Holy Rosary Parochial School.

On April 8 all of Ward 6 of the Eastern Health District comprising five census tracts, a population of 20,000, Public Schools Nos. 27 and 83, St. Elizabeth's Parochial School and Child Health Clinic No. 41 was taken over by the Southeastern Health District. This addition increased the population of the district to 115,000.

Due to the public health nursing shortage volunteer recruitment was emphasized during the year. On February 19 Miss Wilda Snyder, Senior Supervisor of Public Health Nursing, described the program to the Home League, a group of civic-minded women at the Salvation Army Corps No. 3, 519 S. Ellwood Avenue, and for a similar purpose Miss Ann Miller, Supervisor of Volunteers, on April 29 met with the Ladies Guild of the Nazareth Lutheran Church, 3401 Bank Street. On April 28 seven members of the St. Elizabeth Roman Catholic Church and on June 29 seventeen public high school students visited the district quarters. As a result a number of these volunteers gave their services in district clinics and schools.

The public health nursing liaison service at the Baltimore City Hospitals started in July, 1958 was continued during the year with two district public health nurses assigned there two half-days each week to orient the medical and nursing staffs of the hospitals to the role of the public health nurses and the various social agencies in preparing for the return of mothers and their newborn babies to their homes.

### *Acute Communicable Diseases*

A low incidence of acute communicable disease was noted for the seventh year with 105 cases of measles, 76 cases of infectious hepatitis, 28 cases of

scarlet fever, 19 cases of whooping cough, 58 cases of chickenpox, 70 cases of mumps, and 1 case each of meningococcal infection and poliomyelitis. There was no case of diphtheria or typhoid fever. A Mantoux tuberculin testing clinic was opened in the district building on January 27 and held every Tuesday thereafter. In the three inoculation clinics conducted each week at 901 S. Kenwood Avenue, 3411 Bank Street and 1411 Gough Street during the year 1,909 persons received the protective poliomyelitis vaccine.

### *Educational Activities*

Fourteen collegiate nurses from the University of Maryland School of Nursing completed their three-months affiliate courses in public health nursing under the direction of Mrs. Mary Grotefend, Associate Professor of Public Health Nursing in that school. On June 23 ten City Department of Education teachers from nine public schools visited the district building as part of their experience for the Maryland Public Affairs Workshop. Also, students from The Johns Hopkins School of Hygiene and Public Health, preclinical students from The Johns Hopkins University School of Nursing, student nurses from the Maryland General Hospital School of Nursing, and students from Mount St. Agnes and Mount St. Joseph's Colleges affiliating with the Instructive Visiting Nurses Association, made practical observations and studies in district field and clinic activities.

Mrs. Adeline Ludwig, public health nurse, on January 21 presented "Health in Your Neighborhood" to the teachers and pupils of Public School No. 229, on January 27 to the Parent Education group of 12 mothers, and on March 11 to 150 members of the Parent-Teachers Association of this school. Mrs. Jessie Wallace, public health nurse, on September 21 began a one year academic course in public health nursing at the University of Maryland School of Nursing.

The monthly education conferences of the staff nurses were devoted mainly to the new mental hygiene program, the family health service and the recruitment of volunteers. On April 7 Miss Florence Bennett, Mental Hygiene Consultant of the Maryland State Department of Health discussed "Emotions of Pregnancy," and on October 15 Dr. A. M. Schneidmuhl, director of the mental hygiene clinic in the Eastern Health District, reviewed the procedure for referring school children to his clinic. On June 2 Dr. Matthew Tayback, Assistant Commissioner of Health for Research and Planning, and Mrs. Roberta Finkbinder, Assistant Director of the Baltimore City Department of Public Welfare, discussed their studies on the incidence of illegitimacy. On October 30, Mrs. Ruth M. Schnell, Assistant Executive Director, Maryland Society for the Prevention of Blindness, demonstrated the Massachusetts vision testing kit and showed two films "Johnny's New World" and "You and Your Eyes." On November 11 a

number of staff nurses heard Dr. M. Albert Menzies, resident psychiatrist at the Harriet Lane Home, speak on "The Mental Health Program in Vancouver." Field trips were made by the staff nurses on January 29 and February 5 to the Rosewood State Training School, on June 16 and 23 to the Florence Crittenton Home, and to the Medical Division of the Veterans Administration Regional Office during its Open House on November 10.

### *Miscellaneous Activities*

The former school building at 901 S. Kenwood Avenue, which had served as the administrative quarters of the Southeastern Health District from August 16, 1937 to March 10, 1953 and thereafter as a clinic building, was permanently closed on April 10 and turned back by the Commissioner of Health to the Department of Education.

The East Baltimore Medical Society for the eighteenth year in succession held monthly meetings in the district building. Its October 6 meeting was devoted to the City Health Department, and Dr. B. Harvey Minchew, Epidemic Intelligence Officer of the U. S. Public Health Service at The Johns Hopkins Hospital, gave an illustrated talk on "Staphylococcal Infections and Related Matters."

Civil defense activities of the District Health Officer throughout the year included staff meetings, the Command Post Exercise on January 21, the Baltimore City Civil Defense drill, Operation Shamrock, on March 20 at the Southwestern District Control Center, 214 South Loudon Avenue, and monthly meetings of the Baltimore Civil Defense Health Service. In February, April and May with Miss Wilda Snyder he attended meetings of the Agency Teamwork for Youth of the South Broadway Pilot Project of the Baltimore Council of Social Agencies as well as monthly luncheon meetings of the Southeastern Council of Community Services.

### **Personnel**

John A. Skladowsky, M.D., District Health Officer

Wilda L. Snyder, B.S., M.P.H., Senior Supervisor of Public Health Nursing, Admin.

Marie Dandridge, B.S., Supervisor of Public Health Nursing

#### *Public Health Nurses*

Sylvia K. Bennett, B.S.

Patricia Davis

Gwendolyn Summey, B.S.

Agnes Berlin

Joyce Fine

Patricia Town

Bertha Bernard

Lillian G. Ford

Celia Trionfo

Mary Britton

Margaret Kenealy

Janice Uter

India Caless\*

Natalie A. Leizear

Dena Valaco

Ellen Cunningham, B.S.

Dorothy Martin\*

Jessie Wallace\*\*

Brenda S. Anderson, Clerk Stenographer

Mary H. Stewart, Clerk Typist

James B. Davis, Custodial Worker

Everett C. Smith, Custodial Worker

\* Part-time employee.

\*\* On leave of absence.

## SOUTHERN HEALTH DISTRICT

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

*Health Officer*

Orientation programs for new volunteers were held in the district building and outlying districts such as Cherry Hill in an effort to increase the Volunteer Program in view of the continuing shortage of nursing personnel. Nurses in charge of the volunteers attended numerous Women's Civic League meetings at which they tried to further the cause of the Volunteer Program in the district. Miss Ann Miller, Supervisor of Volunteers, requested the Southern Health District to assume chairmanship for the planning of the annual volunteer meeting at the Municipal Stadium in June. In spite of such efforts it became increasingly difficult to retain volunteers. Many proved to themselves after a few sessions that they could work outside the home and left for paid employment.

### *Special Activities*

Attendance continued high at child health clinics with four of these staffed by resident physicians from The Johns Hopkins Hospital. The prenatal clinic caseload continued high. In both public and parochial schools the medical and nursing services were reoriented in accordance with the new plan of physical examinations on a referral basis. Staff nurses were oriented in the giving and reading of tuberculin tests in anticipation of the start of a bimonthly tuberculin clinic for testing of contacts of tuberculosis cases carried on the visiting list.

### *Educational Activities*

Two students from the University of Maryland School of Nursing and six from Mount St. Agnes College spent their public health affiliation of eight to thirteen weeks duration in the district. There were also students from Maryland General Hospital, The Johns Hopkins Hospital and Franklin Square Hospital who observed in the clinics, schools, and in the home visiting program. A number of junior nursing students from the University of Maryland School of Nursing visited with the public health nurses neonatal and postpartum patients who had delivered at the University of Maryland Hospital. Three medical students from the University of Maryland School of Medicine also made field trips with the public health nurses.

The Staff Education Program was carried on through the use of outside speakers and discussion groups. In addition, demonstrations were given of

audiometer testing as done in schools and the new method of artificial respiration using the mouth-to-mouth breathing technique. Throughout the year Mrs. John Schnell, Assistant Executive Director of the Maryland Society for the Prevention of Blindness, demonstrated to nurses, volunteers, and parent groups the use of the Massachusetts vision testing kit. To help teachers make better health observations of their pupils and participate more actively in nurse-teacher conferences, the filmstrip, "What Teachers See", was shown and discussed in a number of schools.

Some of the staff attended the orientation meetings in preparation for the new Baltimore City Health Department health survey which will begin in 1960. The staff also met with Dr. Adoracion Tañega, director of the new Western Health District mental hygiene clinic, for a discussion of the work of this clinic prior to its opening in the latter part of the summer. The first case from the district was presented to the clinic in September.

### *Community Activities*

The Southern Health District was represented at each monthly meeting of the Southwest Professional Council held in the Westport Homes Housing Project. The district auditorium was increasingly used for program meetings by various community agencies and various groups toured the building.

### *Staff Changes*

Dr. Wilson M. Wing became the part-time health officer for the Southern Health District in December.

### **Personnel**

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

#### *Public Health Nurses*

Evelyn Ambrose, B.S.	Roselyn MacKenzie
Josephine Barnett, B.A.	Sara Malloy, B.S.
Sarah C. Batchelder	Muriel McIver, B.S.
Anna Bowman	Louise E. Miller
Beverly N. Butler, B.S.	Letha H. Montgomery
Theresa M. Byrne	Joann M. G. Sheely, B.S.
Lois A. Ford	Patricia Smith
Mary Hendricks	Ida Sorensen

Mildred Herman, Senior Clerk Stenographer  
 Reba Kadis, Senior Clerk Stenographer  
 Jeannie Williams, Clerk-Typist  
 Rudolph Lee, Custodial Worker

## SECTION OF PREVENTIVE MEDICINE

Mark V. Ziegler, M.D.

*Assistant Commissioner of Health*

The Section of Preventive Medicine was without a director following the resignation of Dr. Janet Hardy on July 18, 1957 until the appointment of Dr. Mark V. Ziegler on June 25, 1959 as Assistant Commissioner of Health for Preventive Medicine. On June 1 Dr. John L. Pitts became Director of the Bureau of Child Hygiene in the City Health Department.

The Section of Preventive Medicine comprises administrative units dealing with communicable diseases, child hygiene, school hygiene, dental care and nutrition. The tuberculosis and venereal disease activities are included in the Bureau of Communicable Diseases under the bureau director and each of these latter services is under the immediate field supervision of a clinical director. The maternity hygiene program is a function of the Bureau of Child Hygiene. The Services for the Handicapped are provided through the Bureau of School Hygiene.

The Bureau of Communicable Diseases continued its tuberculosis case-finding activities through the use of the mobile and the portable X-ray units with the assistance of the Maryland Tuberculosis Association. Owing to the increase in the maintenance and operating expense, the use of the mobile X-ray unit was discontinued in September and the equipment returned to the U. S. Public Health Service. The BCG vaccinations performed in the Eastern Health District during the fourth quarter were administered in accordance with the multiple puncture technique. The use of the multiple point pressure disc to puncture the skin reduces the risk of developing an abscess at the site of the vaccination. Compulsory hospitalization was instituted in three instances for the purpose of preventing recalcitrant patients with active tuberculosis from being public health hazards.

The venereal disease case-finding activities were expanded by including the routine collection of blood specimens for serological testing from out-patients at the Franklin Square Hospital. At the close of the year six male venereal disease investigators from the U. S. Public Health Service were on duty with the Department of Health in connection with the case-finding program. Each of the venereal disease treatment clinics was provided with a portable oxygen tank equipped with an inhalation mask. The respective clinical staffs were instructed in the use of the equipment in the administration of oxygen.

The increase in the prevalence of infectious hepatitis, which began in the spring of 1958, continued into 1959, with 60 cases in January and 40

cases in February, and a grand total of 292 cases for the year. Two-thirds of the cases were in persons falling in the age group 5-14.

Owing to the City's austerity program the Department of Health on September 1, 1959 discontinued the distribution of all biological products except smallpox vaccine to hospitals and physicians for their use in the prevention and control of communicable diseases.

In keeping with the policy of the Bureau of School Hygiene the performance of physical examinations on all first-grade pupils and new admissions to other grades was discontinued. Physical examinations were made on those pupils referred by the teacher or nurse when the child was suspected of having some defect. This procedure provided for a broader screening service in the detection of disease or disability and was more productive than the routine examination of pupils in selected grades. More detailed information of the work of the various administrative units in the Section of Preventive Medicine follows this report.

#### Personnel

Mark V. Ziegler, M.D., Assistant Commissioner of Health  
Eleanor L. McKnight, B.S., M.S., Chief, Division of Nutrition  
Rachel Caslow, Senior Clerk

## BUREAU OF COMMUNICABLE DISEASES

Robert E. Farber, M.D., M.P.H.

*Director*

There were 12,765 cases of communicable diseases reported during 1959, a decrease of 2,979 from the 15,744 cases reported in the previous year. This decrease was due largely to fewer cases of measles, German measles and chickenpox. Communicable disease Regulation 2, the requirements for communicable diseases presented in chart form was amended and republished in accordance with the provisions of Section 217 of Article 12 of the Baltimore City Code of 1950.

### *Diphtheria*

For the second time Baltimore City experienced a full calendar year without a single case of diphtheria. The last case was reported on April 30, 1958 and died on May 10, 1958. Table No. 1B shows the extent of inoculations with diphtheria, pertussis and tetanus antigens (DPT) in preschool children. For the city as a whole 88.7 per cent of preschool children over one year of age had received their DPT inoculations.

### *Poliomyelitis*

There were 15 cases of paralytic poliomyelitis reported during the year as compared to 11 cases reported in 1958. There was no death. Thirteen of the cases were in preschool children, and the other two cases were in six and eight year old children. Only two of the cases had received a complete series of three inoculations of the poliomyelitis vaccine. Table No. 1C shows the extent of inoculations with poliomyelitis vaccine in individuals under 16 years of age. It is estimated that 71.4 per cent of such individuals had received a complete course of three doses of the vaccine.

### *Typhoid Fever*

Three cases of typhoid fever were reported during the year. The first case was in a thirteen year old boy who had been swimming in a polluted stream. The second case was in a medical student who was working in a laboratory during the summer doing research with virulent typhoid organisms. The third case was in a 10 year old boy. Investigation of this last case led to the discovery that a grandmother who was visiting from out-of-state was a carrier. At the end of the year there were 46 typhoid carriers who were known to reside in Baltimore and who were under Health Depart-

ment supervision compared with 51 carriers at the end of the previous year; 3 carriers died during the year and 2 moved out of the city.

### *Infectious Hepatitis*

The increase in the reported cases of infectious hepatitis which was noted in 1958 continued in 1959 reaching a peak during January. A total of 292 cases was reported compared with 123 cases in 1958 and 21 cases in 1957. There was 1 death attributed to the disease. The public health nurses visited each case of infectious hepatitis where a private physician was not in attendance and administered gamma globulin to all household contacts in an endeavor to attenuate the severity of the outbreak.

### *Tularemia*

There were 4 cases of tularemia reported in 1959. These were the first cases of this disease since 1957. Two of the cases followed cleaning a squirrel and the other two after cleaning rabbits. The animals were all shot while hunting in the neighboring counties of Baltimore City.

### *Murine Typhus*

There was 1 case of murine or endemic typhus reported in 1959 in a 40 year old white male. This was the first case of this disease reported since 1957 when there was also 1 case. The patient worked in an office on one of the railroad piers in the Canton harbor area. An investigation of the rat infestation in this area by the Division of Rodent Control was still being carried out at the end of the year.

### *Rabies Control*

As part of the program of rabies surveillance in Baltimore City, 3,477 dog bites were reported to the Health Department. With the assistance of the Baltimore City Police Department 885, or 25 per cent, of the dogs involved were confined in the Municipal Animal Shelter; 1,127, or 32 per cent, were examined by private veterinarians at the end of the 10 day quarantine period; 684, or 20 per cent, were strays; and 781, or 22 per cent, were either non-locates or failed to respond. In addition to dogs other animals reported for bites included 83 cats, 5 monkeys, 2 groundhogs, 6 squirrels, 1 hamster and 1 chipmunk. Brain examinations were performed by the Bureau of Laboratories on 37 dogs, 7 cats, 6 squirrels, 1 monkey, 1 hamster, 1 chipmunk and 1 rat. All these examinations were negative. The last rabid animal in Baltimore City was reported on February 24, 1947 and the last case of human rabies died on March 21, 1930.

### *Other Communicable Diseases*

The reported number of cases of both German measles and regular measles was 132 and 1,138 respectively, a decrease from 1958 when there were 1,278 cases of German measles and 3,723 cases of measles. Meningococcal infections showed a drop from 13 cases in 1958 to 10 in 1959; however, there were 5 deaths attributed to meningococcus meningitis as compared to 3 deaths in 1958.

There was no case of smallpox in the city for the thirty-first consecutive year. The last recorded case was reported on March 9, 1928. Fifty-nine children were referred to the Bureau of Communicable Diseases as not having had successful takes after repeated attempts at smallpox vaccination. Revaccination of these children resulted in 24 primary reactions, 14 vaccinoid reactions, and 21 immune reactions. In addition, 21 children attending school were temporarily excused from being vaccinated because of eczematous skin conditions. Table No. 1A lists the reported cases and resident deaths of certain communicable diseases for the 1956-1959 period.

### **Tuberculosis**

Although tuberculosis continued to be a major public health problem there were optimistic trends observed during 1959. Both the tuberculosis death and case rates continued to fall reaching all time lows. During the year the division directed a great part of its effort toward improving services and implementing the recommendations of the *ad hoc* committee appointed by the Commissioner of Health in 1958.

#### *Mortality*

The number of resident deaths from tuberculosis decreased from 186 in 1958 to 145 in 1959. This gave death rates of 18.9 in 1958 per 100,000 and 14.7 in 1959, a reduction of 22 per cent. The white death rate decreased from 13.2 per 100,000 in 1958 to 11.1 per 100,000 in 1959; whereas, the nonwhite rate decreased from 31.9 to 22.4 per 100,000. Table No. 2A presents the 1958 deaths according to age, race and sex, and Table No. 2B indicates the places where these deaths occurred.

#### *Morbidity*

The number of newly reported cases of all forms of tuberculosis declined from 899 cases in 1958 to 833 cases in 1959. The corresponding case rates declined from 91.5 cases per 100,000 in 1958 to 84.4 per 100,000 in 1959. Among white persons the rate was 56.2 and for nonwhite persons 145.0 per 100,000 in 1959. The comparable race rates in 1958 were 57.3 for the whites and 169.1 for the nonwhites. In addition 104 cases which had been pre-

viously discharged as inactive or nonlocate were readmitted to the case register as active disease. Table No. 2C shows the race, sex, and age distribution according to the type and extent of the tuberculosis lesion. Table No. 2E presents tuberculosis cases by race and original source of referral or report, and Table No. 2F gives the cases according to the agency responsible for the definitive report which led to registration with the Division of Tuberculosis.

### *Prevalence*

Through the financial assistance granted to the Health Department by the Maryland Tuberculosis Association the tuberculosis case register was brought up to date and indexed so that continual check can be maintained on all active cases of tuberculosis in the city. As a result of this work prevalence figures for tuberculosis in Baltimore City are available for the first time.

As of July 1, 1959, there were 3,449 cases of public health significance on the tuberculosis register. Of the total number of registered patients, 1,573, or 46 per cent, were white persons and 1,876, or 54 per cent, were nonwhite. A total of 1,841, or 53.4 per cent, of the cases was under medical supervision of Health Department's chest clinics; 659, or 19.1 per cent, were under the medical supervision of private physicians or general hospitals; 809, or 23.4 per cent, were in tuberculosis hospitals; 54, or 1.6 per cent, were in other institutions, and the remaining 86, or 2.5 per cent, were under no known medical supervision. Table No. 2D shows the distribution of registered tuberculosis cases by age, sex, race and stage of disease.

### *Diagnostic and Therapeutic Services*

The combined services rendered by the four chest clinics of the Division of Tuberculosis are described in Table No. 2G. A total of 24,637 individuals were examined during 1959 in these clinics as compared with 24,588 in 1958. New registrants and individuals screened numbered 18,412 and represented 74.7 per cent of those examined. Altogether 42,196 visits were made to City chest clinics and a total of 29,741 chest X-rays were taken.

Pneumotherapy services were given to 46 individuals including 10 new clinic patients and 36 former clinic registrants. This service consisted exclusively of the continuation of the pneumoperitoneal type of treatment which had been initiated elsewhere.

The home chemotherapy program was continued for patients who could not afford to pay for their medication. As of January 1, 1959, there were 1,251 patients on chemotherapy. During the year, 840 additional patients were admitted to the program and 765 patients discontinued therapy so that on December 31, 1959, there remained 1,326 individuals on the program.

### *Case-Finding Projects*

Small chest X-ray films were taken of 79,229 persons during 1959 through the combined efforts of many interested agencies in Baltimore. This was a decrease of 13,262 below the number screened in 1958. The mobile and portable X-ray units, operated by the City Health Department with the assistance of the Maryland Tuberculosis Association, screened 31,277 persons which was 10,960 less than in 1958. This decrease was primarily due to budgetary restriction which did not permit the filling of a vacancy caused by the resignation in July of an X-ray technician assigned to these units. In addition, the mobile X-ray unit, which had been assigned to the Health Department by the U. S. Public Health Service in 1954, was returned to the Public Health Service in September. Table No. 2I shows the number of persons examined in each of the surveys conducted. Of the total number of survey films 982, or 3.1 per cent gave indication of either chest pathology or technical faultiness. Of these 982 abnormal films 112 were read as definite tuberculosis, 200 as suspicious, 145 as cardiac pathology, 273 as other non-tuberculous pathology, and 252 were unsatisfactory for technical reasons. Although follow-up was not completed, at the close of the year 27 new significant cases of tuberculosis had been discovered during 1959 or approximately 8.6 new cases per 10,000 X-rays.

Chest X-ray screening films taken by other facilities were as follows: Health Department chest clinics, 12,836; The Johns Hopkins Hospital, 3,712; Baltimore City Hospitals, 1,528; University of Maryland Hospital, 6,997; and Maryland Tuberculosis Association, 22,879.

### *Tuberculin Testing*

At the beginning of the year the use of the Vollmer patch test by the public health nurses for the screening of children, particularly contacts of active cases, was discontinued. Instead, tuberculin testing clinics using 0.1 c.c., or 0.0001 mgm. of PPD (purified protein derivative), intermediate strength equivalent to 5 tuberculin units, were established in each of the organized health districts.

Tuberculin tests and X-rays for positive reactors were offered to all Health Department employees in January and February. These tests will be continued on a semiannual and an annual basis for those employees at special risk such as public health nurses and chest clinic personnel.

### *BCG Vaccination*

During the year, 620 individuals who had negative tuberculin skin reactions were vaccinated with BCG vaccine in the special clinic in the Eastern Health District building. Among those vaccinated were 503 children contacts, 113 nurses, 2 medical students, and 2 Health Department employees.

In July the Henry Phipps Institute for Tuberculosis in Philadelphia, which had been supplying the BCG vaccine since October, 1949, informed the Health Department that it could no longer supply the vaccine because of budget limitations. Consequently, beginning in September, 1959, BCG vaccine was obtained from Dr. Sol Roy Rosenthal of the Research Foundation at the University of Illinois. Whereas the vaccine obtained from the Phipps Institute was administered intradermally, the vaccine from Dr. Rosenthal was administered by the multiple puncture method using special discs.

### *Hospitalization*

As of July 1, 1958, there were 881 Baltimore City residents in various tuberculosis hospitals. During the year 877 residents were admitted; 113 died in hospitals and 836 were discharged so that on June 30, 1959, there were 809 residents remaining in hospitals. Of the 836 live discharges 610, or 73 per cent, were with permission, and 226, or 27 per cent, left the hospital against medical advice or were discharged for disciplinary reasons. Among the 226 irregular discharges 88, or 39 per cent, had positive sputa.

### *City Isolation Ordinance*

Pursuant to the power conferred upon the Commissioner of Health by Section 217 of Article 12 of the Baltimore City Code of 1950, Regulation No. 3 adopted in August, 1956, and governing the compulsory isolation of persons having or suspected of having active tuberculosis was invoked three times. These were the first instances in which this Regulation was enforced and involved two white males and one nonwhite male, all of whom had refused to follow any medical supervision for their disease.

### *Vocational Rehabilitation*

Through the cooperation of the Division of Vocational Rehabilitation of the Maryland State Department of Education rehabilitation was rendered to 803 Baltimore residents in 1959. Of these, 277 were new referrals.

## **Venereal Diseases**

The total number of reported cases of syphilis increased from 1,199 cases in 1958 to 1,670 in 1959. This large increase was due almost entirely to better case-finding and case-reporting techniques. There was no significant change in the number of cases of primary and secondary syphilis in spite of the increased case finding. In 1959 there were 196 cases of primary and secondary syphilis as compared with 193 cases in 1958. In other forms of acquired syphilis there were 1,136 latent cases and 285 late cases in 1959, whereas in 1958 there were 761 latent cases and 209 late cases. There

were 53 cases of congenital syphilis, 3 of which were reported in children under one year of age.

The number of cases of gonorrhea decreased from 6,884 cases in 1958 to 6,743 cases in 1959. This disease continued to remain a costly enigma to all efforts of control.

### *Mortality*

There were 36 deaths due to syphilis recorded during 1959. This represented a mortality rate of 3.6 per 100,000 population and a drop from the rate of 4.7 per 100,000 population recorded in 1958. For the eleventh consecutive year for white infants and for the ninth consecutive year for colored infants no death from syphilis was reported.

### *Case Finding*

The number of male investigators assigned to the Health Department by the U. S. Public Health Service was increased from three to six. This increase in workers greatly intensified the case-finding efforts and enabled the adoption of satellite programs in case finding. One such program initiated in July, 1959, was a serological survey of patients seen in the outpatient departments of the Franklin Square Hospital. The public health nurses continued to play an active role in the program and made 7,415 home visits to both contacts and delinquent patients.

The plan initiated in the latter part of 1958 for querying private physicians concerning positive serological tests obtained on bloods submitted to the Bureau of Laboratories was continued. This program alone accounted for a large part of the increase of syphilis reported in 1959 as compared to 1958. For example, in 1958 only 18 cases, or 9 per cent of the total cases of primary and secondary syphilis, were reported by private physicians whereas in 1959 there were 43, or 22 per cent of the total cases of primary and secondary syphilis, reported by private physicians.

### *Diagnostic and Therapeutic Services*

As shown in Table No. 3C a total of 11,276 individuals was admitted to the venereal disease clinics conducted by the Health Department as compared to 11,670 admissions in 1958. The clinics reported 20,585 visits in 1959 as compared to 20,191 visits in 1958.

In addition to 752 patients with proven syphilis and 6,168 patients with proven gonorrhea, 171 contacts were treated epidemiologically for syphilis and 1,131 contacts epidemiologically for gonorrhea. The contacts treated epidemiologically for gonorrhea were all women who had been named as sex contacts of a proven gonococcal infection in a male.

During the year special oxygen apparatus and emergency trays were

placed in each clinic in order to be prepared to treat promptly and effectively any emergency situation such as anaphylactoid shock which may follow the administration of penicillin in a sensitized person.

#### *City Isolation Ordinance*

Pursuant to the power conferred upon the Commissioner of Health by Section 217 of Article 12 of the Baltimore City Code of 1950, the regulation governing the compulsory medical supervision of persons having or suspected of having a communicable venereal disease was invoked twice.

#### *Staff Training*

Nine public health nurses were trained in treatment techniques during the year, and ten public health nurses had a series of conferences to prepare them for interviewing in the venereal disease clinics. Miss Virginia Struve, Senior Supervisor of Public Health Nursing for Venereal Diseases, conducted twenty-seven seminars on venereal disease control with a total attendance of ninety-three student and staff nurses. Dr. Morris M. Cohen, Clinical Director for Venereal Diseases, gave two lectures on venereal diseases to a group of public health nurses and clinic clerks.

#### **Personnel**

Robert E. Farber, M.D., M.P.H., Director  
 Morris M. Cohen, M.D., Clinical Director for Venereal Diseases  
 Meyer W. Jacobson, M.D., Clinical Director for Tuberculosis  
 M. S. Shiling, M.D., Director of Tuberculosis Surveys  
 George C. Page, M.D., Health Officer  
 Howard H. Warner, M.D., Health Officer  
 Mattie May Gwynn, Principal Clerk Stenographer  
 Alice V. Owings, Principal Clerk  
 Frances T. Morris, Senior Clerk Stenographer  
 Mary F. Riley, Senior Clerk Stenographer  
 Eva Mae Krome, Senior Clerk  
 Jessie S. Rosenstock, Senior Clerk  
 Irene J. Shelton, Clerk Stenographer  
 Mildred E. Reaves, Clerk Typist  
 Ira C. Davis, Senior X-ray Photographer

#### **Chest Clinics**

##### *Clinic Physicians*

Katharine H. Borkovich, M.D., Medical Supervisor	
Kiran C. Adhikari, M.D.	C. Dudley Lee, M.D.
Daniel Bakal, M.D.	Joseph Matchar, M.D.
Louis V. Blum, M.D.	Cecil Rudner, M.D.
Theodore Cooper, M.D.	Herman H. Schaerf, M.D.
Frank A. Faraino, M.D.	Mary Betty Stevens, M.D.
E. Hunter Wilson, Jr., M.D.	

Henry J. Hacker, Senior X-ray Technician  
 Silvine A. Thompson, Senior X-ray Tech.  
 Myrtle Baker, Senior Clerk  
 Helen R. Ewalt, Senior Clerk  
 Lillian V. Parham, Senior Clerk

Clarice M. Shell, Senior Clerk  
 Elmira Smith, Clerk Typist  
 Hilda J. Moseley, Laboratory Aide  
 Inez R. Thomas, Laboratory Aide  
 Rita M. Williams, Laboratory Aide

### Venereal Disease Clinics

#### *Medical Supervisors*

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

#### *Senior Clinic Physicians*

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

#### *Clinic Physicians*

Moses L. Barksdale, M.D.	Israel P. Meranski, M.D.
Ernest S. Cross, Jr., M.D.	George H. Pendleton, M.D.
Sylvan C. Goodman, M.D.	Talmadge H. Pinkney, M.D.
Thomas W. Harris, Jr., M.D.	William G. Polk, M.D.
Richard H. Hunt, M.D.	Daniel Roberts, M.D.
Jether M. Jones, Jr., M.D.	Robert T. Singleton, M.D.
Howard C. Kramer, M.D.	Percival C. Smith, M.D.
Clarence W. Martin, M.D.	Robert E. Yim, M.D.

Sara L. Chapman, Senior Clerk Typist  
 Anne S. Elliott, Senior Clerk Typist  
 Ruth E. Holmes, Senior Clerk Typist  
 Magalene D. Brown, Clerk Typist

Ethel Y. Christian, Clerk Typist  
 Gloria Elkins, Clerk Typist  
 Vivian B. Knox, Clerk Typist  
 Carolyn Todd, Clerk Typist

Lizzie Mae Lee, Custodial Worker

TABLE NO. 1A  
 REPORTED CASES AND RESIDENT DEATHS OF CERTAIN COMMUNICABLE DISEASES

DISEASE	1959		1958		1957		1956	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Botulism .....	..	..	..	..	2	1	..	..
Chickenpox.....	762	..	967	..	995	..	1,295	3
Diphtheria.....	..	..	1	1	..	..	1	1
Dysentery								
Amebic.....	5	3	2	..	1	..	4	..
Bacillary.....	76	1	61	2	63	..	73	1
All other.....	2	1	..	..	6	..	..	..
Encephalitis, acute infectious.....	8	5	2	2	..	..	3	2
Erysipelas.....	..	..	..	..	..	1	..	..
German measles.....	132	..	1,278	..	101	..	612	..
Hepatitis								
Infectious.....	292	1	123	5	21	6	29	2
Serum.....	3	2	2	1	2	1	7	1
Measles.....	1,138	2	3,723	5	1,759	1	4,943	..
Meningococcal infections.....	10	5	13	3	17	7	17	4
Mononucleosis, infectious.....	..	..	..	..	..	..	1	..
Mumps.....	669	..	283	..	735	..	1,560	1
Paratyphoid fever.....	..	..	1	..	1	..	..	..
Poliomyelitis, paralytic cases.....	15	..	11	..	7	1	28	2
Psittacosis.....	..	..	1	..	4	..	3	..
Rocky Mountain spotted fever.....	1	..	1	..	..	..	..	..
Salmonella infection.....	18	1	23	2	18	1	38	..
Scarlet fever.....	212	..	199	..	206	..	318	..
Smallpox.....	..	..	..	..	..	..	..	..
Streptococcal sore throat.....	7	..	6	1	18	..	13	..
Tetanus.....	1	1	2	1	3	1	3	..
Trichinosis.....	1	..	1	..	..	..	..	..
Tuberculosis								
Respiratory.....	768	139	832	177	991	189	1,082	179
Other forms.....	65	6	67	9	92	18	89	11
Tularemia.....	4	..	..	..	1	..	..	..
Typhoid fever.....	3	..	2	..	3	..	5	..
Typhus fever.....	1	..	..	..	1	..	..	..
Undulant fever.....	..	..	..	..	2	..	3	..
Weil's disease.....	1	..	..	..	1	..	2	1
Whooping cough.....	110	..	35	..	243	1	90	1
Venereal diseases								
Chancroid.....	19	..	14	..	27	..	13	..
Gonococcal infections, total.....	6,743	1	6,884	..	6,556	1	6,452	..
Ophthalmia.....	..	..	1	..	2	..	..	..
Syphilis, total.....	1,670	36	1,199	46	1,309	55	1,354	59
Congenital.....	53	1	36	..	31	..	23	..
Other venereal diseases.....	29	..	10	..	14	2	11	2

TABLE NO. 1B  
EXTENT OF DPT INOCULATIONS IN PRESCHOOL CHILDREN OVER ONE YEAR  
BALTIMORE CITY, MAY 1959

Health District	Total in Sample	Non-Locate	Total Queried	Total Inoculated	Total Not Inoculated
NUMBER					
All Districts .....	600	254	346	307	39
Eastern.....	100	40	60	53	7
Southeastern.....	100	33	67	60	7
Southern.....	100	34	66	58	8
Western.....	100	39	61	54	7
Northwestern.....	100	45	55	52	3
Druid.....	100	63	37	30	7
PER CENT					
All Districts .....	100.0	42.3	100.0	88.7	11.3
Eastern.....	100.0	40.0	100.0	88.3	11.7
Southeastern.....	100.0	33.0	100.0	89.6	10.4
Southern.....	100.0	34.0	100.0	87.9	12.1
Western.....	100.0	39.0	100.0	88.5	11.5
Northwestern.....	100.0	45.0	100.0	94.5	5.5
Druid.....	100.0	63.0	100.0	81.1	18.9

TABLE NO. 1C  
POLIOMYELITIS INOCULATION RATES BY AGE  
BALTIMORE CITY, MAY 1959\*

AGE	TOTAL QUERIED	TOTAL INOCULATED†	PER CENT INOCULATED†	NUMBER WITH THREE INOCULATIONS	PER CENT WITH THREE INOCULATIONS
Total .....	1,405	1,282	91.2	1,003	71.4
1.....	338	209	88.5	180	53.3
2.....	170	160	94.1	128	75.3
3.....	148	128	86.5	113	76.3
4.....	122	108	88.5	88	72.1
5-9.....	428	399	93.2	329	76.9
10-16.....	199	188	94.5	165	82.9

\* Based on returns made from 92.2 per cent of a purposively selected sample.  
† Children receiving one or more inoculations are included.

