

CITY OF BALTIMORE

ONE HUNDRED AND FIFTY-FIRST

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1965



*To the Mayor and City Council of Baltimore for the
Year Ended December 31, 1965*

Without health, life is not life . . .

ARIPHON THE SICYONIAN

*If we could first know where we are and whither we are tending,
we could better judge what to do and how to do it.*

ABRAHAM LINCOLN

DEPARTMENT OF HEALTH

Commissioner, ROBERT E. FARBER, M.D., M.P.H.
Deputy Commissioner, MATTHEW TAYBACK, Sc.D.

LOCAL HEALTH SERVICES

JOHN B. DE HOFF, M.D., *Director*

Eastern Health District.....	Wilson M. Wing, M.D., M.P.H., Health Officer
Druid Health District.....	H. Maceo Williams, M.D., M.P.H., Health Officer
Southeastern Health District.....	Wilson M. Wing, M.D., M.P.H., Health Officer
Southern Health District.....	C. Gottfried Baumann, M.D., M.P.H., Health Officer
Western Health District.....	C. Gottfried Baumann, M.D., M.P.H., Health Officer
Health Information.....	Joseph Gordon, B.S., Director
Public Health Nursing.....	Alice M. Sundberg, R.N., M.P.H., Director
Communicable Diseases.....	James E. Peterman, M.D., M.P.H., Director
Tuberculosis.....	Allan S. Moodie, M.B., D.P.H., Control Officer
Tuberculosis Clinics.....	Meyer W. Jacobson, M.D., Clinical Director
Tuberculosis Surveys.....	M.S. Shiling, M.D., Director
Venereal Diseases.....	E. Walter Shervington, M.D., Clinical Director
Dental Care.....	H. Berton McCauley, D.D.S., Director
Nutrition.....	Eleanor M. Snyder, M.S., Chief

CHILD HEALTH SERVICES

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

Maternal and Child Health.....	George H. Davis, M.D., Associate Director
Maternity Project 501.....	Kathleen A. Swallow, M.D., M.P.H., Director
Preschool Hygiene.....	Robert E. Yim, M.D., Clinical Director
Child Day Care.....	Marion D. Persons, B.A., Chief
School Hygiene.....	John B. Saratsiotis, M.D., M.P.H., Director
Handicapped Children.....	Gary S. Goshorn, M.D., Chief

MENTAL HEALTH SERVICES

WAYNE E. JACOBSON, M.D., *Director*

Alcoholism Programs.....	Harry E. Shelley, Th.B., LL.B., Coordinator
Alcoholism Clinic.....	A. M. Schneidmuhl, M.D., M.P.H., Director
Eastern Mental Health Clinic.....	Hugh Jones, M.A., Administrator
Psychiatric Day Center.....	Gertrude M. Gross, M.D., Director
Western Mental Health Clinic.....	Saim B. Akin, M.D., Director

MEDICAL CARE SERVICES

JOHN B. DE HOFF, M.D., *Acting Director*

Medical Supervisor.....	Henry W. D. Holljes, M.D.
Nursing Homes.....	J. Raymond Gladue, M.D.
Pharmacist.....	Gordon A. Mouat, B.S. in Pharmacy
Pharmacist.....	Victor H. Morgenroth, Jr., B.S. in Pharmacy

SANITARY SERVICES

GEORGE W. SCHUCKER, B.E., *Director*

Environmental Hygiene.....	Director
Community Sanitation.....	Elbert H. Cohen, B.S., LL.B., Chief
Rodent Control.....	John A. Childs, Chief
Food Control.....	Jacque G. Ayd, A.B., LL.B., Director
Food Plant Inspection.....	Benjamin Ginsberg, Ph.G., Chief
Industrial Hygiene.....	Elkins W. Dahle, B.S., Director
Air Pollution Control.....	C. Edward Sachs, Pr. P.H., Engr.
Industrial Hygiene Investigations.....	David T. Lewis, B.S., Chief
Meat Inspection.....	David R. Berzon, D.V.M., Director
Milk Control.....	Gulius D. D'Ambrogli, M.S., Director
Dairy Farm Inspection.....	Joseph H. Pohlhaus, B.S., Chief
Milk Plant Inspection.....	Louis G. Hillebrand, Jr., Chief
Sanitarian Training.....	Milton P. Friedmann, B.S., Chief

LABORATORY SERVICES

CLINTON L. EWING, *Director*

Chemistry.....	Emanuel Kaplan, Sc.D., Assistant Director
Microbiology.....	Katherine Welsh, A.B., Assistant Director

RESEARCH AND PLANNING

Biostatistics.....	Elizabeth B. Kelley, B.S., Director
Vital Records.....	Sidney M. Norton, B.S., Director

CONSULTANTS

DR. JOHN E. BORDLEY,
Professor of Laryngology and Otolary, Johns Hopkins School of Medicine.

DR. J. EDMUND BRADLEY,
Professor and Head of Pediatrics, School of Medicine, University of Maryland, Retired.

DR. WILLIAM J. PEEPLES,
Commissioner, Maryland State Department of Health.

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

DR. ISADORE TUEBK,
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 Emeritus of Orthopaedic Surgery, School of Medicine,
University of Maryland, Retired.*

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.*

THE HEALTH DEPARTMENT AT WORK

1965



METROPOLITAN COOPERATION

Mayor McKeldin joined with County Executives and the Maryland State Department of Health in establishing an official Metropolitan Baltimore Air Quality Survey Program.



MATERNITY CENTER IS OPENED

City, State and Federal officials attended the dedication of the new Baltimore Maternity Center at 211 W. Lombard Street. The new project to prevent mental retardation and expand maternal and child health services was made possible by the U. S. Children's Bureau.

HLIGHTS

DIABETES DETECTION

Joint planning by state and city medical and health groups resulted in finding 56 diabetics out of 3,172 persons tested.



FOOD CONTROL

Control methods in fighting the enemies of food were demonstrated at the 1965 Mid-Atlantic Regional Restaurant Mart.

ALCOHOLISM PROGRAMS

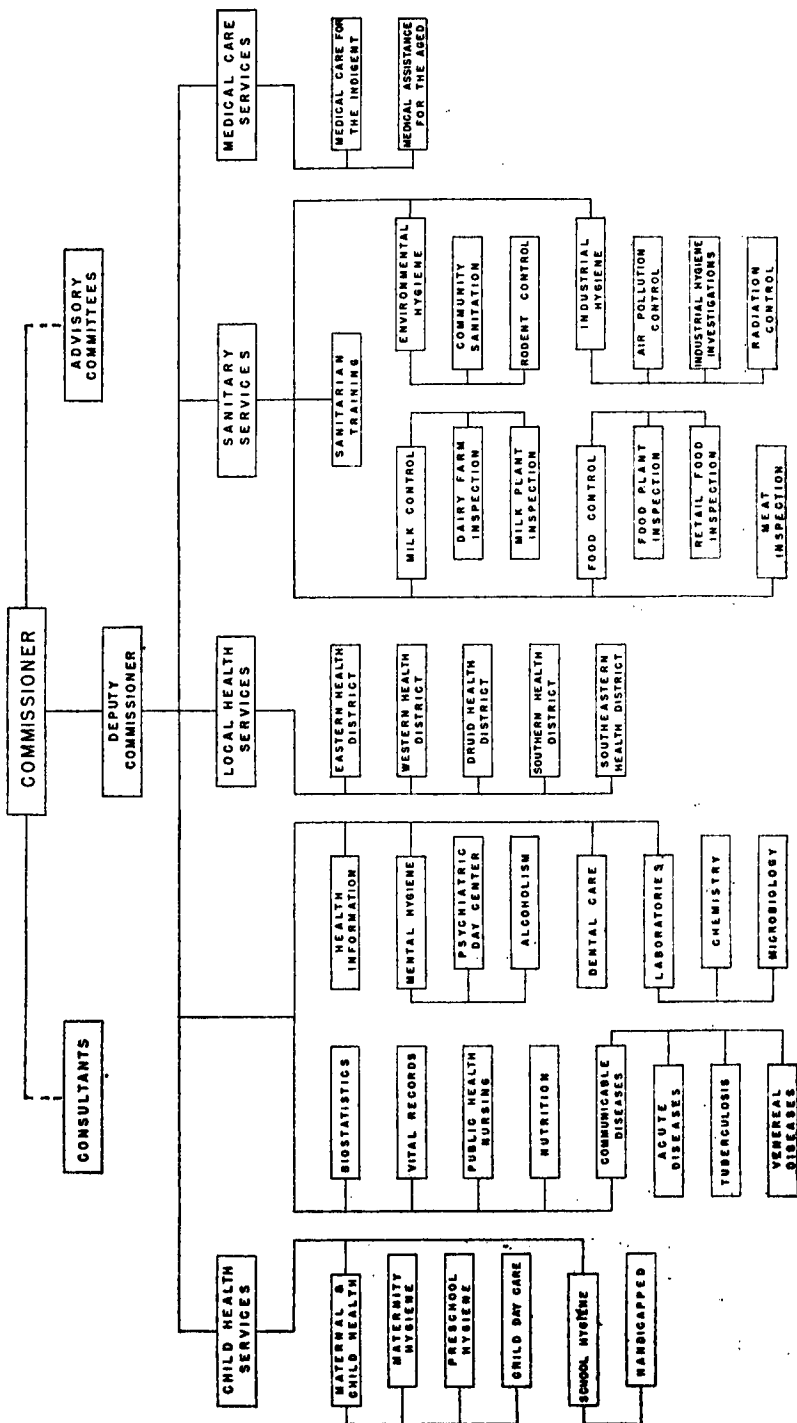
Governor Tawes transmits Proclamation on Alcoholism Information Week to representatives of the City Health Department and the Baltimore Area Council on Alcoholism.



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ORGANIZATION CHART BALTIMORE CITY HEALTH DEPARTMENT



ONE HUNDRED AND FIFTY-FIRST ANNUAL REPORT OF THE BALTIMORE CITY HEALTH DEPARTMENT

1965

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 fifty-first 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, 1965.

Introduction

A sharp drop in the number of resident births, an increase in low income families and of elderly individuals and record highs in the loss of lives and in the number of persons injured due to automobile accidents were the more important developments during 1965 of major consequence to the health of the city's residents.

The following additional major developments were noted: (1) Diseases preventable by vaccines were kept well within control and near eradication levels. Of particular note was a fourth year free of poliomyelitis, another year without diphtheria and smallpox, one case of tetanus which terminated fatally in an unimmunized person, and a small number of reported cases of whooping cough. (2) Diseases subject to broad control programs were kept within their 1963-1964 levels of occurrence, but no significant advances were made. These diseases were tuberculosis—746 cases and 106 deaths, and the venereal diseases—347 cases of reported infectious syphilis and 5,670 cases of reported gonorrhea. (3) The loss of life among Negro infants declined by 20 per cent to a record new low nonwhite infant mortality rate of 31.7 deaths per 1,000 live births. Unfortunately, the infant mortality among white infants increased by 13 per cent from 22.0 in 1964 to 24.8 in 1965. (4) The loss of life due to cancer of the lung showed no evidence of decline even though it has been clear for years that cigarette smoking is a major cause of this disease. (5) A coopera-

tive metropolitan program for control of atmospheric pollution was initiated through the efforts of the Mayor of Baltimore City and the Executives of Baltimore and Anne Arundel counties. (6) The special Maternity and Infant Care Project opened the Baltimore Maternity Center at 211 W. Lombard Street and expanded its services to provide improved care to infants seen in the Health Department well baby clinics.

Worthy of note also were the federal legislative acts passed during the first session of the 89th Congress which will substantially alter the future of medical and health services for Baltimore City residents. These included a new program of medical services for the elderly; regional centers for cancer, stroke and heart disease; a revised program of medical services for the indigent and the medically indigent; financial support for medical students through loans and scholarships; and authorization of programs of medical care for children of economically deprived families.

The year 1965 also saw a number of other noteworthy events which will make their mark on the city's health. These were: (1) the appointment of a Coordinator of Alcoholism Programs and a Director of Mental Hygiene Services; (2) the inauguration of a color vision testing program for 10th grade students to aid occupational selections; (3) the establishment of an in-service training course for day nursery personnel by the City Department of Education; (4) the appointment of an administrative health officer for tuberculosis control in the Bureau of Communicable Diseases, and the intensifying of the tuberculosis and venereal disease programs with assistance from the U. S. Public Health Service; (5) the adoption of new regulations to control the operation of blood centers; (6) the conduct of the seventh summer program for student volunteers; (7) participation in the Head Start, Neighborhood Youth Corps, Job Corps, and VISTA anti-poverty programs; (8) the introduction of measles vaccination for clinic babies and plans for an immunization surveillance program utilizing birth registration records; (9) continuance of anti-smoking education programs including the completion and distribution by the City Department of Education of an anti-smoking curriculum for upper elementary grades; (10) the development of plans for a rat eradication program to be instituted upon approval of funds by the Office of Economic Opportunity; (11) the elimination of pesticides in milk and the replacement of milk cans by tank trucks for transporting milk to dairy plants; (12) the transfer of the Bureau of Laboratories to the State Department of Health; (13) the establishment of family planning clinics in health district buildings; (14) the readying of plans

for requesting a federal grant for establishing comprehensive pediatric centers in cooperation with teaching hospitals in the city; and (15) the appointment of a physician at a top administrative level to coordinate all district health activities and other local health services. These and other activities of the Department of Health are explained in greater detail in the report that follows.

The Health of the City

The estimated population of the city on July 1, 1965 was 918,000; the white population was 548,000 and the nonwhite population was 370,000 or 40.3 per cent of the total. These figures have been used in calculating the rates in this report.

There were 19,907 resident births registered during 1965. This is 2,080 below the 1964 total and the lowest number recorded among city residents since 1945. The decline in births occurred among all segments of the population resulting in sizable decreases in both the white and the nonwhite birth rates. The white birth rate decreased by 8.8 per cent from 19.3 births per 1,000 residents in 1964 to 17.6 in 1965 while the nonwhite rate decreased by 10.0 per cent from 30.9 birth per 1,000 residents to 27.8. For the second consecutive year nonwhite births exceeded white births, accounting for 51.6 per cent of all resident births.

Mortality among nonwhite infants dropped from 39.7 infant deaths per 1,000 live births in 1964 to 31.7 in 1965, a dramatic 20.2 per cent decline. The lowest nonwhite infant death rate achieved in the past was 37.2 in 1953. The death rate among white infants was 24.8 compared to 22.0 in 1964. Although this increase is disappointing, the figure is within the range of those rates experienced during the past three years. Twelve women died as the result of childbearing giving a rate of 6 maternal deaths per 10,000 live births.

Among those diseases for which preventive vaccines exist, there were no reported cases of diphtheria, 1 case of tetanus resulting in the death of an unimmunized man, and three cases of typhoid fever none of which resulted in death. The number of cases of whooping cough was the lowest on record, and it now appears that this is one more communicable disease which is approaching eradication levels. For the fourth consecutive year the city was without a single case of poliomyelitis.

There were 3 cases of Rocky Mountain spotted fever, the first among city residents since 1962, and 2 cases of psittacosis, the first since 1958. None of these cases resulted in death.

The tuberculosis death rate of 11.5 per 100,000 persons was slightly higher than the rate of 10.4 in 1964. However, it remains among the lowest annual death rates recorded for this disease in Baltimore.

Principal Causes of Death

A total of 11,643 residents died during 1965 giving a death rate of 12.7 per 1,000 population. The seven leading causes of death shown below accounted for 80 per cent of all resident deaths.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH
TOTAL, WHITE AND COLORED POPULATION—BALTIMORE 1964-1965

TOTAL POPULATION			WHITE POPULATION			COLORED POPULATION		
Cause	Death Rate per 100,000		Cause	Death Rate per 100,000		Cause	Death Rate per 100,000	
	1965	1964		1965	1964		1965	1964
Diseases of the heart . . .	521.6	522.2	Diseases of the heart . . .	651.3	627.5	Diseases of the heart . . .	329.5	359.4
Cancer, all forms	220.2	206.2	Cancer, all forms	252.4	242.7	Cancer, all forms	172.4	149.7
Vascular lesions of the central nervous system . . .	94.3	88.6	Vascular lesions of the central nervous system . . .	104.2	97.3	Vascular lesions of the central nervous system . . .	79.7	75.1
Accidents	51.1	46.0	Accidents	48.2	41.6	Certain diseases of early infancy	62.2	78.5
Influenza and pneumonia . .	43.5	39.2	Diseases of the arteries and veins	48.2	49.1	Accidents	55.4	52.8
Certain diseases of early infancy	41.9	46.7	Influenza and pneumo- nia	47.1	39.8	Influenza and pneumo- nia	38.1	38.1
Diseases of the arteries and veins	38.3	39.5	Diabetes	39.6	41.8	Diabetes	32.2	26.2

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1965.

FINANCIAL STATEMENT

As of December 31, 1965

Total City Appropriations	\$10,691,420.50
Total City Expenditures	9,624,606.85

Expenditures of the Baltimore City Health Department

Administration	\$ 206,521.13
Health Information	70,860.70
Laboratories	219,630.70
Mental Health (Includes Alcoholism Services)	158,760.27
Public Health Nursing	1,310,413.89

\$1,966,186.69

LOCAL HEALTH SERVICES

Druid Health District.....	\$ 55,972.95
Eastern Health District.....	68,998.91
Southeastern Health District.....	31,783.02
Southern Health District.....	21,405.02
Western Health District.....	55,463.66
	<hr/>
	\$ 233,623.56

PREVENTIVE MEDICINE SERVICES

Communicable Diseases.....	\$ 43,406.22
Dental Care.....	175,390.51
Nutrition.....	10,466.88
Tuberculosis.....	201,493.21
Venereal Diseases.....	122,825.09
	<hr/>
	\$ 553,581.91

CHILD HEALTH SERVICES

Handicapped Children.....	\$ 49,472.38
Maternal and Child Health.....	221,730.91
School Health.....	186,648.75
	<hr/>
	\$ 457,852.04

MEDICAL CARE SERVICES

Medical Assistance for the Aged	
Administration (100% State Aid).....	\$ 32,558.42
Professional Services (100% State Aid).....	774,532.57
Medical Care for Indigent	
Administration.....	220,496.71
Professional Services (100% State Aid).....	2,941,454.76
	<hr/>
	\$3,969,042.46

SANITARY SERVICES

Administration.....	\$ 58,491.87
Environmental Hygiene.....	243,115.60
Food.....	127,179.64
Industrial Hygiene.....	131,622.72
Meat.....	173,190.17
Milk.....	141,831.28
	<hr/>
	\$ 875,431.28

RESEARCH AND PLANNING

Administration.....	\$ 11,444.39
Medical Epidemiology.....	2,845.87
Vital Records.....	116,422.62
Biostatistics.....	100,050.16
	<hr/>
	\$ 230,763.04

CONTRACTUAL SERVICES

Instructive Visiting Nurse Association.....	\$ 240,000.00
I.V.N.A. Homemaker Service.....	15,000.00
Supervised Transport Service.....	116,732.00
Chimes School for Mentally Retarded Young Adults.....	11,341.75
Maryland Society for Mentally Re- tarded Children.....	32,277.21
Children's Guild Day Care Center....	89,820.00
Mentally Ill Day Care Center.....	86,759.00
	<hr/>
	\$ 591,930.39

SPECIAL PURPOSE GRANTS

Federal Grant—Tuberculosis.....	\$ 73,794.28
Federal Grant—Venereal Diseases ...	13,479.68
National Institute of Health Grant —Psychiatric Day Center.....	12,841.21
Medical Supervision of Nursing Homes.....	4,162.64
Johns Hopkins Hospital Nursing Education Project.....	6,364.01
Vaccination Project Grant.....	3,288.92
Mass Inoculation.....	10,581.50
Air Pollution Survey.....	18,992.01
O. B. Services.....	592,768.38
Other.....	9,992.01
	<hr/>
	\$ 746,195.48

Total Expenditures..... \$ 9,624,606.85

SOURCE OF FUNDS

State and Federal Funds for Medical Care for In- digent.....	\$3,016,921.84
State and Federal Funds for Medical Assistance to Aged.....	807,090.99
State and Federal Funds for Local Health Services....	2,369,491.82
Funds for Other Services*.....	716,621.97
	<hr/>
City Funds.....	\$6,910,126.62
	<hr/>
Total.....	\$9,624,606.85

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 1965 which was closely related to or a part of the work of the City Health Department:

*United States Public Health Service, U. S. Children's Bureau, National Institutes of Health, Community Chest, and other voluntary agencies.

I. OFFICIAL EXPENDITURES

Department of Hospitals	
Tuberculosis Hospital Services.....	\$ 1,391,176.10
State Department of Health Funds	
State Tuberculosis Hospitals—city cases.....	1,006,693.48
Medical Care—city cases	
Hospital inpatient program.....	7,760,000.00
Hospital outpatient program.....	600,000.00
State Chronic Disease Hospitals—city cases.....	1,247,479.48
Rehabilitation Centers.....	86,462.00
State Mental Hospitals—city cases.....	14,000,000.00
Services for Crippled Children	
State Funds.....	711,483.00
Federal Funds.....	93,529.98
Federal Funds—venereal disease control.....	91,000.00
Other Federal Funds for Research and Training.....	20,000.00
	<hr/>
	\$26,997,824.04

II. NONOFFICIAL EXPENDITURES

American Cancer Society—Baltimore City Unit.....	\$ 99,610.71
Baltimore Area Council on Alcoholism.....	20,000.00†
Baltimore Chapter: Maryland Association for Retarded Children, Inc.....	320,000.00
Baltimore Chapter—Muscular Dystrophy Association of America, Inc.....	25,066.92
Baltimore Hearing Society.....	45,000.00
Baltimore League for Crippled Children and Adults, Inc.....	152,403.71
Baltimore Safety Council, Inc.....	27,000.00†
Food Establishments—sanitary control, auxiliary inspection.....	100,000.00†
Greater Baltimore Chapter—National Foundation—March of Dimes.....	127,868.00
Heart Association of Maryland.....	330,000.00
Instructive Visiting Nurse Association.....	297,825.80
Johns Hopkins University—Eastern Health District.....	3,816.34
Laboratory Services—hospital or private.....	600,000.00†
Maryland Chapter—Arthritis and Rheumatism Foundation.....	56,000.00
Maryland Chapter—National Cystic Fibrosis Research Foundation.....	16,897.81
Maryland Chapter—National Multiple Sclerosis Society.....	3,784.00†
Maryland Kidney Foundation.....	27,250.00
Maryland Society for the Prevention of Blindness.....	18,000.00†
Maryland Tuberculosis Association.....	144,257.00
Metropolitan Baltimore Association for Mental Health, Inc.....	72,930.00
Pasteurization Plants—farm and laboratory control.....	295,000.00†
Venereal disease control—hospital dispensaries.....	15,000.00†
	<hr/>
	\$ 2,825,710.29†
Total.....	<hr/>
	\$29,823,534.33†

† Approximate figure.

Staff Changes

On July 1 Dr. John B. De Hoff was named Director of Local Health Services filling the vacancy created by the death of Dr. W. Sinclair Harper in February, 1964. Dr. De Hoff also assumed responsibility for direction of the Medical Care Services on the retirement of Dr. J. Wilfrid Davis on October 22 after 22 years of service. Other administrative appointments included the following: Mr. Harry E. Shelley became Coordinator of Alcoholism Programs, a new post, on February 1; Dr. Allan S. Moodie was appointed Administrative Health Officer for Tuberculosis Control, also a new post, on March 12; Mr. Jacque G. Ayd was promoted to Director, Bureau of Food Control, May 13, following the retirement of Mr. Ferdinand A. Korff on March 31 after 40 years of service; likewise Mr. Benjamin

Ginsberg, was promoted to Chief, Division of Food Plant Inspection on May 25 following Mr. Ayd's promotion; David R. Berzon, D.V.M. was promoted to Director, Bureau of Meat Inspection on May 13 following the retirement of William J. Gallagher, D.V.M., on April 30 after 25 years of service; Dr. Wayne E. Jacobson, psychiatrist, was named Director, Bureau of Mental Hygiene on July 1; and Mr. John Bamberger was promoted to Chief, Division of Community Health Information, a new post in the Bureau of Health Information, on December 23.

In the special Maternity and Infant Services Project 501, Dr. Kathleen A. Swallow was named Director of the Project on July 8 following the resignation of Dr. John J. Bianco on June 30. Staff members of the project are listed with the personnel of the Bureau of Maternal and Child Health at the end of that bureau's report.

The following additional personnel were pensioned during the year: Ida S. Blum, Principal Clerk, January 31, after 39 years of service; Lillian J. Dudderar, Principal Clerk Stenographer, January 31, 17 years; Mattie May Gwynn, Principal Clerk Stenographer, December 22, 38 years; Patrick J. McHugh, Laboratory Aide, April 8, 10 years; Loretto Minitor, Senior Clerk Typist, December 14, 26 years; Henry A. Miller, Sanitarian, March 31, 37 years; and Dr. J. Winthrop Phelps, Physician, Division for the Handicapped, October 13, 10 years of service.

The Department and the city medical profession sustained a great loss on February 1 with the death of Dr. C. Reid Edwards, Consultant since 1957. Likewise, the Department lost a devoted worker in the sudden passing on November 5 of Mr. George O. Motry, who had been Director of the Bureau of Environmental Hygiene since January 13, 1960 and a member of the Health Department staff since September 14, 1937.

The City Health Department roster on December 31, 1965 included 681 full-time and 175 part-time employees.

Conclusion

It may be noted that the death rate among white residents is estimated to be 14.1, a level which is more than 40 per cent above the national death rate. There is no need to presume, however, that health conditions in Baltimore City have all but collapsed. The reason for the difference derives from the exceptional concentration of elderly individuals within the city and the continuous outmigration of younger persons to the suburban areas. Thus among the white residents the proportion of the population 65 years and older in age

has now exceeded 13 per cent. Within several years there will be 100,000 elderly residents in the city.

From a health point of view, the growing number of elderly persons in the city, and their rapid increase as a proportion of the population, will require increasing attention to their problems.

The goal of reducing loss of life and preventing disease, historically the central focus of thinking in public health work, will require a more broadened point of view as the problems of the elderly gradually assume a dominant place in public attention. The development of services designed to maintain the older family as an independent socially functioning unit will become a prime objective of the public health agency, an objective to be shared with other public and voluntary groups and involving new skills and types of personnel not now frequently employed by the health agency.

Respectfully submitted,

Robert E. Farber, M.D.

Commissioner of Health.

Baltimore, Maryland

May 1, 1966

EXECUTIVE OFFICE

Personnel

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

JOHN B. DE HOFF, M.D., Director, Local Health Services

BEATRICE BRYANT, Senior Administrative Assistant

MARY L. RENTZ, Principal Clerk Stenographer

MARY F. RILEY, Principal Clerk Stenographer

MARGARET G. PETERMAN, Head Clerk

MARY A. WILLIAMS, Senior Clerk Stenographer

BERNARD A. SMITH, Senior Building Custodian

RAYMOND L. LINDEMANN, Clerk

NOTE: Personnel records as given here and at the close of each bureau report are in accordance with the Department staff roster of December 31, 1965.

DEPUTY COMMISSIONER OF HEALTH

Matthew Tayback, Sc.D.

The 1965 amendments to the Social Security Law included federal commitments for vast new medical care services for Baltimore City residents. A major task was to develop plans which would assure that new funds made available contributed to meaningful improvements in the health levels of the population. Thus the Deputy Health Commissioner spent considerable time in the reorganization of the Medical Care Section activities and staff to conform to new responsibilities implicit in Title 19 of the Social Security Law. In addition a significant fraction of time was devoted to the design of several Comprehensive Pediatric Centers to be funded under Title 2 of this law.

With respect to specific programs, efforts were made to accelerate the vaccination of preschool children through resources made available by the Vaccination Assistance Act. Also attention was given to the problem of unplanned births to girls 16 years of age and under, a tragic incident affecting the lives of more than 1,000 girls and the infants born to these girls. A grant was secured late in the year to make possible an experimental clinic to help young girls avoid unwanted pregnancies.

During the year it became increasingly clear that social and economic reforms in the lives of the many indigent and medically indigent families living in the City was the urgent need to bring meaningful improvements in such problem areas as tuberculosis control, venereal disease control, high infant mortality levels, and inadequate care of the medically indigent, particularly of the elderly.

Office of the Deputy Commissioner

MATTHEW TAYBACK, Sc.D., Deputy Commissioner of Health

LETRUCE M. BOYLE, Principal Clerk Stenographer

EDMUND E. JENKINS, B.S., Senior Statistician

H. MARGARET LEA, M.A., Senior Statistician

FRANK L. LEWIS, Public Health Advisor, Immunization Project

BUREAU OF HEALTH INFORMATION

Joseph Gordon

Director

The year 1965 was marked by intensive and expanded public health education in maternal and child health, the dangers in cigarette smoking, the venereal diseases, and alcoholism. The bureau's work in these and other community and individual health problems are delineated below. As a service unit the bureau supervised all departmental printing and mail services and gave consultation and assistance on health education and information not only to the department's subdivisions but to many other agencies and individuals. In retrospect of the year's activities it can be said that at no time in the bureau's history has a greater diversified effort been made to improve the health status of Baltimore's residents.

Community Health Programs

A year long program of intensive community education in sensitizing and educating residents to the importance of prenatal care and the services available at the Baltimore Maternity Center was made possible through the appointment in late 1964 of Mrs. Margaret B. Pollard as health educator on the staff of the Maternity and Infant Services Project 501. The Project report is included with that of the Bureau of Maternal and Child Health.

Health education in relation to smoking and health continued in the community through the efforts of the Baltimore Interagency Conference on Smoking and Health initially sponsored by the City Health Department. By the end of the year the Curriculum Development Division of the City Department of Education had completed a new curriculum resource unit on smoking and health, which was distributed to all 5th and 6th grade teachers for use before the end of the 1965-1966 school year. The Bureau of Health Information and members of the Child Health Services Section worked closely with the Curriculum Division in the development of the new unit.

The assignment to Baltimore in May of Mr. Harvey Felix, VD Information-Education Specialist, by the U. S. Public Health Service enabled the Department to expand its VD education work. These included special radio and television programs, newspaper articles and group educational sessions for students and adults. The help of the Baltimore Junior Association of Commerce was enlisted and a start was made on program planning by this group.

New impetus was given in the field of alcoholism education with the appointment of Mr. Harry E. Shelley as Coordinator of Alcoholism Programs. Joint efforts were directed toward clarifying the status of alcoholism as a public health problem both for the individual and the community.

In addition to the above special areas, the bureau continued its health education—information activities in general public health work including accident prevention, environmental and food sanitation, diabetes detection, dental care, nutrition, and the communicable diseases. In the latter field new programs of immunization against the common preventable illnesses of childhood were planned with the help of Mr. Frank L. Lewis, a Public Health Service Representative assigned to the Department by the U. S. Communicable Disease Center in Atlanta, Georgia.

As in past years the bureau cooperated in public education during National Children's Dental Health Week, Clean-up Week, Poison Control Week, Fire Prevention Week, at Health Fairs at Harlem Park and Perkins Square, and with the many community health and related agencies in drives or other special programs. Particular mention should be made of the close cooperation with the Medical and Chirurgical Faculty of Maryland, the Baltimore City Medical Society, the Monumental Medical Society and the many official and nonofficial agencies which helped in many of the above programs.

Publications

The preparation and distribution of Health Department publications constitute an important area of health education and information. The prime responsibility for this activity rests with the Bureau of Health Information. Publications issued during 1965 included the following:

1. The Commissioner's *Weekly Letter to the Mayor* including the weekly statistics which serves as a news vehicle was distributed to over 400 individuals and agencies including the press, radio and TV. This newsletter was supplemented by the issuance of 29 special news releases on timely health matters.

2. The *Baltimore Health News* was issued for the 48th year and sent to approximately 15,000 persons and agencies in the city and elsewhere including libraries, physicians, hospitals, nurses, dentists, the clergy, teachers, and others.

3. The *150th Annual Report of the Department of Health—1964* was distributed to 500 persons or agencies which use the publication for educational or research purposes.

4. The *Quarterly Statistical Report* was printed for the 17th consecutive year and distributed to a selected mailing list by the Bureau of Biostatistics.

In addition to the above, the bureau assisted in the production of 16 new and 7 revised pamphlets, the titles of which are given in the Appendix. Over the year the bureau's duplicating service, in addition to supervising the printing requisitions directed to the Municipal Duplicating Bureau, processed 678 requisitions requiring the preparation of 2,273 master copies or plates and the printing of 2,500,000 copies of text and forms for Departmental use. Editorial and library services were continued, and monthly messages were prepared for the Commissioner of Health for inclusion in the *Maryland State Medical Journal*.

