

With every good wish

Joe Gordon

October 15, 1964

You'll note a few changes.

CITY OF BALTIMORE

ONE HUNDRED AND FORTY-NINTH

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1963



*To the Mayor and City Council of Baltimore for the
Year Ended December 31, 1963*

Never before has man had such capacity to control his own environment—to end thirst and hunger—to conquer poverty and disease—to banish illiteracy and massive human misery.

*We have the power to make this the best generation of mankind in the history of the world—
or to make it the last . . .*

PRESIDENT JOHN F. KENNEDY
*Address before the United Nations
September 20, 1963*

DEPARTMENT OF HEALTH

Commissioner, ROBERT E. FARBER, M.D., M.P.H.

Deputy Commissioner, MATTHEW TAYBACK, Sc.D.

Biostatistics.....	ELIZABETH B. KELLEY
Communicable Diseases.....	JAMES E. PETERMAN, M.D., M.P.H.
Dental Care.....	H. BERTON MCCAULEY, D.D.S.
Health Information.....	JOSEPH GORDON
Laboratories.....	CLINTON L. EWING
Mental Hygiene.....	MATTHEW TAYBACK, Sc.D.
Nutrition.....	ELEANOR M. SNYDER, M.S.
Public Health Nursing.....	ALICE M. SUNDBERG, R.N., M.P.H.
Vital Records.....	SIDNEY M. NORTON

LOCAL HEALTH SERVICES

W. SINCLAIR HARPER, M.D., D.P.H., Director

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.....	W. SINCLAIR HARPER, M.D., D.P.H.
Southern Health District.....	WILSON M. WING, M.D., M.P.H.

CHILD HEALTH SERVICES

J. L. RHYNE, M.D., M.P.H., Director

Maternal and Child Health.....	GEORGE H. DAVIS, M.D.
School Hygiene.....	J. L. RHYNE, M.D., M.P.H.

MEDICAL CARE SERVICES

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

SANITARY SERVICES

GEORGE W. SCHUCKER, B.E., Director

Milk Control.....	GULIUS D. D'AMBROGI, M.S.
Food Control.....	FERDINAND A. KORFF
Meat Inspection.....	WILLIAM J. GALLAGHER, D.V.M.
Environmental Hygiene.....	GEORGE O. MOTRY, B.E., LL.B.
Industrial Hygiene.....	ELKINS W. DAHLE, JR.

Learn to Do Your Part in the Prevention of Disease



THE SUN

Published Every Weekday By
THE A. S. ABELL COMPANY
WILLIAM F. SCHMICK, JR., PRESIDENT

BALTIMORE, WEDNESDAY, SEPT. 11, 1963

Mr. Korff's Bureau

Ferdinand A. Korff, director of the Health Department's Bureau of Food Control, has made a routine report on the activities of his agency during the first six months of the year. Such reports rarely draw more than passing attention. In this case we have something special. A little file-searching reveals that the bureau has just

reached its thirtieth birthday. It came into being when the Health Department was reorganized in 1933. It was a time when the department was being strengthened; for example, the appointment of a commissioner of health was removed from the realm of politics. And Mr. Korff has headed the bureau since its creation.

What does the bureau do? The Korff report gives the full story. Here we offer only one note: in the first six months of this year the bureau inspected 7,000 food establishments, confiscated over 70 tons of impure food and submitted 1,600 food samples to laboratory examination. Not much of the work done made news while it was being done; food establishments have long since learned that when the bureau finds fault immediate correction is in order. Argument or persistence in fault bring trouble.

THIRTY YEARS OF FOOD CONTROL

CONSULTANTS

DR. C. REID EDWARDS,
Professor of Surgery, 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. PERRY F. PRATHER,
Commissioner, Maryland State Department of Health.

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

DR. ISADORE TUERK,
*Commissioner of Mental Hygiene, Maryland State Department of
Mental Hygiene.*

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. CHARLES W. WAINWRIGHT,
Associate Professor Emeritus of Medicine, Johns Hopkins School of Medicine.

DR. HUNTINGTON WILLIAMS,
Commissioner of Health of Baltimore City, Retired.

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, Retired.*

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

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 Emeritus of Sanitary Engineering,
Johns Hopkins School of Hygiene and Public Health.*

MEDICAL STAFF

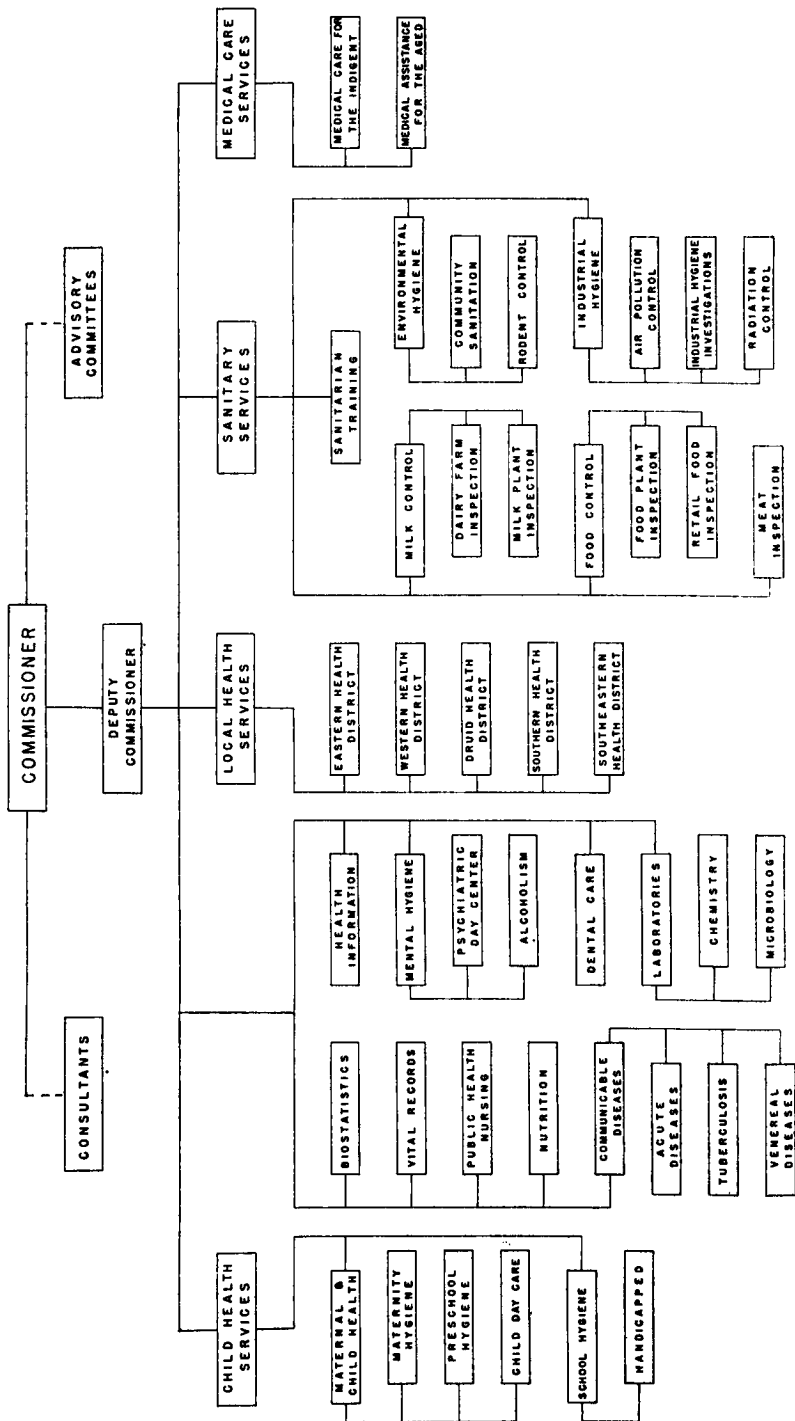
<p> MAURICE L. ADAMS, M.D. s WILLIAM A. ANDERSON, M.D. c CARLOS E. ARRABAL, M.D. m MUTLU ATAGUN, M.D. t RAYMOND M. ATKINS, M.D. s LAWRENCE AWALT, JR., M.D. v DANIEL BAKAL, M.D. t MCDONALD M. BANDO, M.D. c, s GILBERT L. BANFIELD, M.D. s M. L. BARKSDALE, M.D. v GEORGE BAUMGARDNER, M.D. t GEORGE BAYLEY, M.D. s RONALD BERGER, M.D. s WILLIAM R. BIRT, M.D. v WALTER P. BLOCK, M.D. c LOUIS V. BLUM, M.D. t JOSEPH P. C. BOGGIO, M.D. m KATHARINE H. BORKOVICH, M.D. t LESTER H. CAPLAN, M.D. s JAMES D. CARR, M.D. s SIMON H. CARTER, M.D. s BARBARA K. CLARK, M.D. h ERNEST S. CROSS, JR., M.D. v GEORGE H. DAVIS, M.D. m LEON DONNER, M.D. s W. ALLEN DECKERT, M.D. m STANLEY EVANS, M.D. v FRANK A. FARAINO, M.D. t HAROLD S. FARFEL, M.D. c JEROME FINEMAN, M.D. c, s THOMAS J. FRAHER, M.D. s MAX FRANK, M.D. c W. A. GAKENHEIMER, M.D. s HARRIS GOLDMAN, M.D. v SYLVAN C. GOODMAN, M.D. v GARY S. GOSHORN, M.D. s, h LOUIS E. HARMON, M.D. v BERNARD HARRIS, JR., M.D. s BERNARD HARRIS, SR., M.D. s ERWIN HECKER, M.D. m EMIL H. HENNING, JR., M.D. s RAY HEPNER, M.D. c HENRY W. D. HOLLJES, M.D. mi RICHARD H. HUNT, M.D. v THOMAS E. HUNT, JR., M.D. s TURGOT JEUDY, M.D. s MEYER W. JACOBSON, M.D. t W. ATWELL JONES, M.D. v IRVIN B. KEMICK, M.D. s HERBERT L. KRONTHAL, M.D. v IRVING KRAMER, M.D. c, s ALBERT L. LAFOREST, M.D. v LOUIS LAVY, M.D. c C. DUDLEY LEE, M.D. t ANTHONY LEWANDOWSKI, M.D. t LUCILLE LIBERLES, M.D. c RENOLD B. LIGHSTON, M.D. c </p>	<p> DAISY LIN, M.D. s JERRY C. LUCK, M.D. c STANLEY MADISON, M.D. s CHARLES F. MALONEY, M.D. c CLARENCE W. MARTIN, M.D. v GEORGE H. MILLER, M.D. m NORMAN L. MILLER, M.D. s WILLIAM K. C. MORGAN, M.D. t HERBERT L. MOSELEY, M.D. s JOSEPH C. MYERS, M.D. s HERBERT H. NASDOR, M.D. m IRVIN J. NUDELMAN, M.D. v, s JOSEPH F. PALMISANO, M.D. s GEORGE H. PENDLETON, M.D. v LOURDES PETR, M.D. mi WINTHROP M. PHELPS, M.D. h SAMUEL R. PINES, M.D. s TALMADGE H. PINKNEY, M.D. v WILLIAM G. POLK, M.D. v JEROME R. POMERANZ, M.D. v JAMES PRIEST, M.D. s DAVID RABINOWITZ, M.D. t MARY C. RILEY, M.D. t DANIEL ROBERTS, M.D. v ARCHIE ROBINSON, M.D. s RAMON ROIG, JR., M.D. t STANLEY B. ROSENDORF, M.D. m GILBERT W. ROSENTHAL, M.D. c HENRY ROTHSCHILD, M.D. v CECIL RUDNER, M.D. t ALVIN D. RUDO, M.D. s EDWARD RUSCHE, M.D. t IRWIN SAUBER, M.D. s ELIJAH SAUNDERS, M.D. v OAKLEY SAUNDERS, M.D. s HERMAN H. SCHAEFER, M.D. t A. M. SCHNEIDMUHL, M.D. mh, a DOUGLASS SHEPPERD, M.D. v JEROME SHERMAN, M.D. s E. WALTER SHERVINGTON, M.D. v, s M. S. SHILING, M.D. t THADDEUS C. SIWINSKI, M.D. s PERCIVAL C. SMITH, M.D. s MANUEL P. SODARO, M.D. s ALVIN A. STAMBLER, M.D. s JOHN H. STONE, M.D. v ZSIGMUND J. TOTH, M.D. m ALEXANDER S. TOWNES, M.D. t GEORGE E. WELLS, JR., M.D. m E. HUNTER WILSON, JR., M.D. t DAVID E. WOOD, M.D. s WARREN W. WURZBACHER, M.D. s, m ROBERT E. YIM, M.D. c, v N. LOUISE YOUNG, M.D. s JIMMY B. ZACHARY, M.D. t GINO F. ZARBIN, M.D. s H. ZASSENHAUS, M.D. s </p>
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a = alcoholism clinic, c = child hygiene, h = handicapped, m = maternity
hygiene, mh = mental hygiene, mi = medical investigator, s = school physi-
cian, t = tuberculosis clinic, v = venereal disease clinic.

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ORGANIZATION CHART BALTIMORE CITY HEALTH DEPARTMENT



ONE HUNDRED AND FORTY-NINTH ANNUAL
REPORT OF THE BALTIMORE CITY
HEALTH DEPARTMENT
1963

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 the one hundred and forty-ninth in a series of consecutive annual reports of the work done by the Baltimore City Health Department and by the several bureaus thereof, for the year ended December 31, 1963.

Introduction

The year 1963 saw a number of notable health achievements and at the same time exposed once again several of the city's hard core public health problems. On the positive side the city completed the third round of the "Knock Out Polio" drive and achieved a second historic year free of poliomyelitis; the last case of this disease occurred October 17, 1961. A second major accomplishment was a reduction in maternal deaths to a low of 7 deaths, matching 1953, the first year this low figure was achieved. Also notable was the reduction in infant deaths to 678, the lowest number of such deaths for the past ten years and 54 fewer deaths than in 1962.

Major health problems made evident by the 1963 vital statistics were: A rise of 2 per cent in incidence of newly reported cases of tuberculosis, from 780 cases in 1962 to 796 cases in 1963; a 10 per cent rise in infectious syphilis, from 384 cases in 1962 to 421 in 1963; an outbreak of influenza early in the winter resulting in an overall 7 per cent rise in the annual death rate; a record high of 9,857 automobile accident injuries; and a continuing high rate of illegitimate births—some 20 per cent of infants born to

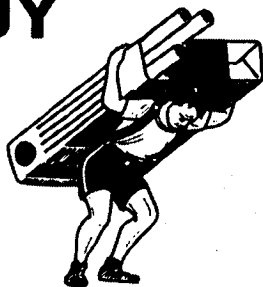
Baltimore residents began life in 1963 under circumstances in which no legal relationship existed between fathers and mothers.

A further review of the communicable disease record shows continued control over diphtheria—no case since April 30, 1958, smallpox—no case since March 9, 1928 and tetanus—no case in 1963, the first such year since 1954.

Adapting itself further to the city's health needs, the Health Department established the city's first alcoholism clinic in the Eastern Health District Building on September 16. In October, a city-wide hearing testing program for infants registered in the Department's well baby clinics was started. These tests, which utilize newly developed techniques, will help toward the early discovery of ear infections, deafness, brain damage and mental retardation in children 8 to 14 months old.

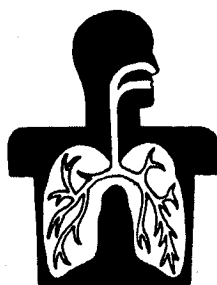
Other noteworthy events included: (1) the inauguration of a year-long anti-smoking campaign on a study basis in the city's largest high school jointly with the Department of Education, the Johns Hopkins School of Hygiene and Public Health and the Maryland Division of the American Cancer Society; (2) an intensive city-wide warning campaign in April to locate potentially dangerous canned tuna fish as the result of two botulism deaths in Detroit, Michigan; (3) the awarding of a research grant by the National Institute of Mental Health to carry out a study of the benefits afforded by the type of treatment provided by the new City Health Department's Psychiatric Day Center; (4) the demolition early in the year of the Kelly Radium Therapy Clinic building at 1418-20 Eutaw Place which had been found grossly contaminated with radioactive materials; (5) the appointment of a new Chief of the Division of Child Day Care; (6) completion of a study of physicians' X-ray machines in the downtown area jointly with the Maryland State Department of Health and the U.S. Public Health Service with approval of the Baltimore City Medical Society; (7) the second revision of the "Operational Medical Plan for Natural Disasters Occurring in Baltimore City"; (8) the inauguration in the Western Health District of a three-year study of social problems associated with childbearing, in conjunction with the Johns Hopkins School of Hygiene; (9) noteworthy improvement in atmospheric pollution conditions in Baltimore City as shown by a study of the five-year period 1957-1962; and (10) participation toward the end of the year by the Commissioner of Health and other staff

**WHY
BUY**



A PACK OF
TROUBLE?

**TREAT YOUR LUNGS
KINDLY**



DON'T SMOKE

**DARE TO BE
DIFFERENT**



DON'T SMOKE

**DON'T LET
YOUR
ALLOWANCE**



**GO UP IN
SMOKE**

FOUR OF THE SIXTEEN ANTI-SMOKING POSTERS
DISPLAYED IN HIGH SCHOOL CLASSROOMS DURING THE
ANTI-SMOKING STUDY-CAMPAIGN AT BALTIMORE CITY COLLEGE



members in the Mayor's productive "Brainstorming Conference on Alcoholism."

The retirement of Dr. E. Ross Davies, Chief Assistant Commissioner of Health for 23 years, was followed by the promotion in December of Dr. Matthew Tayback, former Assistant Commissioner of Research and Planning, to Deputy Commissioner. Dr. Tayback has been with the Department since 1948.

In November the City Health Department moved its central administrative headquarters offices to the American Building at Baltimore and South Streets. This temporary move was made to ameliorate overcrowded conditions of several city departments located in the Municipal Building. Not included in the move were the Medical Care Section in the Court Square Building and the Bureau of Laboratories and the Bureau of Vital Records in the Municipal Building.

In consideration of Baltimore's health status and the work of the Baltimore City Health Department, which follow in greater detail, it should be noted that whatever gains have been made for the benefit of the city's population could not have been achieved without the full support of the medical profession, the state and city medical societies, the Maryland State Department of Health and the numerous voluntary health and social groups in the city.

The Health of the City

The estimated population of the city on July 1, 1963 was 924,000; the white population was 570,000 and the nonwhite population was 354,000 or 38.3 per cent of the total. These figures have been used in calculating the rates in this report. A continuation of extensive population movements led to the loss of 8,000 persons from the city's total population during the year, but at the same time there was an increase in the number of residents under 15 and over 65 years of age, the two groups requiring the greatest number of health services.

The total resident birth rate for 1963 remained the same as that of the previous year, while among nonwhite residents the birth rate declined from 31.5 to 30.8 births per 1,000 population, a 2.2 per cent decrease. This represents the lowest nonwhite birth rate recorded since 1947.

Infant mortality showed improvement with a 6.7 per cent decrease during the year. Among white infants the mortality rate dropped from 25.3 to 23.6 deaths per 1,000 live births and among

nonwhite infants from 40.8 to 38.0. There were 7 maternal deaths during the year giving a rate of 3.2 per 10,000 live births.

Principal Causes of Death

The total mortality rate was 13.0 per 1,000 population, the rate among the white population was 14.3 and among the nonwhite population 10.9. Comparable figures for 1962 were: total mortality rate 12.2; white 13.3 and non-white 10.3.

The sharp outbreak of Asian type influenza which was present during the first two months of the year resulted in an increase in deaths from heart disease as well as from pneumonia and influenza. There was a total of 146 deaths attributable to influenza and pneumonia during the first nine weeks of 1963, a 143.3 per cent increase over the 60 deaths from these causes during the comparable period of 1962. At the same time deaths due to heart disease increased by 28.4 per cent. Other major causes of death primarily associated with aging also showed increases.

Among the more distressing deaths are those due to accidental causes. There was a total of 506 deaths due to accidents during 1963 compared to 478 in 1962 and 440 in 1961. In 1963 accidents were the fourth leading cause of death among the city's residents. The seven leading causes of death for 1963 and 1962 are shown in the table below.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH
TOTAL, WHITE AND COLORED POPULATION—BALTIMORE
1962-1963

TOTAL POPULATION			WHITE POPULATION			COLORED POPULATION		
Cause	Death Rate per 100,000		Cause	Death Rate per 100,000		Cause	Death Rate per 100,000	
	1963	1962		1963	1962		1963	1962
Diseases of the heart.....	565.3	525.2	Diseases of the heart....	680.2	628.5	Diseases of the heart...	380.2	351.0
Cancer, all forms.....	201.4	191.2	Cancer, all forms.....	231.4	220.5	Cancer, all forms.....	153.1	141.8
Vascular lesions of the central nervous system.....	94.0	87.6	Vascular lesions of the central nervous system.....	101.8	93.5	Vascular lesions of the central nervous system.....	81.6	77.5
Accidents.....	54.8	51.3	Influenza and pneumonia.....	51.9	37.9	Certain diseases of early infancy.....	74.6	87.6
Influenza and pneumonia.....	48.2	38.2	Accidents.....	40.8	47.2	Accidents.....	62.7	58.2
Certain diseases of early infancy.....	45.7	53.4	Diseases of the arteries and veins.....	47.5	40.9	Influenza and pneumonia.....	42.1	38.6
Diseases of the arteries and veins.....	39.1	34.3	Diabetes.....	34.4	32.3	Diabetes.....	26.0	24.8

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1963.

FINANCIAL STATEMENT

As of December 31, 1963

Total Appropriations	\$7,209,856.00
Total Expenditures	6,967,487.51

Expenditures of the Baltimore City Health Department

Administration	\$ 156,673.55
Biostatistics	123,030.00
Communicable Diseases	34,863.31
Dental Care	174,918.80
Health Information	70,065.74
Laboratories	232,715.37
Mental Health	68,574.61
Nutrition	9,731.97
Public Health Nursing	1,129,831.29
Tuberculosis	167,599.19
Venereal Diseases	119,656.78
Vital Records	93,470.53
	<hr/>
	\$2,381,181.14

LOCAL HEALTH SERVICES

Eastern Health District	\$ 64,564.92
Western Health District	51,303.94
Druid Health District	50,269.54
Southeastern Health District	27,012.81
Southern Health District	19,253.56
	<hr/>
	\$ 212,404.77

CHILD HEALTH SERVICES

Administration	\$ 7,170.61
Handicapped Children	41,234.83
Maternal and Child Health	179,852.74
School Health	156,705.03
	<hr/>
	\$ 384,963.21

MEDICAL CARE SERVICES

Medical Care for Indigent	
Administration	\$ 118,332.92
Professional Services (100% State Aid)	2,051,781.51
Medical Assistance for the Aged	
Administration (100% State Aid)	39,481.53
Professional Services (100% State Aid)	462,473.77
	<hr/>
	\$2,672,069.73

SANITARY SERVICES

Administration	\$ 72,583.76
Milk	114,999.79
Food	110,432.90
Meat	138,389.35
Environmental Hygiene	215,462.60
Industrial Hygiene	119,443.55
	<hr/>
	\$ 771,311.95

CONTRACTUAL SERVICES

Instructive Visiting Nurse Association	\$ 200,000.00
Mentally Ill Day Care Center	66,692.36
Supervised Transport Service	142,982.00
Chimes School for Mentally Retarded Young Adults	14,025.00
Maryland Society for Mentally Retarded Children	10,500.00
Children's Guild Day Care Center	23,100.00
Day Nursery Workshop	136.03
	<hr/>
	\$ 457,435.39

SPECIAL PURPOSE GRANTS

Federal Grant—Tuberculosis	\$ 16,301.80
Federal Grant—Venereal Diseases	7,014.92
National Institutes of Health Grant	
Psychiatric Day Center	7,418.89
Fellowship for Residency Training—	
State of Maryland	3,854.94
Johns Hopkins Hospital Nursing	
Education Project	5,884.13
Medical Care Program Grant	30,778.18
Alcoholism Project	8,947.07
Other	7,971.39
	<hr/>
	\$ 88,171.32

Total Expenditures \$6,967,487.51

SOURCE OF FUNDS

State and Federal Funds for Medical Care for Indigent	\$2,170,114.43
State and Federal Funds for Medical Assistance to Aged	501,955.30
State and Federal Funds for Local Health Services	1,788,328.00
Funds from Other Sources*	276,198.73
	<hr/>
	\$4,736,596.46
City Funds	2,230,891.05
	<hr/>
Total	\$6,967,487.51

* United States Public Health Service, National Institutes of Health, Community Chest, and other voluntary agencies.

Receipts

Vital Records	\$ 91,610.18
Food Permits	49,220.00
Milk Permits	13,385.47
Meat Permits	33,574.02
Miscellaneous Revenue	2,092.02
	<hr/>
	\$ 189,881.69

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 1963 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.....	\$ 6,251.94
City Department of Welfare	
Tuberculosis Hospital Services	
Baltimore City Hospitals.....	1,236,201.95
Eudowood Sanatorium—city cases.....	46,890.50
State Department of Health Funds	
State Tuberculosis Hospitals—city cases	1,153,653.73
Medical Care—city cases	
Hospital inpatient program	8,000,000.00
Hospital outpatient program	450,000.00
State Chronic Disease Hospitals—city cases	1,211,885.78
Rehabilitation Center	86,138.37
State Mental Hospitals—city cases	12,700,000.00
Services for Crippled Children	
State Funds	496,861.42
Federal Funds	106,845.53
Federal Funds—venereal disease control	45,117.80
Other Federal Funds for Research and Training	55,000.00
	<hr/>
	\$25,544,842.02

II. NONOFFICIAL EXPENDITURES

American Cancer Society—Maryland Division, Inc.	\$ 478,708.00
Baltimore Chapter—Muscular Dystrophy Association of America, Inc. .	24,500.00
Baltimore City Chapter—National Foundation—March of Dimes	145,007.00
Baltimore Hearing Society	49,000.00
Baltimore League for Crippled Children and Adults, Inc.	98,805.21
Children's Rehabilitation Institute, Inc.	35,600.00
Food Establishments—sanitary control, auxiliary inspection	105,000.00†
Heart Association of Maryland	278,000.00
Instructive Visiting Nurse Association	265,995.49
Johns Hopkins University—Eastern Health District	3,801.70
Laboratory Services—hospital or private	450,000.00†
Maryland Association for Retarded Children	100,000.00
Maryland Chapter—Arthritis and Rheumatism Foundation	66,513.91
Maryland Chapter, National Cystic Fibrosis Research Foundation	6,000.00
Maryland Chapter—National Kidney Disease Foundation	21,250.00
Maryland Chapter—National Multiple Sclerosis Society	23,640.84
Maryland Society for the Prevention of Blindness	18,000.00†
Maryland Tuberculosis Association	145,995.00
Metropolitan Baltimore Association for Mental Health, Inc.	60,000.00†
Pasteurization Plants—farm and laboratory control	275,000.00†
Venereal disease control—hospital dispensaries	15,000.00†
	<hr/>
	\$ 2,665,917.15†

Total..... \$28,210,759.17†

† Approximate figure.

Staff Changes

The year 1963 saw a number of important administrative changes and a minor reorganization of Department offices. Following the retirement of Dr. E. Ross Davies on September 30 after 23 years of service, Dr. Matthew Tayback, Assistant Commissioner of Health for Research and Planning, was named Deputy Commissioner of Health, effective December 12, 1963. At the same time Dr. W. Sinclair Harper, Health Officer of the Eastern Health District was designated to the newly created position of Director of Local Health Services and Dr. Jimmie L. Rhyne to the new post of Director of Child Health Services. As Director of Local Health Services Dr. Harper will coordinate all district activities; Dr. Rhyne, as Director of Child Health Services, will coordinate all maternal and child health services including maternity hygiene, preschool hygiene, school health, child day care and handicapped children services.

Other appointments made during the year included the following: Dr. James E. Peterman as Director of the Bureau of Communicable Diseases on June 27; Miss Elizabeth B. Kelley, as Acting Director of the Bureau of Biostatistics following the resignation of Mr. Todd M. Frazier on September 3; Dr. Gary S. Goshorn as Chief of the Division for the Handicapped on December 20; Dr. Saim B. Akin as Director of the Western Mental Hygiene Clinic on July 1, upon the resignation of Dr. Adoracion Tanega; Dr. A. M. Schneidmuhl as Director of the Alcoholism Clinic in the Eastern Health District Building on September 1; Mrs. Marion D. Persons as Chief of the Division of Child Day Care on November 6; and Mr. Victor H. Morgenroth, Jr., as Pharmacist in the Medical Care Section on September 6, 1963.

The following personnel retired during the year: Miss Margaret E. Amspacher, Senior Statistical Clerk, November 30, after 37 years of service; Miss Grace Berger, Public Health Nurse, January 11, 39 years; Miss Ruth Gees, Senior Statistical Clerk, December 31, 42 years; Mr. Albert J. Grossman, Sanitarian, August 15, 41 years; Dr. Royd R. Sayers, December 25, 13 years; and Mrs. Linda D. Whitney, Principal Clerk, April 29, 33 years.

The City Health Department lost one of its oldest consultants on March 13 with the death of Dr. Andrew C. Gillis, Professor Emeritus of Neurology of the University of Maryland School of

Medicine. Dr. Gillis was appointed a Consultant by Mayor Howard W. Jackson on the establishment of that advisory group on May 26, 1932.

Conclusion

Some of the health problems which face the community exist because adult individuals fail to take the initiative or exert the discipline which can gain for themselves and their children a better state of health or a longer lifetime. Professional and technical services as well as valid knowledge are available. Often they are not sought after nor used.

Further efforts will be made to encourage mothers, who are not accustomed to do so, to seek prenatal care early in pregnancy. Experimental programs are in draft which will seek to correct nutritional deficits of mothers during pregnancy. By these efforts it is hoped to reduce prematurity among mothers in low income circumstances.

The rise of syphilis cases results from an increase in the number of our residents who live under socially distressed conditions. To find cases early and treat them adequately with chemotherapeutic agents minimizes the serious sequelae of this disease. Such case-finding and treatment services will be vigorously carried out. Promiscuous sexual relations which underlies the problem of syphilis also results in the disturbing social and medical problem of illegitimacy. This cannot be controlled by chemotherapy, nor any known acceptable medical procedure. Logical efforts at control can be based only on efforts to encourage a change in moral climate among residents of the city living in socially distressed conditions. Consequently, the Health Department will lend every effort to assist in neighborhood development work.

The burden of chronic diseases weighs heavily upon those individuals and families which must contend with these conditions. To a large extent, a stable relationship with a trusted family physician is the firmest support one can secure to reduce the disability of chronic illness. For residents of the city, 65 years of age and over, who have limited financial resources, the cost of care rendered by a family physician can be met from public funds through the Medical Assistance to the Aged Program. The onset of chronic illness in some instances can be prevented; in still other instances,

it can be delayed. Cancer of the lung is an example of a fatal chronic illness, most cases of which can be prevented. Cancer of the cervix is an example of a chronic illness which can be prevented from causing long term disability or death. Diseases of the heart are chronic conditions whose onset can be delayed in many individuals. Every such opportunity to prevent chronic illness should be and will become priority business of the Health Department.

Finally, in presenting this inventory of the city's health and the work of the Department, it is well to bear in mind that further public health gains will come only with the city's desire to achieve them; this means an active interest on the part of the citizen to preserve his own and his family's health and the city's interest in providing the means to the Health Department to aid the citizen in achieving this goal.

Respectfully submitted,

Robert E. Farber, M.D.

Commissioner of Health.

Baltimore, Maryland

May 1, 1964

EXECUTIVE OFFICE

Personnel

Robert E. Farber, M.D., M.P.H., Commissioner of Health
Matthew Tayback, Sc.D., Deputy Commissioner of Health
W. Sinclair Harper, Director, Local Health Services
Beatrice Bryant, Senior Administrative Assistant
Mary L. Rentz, Principal Clerk Stenographer
Mary F. Riley, Principal Clerk Stenographer
Margaret G. Evans, Head 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, 1963.

DEPUTY COMMISSIONER OF HEALTH

Matthew Tayback, Sc.D.

On September 30 after twenty-three years of service Dr. E. Ross Davies, Chief Assistant Commissioner of Health, retired. Following his retirement a minor reorganization was undertaken which resulted in the elimination of the position of Assistant Commissioner of Health for Research and Planning and the establishment of the position of Director of Local Health Services. The direction of planning and research was absorbed by the office of the Deputy Commissioner of Health while responsibility for general management of the health district services was transferred to the newly established office of Local Health Services. Dr. Matthew Tayback was named Deputy Commissioner on December 12, and Dr. W. Sinclair Harper, Health Officer of the Eastern Health District became Director of Local Health Services.

Some of the principal program developments in which the Deputy Commissioner participated in 1963 were: (1) establishment of a new Alcoholism Clinic at the Eastern Health District Building; (2) initiation of exploratory discussions with the Maryland State Department of Health to establish a jointly administered Health Computer Center; (3) drafting and implementation of a pilot anti-smoking campaign among high school age boys; (4) design of a clinical trial of the effectiveness of the treatment procedures employed at the Psychiatric Day Center.

Long range policy and day to day decisions were evolved through frequent conferences with the Commissioner of Health. Emerging or persistent problems which proved particularly troublesome were: (1) continuing high levels of tuberculosis morbidity; (2) a substantial unmet need for day care facilities for children of working mothers; (3) rapidly growing numbers of children requiring services either under the Baltimore City Medical Care Program or under the Bureau of Child Hygiene's program for the handicapped.

The Deputy Commissioner served as Consultant to the U. S. Department of State in connection with foreign aid to Ethiopia and served for one month in that country as advisor to its Ministry of Health.

BUREAU OF BIOSTATISTICS

Elizabeth B. Kelley, B.S.

Director

Mr. Todd M. Frazier, who had been director of the bureau since 1954, resigned in September and Miss Elizabeth B. Kelley, a statistician in the bureau, was promoted to this post.

Public Health Statistics

During the three year period since the last United States census, demographic studies conducted by the bureau indicate that the population of the city had changed from 939,000 in 1960 to 924,000 in 1963, a decrease of 15,000 persons. Because internal changes in the age and racial structure of the population are constantly developing which have a stronger impact on city planning and public health program requirements than a change in total population, detailed studies of such changes were made by the bureau and published in the *Quarterly Statistical Report* for the third quarter of 1963. In addition, to give public health investigators the background of the socio-economic groupings available for Baltimore's population, tables showing the age, race, and sex distributions within socio-economic tenths based on the 1950 and 1960 census counts were published.

The Baltimore Health Survey completed its fourth year of field investigations designed to provide timely information regarding the health indices of the population. During the outbreak of Asian type influenza, the continuous survey, supplemented with a telephone survey, was utilized to determine the pattern of this illness through the community. In addition, the city-wide response to the Sabin polio vaccine was evaluated. Because the results indicated that preschool age children in the lowest socio-economic areas might still be vulnerable to an attack of poliomyelitis, a special study was conducted in these areas for the purpose of identifying the specific neighborhoods in which children remain without adequate protection from this disease. The survey was also used to obtain information requested by the Johns Hopkins School of Hygiene and Public Health and the University of Maryland Medical School.

Program Evaluation

The acquisition of the city's new 1401 computer enabled the bureau to improve its procedures for meeting the data requirements

of several other bureaus with a substantial saving in time and manpower. In addition, a program on the 1401 was designed for the Bureau of Milk Control which provides a complete yearly record of all farm inspections and laboratory findings for each of approximately 2,000 farms. This program will serve as a basis for the study of the milk control program.

Previous studies by this bureau have shown that the infant death rate varies according to the extent of prenatal care received by expectant mothers. To assist the Bureau of Maternal and Child Health in evaluating its prenatal care program, an item requesting information regarding the type of prenatal care received was added to the birth certificate.

The fifth in a series of annual reports on the perinatal mortality experience of Baltimore's 17 hospitals offering obstetrical services was prepared for the period July 1, 1962 to June 30, 1963. These reports provide the Bureau of Maternal and Child Health with a yearly review of the components of the city's total perinatal mortality experience and give each hospital the opportunity to compare its individual experience with the combined experience of all 17 hospitals.

Special Activities

The bureau continued to work closely with the Baltimore City Medical Society in connection with the Joint Anesthesia Study Committee, the purpose of which is to preserve a high quality of medical practice through constant review and discussion.

Plans were initiated for a clinical trial to ascertain whether the abandonment of smoking among child-bearing women will result in more favorable pregnancy outcome.

Personnel

Elizabeth B. Kelley, B.S., Director
Anne C. Rodman, M.S., Public Health Statistician
Ida S. Blum, Principal Clerk
Margaret E. Amspacher, Senior Statistical Clerk
Ruth Gees, Senior Statistical Clerk
Blanche Stafford, Senior Statistical Clerk
Geraldine M. Holt, Senior Clerk Stenographer
Kenyon Burdick, Principal Tabulating Equipment Operator
Charlotte Allen, Senior Tabulating Equipment Operator
Ida M. Padgett, Senior Key Punch Operator
Helen M. Boesche, Senior Key Punch Operator
Ruby L. Rollins, Senior Key Punch Operator
Carrie Mills, Senior Key Punch Operator
Anna Greengold, Key Punch Operator
Leona P. McGrath, Statistical Clerk

BUREAU OF COMMUNICABLE DISEASES

James E. Peterman, M.D., M.P.H.

Director

Noteworthy events in the control of communicable diseases in Baltimore City in 1963 included completion in March of the city-wide "Knock Out Polio" campaign with the administration of the Type III Sabin oral polio vaccine to over 258,000 residents thirty years of age and under, and a second historic year free of paralytic poliomyelitis. The post of Director of the Bureau of Communicable Diseases, vacant since February, 1960, was filled on June 27, 1963 by the appointment of Dr. James E. Peterman.

Communicable disease reports for 1963 indicate the effectiveness in control of the acute communicable diseases. Specifically, there has been no smallpox since March 9, 1928, no diphtheria since April 30, 1958, and no case of paralytic poliomyelitis since October 17, 1961.

One case of tularemia was reported in 1963, believed to have been contracted while hunting on the eastern shore.

Two cases of typhoid fever were noted, one in a six year old infected by a great aunt who was a known carrier, the other in a 27 year old man whose source of infection was found to be a hitherto unknown carrier employed by the patient. At the end of the year there were 37 resident typhoid carriers who were under Health Department supervision compared with 36 at the end of 1962.

Infectious hepatitis declined to 95 cases and three deaths as compared to 182 cases and five deaths in 1962. This was a continuation of a downward trend from a high of 292 cases reported in 1959.

An outbreak of influenza early in the year contributed to an overall seven percent rise in the annual death rate.

The rabies surveillance program recorded 4852 animal bites. Whenever possible, the animals were confined to the Municipal Animal Shelter or examined by private veterinarians until a determination could be made that the animal was free of rabies. No rabid animal has been reported in Baltimore City since February 24, 1947; the last case of rabies in a human resident was recorded as having died March 21, 1930.

Table No. 1A indicates the reported cases and resident deaths of certain communicable diseases. It will be noted that there was no unusual incidence of acute communicable disease for 1963.

Tuberculosis

The number of resident deaths from tuberculosis in 1963 was 129 compared to 133 in 1962. The comparable death rates were 14.0 in 1963 and 14.3 in 1962. In 1963, the white death rate was 11.6 per 100,000 whereas the nonwhite rate was 17.8. This decline is the continuation of a long term trend begun in 1940 when 816 deaths were reported in that single year.

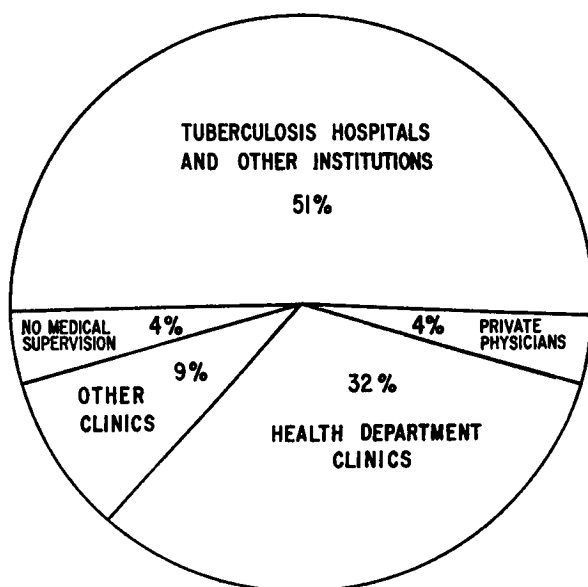
The number of newly reported cases of all forms of tuberculosis increased from 780 in 1962 to 796 in 1963. This gave overall case rates of 83.7 per 100,000 in 1962 and 86.1 in 1963. Of greater significance is the incidence of newly reported active tuberculosis. In 1963, there were 757 new active cases reported giving a rate of 81.9 per 100,000 population compared with 745 new active cases and a rate of 79.9 in the preceding year. Furthermore, in 1963, there were 296 new active cases reported among white residents, a rate of 51.9, and 461 new active cases in non-white residents, a rate of 130.2, per 100,000 population.

It is noteworthy that the highest incidence of active tuberculosis in the white race is in the male, age 45 and over, at a ratio of 14 males to three females in this age group. In non-whites, the incidence is relatively lower and at a ratio of two males to one female. It is also striking that in non-whites the reported incidence of active disease is relatively high in persons under 25 years of age and significantly higher than in the white race in this age group.

The somewhat alarming reversal of a long-term downward trend in tuberculosis cases is indicative of the firm hold tuberculosis has on the inner city segment of Baltimore; on the other hand, selective surveys of the tuberculin status of school children indicate that the extent to which they are exposed is steadily declining and we may conclude that the transmission of new infection through the community has been impeded by control efforts.

On July 1, 1963, there were 2,996 cases of public health significance on the tuberculosis register. Of the total registered patients, 1,195 (40.0 percent) were white and 1,801 (60.0 percent) were non-white. A total of 1,925 (64.3 percent) were under medical

supervision of the Health Department chest clinics; 242 (8.1 percent), under other clinics; 136 (4.5 percent) were under the medical supervision of private physicians; 557 (18.6 percent) were in tuberculosis hospitals; 79 (2.6 percent) were in other institutions; and the remaining 57 (1.9 percent) have no known medical supervision.



**MEDICAL SUPERVISION OF 1,159 ACTIVE TUBERCULOSIS
CASES IN CASE REGISTER JUNE 30, 1963**

During 1963, a total of 25,857 persons made 45,534 visits to the four City chest clinics. Chest x-rays taken of these individuals numbered 32,964. Home chemotherapy was continued for patients who could not afford to pay for their medication. At the end of 1963, there were 2,556 persons in the home chemotherapy program.

The mobile and portable x-ray units operated with the assistance of the Maryland State Department of Health and the Maryland Tuberculosis Association took 30,572 small x-rays of supposedly healthy persons in high suspect areas of the city. As a result of these surveys, 32 significant cases of tuberculosis were discovered. In addition to 18,458 large x-ray films, City chest clinics took a

total of 14,506 small screening x-rays in 1963 compared with 12,926 in 1962. Table 2G summarizes chest clinic and mass x-ray services by sex and race.

Tuberculin testing on a selective basis was continued in four schools. This program identified five new active cases among school children tested. Two new cases were found among associates of the reactors. Toward the end of the year plans were made for the testing of over 5,000 first grade children in 61 public schools of the central city. This program was scheduled to start in February, 1964.

On January 1, 1963, there were 551 residents in various tuberculosis hospitals. During 1963, a total of 667 residents were admitted, 84 died in hospitals, and 577 were discharged so that at the end of the year there were 557 residents remaining in the hospitals. 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, governing the compulsory isolation of recalcitrant tuberculosis patients was invoked 10 times by order issued by the Commissioner of Health and 5 times by hearing in the Municipal Courts.

Venereal Diseases

The threat of venereal disease, especially syphilis, in Baltimore, poses a serious communicable disease problem in that one-half of all communicable disease cases reported are venereal diseases.

The incidence of infectious syphilis has risen most drastically since 1959, with case rates per 100,000 population well above that of the nation. The 421 cases of primary and secondary syphilis reported in 1963 represent a rate of 45.5 per 100,000 population, while the national rate for primary and secondary syphilis stands at 11.9. Most shocking in this infectious reservoir is the number of new cases of syphilis occurring among teenagers. The increase of 200 percent in reported primary and secondary syphilis in the under 20 age group since 1959 is considerably higher than that for the nation. In Baltimore, the rate of reported infectious syphilis for 1963 in the 0 through 19 age group is 22.3, as compared with the national rate of 5.8 per 100,000 population.