TABLE NO. 2A  
RESIDENT DEATHS FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO AGE—1959

AGE GROUP	GRAND TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
NUMBER OF DEATHS							
All Ages.....	145	75	55	20	70	48	22
Under 15 years.....	2	1	..	1	1	..	1
15-24 years.....	1	..	..	..	1	..	1
25-34 years.....	10	3	2	1	7	5	2
35-44 years.....	29	7	4	3	22	14	8
45-54 years.....	39	18	12	6	21	14	7
55-64 years.....	29	19	15	4	10	9	1
65 years and over.....	35	27	22	5	8	6	2
PERCENTAGE DISTRIBUTION							
All Ages.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	1.4	1.3	..	5.0	1.4	..	4.5
15-24 years.....	0.7	..	..	..	1.4	..	4.5
25-34 years.....	6.9	4.0	3.6	5.0	10.0	10.4	9.1
35-44 years.....	20.0	9.4	7.3	15.0	31.8	29.2	36.4
45-54 years.....	26.9	24.0	21.8	30.0	30.0	29.2	31.9
55-64 years.....	20.0	25.3	27.3	20.0	14.0	13.7	4.5
65 years and over.....	24.1	36.0	40.0	25.0	11.4	12.5	9.1

TABLE NO. 2B  
RESIDENT DEATHS FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO  
RACE AND PLACE OF DEATH—1959

PLACE OF DEATH	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL DEATHS.....	145	100.0	75	100.0	70	100.0
Home.....	8	5.5	6	8.0	2	2.9
Tuberculosis sanatoria.....	82	56.5	43	57.3	39	55.7
Baltimore City Hospitals.....	32	..	14	..	18	..
State sanatoria.....	39	..	20	..	19	..
Federal sanatoria.....	6	..	4	..	2	..
Other sanatoria.....	5	..	5	..	..	..
General hospitals.....	50	34.5	23	30.7	27	38.5
Mental institutions.....	5	3.5	3	4.0	2	2.9
Other.....	..	..	..	..	..	..

TABLE NO. 2C  
 REPORTED CASES OF TUBERCULOSIS (INCIDENCE) CLASSIFIED BY TYPE, EXTENT AND ACTIVITY OF LESION ACCORDING TO  
 RACE, SEX AND BROAD AGE GROUPS—1959

CLASSIFICATION OF LESION	AGE IN YEARS																	
	Male						Female						Grand Total					
	Under 5	5-14	15-24	25-34	35-44	45-64	65 & Over	Age Unsp.	Total	Under 5	5-14	15-24		25-34	35-44	45-64	65 & Over	Age Unsp.
	542	24	12	26	64	114	230	72	291	36	8	49		72	57	54	15	..
WHITE																		
Total.....	379	259	4	11	20	47	125	47	120	12	3	16	28	30	20	11	..	
Minimal lesions—all types.....	78	45	..	3	4	12	18	7	33	1	..	6	6	6	8	2	..	
Active.....	64	34	..	3	2	9	16	3	30	1	..	6	9	5	7	1	..	
Inactive.....	10	7	..	..	2	2	2	..	3	..	..	..	..	1	..	..	..	
Pleural effusion.....	4	4	..	1	1	1	2	..	..	..	..	..	..	..	..	..	..	
Moderately advanced.....	150	105	..	7	10	13	59	16	45	..	1	8	12	13	6	5	..	
Active.....	137	97	..	7	10	12	55	13	40	..	1	8	11	12	5	3	..	
Inactive.....	13	8	..	..	..	1	4	3	5	..	..	..	..	1	1	2	..	
Far advanced.....	115	93	..	1	5	20	47	20	22	..	2	2	4	8	4	4	..	
Severe primary lesion.....	16	7	..	..	..	..	1	..	9	..	..	..	..	..	..	..	..	
Miliary.....	4	3	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	
Spinal.....	4	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	
Peritonitis.....	2	2	..	..	..	..	..	..	2	..	..	..	1	..	1	..	..	
Other nonpulmonary.....	8	5	..	..	1	..	..	..	3	..	..	..	..	2	..	..	..	
NONWHITE																		
Total.....	454	283	20	15	44	67	105	25	171	24	5	33	44	27	34	4	..	
Minimal lesions—all types.....	74	37	1	2	5	8	13	8	37	1	1	5	7	7	6	3	..	
Active.....	46	21	1	1	3	4	8	1	25	1	1	5	5	6	4	3	..	
Inactive.....	9	4	..	..	..	1	1	..	6	..	..	..	..	1	1	..	..	
Pleural effusion.....	19	12	..	1	1	1	1	1	5	..	..	4	4	4	1	1	..	
Moderately advanced.....	147	101	1	1	17	23	47	19	46	..	1	4	13	6	14	1	..	
Active.....	140	96	1	1	16	21	45	9	44	..	1	10	13	6	13	1	..	
Inactive.....	7	5	..	..	1	2	2	..	2	..	..	6	14	10	7	..	..	
Far advanced.....	133	96	12	1	15	28	41	9	37	17	1	6	2	10	7	..	..	
Severe primary lesion.....	36	15	1	1	3	1	1	2	21	1	1	2	1	1	1	..	..	
Miliary.....	15	9	..	..	..	..	..	..	6	..	..	..	..	..	..	..	..	
Spinal.....	3	3	..	..	1	..	..	..	1	..	..	..	..	..	1	..	..	
Peritonitis.....	8	3	1	..	1	..	..	1	5	..	1	2	1	..	2	1	..	
Other nonpulmonary.....	4	2	3	2	1	7	3	1	2	5	..	3	3	2	1	3	..	
Other nonpulmonary.....	34	18	..	..	..	..	..	..	15	..	..	..	..	2	..	..	..	

TABLE NO. 2D  
TUBERCULOSIS CASES IN CURRENT REGISTER (PREVALENCE) ACCORDING TO STAGE OF DISEASE, RACE, SEX AND BROAD AGE GROUPS—JULY 1, 1959

STAGE OF DISEASE	AGE IN YEARS																	
	Male							Female										
	Under 5	5-14	15-24	25-34	35-44	45-64	65 & Over	Under 5	5-14	15-24	25-34	35-44	45-64	65 & Over				
	Total	Unsp.	Total	Unsp.	Total	Unsp.	Total	Unsp.	Total	Unsp.	Total	Unsp.	Total	Unsp.				
ALL CASES.....	3,449	41	60	95	248	484	1,063	318	2	1,138	52	48	156	311	269	235	67	..
WHITE																		
Total.....	1,573	9	18	32	83	185	601	221	2	422	14	12	49	91	101	110	45	..
Minimal.....	364	2	3	20	28	41	105	31	..	134	..	3	26	41	35	20	9	..
Moderately advanced.....	606	..	1	8	29	86	229	165	1	150	..	2	9	31	36	53	19	..
Far advanced.....	528	..	1	3	22	65	204	82	1	100	..	..	1	1	2	..	..	..
Pleural effusion.....	11	7	..	..	2	1	..	1	..	4	..	..	..	..	..	..	..	..
Primary.....	31	15	7	8	..	..	..	..	..	16	10	6	..	..	..	..	..	..
Miliary.....	3	1	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..
Meningitis.....	3	2	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Other nonpulmonary.....	27	..	2	1	2	2	3	2	..	15	2	1	4	2	3	2	1	..
NONWHITE																		
Total.....	1,876	32	42	63	165	299	462	97	..	716	38	36	107	220	168	125	23	..
Minimal.....	434	5	4	28	43	77	75	10	..	192	4	7	36	61	31	10	5	..
Moderately advanced.....	614	..	1	18	51	97	177	44	..	228	1	2	37	58	49	46	5	..
Far advanced.....	524	..	2	4	46	106	166	35	..	145	..	..	16	40	49	28	3	..
Pleural effusion.....	46	..	..	6	5	8	6	2	..	48	..	..	4	8	4	2	..	..
Primary.....	98	21	27	1	1	1	..	..	..	47	26	19	2	2	4	..	..	..
Miliary.....	10	2	..	1	1	1	..	..	..	6	3	1	..	1	1	..	..	..
Meningitis.....	14	8	2	1	3	..	..	..	..	8	1	3	1	1	1	..	..	..
Other nonpulmonary.....	130	3	5	4	15	9	14	6	..	74	3	5	11	15	20	17	3	..

TABLE NO. 2E  
ALL TUBERCULOSIS CASES CLASSIFIED BY RACE AND ORIGINAL REFERRAL OR  
SOURCE OF REPORT—1959

ORIGINAL REFERRAL OR SOURCE OF REPORT	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
<b>TOTAL CASES</b> .....	833	100.0	379	100.0	454	100.0
Private physicians .....	154	18.5	102	26.9	52	11.5
Baltimore City Hospitals .....	69	8.3	24	6.3	45	9.9
General and Tuberculosis Hos- pitals .....	323	38.8	129	34.0	194	42.7
Hospital survey .....	3	..	..	..	3	..
Other .....	320	..	129	..	191	..
Health Department .....	166	19.9	51	13.5	115	25.3
Chest clinics .....	153	..	43	..	110	..
Other .....	13	..	8	..	5	..
Mass survey .....	28	3.3	19	5.0	9	2.0
Transferred from out-of-state ..	4	0.5	1	0.3	3	0.7
Other agencies .....	49	5.9	33	8.7	16	3.5
Reported after death .....	40	4.8	20	5.3	20	4.4

TABLE NO. 2F  
ALL TUBERCULOSIS CASES CLASSIFIED BY RACE AND REPORTING  
AGENCY—1959

REPORTING AGENCY	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
<b>TOTAL CASES</b> .....	833	100.0	379	100.0	454	100.0
Private physicians .....	72	8.6	63	16.6	9	2.0
Tuberculosis hospitals .....	139	16.7	67	17.7	72	15.9
Baltimore City Hospitals .....	65	..	23	..	42	..
Other tuberculosis hospitals ..	74	..	44	..	30	..
General hospitals .....	239	28.7	82	21.6	157	34.6
Mental hospitals .....	1	0.1	1	0.3	..	..
Health Department chest clinic	328	39.4	142	37.4	186	41.0
Transferred from out-of-state ..	4	0.5	1	0.3	3	0.6
Death certificates .....	40	4.8	20	5.3	20	4.4
Other .....	10	1.2	3	0.8	7	1.5

TABLE NO. 2G  
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES BY RACE AND SEX—1959

	TOTAL		WHITE				COLORED			
			Male		Female		Male		Female	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
<b>Clinic Registrants</b>										
Total.....	24,637	100.0	4,746	100.0	5,987	100.0	4,342	100.0	9,562	100.0
Screening service.....	12,836	52.1	1,277	26.9	3,133	52.3	1,523	35.1	6,903	72.2
Diagnostic service (Total).....	11,801	47.9	3,469	73.1	2,854	47.7	2,819	64.9	2,659	27.8
New in 1959.....	5,576	22.6	1,818	38.3	1,561	26.1	1,155	26.8	1,042	10.9
Registered prior to 1959.....	6,225	25.3	1,651	34.8	1,293	21.6	1,664	38.3	1,617	16.9
Suspects.....	8,788	35.7	2,469	52.0	2,054	34.3	2,005	46.1	1,859	19.5
Previously diagnosed cases.....	3,437	14.0	808	17.1	584	9.8	1,079	24.8	988	10.4
<b>Age Distribution</b>										
Total screening and new diagnostic registrants.....	18,412	100.0	3,095	100.0	4,694	100.0	2,678	100.0	7,945	100.0
Under 15 years.....	2,083	11.3	482	15.6	473	10.1	502	18.7	626	7.9
15-24 years.....	6,026	32.7	548	17.6	1,431	30.5	430	16.1	3,619	45.6
25-44 years.....	6,693	36.4	1,044	33.7	1,817	38.7	968	36.1	2,864	36.0
45-64 years.....	2,883	15.7	780	25.2	789	16.8	635	23.7	679	8.5
65 years & over.....	661	3.6	235	7.6	150	3.4	142	5.4	125	1.6
Age unspecified.....	66	0.3	8	0.3	25	0.5	1	..	32	0.4
<b>Source of Referral</b>										
Total screening and new diagnostic registrants.....	18,412	100.0	3,095	100.0	4,694	100.0	2,678	100.0	7,945	100.0
Private physicians.....	4,373	23.8	1,283	41.5	1,459	31.1	732	27.3	899	11.3
Contacts.....	2,483	13.5	500	16.1	681	14.5	488	18.2	814	10.3
Prenatals.....	5,583	30.3	..	..	1,255	26.7	..	..	4,328	54.5
Hospitals.....	379	2.1	83	2.7	37	0.8	152	5.7	107	1.3
Case-finding project.....	206	1.1	81	2.6	48	1.0	50	1.9	27	0.3
All other.....	5,388	29.2	1,148	37.1	1,214	25.9	1,256	46.9	1,770	22.3
<b>Clinic Visits (Total)</b> .....	42,196	100.0	9,311	100.0	8,748	100.0	10,191	100.0	13,946	100.0
Screening service.....	12,836	30.4	1,277	13.7	3,133	35.8	1,523	15.0	6,903	49.5
Diagnostic service.....	25,763	61.0	7,353	79.0	4,796	54.8	7,658	75.1	5,946	42.6
New in 1959.....	5,576	13.2	1,818	19.6	1,561	17.8	1,155	11.3	1,042	7.5
Repeat visits.....	20,177	47.8	5,535	59.4	3,235	37.0	6,503	63.8	4,904	35.1
* Other services.....	3,607	8.6	681	7.3	819	9.4	1,010	9.9	1,097	7.9
<b>X-ray Examinations (Total)</b> .....	29,741	100.0	6,190	100.0	6,806	100.0	5,988	100.0	10,757	100.0
Screening service.....	12,836	43.2	1,277	20.6	3,133	46.0	1,523	25.4	6,903	64.2
Diagnostic service.....	16,905	56.8	4,913	79.4	3,673	54.0	4,465	74.6	3,854	35.8
Suspects.....	10,086	33.9	3,045	49.3	2,684	39.5	2,805	46.8	2,082	19.4
Previously diagnosed cases.....	6,819	22.9	1,868	30.8	989	14.5	1,660	27.8	1,772	16.4
<b>Pneumotherapy Service</b>										
Total patients.....	46	100.0	7	100.0	3	100.0	16	100.0	20	100.0
New in 1959.....	10	21.7	3	42.9	..	..	5	31.3	2	10.0
Registered prior to 1959.....	36	78.3	4	57.1	3	100.0	11	68.7	18	90.0
<b>Total Visits</b> .....	1,208	..	271	..	72	..	388	..	477	..
<b>Total X-rays</b> .....	138	..	22	..	8	..	46	..	62	..
<b>X-ray Survey of Apparently Healthy Persons</b> .....	44,113				23,889				20,224	
Druid Chest Clinic.....	4,106				18				4,088	
Eastern Chest Clinic.....	5,106				2,264				2,842	
Madison Ave. Chest Clinic.....	636				618				18	
Southern Chest Clinic.....	2,988				1,510				1,478	
Mobile and Portable X-ray Units.....	31,277				19,479				11,798	

\* Includes visits only for tuberculin tests and chemotherapy.

TABLE NO. 2H  
CHEST X-RAY SURVEYS: BALTIMORE, MARYLAND—1959

GROUP SURVEYED	NUMBER EXAMINED		GROUP SURVEYED	NUMBER EXAMINED	
	White	Colored		White	Colored
<b>TOTAL</b> .....	<b>19,479</b>	<b>11,798</b>	<b>Commercial &amp; Industrial (Cont.)</b>		
<b>Commercial &amp; Industrial (Total)</b> ..	<b>13,982</b>	<b>8,681</b>	Sheraton-Belvedere Hotel.....	175	115
A & P Bakery.....	155	..	Social Security (Claims Division).....	382	94
American Brewery Co.....	193	1	Standard Oil Bldg. Tenants.....	666	10
Back River Sewage & Treatment Works.....	91	4	Standard Oil Co.....	331	4
Baltimore Business Forms.....	447	1	U. S. Post Offices (Main & Branches).....	1,215	1,030
Buck Glass Co. et al.....	239	40	Western Maryland Railway.....	449	118
Calvert Clothes.....	203	5	Women's Hospital.....	198	99
Carr-Lowery Glass Co.....	537	51	<b>Community (Total)</b> .....	<b>2,250</b>	<b>3,996</b>
Chesapeake Paperboard Co.....	143	17	Armistead Gardens.....	154	2
Coca Cola Co.....	40	13	Broadway Community.....	63	115
Commercial Credit Co.....	948	28	Cherry Hill Community.....	5	318
Davison Chemical Co.....	342	70	Cherry Hill Shopping Center.....	17	502
Emerson Drug Co.....	256	12	City Hall (Community).....	807	172
Enoch Pratt Free Library.....	334	3	East Fort Ave. Area.....	894	32
General Automatic Corporation.....	142	..	Federal Improvement Association (Comm.).....	18	166
Glidden Paints.....	153	50	Harlem Park Renewal Area.....	68	2,689
Goetze Meat Co.....	544	73	Wesleyan Methodist Church (Community).....	224	..
Goodwill Industries of Baltimore.....	124	49	<b>Schools (Total)</b> .....	<b>2,582</b>	<b>3,115</b>
Holtite (Cat's Paw) Co.....	174	834	Catholic High School.....	1,113	6
House of Good Shepherd.....	172	44	Coppin State Teachers College... ..	2	319
Kramer Co.....	208	1	Loyola College.....	303	17
Lutheran Hospital.....	172	188	Morgan State College.....	7	1,350
Men's Hats Inc.....	303	48	School #110.....	..	91
Mercy Hospital.....	343	199	School #181.....	3	1,327
Monarch Rubber Co.....	177	55	Seton High School.....	1,154	5
Montgomery, Ward & Co.....	1,234	112	<b>Other (Total)</b> .....	<b>665</b>	<b>1,006</b>
Monumental Life Insurance et al.....	841	38	Maryland State Penitentiary.....	665	1,006
Municipal Health Department Employees.....	553	23			
National Brewing Co.....	665	4			
Procter & Gamble Manufacturing Co.....	376	8			
St. Joseph's Hospital.....	209	159			
Seton Institute.....	253	81			

TABLE NO. 3A  
 REPORTED INFECTIONS OF VENEREAL DISEASE, ACCORDING TO  
 SOURCE OF REPORT—1955-1959

SOURCE OF REPORT	SYPHILIS					GONORRHEA					CHANCROID				
	1959	1958	1957	1956	1955	1959	1958	1957	1956	1955	1959	1958	1957	1956	1955
TOTAL.....	1,670	1,199	1,309	1,354	1,408	6,743	6,884	6,556	6,452	6,890	19	14	27	13	21
Private Physicians.....	337	87	61	80	90	502	393	460	417	399	2	1	1	1	..
Health Department Clinics	645	754	765	638	680	6,130	6,365	5,963	5,869	6,347	9	11	23	10	14
Other Medical Agencies....	688	358	483	636	638	111	126	124	166	144	8	2	3	2	7

TABLE NO. 3B  
 RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY CAUSE OF DEATH AND COLOR  
 1953-1959

CAUSE OF DEATH	1959			1958			1957			1956			1955			1954			1953			
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	
	TOTAL.....	36	8	28	46	10	36	55	12	43	59	20	39	59	11	48	57	14	43	63	15	48
Syphilis in infants under 1 year of age.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General paralysis of the insane.....	1	1	..	..	..	..	5	4	1	1	..	1	6	3	3	3	2	1	10	3	7	
Tabes dorsalis.....	..	..	..	..	..	..	..	..	1	1	..	1	1	1	1	1	1	..	1	1	..	
Aneurysm of the aorta....	4	2	2	14	5	9	20	5	15	21	9	12	16	3	13	23	3	20	19	3	16	
Other forms of syphilis...	31	5	26	32	5	27	30	3	27	36	10	26	36	5	31	30	8	22	33	8	25	

TABLE NO. 3C  
 ADMISSIONS TO CITY VENEREAL DISEASE CLINICS BY DISEASE,  
 AND VISITS BY COLOR AND SEX—1959

ADMISSIONS		VISITS	
DISEASE	CITY CLINICS	RACE AND SEX	CITY CLINICS
TOTAL.....	11,276	TOTAL.....	20,585
Total syphilis (excluding epidemic-logic).....	752	White.....	1,599
Primary or secondary.....	123	Male.....	1,186
Latent.....	544	Female.....	413
Late.....	52	Colored.....	18,986
Congenital.....	33	Male.....	11,409
Epidemiologic syphilis <sup>1</sup> .....	171	Female.....	7,577
Gonorrhea (excluding epidemiologic) ..	6,168		
Epidemiologic gonorrhea <sup>2</sup> .....	1,131		
Chancroid.....	9		
Lymphogranuloma venereum.....	3		
Granuloma inguinale.....	7		
Not infected with venereal disease....	2,716		
Diagnosis not completed.....	319		

<sup>1</sup> Contacts of patients with infectious syphilis, treated for syphilis, but demonstrated no clinical manifestations of syphilis, and were serologically negative.

<sup>2</sup> Contacts of patients with gonorrhea, but diagnosis not confirmed bacteriologically. These contacts also serologically negative.

TABLE NO. 3D  
 REPORTED INFECTIONS OF CERTAIN VENEREAL DISEASES, ACCORDING TO  
 COLOR, SEX AND AGE OF PATIENT—1959

AGE,	TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
<b>PRIMARY AND SECONDARY SYPHILIS</b>							
All Ages.....	196	37	30	7	159	99	60
Under 15 years.....	1	..	..	..	1	..	1
15-19 years.....	25	2	2	..	23	14	9
20-24 years.....	50	6	6	..	44	22	22
25-29 years.....	42	8	6	2	34	17	17
30-34 years.....	29	8	7	1	21	17	4
35-39 years.....	18	5	5	..	13	8	5
40-44 years.....	8	1	1	..	7	7	..
45-49 years.....	2	1	1	..	1	1	..
50 years and over.....	4	1	..	1	3	2	1
Age unspecified.....	17	5	2	3	12	11	1
<b>LATENT SYPHILIS</b>							
All Ages.....	1,136	174	107	67	962	404	558
Under 15 years.....	1	..	..	..	1	..	1
15-19 years.....	46	2	1	1	44	9	35
20-24 years.....	80	11	7	4	69	26	43
25-29 years.....	95	6	3	3	89	24	65
30-34 years.....	123	10	4	6	113	34	79
35-39 years.....	147	8	5	3	139	55	84
40-44 years.....	87	16	12	4	81	36	45
45-49 years.....	102	15	8	7	87	42	45
50 years and over.....	298	71	49	22	227	129	98
Age unspecified.....	147	35	18	17	112	49	63
<b>OTHER ACQUIRED SYPHILIS</b>							
All Ages.....	285	58	42	16	227	132	95
Under 15 years.....	..	..	..	..	..	..	..
15-19 years.....	4	..	..	..	4	..	4
20-24 years.....	6	1	1	..	5	2	3
25-29 years.....	9	1	1	..	8	2	6
30-34 years.....	15	1	1	..	14	6	8
35-39 years.....	26	1	1	..	25	14	11
40-44 years.....	23	4	2	2	19	9	10
45-49 years.....	35	6	4	2	29	18	11
50 years and over.....	145	35	26	9	110	74	36
Age unspecified.....	22	9	6	3	13	7	6
<b>CONGENITAL SYPHILIS</b>							
All Ages.....	53	7	2	5	46	13	33
Under 1 year.....	3	..	..	..	3	2	1
1-4 years.....	..	..	..	..	..	..	..
5 years and over.....	50	7	2	5	43	11	32
Age unspecified.....	..	..	..	..	..	..	..
<b>GONORRHEA</b>							
All Ages.....	6,743	472	384	88	6,271	5,239	1,032
Under 15 years.....	64	6	1	5	58	24	34
15-19 years.....	1,000	43	28	15	957	621	336
20-24 years.....	2,388	123	102	21	2,265	1,909	356
25-29 years.....	1,481	89	74	15	1,392	1,226	166
30-34 years.....	878	77	64	13	801	733	68
35-39 years.....	519	51	45	6	468	425	43
40-44 years.....	186	19	15	4	167	153	14
45-49 years.....	83	20	17	3	63	58	5
50 years and over.....	60	14	14	..	46	42	4
Age unspecified.....	84	30	24	6	54	48	6

**TABLE NO. 3E**  
**RESULTS OF INVESTIGATION OF CONTACTS OF CITY CLINIC PATIENTS,**  
**BY COLOR AND SEX OF CONTACT AND DISEASE—1959**

COLOR AND SEX OF CONTACT AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED <sup>1</sup>	PREVIOUSLY KNOWN	INVESTIGATED BUT NOT FOUND	FOUND BUT NOT EXAMINED	TOTAL EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED <sup>2</sup>			
						Infected with Homologous Disease	Not Infected with Homologous Disease	Treated Epidemiologically	Examination Not Completed	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
<b>TOTAL.....</b>	<b>5,063</b>	<b>154</b>	<b>1,906</b>	<b>433</b>	<b>2,480</b>	<b>769</b>	<b>506</b>	<b>1,190</b>	<b>15</b>	<b>808</b>	<b>16</b>	<b>63</b>	<b>729</b>
<b>TOTAL SYPHILIS.....</b>	<b>952</b>	<b>113</b>	<b>128</b>	<b>83</b>	<b>630</b>	<b>55</b>	<b>448</b>	<b>119</b>	<b>8</b>	<b>70</b>	<b>14</b>	<b>41</b>	<b>15</b>
White.....	61	7	12	9	33	3	21	9	..	3	..	3	..
Male.....	38	3	8	5	13	2	8	4	..	1	..	1	..
Female.....	23	4	4	4	20	1	13	5	..	2	..	2	..
Colored.....	891	105	114	74	597	52	427	110	8	67	14	38	15
Male.....	449	57	53	47	292	27	219	41	3	33	8	21	6
Female.....	442	48	61	27	305	25	208	69	5	34	6	17	9
<b>TOTAL GONORRHEA.....</b>	<b>4,111</b>	<b>41</b>	<b>1,870</b>	<b>350</b>	<b>1,850</b>	<b>714</b>	<b>58</b>	<b>1,071</b>	<b>7</b>	<b>738</b>	<b>2</b>	<b>22</b>	<b>714</b>
White.....	119	..	49	12	58	30	3	25	..	32	..	2	30
Male.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Female.....	119	..	49	12	58	30	3	25	..	32	..	2	30
Colored.....	3,992	41	1,821	338	1,792	684	55	1,046	7	706	2	20	684
Male.....	428	2	16	6	18	7	5	6	..	7	..	..	7
Female.....	3,564	39	1,805	332	1,774	677	50	1,040	7	699	2	20	677

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

**TABLE NO. 3F**  
**RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OTHER AGENCIES,**  
**INCLUDING THE ARMED FORCES, BY COLOR AND SEX OF CONTACT**  
**AND DISEASE—1959**

COLOR AND SEX OF CONTACT AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED <sup>1</sup>	PREVIOUSLY KNOWN	INVESTIGATED BUT NOT FOUND	FOUND BUT NOT EXAMINED	TOTAL EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED <sup>2</sup>			
						Infected with Homologous Disease	Not Infected with Homologous Disease	Treated Epidemiologically	Examination Not Completed	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
<b>TOTAL.....</b>	<b>504</b>	<b>12</b>	<b>177</b>	<b>53</b>	<b>262</b>	<b>41</b>	<b>120</b>	<b>95</b>	<b>6</b>	<b>50</b>	<b>9</b>	<b>9</b>	<b>32</b>
<b>TOTAL SYPHILIS.....</b>	<b>259</b>	<b>7</b>	<b>63</b>	<b>26</b>	<b>163</b>	<b>16</b>	<b>109</b>	<b>33</b>	<b>5</b>	<b>23</b>	<b>8</b>	<b>8</b>	<b>7</b>
White.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Male.....	9	..	2	1	6	1	2	2	1	2	1	..	1
Female.....	7	..	5	..	2	..	2	..	..	1	..	..	1
Colored.....	121	2	19	16	84	10	55	15	4	12	5	5	2
Male.....	122	5	37	9	71	5	50	16	..	8	2	3	3
<b>TOTAL GONORRHEA.....</b>	<b>245</b>	<b>5</b>	<b>114</b>	<b>27</b>	<b>99</b>	<b>25</b>	<b>11</b>	<b>62</b>	<b>1</b>	<b>27</b>	<b>1</b>	<b>1</b>	<b>25</b>
White.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Male.....	1	..	..	..	1	..	1	..	..	..	..	..	..
Female.....	40	3	17	3	17	5	2	10	..	6	..	1	5
Colored.....	5	..	..	1	4	..	4	..	..	..	..	..	..
Male.....	199	2	97	23	77	20	4	52	1	21	1	..	20
Female.....	..	..	..	..	..	..	..	..	..	..	..	..	..

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

## BUREAU OF CHILD HYGIENE

**John L. Pitts, M.D., M.P.H.**

*Director*

Dr. John L. Pitts assumed his duties as Director of the Bureau of Child Hygiene on June 1, 1959. He replaced Dr. Jimmie L. Rhyne who resigned on September 18, 1958. Dr. Pitts directed his attention toward the quality and quantity of the maternal and child health service in relation to the high infant mortality rate. His interest was also directed toward the day nursery and nursery school program.

### Maternity Hygiene

There were 23,893 live babies born to Baltimore mothers during 1959, a decrease of 571 over the 24,464 live births in 1958. The resident birth rate for 1959 was 24.2 per 1,000 population; the white rate was 18.7 and the colored rate 36.1. In 1959 the illegitimacy ratio among nonwhite births was 31 per cent and 4 per cent for the white babies.

As in the past several years virtually all white resident deliveries occurred in hospitals; the high percentage of hospital deliveries and the increased demand for prenatal care were significant factors in the maintenance of a low maternal death rate. Distribution of birth according to place of delivery, attendance and race are shown in the following table.

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

	TOTAL			WHITE			NONWHITE		
	1959	1958	1957	1959	1958	1957	1959	1958	1957
Number.....	23,893	24,464	25,067	12,577	13,380	14,032	11,316	10,762	9,750
Per cent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital.....	97.9	97.7	97.7	99.0	98.8	98.7	98.6	98.4	98.3
Home.....	2.1	2.3	2.3	1.0	1.2	1.3	3.4	3.6	3.7
Physician.....	1.5	1.6	1.5	0.8	0.8	1.0	2.4	2.5	2.4
Midwife.....	0.4	0.4	0.5	0.1	0.2	0.2	0.6	0.7	0.9
Unattended.....	0.2	0.3	0.3	0.1	0.2	0.1	0.4	0.4	0.4

Only seven of the existing seventeen maternity hospital units in the city admit nonwhite maternity patients.

In 1959, twelve resident mothers of Baltimore died during the puerperal period and were investigated by the Obstetrical Section of the Maternal

and Child Welfare Committee of the Medical and Chirurgical Faculty of Maryland. Four of these deaths were judged non-maternal deaths resulting from ulcerative colitis, subdural hemorrhage, bronchogenic carcinoma and rheumatic heart disease associated with pregnancy. Eight were considered maternal deaths. These resulted from conditions herewith outlined:

- 1—Renal failure following shock
- 1—Amniotic fluid embolism
- 1—Ruptured uterus
- 2—Ruptured ectopic pregnancies
- 1—Post caesarian hysterectomy hemorrhage
- 1—Sepsis following criminal abortion
- 1—Pulmonary embolism following thrombophlebitis

Of the 8 maternal deaths, 6 were in nonwhite and 2 were in white patients. Five patients died of hemorrhage, 1 patient of infection associated with abortion and 2 died of pulmonary embolism. Five of the eight deaths were considered avoidable. No maternal death resulted from toxemia of pregnancy in 1959.

The maternal mortality rate was 1.6 for the white group and 5.3 for the nonwhite segment of the population. The maternal mortality rate for the city was 3.3 deaths per 10,000 live births. This was the lowest rate achieved since 1953 when the rate was 3.1.

Seventeen hospital maternity services were inspected and sixteen were licensed. One license was withheld pending compliance with the City Ordinance regulations.

### *Interviewing Service*

A total of 7,610 persons sought care through the maternity interviewing service as compared with 7,646 in 1958. Of the 7,610 patients, 6,472 were registered for prenatal care and delivery service. There were 3,082 patients referred to voluntary hospitals, 3,343 to Baltimore City Hospitals and 47 were for delivery by midwives. The remaining 1,138 interviews consisted of 979 return visits of patients who requested a change of status; 232 changes were made, 38 county obstetrical cases were referred to county health departments and 123 nonobstetrical patients were referred to appropriate services. Sixty-four emergency hospital admissions were made from the interviewing center at 414 North Calvert Street.

While the number of interviews remained about the same as in 1958 the number of referrals to voluntary hospitals increased from 43 per cent in 1958 to 48.4 per cent in 1959. In many instances patients who in recent pregnancies had been referred by the interviewing service to voluntary hospitals because of financial resources or hospitalization insurance applied

directly to the hospitals for care in the current pregnancy. This bypassing of the interviewing service and the decrease in the birth rate reflect in the number of interviews for the year.

### *Maternity Hygiene Clinics*

Prenatal clinics were held at six locations with thirty-one weekly physician sessions. Thirteen of the thirty-one weekly sessions were screening clinics which were held at three of the six locations.