Radio and Television

Previous mention has been made of the use of radio and television in the Department's health education-information work. The contributions of these media have been invaluable toward promoting civic health.

The "Keeping Well" spot announcements were prepared and sent to radio and television stations for use on a weekly basis. At the end of the year plans were underway with WBAL-TV to augment the TV spots by having two public health nurses featured in giving "Keeping Well" messages to the public. This is believed to be a "first" in using public health nurses for such community education.

The "Your Family Doctor" television series inaugurated December, 1948, and considered the oldest continuous television health series, was produced in 1965 with the cooperation of the Medical and Chirurgical Faculty of Maryland and WMAR-TV. Year's end saw the presentation of its 858th program. Titles of TV and radio subjects are found in the tables following this report.

Exhibits, Films and Other Services

A total of 125 large and 1,500 small exhibits were prepared by the Exhibits Specialist for display in a variety of locations in health district buildings, at health fairs, for special meetings, for television and elsewhere. In addition, the bureau arranged for the procurement or showing of 271 films; loaned audiovisual equipment on 100 occasions; produced 731 photos for exhibit, press, administrative, or educational use; served as a referral center for the public's inquiries on health, and supervised the Department's mail service amounting

to approximately 500,000 pieces yearly and about 2,000 messenger trips, chiefly in cooperation with the Municipal Post Office.

On December 23 Mr. John Bamberger was promoted to Chief, Division of Community Health Information, a new post in the bureau.

Personnel

JOSEPH GORDON, B.S., Director

JOHN BAMBERGER, B.A., Chief, Division of Community Health Information

FREDERIC STINER, Senior Exhibits Specialist

CHARLES SCALION, Senior Printing Press Operator

MARGARET P. SHAVER, Senior Clerk Typist

CHARLOTTE WILHELM, Senior Clerk Stenographer

BARBARA SMITH, Senior Clerk Stenographer

CECIL G. COLEMAN, Clerk

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	8	Physical Check-up
	10	Alcoholism Clinic
	17	Immunization
	24	Easy to Start—Hard to Stop
	31	Overweight
February	7	Take Care of Baby Teeth
	14	Glaucoma—Thief of Sight
	21	Cigarettes Strike at Your Heart
	28	Animal Bites and Rabies
March	7	Pregnancy Demands Medical Attention
	14	Prevent Accidental Poisonings
	21	Prevent Lead Paint Poisoning
	28	Birth Defects and Prenatal Care
April	4	A Clean City
	11	Immunize Your Child
	18	A Cancer Check-up
	25	High Weeds
May	2	You May Be Eligible for MAA
	9	Fight the Rat
	16	Hearing
	23	Tuberculosis
	30	Ticks
June	6	Alcoholism
	13	Smoking and Health
	20	Learn to Swim
	27	Safe Boating
July	4	Lead Paint Poisoning
	11	Picnic Food
	18	Swimming Pool Care
	25	Baltimore Maternity Center
August	1	Measles
	8	Botulism
	15	Ready for School
	22	Overweight
	29	Safe Driving and Seat Belts
September	4	Child Safety
	11	Influenza
	18	Sight Saving
	25	Don't Fall for Food Fads
October	8	Fire Prevention
	10	Check Your Furnace
	17	Keep the Air Clean
	24	Prevent Colds
	31	Hunting Safety
November	7	Detect Diabetes
	14	Get Your Diabetes Test Today
	21	A Safe Thanksgiving Turkey
	28	Tuberculosis
December	5	Safe Toys for Christmas
	12	Trim Your Tree for Fire Safety
	19	Alcoholism
	26	Happy Holiday Season

* 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, 1965—"YOUR FAMILY DOCTOR" SERIES: WMAR-TV*

DATE	TITLE	GUESTS
January 2	The Helping Hand	Dr. Robert E. Farber, Dr. Matthew Tayback Dr. Abraham M. Schneidmuhl
9	Trapped in the Bottle	
16	We Have Just Begun to Fight	
23	Help for the Human Hinges	Dr. Harry F. Kleinfelter, Jr.
30	Hearts and Smokers	Dr. Robert J. Wilder
February 6	Tooth and Consequences	Dr. H. Berton McCauley
13	Trapped in the Bottle	Dr. Abraham M. Schneidmuhl
21	That Lazarus May Live	Mr. Donald Dembo
29	The Open Door	Dr. George Davis Dr. John J. Bianco
March 7	Look Alive	
14	Poisons in Your Home	
21	A New Threat of Rabies	Dr. Kenneth L. Crawford
27	Insight	Dr. Bernard Tabatznik
April 3	In Our Hands	Chief Charles Crowley Mr. George Motry Mr. Joseph McCarthy Dr. Louis A. M. Krause Dr. George H. Yeager
10	The History of Medicine—Civil War	
17	The Enemy Within	
24	Let's Talk About Lead	
May 15	A Sound Life	Dr. Cyrus Blanchard
22	The Uninvited	Mr. John Childs
29	What's Your Driver I.Q.?	
June 5	Which Hat Will You Wear?	
12	Until the Doctor Comes	Dr. Robert J. Wilder
19	Killer at Large	
26	The Pool	Mr. Elbert Cohen
July 3	The Goof Balls	Dr. Charles Savage
10	Scuba Do's and Dont's	
17	Dangerous Waters	Mr. Robert M. Brown
24	To Your Health	Mr. Harry E. Shelley
31	The Meat Inspector	Dr. David R. Berzon
August 7	Can the Leopard Change His Spots?	Dr. Donald N. Medearis, Jr.
14	A Fast Start	Dr. J. L. Rhyne
29	Fads About Fat	Mrs. Eleanor McKnight Snyder
September 4	The Driver Is No. 1	
11	Is Smoking Worth It?	
18	A Number of Noahs	Mr. Paul Marino
October 2	Cause for Alarm	Captain Joseph A. McLaughlin
9	Team Up to Help	
16	Color Blind	Mrs. Ruby Beacham
23	The Fall of the Year	
30	Nimrod's Zoonoses	Dr. Kenneth L. Crawford
November 6	A Place for the Exceptional Child	Colonel Kelvin H. Hunter
13	I Ain't Down Yet	Dr. A. A. Silver
20	Take Time for Teeth	
27	The Art of Detection	Mrs. Bert Claster
December 11	Hazards of the Holidays	Dr. Frank Bennett, Miss Alice Sundberg, Chief Charles Crowley, Mr. Jacque Ayd Mrs. Walter E. James
18	The Baby Sitter	

* This series was inaugurated December 15, 1958. The part of "Dr. John Worthington" the family doctor who appears from week to week, was played by Mr. John Bamberger, Chief, Division of Community Health Information, Baltimore City Health Department.

BUREAU OF LABORATORIES

Clinton L. Ewing

Director

The year 1965 was a year of transition for the Baltimore City Health Department's Bureau of Laboratories. As a result of top administrative decisions by both the State and City government in 1964, the City Health Department's Bureau of Laboratories, established July, 1896, became an agency of the Maryland State Department of Health. The transfer was accomplished gradually beginning in July, 1964 when the State began funding the laboratory operation by providing the monies for salaries and operating expenses. The first group of 13 employees was transferred on August 25, 1965, the second group on November 3, and one employee was transferred on December 1.

In October, two State Laboratory employees were transferred from 16 East 23rd Street to the Municipal Office Building. These employees were concerned with services relating to environmental chemistry. Additional personnel were selected from the State Employment lists, and by December 31 the staff consisted of 42 members. Six staff members remained on the City Payroll including the Director of the Bureau of Laboratories and the Assistant Director for Microbiology.

Public health laboratory services were provided as in past years to physicians and other units of the City Health Department. Staff members made 116,235 microbiological tests of 83,408 clinical specimens and 15,367 bacteriological and 42,011 chemical examinations of 18,307 samples of milk and food products and industrial or other materials.

Tuberculosis

As in the previous year, the renewal of a special grant from the U. S. Public Health Service made it possible to provide additional laboratory services in support of the Health Department program in the control of tuberculosis. All specimens submitted were cultured routinely. In addition, procedures were instituted to identify the so-called unclassified mycobacteria and to make drug sensitivity tests on the mycobacteria isolated. The number of specimens tested for mycobacteria increased from 9,043 in 1964 to 9,928 in 1965.

Syphilis

Another increase in the laboratory work was in the testing of blood and spinal fluid specimens for syphilis. The number examined in-

creased from 48,265 in 1964 to 60,182 in 1965, an increase of 24.7 per cent. The sources of the 1965 specimens were as follows: 462 private physicians submitted 20,159 or 34 per cent; Health Department clinics, 25,786 or 43 per cent; hospitals and other institutions, 7,621 or 12 per cent; and commercial firms and special groups, 6,616 or 11 per cent.

Other Diseases

All animals tested for rabies were found to be negative. The total of 116 tested was slightly higher than the number examined in 1964. Enteric pathogenic bacteria were isolated from fecal specimens on 29 occasions as follows: *Salmonella*, 20 and *Shigella*, 9. All 38 cultures submitted by hospital laboratories were identified. Of the enteric bacteria isolated, 13 were found to be *Salmonella typhi*. These were found in fecal specimens from typhoid carriers.

There were also 129 isolations of coagulase-positive staphylococci and 55 isolations of beta hemolytic streptococci. Of the latter, 31 were Group A. Of 14 blood films examined for malaria, parasites were found in 5 specimens.

Milk, Food and Water

Bacteriologic and chemical examinations were made of over 7,000 samples of milk and dairy products and approximately 1,800 samples of water. No instance of improper pasteurization of milk was detected in the examination of 1,867 samples. In the testing of 3,872 samples of licensed producers' milk, added water was found in 1.9 per cent; 28 samples contained penicillin. Examination was made for pesticidal residues of 371 samples of raw or pasteurized milk. Residues of heptachlor epoxide or dieldrin in excess of the methodology tolerance of 0.25 ppm. were found in 136 samples.

Microanalytical tests for filth were made of 640 samples of miscellaneous foods, and 11.7 per cent showed evidence of insect infestation or rodent contamination. An additional 157 samples were examined as a result of consumer complaints concerning extraneous materials or alleged unwholesomeness.

Investigations of alleged food poisoning cases resulted in the testing of 41 samples of various foods. Coagulase-positive staphylococci were isolated from samples of chicken salad, chocolate eclairs and canned cooked ham. In one case these same organisms were isolated from the hands of a bakery food handler. Phage type 3A staphylococci were found in eclairs obtained from one bakery. The

staphylococci found in the sample of ham gave the phage pattern 6/7/47/53/54/75/83A.

Samples of food, water and ice were submitted from a local hospital. The food and water samples were essentially negative, but the ice samples contained large numbers of coliform bacteria.

In April, *Salmonella give* was isolated from specimens of stuffed ducklings imported from Japan. Samples of another novelty, "Ice Kools", a type of plastic ice balls, and plastic elephants, were submitted. These products contained water and had been imported from Hong Kong and Japan. High bacterial counts were obtained, and various types of bacteria, excluding pathogens, were found in the water.

Chemistry

Routine and investigative services entailed 42,011 examinations of 17,568 samples representing decreases of 7.3 per cent and 0.7 per cent respectively.

Substantial contribution was made to the Health Department's lead paint poisoning control program. In October, the blood lead laboratory service of the Maryland State Department of Health was assumed by the Chemistry laboratory. A total of 1,482 specimens of blood was tested for lead as an aid in the diagnosis and treatment of lead poisoning. Specimens obtained from 958 children and 83 adults were submitted by 22 hospitals and 29 practicing physicians. Excessive amounts of lead were detected in specimens from 113 children and one industrial worker.

Special Activities

Investigation was made of a rapid surfactant method worked out by the California State Department of Agriculture for fat separation from milk and ice cream preparatory to the detection of pesticidal residues. The procedure affords considerable saving in time and reagents.

In a continuing study throughout the year conducted for the Division of Air Pollution Control, the soot content of dustfall in the eastern area of the city was estimated by microscopic examination. Of the total dust collected in 50 samples, from 5 to 80 per cent by volume consisted of soft coal soot and fly ash.

Investigation was continued of the role of fluoride as a suspected airborne phytotoxicant responsible for vegetation damage in industrial areas.

A trial program was begun for urine coproporphyrin as a screening test in lead paint poisoning case finding in asymptomatic children. One positive finding and five suspicious results were obtained in the examination of 79 urine specimens from Well-Baby Clinic No. 23.

Educational and Other Activities

Several members of the staff participated in a correspondence course in parasitology given by the Communicable Disease Center of the U. S. Public Health Service. Staff members also attended classes in Civil Defense and a course in communications sponsored by the Central Laboratories of the Maryland State Department of Health. A number of members collaborated in laboratory evaluations made by State laboratories. The director addressed a meeting of the Maryland Chapter of Executive Housekeepers on hospital sanitation. Lectures were given by staff members to dental, medical and pharmacy students and to a class for laboratory assistants at the Baltimore Junior College. The laboratories also participated in the Health Department's volunteer program. Nine high school students and one high school graduate worked in the laboratories from June 21 to August 27.

Personnel

CLINTON L. EWING, Director*
EMANUEL KAPLAN, Sc.D., Laboratory Scientist VI
KATHARINE E. WELSH, A.B., Assistant Director for Microbiology*
GRACE FREELAND, A.B., Principal Microbiologist*
MARY J. MCMANUS, B.A., Laboratory Scientist III
KENNETH M. HALLAM, B.S., Laboratory Scientist III
SANFORD M. BELTH, B.S.Chem., Laboratory Scientist III
WILBERT R. LEWIS, B.S., Laboratory Scientist III
ROSALINDA MCKENNA, A.B., Laboratory Scientist II
WARREN W. THIELL, Laboratory Scientist II
DUANE B. TILGHMAN, B.S., Laboratory Scientist II
ROBERT S. SHAULL, B.S., Laboratory Scientist II
MARILYN E. GALLAGHER, A.B., Laboratory Scientist II
EDITH B. WILE, B.S., Laboratory Scientist II
LESLIE G. WEINBERG, B.S., Laboratory Scientist I
BETTY L. CHAPMAN, Laboratory Scientist I
FOPEANNA JOHNSON, B.S., Laboratory Scientist I
CECIL G. WHEELER, B.S., Laboratory Scientist I
LARRY H. COLEMAN, A.B., Laboratory Scientist I
BYRD G. WENKE, Assistant Microbiologist*
RAYMOND BUETTNER, Laboratory Assistant II
MICHAEL MADIGAN, Laboratory Assistant II
RUTH B. MICKENS, Laboratory Assistant II
ANNA G. JOHNSON, Laboratory Assistant II
CORDELL GRAY, Laboratory Assistant II
ADAM LAZAITIS, D.V.M., Laboratory Assistant II
BARBARA A. NOBLE, Laboratory Assistant I

* On City Payroll December 31; all others on State Payroll.

NATALIE E. HUMBLE, Laboratory Assistant I
 CHARLOTTE O. MOORE, Laboratory Assistant I
 GLORIA SCOTT, Laboratory Assistant I
 HERNEL K. GRUBER, Administrative Assistant*
 JOHN A. WHEELER, Clerk IV
 NANCY C. WOOLFORD, Secretary I
 M. PATRICIA WILLIAMS, Secretary I
 LILLIAN R. FEIT, Clerk-Typist II
 CLAIRE MARLOWE, Clerk-Typist II
 MICHAEL J. DOONAN, Senior Storekeeper*
 THOMAS J. FAULKNER, Storekeeper II
 WARREN H. BARNES, Operator, Medium Equipment
 WILLIAM E. EDMUNDS, Animal Room Attendant
 EDWARD GEORGE, Service Worker

* On City Payroll December 31; all others on State Payroll.

TABLE NO. 1

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

INFECTIOUS DISEASES	NUMBER OF SPECIMENS	NUMBER OF TESTS
Total.....	88,408	116,235
FUNGUS SPECIMENS.....	120	...
Diagnostic Cultures.....	...	196
GENITO-URINARY INFECTIONS.....	8,556	...
Cultures.....	...	4,289
Smears.....	...	4,267
INTESTINAL PARASITES.....	803	...
Perianal scrapings.....	...	301
Stool cultures.....	...	977
Worms.....	...	1
MISCELLANEOUS DISEASES.....	14	...
Leptospirosis.....	...	...
Malaria.....	...	14
Whooping cough.....	...	...
MISC. REFERRED TO CENTRAL.....	196	...
Examinations.....	...	...
MISCELLANEOUS SPECIMENS.....	2,214	...
Diagnostic cultures.....	...	1,141
Heterophile agglutination tests.....	...	526
Sensitivity tests.....	...	3,221
Typhoid agglutination tests.....	...	419
RABIES.....	116	...
Brain examinations.....	...	114
Mouse inoculations.....	...	114
RESPIRATORY DISEASES.....	214	...
Nose and throat cultures.....	...	(See Rheumatic fever)
Direct smears.....	...	170
RHEUMATIC FEVER.....	...	...
Streptococcus Group A.....	...	240
RICKETTSIAL INFECTIONS.....	8	...
Proteus OX ₃.....	...	101
Proteus OX ₁₉.....	...	101
SALMONELLA-SHIGELLA INFECTIONS.....	809	...
Stool.....	...	769
Culture for identification.....	...	212
STAPHYLOCOCCAL INFECTIONS.....	...	...
Coagulase tests.....	...	204
SYPHILIS.....	60,182	...
Blood.....	...	77,506
Spinal fluid.....	...	845
TUBERCULOSIS.....	9,928	...
Sputum.....	...	18,832
Gastric.....	...	812
Body fluids.....	...	96
Animal inoculations.....	...	79
Sensitivity tests.....	...	606
Check tests.....	...	321
UNDULANT FEVER.....	248	...
Agglutination tests.....	...	261

REPORT OF THE HEALTH DEPARTMENT—1965

TABLE NO. 2

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATIONS

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
TOTAL.....	108,661*	19,668	80,590	838	1,428
BRUCELLOSIS					
Total.....	297	1	286	10	...
Agglutination					
Blood.....	239	1	278	10	...
Culture					
Blood Clot.....	8	...	8	...	...
DIPHTHERIA					
Total.....	215	1	213	...	1
Animal inoculation					
Virulence test.....	1	...	1	...	...
Microscopic					
Swab.....	214	1	212	...	1
ENTERIC INFECTIONS					
Total.....	1,943	701	1,181	58	3
Agglutination					
Blood, H antigen.....	260	8	213	39	...
Blood, O antigen.....	129	1	109	19	...
Culture					
Blood.....	21	15	6	...	...
Blood Clot.....	35	1	32	...	2
Feces.....	725	14	710	...	1
Rectal swab.....	61	3	58	...	...
Urine.....	712	659	53	...	...
GONOCOCCUS INFECTIONS					
Total.....	8,556	2,301	5,587	139	529
Exudate					
Culture.....	4,289	799	2,977	...	513
Microscopic.....	4,267	1,502	2,610	139	16
INFECTIOUS MONONUCLEOSIS					
Blood agglutination.....	526	74	267	184	1
INTESTINAL PARASITES					
Total.....	816	130	678	...	8
Microscopic					
Cellulose tape slides.....	311	83	226	...	2
Feces.....	503	45	452	...	6
Worms.....	2	2	...	...	...
MALARIA					
Blood, microscopic.....	13	5	7	1	...
METALLIC POISONING					
Total.....	1,482	166	945	362	9
Biochemic					
Lead					
Blood.....	1,478	165	942	362	9
Urine.....	4	1	3	...	...
MYCOSIS					
Total.....	79	68	11	...	...
Exudate.....	79	68	11	...	...
RABIES					
Total.....	236	...	232	...	4
Animal inoculation					
Brain emulsion.....	120	...	118	...	2
Microscopic					
Animal brain.....	116	...	114	...	2

* This includes 340 total protein tests (see syphilis examinations—Biochemic), and 797 microbial sensitivity tests (other examinations). Also, it includes the total for each disease or condition.

TABLE NO. 2—(Concluded)

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATIONS

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
RICKETTSIAL INFECTIONS					
Total.....	198	1	188	9	...
Agglutination					
Blood					
Proteus OX ₉	99	...	96	3	...
Proteus OX ₁₉	99	1	92	6	...
STAPHYLOCOCCAL DISEASE					
Total.....	223	209	14	...	...
Culture					
Exudate.....	223	209	14	...	...
STREPTOCOCCUS INFECTIONS					
Total.....	255	243	12	...	...
Culture					
Exudate.....	255	243	12	...	...
SYPHILIS					
Total.....	68,079	14,588	52,726	...	425
Biochemic					
Total protein.....	340*	...	...	...	...
Complement-fixation					
VDRL					
Spinal fluid.....	340	20	320	...	...
Flocculation					
VDRL					
Blood.....	59,807†	7,210	52,223	...	374
Titre.....	7,210	7,210	...	...	...
Immobilization, TPI Tests.....	382	148	183	...	51
TRICHOMONIASIS					
Exudate, microscopic.....	138	131	7	...	...
TUBERCULOSIS					
Total.....	19,407	750	18,143	69	445
Animal inoculation					
Exudate.....	66	8	52	6	...
Culture					
Exudate.....	87	6	80	1	...
Sputum.....	8,661	495	7,912	37	217
Stomach lavage.....	366	14	343	7	2
Urine.....	13	3	9	1	...
Microscopic					
Exudate.....	346	14	331	...	1
Sputum.....	9,863	210	9,411	17	225
Stomach lavage.....	5	...	5	...	...
TULAREMIA					
Blood, agglutination.....	1	...	1	...	...
VINCENT'S INFECTION					
Exudate, microscopic.....	8	1	2	...	...
OTHER EXAMINATIONS					
Total.....	1,194	298	90	6	3
Biochemic.....	8	5	3	...	...
Culture.....	311	292	19	...	...
Microbial sensitivity.....	797*	...	...	...	...
Urine, Coproporphyrin.....	73	...	66	5	2
Urine, Phenylketonuria.....	5	1	2	1	1

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

† This includes a total of 130 premarital examinations, of which 1 was positive.

TABLE NO. 3

FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF EXAMS.	NUMBER OF SAMPLES
Total.....	15,867	11,195*
Eating and Drinking Utensils.....	1,217	1,131
Dairy Products—Milks.....	5,967	5,546
Creams.....	548	283
Ice Creams.....	1,489	732
Sour Creams.....	14	14
Waters.....		
Drinking Waters.....	1,815	1,631
River Waters.....	184	174
Swimming Waters.....	1,684	556
Shellfish.....		
Crabmeat.....	2	1
Oysters.....	2	1
Clams.....	2	1
Shrimp.....	2	1
Sterility of Bottles.....	217	217
Frozen Foods.....	125	45
Miscellaneous.....		
Food (not frozen).....	1,298	396
Food Poisoning.....	168	41
Other.....	645	426

* Of this number, 5,071 samples were submitted for bacteriologic and chemical examination.

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	NUMBER OF TESTS
Total.....	17,568*	42,011
Body fluids and excreta.....	1,916	.....
Lead test.....	.....	4,478
Total protein test.....	.....	845
Unclassified biochemic tests.....	.....	105
Dairy products (milk, cream, ice cream, etc.).....	7,168	.....
Added water test.....	.....	6,581
Antibiotic test.....	.....	5,751
Butterfat test.....	.....	2,204
Pesticide residue test.....	.....	1,762
Phosphatase test.....	.....	1,867
Sediment test.....	.....	242
Unclassified test.....	.....	826
Food products.....	957	.....
Adulteration test.....	.....	106
Decomposition tests.....	.....	167
Filth test (rodent and insect infestation).....	.....	2,407
Unclassified tests.....	.....	78
Industrial hygiene and air pollution control samples (air, dusts, solvents, etc.).....	4,637	.....
Air contaminant tests.....	.....	7,123
Industrial poison tests.....	.....	238
Lead in paint test.....	.....	1,803
Miscellaneous samples.....	138	.....
Unclassified tests.....	.....	807
Solutions and outfits.....	196	.....
Unclassified tests.....	.....	2,425
Water samples.....	2,556	.....
Boiler water control tests.....	.....	798
Fluoride test.....	.....	1,632
pH test.....	.....	585
Sanitary analysis.....	.....	231

* Of this number, 12,183 samples were submitted for chemical analysis only; the other 5,385 samples were submitted for bacteriologic and chemical analysis.

BUREAU OF PUBLIC HEALTH NURSING

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

Director

The Bureau of Public Health Nursing took on many new activities with interest and with the knowledge that the services to families and individuals would be enriched. Some of these activities were: The administering of heel punctures for PKU follow-up in identifying children with mental retardation and for hemoglobin determinations for infants; the giving of measles vaccine in the child health clinics and inoculation clinics; participation in the family planning program; assisting in the pediatric evaluation clinics for six month old infants of high risk mothers; color vision testing of 10th grade students; and the planning and administration of screening tests for lead paint poisoning in young children.

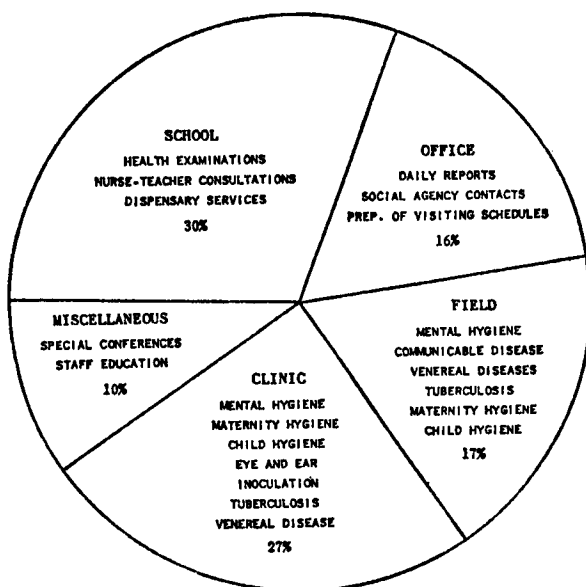
The measles vaccine program began in April when the public health nurses administered the measles vaccine to children one year of age attending the child health clinics and to siblings in the same family. By December 31st, 9,854 doses had been given.

The mandatory screening of newborns for PKU resulted in a number of follow-up visits when the test results were unsatisfactory. Equipment and instructions were supplied to each nurse for follow-up after the hospital made every effort to obtain the test and fulfilled their responsibility as required in the new State Law. The patient and the community should benefit from this testing as five cases were found, placed on special treatment and, therefore, should be able to look forward to normal development.

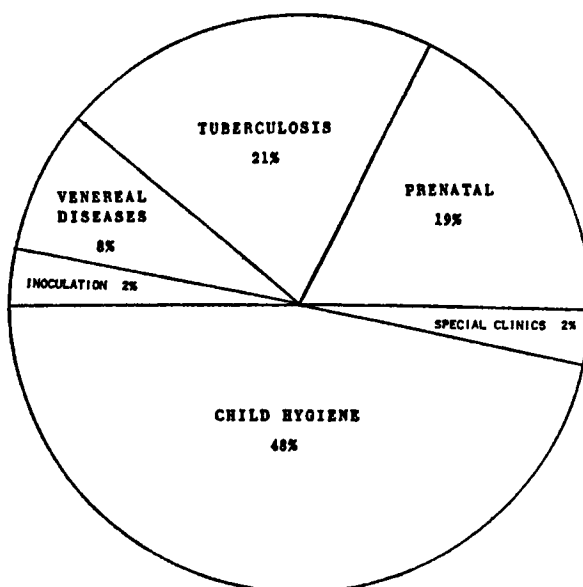
The supervisors and staff worked with the Neighborhood Centers, the Youth Corps, the VISTA Training Program, Head Start Program in 16 schools and the Early School Admission Program. The Druid Health District participated with the examination of applicants for the Job Corps.

In a new program to find child lead paint poisoning cases, the Western Health District served as a pilot area for collecting urine specimens for urine coproporphyrin screening testing for lead paint poisoning case finding in asymptomatic children 18 months to three years of age. This program will be expanded to the other four districts early in 1966.

The VISTA enrollees at the University of Maryland School of Social Work had field experience with the public health nurses as part of their training.



DISTRIBUTION OF NURSING TIME
BY MAJOR TYPE OF ACTIVITY—1965



DISTRIBUTION OF CLINIC NURSING TIME
BY TYPE OF SERVICE—1965

Vision testing for color perception for all 10th grade boys in the public schools who failed the screening color test in the 7th grade was inaugurated and is providing valuable information for school counselors in guiding boys into appropriate careers where color perception may or may not be needed.

The growing secondary school population was reflected in the increased service and health guidance needed to meet the needs in the schools. School physicians examined 30,712 children. The staff of 10 secondary school nurses held 118,616 conferences with pupils, an average of 13 per day. Dental defects found numbered 9,726 and visual defects 43 per cent out of a total of 16,719 recorded.

A time utilization study of nurses in the secondary schools was done under the direction of a graduate student with an M.P.H. degree at the Johns Hopkins University School of Hygiene and Public Health under a U. S. Public Health Service grant as a first step toward evaluating the role of the nurse in a school health program.

Nursing Education

Fifteen public health nurses were trained as technicians to work in venereal disease and prenatal clinics. Eleven additional nurses received education in interviewing techniques as applied to patients attending the venereal disease clinics. Six classes were held for student nurses on "The Role of the Nurse in Venereal Disease Control."

Educational leaves of absence were granted in 1965 to seven nurses. Two nurses received Title I Traineeships from the Public Health Service toward a Bachelor's degree and four received Title II Traineeships from the University of Maryland toward a Master's degree. One Maternity and Infant Services Project 501 nurse received a Title II grant to attend the Johns Hopkins School of Hygiene and Public Health for a Master of Public Health degree.

Three nurses attended a course, "The Nurse in Prevention of Pre-eclampsia" at the Graduate School of Nursing, New York Medical College, New York City, on Traineeships provided by the U. S. Children's Bureau.

Two Tuberculosis Project nurses attended a workshop at the University of Pennsylvania. Three supervisors attended a three week Workshop on Tuberculosis at the National Jewish Hospital, Denver, Colorado. One supervisor attended the Northeast Alcohol Studies Workshop at Rutgers University.

Mrs. June Frisch, Supervisor of Public Health Nursing—Pediatrics, held twenty conferences with student nurses, graduate nurses

and special visitors. Sixteen case reviews were held for selected handicapped cases. Nineteen tours of the William S. Baer School were conducted to show the health and education program available at the school.

A clinical experience in public health nursing was provided for 66 baccalaureate students from the University of Maryland as well as 25 pre-master's students. In addition, three Master's degree students in public health nursing supervision spent a part of two semesters in the Department. Ninety diploma students from Johns Hopkins Hospital School of Nursing had an eight weeks experience. Observations of special programs and clinics were provided for 224 students to supplement their nursing program.

Staff Changes

During 1965 there were forty-two appointments and thirty-six resignations and, for the first time in a number of years, no retirements. Mrs. Lillian B. Mills died December 21, 1965 after several months illness. She had been a public health nurse since November 29, 1944 and for the past fifteen years the Charge Nurse in the Druid Chest Clinic.

The 230 budgeted positions were augmented by twenty-one from the Maternity and Infant Services Project 501 and four from the Public Health Service Tuberculosis Project grant.

The table of visits and the two diagrams show the number of visits made and the per cent of time spent in each activity.

Personnel

Central Office†

ALICE M. SUNDBERG, B.A., M.P.H., Director
 M. ELIZABETH PICKENS, B.S., M.P.H., Assistant Director
 VIRGINIA STRUVE, B.S., Sr. Supervisor of Public Health Nursing (VD)
 JUNE E. FRISCH, B.S., M.A., Sr. Supervisor of Public Health Nursing (Pediatrics)
 MILLICENT JOHNSON, B.S., M.A., Sr. Supervisor of Public Health Nursing (Mental Hygiene)
 ANN MILLER, B.S., M.N., Supervisor of Public Health Nursing (Day Care)
 GRACE VOLMAR, B.S., Supervisor of Public Health Nursing (Maternity Hygiene)
 MARGARET C. HISLE, M.S., Supervisor of Public Health Nursing (Secondary Schools)
 ADA C. VENEY, M.S., Supervisor of Public Health Nursing (Secondary Schools)
 NELDA NATHANSON, M.S., Supervisor of Public Health Nursing (Mental Hygiene)

Public Health Nurses

ESTHER CAMMANN
 MARY LANAHAN
 ROSE LEWIS

ROSE RAVITA
 OLEN WHETSTONE, B.S.
 PATRICIA ZERRLAUT, B.S.