Similarly, the increase in potentially infectious early latent syphilis has been alarming over the past five years. The increase from 215 cases in 1962 to 329 cases in 1963 is 53.0 percent.

To a considerable extent, the rise in early syphilis since 1959 can be explained by the increase in the number of Baltimore residents who are in low economic circumstances. In addition, there is little doubt that the apparent resurgence of early syphilis is brought about, in part, by increased sexual promiscuity, including that of young people. This is evidenced by the rise in illegitimate births, juvenile delinquency, the alleged increase in homosexual practices, and a diminishing fear of venereal infection. Other causes may be over-confidence in the effectiveness and simplicity of treatment, a lack of the community's general knowledge of the venereal diseases and their dangers, and population mobility.

The total incidence of syphilis decreased slightly from 1,648 cases in 1962 to 1,580 cases in 1963. This includes 421 cases of primary and secondary syphilis, 329 cases of early latent syphilis, 653 cases of late latent syphilis, 155 cases of other acquired syphilis, and 22 cases of congenital syphilis. There were 39 resident deaths due to syphilis. The syphilis death rate in 1963 was 4.2 per 100,000 population as compared with 3.0 for the previous year.

The reported incidence of gonorrhea and the minor venereal diseases increased slightly during 1963. Gonorrhea, the most prevalent of all the venereal diseases, increased from 4,972 cases in 1962 to 5,256 cases in 1963. The number of reported cases of chancroid, granuloma inguinale, and lymphogranuloma venereum during 1963 were three, seven, and two cases respectively. This is a total of twelve reported cases of the minor venereal diseases for 1963 as compared with four such cases in 1962.

During 1963, Public Health Service epidemiologists assigned to the Baltimore City Health Department interviewed and followed epidemiologically 400 of the 421 cases of primary and secondary syphilis. Of the 400 patients interviewed, 329 or 82.3 percent yielded one or more contacts infected with syphilis who could possibly have been source and/or spread infections.

In addition, the epidemiologists continued to make personal visits to private physicians in order to improve the reporting of cases and work closely with physicians in epidemiologic follow-up of their early syphilis patients. It is felt that this activity substantially

improved morbidity reporting of syphilis. A total of 116 private cases of primary and secondary syphilis was reported to the Department of Health. Of these, 97 or 82.8 percent were interviewed and followed epidemiologically. This is a considerable improvement over the 61.7 percent interviewed in 1962. There was also an increase of 14.7 percent in the number of primary and secondary cases reported by private sources in 1963 over 1962.

The productivity of laboratory reactor follow-up as a syphilis case-finding technique during 1963 is most significant. Of the 3,246 STS reactors reported from the Baltimore City Health Department laboratory and the Baltimore City Hospitals laboratory, 1,430 or 44.1 percent were previously unknown to the Department of Health. Of the 1,430 previously unknown reactors, 482 or 14.8 percent were closed administratively as duplicate reports. Follow-up, through physicians, by letter and telephone, of the remaining 948 unknown reactors identified 84 primary and secondary, 78 early latent, and 369 new cases of other syphilis.

The serological survey of inmates at the Baltimore City Jail was carried on for only four months in 1963 due to building construction. A total of 1,573 bloods was drawn. The yield from 91 reactors was 15 cases of syphilis brought to treatment of which 1 was infectious, 7 were early latent and 7 were other syphilis. Other reactors were either previously under treatment, not infected, or had other disposition.

A total of 9,968 persons made 17,926 visits to Department of Health venereal disease clinics in 1963. Among these persons were 928 cases of proven syphilis and 4,586 cases of proven gonorrhea. In addition, 450 persons were treated on the basis of epidemiologic findings for syphilis and 1,089 for gonorrhea.

It is obvious from these data that the Department of Health clinics carry a major role in the control of the venereal diseases. Much of the responsibility for the effective operation of these clinics may be attributed to the directorship of Dr. E. Walter Shervington, who was promoted to the position of Clinical Director, Division of Venereal Diseases, on January 1, 1963. Dr. Shervington, who filled the vacancy in this position caused by the death of Dr. Morris M. Cohen in November of 1962, has been with the Baltimore City Health Department since March 17, 1938, when he was appointed part-time clinic physician in the newly established Division of Venereal Diseases.

Personnel

James E. Peterman, M.D., M.P.H., Director
 E. Walter Shervington, M.D., Clinical Director, Venereal Diseases
 Meyer W. Jacobson, M.D., Clinical Director, Tuberculosis
 M. S. Shiling, M.D., Director of Tuberculosis Surveys
 Mattie May Gwynn, Principal Clerk Stenographer
 Alice V. Owings, Principal Clerk
 Frances T. Morris, Senior Clerk Stenographer
 Edith C. Walters, Senior Clerk Stenographer
 Helen Rita Ewalt, Senior Clerk
 Vanea H. Conklyn, Senior Clerk Typist
 Mildred Reaves, Clerk Typist
 Gloria Shields, Clerk Typist
 Luella Wilburn, Clerk Typist
 Edna L. James, Clerk Typist

Chest Clinics*Clinic Physicians*

Katherine H. Borkovich, M.D., Medical Supervisor

Mutlu Atagun, M.D.
 Daniel Bakal, M.D.
 Louis V. Blum, M.D.
 Frank A. Faraino, M.D.
 C. Dudley Lee, M.D.
 William K. Morgan, M.D.

Mary C. Riley, M.D.
 Cecil Rudner, M.D.
 Herman H. Schaerf, M.D.
 Patricia M. Smith, M.D.
 Alexander S. Townes, M.D.
 E. Hunter Wilson, M.D.

Ira C. Davis, Senior X-ray Photographer
 Henry J. Hacker, Senior X-ray Technician
 S. A. Thompson, Senior X-ray Technician
 Myrtle Baker, Senior Clerk Typist
 Hilda J. Moseley, Senior Clerk Typist
 Lillian V. Parham, Senior Clerk Typist

Clarice M. Shell, Senior Clerk
 Betty Jean Gaddy, Clerk Typist
 Christine Royster, Clerk Typist
 Inez R. Thomas, Laboratory Aide
 C. Pittman, Laboratory Aide
 R. M. Williams, Laboratory Aide

Venereal Disease Clinics*Medical Supervisors*

Albert L. Laforest, M.D.

Harris Goldman, M.D.

Senior Clinic Physicians

Louis E. Harmon, M.D.

W. Atwell Jones, M.D.

J. Douglass Shepperd, M.D.

Clinic Physicians

Lawrence F. Awalt, Jr., M.D.
 Moses L. Barksdale, M.D.
 William R. Birt, M.D.
 Ernest S. Cross, Jr., M.D.
 Stanley J. Evans, M.D.
 Richard H. Hunt, M.D.
 Sylvan C. Goodman, M.D.
 Herbert L. Kronthal, M.D.
 Clarence W. Martin, M.D.

Irvin J. Nudelman, M.D.
 George H. Pendleton, M.D.
 Talmadge H. Pinkney, M.D.
 William G. Polk, M.D.
 Jerome R. Pomeranz, M.D.
 Daniel Roberts, M.D.
 Henry Rothschild, M.D.
 Elijah Saunders, M.D.
 John H. Stone, M.D.

Robert E. Yim, M.D.

Ruth E. Holmes, Senior Clerk Typist
 Rolanda Gay, Senior Clerk Typist
 Earline W. Chambers, Clerk Typist
 Ethel Y. Christian, Clerk Typist

Portia Christian, Clerk Typist
 Vivian S. Knox, Clerk Typist
 Jeanne D. Steps, Clerk Typist
 Annie L. Gale, Custodial Worker

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

	1963		1962		1961		1960	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Botulism.....	...	...	...	...	...	...	...	...
Chickenpox.....	683	1	842	...	655	...	765	...
Diphtheria.....	...	...	...	...	...	...	...	...
Dysentery.....	...	...	...	...	...	...	...	...
Amebic.....	3	1	2	1	...	...	2	...
Bacillary.....	52	1	72	2	21	...	39	2
All other.....	1	...	3	...	2	...	...	...
Encephalitis, acute infectious.....	8	2	4	1	4	1	7	...
Erysipelas.....	1	...	...	...	1	...	...	...
German measles.....	154	...	88	...	125	...	75	...
Hepatitis.....	...	...	...	...	...	...	...	...
Infectious.....	95	3	182	5	199	6	202	11
Serum.....	...	...	5	2	2	1	3	1
Measles.....	1,454	...	1,657	1	2,089	...	2,182	1
Meningococcal infections.....	16	4	4	1	11	4	12	6
Mononucleosis, infectious.....	...	...	2	...	...	...	1	...
Mumps.....	776	...	713	...	162	...	1,112	...
Paratyphoid fever.....	1	...	1	...	...	...	...	...
Poliomyelitis, paralytic cases.....	...	...	...	...	2	1	97	4
Puttidosis.....	...	...	...	...	...	...	...	...
Rocky Mountain spotted fever.....	...	...	4	...	1	...	1	...
Salmonella infection.....	34	...	20	2	19	1	19	1
Scarlet fever.....	186	...	143	...	210	...	171	...
Smallpox.....	...	...	...	...	...	...	...	...
Streptococcal sore throat.....	31	...	10	...	7	...	4	...
Tetanus.....	...	...	1	...	1	1	3	2
Trichinosis.....	1	...	2	...	1	...	2	...
Tuberculosis.....	...	...	...	...	...	...	...	...
Respiratory.....	742	125	716	126	692	137	774	145
Other forms.....	54	4	64	7	57	11	49	4
Tularemia.....	1	...	...	...	1	...	...	...
Typhoid fever.....	2	...	1	...	2	...	2	...
Typhus fever.....	...	...	...	...	...	...	1	...
Undulant fever.....	...	...	...	...	...	...	1	...
Well's disease.....	...	...	...	...	...	...	1	...
Whooping cough.....	35	1	44	2	75	...	74	...
Veneral diseases.....	...	...	...	...	...	...	...	...
Chancroid.....	3	...	2	...	7	...	9	...
Gonococcal infections, total.....	5,256	...	4,972	...	5,981	...	6,179	1
Ophthalmia.....	2	...	1	...	1	...	2	...
Syphilis, total.....	1,530	39	1,648	28	1,509	31	1,545	28
Congenital.....	22	...	29	...	34	...	37	...
Other venereal diseases.....	8	...	4	...	18	...	14	...

BUREAU OF COMMUNICABLE DISEASES

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TABLE No. 1B

POLIOMYELITIS INOCULATION RATES BY AGE—SABIN VACCINE—BALTIMORE CITY, 1963*

AGE	TOTAL QUERIED	PER CENT WITH	
		No Doses	Three Doses
All Ages.....	1,836	38	35
Under 5.....	215	27	47
5-9.....	218	10	81
10-19.....	325	11	73
20 and over.....	1,078	53	12

* Based on information obtained from the Baltimore Health Survey, July-December, 1963.

TABLE No. 1C

POLIOMYELITIS INOCULATION RATES BY AGE*—SALK VACCINE—BALTIMORE CITY, 1963

AGE	TOTAL QUERIED	PER CENT WITH		
		No Shots	Three Shots	Four or More
All Ages.....	3,635	42	23	21
Under 5.....	408	17	34	35
5-9.....	420	5	38	47
10-19.....	660	6	38	44
20 and over.....	2,147	65	13	7

* Based on information obtained from the Baltimore Health Survey.

TABLE No. 1D

SABIN ORAL VACCINE CAMPAIGN, TYPES I, II AND III*
NUMBER AND PER CENT VACCINATED BY AGE, BALTIMORE CITY, 1962 AND 1963

AGE GROUP	TYPE I		TYPE II		TYPE III 30 YEARS AND UNDER	
	Number Vaccinated	Per Cent of Group	Number Vaccinated	Per Cent of Group	Number Vaccinated	Per Cent of Group
Preschool.....	56,826	59.4	50,325	52.6	33,973	35.5
5-19 years.....	219,819	90.2	217,967	89.4	188,119	77.2
20-30 years.....	.....	.....	.....	.....	36,354	28.2
30-39 years.....	141,039	57.7	111,256	45.5	.....	.....
40 and over.....	100,370	28.2	91,705	25.8	.....	.....
Total vaccinated.....	518,054	55.2	471,253	50.8	258,446	55.5

* Types I and II given in October and November, 1962; Type III in March, 1963.

TABLE No. 2A
RESIDENT DEATHS FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO AGE, 1963

AGE GROUP	GRAND TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
NUMBER OF DEATHS							
All Ages.....	129	66	54	12	63	42	21
Under 15 years.....	2	1	..	1	1	..	1
15-24 years.....	1	..	..	..	1	1	..
25-34 years.....	3	1	1	..	2	..	2
35-44 years.....	25	3	3	..	22	14	8
45-54 years.....	20	11	8	3	9	7	2
55-64 years.....	27	14	13	1	13	9	4
65 years and over.....	51	36	29	7	15	11	4

PERCENTAGE DISTRIBUTION

All Ages.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	1.5	1.5	..	8.3	1.6	..	4.8
15-24 years.....	0.8	..	..	..	1.6	2.4	..
25-34 years.....	2.3	1.5	1.8	..	3.1	..	9.5
35-44 years.....	19.4	4.1	5.4	..	35.0	33.3	38.2
45-54 years.....	15.5	16.7	14.8	25.0	14.2	16.7	9.5
55-64 years.....	21.0	21.2	24.0	8.3	20.6	21.4	19.0
65 years and over.....	39.5	55.0	54.0	58.4	23.9	26.2	19.0

TABLE No. 2B
RESIDENT DEATHS FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO RACE AND
PLACE OF DEATH, 1963

PLACE OF DEATH	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL DEATHS.....	129	100.0	66	100.0	63	100.0
Home.....	5	3.9	3	4.5	2	3.2
Tuberculosis Hospitals.....	74	57.4	38	57.6	36	57.1
Baltimore City.....	42	..	15	..	27	..
State.....	27	..	20	..	7	..
Federal.....	5	..	3	..	2	..
Other.....	..	..	..	..	..	..
General Hospitals.....	35	27.1	18	27.3	17	27.0
Mental Institutions.....	6	4.6	3	4.5	3	4.8
Other.....	9	7.0	4	6.1	5	7.9

REPORTED CASES OF TUBERCULOSIS (INCIDENCE) BY TYPE, ACTIVITY, EXTENT, AGE, SEX AND RACE--1963

CLASSIFICATION OF LESION	AGE IN YEARS																		
	MALE									FEMALE									
	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.
ALL CASES.....	796																		
WHITE																			
Total.....	316	228	4	1	9	18	46	89	51	..	..	88	5	5	12	17	15	16	..
ACTIVE.....	296	217	4	1	9	18	46	90	50	..	..	79	5	5	10	17	12	13	17
Minimal.....	68	36	..	..	3	5	15	35	8	..	..	22	..	2	4	5	3	3	5
Moderately advanced.....	100	71	..	..	3	7	19	36	15	..	..	29	..	2	4	10	3	5	5
Far advanced.....	111	95	3	..	1	5	21	45	23	..	..	16	5	1	2	1	6	4	3
Primary.....	9	3	..	..	..	..	..	..	..	..	..	6	..	..	..	..	..	..	..
Pleural effusion.....	2	1	..	..	..	..	..	1	1	..	..	1	..	..	..	..	..	..	..
Miliary.....	3	2	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..
Other nonpulmonary.....	13	9	..	..	..	1	1	2	4	..	..	4	..	..	..	1	1	..	2
QUIESCENT.....	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..
Moderately advanced.....	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Far advanced.....	18	10	..	..	..	1	1	8	1	..	..	8	..	..	2	2	3	3	1
INACTIVE.....	8	4	..	..	..	..	1	4	..	..	..	4	..	..	..	2	2	..	..
Minimal.....	10	6	..	..	..	1	1	4	1	..	..	4	..	..	..	..	3	3	1
Moderately advanced.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Far advanced.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
NONWHITE																			
Total.....	480	280	26	16	30	34	55	95	24	..	..	200	24	20	33	28	38	41	16
ACTIVE.....	461	265	1	1	29	33	53	87	21	..	..	196	24	20	33	28	37	40	14
Minimal.....	50	29	1	1	3	6	4	13	1	..	..	21	..	2	5	4	4	4	2
Moderately advanced.....	149	84	..	1	11	7	20	36	7	..	..	65	1	3	15	6	4	20	6
Far advanced.....	114	80	21	11	13	19	32	10	..	..	..	34	22	14	3	6	15	7	3
Primary.....	77	37	..	..	3	2	2	..	..	..	..	40	..	1	3	1	1	3	..
Pleural effusion.....	19	8	..	..	1	..	..	..	..	..	..	11	..	1	3	1	1	3	1
Miliary.....	11	6	1	..	1	..	1	1	2	..	..	5	..	1	3	1	1	3	1
Other nonpulmonary.....	4	3	..	2	..	3	7	3	..	..	..	19	1	1	4	3	7	3	2
QUIESCENT.....	37	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..
Minimal.....	1	1	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..
Moderately advanced.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Far advanced.....	17	7	..	..	1	..	1	5	..	..	..	2	..	..	..	..	1	..	1
INACTIVE.....	9	7	..	1	..	1	1	3	2	..	..	2	..	..	..	..	..	..	1
Minimal.....	8	7	..	..	..	..	..	..	2	..	..	1	..	..	..	..	..	..	1
Moderately advanced.....	8	7	..	..	..	1	1	3	2	..	..	1	..	..	..	..	..	..	1
Far advanced.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE No. 2D
TUBERCULOSIS CASES IN CURRENT REGISTER (PREVALENCE) ACCORDING TO STAGE OF DISEASE, RACE, SEX AND BROAD AGE GROUPS—1963

STAGE OF DISEASE	AGE IN YEARS																	
	MALE									FEMALE								
	Total	Under 5	5-14	15-24	25-34	35-44	45-64	65 & over	Unsp.	Total	Under 5	5-14	15-24	25-34	35-44	45-64	65 & over	Unsp.
ALL CASES.....	2,996	49	49	84	171	374	994	315	..	960	44	53	99	190	245	248	81	..

	WHITE																	
	Total	Under 5	5-14	15-24	25-34	35-44	45-64	65 & over	Unsp.	Total	Under 5	5-14	15-24	25-34	35-44	45-64	65 & over	Unsp.
Total.....	1,195	884	9	22	51	127	481	185	..	311	10	5	31	55	78	87	45	..
Minimal.....	303	187	1	1	20	27	97	23	..	116	0	0	21	30	23	26	8	..
Moderately Advanced.....	474	375	2	1	3	14	55	210	..	99	1	1	7	17	23	26	25	..
Far Advanced.....	369	294	0	1	14	43	164	70	..	75	0	0	2	17	24	30	11	..
Pleural Effusion.....	6	0	0	0	1	0	3	0	..	2	0	0	1	0	1	0	0	..
Primary.....	25	12	5	1	0	0	1	0	..	13	8	4	0	0	0	0	0	..
Miliary.....	3	2	1	0	0	0	1	0	..	1	0	1	0	0	0	0	0	..
Meningitis.....	0	0	0	0	0	0	0	0	..	0	0	0	0	0	0	0	0	..
Other Nonpulmonary.....	15	10	0	2	2	0	5	0	..	5	1	0	0	1	1	1	1	..

	NONWHITE																	
	Total	Under 5	5-14	15-24	25-34	35-44	45-64	65 & over	Unsp.	Total	Under 5	5-14	15-24	25-34	35-44	45-64	65 & over	Unsp.
Total.....	1,801	1,152	40	62	120	247	513	130	..	647	34	48	68	135	167	161	36	..
Minimal.....	386	237	4	6	16	31	59	103	..	149	1	1	26	36	45	35	5	..
Moderately Advanced.....	643	434	0	2	24	41	88	211	..	209	0	3	20	44	60	63	19	..
Far Advanced.....	454	327	1	0	13	32	78	169	..	127	0	1	5	34	43	40	4	..
Pleural Effusion.....	49	26	0	0	2	8	5	7	..	23	0	1	4	9	4	3	2	..
Primary.....	143	65	30	2	2	2	1	0	..	78	31	38	6	2	0	0	1	..
Miliary.....	23	15	3	1	0	0	1	7	..	8	0	1	0	1	3	2	1	..
Meningitis.....	4	2	0	0	1	0	1	0	..	2	0	0	0	0	1	1	0	..
Other Nonpulmonary.....	99	46	2	5	5	15	15	3	..	53	2	3	7	9	11	17	4	..

TABLE No. 2E

ALL TUBERCULOSIS CASES CLASSIFIED BY RACE AND ORIGINAL REFERRAL OR SOURCE OF REPORT—1963

ORIGINAL REFERRAL OR SOURCE OF REPORT	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL CASES.....	796	100.0	316	100.0	480	100.0
Private physician.....	119	15.0	71	22.4	48	10.0
Baltimore City Hospitals.....	54	6.8	18	5.8	36	7.5
General and Tuberculosis Hospitals..	307	38.5	104	33.0	203	42.2
Hospital survey.....	1	....	1	....	..	....
Other.....	306	....	103	....	203	....
Health Department.....	167	21.0	43	13.6	124	25.9
Chest clinics.....	148	....	41	....	107	....
Other.....	19	....	2	....	17	....
Mass Survey.....	43	5.4	18	5.7	25	5.3
Transferred from out-of-state.....	..	....	..	....	..	....
Other agencies.....	56	7.0	35	11.0	21	4.3
Reported after death.....	50	6.3	27	8.5	23	4.8

TABLE No. 2F

ALL TUBERCULOSIS CASES CLASSIFIED BY RACE AND REPORTING AGENCY—1963

REPORTING AGENCY	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL CASES.....	796	100.0	316	100.0	480	100.0
Private physician.....	55	6.9	45	14.2	10	2.0
Tuberculosis hospitals.....	128	16.0	63	20.0	65	13.6
Baltimore City Hospitals.....	54	....	18	....	36	....
Other tuberculosis hospitals.....	74	....	45	....	29	....
General Hospitals.....	208	26.1	56	17.7	152	31.7
Mental Hospitals.....	8	1.0	6	1.9	2	0.5
Health Department chest clinics....	337	42.2	114	36.0	223	46.4
Transferred from out-of-state.....	..	....	..	....	..	....
Death Certificates.....	50	6.5	27	8.6	23	4.8
Other.....	10	1.3	5	1.6	5	1.0

TABLE No. 2G
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES BY RACE AND SEX—1963

CLINIC REGISTRANTS	TOTAL		WHITE				COLORED			
			Male		Female		Male		Female	
	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent
Total Registrants.....	25,857	100.0	4,240	100.0	4,686	100.0	6,297	100.0	10,634	100.0
Screening service (Total).....	14,506	56.1	1,434	33.9	2,526	53.9	2,903	46.1	7,643	71.8
Diagnostic service (Total).....	11,351	44.9	2,806	66.1	2,160	46.1	3,394	53.9	2,991	28.2
New in 1963.....	4,445	17.2	1,202	28.3	933	19.9	1,239	19.7	1,071	10.0
Registered prior to 1963.....	6,906	26.7	1,604	37.8	1,227	26.2	2,155	34.2	1,920	18.0
Suspects.....	5,008	11.7	634	14.9	673	14.4	805	12.8	890	8.3
Previously diagnosed cases.....	3,904	15.0	970	22.9	564	11.8	1,360	21.4	1,030	9.7
Age Distribution										
Total screening and new diagnostic registrants.....	18,955	100.0	2,636	100.0	3,459	100.0	4,146	100.0	8,714	100.0
Under 15 years.....	2,486	13.1	321	12.1	311	8.7	851	20.5	1,003	11.5
15-24 years.....	5,381	28.2	438	16.4	947	27.0	808	19.6	3,188	36.6
25-44 years.....	6,296	33.2	772	29.2	1,203	34.2	1,283	30.3	3,058	35.1
45-64 years.....	3,771	19.7	799	30.2	797	23.0	978	23.7	1,197	13.7
65 years and over.....	990	4.2	304	11.4	193	5.1	246	5.9	21	0.2
Age unspecified.....	31	1.6	2	0.7	8	2.0	...	...	...	...
Source of Referral										
Total screening and new diagnostic registrants.....	18,955	100.0	2,636	100.0	3,459	100.0	4,146	100.0	8,714	100.0
Private physicians.....	4,500	23.7	1,129	42.8	1,053	30.5	993	24.0	1,325	15.3
Contacts.....	3,875	20.4	477	18.3	719	20.8	975	23.6	1,704	19.5
Prenatals.....	3,450	18.4	...	...	608	17.5	...	...	2,842	32.8
Hospitals.....	577	3.0	116	4.5	63	1.9	236	5.6	162	1.8
Case finding project.....	250	1.3	85	3.3	43	1.2	77	1.8	45	0.5
All others.....	6,303	33.2	829	31.1	973	28.1	1,856	45.0	2,636	30.1
Clinic Visits.....	45,534	100.0	8,466	100.0	7,040	100.0	14,150	100.0	15,878	100.0
Screening service.....	14,506	31.9	1,434	17.0	2,526	35.9	2,903	20.5	7,643	48.1
Diagnostic service.....	30,424	66.8	6,900	81.5	4,453	63.2	11,010	77.8	8,061	50.1
New in 1963.....	4,445	9.8	1,202	14.1	933	13.2	1,239	8.8	1,071	6.1
Repeat Visits.....	25,979	57.0	5,698	67.4	3,620	50.0	9,771	69.0	6,990	44.0
* Other Services.....	604	1.3	132	1.5	61	0.9	237	1.7	174	1.8
X-ray Examinations (Total).....	32,964	100.0	6,127	100.0	5,701	100.0	8,766	100.0	12,370	100.0
Screening service.....	14,506	44.0	1,434	23.0	2,526	44.0	2,903	33.0	7,643	61.7
Diagnostic service.....	18,458	56.0	4,693	77.0	3,175	56.0	5,863	67.0	4,727	38.3
Suspects.....	10,009	30.0	2,463	40.6	2,067	36.4	2,853	32.5	2,626	21.3
Previously diagnosed cases.....	8,449	26.0	2,230	36.4	1,108	19.6	3,010	34.5	2,101	17.0
Pneumotherapy Service										
Total patients.....	7	100.0	1	...	...	...	3	100.0	3	100.0
New in 1963.....	3	42.8	1	...	...	...	1	33.3	1	33.3
Registered prior to 1963.....	4	57.2	...	...	...	...	2	66.7	2	66.7
X-ray Survey of Apparently Healthy Persons (Total).....	45,078				17,806				27,272	
Druid Chest Clinic.....	5,309				423				4,886	
Eastern Chest Clinic.....	5,430				1,982				3,448	
Southern Chest Clinic.....	1,709				826				883	
Western Chest Clinic.....	2,058				729				1,329	
Mobile and Portable X-ray Units.....	30,572				13,846				16,726	

* Visits for chemotherapy only-medical supervision other agency or private physician.

BUREAU OF COMMUNICABLE DISEASES

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TABLE No. 2H
CHEST X-RAY SURVEYS: BALTIMORE, MARYLAND—1963

GROUP SURVEYED	NUMBER EXAMINED		GROUP SURVEYED	NUMBER EXAMINED	
	White	Colored		White	Colored
TOTAL.....	13,846	16,726			
Commercial & Industrial (Total).....	5,386	1,310	Community (Total).....	6,885	11,485
American Bitumuls & Asphalt Co.....	94	5	Gay St. & Belair Market.....	129	1,371
Delivery Co.....	23	3	Hampden-Woodberry Area.....	1,375	12
Dept Public Welfare.....	198	247	Harlem Park Area.....	73	1,789
Emerson Drug Co.....	77	65	Hochschild Kohn & Co. & Community	1,477	562
Gas & Electric Co.....	3,773	360	North Ave. & Washington St. Area...	191	1,730
Goodwill Industries.....	239	81	Penna. Ave. Area.....	88	4,250
Gundry Sanatorium.....	47	9	Poe Homes.....	...	286
Lutheran Hospital.....	120	184	Pratt St. & Imla St. Neighborhood....	827	6
Maryland Glass.....	350	131	Stewart Hill Area.....	2,422	1,479
St. Elizabeth School.....	23	1	Stewart & Co., & Community.....	303	60
St. Joseph Hospital.....	161	151			
Western Maryland Railway Corp.....	281	73	Schools (Total).....	17	1,007
			Coppin State College.....	2	161
			Morgan State College.....	15	716
			School #130.....	...	130
			Other (Total).....	1,558	2,924
			Baltimore City Jail.....	1,558	2,924

TABLE No. 3A

REPORTED INFECTIONS OF VENEREAL DISEASE, ACCORDING TO SOURCE OF REPORT—1959-1963

SOURCE OF REPORT	SYPHILIS					GONORRHEA					CHANCROID				
	1963	1962	1961	1960	1959	1963	1962	1961	1960	1959	1963	1962	1961	1960	1959
TOTAL.....	1,580	1,648	1,509	1,545	1,670	5,256	4,972	5,981	6,179	6,743	3	2	7	9	19
Private Physicians.....	356	451	319	278	337	524	410	456	411	502	..	..	2	1	2
Health Department Clinics	787	716	748	723	645	4,532	4,408	5,338	5,639	6,130	3	..	2	5	9
Other Medical Agencies...	437	481	442	544	688	200	154	187	129	111	..	2	3	3	8

TABLE No. 3B
RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY CAUSE OF DEATH AND COLOR
1957-1963

CAUSE OF DEATH	1963			1962			1961			1960			1959			1958			1957		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
TOTAL.....	39	13	26	28	11	17	31	9	22	28	5	23	36	8	28	46	10	36	55	12	43
Syphilis in infants under 1 year of age.....																					
General paralysis of the insane.....	1	1	..	1	1	..	1	..	1	2	2	..	1	1	..	..	..	..	5	4	1
Tabes dorsalis.....	1	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Aneurysm of the aorta.....	14	4	10	7	2	5	4	..	4	3	1	2	4	2	2	14	5	9	20	5	15
Other forms of syphilis.....	23	7	16	19	8	11	26	9	17	23	2	21	31	5	26	32	5	27	30	3	27

TABLE No. 3C
ADMISSIONS TO CITY VENEREAL DISEASE CLINICS BY DISEASE, AND VISITS BY COLOR AND SEX—1963

ADMISSIONS		VISITS	
DISEASE	CITY CLINICS	RACE AND SEX	CITY CLINICS
TOTAL.....	9,968	TOTAL.....	17,926
Total syphilis (excluding epidemiologic)....	928	White.....	1,268
Primary or secondary.....	302	Male.....	820
Latent.....	582	Female.....	448
Late.....	27		
Congenital.....	17	Colored.....	16,658
Stage not stated.....	..	Male.....	10,078
		Female.....	6,580
Epidemiologic syphilis ¹	450		
Gonorrhea (excluding epidemiologic).....	4,586		
Epidemiologic gonorrhea ²	1,089		
Chancroid.....	3		
Lymphogranuloma venereum.....	..		
Granuloma inguinale.....	6		
Not infected with venereal diseases.....	2,736		
Diagnosis not completed.....	170		

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

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

TABLE No. 3D

RESULTS OF INVESTIGATION OF VD CONTACTS OF CITY CLINIC PATIENTS, BY COLOR AND SEX OF CONTACT AND DISEASE—1963

COLOR AND SEX OF CONTACT AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED ¹	PREVIOUSLY KNOWN	INVESTIGATED BUT NOT FOUND	FOUND BUT NOT EXAMINED	TOTAL EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED ²			
						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
TOTAL.....	5,209	400	1,415	627	2,767	572	702	1,471	22	637	98	132	407
TOTAL SYPHILIS.....	1,908	361	214	81	1,252	203	665	373	11	241	89	114	38
White.....	44	9	4	3	28	3	20	5	0	4	1	2	1
Male.....	22	7	1	2	11	1	8	2	0	1	0	1	0
Female.....	22	2	3	0	17	2	12	3	0	3	1	1	1
Colored.....	1,864	352	210	78	1,224	200	645	368	11	237	88	112	37
Male.....	953	202	91	36	624	98	337	182	7	115	43	54	18
Female.....	911	150	119	42	600	102	308	186	4	122	45	58	19
TOTAL GONORRHEA.....	3,301	39	1,201	546	1,515	369	37	1,098	11	396	9	18	369
White.....	113	3	25	10	75	38	2	34	1	38	0	0	38
Male.....	2	1	0	0	1	0	1	0	0	0	0	0	0
Female.....	111	2	25	10	74	38	1	34	1	38	0	0	38
Colored.....	3,188	36	1,176	536	1,440	331	35	1,064	10	358	9	18	331
Male.....	42	4	10	13	15	2	9	3	1	5	2	1	2
Female.....	3,146	32	1,166	523	1,425	329	26	1,061	9	353	7	17	329

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

TABLE No. 3E

RESULTS OF INVESTIGATION OF VD CONTACTS REFERRED BY OTHER AGENCIES, INCLUDING THE ARMED FORCES BY COLOR AND SEX OF CONTACT AND DISEASE—1963

COLOR AND SEX OF CONTACT AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED ¹	PREVIOUSLY KNOWN	INVESTIGATED BUT NOT FOUND	FOUND BUT NOT EXAMINED	TOTAL EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED ²			
						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
TOTAL.....	557	36	170	36	315	44	152	112	7	46	10	18	18
TOTAL SYPHILIS.....	429	32	132	8	257	27	147	76	7	28	10	17	1
White													
Male.....	10	0	1	0	9	2	5	2	0	2	0	2	0
Female.....	11	1	4	0	6	0	4	2	0	0	0	0	0
Colored													
Male.....	194	13	55	5	121	16	73	28	4	16	7 ¹	9	0
Female.....	214	18	72	3	121	9	65	44	3	10	3	6	1
TOTAL GONORRHEA....	128	4	38	28	58	17	5	36	0	18	0	1	17
White													
Male.....	2	0	0	2	0	0	0	0	0	0	0	0	0
Female.....	22	0	6	4	12	5	0	7	0	5	0	0	5
Colored													
Male.....	6	1	0	1	4	0	3	1	0	1	0	1	0
Female.....	98	3	32	21	42	12	2	28	0	12	0	0	12

¹ Excludes contacts regarding whom insufficient information was obtained to justify investigation.

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

BUREAU OF DENTAL CARE

H. Berton McCauley, D.D.S.

Director

Dental care programs for needy school children and recipients of public assistance were continued in 1963. These programs offered all the dental services commonly required by school children and adults, except that persons in the category of Medical Aid to the Aged (MAA) could not be provided with initial dentures. The Health Department maintained 28 city-wide dental clinics in health centers and schools wherein all but dental prosthetic services were performed for beneficiaries of both programs.

The one-chair dental facility in the Tench Tilghman Elementary School, No. 13, at Patterson Park Avenue and McElderry Street, received its last child for treatment on June 4, to be replaced by a new clinic better located at the Commodore John Rodgers School, No. 27, at Fayette and Chester Streets.

The dental clinic of the Western Health District Building was utilized, as it has since 1960, for a joint program of dental care for school children and training in children's dentistry for senior dental students of the University of Maryland.

The orthodontic clinic in the Southeastern Health District Building attained its fifth year of service for children eligible for medical care or aid to the handicapped under the Division for the Handicapped. Providing consultation and treatment benefits, the staff of this clinic treated 120 children in 1963, of which 21 were discharged as completed cases.

Dental Care for School Children

The school dental program emphasized dental health protection by timely instruction and maintenance care. In 1963 it benefitted 59,814 children, chiefly from 93 public and 26 parochial elementary schools in the neediest areas of the city.

For the most part, only children who entered 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 otherwise the child would not receive the necessary attention. No charges were made for any services rendered in Health Department dental clinics.

Youngsters in grades above the first who were subjects of the program in 1962 received its benefits in 1963 through follow-up inspection and referral for private care or recall to a Health Department clinic. An increased number of children in upper elementary and secondary grades were included in the program in 1963, a total of 866 high school students being treated as compared with 781 in 1962.

Services

Altogether, the teeth of 40,457 school children were inspected for defects and 13,365 were treated in Health Department dental clinics, as indicated in Table No. 1. In these clinics 4,459 children had their teeth cleaned, 30,474 fillings were inserted and 6,664 miscellaneous treatment services were provided. It was found necessary to remove 5,129 teeth of which all but 1,149 were deciduous. Treatment in 11,300 cases was carried to completion. Nitrous oxide and trichlorethylene were utilized as anesthetics in the extraction of most of these teeth in a special clinic conducted on Tuesday and Friday mornings in the Eastern Health District Building.

Dental Health Education

Health information for children and parents was an integral part of the school dental program. Post-inspection notices of dental defects to parents 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 in the course of routine home visits, interviews and maternal and child health clinic activities. Considerable instruction was given to children while under treatment and in the classroom by dental staff and teachers. Visual aids, leaflets, posters, demonstrations, exhibits, the press, radio and television were employed 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 15th 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 dental treatment for the relief of pain and acute infections, tooth extractions and oral surgery in the dental clinics of eight participating hospitals: University, Johns Hopkins, South Baltimore General, Sinai, Provident, Mercy, City and Keswick. The restoration of teeth by fillings, therapy for maintenance of the dental supporting tissues and similar preventive services were provided, for the most part, in a special clinic for medical care beneficiaries in the Eastern Health District Building. In this clinic 3,329 persons were treated in 1963. Altogether 34,670 dental treatment services, including 9,225 teeth removed and 7,525 filled, were rendered under the medical care program in this year. Prosthetic services, including new, repaired, reconstructed and rebased dentures, and occasional jacket crowns for badly damaged maxillary anterior teeth in young people, were furnished to 415 individuals.

Fluoridation

Throughout 1963 the Bureau of Water Supply maintained the fluoride content of the entire public supply at one part fluoride to one million parts of water, the optimum concentration for dental health. Current reductions in tooth decay among children with histories of continuous residence in the city from birth were estimated at 65 per cent through age nine, 50 per cent at age eleven, and 30 per cent at thirteen. The net effect was 324,000 fewer cavities in children through age twelve in Baltimore City and environs served by the city water supply.

It is believed that the dentists of this area restore approximately 500,000 decayed teeth annually and that even with the decay reductions accounted for by fluoridation at this time, there remained in the 1.5 million population of the area served by the water supply a receding backlog of unattended cavities in excess of 3.4 million.

Personnel

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

Clinic Dentists

Sidney O. Burnett, Jr., D.D.S.	Edward McDaniels, Jr., D.D.S.
Arthur M. Bushey, D.D.S.	J. Thomas Nelson, D.D.S.
Charles A. Darby, D.D.S.	J. Laws Nickens, D.D.S.
Billy D. Davis, D.D.S.	Lawrence W. Paden, D.D.S.
Nelson A. Fain, D.D.S.	James E. Palmer, D.D.S.
Irwood Fox, D.D.S.	Burton A. Raphael, D.D.S.
Raymond L. Gray, D.D.S.	Lawrence D. Rogers, D.D.S.
Richard M. Hemphill, D.D.S.	Louis Sober, D.D.S.
Ronald H. Israel, D.D.S.	Paul I. Teitelbaum, D.D.S.
Nicolas Lasijczuk, D.D.S.	Dennis H. Tribble, D.D.S.
Charles H. Johnson, D.D.S.	Frank J. Verde, D.D.S.
Benjamin J. Kimbers, Jr., D.D.S.	Thomas W. Willetts, D.D.S.
Lewis M. Maus, D.D.S.	Eugene T. Wisniewski, D.D.S.
	George F. Woodland, D.D.S.

Anesthetist

Alvin D. Rudo, M.D.

Dental Hygienists and Assistants

Faye V. Burnett	Mildred McDaniels
M. Eleanor Dively	Margarita J. Piraro
Fannie M. Ellen	M. Elaine Russell, R.D.H.
Vera M. Gill	Marion F. Shortt
Dorothy I. Jackson	Elaine V. Smith
Annette B. Jarrell	Doris E. Smoot
Louise B. Jones	Anna E. Thomas

Ida R. Wees

Medical Care Dental Services

James S. Davidson, D.D.S.	Frederick Magaziner, D.D.S.
William F. Dombrowski, D.D.S.	Isabel Palancar-Sainz, D.D.S.
	J. Philip Restivo, D.D.S.

	Helen J. Buffington, R.N.
Edwina O. Formhals, R.N.	Lorraine C. Schafer, R.N.

Dental Advisory Committee

Dr. George M. Anderson
Baltimore City Dental Society

Dr. Edward D. Stone, Jr.
Baltimore City Dental Society

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FACILITIES USED, CLINIC TIME EXPENDED AND SERVICES RENDERED IN THE PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—1961, 1962, 1963

	1963	1962	1961
Dental clinics.....	28	29	30
Clinic dentist-hours utilized.....	13,872	13,865	14,811
For dental inspections.....	872	849	849
For dental treatment.....	12,900	13,116	13,962
Children in program.....	59,814	58,977	57,846
Children inspected.....	40,457	35,583	32,826
Children treated.....	14,060	13,003	14,255
Under preventive program.....	13,355	12,400	13,720
Referred for emergency care.....	704	603	535
Patient visits.....	25,037	24,468	26,619
Dental treatment services provided, total.....	48,726	46,712	49,879
Average number per child treated.....	3.3	3.6	3.5
Dental cleaning operations.....	4,459	6,308	6,515
Fillings, permanent teeth.....	10,061	8,405	9,855
Fillings, deciduous teeth.....	20,413	18,583	20,452
Extractions, permanent teeth.....	1,149	1,127	868
Extractions, deciduous teeth.....	3,980	4,199	4,827
Other.....	6,664	8,090	7,362
Cases completed.....	11,300	10,233	11,160

**DENTAL SERVICES RENDERED TO RECIPIENTS OF PUBLIC ASSISTANCE UNDER THE BALTIMORE
CITY MEDICAL CARE PROGRAM—1962 AND 1963**

		DENTAL CLINICS										
		TOTAL	Uni- versity	Johns Hop- kins	South Balti- more Gener- al	Sinai	Provi- dent	Mercy	Balti- more City Hos- pitals	East- ern Medical Care Dental Clinic	Misc. Inst'ns (Kee- wick)	
PATIENTS.....		{ 1963 1962	14,389 15,436	1,975 1,696	2,074 2,386	549 480	811 753	1,220 1,287	448 403	3,955 3,694	3,329 4,737	55 —
TREATMENT SERVICES—1963												
Dental cleaning operations.....			2,091	3	1	0	14	33	0	1,628	406	6
Radiographs.....			12,243	5,351	3,882	23	1,385	66	21	878	521	116
Treatment acute gingivitis.....			882	18	0	0	12	2	2	55	795	0
Teeth extracted.....			9,225	2,172	1,843	875	678	1,237	632	1,565	133	90
Post extraction treatment.....			1,819	621	423	123	133	166	46	278	0	29
Teeth filled.....			7,525	0	2	0	2	2	0	1,399	6,120	0
Other services.....			885	362	21	1	101	33	25	272	45	25
SERVICES RENDERED.....		{ 1963 1962	34,670 31,649	8,525 6,009	6,172 6,567	1,022 1,107	2,325 1,717	1,539 1,698	726 733	6,075 6,178	8,020 7,640	266 —
PROSTHETIC CASES.....		{ 1963 1962	415 260	Prosthetic dental services provided in private dental offices and in dental clinics of the Sinai and City Hospitals.								

BUREAU OF HEALTH INFORMATION

Joseph Gordon

Director

In 1963, as in past years, the Bureau of Health Information continued its coverage of the broad spectrum of public health education and information. This work entailed keeping the residents of Baltimore and its many governmental and civic groups informed on those health matters that concerned community and individual health. Accomplishment of this responsibility involved the close cooperation and assistance of many individuals and agencies including the state and city medical societies, the Maryland State Department of Health, county health departments, voluntary health and welfare groups, and, in the "Knock Out Polio" campaign, almost every organized group in the city.

Community Health Programs

In the early part of the year the Bureau of Health Information once again brought into play all health information communication techniques for the third round of the KO Polio oral vaccine drive. Business, professional, civic, religious and governmental groups as well as countless individuals aided in achieving a successful conclusion to the anti-polio campaign.

Following the total effort involved in the KO Polio drive, special attention was given to the following: A year long anti-smoking campaign jointly conducted with the City Department of Education, the Maryland Division of the American Cancer Society, and the Department of Chronic Diseases of the Johns Hopkins School of Hygiene and Public Health; the "Big Sweep" city-wide spring cleanup program jointly with the Baltimore City Fire Department, the Department of Sanitation, the Baltimore Safety Council, the Women's Civic League and other civic groups; a rodent control program in a 31 block area south of Druid Lake sponsored in cooperation with the John Eager Howard Community Council groups, the Bureau of Building Inspection, and the Baltimore Urban Renewal and Housing Agency; two neighborhood health fairs—the 3rd Annual Harlem Park Health Fair in West Baltimore and the Knox Presbyterian Community Center Health Fair in East Baltimore; and to the planning and conduct of a series of monthly

adult health education film-lecture sessions held in cooperation with the Jewish Community Center. As in the past the bureau staff participated in such special events as National Children's Dental Health Week, Home Safety Week, Fire Prevention Week, Diabetes Detection Week and the drives of the voluntary health agencies.