During the year 6,347 patients made a total of 25,734 visits as compared with 23,593 visits made by 6,007 patients in 1958, an increase of 2,141 visits. The average number of clinic visits per patient was 4.1 as compared with 3.9 in 1958.

There were 5,257 resident live births at Baltimore City Hospitals as compared with 5,199 in 1958. The percentage of patients registered with the Health Department before delivery at Baltimore City Hospitals was 63.6 per cent.

### *Midwives*

The seven remaining midwives in the city continued to refer patients to the clinics for prenatal supervision. They were most cooperative in recognizing the need for transferring patients to hospitals for delivery when the clinician considered the case unsafe for home delivery. The midwives continued to request advice on questionable cases before accepting them for home delivery.

### *Education*

As of December 31, 1959, a total of 1,536 educational letters was sent to all patients who delivered unregistered at Baltimore City Hospitals. Toward the end of the year 18 patients registered as the result of the letters and 13 patients brought the letters to 414 North Calvert Street where the value of early prenatal care was discussed with them.

## **Preschool Hygiene**

### *Infant Mortality*

In 1959 the infant mortality rate among white infants was 25.0 deaths per 1,000 live births, slightly lower than the 1958 figure of 27.4 deaths per 1,000. The infant mortality rate for colored infants was 47.0 in 1959, an increase from 44.7 in 1958. The following table describes the weight specific probability of neonatal death for a base period 1954-1957 compared with the most recent recorded experience, July 1, 1958—June 30, 1959.

BIRTHWEIGHT GROUP	NEONATAL DEATHS PER 1,000 LIVE BIRTHS	
	1954-1957	1958-1959
1,000 grams and under.....	879	947
1,001-1,500.....	467	538
1,501-2,000.....	158	191
2,001-2,500 (4 lbs. 6 oz.-5 lbs. 8 oz.).....	27	42

Investigations as to the etiology of the rise in infant mortality were conducted and an analysis of each infant death by hospital was made by the bureau. In September, 1959, through the cooperation of the Bureau of Biostatistics each hospital received a record of its experience in infant mortality by weight group as well as the overall experience of the city. This information is to be mailed annually. The rise in infant mortality has occurred chiefly in the neonatal period; however, in the third quarter of 1959 a slight rise was noted in the post-neonatal period. In many instances investigation of these cases by public health nurses showed parental neglect as a contributing cause of death. It is the intent of the Baltimore City Health Department to insist more vigorously that standards of care for the newborn prescribed in the City Maternity Hospital Ordinance and Regulations and recommended by the American Academy of Pediatrics be conscientiously followed by all hospitals in which obstetrics is practiced. Voluntary social agencies assisted with the program by investigating the situations and wherever possible correcting them as a protection to other or future children in the home.

### *Premature Infants*

Services for premature infants were available in most of the hospitals. The three larger units located at Baltimore City Hospitals, The Johns Hopkins Hospital and the University of Maryland Hospital continued to care for the major proportion of such infants. Through the cooperation between the City Fire Department and the City Health Department premature infants continued to be transported by ambulance in special carriers. There were 29 prematures transported in 1959.

The rising infant mortality rate and prematurity continued to remain important problems of the bureau. Fifty-four per cent of the city's infant deaths in 1959 were premature infants whose birth weights were less than 2,500 grams, or approximately 5½ pounds. Plans were therefore made to open a premature baby clinic at Provident Hospital for those infants whose parents were unable to return to the hospital clinic in which they were delivered. Parents not living in the area near Provident who would not be able to return to a hospital clinic will be encouraged by public health nurses to bring their children to a local well baby clinic.

Since 1950 there has been an appreciable increase in the incidence of prematurity in the Negro population. In 1950, 12.5 per cent of the resident live Negro births were infants weighing less than 2,500 grams. In 1959, 15 per cent of these births were premature. During the same period the incidence of prematurity for white infants remained at a level of  $7\frac{1}{2}$  to  $8\frac{1}{2}$  per cent. Studies as to the cause of this increase in the nonwhite group are being initiated.

### *Inoculation Program*

Inoculations are given in both well baby clinics and in inoculation clinics. During 1959 inoculation clinics were held once weekly at Eastern, Western, Southeastern and Druid Health Districts. A similar clinic was held every fourth Thursday at Southern Health District. The well baby clinics and the inoculation clinics gave 12,315 smallpox vaccinations; 26,955 doses of combined triple antigen vaccine and approximately 52,600 injections of poliomyelitis vaccine. The inoculation clinics gave approximately 20 per cent of the total doses of the triple antigen vaccine. Large segments of these programs were conducted by family physicians and pediatricians for families that could afford such services.

In May the four month greeting card for diphtheria prevention was revised to a two month greeting card. Approximately 23,725 such greetings urging parents to secure toxoid inoculation for the prevention of diphtheria in their children were mailed by the bureau during 1959.

### *Home Visiting Services*

The public health nurses continued to visit babies born prematurely, malformed or injured at birth and selected cases. A special study was conducted by the public health nurses to obtain further information regarding unwed mothers in Baltimore.

### *Child Health Clinics*

It is estimated that 80 per cent of the nonwhite population and 15 to 20 per cent of the white population use the Health Department's well baby clinics. These clinics were conducted at 34 locations within the city during 1959. A breakdown by district is shown below:

	<i>Location</i>	<i>Sessions per week</i>	<i>Physician Sessions per week</i>
Eastern .....	7	17	21
Western .....	6	12	13
Druid .....	6	20	21
Southeastern .....	6	12	12
Southern .....	7	$12\frac{3}{4}$	$12\frac{3}{4}$
Northwestern .....	3	6	7
	<u>35</u>	<u><math>79\frac{3}{4}</math></u>	<u><math>86\frac{3}{4}</math></u>

A total of 21,643 children made 88,165 visits to well baby clinics during 1959; of these, 15,521 were less than one year of age.

The demand for clinic service taxed the Health Department staff and facilities to the utmost. Clinic clerks were available in only a small fraction of the clinics, and where there was no clerk, public health nurses performed the clerical work, a factor which decreased patient care. An adequate number of clinic clerks would release the nurse for nursing duties and thus improve the quality of the service. A comparison of the clinic attendance for the past several years as seen in the accompanying table revealed an increase in the number of children attending well baby clinics.

	1957	1958	1959
Total visits.....	91,959	85,353	88,165
Total sessions.....	4,207	3,965	4,018
Persons per session.....	21.9	21.5	21.9
Total persons.....	19,120	20,031	21,643
Visits per person.....	4.8	4.2	4.1

In an attempt to expedite the clinic service a rigid appointment system was adopted. Public health nurses conducted screening and educational conferences with the mother and only those patients with a specific problem were seen by the clinician unless scheduled for a general physical examination. Inoculations were given by the public health nurse when the clinician was present.

Additional clinic sessions were obtained by converting two clinics originally set up as inoculation clinics into a combination of inoculation and child health clinics. The clinic at 901 South Kenwood Avenue was closed as of April 6, 1959. At the close of the year plans were in progress to relocate some of the existing clinics in areas where there is a greater demand for the service.

The Department of Pediatrics of The Johns Hopkins Hospital continued its cooperative effort in assisting with the medical service in the child health clinics conducted in the Eastern Health District building. The Pediatric Service at Sinai Hospital transferred its responsibility for medical provision from the Eastern Health District to Child Health Clinic No. 73 located at Bloomingdale Road and North Avenue, which is nearer to the new location of Sinai Hospital. The child health clinic which is located in the dispensary building at the University of Maryland Hospital continued to function as a joint project of the Baltimore City Health Department and the Department of Pediatrics of the University of Maryland.

#### *Day Nursery Program*

An important function of the Bureau of Child Hygiene is the supervision of the physical and mental health of preschool children in nursery centers

and nursery schools within the Baltimore area. In order to insure that these children are properly taken care of during the day it is the responsibility of the bureau to inspect, make recommendations, supervise and license all such facilities.

There were sixty-seven licensed nursery centers within the City of Baltimore at the end of the year. The following table shows the actual capacity and the approximate current enrollment according to operational schedule.

	<i>Licensed Capacity</i>	<i>Current Enrollment</i>
Full-day sessions—40—all year.....	1,469	1,133
Half-day sessions—27—school year....	1,101	915
Total.....	<u>2,570</u>	<u>2,048</u>

Private nurseries in operation to care for the nonwhite segment of the population totaled fifteen. These day care centers had a total licensed capacity for 332 children and served approximately 242 of this number. In a spot-check conducted in December, 1959, it was learned that ten nursery centers, in addition to the fifteen previously mentioned, operated on an integrated basis or contemplate integration if and when circumstances indicated such arrangements would serve the community. This meant that of the sixty-seven licensed day nurseries and nursery schools, twenty-five of these centers, mainly privately owned, were open to all who wished to take advantage of their services.

There were nineteen nursery centers in Baltimore accredited as schools by the State Board of Education.

During the year of 1959 a total of twenty-six applications for day nurseries was received for screening. Of this number nineteen applications were cancelled or withdrawn until further notice. Still being processed for approval at the close of the year were the applications of two people. Fourteen established nursery facilities terminated their services throughout the course of the year. Licenses for ten new day nurseries were issued in 1959.

In addition to his other activities the Director of the Bureau of Child Hygiene worked with the Chief of the Division of Nutrition and the Director of the Bureau of Health Information in the preparation of a series of pamphlets entitled "Food For Your Baby" which outlined essential nutritional information. These pamphlets will be printed by the Bureau of Health Information and will be used and distributed in well baby clinics in 1960. The director continued to represent the Baltimore City Health Department at periodic meetings of the Executive Committee of the Pediatric Section of Maternal and Child Welfare Committee of the Medical and Chirurgical Faculty of Maryland.

The program instituted in 1958 for the testing of hearing in infants continued with the cooperation of the Hearing and Speech Clinic at The Johns Hopkins Hospital and the Child Growth and Development Center at The Johns Hopkins Hospital. More nurses were trained to administer hearing tests to eight month old infants.

### Personnel

John L. Pitts, M.D., M.P.H., Director  
 George H. Davis, M.D., Clinical Director, Division of Maternity Hygiene  
 Grace S. Volmar, R.N., B.S., Supervisor of Public Health Nursing  
 Mary E. Bonomo, Senior Clerk  
 Lillian Marley, Senior Clerk  
 Esther Miller, Senior Clerk  
 Josephine T. Schech, Senior Clerk Stenographer  
 Lorrell Shaw, Clerk Stenographer

#### *Prenatal Clinics*

Ruth M. Allen, M.D.	Benson Schwartz, M.D.
Carlos E. Arrabal, M.D.	David Solomon, M.D.
W. Allen Deckert, M.D.	Arthur C. Tiemeyer, M.D.
Louis C. Gareis, M.D.	Zsigmund J. Toth, M.D.
Erwin Hecker, M.D.	José Valderas, M.D.
George H. Miller, M.D.	Umberto VillaSanta, M.D.
George E. Wells, Jr., M.D.	

Thelma A. McCoy, Clerk Typist

#### *Child Hygiene Clinics*

Ray Hepner, M.D., Medical Supervisor	Joseph F. Palmisano, M.D.
William A. Andersen, M.D.	Paul H. Hardy, Jr., M.D.
Carlos E. Arrabal, M.D.	Mary L. Hayleck, M.D.
Daniel Bakal, M.D.	Clewell Howell, M.D.
McDonald M. Bando, M.D.	Grace Jones, M.D.
Bruce V. Benjamin, M.D.	William O. Jones, M.D.
Annie Bestebreurtje, M.D.	Irving Kramer, M.D.
Walter P. Block, M.D.	Arnold F. Lavenstein, M.D.
Harold S. Farfel, M.D.	Louis Lavy, M.D.
Jerome Fineman, M.D.	Lucille Liberles, M.D.
C. Richard Fravel, M.D.	Renold B. Lighston, M.D.
Richard O'Neil, M.D.	Jerry Luck, M.D.
	Charles F. Maloney, M.D.
	Gilbert W. Rosenthal, M.D.

Mary M. Horton, Clerk Typist  
 Virginia Jackson, Clerk Typist  
 Pauline Towns, Clinic Assistant

Beatrice Harp, Clerk Typist  
 Barbara Russell, Clerk Typist  
 Katherine Clarke, Clinic Assistant

TABLE NO. 1A  
REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR DELIVERY AT HOSPITAL—1959

CASES AND VISITS	GRAND TOTAL		ALL CLINICS		DRUID HEALTH DISTRICT		GILMOR HOUSING PROJECT		SOUTHERN HEALTH DISTRICT		CHERRY HILL HOMES		SOUTHEASTERN HEALTH DISTRICT		EASTERN HEALTH DISTRICT	
	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
Total case-load.....	4,252	3,998	7	1,052	555	547	79	547	288	149	108	149	60	1,427	60	1,427
Cases carried over to 1960.....	939	886	6	217	109	130	15	130	56	33	26	33	6	341	6	341
Discharged cases																
Total.....	3,313	3,112	1	895	446	417	64	417	212	116	82	116	54	1,080	54	1,080
Not pregnant.....	15	15												5		5
Delivered in hospital.....	3,251	3,060	1	825	443	407	60	407	205	115	76	115	54	1,065	54	1,065
Delivered by midwife.....	3	3												2		2
Delivered at home by physician.....																
Delivered unattended.....																
Other.....	44	34		6	3	4	4	4	6	1	6	1		14		14
Cases carried over from 1959.....	1,221	1,132	14	310	142	162	26	162	72	24	32	24	17	422	17	422
New cases admitted.....	3,031	2,866	5	1,112	413	661	55	661	196	125	76	125	105	1,093	105	1,093
Transferred from other clinics.....	810	734	12	370		276	2	276					62		62	
Transferred to other clinics.....	810	734	12	370		276	2	276								
Clinic visits																
Total.....	17,951	17,105	13	5,049	1,848	2,741	330	2,741	894	421	309	421	194	6,152	194	6,152
Antepartum.....																
First visit.....	3,031	2,866	5	1,112		661	55	661								
Revisits.....	13,188	12,571	7	3,494	1,626	1,863	254	1,863	794	368	277	368	79	4,426	79	4,426
Postpartum.....																
Postpartum.....	1,692	1,668	1	443	222	217	8	217	100	53	15	53	1	633	1	633
Neonatal.....	40						13				17		9		9	
Analysis of new cases																
Duration of pregnancy																
Total.....	3,031	2,866	5	1,112		661	55	661						1,093		1,093
Not pregnant.....	14	14												9		9
Under 12 weeks.....	48	45		11		9		9						25		25
12-23 weeks.....	748	707	2	224		200	15	200					25	282	25	282
24-27 weeks.....	632	606	1	248		165	8	165					16	193	16	193
28-31 weeks.....	612	587	2	244		123	10	123					15	218	15	218
32-35 weeks.....	562	533	1	203		99	5	99					23	231	23	231
36 weeks and over.....	398	359	1	177		55	16	55					22	127	22	127
Not determined.....	17	16		4		4		4					2		2	







TABLE NO. 1E  
REPORT OF PRENATAL CLINICS—ANALYSIS OF FINDINGS ON EXAMINATION ON FIRST VISIT—1939

FINDINGS	REGISTERED FOR DELIVERY AT HOSPITAL						REGISTERED FOR DELIVERY BY MIDWIFE						REGISTERED FOR PRENATAL CARE ONLY						
	NUMBER			PERCENTAGE DISTRIBUTION			NUMBER			PERCENTAGE DISTRIBUTION			NUMBER			PERCENTAGE DISTRIBUTION			
	Total	Wh.	Col.	Total	Wh.	Col.	Total	Wh.	Col.	Total	Wh.	Col.	Total	Wh.	Col.	Total	Wh.	Col.	
TOTAL NUMBER OF NEW CASES.	3,031	165	2,866	100.0	100.0	100.0	36	4	32	100.0	100.0	100.0	1,395	12	1,383	100.0	100.0	100.0	
Para																			
Primipara	.. 525	28	497	17.3	17.0	17.3	8	2	6	22.2	50.0	18.7	412	3	409	29.5	25.0	29.6	
Multipara	2,506	137	2,369	82.7	83.0	82.7	28	2	26	77.8	50.0	81.3	983	9	974	70.5	75.0	70.4	
Pelvis type																			
Platypleloid	16	.. 3	16	0.5	.. 1.8	0.6	.. 1	.. 1	.. 1	2.7	.. 3.1	.. 3	3	.. 2	3	0.2	.. 0.2	0.2	
Android	84	.. 81	81	2.8	.. 2.8	2.8	.. 4	.. 4	.. 4	91.7	100.0	90.7	1,353	10	1,343	16.7	16.7	2.2	
Gynecoid	2,896	156	2,740	95.5	94.6	95.6	33	.. 3	29	.. 0.1	.. 0.1	.. 1	.. 1	.. 1	.. 1	83.3	83.3	97.1	
Anthropoid	3	.. 3	3	0.1	.. 0.1	0.1	.. 2	.. 2	.. 2	5.6	.. 6.2	.. 6	6	.. 6	6	0.1	.. 0.1	0.1	
Unknown	32	.. 6	26	1.1	.. 3.6	0.9	.. 2	.. 2	.. 2	.. 5.6	.. 6.2	.. 6	6	.. 6	6	0.4	.. 0.4	0.4	
Pelvis size																			
Adequate	2,962	158	2,804	97.7	95.8	97.9	34	4	30	94.4	100.0	93.8	1,378	12	1,366	98.8	100.0	98.8	
Borderline	30	1	29	1.0	0.6	1.0	.. 1	.. 1	.. 1	.. 5.6	.. 6.2	.. 6	6	.. 6	6	0.7	.. 0.7	0.7	
Contracted	4	.. 4	4	0.1	.. 0.1	0.1	.. 2	.. 2	.. 2	.. 5.6	.. 6.2	.. 6	6	.. 6	6	0.1	.. 0.1	0.1	
Unknown	35	.. 29	29	1.2	.. 3.6	1.0	.. 2	.. 2	.. 2	.. 5.6	.. 6.2	.. 6	6	.. 6	6	0.4	.. 0.4	0.4	
Serologic test for syphilis																			
Positive	91	1	90	3.0	0.6	3.1	.. 4	.. 4	.. 4	32	100.0	100.0	38	12	38	2.7	100.0	2.7	
Negative	2,909	161	2,748	96.0	97.6	95.9	36	.. 36	.. 36	.. 36	.. 36	.. 36	1,341	.. 1,341	1,329	96.1	96.1	98.1	
Doubtful	26	.. 24	24	0.8	.. 1.2	0.9	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1.0	.. 1.0	1.0	
Not taken	5	1	4	0.2	.. 0.6	0.1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	0.2	.. 0.2	0.2	
Other findings																			
Toxemia	27	2	25	0.9	1.2	0.9	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	0.8	.. 0.8	0.8	
Heart murmur	56	3	53	1.8	1.8	1.8	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1.6	.. 1.6	1.6	
Rh factor																			
Positive	2,842	144	2,698	93.8	87.3	94.1	32	3	29	88.9	75.0	90.6	1,310	8	1,302	93.9	66.4	94.1	
Negative	163	19	144	5.3	11.5	6.0	.. 4	.. 4	.. 4	11.1	25.0	9.4	.. 5	.. 5	.. 5	5.7	33.3	5.4	
Not taken	28	2	26	0.9	1.2	0.9	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	0.4	.. 0.4	0.4	
X-ray																			
Positive	15	15	15	0.5	.. 0.5	0.5	.. 2	.. 2	.. 2	.. 2	.. 2	.. 2	.. 2	.. 2	.. 2	0.2	.. 0.2	0.2	
Negative	2,792	149	2,643	92.1	90.3	92.2	34	.. 34	.. 34	94.4	100.0	93.8	1,310	11	1,299	91.7	91.7	93.9	
Not taken	224	16	208	7.4	9.7	7.3	.. 2	.. 2	.. 2	5.6	.. 6.2	.. 6	.. 82	.. 82	.. 82	8.3	.. 8.3	8.3	

TABLE NO. 2  
REPORT OF CHILD HYGIENE CLINICS—1959

CLINICS	NEW CHILDREN REGISTERED DURING 1959		TOTAL CHILDREN SEEN DURING 1959		CLINIC VISITS RETURNS 1959		CLINIC VISITS SPECIAL 1959		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	
TOTAL CITY .....	10,506	446	15,521	6,122	37,080	19,245	991	9,206	53,592	34,573	88,165
TOTAL WHITE.....	2,249	163	3,480	1,766	8,023	4,395	581	3,929	12,084	10,090	22,174
TOTAL NONWHITE.....	8,257	283	12,041	4,356	29,057	14,850	410	5,277	41,058	24,483	65,991

## BUREAU OF SCHOOL HYGIENE

Woodrow Hemphill, M.B., B.S., D.C.H.

*Director*

During the year 1959 there continued to be an adequate number of physicians available for medical service to all elementary public and parochial schools in the city. However, several schools suffered a temporary lapse of medical service because of the continued shortage of public health nurses. The limitation of nursing service was a contributing factor in deciding to abandon the attempt to perform a physical examination on each child. Routine examination of the entering child had been attempted in previous years and had been found to consume all available nurse and physician time and had left inadequate time for attention to children who had developed physical or emotional disabilities during their school life following the entering examination. Accordingly, during 1959 routine physical examinations were abandoned, and with the complete cooperation of the City Department of Education the school health service was directed towards children referred because of a recognized deviation from normal.

A fruitful source of referrals for medical service has been the teacher-nurse conference, and during 1959 these conferences were more readily achieved. Children nominated by the teacher and principal as candidates for opportunity or trainable classes had an individual audiogram, a vision test and a physical examination, and children in whom defects were detected were directed for appropriate treatment. The same procedure was followed in regard to any child who had a speech problem, emotional difficulty, or who was a chronic absentee. Children recommended by private physicians or hospital clinics for admission to the special school for handicapped children were investigated by the school's admission committee comprising the school principal, school pediatrician, school nurse, audiometrist, psychologist and the Director of Special Education. The committee decided whether the candidate would benefit from admission to the special school or whether the child would be better placed in a regular school with ancillary services supplied at the regular school.

Audiometric screening was performed on children referred because of suspected hearing loss. During the year, 35,490 children were tested and of these 2,068 failed to pass the initial pure tone sweep test and the recheck test performed a few days or weeks later. A failure was communicated to the parent or guardian of the child and attention from a private physician or hospital clinic was encouraged. In cases where financial problems pre-

cluded attention from a private physician or a hospital clinic the child was offered free attention at the Eastern Health District hearing clinic and if the severity of the problem warranted more complicated investigation and treatment, the child was referred to The Johns Hopkins Hospital hearing and speech clinic for attention.

Vision screening of school children continued to be performed by volunteers in the schools and a child who failed the screening was rechecked by the school nurse. Failures were notified to the parent or guardian who were encouraged to attend a private physician or hospital clinic. The Health Department conducted an eye clinic in the Eastern Health District building to give diagnostic service to school children. The clinic was staffed by ophthalmologists from the Wilmer Clinic of The Johns Hopkins Hospital and during the year 497 children received service.

At the close of the year the Ordinance of Estimates for 1960 provided for the return to the City Health Department administration of the medical and nursing services in the secondary schools. These had been discontinued by the City Health Department on January 1, 1932 due to budget retrenchments, and were reestablished in the Department of Education in 1937.

### **Services for the Handicapped**

The demands for service from the Division for the Handicapped continued to increase and during 1959 a total of 2,065 new patients was registered. As the handicapping conditions acceptable for service from this division are largely chronic in nature the workload from patients registered in previous years continued to increase.

Birth information provided by the Bureau of Vital Records continued to alert the division to infants and children with congenital abnormalities and this source of case finding continued to be useful and became firmly established.

In 1959 utilization of the diagnostic and evaluation centers at The Johns Hopkins Hospital and the University of Maryland Hospital was increased and 234 children were referred for comprehensive evaluation of multiple handicaps. The information and recommendations gained from such evaluations proved extremely useful in many instances and although most of the beneficiaries have been children of elementary school age there is great hope that, with the cooperation of the Bureau of Child Hygiene and through that bureau's child health conferences, preschool children with multiple handicaps will receive the benefit of earlier diagnosis and recommendations for special educational placement.

The division's pediatric nurse continued to attend the orthopedic clinic at Kernan Hospital for Crippled Children and the clinic for children with

cerebral palsy conducted by Dr. Winthrop M. Phelps at the William S. Baer School.

### Personnel

Woodrow Hemphill, M.B., B.S., D.C.H., Director  
 Pauline Brandt, Audiometrist  
 Katherine C. Houston, Audiometrist  
 Emily Figiel, Senior Clerk Stenographer

#### *School Health Physicians*

Lois Anderson, M.D.	Irvin Hyatt, M.D.
Samuel Blumenfeld, M.D.	Grace Jones, M.D.
Charles R. Davidson, M.D.	Irving Kramer, M.D.
Leon Donner, M.D.	Walter C. Mohr, M.D.
Maurice Feldman, Jr., M.D.	William Schapiro, M.D.
N. Alan Harris, M.D.	E. Walter Shervington, M.D.
Emil Henning, Jr., M.D.	Alvin Stambler, M.D.
J. H. Holmes, III, M.D.	H. Zassenhaus, M.D.
George E. Nager, M.D., Clinic Physician, Ear Clinic	

#### *Division for the Handicapped*

Barbara K. Clark, M.D.  
 Winthrop M. Phelps, M.D.  
 Margaret Anne Murphy, B.S., M.A., Senior Public Health Nurse, Pediatrics  
 Lillie M. McQuage, Senior Clerk Stenographer  
 Bernadette Andersen, Statistician  
 Kathryn Gairoard, Audiometrist  
 Edith Enten, Audiometrist  
 Jacqueline Holt, Senior Clerk Stenographer\*

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\* Part-time employee.

TABLE NO. 1  
RESULTS OF ELEMENTARY SCHOOL HEALTH EXAMINATIONS BY  
SCHOOL PHYSICIANS—1959

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 .....	13,662	8,756	4,015	891	1,822	1,283	470	69
Teacher-nurse referrals.....	5,139	2,856	1,929	354	645	436	179	30
Routines (new to school system).....	7,542	5,284	1,804	454	1,104	793	275	36
Routines (re-exam 4th or 5th grade).....	388	295	68	25	46	32	11	3
Rechecks of exceptional children .....	516	273	196	47	26	21	5	..
Rechecks requested by school physicians .....	77	48	18	11	1	1	..	..

TABLE NO. 2  
INOCULATIONS AND VACCINATIONS BY SCHOOL PHYSICIANS—1959

PUBLIC SCHOOLS							PAROCHIAL SCHOOLS						
Diphtheria and Tetanus Inoculations				Smallpox Vaccination		Poliomyelitis Inoculations Including Booster	Diphtheria and Tetanus Inoculations				Smallpox Vaccination		Poliomyelitis Inoculations Including Booster
First	Sec-ond	Third	Boo-ster	Initial	Re-peat		First	Sec-ond	Third	Boo-ster	Initial	Re-peat	
128	83	118	2,645	6	17	4,240	20	25	18	587	..	..	1,081

TABLE NO. 3  
RESULTS OF ELEMENTARY SCHOOL HEALTH EXAMINATIONS  
CONDITIONS REQUIRING CORRECTION BY DIAGNOSIS AND DISPOSITION—1959

DIAGNOSIS ON INITIAL EXAMINATION	DISPOSITION				
	Total	Corrected	Therapy Refused	Lost to Follow-up	Therapy Not Completed
<b>TOTAL.....</b>	<b>2,612</b>	<b>1,072</b>	<b>156</b>	<b>133</b>	<b>1,251</b>
<b>Head and Hair</b>					
Skull.....	2	2	..	..	2
Pediculosis.....	13	11	..	..	1
Alopecia.....	1	..	..	..	1
Ringworm.....	86	59	..	1	26
Other.....	10	4	..	1	5
<b>Skin and Nails</b>					
Structural.....	2	..	1	..	2
Infectious.....	42	39	2	..	2
Allergy.....	11	2	2	1	6
Tumors.....	4	2	2	..	2
Other.....	30	22	1	1	6
<b>Eyes</b>					
Structural.....	14	7	1	..	6
Muscle imbalance.....	134	44	3	4	83
Infection.....	12	8	..	1	3
Other.....	22	11	..	1	10
<b>Vision</b>					
Simple myopia.....	153	150	..	..	3
Malignant myopia.....	9	9	..	..	..
Simple hyperopia.....	42	37	..	..	5
Simple astigmatism.....	20	20	..	..	..
Compound myopia or hyperopic astigmatism.....	180	171	..	..	9
Other.....	63	45	..	1	17
<b>Ears</b>					
External structure.....	2	1	1	..	..
External canal.....	26	23	..	1	2
Drum.....	6	4	..	..	2
Middle ear.....	14	10	..	1	3
Eustachian tube.....	2	1	..	..	1
Inner ear and nerve.....	1	..	..	..	1
Other.....	10	8	..	..	2
<b>Hearing</b>					
Conduction loss.....	35	13	1	..	21
Nerve type loss.....	1	..	..	..	1
Other.....	18	7	1	2	8
<b>Speech</b>					
Associated with hearing loss.....	12	1	..	..	11
Unassociated with hearing loss.....	63	3	4	4	52
Other.....	25	4	..	..	21
<b>Mouth and Teeth</b>					
Malocclusion.....	13	..	2	..	11
Palate.....	4	..	..	1	4
Tongue.....	2	1	..	1	..
Other.....	11	7	..	..	4
<b>Nose and Throat</b>					
Hypertrophied tonsils and adenoids.....	385	110	21	22	232
Chronic diseases of tonsils and adenoids.....	233	39	44	37	113
Allergy.....	4	1	..	..	3
Sinusitis.....	2	1	..	..	1
Deviated septum.....	1	..	..	..	1
Other.....	25	9	1	..	15
<b>Lymph Glands</b>					
Cervical only.....	3	..	..	1	2
Generalized glandular enlargement.....	1	..	..	..	1
Other.....	1	..	..	..	1
<b>Heart</b>					
Functional murmur.....	32	5	1	5	21
Active rheumatic.....	7	2	..	1	4
Inactive rheumatic.....	10	3	1	1	5
Congenital.....	11	1	..	3	7
Other.....	17	1	..	..	16

TABLE NO. 3 (Concluded)  
 RESULTS OF ELEMENTARY SCHOOL HEALTH EXAMINATIONS  
 CONDITIONS REQUIRING CORRECTION BY DIAGNOSIS AND DISPOSITION—1959

DIAGNOSIS ON INITIAL EXAMINATION	DISPOSITION				
	Total	Corrected	Therapy Refused	Lost to Follow-up	Therapy Not Completed
<b>Chest</b>					
Chest wall.....	1	..	..	..	1
<b>Lungs:</b>					
Allergy.....	8	3	..	..	5
Chronic infection.....	3	1	..	..	2
Active tuberculosis.....	1	1	..	..	..
Inactive tuberculosis.....	1	1	..	..	..
Other.....	11	6	..	1	4
<b>Abdomen</b>					
Umbilical hernia.....	115	8	19	13	75
Other hernia.....	18	6	1	..	11
Gastro-intestinal.....	2	1	..	..	1
Liver.....	1	..	1	..	..
Spleen.....	1	..	..	..	..
Other.....	6	2	1	..	3
<b>Genito-urinary</b>					
Adhesions of prepuce.....	19	3	1	2	13
Phimosis.....	140	19	21	5	95
Undescended testicle.....	22	2	2	..	18
Vaginitis.....	3	2	..	..	1
Other.....	23	7	1	..	15
Bladder.....	1	..	..	..	1
Kidney.....	2	1	..	..	1
<b>Posture and Extremities</b>					
Scoliosis.....	6	1	1	..	4
Lordosis.....	3	..	1	1	1
Knock knee.....	3	1	..	..	2
Pronation of feet.....	11	5	..	1	5
Faulty posture.....	7	2	2	1	2
Other.....	28	10	4	1	13
<b>Neurological</b>					
Epilepsy.....	17	4	..	2	11
Spinal cord, including poliomyelitis.....	1	..	..	..	1
Other.....	8	1	..	1	6
<b>Mental Development</b>					
I. Q. below 80.....	4	..	..	..	4
I. Q. above 140.....	1	..	..	..	1
Other.....	3	1	..	..	2
<b>Emotional</b>					
Conduct disturbance.....	20	9	..	..	11
Marked anti-social behavior.....	7	3	..	..	4
Neurosis.....	1	..	..	..	1
Other.....	9	1	..	..	8
<b>Growth and Nutrition</b>					
Obesity.....	92	14	6	8	64
Malnutrition.....	111	28	8	5	72
Vitamin deficiency.....	11	4	..	..	7
Growth failure.....	6	1	..	..	5
Other.....	32	18	1	1	12
<b>Laboratory</b>					
Blood pressure.....	2	..	..	..	2
Hemoglobin.....	7	2	1	1	3
Urine.....	3	..	..	..	3
Other.....	4	3	..	..	1
<b>Other</b>					
Reading disability.....	2	1	..	..	1
Diabetes.....	7	2	..	..	5
Other.....	1	1	..	..	..

TABLE NO. 4  
REPORT OF EYE CLINIC  
EXAMINATIONS—1959

New patients .....	497
First visits this year .....	476
Current visits .....	129
Total visits .....	559
Discharged .....	454
Sight saving class recommended .....	8
Number of glasses delivered .....	221
Glasses not necessary .....	78
Glasses not advised .....	34
Cycloplegics .....	510
Refractions .....	528
Other treatments .....	67

DIAGNOSES

Hyperopia .....	48
Hyperopic astigmatism .....	58
Compound hyperopic astigmatism .....	41
Myopia .....	98
Myopic astigmatism .....	8
Mixed astigmatism .....	37
Astigmatism .....	7
Compound myopic astigmatism .....	46
Emmetropia .....	8
Amblyopia .....	34
Esotropia .....	27
Exotropia .....	14
Eaophoria .....	19
Nystagmus .....	6
Fungus infection .....	1
Optic atrophy .....	4
Congenital glaucoma .....	2
Anisometropia .....	25
Hypertropia .....	2
Choroiditis .....	1
Chorio-retinitis .....	2
Retrolental fibroplasia .....	2
Muscle imbalance .....	21
Blepharitis .....	3
Ptosis .....	2

TABLE NO. 5  
REPORT OF HEARING CLINIC  
EXAMINATIONS—1959

New patients .....	565
First visit old patients .....	146
Current visits .....	240
<hr/>	
Total Visits .....	950
<hr/>	
Referred by Public Health Nurse .....	550
Treated .....	123
2A Tested .....	827
First radium treatment of the year .....	40
Current radium treatment .....	74
Discharged .....	363

TYPE OF HEARING LOSS

Nerve .....	49
Conductive .....	187

CAUSE OF HEARING IMPAIRMENT

Undetermined .....	4
Congenital .....	5
Childhood diseases .....	0
Erythroblastosis .....	1
Head injury .....	6
Acoustic injury .....	2
Impacted cerumen .....	187
Foreign body .....	10

TREATMENT RECOMMENDED

Psychological examination .....	28
Speech correction .....	24
Tonsils and adenoids .....	158
Hearing aid .....	13
Treated locally in clinic .....	70
Tinnitus .....	1

REASON FOR DISCHARGE

Care no longer needed .....	346
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## BUREAU OF DENTAL CARE

### II. Berton McCauley, D.D.S.

*Director*

Dental care programs for needy school children and recipients of public assistance were conducted in 1959. The school program was enhanced by the opening in September of a new dental facility in Public School No. 66, the recently completed Mt. Royal Elementary School at McMechen and John Streets. This is the 30th dental clinic activated since the present school dental program was inaugurated in 1950. However, a similar facility established six years ago in the old Southeastern Health District building at 901 South Kenwood Avenue was dismantled when the Health Department abandoned the building on April 10.