ARLENE COOPER, Senior Clerk-Stenographer
 LILLIE M. MCQUAGE, Senior Clerk-Stenographer

REPORT OF THE HEALTH DEPARTMENT—1965

Public Health Nurses Assigned To Secondary Schools

GLADYS ARTIS
HAZEL BAILEY
JOSEPHINE BARNETT, B.A.
RUBY BEACHAM
RACHEL BEINE
RUTH BERMAN
CATHERINE CLIMER
LELIA DAVAGE
GLADYS DORSEY
MARGARET FISHER
ESTER FORSYTH, B.S.
FANIDA FRIEND
ROSE GOLDEN
GRACE HAHN
DORIS HARRIS
BERNADINE HARRISON
CORLENE HEDEMAN*
KATHERINE HELM
MILDRED HESTER
RUTH KELLAM, M.S.
VIRGINIA KNIGHT
JUANITA McCAIG
SELMA McNAUGHTON
CARRIE NICHOLS
KATHRYN NUSBAUM, B.S.**
MARY PECK

HELEN PRICE
MARY RENEHAN
COLLEEN RICHARDSON
LEONA SAWYER
MIRIAM SAX
CORRINNE SHARFATZ*
ELOISE SHAW
MILDRED SMITH
MARTHA SNOWDEN, B.S.
SHIRLEY SNYDER*
ANNE SOLLEY
HILDA SPANN
ALMIRA SPROL, B.S.
MARY STERLING
ANNA SURASKY
BERTHA TUTTLEMAN, B.A.
MARY VIERLING
ROSA WALL
BETSY WESTERVELT
MADIE WHITE
JANE WILEY
ESTER WILLIAMS
LOLA WILLIAR
ANNE WORTHINGTON
SYLVIA YAVITZ
ANNE YERMAN

CULVER YOUNG

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

* Part-time.

** Leave of absence.

BUREAU OF PUBLIC HEALTH NURSING

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TABLE NO. 1

HOME VISITS OF PUBLIC HEALTH NURSES—1965

SERVICE	TOTAL	WHITE	NONWHITE
ALL HOME VISITS.....	106,480	27,300	81,180
Maternity Hygiene.....	20,775	2,985	17,890
Infant health supervision.....	32,550	7,385	25,165
Preschool health supervision.....	12,825	3,980	8,845
School health supervision.....	12,790	5,205	7,585
Tuberculosis.....	11,185	3,585	7,600
Venereal disease.....	2,150	55	2,095
Other acute communicable diseases.....	2,415	770	1,645
Other morbidity.....	7,170	1,460	5,710
All others.....	6,620	1,975	4,645

TABLE NO. 2

HOME VISITS FOR HANDICAPPED CHILDREN—1965*

SERVICE	TOTAL	WHITE	NONWHITE
TOTAL HOME VISITS.....	13,120	4,435	8,685
Infant.....	1,060	275	785
Preschool.....	4,660	1,425	3,235
School health.....	7,085	2,615	4,470
Other morbidity.....	315	120	195

* Included in the table above.

DRUID HEALTH DISTRICT

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

Health Officer

Maternity Project 501 was strengthened during the year with the employment of additional personnel through funds supplied by the United States Children's Bureau. Plans were made for vigorous attacks on the problems found in such abundance in the central area of the city. An additional Project nurse was assigned to the Druid Health District making a total of four such nurses. It is believed that the problems of mental retardation, excessively high mortality rates, illegitimacy and other socio-economic health conditions will be lessened as a result.

A full clinic schedule was followed in 1965. In addition to the child hygiene clinics conducted at 1515 W. North Avenue, such clinics were held in the Murphy Homes, Trinity Baptist Church, the Gilmore Housing Project, Sinai Hospital, Provident Hospital and Public School No. 141. The following additional official clinics were held in the headquarters building: dental, chest, venereal diseases for both adults and children, and prenatal. In addition there was an auditory screening test program conducted by the United Order of True Sisters.

The Fifth Annual Health Fair sponsored by the Harlem Park Neighborhood Council was held on June 24th. On the day before there was the annual parade. A large number of health and social service agencies participated by having exhibits, information booths, movies, and demonstrations. Both official and non-official agencies participated. Mr. Frederic Stiner, Senior Exhibits Specialist, of the Bureau of Health Information prepared many posters and exhibits for the affair.

Community groups meeting one or more times at the Druid Health District Building during the year included the following: the Neighborhood Youth Corps which provides an opportunity for boys and girls 16 to 21 years of age who are school dropouts and unemployed to have a work experience which concentrates on attitudes and habits and helps prepare them for employment; the Job Corps which provides an opportunity for enrollment at one of the Job Corps camps located throughout the nation and in Job Counseling Clinics; The Western Area Council; The Community Projects Professional Activity Committee; Members of Project Head Start; and VISTA, the federal project otherwise known as Volunteers in Service to America.

The Division of Community Sanitation handled 560 complaints of insanitary conditions within the district during 1965. Abatement

of the conditions was obtained in 340 cases. Routine inspections were made of all convalescent homes, hospitals, day nurseries, foster homes and similar institutions in the District. The Division of Rodent Control investigated and corrected 187 complaints of rodent infestation. Twenty-nine square blocks were surveyed and baited for rats in the Madison Park Renewal Area.

During 1965 the Bureau of Laboratories furnished a total of 22,301 specimen containers and 2,980 sputum bottles to the district office for distribution or use in the district clinics. Certain biologicals were also supplied including the following: Triple antigen, 16,925 doses; diphtheria-tetanus toxoid, bicillin 470 doses, polio vaccine types I, II and III, 33,750 doses; smallpox vaccine, 7,250 tubes; P.P.D. tuberculin tests, 3,670; and measles vaccine, 1,620 doses. In return, the Druid Health District submitted 6,584 specimens of blood and spinal fluid for syphilis, 2,114 specimens for examinations for *Mycobacterium tuberculosis* and 1,931 cultures for gonococcus infections.

Personnel

H. MACEO WILLIAMS, M.D., M.P.H., District Health Officer
 WILDA S. BERKEMEIER, B.S., M.P.H., Senior Supervisor of Public Health Nursing,
 Administrative
 ANITA K. HENSON, B.S., Supervisor of Public Health Nursing
 ELEANOR GRIMES, M.S.N., Supervisor of Public Health Nursing

Public Health Nurses

BARBARA ANN ABRAHAM, B.S.	MARGARET LYTLE†
EVA BAILEY	CAROLE MALL, B.S.
DOROTHIE M. BROWN	FRANCIS MARTIN, B.S.
PEARL CAPLAN	ROSE PACUNAS
MARY COLN	AGNES PILGRIM
MINNIE CORBIN	MARLENE POHOST, B.S.
MARIE CROOK	PEGGY POOLE
ROBERTA DAVIS, B.S.	ZEPORAH PYLE
KATIE FERNANDIS	RAELLA RHOADES
MARY FITCHETT	JOYCE ROBINSON
ALBERTA GOTTLIEB*	ETHYL ROFFMAN*
MAMIE GREEN	LILLIAN ROSEMAN
KATHERINE HACKETT	SYLVIA SCHERR, B.S.
SERENA HOLMES	ELEANOR SIMMS
ELLA HUGHES	SHIRLEY STERN*
GERALDINE HUNT, B.S.	JOYCE STROMBERGER, B.S.
REBECCA JACKSON	ELIZABETH TERRY
ERDIE JONES	EVELYN WARD*
MILDRED JONES	BARBARA WHITE
IRENE KYLER*	DOROTHY WIGGINS
BETTY LIKINS*	ELEANOR WILLIS

*Part-time employee.

†Leave of absence.

REPORT OF THE HEALTH DEPARTMENT—1965

MARGIE M. BRADLEY, Senior Clerk Typist
MARY H. FRANCIS, Senior Clerk Typist
EUGENIA M. JOHNSON, Clerk Typist
WILLIAM P. JOHNSON, Custodian
MOSES L. SORRELL, Custodian
NORMAN GOODWIN, Custodian
VICTORIA GIBSON, Custodian
IDA CARRINGTON, Public Health Assistant
DELORES FRANCE, Public Health Assistant
LILLIAN KESS, Public Health Assistant

EASTERN HEALTH DISTRICT

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

Health Officer

Service Activities

Maternal and child health services were increased through the activities of the 501 Project in which Federal funds became available to finance additional technical personnel to study the problems of pregnant women in whom there was some indication of risk. During the summer a number of preschool children received medical evaluation from teams of physicians and nurses under Project Head Start.

In the control of tuberculosis, an effective reinforcement of public health activity was made by the addition of two Public Health Representatives to the staff. These representatives, both men, have been able to track down the "loners", men estranged from their families, who are particularly difficult for the public health nurse to locate. With help from a Federal project in tuberculosis control an additional staff nurse was made available for work in the tuberculosis program.

Mental hygiene activities continued to increase both in number of patients seen and institutions given advice. In cooperation with the Phipps Clinic of the Johns Hopkins Hospital and the Maryland State Board of Health and Mental Hygiene, exploration of an area within the Eastern Health District was carried out by a medical resident in the State mental hygiene training program. Group therapy of teen-agers referred from the Juvenile Court was increased. This program, initiated in the Southeastern Health District, was extended to Eastern, and the effectiveness of treatment is indicated by the request of the Court that the service be extended to include residents of the entire City. A study of the therapeutic effectiveness of Dexedrine in the treatment of emotionally disturbed children was initiated under the direction of Dr. Avner Barcai and Dr. Leon Eisenberg of the Phipps Clinic. Students of Public School No. 102 were given medication under the supervision of a public health nurse.

In the alcoholism clinic a study of the change in drinking patterns of the first 340 patients known to the clinic was instituted.

For the fourth year there was no case of poliomyelitis and again none of diphtheria. No typhoid fever case was reported but a case of Hansen's Disease (leprosy) in an Indian student, resident in this country for two years, was identified by a practicing physician and studied on the medical service of the Johns Hopkins Hospital. The

patient was finally referred for further treatment to Carville Hospital in Louisiana.

The sanitarians made 3,840 first inspections, 2,894 on the basis of complaints. The remainder were food establishments. Re-inspections were made of 3,350 premises. Environmental sanitation deficiencies were corrected in 5,420 instances.

Educational Activities

Students from the Johns Hopkins School of Hygiene and Public Health made visits with staff nurses for orientation in local health activities. Foreign visitors from India, Indonesia and Iran were shown the program of the local health department. One graduate nursing student from the University of Maryland had field experience in supervision. Ninety-one undergraduate students of the Johns Hopkins School of Nursing had eight weeks affiliation in public health nursing.

Six school dropouts referred to the Eastern Health District for training by the Neighborhood Youth Corps were trained and employed as custodial workers, clerks and public health assistants. The public health assistants have been particularly valuable in the vision testing area and the combined efforts of this group have significantly extended the amount of services given to the public. Workers for the project "Operation Reason" have aided public health nurses in channelling people in the 60-plus age group to seek and obtain indicated medical services both diagnostic and curative. Workers from the Community Action Program also worked with public health nurses in a variety of problems centered in families of the selected area.

Personnel

WILSON M. WING, M.D., M.P.H., District Health Officer

SYLVIA MILLER, B.S., M.A., Senior Supervisor of Public Health Nursing,
Administrative

GERTRUDE V. BOQUIST, B.S., Supervisor of Public Health Nursing, Educational

ELIZABETH N. QUINLIN, B.S., Supervisor of Public Health Nursing

EMILY HARDY, B.S., Supervisor of Public Health Nursing†

ELEANOR BUNTING, B.S., Supervisor of Public Health Nursing

MARIAN MCGEE, B.S., Acting Supervisor of Public Health Nursing†

ANITA RICHARDSON, B.S., Acting Supervisor of Public Health Nursing†

Public Health Nurses

LOUISA BAUM
 JENNIE BAYLOR
 VIRGINIA BRADFORD*
 KATHERINE BREZOVEC, B.S., M.S.
 VIRGINIA BRISEBOIS
 LINDA BURROUGHS
 JEAN BUTLER
 MARGARET BYRD
 INDIA CALESS*
 FLORENCE COATES
 HELEN COOK
 BARBARA CROSS
 ISABEL L. W. DOLS
 KATHLEEN ELLIGSON
 FRANCES FAHEY*
 BARBARA ANN FALCO, B.S.
 MARIANNE FETSCH*
 EDWINA FORMHALS*
 MILDRED H. GAMBRILL
 JEANNE GRANOFKY*
 JUANITA GREEN
 VIRGINIA F. HARRIS
 LOUISE HELD

ANN ELIZABETH HETRICK, B.S.
 EUNICE P. HOLMES
 KAYE JOHNSON
 MARIE KIRWIN, B.S.
 BETTY JEAN KNAPP
 DONNA LACROIX, B.S.
 HARRIETT MADISON
 PAMELA SUE MCCLEAN, B.S.
 ELLEN PARKER, B.S.
 RITA PORTER*
 WILMA RHODES (TB)
 KAY ROBINHOLD, B.S.*
 HELEN ROFF
 ROSALIE RYCHWALSKI*
 LILYAN SLATER
 EULA SPRATLEY
 DORIS SULLIVAN
 MILDRED TABER
 VESTA WALTERS*
 MARGARET WOOD†
 EDITH M. WOODSON
 JANICE WRIGHT
 FLORENCE ZINZ (VD)

SUE ZUBIN

ELAINE BAILEY, Laboratory Aide
 ARLENE CARNEY, Public Health Assistant*
 DAISY MURPHY, Public Health Assistant*
 EDNA E. HERGET, Principal Clerk Stenographer
 GERALDINE WILLIAMS, Senior Clerk Stenographer
 ELAINE E. WILLIAMS, Senior Clerk Stenographer
 CLAUDETTE SMITH, Senior Clerk Typist
 FLORA LEE EVERETT, Clerk Typist
 MABEL THOMPSON, Custodial Worker
 FLORENCE GIDDIENS, Custodial Worker
 JAMES COLLINS, Custodial Worker
 HOWARD BRENT, Custodial Worker

*Part-time employee.

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

‡Leave of absence.

SOUTHEASTERN HEALTH DISTRICT

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

Health Officer

Service Activities

During 1965 the population of the Southeastern Health District made increasing use of the clinic facilities. As time goes on residents appear to be identifying the health center building as a headquarters for direction in the provision of care. The Maternity and Infant Services Project 501, which has focused on the needs of "high risk" pregnant women and the care of their children, has amplified the possibilities of rendering service to this particular segment of the population. Project personnel added to the Southeastern staff included a nurse-midwife acting as liaison nurse at Baltimore City Hospitals, a public health nurse for clinic services and home visits, a clerk-typist and a nutritionist at clinic sessions. A special weekly clinic for the Project babies has been established. These clinic babies now number 190. The Family Planning Clinic increased to a population of 60 and the prenatal clinic population has grown five-fold to a total of 102 patients.

In cooperation with the City Department of Education, the Health Department provided some 150 children with medical work-ups in five schools under Project Head Start. Beginning in September, the Early Admissions Project of the Department of Education, which has been in operation for some years in one school, was extended to two more. This project, which is somewhat similar to Head Start, is a continuing program throughout the year that attempts to correct medical problems in preschool children, below first grade, for whom the school system takes responsibility.

Community mental hygiene activities continued to expand. Dr. Michael J. Bisco, Consultant in Community Psychiatry with the Maryland State Department of Mental Hygiene, held sessions with the public health nursing staff and with other professionals in the community concerned with the mental health of families. The mental hygiene clinic time was increased to two-and-a-half days a week with expansion of the teen-age group therapy program. Evidence of the success of this program comes from the request of the Juvenile Court that such services be expanded to cover the whole city.

Educational Services

Twenty-four undergraduate nursing students from the University of Maryland carried out a twelve week affiliation in the district, and

seven graduate nursing students also from the University of Maryland were affiliated for training in public health nursing supervision. Field experience was provided for one VISTA volunteer, and a half-day seminar on mental hygiene services was held for seventy teachers from Coppin State Teachers College.

Community Activities

On several occasions groups of those with whom Health Department personnel worked, met in the building. There was a tea for parochial school principals. The first annual party for school volunteers was held and certificates of appreciation presented. The Southeastern Council of Community Services met in the building and the social worker from the City Department of Public Welfare was given office space to meet with aged clients. Patients of the Psychiatric Day Care Center presented a wall tapestry to the Southeastern Health District building.

Personnel

WILSON M. WING, M.D., M.P.H., District Health Officer
 ANNA L. BENVEGAR, B.S., M.P.H., Senior Supervisor of Public Health Nursing,
 Administrative
 JESSIE WALLACE, B.S., Supervisor of Public Health Nursing

Public Health Nurses

GRACE BLACK, B.S.*	MARY KINNEY
SUSAN BOUCHER	MILDRED LEACH*
KATHERINE ANN CASEY	NATALIE LEIZEAR
PATRICIA COFFMAN, B.S.	DONALDA MCCARTHY
SARA CRIDER	MARJORIE SUE ROBINETTE, B.S.
LINDA DELOSIER, B.S.	ELINOR SHAFFAR
KAREN DEPPE, B.S.	LUCILLE TILLERY
LILLIAN FORD	PATRICIA TOWN*
LOUISE KINLEIN*	CELIA TRIONFO

DENA VALACO

MARIE DOUGHNEY, Public Health Assistant*
 HELEN POSKA, Public Health Assistant*
 ANNA RUSSO, Public Health Assistant*
 AGNES WITTIG, Public Health Assistant*
 ANGELINE ARBAUGH, Clerk Stenographer
 DIANE HIMMELMAN, Clerk Typist
 JAMES DAVIS, Custodial Worker

*Part-time employee.

SOUTHERN HEALTH DISTRICT

C. Gottfried Baumann, M.S., M.D., M.P.H.

Health Officer

Continual expansion of health activities during the year resulted in an increasing demand for services. In order to meet these demands much effort was required on the part of the entire district staff. Particularly the activities of the Maternity and Infant Project 501 required greater involvement of public health nurses.

Family Planning Counseling, as part of the concept to offer total care for mothers and their offspring, became the responsibility of the district nurses. Well aware of the need for this service in the community, the nurses responded with great enthusiasm. The establishment of a special clinic for the infants of Project 501 mothers involved the public health nurses in the coordination of clinic efforts as well as in giving neurological examinations to the children seen.

In the latter part of the year the district established closer ties with the South Baltimore General Hospital, a community hospital located next to the district building. At that time the hospital's obstetrical and gynecological staff assumed obstetrical care of prenatal patients attending the clinic conducted in the district building. From the onset this change proved to be of benefit not only to the clinic staff but also to the patients since many of them come to this hospital for other medical needs.

Among other significant events that occurred in the past year the following merit mention. A total of 12,000 children was seen in the well baby clinics which are conducted in the district building and at five other locations. Administration of measles vaccine became part of the immunization program in April. An auditory screening service provided by volunteers of the United Order of True Sisters, a charitable league of women, was expanded to reach all infants between the ages of eight to fourteen months. For the third year the staff worked closely with teachers and parents of the four-year-old children enrolled in the Cultural Enrichment Program conducted at a public school in the district. It was the nurses' responsibility to carry out evaluation of the home environment as one of the prerequisites for admission of a child to this program.

Regular staff meetings were of great benefit to the nurses and helped them to a better understanding of many new or changing concepts in public health. As in previous years the staff cooperated with the University of Maryland School of Nursing in providing a

field orientation course in public health for both graduate and undergraduate students.

Personnel

DR. C. GOTTFRIED BAUMANN, M.S., 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

BEVERLEY N. BUTLER, B.S.	ELIZABETH LINGO
OPHELIA COLEMAN	LOUISE E. MILLER
JEAN COMSTOCK	LAURA PHILLIPS
JUANITA CONWAY	PATRICIA ANN RAWLEIGH
KARYN DICKSON, B.S.	CAROLEE SPAHN
ALMA GREENLAND	MARY THOMAS
LORETTA JONES	DONNA WALKER†
NANCY KRAUSS, B.S.†	CAROLYN WHITE, B.S.

ELVADEAN WILSON

LOLA SUGGS, Public Health Assistant
MILDRED HERMAN, Senior Clerk Stenographer
REBA KADIS, Senior Clerk Stenographer
JUANITA DIGGS, Clerk Typist
RUDOLPH LEE, Custodial Worker
ROY KINCER, Custodial Worker*

*Part-time employee.

†Leave of absence.

WESTERN HEALTH DISTRICT

C. Gottfried Baumann, M.S., M.D., M.P.H.

Health Officer

The Western Health District represents an area of 31 census tracts having a total population of 197,000. It extends geographically from the city core to its western border and includes neighborhoods of widely divergent and changing character. The continuing migration of inner city residents to the periphery of this district presents a challenge since the clinic facilities remain downtown. Yet the district must attempt to fill the needs of those who have left the core but have not necessarily shed their health problems with their former residences.

The Western Health District building serves not only as the home base for field workers, primarily public health nurses, but also as the site for 11 different clinics which in 1965 were visited 28,304 times during 1,118 sessions. These clinics fall basically into the realm of medical activities traditional for public health, namely diagnosis and treatment of tuberculosis and venereal diseases, prenatal care for expectant mothers and well-child care for preschool children. Although we have thus far not departed greatly from these traditional activities, significant changes have been and will have to be made in updating and supplementing the activities to fit present and future needs. For example, the fact that Western has begun to meet another need of people in its area is borne out in the activities of the Family Planning Clinic which was established in February, 1965 and has been firmly supported since that time. To the 101 clinic sessions held in conjunction with the district's prenatal clinics 2,533 visits were made by the 1,100 women who received these services.

Continuation of the school health clinic which provides for evaluation and management of school children with physical or emotional problems has been of great value for selected schools in the district. This service has also offered the bonus of continual close cooperation with school authorities in dealing not only with the problem child, but also with the child's family, frequently the prime etiological factor in producing social maladjustment. Establishing and maintaining relationships with other community agencies which also work with families in the Western Health District proved again to be an important task for district personnel.

As in previous years the Western Health District's varied activities were proffered to many agencies for utilization in the field training

and orientation of students, trainees, and staff. These agencies included the VISTA Training Center, the University of Maryland School of Medicine and School of Nursing, the Nursing Schools of Maryland General and St. Agnes hospitals, the Johns Hopkins School of Hygiene and Public Health, the Department of Public Welfare as well as the personnel of health districts in our own agency.

Formulation of plans to provide more comprehensive public health services to our citizens has proceeded with great speed during the year. The Western Health District personnel look forward to playing a most active role in the implementation of these plans at the district level.

Personnel

C. GOTTFRIED BAUMANN, M.S., M.D., M.P.H., District Health Officer
 ANNA C. SCHOLL, M.N., M.S., Senior Supervisor of Public Health Nursing,
 Administrative
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MOLLIE FELL	MILDRED RIDEOUT
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UNA SMOTHERS	
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DAISY E. FLOOD, Senior Clerk	
LOUVENIA B. SWINSON, Clerk Typist	
VIRGINIA E. JACKSON, Clerk Typist	
RAYMOND LABOARD, Custodial Worker	
RAYMOND TOWSON, JR., Custodial Worker	
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*Part-time employee.

†On leave of absence.

PREVENTIVE MEDICINE SERVICES

BUREAU OF COMMUNICABLE DISEASES

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

Director

Diseases preventable by vaccines have been well kept within control and near eradication levels in 1965. Notable is a new annual low of only 22 reported cases of whooping cough. A significant rise, however, is shown in the reported incidence of bacillary dysentery, salmonellosis and meningococcal infections. This, along with a presumed temporary rise in tuberculosis and venereal disease, indicates that no significant advances have been accomplished in reducing the incidence of diseases subject to broad control programs. Reported cases and resident deaths of the major communicable diseases are shown in Table No. 1A at the end of the report.

Acute Communicable Diseases

A smallpox scare arose in May, 1965 when a foreign student became ill in the neighboring city of Washington shortly after arrival from Africa, and a Morgan State College student had been in contact. A vaccination clinic was immediately set up at the College and 640 students were vaccinated. The offending case was later found to be adult chickenpox. A case of leprosy, acquired outside the United States, was reported in Baltimore in an Asiatic who was immediately placed under treatment in isolation and transferred to the United States Public Health Service Leprosarium in Louisiana. Three cases of typhoid fever occurred during the year; two in young children whose father is a known carrier and the third was an adult ship repairman with no local source determinable. At the close of the year there were 29 registered typhoid carriers in the city under Health Department surveillance compared with 32 at the end of 1964. One case of tetanus terminated fatally in an 80 year old male. No paralytic poliomyelitis has been reported in the past 4 years and, with the exception of one case in 1964, no diphtheria in the past 7 years.

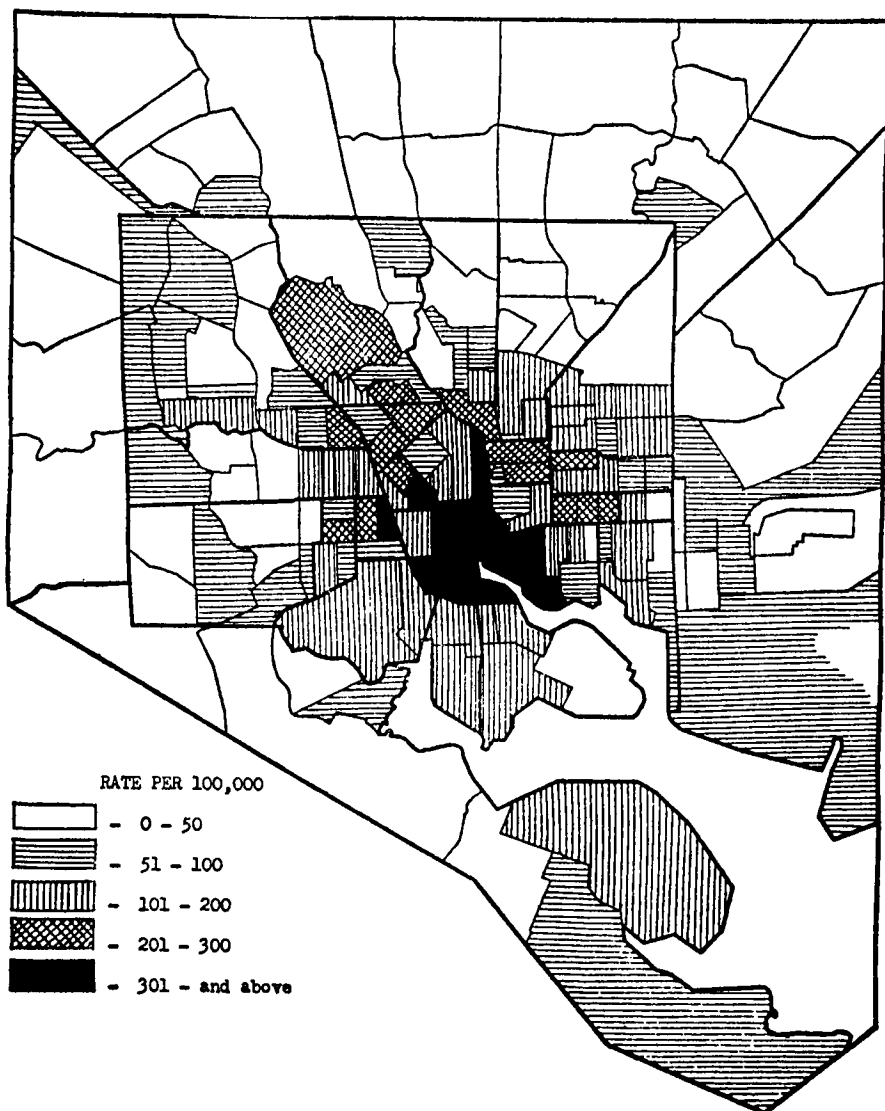
The rabies surveillance program recorded 5,293 persons bitten by animals as compared with 4,783 in the previous year. Included are 4,901 bites by dogs, 216 by cats, 65 by squirrels, 2 by bats and 109 by eleven other species of wild and domesticated animals. Laboratory examination of the brains of 98 animals resulted in 96 negative findings and the presence of the rabies virus in 2 bats who were not

known to have bitten a human. Animal rabies was last observed in 1947 and human rabies in 1930.

On December 23 Mrs. Mattie May Gwynn, Principal Clerk Stenographer retired after 38 years of faithful service in the Department.

Tuberculosis

Resident deaths from tuberculosis numbering 106 as compared with 96 in 1964, represents a death rate of 11.5 per 100,000 population



RATES BY CENSUS TRACTS OF 746 NEWLY
REPORTED CASES OF TUBERCULOSIS

in 1965 and 10.4 in 1964. An increase in deaths in 1965 interrupts a continuing decline in tuberculosis deaths since 1940 when 816 were reported in that single year.

The number of newly reported cases of tuberculosis increased from 710 in 1964 to 746 in the current year, an increase of five per cent, representing an increase in the rate per hundred thousand population from 76.9 to 81.3. As shown in the accompanying census tract map, the majority of these cases were reported as living in the inner city. Of much greater significance was the increase in the number of newly reported cases of active tuberculosis from 686 to 705, an increase of almost 2.8 per cent in the total and an increase in the rate from 74.4 to 76.8 per 100,000. The increase is shown only in the nonwhite section of the population and could indicate an unfavorable trend in the disease. Closer examination of the situation, however, shows that in nonwhites the rate for 1964 was well below the expected level, and that the 1965 rate, although above that of 1964, was 12.3 per cent below that of 1963. In illustration of the situation, the new active cases and rates for the years 1963-65 were:

	1965		1964		1963	
	<i>Cases</i>	<i>Rates</i>	<i>Cases</i>	<i>Rates</i>	<i>Cases</i>	<i>Rates</i>
Total population	705	81.3	686	71.9	757	81.9
White.....	272	49.6	292	52.2	296	51.9
Nonwhite....	433	114.0	394	108.8	461	130.0

Males constituted over 71 per cent of all new active cases, the male predominance being four to one in the white and two to one in the nonwhite groups. With regard to age, the percentage under 15 years of age has risen sharply from 8 to 12 per cent of all cases, the greater part being in nonwhite children. The average age of incidence of new disease was 49 and 38 years in the white and nonwhites respectively.

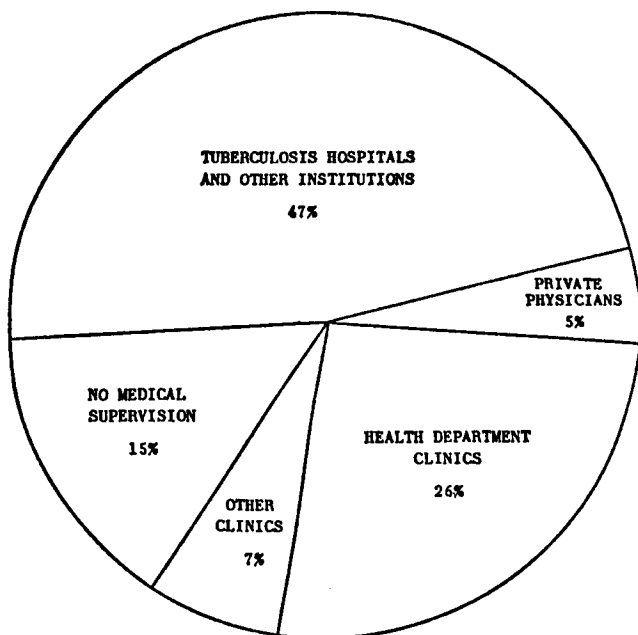
The new case rate is among the highest in the country, and although at a higher level, the race, sex, and age distribution corresponds fairly closely with the national pattern. In recognition of the comparative severity of the problem in the city, assistance on a considerable scale has been made available from the Federal Government in line with the recommendations of the Task Force on Tuberculosis Control.

On June 30, 1965, there was a total of 3,710 cases of tuberculosis of clinical significance on the Tuberculosis Register as compared to the total of 3,211 a year earlier. This increase results from a policy of retaining tuberculosis sufferers under supervision for longer periods than in the past, because of the knowledge accumulating which shows

the considerable dangers of relapse in the period immediately following cessation of therapy.

A total of 529 cases were under institutional care on June 30, 1965, and 3,181 were at home, of whom three quarters were under the supervision of the Baltimore City Health Department, while 12 per cent were not under any known medical supervision. The number not under medical supervision has increased by 50 per cent since a year earlier because of an increasing reluctance to abandon cases as lost until every possible avenue of approach has been explored. Only a single case was written off the register during the year for this reason.

The distribution of the 1,030 cases of active tuberculosis on the Register according to medical supervision is shown on the accompanying pie graph.



MEDICAL SUPERVISION OF 1,030 ACTIVE TUBERCULOSIS CASES IN CASE REGISTER, JUNE 30, 1965

During the year 1965 a total of 27,809 persons made 47,821 visits to the four city chest clinics, involving 34,838 X-ray examinations. These figures show a small increase over the totals for the previous year. All service and drugs are provided free of charge, and supplies of free drugs on an established scale were made to patients under the care of private physicians and hospitals in cases where the economic standards so indicated. During the year 1,299 persons

started on drug therapy, 782 for therapeutic and 517 for prophylactic purposes, the total on treatment at the end of the year being 2,760. The number of persons receiving treatment is greater than in the previous year due to increasing emphasis on prophylactic treatment.