Publications

Each week during the year the bureau prepared and distributed the Commissioner of Health's *Weekly Letter to the Mayor* to over 300 individuals and agencies, including the press, radio and television. This newsletter which includes the weekly statistics was supplemented by 22 press releases on timely subjects.

The publication of the *Baltimore Health News* was continued for the 46th year. This health education medium is sent to all physicians in the city, to educational administrators and teachers, to dentists, nurses, libraries, city officials and many others with special interests in Baltimore's health.

The *148th Annual Report of the Department of Health—1962* was prepared and distributed to a mailing list of about 500 including primarily libraries, schools of public health, and other health agencies. The preliminary summary *Guarding the Health of Baltimore—1962* was published for the first time in the January-February, 1963 issue of *Baltimore Health News* thereby effecting a substantial saving in the publication of this report.

The *Quarterly Statistical Report* prepared by the Bureau of Biostatistics was printed for the 15th consecutive year.

Among other publications—the bureau created 16 anti-smoking posters for use in the school anti-smoking project. Staff members also aided in the development and printing of 20 new and 10 revised health leaflets. These informational materials are listed in the appendix. The bureau duplicating service printed over 3,500,000 copies of text and form materials for public health education or departmental administration; this required the processing of 603 requisitions and the production of 1,652 master copies or plates by the varitypist. The bureau also maintained supervision over the printing by the Municipal Duplicating Bureau of 75 requisitions for forms or texts by departmental subdivisions. The bureau also continued to assist in editorial and library matters, aided in the prep-

aration and mailing of letters to physicians or special groups and in the preparation of the Commissioner of Health's monthly contributions to the *Maryland State Medical Journal*.

Radio and Television

Health education via radio and television is an important aspect of the bureau work. Besides reaching the general public these media reach many in the hard-to-reach groups which are particular targets of the Department's efforts. Radio and television stations continued to air the "Keeping Well" spot announcements prepared and distributed by the bureau on a weekly basis. Radio stations WEBB and WFBR both continued to air spoken messages by the Commissioner of Health. Noteworthy was the attainment of the 15th anniversary of the "Your Family Doctor" television series produced jointly with the Medical and Chirurgical Faculty of Maryland since December, 1948. This TV series telecast over WMAR-TV is the oldest medical series on TV. Year's end saw its 762nd program. Titles of the TV and radio subjects are seen in the accompanying tables.

Exhibits, Films and Other Services

New exhibits produced by the bureau totaled 130. A large display "Auxiliary Inspection in the Food Industry" was prepared for the annual Mid-Atlantic Restaurant Association's meeting in the Fifth Regiment Armory. Other large displays dealt with maternal and child health, tuberculosis, the venereal diseases, day nurseries, nutrition, diabetes, and rodent control.

During the year the health information office arranged for the procurement or showing of 180 films, loaned movie or slide projectors on 55 occasions, and produced 460 photographs for exhibit, press or other use. Assistance was also given to the Maryland State Department of Health and the Public Affairs Committee, Inc. in the production of a 30 minute color film, "Right From the Start", a film dealing with early immunization of children.

Personnel

Joseph Gordon, B.S., Director
John Bamberger, B.A., Senior Public Information Assistant
Frederic Stiner, Exhibits Specialist
Charles Scalion, Senior Printing Press Operator
Margaret P. Shaver, Senior Clerk Typist
Charlotte Peacock, Senior Clerk Stenographer
Regina C. Gillease, Senior Clerk Stenographer
Alfred Cianferano, Utility Aide

TABLE No. 1

"KEEPING WELL" RADIO AND TELEVISION SPOT ANNOUNCEMENTS BROADCAST
UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY HEALTH DEPARTMENT
AND THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND*

January	6.....	Pregnancy Demands Medical Attention
	13.....	Your Child Still Needs Shots
	20.....	Winter Driving Safety
	27.....	Home Safety
February	3.....	Children's Dental Health
	10.....	Coronary Heart Disease
	17.....	Food Handling
	24.....	Birth Certificate Correction
March	3.....	Child Accidental Poisonings
	10.....	Type III Sabin Vaccine—Surgeon General
	17.....	Let's Finish the Job
	24.....	Two Down—One To Go
	29.....	Sabin Type III Vaccine Today
April	31.....	Did You Miss Type III Polio Vaccine?
	7.....	Fight the Rat
	14.....	Clean Sweep Week
	21.....	Be Wise! Protect Your Eyes
May	28.....	Weeds
	5.....	Rodent Control
	12.....	Polio
	19.....	Better Hearing
June	26.....	Tick Control
	2.....	Lead Paint Poisoning
	9.....	Smoking and Lung Cancer
	16.....	Swimming Safety
	23.....	Last Chance—Get Sabin Polio Vaccine
July	30.....	Crab Shells and Rats
	7.....	Sunburn Dangers
	14.....	Dog Bites
	21.....	Mental Hygiene—Psychiatric Day Center
August	28.....	Lead Paint Poisoning
	4.....	Heat and Hearts
	11.....	Health Check-up for School
	18.....	Fall Hay Fever
September	25.....	Pregnancy Needs Medical Attention
	1.....	Rodent Control
	8.....	Pack Lunch That Rates
	15.....	Check Heating Units
October	22.....	Self Treatment Is Dangerous
	6.....	Fire Prevention Week
	13.....	Act Now for Flu Shots
	20.....	Cancer's Danger Signs
November	27.....	Day Care Centers for Children
	3.....	Close The Door To Rheumatic Fever
	10.....	Medical Assistance for The Aged
	17.....	Detect Diabetes
December	24.....	A Safe Thanksgiving Turkey
	1.....	Safe Toys for Christmas
	8.....	Medical Assistance to The Aged
	15.....	Trim Your Tree for Fire Safety
	22.....	Holiday Greetings
	29.....	Alcohol, Automobiles and Accidents

* Announcements were sent to all radio and television stations in Baltimore. These messages 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, 1963—"YOUR FAMILY DOCTOR" SERIES: WMAR-TV*

January	5	The City's Health in Review and Preview	Dr. Robert E. Farber Dr. Matthew Tayback
	12	Foundation for Health	Mr. John Manlich, Jr.
	19	The Check-up	Dr. Joseph D'Antonio
	26	To Your Health	Mr. W. T. Dixon Gibbs
February	2	Looney Learns Dental Magic	Mrs. Betty Sweren Mrs. Cevia Snyder Mrs. Jessa Goldberg Dr. Sidney Scherlis
	9	The Chances of a Coronary	Mr. Ferdinand Korff
	16	Families Off Guard	
	23	Detective Story	
March	2	A New Approach to an Old Age Problem	Dr. Frank F. Furstenberg
	9	The Careless Poisoner	Mr. George Motry
	16	100 Years Young	Mrs. Martha J. Smith
	23	Let's Ask About Type III	Dr. Edward Davens Dr. Robert E. Farber
	30	History of Medicine—The Napoleonic Era	Dr. Louis A. M. Krause
April	6	Preparation of a Nurse	Miss Genie Lipa Miss Donna Harmon
	13	The Seeds of Good Health	Mr. John Childs Chief Charles Crowley Mrs. Dorothy Shipley Granger
	20	To The Health of Central America	
	27	Let's See	
May	4	Seizure	Dr. Ruth Baldwin
	11	The Rat Race	Mr. John Childs
	18	The Driver Is Number One	
June	15	Smoking Out the Truth	Dr. Edward F. Lewison Dr. Matthew Tayback
	22	Get In The Swim	Mr. Richard Contos Miss Eloise Merritt
	29	A Clean Start for Fresh Milk	Mr. Julius D'Ambrogi Mr. Joseph Polhaus
July	6	Health—Weather or Not	Dr. Walter A. Anderson
	12	Campers Beware	Dr. Robert E. Yim
	20	Express Yourself	Dr. A. M. Schneidmuhl
	27	Between Life and Death	
August	3	The Medical Examiner	Dr. Charles S. Petty, Jr.
	10	Design for Life	
	17	The Time of Our Lives	
	24	How Safe Is Our Food	Mr. Robert S. Roe
	31	Quiet Please	Dr. Richard J. Cross
September	7	The Prime of Life	
	14	We Need Many Hands	Dr. Byron G. Brogdon
	21	X Marks the Spot	Dr. Carl C. Clark
	28	Men, Space and Medicine	
October	5	The Dangerous Pyramid	Chief Charles Crowley Mr. Dean Hungerford Miss Dorothy Krabbe Mr. Franklyn Hochreiter Mrs. Leon Ginsberg
	13	Two Out of Many	
	26	Forerunner of the Man	
November	3	Guarding the Pump	Dr. Jimmie L. Rhyne
	10	A Little Slow	Dr. Benjamin White Mrs. Betty Haynie
	16	Diabetics and Dietetics	Dr. Robert E. Ensor Miss Emma J. Snyder
	24	Safe Foods . . . Hot or Cold	Mr. Ferdinand Korff
	30	Medical Assistance for Senior Citizens	Miss Esther Lazarus
December	7	Are You Positive?	Mr. Earl Smith
	21	Fired up for the Holidays	Chief Charles Crowley
	28	UN Supplies the Spark	

* This series was inaugurated December 15, 1948. The part of "Dr. John Worthington", the family doctor who appears from week to week, was played by Mr. Jack Redfern, Senior Public Information Assistant in the Bureau of Health Information, Baltimore City Health Department.

BUREAU OF LABORATORIES

Clinton L. Ewing

Director

In 1963 staff members made 269,796 microbiological tests of 71,490 clinical specimens and 22,524 bacteriologic and 46,727 chemical examinations of 22,605 samples of milk and food products and industrial or other materials. When combined, these figures totaled 339,047 examinations of 94,095 specimens or samples. In comparison with 1962 total examinations increased by 72,890 or 27 per cent, and total specimens decreased by 1,661 or 1.7 per cent.

Tuberculosis

A further expansion of tuberculosis laboratory services occurred in 1963 when all specimens of sputum, urine, gastric washings, and other materials were routinely cultured for *Mycobacterium tuberculosis*. This was made possible by the renewal of a special grant from the U. S. Public Health Service which provided two laboratory workers. In the latter part of the year plans were made to institute a study of the so-called anonymous *Mycobacteria* and their relation to human disease and to improve the procedures for testing the susceptibility of *Mycobacteria* to therapeutic (anti-microbial) drugs.

Syphilis

Laboratory services as an aid in the control of syphilis required the testing of 48,481 blood and 391 spinal fluid specimens. Of the total of 48,872 specimens, private physicians submitted 18,517, or 38 per cent; Health Department clinics, 21,076, or 43 per cent; commercial firms and special groups, 6,442, or 13 per cent; and hospitals and other institutions, 2,837, or 6 per cent. Over 800 blood specimens were referred to the Maryland State Department of Health laboratories for verification purposes. Results of the testing of the blood specimens revealed that 11.8 per cent were reactive (positive). This figure is one per cent lower than that obtained in 1962, but 25 per cent higher than the figure obtained in 1960.

Other Diseases

Another year has passed in which no rabies has been reported in Baltimore City. A total of 101 animals was tested, 11 more than the number examined in 1962. Animals tested were as follows: dogs-56, cats-18, hamsters-9, squirrels-8, rabbits-6, bats-3, and one mouse. All examinations were negative. The last rabid animal reported in Baltimore was a dog that was recorded as positive in February, 1947.

Enteric pathogenic bacteria were isolated on 29 occasions. Twenty-three were identified as *Salmonella* and 6 as *Shigella* organisms, as follows: *Salmonella typhi*-15, *Salmonella derby*-5, *Salmonella chester*-2, *Salmonella muenchen*-1, *Shigella flexneri*-4, *Shigella sonnei*-1, and the A-D group-1. Other isolations included 103 coagulase-positive staphylococci, 58 beta hemolytic streptococci, 32 of which were Group A, and 3 organisms identified as *Diplococcus pneumoniae*. In addition, 30 cultures of many different types of organisms were submitted by several hospitals for identification.

Fecal specimens were submitted from persons who had vacationed at a winter resort in Switzerland during the period of a typhoid fever outbreak there. All specimens were negative for typhoid bacilli. However, one person, a male, had typhoid agglutinins in his blood and typhoid organisms were isolated from the blood in a local hospital. Other investigations of a case and a carrier of typhoid fever required the examination of over 50 specimens of feces submitted from food handlers and family contacts. One carrier was found.

Milk, Food, and Water

Bacteriologic and chemical examinations were made of over 8,000 samples of milk and 2,000 samples of water. No instance of improper pasteurization of milk was detected in the examination of 2,024 samples. Added water was found in 2.2 per cent of 4,277 licensed producers' milk samples. Other tests made on the latter samples showed that 24 contained penicillin and that 12 were contaminated with other inhibitory substances.

Microanalytical tests for filth were made of 718 samples of miscellaneous foods and 21.3 per cent showed evidence of rodent contamination or insect infestation. An additional 152 samples were examined as a result of consumer complaints concerning extraneous materials or alleged unwholesomeness.

While there was no major outbreak of food poisoning in 1963, the laboratories examined 41 foods associated with alleged illness in persons, usually on an individual basis. In only a few instances did the laboratories obtain results that seemed to relate to food poisoning.

Considerable laboratory work was done in connection with the testing of large quantities of canned tuna fish and Great Lakes smoked fish. These food products were suspected of being infected with Type E *Clostridium botulinum*. Over 100 samples of fish were tested and no botulism organisms were found.

Chemistry

Routine and investigative services entailed 46,727 examinations of 17,250 samples representing a decrease of 1.9 per cent in examinations and an increase of 1.0 per cent in samples tested.

As in the past several years the Division of Chemistry contributed materially to the Department's lead paint poisoning control program with the examination of 1,258 specimens of blood for lead as an aid in the diagnosis and treatment of lead poisoning. Specimens obtained from 733 children and 78 adults were submitted by 22 hospitals and 22 practicing physicians. Excessive amounts of lead were detected in specimens from 134 children and 5 adults. The examination of 1,735 samples of paint scrapings revealed that 44.6 per cent contained lead in excess of the one per cent permitted by ordinance.

Services performed for the Division of Air Pollution Control required the testing of 1,984 samples of air and dust, an increase of 635 samples over the number tested in 1962. An additional 21 samples of workroom air were examined for lead and parathion.

Special Activities

An investigation which involved the bacteriology of urine specimens from pregnant women and which was begun in July, 1962, was continued in 1963. This study was conducted in collaboration with the Department of Preventive Medicine and Rehabilitation of the University of Maryland School of Medicine and was part of a more involved investigation of the relation of asymptomatic bacteriuria to prematurity. Through March, 311 specimens of urine were tested. Since the beginning of the study, 968 specimens have

been examined, requiring 3,267 tests. In April, the investigation was temporarily discontinued to be resumed in 1964.

Microbiological aerosol and surface culture studies were made in two local hospitals. Four surveys were made in one hospital, two in the operating suite and two in the nursery. Three surveys were carried out in the second hospital, two in the nursery and one in the operating suite. A total of 694 samples was collected and 11,300 tests were made of the samples. Since the inception of this type of investigative work in 1959, six hospitals have been surveyed involving a total of 2,825 samples.

At the request of the Baltimore City Department of Education a bacteriologic study of public school drinking fountains was undertaken. Samples of water and swabbings of the orifices of the fountains were collected from school buildings, a hospital, and two public buildings. In addition, samples of city drinking water submitted for routine examination were also tested. In practically all samples the predominating bacteria were identified as related species of the *Flavobacterium* genus. These organisms produce a yellow pigment and are considered to be nonpathogenic. A total of 56 samples was examined upon which 668 tests were performed.

The Division of Chemistry began a study of colorimetric method for acetonitrile in urine as an objective test for cigarette smoking. This method was under development by the Southwest Research Institute, San Antonio, Texas, for the Institute of Neurologic Diseases and Blindness of the National Institutes of Health. The test is being prepared for a proposed statistical study in Baltimore of the relationship of smoking by pregnant women to prematurity.

Examination for the Sanitary Services of a variety of toys alleged to contain harmful ingredients showed negligible amounts of arsenic in five taxidermy stuffed toy ducks imported from Japan. In addition, four liquid-filled plastic baby "water ball" type toys were found to contain mineral oil. In another instance a fluid, in simulation of milk, in a plastic "magic" toy nursing bottle was found to be a non-saponifiable oil emulsified in water. Examination was also made of 102 hobby shop toy paints submitted by two manufacturers following revision of their formulations in order to eliminate lead.

During the year equipment was obtained and methods were studied for introducing the microtechnique which is available and

which can be applied to serological investigations in virology. This procedure can be used in gaining highly accurate information on the health status of the community and makes use of capillary or fingertip blood samples. Several trial runs were made employing agglutination, complement-fixation, and hemagglutination inhibition tests on blood samples submitted routinely for various diseases.

The Division of Chemistry participated in and served as a reference laboratory for five evaluation studies conducted by the Maryland State Department of Health of methods for the determination in milk of antibiotics, phosphatase, and added water. The chemical laboratory also collaborated in an evaluation study supervised by the U. S. Public Health Service of the analysis of lead in blood. Other laboratories participated in State conducted evaluations of procedures for making bacteriological examinations of milk and water.

Two members of the staff attended special workshops conducted in the laboratories of the Maryland State Department of Health. One was a three-day workshop in medical mycology and the other was a two-week course in fluorescent antibody techniques used for detecting Group A beta streptococci.

Other investigations included: Further study of the feasibility of micro procedures for determination of glucose and cholesterol in blood to be used in a statistical study of health status in the local population; evaluation of a rapid procedure (Banco Method) for fat in ground meat; an investigation of equilibrium time for foods to attain ambient (surrounding) temperature when transferred in and out of refrigeration; the solubility of tin in orange beverage; the extractable lead content of Mexican pottery vessels; the determination of titanium as an aid in differentiating soot from soft or hard coal burning; and the design of a steam bath cover to facilitate large scale evaporations of dustfall jar samples.

Personnel

Clinton L. Ewing, Director
Emanuel Kaplan, Sc.D., Assistant Director for Chemistry
Katherine 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 W. Thiell, Senior Bacteriologist
Duane B. Tilghman, B.S., Senior Bacteriologist
Robert S. Shaul, B.S., Senior Chemist
Marilyn E. Gallagher, A.B., Senior Chemist
James H. Adams, Jr., B.S., Bacteriologist
John F. Bees, Bacteriologist
Byrd G. Wenke, Bacteriologist
Alvin L. Burger, M.A., Bacteriologist
Betty L. Chapman, Chemist
Raymond Buettner, Laboratory Assistant
Carroll E. Bacon, Laboratory Assistant
Patricia A. Calloway, B.S., Laboratory Assistant
Anna G. Johnson, Laboratory Assistant
Michael Madigan, Laboratory Assistant
Ruth B. Mickens, Laboratory Assistant
Janice M. Owings, Laboratory Assistant
Audrey D. Francis, Laboratory Assistant
Hernel K. Gruber, Administrative Assistant
John A. Wheeler, Principal Clerk
Katherine B. Wood, Senior Clerk Stenographer
Madeline L. Coxson, Senior Clerk Stenographer
Lillian R. Feit, Senior Clerk Typist
Claire Marlowe, Senior Clerk Typist
Michael J. Doonan, Senior Storekeeper
Thomas J. Faulkner, Stores Clerk
Warren H. Barnes, Equipment Operator
William E. Edmunds, Custodial Worker
Patrick J. McHugh, Laboratory Aide

TABLE No. 1

CLINICAL 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.....	69,646	248,239
Animal heads.....	101	..
Animal inoculation.....	..	100
Microscopic.....	..	1,115
Blood.....	49,452	..
Agglutination.....	..	1,755
Culture.....	..	324
Microscopic.....	..	6
Serologic.....	..	59,206
Direct culture.....	3,963	..
Agglutination.....	..	548
Animal inoculation.....	..	21
Culture.....	..	7,982
Microscopic.....	..	1,797
Exudates.....	4,690	..
Animal inoculation.....	..	3
Culture.....	..	4,084
Microscopic.....	..	7,852
Feces.....	..	..
Bacteria.....	246	..
Occult blood.....	..	..
Parasite.....	387	..
Culture.....	..	4,508
Macroscopic.....	..	18
Microscopic.....	..	2,182
Fungi.....	22	..
Culture.....	..	96
Microscopic.....	..	91
Helminths.....	255	..
Macroscopic.....	..	..
Microscopic.....	..	251
Spinal fluid.....	391	..
Culture.....	..	..
Microscopic.....	..	..
Serologic.....	..	389
Sputum.....	9,095	..
Animal inoculation.....	..	144
Culture.....	..	128,887
Microscopic.....	..	12,716
Stomach lavage.....	418	..
Animal inoculation.....	..	35
Culture.....	..	7,174
Microscopic.....	..	717
Urine.....	626	..
Animal inoculation.....	..	12
Culture.....	..	3,581
Microscopic.....	..	2,749

TABLE No. 2

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATIONS

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
TOTAL.....	88,541*	16,008	69,549	1,137	1,120
BRUCELLOSIS					
Total.....	322	...	308	5	9
Agglutination					
Blood.....	298	...	292	5	1
Culture					
Blood clot.....	24	...	16	...	8
DIPHTHERIA					
Total.....	113	2	111	...	...
Animal inoculation					
Virulence test.....	2	...	2	...	..
Microscopic					
Swab.....	111	2	109	...	...
ENTERIC INFECTIONS					
Total.....	1,328	229	1,009	86	4
Agglutination					
Blood, H antigen.....	296	5	227	64	...
Blood, O antigen.....	148	3	123	22	...
Culture					
Blood.....	9	...	9	...	...
Blood clot.....	20	...	20	...	...
Feces.....	631	40	587	...	4
Rectal swab.....	2	...	2	...	...
Urine.....	222	181	41	...	...
GONOCOCCUS INFECTIONS					
Total.....	8,234	1,957	5,702	156	419
Exudate					
Culture.....	3,808	660	2,742	...	406
Microscopic.....	4,426	1,297	2,960	156	13
HISTOPLASMOSIS					
Latex agglutination.....	3	...	3	...	...
INFECTIOUS MONONUCLEOSIS					
Blood agglutination.....	805	155	266	384	...
INTESTINAL PARASITES					
Total.....	646	69	576	...	11
Microscopic					
Cellulose tape slides.....	255	43	207	...	5
Feces.....	390	15	369	...	6
Worms.....	1	1	...	...	...
MALARIA					
Blood, microscopic.....	2	1	1	...	...

* This includes 383 total protein tests (see syphilis examinations-Biochemie), and 349 microbial sensitivity tests (other examinations). Also, it includes the total for each disease or condition.

TABLE No. 2—(Continued)

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATIONS

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
METALLIC POISONING					
Total.....	1,263	300	633	325	5
Biochemic					
Lead					
Blood.....	1,259	297	632	325	5
Urine.....	4	3	1	...	...
MYCOSES					
Total.....	101	89	12	...	...
Exudate.....	92	82	10	...	...
Sputum.....	5	3	2	...	...
Urine.....	4	4	...	...	...
RABIES					
Total.....	194	...	193	...	1
Animal inoculation					
Brain emulsion.....	93	...	93	...	...
Microscopic					
Animal brain.....	101	...	100	...	1
RICKETTSIAL INFECTIONS					
Total.....	206	4	193	9	...
Agglutination					
Blood					
Proteus OX ₂	103	3	94	6	...
Proteus OX ₁₉	103	1	99	3	...
STAPHYLOCOCCAL DISEASE					
Total.....	249	217	32	...	...
Culture					
Exudate.....	249	217	32	...	...
STREPTOCOCCUS INFECTIONS					
Total.....	332	298	34	...	...
Titration					
Blood, ASTO.....	14	13	1	...	...
Culture					
Exudate.....	317	284	33	...	...
Sputum.....	1	1	...	...	...

TABLE No. 2—(Concluded)

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATIONS

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
SYPHILIS					
Total.....	55,293	11,588	42,965	22	340
Biochemic					
Total protein.....	383*	...	...	...	5
Complement-fixation					
Eagle					
Spinal fluid.....	391	34	350	5	2
Flocculation					
VDRL					
Blood.....	48,482	5,687	42,465**	...	330
Titre.....	5,686	5,686**	...	...	...
Immobilisation, TPI Tests.....	351	181	150	17	3
TRICHOMONIASIS					
Exudate, microscopic.....	162	140	22	...	...
TUBERCULOSIS					
Total.....	18,810	872	17,460	147	331
Animal inoculation					
Exudate.....	4	...	3	1	...
Sputum.....	120	21	87	4	8
Stomach lavage.....	28	3	22	3	...
Urine.....	14	...	14	...	...
Culture					
Exudate.....	15	2	12	1	...
Sputum.....	8,968	440	8,336	85	107
Stomach lavage.....	466	29	421	10	6
Urine.....	36	...	36	...	...
Microscopic					
Exudate.....	11	...	11	...	...
Sputum.....	8,735	343	8,152	30	210
Stomach lavage.....	372	34	325	13	...
Urine.....	41	...	41	...	...
TULAREMIA					
Blood, agglutination.....	5	1	4	...	...
VINCENT'S INFECTION					
Exudate, microscopic.....	1	...	1	...	...
OTHER EXAMINATIONS					
Total.....	472	96	24	3	...
Biochemic.....	22	2	17	3	...
Culture.....	54	52	2	...	...
Microbial sensitivity.....	349*	...	...	...	...
Microscopic.....	47	42	5	...	...

* These figures are included in grand total. Not classified as to results.

** This includes a total of 171 premarital examinations, of which 2 were positive.

TABLE No. 3

FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBERS OF TESTS
Total.....	12,006*	22,524
Dairy products (milk, cream, ice cream, control samples, etc.).....	8,144	..
Coliform count.....	..	3,386
Plate count.....	..	6,027
Special tests.....	..	106
Temperature check.....	..	511
Equipment for Sterility (bottles, containers).....	232	232
Food poisoning investigations.....	41	..
Coliform count.....	..	36
Microscopic count.....	..	4
Plate count.....	..	42
Special tests.....	..	273
Food products.....	254	..
Coliform count.....	..	181
Microscopic count.....	..	78
Plate count.....	..	245
Special tests.....	..	944
Miscellaneous samples.....	65	..
Coliform count.....	..	100
Plate count.....	..	48
Special tests.....	..	109
Procedure controls.....	..	..
Special tests.....	..	4,291
Swabbings (hand and equipment).....	1,196	..
Coliform count.....	..	60
Plate count.....	..	1,161
Special tests.....	..	444
Water (tap, pool, well, spring, river, etc.).....	2,074	..
Coliform count.....	..	2,043
Plate count.....	..	1,097
Special tests.....	..	1,106

*Of this number, 5,355 samples were submitted for bacteriologic examination only; 6,651 samples were submitted for bacteriologic and chemical analysis.

TABLE No. 4

SAMPLES SUBMITTED FOR CHEMICAL ANALYSIS AND THE NUMBER OF
LABORATORY PROCEDURES PERFORMED FOR EACH TYPE OF SAMPLE

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBERS OF TESTS
Total.....	17,250*	46,727
Body fluids and excreta.....	1,661	..
Lead test.....	..	3,949
Total protein test.....	..	370
Unclassified biochemic tests.....	..	169
Dairy products (milk, cream, ice cream, etc.).....	7,936	..
Added water test.....	..	9,693
Antibiotic test.....	..	6,069
Butterfat test.....	..	2,779
Hypochlorites test.....	..	301
Phosphatase test.....	..	2,721
Sediment test.....	..	568
Unclassified tests.....	..	1,100
Food products.....	988	..
Adulteration test.....	..	186
Decomposition tests.....	..	269
Filth test (rodent and insect infestation).....	..	2,625
Unclassified tests.....	..	433
Industrial hygiene and air pollution control samples (air, dusts, solvents, paint scrapings, etc.).....	3,867	..
Air contaminant tests.....	..	6,624
Industrial poison tests.....	..	201
Lead in paint test.....	..	2,021
Miscellaneous samples.....	204	..
Unclassified tests.....	..	518
Solutions and outfits.....	214	..
Unclassified tests.....	..	2,551
Water samples.....	2,380	..
Boiler water control tests.....	..	1,242
Fluoride test.....	..	1,614
pH test.....	..	357
Sanitary analysis.....	..	362

*Of this number, 10,599 samples were submitted for chemical analysis only; the other 6,651 samples were submitted for bacteriologic and chemical analysis.

BUREAU OF MENTAL HYGIENE

Matthew Tayback, Sc.D.

Acting Director

Although provision was made in the 1963 Ordinance of Estimates for the establishment of a full-time position of Director of the Bureau of Mental Hygiene, it proved impossible to recruit a psychiatrist for this post. Insufficient salary was one reason, lack of interest by psychiatrists in full-time administrative posts was another.

Nevertheless, some advances were made in developing the department's mental hygiene program. A new Alcoholism Clinic was opened on September 16, 1963 on a full-time basis with a one-year demonstration grant from the State Department of Health. Stable and continued support was assured for this new effort through the special concern for this problem by the Mayor and City Council. The Alcoholism Clinic has the objective of providing a diagnostic, and supportive therapeutic service to individuals with chronic alcoholism. A cooperative relationship has been established with the Church Home and Hospital to provide needed inpatient service when required. The annual budget for the new clinic is approximately \$55,000 while the anticipated average census of patients is 85. Dr. Abraham M. Schneidmuhl assumed the position of clinic director terminating his status as Director of the Eastern Mental Hygiene Clinic for children. In December the Commissioner of Health, the Deputy Commissioner and the Director of the Alcoholism Clinic participated in the productive Mayor's "Brainstorming Conference on Alcoholism."

The Psychiatric Day Center experienced a successful year of operation. The average daily census varied within the limits of 25-30 patients. A stable staffing of the professional and supporting complement was achieved. In order to obtain maximum utilization of the center's facilities, visits were made to each of the State Mental Hospitals to acquaint the admission staffs with the Day Center operation. A grant was received from the National Institute of Mental Health to carry out a clinical trial of the effectiveness of the treatment package provided by the Day Center.

Mental hygiene clinics for children were continued in the Eastern and Western Health District buildings. The clinics emphasized case reviews as a means of training school teachers, social workers, and public health nurses in case finding and in case management under general supervision of the clinic professional team.

Other developments worthy of note in the mental health field in Baltimore City were: (1) the establishment of a full-time position of psychiatrist by the Sinai Hospital with an appointment effective July 1, 1964; (2) the establishment of a new center for out-patient treatment in Baltimore City by the Crownsville State Hospital; (3) the inclusion of the Children's Guild under the state-aid program for day care of mentally ill persons; and (4) the growth of day care centers for the mentally retarded.

Personnel

Matthew Tayback, Sc.D., Acting Director
Gertrude M. Gross, M.D., Director, Psychiatric Day Center
A. M. Schneidmuhl, M.D., M.P.H., Director, Alcoholism Clinic
Saim B. Akin, M.D., Director, Western Mental Hygiene Clinic
Pansy K. Schmidt, Chief Social Worker
Sabina Partello, B.S., M.S.S.W., Psychiatric Social Worker
Hugh M. Jones, B.A., M.A., Clinical Psychologist
Marvin Jones, B.A., M.A., Clinical Psychologist
Nelda Nathanson, M.S., R.N., Public Health Nursing Supervisor
Millicent Johnson, M.A., Senior Supervising Nurse (Mental Hygiene)
Sylvia Lurie, M.A., Psychiatric Social Worker
Sandra Jane Philip, B.A., Senior Rehabilitation Therapist
Margaret H. Lea, M.A., Senior Statistician (Mental Hygiene)
Rene Clay, Rehabilitation Therapy Aide
Eileen Vanderbosch, Principal Clerk Stenographer
Thelma Scott, Principal Clerk Stenographer
Essie M. Johnson, Senior Clerk Stenographer
Gloria I. Miller, Senior Clerk Stenographer

NUTRITION

Eleanor McKnight Snyder, B.S., M.S.

Division Chief

During 1963 the Division of Nutrition continued to function as a city-wide educational service. In order to achieve a wider understanding of nutrition as a facet of community health among the residents of Baltimore City, the nutritionist participated as a consultant to the professional staffs of the City Health Department and allied agencies that are responsible for the planning of health services. The nutritionist was instrumental also in assisting other professional public health personnel in making a practical application of nutrition in all their health activities. Because nutrition is not an independent discipline, the division chief frequently was an advisor in many activities.

Community education programs were geared to assisting the Baltimore citizen in achieving optimal health for himself by being a better consumer of the foods available in his own markets, and informing the public of authentic facts about food and nutrition so that they will not be "taken" by food fads, quackery, quick weight-control gimmicks, and health charlatans.

In-service training within the Health Department included group discussions with staff nurses, orientation of new staff nurses, and classes for the affiliating student nurses. Individual conferences related to the nutrition problems of specific families, low cost foods and their availability, use of donable foods, special diet interpretation, guidance in dealing with the problems of phenylketonuria and galactosemia, personal nutrition problems, and plans for nutrition education activities in school health programs and Health Department clinics. Closely related to in-service training was the consultation provided to the Instructive Visiting Nurse Association. The nutritionist participated in the student nurse training programs in several hospitals. As the Instructor of Nutrition in the School of Nursing of the Johns Hopkins Hospital, she gave the basic nutrition course for the pre-clinical student nurses.

At the request of the School of Public Health of the University of North Carolina, supervised field experience was provided for Miss Anne Pendergast, a graduate student working toward a

degree in public health nutrition. There were several individual conferences with students from the Johns Hopkins School of Hygiene and Public Health to discuss the planning of nutrition programs and the effective use of nutrition services. Nutrition services in Baltimore City was discussed with several foreign visitors to the Health Department.

The promotion of nutrition in school health activities was implemented through the public health nurses assigned to the schools. Materials were provided the nurses to help the teachers do a more effective job in teaching better eating habits. Considerable assistance was given to several nurses who found the need to start small weight control groups for some elementary children. This included discussions with the mothers as well as talking with the children. Several nurses in secondary schools were aided with some of the problems of teen-age nutrition.

The nutritionist participated on several radio shows as follows:

- WCAO—with W. Donald Schaeffer, Vice-president, Baltimore City Council, "Know Your City Government" 2 Broadcasts
- WITH—with Mrs. Dorothy Shipley Granger, Department of Sanitation 2 Broadcasts
- WEBB—with Susan Strothers 2 Broadcasts

She also provided material to both *The Evening Sun* and the *Baltimore News-American* for feature stories on their women's pages.

There has been a wide variety of community participation related to health department activities. Consultations on food services and food needs of youngsters were continually provided to institutions, licensed by the State Department of Welfare, that provided group care for children. The division increased nutrition services to day care centers by individual conferences with operators, a workshop session with twelve operators who came to the Health Department for the discussion, and continuous consultation with the director of the program. Talks were given to two women's clubs, three Golden Age Clubs, a weight control class for the Junior Red Cross, a session of the Housing Clinic conducted under the auspices of the Housing Court and the Urban Renewal and Housing Agency, and the annual meeting of the Dairy Council of the Upper Chesapeake Bay. The division chief continued as a member of the Coordinating Committee, "Meals-on-Wheels" proj-

ect, Baltimore, and the Nutrition Advisory Committee of the Baltimore Chapter of the American Red Cross.

The division chief continued to be the liaison representative of the American Public Health Association to the Food and Nutrition Board, National Research Council; the representative of the American Dietetic Association on a committee with the U. S. Public Health Service and the Arthritis and Rheumatism Foundation to prepare a booklet on food for arthritics; was a program participant in the annual meeting of the American Dietetic Association in Philadelphia; attended the Second National Congress on Medical Quackery in Washington; attended the sessions of the American Public Health Association in Kansas City and the Maryland State Conference on Day Care for Children. She represented the Health Department and her profession on a variety of city and state committees. She is the Vice-President of the Maryland Public Health Association and serves on its Executive Committee.

BUREAU OF PUBLIC HEALTH NURSING

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

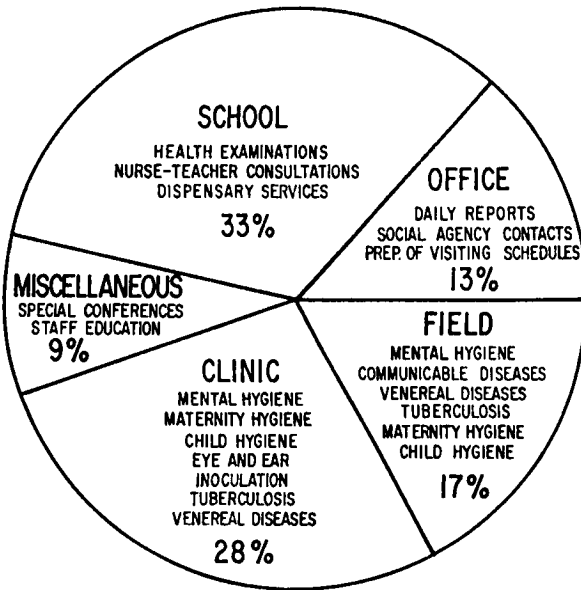
Director

The work of the public health nurses continued to increase in scope during 1963 as projects and programs demanded. The greatest increase in public health nursing service was shown in the handicapped children's program. In 1963 a total of 9,030 visits was made compared with 6,740 in 1962 thereby showing increasing evidence of the accumulative and long-term aspects of this program.

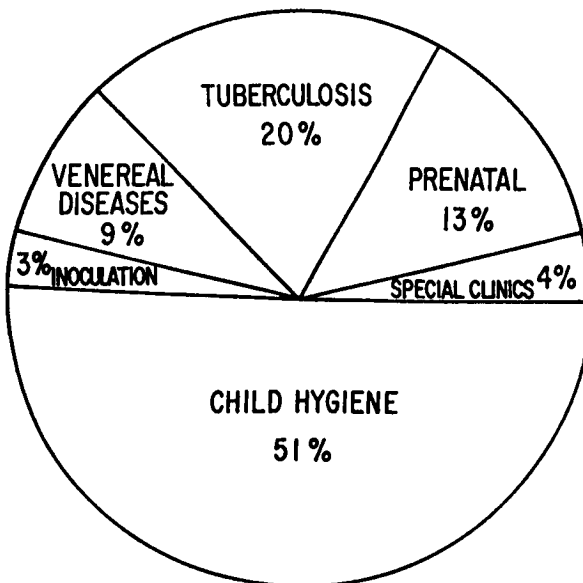
The selective tuberculin testing program in public schools was continued in 1963 under the direction of Miss Frieda Laubach, Supervisor of Public Health Nursing-Tuberculosis. As in previous years testing was done in the schools where new cases of tuberculosis were discovered. Four schools were tested and all reactors were X-rayed in the Department's chest clinics. As part of this program public health nurses made home visits to the families of all reactors with a reading of nine millimeters of induration or swelling. Seven hundred visits were made to 325 families with the resultant examination of 685 persons. This selective school testing program identified 5 new active cases; among the associates of the reactors 2 new active cases of tuberculosis were discovered.

The United Order of True Sisters, following a pilot auditory screening program in the Western Health District, in October started similar testing programs in the child health clinics in the five district buildings. The tests were developed in England and consist of checking the responses of infants between 8 and 14 months of age to the sound of rattles, the rustle of paper, musical tones and voice sounds. Failure can indicate ear infection, deafness, brain damage or retardation. Referrals were made to public health nurses for follow-up.

The annual meeting of the Volunteer Council was held in the Southern Health District Building on May 8, 1963. Dr. Robert E. Farber, Commissioner of Health, spoke on the tuberculosis problem in Baltimore. During the year 737 volunteers contributed 18,068 hours to the program in clinics and schools. Forty student volunteers, during July and August, contributed 2,984 hours in the Health Department for the fourth year of the program.



DISTRIBUTION OF NURSING TIME
BY MAJOR TYPE OF ACTIVITY—1963



DISTRIBUTION OF CLINIC NURSING TIME
BY TYPE OF SERVICE—1963

The public health nurses cooperated with several community groups on their projects, namely, the Early School Admissions Project of the City Department of Education in four schools; the Children's Health Study of the Johns Hopkins Hospital Department of Pediatrics in selected schools; the Community Nursing Project of the Harriet Lane Home; the Baltimore Maternal and Child Health Study in the Western Health District; and the Baltimore Health Survey of the Baltimore City Health Department.

The continued change of the inner city population with individuals and families in need of intensive and comprehensive care to meet their multiple needs increased the amount of time the public health nurses spent with families and on calls and conferences to community social agencies. The number of visits the public health nurses made in 1963 was 91,265 as compared with 86,165 in 1962.

Nursing Education

Mrs. June E. Frisch, Supervisor of Public Health Nursing—Pediatrics, attended the third biennial meeting sponsored by the U. S. Children's Bureau for nurses working in maternal and child programs for the mentally retarded. The meeting was held May 27, 28, 29 in Los Angeles, California. Mental retardation services were increasingly being requested of the public health nurses. Mrs. Frisch discussed the program of the Division of the Handicapped for 198 nursing students, 28 staff nurses and 24 graduate nurses from the University of Maryland. Sixteen study-tours of the special educational facilities at the William S. Baer School for Handicapped Children were held for 178 nursing students and 38 graduate nurses. Three districts had case conferences or in-service education.

In the spring of 1963 five conferences on "Tuberculosis Nursing—Prevention and Control" were arranged by Miss Frieda Laubach, Supervisor of Public Health Nursing—Tuberculosis for 40 staff nurses. In addition, six conferences were held for 21 staff nurses in two districts as well as several health education programs.

Miss Virginia Struve, Supervisor of Public Health Nursing—Venereal Diseases, one acting supervisor and three clinic nurses attended the Venereal Disease Seminar in Boston, Massachusetts on September 10, 11, 12, 1963. Three nurses were trained as inter-

viewers; eight nurses were trained as technicians for the venereal disease clinics and three for prenatal clinics and three had a refresher course in these techniques. Miss Struve discussed the venereal disease program for 98 nursing students.

Miss Millicent Johnson, Supervisor of Public Health Nursing—Mental Health, engaged as a resource person for the five districts, had eleven consultations, nine planning conferences, eighty-five educational conferences, and nine conferences with students.

A group teaching project in prenatal clinics was begun in the Druid Health District in October. The nurses who participated met on a regular basis to plan, evaluate and make recommendations for changes in the clinic. These nurses also met following the clinic to discuss experiences, exchange views and bring material from the seminar on dynamics of group teaching to practical application in the group situation.

Plans were made with one state mental hospital serving two health districts for the referral of mental patients who can benefit from the nursing care available to the patient and family.

Public health experience was provided by the bureau for forty-seven baccalaureate students from the University of Maryland, nineteen pre-Masters students and ninety-six diploma students from the Johns Hopkins Hospital School of Nursing. Observations of special programs and clinics were provided for 590 students to implement their nursing programs.

Miss Tran Thi Quoi, a public health nurse from South Vietnam, was assigned to the Bureau of Public Health Nursing by the Department of Health, Education and Welfare, Division of International Health, for a fourteen weeks work experience in tuberculosis nursing. Mrs. Violet Sincon-Wynter and Mrs. Etheline Brown-Stephens, World Health Organization Fellows from Jamaica, were assigned by the Division of International Health for an eight weeks experience in venereal disease nursing, interviewing and contact investigation. Two nurses were assigned by the Public Health Service, Region III, for special orientation prior to new assignments.

Three new supervisors were appointed in the Bureau of Public Health Nursing. Mrs. Nelda Nathanson was assigned to the Psychiatric Day Center, Miss Mary Louise Talbot to the Western

Health District, Mrs. Jessie Wallace to the Druid Health District and Mrs. Eleanor Bunting became acting supervisor in the Eastern Health District.

Miss Ann Miller was promoted to Senior Supervisor of Public Health Nursing—Day Care and was assigned to the Division of Day Care.

The Bureau of Public Health Nursing appointed fifty-eight nurses and accepted fifty-one resignations. It becomes obvious with this turnover that orientation of new staff and in-service education are an essential part of the regular nursing program. The Bureau of Public Health Nursing has a total budgeted staff of 229. Central office personnel are given below; other nurses are listed among district personnel and other units.