The orthodontic service begun last year in the Southeastern Health District building for children eligible for medical care benefits or aid to the handicapped was continued through 1959 though limited by the unavailability of sufficient trained personnel. Demand for the services of the special clinic to provide restorative and protective dentistry to medical care clients continued to increase as it has each year since it was established in the Eastern Health District building in 1955.

#### *Dental Care for School Children*

The program of dental care for school children continued to emphasize measures to preserve and protect the teeth by timely instruction and care. In 1959 the program benefited 51,422 children in 111 schools in the neediest areas of the city, 88 public and 23 parochial.

Only children entering school as kindergarten or first-grade pupils were admitted as new subjects, a procedure basic to maximum preventive effort. The teeth of these children were inspected for defects early in the school year. If defects were found, parents were notified and motivated to seek dental care for their children. Treatment in a Health Department clinic was arranged when it was determined that the child would not otherwise receive the required attention. No charges were made for any services under this program.

Children in grades above the first who were subjects of the program in 1958 received the benefits in 1959 through follow-up inspection, referral for private care or recall to a Health Department dental clinic. Few children beyond the fourth or fifth grade could be retained in the program.

#### *Inspection and Treatment Services*

The teeth of 36,844 school children were inspected for tooth defects and 13,953 were treated in Health Department school dental clinics, as shown in

Table No. 1. The clinics cleaned the teeth of 6,920 children, 37,194 fillings were inserted and 3,588 miscellaneous treatment services were provided. It was found necessary to remove 6,012 teeth of which all but 736 were deciduous. Treatment in 11,177 cases was carried to completion. Nitrous oxide and trichlorethylene were utilized as anesthetics in the extraction of 437 permanent and 1,572 deciduous teeth from 583 children in a special clinic conducted twice weekly in the Eastern Health District building.

### *Dental Health Education*

Health information for children and parents was an integral part of the dental program. However, in 1959 parents were not invited to the dental inspections of youngsters entering school for the first time as in previous years. The change in procedure was attendant on an apparent marked decline in the number of kindergarten and first-grade children in need of dental attention as compared with former years. Nonetheless, parental notices of dental defect and follow-up procedures afforded opportunity for the exchange of information and motivation to care for the teeth. Public health nurses assisted in the educational effort during routine home visits, interviews, and maternal and child health clinic activities. Considerable dental health instruction was given to children in the course of dental treatment and in the classroom by teachers and the dental staff. Visual aids, leaflets, posters, demonstrations, exhibits, the press, radio and television were utilized at every opportunity. The Bureau of Dental Care and the Bureau of Health Information assisted the Baltimore City Dental Society in an energetic observance of the 11th National Children's Dental Health Week in February.

### *Dental Care for Public Assistance Recipients*

Persons eligible for benefits under the Baltimore City Medical Care Program received tooth extraction, oral surgery and emergency dental services in dental clinics of seven hospitals participating in the program. Fillings, therapy for maintenance of the supporting tissues of the teeth and similar protective services were offered in the special clinic for medical care clients in the Eastern Health District building. In this clinic 2,870 patients were treated in 1959—an increase of eight hundred over 1958 and encompassing nearly 1,500 school-age children in addition to the 13,953 treated in the school dental clinics.

Altogether 28,621 dental treatment services, including 9,399 teeth extracted and 5,083 filled, were rendered to 9,413 persons under the medical care program in 1959. Prosthetic dental services, comprising new dentures, denture repairs and reconstructions, were furnished to 140 individuals by private dentists and various dental clinics on a fixed fee basis. In the pre-

ceding year 7,289 persons were provided with 24,873 treatment services and 147 received prosthetic services. Details of this work appear in Table No. 2.

### *Fluoridation*

Throughout the year the Bureau of Water Supply maintained the fluoride content of the water supply at one part fluoride in one million parts of water, the optimum concentration for dental health.

### **Personnel**

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

#### *Clinic Dentists*

Lee Bucher, D.D.S.	Charles H. Johnson, D.D.S.
Sidney O. Burnett, Jr., D.D.S.	Benjamin J. Kimbers, Jr., D.D.S.
Arthur M. Bushey, D.D.S.	Edward McDaniels, Jr., D.D.S.
Lucius A. Butler, D.D.S.	J. Laws Nickens, D.D.S.
Robert Carrel, D.D.S.	Lawrence W. Paden, D.D.S.
Walter T. Davidson, D.D.S.	Robert M. Phillips, D.D.S.
Nelson A. Fain, D.D.S.	C. Alfred Shreeve, D.D.S.
Robert Goren, D.D.S.	James E. Shreeve, Jr., D.D.S.
Raymond L. Gray, D.D.S.	Carl S. Singer, D.D.S.
Lonnie W. Greene, D.D.S.	Louis Sober, D.D.S.
Hall H. Haymond, Jr., D.D.S.	Thomas W. Willetts, D.D.S.
Albert E. Heimert, III, D.D.S.	George F. Woodland, D.D.S.
Jesse D. Hogan, D.D.S.	William D. Young, D.D.S.

#### *Anesthetist*

Alvin D. Rudo, M.D.

#### *Dental Hygienists and Assistants*

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

#### *Medical Care Dental Service*

William L. Alexander, D.D.S.	William J. Hargon, D.D.S.
S. Raymond Baldwin, D.D.S.	Joseph D. Lamping, D.D.S.
James S. Davidson, D.D.S.	Dwinton N. Landis, D.D.S.
	Helen J. Buffington, R.N.
Doris M. Carter, R.N.	Lorraine C. Schaffer, R.N.

#### **Dental Advisory Committee**

Dr. George M. Anderson  
*Member, Maryland State Board of Health*

Dr. Edward D. Stone, Jr.  
*Chairman, Committee for Dental Care for School Children*  
*Baltimore City Dental Society*

**TABLE NO. 1**  
**FACILITIES USED, CLINIC TIME EXPENDED AND SERVICES RENDERED IN THE**  
**PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN**  
**OF BALTIMORE—1957, 1958, 1959**

	1959	1958	1957
Dental clinics.....	29	29	28
Clinic dentist-hours utilized.....	14,415	14,406	12,570
For dental inspections.....	1,074	1,158	984
For dental treatment.....	13,341	13,248	11,586
Children in program.....	51,422	50,155	47,110
Children inspected.....	36,844	32,442	24,004
Children treated.....	13,953	14,200	10,749
Under preventive program.....	13,370	13,166	9,379
Referred for emergency care.....	583	1,034	1,370
Patient visits.....	24,283	24,901	21,076
Dental treatment services provided, total.....	53,714	53,809	46,286
Average number per child treated.....	3.9	3.8	4.3
Dental cleaning operations.....	6,920	6,322	6,318
Fillings, permanent teeth.....	11,018	12,098	9,308
Fillings, deciduous teeth.....	26,176	25,671	21,080
Extractions, permanent teeth.....	736	985	869
Extractions, deciduous teeth.....	5,276	5,287	5,608
Other.....	3,588	3,446	3,013
Cases completed.....	11,177	10,639	8,115

**TABLE NO. 2**  
**DENTAL SERVICES RENDERED TO RECIPIENTS OF PUBLIC ASSISTANCE**  
**UNDER THE BALTIMORE CITY MEDICAL CARE PROGRAM—1958 AND 1959**

	TOTAL	DENTAL CLINICS								
		Uni- versity	Johns Hop- kins	South Balti- more Gen- eral	Sinal	Provi- dent	Mercy	Balti- more City Hos- pitals	East- ern Health Dis- trict	
PATIENTS.....	1959	9,413	1,458	2,007	522	778	984	340	454	2,870
	1958	7,289	1,384	1,357	392	733	909	307	47	2,070
TREATMENT SERVICES—1959										
Dental cleaning operations.....	830	0	1	0	1	26	5	42	755	
Radiographs.....	10,076	1,821	5,041	92	1,653	64	42	173	1,190	
Treatment acute gingivitis.....	997	1	1	0	10	7	2	1	975	
Teeth extracted.....	9,309	2,356	3,405	703	637	1,309	499	471	19	
Post extraction treatment.....	1,082	288	369	186	110	62	50	17	0	
Teeth filled.....	5,083	0	0	0	6	9	0	199	4,869	
Other services.....	1,154	125	358	250	69	28	96	184	14	
Services rendered.....	1959	28,621	4,591	9,205	1,231	2,486	1,505	694	1,087	7,822
	1958	24,873	5,090	7,099	925	2,764	1,276	801	92	6,826
PROSTHETIC CASES.....	1959	140	Prosthetic dental services provided chiefly							
	1958	147	in private dental offices							

## NUTRITION

Eleanor L. McKnight, B.S., M.S.

*Division Chief*

The Division of Nutrition is an educational service of the Baltimore City Health Department designed to assist the professional staff of the Health Department and allied agencies in achieving a practical application of the science of nutrition in every health activity in which they are involved. During 1959 the shortage of personnel was still a problem so that the majority of the services performed were consultant rather than direct. The division chief was increasingly involved in the training and teaching of other professional personnel. Because nutrition is essential to the achievement of optimal health there has been continued emphasis on community educational programs to assist the Baltimore citizen to be a better consumer by being well informed as to the nutritional needs of the family, the availability of low cost foods and how to use them, and the specific facts about food and nutrition so that they will not be deceived by food fads, quackery, and charlatans. The public health nutritionist shares with the medical profession the responsibility of preventing nutritional disorders, establishing sound eating habits and maintaining desirable weight in the people of Baltimore.

Nutrition services included the following: In-service training of Health Department personnel; instruction of allied personnel; promotion of nutrition education in elementary and secondary schools; individual and group teaching in Health Department clinics; preparation of teaching materials; participation in radio and television shows; participation in community activities; and program planning with other official and non-official agencies and related professional organizations and groups.

### *In-service Training*

In-service training included group discussions with staff nurses and other Health Department personnel; orientation of new staff nurses, classes for student nurses affiliated with the Health Department, individual conferences with both student and staff nurses in relation to problems of specific families, low cost foods, special diets, personal nutrition problems, and the planning of nutrition education activities in school health programs and clinics.

Other teaching activities included participation in hospital student nurse training programs at the request of the Union Memorial, The Johns Hop-

kins, Maryland General, and the University of Maryland hospitals. The division chief was a member of a committee of the Maryland Dietetic Association and the Maryland League for Nursing which prepared a guide for teaching nutrition and diet therapy in schools of nursing. This report was published by the National League for Nursing.

Baltimore nutrition services were discussed with two groups of candidates for the Master of Public Health degree from The Johns Hopkins School of Hygiene and Public Health. At the School of Hygiene, the division chief discussed the city nutrition program for the nutrition class. She also discussed "Nutrition Education in Schools" for the class in school health and "World Food Problems" for the class in International Health. Several students were given assistance in planning the nutrition component of their public health administration problem.

In cooperation with the Chief of the Nutrition Services of the Maryland State Department of Health the nutritionist participated in a workshop for elementary teachers at Morgan State College. She also discussed the use of nutrition education materials in a workshop for health teachers of the Baltimore City Department of Education.

The division chief, who holds an appointment as an Assistant in Pediatrics at the University of Maryland School of Medicine, presented a practical interpretation of "Infant Nutritional Requirements" for five groups of junior medical students. In the fall of 1959 she was invited to participate in the seminars for the students in the course of preventive medicine. This was a discussion of nutrition and its relationship to preventive medicine with emphasis on the low cost foods that can provide adequate nutrition for the family. All third year students had two sessions with the nutritionist of the Baltimore City Health Department.

The nutritionist was invited to participate in the annual meeting of the State and Territorial Nutrition Directors held in Atlantic City in October. As a member of a panel she discussed the evaluation of nutrition services in a local health department. Visitors from India, Puerto Rico, Germany, Colombia, and the Philippines requested information regarding the integration of nutrition services in the health agencies of their countries.

### *Clinics*

Through referrals by physicians and nurses, the nutritionist had individual conferences with registrants of the Department's prenatal clinics relative to child feeding, weight control, budget problems, and special diets. The outstanding activity in this area, however, was the preparation of a teaching manual for use of the public health nurses who were engaged in group nutrition teaching in the prenatal abnormality clinic in the Eastern Health District.

### *Schools*

The promotion of nutrition activities in the Baltimore City schools was encouraged through the public health nurses assigned to the schools. The nutritionist attempted to work with parents, teachers, and student groups so that nutrition education can be most effective. To assist the school nurse of P.S. 230 in the initiation of a weight control project, the nutritionist spoke at a monthly Parent-Teacher Association meeting, and then met with the young girls involved for two sessions. At the Cherry Hill Junior High School the nutritionist assisted the Student Council and its faculty advisors in giving school-wide publicity to the wisdom of an adequate school lunch.

### *Radio and Television*

The division chief appeared on three Health Department telecasts. She assisted in preparing the scripts for these programs as well as short radio announcements and in checking the components of other television scripts. The two radio broadcasts on WBAL were at the invitation of Mollie Martin. She also appeared as a guest on the Prudence Penny Show on WBAL-TV. In connection with this activity of *The Baltimore News-Post*, the nutritionist appeared at two meetings where a variety of women's clubs were the guests of the Lexington Market.

### *Visual Aids*

Approximately 15,000 pieces of nutrition education materials were distributed during 1959. Assistance was given several nurses in preparing simple exhibits to supplement their health discussions in schools.

### *Community Activities*

The nutritionist participated in the Governor's Safety and Health Conference and discussed with the industrial nursing group ways in which the nurse can give assistance and guidance to the employed diabetic. She also participated in the workshop on cardiovascular nursing with a discussion of nutrition as it applied to the rehabilitation of the cardiac patient. Assistance was given the Boy Scouts of the Baltimore Area Council in preparing a menu booklet and a coordinated market list to be used in summer camping activities. There was a discussion of nutrition for the about-to-be retired employees of the Social Security Administration. Guidance was given union leaders as to foods to be included in their allotment to their members during the steel strike. Three Kiwanis Clubs asked for a discussion of "Food for Young Men Over 30" and help in avoiding food fads and quackery. She was consulted as to the advisability of licensing a local fashion academy by the State Department of Education.

The promotion of careers in health, especially those with emphasis on

nutrition and dietetics, was accomplished through individual conferences as well as group discussions with high school students. The nutritionist was a judge for a state contest to select typical Maryland recipes conducted by *The Baltimore News-Post*.

### *Organization Activities*

The division chief attended meetings of the American Public Health Association in Atlantic City, the Growth and Development Institute in Baltimore as part of a team representing Maryland, the Prenatal Nutrition Symposium at The Johns Hopkins Hospital and School of Hygiene, and the Maryland Public Health Association. The nutritionist accepted an appointment as the Editor of the *Newsletter* of the Food and Nutrition Section of the American Public Health Association. She participated actively in her local professional organizations and represented her profession and the Baltimore City Health Department on a variety of city-wide and state-wide committees.

#### SUMMARY OF DIRECT NUTRITION SERVICES—1959

1. In-service training (Baltimore City Health Department)	16 sessions—306 persons
Group teaching with staff and student nurses	
Individual conferences with health department personnel	
Demonstration home visits	
Group discussions with other health department groups	
2. Teaching and Training of Other Professional Personnel	21 sessions—457 persons
Medical students (pediatrics and preventive medicine)	
Graduate public health students	
Student nurses in hospital training programs	
Practical nurses in training programs	
Hospital staffs	
College and university classes and workshops	
Personnel in other agencies (nurses, social workers, teachers)	
3. Assorted consultations and conferences	58 sessions—140 persons
Program planning with professional personnel	
Nutrition promotion in the community	
Consultation on food service in small institutions	
Foreign visitors	
4. Clinics	
Group teaching in prenatal clinic (demonstration)	1 session—12 persons
Individual conferences with patients referred by dental, handicapped, pre-natal, child health clinics	
	15 sessions—15 persons
5. Schools	
Student, faculty, and parent groups	5 sessions—1,097 persons
6. Movies, filmstrips, exhibits	4 showings—65 persons
	11 exhibits and displays
7. Radio and Television	
WMAR-TV, WBAL-TV, WBAL	4 telecasts
	2 radio broadcasts
	8 sessions—723 persons
8. Other community groups	
9. Meetings attended	
Local professional meetings	38
National meetings	3
10. Materials distributed	15,000 (approximately)
Pamphlets, posters, booklets	

# MEDICAL CARE SECTION

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

*Assistant Commissioner of Health*

In 1959 the Baltimore City Medical Care Program, a program designed to provide medical care for public assistance clients, was financially able to make medical care available for all individuals living in Baltimore City who received assistance from the Department of Public Welfare. During the year the average monthly number of persons on welfare rolls was 37,234 as compared with 32,761 such persons for the previous year.

The monthly average number of persons eligible for medical care during 1959 was 37,817. This represented an increase of 3,676 person-years of medical care coverage over the 34,141 person-years of such coverage provided in 1958.

On July 1 the services to provide medical care for foster children, started in the latter part of 1953, were extended to include foster children in homes supervised by charitable organizations.

## *Physician Services*

Neighborhood physicians chosen by persons coming under the program continued to be the central figures in the provision of medical care. There were on an average, 292 private physicians participating in the program; this remained fairly constant throughout the year. The physician chosen by the largest number of medical care clients was responsible during the year for an average of 2,204 patients. There were only 5 other physicians each of whom was responsible for more than 1,000 clients.

Physicians continued to be paid at the rate of \$7.00 per person per year for physician home or office services. According to reports submitted to the Bureau of Medical Care Research by the physicians about 4.3 physician calls were made for every person on physician rolls.

## *Medical Care Clinics*

The six medical care clinics established soon after the inauguration of the Baltimore City Medical Care Program continued in their twelfth year of operation. A seventh medical care clinic at Baltimore City Hospitals started in 1953, remained in operation throughout 1959.

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

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

According to monthly service reports received from medical care clinics, a total of 8,651 general examinations was made during the year. Also, at the clinics there were 11,960 other examinations. The number of diagnostic and special treatment services provided in other departments of the hospital at the request of the medical care clinic was 69,418. There were also 17,480 laboratory services provided by the hospitals. Nursing services played an important part in the program both in the medical care clinics and in the homes of patients.

*Drugs and Medical Supplies*

Payment was made during 1959 for 200,145 drug prescriptions for persons under the Baltimore City Medical Care Program at a total cost of \$406,821.27. The average cost per prescription was \$2.03 as compared with \$2.02 for 1958, and the average cost per person-year of registered coverage under the program was \$11.11 as compared with \$10.51 in the previous year.

On July 1, 1959, the following new fee schedule for pharmacist's services was inaugurated:

Wholesale Cost of Ingredients	Pharmacist's Fee
\$.01-\$.74	\$.50
.75-1.74	.70
1.75-3.99	1.00
4.00 and over	2.00

This new fee schedule embodied an increased mark-up for pharmacist's services of 5.5 per cent on the selling price of prescriptions under the program.

During the year the Senior Medical Supervisor with the help of the Drug Services and Formulary Committee made several revisions in the Formulary and continued the study of the provision of drugs under the program.

*Provision of Eyeglasses and Dental Services*

Provision of eyeglasses within strict financial limitations was made under the program throughout the year. The number of persons receiving eyeglasses during the year was 1,463, at a total cost of \$16,487.60 and an average cost of \$11.27 per person served.

All hospitals conducting medical care clinics were participating in providing dental services under the program according to a capitation-fee schedule. Although an amount not to exceed on an average of \$1.00 per person per year was available to the hospitals for dental services, the facilities at the hospital were so limited that they could not earn the full amount. An average of only \$0.78 was earned by the hospitals during the year. An amount of \$0.75 per person or \$28,318.12 was expended to provide dentures and conduct the dental clinic in the Eastern Health District Building. The amount expended for all dental services was \$57,894.12.

*Financial Statement*

The total amount spent for conducting the Baltimore City Medical Care Program in 1959 was \$1,201,717.68 and of this sum \$1,137,357.68 was contributed by the State of Maryland. The contribution of the City of Baltimore was \$64,360.00, approximately two-thirds of the central administration cost. Tables 4, 5 and 6 give detailed information regarding expenditures. The average cost of care for one person for the entire year was \$31.77 as compared with \$31.15 for the preceding year.

**BUREAU OF MEDICAL CARE RESEARCH****Bertram W. Haines, Sc.D.***Director*

The Bureau of Medical Care Research during 1959 made substantial progress toward obtaining and correlating data on the utilization of all services under the program. By year's end a plan was in operation to correlate data on dental and drug services with physician services.

Another accomplishment by the bureau in 1959 was the design and initiation of a study to evaluate the initial physical examination given under the program.

Illness of the director and lack of personnel prevented the bureau from completing the plan formulated in 1957 to obtain the reporting of all proper medical care services in such a manner as to make available to the administration and the interested public accurate knowledge of the utilization of program services.

**Section Personnel**

J. Wilfrid Davis, M.D., M.P.H., Assistant Commissioner of Health  
 Henry W. D. Holljes, M.D., Senior Medical Supervisor Medical Care  
 Bertram W. Haines, Sc.D., Director, Bureau of Medical Care Research  
 Raleigh Cline, B.S., Senior Administrative Assistant  
 Lillian J. Dudderar, Principal Clerk Stenographer  
 Louise D. Rosenberger, Senior Clerk  
 Marian Kramer, Senior Clerk  
 Florence Pritchett, Senior Clerk  
 Mary M. Reif, Senior Clerk Stenographer  
 Sophie Catterton, Senior Tabulating Equipment Operator  
 Genevieve Rye, Senior Key punch Operator  
 Doris Harrison, Senior Clerk  
 Mary Downs, Key punch Operator  
 Patricia Babiera, Key punch Operator  
 Carroll W. Freeman, Tabulating Equipment Operator

**Baltimore City Advisory Committee on Medical Care**

Dr. William S. Stone, Chairman  
*Dean of the University of Maryland School of Medicine*  
 Dr. George M. Anderson  
*Member of the State Board of Health*  
 Dr. Alan M. Chesney  
 Mrs. Henry E. Corner  
 Dr. Samuel Whitehouse  
*President of the Baltimore City Medical Society*  
 Mr. William Galvin  
 Dr. Bernard Harris, Jr.  
*President of the Monumental City Medical Society*  
 Dr. John J. Krejci  
*President of the East Baltimore Medical Society*  
 Dr. John C. Krantz, Jr.  
*Professor of Pharmacology, School of Medicine, University of Maryland*  
 Miss Esther Lazarus  
*Director of Welfare of Baltimore City*  
 Mr. Gordon A. Mouat  
 Dr. Maurice C. Pincoffs  
 Dr. Perry F. Prather  
*Director, Maryland State Department of Health*  
 Dr. Leon M. Shulman  
*President of the Maryland Academy of Medicine and Surgery*  
 Dr. Ernest L. Stebbins  
*Dean, Johns Hopkins School of Hygiene and Public Health*  
 Dr. Edward Stinson, Jr.  
*President of the Hospital Council*  
 Miss Ethel Turner  
 Dr. Samuel Wolman  
*Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine*  
 Dr. George H. Yeager  
*Chairman of the Medical Care Committee of the Maryland State Planning Commission*  
 Dr. Huntington Williams  
*Commissioner of Health of Baltimore City, ex officio*

TABLE NO. 1  
WELFARE AND MEDICAL CARE ROLLS BY MONTH—1959

MONTH	NUMBER OF PERSONS ON PUBLIC ASSISTANCE ROLLS*	AVERAGE ASSIGNED MEDICAL CARE POPULATION
January . . . . .	35,482	34,259
February . . . . .	35,633	35,560
March . . . . .	36,184	36,725
April . . . . .	36,852	35,617
May . . . . .	36,968	37,128
June . . . . .	34,364	38,645
July . . . . .	37,372	37,516
August . . . . .	37,915	39,054
September . . . . .	38,572	40,400
October . . . . .	38,876	37,867
November . . . . .	39,088	39,836
December . . . . .	39,513	41,138
Monthly Average . . . . .	37,234	37,817

\* Of foster care children only those certified to the Baltimore City Health Department for medical care are included.

TABLE NO. 2  
AVERAGE MONTHLY ASSIGNED POPULATION BY HOSPITAL—1959

MONTH	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY	BALTO. CITY
Jan. . . . .	34,259	6,494	11,045	2,774	2,845	5,033	2,844	2,323
Feb. . . . .	35,560	6,708	12,373	2,878	2,939	5,252	2,940	2,470
Mar. . . . .	36,725	6,895	12,794	2,933	3,042	5,443	3,040	2,578
Apr. . . . .	35,617	6,686	12,397	2,796	2,975	5,318	2,904	2,540
May . . . . .	37,128	6,948	12,888	2,869	3,004	5,584	3,012	2,734
June . . . . .	38,645	7,223	13,348	2,986	3,197	5,862	3,138	2,892
July . . . . .	37,516	7,075	12,986	2,842	3,024	5,663	3,085	2,840
Aug. . . . .	39,054	7,330	13,468	2,934	3,124	5,864	3,294	3,041
Sept. . . . .	40,400	7,576	13,931	3,041	3,233	6,048	3,389	3,244
Oct. . . . .	37,867	7,148	13,092	2,870	2,918	5,662	3,050	3,126
Nov. . . . .	39,836	7,518	13,776	3,018	3,002	5,947	3,266	3,308
Dec. . . . .	41,138	7,774	14,264	3,118	3,020	6,088	3,385	3,481
Total Person-years . . . . .	37,817	7,115	13,105	2,922	3,035	5,647	3,112	2,861

TABLE NO. 3  
AVERAGE MONTHLY REGISTERED POPULATION BY HOSPITAL—1959

MONTH	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY	BALTO. CITY
Jan.....	33,001	6,193	11,647	2,642	2,760	4,800	2,696	2,202
Feb.....	34,164	6,366	12,022	2,724	2,856	5,054	2,795	2,347
Mar.....	35,465	6,544	12,466	2,825	2,966	5,258	2,917	2,489
Apr.....	34,506	6,370	12,098	2,741	2,890	5,131	2,819	2,458
May.....	35,879	6,625	12,571	2,813	2,974	5,366	2,920	2,610
June.....	37,374	6,874	13,066	2,903	3,066	5,636	3,042	2,788
July.....	38,329	6,797	12,701	2,766	2,938	5,460	2,915	2,761
Aug.....	37,861	7,110	13,142	2,844	3,047	5,666	3,108	2,944
Sept.....	39,260	7,298	13,622	2,963	3,133	5,858	3,269	3,116
Oct.....	37,002	6,908	12,934	2,832	2,834	5,551	3,000	2,942
Nov.....	38,892	7,232	13,583	2,965	2,893	5,855	3,228	3,086
Dec.....	40,130	7,514	14,026	3,055	2,899	6,022	3,347	3,268
Total Person-years..	36,655	6,823	12,823	2,839	2,938	5,477	3,005	2,751
Per cent registration.....	96.9	95.9	97.8	97.2	96.8	97.0	96.6	95.5

TABLE NO. 4  
DRUG EXPENDITURES BY MONTH—1959

MONTH	AVG. MONTHLY REGISTERED POPULATION	NO. OF PRESCRIPTIONS	AMOUNT PAID FOR DRUGS	COST PER PRESCRIPTION	COST PER REGISTRANT	NO. OF PRESCRIPTIONS PER REGISTRANT	NO. OF PHARMACIES PAID
Jan.....	33,001	16,637	\$32,738.80	\$1.97	\$.99	.50	246
Feb.....	34,164	16,167	31,409.03	1.94	.92	.47	215
Mar.....	35,465	19,033	36,885.03	1.94	1.04	.54	222
Apr.....	34,506	16,537	33,509.10	2.03	.97	.48	218
May.....	35,879	15,594	31,118.96	2.00	.87	.43	196
June.....	37,374	28,827	58,981.82	2.05	1.58	.77	295
July.....	38,329	6,592	14,111.01	2.14	.39	.18	131
Aug.....	37,861	13,610	29,471.08	2.16	.78	.36	187
Sept.....	39,260	15,486	32,669.24	2.11	.83	.39	205
Oct.....	37,002	17,169	35,172.84	2.05	.95	.46	211
Nov.....	38,892	18,350	37,774.02	2.06	.97	.47	218
Dec.....	40,130	16,153	32,980.34	2.04	.82	.40	210
Entire year.....	36,655	200,145	\$406,821.27	\$2.03	\$11.11	5.45	..

TABLE NO. 5  
TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1959

QUARTER	HOSPITAL MEDICAL CARE CLINICS	PHYSICIANS	PHARMACIES	DENTAL CARE	OPTICIANS	ADMINISTRATION	
						State	City
First.....	\$85,239.22	\$58,498.74	\$101,032.86	\$14,481.45	\$2,763.81	\$8,045.00	\$16,090.00
Second.....	89,750.75	60,681.31	123,609.88	12,488.86	2,024.44	8,045.00	16,090.00
Third.....	99,242.79	63,780.27	76,251.33	16,329.00	6,670.20	8,045.00	16,090.00
Fourth.....	100,971.26	65,810.35	105,927.20	14,594.81	5,029.15	8,045.00	16,090.00
Total.....	\$375,204.02	\$248,770.67	\$406,821.27	\$57,894.12	\$16,487.60	\$32,180.00	\$64,360.00

TABLE NO. 6  
DISTRIBUTION OF EXPENDITURES AND PER CENT OF TOTAL  
BY TYPE OF SERVICE—1959

ITEM	EXPENDITURE	PER CENT OF TOTAL
Hospitals for Medical Care .....	\$375,204.02	31.2
Physicians for Home and Office Services .....	248,770.67	20.7
Pharmacies .....	408,821.27	33.9
Dental Care .....	57,894.12	4.8
Opticians .....	18,487.60	1.4
Administration .....	98,540.00	8.0
Total .....	\$1,201,717.68	100.0

TABLE NO. 7  
DISTRIBUTION OF SERVICES BY CLINIC—1959

CLINIC	GENERAL EXAMINATIONS	OTHER EXAMINATIONS	OUTPATIENT SERVICES	LABORATORY SERVICES
Total .....	8,651	11,960	69,418	17,480
University of Maryland .....	2,384	3,509	10,576	3,153
Johns Hopkins .....	3,279	6,511	24,485	5,547
South Baltimore General .....	632	712	2,596	1,119
Sinai .....	353	897	8,411	1,890
Provident .....	1,547	4	4,565	2,124
Mercy .....	456	327	7,709	3,647
Baltimore City Hospitals .....	..	..	11,076	..

# SANITARY SECTION

George W. Schucker, B.E.

*Assistant Commissioner of Health*

## *Legal Aspects*

On May 4, 1959 the Supreme Court of the United States in a 5 to 4 decision upheld the constitutionality of Section 120 of Article 12 of the Baltimore City Code of 1950, which makes it a misdemeanor to deny entry to a health official during the daytime. This case resulted from the refusal of an owner to permit interior inspection of a property where an exterior inspection had disclosed evidence of a heavy rat infestation. Upon a second refusal to permit entry a warrant was sworn out for his arrest and upon trial in Police Magistrate's Court he was found guilty of violation of Section 120 and fined \$20.00. On appeal to the Criminal Court of Baltimore the owner was again found guilty and eventually the case went to the Supreme Court.

An attempt by the milk industry to amend the city milk ordinance so that the day of pasteurization, required since 1917 on the cap or milk container, would no longer be necessary was defeated unanimously by the City Council on May 11, 1959.

In order to assist the paint industry to comply fully with the lead paint labeling ordinance, Ordinance No. 1504, Approved June 9, 1958, the Commissioner of Health on April 27, 1959 adopted a lid label regulation permitting the warning to be affixed to the lid of the container.

At the request of the budget director revised fee schedules were prepared for meat inspection, retail and wholesale food establishments, milk control, plumbing, and commercial grinders. On the basis of the recommendations with some modifications ordinances were passed by the City Council and approved by the Mayor in December for revised fees for meat inspection, plumbing and commercial garbage grinders.

Also in December ordinances were passed and approved by the Mayor transferring the enforcement of the Plumbing Code from the City Health Department to the Bureau of Building Inspection of the Department of Public Works and the Division of Smoke Control from the Bureau of Mechanical-Electrical Services of the Department of Public Works to the Bureau of Industrial Hygiene of the City Health Department.

## *Generalized Inspection and Training*

The generalized sanitation program in a limited portion of the Eastern Health District was seriously curtailed when one of the four sanitarians assigned to this program was returned to the Bureau of Meat Inspection in an attempt to alleviate a shortage of inspection personnel in that bureau

resulting from the elimination of two vacant veterinarian positions in the 1960 budget.

The sixth twelve-week in-service training course for sanitarians was completed in February, 1959. No further twelve-week in-service training course was begun during the year since all bureaus were shorthanded as the result of job vacancy freezes and the elimination of positions which occurred in the 1959 and 1960 budgets. Short topical courses were however conducted in "The Detection of Chemical Warfare Agents," "Newer Concepts of Milk Production," and "Additives in Food."

In cooperation with the Multiple Dwelling Section of the Bureau of Building Inspection, a three-week course consisting of classroom work and field work in the public health aspects of housing inspection as covered by the Health Code and Ordinance on the Hygiene of Housing was given for eight building inspectors.

The staff of the generalized program continued to give training to students of The Johns Hopkins School of Hygiene and Public Health and nursing students of the University of Maryland Hospital and The Johns Hopkins Hospital.