The X-ray Mobile Unit of the Maryland State Department of Health working cooperatively with the Maryland Tuberculosis Association and the Baltimore City Health Department examined a total of 45,195 apparently healthy persons during the year. Follow-up examination of referrals brought to light 59 new active cases of tuberculosis and returned to supervision a further 22 previously known cases. The overall yield of active tuberculosis was thus 15.0 per 10,000 persons examined or 13.04 newly discovered active cases per 10,000. In addition, 15,504 small screening X-rays of apparently healthy persons were taken at the four chest clinics, and 5,161 routine screening films were taken at penal institutions. In addition to these examinations, a total of 17,716 screening films were taken by the Maryland Tuberculosis Association at their static X-ray unit, a total of 18 new active cases being found as a result of these examinations, a rate of 10.2 per 10,000 examinations.

Tuberculin testing of school children during the year was confined to groups of children associated with a newly diagnosed case of tuberculosis. On this basis, a total of 3,021 children were tested in the schools and a further 7,218 persons were tested in the four city chest clinics.

Routine testing of selected groups in schools was deferred awaiting the outcome of discussions between representatives of the Departments of Health and Education regarding the examination of all staff employed in schools. In the past only bus drivers were examined routinely for tuberculosis, and on September 1, 1965, routine examination of all newly recruited teachers was introduced. The extension of examination to all school staff on an annual basis, will, it is hoped, be introduced in the near future. It will be necessary in the first instance to carry out these examinations on the basis of a Department of Education instruction, as in contrast to the situation in a number of adjoining areas; no legal requirement for annual examination of school staff exists in the City of Baltimore.

At the beginning of the year, a total of 529 tuberculosis sufferers were in various institutions, 468 being in tuberculosis hospitals. A further 740 patients were admitted in the ensuing 12 months. Five hundred and seventeen patients were discharged with permission, 102 died in hospital and 120 took their discharge from hospital against medical advice. Pursuant to the powers invested in the Commissioner

of Health by Sections 215-218 of Article 12 of the Baltimore City Code of 1950, governing compulsory hospitalization of infectious tuberculosis patients, 31 patients were admitted to hospital under orders issued by the Commissioner of Health, and 11 others were committed in the Municipal Courts of the City.

Venereal Diseases

The prevalence of syphilis and gonorrhea as Baltimore's most frequently reported communicable diseases continued throughout 1965. Syphilis, the most dangerous of the venereal diseases, showed an increase of 224 cases, from 1,509 in 1964 to 1,723 in 1965. Deaths, however, decreased from 36 in 1964 to 22 in 1965. Gonorrhea case reports increased from 5,526 to 5,672 or 146 cases. Minor venereal diseases reported to the Health Department totaled 13 cases of which two were chancroid, three were lymphogranuloma venereum, and eight were granuloma inguinale. As may be seen in Table No. 1A, venereal diseases constituted over 65 per cent of the reported communicable diseases in Baltimore during 1965.

In contrast to the 224 case increase in total syphilis, infectious syphilis decreased from 399 cases reported in 1964 to 347 reported in 1965 for a decline of 52 cases. Neither of these changes, however, indicates a significant change in the syphilis morbidity trend of the past few years. In fact, if early syphilis (syphilis of less than one year's duration and consisting of infectious primary, secondary, and potentially infectious early latent cases) figures for 1964 and 1965 are compared, almost equal totals of 697 and 701 are found. Also, the quality of casefinding and level of epidemiologic effectiveness maintained by the venereal diseases staff declined during the first eight months of the year and improved during the last four months. This was brought about by a turnover among the Public Health Service assigned personnel whose replacements required a period of adjustment. A projection based on the last four months of 1965 reveals that if the present level of epidemiologic effectiveness is maintained, infectious syphilis morbidity will exceed 400 cases during 1966.

The serological screening of inmates committed to the Baltimore City Jail was re-instituted in April, 1965. This program consists of drawing blood specimens for syphilis testing from all inmates admitted to the City Jail Monday through Friday of each week and is carried on by Public Health Service personnel assigned to the Division of Venereal Diseases. Because of the effectiveness of the program in ferreting out new cases of syphilis and in identifying old previously unreported cases, screening will be extended to include Saturdays

during 1966 if the Public Health Service personnel complement is adequate. During the nine months that the program was in operation in 1965, blood specimens were drawn from 6,575 inmates of which 415 or 6.3 per cent tested reactive for syphilis. From the 415 re-actives, 182 cases of syphilis were brought to treatment for the first time. Among these were 11 cases of infectious primary and secondary syphilis, 70 cases of potentially infectious early latent syphilis, and 101 cases of other syphilis.

The Division of Venereal Diseases received and processed 5,927 reactive serology reports during 1965. Of these, 2,653 (44.8%) were previously known to the central morbidity files and were determined to require no further follow-up. An additional 1,107 (17.2%) were followed in other cities or states or were not followed because of an elderly age limitation. However, follow-up of the remaining 2,167 previously unknown reactivities identified 71 cases of primary and secondary syphilis, 103 cases of early latent syphilis and 851 cases of other syphilis for a total yield of 1,025 cases of syphilis heretofore unknown to the Department of Health, many of which may not otherwise have been reported. Aside from the fact that the laboratory reactor follow-up program and the jail screening program are excellent casefinding mechanisms, they are also invaluable in establishing a thorough central morbidity registry.

The Department's venereal diseases clinics continue to carry a major role in the control of the venereal diseases. A total of 10,371 persons made 19,255 visits to the clinics, both of these figures showing an increase over 1964. In addition to 942 patients with proven syphilis and 4,667 patients with proven gonorrhea, 301 were treated on the basis of epidemiologic findings for syphilis and 1,077 likewise for gonorrhea. The results of the investigation of 2,264 contacts of syphilis and 2,913 contacts of gonorrhea, named by city clinic patients and referred by other agencies, are given in Tables Nos. 3D and 3E.

The professional medical information-education effort begun in 1964 was greatly expanded in 1965. In addition to his teaching program involving some 300 medical students, Dr. Dee M. Rasmussen made slide presentations on syphilis diagnosis, serology, and epidemiology to 17 groups of physicians including the medical staffs of five major hospitals. Other Health Department physicians made five additional presentations which brought the total number of physicians reached through this project to approximately 900 in 1965. Public Health Service epidemiologists assigned to the division also personally visited approximately 600 physicians to discuss the increasing venereal disease problem and to offer a 24-hour darkfield and other diagnostic services provided by the bureau.

In 1965, Mr. Harvey Felix was assigned to the Division of Venereal Diseases by the Public Health Service to help coordinate a Venereal Disease Information-Education program for the general public, and medical and paramedical groups. His major activities center around community organizations, education, and the mass media and their implications in disseminating useful information about venereal disease to the community.

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ROBERT L. GRIFFIN

M. GLYNN HODGES

ROBERT WHITELOCK

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

	1965		1964		1963		1962	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Botulism.....	...	...	...	...	...	...	...	...
Chickenpox.....	598	...	560	1	683	1	842	...
Diphtheria.....	...	...	1	1	...	...	...	...
Dysentery.....								
Amebic.....	5	1	1	...	3	1	2	1
Bacillary.....	201	2	43	3	52	1	72	2
All other.....	...	...	...	...	1	...	3	...
Encephalitis, acute infectious.....	3	4*	4	4	8	2	4	1
Erysipelas.....	...	...	...	...	1	...	...	...
German measles.....	147	...	1,180	2	154	...	88	...
Hepatitis.....								
Infectious.....	190	6	153	4	95	3	182	5
Serum.....	8	3	7	2	...	...	5	2
Measles.....	944	...	1,829	...	1,454	...	1,657	1
Meningococcal infections.....	27	8	11	6	16	4	4	1
Mononucleosis, infectious.....	...	...	...	...	...	...	2	...
Mumps.....	648	...	418	...	776	...	713	...
Paratyphoid fever.....	...	...	2	...	1	...	1	...
Polioomyelitis, paralytic cases.....	...	...	...	...	...	...	...	...
Psittacosis.....	2	...	...	...	...	...	...	...
Rocky Mountain spotted fever.....	3	...	...	...	...	...	4	...
Salmonella infection.....	173	...	26	...	34	...	20	2
Scarlet fever.....	140	...	107	...	186	...	143	...
Smallpox.....	...	...	...	...	...	...	...	...
Streptococcal sore throat.....	54	1	22	...	31	...	10	...
Tetanus.....	1	1	2	1	...	...	1	...
Trichinosis.....	...	...	1	...	1	...	2	...
Tuberculosis.....								
Respiratory.....	698	95	666	92	742	125	716	126
Other forms.....	48	11	44	4	54	4	64	7
Tularemia.....	...	...	...	...	1	...	...	...
Typhoid fever.....	3	...	1	...	2	...	1	...
Typhus fever.....	3	...	1	...	...	...	...	...
Undulant fever.....	...	...	...	...	...	...	...	...
Weil's disease.....	1	...	2	...	...	...	...	...
Whooping cough.....	22	...	54	1	35	1	44	2
Veneral diseases.....								
Chancroid.....	2	...	3	...	3	...	2	...
Gonococcal infections, total.....	5,670	...	5,526	...	5,256	...	4,972	...
Ophthalmia.....	2	...	...	...	2	...	1	...
Syphilis, total.....	1,723	22	1,509	36	1,580	39	1,648	28
Congenital.....	29	...	26	...	22	...	29	...
Other venereal diseases.....	11	...	7	...	8	...	4	...

* Includes 1 in transfer from out of state.

TABLE NO. 1B
EXTENT OF DPT INOCULATIONS IN CHILDREN 1-6 YEARS OF AGE, BALTIMORE CITY, 1965*

Health District	Number Queried	Number Inoculated	Per Cent Inoculated
All Districts.....	399	371	93.0
Eastern.....	139	133	95.7
Western.....	84	76	90.5
Druid.....	83	76	91.6
Southeastern.....	54	50	92.6
Southern.....	39	36	92.3

* Based on information obtained from the Baltimore Health Survey.

TABLE NO. 1C
POLIOMYELITIS INOCULATION RATES BY AGE—SABIN VACCINE—BALTIMORE CITY, 1965*

Age	Total Queried	Per Cent With	
		No Doses	Three or More Doses
All Ages.....	3,083	40	44
Under 5.....	286	21	65
5-9.....	341	7	80
10-19.....	609	10	79
20 and over.....	1,867	58	23

* Based on information obtained from the Baltimore Health Survey, 1965.

TABLE NO. 2A
RESIDENT DEATHS FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO AGE, 1965

AGE GROUP	GRAND TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
NUMBER OF DEATHS							
All Ages.....	106	55	46	9	51	36	15
Under 4 years.....	2	..	..	..	2	1	1
5-14 years.....	..	..	..	..	..	..	..
15-24 years.....	1	..	..	..	1	1	..
25-34 years.....	5	..	..	..	5	4	1
35-44 years.....	15	4	3	1	11	8	3
45-54 years.....	21	5	4	1	16	10	6
55-64 years.....	24	19	15	4	5	3	2
65-74 years.....	29	21	19	2	8	7	1
75 years and over.....	9	6	5	1	3	2	1
PERCENTAGE DISTRIBUTION							
All Ages.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 4 years.....	1.9	—	—	—	4.0	2.8	6.7
5-14 years.....	..	..	..	..	..	..	..
15-24 years.....	1.0	..	..	..	2.0	2.8	..
25-34 years.....	4.8	..	..	..	10.0	11.1	6.7
35-44 years.....	14.2	7.3	6.5	11.1	21.0	22.2	20.0
45-54 years.....	19.9	9.0	8.7	11.1	31.4	27.8	40.0
55-64 years.....	22.5	34.5	32.6	44.4	10.0	8.3	13.3
65-74 years.....	27.4	38.2	41.3	22.3	15.7	19.5	6.7
75 years and over.....	8.3	11.0	10.9	11.1	5.9	5.5	6.7

TABLE NO. 2B
RESIDENT DEATHS FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO RACE AND
PLACE OF DEATH—1965

PLACE OF DEATH	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL DEATHS.....	106	100.0	55	100.0	51	100.0
Home.....	6	5.6	3	5.4	3	5.9
Tuberculosis Hospitals.....	47	44.3	28	51.0	19	37.3
Baltimore City.....	21	19.7	8	14.6	13	25.5
State.....	25	23.6	19	34.6	6	11.8
Federal.....	1	1.0	1	1.8	..	..
General Hospitals.....	35	33.1	15	27.2	20	39.0
Mental Hospitals.....	11	10.4	6	11.0	5	10.0
Other.....	7	6.6	3	5.4	4	7.8

BUREAU OF COMMUNICABLE DISEASES

TABLE NO. 2D
TUBERCULOSIS CASES IN CURRENT REGISTER (PREVALENCE) ACCORDING TO STAGE OF DISEASE, RACE, SEX AND BROAD AGE GROUPS—1965

[illegible]

TABLE NO. 2E
ALL TUBERCULOSIS CASES CLASSIFIED BY RACE AND ORIGINAL REFERRAL OR
SOURCE OF REPORT—1965

ORIGINAL REFERRAL OR SOURCE OF REPORT	TOTAL		WHITE		NONWHITE	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total Cases.....	746	100.0	298	100.0	448	100.0
Private Physicians.....	31	4.1	21	7.0	10	2.2
General and Tuberculosis Hospitals	335	45.0	118	40.0	217	48.4
Hospital Clinics and Dispensaries ..	28	3.7	5	1.6	23	5.1
Baltimore City Health Department	178	24.0	66	22.0	112	25.0
Contacts.....	40	5.4	16	5.3	24	5.4
Reported after death.....	40	5.4	18	6.0	22	5.1
X-Ray surveys.....	89	11.9	50	16.8	39	8.7
All others.....	5	0.5	4	1.3	1	0.1

BUREAU OF COMMUNICABLE DISEASES

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TABLE NO. 2F
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES BY RACE AND SEX—1965

CLINIC REGISTRANTS	TOTAL		WHITE				COLORED			
			Male		Female		Male		Female	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total.....	27,809	100.0	4,873	100.0	4,909	100.0	7,144	100.0	10,883	100.0
Screening service.....	15,637	56.2	1,697	34.8	2,650	54.0	2,599	50.4	7,691	70.6
Diagnostic service.....	12,172	43.8	3,176	65.2	2,259	46.0	3,545	49.6	3,192	29.4
New in 1965.....	4,581	16.5	1,269	26.0	957	19.5	1,236	17.3	1,119	10.3
Registered Prior to 1965.....	7,591	27.3	1,907	39.2	1,302	26.5	2,309	32.3	2,073	19.1
Suspects.....	3,566	12.8	851	17.5	779	15.9	908	12.7	1,038	9.4
Previously diagnosed cases.....	4,025	14.5	1,059	21.7	583	10.6	1,401	19.6	1,045	9.7
Age Distribution										
Total screening and new diagnostic registrants.....	20,218	100.0	2,966	100.0	3,610	100.0	4,832	100.0	8,810	100.0
Under 15 years.....	2,479	12.2	350	11.8	373	10.3	763	15.8	993	11.3
15-24 years.....	5,812	28.7	571	19.2	1,056	29.2	1,102	22.8	3,083	35.0
25-44 years.....	6,093	30.1	861	29.0	1,113	30.7	1,302	27.0	2,817	31.9
45-64 years.....	4,608	22.8	889	30.0	828	22.8	1,333	27.6	1,558	17.7
65 years and over.....	1,153	5.7	295	10.0	235	6.4	306	6.3	317	3.6
Age unspecified.....	73	0.5	...	...	5	0.6	26	0.5	42	0.5
Source of referral										
Total screening and new diagnostic registrants.....	20,218	100.0	2,966	100.0	3,610	100.0	4,832	100.0	8,810	100.0
Private physicians.....	5,662	28.0	1,131	38.1	1,093	30.3	1,568	32.5	1,870	21.2
Contacts.....	3,419	17.0	494	16.7	705	19.5	761	15.7	1,459	16.6
Prenatal.....	2,687	13.3	...	...	585	16.2	...	...	2,102	23.8
Hospitals.....	495	2.4	123	4.1	43	1.2	188	3.9	141	1.6
Case finding project.....	268	1.3	101	3.4	47	1.3	69	1.4	51	0.6
All others.....	6,446	31.9	1,011	34.1	1,015	28.1	1,777	36.8	2,643	30.0
Positive PPD after BCG.....	917	4.5	105	3.5	119	3.3	325	6.7	368	4.2
Schools.....	324	1.6	1	0.1	3	0.1	144	3.0	176	2.0
Clinic Visits										
Visits.....	47,621	100.0	10,246	100.0	7,417	100.0	14,217	100.0	15,941	100.0
Screening service.....	15,637	32.7	1,697	16.6	2,650	35.8	3,599	25.3	7,691	48.2
Diagnostic service.....	31,756	66.4	8,402	82.0	4,711	63.5	10,503	73.9	8,140	51.1
New in 1965.....	4,581	9.6	1,269	12.4	957	13.0	1,236	8.7	1,119	7.1
Repeat visits.....	27,176	56.8	7,133	69.6	3,754	50.5	9,867	65.2	7,081	44.0
*Other services.....	428	0.9	147	1.4	58	0.7	116	0.8	110	0.7
X-Ray Examinations										
Total.....	34,838	100.0	6,825	100.0	5,864	100.0	9,542	100.0	12,807	100.0
Screening service.....	15,637	44.9	1,697	24.8	2,650	45.2	3,599	37.7	7,691	61.0
Diagnostic service.....	19,201	55.1	5,128	75.2	3,214	54.8	5,943	62.3	4,916	39.0
Suspects.....	11,804	32.8	2,977	43.6	2,889	38.7	3,068	38.1	2,896	25.0
Previously diagnosed cases.....	7,997	22.9	2,151	31.6	045	16.1	2,881	30.2	2,080	16.0
X-Ray Survey of Apparently										
Healthy Persons (Total).....	15,637				4,347				11,290	
Druid Chest Clinic.....	6,394				543				5,851	
Eastern Chest Clinic.....	5,219				1,901				3,318	
Southern Chest Clinic.....	1,459				986				473	
Western Chest Clinic.....	2,565				917				1,648	

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

TABLE NO. 2G
CHEST X-RAY SURVEYS: 1965

GROUP SURVEYED	NUMBER	NEGATIVE	FURTHER EXAMINATION ADVISED		FINDINGS ON COMPLETED CASES					
			Incomplete	Complete	Negative	Active	Inactive	Other Pathology	Moved	Died
GRAND TOTAL.....	78,415	76,400	175	1,840	978	120	122	598	20	2
MOBILE X-RAY UNIT TOTAL.....	*45,195	44,455	175	565	330	†71	†122	20	20	2
Commercial and Industrial (Total)....	18,965	18,752	20	193	149	9	23	6	6	..
White.....	13,258	13,100	6	152	121	5	16	4	6	..
Nonwhite.....	5,707	5,652	14	41	28	4	7	2	..	..
Community (Total)....	21,069	20,813	50	206	127	24	43	7	4	1
White.....	8,943	8,819	18	106	57	10	30	5	4	..
Nonwhite.....	12,126	11,994	32	100	70	14	13	2	..	1
Schools.....	..	..	..	..	..	..	..	..	..	..
Baltimore City Jail (Total).....	5,161	4,890	105	166	54	38	56	7	10	1
White.....	1,765	1,616	69	80	23	18	31	..	8	..
Nonwhite.....	3,396	3,274	36	86	31	20	25	7	2	1
Static X-Ray Units Total.....	33,220	31,945	..	1,275	648	49	..	578	..	..
a) Health Department Clinics.....	15,504	14,571	..	933	391	31	..	511	..	..
b) Maryland Tuberculosis Association (Total).....	17,716	17,374	..	342	257	18	..	67	..	..

* Unsatisfactory films not included in totals.

† Includes 22 cases already known.

‡ Includes 9 cases to be followed by other medical agencies.

REPORT OF THE HEALTH DEPARTMENT—1965

TABLE NO. 3B

REPORTED INFECTIONS OF VENEREAL DISEASE, ACCORDING TO SOURCE OF REPORT—1961-1965

SOURCE OF REPORT	SYPHILIS					GONORRHEA					CHANCROID				
	1965	1964	1963	1962	1961	1965	1964	1963	1962	1961	1965	1964	1963	1962	1961
TOTAL.....	1,723	1,509	1,580	1,648	1,509	5,872	5,526	5,256	4,972	5,981	2	3	3	2	7
Private Physicians.....	347	370	356	451	319	754	636	524	410	456	2	..	..	..	2
Health Department Clinics.....	792	729	787	716	748	4,587	4,576	4,532	4,408	5,338	..	1	3	..	2
Other Medical Agencies..	584	410	437	481	442	331	314	200	154	187	..	2	..	2	3

TABLE NO. 3C

RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY CAUSE OF DEATH AND COLOR, 1959 - 1965

CAUSE OF DEATH	1965			1964			1963			1962			1961			1960			1959		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
TOTAL.....	22	10	12	36	13	23	39	13	26	28	11	17	31	9	22	28	5	23	36	8	28
Syphilis in infants under 1 year of age.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General paralysis of the insane.....	..	..	..	1	1	..	1	1	..	1	1	..	1	..	1	2	2	..	1	1	..
Tabs dorsalis.....	..	..	..	..	..	..	1	1	..	1	..	1	..	..	..	..	..	..	..	..	..
Aneurysm of the aorta.....	7	4	3	20	8	12	14	4	10	7	2	5	4	..	4	3	1	2	4	2	2
Other forms of syphilis.....	15	6	9	15	4	11	23	7	16	19	8	11	26	9	17	23	2	21	31	5	26

TABLE NO. 3D

ADMISSIONS TO CITY VENEREAL DISEASE CLINICS BY DISEASE, AND VISITS BY COLOR AND SEX, 1965

ADMISSIONS		VISITS	
DISEASE	CITY CLINICS	RACE AND SEX	CITY CLINICS
TOTAL.....	10,371	TOTAL.....	19,355
Total syphilis (excluding epidemiologic).....	942	White.....	1,498
Primary or secondary.....	224	Male.....	979
Early latent.....	263	Female.....	519
Late latent.....	409	Colored.....	17,757
Late.....	28	Male.....	10,633
Congenital.....	18	Female.....	7,125
Stage not stated.....	..		
Epidemiologic syphilis ¹	301		
Gonorrhea (excluding epidemiologic).....	4,667		
Epidemiologic gonorrhea ²	1,077		
Chancroid.....	1		
Lymphogranuloma venereum.....	1		
Granuloma inguinale.....	9		
Not infected with venereal diseases.....	3,171		
Diagnosis not completed.....	202		

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

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

TABLE NO. 3E
RESULTS OF INVESTIGATION OF CONTACTS OF CITY CLINIC PATIENTS, BY COLOR AND SEX OF
CONTACT AND DISEASE—1965

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 STYLLIS	GONORRHEA
TOTAL.....	4,673	286	1,217	478	2,892	532	845	1,299	16	579	82	143	354
TOTAL SYPHILIS.....	1,873	263	289	68	1,253	205	788	248	12	232	80	125	27
White.....	90	10	22	5	53	3	37	13	..	5	2	1	2
Male.....	37	2	6	2	27	3	20	4	..	3	2	1	..
Female.....	53	8	16	3	26	..	17	9	..	2	..	..	2
Colored.....	1,783	253	267	63	1,200	202	751	235	12	227	78	124	25
Male.....	919	127	137	33	622	97	416	104	5	104	32	65	7
Female.....	864	126	130	30	578	105	335	131	7	123	46	59	18
TOTAL GONORRHEA...	2,800	23	928	410	1,439	327	57	1,051	4	347	2	18	327
White.....	117	1	29	9	78	32	4	41	1	32	..	..	32
Male.....	7	..	1	3	3	..	2	1	..	..	..	..	..
Female.....	110	1	28	6	75	32	2	40	1	32	..	..	32
Colored.....	2,683	22	899	401	1,361	295	53	1,010	3	315	2	18	295
Male.....	41	..	6	10	25	7	10	8	..	7	..	..	7
Female.....	2,642	22	893	391	1,336	288	43	1,002	3	308	2	18	288

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

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

TABLE NO. 3F
RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OTHER AGENCIES, INCLUDING
THE ARMED FORCES, BY COLOR AND SEX OF CONTACT AND DISEASE—1965

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.....	504	19	177	28	280	53	125	98	4	56	11	24	21
TOTAL SYPHILIS.....	391	16	147	10	218	34	119	64	1	36	11	23	2
White													
Male.....	23	..	9	..	14	2	7	5	..	2	1	1	..
Female.....	14	..	5	..	9	..	6	3	..	..	..	..	..
Colored													
Male.....	165	8	59	5	93	18	50	25	..	18	5	13	..
Female.....	189	8	74	5	102	14	56	31	1	14	5	9	2
TOTAL GONORRHEA..	113	3	30	18	62	19	6	34	3	20	..	1	19
White													
Male.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Female.....	22	2	5	3	12	7	2	2	1	7	..	..	7
Colored													
Male.....	5	..	2	1	2	..	2	..	..	..	..	..	..
Female.....	86	1	23	14	48	12	2	32	2	13	..	1	12

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

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

TABLE NO. 3G
MULTIPLE INFECTIONS WITH GONORRHEA—1965

NUMBER OF INFECTIONS IN 1965	NUMBER OF PERSONS		
	Total	Male	Female
TOTAL.....	5,672	4,896	776
1.....	4,578	3,838	740
2.....	789	735	34
3.....	213	211	2
4.....	63	63	0
5.....	25	25	0
6.....	11	11	0
7.....	7	7	0
8.....	5	5	0
9 and over.....	1	1	0

BUREAU OF DENTAL CARE

H. Berton McCauley, D.D.S.

Director

Programs of dental care inaugurated in 1949 for needy school children and recipients of public assistance were continued in 1965. The usual dental services required by children and adults were provided, except that persons in the category of Medical Assistance for the Aged (MAA) could not be supplied with initial dentures. These programs were implemented as before by 29 Health Department dental clinics in public schools and health centers.

An entirely new and unique dental service for underprivileged prospective mothers at high risk of producing mentally or physically defective offspring was instituted in June as part of the federally sponsored Maternity and Infant Services Project 501. Designed primarily to eliminate oral infection and restore a reasonably satisfactory level of dental health, emergency and constructive dental care was administered to 2,386 women in a special three-chair dental facility in the Baltimore Maternity Center at 211 W. Lombard Street. In six months this service displayed successful patterns of high utilization, acceptability and effectiveness as an integral component of a comprehensive maternal health program.

For the sixth consecutive year, the five dental operating rooms of the Western Health District Building were utilized in a joint program of the Health Department and the University of Maryland wherein senior dental students received training in the provision of dental care for school children in a public treatment plan.

The orthodontic clinic in the Southeastern Health District Building attained its seventh year of corrective service for children eligible for aid through the Division for the Handicapped. Providing consultation and treatment benefits on a year-round weekly schedule, the staff of this clinic treated 222 children with oro-facial defects, completing 23 cases. Being the only one of its kind in the city, the need for its services far exceeded capacity, particularly among children with speech defects who are neither eligible to receive its benefits nor have orthodontic services available to them elsewhere.

Dental Care for School Children

For the first time in the history of dental services in the Baltimore City Health Department, a clinic registration fee of one dollar was exacted for each child treated, with provision for waiver in event of a

situation wherein an underprivileged child would be denied needed care if imposed. The new policy, inaugurated April 12, was designed to engender improved cooperation and appreciation for dental service on the part of children and parents.

In 1965 the school dental program encompassed an estimated 61,049 children, for the most part pupils in 89 public and 24 parochial elementary schools in the neediest areas of the city. Emphasis continued to be placed on dental health preservation by timely instruction and maintenance care. New subjects of the program were, by routine, limited to children who entered school for the first time as kindergarten or first grade pupils. Their teeth were inspected for defects early in the school year. If defects were found, parents were notified and requested to seek the necessary care for their children. Treatment in a Health Department facility was arranged when it was determined that otherwise the child would not receive the required attention.

Pupils in grades above the first who were subjects of the program in 1964 received its benefit in 1965 through follow-up inspection, referral for private care or recall to a Health Department facility. A substantial number of upper elementary and secondary grade children received dental treatment in public clinics, of which 1,509 were high school students.

Services

A total of 41,293 children were inspected for dental defects and 11,999 received treatment in public dental clinics under the preventive program, as indicated in Table No. 1. The teeth were cleaned in 2,935 cases, 23,490 teeth were restored by filling and 8,450 miscellaneous services were provided. It was necessary to remove 5,690 teeth of which all but 1,561 were deciduous. Treatment was carried to completion in 8,347 cases. Most extractions were performed in special clinics conducted on Tuesday and Friday mornings in the Eastern Health District Building on Caroline Street.

Dental Health Education

The dissemination of health information was an integral part of the school dental program. Post-inspection notices of dental defects to parents and follow-up procedures provided opportunity for communication and motivation towards care of the teeth. Public health nurses aided in the educational effort in the course of routine home visits, interviews, and maternal and child health clinic activities.

Considerable instruction in home care was given to children undergoing treatment in Health Department dental clinics and in the classroom by teachers and school nurses. As inaugurated in 1964, a particular effort was made by the public schools in 1965 to convey dental health information to pupils in third-grade and opportunity classes utilizing improved and professionally approved visual materials supplied without charge by a large dentifrice producer.

Dental Care for Public Assistance Recipients

Persons eligible for benefits under the Baltimore City Medical Care Program received dental services for the relief of pain, the removal of offending teeth and oral surgery in dental clinics of eight participating hospitals: University, Johns Hopkins, South Baltimore General, Sinai, Provident, Mercy, City and Keswick. Prophylactic dentistry and the restoration of decayed teeth were provided in a special clinic for Medical Care beneficiaries in the Eastern Health District Building, as they have since 1955. In this clinic, 3,298 patients obtained dental care in 1965.

Collectively, 16,272 beneficiaries in the categories of Medical Care for the Indigent (MCI) and Medical Assistance for the Aged (MAA) received 39,576 dental services at public expense, including 12,981 teeth removed and 5,725 restored, as shown in Table No. 2. Prosthetic services, comprising new, repaired, reconstructed and re-based dentures, and occasional acrylic crowns for badly damaged maxillary anterior teeth in young people, were furnished to 333 individuals, of whom 98 were in the MAA category.

Fluoridation

The year 1965 was the thirteenth consecutive year that the Bureau of Water Supply maintained the fluoride level of the entire public supply at a level of one part per million parts of water, the optimum for dental health. Current reductions in the number of decayed teeth in resident Baltimore children were estimated at 60 per cent through age eleven, 50 per cent through age thirteen and 30 per cent through age fifteen. There were roughly a half-million fewer cavities in the city's children and 200,000 fewer in those of the surrounding counties than would be the case without this important health measure.

Personnel

H. BERTON McCAULEY, D.D.S., Director
REGINA M. SPENCER, Principal Clerk Stenographer

Clinic Dentists

J. DAVID BIMESTEFER, D.D.S.	RONALD H. ISRAEL, D.D.S.
SIDNEY O. BURNETT, JR., D.D.S.	BENJAMIN J. KIMBERS, JR., D.D.S.
ARTHUR W. BUSHEY, D.D.S.	NICOLAS LASIJCZUK, D.D.S.
SAMUEL P. CALDWELL, D.D.S.	EDWARD MCDANIELS, JR., D.D.S.
RUSSELL H. CARRINGTON, JR., D.D.S.	J. THOMAS NELSON, D.D.S.
ROBERT M. CHARLTON, D.D.S.	J. LAWS NICKENS, D.D.S.
BILLY D. DAVIS, D.D.S.	LAWRENCE W. PADEN, D.D.S.
ALVIN ENGEL, D.D.S.	LOUIS SOBER, D.D.S.
STANLEY FOXMAN, D.D.S.	PAUL I. TEITELBAUM, D.D.S.
MARSHALL R. GOLDMAN, D.D.S.	DENNIS H. TRIBBLE, D.D.S.
RUSSELL E. HACKLEY, JR., D.D.S.	FRANK J. VERDE, D.D.S.
RICHARD M. HEMPHILL, D.D.S.	THOMAS W. WILLETTS, D.D.S.
B. WALLACE INMAN, D.D.S.	GEORGE F. WOODLAND, D.D.S.