Personnel

Alice M. Sundberg, B.A., M.P.H., Director
 M. Elizabeth Pickens, B.S., M.P.H., Assistant Director
 Frieda Laubach, B.S., M.P.H., Sr. Supv. of Public Health Nursing (TB)
 Virginia Struve, B.S., Senior Supervisor of Public Health Nursing (V.D.)
 June E. Frisch, B.S., M.A., Sr. Supvr. of Public Health Nursing (Pediatrics)
 Millicent V. Johnson, B.S., M.A., Senior Supvr. of Public Health Nursing (Mental Health)
 Ann Miller, BS., M.N., Supervisor of Public Health Nursing (Day Care)
 Grace S. Volmar, B.S., Supvr. of Public Health Nursing (Maternity Hygiene)
 **Lois Pollack, B.S., Supervisor of Public Health Nursing (Mental Hygiene)
 Margaret C. Hisle, M.S., Supvr. of Public Health Nursing (Secondary Schools)
 Ada C. Veney, M.S., Supvr. of Public Health Nursing (Secondary Schools)
 Nelda Nathanson, M.S., Supervisor of Public Health Nursing (Mental Hygiene)

Public Health Nurses

Mary Bacon
 Esther Cammann
 Constance Jacobs
 Margaret Kenealy

Mary Lanahan
 *Betty Likins
 Olen Whetstone, B.S.
 Patricia Zerrlaut, B.S.

Public Health Nurses Assigned to Secondary Schools

Gladys Artis
 Josephine Barnett, B.S.
 Hazel Bailey
 Ruby Beacham

Rachel Beine
 Janet Brashear
 **K. Brezovec, B.S.
 Catherine Climer

Lelia Davage
Gladys Dorsey
Margaret Fisher
Esther Forsyth
Fanida Friend
Rose Golden
Grace Hahn
Doris Harris
Bernadine Harrison
*Corlene Hedeman
Katherine Helm
Mildred Hester
Madie Johnson
Virginia Knight
Juanita McCaig
Selma McNaughton
Carrie Nichols
Kathryn Nusbaum, B.S.
Mary Peck
Patricia Potvin
Helen Price

Mary Renehan
Mildred Rideout
Leona Sawyer
Miriam Sax
*Corrinne Sharfatz
Eloise Shaw
Catherine Smith
Mildred Smith
Martha Snowden, B.S.
Anne Solley
Hilda Spann
Almira Sprol, B.S.
Anna Surasky
Bertha Tuttleman, B.S.
Mary Vierling
Rosa Wall
Ester Williams
Jane Wiley
Anne Worthington
Sylvia Yavitz
Anne Yerman

Culver Young

Arlene Cooper, Senior Clerk-Stenographer
Lillie M. McQuage, Senior Clerk-Stenographer

* Part-time employee.

** On leave of absence.

TABLE No. 1
HOME VISITS OF PUBLIC HEALTH NURSES—1963

SERVICE	TOTAL	WHITE	NONWHITE
ALL HOME VISITS.....	91,265	23,750	67,515
Maternity Hygiene.....	13,970	1,440	12,530
Infant health supervision.....	32,580	8,450	24,130
Preschool health supervision.....	9,740	2,855	6,885
School health supervision.....	9,405	4,115	5,290
Tuberculosis.....	10,920	3,055	7,865
Veneral disease.....	2,360	45	2,315
Other acute communicable diseases.....	3,050	815	2,235
Other morbidity.....	6,390	1,605	4,785
All others.....	2,850	1,370	1,480

TABLE No. 2
HOME VISITS FOR HANDICAPPED CHILDREN—1963*

SERVICE	TOTAL	WHITE	NONWHITE
TOTAL HOME VISITS.....	9,030	3,635	5,395
Infant.....	710	235	475
Preschool.....	3,185	1,100	2,085
School health.....	4,800	2,070	2,730
Other morbidity.....	335	230	105

* Included in the table above.

BUREAU OF VITAL RECORDS

Sidney M. Norton, B.S.

Director

The Bureau of Vital Records set a new all time high record with the issuance of 65,888 official transcripts of death certificates, an increase of 6,369 such transcripts over the number issued the previous year. For the most part these transcripts were required to prove death in connection with claims with government agencies and private insurance companies. The bureau also issued a total of 24,339 official transcripts of birth certificates, the majority of which were used by applicants for passports for foreign travel. Births and deaths not found to be on file resulted in the issuance of 3,334 Certificates of Record Search. The bureau made a total of 15,958 verifications of birth and 899 verifications of death for government agencies. The majority of the birth requests came from the City Department of Public Welfare and the Probation Department of the Supreme Bench of Baltimore City. A total of 1,373 Statement of Age cards was issued to minors applying for work permits with the Maryland State Department of Labor and Industry.

The Commissioner of Health approved for filing a total of 221 delayed birth certificates, 1,079 new certificates following legal adoption, and 282 new birth records for out of wedlock children legitimated by the intermarriage of their parents.

The interviewing staffs held a total of 7,886 interviews, handled 3,514 mail requests relating to amendments and delayed birth certificates, made 9,617 corrections on birth certificates and 289 amendments on death certificates, and added 1,554 names to birth records which did not contain this information on original registration.

The bureau's first experiment with automation came with the installation of the Xerox 914 Copier used exclusively for reproducing full size copies of death certificates. This new apparatus provided the bureau with a means of quality reproduction of death records by a pushbutton process. Expeditious service was thus given to funeral directors and attorneys who had immediate need for transcripts of death certificates.

In his routine annual report to the Deputy Commissioner of Health on the extent of illegitimacy among resident mothers, the bureau director found that for 1963 there was a 31 per cent il-

legitimacy rate for nonwhite mothers and an 8 per cent illegitimacy rate for white mothers. As in previous years, it was found that the 20-24 white and nonwhite age group accounted for the majority of out of wedlock births.

The table which follows indicates major bureau activities for the period 1954 to 1963, inclusive.

SELECTED VITAL RECORDS ACTIVITIES FOR THE PERIOD 1954-1963

YEAR	CERTIFICATES ISSUED			VERIFICATIONS ISSUED			DELAYED BIRTH RECORDS FILED		CERTIFICATES REPLACED	
	Birth Transcripts	Death Transcripts	Search Certificates**	Birth	Death	Statement of Age Cards	1-6 Yrs. Unreported Births	7 Yrs. and Over	Adoption	Legitimation
1963	24,339*	65,888	3,334	15,958	899	1,373	0	221	1,079	282
1962	24,106	59,519	3,192	15,648	1,043	1,306	4	267	1,215	352
1961	23,780	57,414	3,141	15,104	1,047	1,119	0	274	943	316
1960	22,914	57,802	3,213	13,478	847	1,823	3	314	847	271
1959	20,044	52,634	2,807	12,109	858	2,307	6	293	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

* Includes 6,082 Certifications of Birth—Short Form.

** Statement of births and deaths not found on file.

Personnel

Sidney M. Norton, B.S., Director
 John Boyle, Principal Clerk
 Mary A. Hohrein, Principal Clerk
 Charles O. Roper, Principal Clerk
 Evelyn Schwartz, Principal Clerk
 Dolores Sterbinsky, Senior Clerk Stenographer
 Gregory Hawkins, Senior Clerk
 Joyce Lowry, Senior Clerk
 Earl Miles, Senior Clerk
 Charlotte Bowens, Senior Clerk Typist
 Dorothy Johns, Senior Clerk Typist
 Mildred Raap, Senior Addressograph Operator
 Josephine A. Roemer, Senior Addressograph Operator
 Warren Williams, Equipment Operator
 Robert L. Thornton, Reproducing Machine Operator
 William Autry, Clerk Typist
 Barbara Elder, Clerk Typist
 Lawrence Parker, Clerk Typist
 Maxine Waller, Clerk Typist

LOCAL HEALTH SERVICES

EASTERN HEALTH DISTRICT

W. Sinclair Harper, M.D.

Health Officer

The year 1963 continued many of the basic services of the Health Department which have been established on a community basis and also saw the innovation of several specialized programs to meet pressing public health problems. The KO Polio campaign to give Sabin oral poliomyelitis vaccine which began in October, 1962 was completed at the end of March when Type 3 Sabin vaccine was administered through many sub-stations utilizing the help of many volunteers.

The City's first alcoholism clinic opened in the Eastern Health District on September 16 in cooperation with the Church Home and Hospital. This clinic was set up on a pilot basis and provides outpatient services at the district building and inpatient services at the hospital. One hundred-seventy patients were seen in 1963, not including relatives. The general procedure, however, is to see at least one relative.

A project to help rehabilitate military rejectees was started in May in cooperation with the Maryland State Health Department. Rejectees were interviewed by the district health officer and rehabilitation programs were recommended.

There was more vandalism to the building and more illegal entry than in previous years. Some minor renovations were made to the building. The custodial work of the building was enhanced by the assignment of 65 City Department of Public Welfare workers who served as assistants to the custodial staff.

Service Activities

Communicable Diseases

For the second year there was no case of poliomyelitis and again there were no cases of diphtheria or typhoid fever. The medical social worker in the tuberculosis clinic began a program of group counseling of tuberculosis patients who were also alcoholics on a pilot basis in September.

Mental Hygiene

Dr. A. M. Schneidmuhl resigned as clinic director in the month of September to become director of the new clinic for alcoholics. Mr. Marvin Jones, clinical psychologist, and Mrs. Sylvia Lurie, psychiatric social worker, were appointed to the staff of this clinic. The mental hygiene clinic provided services for 106 patients of whom 60 were carried over from 1962; 42 patients were new and 4 were readmissions. Forty-three cases were terminated; of these, 21 received diagnostic services only and the remaining 22 were discharged after treatment.

Generalized Sanitation Service

Inspectoral services provided 3,467 first inspections and 2,407 reinspections, resulting in 6,261 corrections. Mr. Louis P. M. Rider, sanitarian, was transferred to the Division of Rodent Control and Mr. Theodore H. Brooks, Jr., sanitarian, was assigned as his replacement.

Educational Activities

Dr. Lourdes Petr was assigned to the district building by the State Health Department as resident in public health administration on July 1. Field courses were continued for all major groups of public health workers, including Master of Public Health students of the Johns Hopkins School of Hygiene and Public Health, medical and nursing students of the Johns Hopkins Medical and Nursing Schools, sanitarians of the Baltimore City Health Department, inspectors of the Bureau of Building Inspection, and nursing students of the University of Maryland and Union Memorial hospitals. There was a total of 98 student nurses from the Johns Hopkins Hospital, bringing to 2,256 the number of students who have attended this course since it was established in 1932. Several short courses in sanitary science were arranged by Mr. Milton P. Friedmann, Chief of the Division of Sanitarian Training, and a regular twelve-weeks in-service training program was held for City Health Department sanitarians.

Research Activities

Dr. Paul Lemkau continued his work in Yugoslavia during the summer months. Dr. Alfred A. Buck of the Department of Epidemiology of the Johns Hopkins School of Hygiene and Public Health completed his research study on *Candida albicans* and continued his work on a research project in Ethiopia. Dr. John Cad-

den, Jr., of the Johns Hopkins School of Hygiene and Public Health worked on a research project with atypical tubercle bacilli. Miss Helen Gertz of the Public Health Service worked in the tuberculosis clinic on a research project concerned with the recurrence of pulmonary tuberculosis. Mrs. Martha Oleinick of the National Institute of Mental Health returned to the district in July to continue her work. An investigation of parents of patients with PKU was done by a medical student during the summer months. An additional investigation of sero-mucoid patterns in patients with tuberculosis was begun in the tuberculosis clinic.

Demonstration Activities

The facilities of the building and its work were made available to various community groups and professional organizations as in years past. There were visitors from the United States and Canada and from the British West Indies, China, Colombia, Ethiopia, France, India, Iran, Italy, Korea, Lebanon, Liberia, Norway, Sweden, Thailand, Venezuela and Yugoslavia.

Personnel

W. Sinclair Harper, M.D., C.M., D.P.H., District Health Officer
 Sylvia Miller, B.S., M.A., Supervisor of Public Health Nursing, Administrative
 Gertrude V. Boquist, B.S., Supervisor of Public Health Nursing, Educational
 Elizabeth N. Quinlin, B.S., Supervisor of Public Health Nursing
 Lynett Benvegar, B.S., Supervisor of Public Health Nursing*
 Emily Hardy, B.S., Supervisor of Public Health Nursing***
 Marian McGee, Acting Supervisor of Public Health Nursing***
 Eleanor Bunting, B.S., Acting Supervisor of Public Health Nursing***

Public Health Nurses

Georganne Achenbach
 Jennie Baylor
 Louise Bousquin, B.S.
 Virginia Bradford**
 Virginia Brisebois
 India Caless**
 Isabel L. W. Dols
 Frances Fahey**
 Marianne Fetsch**
 Freda Fletcher, B.S.
 Mildred H. Gambrill
 Shirley Grace**
 Lillian Gosnell**
 Juanita Green
 Elizabeth Hafele**
 Marian B. Hagan
 Virginia F. Harris**
 Eunice P. Holmes
 Mary H. Jones
 Mary Louise Kerr

Betty Knapp**
 Norma Kozlowski
 Elizabeth W. Lingo
 Harriet Madison
 Dolores Magness, B.S.
 Donna Merriman
 Grace P. Orr
 Rita Porter**
 Flossie Randall
 Anita Richardson, B.S.
 Colleen Richardson
 Kay Robinhold, B.S.
 Helen Roff
 Rosalie Rychwalski**
 Lilyan Slater
 Florence Soden**
 Lillian Spencer
 Ruth Sponseller, B.A.
 Mildred Taber
 Dorothy Tomec

Edith M. Woodson

Arlene Carney, Public Health Assistant**
Ernestine Pierce, Public Health Assistant**
Murdie Powell, Public Health Assistant**
Elaine Bailey, Laboratory Aide

Edna E. Herget, Principal Clerk Stenographer
Geraldine Lightner, Senior Clerk Stenographer
Elaine E. Williams, Senior Clerk Typist
Claudette Smith, Senior Clerk Typist
Flora Lee Everett, Clerk Typist
Mabel Thompson, Custodial Worker
Lillian Jones, Custodial Worker
James Collins, Custodial Worker
Howard Brent, Custodial Worker

* On educational leave.

** Part-time employee.

*** Subsidized through the Johns Hopkins School of Nursing Educational Fund.

WESTERN HEALTH DISTRICT

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

Health Officer

The shift of the population from the core of the city to the outer edge of the district, noted in previous reports, has continued. The Sabin oral poliomyelitis crash program in the schools and public centers was continued with the administration of Type III vaccine. Following the mass campaign, immunization of children was continued in the well baby and inoculation clinics using all three types at spaced intervals.

The study in social problems associated with childbearing initiated in 1962 in collaboration with the Department of Maternal and Child Health of the Johns Hopkins School of Hygiene and Public Health was continued and interesting data is being obtained. Analysis of the data will be undertaken beginning in March of 1964. It is already obvious that excellent data in this highly sensitive field can be obtained by using staff public health nurses as interviewers instead of specially trained lay interviewers. In the past, research in this area has been dependent entirely upon the latter.

The Home Care Project for cardiac patients of the Department of Preventive and Rehabilitative Medicine of the University of Maryland Medical School continued in the Western Health District Building through July. Analysis of the data continued for the rest of the year and a report of the study is expected early in 1964. The Cardiac Evaluation Clinic affiliated with the Heart Association of Maryland and conducted by physicians from the University of Maryland Hospital continued as before.

The concentrated study of lead paint poisoning prevention in the district was continued by Mr. Edward H. Vail, Principal Sanitarian in the Bureau of Environmental Hygiene.

Chest Clinic

The activities of the Western Chest Clinic continued to increase, total visits reaching 8,549 in contrast to 6,848 in 1962. Two hundred new patients were admitted to clinic services and chemotherapy was administered to over 500 persons in contrast to 465 patients in 1962.

Preparation of supplies was facilitated by the continued help of Poe Homes Golden Age volunteers. In spite of weekly review of the nursing caseload by the health officer with nursing supervisors and staff nurses in an attempt to trim out inactive cases, the caseload increased from 499 to 568 patients and from 539 to 567 families. PPD tuberculin tests were administered to 1,098 persons of whom 1,005 returned for reading at the clinic. Some tuberculin tests were read by the referring agency or private physician. Primary BCG vaccination was given to 443 children of whom 69 were revaccinated because of a negative PPD following the first vaccination.

Mental Hygiene

In-service training of the nursing staff was continued. Dr. Saim B. Akin, Chief of the Western Mental Health Clinic, conducted conferences with nurses at Southern, Western and Druid health districts. Dr. Gerald Klee, Associate Professor of Psychiatry, University of Maryland Medical School, continued as Psychiatric Consultant to the district. Investigation of the possibility of using the staff nurses to deal with the psychiatric difficulties in families was continued. A survey of mental hygiene activities in City and State health departments was initiated.

Child Health

Total visits increased from 20,000 to 21,000. There were 2,000 less missed appointments. The main improvement was in Clinic 23 in the Western Health District Building. This clinic, headed by Dr. Ray Hepner, Professor of Pediatrics, University of Maryland Medical School, is a cooperative enterprise of the Health Department and the University of Maryland and is used in the instruction of fourth year medical students at the University of Maryland during their assignment to pediatrics.

Attention was again directed to children with special problems. PKU detection for mental retardation was carried on in all well baby clinics and special care given to those families in which a PKU baby was identified.

The program for the handicapped continued to produce a number of cases requiring nursing support for the family. A breakdown of the nursing services shows 138 congenital defects (one-half orthopedic), 117 mental retardation, 112 neurological defects—cerebral palsy, brain damage, epilepsy; 106 orthopedic problems (36 old

poliomyelitis cases). There were 90 "chronic illnesses", 53 speech and hearing problems, 40 vision problems (severe defects), and 5 cases of lead paint poisoning. Attendance at the eye clinic decreased from 333 to 248. Hearing clinic attendance increased from 745 to 860 visits.

School Health

The previously existing school health services were continued. An experimental school health clinic was initiated in the Western Health District Building. This involved cooperation between the pediatric service, Dr. J. Edmund Bradley, Professor of Pediatrics, University of Maryland School of Medicine, and the Child Psychiatric Service of the Neurological Institute, University of Maryland Medical School. Children were referred after teacher-nurse conferences because of inability to function well in school. Five schools were involved in these referrals and on most occasions one or both parents of the child involved attended the clinic session. Social workers, counselors, teachers and principals also attended the clinic sessions where a discussion of the particular cases was carried out. All children attending this clinic were studied by audiogram for evaluation of hearing. All children were seen by a pediatrician and a psychiatrist and a system was set up for estimating the efficiency of carrying out recommendations.

Educational Activities

The entire staff of the Western Health District building was involved in the production of "Right From The Start", a health education film explaining the desirability of immunization. Miss Joan Nicholason, a staff nurse, played a leading part. The staff of the Western Health District was responsible for aiding in the instruction of students from schools or agencies as follows: University of Maryland—18 basic collegiate nursing students for three months affiliation; 6 graduate nursing students for eight weeks field experience; 40 basic students in pediatric nursing, each with two sessions of planned play for preschool children in Well Baby Clinic 23; 4 graduate students in maternal and child health nursing for observations in the maternity clinic and Well Baby Clinic 23; 95 dental students who worked six sessions each in the dental clinic; 85 medical students who attended 850 sessions each in Well Baby Clinic 23; 3 students from the School of Social Work

who observed in Clinic 23; and 3 nursing affiliates from the U. S. Air Force with observations in the maternity clinic. **Johns Hopkins School of Hygiene and Public Health**—15 Master of Public Health students who observed home visits of public health nurses. **U. S. Public Health Service**—Miss Frances From, Nurse Officer, who spent two weeks for orientation to the general problems of supervision; Miss Ethel Payne, Nurse Officer, who visited for one week to consider how generalized public health nursing contributed to a program for Heart Disease Control. **Other Agencies**—18 new personnel from the City Department of Public Welfare; classes from Schools Nos. 34 and 144; 36 guidance personnel from the City Department of Education; 20 students from Coppin State Teachers College, one group of which was led by Mrs. Mollie Fell, public health nurse, who discussed the work of the public health nurse in school; 14 affiliating nurses from the Philippines; and 6 Boy Scouts.

Publications

A paper entitled "Psychiatry and Public Health" prepared jointly by Dr. Gerald D. Klee, Associate Professor of Psychiatry, University of Maryland Medical School, Miss Anna C. Scholl, Senior Supervisor of Public Health Nursing, and Dr. Wilson M. Wing, District Health Officer, was read at the Southern Psychiatric Association Meeting in October and will be published.

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
 Vivian Pendleton, B.S., Supervisor of Public Health Nursing
 Mary Louise Talbott, M.S., Supervisor of Public Health Nursing

Public Health Nurses

Linda L. Atkins, B.S.	Celia Cousins
Irene T. Barnhill	Ella Dubin
Annie C. Bland**	Mollie Fell
Linda Brian, B.S.	Margaret Fields*
Eloise Brown*	Irma Givens, B.S.**
Mary Francis Brown	Hettie Goldsborough
Bonnie Carey, B.S.	Ruth Guyton
Raye D. H. Cohen	Pearl Holland, B.S.

Sandra King
 Eva K. Lowry
 Isabelle Martin**
 Doris McCurdy*
 Sandra Miles
 Barbara Miller, B.S.
 Margaret Miller, B.S.
 Joan Nicholson**

Lois Owens, B.S.
 Ida Ruck*
 Patricia Smith
 Sylvia Sweren
 M. Janice Vavrina
 Karen Woodford, B.S.
 Betty L. Wright
 Sonja Young

Public Health Assistants

Ozell Cryor
 Brenda Harris

Sammie Henry
 Una Smothers*

Lena Swain*

Bessie K. Sothoron, Principal Clerk Stenographer
 Daisy E. Flood, Senior Clerk
 Yvette Johnson, Clerk Stenographer
 Virginia E. Jackson, Clerk Typist
 Arthur L. Wiley, Senior Buildings Custodian
 Walter Akery, Custodial Worker—Male
 Pearline Anderson, Custodial Worker—Female

* Part-time employee.

** On leave of absence.

DRUID HEALTH DISTRICT

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

Health Officer

Type three oral poliomyelitis vaccine was given in the schools and district building in 1963, thus concluding the program of preventive inoculation against all three types of poliomyelitis. Following the campaign all types of oral polio vaccine were administered routinely in the well baby clinics in the district. No case of paralytic polio has been reported in the Druid Health District since 1960.

Several changes occurred in the clinic program. Well Baby Clinic No. 33 was moved from 1516 Madison Avenue to Trinity Baptist Church, 1601 Druid Hill Avenue. Well Baby Clinic No. 32 was transferred from School No. 161 to Poe Project Recreation Center in the two-hundred block of North Fremont Avenue.

As usual, the facilities of the headquarters building were used as a meeting place by many different groups interested in the improvement of health or social conditions. The Monumental City Medical Society conducted its monthly sessions here. Several meetings of representatives from official and voluntary health and social agencies assembled to discuss unified and concentrated efforts to combat health, social and related factors.

School children in large numbers visited the building to receive instruction in various subjects pertaining to health. Among these were groups from Calverton Heights Junior High School who attended sessions dealing with the functions of the Health Department and careers in health. About three-hundred students from Carver Vocational-Technical Senior High School attended a panel discussion and received literature on the prevention, recognition and treatment of venereal diseases. The panelists were members of the venereal disease staff of the Druid Health District.

A tuberculin testing survey of a secondary school from which a case of tuberculosis was reported was made early in the year. Out of 670 children tested, a total of 15 per cent was positive. A definite primary case and three suspicious cases were discovered. All were placed under Health Department supervision. Later it is planned to repeat this procedure in other schools of the district.

An effective contribution to health education was the 3rd Annual Harlem Park Health Fair, sponsored jointly by the Harlem Park Health Council and the Druid Health District, with the assistance of many groups, at Lafayette Square. Chest X-rays, vision screening, films, talks and numerous displays were available to the public. The Health Commissioner and other Health Department personnel appeared on various programs.

The Division of Rodent Control maintained its program in several areas of the Druid Health District. In the John Eager Howard Conservation Area, a part of which is in the district, 1,368 properties were inspected. In addition, 538 notices were sent to property owners and 134 notices to tenants in the area. Rodent inspections were made on a house-to-house basis in the 31 square block area of this section, and the division investigated and corrected 263 complaints.

During 1963 the Bureau of Laboratories sent a total of 23,145 specimen containers and 2,867 sputum bottles to the Druid Health District for distribution to the physicians or for use in the clinics. In return the Druid submitted 2,238 specimens for laboratory examinations for tubercle bacilli, 1,669 specimens for gonococcal infections and 6,153 specimens of blood and spinal fluid for syphilis.

The Bureau of Food Control inspected 2,178 food establishments in the Druid Health District, only half of which were found entirely satisfactory. Two prosecutions were made. The bureau was responsible for locating a typhoid carrier who sporadically prepared food. This carrier was previously unknown to the Health Department.

The building which formerly housed the Kelly Radium Therapy Clinic found to be grossly contaminated with radioactive material and unfit for human habitation has long been a matter of concern. After much study, the Bureau of Industrial Hygiene supervised the demolition of the building. Contrary to often expressed fears, no radiation hazard was noted to the workers or public. This bureau handled 8 cases of child lead paint poisoning and 12 preventive cases in the Druid Health District.

The Bureau of Dental Care rendered services to 4,507 children from twenty-nine public and four parochial schools in the district during 1,108 dental clinic sessions. In addition, 866 students from the secondary schools received 3,563 treatment services.

Mrs. Jessie Wallace was appointed Supervisor of Public Health Nursing in October, 1963. Twenty-six student nurses from the University of Maryland School of Nursing completed affiliating courses in the Druid Health District. Other nurses from this school visited patients for special assignments. Student nurses from Maryland General and Provident Hospitals also received practical instruction in public nursing in the district.

Personnel

H. Maceo Williams, M.D., M.P.H., District Health Officer
 Wilda S. Berkemeier, B.S., M.P.H., Supervisor of Public Health Nursing, Administrative
 Anita K. Henson, B.S., Supervisor of Public Health Nursing
 Eleanor Grimes, B.S., M.S.N., Supervisor of Public Health Nursing
 Jessie Wallace, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Eva Bailey	Edith Kidd
Ruth Berman*	Irene Kyler*
Dorothie M. Brown	Margaret Lytle**
Pearl Caplan	Frances Martin
Minnie Corbin	Catherine McCormick
Marie Crook	Lois Merritt
Margaret Ellis	Lillian Mills
Romaine Eyler, M.S.	Delcie Mollick, B.S.
Barbara Feigenbaum, B.S.**	Rose Pacunas
Katie Fernandis	Agnes Pilgrim
Mary Fitchett, B.S.	Peggy Poole
Alberta Gottlieb*	Joyce Robinson*
Mamie Green, B.S.*	Ethyl Roffman*
Katherine Hackett	Lillian Roseman
Serena Holmes	Shirley Stern*
Ella Hughes	Elizabeth Terry
Rebecca Jackson	Dorothy Wheeler, B.S.
Erdie Jones	Dorothy Wiggins
Mildred Jones	Eleanor Willis

Patricia Zerrlaut, B.S.

Katherine Clarke, Public Health Assistant*
 Luvenia H. Draine, Public Health Assistant*
 Delores France, Public Health Assistant
 Louise Pierce, Public Health Assistant*
 Margie M. Bradley, Sr. Clerk-typist
 Mary H. Stewart, Sr. Clerk-typist
 Evone Lambert, Clerk-typist
 Louvenia B. Swinson, Clerk-typist
 Ethel Clark, Janitress
 Bernard A. Smith, Sr. Custodian
 Raymond Carter, Custodian
 William P. Johnson, Custodian

** Leave of absence.

* Part-time employee.

SOUTHEASTERN HEALTH DISTRICT

W. Sinclair Harper, M.D.

Health Officer

Many community groups and a large number of volunteers worked in the district during March to help in the administration of Type 3 Sabin oral poliomyelitis vaccine. School, home and clinic services were continued with some adjustments as needed. The sidewalk in front of the building was replaced and minor repairs were made to the building. The interior of the building was repainted.

Service Activities

A modified school health program was begun in School No. 27 in October. This is a more comprehensive type of school health service and includes the combined work of the school counselor, a social worker, public health nurses, pediatrician and teachers. In cooperation with schools in some of the other districts, medical screening was carried out for an early admission program for culturally deprived children, initiated by the City Department of Education through a grant from the Ford Foundation. Also in cooperation with some of the schools in other districts an asthma prevention study was carried out by a team from the Johns Hopkins Hospital.

In the early part of the year Well Baby Clinic No. 44 in Armistead Gardens was moved to a new location several blocks away. Auditory screening of infants was begun in some of the well baby clinics by the United Order of the True Sisters. The orthodontic clinic continued its work with the Division for the Handicapped and at the end of the year there were 120 children under treatment. There were 1,993 students from 15 public and 10 parochial schools who received 7,312 dental services in the clinic for preventive and restorative services during 685 dental clinic sessions.

For the second year there was no reported case of poliomyelitis. In the inoculation clinic there were administered the following: DPT—393 doses, smallpox vaccine—260 vaccinations, Sabin oral poliomyelitis vaccine—1,418 doses, and Salk polio vaccine—93 doses.

District physicians continued to use the building for laboratory services and also for the transfer of records used in the Medical Care program.

Educational Activities

Students of the Johns Hopkins School of Hygiene and Public Health made field visits in the district. Courses for University of Maryland students were continued under the supervision of Miss Ann Dougherty, instructor on the faculty of the University of Maryland School of Nursing. A total of 18 students attended the thirteen weeks full-time affiliate course in public health nursing. During the summer months 5 students in the graduate program of the University of Maryland attended for an eight weeks period. The staff continued to cooperate with community, social, volunteer and welfare agencies.

Personnel

W. Sinclair Harper, M.D., C.M., D.P.H., District Health Officer
Margaret Galbreath, B.S., Supervisor of Public Health Nursing, Administrative
Marie Dandridge, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Margaret Barrett	Ida Petrilli
Bertha Bernard*	Effie Pounders**
Lillian Ford	Judith Ann Schlosberg
Margaret Kim	Eleanor Shaffar
Mildred Leach*	Lucille Tillery
Natalie Leizar	Celia Trionfo
Donalda McCarthy	Alice Truitt, B.S.
Virginia Naccarato, B.S.	Dena Valaco

Marie Doughney, Public Health Assistant*
Helen Poska, Public Health Assistant*

Angeline Agro, Clerk Stenographer
Elva Carter, Clerk Typist
James B. Davis, Custodial Worker

* Part-time employee.

** Leave of absence (educational).

SOUTHERN HEALTH DISTRICT

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

Health Officer

Emphasis continued to be placed upon public health activities in the field of school health and preschool health. This was correlated with use of the mental health services available for the western half of the city. The Sabin oral polio vaccine program was completed in March when the vaccine was given in twenty-one public and parochial schools and nine centers.

A tuberculin testing program at School No. 159 was begun in April and over 800 children were examined. Necessary follow-up on positive reactors continued over a period of months. School No. 159 was also selected by the Department of Education for a Cultural Enrichment Program. This program, a study financed by the Ford Foundation, was carried out jointly by the Department of Education, whose representative was Mrs. Catherine Brunner, and the City Health Department. Children from families in which intellectual stimulation appeared to be minimal were selected after screening by physical and physiological examination and interviews with parents. Thirty children four years of age were admitted to the school in September 1963.

The mental health team for the western half of Baltimore continued to work closely with the nursing staff of the Southern Health District. Dr. Saim B. Akin, the psychiatrist in charge of this group continued the weekly consultations with individual nurses and the bimonthly special case presentations. In addition periodic visits of the team were made to schools for planned conferences with the staff nurses and school personnel concerning a particular problem child. In March the mental health team began working with the nurses of the prenatal clinic in Cherry Hill. Group dynamics conferences with the patients proved quite successful and were continued throughout the year. Exploration of the possible extension of such group dynamics conferences to well baby clinics in the district is under way. Auditory screening of infants in Well Baby Clinic No. 51, located in the district building, was started in October.

The staff participated in the Johns Hopkins study on the prevention of asthma conducted in Public Schools 159, 160, 239 and

St. Mary's Parochial School. In July the chest clinic obtained the part-time services of a social worker, Miss Ethel D. Dyke, whose services were obtained for the Health Department through the Maryland Tuberculosis Association.

New staff nurses attended the planned Health Department orientation meetings and seminars on tuberculosis in mental hygiene. The monthly staff education program consisted of speakers from the community, field trips and staff participation programs. The nursery school for mentally retarded children, sponsored by the Maryland Association for Retarded Children, started at Cherry Hill in the fall with an enrollment of ten. Staff nurses continued to work closely with this facility. Learning opportunities were given nine senior student nurses and six United States Air Force nurses from the University of Maryland. They completed orientation programs of thirteen and eight weeks, respectively. Various other students had field and clinic observations during the year.

Five teen-age volunteers completed their summer assignments. The annual volunteer meeting was held May 7 in the Southern Health District auditorium. It was quite successful with good attendance.

The district was represented at the scheduled meetings of the Southwest Community Council held in the Westport Homes where various health welfare agency representatives discuss current problems in the community.

The auditorium in the Southern Health District building was extensively used by various community groups, and the South Baltimore General Hospital utilized the district building for staff medical conferences and the weekly obesity clinic.

Personnel

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

Public Health Nurses

Evelyn Ambrose, B.S.	Nancy Krouse
Beverley N. Butler, B.S.	Louise E. Miller
Patricia Carter	Laura Phillips
Florence Coates	Elizabeth Reese*
Ophelia Coleman	Marie Regan
Juanita Conway	Raella Rhoades
Marion Hense, B.S.	Myrna Ronald
Bonnie Horman, B.S.	Loretta Sleet
Marcia Jenkins	Kathryn Nancy Zobel

Lola Suggs, Public Health Assistant
Mildred Herman, Senior Clerk Stenographer
Reba Kadis, Senior Clerk Stenographer
Jeannie Williams, Clerk Typist
Rudolph Lee, Custodial Worker

* Part-time employee.

CHILD HEALTH SERVICES

J. L. Rhyne, M.D., M.P.H.

Director

In order to develop a continuous and coordinated program of maternal and child health, the Commissioner of Health established the office of Child Health Services in September, 1963 under the supervision of Dr. J. L. Rhyne, Director of the Bureau of School Hygiene. These services include the following programs: maternity health, preschool health, child day care, school health and the handicapped children's program. With the Health Department's increasing role in chronic disease and the mental health of children, the coordination of the above programs becomes a necessity to prevent the duplication of services. The reports of the Child Health Services subdivisions follow.

BUREAU OF MATERNAL AND CHILD HEALTH

George H. Davis, M.D.

Associate Director

The Bureau of Maternal and Child Health continued to modify and expand services to mothers and infants in adapting to the changing population served. The reduction in both maternal and infant mortality rates were quite gratifying. There was a further decline in both white and nonwhite birth rates continuing the trend evidenced since 1957. The actual fertility rates of women in the age groups 15 to 44 years are declining and reflect both the change in the large family pattern of the immediate post World War II period to the smaller family and, particularly, the first dependable and easily used methods of successful family limitation.

Prenatal Interviewing Service

Completing the ninth full year of operation, this service held 7,820 interviews resulting in arrangement for total obstetrical care for 6,336 pregnant women. A total of 3,448 of these was referred to voluntary hospitals—2,814 to Baltimore City Hospitals and 20 allowed to deliver at home attended by midwives. A total of 1,105 was given care at Baltimore City Health Department clinics and

delivered at Provident Hospital. Plans were formulated for an intensive project to bring comprehensive maternal and infant care to that segment of the population of the inner city which still receives no care or inadequate prenatal and newborn infant care.

Maternity Hygiene Clinics

Continuing to operate at 6 locations and with 32 physician sessions weekly, prenatal clinics cared for 4,268 patients who made 16,227 prenatal and postnatal visits. There was a reduction in this service since Baltimore City Hospitals receives from the Department's interviewing service as many as 20 to 30 new patients a week for total care in their own newly opened general obstetrical clinic. There were 3,702 resident live births at Baltimore City Hospitals as compared to 4,062 in 1962.

Preschool Hygiene

The infant mortality rate fell from 32.9 per 1,000 live births in 1962 to 30.7 in 1963; the white rate from 25.3 to 23.6 and the colored from 40.8 to 38.0. Attendance in the Child Hygiene clinics continued to be heavy with a total new patient registration of 12,162. The following table summarizes the well baby clinic sessions.

	1961	1962	1963
Total Visits	89,862	91,089	90,456
Total Sessions	4,320	4,890	4,828
Patients per Session	20.8	18.6	18.7
Total Patients	31,176	36,918	34,971
Visits per Patient	2.9	2.5	2.6

The resident live births for 1963 was 22,091. Since most new babies registered in the child health clinics are newborns, the figure indicates that approximately 55 per cent of the babies born in the city in 1963 were seen in these Health Department clinics.

In the fall with the cooperation of the United Order of True Sisters, auditory screening of infants between the ages of 8 to 14 months was begun in clinics in the five district buildings. This test has proven to be a simple and effective tool for the early detection of neurologic defects in young children. Plans for extending the service to other clinics were being formulated at the close of 1963. Phenylketonuria testing for the detection of mental retardation was continued.

RESIDENT LIVE BIRTHS PER 1,000 POPULATION

	1961		1962		1963	
	Rate	Number	Rate	Number	Rate	Number
Total.....	24.7	23,153	23.9	22,252	23.9	22,091
White.....	19.9	11,942	19.3	11,309	19.6	11,200
Colored.....	33.2	11,211	31.5	10,943	30.8	10,891

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

	TOTAL			WHITE			NONWHITE		
	1961	1962	1963	1961	1962	1963	1961	1962	1963
Number.....	23,153	22,252	22,091	11,942	11,309	11,200	11,211	10,943	10,891
Per cent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital.....	98.2	98.3	98.5	99.4	99.4	99.4	96.8	97.1	97.6
Home.....	1.8	1.7	1.5	0.6	0.6	0.6	3.2	2.9	2.4
Physician.....	1.5	1.0	0.5	0.5	0.4	0.4	2.5	1.6	0.7
Midwife.....	0.2	0.2	0.3	0.08	0.1	0.0	0.5	0.4	0.5
Unattended.....	0.1	0.5	0.7	0.02	0.1	0.2	0.2	0.9	1.2

Child Day Care

The most important event in the development of day care services in Baltimore in 1963 was the establishment on November 6 of a Division of Child Day Care in the Health Department. The division is directed by Mrs. Marion D. Persons, a graduate of Wellesley College and the Bank Street College of Education. This means that for the first time Baltimore has a division devoted full time to the improvement of day care services for children of the 17,000 working women of Baltimore who have children under six years of age.

During 1963 three new nurseries were licensed and four were closed. The case of an unlicensed day nursery, where a child was burned to death, was taken to Housing Court where the owner was found guilty and received maximum penalty, a fine of \$100.

The number and types of day nurseries licensed in 1963 are listed as follows:

DAY NURSERIES—1963

	<i>Number</i>	<i>Capacity</i>
Full-time	37	1,300
Part-time	30	1,370
Cooperative	9	194
Part-time for handicapped children	8	216
Family Day Care	1	4

During 1963 the Health and Welfare Council of the Baltimore Area prepared a proposal for a day care center at the Westport Homes. Following discussion with the Westport Community Council, the Baltimore Urban Renewal and Housing Agency, and the City Department of Welfare, a request was made to the Board of Estimates to include money in the 1964 Welfare budget for the establishment of a model day nursery in the Westport Homes. Although city funds were not granted, approval was given by the City Council so that Federal funds available January 1, 1964 can be used for this project.

Four Saturday morning workshops on Discipline and Child Development were held in 1963 during April and May. These were planned by an education committee. About thirty day nursery teachers attended. The division has worked closely with the newly

formed Metropolitan Day Care Council, a group of day nursery operators whose objective is to raise standards in day nurseries through group cooperation and education.

Personnel

Child Health Services

Jimmie L. Rhyne, M.D., M.P.H., Director
Leila T. Kefauver, Senior Clerk Stenographer

Bureau of Maternal and Child Health

George H. Davis, M.D., Associate Director
Robert E. Yim, M.D., Clinical Director, Preschool Hygiene
Mrs. Marion D. Persons, Chief, Division of Child Day Care
Rachel Caslow, Principal Clerk
Elenora C. Townsend, Senior Clerk Stenographer

Prenatal Clinics

Carlos E. Arrabal, M.D.	Zsigmund J. Toth, M.D.
Joseph P. C. Boggio, M.D.	Jose G. Valderas, M.D.
W. Allen Deckert, M.D.	George E. Wells, Jr., M.D.
Erwin Hecker, M.D.	Warren W. Wurzbacher, M.D.
George H. Miller, M.D.	Esther G. Goffman, Senior Clerk
Herbert H. Nasdor, M.D.	Dolores Hoffeld, Maternity Interviewer
Stanley B. Rosendorf, M.D.	Dorothy P. Kaufman, Senior Clerk

Child Health Clinics

Ray Hepner, Jr., M.D.	Lucille Liberles, M.D.
Medical Supervisor	Renold B. Lighston, M.D.
William A. Andersen, M.D.	Jerry C. Luck, M.D.
McDonald M. Bando, M.D.	Charles F. Maloney, M.D.
Walter P. Block, M.D.	Gilbert W. Rosenthal, M.D.
Harold S. Farfel, M.D.	Sylvia Brooks, Clerk Typist
Jerome Fineman, M.D.	Katherine Clarke, Clinic Assistant
Max Frank, M.D.	Annie Gray, Clerk Typist
Irving Kramer, M.D.	Mary M. Horton, Clerk Typist
Arnold F. Lavenstein, M.D.	Virginia Jackson, Clerk Typist
Louis Lavy, M.D.	Ernestine Pierce, Clinic Assistant

Beatrice Royster, Clerk Typist

TABLE No. 1B
REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR PRENATAL CARE ONLY—1963

CASES AND VISITS	Grand Total	All Clinics		Druid Health District		Southern Health District		Cherry Hill Homes		Southeastern Health District		Western Health District		Eastern Health District	
		Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
Total caseled.....	1,355	3	1,352	1	404	..	21	..	71	1	20	..	339	1	497
Cases carried over to 1964.....	377	1	376	1	113	..	3	..	23	..	4	..	101	..	132
Discharged cases															
Total.....	978	2	976	..	291	..	18	..	48	1	16	..	238	1	365
Not pregnant.....	17	..	17	..	8	..	1	..	1	..	..	..	3	..	4
Delivered in hospital.....	878	1	877	..	269	..	17	..	41	..	15	..	215	1	320
Delivered by midwife.....	3	..	3	..	..	..	..	..	..	..	..	..	..	..	3
Delivered at home by physician.....	3	..	3	..	..	..	..	..	..	..	..	..	..	..	3
Delivered unattended.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other.....	77	1	76	..	14	..	..	..	6	1	1	..	20	..	35
Cases carried over from 1962.....	281	..	281	..	45	..	..	..	14	..	6	..	95	..	121
New cases admitted.....	1,074	3	1,071	1	359	..	21	..	57	1	14	..	244	1	376
Transferred to other clinics.....	20	..	20	..	5	..	..	..	..	..	2	..	5	..	8
Clinic visits															
Total.....	6,341	4	6,337	1	2,195	..	101	..	331	1	79	..	1,614	2	2,017
Antenatal.....															
First visits.....	1,074	3	1,071	1	359	..	21	..	57	1	14	..	244	1	376
Revisits.....	4,715	..	4,715	..	1,682	..	73	..	253	..	63	..	1,230	1	1,444
Postpartum.....	551	..	551	..	184	..	7	..	21	..	2	..	140	..	197
Analysis of new cases															
Duration of pregnancy															
Total.....	1,074	3	1,071	1	359	..	21	..	57	1	14	..	244	1	376
Not present.....	7	..	7	..	2	..	..	..	..	..	..	..	..	..	4
Under 12 weeks.....	36	..	36	..	6	..	2	..	3	..	..	..	5	..	18
12-27 weeks.....	327	1	326	1	102	..	5	..	22	..	3	..	63	..	139
24-27 weeks.....	254	1	253	..	79	..	7	..	15	..	3	..	66	1	83
28-31 weeks.....	206	..	206	..	72	..	4	..	9	..	3	..	60	..	59
32-35 weeks.....	148	1	148	..	55	..	1	..	5	1	1	..	30	..	56
36 weeks and over.....	179	..	179	..	38	..	..	..	3	..	..	..	16	..	17
Not determined.....	13	..	13	..	7	..	1	..	3	..	..	..	4	..	1

TABLE No. 2
REPORT OF CHILD HYGIENE CLINICS—1963

CLINICS	NEW CHILDREN REGISTERED DURING 1963		TOTAL CHILDREN SEEN DURING 1963		CLINIC VISITS RETURNS 1963		CLINIC VISITS SPECIAL 1963		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.....	11,502	660	20,502	14,469	28,326	23,100	177	3,882	49,005	41,451	90,456
TOTAL WHITE.....	2,418	318	4,944	3,501	5,529	4,218	120	2,109	10,593	9,828	20,421
TOTAL NONWHITE.....	9,084	342	15,558	10,968	22,797	18,882	57	1,773	38,412	31,623	70,035

BUREAU OF SCHOOL HYGIENE

J. L. Rhyne, M.D., M.P.H.

Director

School health services in all the public schools, the elementary Catholic schools, and private schools upon request continued to be administered by the Baltimore City Health Department. The multiple-discipline team approach has been accepted as an integral part of the school health program. Therefore, renewed emphasis was continually stressed on communication, cooperation and co-ordination among families, private practicing physicians, hospitals, the Board of Education, the Health Department, the Welfare Department, and other official or voluntary agencies involved in the general health and adjustment of school children. The goals in this program are to promote, protect, maintain, and improve the health of school age children in the City of Baltimore.