#### *Special and Continuing Program Activities*

A new and truly preventive program of controlling lead paint poisoning in children was inaugurated on December 16, 1959, when the Commissioner of Health along with other representatives of the City Health Department visited the home of a child registered at a well baby clinic in the Druid Health District building and collected paint samples. Homes of all children who have registered at the clinic will be visited when the child reaches one year of age. Samples of paint will be collected and where the analyses indicate lead in excess of 1 per cent the property owner will be notified to remove the lead paint. By this program the children will be protected during the susceptible age.

Ionizing radiation activities included: Cooperation given the Department of Public Works in making background radiation counts of samples of raw water from the filtration plants and raw sewage from the sewage disposal plant; continued air monitoring for radiation levels in an industrial and in a residential area of the city; and investigations of 56 radioisotope users where 51 different isotopes were in use in the medical, industrial, and research fields.

Other activities of special interest were: Cooperation given the U. S. Public Health Service in the inspections of outlets for lather brushes to see that they were brands certified to be free of anthrax spores; service on a Department committee to develop a program for the control of hospital-borne infections; review of the Health, Fire, and Building Codes with representatives of the City Code Committee for discrepancies; making

of soil absorption tests for industrial and commercial properties in unsewered areas prior to the granting of permits for individual sewage disposal systems; the testing prior to approval for installation of domestic and commercial garbage grinders; investigations of a case of endemic typhus, a case of Weil's disease and 50 rat and 4 mouse bites; cooperation with the Urban Renewal and Housing Agency by service on a committee and by rendering technical assistance in the Harlem Park and Mt. Royal-Fremont Areas and the development of a program near the end of the year for combatting the problems of antibiotics and added water in the city milk supply.

### *Staff Changes*

Dr. Wilmer H. Schulze, Assistant Commissioner of Health for Sanitation, died on May 17 after 30 years of outstanding service. Dr. Schulze was largely responsible for the development of the present organization and activities of the Sanitary Section. The incumbent succeeded him as Acting Assistant Commissioner of Health for Sanitation on May 25 and was promoted to the position on July 13. Mr. George O. Motry, Chief, Division of Community Sanitation, was designated as Acting Director, Bureau of Environmental Hygiene, on July 31. The Sanitary Section suffered a severe loss with the death of Mr. Frederick C. Hettinger, Senior Engineering Supervisor—Air Pollution, on February 1. Mr. Charles R. Brown, Chief, Division of Milk Plant Inspection, resigned on May 8, 1959 to enter private law practice, and Mr. G. D. D'Ambrogi succeeded him on May 11, 1959. Other personnel losses were occasioned by the resignation of Mr. Robert S. Seif, Sanitarian, Division of Rodent Control on January 7; the retirement on July 2 of Mr. Philip A. Ottenritter, Sanitarian, Bureau of Meat Inspection, and the retirement on January 27 of Dr. Edward J. Moylan, Veterinarian, Bureau of Meat Inspection.

The action of the Board of Estimates in eliminating the eight positions which were frozen during 1958 and the continued freeze during 1959 seriously affected the ability of the Section to carry on necessary environmental sanitation activities during the year. The reports of the bureau directors which follow contain detailed information on their work during 1959.

### **Personnel**

George W. Schucker, B.E., Assistant Commissioner of Health  
Milton P. Friedmann, B.S., Chief, Division of Sanitarian Training  
Margaret M. McDonough, Principal Clerk Stenographer  
Loretto Minitor, Senior Clerk Typist  
Carolyn S. Rich, Senior Clerk Typist  
Doris M. Van Cleaf, Senior Clerk Typist  
George P. Boteler, Clerk

## BUREAU OF MILK CONTROL

Ivan M. Marty

*Director*

The most noteworthy event in milk control during 1959 was the 20 to 1 defeat in the City Council of an amendment to the 1917 milk dating ordinance which would have removed the day of pasteurization from milk labels. Other attempts by the city milk plants to accomplish the same purpose had failed in 1941 and 1957. On May 11 the Commissioner of Health supported by leading medical authorities, the Women's Civic League and the press fought the measure through a lively session of the Council.

The Division of Dairy Farm Inspection made approximately 3,500 inspections of the permitted dairy farms which numbered 2,285 at the end of the year. The decrease in the number of farms from 2,457 in 1958 did not affect the total volume of the city milk supply adversely. In fact, the supply increased from 534 million pounds in 1958 to 542 million pounds. It is believed that the increase in production was due mainly to the fact that additional financial investment by many farms in modernization of equipment usually was followed by enlargement of dairy herds and increased volume.

Eighty six per cent of the total milk supply was produced on farms equipped with bulk milk cooling and storage tanks and the conversion to mechanical milking was nearly 100 per cent complete. There was an increase in daily milk production per farm during the year of 4 gallons bringing the average daily production per farm to 80 gallons. Approximately 6,000 dairy farm inspections were made by Health Department supervised milk plant field men and approximately 25,000 bacteria counts on individual farm milk supplies were reported by the milk plants. Again as in 1958 nearly 5 per cent of the bacteria counts reported were in excess of the maximum limit established by ordinance.

More than 5,000 inspections of milk and ice cream plants were made by the Division of Milk Plant Inspection and approximately 5,000 samples of milk and milk products were collected for laboratory examination. Of the total of 1,957 samples of pasteurized bottled milk phosphatase-tested none indicated improper pasteurization. However, one sample of cream proved to be improperly pasteurized but prompt action prevented this lot from reaching the public.

The closing of the Kress Farm Dairy reduced the number of milk pas-

teurization plants to an all time low of ten. Five additional applications for permits were filed by ice cream plants located outside of the city. Of these, four were rejected for nonconformance with city ordinance or regulations, and one was approved, thereby raising to seven the total of such plants.

Activities conducted jointly with the Maryland State Department of Health included the designing of a program for the detection and elimination of antibiotics and added water in milk, inspection of milk and ice cream equipment in New Jersey and Tennessee, and milk and ice cream plant inspection for U. S. Public Health Service certification.

Mr. G. D. D'Ambrogi, who resigned as the Chief, Division of Milk Plant Inspection, in June, 1954, after serving on the bureau staff for nearly fourteen years, was reappointed to the same position on May 11, 1959, to fill the vacancy left by the resignation of Mr. Charles R. Brown on May 8, 1959. Mrs. Lelia B. Fenton, Senior Clerk Typist, resigned on July 29, 1959.

### Personnel

Ivan M. Marty, Director  
Robert F. Gaddis, Chief, Division of Dairy Farm Inspection  
Gulius D. D'Ambrogi, B.S., M.S., Chief, Division of Milk Plant Inspection  
Lemuel S. Cookman, B.S., Senior Sanitarian  
Vernon L. Corey, Sanitarian  
Louis George Hillebrand, Sr., Sanitarian  
William F. Hormes, Senior Sanitarian  
Charles H. O'Donnell, Senior Sanitarian  
Miles R. Patterson, B.A., Sanitarian  
Joseph N. Pohlhaus, B.S., Sr., Sanitarian  
John W. Schrufer, B.S., Sanitarian  
Philip H. Strauss, Sanitarian  
Viron Van Williams, B.S., Senior Sanitarian  
Marie R. Huppmann, Senior Clerk Stenographer

TABLE NO. 1  
SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION—1959 AND 1958

Area of Baltimore milkshed.....	2,600 square miles (approximate)	
Active shippers.....	2,285	
<b>ACTIVITIES</b>	<b>1959</b>	<b>1958</b>
<b>INSPECTIONS</b>		
Total.....	3,657	4,187
Routine dairy farms.....	1,085	1,504
Special dairy farms.....	2,064	2,152
Reinspections.....	152	184
Applications.....	244	205
Receiving and by-product plants.....	97	144
Cream plants.....	15	18
<b>OTHER ACTIVITIES</b>		
Violation notices issued.....	1,184	1,508
Hearings.....	26	9
Gallons of milk examined.....	710	500
Gallons of milk condemned.....	10	0
Permits issued.....	123	124
Permits cancelled.....	307	220
Producers' cans examined.....	4,151	6,098
<b>SUSPENSIONS OF PERMITS</b>		
Total.....	113	49
Department.....	15	12
Field.....	98	37

TABLE NO. 2  
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1959 AND 1958

TYPE OF PLANT	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
<b>Milk plants</b>			
1959.....	3,605	28.0	172
1958.....	4,082	30.9	191
<b>Ice cream plants pasteurizing on premises</b>			
1959.....	1,321	5.24	156
1958.....	1,478	5.30	189
<b>Ice cream plants buying pasteurized ingredients</b>			
1959.....	108	3.0	42
1958.....	124	3.4	41

TABLE NO. 3  
SUMMARY OF MILK AND MILK PRODUCT SAMPLES COLLECTED—1959 AND 1958

TYPE OF SAMPLE	1959	1958
<b>ALL SAMPLES.....</b>	<b>4,905</b>	<b>4,580</b>
Milk.....	3,175	3,280
Cream.....	419	400
Ice cream.....	553	657
Ice cream mix, evaporated and condensed milk.....	33	34
Empty bottles.....	150	165
Miscellaneous samples.....	575	67

## BUREAU OF FOOD CONTROL

Ferdinand A. Korff, B.S.

*Director*

Food control activities were continued as in the past with emphasis on the prevention of illnesses caused by food, and to a lesser degree on raising the environment of all types of food establishments to higher planes of sanitation. The first necessitated the developing of an awareness of the bacteriologic, chemical and parasitic causes of the illnesses; the second, on engineering the structure and equipment for ease of cleaning and maintenance. That preventive measures used to minimize sickness due to infected and contaminated food brought results was indicated by only two reports of outbreaks of food poisoning. The efforts to improve the sanitary conditions of the food establishments resulted in an increase in the number of entirely satisfactory food establishments from a hygienic point of view. Satisfactory sanitary conditions were found in 56 per cent of the food establishments visited during the year as compared with 51 per cent in 1958. These percentages include the conditions found in all four types of food establishments visited—retail, wholesale, manufacturing and food departments in institutions.

The surveillance of food in the city was carried out also as in the past by a four-fold procedure; namely, inspection, education, cooperation and regulation. In addition to the routine inspection visits of the 11,000 or more food establishments, instruction was given to a cross-section of the 70,000 food handlers. This was carried out by the sanitarians during the patrol visits and in organized classes. In addition, cooperative activities were urged through the auxiliary inspection procedure. Regulatory action was taken in those few instances when all other measures failed.

In addition to the 13,102 inspection visits other activities included the destruction of 1,000 or more lead pigment decorated dishes, the elimination of the use of questionably hazardous chemicals that were used to facilitate drying of food utensils, the examination of stocks of cranberries for the presence of aminotriazole, suspected to be a carcinogen, and the continued effort to retain the dating of milk.

During the inspections made by the ten sanitarians of the bureau in which 6,344 corrections were recorded, there was a total of 897,297 pounds of food condemned in 608 instances. In regulatory activities, 525 violation notices were issued resulting in 169 office hearings and eventually 20 court cases. In the latter, \$2,235 in fines were imposed. Complaints from citizens

continued to be at a low level; only 875 were received and promptly investigated.

### **Food Establishment Inspection**

#### *Retail Food Establishments*

There were 9,838 inspection visits made to retail food establishments of all categories. Of these, 56.9 per cent were found entirely satisfactory at the time of the visit—a greater percentage than in past years. In this group also it was found that the confectionery stores were operating under cleaner conditions than restaurants and food stores. Hearings of violators in this retail group totaled 135, which resulted in 19 court prosecutions. Over 22,000 pounds of food were condemned and removed from trade of which 16,000 pounds were fire-damaged. Samples of food submitted for laboratory examination including swabbings of food utensils totaled 1,097, and 74 per cent of utensils swabbed complied with the standard of less than 100 bacteria per utensil.

#### *Wholesale Food Establishments*

There were 895 inspections made of wholesale food warehouses and similar establishments, 54 per cent of which were found in a satisfactory condition, a marked increase over 1958 when 34 per cent were found entirely satisfactory. Over 932,000 pounds of food were condemned in these establishments in 26 instances. One large fire required the condemnation of 864,000 pounds of food. Nine owners of warehouses were cited for hearings, and corrections were made without resorting to court proceedings. The sampling of cranberries for the presence of the potentially hazardous aminotriazole was carried out in these plants. The finding of a large quantity of infested macaroni, spaghetti and similar products necessitated condemnation of approximately 600 pounds of this food.

#### *Manufacturing Food Establishments*

There were 923 inspections made of manufacturing food establishments, which necessitated the condemnation of over 3,700 pounds of food and 22 office hearings. Representative samples of food were obtained wherever possible and these totaled 216. Improvements were noted in the care of the food manufactured by using the bakery as an index in which 72 per cent of the samples submitted were free from any evidence of filth in 1959 as compared with 58 per cent in 1957 and 70 per cent in 1958.

The inspection of food manufacturing plants in a community, it is believed, is one of the most effective means of preventing basic contamination of food used in a community. Under existing food additive laws the

hazardous chemical can be detected more readily in food at the manufacturing plant than in wholesale or retail food outlets.

#### *Institutions and Miscellaneous Establishments*

Over 1,400 inspections were made of markets, industrial cafeterias, institution food departments and miscellaneous establishments. Of these, nearly 60 per cent were found satisfactory at the time of the inspections. Eleven violation notices were issued in this group for persistent failure to correct unhygienic conditions, and it was necessary to condemn 360 pounds of food. Collaborative visits were made to hospitals with representatives of the Division of Hospital Services of the Maryland State Department of Health, the licensing agency.

The exposure of food to the open air in the older markets of the city continued to be prevalent, but the number of such unhygienic practices is diminishing.

#### **Cooperation**

Applications for the construction of new food establishments and the remodeling of others, transfers of ownership and renewal of specific permits or licenses, were continued to be directed to the Bureau of Food Control by the City Departments of Building Inspection and Zoning, the State Department of Health, and the Board of Liquor License Commissioners for Baltimore City. In all instances the recommendations given were carried out. Liaison was continued with health departments of adjacent counties and dual inspections were made on request. An example of this joint effort was the inspections conducted at Friendship Airport, owned by the city, but located in Anne Arundel County. Inspection was maintained by the bureau and the findings reported to the county agency. Food establishments in the periphery of the city were supervised under both agencies.

Auxiliary inspection continued to be emphasized as a modern method of supervision of the food establishment and continued to grow since its beginning in 1952. A total of 416 establishments including the Baltimore public school cafeterias operated under this plan in 1959. The auxiliary inspection procedure and its advantages was published in several trade journals and in a pamphlet form. Further details on the auxiliary inspection program may be found in the section on Food Plant Inspection.

#### **Education**

During the year, 29 groups consisting of 1,243 persons were given instruction in food handling. In the five-year period, 1955-1959 inclusive, 5,782 persons were exposed to information concerning the activities of the bureau,

the prevention of food poisoning and the maintaining of clean and sanitary food establishments. These talks were given to medical students, nurses, lay groups and professional food handlers. Sanitarians of the bureau also participated in instruction during inspection visits and in talks to several public school classes.

### Regulation

A total of 169 hearings was held in the bureau office following the issuance of 525 violation notices. Court cases totaled 20 and \$2,235 in fines were imposed. In addition, the bureau assisted in 3 court cases instigated by the Bureau of Sanitation; \$16.00 in fines were assessed in these instances. During the past ten years, 1950–1959 inclusive, there were 185 prosecutions, and \$25,275 in fines have been imposed. The cooperation and sincerity of the magistrates of the Municipal Housing Court is to be commended. The thoroughness in the preparation of the specific cases for court action is attributed to Mr. Jacque G. Ayd, Chief of the Division of Food Plant Inspection, who reviewed all facts before legal proceedings were instigated.

### Special and Investigational Activities

In addition to the above mentioned routine duties the bureau engaged in the following activities:

1. The destruction of approximately 1,000 dishes decorated with a lead paint which was incompletely fired on the dish. The absorption of the lead by the food was determined by exposure to vinegar (4 per cent acetic acid).
2. The sampling and examination of all batches of cranberries in the city in collaboration with the Baltimore Station of the U.S. Food and Drug Administration. Over 100 batches were sampled and one lot was found to contain an amount of the amino-triazole, a suspected carcinogen. This batch was removed from sale and destroyed.
3. A continued search was made for the presence of undated milk in the city following litigation concerning the section of the Milk Ordinance requiring such labeling.
4. The removal of the use of a chemical alleged to facilitate drying of dishes after mechanical washing. The addition of the chemical without rinsing from the food utensil would be added to the food, thus making the food impure.
5. The warning of all seafood dealers concerning the possible entry into the city of fish contaminated with a nitrite shipped from Philadelphia.
6. The investigation of a case of illness out of the city caused by consuming an excess of a "certified" food color used with popcorn.
7. Assisting in the planning for the new Wholesale Produce Terminal, which will replace the present unsightly and inefficient Commission Market area.
8. The examination of samples of a Federal donable food, egg powder, distributed by the City Department of Welfare. No contaminated food was found.
9. The obtaining of records of poisonings from accident and outpatient departments of all hospitals, in addition to those regularly reported to the Poison Control Centers of the city.
10. The search for poultry alleged to have been treated with diethylstilbestrol

used in caponizing and suspected of being a carcinogen. The indications were that such poultry had been removed from sale in the city.

11. The alerting of all poultry dealers in the city to the passage of a Federal act requiring mandatory inspection of poultry shipped in interstate commerce, and the need for improvements in poultry killing plants in the city regardless of interstate trade.

### Food Poisoning

There were 21 investigations of outbreaks of food poisoning, only two of which were considered actually to have been caused by food. In one instance a hotel reported several hundred cases of illness following a series of organized banquets and meetings. The exact cause of the illnesses, mostly diarrhea, was not definitely determined. However, excessive use of a flavor enhancer was suspected. In the second instance, among 107 persons who attended a church luncheon 41 became ill with vomiting and diarrhea. A salad was the only food implicated and was undoubtedly infected during its preparation. Following this outbreak a letter was sent to all churches and similar organizations in the city advising the installation of hand-washing bowls in all kitchens and the use of liquid germicidal soap. The following table shows the food poisoning outbreaks reported and investigated during the past 30 years:

SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS, 1930-1959

	INVESTIGATIONS		OUTBREAKS ESTABLISHED		
	Number	Persons Involved	Number	Persons Ill	Public Eating Establishments Involved
1955-1959.....	144	3,225	14	1,326	6
1959.....	21	1,281	2	56	1
1958.....	37	157	2	71	0
1957.....	38	1,179	3	671	2
1956.....	22	109	3	49	1
1955.....	26	519	4	479	2
1950-1954.....	158	1,509	24	618	6
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

A new decal-type poster admonishing food handlers to wash their hands using a liquid germicidal soap was devised and distributed. This poster, in two colors, yellow and black on a white background, can be permanently attached to any wall surface. A quantity of the posters was donated to the city by an out-of-city industrial cafeteria company.

Four cases of tularemia were investigated, two caused by wild squirrels

and two by wild rabbits. In these investigations it was found that those who became ill shot the animals out of the city and imported them into the city for cleaning. Two cases of amebic dysentery were investigated with indications that both of the individuals became infected out of the city, one in a foreign country.

### **Civil Defense**

Civil Defense activities are recognized as an acceleration of procedures followed in public health work. Inspections and supervision of the salvaging of all stocks of food following fire damages were carried out. It was learned that 25 per cent of food that remained after large fires could be salvaged, grouping together all types of food. This figure can be applied in the case of a major disaster as the residue of food remaining for consumption after such disaster. Instructions were given to sanitarians in the use of a kit to determine certain chemicals, particularly nerve gases and vesicants, that may be used in the event of enemy attack.

### **Miscellaneous Activities**

The director of the bureau was elected President of the Maryland Public Health Association. During 1959 \$50,775 was obtained in inspection fees from retail, wholesale and manufacturing food establishments. Members of the bureau attended a meeting of the Interstate Sanitarians at Roanoke, Va.; several conferences of the U. S. Food and Drug Administration in Washington, D. C., concerning additives in food; the regular meeting of the Maryland Public Health Association at Easton, Md.; and the meetings of the Baltimore Conference of Food, Drug and Sanitary Officials.

### **Food Plant Inspection**

#### *Auxiliary Inspection*

As mentioned previously under Cooperative Activities, auxiliary inspection continued to increase since its beginning in 1952. During the year a total of 4,806 inspection reports was submitted to the bureau for reevaluation and comparison with past reports. These reports originated from 416 establishments, including individual units of "chain" food establishments and represented 94 companies. The total number of sanitarians making the inspections, all paid by various branches of the food industry, totaled 125. There was a 7.6 per cent increase in the number of reports submitted in 1959 over 1958. The estimated labor cost to industry of such auxiliary inspection was \$115,000. This was more than the total operational cost of the official bureau.

All reports were acknowledged and literature concerning activities of the bureau, reprints of selected articles published by Health Department personnel, the current issue of *Baltimore Health News* or other pertinent literature were sent with the acknowledgment letters. Comments were made on the findings as reported by the auxiliary sanitarian.

The Division of Food Plant Inspection assigned and maintained the assignments of inspection personnel of the bureau and arranged for dual inspections with the State Department of Health of establishments under control of the bureau. A systematic procedure was established in inspection activities so that all food establishments in the city were visited at least once a year with additional inspection visits to wholesale and manufacturing food plants.

A breakdown of the conditions in the wholesale and manufacturing group of food establishments showed the following: 43 per cent of all manufacturing food establishments operated under satisfactory conditions in 1959 as compared with 32 per cent in 1958. In the wholesale food establishments 54 per cent were satisfactory as compared with 34 per cent in 1958. Systematic inspection visits, auxiliary inspection procedures and the results of several years of continual supervision, all combined, may be considered to be responsible for these improvements.

Applications received from various agencies included 522 from the Board of Liquor License Commissioners; 208 construction or renovation applications from the Bureau of Building Inspection; and 83 for carnivals. All such applications were acknowledged and recommendations following inspections were made to the submitting agency. Out of 160 plans reviewed it was necessary to advise changes in 55 before approval could be recommended.

### Personnel

Ferdinand A. Korff, B.S., Director

Jacque G. Ayd, A.B., LL.B., Chief, Division of Food Plant Inspection

#### *Senior Sanitarians*

Charles F. Courtney

John J. Neunan

James H. Edwards

Elmer L. Rickerds

Benjamin Ginsberg, Ph.G.

Robert M. Williar

#### *Sanitarians*

Melvin Johnson, B.S.

Abraham Shecter

Bernard J. Lingeman

Robert L. Willet

Etta Levin, Senior Clerk Stenographer

Ida Levine, Senior Clerk

TABLE NO. 1  
INSPECTIONS OF RETAIL, WHOLESALE AND MANUFACTURING AND MISCELLANEOUS  
FOOD ESTABLISHMENTS, 1959 AND 1958

INSPECTIONS AND ACTIVITIES	1959	1958
Total inspections—All Establishments.....	13,102	14,068
<b>RETAIL ESTABLISHMENTS</b>		
Inspections.....	9,838	10,381
Initial inspections.....	5,808	6,959
Special inspections.....	2,932	2,254
Reinspections.....	1,090	1,168
Activities		
Violation notices issued.....	447	469
Number of condemnations of food.....	552	421
Hearings within bureau.....	135	180
Samples of food obtained for examination.....	1,097	1,169
<b>MANUFACTURING ESTABLISHMENTS</b>		
Inspections.....	923	1,318
Activities		
Violation notices issued.....	44	66
Number of condemnations of food.....	6	29
Hearings within bureau.....	22	23
Samples of food obtained for examination.....	216	380
<b>WHOLESALE ESTABLISHMENTS</b>		
Inspections.....	895	881
Activities		
Violation notices issued.....	23	20
Number of condemnations of food.....	26	21
Hearings within bureau.....	9	10
Samples of food obtained for examination.....	31	9
<b>MARKET STALLS, INSTITUTIONS AND MISCELLANEOUS ESTABLISHMENTS</b>		
Inspections.....	1,446	1,488
Market stalls.....	246	302
Industrial cafeterias.....	141	93
Institutions.....	385	398
Miscellaneous.....	674	635
Activities		
Violation notices issued.....	11	3
Number of condemnations of food.....	20	20
Hearings within bureau.....	3	3
Samples of food obtained for examination.....	..	..
<b>ALL TYPES OF ESTABLISHMENTS</b>		
Field tests by inspectors.....	1,428	1,917
Complaints received and investigated.....	875	801
Prosecutions.....	20	8
Corrections.....	6,344	6,648

TABLE NO. 2  
 DISTRIBUTION OF INSPECTIONS OF WHOLESALE AND MANUFACTURING FOOD  
 ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENT, 1959

TYPE OF ESTABLISHMENT	NUMBER OF ESTABLISHMENTS IN CITY 1959	NUMBER OF INSPECTIONS
TOTAL.....	3,806	3,092
MANUFACTURING FOOD ESTABLISHMENTS.....	498	923
Bakeries.....	198	283
Seafood processing.....	6	11
Canning plants.....	16	54
Packaging plants.....	23	49
Bottling plants.....	20	29
Candy manufacturing plants.....	49	62
Salad and pickling plants.....	16	30
Poultry houses.....	72	184
Extract plants.....	29	50
Commissaries.....	27	82
Noodle and potato chip plants.....	3	7
Cold storage plants.....	13	25
Frozen food plants.....	23	47
Egg breaking plants.....	3	10
WHOLESALE AND DISTRIBUTING ESTABLISHMENTS.....	718	805
Trucks.....	..	28
Produce (Commission Merchants).....	91	300
Terminals.....	39	71
Auctioneers.....	11	12
Seafood houses.....	11	98
Warehouses and distributing plants.....	144	274
Butter and egg plants.....	10	23
Vending machine companies.....	12	29
MARKET STALLS.....	1,890*	246
INSTITUTIONS, INDUSTRIAL CAFETERIAS AND OTHER ESTABLISHMENTS.....	1,200*	1,028

\* Approximate figure.

## BUREAU OF MEAT INSPECTION

William J. Gallagher, D.V.M.

*Director*

The provisions of the meat ordinance require that all meat sold in the City of Baltimore must be from plants maintained either under federal or municipal inspection. In 1959, as in previous years, ante-mortem and post-mortem inspection was made on all cattle, sheep, calves, swine and goats in twenty-four slaughtering plants, four of which were located in adjacent counties. The examination of animals before and after slaughter which included the condemnation of diseased animals and parts was carried on by veterinarians; inspection activities were also concerned with the sanitation of the plants. Daily supervision was carried out in sixty-six meat food products and processing plants by bureau meat inspectors.

During the year, 33,707 visits were made; 219,720 animals were inspected as compared with 221,847 animals in 1958, and 447 whole carcasses were condemned in 1959 as compared with 371 carcasses in 1958. The slaughtering of cattle reacting to tuberculosis and Bang's disease was continued by the bureau upon authorization of various state and federal agencies. Eighty-two cattle reacting to Bang's disease were inspected and permitted to be sold for food. During the year, 172,480 pounds of diseased or contaminated meat were condemned on reinspection as compared with 69,225 pounds in 1958.

Other noteworthy activities of the bureau were as follows:

1. On June 10 the director was called on an appeal case at a manufacturing plant in which 1,000 pounds of meat was being held not fit for human consumption. The inspector's decision was upheld and the meat in question was condemned.

2. A fire occurred at a meat products manufacturing plant on June 12 partially destroying the building. This caused the condemnation of 157,000 pounds of fresh and prepared meats.

3. The director was called for his opinion on a case of an animal infected with tapeworm, rare for this part of the country. Investigation revealed live larva of *Cysticercus bovis*, the parasite which causes tapeworm in man. The infected animal was reported to the U. S. Department of Agriculture, which traced it to a badly infected herd in the State of Ohio where it was held under U. S. supervision. The carcass of the animal found by the Bureau of Meat Inspection was retained in the freezer for twenty-one days

at a temperature of 15°F. It was later reinspected and there were no traces of live larva.

4. Meat inspection charges were raised an additional 10 per cent. This change was made in view of the city's financial difficulties.

5. The Bureau of Meat Inspection assisted the Bureau of Communicable Diseases in the examination of dogs for rabies as a result of 973 bite cases during the year.

Mr. Phillip Ottenritter, sanitarian, retired on July 2 after thirty years of service. Although permission was granted to fill two veterinarian vacancies the bureau was unable to get anyone interested in the position due to the low salary. The following table is a summary of the routine activities of the bureau during the year.

	NUMBER	INSPECTIONS
Slaughterers, under permit, in city .....	20	2,350
Slaughterers, under permit, in county .....	4	660
Manufacturers, under permit, in city .....	61	24,800
Manufacturers, under permit, in county .....	5	620
Wholesalers, under permit, in city .....	171	4,300
Wholesalers, under permit, in county .....	2	45
Retailers—route truck .....	43	610
Collectors of animal offals .....	28	..
Renderers of animal substances .....	2	50
Cold storage warehouses .....	4	52
Cookers' licenses .....	67	230
	407	33,707

### Personnel

William J. Gallagher, D.V.M., Director  
 Jacob Goldbrown, D.V.M., Veterinarian  
 Kostas Kanauka, D.V.M., Veterinarian  
 Stasys T.-Kelpsa, D.V.M., Veterinarian  
 Edward J. Moylan, D.V.M., Veterinarian  
 Ralph F. Shaner, D.V.M., Veterinarian

### Sanitarians

Matthew N. Bean                      Charles A. Ray  
 Elmer Frederick                      Louis P. M. Rider  
 Alois Leiterman                      Adolph Staub  
 Henry A. Miller                      Chester E. Warminski  
    Adolph Wobbeking, Jr.

Roy J. Dougherty, Meat Inspector  
 Marie E. Cerney, Senior Clerk Stenographer

TABLE NO. 1  
POUNDS OF MEAT AND MEAT FOOD PRODUCTS PREPARED, PROCESSED AND  
MANUFACTURED UNDER LOCAL INSPECTION

TYPE OF MEAT PRODUCT	CITY	COUNTY
Meat products (fresh).....	2,861,196	37,820
Meat products (smoked).....	5,096,738	822,760
Meat food products (fresh).....	1,171,897	800,260
Meat food products (smoked).....	2,405,697	489,805
Meat food products (cooked).....	884,037	145,992
Meat food products (boiled).....	69,085	322,660
Lard.....	769,880	680,732
Lard compound.....	..	..
	13,258,530	3,300,029

TABLE NO. 2  
POUNDS OF MEAT CONDEMNED ON REINSPECTION

YEAR	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
1959.....	172,480	3,542	7,327	640	208	1,235	159,528
1958.....	69,225	51,003	4,523	112	279	8,008	4,400
1957.....	14,780	3,557	2,511	1,070	1,047	4,205	2,390
1956.....	13,011	3,724	3,653	143	150	3,240	2,101
1955.....	31,510	11,442	5,794	679	355	8,417	4,823
1954.....	29,769	10,897	8,804	1,128	2,429	1,003	5,508
1953.....	23,646	9,921	3,745	110	60	3,318	6,492
1952.....	27,700	12,142	406	65	60	11,044	3,173
1951.....	10,056	6,880	545	..	..	1,559	1,072
1950.....	37,142	24,554	618	..	32	9,008	2,930
1949.....	17,649	6,637	4,902	54	3	3,041	2,922

## BUREAU OF ENVIRONMENTAL HYGIENE

**George O. Motry, B.E.**

*Acting Director*

The decision of the Supreme Court of the United States on May 4, 1959 upholding the constitutionality of the city ordinance which makes it a misdemeanor to deny entry to a health official during the daytime gave judicial approval to a most necessary tool for the efficient conduct of an environmental sanitation program, the right of entry. The initiation of a pilot program for the prevention of lead poisoning and steps taken for the enforcement of the ordinance requiring the labeling of lead paint represented additional progress in the overall program of the Health Department to combat lead paint poisoning in children.

### **Community Sanitation**

The investigation of complaints dealing with deficiencies in environmental sanitation continued to be a major responsibility of the Division of Community Sanitation. The division received 3,605 complaints in 1959 as compared with 3,973 in 1958. Other activities of the division included sampling of city water and sanitary inspections of swimming pools, day nurseries, hospitals, convalescent homes, child care institutions and foster homes.

#### *Water Supplies*

The sanitary quality of the city water was evaluated through the analysis of 1,496 samples collected from consumers' taps throughout the city and from two fixed stations outside the city. The percentage of 10 ml. portions giving completed tests for coliform organisms was 1.38 as compared with 0.94 for 1958. Other waters periodically sampled included bottled waters and public and semipublic springs.

#### *Swimming Pools*

Periodic inspections were made of the 18 indoor and 14 outdoor public and semi-public swimming pools in the city, and samples of pool water were collected for bacteriologic analysis. Only one swimming pool failed to meet the bacteriologic standards for swimming pool water recommended by the Committee on Bathing Places of the American Public Health Association.

*Lead Paint Poisoning Prevention*

During the month of January a survey was made of the stocks of paint in the hands of retail paint dealers to determine the degree of compliance with the lead paint labeling ordinance approved June 9, 1958. The division was assisted in this survey by other units of the Sanitary Section and the Inspection and Code Enforcement Section of the Urban Renewal and Housing Agency. Concurrently with the survey of retail dealers, the Bureau of Industrial Hygiene surveyed paint stocks in the hands of wholesalers and manufacturers. The paint dealers generally were endeavoring to comply with the ordinance. However, through misunderstanding of the requirements of the labeling ordinance or lack of knowledge of their products, the stocks of a large number of the dealers were not in full compliance with the ordinance. The sanitarians collected 26 samples of paint lacking the warning required by the Baltimore ordinance. Of these samples 16 were found to contain more than 1 per cent lead. Subsequently a letter was sent to each dealer informing him of the results of the inspection of his stock and pointing out any corrections necessary.

On April 27 the Commissioner of Health adopted Regulation No. 1 under the Lead Paint Labeling Ordinance, Ordinance No. 1504, Approved June 9, 1958. This Regulation permits the placing of the warning required by the ordinance on a top label of specified size properly affixed to the lid of the container of paint.

On December 16 a pilot program for the prevention of lead paint poisoning was inaugurated. Under this program the homes of children attending a well-baby clinic at the Druid Health District building will be visited when the children reach one year of age. Samples of paint will be collected by the sanitarian making the visit and where the analyses of the samples are positive for lead, the property owner will be required to remove the lead paint.

Before the program started conferences were held with the Baltimore Urban Renewal and Housing Agency and the Bureau of Building Inspection to see that it would not interfere with the programs of these agencies. The Inspection and Code Enforcement Section of the Urban Renewal and Housing Agency will assist in the accomplishment of this preventive work in certain areas where they are conducting active programs. This pilot program is actually the first routine program of the Health Department pointed directly to removing lead paint from the homes of susceptible children prior to illness developing in a child although fact-finding surveys were conducted in the past and samples of paint were collected by sanitarians, housing law enforcement officers, nurses and multiple-dwelling inspectors in the course of other inspections.