ALVIN D. RUDO, M.D., *Anesthesiologist*

Dental Hygienists and Assistants

DOROTHY L. ANDERSON	MILDRED MCDANIELS
M. ELEANOR DIVELY	IDA M. PAYNE
FANNIE M. ELLEN	MARGARITA J. PIRARO
VERA M. GILL	M. ELAINE RUSSELL, R.D.H.
DOROTHY I. JACKSON	EMMA M. SIMMONS
ANNETTE B. JARRELL	ELAINE V. SMITH
LOUISE B. JONES	IDA R. WEES
EVELYN T. WILKINS	

Medical Care Dental Services

JAMES S. DAVIDSON, D.D.S.	FREDERICK MAGAZINER, D.D.S.
WILLIAM F. DOMBROWSKI, D.D.S.	LEWIS M. MAUS, D.D.S.
ALLEN L. GOLDMAN, 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

GEORGE M. ANDERSON, D.D.S.
Baltimore City Dental Society

EDWARD D. STONE, JR., D.D.S.
Baltimore City Dental Society

TABLE NO. 1
FACILITIES USED, CLINIC TIME EXPENDED AND SERVICES RENDERED IN THE PROGRAM OF
DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—1955, 1960, 1965

	1955	1960	1965
Dental clinics.....	26	30	29
Clinic dentist-hours utilized.....	9,507	14,343	13,209
For dental inspections.....	660	915	987
For dental treatment.....	8,847	13,428	12,222
Children in program.....	36,210	56,831	61,049
Children inspected.....	15,538	33,866	41,293
Children treated.....	8,569	12,463	11,999
Under preventive program.....	7,235	11,895	11,192
Referred for emergency care.....	1,334	558	807
Patient visits.....	16,572	24,505	22,649
Dental treatment services, provided, total.....	37,726	51,000	40,565
Average number per child treated.....	4.4	4.1	3.4
Dental cleaning operations.....	5,326	5,574	2,935
Fillings, permanent teeth.....	5,841	11,281	8,923
Fillings, deciduous teeth.....	17,745	23,870	14,567
Extractions, permanent teeth.....	673	853	1,561
Extractions, deciduous teeth.....	5,076	4,519	4,129
Other.....	3,065	5,503	3,450
Cases completed.....	6,115	9,894	8,347

TABLE NO. 2
DENTAL SERVICES RENDERED TO RECIPIENTS OF PUBLIC ASSISTANCE UNDER THE BALTIMORE
CITY MEDICAL CARE PROGRAM—1964 AND 1965

	TOTAL	DENTAL CLINICS									
		Uni- versity	Johns Hop- kins	South Balti- more Gen- eral	Sinai	Provi- dent	Mercy	Balti- more City Hos- pitals	East- ern Medical Care Dental Clinic	Misc. Insti- tutions	
PATIENTS.....	{ 1965 1964	16,272 16,175	2,696 2,498	3,259 3,042	615 664	905 881	1,405 1,014	573 467	3,514 4,409	3,298 3,191	7 9
TREATMENT SERVICES—1965											
Dental cleaning operations....		1,614	2	4	1	47	1	1	1,075	481	2
Radiographs.....		14,733	4,434	5,528	17	1,775	107	106	2,495	243	28
Treatment acute gingivitis....		1,225	18	0	0	1	3	3	26	1,174	0
Teeth extracted.....		12,981	3,241	3,396	944	849	1,128	815	1,802	793	13
Post extraction treatment.....		2,266	976	543	112	181	146	117	137	52	2
Teeth filled.....		5,725	0	6	0	36	2	1	638	5,042	0
Other services.....		1,032	500	130	3	127	29	67	140	36	0
SERVICES RENDERED.....	{ 1965 1964	39,576 38,449	9,171 11,226	9,607 8,520	1,077 1,082	3,016 1,927	1,416 941	1,110 897	6,313 5,867	7,821 7,954	45 35
PROSTHETIC CASES.....	{ 1965 1964	333 291	Prosthetic dental services provided in private dental offices and in dental clinics of the Sinai and City Hospitals.								

Prosthetic dental services provided in private dental offices
and in dental clinics of the Sinai and City Hospitals.

NUTRITION

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

Division Chief

In 1965, the Division of Nutrition continued to devote its efforts toward the development of a better understanding of nutrition as a facet of community health. During the year, a predominance of time was devoted to the development of nutrition services within the new and expanding Maternity and Infant Care Project in the Health Department. The division chief functioned as the principal Project nutritionist until the employment of Miss Veronica A. Robinson in May. Project nutrition activities included proposing goals for 1965-66; initiating educational materials for use by patients, physicians, nurses, nurse-midwives and other personnel; attempting to get authorization for additional donable foods for the pregnant woman; participation in team presentations in the community; and guidance in the programming of sound nutrition services.

A new service initiated during the year was a nutrition counseling activity at the Metropolitan Senior Citizen Center, pilot project for the Waxter Center for Senior Citizens at Christ Church. This began as a "Food and Nutrition Hour" in which the nutritionist gave individual guidance or conducted small group discussions and later became one of the regular sessions of "Charm, Grooming, and Good Health."

As a member of the Coordinating Committee, Meals-on-Wheels for the Baltimore Metropolitan Area, the nutritionist was involved in evaluating the menus served; advised on the adequacy of the delivered food; planned diet modifications that could be handled by this volunteer activity and still meet the physician's requirement for his patient, and consulted with other groups in the community that were interested in expanding this service for elderly and chronically ill who are home-bound. In 1965 she became Chairman-elect of the Coordinating Committee.

The nutritionist participated in the training and orientation program for the Home Health Aides employed by the Instructive Visiting Nurse Association. Early in the year she was appointed by the Maryland State Commission on the Aging as a member of a Subcommittee to Study Nursing Services, Diet and Nutrition in Nursing Homes in Maryland.

During the summer the division chief provided supervision and guidance to Miss Katherine L. Skidmore, a student at St. Joseph's

College, Emmitsburg, Maryland, one of the first two nutrition students to receive a summer work fellowship from the Maryland State Department of Health. Together with two medical students and one dental student, she was assigned to Project Head Start in Baltimore City. Her report, "Food Habits Study of Preschool Children in Project Head Start, Baltimore City Department of Education," was distributed by the U. S. Children's Bureau and received many favorable comments. Locally, several elementary schools in the project area requested assistance in parent education related to family food needs. The study information was made available to interested public health nurses.

The Division of Nutrition assisted in providing public health experience for Miss Kathleen Kerrigan, graduate nutrition student, School of Public Health, University of North Carolina. She also held several conferences with new staff members of the Nutrition Services of the Maryland State Department of Health as part of their orientation to the Maryland community.

The division chief continued to work closely with the Maryland State Department of Public Welfare in giving consultation on food service to group care homes such as the Florence Crittenton Home, the House of the Good Shepherd, and the McKim Home. At the Crittenton Home, a Nutrition Advisory Committee was created to assist with guidance in the purchase of new kitchen equipment, provision of adequate menus, efficient food purchasing policies, establishment of simple cost records, and creation of employee policies. The nutritionist worked with the nurse in planning her prenatal guidance for the girls and counseled with residents in groups and individually. She also assisted in the planning with representatives of state agencies of an "Institute on Food Service for Group Care Homes" and was a member of the panel that began the keynote session. Cooperating with the Division of Child Day Care she gave guidance on nutrition information presented in the newsletter sent regularly to day care centers in Baltimore City and discussed food service with several individual operators.

In the area of teen-age nutrition, the division chief engaged in the following activities: participated as a group leader in a course given at the Young Women's Christian Association the nutrition session of which was used as the basis of a feature story in *The Evening Sun*; presented a discussion on "Adolescent Nutrition" for the secondary school nurses; assisted the school nurse and physician in planning a weight control activity at Baltimore Polytechnic Institute; discussed "Food and Your Figure" with the girls in a physical fitness program

at Southern High School; and appeared before the Maryland State Commission on Physical Fitness to encourage a well-rounded program urging that total fitness involves more than exercise and "health" foods. Many community discussions were geared toward combating food fads and strange diets which are prevalent in the Baltimore area.

The activities of the nutritionist related to the education of student nurses included: nutrition instructor, Department of Nursing Education, Baltimore Junior College; guest instructor in hospital training programs at Union Memorial and Sinai hospitals; discussion, "Nutrition for the Family", for the Hopkins student nurses assigned to the Eastern Health District for their public health experience; and cooperation in planning conferences for Health Department staff nurses responsible for the management of children with in-born errors of metabolism.

In other areas she discussed "Food Needs of Individuals—as Part of the Family" in sessions with alcoholics and their spouses at the Eastern Health District. She was a panel participant discussing "Prenatal Food Needs", one session of an all-day meeting sponsored by the Medical and Chirurgical Faculty of Maryland and the Dairy Council of the Upper Chesapeake Bay, Inc.

Assistance was given the Bureau of Health Information in preparing radio and television spot announcements when they dealt with food and nutrition. The division chief also participated in the following radio and television programs:

WBAL-TV—Anne Hoffman "Heartbeat of the News"—
Fad Reducing Diets

WMAR-TV—The Family Doctor program "Fad Diets
and Quackery"

WITH—Dorothy Granger, Department of Sanitation—
"Adolescent Nutrition, Prenatal Needs"

WWIN-FM—Kitty Broady, five featurettes—"Nutrition
At All Ages"

The Chief of the Division of Nutrition continued to represent the American Public Health Association at sessions of the Food and Nutrition Board, National Research Council. She was chairman, 1965 Nominating Committee, Food and Nutrition Section, American Public Health Association, was re-elected Treasurer, Maryland Public Health Association and is a member of its Executive Committee. She represented the Health Department and her profession on a variety of national, state, and local committees.

CHILD HEALTH SERVICES

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

Director

The coordination and administration of programs in maternity health, preschool health, child day care, school health and handicapped children is the responsibility of the section of Child Health Services. During 1965 the Maternity and Infant Services Project 501 moved to a new location at 211 West Lombard Street. This project has expanded health services in both quantity and quality to mothers and children. During the summer of 1965, health services were rendered to about 900 children participating in the Head Start Program financed through funds of the Office of Economic Opportunity. Medical services were also given to children involved in the Early School Admissions Project of the Baltimore City Department of Education. The latter project is financed through a three year grant from the Ford Foundation which terminated in 1965. It is anticipated that further expansion of Child Health Services will depend on implementation of federally financed and supported funds because of the economic plight of the city. Therefore, many conferences and much planning was devoted to the implementation of health services for children and youth through Public Laws 89-97 and 89-10. Plans are being made for the establishment of comprehensive clinics for children and youth within the city which will complement the Maternity and Infant Project 501. During the year, Dr. Kathleen Swallow replaced Dr. John J. Bianco as Director of the Maternity and Infant Services Project 501.

The reports of the Child Health Services subdivisions follow.

BUREAU OF MATERNAL AND CHILD HEALTH

George H. Davis, M.D.

Associate Director

The year 1965 was the first full year of operation of the Maternity and Infant Services Project 501 within the Maternity and Infant Care Program of the Baltimore City Health Department. The effort has been to improve the quality of care given in numerous areas and to maintain continuity of care of the mothers and infants from the initial visit, through pregnancy, hospitalization, delivery and through the postpartum period. The care includes help in planning

for subsequent children and the meticulous follow-up of the infants during the first year of life.

Comprehensive care has been achieved where formerly some gaps existed. Many innovations have occurred and new approaches to old problems have proven either promising or successful.

Basically, the medically indigent pregnant population is screened for identification of risk factors which endanger the successful completion of the birth. In addition, the Department is providing preventive and remedial measures without interruption, giving the best perinatal medical care possible and evaluating the quality of the product during the first year of life.

The meshing of newly acquired personnel from the project with that of the on-going Health Department Maternal and Infant Care Program has been smoothly accomplished. New disciplines have been introduced with social workers, nutritionists, health educators and dentists which have strengthened the functioning of the program. Nurse midwives have been used as supervisors of the prenatal care of selected patients, the clinic obstetrician acting as consultant. The nurse midwives as liaison nurses between the Health Department and the hospitals delivering our patients have added continuity to the total patient experience and have vastly improved record interchange between the Health Department and the hospitals of delivery.

In 1965, for the first time, it became possible to make delivery arrangements for hospitalization at city hospitals at the time of the visit to the Maternity Center. No trip to the hospital is necessary. Furthermore, patients were registering earlier in pregnancy and despite the dropping fertility and birth rates, the number of patients who utilized this service continued to increase. More than 70 per cent of the non-white resident hospital service patients in Baltimore were served by the Interviewing Center.

The Center offers high quality patient care in pleasant surroundings by well qualified, friendly, non-critical people. This demonstrated concern is understood and accepted by the patients.

Preschool Hygiene

The infant mortality rate was 28.4 per 1,000 live births as compared to 31.0 in 1964. The white race was 24.8 and the non-white 31.7 as compared to 22.0 and 39.7 respectively in the previous year. The following table summarizes the well baby clinic sessions.

	1963	1964	1965
Total Visits.....	90,456	84,690	80,589
Total Sessions.....	4,828	4,888	5,016
Patient-Visits per Session.....	18.7	17.3	17.6
Total Patients.....	34,971	30,096	28,401
Visits per Patient.....	2.6	2.8	2.8

New registrations in the child health clinics in 1965 totaled 10,692. Of these, 9,936 were under one year of age which is 49.9 per cent of the total resident live births of 19,907.

A total of 5,016 physician sessions was provided by practicing pediatricians, residents in pediatrics from both medical schools and general practitioners. The United Order of True Sisters made it possible to extend the auditory screening of infants, ages of 8 to 14 months, to all child health clinics through the five district buildings. A new program of psychological testing of auditory screening failures was begun by the volunteer organization. The ferric chloride test for phenylketonuria, a condition related to mental retardation, was also continued in the child health clinics.

Child Day Care

A study entitled "Report Of A Survey Of Resident Working Mothers And The Day Care Of Their Children In Baltimore City In 1964" was presented to the public in January, 1965 with a distribution of 1,500 copies. Many requests from interested individuals and agencies throughout the nation were received during the year. In this report the Division of Child Day Care set forth recommendations to provide day care for 4,000 children under six years of age who are not receiving adequate care.

Since a minimum of 450 Family Day Care Homes and 35 Day Care Centers are necessary to alleviate this condition, the coordinated efforts of many organizations, both public and private agencies, will be needed. To achieve a united effort the Division of Child Day Care has been represented on the Board of the Maryland Committee for the Day Care of Children, the Advisory Committee to the State Department of Public Welfare on Day Care Services for Children, the Advisory Committee to the City Department of Welfare on Day Care Services, the Child Welfare Committee of the Maryland Conference of Social Welfare, and the Baltimore Association for Preschool Children. The division was instrumental in the formation of an Advisory Committee on Day Care to Baltimore's Community Action Commission with representation of the city's Departments of Health, Education, and Welfare.

During 1965 funds became available for three Child Day Care Centers and a Family Day Care Program to be operated by the City Department of Public Welfare in the first target area of Baltimore's war on poverty. The division worked with the Community Action Agency on submitting a project to the Office of Economic Opportunity for a Child Development Center to be operated by the Knox Presbyterian Church Community Center for 60 children. Funding is anticipated early in 1966.

During 1965, the division took the following steps to raise standards in all centers for which it has licensing responsibility:

1. Three bulletins were sent to licensed day nurseries.
2. A thirty hour basic course in Child Development and its applications to programs for children was established for day nursery personnel with the cooperation of the Department of Adult Education, Baltimore City Public Schools, under whose auspices it is held. A total of 100 adults registered.
3. One hundred and thirty-seven inspections of licensed day nurseries were made and fifty consultations were held with day nursery operators. Health service was provided for the Park Day Care Center.
4. Consultation services for both educational and health aspects of six summer Head Start Programs were provided to voluntary organizations having an enrollment of 415 of a total of 900 children participating in the program.
5. The division assisted the Maryland State Department of Health in the development of regulations for implementation of the Group Day Care Center Bill which became law effective July, 1965.

In December, 1965 there were licensed in Baltimore City the following numbers and types of day nurseries:

DAY NURSERIES—1965

<i>Type</i>	<i>Number</i>	<i>Capacity</i>
Full-time.....	46	1,686
Part-time.....	31	1,296
Cooperative.....	8	165
Part-time for handicapped children.....	9	218
Family day care.....	2	8
TOTAL.....	96	3,373

During the year thirteen new nurseries were licensed and twelve were closed.

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
 MARION D. PERSONS, Chief, Division of Child Day Care
 RACHEL CASLOW, Principal Clerk
 HELEN COHEN, Senior Clerk Stenographer
 ROSANNE HUNT, Senior Clerk Stenographer

Prenatal Clinics

CARLOS E. ARRABAL, M.D.	WILLIAM H. SAWYER, JR., M.D.
JOSEPH P. C. BOGGIO, M.D.	ZSIGMUND J. TOTH, M.D.
RAYMOND B. GOLDBERG, M.D.	GEORGE E. WELLS, JR., M.D.
ERWIN HECKER, M.D.	ESTHER G. GOFFMAN, Senior Clerk
GEORGE H. MILLER, M.D.	DOLORES HOFFELD, Maternity Interviewer
HERBERT H. NASDOR, M.D.	RUTH BOTHE, Senior Clerk

Child Health Clinics

RAY HEPNER, JR., M.D. Medical Supervisor	JERRY C. LUCK, M.D.
WILLIAM A. ANDERSON, M.D.	CHARLES F. MALONEY, M.D.
MCDONALD M. BANDO, M.D.	MATHILDA NAGER, M.D.
WALTER P. BLOCK, M.D.	GILBERT W. ROSENTHAL, M.D.
HAROLD S. FARFEL, M.D.	SYLVIA BROOKS, Clerk Typist
MAX FRANK, M.D.	DELORES FRANCE, Clinic Assistant
LOUIS LAVY, M.D.	ANNIE GRAY, Clerk Typist
LUCILLE LIBERLES, M.D.	MARY M. HORTON, Clerk Typist
RENOLD B. LIGHSTON, M.D.	MARY HYMAN, Clinic Assistant
BEATRICE ROYSTER, Clerk Typist	VIRGINIA JACKSON, Clerk Typist

Maternity and Infant Services Project 501

KATHLEEN A. SWALLOW, M.D., M.P.H., Project Director
 GEORGE H. DAVIS, M.D., Obstetric Consultant
 RUTH FINKELSTEIN, M.D., Gynecological Consultant
 JAMES E. PALMER, D.D.S., Dental Consultant
 CAROLYN A. BANGHART, B.S., M.P.H., Public Health Nursing Consultant
 BERNADETTE A. GILLIS, B.S., M.S., Assistant Public Health Nursing Consultant
 JOHN J. DEMPSEY, M.S.W., M.P.H., Senior Medical Social Worker
 MARGARET B. POLLARD, B.S., M.S.P.H., Public Health Educator
 VERONICA A. ROBINSON, B.S., M.S., Public Health Nutritionist
 NAOMI EVANS, B.S., M.S.W., Principal Community Organization Advisor
 ROY C. PERKINS, B.A., M.P.H., Administrator

Clinic Nutritionists

LYDIA W. MUSSENDEN, B.S., M.S.	MARY BYRD, B.S., M.S.
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Nurse-Midwives

MARION CAWTHORNE, C.N.M.	MARTHA GREEN, C.N.M.
KARELYN HODGES, C.N.M.	

Senior Public Health Nurses

MARY BECK, B.S.	DORIS PONDO, B.S.
BARBARA BENNETT, B.S.	JUDITH REES, B.S.
SHIRLEY GUNDERSDORFF, B.S.	KATHERINE RIDDLESBERGER, B.S.
LESLIE JAMES, B.S.	JOYCE RILEY, B.S.
BEVERLY KNIPPLE, B.S.	LOIS ROSS, B.S.
BARBARA LEONNING, B.S.	VIRGINIA SIGNOR, B.S.
LYNDA MARKEL, B.S.	CAROLYN WALTZ, B.S.
MARY RAPSON, B.S.*	

Social Workers

ALMA RANDALL

HORTENSE SMITH

ANN SCHEPER

Interviewers

MARY BROWNING

ROSALIE MARTELL

ANNA BURY

LILLIAN TURNER

ROSE LEWIS, P.H.N., Exit Interviewer

Records and Statistics

MARY ARMSTRONG, Medical Records Analyst

PATRICIA SMITH

BETTY ALBERT

GLORIA JAMES

Clinic Physicians

WILLIAM C. DUFFY, M.D.

RONALD G. PETERSON, M.D.

WILLIAM P. ENGELHART, M.D.

LOUIS L. RANDALL, M.D.

VINCENT D. FITZPATRICK, M.D.

JOHN SAVAGE, M.D.

WILLIAM A. HALL, M.D.

ZSIGMUND J. TOTH, M.D.

CLAUDE HILL, M.D.

GEORGE E. WELLS, M.D.

JOHN H. MORRISON, M.D.

WARREN W. WURZBACHER, M. D.

Clinic Dentists

JOHN C. PENTZER, D.D.S.

ALLAN B. PERTENROY, D.D.S.

EDWARD W. ROSE, D.D.S.

CHARLOTTE B. EDMONDS, Dental Assistant

ROSE ANNE HAMBRICK, Dental Clerk

CATHERINE BUGAN, Bookkeeper

AGNES WILBOURN, Head Clerk

KAREN DEACON, Administrative Secretary

HELEN GREEN, Senior Clerk Stenographer

JANICE BOVA, Senior Clerk Stenographer

ANNE BERG, Senior Clerk Typist

JEANNE STARKLOFF, Senior Clerk Typist

DOROTHY FOY, Senior Clerk Typist

MARIAN SHOEMAKER, Senior Clerk Typist

DELORES MCCLAIN, Senior Clerk Typist

SANDRA FROME, Senior Clerk Typist

GRACE LONEGRO, Senior Clerk Typist

BONNIE LEGGETT, Addressograph Operator

MABEL SPENCE, Receptionist

LORETTA STRUZINSKI, Receptionist

PHILLIP SANDLER, Messenger Clerk

MARY BROWN, Custodial Worker

JERRI LIT, File Clerk (PBX)

CATHERINE CLARKE, Lab Assistant

OZELL CRYOR, Lab Assistant

* Leave of absence.

TABLE NO. 1A
REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR DELIVERY AT HOSPITAL—1965

CASES AND VISITS	GRAND TOTAL	ALL CLINICS		DRAID HEALTH DISTRICT		SOUTHERN HEALTH DISTRICT		CHERRY HILL HOMES		SOUTHEASTERN HEALTH DISTRICT		WESTERN HEALTH DISTRICT		EASTERN HEALTH DISTRICT	
		Wh.	NW	Wh.	NW	Wh.	NW	Wh.	NW	Wh.	NW	Wh.	NW	Wh.	NW
Total case-load.....	2,925	228	2,697	26	699	31	72	..	150	86	101	26	440	59	1,235
Cases carried over to 1965.....	266	93	173	23	69	1	18	..	8	13	13	14	2	43	63
Discharged cases															
Total.....	2,659	135	2,524	3	630	30	54	..	142	73	88	12	438	17	1,172
Not pregnant.....	27	2	25	1	8	..	..	..	..	1	2	..	4	..	11
Delivered in hospital.....	2,493	121	2,372	2	593	26	49	..	137	66	85	11	418	16	1,090
Delivered by midwife.....	3	1	2	..	..	..	..	..	..	1	..	..	..	..	2
Delivered at home by physician.....	3	..	3	..	1	..	..	..	..	..	..	..	..	..	2
Delivered unattended.....	6	..	6	..	..	..	1	..	..	..	..	..	1	..	4
Other.....	127	11	116	..	28	4	4	..	5	5	1	1	15	1	63
Cases carried over from 1964.....	575	25	550	6	106	..	15	..	31	9	11	..	118	10	269
New cases admitted.....	2,350	203	2,147	20	593	31	57	..	119	77	90	25	322	49	966
Transferred to other clinics.....	116	9	107	..	33	4	5	..	7	4	8	..	28	1	26
Clinic visits															
Total.....	15,593	863	14,730	26	3,990	160	327	..	792	440	545	65	2,698	171	6,369
Antepartum.....															
First visits.....	2,350	203	2,147	20	593	31	57	..	119	77	90	25	322	49	966
Revisits.....	11,983	621	11,362	5	3,013	119	252	..	674	351	433	35	2,143	110	4,898
Postpartum.....	1,260	39	1,221	1	384	10	28	..	49	12	22	4	233	12	505
Analysis of new cases															
Duration of pregnancy															
Total.....	2,350	203	2,147	20	593	31	57	..	119	77	90	25	322	49	966
Not pregnant.....	88	5	83	1	21	2	6	..	3	..	3	2	9	..	41
Under 12 weeks.....	91	5	86	..	26	1	7	..	2	3	7	2	10	..	38
12-23 weeks.....	744	53	691	3	201	6	12	..	40	25	32	3	92	16	314
24-27 weeks.....	437	30	407	3	111	5	15	..	17	8	17	4	66	10	181
28-31 weeks.....	347	21	326	..	81	3	11	..	24	11	10	3	59	4	141
32-35 weeks.....	327	30	298	..	4	82	6	..	18	10	13	5	43	5	136
36 weeks and over.....	186	46	140	6	43	8	4	..	6	14	3	7	30	11	54
Not determined.....	130	13	117	3	28	..	1	..	9	6	5	1	13	3	61

REPORT OF THE HEALTH DEPARTMENT—1965

TABLE NO. 1B
REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR PRENATAL CARE ONLY—1965

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	
		WL.	NW	WL.	NW	WL.	NW	WL.	NW	WL.	NW	WL.	NW	WL.	NW
Total caseload.....	543	..	543	..	211	..	3	..	19	..	..	138	..	171
Cases carried over to 1966.....	206	..	206	..	67	..	..	..	5	..	..	52	..	82
Discharged cases															
Total.....	337	..	337	..	144	..	3	..	14	..	..	86	..	89
Not pregnant.....	2	..	2	..	1	..	..	..	..	..	..	..	..	1
Delivered in hospital.....	316	..	316	..	131	..	2	..	12	..	..	84	..	86
Delivered by midwife.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Delivered at home by physician.....	1	..	1	..	1	..	..	..	..	..	..	..	..	..
Delivered at home by physician.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Delivered unattended.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other.....	17	..	17	..	11	..	1	..	2	..	..	2	..	1
Cases carried over from 1964.....	305	..	305	..	113	..	3	..	9	..	..	68	..	112
New cases admitted.....	238	..	238	..	98	..	..	..	10	..	..	70	..	59
Transferred to other clinics.....	11	..	11	..	5	..	..	..	..	..	..	4	..	2
Clinic visits															
Total.....	1,818	..	1,818	..	780	..	17	..	67	..	..	506	..	446
Antepartum															
First visits.....	238	..	238	..	98	..	..	..	10	..	..	70	..	59
Revisits.....	1,374	..	1,374	..	581	..	15	..	47	..	..	392	..	338
Postpartum															
Postpartum.....	206	..	206	..	101	..	2	..	10	..	..	44	..	49
Analysis of new cases															
Duration of pregnancy															
Total.....	238	..	238	..	98	..	..	..	10	..	..	70	..	59
Not pregnant.....	3	..	3	..	2	..	..	..	..	..	..	..	..	1
Under 12 weeks.....	12	..	12	..	5	..	6	..	..	..	..	..	..	6
12-23 weeks.....	91	..	91	..	37	..	..	..	2	..	..	28	..	24
24-27 weeks.....	40	..	40	..	12	..	7	..	3	..	..	17	..	12
28-31 weeks.....	35	..	35	..	10	..	3	..	2	..	..	11	..	12
32-35 weeks.....	24	..	24	..	15	..	1	..	2	..	..	6	..	2
36 weeks and over.....	17	..	17	..	11	..	..	..	1	..	..	3	..	2
Not determined.....	16	..	16	..	6	..	..	..	..	..	..	4	..	6

TABLE NO. 2
REPORT OF CHILD HYGIENE CLINICS—1965

CLINICS	NEW CHILDREN REGISTERED DURING 1965		TOTAL CHILDREN SEEN DURING 1965		CLINIC VISITS RETURNS 1965		CLINIC VISITS SPECIAL 1965		TOTAL CLINIC 1965		GRAND TOTAL
	Under 1 Year	1 Yr. and Over	Under 1 Year	1 Yr. and Over	Under 1 Year	1 Yr. and Over	Under 1 Year	1 Yr. and Over	Under 1 Year	1 Yr. and Over	
TOTAL CITY.....	9,936	756	16,653	11,748	26,154	23,622	78	2,334	42,885	37,704	80,589
TOTAL WHITE.....	2,118	288	3,528	2,754	5,379	4,677	45	1,284	8,952	8,715	17,667
TOTAL NONWHITE.....	7,818	468	13,125	8,994	20,775	18,945	33	1,050	33,933	28,989	62,922

BUREAU OF SCHOOL HYGIENE

John B. Saratsiotis, M.D., M.P.H.

Director

School health services are administered by the Baltimore City Health Department in cooperation with the City Department of Education, the Department of Catholic Education, and upon request from other private schools. In this program the Baltimore City Health Department serves as the medical partner and consultant, yet both schools and Health Department have the responsibility to promote, protect, maintain, and improve the health of pupils. However, this responsibility does not change the fundamental assumption that parents have the primary responsibility for the health of their children.

School health services include the following: Medical and dental examinations; follow-up of health examinations; encouragement and assistance in plans for the correction of defects; observation of pupils; control of communicable diseases; health counseling; appraisal of health status; providing emergency care for the sick and injured; identification, care and follow-up of handicapped and exceptional children; and supervision and maintenance of hygienic and sanitary conditions of the school plant and facilities.

Public health nurses and physicians were assigned to schools on the basis of the schools' needs. 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 evaluations were referred to their family physicians or hospital clinic. If the family was unable to obtain a medical appraisal, the child was evaluated by the school physician who is assigned to the school periodically for two hour sessions. In this role it can be seen that the school physician is an important factor in the new human renewal and anti-poverty programs and the concern for the individual as an integral and indispensable part of our society. It is, therefore, increasingly evident that the school physician is becoming more closely linked with national and community goals involving children from prekindergarten years throughout their school period. There will be more concentration on understanding the environmental and social factors which influence children, and more emphasis on techniques of coping with them.

The Early School Admissions Project was continued for the third consecutive year in 1965. This project is designed to accelerate

the achievement of disadvantaged children, to identify and assist the talented among them, to heighten their aspirations and to develop in them the skills necessary for full and mature citizenship. The project also seeks to increase parental understanding of the values of education and to increase their own sense of responsibility for the education of their children. Moreover, it aims at mobilizing community resources to help them accomplish these goals. The Director of the Bureau of School Hygiene in cooperation with Dr. Oscar Stine of the Johns Hopkins School of Hygiene and Public Health continued his participation as medical consultant and researcher. Five elementary schools from depressed areas of the city were included. Preliminary reports based on teacher judgment and as evidenced by test results were encouraging.

The special school health clinic at the Western Health District Building was continued with the cooperation of the University of Maryland School of Medicine. The clinic is staffed by Dr. Milton Grossman, Assistant Professor of Pediatrics and Dr. Saim B. Akin, Child Psychiatrist at the University of Maryland. After an appraisal by teacher-nurse conferences, pupils are referred from public and parochial schools located in the area of the Western Health District. The clinic meets one afternoon a week with the referral of two patients from one school or two different schools. After an examination of the child and an interview with the parents by both the pediatrician and child psychiatrist, a group conference of the University, Health Department and school staff, as well as other involved community agencies is conducted. Following interchange of information, recommendations are made concerning the child and his family. This program has been found to be beneficial not only to the child and his family, but serves as a valuable in-service educational program for staff members of the Western Health District and personnel from the schools.

The Mental Health Project involving six junior and senior high schools continued for the second year. This project was initiated in 1964 with the cooperation of the Department of Education, the Psychiatric Adolescent Service of The Johns Hopkins Hospital and the Health Department. Dr. Ghislaine D. Godenne, Assistant Professor of Pediatrics, Psychiatry, and Mental Hygiene and Chief of the Psychiatric Adolescent Services of The Johns Hopkins Hospital moderated the discussions and interpreted the student's behavior and psychiatric and psychological findings. The meetings were attended by the principal or vice-principal, counselor, social worker, nurse, and physician from each of the six schools, as well as personnel

from the Psychiatric Adolescent Service, the Health Department, and the Department of Education including psychologists from the Division of Special Services. The teacher and other school personnel directly concerned with the events which led to a child's referral were asked to attend the seminar in which that child would be discussed. A total of about 35 people attended each of the seminars which were held in the conference room of the Psychiatric Adolescent Service of The Johns Hopkins Hospital. A staff member from a school described a "difficult child", and each presentation was followed by a question and answer period with a general discussion of the child's difficulty. A follow-up of children presented at previous sessions ended the meetings. The Psychiatric Adolescent Service arranged to see any child whom the psychiatrist-in-charge of the seminar felt needed more complete evaluation or psychotherapy. This project has served its initial goals by helping the teachers understand the dynamics of the child's problem and to cope with most problems within the school facilities.