In order to develop and encourage a more comprehensive and realistic program the content in each school varied from one another, depending on the health needs of the neighborhood or adjacent community. Nurses and physicians were assigned to schools on the basis of these needs and at least one teacher-nurse conference was held on each child in the elementary schools in order to appraise his health status. Following the screening method of the teacher-nurse conference, children in need of further medical evaluation are referred to their family physician or hospital clinic after desired medical reports or other information are obtained. If the family was unable to obtain a medical appraisal, then such a child was evaluated by the school physician, who is assigned to the school periodically for two hour sessions. Children requiring special educational adjustments and students new to the school also received a medical evaluation in the manner outlined for referrals from teacher-nurse conferences. There were 8,645 children examined in 2,124 physician sessions in the elementary schools, with 3,899 children found to have abnormalities other than dental caries and 3,438 were referred for further medical attention.

Since routine teacher-nurse conferences are not practical in the secondary schools, a periodic health appraisal is recommended in

the seventh and tenth grades. Traditionally these appraisals have been done by school physicians, however, strides are being made to utilize information from community facilities, particularly the family physician, the medical care program, and hospital clinics. Progress in this area has been slow, however with further in-service training a greater impact is predicted for the school year 1963-64. Physical examinations were performed on 34,240 pupils in the secondary schools with a total of 16,497 defects recorded of which 10,118 were dental and 4,610 were visual. A total of 8,169 of these 16,497 defects were corrected during the school year. During the school year 2,825 physician sessions were conducted in the secondary schools out of a total of 4,949 school physician sessions held by the Baltimore City Health Department.

In addition to the health appraisal of students the nurse and physician were encouraged to participate in group conferences with students, parents, teachers, counselors, principals, social workers, and other personnel in order to develop a coordinated program of health services, and function further as health consultants to the schools. In order to help solve some of the community problems the nurse and physician were further encouraged to develop programs of health education with the cooperation of interested personnel within the school.

Routine audiometric screening was done on children in the first and fourth grades of the public and parochial schools by four full-time audiometrists employed by the Health Department. In addition to the routine testing any student referred by the teacher or nurse in the elementary, secondary, or parochial schools may receive an audiometric screening examination. There were 44,962 audiometric screening examinations performed with 2,931 referred for further evaluation. A total of 1,766 visits were made to the two hearing clinics at Eastern and Western Health Districts by 945 new patients.

The vision screening program continued under the supervision of the public health nurse and the utilization of volunteer parents trained by the Maryland Society for the Prevention of Blindness. Students were routinely examined in the first, third, fifth, seventh and tenth grades in addition to specific referrals from all grades. Students who failed the vision test were rechecked by the school nurse and referred to an eye physician of their choice. Families unable to afford private care were seen at the Health Department

eye clinics held at the Eastern and Western Health District buildings. A total of 711 new patients were seen at those clinics during the year with 749 visits.

Approval was not granted in the 1963 budget request for the proposed demonstration school health clinic described in the 1962 Annual Report. However, with entirely Health Department funds and personnel a school health clinic was established in the fall of 1963 at the Western Health District building with the cooperation of the Pediatric and Psychiatric Departments at the University Hospital. This clinic is staffed by Dr. Milton Grossman, Assistant Professor of Pediatrics at the University of Maryland and Dr. Saim B. Akin, instructor in Psychiatry at the University of Maryland. The main objective of this clinic is the further education of health and educational staff members of school health problems, and the exploration of possible avenues of restoration in these multi-problem families. After an appraisal by the teacher-nurse conference pupils are referred from four elementary schools in the vicinity of University Hospital. The clinic meets one afternoon a week with referral of three patients from one specific school each week. After an examination of the child and interview of the parents by both the pediatrician and child psychiatrist, a group conference of the University and Health Department staff with the principal, teacher, social worker, psychologist or other involved school personnel or invited social or community agency is conducted. During this conference there is an informal interchange of information between the multiple disciplines involved, and realistic group suggestions and recommendations are made concerning the further follow-up of the child and his family.

Division for the Handicapped

The Division for the Handicapped administers a program for those children less than 21 years of age who suffer from chronic or crippling conditions which affect their health status. During the year, there were 1,710 newly registered children in the program. Since 1956, a total of 18,037 children have been registered. There is a continued growth of this program in the City of Baltimore as these patients are followed usually until the age of 21 years.

During the year, 213 children were seen at the diagnostic and evaluation centers at the Johns Hopkins Hospital and the Uni-

versity of Maryland Hospital. Since the opening of these clinics in 1958, there has been an increased community awareness of children with multiple handicaps. Although many referrals come from the schools, such as children with learning problems, referrals are also made by private physicians, hospitals, nurses, the Welfare Department and other community agencies.

The pediatric nursing supervisor and the senior public health nurse in the Division for the Handicapped continued to represent the division in various clinics throughout the city, and a public health nurse continued on a full-time basis at the William S. Baer School for Handicapped Children for the purpose of coordinating the various medical services rendered to pupils.

Personnel

J. L. Rhyne, M.D., M.P.H., Director
Charlotte Provini, Senior Clerk Stenographer

Audiometrists

Pauline C. Brandt

Susie A. Jordan
Kathryn Gairoard

Katherine Houston

School Health Physicians

Maurice L. Adams, M.D.
Raymond Atkins, M.D.
McDonald M. Bando, M.D.
Gilbert L. Banfield, M.D.
Ronald Berger, M.D.
Lester Caplan, M.D.
James D. Carr, M.D.
Jerome Fineman, M.D.
Thomas Fraher, M.D.
Alfred Gakenheimer, M.D.
Gary S. Goshorn, M.D.
Louis Hamburger, M.D.
Bernard Harris, Jr., M.D.
Emil Henning, Jr., M.D.
Turgot Jeudy, M.D.

Irvin Kemick, M.D.
Irving Kramer, M.D.
Norman Miller, M.D.
Joseph Myers, M.D.
Joseph F. Palmisano, M.D.
Samuel R. Pines, M.D.
James Priest, M.D.
Irvin Sauber, M.D.
Jerome Sherman, M.D.
E. Walter Shervington, M.D.
Thaddeus C. Siwinski, M.D.
Alvin A. Stanbler, M.D.
David Wood, M.D.
N. Louise Young, M.D.
Gino Zarbin, M.D.

H. Zassenhaus, M.D.

Division For The Handicapped

Barbara K. Clark, M.D.

Winthrop M. Phelps, M.D.

Agnes C. Morrison, Principal Clerk Stenographer
Lorana A. Smart, Senior Clerk Stenographer
Cecelia K. Kelly, Senior Clerk Stenographer
Elaine White, Senior Clerk Typist

TABLE No. 1
SCHOOL HEALTH SERVICES, PUBLIC AND PAROCHIAL ELEMENTARY SCHOOLS
SCHOOL YEAR 1962-63

	PUPILS EXAMINED By PHYSICIANS			NUMBER WITH ABNORMALITIES (Excluding Dental Defects)					
	Public	Parochial	Total	Correction Needed			Correction Not Needed		
				Public	Parochial	Total	Public	Parochial	Total
Teacher-nurse referrals.....	7,093	374	7,467	3,049	94	3,143	353	27	370
Routines.....	902	...	902	216	...	216	67	...	67
Rechecks.....	256	20	276	72	7	79	19	5	24

TABLE No. 2
RESULTS OF REFERRAL OF CHILDREN WITH SELECTED CONDITIONS

	CASES	NO CORRECTION NEEDED	CORRECTED	LOST	THERAPY NOT COMPLETED
Ringworm of scalp.....	97	..	97	..	..
Allergy of skin.....	15	2	4	3	6
Infection of skin.....	20	1	19	..	..
Acne.....	18	1	14	..	3
Eye muscle imbalance.....	49	2	18	4	15
Simple myopia.....	300	10	289	..	1
Malignant myopia.....	5	4	..	..	1
Simple hyperopia.....	95	10	82	1	2
Hyperopic astigmatism.....	222	2	217	1	2
Simple astigmatism.....	39	6	33	..	..
Other eye disease.....	115	12	90	4	9
Otitis media.....	25	..	10	8	7
Conductive hearing loss.....	84	5	26	8	45
Nerve type hearing loss.....	10	..	2	..	8
Malocclusion.....	6	1	..	1	4
Hypertrophied tonsils and adenoids.....	120	25	30	5	60
Chronic disease of tonsils and adenoids.....	69	1	28	3	37
Functional murmur.....	32	22	1	..	9
Rheumatic heart, active.....	2	..	..	1	..
Rheumatic heart, inactive.....	3	..	1	2	..
Congenital heart disease.....	1	..	..	1	..
Active tuberculosis.....	..	..	..	..	..
Undescended testis.....	6	1	..	2	3
Lordosis.....	3	1	..	..	2
Scoliosis.....	..	..	..	..	..
Epilepsy.....	11	2	3	1	5
Conduct disturbance.....	35	2	1	7	25
Psychosis.....	..	..	..	..	..
Obesity.....	57	1	4	11	41
Malnutrition.....	17	1	4	1	11

TABLE No. 3
SCHOOL HEALTH SERVICES, PUBLIC SECONDARY SCHOOLS
SCHOOL YEAR 1962-63

School Report of Physician Examinations of Students.....				39,339
Routine examinations by private physicians.....			1,580	
Routine examinations by school physicians.....			30,210	
Special examinations by school physicians.....			4,030	
Athletic examinations done in school.....			3,519	
Review of Physical Education Exemptions.....				4,163
	DEFECTS FOUND	DEFECTS UNDER TREATMENT	PER CENT UNDER TREATMENT	
Dental.....	10,118	4,693	46.0	
Vision.....	4,610	2,380	51.0	
Hearing.....	376	351	93.0	
Hernia and Male Ab- normalities.....	594	286	48.0	
Heart				
Organic.....	168	133	79.0	
Functional.....	347	190	55.0	
Nervous system.....	82	60	73.0	
Speech defects.....	202	76	37.0	
Total.....	16,497	8,169	49.5	
Total of First Aid.....				95,606
PPD Tuberculin Tests Administered to Students				
	SCHOOL NUMBER TESTED	NUMBER WITH POSITIVE REACTION	PER CENT POSITIVE REACTION	
400.....	562	41	7.0	
454.....	704	131	18.0	
130.....	1,603	212	13.0	
159.....	873	50	5.0	
Total.....	3,692	434	11.0	
Total of All Conferences by School Nurses.....				169,338
Conferences with students.....			107,799	
Conferences with parents.....			28,864	
Conferences with principals.....			8,053	
Conferences with health agencies.....			3,577	
Conferences with counselors.....			8,022	
Conferences with home visitors and social workers.....			1,186	
Conferences with teachers.....			11,837	
Student Referral to Division of Special Services.....				1,167
Total Dental Referrals for Summer Programs.....				392
Total number of Smallpox vaccinations.....				25
Suicidal attempts (aspirin, gunshot, etc. 5 killed in accidents).....				19
Hearing tests by Audiometrist.....				4,642
Failed hearing tests.....				215

TABLE No. 4

REPORT OF EYE CLINIC EXAMINATIONS—1963

New patients.....	711
Return visits.....	38
Total visits.....	749
Cycloplegics.....	660
Refractions.....	740
Other.....	0
Glasses prescribed.....	544
Glasses delivered.....	358
Glasses not needed.....	196
Sight conservation class recommended.....	4
Other treatment.....	9
Discharged.....	650
Wilmer referrals.....	70
DIAGNOSES	
Hyperopia.....	243
Anisometropia.....	28
Myopia.....	226
Astigmatism.....	209
Emmetropia.....	13
Amblyopia.....	47
Muscle imbalance.....	55
Nystagmus.....	9
Retrolental Fibroplasia.....	0
Ptoxis.....	0
Other.....	8
Total Physician Sessions.....	151

TABLE No. 5

REPORT OF HEARING CLINIC EXAMINATIONS—1963

New patients.....	945
Return of old and new patients.....	821
Total visits.....	1,766
SOURCE	
Department of Education.....	1
Public Health Nursing.....	935
DISPOSITION	
Audiometric retesting.....	1,345
Hearing loss.....	623
Type.....	
Nerve.....	126
Conductive.....	496
Mixed.....	27
Causes.....	
Undetermined.....	26
Congenital.....	1
Childhood diseases.....	1
Erythroblastosis.....	0
Head injury.....	5
Acoustic injury.....	6
Impacted cerumen.....	259
Foreign body.....	12
Otitis Externa.....	11
Otosclerosis.....	1
TREATMENT RECOMMENDED	
Administered.....	131
Radium.....	52
First treatment this year.....	13
Current treatment.....	39
Other.....	27
Recommended.....	
Psychological examination.....	26
Speech Correction.....	53
Tonsillectomy and adenoidectomy.....	287
Hearing aid.....	4
DISCHARGED	
Failed to return to clinic.....	47
Care no longer needed.....	361
Condition to normal.....	153
Referred to other clinic.....	1

MEDICAL CARE SERVICES

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

Director

The average number of persons enrolled in the Baltimore City Medical Care Program during the year 1963 was 64,398. This was an increase of 6,968 persons, or 12.1 per cent, over the average number for 1962. At the first of 1963 the total number of enrolled persons was 59,763 while at the close of the year this number was 68,105.

Medical Care for the Indigent

The greatest increase in the enrolled population during 1963 occurred in that segment entitled "Medical Care for the Indigent" (MCI), composed of individuals receiving financial assistance from the Department of Public Welfare for food, shelter and clothing. At the first of the year the number of individuals in this group was 54,324 while at the end of the year it was 60,953 an increase of 12.2 per cent.

Medical Assistance for the Aged

In its second full calendar year of operation of the Medical Assistance for the Aged program enrollment increased steadily. This is a program to provide medical care for persons over 65 who are needy but not on Welfare rolls. The number of enrollees at the end of the year was 7,152 as compared with 5,506 at the end of 1962.

Great need for eyeglasses, dentures and hearing aids existed during the year. The provision of eyeglasses continued to be limited to those individuals who had had an operation for the removal of cataracts while dentures were available only to persons who had worn them previously and hearing aids were not supplied to anyone. The program, however, supplied many medical services which were greatly needed.

Physician Services

Since the inauguration of the Baltimore City Medical Care Program in 1948 until the first of 1963 physicians providing home and

office care were paid on a capitation basis at the rate of \$7.00 per person per year, whether the person was sick or well. This method of payment was discontinued at the end of 1962 and on January 1, 1963 a fee-for-service system was adopted and put into effect. The fees paid were \$2.50 per office visit, \$3.50 per home visit during the day and \$4.50 per home visit during the night.

As expected the change-over to a fee-for-service in the payment of physicians was accompanied by administrative obstacles. These difficulties were augmented by an influenza outbreak which occurred shortly after the first of the year and by the marked increase in population enrollment. Payment of bills for services at that time was delayed as long as eight weeks. However, with an increase of staff through the assistance of the State Department of Health and the utilization of improved business machine methods these difficulties were overcome. In the latter months of the year all physician and drug bills were paid within four weeks after their receipt by the Medical Care Section.

Medical Care Clinics

The increase in the number of persons enrolling in the Baltimore City Medical Care program continued to tax the capacity of the seven medical care clinics under the program. Repeated efforts to get additional hospitals to establish medical care clinics have met with no success. There was some preliminary discussion toward the end of the year regarding a change to clinic fee-for-service payment. This change if made city-wide would tend to involve more hospitals with the result of easing the burden of the seven hospitals currently under the program.

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 are 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, 9,113 general examinations were made during the year. Also, at the clinics there were 31,815 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 120,995. There were also 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.

For the first half of the calendar year of 1963 medical care clinics were paid at the rate of \$11.00 per capita per annum for patients in both categories, Medical Care for the Indigent (MCI) and Medical Assistance for the Aged (MAA) with the exception that, in the latter category, a maximum of \$6.00 per capita per annum additional could be claimed at the end of the fiscal year by hospitals conducting medical care clinics if they presented acceptable data showing that their actual patient year cost was in excess of \$11.00.

Starting July 1, 1963, the annual per capita payment rate to hospitals for patients in the category Medical Care for the Indigent (MCI) was raised to \$14.00. Since that same starting date the maximum annual per capita payment of \$17.00 for patients in the category Medical Assistance for the Aged (MAA) has been paid to hospitals in equal monthly installments. If, at the end of the fiscal year, proof of per capita earnings of less than these amounts is furnished to the Medical Care Section then recovery of the difference is to be made from the hospitals.

Drugs and Medical Supplies

Payment was made during 1963 for 345,229 drug prescriptions for persons under the Baltimore City Medical Care Program, Medical Care for the Indigent (MCI), in the total amount of \$762,600.26. The average cost per MCI prescription was \$2.21 as compared with \$2.15 for 1962, and the average cost per MCI person-year of registered coverage under the program was \$13.74 as compared with \$11.03 in the previous year.

During 1963 payment was made for 104,871 drug prescriptions for persons under the Baltimore City Medical Care Program, Medical Assistance for the Aged (MAA), at a total cost of \$280,248.15.

The average cost per MAA prescription was \$2.67 as compared to \$2.58 for 1962 and the drug cost per enrollee was \$43.92 as compared to \$36.44 in the previous year.

The following fee schedule for pharmacists' services continued in effect during the year:

WHOLESALE COST OF INGREDIENTS	PHARMACISTS' FEE
\$.01—\$.74	\$.50
.75— 1.74	.70
1.75— 3.99	1.00
4.00 and over	2.00

The formulary continued to be a valuable aid in procedures to provide needed and effective medication at a reasonably low cost.

Provision of Eyeglasses and Dental Services

The number of persons receiving eyeglasses during the year under the program Medical Care for the Indigent, (MCI) was 3,208 at a total cost of \$35,520.63 and an average cost of \$11.08 per person served.

The number of persons receiving eyeglasses during the year under the program Medical Assistance for the Aged (MAA) was 107, at a total cost of \$1,817.94 and an average cost of \$16.99 per person served.

All hospitals conducting medical care clinics continued to provide dental services under the program but, as in previous years, their services were largely limited to the extraction of teeth. An average of \$.59 per enrolled person was earned by the hospitals during the year. An amount of \$.70 per person, or \$40,766.50, was expended to provide dentures and conduct the dental clinic in the Eastern Health District Building. Under the program Medical Assistance for the Aged an average of \$.23 per enrolled person was earned by the hospitals during the year and an amount of \$.64 per enrolled person or \$4,103.50 was expended to provide dentures. The amount expended for all dental services was \$80,448.00.

Financial Statement

The total amount spent for conducting the Medical Care for the Indigent Program in 1963 was \$2,076,423.18 and of this sum \$2,006,375.18 was contributed by the State of Maryland. The contri-

bution of the City of Baltimore was \$70,048.00, approximately two-thirds of the central administration costs. Tables 5, 6, and 7 give detailed information regarding expenditures. The average cost of care for one MCI person for the entire year was \$33.57 as compared with \$31.57 for the preceding year.

The total amount spent for conducting the Medical Assistance for the Aged, (MAA) Program was \$478,561.29, all of which was contributed by the State of Maryland. Tables 12, 13, and 14 give detailed information regarding expenditures. The average cost of care for one MAA person for the entire year was \$68.94 as compared with \$59.83 for the preceding year.

Baltimore City Advisory Committee on Medical Care

Dr. William S. Stone, Chairman
Dean, University of Maryland School of Medicine

Dr. Gilbert L. Banfield
President, Monumental City Medical Society

Mrs. Henry E. Corner

Dr. Houston S. Everett
President, Baltimore City Medical Society

Dr. John C. Krantz, Jr.
Professor of Pharmacology, University of Maryland School of Medicine

Miss Esther Lazarus
Director, Baltimore City Department of Public Welfare

Dr. Joseph R. Liberto
President, East Baltimore Medical Society

Mr. Victor H. Morgenroth, Jr.

Dr. Perry F. Prather
Commissioner, Maryland State Department of Health

Dr. Carl H. Schultheis

Dr. Ernest L. Stebbins
Director, Johns Hopkins School of Hygiene and Public Health

Dr. John P. Urlock
President, Maryland Academy of Medicine and Surgery

Dr. Samuel Wolman
Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine

Dr. George H. Yeager
Chairman, Medical Care Committee of the Maryland State Planning Commission

Dr. Robert E. Farber
Commissioner of Health of Baltimore City, ex officio

Personnel

J. Wilfrid Davis, M.D., M.P.H., Director, Medical Care Services
 Henry W. D. Holljes, M.D., Senior Medical Supervisor Medical Care
 Gordon A. Mouat, Pharmacist, part time
 Victor H. Morgenroth, Jr., Pharmacist, part time
 Lawrence J. Kane, Senior Administrative Assistant
 Lillian J. Dudderar, Principal Clerk Stenographer
 Marian Kramer, Principal Clerk
 Louise D. Rosenberger, Principal Clerk
 Florence Pritchett, Principal Clerk
 Mary M. Reif, Senior Clerk Stenographer
 Rose Kalivoda, Senior Key punch Operator
 Georgia Conlon, Senior Key punch Operator
 Levada Howard, Senior Clerk Typist
 Carolyn McIntyre, Senior Clerk Typist
 Ruth B. Miller, Senior Clerk Typist
 Evelyn Ford, Senior Clerk Typist
 Ronald R. Rogers, Principal Tabulating Equipment Operator
 Richard Sniadach, Statistician
 Ida Schuster, Senior Clerk
 Oscar Minnitt, Senior Tabulating Equipment Operator
 Wilma Webbert, Senior Key punch Operator
 Violet Davidson, Senior Clerk
 Eugene E. Parker, Tabulating Equipment Operator
 Barbara Washington, Senior Key punch Operator
 Doris Taylor, Clerk Typist
 Frances Malstrom, Senior Key punch Operator
 Frances Moore, Senior Clerk
 Izetta Tarter, Senior Key punch Operator
 Inez West, Senior Clerk
 Shirley Holzman, Senior Clerk

TABLE No. 1
MEDICAL CARE FOR THE INDIGENT
WELFARE AND MEDICAL CARE ROLLS BY MONTH—1963

MONTH	NUMBER OF PERSONS ON PUBLIC ASSISTANCE ROLLS	AVERAGE ASSIGNED MEDICAL CARE POPULATION
January.....	55,192	54,324
February.....	55,836	56,058
March.....	56,995	57,047
April.....	56,632	55,909
May.....	56,311	58,966
June.....	56,012	61,147
July.....	56,617	57,290
August.....	57,453	58,577
September.....	57,438	60,086
October.....	58,035	57,323
November.....	58,639	59,743
December.....	60,728	60,953
Monthly Average.....	57,157	58,118

TABLE No. 2
MEDICAL CARE FOR THE INDIGENT
AVERAGE MONTHLY ASSIGNED POPULATION BY HOSPITAL—1963

MONTH	TOTAL	UNI- VERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVI- DENT	MERCY	BALTO. CITY
January.....	54,324	9,170	17,176	5,205	3,270	7,070	4,576	7,857
February.....	56,058	9,468	17,802	5,311	3,350	7,270	4,724	8,132
March.....	57,047	9,950	18,040	5,413	3,240	7,538	4,757	8,108
April.....	55,909	9,866	17,834	5,243	3,138	7,430	4,657	7,740
May.....	58,966	10,198	18,943	5,623	3,421	7,564	4,907	8,310
June.....	61,147	10,356	19,579	6,006	3,564	7,754	5,153	8,735
July.....	57,290	9,624	18,209	5,683	3,276	7,379	4,788	8,334
August.....	58,577	9,784	18,632	5,819	3,322	7,550	4,822	8,648
September.....	60,086	9,946	19,081	6,000	3,394	7,721	4,948	8,998
October.....	57,323	9,694	18,247	5,501	3,329	7,286	4,705	8,563
November.....	59,743	10,067	19,050	5,714	3,514	7,448	4,871	9,079
December.....	60,953	10,277	19,451	5,818	3,611	7,625	4,925	9,347
Total Person-years.....	58,118	9,867	18,504	5,611	3,369	7,461	4,819	8,488

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TABLE No. 3
MEDICAL CARE FOR THE INDIGENT
AVERAGE MONTHLY REGISTERED POPULATION BY HOSPITAL—1963

MONTH	TOTAL	UNI- VERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVI- DENT	MERCY	BALTO. CITY
January.....	51,633	8,704	16,386	4,831	2,984	6,799	4,260	7,569
February.....	53,887	9,124	17,098	5,011	3,100	7,091	4,429	8,035
March.....	53,368	9,118	16,993	4,955	3,038	7,085	4,421	7,759
April.....	51,858	8,876	16,694	4,753	2,884	6,925	4,325	7,400
May.....	54,755	9,199	17,758	5,153	3,078	7,110	4,538	7,919
June.....	56,348	9,364	18,312	5,394	3,230	7,204	4,637	8,208
July.....	53,616	8,896	17,297	5,159	3,035	6,881	4,388	7,961
August.....	56,252	9,239	18,068	5,508	3,188	7,178	4,630	8,450
September.....	58,334	9,509	18,702	5,723	3,340	7,426	4,786	8,850
October.....	55,588	9,252	17,774	5,284	3,240	7,057	4,536	8,444
November.....	57,916	9,636	18,517	5,483	3,385	7,289	4,670	8,935
December.....	59,465	9,931	19,025	5,632	3,484	7,414	4,776	9,204
Total Person-years.....	55,252	9,237	17,718	5,240	3,166	7,122	4,533	8,236
Per cent registration...	95.1	93.6	95.0	93.4	94.0	95.4	94.1	97.0

TABLE No. 4
MEDICAL CARE FOR THE INDIGENT
MID-MONTH POPULATION OF LEVINDALE, KESWICK AND JENKINS—1963

MONTH	TOTAL	LEVINDALE	KESWICK	JENKINS
January.....	185	125	60	...
February.....	188	129	59	...
March.....	190	129	61	...
April.....	188	130	58	...
May.....	234	131	59	44
June.....	240	134	61	45
July.....	232	129	58	45
August.....	234	131	58	45
September.....	234	132	60	42
October.....	235	133	60	42
November.....	235	136	57	42
December.....	236	138	57	41
Total Person-years.....	219	131	59	43

TABLE No. 5
MEDICAL CARE FOR THE INDIGENT
DRUG EXPENDITURES BY MONTH—1963

MONTH	AVG. MONTHLY REGISTERED POPULATION*	NO. OF PRESCRIP- TIONS	AMOUNT PAID FOR DRUGS	COST PER PRESCRIP- TION	COST PER REGISTRANT	NO. OF PRESCRIP- TIONS PER REGISTRANT
January.....	51,818	35,505	\$75,298.12	\$2.12	\$1.45	0.68
February.....	54,075	27,820	57,153.28	2.05	1.06	0.51
March.....	53,558	27,460	58,305.69	2.12	1.09	0.51
April.....	52,046	27,466	60,448.06	2.20	1.16	0.53
May.....	54,989	26,191	58,250.04	2.22	1.06	0.48
June.....	56,588	41,677	95,415.70	2.28	1.68	0.73
July.....	53,848	14,704	33,108.18	2.25	0.61	0.27
August.....	56,486	25,862	60,133.67	2.32	1.06	0.46
September.....	58,586	26,648	60,147.36	2.26	1.03	0.45
October.....	55,823	34,173	75,256.93	2.20	1.35	0.61
November.....	58,151	28,463	63,223.22	2.22	1.09	0.49
December.....	59,701	29,260	65,860.01	2.25	1.10	0.49
Entire year.....	55,472	345,229	762,600.26	2.21	13.74	6.21

*—Includes population for Levindale, Keswick and Jenkins.

Note: The number of pharmacies paid is omitted as they fill both MCI and MAA prescriptions.

TABLE No. 6
MEDICAL CARE FOR THE INDIGENT
TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1963

QUARTER	HOSPITAL MEDICAL CARE CLINICS	PHYSICIANS	PHARMACIES	DENTAL CARE	OPTICIANS	APPLIANCES	ADMINISTRATION	
							State	City
First.....	\$153,134.47	\$96,023.06	\$135,552.22	\$18,633.55	\$7,855.78	\$211.85	\$8,756.00	\$17,512.00
Second.....	162,412.62	99,047.00	272,589.49	18,169.27	9,202.50	165.99	8,756.00	17,512.00
Third.....	196,370.50	96,853.50	109,669.14	19,944.25	8,654.35	247.90	8,756.00	17,512.00
Fourth.....	198,426.63	119,434.74	208,605.40	19,136.50	10,336.40	437.65	8,756.00	17,512.00
Total.....	\$710,344.22	\$411,358.30	\$723,416.25	\$75,893.57	\$36,049.03	\$1,063.39	\$35,024.00	\$70,048.00

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TABLE No. 7

MEDICAL CARE FOR THE INDIGENT DISTRIBUTION OF EXPENDITURES AND PER CENT OF TOTAL BY TYPE OF SERVICE—1963

ITEM	EXPENDITURE	PER CENT OF TOTAL
Hospitals for Medical Care.....	\$ 710,344.22	34.2
Physicians for Home and Office Services.....	411,358.30	19.8
Pharmacies.....	723,416.25	34.5
Dental Care.....	75,883.57	3.6
Opticians.....	36,024.03	1.7
Appliances.....	1,063.99	.5
Administration.....	118,332.82	5.7
Total.....	\$2,076,423.18	100.0

TABLE No. 8

MEDICAL CARE FOR THE INDIGENT and MEDICAL ASSISTANCE FOR THE AGED DISTRIBUTION OF SERVICES BY CLINIC—1963

CLINIC	GENERAL EXAMINATIONS	OTHER EXAMINATIONS	OUTPATIENT SERVICES	LABORATORY SERVICES
University.....	1,287	3,958	19,034	6,615
Johns Hopkins.....	3,105	15,178	48,811	.....
South Baltimore General.....	839	362	6,046	2,733
Sinai.....	221	11,790	3,114	3,630
Provident.....	1,354	.....	7,652	1,685
Mercy.....	577	627	11,816	6,014
Baltimore City Hospitals.....	1,730	.....	24,522	.....
Total.....	9,113	31,815	120,995	20,677

TABLE No. 9
MEDICAL ASSISTANCE FOR THE AGED
AVERAGE MONTHLY ENROLLED POPULATION BY HOSPITAL—1963

MONTH	TOTAL	UNI- VERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVI- DENT	MERCY	BALTO. CITY
January.....	5,439	876	1,788	326	905	214	809	521
February.....	5,162	840	1,716	310	845	204	766	482
March.....	5,678	949	1,930	341	877	223	799	559
April.....	5,846	979	2,008	350	906	238	802	564
May.....	6,082	1,021	2,095	364	941	254	832	575
June.....	6,289	1,063	2,173	374	967	264	878	569
July.....	6,466	1,094	2,220	384	1,000	277	930	560
August.....	6,658	1,138	2,258	385	1,040	292	985	550
September.....	6,816	1,183	2,292	396	1,062	301	1,026	556
October.....	6,850	1,202	2,293	402	1,061	305	1,044	542
November.....	6,924	1,213	2,305	424	1,064	313	1,067	538
December.....	7,152	1,249	2,378	446	1,096	332	1,110	540
Total Person-years.....	6,280	1,067	2,121	375	980	268	921	547

TABLE No. 10
MEDICAL ASSISTANCE FOR THE AGED
AVERAGE MONTHLY REGISTERED POPULATION BY HOSPITAL—1963

MONTH	TOTAL	UNI- VERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVI- DENT	MERCY	BALTO. CITY
January.....	3,703	791	1,410	142	477	95	368	420
February.....	3,763	794	1,448	139	487	98	368	427
March.....	4,052	846	1,618	158	506	106	362	466
April.....	4,217	890	1,691	162	532	112	365	466
May.....	4,482	947	1,806	170	577	119	382	481
June.....	4,613	970	1,870	179	600	125	395	475
July.....	4,742	1,009	1,922	186	619	130	404	472
August.....	4,876	1,051	1,967	190	650	139	414	464
September.....	4,973	1,084	2,004	196	660	151	422	456
October.....	4,967	1,099	2,000	194	642	152	433	445
November.....	5,003	1,104	2,018	199	630	160	452	439
December.....	5,192	1,136	2,093	208	650	178	470	452
Total Person-years.....	4,548	977	1,821	177	586	130	403	454
Per cent registration.....	72.4	91.6	85.8	47.2	59.8	48.5	43.8	83.0

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TABLE No. 11
MEDICAL ASSISTANCE FOR THE AGED
MID-MONTH POPULATION OF LEVINDALE, KESWICK AND JENKINS—1963

MONTH	TOTAL	LEVINDALE	KESWICK	JENKINS
January.....	109	88	21	...
February.....	120	92	28	...
March.....	122	96	26	...
April.....	129	95	34	...
May.....	130	92	33	5
June.....	126	91	31	4
July.....	133	95	33	5
August.....	132	94	32	6
September.....	139	100	31	8
October.....	137	100	28	9
November.....	134	98	28	8
December.....	134	97	27	10
Total Person-years.....	129	95	29	7

TABLE No. 12
MEDICAL ASSISTANCE FOR THE AGED
DRUG EXPENDITURE BY MONTH—1963

MONTH	AVG. MONTHLY ENROLLED POPULATION*	NO. OF PRESCRIP- TIONS	AMOUNT PAID FOR DRUGS	COST PER PRESCRIP- TION	COST PER ENROLLEE	NO. OF PRESCRIP- TIONS PER ENROLLEE
January.....	5,548	9,778	\$25,732.59	\$2.63	\$4.64	1.76
February.....	5,282	6,861	17,914.28	2.61	3.39	1.30
March.....	5,801	8,113	21,769.04	2.68	3.75	1.40
April.....	5,975	7,856	21,029.01	2.68	3.52	1.31
May.....	6,212	8,228	22,108.84	2.69	3.56	1.32
June.....	6,416	13,446	35,943.90	2.67	5.60	2.09
July.....	6,598	4,739	12,347.84	2.60	1.87	0.72
August.....	6,790	8,592	23,886.93	2.78	3.52	1.26
September.....	6,955	8,013	20,767.51	2.59	2.98	1.15
October.....	6,987	10,859	29,031.20	2.67	4.16	1.55
November.....	7,068	9,274	25,002.68	2.70	3.54	1.31
December.....	7,286	9,112	24,714.33	2.71	3.39	1.25
Entire year.....	6,409	104,871	\$280,248.15	\$2.67	43.92	16.42

*—Includes population for Levindale, Keswick and Jenkins.

Note: The number of pharmacies paid is omitted as they fill both MAA and MCI prescriptions.

TABLE No. 13
MEDICAL ASSISTANCE FOR THE AGED
TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1963

QUARTER	HOSPITAL MEDICAL CARE CLINICS	PHYSICIANS	PHARMACIES	DENTAL CARE	OPTICIANS	ADMINISTRATION
First.....	\$10,805.93	\$ 15,814.31	\$ 46,575.21	\$ 546.50	\$ 463.36	\$ 9,187.50
Second.....	7,992.56	28,465.16	60,754.03	1,478.50	414.98	9,187.50
Third.....	24,014.94	31,488.91	86,638.69	1,314.50	429.04	9,187.50
Fourth.....	21,099.92	28,108.58	72,389.23	2,254.50	751.56	9,187.50
Total.....	\$63,913.35	\$103,876.94	\$266,357.16	\$5,594.00	\$2,058.94	\$36,750.00

TABLE No. 14
MEDICAL ASSISTANCE FOR THE AGED
DISTRIBUTION OF EXPENDITURES AND PER CENT OF TOTAL BY TYPE OF SERVICE—1963

ITEM	EXPENDITURES	PER CENT OF TOTAL
Hospitals for Medical Care.....	\$ 63,913.35	13.4
Physicians for Home and Office Services.....	103,876.94	21.7
Pharmacies.....	266,357.16	55.6
Dental Care.....	5,594.00	1.2
Opticians.....	2,058.94	.4
Administration.....	36,750.00	7.7
Total.....	\$478,561.29	100.0

SANITARY SERVICES

George W. Schucker, B. E.

Director

Legal Aspects

The Commissioner of Health in 1963 adopted the following milk regulations pursuant to Section 18 of the City Milk Ordinance: **Regulation 55-A. Coffee and Cereal Mixture**, effective June 1; **Regulation 58-A. Flavored (Name of Flavor) Milk**, effective June 1; **Regulation 80-A. Artificially Sweetened Ice Cream**, effective September 1; and **Regulation 80-C. Artificially Sweetened Ice Milk**, effective June 1. These regulations were adopted in order to permit the sale and control the quality and ingredients of the milk products named. On July 12 the Commissioner of Health amended **Regulation 21-A. Milk of the City Milk Code** in order to exclude from the City of Baltimore milk containing pesticides, antibiotics or any substance which inhibits the growth of bacteria.

Following an adverse decision in Housing Court relative to the property owner's responsibility to maintain a continuous supply of water to an occupied dwelling the Commissioner of Health on August 5, pursuant to Section 118 of the Ordinance on the Hygiene of Housing, adopted **Regulation 20. Water Supply**. This regulation requires the owner to maintain water service to any occupied dwelling regardless of any agreement between the owner and tenant concerning the payment of water and sewer charges.

Generalized Inspection and Training

Again it was not possible to expand the generalized inspection program to the Western and Druid health districts as supervisory personnel were not provided in the 1963 budget. The provision of adequate salary ranges in 1962 made it possible to fill all vacancies in the Sanitary Section and it was again possible to conduct the 13-week comprehensive in-service training course for personnel who not previously had such training. Short topical courses were conducted on the APHA housing appraisal technique, new concepts and practices in milk production, removal of waste oil from harbor water, water pollution research, radiological health, importance of environmental health practices at U. S. Army installations and the

need for better relations between educators and environmental health specialists. A Water Pollution Abatement Workshop was conducted in cooperation with the Manufacturing Chemists Association. Other training conducted by the Division of Sanitarian Training consisted of a one week in-service training course for new inspection personnel of the Bureau of Building Inspection and special sessions for students of The Johns Hopkins School of Hygiene and Public Health and nurses of The Johns Hopkins Hospital and the University of Maryland School of Nursing.

On June 5 ten members of the Health Department staff, eight from the Sanitary Section and two from the Bureau of Laboratories began a one-year course entitled "Fundamentals of Radiation and Healthful and Safe Management of Ionizing Radiation" sponsored by the Atomic Energy Commission and conducted by Loyola College. Personnel of the Bureau of Industrial Hygiene assisted the Baltimore City Civil Defense Organization in conducting radiation courses.

Special and Continuing Activities

The termination of the atmospheric testing of thermonuclear weapons in 1962 was reflected generally in lower ionizing radiation levels in the air and in milk. Following a slight rise in the spring, gross beta counts continued to decline throughout the year. Iodine-131 and strontium-89 the isotopes with short half lives practically disappeared from the milk supply by the end of the year while strontium-90 and cesium-137 due to their long half lives remained nearly constant throughout the year. The Kelly Radium Therapy Clinic which became contaminated during its nearly one-half century of operation of a radon plant was demolished under supervision of the Bureau of Industrial Hygiene. Wet methods were used in the demolition and all contaminated material was taken to the site of one of the city incinerators and burned and buried and the workers were carefully monitored to see that they did not pick up any contamination. In cooperation with the Maryland State Department of Health and U. S. Public Health Service a pilot study of 202 medical x-ray units was made in Baltimore City and reports of the defects found were sent to the physicians having the x-ray equipment.

The "hard sell" pilot educational program to prevent lead poisoning in children was continued in three census tracts in the Western

Health District and the results to date indicate that this technique has real promise as a method of preventing lead poisoning.

All personnel of the Sanitary Section participated in Round 3 of the Sabin oral vaccine program by providing for supply and resupply of vaccine and other supplies. Considerable time was devoted to the evaluation of various suggested locations for relocating the Health Department and the actual supervision of the alterations to the present headquarters in the American Building and the planning and supervision of the actual move from the Municipal Building and 202 Guilford Avenue. Highlights of the work of the bureaus of the Sanitary Section follow.

Personnel

George W. Schucker, B.E., Director
Milton P. Friedmann, B.S., Chief, Division of Sanitarian Training
Margaret M. McDonough, Principal Clerk-Stenographer
Doris M. VanCleaf, Principal Clerk
Carolyn S. Crosby, Senior Clerk Typist
Loretto Minitor, Senior Clerk Typist
Cecil G. Coleman, Messenger Clerk

BUREAU OF MILK CONTROL

G. D. D'Ambrogi, B.S., M.S.

Director

In 1963, for the first time in the history of the Bureau of Milk Control, the water supplies and sewage systems of all Baltimore City Health Department dairy farm permittees were certified as meeting the requirements of the City Milk Code and the U. S. Public Health Service. This certification of a safe water supply and sewage system was an additional step toward eliminating potential contamination of Baltimore's milk supply. Further, a copy of the record of certification for each milk producer is on file in the bureau's office and is required for renewal of each dairy farm permit for 1964.

The testing of milk for radioactive strontium-89-90 and iodine-131 was continued. At no time during the year did the levels reach a point which necessitated measures to protect the public's health.

Dairy Farm Inspection

Legal Aspects

On July 12, the Commissioner of Health adopted Regulation 21-A, relating to abnormal milk. This regulation states that milk containing any pesticides, or any antibiotics or other substances which inhibit the normal growth of bacteria is abnormal milk, and that such milk shall be kept out of the milk supply. The regulation became necessary when the Bureau of Milk Control and agencies in nearby areas reported findings of pesticides and other inhibitory substances in samples of milk tested.

Inspection Activities

Sanitarians in the Bureau of Milk Control made at least two inspections of each dairy farm shipping milk into Baltimore City during the course of the year. At least two samples of milk from each dairy farm were tested by the Department's Bureau of Laboratories for the presence of bacteria, added water, and antibiotics. In addition, approved industry field men made similar sanitary inspections on each farm. Samples of milk from each of these farms were also tested each month by certified milk industry laboratories and the results were submitted to the bureau. These industry test re-

sults were of immeasurable help in conducting studies. Also, the tests which did not meet standards were used as a guide for further sampling and action by the Department. Likewise, copies of reports of dairy farm inspections made by industry field men were sent to the bureau and were helpful in discovering violative conditions on farms. The dairy farm cooperatives and the dairy industry spent more than \$275,000 to maintain their own laboratories and field men inspection staffs in order to provide this cooperative service to the Health Department. This is a significant saving to the city taxpayers when one considers the expenditure necessary if the city were to provide these additional industry field inspections and tests in order to assure the continuation of a good quality and safe supply of milk.

Because of the enormous amount of data collected as a result of this vigorous milk control program it became necessary to devise a method whereby the records for each individual producer would be available when needed. In 1962 the results of tests and inspections of a pilot group of milk producers were recorded utilizing an electronic data computer system. This procedure was so successful that in January, 1963, all laboratory test results and the sanitary inspections of each dairy farm holding a City Health Department dairy farm permit, made either by the bureau or the milk industry, were recorded for data computer processing. This system enabled the bureau for the first time to establish a complete and readily available record of each dairy farm permittee. With the help of this new record system the bureau attained an enforcement compliance rating of 94.88 per cent in a U. S. Public Health Service Interstate Milk Shippers Survey conducted early in the fall.

The program of obtaining samples of milk from each producer's milk shipment and testing them for the presence of added water and antibiotics begun in 1960 was continued. Ten milk producers were suspended for seven days each, seven for the presence of added water and three for the presence of antibiotics. This program has been instrumental in helping to maintain a pure milk supply.

Milk Plant Inspection

Legal Aspects

The Commissioner of Health adopted the following regulations which became effective on June 1, 1963:

Regulation 55-A. Coffee and Cereal Dairy Mixture. This regulation allows a mixture of cream, milk, skim milk, and skim milk solids having a butterfat content of not less than 5 per cent nor more than 8 per cent. This product was petitioned by the local milk plants so that they could offer the consumer an all-milk product which could compete with the sale of a substitute or artificial vegetable non-dairy cream that is sold for use on cereal and in coffee.

Regulation 58-A. Flavored (Name of Flavor) Milk. This regulation allows the addition of flavors other than chocolate to milk.