*Weed Control*

During the winter the sanitarians made notations of the locations of vacant lots in their districts on which weed growth could be anticipated in the summer season. In the spring warning letters were sent to the owners of these lots notifying them of the necessity of maintaining their lots in conformity with the weed ordinance. These warning letters had a desirable effect in obtaining early control of weeds on a number of lots. The most significant occurrence in connection with enforcement of the weed ordinance was the holding by the magistrate of the Housing Court in a case heard by him on September 8 that a property owner could be found guilty of failing to maintain his property in accordance with the requirements of the weed ordinance even though he had received no prior notice to destroy the weeds. This holding, which places the burden on the property owner to see that his property is maintained in accordance with the weed ordinance, should result in more rapid and effective enforcement of the weed ordinance.

*Miscellaneous*

1. Inspections of the stocks of lather brushes in the hands of a number of wholesale and retail dealers were made to determine if the lather brushes being sold in the city were brands certified by the U. S. Public Health Service as being free from anthrax spores. All of the brushes found on the inspections were ones on the list of certified brushes of the Public Health Service.

2. In cooperation with the U. S. Public Health Service, the bureau made inspections of watering points for all rail carriers in the city.

3. Members of the bureau, along with members of other bureaus of the Health Department, conferred with representatives of the U. S. Public Health Service and also with the Infections Control Committee of a large hospital to endeavor to determine in what way the Health Department might be of assistance to hospitals in the control of hospital-borne infections. Further study of the possible methods of assistance appear to be indicated before a definite program of aid can be established.

4. Members of the bureau participated in meetings with the Baltimore Urban Renewal and Housing Agency, the Bureau of Building Inspection and the Fire Department at which the ordinances and regulations of the various agencies were reviewed and compared toward the end of arriving at a comprehensive housing code.

5. Inspections were made and reports and recommendations on matters of sanitation were submitted to the State Department of Education on newly opened private schools and to the City Bureau of Building Inspection in connection with proposed changes of use or occupancy of buildings.

6. The bureau continued to cooperate with the Baltimore Safety Council in the Home Safety Program of that agency and participated in discussions leading to the passage of Ordinance No. 42, September 28, 1959, which requires the placing of a warning label on plastic bags larger than 6 inches in diameter and less than 0.001 inch in thickness.

7. The programs of inspecting and issuing permits to psittacine bird dealers and tattooers were continued.

### Plumbing

Cross connections prevented or eliminated during 1959 totaled 535 as compared to 461 for 1958. During 1959 there were 1,811 new connections made to the sanitary sewerage system, bringing the total number of connected properties in the city to 211,919. The expansion of commercial and industrial development in unsewered areas of the city continued to necessitate the granting of permission for the use of individual disposal systems pending future extensions of the sanitary sewerage system. Approval of an individual disposal system was granted only after percolation tests had been made to furnish guidance in the design of the system.

The Plumbing Division continued to pass upon the acceptability of plumbing devices for installation in the city. In a few instances where simple tests were possible, as in the case of cleanouts, actual tests were conducted by the Plumbing Division to see that the devices performed properly before they were accepted for installation in the city. In the majority of cases, however, facilities for proper testing of the devices were not available and in such cases the acceptance or rejection of the device was based on reports from other cities which had tested the device coupled with inspection of the apparent quality of the design and workmanship. Where structural problems were presented, as in the case of wall-hung water closets, the concurrence of the Building Inspection Engineer was obtained before the device was accepted.

The Sewerage Engineer and the Commissioner of Health approved one domestic and four commercial garbage grinders for installation in Baltimore City. Two of these approvals were for grinders previously approved but on which retesting was required due to possible modifications in the grinders. Location approvals were given for the installation of fifty-five commercial grinders. On December 23, Ordinance No. 164 was approved transferring the plumbing inspection service to the Building Inspection Engineer in the Department of Public Works.

### Rodent Control

#### *Environmental Control*

The byword of the Division of Rodent Control that "Rodent Control is Environmental Control" continued to be applied in all division activities.

This division employed environmental control procedures in the handling of 2,358 complaints which resulted in the inspection of 2,793 premises during the year. Thus 6,748 deficiencies were corrected on the basis of complaint corrections.

The division was forced to discontinue the block-by-block type of environmental control and was able to make less inspections and to service fewer complaints than in 1958. This was due to the 1959 budget eliminating two positions and freezing a third position. The Division of Rodent Control operated in 1959 with only six sanitarians, a wholly inadequate force to cope with the rodent control problems of the City of Baltimore.

#### *Rat Bites and Rat-Borne Disease*

The division received reports of 50 rat bites and 4 mouse bites that occurred in 47 locations. These figures show an increase of 3 rat bites over the 47 rat bites reported in 1958. The ages of the persons bitten varied from an infant of four days to a man sixty-four years of age. Thirty-three bites occurred in children under twelve years of age, and twelve bites occurred in infants of one year or under.

The Division of Rodent Control received a report of a case of endemic typhus, the first case of this type since January 1957. On or about November 10 the patient, a business representative for the employers of longshoremen, became violently sick with headache, soreness of joints and muscles, and a macular eruption. A blood test was made on November 11 by the patient's doctor, which showed a low blood count. Positive diagnosis was made on November 18 with identification of *Rickettsia prowazeki*.

The patient was requested to tell the various locations which he had visited in the three-week period prior to his illness. The patient's office was located at 13 South Redwood Street. He paid frequent visits of short duration to a large number of steamships from various world ports, and was not able to remember all locations to which he had been where he may have picked up a rat flea. All locations that could be checked for rodent infestations were studied by the division. Several rodent infestations were found and eliminated. It is possible that the patient became infected on one of his frequent trips to the steamships which he visited in carrying out his business. A case of Weil's Disease (*Leptospira icterohemorrhagiae*) was also reported to the division.

#### *Supreme Court Decision—Right of Entry*

On May 4, 1959, the Supreme Court, in a 5 to 4 decision upheld the constitutionality of Section 120 of Article 12 of the Baltimore City Code of 1950 which allows the health inspection in the daytime, without a warrant, of any house where a nuisance is suspected. The case involved was of

particular interest to the Division of Rodent Control because its originated in the work of the office. A brief chronological summary of the case follows:

- January 28, 1958—A complaint of a rat infestation located at 4335 Reisterstown Road was received in the office of the Division of Rodent Control.
- February 4, 1958—An inspection was made of the property located at 4335 Reisterstown Road. A heavy rat infestation was found outside of the dwelling, and a number of rat holes were found leading into the dwelling. Entry to the house was not gained.
- February 28, 1958—A Health Department sanitarian in company with two policemen from the Police Department Sanitary Detail tried to gain entry to 4335 Reisterstown Road. Entry was refused. A warrant was obtained by the policemen, and the owner of 4335 Reisterstown Road, Aaron Frank, was picked up and tried in Northern Police Court and was fined \$20.00 and costs.
- March 17, 1958—Appealed to Criminal Court of Baltimore City. Tried before Judge Oppenheimer, Criminal Court Number 2. Fine was upheld.
- April 1958—Reaffirmed by Court of Appeals of Maryland, at Annapolis, Maryland, on writ of *certiorari*.
- October 20, 1958—United States Supreme Court agreed to review case.
- March 4, 1959—Supreme Court scheduled to hear arguments involving the validity of the Baltimore City Health Department law requiring homeowners to admit health inspectors without a warrant.
- May 4, 1959—Supreme Court in a 5-to-4 decision upheld the constitutionality of the Inspection and Penalty Section of the Baltimore City Health Code.

Entry into the house located at 4335 Reisterstown Road and owned by Aaron Frank was based on a specific complaint of rat infestation.

### *Education*

The "Fight the Rat" pamphlets continue to be very important aids in helping the division to educate the public in the fundamentals of rodent control. This leaflet was of great help in reducing the number of complaints and abating some rodent conditions prior to the sanitarians' inspections.

Lectures were given and films were shown to various groups such as the Mount Royal-Fremont Area office of the Baltimore Urban Renewal and Housing Agency, the multiple family dwelling inspectors, the Homeland Association, the Kiwanis Club, and the Gardenville Improvement Association.

The division chief participated in a television program in the "Your Family Doctor" series. He gave several lectures to the multiple family dwelling inspectors on the "Theory and Practice of Rodent and Insect Control."

### *Miscellaneous:*

1. Mr. James McLaughlin, Housing and Rodent Control Chief of the City of Erie, Pennsylvania, visited the division to obtain information about rodent control.

2. A very interesting and informative insect and rodent control training course was given by the U. S. Public Health Service. The course was attended by members of the division staff.

3. Mrs. Evelyn M. Krislov, Senior Community Organization Advisor for the Baltimore Urban Renewal and Housing Agency, spent several days with the division to acquire some knowledge of rodent control procedures.

4. An article concerning the work of the Division of Rodent Control appeared in *The Evening Sun* on June 18, 1959.

5. A feature article concerning the Division of Rodent Control was published in *The Sunday Sun* on December 6, 1959.

6. Sanitarians of the division participated in the inspections of paint dealers for compliance with Ordinance 1504.

7. Sanitarians of the division participated in the inspections of lather brush dealers to determine whether they were handling lather brushes not certified by the U. S. Public Health Service as being free from anthrax spores.

### Personnel

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

George O. Motry, B.E., LL.B., Chief Division of Community Sanitation

Walter A. Underwood, Chief, Division of Plumbing

John A. Childs, Chief, Division of Rodent Control

#### *Senior Sanitarians*

John F. Block, Ph.G.

William H. Hunter, LL.B.

Elbert H. Cohen, B.A., LL.B.

Edward H. Vail, B.S., M.A.

Francis J. Goldsmith, Ph.B., LL.B., M.P.II.

#### *Sanitarians*

John B. Bamberger, B.A.

T. Evans Fernandis, Jr., A.B.

Sidney L. Berlin

Frank A. Hornig

Philip A. Berman

Harold J. Lieber, B.A., M.A.

Charles A. Carroll

John O. Long

Glen L. DeBeal

Albert Paul Manner

Joseph Ellison

Arthur J. McGinnis, B.S.

Wellington S. Ross, A.B., M.A.

#### *Senior Plumbing Inspectors*

John F. Clopein

Anthony F. Mirra

Harley Fickus

John H. Pike

Worthington S. Law

Joseph P. Reynolds

Glen L. Williams

#### *Plumbing Inspectors*

Melvin T. Kaufman

Arthur J. McColgan

Dorothy C. Parks, Principal Clerk

Jacob G. Vogtmann, Principal Clerk

## REPORT OF THE HEALTH DEPARTMENT—1959

Vadus Ashley, Senior Clerk  
Joseph B. Finnan, Senior Clerk  
Donald A. Stockley, Senior Clerk  
James A. Williams, Senior Clerk  
Elizabeth M. Hook, Senior Clerk Stenographer  
Adelle S. Traub, Senior Clerk Stenographer  
Elizabeth A. Lewis, Clerk Stenographer  
Frances Sinnott, Clerk Stenographer  
Bernice M. Kidd, Clerk Typist (Intermediate)  
John W. Biden, Heavy Duty Laborer  
Wilburt Meachem, Heavy Duty Laborer

TABLE NO. 1  
COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

TYPE OF CONDITION	COMPLAINTS RECEIVED		PATROL AND SPECIAL INVESTIGATIONS MADE	
	1959	1958	1959	1958
<b>TOTAL</b> .....	<b>3,605*</b>	<b>3,973*</b>	<b>5,635</b>	<b>4,949</b>
<b>Complaints</b>				
Ashes and garbage.....	9	8	..	..
Building defects.....	512	794	..	4
Choked sewers.....	16	20	19	15
Defective drainage.....	181	271	8	12
Defective heating equipment.....	51	45	..	..
Defective plumbing.....	248	259	2	..
Defective toilet facilities.....	166	172	..	..
Fowl and other animals.....	2	7	..	1
Grass and weeds.....	514	462	30	11
Insanitary conditions.....	885	582	3	5
Insects.....	281	242	..	..
Lead paint.....	53	24	1	1
Miscellaneous.....	255	241	166	14
Privies and cesspools.....	11	9	1	1
Rats.....	16	12	2	..
Water in cellar.....	405	825	9	12
<b>Special Investigations</b>				
Building applications.....	..	..	81	97
Child care institutions.....	..	..	93	126
City dumps and sanitary fills.....	..	..	45	13
Color tests.....	..	..	209	341
Environmental survey inspection.....	..	..	731	..
Foster homes.....	..	..	440	560
Hospitals and convalescent homes.....	..	..	76	68
Private dumps.....	..	..	8	18
Psittacine bird investigations.....	..	..	70	78
Schools.....	..	..	26	27
Stream pollution.....	..	..	140	131
Supervisory inspections.....	..	..	1,337	1,330
Swimming pools.....	..	..	403	492
Watering points-carriers.....	..	..	6	6
Water supply sampling.....	..	..	1,639	1,586

\* Does not include complaints referred to Sanitary Police Detail for investigation.

TABLE NO. 2  
COMPLAINT, PATROL AND SPECIAL INSPECTIONS

TYPE OF INSPECTION	1959	1958
<b>TOTAL</b> .....	<b>13,642</b>	<b>13,278</b>
Complaint.....	2,088	2,042
Patrol and special.....	5,635	4,949
Reinspection.....	5,919	6,287

TABLE NO. 3  
COMPLAINTS

ACTION TAKEN	1959	1958
Handled by sanitarians.....	3,605	3,950
Referred direct to other bureaus or departments.....	816	1,153
Investigated and referred to other bureaus or departments.....	187	199
Investigated and referred to police for follow up.....	2	1
Notices to abate nuisances.....	1,020	1,303
Hearings for failure to comply with notices.....	4	10
Summonses for failure to comply with notices.....	39	35
DISPOSITION		
TOTAL.....	3,623	4,128
Abatement by sanitarian.....	1,940	2,267
Cancelled (withdrawn or corrected before inspection).....	669	694
Closed without action.....	845	23
Conditions of no health significance.....	169	944
Investigated and referred to other bureaus or departments.....		200

TABLE NO. 4  
METHOD OF SEWAGE DISPOSAL

METHOD OF DISPOSAL	TOTAL TO DECEMBER 1959	NEW CONNECTIONS	DISCONNECTED
Connections to sanitary sewers.....	211,919	1,811	24
Private drains to sanitary sewers.....	15,320	1	..
Connections to storm water outlets.....	16,111	3	..
Privies.....	..	..	1
Cesspools.....	..	..	7

TABLE NO. 5  
PERMITS, PLUMBING INSPECTIONS AND PLUMBING FIXTURES INSTALLED

GROUP	1959	1958
Total permits issued.....	8,761	8,968
Permits for sanitary sewer connections.....	1,749	1,152
Permits for plumbing installations.....	7,012	7,816
Inspections of plumbing.....	25,061	24,700
Plumbing fixtures installed.....	30,447	19,358
Bath­tubs.....	4,264	2,259
Miscellaneous.....	4,188	2,848
Sinks.....	4,614	2,304
Slophoppers.....	260	182
Urinals.....	577	461
Wash basins.....	7,586	5,460
Wash closets.....	6,963	4,660
Wash trays.....	1,995	1,124

TABLE NO. 6  
CROSS CONNECTIONS PREVENTED OR CORRECTED

TYPE	1959	1958
TOTAL.....	535	461
Bath­tubs.....	222	201
Frostproof hoppers.....	30	91
Wash basins.....	283	169

TABLE NO. 7  
RODENT CONTROL ACTIVITIES

TYPE OF INVESTIGATIONS		1959	1958
<b>TOTAL</b> .....		<b>6,533</b>	<b>4,196</b>
Initial:	Complaints.....	2,241	2,218
	Patrol.....	388	779
	Program areas.....	0	210
Reinspections:	Complaint and patrol.....	3,901	779
	Program areas.....	3	210
<b>COMPLAINT HANDLING</b>			
Complaints received.....		2,429	2,404
Complaints abated by sanitarians.....		2,358	2,218
Complaints pending.....		71	0
Premises inspected on complaint.....		2,793	2,985
Disposition: Abated by sanitarian.....		2,127	2,455
	Referred to other divisions or bureaus.....	18	19
	Cancelled (corrected prior to invest.).....	87	51
	No nuisance.....	383	437
Premises pending correction.....		78	83
<b>DEFICIENCIES CORRECTED BY RODENT CONTROL ACTIVITIES</b>			
.....		6,748	7,586
Program areas.....		0	115
Complaints.....		6,748	7,471
<b>ENFORCEMENT PROCEDURES</b>			
Notices to abate nuisance.....		1,008	1,256
Hand notices issued in field.....		7	55
Verbal recommendations.....		463	398
Hearings for failure to comply.....		0	0
Final notices for failure to comply.....		118	207
Summonses for failure to comply.....		16	16
Disposition of cases: Guilty.....		11	8
	Dismissed.....	3	4
	Probation without verdict.....	0	0
	Continued.....	1	2
	Warrant issued.....	1	2
Total cases tried in Housing Court.....		16	16

## BUREAU OF INDUSTRIAL HYGIENE

Charles E. Couchman, B.S. Ch.E.

*Director*

The activities of the industrial hygiene program were directed toward the study and control of harmful exposures in industry and the community but at a reduced pace since two positions were abolished and the budget was curtailed. There was also a substantial loss in the untimely death of Mr. F. C. Hettinger whose broad practical engineering experience and untiring efforts were of immeasurable aid to the entire bureau program. Some of the outstanding accomplishments are summarized in the following reports compiled by the Division of Industrial Hygiene Investigations and the Division of Air Pollution Control of the Bureau of Industrial Hygiene.

### **Industrial Hygiene Investigations**

The decline of occupational disease cases continued. Surveys were conducted in 51 plants employing 3,165 workers; 519 improvements were made affecting 7,188 workers; and 178 plans and applications for the erection of new industrial buildings were examined. Fifty-two industrial studies were made of 13 potentially harmful conditions which included exposures to toxic materials, noise, radiation and inadequate ventilation. The personnel participated in talks given to student nurses, attended seminars and courses of in-service training.

### *Industrial Exposures*

Of the 52 investigations made of either toxic materials or potentially harmful conditions, the following were of particular interest:

1. An unusual occupational exposure occurred among handlers of castor pomace while they were unloading the material from a ship and while loading the bagged material into railroad boxcars. Inhalation of the dust gave a strong allergic reaction to 18 of 45 railroad laborers. It was recommended that the workers be furnished respiratory protection and protective clothing while handling the material. Because of the widespread usage of the material, the matter was drawn to the attention of the U. S. Public Health Service and that agency learned that there had been enough unsatisfactory experiences to warrant an investigation in several parts of the country.

2. Excavation of a sewer tunnel in the vicinity of an abandoned oil refinery resulted in an explosion in which two workers were seriously burned. The tunnel location was through soil that had absorbed petroleum products to a depth of 35 feet below the surface. Constant checks were made for safety of the atmosphere and additional ventilation was installed in the four-foot diameter shafts where the men worked.

3. At the request of management extensive studies were conducted in the melt shop of a large steel company. The study was made to determine the concentrations of fluoride, oxides of nitrogen and sulfur dioxide in the area. As a result of the study it was recommended that in view of the constant experimenting with new molding materials an adequate exhaust ventilating system be used to carry off the air-borne contaminants, regardless of their toxic nature.

4. The project engineer at a research institution requested a mercury vapor study in an electronic laboratory as a result of an accidental spillage of mercury. The study indicated the need for additional clean-up and use of a mercury decontaminant in areas inaccessible for normal clean-up procedure.

5. Five carpenters who were shoring a cargo of tobacco in one of the holds of a ship were affected by hydrogen cyanide gas. It was learned that the tobacco cargo had been fumigated at another port, from one to three days prior to the ship's calling at the port of Baltimore. According to the men there was an unusual odor. Hydrogen cyanide has been used for years for fumigation without adverse effects. Even though the fumigation process was conducted properly, it is likely that a residual of gas remained on the surfaces of the tobacco leaves and was released into the hold of the ship during its passage to Baltimore.

6. Investigations made of 56 radioisotope users revealed that 51 different isotopes were for use as follows: in the medical field for research, diagnosis and therapy; in the industrial field for radiography, density gauge measurement; and in the educational field for research.

7. A permit was issued to raze the abandoned Kelly Clinic where radium had been stored for many years (1). The owner of the wrecking company was instructed on procedures to be used for disposal of certain materials. After three days of work on a small rear portion of the building, the work was stopped due to pending legal action.

### *Domestic Exposures*

There was no fatality attributed to gas-burning appliances; however, defective or overgassed appliances caused 12 persons to become ill.

For the year there was a total of 66 cases of lead poisoning in children, two of which were fatal. Altogether 1,089 visits were made to the homes of parents whose children had lead paint poisoning or whose children had the habit of pica but had not absorbed sufficient lead to cause poisoning. It was necessary to summons four landlords to court for failure to remove deteriorated lead paint which caused lead poisoning. It was also necessary to summons to court a mother who failed to take her child with pica to a clinic for an examination and for her failure to appear for a hearing. Fines were levied with subsequent compliance in all cases.

In order to assist the paint industry to comply fully with Baltimore's lead paint labeling ordinance, a lid label regulation was adopted by the Commissioner of Health on April 27, 1959 (2).

### **Air Pollution Control**

Cooperation of industry in the controlling of air pollution progressed and was shown in continued effort to file applications for an Air Pollution Control Survey in compliance with the requirements of the Air Pollution

Control Ordinance (3). During the year, seven applications were received and action taken as follows:

1. An asphalt plant was given an approval on the moving of the plant to a new location within the city. The survey showed the company planned to use the same type of controls and was moving from a partially residential area to a more industrial area.

2. A chemical company, after a study of its application, was given approval on its plans to expand titanium dioxide production at its present location.

3. Approval was given to a company to install an auto paint spray booth to be used in wholesale auto paint spraying.

4. Two separate applications were received from a chemical company and after a study of the plans approval was given to both. The plans called for the construction of a new plant for the production of a powdered resin and the use of existing equipment to produce a monomer as a raw material.

5. Two companies filed applications to install storage tanks and filling operations for anhydrous ammonia. After careful study of the applications, both were given approval.

There were several unusual and far-reaching experiences in the field of air pollution. In one instance ladies' nylon stockings that disintegrated in the downtown area received considerable interest and news coverage (4). Investigation showed the condition resulted from the emission of oil soot from the boiler of a hotel in the area. A check of an eye irritation complaint of a clothing company showed that the condition complained of was the result of formaldehyde in the cloth and not due to an external source (5). A heavy dustfall in the eastern section of the city was investigated and traced to a building materials company. Pollen from flowering trees was the cause of a complaint received from residents living close to a large park area.

On December 23, 1959, Ordinance No. 160 was passed whereby the activities of the Division of Smoke Control were transferred from the Department of Public Works to the City Health Department.

Monitoring for sulfur dioxide was continued at the same three sites of the prior year with a fourth site added. Station A was maintained with a Thomas Autometer while the other three stations were sampled using titrings. The curves of Figures 1, 2 and 3 were computed on the same basis as curves for previous years. Stations C and D were operated for only ten months and eleven months respectively out of the year and values corrected for twelve months. The range of instantaneous values in Figure 2 were from 0.0 parts per million to 0.60 parts per million for Station A, to 8.10 parts per million for Station B, to 0.36 parts per million for Station C, to 0.88 parts per million for Station D. Continued investigation as to sources of short high peaks of sulfur dioxide recordings showed that malfunction of equipment or the shutting down and starting up operations of various manufacturing plants was responsible.

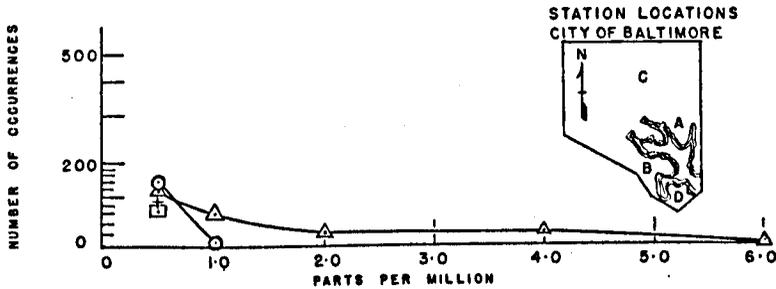


FIGURE 1. FREQUENCY OF OCCURRENCE OF RECORDED CONCENTRATIONS OF SULFUR DIOXIDE.

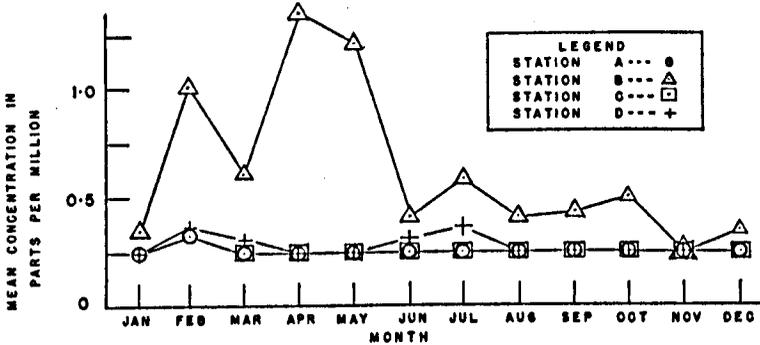


FIGURE 2. MONTHLY MEAN RECORDED CONCENTRATIONS OF SULFUR DIOXIDE.

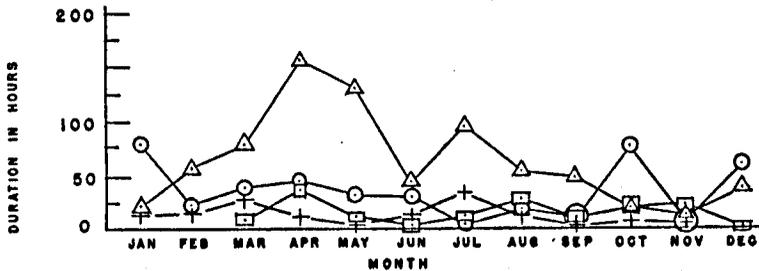


FIGURE 3. MONTHLY RECORDED DURATION IN HOURS OF MEASURABLE SULFUR DIOXIDE CONCENTRATIONS.

Figures 1, 2, and 3. Sulfur dioxide monitoring by titrilogs during 1959.

Air sampling, using the high volume samplers was continued at the same industrial and residential sites with the webs being used to obtain radiation levels, total dust loadings and pH values. Radioactivity of the webs was only checked for the latter half of the year due to instrumentation failure at the first part of the year. There were 61 webs counted from the industrial site with a maximum beta activity of 14.9 and a minimum value of 0.04 micro-microcuries per cubic meter of air. The average value for this site was 2.01 micro-microcuries per cubic meter. The average beta activity of the 55 samples taken in the residential area was 1.67 with a maximum of 13.5 and a minimum of 0.01 micro-microcuries per cubic meter.

DUST LOADING AND pH READING FROM FILTERS OF TWO HIGH VOLUME SAMPLERS—1959

LOCATION	NUMBER OF SAMPLES	DUST LOADING, mg/cu.m.			pH VALUES		
		Minimum	Maximum	Average	Minimum	Maximum	Average
Industrial.....	93	0.090	1.20	0.36	4.5	8.0	5.8
Residential.....	84	0.025	0.30	0.12	4.4	8.0	5.3

Participation in the National Air Sampling Network of the U. S. Public Health Service was continued. A total of 26 web samples was taken at both the Fire Department Headquarters site and the Quarantine Station site. Below are the maximum, minimum and average results obtained from the Fire Department Headquarters site. The bureau also participated in taking gas bubbler samples for the National Air Sampling Network. These were analyzed for sulfur dioxide, nitrogen dioxide and oxidants but the results have been inconclusive so far to give any results.

	SUSPENDED PARTICULATES	ORGANIC	BETA RADIOACTIVITY
	Micrograms per Cubic Meter	Micrograms per Cubic Meter	Micro-microcuries per Cubic Meter
Minimum.....	63	6.9	0.1
Maximum.....	343	31.3	15.2
Average.....	153	14.3	4.2

A special study was made during the year on chromium dust in the air as a result of the high value of chromium in the report of the U. S. Public Health Service (6). A chemical company that could possibly be one of the major sources of this pollutant cooperated with the bureau on the study. The results of the study were reported in a paper (7) presented by a member of the staff at the Air Pollution Control Seminar in Cincinnati, Ohio.

Work was also continued on using an oxygen plant for sampling of the atmosphere.

#### *References and Publications*

- <sup>1</sup> Radioactive Contamination in a Radium Therapy Clinic. Gallagher, Robert G., Zavo, Mitchell R. and Doyle, Henry N., *Public Health Reports*, July 1955, Vol. 70, No. 7, pp. 617-624.
- <sup>2</sup> Lid Labels for Lead Paint. *Baltimore Health News*, June-July 1959, Vol. 36, Nos. 6-7, pp. 122-123.
- <sup>3</sup> Mayor D'Alesandro Signs City Air Pollution Control Ordinance, *Baltimore Health News*, Vol. 33, No. 5, May 1956, pp. 33-37.
- <sup>4</sup> *Smog News*, The American Society of Mechanical Engineers, No. 137, May 15, 1959, Cover.
- <sup>5</sup> *Annual Report of the Health Department*, 1951, Baltimore, Maryland, pp. 278-279.
- <sup>6</sup> *Air Pollution Measurements of the National Air Sampling Network*, 1953-1957, U. S. Department of Health, Education and Welfare, Public Health Service.
- <sup>7</sup> *Use of Data*. Couchman, Charles E., Paper Presented on November 24, 1959, at the Robert A. Taft Sanitary Engineering Center, Cincinnati, Ohio.

#### **Personnel**

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\* Assigned by the Bureau of Public Health Nursing.

TABLE NO. 1  
 STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES—1959

PLANT ACTIVITIES	
Total number of different plants serviced.....	742
Total number of workers in plants serviced.....	28,149
Total number of plant visits made.....	1,607
SOURCE OF SERVICES	
Self-initiated.....	1,300
Requests from management, labor, etc.....	46
<b>TOTAL</b> .....	<b>1,346</b>
GENERAL TYPE OF SERVICE GIVEN	NUMBER OF SERVICES
Plant surveys.....	51
Technical studies of hazards.....	52
Reinspections and routine.....	882
Consultations.....	6
Atmospheric pollution investigations.....	144
Other nuisance complaints investigated.....	64
Follow-up on building applications.....	281
Special activities.....	13
<b>TOTAL</b> .....	<b>1,473</b>
RECOMMENDATIONS CARRIED OUT	
Number of recommendations.....	41
Number of plants involved.....	31
Number of workers affected.....	744
VOLUNTARY IMPROVEMENTS MADE IN PLANTS	
Number of improvements.....	384
Number of plants.....	132
Number of workers affected.....	1,617
SPECIFIC SERVICES	
Number of laboratory analyses and examinations.....	1,386
Field determinations of atmospheric contaminants.....	391
Field determinations of physical conditions.....	459
Examination of plans for control equipment.....	178
Occupational disease cases reported.....	112
Occupational diseases investigated.....	11

TABLE NO. 2  
DETAILED STUDIES MADE—1959

INDUSTRY	NUMBER OF STUDIES	DUSTS					GASES			VAPORS		OTHER		
		Chrom e	Dust Count	Fluoride	Lead	Parathion	Carbon Monoxide	Nitrous Oxide	Sulfur Dioxide	Benzol	Mercury	Noise	Radiation	Ventila- tion
All Industries Studied.....	52	1	3	1	9	2	8	1	1	3	1	1	15	6
Automotive.....	2	..	..	..	..	..	2	..	..	..	..	..	..	..
Ceramics.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Chemical.....	4	1	..	..	2	2	1	..	..	..	..	..	..	..
Clothing.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Furniture.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Hospitals and clinics.....	13	..	..	..	..	..	..	..	1	..	..	..	..	..
Metal goods.....	4	..	1	..	..	..	..	..	..	..	..	..	2	..
Paint and plastics.....	2	..	..	..	..	..	..	..	1	..	..	..	..	..
Printing.....	2	..	..	..	2	..	..	..	..	..	..	..	..	1
Steel.....	1	..	..	..	1	..	..	..	1	..	..	..	..	1
Others.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 3  
INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED FOR OCCUPATIONAL  
HAZARDS AND SANITATION—1959

PROPOSED USE OF BUILDING	APPLICATIONS AND PLANS					SPECIAL RECOMMENDATIONS							CONSULTATIONS
	Number Reviewed	Disapproved	Approved			Ventilation			Sanita- tion		Other Recommendations		
			Without Recom- mendation	With Recommenda- tion	Abandoned	Mechan- ical		Industrial Waste Disposal	Personal Service Convenience				
						Local	General			Natural			
All Types.....	178	..	2	171	5	28	25	..	4	3	16	178	
Automotive repair.....	21	..	..	19	2	11	18	..	..	..	1	21	
Automotive service.....	11	..	..	10	1	4	4	..	..	..	2	11	
Chemical.....	12	..	..	12	..	..	..	..	..	..	3	12	
Dry cleaning and laundry.....	5	..	..	5	..	1	..	..	4	..	..	5	
Electrical service.....	3	..	..	3	..	..	..	..	..	..	..	3	
Machine shop.....	3	..	..	3	..	2	..	..	..	..	..	3	
Metal goods.....	13	..	..	13	..	5	..	..	..	..	..	13	
Office and storage.....	18	..	..	18	..	..	..	..	..	..	..	18	
Personal service building.....	3	..	..	3	..	..	..	..	..	3	..	3	
Plastics.....	3	..	..	3	..	2	1	..	..	..	..	3	
Reclamation.....	4	..	..	4	..	..	..	..	..	..	1	4	
Rubber.....	5	..	..	5	..	..	..	..	..	..	..	5	
Warehousing and storage.....	60	..	2	58	2	..	1	..	..	..	..	60	
Woodworking.....	5	..	..	5	..	3	..	..	..	..	..	5	
Others—less than 3 of 1 type.....	12	..	..	12	..	..	1	..	..	..	6	12	

TABLE NO. 4  
OCCUPATIONAL DISEASES REPORTED—1959

DISEASE	CASES
<b>TOTAL</b> .....	<b>112</b>
Brucellosis.....	5
Bursitis.....	2
Chrome carcinoma.....	4
Chrome ulceration.....	16
Emphysema.....	1
Ganglion.....	3
Infected abrasions.....	3
Lead.....	1
Myocardial infarction.....	1
Noise—impaired hearing.....	2
Silicosis.....	1
Swelling and pain.....	8
Synovitis.....	1
Tenosynovitis.....	6
Tuberculosis.....	5
Dermatitis.....	53

TABLE NO. 5  
NON-FATAL AND FATAL CASES OF LEAD POISONING IN CHILDREN  
FROM INGESTION\*: 1931-1959

YEAR	CASES			DEATHS		
	Total	White	Colored	Total	White	Colored
<b>TOTAL</b>	<b>800</b>	<b>187</b>	<b>633</b>	<b>124</b>	<b>44</b>	<b>80</b>
1939	66	2	64	2	1	1
1958	133	17	116	10	3	7
1957	56	4	52	3	2	1
1956	48	8	40	3	1	2
1955	35	5	30	1	..	1
1954-31	462	131	331	105	37	68

\* In addition to these cases caused by eating lead paint there were others from burning storage battery casings as follows:

1932—40 non-fatal cases, chiefly among children.  
1937—2 non-fatal cases in children.