There was a total of 6,427 school physician sessions—3,196 elementary physician sessions and 3,231 secondary physician sessions. Overall there were 47,885 physician examinations in schools, 7,814 more than in 1964.

In public elementary schools the teacher-nurse referrals were 6,205 and of these 3,055 were referred for further medical attention. In parochial elementary schools the teacher-nurse referrals were 476 and of these 271 were referred for further medical attention.

In the secondary schools a health appraisal is recommended in the seventh, tenth and twelfth grades. There was a total of 49,384 physician examinations of students in 1965 as compared to 40,071 in 1964. A total of 16,719 defects was found with 9,726 and 4,370 being dental and vision defects respectively with 67.0 per cent of students having defects being reported under treatment. Further details of the Secondary School Health Program are recorded in Table No. 2. The PPD intermediate strength tuberculin test was administered to 2,486 students and 8.0 per cent were reported with positive reactions.

Of interest was the increase in conferences of secondary school nurses—211,696 in 1965 compared to 207,429 in 1964. This data seems to indicate an increased involvement of the school nurse with students and other personnel within the schools. As mentioned previously, 3,231 physician sessions were conducted in the city's secondary schools.

The Vision Screening Program continued under the supervision of the public health nurse and volunteer parents trained by the Mary-

land 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 907 new patients was seen at these clinics during the year as compared to 780 new patients in 1964.

Routine audiometric tests were done in the kindergarten, 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, students referred by the teacher or nurse in the elementary, secondary, or parochial schools received audiometric tests. There were 49,419 audiometric screening examinations performed with 3,110 referred for further evaluation. A total of 930 new patients was seen at these clinics during the year as compared to 730 in 1964.

Division for the Handicapped

The Division for the Handicapped was first organized in 1956 for those children less than 21 years of age who suffer from chronic or crippling illnesses. The program is administered in cooperation with the Maryland State Department of Health Division for Crippled Children, and community medical facilities. During the year a total of 1,990 new cases was registered in this program, 21,995 children having been registered since 1956. A total of 3,808 visits was made to Baltimore City Hospitals outpatient clinics. The average number of visits per active registrant was 2.6 compared with 4.0 in 1964. The total cost for the program for paid hospital clinic visits and ancillary services was \$18,585.80 in 1965 compared to \$22,495.76 in 1964.

Since December 1964 conferences have been held every second week in the office of the Director of Child Health Services with the physicians and nursing staff of the Division for the Handicapped. The purpose of these conferences was threefold: (1) to expedite the processing of handicapped cases; (2) to revise forms and procedures; and (3) to assign specific duties to each member of the staff.

Conferences throughout the 1965 year were also held at the Maryland State Department of Health, Division for Crippled Children. Attending were members of the Crippled Children's Division of the State Health Department, directors of the diagnostic and evaluation

clinics of Johns Hopkins Hospital and the University of Maryland Hospital, personnel of the Division of Special Education and Special Services of the Department of Education and members of the Baltimore City Health Department. The purpose of these conferences was to coordinate more effectively the programs of these agencies in rendering their multidisciplinary approach for the welfare of the handicapped child. Another specific aim was to alleviate the growing caseload of the diagnostic clinics by revising the referral policy for diagnosis and evaluation. During the year 296 children were evaluated at both diagnostic and evaluation clinics.

The pediatric nursing supervisor and the senior public health nurses in the Division for the Handicapped continued to represent the division in various clinics throughout the city.

Personnel

JOHN B. SARATSIOTIS, M.D., M.P.H., Director
 GARY S. GOSHORN, M.D., Clinical Director, Division for the Handicapped
 CHARLOTTE PALM, Senior Clerk Stenographer
 CATHERINE BLANKFORD, Senior Clerk Typist

Audiometrists

PAULINE C. BRANDT

SUSIE A. JORDAN
 KATHRYN GAIROARD

KATHERINE B. HOUSTON

School Health Physicians

MAURICE L. ADAMS, M.D.
 NICHOLAS ALEXIOU, M.D.
 RAYMOND M. ATKINS, M.D.
 McDONALD BANDO, M.D.
 GILBERT BANFIELD, M.D.
 GEORGE BAYLEY, M.D.
 JAMES D. CARR, M.D.
 SIMON CARTER, M.D.
 LESTER H. CAPLAN, M.D.
 JAMES F. COOPER, M.D.
 JEROME FINEMAN, M.D.
 EDWARD FREY, M.D.
 W. ALFRED GAKENHEIMER, M.D.
 ABRAM GOLDMAN, M.D.
 MILTON GROSSMAN, M.D.
 PEGGY HANSEN, M.D.
 BERNARD HARRIS, Jr., M.D.
 BERNARD HARRIS, Sr., M.D.
 THOMAS E. HUNT, M.D.
 TURGOT JEUDY, M.D.
 GARFIELD KINGTON, M.D.
 IRVIN KEMICK, M.D.
 IRVING KRAMER, M.D.
 ARNOLD LAVENSTEIN, M.D.
 DAISY Y. Y. LIN, M.D.
 STANLEY MADISON, M.D.
 ALI MEHRIZI, M.D.
 JANE MEYER, M.D.
 NORMAN L. MILLER, M.D.

JOSHUA R. MITCHELL, M.D.
 H. L. MOSELEY, Jr., M.D.
 JOSEPH C. MYERS, M.D.
 IRWIN NUDELMAN, M.D.
 BORIS O'MANSKY, M.D.
 SAMUEL O'MANSKY, M.D.
 J. F. PALMISANO, M.D.
 MARGARET PEEPLES, M.D.
 S. R. PINES, M.D.
 T. HALL PINKNEY, M.D.
 JAMES PRIEST, M.D.
 CHARLES L. RANDOL, M.D.
 IRVIN SAUBER, M.D.
 HOLLIS SEUNARINE, M.D.
 JEROME SHERMAN, M.D.
 E. W. SHERVINGTON, M.D.
 T. C. SIWINSKI, M.D.
 PERCIVAL C. SMITH, M.D.
 MANUEL P. SODARO, M.D.
 ALVIN STAMBLER, M.D.
 ALVIN THOMPSON, M.D.
 THEODORE F. TOULAN, M.D.
 LARRY TILLEY, M.D.
 CAROL VARNER, M.D.
 THOMAS WASHBURN, M.D.
 MAYBELLE L. WEAVER, M.D.
 ERIC L. WHITE, M.D.
 DAVID WOOD, M.D.
 N. LOUISE YOUNG, M.D.

GINO F. ZARBIN, M.D.

Division for the Handicapped

GEORGE A. LENTZ, JR., M.D.

AGNES C. MORRISON, Principal Clerk Stenographer

LORANA A. SMART, Senior Clerk Stenographer

CECELIA K. KELLY, Senior Clerk Stenographer

ELAINE M. WHITE, Senior Clerk Typist

MARY K. DEIMEL, Senior Clerk

TABLE NO. 1
SCHOOL HEALTH SERVICES, PUBLIC AND PAROCHIAL ELEMENTARY SCHOOLS
SCHOOL YEAR—1964-65

	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.....	6,205	476	6,681	3,055	271	3,326	647	47	694
Routines.....	2,538	12	2,550	1,203	2	1,205	75	3	78
Rechecks.....	272	4	276	128	2	130	46	....	46

TABLE NO. 2
SCHOOL HEALTH SERVICES, PUBLIC SECONDARY SCHOOLS
SCHOOL YEAR 1964-65

School Report of Physician Examinations of Students.....				49,384
Routine examinations by private physicians.....			2,502	
Routine examinations by school physicians.....			30,712	
Special examinations by school physicians.....			7,126	
Athletic examinations done in school.....			2,920	
Review of Physician Education Exemptions.....				6,124
	DEFECTS FOUND	DEFECTS UNDER TREATMENT	PER CENT UNDER TREATMENT	
Dental.....	9,726	6,236	63.0	
Vision.....	4,370	3,770	86.0	
Hearing.....	985	460	46.0	
Hernia, et al.....	428	188	43.0	
Heart				
Organic.....	223	182	81.0	
Functional.....	745	314	42.0	
Nervous System.....	242	107	44.0	
Total.....	16,719	11,257	67.0	
Total of First Aid.....				117,902
PPD Tuberculin Tests Administered to Students	NUMBER TESTED	NUMBER WITH POSITIVE REACTION	PER CENT POSITIVE REACTION	
SCHOOL				
P.S. #133.....	1,493	149	9.0	
P.S. #181.....	251	16	6.0	
P.S. #450.....	601	24	3.0	
P.S. #451.....	141	12	8.0	
Total.....	2,486	201	8.0	
Total of All Conferences by School Nurses.....				211,696
Conferences with students.....			118,616	
Conferences with parents.....			31,868	
Conferences with principals.....			14,400	
Conferences with health agencies.....			7,274	
Conferences with counselors.....			13,960	
Conferences with home visitors and social workers.....			2,178	
Conferences with teachers.....			23,400	
Student Referral to Division of Special Services.....				1,178
*Total Dental Referrals for Summer Program.....				561
Total Ambulance Calls.....				64
*Suicidal Attempts.....				12

*Only one regional area of city.

REPORT OF THE HEALTH DEPARTMENT—1965

TABLE NO. 3

REPORT OF EYE CLINIC EXAMINATIONS—1965

New patients.....	907
Return visits.....	69
Total visits.....	976
Cycloplegics.....	838
Refractions.....	902
Other.....	14
Glasses prescribed.....	586
Glasses delivered.....	345
Glasses not needed.....	340
Sight conservation class recommended.....	0
Other treatments.....	1
Discharged.....	805
Wilmer referrals.....	56
DIAGNOSIS	
Hyperopia.....	62
Anisometropia.....	14
Myopia.....	199
Astigmatism.....	33
Emmetropia.....	150
Amblyopia.....	43
Muscle imbalance.....	20
Nystagmus.....	3
Retrolental Fibroplasia.....	0
Ptoxis.....	0
Other.....	1
Total Physician Sessions.....	161

TABLE NO. 4

REPORT OF HEARING CLINIC EXAMINATIONS—1965

New patients.....	930
Return of old and new patients.....	849
Total visits.....	1,779
SOURCE	
Department of Education.....	10
Public Health Nursing.....	1,057
DISPOSITION	
Audiometric retesting.....	1,211
Hearing loss.....	602
Type.....	
Nerve.....	132
Conductive.....	421
Mixed.....	17
Causes.....	
Undetermined.....	1
Congenital.....	3
Childhood diseases.....	2
Erythroblastosis.....	1
Head injury.....	1
Acoustic injury.....	5
Impacted cerumen.....	359
Foreign body.....	9
Otitis externa.....	4
Otosclerosis.....	3
TREATMENT RECOMMENDED	
Administered.....	123
Radium.....	36
First treatment this year.....	11
Current treatment.....	25
Other.....	18
Recommended.....	
Psychological examination.....	10
Speech correction.....	36
Tonsillectomy and adenoidectomy.....	198
Hearing Aid.....	23
DISCHARGED	
Failed to return to clinic.....	246
Care no longer needed.....	309
Condition to normal.....	172
Referred to other clinic.....	16

TABLE NO. 5

COMMUNICABLE DISEASES IN ALL SCHOOLS—1965

DISEASE	WHITE	NON-WHITE	TOTALS
Salmonella.....	10	51	61
Paralytic poliomyelitis.....	..	..	..
Meningitis.....	1	5	6
Scarlet fever.....	48	20	68
German measles.....	16	9	25
Whooping cough.....	4	4	8
Chickenpox.....	103	157	260
Streptococcal pharyngitis.....	5	5	10
Diphtheria.....	..	..	..
Measles.....	75	171	246
Infectious hepatitis.....	29	21	50
Totals.....	291	443	734

MENTAL HEALTH SERVICES

BUREAU OF MENTAL HYGIENE

Wayne E. Jacobson, M.D.

Director

The principal advances made in the mental health services for Baltimore City were the appointment of a half-time psychiatrist-director, substantial expansion of the clinic program at the Eastern Health District, and the development of a post-discharge drug therapy program at the Psychiatric Day Center.

On July 1, in cooperation with the Johns Hopkins Hospital, the half time services of Dr. Wayne E. Jacobson were obtained to direct the work of the Bureau of Mental Hygiene. The director established close working relationships with the State Department of Mental Hygiene, and with the several hospitals which are developing psychiatric services, namely, Johns Hopkins, University, Sinai and Baltimore City.

The children's mental hygiene clinic in the Eastern Health District was able in 1965 to provide direct services to 260 children and their families. Referrals from the Juvenile Court were admitted for service for the first time. The experience with these disturbed adolescents has encouraged the clinic to establish a continuing relationship with the Court. Increasingly, the children's clinic has been called by the other Health Department programs to provide psychiatric consultation.

The Psychiatric Day Center operated at capacity during 1965. The average day census was 25 and the average post-discharge drug therapy patient census was 100. A three-year evaluation project to determine the effectiveness of day center therapy was completed. The results are under analysis by a staff including members of the National Institute of Mental Health.

The children's mental hygiene clinic in the Western Health District concentrated its attention upon the severe problems of behavior evidenced by children attending several of the schools in very poor neighborhoods. Some assistance was given also to children in day care centers.

Alcoholism Programs

On February 1, 1965, Mr. Harry E. Shelley commenced his duties as the first Coordinator of Alcoholism Programs. This position was a

REPORT OF THE HEALTH DEPARTMENT—1965

t of one of the recommendations by the Mayor's Implementing Committee on Alcoholism. Mr. Shelley, an Episcopal Priest and member of the Maryland Bar, was active in the field of alcoholism for years prior to his appointment.

One of the first things the Coordinator did was to make an analysis of the law as it relates to the alcoholic and alcoholism. This study titled "Alcohol and the Law" was issued in June, 1965.

In addition to participating in many conferences and seminars on alcoholism, the Coordinator was able to institute a counseling program for women problem drinkers in the Baltimore City Jail. Mr. Shelley and Mrs. Gertrude L. Nilsson, Coordinator, Services to Alcoholics, State Department of Mental Hygiene with whom he works in cooperation, were able to secure the services of Thirzia C., a retired woman alcoholic. Mrs. Thirzia C. visits the jail three times a week to counsel with the women problem drinkers. Through her efforts, some of the women have sought help at Alcoholics Anonymous, State Hospitals, and the Department's Alcoholism Clinic in the Eastern Health District for their problem.

Another program instituted by the Coordinator with the assistance and cooperation of the State Department of Probation and Parole, the State Department of Mental Hygiene and the Municipal Court of Baltimore was the Municipal Court Alcoholic Probation Rehabilitation Unit for first offenders. It is felt that this is a measure for the prevention of alcoholism.

As a result of the overcrowded condition at the Baltimore City Jail, the Mayor appointed a Task Force on Alcoholism in September under the Chairmanship of Mr. Charles H. Buck. Mr. Shelley served as staff consultant to this Task Force.

The Alcoholism Clinic located in the Eastern Health District continued to meet daily, Monday through Friday, from 8:30 A.M. to 4:30 P.M. Services at the clinic were made available to city residents suffering from alcoholism as well as to the families of the alcoholics. Dr. A. M. Schneidmuhl, director of the clinic, sponsored a series of "Open House" meetings during Alcoholism Information Week, November 28—December 4. The clinic has attempted to introduce procedures designed to reduce the substantial rate of drop outs from clinic attendance. This problem now constitutes a major deterrent to successful treatment.

Personnel

WAYNE E. JACOBSON, M.D., Director
MARGARET H. LEA, M.A., Senior Statistician
BEATRICE KIRK, Senior Clerk Stenographer

Psychiatric Day Center

GERTRUDE M. GROSS, M.D., Director
PANSY K. SCHMIDT, Chief Social Worker
NELDA NATHANSON, M.S., R.N., Public Health Nursing Supervisor
EILEEN VANDERBOSCH, Principal Clerk Stenographer
RICHARD C. EBB, Rehabilitation Therapy Aide

Eastern Mental Hygiene Clinic

HUGH M. JONES, B.A., M.A., Clinical Psychologist, Administrator
ESSIE M. JOHNSON, Senior Clerk Stenographer

Western Mental Hygiene Clinic

SAIM B. AKIN, M.D., Director
GLORIA I. MILLER, Senior Clerk Stenographer

Alcoholism Services

HARRY E. SHELLEY, LL.B., Th.B., Coordinator of Alcoholism Programs
MARY A. REMMEY, Senior Clerk Stenographer

Alcoholism Clinic

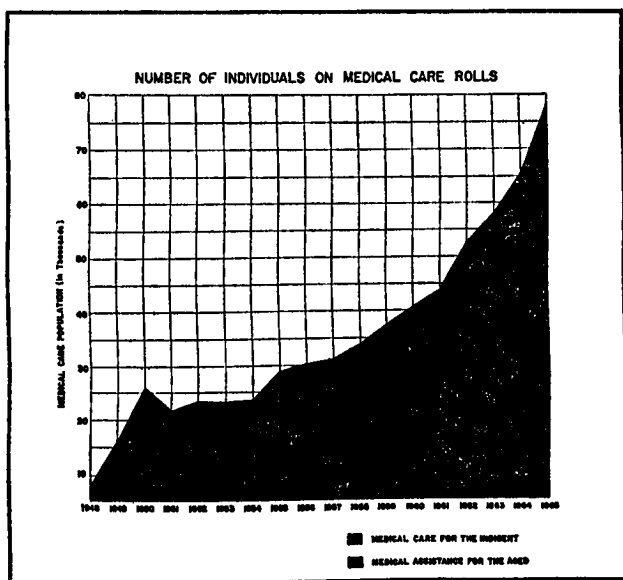
A. M. SCHNEIDMUHL, M.D., M.P.H., Director, Alcoholism Clinic
MARVIN JONES, B.A., M.A., Clinical Psychologist
SABINA PARTELLO, B.S., M.S.S.W., Psychiatric Social Worker
SYLVIA LURIE, M.A., Psychiatric Social Worker
THOMAS F. BELTRAME, Medical Social Worker
THELMA SCOTT, Principal Clerk Stenographer

MEDICAL CARE SERVICES

John B. De Hoff, M.D.

Acting Director

Persons to whom the Department of Public Welfare furnishes financial assistance receive medical services in the program entitled "Medical Care for the Indigent" (MCI). At the beginning of 1965 this group included 68,787 persons, the number increasing by 24.7 per cent to 85,793 persons by the end of the year. The average monthly assignment on the program was 78,227. The chart below shows the growth of the program since its inception in 1948. The Department of Public Welfare certifies its clients to the Baltimore City Health Department as eligible to receive medical care under this program. The Health Department then assigns each person to one of the medical care clinics to which the patient goes to register; at time of registration the clinic arranges for an initial medical examination and determines the patient's needs for other medical services. Each patient may freely choose a participating physician for office and home care.



NUMBER OF INDIVIDUALS ON
MEDICAL CARE ROLLS—1948-1965

Persons receiving Medical Assistance for the Aged (MAA) are encouraged to report to the medical care clinic to which assigned but need not do so to receive a valid identification card. The total

enrollment in this program, 8,844 at the beginning of the year and 9,371 at the end of the year, changed only slightly; its problems and unmet needs also remained unchanged, with funds for eyeglasses and dentures limited as specified in program directives.

Services Provided

Persons registered with the Baltimore City Medical Care Program were eligible to receive the following services: Physician services in his office, physician visits to the patient's home, medical examination, consultation with specialists, X-ray and laboratory services, prescription medicines, dental services including dentures, and a limited quantity of other necessary medical appliances and eyeglasses. Vendors received certain specified amounts for services or pre-authorized supplies. Hospitalization of these patients was paid for by the State Hospital In-Patient Program and, though not a financial responsibility of the Medical Care Program, medical care clinics were often involved in securing hospitalization or in furnishing post-hospital health support for their patients.

Physician Services

For all individuals on the MCI program, there were 3.2 private physician visits per year, 90 per cent of these to his office; for the 50 per cent of persons who received one or more physician services, the rate was 6.5 visits per patient. There were an additional 2.3 services per individual, or 5.8 services per person receiving one or more services, furnished by medical care clinics.

For persons on the MAA program, the rates were 6.7 visits to private physician per person enrolled, 70 per cent being to his office, or 12 visits per enrolled person receiving one or more services; MAA persons received 3.3 clinic services per enrollee, or 8.2 services per person receiving one or more services.

Fees to private physicians remained at \$2.50 per office visit, \$3.50 per home day visit, and \$4.50 per home night visit. No provision was made to pay private consultants or laboratory fees as the medical care clinics furnished these services from their own structure, or by referral to other clinics in their respective hospitals, or by arrangement with specialized clinics in other hospitals. Five hundred eighty-two private physicians participated in the Medical Care Program in 1965.

The statistical staff of the Medical Care Section, with the help of University of Maryland computer equipment, developed methods

for quantitatively measuring rates of use of physician services and evaluating prescription practices.

Medical Care Clinics

HOSPITAL	DIRECTOR OF MEDICAL CARE CLINIC
University of Maryland Hospital	DR. HARLE V. BARRETT
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 MÜLLER
Baltimore City Hospitals	DR. FRANK KALTREIDER

Seven hospitals continued to furnish outpatient services to medical care program patients. Payments were made on an annual capitation basis according to revised contracts. Two hospitals, Provident and South Baltimore General, received \$11.00 per annum while the others received \$14.00 per annum per assigned patient, payable monthly. The clinic received payment for each newly assigned person for a period of 3 months (for Baltimore City Hospitals, this was 2 months), at which time payment ceased if the person had not registered at the assigned clinic. The initial identification card was issued by the clinic, upon registration.

Each clinic performed screening tests and medical examinations on new patients, evaluated their medical status, made recommendations for therapy, and furnished information concerning other medical services of the Medical Care Program. The clinics furnished laboratory tests, radiologic and other consultations for patients upon requests by private physicians and supervised complicated medical problems. Every effort was made to refer patients to family physicians, although many persons continued to come to the clinic for treatment of episodic illnesses. Clinic expenses exceeded capitation fees established in all but two hospitals. True costs of caring for these patients also should include services obtained without charge from other Health Department divisions such as public health nursing, tuberculosis clinics, well-baby and immunization clinics, and from other hospitals' emergency rooms and outpatient clinics. By midyear, it became apparent that Title XIX of Public Law 89-97, Social Security Amendments of 1965, would soon provide adequate financial support for their services.

Each medical care clinic had its own professional approach and atmosphere as did the hospitals which supported them. Certain reports of financial and patient-census nature were uniform; improved methods of reporting clinic and ancillary services are needed.

Dental Services

Complete dental services for all categories of patients were furnished by the Bureau of Dental Care and by dental clinics associated with each medical care clinic. For further details, refer to the annual report of the Bureau of Dental Care.

Nursing Homes

The Medical Care Section continued its efforts to raise the standards of nursing and convalescent homes which cared for its patients. Nursing homes received funds for special procedures, and under this program, a public health nurse continued her survey, evaluation and education activities of the previous year until July, 1965. On July 1, 1965, the Maryland State Department of Health authorized an increase in the per capita payment for nursing home care from \$135 to \$210 per month; at the same time, additional payments for certain special nursing procedures were discontinued. In November, the Section added a physician and three public health nurses, with supporting clerical staff, to supervise admissions and discharges of patients receiving public assistance, and to help the administrative and professional staffs of nursing homes improve the quality of care. All 39 nursing homes in Baltimore were inspected and licensed by the Maryland State Department of Health, Bureau of Medical Services and Hospitals.

Drugs, Eyeglasses and Other Medical Supplies

During 1965, patients received 683,830 prescriptions from a total of 428 participating pharmacies. Approximately one-half of the total MCI persons and three-quarters of the total MAA persons received at least one prescription, at respective rates of 12 and 24 prescriptions per patient. The average cost per prescription was \$2.40 per MCI person and \$2.89 per MAA person. The higher figure for MAA patients reflects the greater morbidity of older people.

The following fee schedule for pharmacists' services became effective July 1, 1965:

WHOLESALE COST
OF INGREDIENTS

\$0.01—\$0.74
0.75— 1.74
1.75— 3.99
4.00 and over

PHARMACIST'S FEE

\$0.70
0.90
1.00
2.00

The revised formulary included information to aid physicians and pharmacists in the provision of drug products and medical supplies at reasonably low prices. The program medical supervisor and pharmacists furnished consultation and advice when physicians desired special drugs or supplies not listed in the formulary for their patients; professional requirements and considerations governed their discussions.

Eyeglasses were provided, within financial limitations of the program, when prescribed by an ophthalmologist in a hospital eye clinic on referral from a medical care clinic. All necessary eyeglasses were furnished to MCI patients, but this service was limited to post-cataract patients in the MAA category. Details for the filling of prescriptions were furnished to any qualified optician. Payment was made according to a set fee schedule.

MCI patients received 3,696 eyeglasses or optician services at a total cost of \$46,329.03. MAA patients were furnished 168 eyeglasses or optician services at a total cost of \$2,427.88.

Financial Statement

The total amount spent for conducting the Medical Care for the Indigent Program in 1965 was \$3,230,855.31 and of this sum \$3,134,067.31 was supplied by the State of Maryland. The contribution of the City of Baltimore was \$96,788.00, approximately two-fifths 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 \$41.16 as compared with \$40.34 for the preceding year.

The total amount spent for conducting the Medical Assistance for the Aged (MAA) Program was \$833,879.21, all of which was supplied by the State of Maryland. Tables 13 and 14 give detailed information regarding expenditures. The average cost of care for one MAA person for the entire year was \$89.45 as compared with \$85.41 for the preceding year.

Table 8 provides updated per capita cost information for the Baltimore City Medical Care Program for the calendar years of 1962 through 1965.

Statistical Services

Using computer services of the University of Maryland Health Sciences Computer Center, methods were developed for quantitatively measuring rates of use of physician services. Other analyses per-

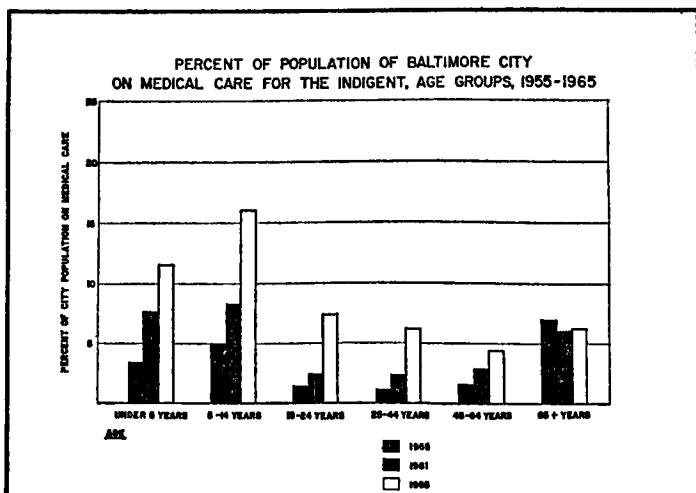
mitted identification of individuals who visited several physicians and the evaluation of prescription practices.

A five per cent random sample of the 49,632 prescriptions paid for in the month of January 1965 confirmed that the cooperation in writing prescriptions in conformance with the formulary resulted in a lower price per prescription as follows:

FORMULARY STATUS	PERCENT OF PRESCRIPTIONS	AVERAGE PRICE PER PRESCRIPTION
In formulary.....	56.8	\$1.89
Not in formulary but acceptable price-wise.....	25.8	2.49
Total acceptable.....	82.6	\$2.08
Not in formulary and more expensive than corre- sponding item in formulary	17.4	3.75
Total.....	100.0	\$2.37

A statistically significant difference was found in the utilization rate when the prescriptions were analyzed by sex and age of the recipient. The utilization by females was higher than males especially in the group from 15 through 24 years of age, followed by the 45-54 and 75-84 age groups.

A comprehensive study of the seven medical care clinics was undertaken to assess facilities and services of each clinic, the extent to which new registrants were receiving initial examinations, and the feasibility of paying the clinic on a fee-for-service basis.



Other studies included demographic analysis by age of the medical population in comparison with the population trends of the city during the past 15 years. The preceding chart shows the trend in population on the Medical Care for the Indigent Program by age groups from 1955 to 1965. Age-specific utilization rates and per capita costs of physician services, medical care clinic visits, dental services, x-rays and eyeglasses were developed.

Other services included consultation and instruction to students from the Johns Hopkins School of Hygiene and Public Health; preparation of statistical data for presentation at Advisory Committee and other professional meetings; and answering inquiries for statistical data. Work of statistical services is reflected in the accompanying tables contained on the following pages.

Baltimore City Advisory Committee on Medical Care

WILLIAM S. STONE, M.S., M.D., Chairman
Dean, University of Maryland School of Medicine

SIMON CARTER, M.D.
President, Monumental City Medical Society

MRS. HENRY E. CORNER

JOHN C. KRANTZ, JR., M.S., Ph.D.
Professor of Pharmacology, University of Maryland School of Medicine

MISS ESTHER LAZARUS, Ph.D., M.S.W.
Director, Baltimore City Department of Public Welfare

VICTOR H. MORGENROTH, JR., B.S., Phar.
Representative, Baltimore Metropolitan Pharmaceutical Association

D. FRANK KALTREIDER, M.D.
Representative, Baltimore City Medical Society

WILLIAM J. PEEPLES, M.D., M.P.H.
Commissioner, Maryland State Department of Health

CARL H. SCHULTHEIS, D.D.S.
Representative, Baltimore City Dental Society

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Director, Johns Hopkins School of Hygiene and Public Health

JOHN P. URLOCK, M.D.
Representative, Maryland Academy of Medicine and Surgery

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

GEORGE H. YEAGER, M.D.
Chairman, Medical Care Committee of the Maryland State Planning Commission

ROBERT E. FARBER, M.D., M.P.H.
Commissioner of Health of Baltimore City, ex officio

Personnel

JOHN B. DEHOFF, M.D., Acting Director, Medical Care Services
HENRY W. D. HÖLLJES, M.D., Consultant In Clinical Services
J. RAYMOND GLADUE, M.D., Medical Supervisor, Nursing Home Services
GORDON A. MOUAT, Pharmacist, part time
VICTOR H. MORGENROTH, Jr., Pharmacist, part time
LAWRENCE J. KANE, Senior Administrative Assistant
RICHARD I. SNIADACH, B.S., Senior Statistician
HELEN B. FREEDMAN, B.A., Senior Statistician*
ROSE F. RAVITA, Senior Public Health Nurse
LOUISE D. ROSENBERGER, Head Clerk
MARIAN KRAMER, Head Clerk
MARY A. CRAFTON, Senior Clerk Stenographer
IRID B. NAVER, Senior Clerk Stenographer
RONALD R. ROGERS, Senior Tabulating Operations Supervisor
OSCAR T. MINNITT, Senior Tabulating Equipment Operator
JOHN B. RUSSELL, Computer Operator
JOHN A. STOLTZ, Computer Operator
BURHMAN L. THOMPSON, Senior Tabulating Equipment Operator
ROSE KALIVODA, Principal Key punch Operator
GEORGIA CONLON, Senior Key punch Operator
EMMA E. FORD, Senior Key punch Operator
IZETTA TARTER, Senior Key punch Operator
WILMA WEBBERT, Senior Key punch Operator
RACHEL I. WHEATLEY, Senior Key punch Operator
BESSIE YOUNGBLOOD, Senior Key punch Operator
LEVADA HOWARD, Senior Clerk Typist
CAROLYN McINTYRE, Senior Clerk Typist
EVELYN LEE, Senior Clerk Typist
STACEY McMAHAN, Senior Clerk
FLORENCE PRITCHETT, Principal Clerk
SHIRLEY HOLZMAN, Senior Clerk
VIVIAN WOLFORD, Senior Clerk
VIOLET DAVIDSON, Senior Clerk
MARIE RODDY, Senior Clerk
FRANCENIA WHITFIELD, Senior Clerk
INEZ WEST, Senior Clerk
AGNES MITCHELL, Senior Clerk
FRANCES MOORE, Senior Clerk
IDA SCHUSTER, Senior Clerk
RITA EISENBERG, Senior Clerk
CLEO MOORE, Clerk Typist

*Assigned by the Bureau of Biostatistics.