Regulation 80-C. Artificially Sweetened Ice Milk. This regulation allows the sale of artificially sweetened ice milk, a dietetic product which meets all of the chemical and bacteriological standards of ice milk except that sugars are replaced with artificial sweeteners. This artificially sweetened ice milk can be used by diabetics under medical advice and cannot be sold in any quantity or in any manner other than in a sealed or unbroken pint package or container.

Regulation 80-A. Artificially Sweetened Ice Cream. This regulation is similar to Regulation 80-C and allows the sale of artificially sweetened ice cream.

Inspection Activities

During 1963 the approved industry and City Health Department laboratories phosphatase-tested approximately 34,000 samples of pasteurized milk and cream obtained from local milk plants. For the eighth consecutive year not one single instance of improper pasteurization was reported.

During the year the inspection staff on a scheduled basis continued the inspection and sampling of products from establishments having soft ice cream or milkshake dispensing freezers. At the year's end there were 45 mobile and 72 stationary locations with dispensing freezers. Because of the strict enforcement of the rules and regulations for conducting this type of operation the quality of the products and the sanitation of the locations were very good.

On April 8 the bureau issued a permit to a local concern to process and package baby formulas which were distributed to hospitals and homes for infant feeding. In order to insure complete safety the bureau required the terminal sterilization of the product, bottle and nipple as well as the bacteriological testing of each batch by a certified technician at the plant. In addition, weekly inspec-

tions were made at the plant and samples were obtained by the bureau's sanitarians for testing by the Bureau of Laboratories. All inspections indicated complete compliance and all samples tested were negative.

Other Activities

Members of the staff were participants in numerous educational activities such as talks to schools, civic organizations, and in-service training groups. Health officers from various foreign countries were conducted on tours of dairy farms, milk and ice cream plants, and were instructed in the bureau's methods of milk control. In November the director presented two papers on milk control procedures at the annual meeting of the Milk Industry Foundation in Dallas, Texas. Members of the staff attended in-service training courses, a three-day course in bacteriology given by the Maryland State Department of Health and day-long seminars at the University of Maryland. The director was an active participant in the three-day sessions of the Interstate Certification Milk Rating Officers annual meeting held at the Public Health Service Region III offices in Charlottesville, Virginia. On June 29 the director and staff members appeared on the television program, "A Clean Start for Fresh Milk," which presented the bureau's public health control of milk on dairy farms. This television program was one of the "Your Family Doctor" series sponsored jointly by the Baltimore City Health Department and the state medical society.

Staff Changes

On February 7 Mr. Robert L. Willet, formerly with the Bureau of Food Control, was assigned to the milk plant inspection staff as a Senior Sanitarian. Mr. Miles R. Patterson, Jr., was appointed Sanitarian I on November 27 and assigned to dairy farm inspection. On December 12 Mr. William L. Tarbert was promoted from Sanitarian I to Senior Sanitarian and will continue on the dairy farm inspection staff.

Personnel

Gulius D. D'Ambrogi, B.S., M.S., Director
Joseph N. Pohlhaus, B.S., Chief, Division of Dairy Farm Inspection
Louis G. Hillebrand, Sr., Chief, Division of Milk Plant Inspection

Principal Sanitarians

Lemuel S. Cookman, B.S.	Miles R. Patterson, B.A.
William F. Hormes	Viron Van Williams, B.S.

Senior Sanitarians

Harvey Baylin, B.S.	William L. Tarbert, B.S.
John W. Schrufer, B.S.	Robert L. Willet

Sanitarians

Vernon L. Corey	Miles R. Patterson, Jr., B.S.
Charlotte K. Uhler, Senior Clerk-Stenographer	
Rosanne G. Hunt, Senior Clerk-Stenographer	

BUREAU OF MILK CONTROL

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TABLE No. 1
SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION—1963 AND 1962

Area of Baltimore milkshed.....2,600 square miles (approximate)		
ACTIVITIES	1963	1962
Active shippers as of December 31.....	1,984	2,084
INSPECTIONS		
Total.....	5,304	5,564
Routine dairy farms.....	3,797	3,913
Special dairy farms.....	1,056	1,152
Reinspections.....	139	140
Applications.....	271	327
Receiving and transfer stations.....	27	21
Cream and by-products plants.....	14	11
OTHER ACTIVITIES		
Violation notices issued.....	3,892	3,563
Hearings.....	4	4
Gallons of milk examined.....	203,692	229,870
Gallons of milk condemned.....	2,185	1,290
Permits issued.....	293	229
Permits cancelled.....	303	359
Producers' cans examined.....	1,068	1,331
SUSPENSIONS OF PERMITS		
Total.....	92	157
Department.....	41	49
Field.....	51	108

TABLE No. 2
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1963 AND 1962

TYPE OF PLANT	NUMBER	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
Milk plants				
1963.....	8	2,671	28.0	353
1962.....	8	2,319	24.2	471
Ice cream plants pasteurizing on premises				
1963.....	29	955	2.75	406
1962.....	30	900	2.5	430
Ice cream plants buying pasteurised ingredients				
1963.....	1	29	2.4	21
1962.....	1	25	2.1	25

TABLE No. 3
SUMMARY OF MILK AND MILK PRODUCTS SAMPLES COLLECTED—1963 AND 1962

TYPE OF SAMPLE	1963	1962
ALL SAMPLES.....	10,492	11,470
Milk.....	9,182	10,353
Cream.....	269	248
Ice cream.....	318	343
Ice cream mix, evaporated and condensed milk.....	118	146
Empty bottles.....	214	195
Miscellaneous samples.....	391	185

BUREAU OF FOOD CONTROL

Ferdinand A. Korff, B.S.

Director

Inspections in 1963 of the four groups of food establishments in the city totaled 12,488. These inspections covered retail, wholesale and manufacturing food businesses and food departments of institutions. During these inspections 57.6 per cent of the establishments were designated as operating in an entirely satisfactory sanitary manner. Tables 1 and 2 of the bureau give in detail the activities in each of the four groups of establishments. The chart shows the working activities of the bureau.

Primary emphasis in 1963 was directed to the prevention of infection and contamination of the food. Continuous inspectorial and educational activities over the years have brought results, as evidenced by no reported outbreaks of food poisoning during the year and only 20 investigations involving 45 persons alleged to have become ill from food. These 45 persons were presumably made ill from food but the actual cause or causes could not be determined.

Auxiliary inspection by food establishment owners and operators, particularly those conducted as units of multiple operations such as chain stores, was continued on a routine basis. Cooperating units numbering 421 establishments having 125 sanitarians voluntarily submitted 5,244 reports to the bureau. No attempt was made to have the small individually owned food establishments engage in this cooperative procedure.

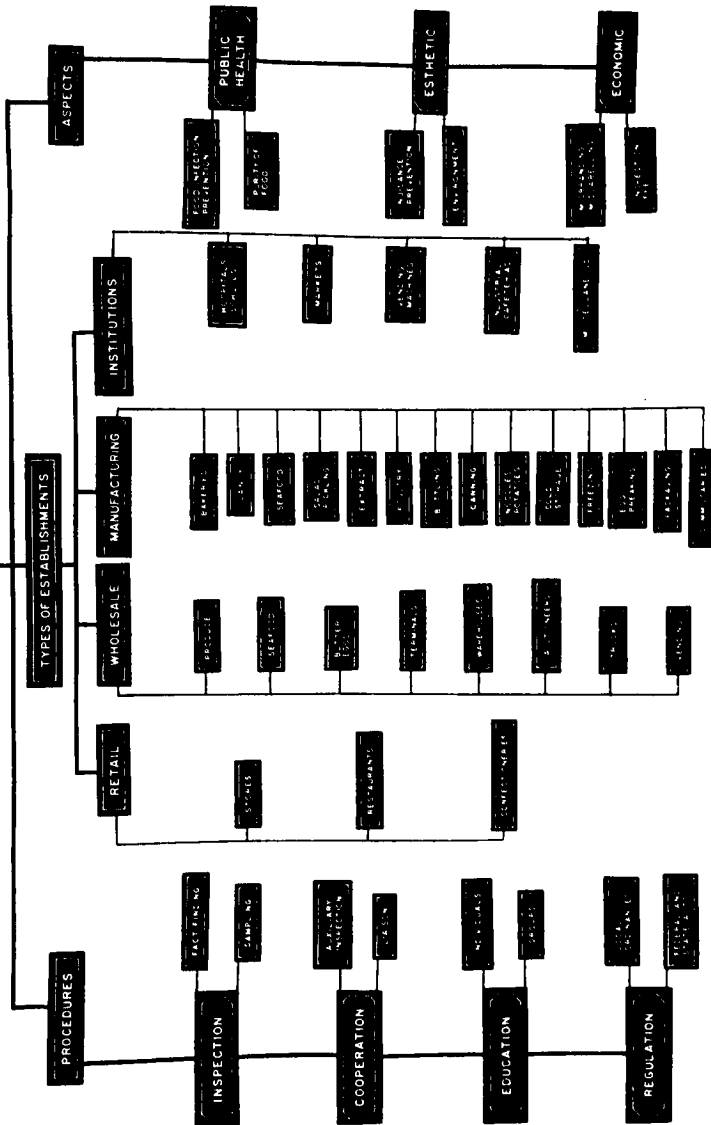
Regulatory action was necessary in 166 instances wherein office hearings were held following the issuing of 757 violation notices. Corrections without recourse to the courts were obtained in all but 11 of the above instances. The 11 violations were prosecuted in court and fined for a total of \$1,275. Condemnations of impure food totaled 191,531 pounds in 213 instances, a lesser amount than in 1962.



BUREAU OF FOOD CONTROL

BALTIMORE CITY HEALTH DEPARTMENT
Robert E. Farber, M.D., M.P.H.
Commissioner of Health

DIVISION OF FOOD PLANT INSPECTION



Activity Chart—Bureau of Food Control

Retail Food Establishments

Retail food establishments—grocery and meat stores, restaurants, confectionery and other types of retail food businesses—were routinely visited on a supervised assignment basis; priority was given to those areas that in previous years revealed the need. Food utensil sanitizing in restaurants and similar eating and drinking establishments showed continued improvement; 80.3 per cent of the utensils swabbed revealed less than 100 bacteria per utensil, about the same as for 1962. Handwashing facilities in kitchens, including liquid germicidal soap dispensers, were insisted upon. Food service personnel were given instructions during each inspection and in groups, as requested, or as a requirement by the bureau. Rodent and insect control procedures such as the elimination of harborages, were stressed over the extermination method. It was necessary to condemn 60,342 pounds of food in 175 instances in the retail stores of the city.

Institutional and Miscellaneous Establishments

Food departments of hospitals, institutions, nursing and convalescent homes, were maintained under supervision at regular intervals. Findings during inspections of institutions under State Department of Health license were reported to that agency for renewal or withholding of licenses. Industrial and school cafeterias were likewise maintained under inspection. Day nursery food departments were observed for care in food storage, preparation and serving, for the Division of Child Day Care, the licensing agency of the City Health Department. City owned markets, gasoline stations and other non-food purveying establishments in which food and beverage vending machines were installed, were also placed under inspection. The findings and other activities in all of the establishments mentioned are given in Tables 1 and 2 at the end of this report.

Gastroenteric Episodes (Illnesses attributed to food)

Twenty investigations were made of illnesses attributed to food that involved 45 persons. In these investigations no more than 5 persons were made ill at any one time. One investigation involving 5 persons revealed the probable cause as the leaching of zinc from a galvanized pail in which a synthetic orange beverage was stored. There were 279 investigations of reported cases of *Shigellae* infections 149 of which were diagnosed as *sonnei*. In addition, 128 inves-

tigations were made of reported cases of *Salmonellae* infections; of these 48 proved to be *typhimurium* types—all non-related. These studies continued from past years have the primary objective of preventing contacts of such cases from working in food establishments. Several instances of removing contacts from handling food were necessitated.

Special Activities

In addition to normal routine and regulatory activities the following noteworthy investigations were carried out:

1. A search for certain brands of canned tuna fish which had been involved in several cases and deaths of botulism in other areas of the U. S. required the impounding and ultimate destruction of several hundred cans of this food.

2. Warnings that smoked fish should be heated before eating, following instances of botulism in other areas, and a study of local fish smoking operations, resulted in directives being given to increase the smoking temperature of the fish to a minimum of 180°F and to maintain the distribution and storage temperatures below 36°F.

3. A study of the temperature of soft boiling of eggs resulted in advice being given that 5 minutes in boiling water is the minimum time for bringing the internal temperature of the egg to 140°F—the lethal temperature for *Salmonellae*. The study was carried out to determine how to destroy the possible infection of *Salmonella derby* alleged to have been the cause of cases of illnesses in other localities. This change in time of soft boiling of eggs was necessitated because the initial refrigeration temperature of eggs previously was usually 60°F. Under modern refrigeration, even in the home, the temperature is close to 40°F.

4. The sale of poisonous castor bean seeds was ordered discontinued in certain units of a chain store organization.

5. The necessity for peeling potatoes to eliminate the eyes and sproutings, was urged in restaurants; solanine poisonous alkaloid found around such parts of potatoes is not removed by the less wasteful machine peeling process as compared with generous peeling by hand.

6. Assistance given in the identification of poisonous mushrooms and several other varieties of poisonous plants following the ingestion of those substances, materially aided physicians in treatment of the patients.

7. A recommended procedure for the preliminary handling of poison cases was prepared jointly with the Maryland Academy of Pediatrics and a drugstore chain. This procedure recommended—(a) the telephoning for advice of the family doctor, or (b) the emergency room of the nearest hospital; if unable to reach either quickly, the victim should be taken to the hospital by car or by municipal ambulance. Members of the Fire Department Ambulance Service were given instructions concerning food and accidental poisonings.

8. A series of meetings was held with representatives of the Grand Jury and members of the Board of Liquor License Commissioners for Baltimore City to devise procedures to improve sanitary conditions in taverns in certain areas of the city. This resulted in a series of field instruction sessions with inspectors of the latter board and a start of a system of auxiliary inspections among dealers of alcoholic beverages in the city.

9. Cooperative activities were engaged in with personnel of the armed services through the Quartermaster Corps of the Army and the Disciplinary Board; the former concerned foods purchased by the Army and the latter with possible "out of bounds" establishments.

10. A shipment of cauliflower which contained evidences of endrin, a hazardous insecticide, was condemned and denatured; this led to the sampling and testing of locally grown vegetables suspected of being contaminated with malathion and the beginning of bureau activities to prevent the ingestion of such poisonous chemicals.

11. Stuffed baby ducks imported from Japan were found to contain excessive amounts of arsenic trioxide, a preservative used by taxidermists. Such ducks were removed from sale.

12. A proprietary demulcent was removed from sale because of small traces of a phenolic chemical which was observed in some of the coded bottles.

13. Imported canned bacon normally considered sterile was found infected with enterococci. Similarly, bacon of local origin processed in plastic containers was likewise found infected. These findings warrant further study as to the public health significance of such products.

14. A paper on trichinosis, its incidence and prevention, was prepared by the director and published in the January 1963 issue of the *Maryland State Medical Journal*, and a paper entitled "Are Carbonated Beverages Essential?" was read at a meeting of the State Bottlers' Organization.

Food Plant Inspection

Supervision was maintained over 416 manufacturing and 333 wholesale food establishments. In addition to these duties, the Chief of the Division of Food Plant Inspection was responsible for the preparation of eleven court cases and the review of eighty-five plans submitted by various agencies, architects and contractors for new and remodeled food establishments. The division chief also served as assistant to the director and legal advisor to the bureau; he assigned workloads to the sanitarians and encouraged food plants to participate in the auxiliary inspection program. Participation by the food industry in auxiliary inspection activities resulted in the contribution of approximately \$105,000 worth of services to the Department and represented substantial savings to the city.

Wholesale Food Establishments

Multiple inspections were made of the 333 wholesale food establishments in the city—warehouses, terminals, commission merchants, wholesale markets and similar establishments. During these inspections, it was necessary to condemn 127,846 pounds of food in 16 instances. Twenty-two violation notices were issued and 12 office hearings were held. No court action was necessary among this group of food dealers.

Manufacturing Food Establishments

The 416 food manufacturing plants in the city were visited 763 times, the relative findings during these inspections are given in Table 2. It was necessary to condemn 2,832 pounds of food in 12 instances, hold 29 office hearings and issue 118 violation notices. Bakeries—the largest number of food manufacturing establishments in the city—were kept under strict surveillance and the 714 samples obtained gave indication that these food plants had improved noticeably in their application of sanitary measures when compared with previous years.

Personnel

Ferdinand A. Korff, B.S., Director

Jacque G. Ayde, A.B., LL.B., Chief, Division of Food Plant Inspection

Principal Sanitarians

Charles F. Courtney

James H. Edwards

Benjamin Ginsberg, Ph.G.

John J. Neunan

Elmer L. Rickerds

Robert M. Williar

Sanitarians

Henry H. Caplan, B.A.

Melvin Johnson, B.S.

Bernard J. Lingeman

Abraham Shecter

Etta Levin, Senior Clerk Stenographer

Marie R. Huppman, Senior Clerk Stenographer

Ida Levine, Senior Clerk

TABLE No. 1
INSPECTIONS OF FOOD ESTABLISHMENTS, 1963 AND 1962

INSPECTIONS AND ACTIVITIES	1963	1962
Total inspections—All Establishments.....	12,438	12,290
RETAIL ESTABLISHMENTS		
Inspections.....	8,908	8,532
Initial inspections.....	8,658	4,982
Special inspections.....	2,034	2,502
Reinspections.....	1,216	1,048
Activities		
Violation notices issued.....	556	476
Number of condemnations of food.....	175	180
Hearings within bureau.....	116	92
Samples of food obtained for examination.....	1,726	757
MANUFACTURING ESTABLISHMENTS		
Inspections.....	763	1,039
Activities		
Violation notices issued.....	118	117
Number of condemnations of food.....	12	25
Hearings within bureau.....	29	25
Samples of food obtained for examinations.....	714	756
WHOLESALE ESTABLISHMENTS		
Inspections.....	689	774
Activities		
Violation notices issued.....	22	16
Number of condemnations of food.....	16	10
Hearings within bureau.....	12	8
Samples of food obtained for examination.....	61	52
MARKET STALLS, INSTITUTIONS AND MISCELLANEOUS ESTABLISHMENTS		
Inspections.....	2,128	1,945
Market stalls.....	352	302
Industrial cafeterias.....	214	204
Institutions.....	432	388
Miscellaneous—including vending machines.....	1,130	1,051
Activities		
Violation notices issued.....	61	21
Number of condemnations of food.....	10	22
Hearings within bureau.....	9	3
Samples of food obtained for examination.....	146	170
ALL TYPES OF FOOD ESTABLISHMENTS		
Field tests by inspectors.....	2,223	1,777
Complaints received and investigated.....	719	715
Prosecutions.....	11	10
Corrections.....	6,524	5,415

BUREAU OF FOOD CONTROL

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TABLE No. 2

PERCENTAGE OF FOOD ESTABLISHMENTS ENTIRELY SATISFACTORY DURING INITIAL INSPECTIONS

	1963	1962	1961	1960
RETAIL ESTABLISHMENTS				
Stores.....	56.7	61.2	56.0	53.1
Confectioneries.....	69.9	75.7	67.9	63.2
Restaurants.....	50.9	57.5	51.0	46.3
TOTAL RETAIL ESTABLISHMENTS.....	56.6	62.3	56.2	51.5
MANUFACTURING FOOD ESTABLISHMENTS				
Bakeries.....	34.2	44.4	60.5	49.3
Seafood processing.....	25.0	40.0	44.4	.....
Canning plants.....	60.0	52.6	25.0	38.3
Packaging plants.....	47.1	57.6	60.0	64.3
Bottling plants.....	73.3	73.7	60.4	64.7
Candy plants.....	45.2	64.1	70.0	59.3
Salad and pickling plants.....	46.7	38.5	79.0	60.6
Poultry plants.....	50.0	61.3	59.7	45.6
Extract plants.....	47.1	52.9	81.6	44.1
Commissaries (caterers).....	51.2	36.8	65.9	67.4
Noodle and potato chip plants.....	50.0	50.0	37.5	50.0
Cold storage and ice plants.....	80.0	66.7	70.0	84.6
Frozen foods.....	50.0	63.1	75.0	84.2
Egg breaking plants.....	66.7	83.3	100.0	33.3
TOTAL MANUFACTURING FOOD ESTABLISHMENTS.....	46.4	53.4	64.18	53.1
WHOLESALE AND DISTRIBUTING ESTABLISHMENTS				
Produce (Commission merchants).....	53.7	48.6	64.9	62.1
Terminals.....	65.2	73.0	66.2	50.0
Auctioneers.....	60.0	85.7	90.0	80.0
Trucks (wagons).....	46.7	73.7	71.4	27.3
Wholesale seafood plants.....	54.4	49.1	48.1	26.3
Warehouses (jobbers).....	56.6	60.0	53.9	45.0
Butter and egg plants.....	62.5	77.8	66.7	55.0
Vending machine companies.....	30.0	66.7	86.6	68.4
TOTAL WHOLESALE AND DISTRIBUTING ESTABLISHMENTS	56.3	59.3	61.5	50.9
INSTITUTIONS AND MISCELLANEOUS				
Industrial cafeterias.....	45.4	46.5	46.2	42.0
Institutions.....	47.2	67.7	61.5	62.0
Markets.....	62.1	82.4	69.1	52.3
Vending machines.....	94.0	90.7	92.7	90.5
Miscellaneous.....	94.1	92.4	64.3	75.6
TOTAL INSTITUTIONS AND MISCELLANEOUS.....	67.0	75.7	75.3	69.1
GRAND TOTALS.....	57.6	63.4	59.5	53.9

TABLE No. 3
NUMBER OF GROUPS AND PERSONS GIVEN INSTRUCTIONS 1949-1963

YEAR	NUMBER OF GROUPS	NUMBER OF PERSONS
1959-1963.....	119	5,330
1963.....	27	1,019
1962.....	19	828
1961.....	24	797
1960.....	20	1,443
1959.....	29	1,243
1954-1958.....	163	5,784
1949-1953.....	407	10,252

TABLE No. 4
SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS 1939-1963

YEAR	INVESTIGATIONS		OUTBREAKS ESTABLISHED		
	Number	Persons	Number	Persons Ill	Public Food Establishments Involved
1959-1963.....	107	1,966	12	550	8
1963.....	20	45	0	0	0
1962.....	27	164	2	64	1
1961.....	21	327	3	280	3
1960.....	18	169	5	150	3
1959.....	21	1,261	2	56	1
1954-1958.....	155	2,630	15	1,417	5
1949-1953.....	140	992	28	604	2
1944-1948.....	105	974	21	697	6
1939-1943.....	132	946	24	448	9

TABLE No. 5
MISCELLANEOUS DATA

	1963	1962
Applications—new and remodeling.....	732	723
Plans examined.....	85	92
Board of Liquor License Commissioners.....	430	441
Bureau of Buildings.....	233	202
Carnivals.....	69	74
Utensil Swabbing.....	1,000	563
Percentage less than 100 bacteria, per utensil.....	80.3	80.1
Cost per inspection.....	\$8.88	\$6.85
Legal action necessitated		
No. Instances.....Total.....	11	10
Retail.....	11	8
Others.....	0	2
Amount of fines.....Total.....	\$1,275	\$1,050
Pounds of food condemned.....Total.....	191,531	148,458
Retail.....	60,342	4,822
Others.....	131,189	143,636
Auxiliary inspection		
Establishments in program.....	421	433
Sanitarians.....	125	130
Reports submitted.....	5,244	5,769

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 1963, as in previous years, ante and post-mortem inspection was made on all cattle, sheep, calves, swine and goats in twenty-two 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 fifty-nine meat food products and processing plants by bureau meat inspectors.

During the year, 30,705 visits were made; 199,809 animals were inspected as compared with 220,215 animals in 1962, and 406 whole carcasses were condemned in 1963 as compared with 659 carcasses in 1962. 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-nine cattle reacting to Bang's disease were inspected and permitted to be sold for food. During the year also, 19,042 pounds of diseased or contaminated meat were condemned on reinspection as compared with 48,106 pounds in 1962.

Other noteworthy activities included the following:

1. On May 3 meat grading was withdrawn by the U.S. Department of Agriculture from municipal plants for certain deficiencies. Recommended adjustments were made and on June 18 meat grading was reinstituted.
2. On November 7 the bureau director retained a shipment from out of state of 30,000 pounds of pork because of spoilage. After reinspection, 14,814 pounds were condemned and sent to a rendering plant as unfit for human consumption.
3. Bureau staff members examined 960 dogs for rabies. This activity is conducted in cooperation with the Bureau of Communicable Diseases in connection with dog bites.
4. The Division of Rodent Control cooperated with the Bureau of Meat Inspection in a survey of 13 meat processing plants for the presence of rodents, insects and other insanitary conditions. All plants cooperated in making necessary improvements.

Dr. B. B. Vail, Jr. veterinarian, appointed in February resigned in May. Mr. Henry Lokstein was appointed a meat inspector on April

18 after the death of Mr. Karl Zinnert on April 2; Mr. Zinnert had served for approximately one year. Dr. Charles E. Faulkner veterinarian, was appointed on August 12.

The following table summarizes the routine activities of the bureau during the year.

	NUMBER	INSPECTIONS
Slaughtering, under permit, in city.....	18	2,500
Slaughtering, under permit, in county.....	4	670
Manufacturers, under permit, in city.....	59	22,600
Manufacturers, under permit, in county.....	1	250
Wholesalers, under permit, in city.....	165	3,700
Wholesalers, under permit, in county.....	2	100
Retailers—route truck.....	54	560
Collectors of Animal Offals.....	25	25
Renderers of Animal Substances.....	2	50
Cold Storage Warehouses.....	5	50
Cookers' Licenses.....	64	200
	399	30,705

Personnel

William J. Gallagher, D.V.M., Director
 David R. Berzon, D.V.M., Veterinarian
 Charles E. Faulkner, D.V.M., Veterinarian
 Kostas Kanauka, D.V.M., Veterinarian
 Stasys T. Kelpsa, D.V.M., Veterinarian
 Robert M. Putnam, D.V.M., Veterinarian
 Andreas Rastawiecki, D.V.M., Veterinarian

Sanitarians

Elmer Frederick
 Alois Leiterman
 Henry A. Miller

Charles A. Ray
 Louis P. M. Rider
 Adolph Staub

Chester E. Warminski

Meat Inspectors

Roy J. Dougherty
 Henry E. Lokstein

William C. Long
 John L. Schneider

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).....	5,033,379	328,833
Meat products (smoked).....	8,245,848	827,638
Meat food products (fresh).....	1,611,575	1,042,319
Meat food products (smoked).....	4,261,800	486,405
Meat food products (cooked).....	923,524	381,155
Meat food products (boiled).....	346,665	41,022
Lard.....	597,125	632,825
Lard Compound.....	.....	.....
	21,019,916	3,740,197

TABLE No. 2

POUNDS OF MEAT CONDEMNED ON REINSPECTION

	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
1963.....	19,042	15,423	...	...	...	2,560	1,059
1962.....	17,706	1,592	126	100	...	870	15,018
1961.....	38,890	2,299	3,043	212	367	1,538	31,431
1960.....	33,318	11,348	12,590	263	3,186	4,549	1,382
1959.....	172,480	3,542	7,327	640	208	1,235	159,528
1958.....	69,225	51,003	4,523	112	279	8,908	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	5,608

BUREAU OF ENVIRONMENTAL HYGIENE

George O. Motry, B.E., LL.B.

Director

Emphasis was placed during the year on preventing water turn-offs, expanding area rodent control programs and continuing the special intensive education program on lead paint poisoning prevention started in 1962.

Community Sanitation

Complaint Investigation

The Division of Community Sanitation received 2,786 complaints. Despite the relatively dry year, 24 per cent of the complaints involved water in the cellar or defective drainage. Such cases generally are of little health significance but require considerable investigation time.

Water Supplies

The sanitary quality of the city water was evaluated through the analyses of 1,473 samples collected from consumers' taps. The percentage of 10 ml. portions giving completed tests for coliform organisms was 0.91 as compared to 0.18 for 1962. Bottled waters and public springs were periodically sampled. Railroad watering points were inspected and sanitary supervision of filling of civil defense water containers was provided. A spot check was made of public school drinking fountains and recommendations on fountain maintenance submitted to school officials.

Sewage Disposal and Stream Pollution

Assistance was given the Bureau of Building Inspection in making percolation tests for private sewage disposal systems. Five sewage pumping stations operated by developers were inspected with the Bureau of Sewers.

Warning signs along polluted streams were replaced where necessary. Investigations of complaints of odors in Herring Run were found to be due to malfunctions of sewers near the stream and were corrected by the Bureau of Sewers. Unfortunately, Herring Run

receives almost constant pollution, but reports from the Bureau of Sewers of progress toward elimination of this pollution are encouraging. Complaints of nuisances associated with a stream in the rear of Umbra Street disclosed some industrial pollution which was brought to the attention of the Water Pollution Control Commission.

Housing

On August 5, 1963, **Regulation 20. Water Supply**, was adopted under the Ordinance on the Hygiene of Housing. This regulation makes the owner responsible for continuous water supply to a dwelling, regardless of any agreement between owner and tenant concerning payment of water and sewer charges. Adoption of the regulation was necessitated to clarify a responsibility heretofore assumed to exist, but which the Judge of the Housing Court had held was not established by then existing ordinances and regulations. A leaflet outlining owner responsibility under Regulation 20 was prepared for transmission with the Bureau of Water Supply's notice of impending turn-off. The Health Department is being notified of all turn-offs so that it may establish that the water supply is restored.

Home Safety

The intensive educational program in lead paint poisoning prevention was carried on in 3 census tracts. During 1963 approximately 1,500 home visits were made to 1,100 families having children under the age of 4 years. This program is expected to run through 1964.

Cases of dermatitis in children who had played with a butadiene base modeling toy resulted in a request to the Retail Merchants Association to withdraw the toy from sale.

The Health Department worked closely with the Baltimore Safety Council in its family safety program.

Other Activities

The following activities are also worthy of note:

1. Eleven new swimming pools were brought under Health Department supervision, making a total of 54 pools which are being periodically inspected.
2. Reports were furnished the Bureau of Building Inspection in connection with 106 applications for changes in use of properties.
3. Sanitary investigations were made of foster homes, hospitals, convalescent homes and day nurseries and reports were furnished to the licensing agencies.

Rodent Control

Traps, poisons and predators will always have a role in the control of rodents. However, in order to control such pests their food, water and harborage must be eliminated. While these control measures have always been made clear to the residents of the city through individual and mass communication means, a large percentage of Baltimore's citizens still fail to do their part in maintaining clean and rodent free premises. The city's rat problem will be solved only when all citizens cooperate in these measures and assume this responsibility which is rightfully theirs. During 1963, as in previous years, the Division of Rodent Control emphasized the role that the citizens must play and has continued its attempts to awaken citizen responsibility. It would appear, however, that new approaches involving many governmental and private agencies as well as individuals should be sought. Such a program was submitted to the Mayor in 1963.

Environmental Control

The Division of Rodent Control continued its sanitary block program on a house-to-house basis in 44 rat-infested blocks. In 32 of these blocks, Buildings Inspectors, assigned to the division on a temporary basis, carried out rodent control procedures in the John Eager Howard Community Council Area. In 12 other blocks, the Division of Rodent Control inspected 1,740 premises containing 6,195 dwelling units. Investigations were made to determine the location, cause and extent of the infestation. Notices were sent to owners and occupants to eliminate rats, correct sanitary violations and accomplish rodent-proofing measures. By the end of the year, 716 properties containing 2,148 dwelling units were improved. Since the inauguration of this type of environmental control program, 8,866 dwelling units in 5,338 premises have been improved.

Environmental control procedures were employed in the handling of 3,780 complaints. These complaints resulted in the inspection of 7,811 properties and the correction of 6,007 deficiencies.

Inspection of 13 meat processing plants disclosed the presence of rodents, insects or insanitary conditions in all of the plants. Notices were sent to the operators to make the necessary sanitary improvements in their plants and, within two months, all plants had satisfactorily accomplished the sanitary improvements.

The continuing surveys of grain elevators and city and privately owned dumps were carried out. Other locations where rodent surveys were made included city parks, a wholesale produce market and a large high school.

Rat Bites

Early in 1963 the hospitals were reminded of the service they could render in reporting rat bites to the division, subsequently it was felt that the reporting had improved. Ninety-three rat bites were reported during the year, an increase of 11 over 1962. The ages of persons bitten varied from an infant of two months to a woman 72 years of age. Every reported rat bite was investigated promptly and steps were taken to eliminate the rat infestation before other persons could be bitten. Twelve mouse bites and two hamster bites from laboratory animals or pets were also reported.

Urban Renewal and Conservation Areas

In response to requests for advice or help in eliminating rodents, surveys were conducted, rodent baits placed and burrows gassed in the following number of square blocks in Urban Renewal and Conservation areas:

Harlem Park Area	15 square blocks
Madison Park South Area	16 square blocks
Camden Industrial Park Area	7 square blocks
Charles Center Area	5 square blocks
Shot Tower Industrial Park Area	3 square blocks
University of Maryland Project	8 square blocks
John Eager Howard Conservation Area	32 square blocks
Steuart Hill Conservation Area	7 square blocks
Total	93 square blocks

Education

Approximately 8,500 "Fight the Rat" pamphlets were distributed to the public. Letters were sent to all clergymen in the city requesting their assistance in acquainting their congregations with the necessity for citizen cooperation in rodent control. Films and lectures were presented to civic and church groups in which information on rat habits and control methods were given and an effort was made to stimulate the individual citizen to accept responsibility for his part in the community program. The division chief

and staff members participated in a number of television and radio programs, and educational articles concerning the division's work appeared in the local press. Members of the division cooperated with the Bureau of Health Information in the preparation of handbills for the John Eager Howard Community Council project, a float for the "Big-Sweep" Clean-up Campaign and an exhibit at the Harlem Park Health Fair.

Personnel

George O. Motry, B. E., LL.B., Director
Elbert H. Cohen, B.A., LL.B., Chief, Division of Community Sanitation
John A. Childs, Chief, Division of Rodent Control

Principal Sanitarians

John F. Block, Ph.G.	Harold J. Lieber, B.A., M.A.
Glen L. DeBeal	Albert Paul Manner
William H. Hunter, LL.B.	Edward H. Vail, B.S., M.A.

Senior Sanitarians

Sidney L. Berlin	T. Evans Fernandis, Jr., A.B.
Philip A. Berman, A.A.	John T. Gaskins, Jr., B.S.
Albert J. Blankman, B.S.	Robert J. Hicks, B.S.
Glenn M. Bosley, B.S.	Frank A. Hornig
Charles A. Carroll	Frank L. Logan

Sanitarians

Theodore H. Brooks, Jr., B.S.	John O. Long
Robert A. Lewis	Herman Roskes, B.S.
James R. Woodford, B.S.	

Dorothy C. Parks, Principal Clerk
Joanne C. Zittle, Senior Clerk Stenographer
June S. Finck, Senior Clerk Stenographer
Jay D. Davis, Senior Clerk
Elizabeth A. Lewis, Clerk Stenographer
Betty L. Robbins, Clerk Stenographer
Carol Harr, Clerk Typist
John W. Biden, Laborer-Chauffeur
Wilburt Meachem, Laborer-Chauffeur

TABLE No. 1A

DIVISION OF COMMUNITY SANITATION: COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

TYPE OF CONDITION	COMPLAINTS RECEIVED		PATROL AND SPECIAL INVESTIGATIONS MADE	
	1963	1962	1963	1962
TOTAL.....	2,786	2,730	3,940	3,956
Complaints				
Building defects.....	380	413	....	....
Choked sewers.....	8	11	....	....
Defective drainage.....	132	109	....	....
Defective heating equipment.....	52	74	....	....
Defective plumbing.....	236	187	....	....
Defective toilet facilities.....	73	82	....	....
Fowl and other animals.....	6	1	....	....
Grass and weeds.....	254	327	....	....
Insanitary conditions.....	637	654	....	....
Insects.....	212	154	....	....
Lead paint.....	66	51	....*	....
Miscellaneous.....	162	179	1	....
Privies and cesspools.....	9	8	....	1
Rats.....	20	12	....	....
Water in cellar.....	539	468	....	....
Special Investigations				
Barber shops.....	....	....	....	23
Building applications.....	....	....	106	105
Child care institutions.....	....	....	131	119
Color tests.....	....	....	427	374
Foster homes.....	....	....	357	439
Hospitals and convalescent homes.....	....	....	71	68
Psittacine bird investigations.....	....	....	44	45
Schools.....	....	....	7	6
Stream pollution.....	....	....	95	111
Supervisory inspections.....	....	....	742	796
Swimming pools.....	....	....	353	304
Watering points—carriers.....	....	....	3	2
Water supply sampling.....	....	....	1,603	1,563

* 1,500 educational visits not included in this table.

TABLE No. 1B
DIVISION OF COMMUNITY SANITATION: SUMMARY OF INVESTIGATIONS

TYPE OF INVESTIGATION	1963	1962
TOTAL.....	9,157	8,691
Complaint.....	2,452	1,760
Patrol and special.....	2,720	3,089
Reinspection.....	3,985	3,842

TABLE No. 1C
DIVISION OF COMMUNITY SANITATION: COMPLAINT HANDLING

ACTION TAKEN	1963	1962
Handled by sanitarians.....	2,786	2,730
Referred direct to other bureaus or departments.....	276	237
Investigated and referred to other bureaus or departments.....	189	174
Notices to abate nuisances.....	967	1,200
Hearings for failure to comply with notices.....	...	2
Summonses for failure to comply with notices.....	13	13
DISPOSITION		
TOTAL.....	2,680	2,926
Abatement by sanitarian.....	1,424	1,507
Cancelled (withdrawn or corrected before inspection).....	521	541
Closed without action.....	7	183
Conditions of no health significance.....	538	522
Investigated and referred to other bureaus or departments.....	190	174

TABLE No. 2
RODENT CONTROL ACTIVITIES

RESIDENTIAL BLOCK PROGRAM		1963	1962
Number of blocks inspected.....	44	1	
Number of blocks completed.....	44	2	
Number of blocks pending.....	1	1	
Total properties inspected.....	1,740	32	
Dwelling units inspected.....	6,195	39	
Properties improved.....	716	5	
Dwelling units improved.....	2,148	33	
Properties requiring no corrections.....	1,024	2	
Dwelling units requiring no corrections.....	4,047	6	
Properties pending corrections.....	...	25	
TYPE OF INVESTIGATION			
TOTAL.....		9,700	8,712
Initial:	Complaints.....	2,645	2,785
	Program areas.....	1,740	25
Reinspections:	Complaints.....	4,003	5,886
	Program areas.....	1,312	16
COMPLAINT HANDLING			
Complaints received.....	2,645	2,785	
Complaints abated by sanitarians.....	2,657	2,806	
Complaints pending.....	16	21	
Premises inspected on complaint.....	3,780	4,141	
Disposition:	Abated by sanitarian.....	2,657	2,806
	Referred to other divisions or bureaus.....	45	48
	Cancelled (corrected prior to investigation).....	61	98
	No nuisance.....	388	398
Premises pending correction.....	71	104	
DEFICIENCIES CORRECTED BY RODENT CONTROL ACTIVITIES			
Program areas.....	6,334	6,298	
Complaints.....	327	110	
	6,007	6,188	
ENFORCEMENT PROCEDURES			
Notices to abate nuisance.....	1,478	1,248	
Hand notices issued in field.....	496	121	
Verbal recommendations.....	534	470	
Final notices for failure to comply.....	160	95	
Summonses for failure to comply.....	...	13	

BUREAU OF INDUSTRIAL HYGIENE

Elkins W. Dahle, Jr., B.S.

Director

Radiation activities played an important part during 1963 with several major events. Most outstanding was the demolition of The Kelly Radium Therapy Clinic. This clinic, which was one of the early users of radium and at one time had the largest private supply of radium in the world, was disbanded in 1952. Through the cooperation of the Baltimore Urban Renewal and Housing Agency and following the recommendations of the Atomic Energy Commission, specifications were drawn to handle the demolition work. Continuous air samples were taken along with wipe samples in the area and monitored for radioactivity. Daily checks of the clothing and equipment used by the contractor's personnel were also made. Supervision was also maintained at the sanitary landfill on Reedbird Avenue where the contaminated material was buried in a previously excavated pit. At no time during any of the monitoring was any contamination or radiation exposure detected.

A joint survey of the medical X-ray units used by physicians in the City was made with the cooperation of the Maryland State Health Department and the U. S. Public Health Service. The study had the endorsement and approval of the Baltimore City Medical Society. Two teams consisting of one person from each agency surveyed 202 X-ray units and compared the findings with the recommendations of the National Bureau of Standards Handbook 76 on Medical X-ray Protection.

Industrial Hygiene Investigations

Detailed surveys were conducted in 74 plants employing 5,059 workers as a follow-up on building plans. Routine inspections resulted in 544 improvements affecting 11,019 workers. Sixty-three industrial studies were made of 15 different potentially harmful conditions.

Industrial Exposures

The following investigations of industrial exposures were particularly noteworthy:

1. Extensive tests were conducted at a sewage disposal plant as a result of strong petroleum odors permeating the building and causing an irritation to the eyes of the workers. The investigation disclosed a broken vent pipe at an

underground gasoline storage tank located near the plant. Further work revealed the seepage of gasoline caused by a leaking feed line originating from the loading dock area of a nearby petroleum company.

2. An investigation was requested to evaluate the hazard from a stolen automobile containing several bags of uranium ore. Tests with survey and laboratory instruments showed very little radioactivity from the ore.

3. Welders were exposed to carbon monoxide generated by two gasoline powered motors servicing air compressors. An exhaust line extended from the discharge stack of the unit to the outside of the building abated the condition.

4. Investigations showed the presence of combustible gas at a wholesale produce market to be nil. The market was built on a former sanitary landfill.

5. A carbon monoxide study was conducted in the baggage handling area of a large airport. Atmospheric tests indicated that there was no hazardous exposure to personnel working in the area.

6. As part of the radiation control program, investigations were made of 30 radioisotope users. No excessive exposures were found.

Domestic Exposures

For the year there was a total of 42 cases of lead paint poisoning in children, three of which were fatal. Altogether 999 visits were made to the homes of parents whose children were poisoned or had the habit of pica. There were seven hearings conducted as the result of property owners' failure to remove satisfactorily lead paint from their properties and nine hearings were conducted for parents who did not adequately supervise their children. One landlord was summoned to court before accessible lead paint was removed satisfactorily from the interior of his property.

Air Pollution & Smoke Control

In accordance with the requirements of the Air Pollution Control Ordinance, eleven applications for an Air Pollution Control Survey were filed by industry. The actions taken were as follows:

1. Approval was given to a cement company for storage and handling facilities for its product.

2. A fish-oil processing company was given approval to install additional processing equipment.

3. Approval was given to a company to process oyster shells upon the installation of control equipment.

4. A trash collecting company was given approval to mix fly ash with landfill refuse when it was shown that dust emission was not a problem.

5. Final approval of a process involving the drying of copperas was withheld until all control equipment is installed.

6. An oil company's application was approved after review of the process flow diagram.

7. An exterminating company was given approval for dry mixing of insecticides.

8. A printing company received approval to install a dust collection system in a new addition.

9. An office equipment company was given approval to install a paint spray booth.

10. & 11. Two chemical companies were granted approvals to proceed with the installation of equipment needed to carry out new product processing.

The Department of Education and the Bureau of Purchasing were informed that coal being supplied to several public schools was not meeting coal contract specifications. As a result of this notification, more frequent coal samples are to be taken and offenders penalized.

Foliage damage in the eastern part of the city was experienced again. The affected area was not as widespread as in the past years. Investigation of manufacturing establishments in the area showed that operations were normal. Samples of the foliage were submitted to the U. S. Public Health Service Laboratories for an analysis.

A refractory manufacturing plant was requested to institute a study of its stack emissions in order to determine what control measures can be adopted to eliminate obnoxious odors.

The open burning of dump material has been the cause of many complaints being registered with this office. In one instance, violations became so frequent that the operator was given notice to discontinue open burning and to provide at least two feet of clean earth cover on all smouldering fires.

The reclaiming operation for brass in out-dated ammunition resulted in a continuous explosion of the primer caps. The noise created a justified nuisance to the residents in the area. A notice was issued to the scrap metal company to discontinue the cartridge melting operation.

The scow loading operation of a coal handling railroad was accomplished by the free fall of very fine hard coal for an approximate distance of 100 feet. Winds resulted in the deposition of fine coal over a large area. The operation was stopped until chutes and water sprays were provided to eliminate the nuisance.