TABLE NO. 6  
ILLUMINATING GAS POISONING CASES—1954-1959

YEAR	TOTAL CASES	SUICIDES AND ATTEMPTED SUICIDES	ACCIDENTS FROM INCOMPLETE COMBUSTION OF GASES		DEFECTIVE APPLIANCES CAUSING ACCIDENTS
			Non-fatal	Fatal	
1959	24	12	12	..	3
1958	21	8	13	..	5
1957	29	5	24	..	5
1956	26	7	16	3	7
1955	25	4	18	3	6
1954	11	9	..	2	1

TABLE NO. 7  
AIR POLLUTION INVESTIGATIONS—1959

NATURE OF COMPLAINT	NUMBER OF COMPLAINTS	NUMBER OF CONDITIONS	DISPOSITION OF CONDITIONS		
			Controls Provided	Cancelled	Pending
TOTAL.....	144	71	47	16	8
Dusts					
Inorganic.....	24	13	9	2	2
Organic.....	31	14	11	2	1
Fumes					
Metallic.....	5	5	3	1	1
Gases					
Acid.....	39	7	4	1	2
Ammonia.....	1	1	1	..	..
Vapors					
Paint, varnish, lacquer.....	15	11	9	2	..
Petroleum.....	3	1	..	..	1
Solvents.....	14	7	4	3	..
Others	12	12	6	5	1

TABLE NO. 8  
SUMMARY OF COMPLAINTS—1959

NATURE OF COMPLAINT	NUMBER	PER CENT
TOTAL.....	208	100.0
Atmospheric pollution.....	144	69.2
Carbon Monoxide.....	6	2.9
Industrial waste.....	20	9.6
Noise.....	2	1.0
Sanitary facilities.....	9	4.3
Sanitation.....	16	7.7
Ventilation.....	11	5.3

TABLE NO. 9  
RADIOISOTOPE INVESTIGATIONS—1954-1959

YEAR	NUMBER OF USERS	NUMBER OF DIFFERENT ISOTOPES	SHIPMENTS OF ISOTOPES (MILLICURIES)			
			Less Than 1 mc.	1-30 mc.	More Than 30 mc.	Total
1959	58	51	15	191	43	249
1958	45	30	9	91	40	140
1957	48	41	12	90	59	161
1956	36	29	9	72	24	105
1955	29	20	7	33	19	59
1954	23	21	5	38	21	64

# RESEARCH AND PLANNING SECTION

Matthew Tayback, Sc.D.

*Assistant Commissioner of Health*

The Ordinance of Estimates of 1959 imposed severe restrictions on the general program of the Department as a result of the elimination of thirty positions of which thirteen were in the Bureau of Public Health Nursing, seven were in the Sanitary Section, and the remainder distributed in several of the other units. A considerable planning effort was required during the year to adjust the program of the Department to this reduction in personnel. New sources of revenue for the City were sought with a view to applying these funds, if found, to health services. Two proposals were evolved and in collaboration with the Budget Director, action was initiated to secure: (1) State reimbursement for hospital care rendered in the Baltimore City Hospitals to indigent and medically indigent persons, and (2) recognition of the eligibility of the secondary school health service program for matching funds from the Local Health Services appropriation of the State Department of Health. In both instances, there was good reason at the end of the year to expect that the proposals would be accepted by the appropriate authorities. An additional proposal for securing funds by the collection of fees from individuals who receive services from Health Department clinics was carefully evaluated by an ad hoc subcommittee of the Reference Committee which recommended the adoption, in principle, of a fee for service schedule but called for gradual introduction of fees with extreme care given so that tuberculosis control and the inoculation levels against diphtheria, pertussis and poliomyelitis would not be significantly reduced.

Although crippled by the budget limitation described above, the Department received authorization to proceed with the development of a new mental hygiene program of clinical services for children. In the absence of a director for the Bureau of Mental Hygiene, the Assistant Commissioner of Health for Research and Planning assumed responsibility for the establishment of two mental hygiene clinics for children. Further details of the outcome of this work will be found in the report for the Bureau of Mental Hygiene.

Since 1952 the Research and Planning Section has played a leading role in surveys and legislation affecting and concerned with the health and welfare of the aged. The General Assembly of Maryland in its 1959 Session enacted a law authorizing the establishment of a State Coordinating Commission on Problems of the Aging, which without question represented a historical move towards meeting the economic, social and medical care needs of a segment of the population, which is subject to extraordinary pressures arising from reduced incomes and a marked rise in the need for

medical care, and from an inexorable process of social isolation unless contrary measures are initiated. The Assistant Commissioner of Health for Research and Planning was elected Vice-Chairman by the Commission members and served as Chairman of the Survey Committee. In the latter capacity he assumed responsibility for a state-wide survey of approximately 500 residents of the State of Maryland who are 60 years of age or over with a view towards assessing the need of these persons for social, recreational or medical services.

A subcommittee of the State Planning Commission's Committee on Medical Care which is commonly known as the 'Kirkman Committee' was charged by the Legislative Council with the responsibility of studying state-local subdivision relationships in respect to publicly financed hospital and medical care programs and with the preparation of a proposal for placing these relationships on the same basis as may exist for local health services. The Assistant Commissioner of Health for Research and Planning was appointed a member of the Kirkman Committee and served actively with this group. The amounts of public funds now expended for health and medical care are so enormous as to dwarf the expenditures for local health services. If the investments which these sums represent were clearly unrelated, there would be no cause for concern in this connection. But in an increasing number of instances the coordination of health work which is considered the logical responsibility of the local health authorities and the medical and hospital care which is currently provided by some other agency is so demanding of joint planning and administration that it is doubtful whether loosely formulated inter-relationships will suffice to produce rapidly those decisions which will give maximum services for minimum expenditures or provide a balanced and judicious disbursement of public funds for medical services.

The Research and Planning Section has had a continuing interest in the problem of illegitimacy. During the summer a student from the University of Maryland School of Medicine who held a State Department of Health Fellowship in Public Health was assigned to inquire into several features of this subject. Among his findings was the observation that Negro women born in Maryland had a higher risk of delivering an illegitimate baby than Negro women who were born in the Southern States. This surprising finding points to the necessity for studying this problem thoroughly before rational measures are initiated to produce some amelioration.

The research program of the Section progressed satisfactorily with liberal support from the National Institutes of Health. A project designed to investigate the relationship between smoking and prematurity supervised by Mr. Todd M. Frazier, Director of the Bureau of Biostatistics, with the assistance of Dr. George W. Davis, Clinical Director for Maternity Hygiene,

was advanced successfully to completion of intake of patients at the year's end. The National Institute of Mental Health entered into a contract with the Baltimore City Health Department to finance a study by Dr. Allan Goldfarb, Chief of the Division of Mental Hygiene Research, on the capabilities of school teachers to validly judge behavioral types among school children. As mentioned earlier, the Assistant Commissioner of Health for Research and Planning personally undertook supervision of a state-wide survey of aged persons with a grant from the State Commission on Aging for the expenses of the field work involved. Finally, the Hygiene of Housing Study entered its last year on August 1, with all of the field work completed, analytical plans approved, and a draft outline of the final report on file.

The Assistant Commissioner of Health for Research and Planning, an occasional consultant to the World Health Organization, was invited and served for a period of one month at the Malaria Eradication Training Center in Jamaica, West Indies. He also served as an advisor to the oral poliomyelitis vaccine unit of the Ministry of Health of Cuba.

#### *Concluding Note*

Toward the end of the year, a conference was held with State Health Department officials which involved responsible expressions of conflicting points of view on such divergent subjects as relationships between the state and city laboratories, milk and food sanitation procedures, administration of community mental hygiene clinics, and state chronic disease hospital requirements for community nursing services. Among other problems, these areas constitute matters which will require the attention of the Research and Planning Section in the coming year.

#### **Personnel**

Matthew Tayback, Sc.D., Assistant Commissioner of Health  
H. Margaret Lea, M.A., Senior Statistician  
Thelma B. Lambert, B.S. Statistician  
Letruce M. Boyle, Principal Clerk Stenographer  
Robert Daffer, Engineering Aide, (Drafting)  
Gertrude Cordish, Senior Statistical Clerk  
Betty Durham, Senior Clerk Typist  
Sophia Roch, Senior Clerk Typist  
Barbara Brown, Clerk Typist  
Marion A. Silcox, Clerk Typist

## BUREAU OF BIOSTATISTICS

Todd M. Frazier, Sc.M.

*Director*

On September 28 the Bureau of Biostatistics launched a new procedure for the continuous study of the health of the city's population to be known as the Baltimore Health Survey. A pilot study made in October tested the questionnaire that public health nurses will use to interview 100 randomly selected families each month throughout 1960. In general the objectives of this long range survey will be:

1. To collect information on the extent of illness.
2. To measure the extent to which the population is protected against such preventable diseases as poliomyelitis and diphtheria.
3. To estimate population movement to and from the city.
4. To provide a fact finding device that can quickly and with known precision answer questions of material public health importance.

The Baltimore Health Survey will be an additional means for providing needed health data and information. By taking its place along with the existing system of death and communicable disease statistics it will strengthen the Health Department's techniques for obtaining medical and public health intelligence.

For the second consecutive year the infant mortality continued to increase over the 1957 rate. The 1959 rate was 35.4 deaths per 1,000 liveborn infants compared to 35.2 in 1958. Nonwhite infants died at the rate of 47.0 per 1,000 liveborn in 1959, a rate of 5 per cent higher than the 1958 level of 44.7. The numerous studies of the causes of increased infant mortality, particularly among premature nonwhite infants during the first four weeks of life, have so far failed to solve this problem, although suggestions for remedial action have been based upon these investigations.

The number of residents of Baltimore City on July 1, 1959 was estimated as 987,000 of which 313,000 or 32 per cent was nonwhite. Continuing a trend which has been consistent since 1943, the size of the white community dropped 1 per cent from 681,000 in 1958 to 674,000 in 1959, and the nonwhite population increased 4 per cent from 301,000 to 313,000. As the white population declines in size, significant changes are noted in the age profile, the most important of which is the rapid growth in the number of aged persons in the population. In contrast, as the nonwhite population increases, the growth is of marked proportions in the group under fifteen years of age.

More than 3,000 expectant mothers were interviewed during the year

in a study concerned with the possible relationship between smoking habits, personality traits and the incidence of premature birth. The results of this study, which is supported by the National Institute of Neurological Diseases and Blindness, will be presented in 1960.

The director of the bureau continued to serve as the Secretary of the Joint Anesthesia Study Committee of the Baltimore City Health Department and the Baltimore City Medical Society which has functioned in Baltimore since 1953. A report of the first 1,024 deaths studied by this group has been submitted for publication.

### Personnel

Todd M. Frazier, Sc.M., Director  
Margaret E. Amspacher, Senior Statistical Clerk  
Elizabeth V. Steman, Senior Statistical Clerk  
Ruth Gees, Senior Statistical Clerk  
Thelma O. Scott, Senior Clerk Stenographer  
Kenyon Burdick, Senior Tabulating Equipment Operator  
Charlotte Allen, Tabulating Equipment Operator  
Ida M. Padgett, Senior Key Punch Operator  
Helen Boesche, Key Punch Operator  
Anna Greengold, Key Punch Operator  
Pauline M. Krebs, Key Punch Operator  
Ruby L. Rollins, Key Punch Operator  
Anna C. Nini, Statistical Clerk

## BUREAU OF VITAL RECORDS

Sidney M. Norton, B.S.

*Director*

There was little change in the extent of bureau activities in 1959 as compared with the previous year. A total of 52,634 transcripts of death certificates was issued, a decrease of 505 from the number issued in 1958. Transcripts of birth certificates issued, however, increased by 334 giving a total of 20,044 by the end of the year. This slight increase was due to a somewhat greater demand for proof of birth for persons who planned out-of-country travel and who required proof of citizenship for passport purposes. A total of 2,307 Statement of Age cards was issued to minors in connection with obtaining work permits and to parents for children about to enter parochial and public schools for the first time. Official verification of essential birth and death facts required by accredited private and government agencies was responsible for the 12,109 birth verifications and the 858 death verifications issued. Most of the requests for verification of births came from the City's Department of Public Welfare for new clients, the Probation Department of the Supreme Bench of Baltimore City in connection with bastardy proceedings, and by veterans' agencies which required such proof to settle insurance claims of deceased veterans.

The bureau's interviewing staffs held a total of 7,954 personal interviews in connection with alterations made on birth and death certificates; a total of 3,896 mail requests was received during the year from persons who sought assistance with making amendments on their own and their children's original birth records. Interviewers made 9,192 alterations on birth certificates, 342 amendments on death certificates and added 1,128 given names on certificates on which this item of information was not completed when the original certificate was officially registered with the Health Department.

On May 11 the bureau began to issue Verifax copies of death certificates. This process enabled the bureau to issue transcripts of deaths within 15 minutes after an application and required fee had been placed with the Bureau of Receipts cashier. The year-end tabulation showed that since the innovation of the Verifax process for producing reproductions of death certificates, 82 per cent of all death transcripts issued were by this process. This new procedure was well received by funeral directors, attorneys and the general public who had need for expeditious service in receiving transcripts of death records.

A slight increase was noted in the number of replaced birth certificates

following legal adoption, legitimation and adjudication of paternity as provided in Section 22 of Article 43 of the Annotated Code of Maryland. A total of 848 new certificates was made for adopted children for whom Certificates of Adoption were received from court clerks; 242 replaced certificates were made for out of wedlock children whose natural parents had married subsequent to the births of these children; and 3 new records were made for infants whose paternity had been adjudicated. Of considerable significance was the 53 per cent decrease in the number of unreported birth certificates filed the previous year; this total fell from 13 to 6 such cases and required the approval of the Commissioner of Health for official filing. Another noteworthy decrease was observed in the 293 delayed birth certificates filed in 1959; this figure would have been much lower had it not been for a host of State employees born prior to 1900 who required proof of age to satisfy their retirement system directive. In accordance with new regulations relating to delayed birth certificates approved by the State Board of Health, both the City and State Health Departments changed their critical age for filing a delayed birth from six to seven years. This meant that delayed birth certificates would be filed for persons seven years of age and over and that unreported births would be filed for children up to seven years of age.

In order to afford mothers of newborn children an opportunity to have changes made on their infants' original birth certificates in a location near their homes, the bureau director arranged to have monthly personal conferences with mothers in the areas within a short walking distance from both the Druid Health District building and the Eastern Health District building. Such sessions were begun October 23 at Druid and on November 27 at Eastern. This was the first time that any city vital records office had taken its services into a special area of a city.

The Birth Record Correction Advisory Service sponsored by the City Health Department in cooperation with the Legal Aid Bureau of Baltimore completed ten years of successful service to Maryland residents who required assistance with birth certificate problems. Of the 182 cases handled, 39 involved legal adoption, 54 dealt with legitimation of out of wedlock children, 3 cases involved the adjudication of paternity of illegitimate children, 10 cases involved changes in names on the basis of usage, 7 required legal change of names, 56 involved a variety of changes made in the spelling of names and because of incorrect ages and birthplaces of parents, and 13 cases involved the filing of delayed birth certificates. Eighteen persons were referred to private attorneys for legal assistance with their birth record problems and 23 persons were referred to the Legal Aid Bureau for help. The table which follows indicates the extent of selected major vital records activities for the period 1950 to 1959, inclusive.

BUREAU OF VITAL RECORDS

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SELECTED VITAL RECORDS ACTIVITIES FOR THE PERIOD 1950-1959

YEAR	CERTIFICATIONS ISSUED			VERIFICATION ISSUED			DELAYED BIRTH RECORDS FILED		CERTIFICATES REPLACED (SECTION 22, ART. 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
1959	20,044*	52,634	2,807**	12,109	858	2,307	6	203	848	242
1958	19,710	53,139	3,034	11,319	941	2,392	13	310	808	228
1957	21,128	53,002	3,585	9,492	921	2,335	18	318	732	271
1956	23,152	50,995	3,783	8,121	906	2,429	9	378	631	226
1955	20,758	46,420	3,565	8,106	1,000	2,086	3	398	705	170
1954	20,951	42,055	3,638	7,933	982	1,632	10	407	632	203
1953	19,936	42,339	3,394	7,412	1,028	2,061	13	429	639	235
1952	20,498	40,010	3,452	6,288	819	2,941	65	584	604	222
1951	21,058	35,368	2,964	6,057	751	3,403	49	380	502	262
1950	16,711	33,438	2,222	8,825	1,010	2,783	146	331	486	215

\* Includes 4,032 Certification of Birth-Short Form.

\*\* Statement of Births and Deaths Not Found on File.

\*\*\* Includes 3 cases of Adjudication of Paternity.

Personnel

Sidney M. Norton, B.S., Director  
 Ida S. Blum, Principal Clerk  
 John Boyle, Principal Clerk  
 Mary A. Hohrein, Principal Clerk  
 James G. McLaughlin, Principal Clerk  
 Linda D. Whitney, Principal Clerk  
 Roselin Shapiro, Senior Clerk Stenographer  
 Gregory Hawkins, Senior Clerk  
 Lorraine Meyers, Senior Clerk  
 Joyce Washington, Senior Clerk  
 Dorothy Johns, Senior Clerk Typist  
 Evelyn Schwartz, Senior Clerk Typist  
 Margaret Kaiser, Senior Addressograph Operator  
 Josephine A. Roemer, Senior Addressograph Operator  
 Warren Williams, Equipment Operator  
 Harriet Brown, Clerk Typist  
 Alice Gibbs, Clerk Typist  
 Elizabeth H. Guise, Clerk Typist  
 Donald Johnson, Clerk Typist  
 Robert L. Thornton, Clerk

## VITAL STATISTICS TABLES

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TABLE NO. 1  
ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER  
1,000 POPULATION BY COLOR, BALTIMORE, MARYLAND—1950-1959

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
1959.....	987,000	674,000	313,000	23,893	12,577	11,316	24.2	18.7	36.2	11,225	7,928	3,297	11.4	11.8	10.5
1958.....	982,000	681,000	301,000	24,464	13,380	11,084	24.9	19.6	36.8	11,446	8,069	3,377	11.7	11.8	11.2
1957.....	979,000	688,000	291,000	25,067	14,305	10,762	25.6	20.8	37.0	11,464	8,259	3,205	11.7	12.0	11.0
1956.....	974,000	694,000	280,000	23,782	14,032	9,750	24.4	20.2	34.8	11,131	8,121	3,010	11.4	11.7	10.8
1955.....	968,000	700,500	265,500	23,291	14,366	8,925	24.1	20.5	33.0	10,781	7,967	2,814	11.2	11.4	10.6
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	10,624	7,835	2,789	11.2	10.8	12.3

\* See 1939 Annual Report, page 263 for corrected population estimates 1890-1929 and 1957 Annual Report page 306 for corrected population estimates 1930-1949.

TABLE NO. 2  
RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR  
BALTIMORE, 1950-1959

YEAR	NUMBER			RATE		
	Total	White	Colored	Total	White	Colored
1959.....	9,595	6,047	3,548	9.7	9.0	11.3
1958.....	9,333	6,047	3,286	9.5	8.9	10.9
1957.....	10,635	7,075	3,560	10.9	10.3	12.2
1956.....	11,285	7,590	3,695	11.6	10.9	13.2
1955.....	10,833	7,504	3,329	11.2	10.7	12.5
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

See 1957 Annual Report page 307 for marriages and rates 1935-1949.

TABLE NO. 3  
RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF  
BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1959

PLACE OF BIRTH AND ATTENDANCE	RECORDED						RESIDENT					
	LIVE BIRTHS			FETAL DEATHS (STILL-BIRTHS)			LIVE BIRTHS			FETAL DEATHS (STILL-BIRTHS)		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Grand Total.....	38,855	26,693	12,162	641	361	280	23,893	12,577	11,316	441	192	249
Hospital.....	38,346	26,565	11,781	611	350	261	23,391	12,456	10,935	412	182	230
Baltimore City Hospitals.....	5,343	562	4,781	95	13	82	5,257	511	4,746	93	13	80
Bon Secours Hospital.....	2,035	2,033	2	23	23	..	920	919	1	12	12	..
Church Home and Hospital.....	1,066	998	8	14	14	..	348	341	7	5	5	..
Doctors Hospital.....	1,069	1,063	6	9	9	..	486	482	4	6	6	..
Franklin Square Hospital.....	1,280	619	661	16	6	10	1,032	408	624	14	4	10
Hospital for Women of Maryland....	3,225	3,211	14	37	37	..	1,574	1,564	10	19	19	..
Johns Hopkins Hospital.....	3,211	1,645	1,566	74	28	46	1,963	735	1,228	47	11	36
Lutheran Hospital of Maryland.....	2,278	1,879	399	26	20	6	1,197	843	354	12	8	4
Maryland General Hospital.....	2,335	2,325	10	23	23	..	931	924	7	11	11	..
Mercy Hospital.....	2,576	2,570	6	27	27	..	1,335	1,332	3	15	15	..
Provident Hospital.....	1,976	2	1,974	45	..	45	1,684	2	1,682	39	..	39
St Agnes Hospital.....	1,813	1,808	5	17	17	..	515	512	3	2	2	..
St Joseph's Hospital.....	1,290	1,279	11	33	26	7	636	628	8	19	12	7
Sinai Hospital.....	3,134	2,626	508	47	37	10	1,696	1,230	466	31	23	8
South Baltimore General.....	781	779	2	19	19	..	477	476	1	13	13	..
Union Memorial Hospital.....	1,851	1,845	6	32	30	2	860	856	4	15	14	1
University Hospital.....	3,143	1,321	1,822	74	21	53	2,144	506	1,638	56	11	45
Out of city hospitals.....	..	..	..	..	..	..	336	187	149	3	3	..
Home.....	509	128	381	30	11	19	502	121	381	29	10	19
Physician.....	358	96	262	26	10	16	363	99	264	25	9	16
Midwife.....	83	16	67	..	..	..	85	16	69	..	..	..
Other.....	68	16	52	4	1	3	54	6	48	4	1	3

TABLE NO. 4  
MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY  
COLOR—1950-1959

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												
1959.....	8	2	6	441	192	249	847	315	532	607	231	376
1958.....	15	3	12	444	179	265	861	366	495	656	275	381
1957.....	15	11	4	408	179	229	868	355	513	661	275	386
1956.....	10	4	6	406	215	191	714	334	380	516	251	265
1955.....	12	3	9	354	195	159	723	340	383	525	246	279
1954.....	13	2	11	408	214	194	751	387	364	548	302	246
1953.....	7	1	6	391	222	161†	687	385	302	513	306	207
1952.....	12	2	10	435	240	193†	635	314	321	446	239	207
1951.....	10	5	5	456	249	207	674	373	301	497	291	206
1950.....	18	8	10	460	270	190	581	307	274	425	240	185
DEATH RATES**												
1959.....	3.3	1.6	5.3	18.5	15.3	22.0	35.4	25.0	47.0	25.4	18.4	33.2
1958.....	6.1	2.2	10.8	18.1	13.4	23.9	35.2	27.4	44.7	26.8	20.6	34.4
1957.....	6.0	7.7	3.7	18.3	12.5	21.3	34.6	24.8	47.7	26.4	19.2	35.9
1956.....	4.2	2.9	6.2	17.1	15.3	19.6	30.0	23.8	39.0	21.7	17.9	27.2
1955.....	5.2	2.1	10.1	15.2	13.6	17.8	31.0	23.7	42.9	22.5	17.1	31.3
1954.....	5.5	1.3	12.8	17.3	14.3	22.6	31.9	25.9	42.5	23.3	20.2	28.7
1953.....	3.1	0.7	7.4	17.2	15.2	19.8	30.2	26.3	37.2	22.5	20.9	25.5
1952.....	5.3	1.3	12.8	19.1	16.0	24.8	27.9	20.9	41.2	19.6	15.9	26.6
1951.....	4.4	3.3	6.5	20.1	16.7	26.9	29.8	25.0	39.1	22.0	19.5	26.8
1950.....	8.4	5.6	13.9	21.5	19.0	26.3	27.2	21.7	38.0	19.9	16.9	25.6

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

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

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



TABLE NO. 6  
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH  
ACCORDING TO AGE AT DEATH—1959

INT. LIST NO.	CAUSE OF DEATH	COLOR	TOTAL UNDER ONE YEAR	AGE GROUP					
				Under 1 Day	1-6 Days	7-27 Days	28 Days-2 Months	3-5 Mos.	6-11 Mos.
	ALL CAUSES	T W C	847 815 532	301 123 178	232 88 144	74 20 54	111 32 79	76 28 48	53 24 29
045.4	Bacillary dysentery Other and unspecified	W	..	..	..	..	1	..	..
053.4	Septicemia and pyemia Organism unspecified	W C	1 1	..	..	..	1	1	..
096.0	Other diseases attributable to viruses Herpes febrilis	C	1	..	..	..	1	..	..
204.2	Monocytic leukemia	C	1	..	..	..	..	..	1
229	Benign neoplasm of other and unspecified organs and tissues	C	1	..	..	..	1	..	..
274	Diseases of adrenal glands	W	1	..	..	..	..	1	..
292.6	Sickle cell anemia	C	1	..	..	..	..	..	1
296	Purpura and other hemorrhagic conditions	W C	1 1	..	1	1	..	..	..
325.4	Mongolism	W	1	..	..	..	..	1	..
331	Cerebral hemorrhage	C	1	..	..	..	..	1	..
334	Other and ill-defined vascular lesions affecting central nervous system	C	2	..	..	..	1	1	..
	Meningitis (except meningococcal and tuberculosis)								
340.0	H. influenza	W	1	..	..	..	..	..	1
340.1	Pneumococcus	W	1	..	..	..	..	1	..
340.2	Due to other specified organism	C	1	..	..	1	..	..	..
340.3	With no organism specified as cause	C	2	..	..	..	..	1	1
341	Phlebitis and thrombophlebitis of intracranial venous sinuses	W	1	..	..	1	..	..	..
353.1	Epilepsy Grand mal	W	1	..	..	..	..	..	1
355	Other diseases of brain	C	1	..	..	..	1	..	..
391.2	Otitis media without mention of mastoiditis Unspecified	W C	2 7	..	..	1	2	1 3	.. 2
431	Acute myocarditis not specified as rheumatic	C	1	..	..	..	1	..	..
472.1	Acute pharyngitis Other	W	1	..	..	..	..	1	..
475	Acute upper respiratory infection of multiple or unspecified sites	W C	3 4	..	..	..	1 1	1 2	1 1
490	Pneumonia (except of newborn, code 763) Lobar	W C	2 2	..	..	..	1 2	1	..
491	Broncho	W C	7 1	..	..	..	..	3	2
492	Primary, atypical	W C	28 2	..	..	..	17 1	5 1	6
493	Other and unspecified	W C	7 3 1	..	..	..	4 1 1	1 ..	1 2
500	Bronchitis Acute	W C	1 2	..	..	..	1	..	..
502.1	Other Chronic	W	1	..	..	..	..	1	..
517	Other diseases of upper respiratory tract	C	4	..	..	1	2	..	1
518	Empyema	W	1	..	..	..	1	..	..

TABLE NO. 6—Continued  
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH  
ACCORDING TO AGE AT DEATH—1959

INT. LIST NO.	CAUSE OF DEATH	COLOR	TOTAL UNDER ONE YEAR	AGE GROUP					
				Under 1 Day	1-6 Days	7-27 Days	28 Days-2 Months	3-5 Mos.	6-11 Mos.
522	Pulmonary congestion and hypostasis	W	1	..	..	..	1	..	..
525	Other chronic interstitial pneumonia	W	7	..	..	..	2	4	1
		C	26	..	..	..	14	10	2
527.2	Other diseases of lung and pleural cavity	W	1	..	..	..	..	1	..
560.2 560.4	Hernia of abdominal cavity without mention of obstruction Umbilical Site other than inguinal, femoral, umbilical or ventral	C	1	..	..	..	..	..	1
		W	1	..	..	..	1	..	..
		C	1	..	..	1	..	..	..
561.5	Hernia of abdominal cavity with obstruction Site unspecified	W	1	..	..	..	1	..	..
570.0 570.5	Intestinal obstruction without mention of hernia Intussusception Other than those listed under codes 570.0-570.4	C	1	..	..	..	..	..	1
		C	1	..	..	..	1	..	..
		C	1	..	..	..	..	..	1
571.0	Gastro-enteritis and colitis, except ulcerative, ages between 4 weeks and two years	W	4	..	..	..	..	1	3
		C	20	..	..	..	13	5	2
600.0	Pyelitis, pyelocystitis, and pyelonephritis	C	1	..	..	..	..	1	..
601	Hydronephrosis	C	1	..	..	..	..	1	..
692.0	Other cellulitis and abscess of head and neck without mention of lymphangitis	C	1	..	..	..	..	..	1
693.4	Other cellulitis and abscess of leg with lymphangitis	C	1	..	..	..	..	1	..
744.1	Inborn defect of muscle	C	1	..	1	..	..	..	..
750	Monstrosity	W	3	2	1	..	..	..	..
751	Spina bifida and meningocele	W	3	1	..	..	1	..	1
		C	3	1	..	..	2	..	..
752	Congenital hydrocephalus	W	2	1	..	..	..	..	1
		C	3	..	..	..	1	2	..
754.1 754.2 754.3 754.5 754.6 754.7	Congenital malformations of circulatory system Patent ductus arteriosus Interventricular septal defect Interauricular septal defect Other and unspecified malformations of heart Coarctation of aorta Other circulatory malformations	W	5	1	3	..	..	1	..
		W	3	..	1	..	1	1	..
		W	1	..	..	..	..	1	..
		W	18	2	8	1	4	..	3
		C	18	3	8	2	2	2	1
		W	1	..	..	..	1	..	..
		W	1	..	..	..	..	1	..
756.0 756.1 756.2	Congenital malformations of digestive system Congenital hypertrophic pyloric stenosis Imperforate anus Other	C	1	..	..	..	1	..	..
		W	1	..	..	..	1	..	..
		W	5	..	1	2	2	..	..
		C	5	..	..	5	..	..	..
757.1	Congenital malformations of genito-urinary system Polycystic disease of kidney	W	1	..	..	..	..	1	..
		C	1	1	..	..	..	..	..
757.3	Other than malformations of kidney or external genital organs	W	3	1	1	..	1	..	
758.1 758.2 758.3	Congenital malformations of bone and joint Chondrodystrophy Congenital malformations of skull Brittle bones	C	1	1	..	..	..	..	..
		W	1	..	..	1	..	..	..
		C	1	..	1	..	..	..	..
759.0	Congenital malformations of respiratory system	W	2	1	..	..	..	..	1
		C	3	2	..	..	1	..	..
		C	1	1	..	..	..	..	..
759.3	Congenital malformations of muscle Unspecified malformations and any other than those listed under codes 750-759.2	W	6	3	1	1	1	..	..
		C	3	1	..	2	..	..	..

TABLE NO. 6—Continued  
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH  
ACCORDING TO AGE AT DEATH—1959

INT. LIST NO.	CAUSE OF DEATH	COLOR	TOTAL UNDER ONE YEAR	AGE GROUP					
				Under 1 Day	1-6 Days	7-27 Days	28 Days-2 Months	3-5 Mos.	6-11 Mos.
760	Intracranial and spinal injury at birth	W	19	9	7	2	..	..	1
		C	30	14	14	1	..	..	1
761	Other birth injury	W	9	7	2	..	..	..	..
		C	10	6	4	..	..	..	..
762	Postnatal asphyxia and atelectasis	W	37	23	14	..	..	..	..
		C	34	22	12	..	..	..	..
763	Pneumonia of newborn	W	11	3	2	6	..	..	..
		C	31	5	8	18	..	..	..
764	Diarrhea of newborn	W	1	..	..	1	..	..	..
		C	3	..	..	3	..	..	..
768	Other sepsia of newborn	W	5	..	2	..	3	..	..
		C	14	1	8	4	1	..	..
769.1	Neonatal disorders arising from certain diseases of the mother during pregnancy Maternal diabetes, without mention of immaturity	W	1	1	..	..	..	..	..
		W	1	1	..	..	..	..	..
770	Hemolytic disease of newborn	W	3	2	1	..	..	..	..
		C	3	1	2	..	..	..	..
771	Hemorrhagic disease of newborn	W	1	..	..	1	..	..	..
		C	6	1	3	1	1	..	..
772	Nutritional maladjustment	W	2	..	..	..	1	..	1
		C	4	..	..	1	2	1	..
773	Ill-defined diseases peculiar to early infancy	W	21	7	13	..	..	1	..
		C	32	14	16	1	..	1	..
774	Immaturity with mention of any other subsidiary condition not classifiable under 760-773	W	3	1	1	..	1	..	..
		C	6	5	1	..	..	..	..
776	Immaturity unqualified	W	85	55	28	1	1	..	..
		C	169	95	62	11	1	..	..
780.2	Convulsions	C	1	..	..	..	..	..	1
788.8	Pyrexia of unknown origin	C	1	..	..	..	..	1	..
795.0	Other ill-defined conditions	W	3	1	1	1	..	..	..
		C	2	..	2	..	..	..	..
795.5	Other unknown and unspecified causes	C	2	1	..	..	..	..	1
816	Other motor vehicle traffic accident involving two or more motor vehicles	W	1	..	..	..	..	..	1
902.0	Other falls from one level to another	W	2	..	..	1	1	..	..
		C	5	1	..	1	2	..	1
916.0	Accident caused by fire and explosion of combustible material	W	1	..	..	..	1	..	..
		C	3	..	..	..	..	2	1
921.0	Inhalation and ingestion of food causing obstruction or suffocation	C	2	..	..	..	..	2	..
922.0	Inhalation and ingestion of other object causing obstruction or suffocation	W	1	..	..	..	..	..	1
		C	1	..	..	..	..	1	..
924.0	Accidental mechanical suffocation in bed and cradle	W	4	..	..	..	..	2	2
		C	3	..	1	..	..	1	1
926	Lack of care of infants under 1 year of age	W	1	1	..	..	..	..	..
		C	2	2	..	..	..	..	..
940.7	Generalized vaccinia following vaccination	C	1	..	..	..	..	1	..
950.7	Therapeutic misadventure in surgical treatment	C	2	..	..	..	1	1	..
983	Assault by other means	C	1	..	1	..	..	..	..