TABLE NO. 1
MEDICAL CARE FOR THE INDIGENT
WELFARE AND MEDICAL CARE ROLLS BY MONTH—1965

MONTH	NUMBER OF PERSONS ON PUBLIC ASSISTANCE ROLLS	AVERAGE ASSIGNED MEDICAL CARE POPULATION
January.....	75,499	69,880
February.....	76,456	72,265
March.....	78,402	75,330
April.....	79,392	74,881
May.....	79,737	78,096
June.....	80,378	80,778
July.....	80,980	78,030
August.....	81,923	80,250
September.....	82,596	82,728
October.....	82,751	79,708
November.....	83,181	82,463
December.....	85,128	84,322
Monthly Average.....	80,536	78,227

TABLE NO. 2
MEDICAL CARE FOR THE INDIGENT
AVERAGE MONTHLY ASSIGNED POPULATION BY HOSPITAL—1965

MONTH	TOTAL	UNI- VERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVI- DENT	MERCY	BALTO. CITY
January.....	69,880	12,078	22,285	6,312	4,308	8,374	5,028	11,495
February.....	72,265	12,533	22,885	6,480	4,509	8,664	5,124	12,070
March.....	75,330	12,995	23,810	6,788	4,745	9,015	5,284	12,693
April.....	74,881	13,000	23,645	6,702	4,714	8,920	5,238	12,862
May.....	78,096	13,416	24,611	6,942	4,931	9,269	5,462	13,465
June.....	80,778	13,767	25,421	7,108	5,131	9,583	5,694	14,074
July.....	78,030	13,321	24,610	6,818	4,931	9,346	5,497	13,507
August.....	80,250	13,602	25,349	7,073	5,095	9,563	5,646	13,922
September.....	82,728	13,927	26,108	7,320	5,338	9,841	5,772	14,422
October.....	79,708	13,486	25,151	6,905	5,192	9,559	5,540	13,875
November.....	82,463	13,915	26,020	7,110	5,404	9,889	5,726	14,399
December.....	84,322	14,106	26,618	7,258	5,523	10,139	5,857	14,821
Monthly Average*.....	78,227	13,346	24,709	6,901	4,985	9,347	5,489	13,450

* Previously referred to as "Person-years".

TABLE NO. 3
MEDICAL CARE FOR THE INDIGENT
AVERAGE MONTHLY REGISTERED POPULATION BY HOSPITAL—1965

MONTH	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY	BALTO. CITY
January.....	67,834	11,641	21,655	6,131	4,142	8,173	4,916	11,176
February.....	70,267	12,074	22,342	6,293	4,326	8,419	5,018	11,795
March.....	73,094	12,523	23,190	6,524	4,523	8,732	5,152	12,450
April.....	72,325	12,415	22,962	6,397	4,459	8,621	5,093	12,378
May.....	75,277	12,863	23,832	6,590	4,690	8,916	5,292	13,094
June.....	77,937	13,247	24,580	6,793	4,891	9,210	5,506	13,710
July.....	75,424	12,846	23,802	6,576	4,682	9,012	5,319	13,187
August.....	77,816	13,177	24,587	6,807	4,865	9,262	5,462	13,656
September.....	80,182	13,502	25,311	7,026	5,059	9,515	5,583	14,186
October.....	77,324	13,144	24,437	6,643	4,929	9,215	5,372	13,584
November.....	79,661	13,520	25,157	6,821	5,118	9,479	5,509	14,057
December.....	81,748	13,745	25,775	6,992	5,271	9,737	5,658	14,570
Monthly Average*....	75,740	12,891	23,969	6,633	4,746	9,024	5,323	13,154
Per cent Registration..	96.8	96.6	97.0	96.1	95.2	96.5	97.0	97.8

* Previously referred to as "Person-years".

TABLE NO. 4
MEDICAL CARE FOR THE INDIGENT
MID-MONTH POPULATION OF LEVINDALE, KESWICK AND JENKINS—1965

MONTH	TOTAL	LEVINDALE	KESWICK	JENKINS
January.....	247	147	63	37
February.....	248	149	62	37
March.....	259	157	65	37
April.....	258	158	65	35
May.....	261	160	65	36
June.....	261	161	65	35
July.....	263	160	68	35
August.....	270	168	67	35
September.....	294	194	65	35
October.....	298	197	66	35
November.....	307	198	71	38
December.....	309	198	74	37
Monthly Average*.....	273	171	66	36

* Previously referred to as "Person-years".

TABLE NO. 5
MEDICAL CARE FOR THE INDIGENT
DRUG EXPENDITURES BY MONTH—1965

MONTH	AVG. MONTHLY ASSIGNED POPULATION*	NO. OF PRESCRIP- TIONS	AMOUNT PAID FOR DRUGS	COST PER PRESCRIP- TION	COST PER PERSON	NO. OF PRESCRIP- TIONS PER PERSON
January.....	70,127	42,747	\$96,984.69	\$2.27	\$1.38	0.61
February.....	72,513	40,782	91,015.32	2.23	1.26	0.56
March.....	75,588	42,457	96,687.04	2.28	1.28	0.56
April.....	75,139	44,554	102,326.22	2.30	1.36	0.59
May.....	78,357	43,530	100,835.12	2.32	1.29	0.56
June.....	81,039	63,327	152,191.96	2.40	1.88	0.78
July.....	78,293	20,629	51,725.39	2.51	.66	0.28
August.....	80,520	35,390	90,869.00	2.57	1.13	0.44
September.....	83,022	40,256	101,867.73	2.53	1.23	0.48
October.....	80,006	49,363	123,112.35	2.49	1.54	0.62
November.....	82,770	43,602	107,521.45	2.47	1.30	0.53
December.....	84,631	46,115	114,686.19	2.49	1.36	0.54
Entire Year.....	78,500	512,752	\$1,229,822.46	\$2.40	\$15.67	6.53

* Includes population for Levindale, Keswick and Jenkins.

TABLE NO. 6
MEDICAL CARE FOR THE INDIGENT
TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1965

QUARTER	HOSPITAL MEDICAL CARE CLINICS	PHYSICIANS	PHARMACIES	DENTAL CARE	OPTICIANS	AP- PLIANCES	ADMINISTRATION	
							STATE	CITY
First....	\$239,085.48	\$150,984.16	\$267,936.50	\$17,421.00	\$ 9,801.00	\$ 333.75	\$29,220.00	\$24,197.00
Second..	255,500.00	162,671.20	421,082.71	22,979.44	13,511.90	603.05	29,220.00	24,197.00
Third....	271,093.61	129,756.33	143,114.83	12,468.75	5,752.42	222.99	29,220.00	24,197.00
Fourth..	276,631.13	188,575.56	386,210.29	23,556.75	17,263.71	629.85	29,220.00	24,197.00
Total..	\$1,042,311.12	\$631,987.25	\$1,218,344.33	\$76,425.94	\$46,329.03	\$1,789.64	\$116,880.00	\$96,788.00

TABLE NO. 7
MEDICAL CARE FOR THE INDIGENT
DISTRIBUTION OF EXPENDITURES AND PER CENT OF TOTAL BY TYPE OF SERVICE—1965

ITEM	EXPENDITURES	PER CENT OF TOTAL
Hospital Medical Care Clinics.....	\$1,042,311.12	32.2
Physicians for Home and Office Services.....	631,987.25	19.6
Pharmacies.....	1,218,344.33	37.7
Dental Care.....	78,425.94	2.4
Opticians.....	46,329.03	1.4
Appliances.....	1,789.64	0.1
Administration.....	213,668.00	6.6
Total.....	\$3,230,855.31	100.0

TABLE NO. 8
PER CAPITA EXPENDITURES CALENDAR YEARS 1962-1965

SERVICE	CALENDAR YEAR				PERCENTAGE OF TOTAL			
	1962	1963	1964	1965	1962	1963	1964	1965
MEDICAL CARE FOR THE INDIGENT								
Clinics.....	\$10.98	\$12.17	\$13.15	\$13.28	34.7	34.2	32.6	32.2
Physicians.....	6.37	7.05	8.48	8.06	20.2	19.8	21.0	19.6
Prescriptions.....	10.45	12.40	14.67	15.52	33.1	34.8	36.4	37.7
Dental Care.....	1.15	1.30	1.16	.98	3.6	3.7	2.8	2.4
Opticians.....	.58	.62	.52	.59	1.8	1.7	1.3	1.4
Appliances.....	.02	.02	.03	.02	.1	.1	.1	.1
Administration.....	2.07	2.03	2.33	2.72	6.5	5.7	5.8	6.6
Total.....	\$31.62	\$35.59	\$40.34	\$41.16	100.0	100.0	100.0	100.0
MEDICAL ASSISTANCE FOR THE AGED								
Clinics.....	\$ 8.21	\$ 9.97	\$11.95	\$12.73	12.0	13.3	14.0	14.2
Physicians.....	13.23	16.21	19.20	19.07	19.3	21.7	22.5	21.3
Prescriptions.....	37.04	41.56	48.68	52.54	54.1	55.7	57.0	58.8
Dental Care.....	.49	.87	.58	.91	.7	1.2	.7	1.0
Opticians.....	.31	.32	.22	.26	.5	.4	.2	.3
Administration.....	9.15	5.74	4.78	3.94	13.4	7.7	5.6	4.4
Total.....	\$68.43	\$74.67	\$85.41	\$89.45	100.0	100.0	100.0	100.0

Figures for prior years are revised.

TABLE NO. 9
MEDICAL ASSISTANCE FOR THE AGED
AVERAGE MONTHLY ENROLLED POPULATION BY HOSPITAL—1965

MONTH	TOTAL	UNI- VERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVI- DENT	MERCY	BALTO. CITY
January.....	8,817	1,686	2,909	533	1,439	349	1,362	539
February.....	8,928	1,716	2,952	540	1,453	352	1,383	532
March.....	9,076	1,750	2,994	554	1,482	356	1,402	538
April.....	9,204	1,778	3,036	570	1,507	358	1,415	540
May.....	9,231	1,782	3,050	582	1,507	358	1,410	542
June.....	9,298	1,797	3,066	594	1,522	362	1,416	541
July.....	9,356	1,816	3,065	603	1,529	373	1,422	548
August.....	9,379	1,826	3,060	605	1,531	377	1,429	551
September.....	9,380	1,826	3,066	608	1,516	376	1,426	542
October.....	9,359	1,827	3,085	607	1,502	372	1,425	541
November.....	9,325	1,818	3,077	602	1,493	375	1,421	539
December.....	9,285	1,813	3,067	599	1,481	374	1,417	534
Monthly Average*....	9,218	1,786	3,036	583	1,497	365	1,411	540

* Previously referred to as "Person-years".

TABLE NO. 10
MEDICAL ASSISTANCE FOR THE AGED
AVERAGE MONTHLY REGISTERED POPULATION BY HOSPITAL—1965

MONTH	TOTAL	UNI- VERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVI- DENT	MERCY	BALTO. CITY
January.....	6,599	1,474	2,546	257	1,063	202	614	443
February.....	6,645	1,469	2,572	260	1,076	205	628	435
March.....	6,725	1,484	2,614	264	1,088	206	634	435
April.....	6,793	1,501	2,651	269	1,099	203	637	433
May.....	6,847	1,504	2,669	272	1,118	202	646	436
June.....	6,900	1,505	2,680	280	1,136	204	661	434
July.....	6,952	1,532	2,689	287	1,134	207	667	436
August.....	7,024	1,587	2,694	287	1,140	209	667	440
September.....	7,046	1,605	2,693	289	1,132	206	678	443
October.....	7,046	1,616	2,697	293	1,116	202	684	438
November.....	7,048	1,621	2,693	295	1,110	205	689	435
December.....	7,045	1,621	2,698	294	1,104	206	690	432
Monthly Average*....	6,889	1,543	2,658	279	1,109	205	658	437
Per cent Registration..	74.7	86.4	87.5	47.9	74.1	56.2	46.6	80.9

* Previously referred to as "Person-years".

TABLE NO. 11
MEDICAL ASSISTANCE FOR THE AGED
MID-MONTH POPULATION OF LEVINDALE, KESWICK AND JENKINS—1965

MONTH	TOTAL	LEVINDALE	KESWICK	JENKINS
January.....	124	93	20	11
February.....	125	93	19	13
March.....	121	89	18	14
April.....	119	86	18	15
May.....	117	84	18	15
June.....	117	84	18	15
July.....	115	83	17	15
August.....	109	79	16	14
September.....	82	54	16	12
October.....	77	48	16	13
November.....	73	47	14	12
December.....	74	48	13	13
Monthly Average*	104	74	17	13

* Previously referred to as "Person-years".

TABLE NO. 12
MEDICAL ASSISTANCE FOR THE AGED
DRUG EXPENDITURES BY MONTH—1965

MONTH	AVG. MONTHLY ENROLLED POPULATION*	NO. OF PRESCRIP- TIONS	AMOUNT PAID FOR DRUGS	COST PER PRESCRIP- TION	COST PER PERSON	NO. OF PRESCRIP- TIONS PER PERSON
January.....	8,940	14,451	\$40,092.19	\$2.77	\$4.48	1.62
February.....	9,053	12,955	35,653.56	2.75	3.94	1.43
March.....	9,197	14,380	39,558.88	2.75	4.30	1.56
April.....	9,323	14,502	40,352.48	2.78	4.33	1.56
May.....	9,348	14,830	41,085.70	2.77	4.40	1.59
June.....	9,415	21,463	61,648.26	2.87	6.55	2.28
July.....	9,471	7,946	24,187.75	3.04	2.55	.84
August.....	9,489	13,406	40,004.51	2.98	4.22	1.41
September.....	9,442	13,219	40,233.73	3.04	4.26	1.40
October.....	9,436	15,513	45,870.27	2.96	4.86	1.64
November.....	9,398	14,241	42,971.27	3.02	4.57	1.52
December.....	9,359	14,172	42,482.35	3.00	4.54	1.51
Entire Year.....	9,322	171,078	\$494,140.95	\$2.89	\$53.00	18.36

* Includes population for Levindale, Keswick and Jenkins.

TABLE NO. 13
MEDICAL ASSISTANCE FOR THE AGED
TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1965

QUARTER	HOSPITAL MEDICAL CARE CLINICS	PHYSICIANS	PHARMACIES	DENTAL CARE	OPTICIANS	ADMINIS- TRATION
First.....	\$29,097.07	\$42,073.30	\$109,060.92	\$1,940.00	\$ 481.51	\$ 9,180.00
Second.....	29,362.32	46,196.70	168,237.57	2,790.40	560.95	9,180.00
Third.....	29,999.21	39,647.74	64,335.86	1,491.25	457.20	9,180.00
Fourth.....	30,208.45	49,903.46	148,140.08	2,246.50	928.22	9,180.00
Total.....	\$118,667.55	\$177,821.20	\$489,774.43	\$8,468.15	\$2,427.88	\$36,720.00

TABLE NO. 14
MEDICAL ASSISTANCE FOR THE AGED
DISTRIBUTION OF EXPENDITURES AND PER CENT OF TOTAL BY TYPE OF SERVICE—1965

ITEM	EXPENDITURES	PER CENT OF TOTAL
Hospital Medical Care Clinics	\$118,667.55	14.2
Physicians for Home and Office Services	177,821.20	21.3
Pharmacies	489,774.43	58.8
Dental Care	8,468.15	1.0
Opticians	2,427.88	.3
Administration	36,720.00	4.4
Total	\$833,879.21	100.0

SANITARY SERVICES

George W. Schucker, B.E.

Director

A most important advance in metropolitan cooperation in air pollution control was instituted on June 30 when Mayor McKeldin joined with the county executives of Baltimore and Anne Arundel counties and the Commissioner of Health of the Maryland State Department of Health in signing a legal agreement that made possible an official intergovernmental attack on the problem of air pollution in the Baltimore metropolitan area. The agreement was a condition of a U. S. Public Health Service grant for a three-year Metropolitan Baltimore Air Quality Survey Program costing \$300,000 in the first year, of which the Federal Government provided \$225,000 under the Clean Air Act and the participating agencies contributed \$75,000. Details of the work accomplished to date under the program will be found in the report of the Bureau of Industrial Hygiene. It is of interest to note that the new official metropolitan air pollution program was the outgrowth of the city's Baltimore Metropolitan Total Oxidant Network established by the Bureau of Industrial Hygiene in 1964.

In the latter part of the year a proposal for a grant under the Poverty Program to finance a *Comprehensive Environmental Rodent and Insect Demonstration Project in the Action Area* was submitted to the Community Action Agency. The project proposed to control and eliminate rats by rat proofing, elimination of food supply of rats, elimination of rats by gassing and poisoning and to provide a continuous maintenance program to assure continuation of the accomplished environmental improvements. It also proposed to control and eliminate major insect problems by the elimination of food and breeding places and by the proper use of insecticides.

Generalized Inspection and Training

Four members of the Sanitary Section completed the 13-week comprehensive in-service training course the early part of the year. A one-week course in environmental sanitation was presented to newly employed inspection personnel of the Bureau of Building Inspection. The Chief of the Division of Sanitarian Training presented papers at the Interstate Sanitation Seminar at Chapel Hill and the Multi-Unit Food Service Organization at Washington, D. C. Members of the Sanitary Section attended the Tri State Sanitation Education Conference and the Maryland Public Health Association meeting in Balti-

more, the National Association of Sanitarians' meeting in Miami, Florida, the Interstate Sanitation Seminar at the University of North Carolina, and the American Industrial Hygiene Conference in Houston, Texas. Representatives of the section attended courses in "Elements of Air Quality Management", "Introduction to Data Management", "Principles of Epidemiology" and "Milk Pasteurization Controls and Tests" sponsored by the U. S. Public Health Service; and one sanitarian attended the six-week course "Principles and Practices of Sanitation" at the School of Public Health of the University of North Carolina.

Special and Continuing Activities

The second thermonuclear weapons test by Communist China showed the importance of the continued surveillance of ionizing radiation by making radiation counts of air, water, and sewage, and by submitting food and milk samples to the U. S. Public Health Service for radiation determination. The tests resulted in slight rises in gross beta counts of air samples and in slight increases in iodine-131, strontium-89 and 90 and cesium-137 content of milk. Cooperative work by the University of Maryland, the milk industry, the milk producers, the Maryland State Department of Health, and the Bureau of Milk Control brought the problem of heptachlor epoxide in milk, a degradation product of the chlorinated hydrocarbon pesticide heptachlor, under control during the year and it was only necessary to suspend two farmers until they reduced the level of the pesticide. Investigation of 25 illnesses attributed to food disclosed five outbreaks of food poisoning involving 66 persons caused by the enterotoxin of staphylococcus in chicken salad and in ham, zinc in punch, copper in lemonade, and probably *Clostridium perfringens* in roast beef. Ten new swimming pools were added to the list of pools supervised by the Division of Community Sanitation during the year bringing the total under supervision to 73. Cooperation was given the U. S. Public Health Service in a bacteriological study of pollution in Back River by the collection of samples from three streams in Baltimore City discharging into Back River.

The director continued to serve on the U. S. Public Health Service Technical Committee on Plumbing Standards and the American Standards Z4 Sectional Committee and was selected to represent the Conference of Municipal Public Health Engineers to serve on a U. S. Public Health Service Committee to develop guide line specifications for engineers in the field of environmental health, and to serve as consultant to a technical committee of the National Sanitation Founda-

tion for the purpose of considering the approval of thermoplastic refuse containers.

Staff Changes

Mr. Jacques G. Ayd, Chief of the Division of Food Plant Inspection, was promoted to Director of the Bureau of Food Control on May 13, 1965 following the retirement of Mr. Ferdinand A. Korff on March 31 after 40 years of outstanding service. The vacancy in the position of Director, Bureau of Meat Inspection, resulting from the retirement of Dr. William J. Gallagher on April 30, 1965 was filled by the promotion on May 31 of Dr. David R. Berzon. On May 27 Mr. Benjamin Ginsberg was promoted to Chief of the Division of Food Plant Inspection to fill the vacancy resulting from the promotion of Mr. Ayd. At the end of the year the position of Director, Bureau of Environmental Hygiene, was vacant due to the untimely death of Mr. George O. Motry on November 5, 1965. Mr. Motry, a graduate engineer and attorney, joined the Sanitary Section as a Senior Sanitary Inspector in September of 1937, was promoted to Chief, Division of Community Sanitation in 1940 and to bureau director in 1959. Miss Loretto Minitor, Senior Clerk Typist of the section retired on December 14 after 26 years of excellent service.

Other staff changes are noted in the reports of the bureau directors which follow and contain detailed information on their work during the year.

Personnel

GEORGE W. SCHUCKER, B.E., Director
 MILTON P. FRIEDMAN, B.S., Chief, Division of Sanitarian Training
 MARGARET M. McDONOUGH, Principal Clerk Stenographer
 DORIS VAN CLEAF, Principal Clerk
 CAROLYN S. CROSBY, Senior Clerk Typist
Senior Clerk Typist

BUREAU OF ENVIRONMENTAL HYGIENE

The Bureau of Environmental Hygiene comprises the Division of Community Sanitation and the Division of Rodent Control. Both subdivisions are concerned with the control or diminution of those environmental hazards that may lead to outbreaks of disease spread through such sources as the city's water and sewerage systems, poor drainage, insanitary housing conditions, swimming pools and the rodent and insect populations. This work since 1960 had been under the direction of Mr. George O. Motry whose sudden death on November 5 was a severe blow to the Department and particularly to the Sanitary Section. Mr. Motry had been with the City Health Department since September 1937 when he was appointed a senior sanitary inspector. The city's freedom from epidemic disease related to insanitary environmental conditions in recent years is due in large measure to the close surveillance maintained over these conditions and the corrective measures that are applied by the bureau staff in cooperation with other agencies and individuals in the city.

Community Sanitation

Complaint Investigations

The Division of Community Sanitation continued its most important function of servicing complaints from the public about insanitary conditions in dwellings, lots and alleys. A total of 2,719 of these complaints was handled which was a decrease of 114 from the number serviced in 1964. In 32 cases involving high weeds on vacant lots and trash laden vacant houses the Department of Public Works was requested to abate the nuisances as the owners could not be located or were confined to mental institutions. Many of these cases were referred to the Community Sanitation Division by the Sanitary Police Detail, the Bureau of Buildings and other city bureaus.

Swimming Pools

Ten new public and semi-public swimming pools, mainly the apartment house and motel type, were inspected and were added to the rapidly growing number of these pools being sampled and supervised. Regular sampling was done at 22 indoor pools and 51 outdoor pools or a total of 73 pools. There are an additional 9 semi-public pools under construction according to the plans reviewed which will need to be inspected in 1966. A total of 551 pool samples was taken during the year. Coliform bacteria were found in only 8 instances.

Bacteria counts of more than 200 at 35°C were found in 29 samples. The pools were rated each month on a special rating card which considers factors of equipment, operation, sanitation and water quality. To combat certain careless habits of operation which have been noted developing particularly in the semi-public pools it is planned to distribute specific written rules of operation to the pool manager and perhaps to visit the pools more frequently if possible in 1966.

Water Sampling

This program was continued as under the procedure adopted in 1947 and involved the obtaining of daily water samples from consumer taps in 6 different city census tracts.

All of the 156 census tracts in Baltimore were covered every six weeks. A total of 1,474 tap samples were taken during the year and the laboratory reported only 88 tubes with coliform organisms out of a total of 7,370 tubes tested. The average percentage of positive tubes was a low 1.2 per cent which is well within the Public Health Service Drinking Water Standards requirements. A monthly report on the bacteriologic analysis and a weekly report on the fluorides concentration were submitted. The sampling of bottled water and public springs was continued.

Water Seepage and Drainage

The Division cooperated with the Bureau of Sewers and the Water Department on the investigation of broken sewers, broken water pipes, open springs and defective drainage causing seepage into basements and was able to solve by color testing, water analysis and other methods many of these problems. This very time consuming activity of the division was an almost daily chore and 482 cases were handled as compared to 568 in 1964.

Other Activities

The following activities are also worthy of mention:

1. A total of 231 complaints about insects, mainly roaches coming from insanitary neighbors, were handled.
2. Sanitary investigations were made at the request of the licensing agency of foster homes, hospitals, convalescent homes, day nurseries, barber shops, orphanages and private schools.
3. The division cooperated with the Civil Defense Organization by instructing the laborers filling water containers and by spot checking the containers for adequate chlorine residual in all of the newly stocked public fallout shelters.

4. The division acted as advisers to and submitted recommendations to the Bureau of Buildings Plumbing Inspection Division regarding 17 percolation tests made at locations where city sanitary sewers were not available and private disposal of sewage by septic tank and seepage pits had to be used.

5. Reports were furnished to the Bureau of Buildings on 131 applications for change in use of properties.

6. A procedure for handling complaints about dwellings submitted by the social workers of the Department of Public Welfare was initiated.

7. A total of 234 complaints of various types referred to the division by the newly created Community Services Division of the Department of Public Works was handled.

8. Water samples were taken daily from 3 creeks emptying into Back River over a period of two weeks at the request of the Public Health Service engineers who are investigating the causes of pollution of Back River.

9. In cooperation with the Bureau of Sewers a special sanitary survey was made of 63 unsewered dwellings located in the Fairfield area during April and the report on the findings recommended that city sewers be installed to service these properties.

Rodent Control

Primary emphasis in the rodent control program was placed on altering the rodent's environment by eliminating the food, water and harborage which make possible the continued existence of rats. The principal tools employed in the program were environmental control inspections, to enforce compliance with sanitary regulations, and education. Poisoning and gassing were used as supplementary measures in special situations.

Progress in motivating the large number of citizens, who through ignorance or apathy, fail to do their part in eliminating conditions which promote rat infestations has been slow and has limited the speed with which the rodent population in the city could be controlled.

Environmental Control

The Division of Rodent Control continued the sanitary block program on a house-to-house basis in 26 rat-infested blocks. Investigations were made to determine the location, cause and extent of the infestation. Elimination of rats, correction of sanitary deficiencies and rodent proofing measures were required at properties where unsatisfactory conditions were found. During the year, 862 properties containing 1,056 dwelling units were inspected in the block program. Since the inauguration of this type of environmental control program 10,035 dwelling units in 6,296 premises have been improved.

These environmental control procedures were also employed in the handling of 3,496 complaints about rodent infestation.

Rat Bites and Rat-Borne Disease

The Division received reports of 76 rat bites, 14 less than the number reported in 1964. The ages of persons bitten by rats varied from an infant of 2 months to a 56 year old woman. An immediate investigation was made of each of these incidents and the property owner was required to make corrections which would minimize the possibility of future occurrences. Twenty-five mouse bites and three hamster bites from laboratory animals or pets and one mole bite were also reported.

Urban Renewal and Conservation Areas

Advice and assistance in rodent control were given the operating staffs of renewal and conservation programs. Surveys were conducted, rodent bait placed and burrows gassed in the following areas:

Harlem Park Area.....	12 square blocks
Madison Park North.....	28 square blocks
Camden Industrial Park Area.....	2 square blocks
Madison Park South Area.....	10 square blocks
Mount Royal Plaza.....	1 square block
Mount Vernon Area.....	1 square block
Shot Tower Industrial Area.....	1 square block
University of Maryland Project.....	2 square blocks
Steuart Hill Conservation Area.....	17 square blocks
Madison Square Area.....	15 square blocks
Total	89 square blocks

The Rodent Control Division also engaged in the following activities:

1. Submitted recommendations on the proposed new *Auto-Pak* method for refuse storage in apartment buildings and industries.
2. Made a complete investigation of the mosquito problem at the city owned Back River Sewage Disposal Plant and submitted a report with specific recommendations for the elimination of the mosquito and filter-fly larvae found on the property.
3. Investigated the rodent problem at Memorial Stadium where an increasing number of Norway rats were found. Bait stations were placed in the Stadium, outdoor burrows were gassed by the Division and the stadium manager was advised on methods of rodent poisoning and baiting.
4. At the request of the Veterans Administration Hospital at Fort Howard an intensive training program was given certain key personnel of the hospital in the proper use of insecticides and rodenticides to enable them to better control the insect and rat problems in the hospital and the hospital grounds.
5. Investigated a thallium sulfate poisoning case reported by Johns Hopkins Hospital and found that this poison was being placed on bread by a professional exterminator for use as a rodenticide in a home. As a result of this case the adoption of a regulation prohibiting the use of this poison in or around a dwelling has been recommended.

6. Gave advice to the Inter-Acting Neighborhood Council on the subject matter of a motion picture about rats and sanitation which the Council is making and which it plans to show at neighborhood improvement association meetings.

7. Trained ten Bureau of Buildings Inspectors in the use of the cyanogas dust pump used in gassing rat burrows.

8. Several talks on the rodent problem and educational films on this subject were given by the division chief at various civic, church and school group meetings.

Personnel

_____, 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 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
THEODORE H. BROOKS, JR., B.S.	FRANK L. LOGAN, B.S., M.A.
CHARLES A. CARROLL	HERMAN ROSKES, B.S.

JAMES R. WOODFORD, JR., B.S.

Sanitarians

FRANK E. MASON, JR., A.B.	JOHN WOODMAN, B.S.
LAWRENCE H. STIFFMAN, B.S.	

DOROTHY C. PARKS, Principal Clerk
 CAROL L. ALBERT, Senior Clerk Stenographer
 JAY D. DAVIS, Senior Clerk
 IDA JACKSON, Senior Clerk Stenographer
 ELIZABETH A. LEWIS, Clerk Stenographer
 DORIS A. WHITE, Senior Clerk Typist
 JOHN W. BIDEN, Laborer-chauffeur
 WILBURT MEACHEM, Laborer-chauffeur

TABLE NO. 1

DIVISION OF COMMUNITY SANITATION: COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

TYPE OF CONDITION	COMPLAINTS RECEIVED		PATROL AND SPECIAL INVESTIGATIONS MADE	
	1965	1964	1965	1964
TOTAL.....	2,719	2,833	3,661	3,805
Complaints				
Building defects.....	355	378	...	...
Choked sewers.....	5	5	...	...
Defective drainage.....	104	98	...	1
Defective heating equipment.....	92	73	...	...
Defective plumbing.....	279	290	...	...
Defective toilet facilities.....	77	66	...	...
Fowl and other animals.....	6	2	...	...
Grass and weeds.....	299	283	...	...
Insanitary conditions.....	683	670	...	...
Insects.....	231	204	...	...
Lead paint.....	59	98	...	...
Miscellaneous.....	132	188	...	...
Privies and cesspools.....	11	7	...	...
Rats.....	8	3	...	...
Water in cellar.....	378	475	...	...
Special Investigations				
Building applications.....	...	...	131	122
Child Care institutions.....	...	...	147	122
Color tests.....	...	...	406	477
Foster Homes.....	...	...	369	395
Hospitals and convalescent homes.....	...	...	66	70
Pittacine bird investigations.....	...	...	39	40
Schools.....	...	...	13	11
Stream pollution.....	...	...	1	81
Supervisory inspections.....	...	...	352	497
Swimming pools.....	...	...	545	422
Water points—carriers.....	...	...	1	3
Water supply sampling.....	...	...	1,586	1,565

TABLE NO. 2
RODENT CONTROL ACTIVITIES

RESIDENTIAL BLOCK PROGRAM		1965	1964
Number of Blocks Inspected.....		26	84
Number of Blocks Completed.....		25	28
Number of Blocks Pending.....		1	6
Total Properties Inspected.....		862	1,142
Dwelling Units Inspected.....		1,056	1,731
Properties Improved.....		385	578
Dwelling Units Improved.....		449	720
Properties Requiring No Correction.....		477	569
Dwelling Units Requiring No Correction.....		607	1,011
Properties Pending Correction.....		20	189
TYPE OF INVESTIGATION			
Initial:			
Complaints.....		3,469	2,780
Additional Inspections due to Complaints.....		1,098	
Program Areas.....		862	1,142
Reinspections:			
Complaints.....		4,910	3,905
Program Areas.....		674	1,092
Total Inspections.....		11,040	8,919
COMPLAINT HANDLING			
Complaints Received.....		3,496	2,956
Dispositions:			
Abated by Sanitarians.....		3,109	2,605
Referred to other Divisions or Bureaus.....		29	27
Corrected Prior to Investigation.....		32	21
No Nuisance.....		218	292
Premises Pending Corrections.....		108	63
Deficiencies Corrected by Rodent Control Activities			
Program Areas.....		1,055	539
Complaints.....		6,623	5,440
Total Deficiencies Corrected.....		7,678	5,979
ENFORCEMENT PROCEDURES			
Notices to Abate Nuisance—owner—tenant.....		1,241	1,074
Hand Notices Issued in Field.....		252	171
Verbal Recommendations.....		446	462
Final Notices for Failure to Comply.....		97	74
Summons for Failure to Comply.....		8	1

BUREAU OF FOOD CONTROL

Jacque G. Ayd, A.B., LL.B.

Director

On April 1 Mr. Jacque G. Ayd was appointed Director of the Bureau of Food Control following the mandatory retirement in March of Mr. Ferdinand A. Korff who had been director of the bureau since its inception in 1933. Prior to his appointment, the new director was Chief of the Division of Food Plant Inspection since 1952 and a member of the Department for 24 years.

The four-facet program of inspection, cooperation, education and regulation which had been found effective in the past was enforced by the new director. The prevention of food-borne illnesses and the improvement of sanitary conditions in retail, manufacturing, wholesale and institutional food establishments continued to be the primary objectives of the program.