Atmospheric Monitoring Program

A continuous 24 hour monitoring program for the measurement of sulfur dioxide concentrations present in the atmosphere was carried out at three locations: two in industrial areas and the third in a residential area.

The curves of Figures 1, 2 and 3 were computed on the same basis as the curves for previous years. The maximum instantaneous values were from nil parts per million (ppm) to 1.35 for Station A, to 1.26 ppm for Station B and to 1.8 ppm for Station C. Continued investigation as to sources of high peaks of sulfur dioxide concentrations recorded disclosed that malfunctioned equipment or the shutting down and starting up of operations were responsible.

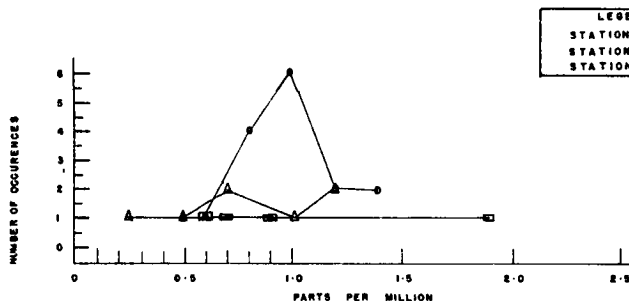


FIGURE 1. FREQUENCY OF OCCURRENCE OF RECORDED CONCENTRATIONS OF SULPHUR DIOXIDE.

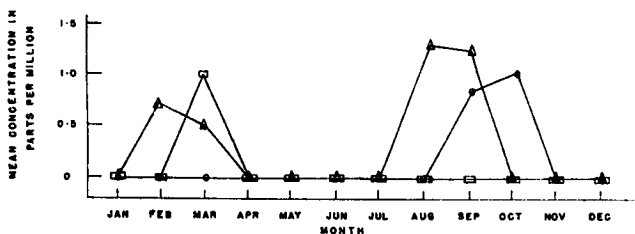


FIGURE 2. MONTHLY MEAN RECORDED CONCENTRATIONS OF SULPHUR DIOXIDE

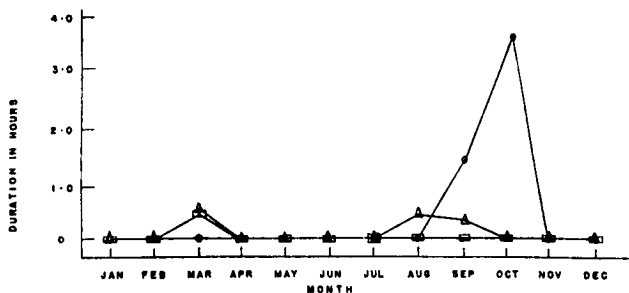


FIGURE 3. MONTHLY RECORDED DURATION IN HOURS OF MEASURABLE SULPHUR DIOXIDE CONCENTRATIONS.

Figures 1, 2, and 3. Sulfur dioxide monitoring by titrlogs during 1963.

Concentration of 'Total Oxidants' was measured at two locations. The major portion of the sampling was carried out at Station D in the downtown area, with Station A being the other sampling site. The monthly average concentrations are shown in Figure 4. The maximum concentration of 0.39 ppm was recorded in June when a heavy weather inversion covered the Middle Atlantic States.

A free dustfall program was started in March. The data for this program are obtained by placing glass dustfall jars at various locations within the city for a period of 30 days. At the expiration of that time, they are replaced with clean jars. The exposed jars are then analyzed for total free dust accumulated. Figure 5 indicates the average monthly weight of the samples obtained from the 22 sampling sites.

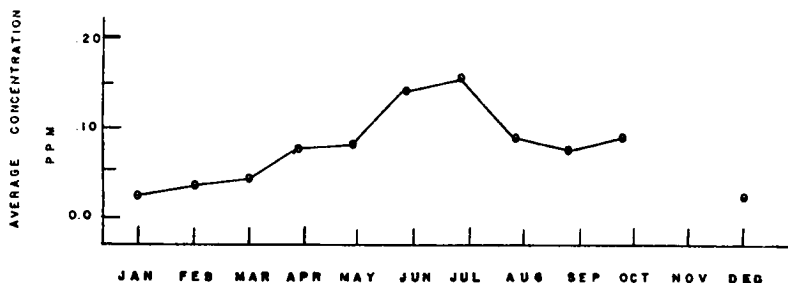


Figure 4. Total oxidants measured.

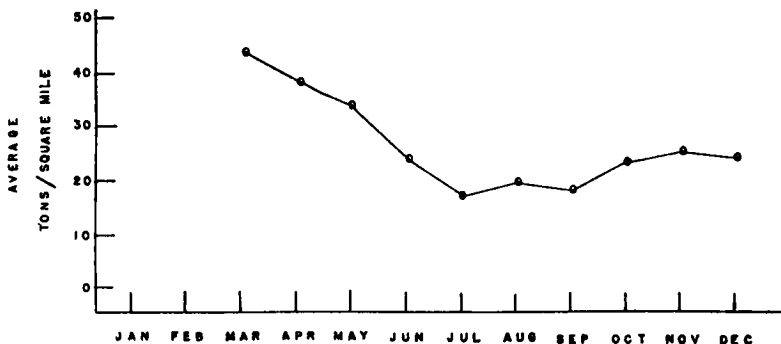


Figure 5. Free dustfall measured.

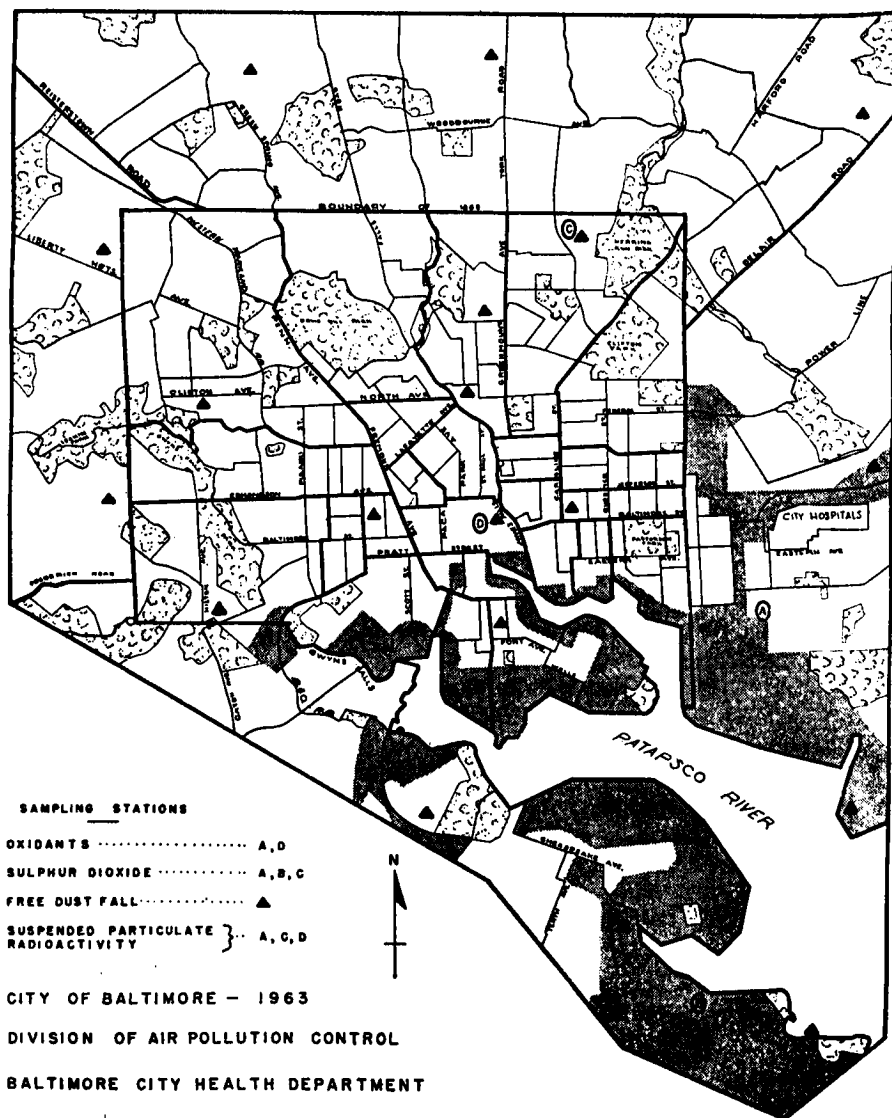


Figure 6. 1963 Sampling Stations.

The map of Figure 6 indicates the approximate locations of the dustfall jars, as well as the air sampling stations.

The sampling program for the oxides of nitrogen was started in September; however, the number of samples taken was insufficient for reporting purposes.

Air sampling, using the high volume air samplers, was continued daily at the industrial, residential, and commercial sites. The results of this program are tabulated below.

RADIATION LEVELS, DUST LOADING AND pH READINGS

		STATION A INDUSTRIAL	STATION C RESIDENTIAL	STATION D COMMERCIAL
Beta (picocuries/m ³)	maximum.....	35	24	23
	minimum.....	0.1	0.3	0.2
	average.....	3.3	2.6	2.3
Dust loading (micrograms/m ³)	maximum.....	1000	350	580
	minimum.....	52	25	52
	average.....	311	102	163
pH	maximum.....	7.6	7.4	6.9
	minimum.....	4.2	4.1	4.1
	average.....	5.7	5.2	5.4
NUMBER OF SAMPLES.....		224	176	227

The high dust loadings obtained at the industrial site are due to the temporary use of an adjacent unpaved area by a trucking agency as a terminal.

The bureau again participated in the National Air Sampling Network of the U. S. Public Health Service by obtaining web samples and gas bubbler samples for analyses.

The tabulated results for the sampling period are as follows:

NATIONAL AIR SAMPLING NETWORK RESULTS: 1963

	SUSPENDED* PARTICULATES	ORGANIC*	BETA* RADIOACTIVITY	SO ₂ †	NO _x †
	Micrograms per cubic meter	Micrograms per cubic meter	Picocuries per cubic meter	ppm	ppm
Minimum.....	43	3.5	0.2	0.00	0.04
Maximum.....	292	24.8	15.6	0.09	0.10
Average.....	134.7	10.24	6.0	0.036	0.062

* Based on 24 samples.

† Based on 28 samples.

During the year 337 complaints of atmospheric pollution were received and investigated.

In addition to the investigations of complaints, the staff members observed 580 violations in the field.

SMOKE VIOLATIONS OBSERVED

Apartments	8	Residential	5
Commercial	68	Schools	98
Industrial	175	Ships	3
Institutions-Hospitals	42	Open burning	181
		Total	580

Staff members observed 9,608 smoke stacks and 906 open-fire operations resulting in the issuance of 27 notices to smoke offenders.

As a means of preventing industrial exposures or air pollution emissions, 649 building plans were examined for proper control equipment. There were 979 applications filed for new combustion equipment installations; this resulted in a fee collection of \$8,218.

Staff members presented talks to various groups. The director participated in the Seminar on Administrative Practices in Occupational Health at the request of the U. S. Public Health Service.

The work of the bureau was greatly expedited by the generous assistance of Dr. R. R. Sayers, Senior Medical Supervisor for Occupational Diseases. His wise counselling will be missed since his resignation at the end of the year. Mr. Albert Grossman, one of the first members of the Bureau of Industrial Hygiene during its formation, retired after forty-one and a half years of service.

Personnel

Elkins W. Dahle, Jr., B.S., Director
 David T. Lewis, B.S., Chief, Division of Industrial Hygiene Investigations
 C. Edward Sachs, Senior Public Health Engineer, Division of Air Pollution and Smoke Control
 William M. Stump, Public Health Engineer
 Winston J. Miller, B.S., Principal Sanitarian
 William M. Duvall, B.S., Senior Sanitarian
 Richard W. Kulis, Senior Sanitarian
 James R. Maxwell, Senior Sanitarian
 Louis B. Pieper, B.A., Senior Sanitarian
 Ralph J. Pfannenstiel, B.S., Sanitarian I
 Elmer R. Ritz, B.S., Sanitarian I
 Joseph W. Nagle, Senior Smoke Control Inspector
 Mary Lanahan, R.N., Public Health Nurse
 Bessie E. Nelson, Principal Clerk-Stenographer
 Mary A. Crafton, Senior Clerk-Stenographer
 Carol D. Blake, Senior Clerk-Stenographer

TABLE No. 1
STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES—1963

PLANT ACTIVITIES	
Total number of different plants serviced.....	1,057
Total number of workers in plants serviced.....	72,147
Total number of plant visits made.....	1,671
SOURCE OF SERVICES	
Self-initiated.....	805
Requests from management, labor, public, etc.....	253
TOTAL.....	1,058
GENERAL TYPE OF SERVICE GIVEN	NUMBER OF SERVICES
Plant surveys.....	74
Technical studies of hazards.....	63
Reinspections and routine.....	501
Consultations.....	26
Atmospheric pollution investigations.....	521
Other nuisance complaints investigated.....	113
Follow-up on building applications.....	448
Special activities.....	25
TOTAL.....	1,771
RECOMMENDATIONS CARRIED OUT	
Number of recommendations.....	44
Number of plants involved.....	19
Number of workers affected.....	780
VOLUNTARY IMPROVEMENTS MADE IN PLANTS	
Number of improvements.....	500
Number of plants.....	176
Number of workers affected.....	10,239
SPECIFIC SERVICES	
Number of laboratory analyses and examinations.....	2,954
Field determinations of atmospheric contaminants.....	476
Field determinations of physical conditions.....	213
Examination of plans for control equipment.....	827
Occupational disease cases reported.....	94
Occupational diseases investigated.....	8

TABLE No. 2
DETAILED STUDIES MADE—1963

INDUSTRY	Number of Studies	DUSTS			GASES			VAPORS				OTHERS			
		Dust Count	Lead	Parathion	Carbon Monoxide	Methane	Sulfur Dioxide	Benzol and Analogs	Chlorinated Hydrocarbons	Mercury	Petroleum	Lighting	Noise	Radiation	Ventilation
All Industries Studied....	63	2	4	1	18	2	1	1	8	2	2	2	5	4	11
Automotive.....	10	..	..	..	8	..	..	..	..	..	..	..	..	1	1
Chemical.....	6	1	..	1	1	..	..	1	..	..	..	..	..	..	1
Dry cleaning and laundry.....	8	..	..	..	1	..	..	..	5	..	..	..	1	..	1
Hospitals and clinics.....	4	..	..	..	..	..	1	..	..	1	..	..	..	2	..
Metal goods.....	10	1	3	..	3	..	..	..	1	..	..	..	..	1	1
Office.....	4	..	..	..	1	..	..	..	..	..	..	1	..	..	2
Printing.....	6	..	1	..	1	..	..	..	1	..	..	..	..	..	3
Public market.....	3	..	..	..	1	2	..	..	..	1	..	..	..	..	..
Others.....	13	..	..	..	2	..	..	..	1	1	2	1	4	..	2

TABLE No. 3
INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED—1963

PROPOSED USE OF BUILDING	APPLICATIONS AND PLANS					SPECIAL RECOMMENDATIONS						
	Number Reviewed	Disapproved	Approved		Abandoned	Ventilation			Sanitation		Other	Consultations
			Without Recommendations	With Recommendations		Mechanical		Natural	Industrial Waste Disposal	Personal Services Conveniences		
						Local	General					
All Types.....	827	4	19	801	3	25	26	..	18	1	20	827
Automotive repair.....	20	1	..	18	1	7	14	..	..	..	2	20
Automotive service.....	11	2	..	9	..	1	..	..	1	..	1	11
Chemical.....	13	..	..	13	..	1	3	..	2	..	1	13
Clothing.....	3	..	..	2	1	..	..	..	..	..	..	3
Combustion equipment.....	649	..	..	649	..	..	..	..	..	..	..	649
Dry cleaning and laundry.....	14	..	..	14	..	6	7	..	10	..	8	14
Furniture.....	9	1	..	8	..	6	..	..	..	..	3	9
Hospitals and clinics.....	3	..	..	3	..	..	..	..	..	..	..	3
Machine shop.....	6	..	..	5	..	..	..	..	..	..	..	6
Metal goods.....	11	..	..	11	..	3	..	..	..	..	..	11
Office and storage.....	9	..	..	9	..	..	..	..	..	..	..	9
Paint.....	3	..	..	3	..	..	..	..	..	..	..	3
Printing.....	3	..	..	3	..	..	1	..	..	..	..	3
Truck terminal.....	4	..	..	4	..	..	1	..	..	..	2	4
Warehouse and storage.....	52	..	17	34	1	..	1	..	3	..	2	52
Others—less than 3 of 1 type.....	18	..	2	16	..	1	..	..	2	1	1	18

TABLE No. 4
OCCUPATIONAL DISEASES REPORTED—1963

DISEASE	CASES
TOTAL	94
Asbestosis	1
Bursitis	1
Chrome carcinoma	5
Chrome ulceration	3
Crookets	1
Ganglion	3
Infected abrasion	4
Inflamed respiratory tract	4
Lead poisoning	1
Noise—impaired hearing	1
Peripheral neuritis	1
Swelling and pain	3
Tenosynovitis	13
Trichloroethylene exposure	1
Dermatitis	52

TABLE No. 5
NON-FATAL AND FATAL CASES OF LEAD POISONING IN CHILDREN FROM INGESTION*—1931-1963

YEAR	CASES			DEATHS		
	Total	White	Colored	Total	White	Colored
TOTAL	987	190	797	133	45	88
1963	42	7	35	3	0	3
1962	44	3	41	1	0	1
1961	48	4	44	1	0	1
1960	53	9	44	4	1	3
1959	66	2	64	2	1	1
1958-31	734	165	569	122	43	79

* 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.
1957—2 non-fatal cases in children.

TABLE No. 6
ILLUMINATING GAS POISONING CASES—1958-1963

YEAR	TOTAL CASES	SUICIDES AND ATTEMPTED SUICIDES	ACCIDENTS FROM INCOMPLETE COMBUSTION OF GASES		DEFECTIVE APPLIANCES CAUSING ACCIDENTS
			Non-fatal	Fatal	
1963	28	4	24	0	6
1962	26	4	20	2	7
1961	9	4	4	1	2
1960	35	6	26	3	7
1959	24	12	12	..	3
1958	21	8	13	..	5

TABLE No. 7
RADIOISOTOPE INVESTIGATIONS—1958-1963

YEAR	NUMBER OF USERS	NUMBER OF DIFFERENT ISOTOPES	SHIPMENTS OF ISOTOPES (MILLICURIES)			
			Less than 1 mc	1-30 mc	More than 30 mc	Total
1963.....	30	22	3	55	26	84
1962.....	29	47	22	89	32	143
1961.....	38	24	2	67	33	102
1960.....	70	44	27	191	58	276
1959.....	56	51	15	191	43	249
1958.....	45	30	9	91	40	140

TABLE No. 8
AIR POLLUTION INVESTIGATIONS—1963

NATURE OF COMPLAINTS	NUMBER OF COMPLAINTS	NUMBER OF CONDITIONS	DISPOSITION OF CONDITIONS		
			Corrected	Cancelled	Pending
TOTAL.....	521	418	352	24	42
Dusts					
Inorganic.....	25	21	17	2	2
Organic.....	59	6	4	1	1
Fumes					
Metallic.....	3	2	..	..	2
Gases					
Acid.....	10	6	1	3	2
Ammonia.....	3	2	1	1	..
Nitrogen dioxide.....	1	1	1	..	..
Smoke and Fly Ash.....	337	337	310	..	27
Vapors					
Chemical.....	9	9	4	3	2
Gasoline.....	7	5	5	..	..
Mercaptan.....	17	1	..	..	1
Paint, varnish, lacquer.....	13	7	3	3	1
Solvent.....	20	9	3	4	2
Tar.....	5	1	..	..	1
Other.....	12	11	3	7	1

TABLE No. 9
SMOKE CONTROL INVESTIGATIONS—1963

TOTAL.....	337
Apartments.....	42
Cleaners and Dyers.....	8
Colleges.....	1
Cooperages.....	6
Dairies.....	3
Dwellings.....	29
Dumps.....	15
Factories.....	33
Foundries.....	6
Garages.....	4
Hospitals.....	29
Hotels.....	2
Incinerators.....	1
Institutions.....	4
Junk yards.....	6
Laundries.....	9
Office buildings.....	7
Open lots.....	56
Power houses.....	6
Railroads.....	1
Restaurants.....	3
Schools.....	34
Ships.....	3
Stores.....	12
Undetermined source.....	17

TABLE No. 10
SUMMARY OF COMPLAINTS—1963

NATURE OF COMPLAINT	NUMBER	PER CENT
TOTAL.....	634	100.0
Atmospheric pollution.....	521	82.2
Carbon monoxide.....	12	1.9
Industrial waste.....	8	1.2
Insufficient heat.....	4	.7
Lighting.....	1	.2
Noise.....	37	5.8
Sanitary facilities.....	19	3.0
Sanitation.....	22	3.4
Ventilation.....	10	1.6

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TABLE No. 1

ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION
BY COLOR, BALTIMORE, MARYLAND—1950-1963

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
1963	924,000	570,000	354,000	22,091	11,200	10,891	23.9	19.6	30.8	12,025	8,154	3,871	13.0	14.3	10.9
1962	932,000	585,000	347,000	22,252	11,309	10,943	23.9	19.3	31.5	11,338	7,775	3,563	12.2	13.3	10.3
1961	937,000	599,000	338,000	23,153	11,942	11,211	24.7	19.9	33.2	11,162	7,709	3,453	11.9	12.9	10.2
1960	939,000	610,000	329,000	23,262	11,998	11,264	24.8	19.7	34.2	11,483	8,020	3,463	12.2	13.1	10.5
1959	950,000	628,000	322,000	23,893	12,577	11,316	25.2	20.0	35.1	11,225	7,928	3,297	11.8	12.6	10.2
1958	959,000	647,000	312,000	24,464	13,380	11,084	25.5	20.7	35.5	11,446	8,069	3,377	11.9	12.5	10.8
1957	966,000	665,000	301,000	25,067	14,305	10,762	25.9	21.5	35.8	11,464	8,259	3,205	11.9	12.4	10.6
1956	964,000	676,000	288,000	23,782	14,032	9,750	24.7	20.8	33.9	11,131	8,121	3,010	11.5	12.0	10.5
1955	957,000	685,000	272,000	23,291	14,366	8,925	24.3	21.0	32.8	10,781	7,967	2,814	11.3	11.6	10.3
1954	957,000	695,000	262,000	23,523	14,949	8,574	24.6	21.5	32.7	10,242	7,506	2,736	10.7	10.8	10.4
1953	957,000	706,000	251,000	22,748	14,628	8,120	23.8	20.7	32.4	10,762	8,044	2,718	11.2	11.4	10.8
1952	958,000	715,000	243,000	22,775	14,989	7,786	23.8	21.0	32.0	11,237	8,280	2,957	11.7	11.6	12.2
1951	952,000	718,000	234,000	22,630	14,938	7,692	23.8	20.8	32.9	10,885	7,966	2,899	11.4	11.1	12.3
1950	950,000	722,000	228,000	21,382	14,168	7,214	22.5	19.6	31.6	10,624	7,835	2,789	11.2	11.2	12.2

* 1951-59 population re-adjusted to 1960 U. S. Census.

TABLE No. 2

RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR
BALTIMORE—1950-1963

YEAR	NUMBER			RATE		
	Total	White	Colored	Total	White	Colored
1963.....	9,296	5,948	3,348	10.1	10.4	9.5
1962.....	9,291	5,914	3,377	10.0	10.1	9.7
1961.....	9,261	5,881	3,380	9.9	9.8	10.0
1960.....	9,390	5,906	3,484	10.0	9.7	10.6
1959.....	9,595	6,047	3,548	10.2	9.7	11.1
1958.....	9,333	6,047	3,286	9.9	9.6	10.7
1957.....	10,635	7,075	3,560	11.3	11.0	11.9
1956.....	11,285	7,590	3,695	12.0	11.6	12.8
1955.....	10,833	7,504	3,329	11.5	11.3	12.0
1954.....	10,707	7,553	3,154	11.3	11.1	11.8
1953.....	11,824	8,259	3,565	12.5	12.0	13.8
1952.....	12,206	8,636	3,570	12.9	12.3	14.4
1951.....	12,851	9,108	3,743	13.5	12.8	15.8
1950.....	13,075	9,618	3,457	13.8	13.3	15.2

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TABLE No. 3
RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1963

PLACE OF BIRTH AND ATTENDANCE	RECORDED						RESIDENT					
	LIVE BIRTHS			FETAL DEATHS (STILLBIRTHS)			LIVE BIRTHS			FETAL DEATHS (STILLBIRTHS)		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Grand Total.....	36,273	24,421	11,852	553	301	252	22,091	11,200	10,891	396	150	246
Hospital.....	35,939	24,347	11,592	553	296	257	21,763	11,135	10,628	384	145	239
Baltimore City Hospitals.....	3,896	2,458	1,438	78	11	67	3,702	3,360	3,342	76	10	66
Bon Secours Hospital.....	2,180	2,149	31	20	20	..	1,031	1,003	28	7	7	..
Church Home and Hospital.....	1,050	961	89	11	11	..	489	406	83	4	4	..
Franklin Square Hospital.....	1,180	391	789	28	8	20	1,040	293	767	25	5	20
Hospital for Women of Maryland.....	2,741	2,721	20	26	26	..	1,244	1,230	14	10	10	..
Johns Hopkins Hospital.....	3,057	1,538	1,519	69	26	43	1,898	722	1,176	47	11	36
Lutheran Hospital of Maryland.....	1,938	1,395	543	38	23	15	932	438	494	25	10	15
Maryland General Hospital.....	2,159	2,141	18	20	20	..	952	939	13	7	7	..
Mercy Hospital.....	2,225	2,198	27	26	23	3	1,159	1,134	25	15	12	3
North Charles General Hospital.....	611	605	6	10	10	..	353	353	4	5	5	..
Provident Hospital.....	1,847	1	1,846	38	..	38	1,676	1	1,675	38	..	36
St. Agnes Hospital.....	2,472	2,457	15	31	30	1	1,671	663	8	11	10	1
St. Joseph's Hospital.....	1,120	1,080	40	24	20	4	568	533	35	14	10	4
Sinai Hospital.....	4,415	3,156	1,259	49	29	20	2,543	1,365	1,178	37	18	19
South Baltimore General.....	606	596	10	9	9	..	387	360	7	6	6	..
Union Memorial Hospital.....	1,667	1,643	24	18	18	..	864	826	20	11	11	..
University Hospital.....	2,774	857	1,917	88	12	46	2,013	347	1,666	43	7	36
Out of city hospitals.....	1	..	1	..	..	..	1	142	92	5	2	3
U. S. Public Health Service Hospital.....	..	..	..	..	..	..	..	..	1	..	..	..
Home.....	334	74	260	12	5	7	328	65	263	12	5	7
Physician.....	117	41	76	8	3	5	119	41	78	8	3	5
Midwife.....	51	4	47	..	..	..	53	4	49	..	..	..
Other.....	166	29	137	4	2	2	156	20	136	4	2	2

TABLE No. 4
MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1950-1963

YEAR	MATERNAL DEATHS			FETAL DEATHS*			INFANT DEATHS					
	Total	White	Colored	Total	White	Colored	UNDER ONE YEAR			UNDER 28 DAYS		
							Total	White	Colored	Total	White	Colored
NUMBER OF DEATHS												
1953.....	7	2	5	396	150	246	678	264	414	504	190	314
1954.....	12	4	8	372	146	227	732	286	446	556	233	323
1955.....	12	3	9	433	176	257	741	297	444	560	224	336
1956.....	12	1	11	428	187	241	757	292	465	555	227	328
1957.....	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
1959.....	11	11	4	408	179	229	868	355	513	661	275	388
1960.....	10	4	6	406	215	191	723	340	383	525	246	265
1961.....	12	3	9	354	195	159	751	334	380	516	251	364
1962.....	13	2	11	408	214	194	751	364	364	548	302	246
1963.....	7	1	6	391	222	169	687	385	302	513	306	207
1950.....	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
1952.....	18	8	10	490	270	190	581	307	274	425	240	185
DEATH RATES**												
1953.....	3.2	1.8	4.6	17.9	13.4	22.6	30.7	23.6	38.0	22.8	17.0	28.8
1954.....	5.4	3.5	7.3	16.7	12.8	20.7	32.9	25.3	40.8	25.0	20.6	29.5
1955.....	5.2	2.5	8.0	18.7	14.7	22.9	32.0	24.9	39.6	24.2	18.8	30.0
1956.....	5.2	0.8	9.8	18.4	15.6	21.4	32.5	24.3	41.3	23.9	18.9	29.1
1957.....	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
1959.....	6.0	7.7	3.7	16.3	12.5	21.3	34.6	24.8	47.7	26.4	19.2	35.9
1960.....	4.2	2.9	6.2	17.1	15.3	19.6	30.0	23.8	39.0	21.7	17.9	27.2
1961.....	5.2	2.1	10.1	15.2	13.6	17.8	31.0	23.7	42.9	22.5	17.1	31.3
1962.....	5.5	1.3	12.8	17.3	14.3	22.6	31.9	25.9	42.5	23.3	20.2	28.7
1963.....	3.1	0.7	7.4	17.2	15.2	22.6	30.2	26.3	37.2	22.5	20.9	25.5
1950.....	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	28.8
1952.....	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.

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TABLE No. 5

Age	ENTIRE YEAR																			Grand Total											
	WHITE						COLORED						Jan.	Feb.	Mar.	Apr.	May	June	July		Aug.	Sept.	Oct.	Nov.	Dec.						
	Total			Fe- male			Total			Fe- male																					
	Total	Male	Fe- male	Total	Male	Fe- male	Total	Male	Fe- male	Total	Male	Fe- male																			
Total all ages.....	12,025	8,154	4,436	3,718	2,203	1,668	899	460	700	350	711	299	649	923	631	285	604	271	674	312	562	286	506	276	886	304	629	321	723	374	
Under 28 days.....	504	190	116	74	314	168	146	13	22	12	23	15	24	12	29	25	31	10	25	20	25	21	26	11	25	22	34	14	22	15	28
28 days to 2 months.....	73	23	13	6	30	20	11	6	1	3	3	4	1	1	1	1	4	1	1	2	1	3	2	3	2	3	7	2	5	8	
3 to 11 months.....	101	25	15	26	60	29	21	4	5	9	4	6	5	4	5	4	5	1	1	2	1	3	5	4	3	6	7	6	5	5	
Total under 1 year.....	678	264	154	110	414	227	187	15	32	18	35	22	35	17	35	30	40	11	27	29	29	26	34	18	34	31	43	22	34	25	38
1 year.....	38	19	9	10	19	7	12	1	2	1	2	1	2	1	2	3	30	40	12	1	2	2	3	2	1	1	3	1	2	4	3
Total under 2 years.....	716	283	163	120	433	234	199	16	35	19	37	23	37	18	35	30	40	12	28	31	30	28	37	20	35	34	44	23	36	29	39
2 to 4 years.....	48	19	12	7	39	26	13	2	2	1	2	3	2	1	3	6	2	3	1	3	1	3	2	3	2	1	2	5	2	4	6
Total under 5 years.....	774	302	175	127	472	260	212	18	37	20	39	26	39	18	38	31	46	14	31	32	33	28	39	21	38	36	49	25	38	33	45
5 to 9 years.....	56	13	6	7	47	20	23	1	5	1	3	3	2	1	2	5	1	4	4	2	1	2	1	4	3	1	3	1	4	3	1
10 to 14 years.....	31	14	12	7	38	23	15	2	1	2	2	2	2	1	2	3	4	2	2	3	4	5	4	3	2	1	3	4	3	2	3
15 to 19 years.....	75	37	30	7	48	30	24	10	3	2	3	3	3	2	3	5	4	2	4	4	4	4	4	4	4	4	4	4	4	4	4
20 to 24 years.....	89	41	32	9	48	30	24	10	3	2	3	3	3	2	3	5	4	2	4	4	4	4	4	4	4	4	4	4	4	4	4
25 to 29 years.....	110	40	26	14	25	7	54	43	27	4	6	3	5	1	4	3	7	3	8	3	6	4	13	3	6	1	10	4	7	4	10
30 to 34 years.....	155	58	33	25	97	54	43	27	4	6	3	5	1	4	3	7	3	8	3	6	4	13	3	6	1	10	4	7	4	10	17
35 to 39 years.....	263	94	57	37	169	86	83	4	24	5	11	5	7	18	8	9	19	7	13	10	11	15	11	15	11	13	10	17	14	10	17
40 to 44 years.....	395	156	100	56	239	148	91	17	21	15	27	9	15	27	18	25	9	19	7	13	10	11	15	11	13	10	17	14	10	17	22
45 to 49 years.....	521	281	172	109	240	140	100	38	25	16	21	26	30	21	19	19	20	22	35	21	8	13	15	17	13	15	14	22	19	12	14
50 to 54 years.....	766	428	283	141	338	221	117	40	38	32	35	30	28	38	29	32	31	39	24	40	23	36	25	38	35	27	25	35	41	31	31
55 to 59 years.....	970	600	417	183	370	222	148	71	41	60	31	63	33	27	43	27	43	37	28	67	36	60	35	64	37	45	39	49	39	49	39
60 to 64 years.....	1,299	851	562	280	448	253	195	100	64	82	47	65	70	39	63	33	84	21	89	23	86	34	66	39	75	37	69	99	39	39	39
65 to 69 years.....	1,472	1,070	676	354	402	219	183	109	50	97	34	101	58	31	90	38	104	29	93	32	93	33	86	39	75	37	69	99	39	39	39
70 to 74 years.....	1,621	1,207	655	352	395	227	168	151	48	119	42	99	32	90	38	104	29	93	32	93	33	86	39	75	37	69	99	39	39	39	39
75 to 79 years.....	1,472	1,070	655	352	395	227	168	151	48	119	42	99	32	90	38	104	29	93	32	93	33	86	39	75	37	69	99	39	39	39	39
80 to 84 years.....	1,161	771	544	271	233	128	67	102	37	121	23	100	32	83	18	72	15	73	22	73	22	73	16	69	10	83	18	105	105	105	105
85 to 89 years.....	1,066	697	367	202	84	42	65	17	63	11	57	7	50	6	16	3	15	4	4	4	4	4	4	4	4	4	4	4	4	4	4
90 to 94 years.....	676	592	202	180	32	13	19	30	3	29	5	27	1	16	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
95 to 99 years.....	259	227	67	180	32	13	19	30	3	29	5	27	1	16	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
100 years and over.....	59	9	8	35	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Unknown.....	9	8	3	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

TABLE No. 6
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1963

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	3-6 Months	6-11 Months
	ALL CAUSES.....	T W C	678 264 414	298 117 181	156 57 99	50 16 34	73 23 50	58 32 26	43 19 24
002	Pulmonary tuberculosis	W C	1 1	.. ..	.. ..	.. ..	.. ..	1 ..	.. 1
046.0	Amebiasis without mention of liver abscess	W	1	..	..	..	..	..	1
053.0	Septicemia and pyemia	C	1	..	..	..	1	..	..
053.3	Streptococcus	C	2	..	..	..	2	..	..
053.4	Other specified organism	W	2	..	..	..	1	1	..
056.0	Organism unspecified								
056.0	Whooping cough without mention of pneumonia	C	1	..	..	..	1	..	..
057.1	Acute and unspecified meningococemia	W	1	..	..	..	..	..	1
096.0	Other diseases attributable to viruses	C	1	..	..	..	..	1	..
096.9	Herpes febrilis	C	1	1	..	..	..	..	..
096.9	Other								
204.3	Acute leukemia	C	1	..	..	..	..	..	1
245	Other allergic disorders	W	1	..	..	..	..	1	..
273	Diseases of thymus gland	C	1	..	..	1	..	..	..
274	Diseases of adrenal glands	C	1	..	..	..	1	..	..
289.2	Other metabolic diseases, other than lipidosis and amyloidosis	W	1	..	..	..	..	1	..
325.5	Mental deficiency, other and unspecified types	W	1	..	..	..	..	..	1
	Meningitis (except meningococcal and tuberculous)								
340.0	H. influenza	W	1	..	..	..	..	..	1
340.2	Due to other specified organism	C	1	..	..	..	1	..	..
340.3	With no organism specified as cause	C	4	..	..	2	1	..	1
343	Encephalitis, myelitis, and encephalomyelitis (except acute infectious).....	C	2	..	..	..	1	1	..
351	Cerebral spastic infantile paralysis	W	3	..	..	..	..	1	2
	Otitis media without mention of mastoiditis								
391.0	Acute	C	3	..	..	..	..	1	2
391.2	Unspecified	W C	4 7	.. ..	.. ..	.. 2	1 2	2 1	1 2
431	Acute myocarditis not specified as rheumatic	W	1	..	..	..	..	..	1
468.1	Non-specific mesenteric lymphadenitis	C	1	..	..	..	..	1	..
475	Acute upper respiratory infection of multiple or unspecified sites	C	1	..	..	..	1	..	..
483	Influenza with nervous manifestations, but without digestive or respiratory symptoms	W	1	1

VITAL STATISTICS TABLES

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TABLE No. 6—Continued
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1963

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 Months	6-11 Months
490	Pneumonia (except of newborn, Code 763)								
491	Lobar	C	2	..	..	..	..	2	..
	Broncho	W	3	..	..	..	2	1	..
		C	4	..	..	..	1	1	2
492	Primary atypical	W	3	..	..	..	..	1	2
		C	4	..	..	..	3	1	..
493	Other and unspecified	W	7	..	..	..	3	3	..
		C	3	..	..	..	1	..	2
500	Bronchitis								
	Acute	W	1	..	..	..	..	1	..
		C	1	..	..	..	1	..	..
501	Unqualified	W	1	..	..	..	..	1	..
502.1	Other chronic	W	1	..	..	..	1	..	..
		C	2	..	..	..	1	1	..
517	Other diseases of upper respiratory tract	C	1	..	..	..	..	1	..
525	Other chronic interstitial pneumonia	W	14	..	..	..	8	6	..
		C	26	..	..	..	14	9	3
527.1	Other diseases of lung and pleural cavity								
	Emphysema without mention of bronchitis	C	2	..	2	..	..	..	..
527.2	Other	C	1	..	..	..	..	1	..
539.1	Other diseases of esophagus	C	1	..	..	1	..	..	..
545	Other diseases of stomach and duodenum	C	1	..	1	..	..	..	..
560.2	Hernia of abdominal cavity without mention of obstruction								
	Umbilical	W	1	..	1	..	..	..	..
		C	1	1	..	..	..	..	..
560.4	Site other than inguinal, femoral, umbilical, or ventral	C	1	1	..	..	..	..	..
571.0	Gastro-enteritis and colitis, except ulcerative ages 4 weeks and over	W	1	..	..	..	..	1	..
		C	4	..	..	..	3	..	1
587.0	Acute pancreatitis	C	1	..	..	..	..	1	..
603	Other diseases of kidney and ureter	C	2	..	..	1	1	..	..
750	Monstrosity	W	3	3	..	..	..	..	..
		C	2	2	..	..	..	..	..
751.1	Spina bifida and meningocele								
	Without mention of hydrocephalus	W	4	..	1	..	1	1	1
		C	1	..	..	1	..	..	..
751.2	With hydrocephalus	W	2	1	..	..	..	1	..
752	Congenital hydrocephalus	W	2	..	..	..	..	2	..
		C	4	2	..	..	1	..	1
753.1	Other congenital malformations of nervous system and sense organs other than congenital cataract	W	1	1	..	..	..	..	..

TABLE No. 6—Continued
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1963

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 Months	6-11 Months
754.0	Congenital malformations of circulatory system								
754.1	Tetralogy of Fallot	C	1	1	..	..	..	..	..
	Patent ductus arteriosus	W	2	1	1	..	..	..	..
754.2	Interventricular septal defect	C	2	1	1	..	..	..	..
		W	1	..	..	..	..	1	..
754.4	Fibroelastosis cordis	C	1	..	..	1	..	..	..
		W	3	..	1	..	1	1	1
754.5	Other and unspecified malformations of heart	C	2	..	..	..	..	..	..
		W	18	2	5	3	1	4	3
754.7	Other circulatory malformations	C	20	4	3	2	8	2	1
		W	3	..	..	..	2	..	1
		C	1	1	..	..	..	..	..
756.0	Congenital malformations of digestive system								
756.1	Congenital hypertrophic pyloric stenosis	C	1	..	..	..	1	..	..
756.2	Imperforate anus	W	1	..	..	..	1	..	..
	Other	C	7	1	3	2	1	..	..
757.3	Congenital malformations of genito-urinary system other than kidney or external genital organs								
		W	1	..	..	1	..	..	..
		C	1	..	..	1	..	..	..
759.0	Other and unspecified congenital malformations of respiratory system	W	1	1	..	..	..	..	..
		C	2	1	..	..	1	..	..
759.2	Of muscle	C	1	1	..	..	..	..	..
759.3	Other and unspecified	W	7	6	..	1	..	..	..
		C	9	5	3	..	1	..	..
760	Intracranial and spinal injury at birth	W	12	6	4	2	..	..	..
		C	10	4	4	1	..	1	..
761	Other birth injury	W	10	8	2	..	..	..	..
		C	15	12	3	..	..	..	..
762	Postnatal asphyxia and atelectasis	W	24	15	9	..	..	..	..
		C	41	25	11	5	..	..	..
763	Pneumonia of newborn	W	9	4	2	3	..	..	..
		C	15	1	8	6	..	..	..
764	Diarrhea of newborn	W	1	..	..	1	..	..	..
		C	3	..	..	3	..	..	..
767	Umbilical sepsis	C	1	..	1	..	..	..	..
768	Other sepsis of newborn	W	2	..	1	1	..	..	..
		C	12	1	8	2	1	..	..
769.6	Neonatal disorders arising from certain diseases of the mother during pregnancy								
769.9	Attributed to maternal diabetes	C	2	..	1	1	..	..	..
	Attributed to other or unspecified diseases	W	2	2	..	..	..	..	..
		C	1	1
770	Hemolytic disease of newborn	W	5	4	1
		C	4	2	2

VITAL STATISTICS TABLES

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TABLE No. 6—Continued
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1963

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 Months	6-11 Months
771	Hemorrhagic disease of newborn	W C	1 1	.. ..	1 ..	.. 1	....	....	....
772	Nutritional maladjustment	W C	1 2	.. ..	.. ..	.. ..	1 ..	.. ..	.. 2
773	Ill-defined diseases peculiar to early infancy	W C	31 43	19 28	10 15	2..	....	....	....
776	Immaturity, unqualified	W C	60 114	42 80	18 33	.. 1	....	....	....
795.5	Other unknown and unspecified causes	C	3	3	..	..	..	..	..
816	Other motor vehicle traffic accident involving two or more motor vehicles	W	1	..	..	..	1	..	..
888	Accidental poisoning by other and unspecified solid and liquid substances	C	1	..	..	..	..	..	1
910	Blow from falling or projected object or missile	W C	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 1
917	Accident caused by hot substance, corrosive liquid, and steam	W	1	..	..	1	..	..	..
922	Inhalation and ingestion of other object causing obstruction or suffocation	C	1	..	..	..	..	..	1
924	Accidental mechanical suffocation in bed and cradle	W	1	..	..	1	..	..	..
925	Accidental mechanical suffocation in other and unspecified circumstances	W	1	..	..	..	..	1	..
955	Other and unspecified therapeutic misadventure	C	1	..	..	..	..	..	1
983	Assault by other means	W C	2 2	2 2	....	....	....	....	....