TABLE NO. 7—Continued  
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1959

INTERNATIONAL LIST No.	CAUSE OF DEATH	TOTALS		AGE GROUPS																										
		Grand Total	By Color	By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over	Age Not Specified		
				W	C																								M	F
152-153	Malignant neoplasm of intestine, except rectum	188	W 154 C 34	M 61 F 93	..	..	..	..	..	..	..	..	..	..	1	..	1	2	1	1	6	1	9	10	15	14	5	6	6	..
154	Malignant neoplasm of rectum	72	W 55 C 17	M 32 F 23	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	3	3	3	12	3	2	2	2	2	2	..
161	Malignant neoplasm of larynx	18	W 12 C 6	M 12 F 6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	3	4	..	..	..	..	..	..	..
162-163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	287	W 224 C 63	M 108 F 26	..	..	..	..	..	..	..	..	..	1	1	1	1	6	10	23	37	42	35	32	7	2	1	1	1	..
170	Malignant neoplasm of breast	132	W 137 C 45	M 136 F 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	13	13	15	27	16	15	10	7	..	
171	Malignant neoplasm of cervix uteri	71	W 42 C 29	M 42 F 29	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	2	3	1	3	3	3	2	..	

II—NEOPLASMS—CONTINUED

VITAL STATISTICS TABLES

	43	W	32	F	32	11	F	11	1	1	1	1	2	5	5	6	5	6	5	4	1	2
172-174	Malignant neoplasm of other and unspecified parts of uterus, including chorionepithelioma	C	11	F	11											4	1	3	1			
177	Malignant neoplasm of prostate	W	60	M	60											4	5	12	13	11	10	5
190-191	Malignant neoplasm of skin	W	13	M	9											2	1	2	2			
196-197	Malignant neoplasm of bone and connective tissue	W	12	M	4											2	1	1	1			
155-160, 164, 165, 175-176, 178-181, 192-195, 198-199	Malignant neoplasm of all other and unspecified sites	W	383	M	207											7	9	11	20	32	41	33
204	Leukemia and aleukemia	W	46	M	22											3	17	21	25	19	28	23
200-203, 205	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system	W	13	M	10											1	1	1	3	1	2	1
210-239	Benign neoplasms and neoplasms of unspecified nature	W	24	M	13											1	1	1	2	3	4	1

























TABLE NO. 8  
RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR  
CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1950

CAUSE OF DEATH	RECORDED						RESIDENT					
	Number			Rate per 100,000 Population*			Number			Rate per 100,000 Population*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
All Causes .....	12,543	9,867	3,176	12.7	13.9	10.1	11,225	7,928	3,297	11.4	11.8	10.5
Tuberculosis, all forms (001-019).....	107	57	50	10.8	8.5	16.0	145	75	70	14.7	11.1	22.4
<i>Respiratory tuberculosis</i> (001-008).....	88	41	45	8.7	6.1	14.4	139	71	68	14.1	10.6	21.7
Syphilis (020-029).....	24	5	19	2.4	0.7	6.1	36	8	28	3.6	1.2	8.9
Typhoid fever (040).....	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery (045-048).....	5	4	1	0.5	0.6	0.3	5	4	1	0.5	0.6	0.3
Other infective diseases of the intestinal tract (041-044, 049).....	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..
Scarlet fever and streptococcal sore throat (050-051).....	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (055).....	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough (056).....	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infections (057).....	9	7	2	0.9	1.0	0.6	5	3	2	0.5	0.4	0.6
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	17	14	3	1.7	2.1	1.0	12	9	3	1.2	1.3	1.0
Poliomyelitis, acute (080-081) ..	1	1	..	0.1	0.1	..	..	..	..	..	..	..
Encephalitis (082-083).....	8	6	2	0.8	0.9	0.6	6	4	2	0.6	0.6	0.6
Smallpox (084).....	..	..	..	..	..	..	..	..	..	..	..	..
Measles (085).....	2	2	..	0.2	0.3	..	2	2	..	0.2	0.3	..
Other virus diseases (086-096) ..	5	3	2	0.5	0.4	0.6	2	..	2	0.2	..	0.6
Typhus and rickettsial diseases (100-108).....	1	1	..	0.1	0.1	..	..	..	..	..	..	..
Other infective and parasitic diseases (110-138).....	1	..	1	0.1	..	0.3	2	..	2	0.2	..	0.6
Malignant neoplasms (140-205).....	2,113	1,681	432	214.1	249.4	138.0	1,838	1,378	460	186.2	204.5	147.0
<i>Lymphatic and hematopoietic</i> (200-205).....	194	165	29	19.7	24.5	9.8	143	118	25	14.5	18.6	9.9
Benign and unspecified neoplasms (210-239).....	57	48	9	5.8	7.1	2.9	33	24	9	3.3	3.6	2.9
Diabetes (260).....	267	214	53	27.1	31.8	16.9	230	176	54	23.3	26.1	17.3
Anemias (280-283).....	21	15	6	2.1	2.2	1.9	18	12	6	1.8	1.8	1.9
Other diseases of the blood and blood-forming organs (294-499).....	10	7	3	1.0	1.0	1.0	6	4	2	0.6	0.6	0.6
Vascular lesions of the central nervous system (330-334).....	940	663	277	95.2	98.4	88.5	871	572	299	88.2	84.9	95.5
Rheumatic fever (400-402).....	9	3	6	0.9	0.4	1.9	7	1	6	0.7	0.1	1.9
Diseases of the heart (410-443) ..	5,018	4,070	948	508.4	603.9	302.9	4,735	3,732	1,003	479.7	553.7	320.4
<i>Chronic rheumatic heart disease</i> (410-416).....	140	115	25	14.2	17.1	8.0	100	77	23	10.1	11.4	7.3
<i>Arteriosclerotic and degenerative heart disease</i> (420-428).....	3,325	3,230	95	337.5	436.6	174.1	3,621	3,058	565	366.9	450.5	186.9
<i>Other diseases of the heart</i> (430-434).....	124	99	25	12.6	14.7	8.0	83	65	18	9.4	9.6	8.9
<i>Hypertensive heart disease</i> (440-443).....	929	576	353	94.1	85.5	112.8	921	554	367	93.3	82.2	117.3

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

VITAL STATISTICS TABLES

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TABLE NO. 8—Concluded

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1959

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).....	58	36	22	5.9	5.3	7.0	55	29	26	5.6	4.3	8.3
Arteriosclerosis (450).....	124	100	24	12.6	14.8	7.7	119	95	24	12.1	14.1	7.7
Other diseases of the circulatory system (451-468).....	168	124	44	17.0	18.4	14.1	138	94	44	14.0	13.9	14.1
Nephritis and nephrosis (590-594).....	106	57	49	10.7	8.5	15.7	100	53	48	10.1	7.7	15.3
<i>Acute nephritis and nephritis with edema, including nephrosis (590-591).....</i>	10	7	3	1.0	1.0	1.0	11	7	4	1.1	1.0	1.3
Influenza and pneumonia (480-483, 490-493).....	426	261	165	43.2	38.7	52.7	414	250	164	41.9	37.1	52.4
<i>Pneumonia (490-493).....</i>	485	260	165	45.1	38.6	52.7	414	260	164	41.9	37.1	52.4
Bronchitis (500-502).....	39	37	2	4.0	5.5	0.6	37	33	4	3.7	4.9	1.3
Ulcer of the stomach and duodenum (540-541).....	88	65	23	8.9	9.6	7.3	75	53	22	7.6	7.9	7.0
Appendicitis (550-553).....	16	12	4	1.6	1.8	1.3	9	6	3	0.9	0.9	1.0
Intestinal obstruction and hernia (560-570).....	103	83	20	10.4	12.3	6.4	80	62	18	8.1	9.2	5.8
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	73	44	29	7.4	6.5	9.3	60	32	28	6.1	4.7	8.9
Cirrhosis of the liver (581).....	235	188	47	23.8	27.9	15.0	213	164	49	21.6	24.3	15.7
Hyperplasia of prostate (610).....	21	16	5	2.1	2.4	1.6	16	12	4	1.6	1.8	1.3
Puerperal causes (640-689).....	10	5	5	2.6	1.9	4.1	8	2	6	3.3	1.6	5.3
Congenital malformations (750-759).....	240	180	60	24.3	26.7	19.2	125	70	55	12.7	10.4	17.6
Certain diseases of early infancy (760-776).....	777	417	360	78.7	61.9	115.0	541	199	342	54.8	29.5	100.3
<i>Pneumonia of newborn (763).....</i>	60	28	32	6.1	4.9	10.2	49	11	31	4.3	1.6	9.9
<i>Diarrhea of newborn (764).....</i>	5	1	4	0.5	0.1	1.3	4	1	3	0.4	0.1	1.0
Senility, ill-defined and unknown conditions (780-795).....	38	25	13	3.9	3.7	4.2	37	24	13	3.7	3.6	4.2
All other diseases.....	698	459	239	70.7	68.1	76.4	608	300	248	61.6	53.4	79.2
Accidents, total (800-962).....	527	348	179	53.4	51.6	57.2	459	283	176	46.5	43.0	56.2
<i>Motor vehicle accidents (810-835).....</i>	180	123	57	18.2	18.2	18.2	144	91	53	14.6	13.5	16.9
<i>Home accidents.....</i>	195	123	72	19.8	18.2	23.0	171	101	70	17.3	15.0	22.4
<i>Occupational accidents.....</i>	36	29	7	3.6	4.4	2.2	30	18	12	3.0	2.7	3.8
<i>All other accidents.....</i>	116	73	43	11.8	10.8	15.8	114	73	41	11.6	10.8	15.1
Suicides (963, 970-979).....	97	84	13	9.8	12.5	4.2	96	81	15	9.7	12.0	4.8
Homicides (964, 980-985).....	83	24	59	8.4	3.6	18.8	81	22	59	8.2	3.3	18.8

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





















TABLE NO. 12  
 REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN  
 COMMUNICABLE DISEASES ACCORDING TO COLOR—1950-1959\*

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
TYPHOID FEVER (not including paratyphoid fever)	1959.....	3	2	1	0.3	0.3	0.3
	1958.....	2	1	1	0.2	0.1	0.3
	1957.....	3	..	3	0.2	..	1.0
	1956.....	5	2	3	0.5	0.3	1.1
	1955.....	7	1	6	0.7	0.1	2.3
	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
MEASLES	1959.....	1,138	767	371	115.3	113.8	118.5
	1958.....	3,723	2,063	1,660	379.1	302.9	551.5
	1957.....	1,759	409	1,350	179.7	59.4	463.9
	1956.....	4,943	3,132	1,811	507.5	451.3	646.8
	1955.....	925	500	425	95.8	71.4	160.1
	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
SCARLET FEVER	1959.....	212	164	48	21.5	24.3	15.3
	1958.....	199	127	72	20.3	18.6	23.9
	1957.....	206	149	57	21.0	21.7	19.6
	1956.....	318	236	82	32.6	34.0	29.3
	1955.....	310	263	47	32.1	37.5	17.7
	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
WHOOPING COUGH	1959.....	110	68	42	11.1	10.1	13.4
	1958.....	35	22	13	3.6	3.2	4.3
	1957.....	243	110	133	24.8	16.0	45.7
	1956.....	90	24	66	9.2	3.5	23.6
	1955.....	140	57	83	14.5	8.1	31.3
	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
DIPHTHERIA	1959.....	..	..	..	..	..	..
	1958.....	1	1	..	0.1	0.1	..
	1957.....	..	..	..	..	..	..
	1956.....	1	1	..	0.1	0.1	..
	1955.....	2	1	1	0.2	0.1	0.4
	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
TUBERCULOSIS OF THE RESPIRA- TORY SYSTEM	1959.....	768	363	405	77.8	53.9	129.4
	1958.....	832	385	447	84.7	56.5	148.5
	1957.....	991	493	498	101.2	71.6	171.1
	1956.....	1,082	545	537	111.1	78.5	191.8
	1955.....	1,115	586	529	115.4	83.7	199.2
	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

\* For years 1934-1949 see 1957 Annual Report pages 352-354.

## APPENDIX

### A NOTE CONCERNING U. S. SUPREME COURT DECISION ON RIGHT OF ENTRY, FILED MAY 4, 1959

On May 4, 1959 the Supreme Court of the United States filed its decision, upholding the constitutionality of Section 120 of the Baltimore City Code of 1950 which allows the health inspection of any house in the day time where a nuisance is suspected, without a warrant. The 5 to 4 decision in Case No. 278, October Term, 1958, *Aaron D. Frank vs. State of Maryland*, with the dissenting opinion was reported in full in *The Daily Record*, Baltimore, on May 25, 1959. The text of the decision was also published in full in the October-November, 1959 issue of *Baltimore Health News*.

### ORDINANCE PROVIDING ADDITIONAL HOUSING STANDARDS

#### City Ordinance No. 1965

An ordinance approving a renewal plan for the 314 Demonstration Project in the Harlem Park Renewal Area; authorizing the acquisition by purchase or by condemnation by the Mayor and City Council of Baltimore, for urban renewal purposes, of the fee simple title to certain pieces or parcels of land situate in Baltimore City, Maryland, within the area bounded by Edmondson Avenue, North Calhoun Street, Harlem Avenue and North Carey Street; establishing housing standards for the 314 Demonstration Project Area in addition to those found in the Baltimore City Code of 1950, as amended, and all regulations promulgated pursuant thereto; providing penalties for violating any of the provisions of the additional housing standards; providing that the approval of the said renewal plan is not an enactment of any of the amendments to the zoning ordinance proposed therein; waiving such requirements, if any, as to content of or procedure for the preparation, adoption and approval of renewal plans as set forth in Ordinance No. 692, approved December 31, 1958, which the renewal plan for the 314 demonstration project may not meet; providing for the separability of the various parts and applications of this ordinance; and providing for the effective date hereof.

WHEREAS, The area known as the "Harlem Park Area", and bounded by Fremont Avenue, Lafayette Avenue, Monroe Street and Mulberry Street, was heretofore approved and designated as a "Renewal Area" by Ordinance No. 695, approved December 31, 1956; and

WHEREAS, Under Ordinance No. 692, approved December 31, 1956, the Baltimore Urban Renewal and Housing Agency was authorized to prepare Renewal Plans and to Plan and to undertake Renewal Projects in Renewal Areas; and

WHEREAS, The Baltimore Urban Renewal and Housing Agency has prepared a Renewal Plan for the 314 Demonstration Project in a portion of the Harlem Park Area in the area bounded by Edmondson Avenue, North Calhoun Street, Harlem Avenue and North Carey Street, said Plan consisting of 22 pages of narrative and Exhibits numbered 1 through 4, inclusive; and

WHEREAS, The said Renewal Plan was approved as a Renewal Plan by the Planning Commission of Baltimore on January 7, 1959, and approved, adopted and recommended to the City Council by the Baltimore Urban Renewal and Housing Commission on February 6, 1959; now, therefore,

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, that the Renewal Plan for the 314 Demonstration Project identified as "Urban Renewal Plan 314 Demonstration Project No. Md. D-2", having been duly reviewed and considered, is hereby approved, and the Clerk of the City Council is hereby directed to file a copy of said Renewal Plan with the Department of Legislative Reference as a permanent public record and make the same available for public inspection and information.

SEC. 2. *And be it further ordained*. That it is necessary to acquire by purchase or by condemnation for Urban Renewal purposes the pieces or parcels of land with the improvements thereon situate in Baltimore City, Maryland, and described as follows:

Beginning at a point on the north side of Edmondson Avenue 89' more or less east of the northeast corner of the intersection of Edmondson Avenue and North Calhoun Street, thence running northerly parallel with North Calhoun Street for a distance of 96' 4" more or less, thence running easterly parallel with Edmondson Avenue for a distance of 5' 10 $\frac{1}{4}$ " more or less, thence running northerly parallel with North Calhoun Street for a distance of 258' 11" more or less, thence running westerly parallel with Harlem Avenue for a distance of 5' 10 $\frac{1}{4}$ " more or less, thence running northerly parallel with North Calhoun Street for a distance of 96' 6" more or less to a point on the south side of Harlem Avenue 89' more or less from the southeast corner of the intersection of Harlem Avenue and North Calhoun Street, thence running easterly along the south side of Harlem

Avenue for a distance of 5' more or less, thence running southerly parallel with North Calhoun Street for a distance of 91' 3" more or less, thence running easterly parallel with Harlem Avenue for a distance of 84' more or less to a point on the east side of North Woodyear Street at a distance of 91' 3" from the southeast corner of the intersection of North Woodyear Street and Harlem Avenue thence running northerly along the east side of North Woodyear Street for a distance of 25' 11" more or less, thence running easterly parallel with Harlem Avenue for a distance of 36' 7" more or less, thence running southerly parallel with North Carey Street for a distance of 30' more or less, thence running easterly parallel with Harlem Avenue for a distance of 18' 2" more or less, thence running northerly parallel with North Carey Street for a distance of 96' 4" more or less, to a point on Harlem Avenue 102' more or less from the southwest corner of the intersection of Harlem Avenue and North Carey Street thence running easterly along the south side of Harlem Avenue for a distance of 4' more or less, thence running southerly parallel with North Carey Street for a distance of 100' 9" more or less, thence running westerly parallel with Harlem Avenue for a distance of 12' more or less, thence running southerly parallel with North Carey Street for a distance of 249' 10" more or less, thence running easterly parallel with Edmondson Avenue for a distance of 22' more or less, thence running southerly parallel with North Carey Street for a distance of 100' more or less, to a point on the north side of Edmondson Avenue 88' more or less from the northwest corner of the intersection of North Carey Street and Edmondson Avenue, thence running westerly along the north side of Edmondson Avenue for a distance of 10' more or less, thence running northerly parallel with North Carey Street for a distance of 73' 5" more or less, thence running westerly parallel with Edmondson Avenue for a distance of 60' more or less, to a point on the east side of North Woodyear Street at a distance of 73' 5" more or less from the intersection of the northeast corner of Edmondson Avenue and North Woodyear Street, thence running northerly along the east side of North Woodyear Street for a distance of 18' 7" more or less, thence running westerly parallel with Edmondson Avenue for a distance of 84' more or less, thence running southerly parallel with North Calhoun Street for a distance of 92' more or less, to a point on the north side of Edmondson Avenue 93' more or less from the northeast corner of the intersection of North Calhoun Street and Edmondson Avenue, thence running westerly along the north side of Edmondson Avenue for a distance of 4' more or less, to the point of beginning.

Said description comprising all of the properties known as 603, 605, 633, 630, 632 and 634 North Woodyear Street, and Lot 68A, Block 112, Ward 16, Section 13, on the Property Location Plat of the Bureau of Surveys, and comprising the rear 46' 10 $\frac{1}{4}$ " more or less, of the following properties, known as 610, 612, 614, 616, 618, 620, 622, 624, 626, 628, 630, 634 and 638 North Carey Street; and the rear 61' 10 $\frac{1}{4}$ " more or less, of the properties known as 611, 613, 615, 617, 619, 621, 623, 625, 627 and 629 North Calhoun Street; and the southern 30' of Lot 69A, Block 112, Ward 16, Section 13 on the Property Location Plat of the Bureau of Surveys.

Sec. 3. *And be it further ordained*, That it is necessary to acquire by purchase or condemnation for Urban Renewal purposes such of the following sixteen properties as in the judgment of the Baltimore Urban Renewal and Housing Agency may be necessary and proper to effect proper rehabilitation of the Project Area:

- (a) Lot 55, Block 112, also known as 605 N. Calhoun Street.
- (b) Lot 54, Block 112, also known as 607 N. Calhoun Street.
- (c) Lot 48, Block 112, also known as 623 N. Calhoun Street.
- (d) Lot 39, Block 112, also known as 637 N. Calhoun Street.
- (e) Lot 35, Block 112, also known as 645 N. Calhoun Street.
- (f) Lot 34, Block 112, also known as 647 N. Calhoun Street.
- (g) Lot 32, Block 112, also known as 1313 Harlem Avenue.
- (h) Lot 31, Block 112, also known as 1311 Harlem Avenue.
- (i) Lot 61, Block 112, also known as 1312 Edmondson Avenue.
- (j) Lot 3, Block 112, also known as 604 N. Carey Street.
- (k) Lot 4, Block 112, also known as 606 N. Carey Street.
- (l) Lot 8, Block 112, also known as 614 N. Carey Street.
- (m) Lot 18, Block 112, also known as 634 N. Carey Street.
- (n) Lot 19, Block 112, also known as 636 N. Carey Street.
- (o) Lot 22, Block 112, also known as 642 N. Carey Street.
- (p) Lot 24, Block 112, also known as 648 N. Carey Street.

Sec. 4. *And be it further ordained*, that it is necessary to acquire by purchase or condemnation for Urban Renewal purposes any of the remaining properties in the Project Area bounded by Edmondson Avenue, North Calhoun Street, Harlem Avenue and North Carey Street and not included in Sections 2 and 3 above if twelve months have elapsed since receipt by the owners of such property of the initial notice from the Health Department, Fire Department, Bureau of Building Inspection, or the Baltimore Urban Renewal and Housing Agency requiring with respect to such property compliance with the provisions of any health, building or fire ordinance or regulation of the City of Baltimore or with the additional housing standards as set forth in Section 5 of this ordinance, and the requirements as set forth in said notice have not been met.

Sec. 5. *And be it further ordained*, That in addition to the housing standards found in the Baltimore City

Code of 1950, as amended thereafter, and all regulations promulgated pursuant thereto, the following additional housing standards are herewith established for the 314 Demonstration Project Area.

(a) Every structure with any combination of three or more dwelling or non-dwelling units shall be provided with a heating system capable of maintaining a temperature of at least 70 degrees Fahrenheit in sleeping, dining and living rooms, bath and toilet rooms, dressing and locker rooms, lobbies, operating offices and hallways, when the outside temperature is zero; and at least 55 degrees Fahrenheit in all other portions of such building. Every owner or lessor of every structure containing any combination of three or more dwelling or non-dwelling units, except where the heating system of any dwelling unit or non-dwelling unit is under the exclusive control of its respective occupant, and every owner or operator of a rooming house, lodging house or hotel shall supply heat to every habitable room so as to provide a temperature of 70 degrees Fahrenheit three feet from the floor at all times during the period from October 1 to May 1, except on those calendar days when the minimum outside temperature exceeds 60 degrees Fahrenheit.

(b) Every habitable room of every structure shall contain at least two separate duplex convenience electrical outlets except that any room with a perimeter of over fifty feet shall contain at least three separate duplex convenience electrical outlets. Every toilet room, bathroom, laundry room, furnace room, and public hall shall contain at least one supplied ceiling or wall-type electric light fixture and necessary outlets for such appliances as are used therein. Outlets shall be so located as reasonably to provide service to appliances in different parts of the room.

(c) No room in any basement or cellar shall be occupied as a habitable room unless 70% of the required window area for light and ventilation as set forth in Regulation 6 of "The Rules and Regulations Governing the Hygiene of Housing" of the Baltimore City Health Department shall be above the ground level. All windows must be tight fitting and have sashes of proper size and design. Sashes with rotten wood, broken joints, or broken or loose mullions shall be replaced.

(d) Work performed in complying with the Renewal Plan for the 314 Demonstration Project, including but not limited to the requirements of the Health Department, Bureau of Building Inspection, Plumbing Division of the Health Department, Zoning Division of the Bureau of Building Inspection, Mechanical and Electrical Inspection Division of the Bureau of Building Inspection, and Fire Department in respect to minimum housing standards, shall be done in workmanlike manner and according to accepted standards of the building trades.

(e) Every structure and every dwelling and every non-residential unit therein and every part thereof shall be maintained in good repair by the owner, executor, administrator, trustee, guardian, or agent. Good repair shall include keeping properly painted all interior and exterior surfaces which are painted in normal practice. Any flaking paint shall be removed. All lead base paint shall be removed from interior surfaces before repainting.

(f) All of the provisions of the Baltimore City Code of 1950, as amended thereafter, and all regulations promulgated pursuant thereto and all of the provisions of (a) to (e) above, which apply to the exterior of a property, shall be complied with although the property may be vacant.

SEC. 6. *And be it further ordained*, That any person violating any of the provisions of Section 5 of this ordinance shall be guilty of a misdemeanor and shall be subject to a fine not exceeding One Hundred Dollars (\$100.00) and each day's violation shall constitute a separate offense.

SEC. 7. *And be it further ordained*, That the Director of Property Acquisition of Baltimore City is hereby authorized to acquire on behalf of the Mayor and City Council of Baltimore for the purposes described in this ordinance, the fee simple interests in and to the pieces or parcels of land mentioned in Sections 2, 3 and 4 of this ordinance, together with the improvements thereupon. If the said Director of Property Acquisition is unable to agree with the owner or owners on the purchase price for the said pieces or parcels of land together with the improvements thereupon he shall forthwith notify the City Solicitor of Baltimore City, who shall thereupon forthwith institute, in the name of the Mayor and City Council of Baltimore, the necessary legal proceedings to acquire by condemnation the fee simple interests in and to the aforesaid pieces or parcels of land herein described together with the improvements thereupon.

SEC. 8. *And be it further ordained*, That the approval of the Renewal Plan by this Ordinance shall not be construed as an enactment of such amendments to the zoning ordinance as are proposed in the said Plan.

SEC. 9. *And be it further ordained*, That in whatever respect, if any, the Renewal Plan approved hereby for the 314 Demonstration Project, may not meet the requirements as to the content of a Renewal Plan or the procedure for the preparation, adoption and approval of Renewal Plan as provided in Ordinance No. 692, the said requirements are hereby waived and the Renewal Plan approved hereby is exempted therefrom.

SEC. 10. *And be it further ordained*, That in the event it be judicially determined that any word, phrase, clause, sentence, paragraph, section or part in or of this Ordinance or the application thereof to any person or circumstances is invalid, the remaining provisions and the application of such provisions to other persons or circumstances shall not be affected thereby, the Mayor and City Council hereby declaring that they would have ordained the remaining provisions of this Ordinance without the word, phrase, clause, sentence, paragraph, section or part or the application thereof so held invalid.

Sec. 11. *And be it further ordained*, That this Ordinance shall take effect from the date of its passage.  
Approved May 14, 1959

THOMAS D'ALESSANDRO, JR.  
Mayor of Baltimore City

## A NOTE CONCERNING ORDINANCES NO. 160 AND NO. 164, TRANSFERRING SMOKE CONTROL TO THE HEALTH DEPARTMENT AND PLUMBING INSPECTION TO THE BUILDING INSPECTION ENGINEER

### City Ordinance No. 160.

City Ordinance No. 160, Approved December 23, 1959, was an administration measure which transferred the Division of Smoke Control in the Bureau of Mechanical-Electrical Service of the Department of Public Works to the Department of Health.

### City Ordinance No. 164.

City Ordinance No. 164, Approved December 23, 1959, was an administration measure which transferred the plumbing inspection services from the Health Department to the Bureau of Building Inspection in the Department of Public Works.

## A NOTE CONCERNING CERTAIN NEW CITY ORDINANCES

### City Ordinance No. 42.

City Ordinance No. 42, Approved September 28, 1959, added a new Section 60A to Article 24 of the Baltimore City Code of 1950, title "Police." This ordinance imposed certain requirements on certain plastic bags intended for household use, in order to avoid the danger of suffocation for babies or children.

### City Ordinance No. 150.

City Ordinance No. 150, Approved December 14, 1959, amended Section 46 of Article 12 of the Baltimore City Code of 1950 in order to revise the license and annual fees under the city meat inspection ordinance.

### City Ordinance No. 151.

City Ordinance No. 151, Approved December 14, 1959, amended Section 22 of Article 19 of the Baltimore City Code of 1950 in order to provide a charge of two dollars per dog, payable to the City Treasurer, by any school of medicine, or hospital, or other approved medical institution.

### City Ordinance No. 153.

City Ordinance No. 153, Approved December 14, 1959, amended Section 11 of Article 12 of the Baltimore City Code of 1950 in order to increase the charge for license fees for day nurseries.

### City Ordinance No. 158.

City Ordinance No. 158, Approved December 23, 1959, amended Section 168 of Article 12 of the Baltimore City Code of 1950 in order to increase the fees and charges for permits for the installation of combustion equipment, as a part of smoke control.

## A NOTE CONCERNING CERTAIN HEALTH REGULATIONS

### Communicable Disease Regulation 2. Requirements for communicable diseases.

Communicable Disease Regulation 2 entitled "Requirements for communicable diseases" was amended effective April 1, 1959. This Regulation is published in the form of a chart for the use of physicians, health officers, public health nurses, school authorities and others, to serve as a ready reference to facts regarding

several of the more important communicable diseases and the requirements of the Baltimore City Health Department concerning them. This was the fourth revision of the chart.

**Lead Paint Labeling Regulation 1. Lid labels.**

Lead Paint Labeling Regulation 1, entitled "Lid labels," was adopted on April 27, 1959 pursuant to Section 86E of the Lead Paint Labeling Ordinance, No. 1504, Approved June 9, 1958, in order to permit the required warning labels to be placed on the lids of paint containers where the paint contained lead.

**Day Nursery Regulation 5. Staff.**

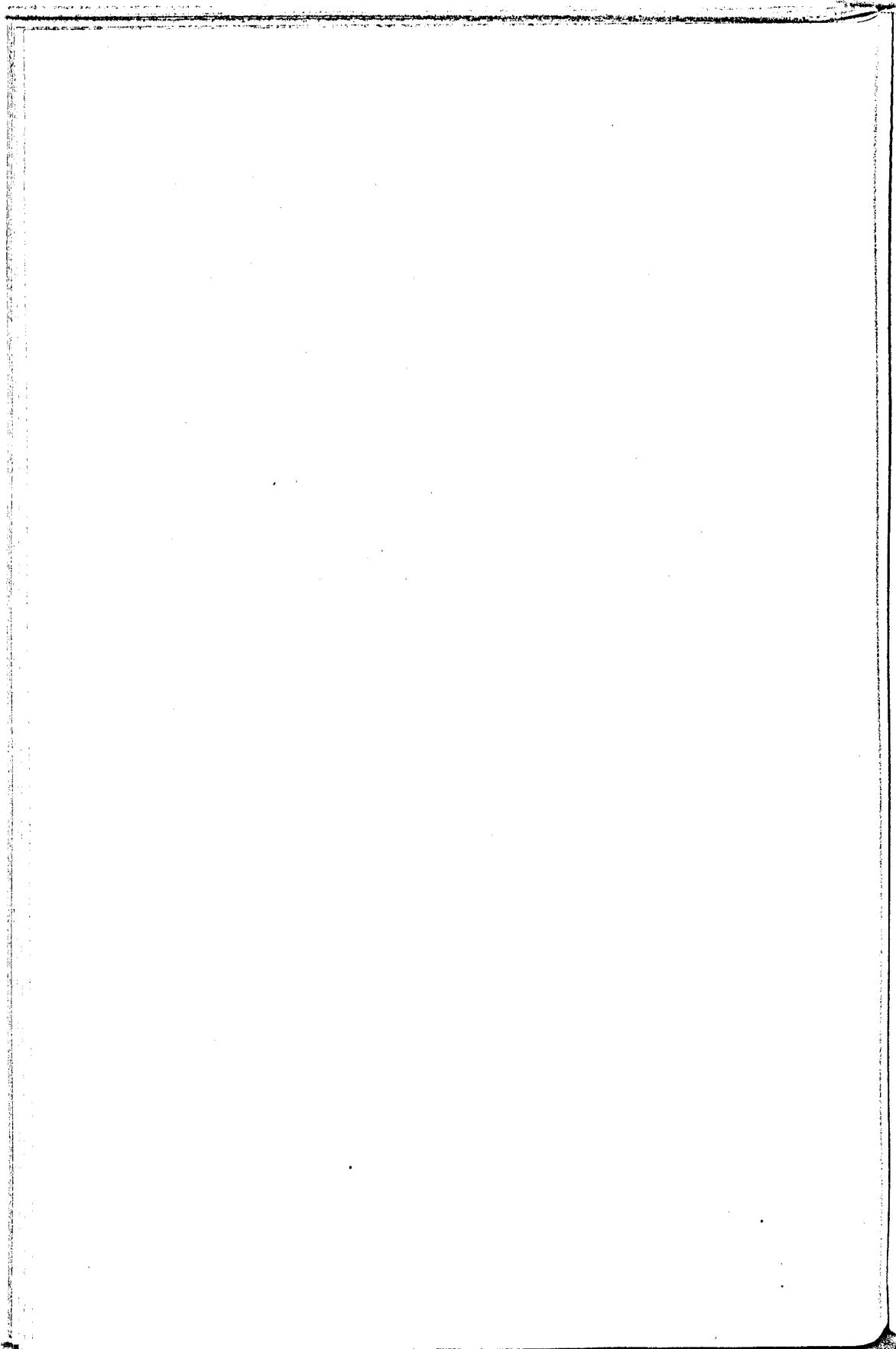
Day Nursery Regulation 5 was amended on January 5, 1959, effective the same date, for the purpose of permitting alternate methods of examination of day nursery staff members for tuberculosis.

**Gas Appliance Regulations.**

A series of ten gas appliance regulations were adopted on April 24, 1959, effective May 1, 1959, by the Gas Appliance Board pursuant to City Ordinance No. 1154, Approved May 9, 1950. The Gas Appliance Board taking this action constituted the City Director of Public Works, the Building Inspection Engineer, the Commissioner of Health, and two appointed members.

**Occupational Disease Regulation 2. Concentration limits.**

Occupational Disease Regulation 2 entitled "Concentration limits" was amended on March 1, 1959 in accordance with the provisions of Section 30 of Article 101 of the Maryland State Code of 1957. The amendment concurrently adopted by the State Board of Health of Maryland included as new material the statement: "In appraising health hazards and evaluating control of atmospheric contaminants, the current threshold limit values recommended by the American Conference of Governmental Industrial Hygienists will be employed as a guide."



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