TABLE No. 7
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1963

INTERNATIONAL List No.	CAUSE OF DEATH	TOTALS			AGE GROUPS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		Grand Total	By Color	By Sex	AGE GROUPS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
					Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	All Causes	12,025	W 8,154 C 3,871	M 4,436 F 3,718	154 110	9 10	4 5	6 1	2 1	9 7	12 2	30 7	32 9	26 14	33 25	37 56	108 108	283 289	417 394	592 562	876 871	655 600	444 391	367 300	289 283	67 56	67 63	108 108	168 183	227 219	277 263	321 292	430 410	548 517	663 639	831 803	911 883	1,001 117	1,145 105	1,266 183	1,408 146	1,551 168	1,694 168	1,837 183	1,980 183	2,123 224	2,266 224	2,409 243	2,552 243	2,695 263	2,838 263	2,981 283	3,124 283	3,267 319	3,410 319	3,553 343	3,696 343	3,839 343	3,982 343	4,125 343	4,268 343	4,411 343	4,554 343	4,697 343	4,840 343	4,983 343	5,126 343	5,269 343	5,412 343	5,555 343	5,698 343	5,841 343	5,984 343	6,127 343	6,270 343	6,413 343	6,556 343	6,699 343	6,842 343	6,985 343	7,128 343	7,271 343	7,414 343	7,557 343	7,700 343	7,843 343	7,986 343	8,129 343	8,272 343	8,415 343	8,558 343	8,701 343	8,844 343	8,987 343	9,130 343	9,273 343	9,416 343	9,559 343	9,702 343	9,845 343	9,988 343	10,131 343	10,274 343	10,417 343	10,560 343	10,703 343	10,846 343	10,989 343	11,132 343	11,275 343	11,418 343	11,561 343	11,704 343	11,847 343	11,990 343	12,133 343	12,276 343	12,419 343	12,562 343	12,705 343	12,848 343	12,991 343	13,134 343	13,277 343	13,420 343	13,563 343	13,706 343	13,849 343	13,992 343	14,135 343	14,278 343	14,421 343	14,564 343	14,707 343	14,850 343	14,993 343	15,136 343	15,279 343	15,422 343	15,565 343	15,708 343	15,851 343	15,994 343	16,137 343	16,280 343	16,423 343	16,566 343	16,709 343	16,852 343	16,995 343	17,138 343	17,281 343	17,424 343	17,567 343	17,710 343	17,853 343	17,996 343	18,139 343	18,282 343	18,425 343	18,568 343	18,711 343	18,854 343	18,997 343	19,140 343	19,283 343	19,426 343	19,569 343	19,712 343	19,855 343	19,998 343	20,141 343	20,284 343	20,427 343	20,570 343	20,713 343	20,856 343	20,999 343	21,142 343	21,285 343	21,428 343	21,571 343	21,714 343	21,857 343	21,999 343	22,142 343	22,285 343	22,428 343	22,571 343	22,714 343	22,857 343	22,999 343	23,142 343	23,285 343	23,428 343	23,571 343	23,714 343	23,857 343	23,999 343	24,142 343	24,285 343	24,428 343	24,571 343	24,714 343	24,857 343	24,999 343	25,142 343	25,285 343	25,428 343	25,571 343	25,714 343	25,857 343	25,999 343	26,142 343	26,285 343	26,428 343	26,571 343	26,714 343	26,857 343	26,999 343	27,142 343	27,285 343	27,428 343	27,571 343	27,714 343	27,857 343	27,999 343	28,142 343	28,285 343	28,428 343	28,571 343	28,714 343	28,857 343	28,999 343	29,142 343	29,285 343	29,428 343	29,571 343	29,714 343	29,857 343	29,999 343	30,142 343	30,285 343	30,428 343	30,571 343	30,714 343	30,857 343	30,999 343	31,142 343	31,285 343	31,428 343	31,571 343	31,714 343	31,857 343	31,999 343	32,142 343	32,285 343	32,428 343	32,571 343	32,714 343	32,857 343	32,999 343	33,142 343	33,285 343	33,428 343	33,571 343	33,714 343	33,857 343	33,999 343	34,142 343	34,285 343	34,428 343	34,571 343	34,714 343	34,857 343	34,999 343	35,142 343	35,285 343	35,428 343	35,571 343	35,714 343	35,857 343	35,999 343	36,142 343	36,285 343	36,428 343	36,571 343	36,714 343	36,857 343	36,999 343	37,142 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343	101,999 343	102,142 343	102,285 343	102,428 343	102,571 343	102,714 343	102,857 343	102,999 343	103,142 343	103,285 343	103,428 343	103,571 343	103,714 343	103,857 343	103,999 343	104,142 343	104,285 343	104,428 343	104,571 343	104,714 343

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TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1963

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	
140-205	Malignant neoplasms	1,861	W	1,319	M	690	1	1	1	1	1	1	3	4	2	7	10	11	32	53	99	96	128	91	79	48	23	
			C	542	F	629	1	1	1	1	1	1	1	2	1	5	16	13	34	53	64	70	76	112	75	69	35	
140-148	Malignant neoplasm of buccal cavity and pharynx	48	W	35	M	28	1	1	1	1	1	1	1	1	1	1	1	1	2	2	8	5	4	3	2	2	1	
			C	13	F	7	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	2	1	2	1	1	1	
150	Malignant neoplasm of esophagus	53	W	20	M	15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	3	3	1	1	2	2	
			C	33	F	29	1	1	1	1	1	1	1	1	1	1	1	1	1	3	4	7	9	2	3	1	1	
151	Malignant neoplasm of stomach	121	W	76	M	40	1	1	1	1	1	1	1	1	1	1	1	1	2	2	6	4	6	9	2	8	2	
			C	45	F	33	1	1	1	1	1	1	1	1	1	1	1	1	1	4	2	3	6	3	3	5	1		4
152-153	Malignant neoplasm of intestine, except rectum	193	W	155	M	73	1	1	1	1	1	1	1	1	1	1	1	1	7	2	8	12	14	7	6	7	7	
			C	38	F	82	1	1	1	1	1	1	1	1	1	1	1	1	3	4	6	10	10	14	16	11	8	
154	Malignant neoplasm of rectum	64	W	52	M	29	1	1	1	1	1	1	1	1	1	1	1	1	1	6	2	3	4	4	3	4	1	
			C	12	F	23	1	1	1	1	1	1	1	1	1	1	1	1	1	5	2	1	3	4	5	1	1	

II—NEOPLASMS

VITAL STATISTICS TABLES

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[illegible]

[illegible]

IV--MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS

[illegible]

VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

[illegible]

TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1963

INTERNATIONAL LIST NO.	CAUSE OF DEATH	TOTALS			AGE GROUPS																Age Not Specified								
		Grand Total	By Color	By Sex	Under 1 Year																								
					W	12 C	M F	6 F	1 F	2 F	3 F	4 F	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
345	Multiple sclerosis	13	W	12	M	6	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
353	Epilepsy	20	W	7	M	4	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
370-379	Inflammatory diseases of eye	1	W	1	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
391-393	Otitis media and mastoiditis	17	W	5	M	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
341-344, 350-352, 354-369, 380-394, 396-398, 399-400, 394-398	All other diseases of the nervous system and sense organs	56	W	37	M	21	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
410-443	Heart diseases, total	5,223	W	3,877	M	2,099	1,778	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

VII—DISEASES OF THE CIRCULATORY SYSTEM

VITAL STATISTICS TABLES

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[illegible]

VIII—DISEASES OF THE RESPIRATORY SYSTEM

[illegible]

[illegible]

IX--DISEASES OF THE DIGESTIVE SYSTEM

[illegible]

TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1963

[illegible]

X—DISEASES OF THE GENITO-URINARY SYSTEM

[illegible]

XI—DELIVERIES AND COMPLICATIONS OF PREGNANCY, AND THE PUERPERIUM

[illegible]

XIV—CONGENITAL MALFORMATIONS

XIV—CONGENITAL MALFORMATIONS									
700-716, 731-736, 738-744	All other diseases of skin and musculo-skeletal system	29	W	21	M F	9 12	9 12	1 1	1 1
			C	8	M F	8	8	1 1	1 1
751	Spina bifida and meningocele	7	W	6	M F	2 4	2 4	1 1	1 1
			C	1	M F	1	1	1 1	1 1
754	Congenital malformations of circulatory system	69	W	34	M F	12 22	9 18	1 1	1 1
			C	35	M F	18 17	12 15	1 1	1 1
750 752, 753, 755-759	All other congenital malformations	55	W	21	M F	12 9	7 9	1 1	1 1
			C	34	M F	18 16	15 12	1 2	1 1

XV—CERTAIN DISEASES OF EARLY INFANCY

760, 761	Birth injuries	47	W	22 M F	14 8	14 8
			C	25 M F	15 10	15 10
762	Postnatal asphyxia and atelectasis	65	W	24 M F	20 4	20 4
			C	41 M F	19 22	19 22
763-768	Infections of the newborn	43	W	12 M F	7 5	7 5
			C	31 M F	21 10	21 10
770	Hemolytic diseases of newborn	9	W	5 M F	3 2	3 2
			C	4 M F	1 3	1 3

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[illegible]

TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1963

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	50-64 Years	55-69 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over	Age Not Specified																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
E910, E911, E913-E915, E920-E928, E930-E962	All other accidental causes	43	W C	19 24	M F	11 8	3 1	3 1	1 1	1 1	1 1	2 1	1 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2 1	2

NOTE: Deaths by color include the following non-Negro races:
Malignant neoplasm of nasopharynx—one male, Chinese, 54 years of age.
Acute leukemia—one male, other, 45 years of age.
Diabetes mellitus—one male, Chinese, 79 years of age.
Arteriosclerotic heart disease, including coronary disease—four males: one, other, 68 years of age; three, Chinese, 48 years, 75 years and 85 years of age.
General arteriosclerosis—one female, Japanese, 70 years of age.
Interstitial pneumonia—one male, other, 2 months of age.
Pulmonary embolism—one male, Chinese, 63 years of age.
Intestinal obstruction—one male, Chinese, 26 years of age.
Cirrhosis of liver with alcoholism—two males, Chinese, 53 years and 45 years of age.
Ill-defined diseases peculiar to early infancy—one male, Chinese, 2 days of age.
Immaturity—one male, Japanese, 1 hour of age.
Motor vehicle accidents—one male, Chinese, 26 years of age; one male, other, 50 years of age.
Homicide—one male, other, 20 years of age.

VITAL STATISTICS TABLES

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TABLE No. 8

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1963

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	13,838	10,005	3,833	15.0	17.6	10.8	12,025	8,154	3,871	13.0	14.3	10.9
Tuberculosis, all forms (001-019)	122	64	58	13.2	11.2	16.4	129	66	63	14.0	11.6	17.8
<i>Respiratory tuberculosis (001-008)</i>	115	60	55	12.4	10.5	15.5	125	63	62	13.5	11.0	17.5
Typhoid fever (020-029)	38	11	27	4.1	1.9	7.6	39	13	26	4.2	2.3	7.3
Dysentery (045-048)	4	2	2	0.4	0.4	0.6	2	2	..	0.2	0.4	..
Other infective diseases of the intestinal tract (041-044, 049) ..	1	1	..	0.1	0.2	..	..	..	..	..	..	..
Scarlet fever and streptococcal sore throat (050-051) .....	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (055) .....	..	..	..	..	..	..	1	..	..	0.1	..	..
Whooping cough (058)	1	..	1	0.1	..	0.3	1	..	1	0.1	..	0.3
Meningococcal infections (057) ..	6	5	1	0.6	0.9	0.3	4	3	1	0.4	0.5	0.3
Other infective diseases of bacterial origin (030-039, 062-054, 058-064, 070-074)	27	18	9	2.9	3.2	2.5	23	15	8	2.5	2.6	2.2
Poliomyelitis, acute (080-081) ..	3	3	..	0.3	0.5	..	1	1	..	0.1	0.2	..
Encephalitis (082-083)	4	2	2	0.4	0.4	0.6	3	1	2	0.3	0.2	0.6
Smallpox (084)	1	..	..	0.1	..	..	..	..	..	..	..	..
Measles (085)	1	1	..	0.2	..	..	..	..	..	..	..	..
Other virus diseases (088-096) ..	11	7	4	1.2	1.1	1.1	8	4	4	0.9	0.7	1.1
Typhus and rickettsial diseases (100-108) ..	..	..	..	..	..	..	..	..	..	..	..	..
Other infective and parasitic diseases (110-138)	9	4	5	1.0	0.7	1.4	7	1	6	0.8	0.2	1.7
Malignant neoplasms (140-205)	2,322	1,783	539	251.3	312.8	182.2	1,861	1,319	542	201.4	231.4	183.1
<i>Lymphatic and hematopoietic (200-205)</i>	237	202	35	25.6	35.4	9.9	142	111	31	15.4	19.5	8.8
Benign and unspecified neoplasms (210-239)	62	44	18	6.7	7.7	5.1	41	23	18	4.4	4.0	5.1
Diabetes (260)	332	242	90	35.9	42.4	25.4	288	196	92	31.2	34.4	26.0
Anemias (290-293)	38	25	13	4.1	4.4	3.7	30	18	12	3.2	3.2	3.4
Other diseases of the blood and blood-forming organs (294-299) ..	20	15	5	2.2	2.6	1.4	10	8	2	1.1	1.4	0.6
Vascular lesions of the central nervous system (330-334) ..	998	704	294	108.0	123.5	83.0	869	580	289	94.0	101.8	81.6
Rheumatic fever (400-402) .....	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the heart (410-443)	5,705	4,391	1,314	617.4	770.4	371.2	5,223	3,877	1,346	565.2	680.2	380.2
<i>Chronic rheumatic heart disease (410-416)</i>	129	104	25	14.0	18.2	7.1	93	69	24	10.1	12.1	6.8
<i>Arteriosclerotic and degenerative heart disease (420-422)</i> ..	4,464	3,636	828	483.1	657.9	233.9	4,080	3,228	852	441.6	569.3	240.7
<i>Other diseases of the heart (430-434)</i>	194	133	61	21.0	23.3	17.2	171	107	64	18.5	18.8	18.1
<i>Hypertensive heart disease (440-445)</i>	918	518	400	99.4	90.9	115.0	879	478	400	95.1	83.0	114.7

* Death rates for all causes are per 1,000 population and for puerperal causes are per 10,000 live births.

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—1963

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).....	62	29	33	6.7	5.1	9.3	59	24	35	6.4	4.2	9.9
Arteriosclerosis (450).....	163	130	33	17.6	22.8	9.3	159	127	32	17.2	22.3	9.0
Other diseases of the circulatory system (451-468).....	260	197	63	28.1	34.6	17.8	202	144	58	21.9	25.3	16.4
Nephritis and nephrosis (590-594).....	74	36	38	8.0	6.3	10.7	65	26	39	7.0	4.6	11.0
<i>Acute nephritis and nephritis with edema, including nephrosis (590-591).....</i>	7	4	3	0.8	0.7	0.8	6	2	4	0.6	0.4	1.1
Influenza and pneumonia (480-483, 490-493).....	394	273	121	42.6	47.9	34.2	445	296	149	48.2	51.9	42.1
<i>Pneumonia (490-493).....</i>	305	251	114	39.5	44.0	32.2	416	274	142	45.0	48.1	40.1
Bronchitis (500-502).....	55	46	9	6.0	8.1	2.5	46	36	10	5.0	6.3	2.8
Ulcer of the stomach and duodenum (540-541).....	88	70	18	9.5	12.3	5.1	71	51	20	7.7	8.9	5.6
Appendicitis (550-553).....	12	8	4	1.3	1.4	1.1	10	6	4	1.1	1.0	1.1
Intestinal obstruction and hernia (560-570).....	122	91	31	13.2	16.0	8.8	88	62	26	9.5	10.9	7.3
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)....	50	32	18	5.4	5.6	5.1	41	24	17	4.4	4.2	4.8
Cirrhosis of the liver (581).....	237	163	74	25.6	28.6	20.9	211	132	79	22.8	23.2	22.3
Hyperplasia of prostate (610)....	17	15	2	1.8	2.6	0.6	10	8	2	1.1	1.4	0.6
Puerperal causes (640-689).....	10	5	5	2.8	2.0	4.2	7	2	5	3.2	1.8	4.6
Congenital malformations (750-759).....	228	152	76	24.7	26.7	21.5	131	61	70	14.2	10.7	19.8
Certain diseases of early infancy (760-776).....	605	318	287	65.5	55.8	81.1	422	158	264	45.7	27.7	74.6
<i>Pneumonia of newborn (763).....</i>	34	17	17	3.7	5.0	4.8	24	9	15	2.6	1.6	4.2
<i>Diarrhea of newborn (764).....</i>	3	..	3	0.3	..	0.8	4	1	3	0.4	0.2	0.8
Senility, ill-defined and unknown conditions (780-795).....	33	21	12	3.6	3.7	3.4	35	18	17	3.8	3.2	4.8
All other diseases.....	877	584	293	94.9	102.4	82.8	741	459	282	80.2	80.5	79.7
Accidents, total (800-962).....	584	382	202	63.2	67.0	57.1	506	284	222	54.8	49.8	62.7
<i>Motor vehicle accidents (810-855).....</i>	231	154	77	25.0	27.0	21.8	170	88	82	18.4	15.4	23.2
<i>Home accidents.....</i>	205	138	67	22.2	24.2	18.9	171	108	63	18.5	18.9	17.8
<i>Occupational accidents.....</i>	43	32	11	4.6	6.6	3.1	34	19	15	3.7	3.3	4.2
<i>All other accidents.....</i>	105	68	47	11.4	10.2	13.3	151	89	62	14.8	12.1	17.5
Suicides (963, 970-979).....	117	97	20	12.7	17.0	5.6	97	79	18	10.5	13.8	5.1
Homicides (964, 980-985).....	146	34	112	15.8	6.0	31.6	140	30	110	15.2	5.3	31.1

* Death rates for all causes are per 1,000 population and for puerperal causes are per 10,000 live births.

TABLE No. 9

INTERMEDIATE LIST NUMBER (6TH REVISION)	CAUSES OF DEATH	TOTAL RECORDED DEATHS		RESIDENTS OF						BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RESIDENT DEATHS				
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States						
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd			
	ALL CAUSES.....	10,005	3,833	7,115	3,555	2,653	242	237	36	3	11	3	905	273	134	43	8,154	3,871
A 1	Tuberculosis of the respiratory system...	60	55	40	51	9	1						23	11			63	62
A 2	Tuberculosis of the meninges and central nervous system...		1															1
A 3	Tuberculosis of intestines, peritoneum and mesenteric glands...	1	1	1	1		1										1	1
A 4	Tuberculosis of the bones and joints...	1	1															1
A 5	Tuberculosis, all other forms...	2		1	1		1										1	1
A 6	Congenital syphilis...																	
A 7	Early syphilis...																	
A 8	Tabes dorsalis...	1		1														1
A 9	General paralysis of insane...																	1
A 10	All other syphilis...																	1
A 11	Gonorrheal infection...	10	27	7	25	3	2						3	1	1		11	26
A 12	Typhoid fever...																	
A 13	Paratyphoid fever and other Salmonella infections...	1					1											
A 14	Cholera...																	
A 15	Brucellosis (undulant fever)...																	
A 16	Dysentery, all forms...	2	2	2	2		2										2	
A 17	Scarlet fever...																	
A 18	Streptococcal sore throat...																	
A 19	Erysipelas...																	
A 20	Septicemia and pyemia...	18	8	14	6	4	2						1	1			15	7
A 21	Diphtheria...																	
A 22	Whooping cough...		1		1													
A 23	Meningococcal infections...	5	1	2	1	3							1	1			3	1
A 24	Plague...																	
A 25	Leprosy...																	
A 26	Tetanus...																	
A 27	Anthrax...																	
A 28	Acute poliomyelitis...																	
A 29	Acute infectious encephalitis...	2	2		2	2												2
A 30	Late effects of acute polio...	3		1		2								1			2	
A 31	Smallpox...																	
A 32	Measles...	1					1											
A 33	Yellow fever...		1															1
A 34	Infectious hepatitis...	6		2		4											2	

TABLE No. 9—Continued
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1963

INTERMEDIATE LIST NUMBER (SEE REVISION)	CAUSE OF DEATH	TOTAL RECORDED DEATHS		RESIDENTS OF				BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RECORDED DEATHS	
				BALTIMORE		COUNTIES OF MARYLAND		COUNTIES OF MARYLAND		OTHER STATES			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd		
A 35	Rabies.....	..	..	..	..	..	..	..	..	..	..	..	..
A 36	Rocky Mountain spotted fever.....	..	..	..	..	..	..	..	..	..	..	..	..
A 37	Malaria.....	..	..	..	..	..	..	..	..	..	..	..	..
A 38	Schistosomiasis.....	..	..	..	..	..	..	..	..	..	..	..	..
A 39	Hydatid disease.....	..	..	..	..	..	..	..	..	..	..	..	..
A 40	Filariasis.....	..	..	..	..	..	..	..	..	..	..	..	..
A 41	Antelostomiasis.....	..	..	..	..	..	..	..	..	..	..	..	..
A 42	Other diseases due to helminths.....	..	..	..	..	..	..	..	..	..	..	..	..
A 43	All other diseases classified as infective and parasitic.....	5	9	2	9	3	..	..	..	..	1	3	10
A 44	Malignant neoplasm of.....	..	..	..	..	..	..	..	..	..	..	..	..
A 45	Buccal cavity and pharynx.....	46	13	33	12	8	1	5	..	..	..	1	35
A 46	Esophagus.....	23	34	17	31	6	2	..	..	..	..	2	33
A 47	Stomach.....	189	42	68	39	20	3	1	..	..	..	8	20
A 48	Intestine, except rectum.....	189	41	135	36	51	4	3	1	..	6	14	76
A 49	Rectum.....	65	11	47	9	17	2	1	..	..	..	5	38
A 50	Larynx.....	18	15	10	13	5	2	3	..	..	..	2	12
A 51	Trachea and of bronchus and lung specified as secondary.....	295	104	212	94	75	8	7	2	..	16	14	52
A 52	Breast.....	176	32	111	29	58	3	7	..	..	12	12	15
A 53	Cervix uteri.....	45	40	30	38	12	2	3	..	..	..	1	230
A 54	Other and unspecified parts of uterus.....	26	14	20	13	5	1	1	..	..	..	3	34
A 55	Prostate.....	70	32	47	30	20	2	3	..	..	..	5	31
A 56	Skin.....	19	3	11	3	7	..	1	..	..	..	2	21
A 57	Bone and connective tissue.....	9	5	4	5	5	..	..	..	..	..	2	13
A 58	All other and unspecified sites.....	511	118	346	110	149	8	16	..	..	29	15	379
A 59	Leukemia and leukemia.....	94	13	51	11	40	2	3	..	..	4	2	56
A 60	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system.....	108	22	53	18	41	4	14	..	..	1	3	55
A 61	Benign neoplasms and neoplasms of unspecified nature.....	44	18	19	16	22	2	3	..	..	3	2	23
A 62	Nontoxic goiter.....	..	1	..	1	..	..	..	..	..	..	..	18
A 63	Thyroiditis with or without goiter.....	2	2	2	2	..	..	..	..	..	..	..	1
A 64	Diabetes mellitus.....	242	90	176	84	64	6	2	..	..	19	8	92
A 65	Avitaminosis and other deficiency states.....	3	4	2	4	1	..	..	..	..	1	1	4
A 66	Anemias.....	25	13	18	12	6	1	1	..	..	1	2	18
A 67	Allergic disorders, all other endocrine, metabolic and blood diseases.....	67	30	46	24	19	4	1	2	..	4	1	52
A 68	Psychoses.....	12	4	11	4	1	..	..	..	..	2	2	25
A 69	Psychoneuroses and disorders of personality.....	17	2	15	2	2	1	2	1	13
A 70	Mental deficiency.....	2	..	1	..	1	3

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70	Vascular lesions affecting central nervous system	704	294	499	271	194	22	11	1	67	17	14	1	580
71	Nonmeningeoconal meningitis	9	18	7	17	2	1							7
72	Multiple sclerosis	14	1	12	1	2	1							12
73	Epilepsy	7	14	6	13	1	1			1				7
74	Inflammatory diseases of eye		1		1									1
75	Cataract													
76	Glaucoma													
77	Optic media and mastoiditis	8	12	5	12	3								5
78	All other diseases of the nervous system and sense organs	47	17	33	15	13	2	1		4				37
79	Rheumatic fever													19
80	Chronic rheumatic heart disease	104	25	61	23	38	2	5		8				69
81	Arteriosclerotic and degenerative heart disease	3, 636	828	2,769	794	777	28	60	6	385	54	44	4	3,228
82	Other diseases of the heart	133	61	92	60	35	1	6		14	2	1	2	107
83	Hypertension with heart disease	518	400	430	383	385	14	3	3	41	22	2	1	473
84	Hypertension without mention of heart	29	33	19	29	10	3		1	4	6	1		35
85	Other diseases of the arteries	239	65	184	59	68	6	7		32	1	4		200
86	Other diseases of the circulatory system	88	31	68	28	18	2	2	1	3	1		1	71
87	Acute upper respiratory infections	1	2	7	18	7	3							2
88	Influenza	22	7	18	7	3	2	1		4				22
89	Lobar pneumonia	55	28	37	26	17	2	1		6	4			44
90	Bronchopneumonia	104	41	84	38	20	2	1	1	43	25	6	1	133
91	Primary atypical, other and unspecified pneumonia	92	45	77	44	14	1	1		18	3	2	1	97
92	Acute bronchitis	10	4	7	3	3	1				2			48
93	Bronchitis, chronic and unqualified	36	5	26	5	9		1		3				29
94	Hypertrophy of tonsils and adenoids	1												5
95	Empyema and abscess of lung	7	3	5	2	1	1			1				2
96	Pleurisy	2												
97	All other respiratory diseases	168	72	121	64	44	6	3	2	10	2	2	2	66
98	Diseases of teeth and supporting structures													
99	Ulcer of stomach	32	13	22	12	9	1	1	1	1	3			15
100	Ulcer of duodenum	38	5	27	5	10		1		1				23
101	Gastritis and duodenitis	5	2	2	2	3	2					1		28
102	Appendicitis	8	4	6	4	2								3
103	Intestinal obstruction and hernia	91	31	68	25	30	6	3		3	1	1		62
104	Gastro-enteritis and colitis, except diarrhea of the newborn	27	16	21	12	6	4	2		9	7	3	1	21
105	Chirrhosis of liver	163	74	120	70	41	4	4	2	1	2			132
106	Cholelithiasis and cholecystitis	31	5	18	4	11	1	1		1				19
107	Other diseases of digestive system	91	42	62	35	27	6	2	1	2	3			64
108	Acute nephritis	4	3	2	3	2					1			4
109	Chronic, other, and unspecified nephritis	32	35	21	33	10	1	1	1	3	2			2
110	Infections of kidney	33	30	24	26	8	4	1		4	2	1	2	24
111	Calculi of urinary system	8	4	6	4	2								29

REPORT OF THE HEALTH DEPARTMENT—1963

TABLE No. 9—Continued
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1963

[illegible]

TABLE No. 10
RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR
TOTAL, WHITE AND COLORED POPULATIONS—1860-1963

YEAR	TYPHOID FEVER						MEASLES						WHOOPING COUGH					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
1963.....	1	0.1	..	0.3	1	0.1	..	0.3
1962.....	2	1	..	0.2	0.2	0.3
1961.....	0.1	..	0.3
1960.....	1	0.1	..	0.3
1959.....
1958.....	2	0.3	..	0.6
1957.....	3	0.5	..	0.6
1956.....	1	0.1	..	0.3
1955.....
1954.....
1953.....
1952.....
1951.....
1950.....	1	..	1	0.1	0.1	..	0.4	0.1	..	0.4
1949.....
1948.....
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1946.....
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1902.....
1901.....
1900.....

TUBERCULOSIS, ALL FORMS

INFLUENZA

DIPHTHERIA

TABLE No. 10—Continued
RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR
TOTAL, WHITE AND COLORED POPULATION—1950-1963

YEAR	RESPIRATORY TUBERCULOSIS						CANCER, ALL FORMS						DISEASES OF THE HEART					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total		Colored	Total		White	Total		Colored	Total		White	Total		Colored	Total		White
	White	Colored		White	Colored		White	Colored		White	Colored		White	Colored		White	Colored	
1963.....	125	63	62	13.5	11.1	17.5	1,861	1,319	542	201.4	231.4	153.1	5,223	3,877	1,346	565.3	690.2	390.2
1962.....	126	66	60	13.5	11.3	17.3	1,782	1,290	492	191.2	220.5	141.8	4,895	3,677	1,218	525.2	628.5	351.0
1961.....	137	72	64	14.6	12.2	18.2	1,838	1,355	483	196.2	226.2	142.9	4,830	3,639	1,191	515.5	607.5	352.4
1960.....	145	75	60	15.4	13.9	18.2	1,871	1,374	497	199.2	225.2	151.1	4,786	3,725	1,061	509.7	610.7	322.5
1959.....	139	71	68	14.8	14.1	21.3	1,838	1,378	460	195.5	221.9	144.2	4,735	3,732	1,003	503.7	601.0	314.4
1958.....	177	89	84	18.8	14.1	28.5	1,806	1,359	447	191.9	214.7	145.1	4,822	3,708	1,114	512.4	585.8	361.7
1957.....	189	105	84	20.1	16.3	28.2	1,836	1,393	443	194.9	216.3	148.7	4,818	3,728	1,020	511.5	589.8	342.3
1956.....	179	91	88	19.0	13.9	30.6	1,836	1,437	399	194.7	219.4	138.5	4,736	3,798	1,008	502.2	569.2	350.0
1955.....	168	88	80	17.8	13.2	28.9	1,749	1,336	367	185.3	207.2	132.5	4,563	3,645	918	483.4	546.5	331.4
1954.....	187	90	97	19.8	13.3	36.2	1,768	1,336	372	180.5	197.1	138.8	4,262	3,361	901	450.5	495.7	336.2
1953.....	245	127	118	25.9	18.4	45.7	1,662	1,341	321	175.5	194.6	124.4	4,636	3,703	933	489.5	537.4	361.6
1952.....	393	167	226	41.5	23.9	91.1	1,725	1,392	333	182.0	198.9	134.3	4,830	3,823	1,007	509.5	546.1	406.0
1951.....	465	202	263	49.0	28.4	111.0	1,642	1,328	314	173.0	186.5	132.5	4,579	3,624	955	482.5	509.0	403.0
1950.....	497	220	277	52.3	30.4	122.0	1,623	1,311	312	170.8	181.3	137.4	4,583	3,676	907	482.4	580.4	399.6

YEAR	MAJOR CARDIOVASCULAR-RENAL DISEASE						PNEUMONIA, ALL FORMS						DIABETES					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total		Colored	Total		White	Total		Colored	Total		White	Total		Colored	Total		White
	White	Colored		White	Colored		White	Colored		White	Colored		White	Colored		White	Colored	
1963.....	6,577	4,778	1,799	711.8	838.2	508.2	416	274	142	45.0	48.1	40.1	288	196	92	31.2	34.4	26.0
1962.....	6,011	4,432	1,579	645.0	757.6	455.0	350	219	131	37.6	37.4	37.8	275	189	86	29.5	32.3	24.8
1961.....	5,878	4,355	1,523	627.3	727.0	450.6	342	211	131	36.5	35.2	38.8	239	181	68	25.5	30.2	24.8
1960.....	6,011	4,561	1,460	640.1	746.1	443.8	452	252	200	48.1	41.3	60.8	245	182	63	26.1	29.8	19.1
1959.....	5,880	4,480	1,400	625.5	721.4	438.9	414	250	164	44.0	40.3	51.4	230	176	54	24.5	28.3	16.9
1958.....	5,963	4,522	1,441	641.1	714.4	490.6	415	270	145	44.1	42.7	47.0	220	167	53	23.4	26.4	17.2
1957.....	5,963	4,632	1,331	633.0	719.3	446.6	360	231	129	38.2	35.9	43.3	262	194	68	27.8	30.1	22.8
1956.....	5,986	4,596	1,390	634.8	701.7	462.6	308	194	114	32.7	29.6	39.6	244	199	45	25.9	30.4	15.6
1955.....	5,817	4,562	1,255	616.2	694.0	453.0	304	192	112	32.2	28.8	40.4	219	190	29	23.2	28.5	10.5
1954.....	5,464	4,247	1,217	577.6	626.4	468.4	273	160	123	28.9	22.1	45.9	180	145	35	19.0	21.4	13.1
1953.....	5,845	4,507	1,338	617.2	665.2	486.4	339	190	149	35.8	27.8	57.8	188	148	40	19.9	21.5	15.5
1952.....	6,108	4,757	1,351	644.3	679.6	544.8	276	173	103	29.1	24.7	41.5	218	173	45	23.0	24.7	18.1
1951.....	5,804	4,521	1,283	611.6	635.0	541.4	305	170	135	32.1	23.9	57.0	216	179	37	22.8	25.1	15.6
1950.....	5,848	4,566	1,282	615.6	631.5	564.8	232	119	113	24.4	16.5	49.8	180	150	30	18.9	20.7	13.2

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TABLE No. 11
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1963

[illegible]

REPORT OF THE HEALTH DEPARTMENT—1963

TABLE No. 11—Continued
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1963

[illegible]

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[illegible]

VITAL STATISTICS TABLES

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086	German measles (Rubella)	W	C	94 M F	43 51	2 7 5	3 7 3	3 5 22	3 1 5	2 1
087	Chickenpox	W	C	60 M F	24 36	3 6	7 4 2	1 5 1	1 1
089	Mumps	W	C	276 M F	144 132	8 9	5 15 14	18 72 6	6 1 1	2 1 ..	1..	..	..	..	..
092	Infectious hepatitis	W	C	407 M F	211 196	19 25	24 22	28 18	8 73	1 6	2 1	..	..	..	..
096	Other diseases attributable to viruses	W	C	57 M F	31 26	..	..	..	..	6 8	1 3	1..	..	..	..
116	Other and unspecified forms of malaria	W	C	1 M F	1..	..	..	..	..	..	..	..	..	..	..
128	Trichiniasis	W	C	1 M F	1..	..	..	..	..	..	..	..	..	..	..
340	Meningitis, except meningococcal and tuberculous	W	C	15 M F	6 9	2 2	1 ..	..	..	..	1 1	..	..	..	..
343	Encephalitis (except acute infectious)	W	C	27 M F	17 10	5 6	3 2	1 1	1

VITAL STATISTICS TABLES

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TABLE No. 12
REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
COMMUNICABLE DISEASES ACCORDING TO COLOR—1955-1963

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
TYPHOID FEVER (not including paratyphoid fever)	1963....	2	1	1	0.2	0.2	0.3
	1962....	1	..	1	0.1	..	0.3
	1961....	2	1	1	0.2	0.2	0.3
	1960....	2	1	1	0.2	0.2	0.3
	1959....	3	2	1	0.3	0.3	0.3
	1958....	2	1	1	0.2	0.2	0.3
	1957....	3	..	3	0.3	..	1.0
	1956....	5	2	3	0.5	0.3	1.0
	1955....	7	1	6	0.7	0.1	2.2
MEASLES	1963....	1,454	562	892	157.4	98.6	252.0
	1962....	1,557	674	983	177.8	115.2	283.3
	1961....	2,089	1,216	873	222.9	203.0	358.3
	1960....	2,182	845	1,337	232.4	138.5	406.4
	1959....	1,138	767	371	121.1	123.5	116.3
	1958....	3,723	2,063	1,660	395.6	325.9	539.0
	1957....	1,759	409	1,350	186.7	63.5	453.0
	1956....	4,943	3,132	1,811	524.2	478.2	628.8
	1955....	925	500	425	98.0	75.0	153.4
SCARLET FEVER	1963....	186	130	56	20.1	22.8	15.8
	1962....	143	100	43	15.3	17.1	12.4
	1961....	210	170	40	22.4	28.4	11.8
	1960....	171	130	41	18.2	21.3	12.5
	1959....	212	164	48	22.0	26.4	15.0
	1958....	199	127	72	21.1	20.1	23.4
	1957....	205	149	57	21.9	23.1	19.1
	1956....	318	236	82	33.7	36.0	28.5
	1955....	310	263	47	32.8	39.4	17.0
WHOOPING COUGH	1963....	35	7	28	3.8	1.3	7.9
	1962....	44	19	25	4.7	3.2	7.2
	1961....	75	31	44	8.0	5.2	13.0
	1960....	74	26	48	7.9	4.3	14.6
	1959....	110	68	42	11.7	11.0	13.2
	1958....	35	22	13	2.6	3.5	4.2
	1957....	243	110	133	25.8	17.1	44.6
	1956....	90	24	66	9.5	3.7	22.9
	1955....	140	57	83	14.8	8.5	30.0
DIPHTHERIA	1963....	..	..	..	..	..	..
	1962....	..	..	..	..	..	..
	1961....	..	..	..	..	..	..
	1960....	..	..	..	..	..	..
	1959....	..	..	..	..	..	..
	1958....	1	1	..	0.1	0.1	..
	1957....	..	..	..	..	..	..
	1956....	1	1	..	0.1	0.1	..
	1955....	2	1	1	0.2	0.1	0.3
TUBERCULOSIS OF THE RESPIRATORY SYSTEM	1963....	742	303	439	80.3	53.2	124.0
	1962....	716	313	403	76.8	53.5	118.1
	1961....	692	324	368	73.9	54.1	109.9
	1960....	774	317	457	82.4	52.0	138.9
	1959....	768	363	405	81.7	58.5	127.0
	1958....	832	385	447	88.4	60.8	145.1
	1957....	991	493	498	105.2	76.6	167.1
	1956....	1,082	545	537	114.7	83.2	186.5
	1955....	1,115	586	529	118.1	87.9	191.0

APPENDIX

HEALTH DEPARTMENT PUBLICATIONS

(New or revised in 1963)

ANNUAL REPORT OF THE DEPARTMENT OF HEALTH—1962
GUARDING THE HEALTH OF BALTIMORE—1962
BALTIMORE HEALTH NEWS, Monthly, 1963
QUARTERLY STATISTICAL REPORT

ANNUAL REPORT OF THE BUREAU OF INDUSTRIAL HYGIENE—1962
BALTIMORE CITY HANDICAPPED CHILDREN'S PROGRAM
BALTIMORE CONQUERS ITS PESTILENCES, 1812-1962
1200 CALORIE DIET FOR PREGNANCY (Revised)
CHILD HYGIENE CLINIC SCHEDULES (Revised)
CIGARETTES AND CANCER—AUDIOVISUAL MATERIALS
CIVIL DEFENSE EMERGENCY HOSPITALS (200 bed)
DAY CARE CENTERS FOR MENTALLY RETARDED CHILDREN
DO YOU HAVE ANEMIA? (Revised)
EATING LEAD PAINT HANDICAPS OR KILLS SMALL CHILDREN
FOOD PLAN FOR BOYS AND GIRLS
GENERAL HOSPITALS IN BALTIMORE (Revised)
GUIDE FOR CHAIRMEN OF SCHOOL HEALTH VOLUNTEERS
HOLD HIS HAND (Revised)
INOCULATION CLINICS (Revised)
ITS YOUR JOB TO PREVENT LEAD PAINT POISONING
MANUAL OF SCHOOL HYGIENE (Revised)
OUR NEIGHBORHOOD NEEDS YOUR HELP TO FIGHT RATS
POPULATION CHARACTERISTICS—1950 and 1960
PRIMARY AND SECONDARY SYPHILIS MORBIDITY (1953-1962)
(A Chart)
QUESTIONS AND ANSWERS ABOUT VD (For parents)
RECOMMENDATIONS FOR RABIES PREVENTION FOR BALTIMORE
CITY
RESUME OF LAWS FOR LOCAL FOOD ESTABLISHMENTS
SMOKE CONTROL ORDINANCE NO. 160
SMOKING AND LUNG CANCER (Set of 16 posters)
SPECIAL HOSPITALS IN BALTIMORE (Revised)
SPECIFICATIONS FOR DAIRY HOUSES, MILKING STABLES, MILKING
PARLORS AND LOAFING BARNs (Revised)
TEENAGE DOUBLE TROUBLE (VD)
TELEPHONE NUMBERS (Revised)
TESTS FOR FOOD WHOLESOMENESS: A GUIDE FOR FOOD SANI-
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REGULATION GOVERNING THE HYGIENE OF HOUSING

Regulation 20. Water Supply.

The owner of every occupied dwelling shall be responsible for maintaining an adequate, continuous supply of water to all plumbing fixtures in the dwelling regardless of any agreement between owner and tenant concerning the payment of water and sewer charges.

ROBERT E. FARBER, M.D., *Commissioner of Health*

Date Adopted: August 5, 1963

Date Effective: August 5, 1963

REGULATIONS GOVERNING MILK AND MILK PRODUCTS

Regulation 58A. Flavored (Name of Flavor) Milk. The term "Flavored (Name of Flavor) Milk" means milk which contains not less than 2.5 per cent by weight of milk fat, flavor, not more than 6 per cent by weight of added sugar, and may contain added stabilizer. The flavor, sugar, and any other ingredient shall be mixed with the milk prior to pasteurization.

Any milk product sold in a milk bottle, can, or container under the designation of (Name of Flavor) Milk shall conform to the sanitary requirements of selected milk pasteurized.

The product label shall declare a list of all ingredients in a descending order of their predominance, including artificial flavor and/or color.

ROBERT E. FARBER, M.D., *Commissioner of Health.*

Date Adopted: April 29, 1963

Date Effective: June 1, 1963

Regulation 80C. Artificially Sweetened Ice Milk. "Artificially Sweetened Ice Milk" means the pure, clean, frozen products made from a combination of milk products, sorbital, cyclamate calcium, saccharin, non-nutritive artificial sweeteners for use only by persons who must restrict their intake of ordinary sweets with or without harmless coloring, and with or without added stabilizer or emulsifier composed of wholesome edible material. It shall contain not more than one-half of one per cent by weight of stabilizer and not more than one-fifth of one per cent by weight of emulsifier, not less than four per cent nor more than seven per cent by weight of milk fat, and not less than eleven per cent by weight of total milk solids. In no case shall any artificially sweetened ice milk weigh less than four and one-half pounds per gallon.

The manufacturer shall place the artificially sweetened ice milk only in pint packages or containers which shall be clearly and plainly labeled, "artificially sweetened" appearing immediately preceding the words "ice milk," in similar type, of at least one-half the size of the type used for the words "ice milk." The entire phrase "artificially sweetened ice milk" must appear in a clear and visible manner. In addition, the manufacturer shall label thereon "intended for diabetics under medical advice" and any other warning statement which the Commissioner of Health may prescribe. The label shall also contain a statement in terms of percentage by weight of protein, fat and carbohydrates, the total number of calories per ounce, the number of calories contributed by carbohydrates and any carbohydrates other than lactose, and the name of each ingredient entering into the composition other than flavors. The artificially sweet-

ened ice milk shall not be sold in any quantity or in any manner other than in a sealed or unbroken pint package or container.

ROBERT E. FARBER, M.D., *Commissioner of Health.*

Date Adopted: May 28, 1963

Date Effective: June 1, 1963

Regulation 21-A. Milk. Milk containing any pesticides, or any antibiotics or other substances, which inhibit the normal growth of bacteria, shall be considered abnormal milk. Such abnormal milk shall be kept out of the milk supply.

ROBERT E. FARBER, M.D., *Commissioner of Health.*

Date Adopted: July 12, 1963

Date Effective: July 12, 1963

Regulation 80A. Artificially Sweetened Ice Cream. "Artificially sweetened ice cream" means the pure, clean, frozen products made from a combination of milk products, sorbitol, cyclamate calcium, a non-nutritive artificial sweetener for use only by persons who must restrict their intake of ordinary sweets, with or without egg or egg products, with harmless flavoring and with or without harmless coloring, and with or without added stabilizer or emulsifier composed of wholesome edible material. It shall contain not more than one half of one per cent by weight of stabilizer and not more than one fifth of one per cent by weight of emulsifier, not less than ten per cent by weight of milk fat, and not less than twenty per cent by weight of total milk solids; except when fruit, nuts, cocoa, chocolate, maple syrup, cakes or confection are used for the purpose of flavoring, said flavoring shall be sweetened only with an artificial sweetener, then such reduction in milk fat and in total milk solids as is due to the addition of such flavors shall be permitted, but in no such case shall it contain less than eight per cent by weight of milk fat, nor less than sixteen per cent by weight of total milk solids. In no case shall any artificial sweetened ice cream weigh less than four and one half pounds per gallon and contain less than one and six-tenths (1.6) pounds of total food solids per gallon.

The manufacturer shall place the artificially sweetened ice cream only in pint packages or containers which shall be clearly and plainly labeled, "artificially sweetened" appearing immediately preceding the words "ice cream," in similar type, of at least one-half the size of the type used for the words "ice cream." The entire phrase "artificially sweetened ice cream" must appear in a clear and visible manner. In addition, the manufacturer shall label thereon "intended for diabetics under medical advice" and any other warning statement which the Commissioner of Health may prescribe. The label shall also contain a statement in terms of percentage by weight of protein, fat and carbohydrates, the total number of calories per ounce, the number of calories contributed by carbohydrates and any carbohydrates other than lactose, and the name of each ingredient entering into the composition other than flavors. The artificially sweetened ice cream shall not be sold in any quantity or in any manner other than in a sealed or unbroken pint package or container.

ROBERT E. FARBER, M.D., *Commissioner of Health.*

Date Adopted: September 1, 1963

Date Effective: September 1, 1963

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