Inspection

Sanitarians of the bureau made 13,723 inspections of the approximately 10,000 retail, manufacturing, wholesale and institutional food establishments under the jurisdiction of the bureau in all areas of the city in routine patrol, special assignments and investigations of over 900 complaints. During the inspections 3,556 chemical field tests were made, approximately 1,800 samples of food and 1,100 swab-bings of utensils were obtained for laboratory analyses, and 945 violation notices were issued ordering abatement of nuisances and other undesirable conditions. Table 1 following the text of this report shows the statistical data of the inspections as applied to each of the above mentioned four main categories of food establishments in comparison with similar data of last year. The total number of inspections increased by 1,040. Table 2 lists each specific type of food establishment and the percentage of satisfactory as found on initial inspections. In 1965 studies revealed that 60.7 per cent of all food establishments were found to be operating under completely satisfactory sanitary conditions during initial inspections—a slight but insignificant decrease in comparison with the 61.3 per cent in 1964.

Cooperation

Improved working arrangements were instituted with other bureaus and divisions including Meat Control, Milk Control, Rodent

Control, the Eastern Health District generalized inspection program and the Permit Desk. Close cooperation was maintained with various agencies of the city, state and federal governments consisting of action with the Federal Food and Drug Administration regarding frozen eggs, salvaged canned goods and insect infested cornmeal; studies of radioactivity in foods with the U. S. Public Health Service; assistance to the Federal Bureau of Investigation and the City Solicitor's Office; inspections and sampling for the Maryland State Department of Health concerning bacteriostats in pies, state licensed food plants and sandwich manufacturers; advice to the Baltimore County Health Department concerning food control problems; and the working of applications from the Bureau of Building Inspection and the Liquor Board. See Table 5 for specific details of the latter. Cooperation was also given to the State of Connecticut Consumer Protection Service and to the Pennsylvania Department of Agriculture in the inspection of local bakeries and to the New Jersey State Health Department in the inspection of local salad manufacturing plants which ship out-of-state.

Education

In response to numerous telephone inquiries, information and advice were given daily on various food problems arising in the home. Over 11,000 leaflets, posters and other literature were distributed to approximately 7,000 persons. Individual instructions were given to several thousand food service personnel during the 13,723 inspections. Formal talks on food control activities were given to 21 organized groups consisting of 1,309 persons. The director of the bureau participated in five radio broadcasts concerning respective programs on the causes and prevention of food poisonings, picnic lunches, home canning, church suppers and metallic poisonings; and in two television programs, one showing the bureau personnel making inspections and the other on holiday hazards. All of the programs were arranged by the Bureau of Health Information. Special advisories on "10 Rules for Safe Picnicking", "Church and Social Suppers" and "Home Canning and Botulism" which were released during the year received widespread publicity in local newspapers and resulted in numerous individual requests for additional copies. On the invitation of the Restaurant Association of Maryland an exhibit "Fighting the Enemies of Food" was devised and displayed at the Fifth Regiment Armory during the Mid-Atlantic Regional Restaurant Mart in October and at the Diabetes Detection Center in November. Information on the bureau's unique field testing equipment was sent

upon request to the Kansas City Health Department and to the City of Salem, Massachusetts Health Department. Bi-weekly meetings of the bureau personnel held during the year were made more informative and interesting by having guest speakers from industry and other allied fields and by displaying films on public health subjects.

Regulation

As the result of inspections 186,900 pounds of impure food were condemned in 250 instances. Over 100 quasi-judicial office hearings were held to afford an opportunity to food establishment operators to show cause why legal action should not be taken for various infractions of the food and sanitation laws. In the majority of instances the hearings produced the desired results in that reinspection showed that prompt corrections were made and assurances of complete cooperation in maintaining the establishment in a clean and sanitary condition were given. However, it was still necessary to summons the operators of 13 food establishments, consisting of 4 groceries, 3 restaurants, 2 manufacturing plants, a market stall, a confectionery, a downtown hotel and a service station operating a vending machine for court action which resulted in the assessment of \$1,675.00 in fines in the prosecution of 12 of the cases; the owners of one restaurant went out of business, disappeared and failed to appear for trial despite a summons and a warrant issued for their arrest. Special hearing letters, which were devised for use in instances where the Permit Desk forwarded to the bureau notices of food establishment operators who had failed to pay renewal food inspection fees, were sent to 695 delinquents and produced immediate results without the necessity of office hearings or further action in most cases. No court cases were necessary in this enforcement.

Gastroenteric Episodes—Illnesses Attributed to Food

There were 25 investigations of reported alleged illnesses attributed to food involving 256 persons. Of these, evidence was obtained which indicated that only 5 incidents involving 66 persons were caused by food. Two were church social affairs, one in which 3 persons became ill after consuming chicken salad, samples of which were found upon analyses to contain coagulase positive staphylococci and the other involving 51 persons who had drunk fruit punch prepared in a galvanized container; samples of the punch contained 1,500 p.p.m. of zinc. A similar intoxication from heavy metals occurred in one person from lemonade stored in a silver plated pitcher in a private home,

analysis of which disclosed 38 p.p.m. of copper in the lemonade. Nine persons became ill after a roast beef dinner in an uptown hotel. Although no food was available for analysis in this incident, the epidemiological survey indicated that *Clostridium perfringens* was the probable cause. Two persons became ill after consuming ham sandwiches in an industrial cafeteria; analysis of samples of ham disclosed that the ham was unwholesome and heavily contaminated with enterotoxin.

In a corollary program concerning communicable disease, 352 cases of salmonella infections, 297 cases of dysentery and 151 cases of infectious hepatitis were reported to the bureau by state and local health agencies. Investigations made of approximately 200 of the cases disclosed no evidence indicating that food or food service personnel were implicated in the transmission of any of the communicable diseases.

Reports of accidental poisonings received from local hospitals and recorded in the bureau indicated that aspirin was still the leading cause of accidental poisonings.

Special Activities

In addition to routine activities the following is a list of activities of special interest:

1. The sale of smoked fish, raw and unviscerated—a relatively new product in Baltimore—was, on directive, required to be labeled that "*This product is not eviscerated and must be cleaned inside and cooked before eating.*" This directive brought prompt cooperation and prevented any unfortunate incidents as had been reported in other localities from smoked fish.

2. Increased sampling of liquid eggs and inspection of egg breaking plants resulted in the closing of several plants and the probability that all liquid eggs will be pasteurized in the near future. Only two egg breaking plants now exist in the city.

3. Inspections of bakeries with particular emphasis on sampling custard products resulted in the finding of eclairs heavily infested with coagulase positive staphylococci in three bakeries. Two of the bakers eliminated this hazardous contamination upon reinspection but the third was forced to discontinue the manufacture of all custard products when he failed to produce satisfactory results.

4. Surveys of sandwich manufacturing and salad plants led to improvements in sanitary methods of preparation and safer bacteriological qualities of sandwiches and salads.

5. Approximately 10,000 pounds of Australian rabbits valued at \$6,000 which were discovered in a local warehouse freezer, were taken off sale and removed from the city. Such rabbits were in violation of a 1940 City Ordinance which has been effective in preventing tularemia in Baltimore.

6. Following an alert from a nearby state concerning hazardous stuffed natural ducklings a survey of local stores disclosed none for sale in Baltimore. However, analyses of 5 ducklings obtained from a local resident who had purchased them elsewhere, revealed the presence of salmonella organisms and lindane, a dangerous pesticide. Federal, state and county health agencies were advised of the findings and the general public was alerted to the hazards of these Easter novelties.

7. Highly explosive candy-like "Cracker Balls" were removed from sale and confiscated shortly before the Fourth of July holiday. They presented a serious hazard to children in that they were easily mistaken for chewing gum or jaw breakers. Emergency television and radio broadcasts were made to alert the public.

8. Merchants promptly complied with a request to take off sale "Ice Kools" and "Pink Elephants"—plastic water-filled novelties from Hong Kong designed for use in cooling salads and drinks but found on analyses to contain potentially dangerous im potable water. All forms of news media were utilized to warn the public.

Food Plant Inspection

On May 27 Mr. Benjamin Ginsburg, a staff member since 1942 was promoted to Chief of the Division of Food Plant Inspection. The supervision of the Auxiliary Inspection Program is one of the primary duties of the chief of this division. During the year a total of 5,572 inspection reports were submitted to the division by the industry-paid sanitarians of the 420 establishments participating in the program. This was an increase of nearly 1,200 reports over 1964. All reports were acknowledged and literature of interest in addition to pertinent comments were included in the reply. It is estimated that industry contributed approximately \$105,000 in services in cooperation with this program which is designed to sensitize food service personnel to modern sanitary methods so that undesirable conditions are prevented or eliminated before they develop into serious health hazards and violations.

Plans for the construction and remodeling of all food establishments were submitted through the Bureau of Building Inspection to the division for review and approval. Of the 68 plans so submitted it was necessary to advise changes in 44 before approval could be recommended. In many instances architects, food equipment manufacturers and other representatives of industry made personal visits to the division to discuss recommendations and regulations in planning construction or alteration of food establishments.

Scheduling assignments of inspections to the sanitarians, preparation of summonses for court action, answering telephone inquiries on food problems and assisting the director in bureau activities are other responsibilities of the Chief of the Division of Food Plant Inspection in addition to the immediate supervision of manufacturing and wholesale food establishments.

During the 850 inspections of the 401 manufacturing plants 689 samples of food were obtained for laboratory analyses; 59.7 per cent of all manufacturing plants were found entirely satisfactory on initial inspection, an increase of 5.1 per cent over 1964. Noodle and potato chip plants were found on initial inspection to be most satisfactory with 83 per cent. Seafood processing plants were lowest with only 25 per

cent satisfactory as compared with 43.9 per cent in 1964. This may be attributed to a more rigid inspection schedule. Bureau hearings were held for 9 food manufacturers and 2 were summoned to court.

There was a slight improvement in the sanitary conditions of wholesale food establishments with 58.9 per cent being entirely satisfactory on initial inspections in comparison with 58.3 per cent in 1964; 721 inspections were made of the 327 establishments in this group. Vending machine companies were found on initial inspections to be the most satisfactory with 92.3 per cent. It was not necessary to cite any of the wholesalers to hearings or court action.

Miscellaneous Activities

The director of the bureau attended the Annual Meeting of the Maryland Independent Retail Grocers Association in Atlantic City. He also gave talks at the Local Meetings of the Maryland Bottlers of Carbonated Beverages Association and attended a meeting of the Maryland Restaurant Association. He was appointed to the Resolutions Committee of the Central Atlantic States Association of Food and Drug Officials. As the result of promotions in the bureau following the retirement of the former director, a vacancy existed and was filled in August by the provisional appointment of Mr. John J. Fiedler as a sanitarian.

Personnel

JACQUE G. AYD, A.B., LL.B., Director
BENJAMIN GINSBERG, Ph.G., Chief, Division of Food Plant Inspection

Principal Sanitarians

CHARLES F. COURTNEY	ELMER L. RICKERDS
JAMES H. EDWARDS	ABRAHAM SHECTER
JOHN J. NEUNAN	ROBERT M. WILLIAR

Senior Sanitarians

HENRY H. CAPLAN, B.A.	MELVIN M. JOHNSON, B.S.
NORMAN R. FRIEDMAN, B.S.	BERNARD J. LINGEMAN

Sanitarian

JOHN J. FIEDLER, B.S.

ETTA LEVIN, Senior Clerk Stenographer
MARIE R. HUPPMAN, Senior Clerk Stenographer
IDA LEVINE, Senior Clerk

BUREAU OF FOOD CONTROL

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TABLE NO. 1
INSPECTIONS OF FOOD ESTABLISHMENTS, 1965 AND 1964

INSPECTIONS AND ACTIVITIES	1965	1964
Total inspections—All Establishments.....	13,723	12,683
RETAIL ESTABLISHMENTS		
Inspections.....	9,659	9,088
Initial inspections.....	5,923	4,694
Special inspections.....	2,389	3,165
Reinspections.....	1,347	1,229
Activities		
Violation notices issued.....	622	555
Number of condemnations of food.....	197	196
Hearings within bureau.....	92	91
Samples of food obtained for examination.....	843	1,276
MANUFACTURING ESTABLISHMENTS		
Inspections.....	850	852
Activities		
Violation notices issued.....	96	106
Number of condemnations of food.....	13	7
Hearings within bureau.....	9	8
Samples of food obtained for examination.....	689	737
WHOLESALE ESTABLISHMENTS		
Inspections.....	721	718
Activities		
Violation notices issued.....	41	14
Number of condemnations of food.....	25	8
Hearings within bureau.....	0	1
Samples of food obtained for examination.....	15	6
MARKET STALLS, INSTITUTIONS AND MISCELLANEOUS		
Inspections.....	2,473	2,025
Market stalls.....	475	241
Industrial cafeterias.....	239	198
Institutions.....	413	358
Miscellaneous—including vending machines.....	1,346	1,228
Activities		
Violation notices issued.....	196	28
Number of condemnations of food.....	15	9
Hearings within bureau.....	0	2
Samples of food obtained for examination.....	239	220
ALL TYPES OF FOOD ESTABLISHMENTS		
Field tests by inspectors.....	3,556	2,948
Complaints received and investigated.....	920	863
Prosecutions.....	12	18
Corrections.....	6,861	6,547

REPORT OF THE HEALTH DEPARTMENT—1965

TABLE NO. 2

PERCENTAGE OF FOOD ESTABLISHMENTS ENTIRELY SATISFACTORY DURING INITIAL INSPECTIONS

	1965	1964	1963	1962
RETAIL ESTABLISHMENTS				
Stores.....	57.7	61.7	56.7	61.3
Confectioneries.....	71.6	73.7	69.9	75.7
Restaurants.....	53.9	53.9	50.9	57.5
TOTAL RETAIL ESTABLISHMENTS.....	58.5	60.3	56.6	62.3
MANUFACTURING FOOD ESTABLISHMENTS				
Bakeries.....	57.1	49.6	34.2	44.4
Seafood processing.....	25.0	42.9	25.0	40.0
Canning plants.....	64.7	66.7	60.0	52.6
Packaging plants.....	58.1	46.7	47.1	57.6
Bottling plants.....	57.1	72.2	73.3	73.7
Candy plants.....	62.8	54.2	45.2	64.1
Salad and pickling plants.....	54.6	62.5	46.7	38.5
Poultry plants.....	48.8	46.2	50.0	61.3
Extract plants.....	85.0	69.6	47.1	52.9
Commissaries (caterers).....	67.6	62.2	51.2	36.8
Noodle and potato chip plants.....	83.3	50.0	50.0	50.0
Cold storage and ice plants.....	66.7	75.0	80.0	66.7
Frozen foods.....	65.0	62.5	50.0	53.1
Egg breaking plants.....	50.0	75.0	66.7	83.3
TOTAL MANUFACTURING FOOD ESTABLISHMENTS.....	59.7	54.6	46.4	53.4
WHOLESALE AND DISTRIBUTING ESTABLISHMENTS				
Produce (commission merchants).....	58.3	56.4	53.7	48.6
Terminals.....	64.6	56.9	65.2	73.0
Auctioneers.....	87.5	77.8	60.0	85.7
Trucks (wagons).....	50.0	66.7	46.7	73.7
Wholesale seafood plants.....	81.8	63.3	54.4	49.1
Warehouses (jobbers).....	51.1	54.5	56.6	60.0
Butter and egg plants.....	54.4	62.5	62.5	77.8
Vending machine companies.....	92.3	87.5	30.0	66.7
TOTAL WHOLESALE AND DISTRIBUTING ESTABLISHMENTS.....	58.9	58.3	56.3	59.3
INSTITUTIONS AND MISCELLANEOUS				
Industrial cafeterias.....	51.9	50.7	45.4	46.5
Institutions.....	52.1	62.4	47.2	67.7
Markets.....	67.4	65.6	62.1	82.4
Vending machines.....	94.7	92.2	94.0	90.7
Miscellaneous.....	100.0	87.5	94.1	92.4
TOTAL INSTITUTIONS AND MISCELLANEOUS.....	72.4	73.1	67.0	75.7
GRAND TOTALS.....	60.7	61.3	57.6	63.4

TABLE NO. 3
NUMBER OF GROUPS AND PERSONS GIVEN INSTRUCTIONS 1945-1965

YEAR	NUMBER OF GROUPS	NUMBER OF PERSONS
1961-1965.....	110	4,892
1965.....	21	1,309
1964.....	19	939
1963.....	27	1,019
1962.....	19	838
1961.....	24	797
1960-1964.....	109	5,026
1955-1959.....	166	5,597
1950-1954.....	297	8,785
1945-1949.....	212	11,268

TABLE NO. 4
SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS 1935-1965

YEAR	INVESTIGATIONS		OUTBREAKS ESTABLISHED		
	Number	Persons	Number	Persons Ill	Public Food Establishments Involved
1961-1965.....	122	1,341	12	464	7
1965.....	25	258	5	66	2
1964.....	29	547	2	54	1
1963.....	20	45	0	0	0
1962.....	27	164	2	64	1
1961.....	21	327	3	280	3
1960-1964.....	115	1,252	12	548	8
1955-1959.....	144	3,225	14	1,326	6
1950-1954.....	158	1,509	24	618	6
1945-1949.....	100	793	24	571	4
1940-1944.....	115	1,063	22	595	10
1935-1939.....	158	897	24	523	10

TABLE NO. 5
MISCELLANEOUS DATA

	1965	1964
Applications—new and remodeling.....	623	763
Plans examined.....	68	92
Board of Liquor License Commissioners.....	318	452
Bureau of Buildings.....	270	244
Carnivals.....	35	67
Utensil swabbing.....	1,069	1,006
Percentage less than 100 bacteria, per utensil.....	76.42	83.1
Cost per inspection.....	\$ 8.14	\$ 8.72
Legal action necessitated		
Number Instances.....Total.....	12	18
Retail.....	8	14
Others.....	4	4
Amount of fines.....Total.....	\$1,675	\$1,700
Pounds of food condemned.....Total.....	186,900.25	35,671
Retail.....	37,002.25	4,233
Others.....	149,898.00	31,438
Auxiliary inspection		
Establishments in program.....	420	420
Sanitarians.....	125	125
Reports submitted.....	5,572	4,334

BUREAU OF INDUSTRIAL HYGIENE

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

Director

The combined efforts of the air pollution control agencies of Anne Arundel and Baltimore counties, the State of Maryland and the Baltimore City Health Department came to a successful start on July 1, 1965 when a federal grant was approved for a three year Metropolitan Baltimore Air Quality Survey. The aforementioned agencies are working together under a voluntary agreement signed by the executive officials of each political jurisdiction¹. The Advisory Committee consisting of one member from each of the agencies met regularly to establish administrative procedures, select and purchase the best equipment for sampling and determine sampling sites, operational procedures and methods of handling the data obtained. Tentative sites were picked for the six stations anticipated for the first year of the grant. Twelve items will be continually sampled at each station. These consist of sulfur dioxide, oxides of nitrogen, aldehydes, total oxidants, carbon monoxide, hydrocarbons, particulate matter, soiling index, dew point, temperature, wind direction and speed. All information will be recorded on a punched paper tape by means of data acquisition equipment for use in computers in the evaluation of the data. Under the guidance of the committee, work began on the emission inventory program. A draft of the questionnaire to be sent to all manufacturing and business concerns in the metropolitan area was completed. This program, the first on an official metropolitan cooperating basis, should not only provide a boost to the air pollution control program but may lead the way to other metropolitan programs.

Industrial Hygiene Investigations

Detailed surveys were conducted in 57 plants to study and control industrial exposures to toxic materials. Plant inspections resulted in 383 improvements affecting 9,598 workers. Eighty-four industrial studies were made of 15 different potentially harmful conditions which included exposures to toxic materials, radiation, noise and inadequate ventilation and lighting.

Industrial Exposures

The following investigations of industrial exposures were of particular interest:

1. Thirteen X-ray units were examined at veterinary medicine installations in the city. Of the 13 units examined, four did not meet the regulations governing radiation protection.

2. A request was received from a property owner to check a vacant apartment after an empty isotope medicap shipping container had been found in a room. A careful survey was made of the lead container, floor and furniture surfaces with no evidence of contamination.

3. A radiation survey was conducted in a medical office to determine the adequacy of protection for the storage of a 50 milligram nasopharyngeal applicator. The study indicated that radiation levels were above the acceptable limits. The doctor had the applicator reencapsulated, decontaminated the floor and provided additional shielding in the storage area.

4. A parathion study made at a chemical plant revealed that concentrations were in excess of the allowable limits while filling 50 pound drums. Since the company had not taken steps to control the potential hazard, the parathion operation was suspended.

5. A constant drip of gasoline from a cracked union in the pipe line of a gasoline pump caused an odor in an adjacent warehouse. Extensive tests were made to determine the hazard and corrective action was instituted.

6. As part of the radiation control program, investigations were made of 42 radioisotope users who were authorized by the Atomic Energy Commission to use 34 different isotopes. The isotopes were for use in the medical, industrial and educational fields.

Domestic Exposures

It is a pleasure to report that no child lead poisoning deaths occurred during 1965. This is the first year since 1931 when records were started that the city has gone through a year without a death. A decrease to 32 cases, the lowest number in the past 13 years, was also recorded. Much of the credit is due to the Department's educational program, publicity and the apparent assumption of parental responsibility for their children through adequate supervision.

Two carbon monoxide fatalities resulted from overgassed appliances. Four people required hospital treatment from incomplete combustion of gases caused by defective appliances.

Air Pollution Control

In accordance with the requirements of the Air Pollution Control Ordinance,² twelve applications for an Air Pollution Control Survey were filed by applicants representing either industry, automotive service or laboratory testing service. Six of these applications have been approved. The others are pending until adequate or approved type equipment is provided for necessary air pollution control.

Cooperation between various agencies of the municipal government in the control of air pollution continued to improve. Most recent is the joint inspection by the Bureau of Industrial Hygiene and the Baltimore City Fire Department of all proposed open-burning

sites to determine whether or not an air pollution nuisance problem would be created before issuance of burning permits by the Fire Department. The Baltimore Urban Renewal and Housing Agency still continues to insert the clause prohibiting open-burning in their demolition contracts.

The Department of Recreation and Parks has constructed a log burning incinerator in order to discontinue the practice of open-burning large logs and tree trunks at the Druid Hill Park site.

Letters were sent to the foundries and steel plants requesting that serious consideration be given to the installation of air pollution control equipment on their cupolas and other processes in order to eliminate the heavy emissions of particulate and gaseous matter which are prevalent.

Several episodes of plant and ornamental flower damage, which were experienced during the past several years, resulted in the initiation of a long term study of fluoride concentrations in the area of the industrial plant suspected of having caused the fluoride emissions. During the past year, several methods of obtaining the air samples have been tried. The method selected for the continuation of the study was the limed tape method.

Emphasis was placed on the required filing of applications along with necessary specifications on the installation and control of incinerators, fuel burners and boiler units within schools, institutions, apartment houses, commercial establishments and industrial plants. Close observation of trash-dumps and junked automobile burning was maintained in order to minimize nuisance complaints.

A study to determine the best method of free dustfall collection was continued by this office. A comparison between the method used by the Air Quality Section, Maryland State Department of Health, and the method used by the bureau is being made to determine which one of the two methods or perhaps a combination of the methods would be best in order to prepare a sampling program for the Metropolitan Baltimore Air Quality Survey.

The bureau continued to participate in the program of measuring the sun's intensity at least once daily with a Sun Photometer in order to determine the atmospheric turbidity. This program is in cooperation with the U. S. Weather Bureau Research Station, Taft Engineering Center in Ohio.

During the year, 429 complaints were received and investigated. Table No. 9 denotes the number of complaints received and type of source responsible. In addition to the investigations of complaints, the staff members observed 944 violations in the field.

SMOKE VIOLATIONS OBSERVED

Apartments.....	71	Schools.....	55
Commercial.....	177	Ships.....	2
Industrial.....	188	Open Burning.....	244
Institutions-Hospitals	204	Miscellaneous.....	2
Residential.....	1	Total.....	944

Atmospheric Monitoring Program

Air sampling, using the high volume air samplers, was continued at industrial, residential and commercial sites with the webs being used to obtain radiation levels, total suspended dust loadings and pH values. This sampling program was carried out on a daily basis. From the following tabulation, the high dust loadings obtained at the industrial site are due to the use of an adjacent unpaved area by a trucking agency as a terminal.

RADIATION LEVELS, DUST LOADING AND pH VALUES

		STATION A INDUSTRIAL	STATION C RESIDENTIAL	STATION D COMMERCIAL
Beta (picocuries/m ³)	maximum.....	1.40	1.70	2.60
	minimum.....	.02	.00	.02
	average.....	0.25	0.34	0.36
Dust loading (micrograms/m ³)	maximum.....	500	360	405
	minimum.....	38	20	45
	average.....	235.8	72.0	162.1
pH	maximum.....	7.4	7.1	7.5
	minimum.....	4.8	4.4	4.5
	average.....	5.95	5.40	5.65
Number of Samples.....Total 609		152	224	233

The bureau again participated in the National Air Sampling Network of the U. S. Public Health Service. A total of 26 web samples were taken at the Baltimore City Fire Department Headquarters site. The bureau also assisted in the gas bubbler sampling program for the National Air Sampling Network. These were analyzed for sulfur dioxide and oxides of nitrogen. The tabulated results are as follows:

NATIONAL AIR SAMPLING NETWORK RESULTS—1965

NUMBER OF SAMPLES ANALYZED	SUSPENDED PARTICULATES	ORGANIC	BETA RADIOACTIVITY	SULFUR DIOXIDE		OXIDES OF NITROGEN	
	ug/m ³	ug/m ³	pc/m ³	ug/m ³	pphm	ug/m ³	pphm
26 Maximum.....	244	10.7	2.4				
Minimum.....	55		0.0				
Average.....	132.8		0.43				
22 Maximum.....				250	9.6	157	8.4
Minimum.....				16	0.6	72	3.8
Average.....				82.5	3.2	117.0	6.2

Column Headings: ug/m³ =micrograms per cubic meter
 pc/m³ =picocuries per cubic meter
 pphm =parts per hundred million

A continuous 24 hour monitoring program for the measurement of sulfur dioxide concentrations present in the atmosphere was continued at two locations. Station A and B denoted on the map of Baltimore were in heavy industrial areas. The third location, Station C, was in a residential area; however, due to instrument difficulties, this station did not operate during the year. 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 2.16 ppm for Station B and recorded nil ppm for the year for Station A.

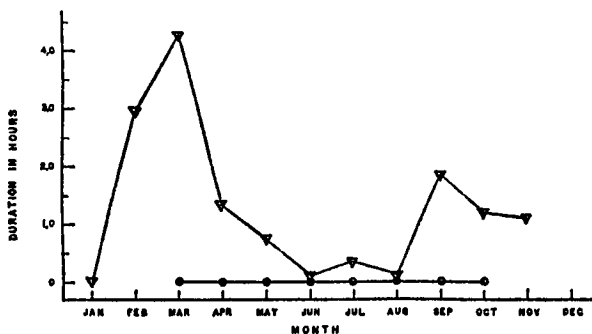
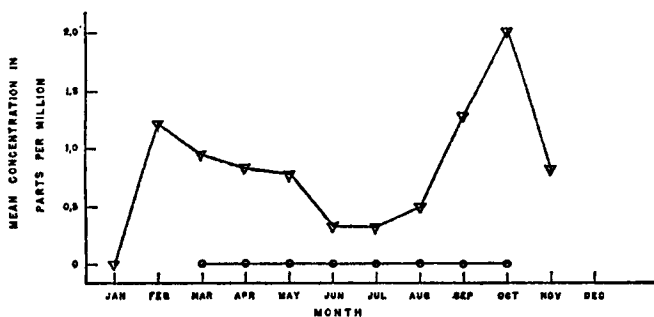
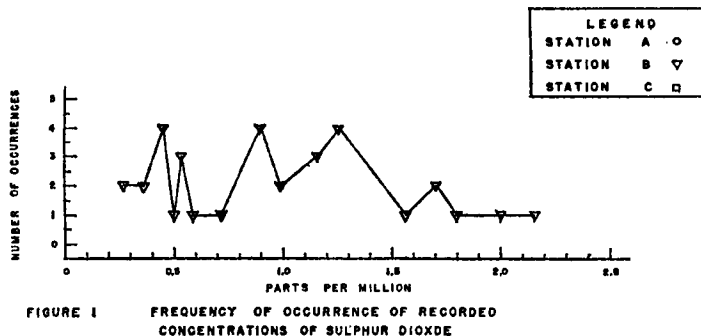
The Metropolitan Baltimore Total Oxidant Network, with sampling sites located in Towson, Essex, Glen Burnie, Ellicott City and Baltimore, started in February, 1964 and continued its successful operation through 1965. The network was established through the cooperative action of the Maryland State Department of Health and the Baltimore City Health Department. The Bureau of Industrial Hygiene provided the maintenance, supervision and training of the station operators, the keeping of the records and distribution of the results. The locations of the seven stations comprising the Total Oxidant Sampling Network are designated on the map of Baltimore. The station locations and the operators are as follows:

1. Essex Community College, Essex, Maryland, under the guidance of Dr. Giles B. Cooke, Chemistry Department and volunteer students.
2. Anne Arundel County, Department of Public Works, Glen Burnie, under the guidance of Mr. Les Booker and volunteer staff members.
3. Howard County Metropolitan Commission, Ellicott City, Maryland, under the supervision of Mr. James Gleig and volunteer staff members.

4. Baltimore County Health Department, Towson, Maryland under the supervision of Mr. Raymond Thursby and his staff.

5. Mount Saint Joseph's High School, Baltimore, Maryland, under the administration of Brother Bartel, Principal, and volunteer students.

6. Two stations operated by the City Health Department are located in Canton in Southeast Baltimore, and at the American Building in downtown Baltimore.



Figures 1, 2, and 3. Sulfur dioxide monitoring during 1965.

The City Health Department is particularly grateful for the work performed by the various agencies and volunteer workers mentioned above. The efforts put forth by them made this program a success.

Figure 4 denotes the combined monthly maximum, minimum and average concentration measured at the two Baltimore City Health Department stations. The yearly average concentration recorded was 0.058 ppm with a maximum of 0.22 ppm and a minimum of 0.01 ppm. The solid line connecting the bar symbols for each month denotes the total average concentration of the entire network for each month. The yearly average was 0.057 ppm with a maximum of 0.27 ppm and a minimum of 0.01 ppm.

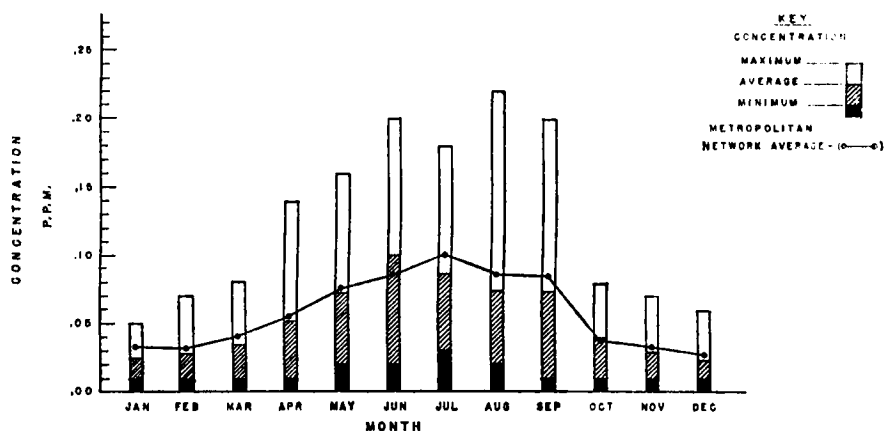


Figure 4. Total oxidants measured.

Figure 5 indicates the average monthly weight of free-fall particulate matter being deposited on Baltimore during the year. The average deposition for the year was 27.17 tons per square mile per month.

The map of Baltimore, Figure 6, indicates the approximate locations of the dustfall jars, the air pollutant sampling stations in the City, the stations of the Metropolitan Baltimore Total Oxidant Network with approximate mileage from Station D, and denotes the type of sampling at each station.

As a means of preventing industrial exposures and air pollution emissions, 672 applications and building plans were examined for proper control equipment. There were 456 permits issued for combustion equipment resulting in a fee collection of \$6,118.

Active participation was continued in the affairs of the Air Pollution Control Association since the annual meeting of that organization is scheduled to take place in Baltimore, Maryland, in June, 1969, with the Baltimore City Health Department as the host. The newly formed South Atlantic Section, A.P.C.A., has been making steady progress in that the membership is growing and programs have already been formulated for the next two semiannual meetings.

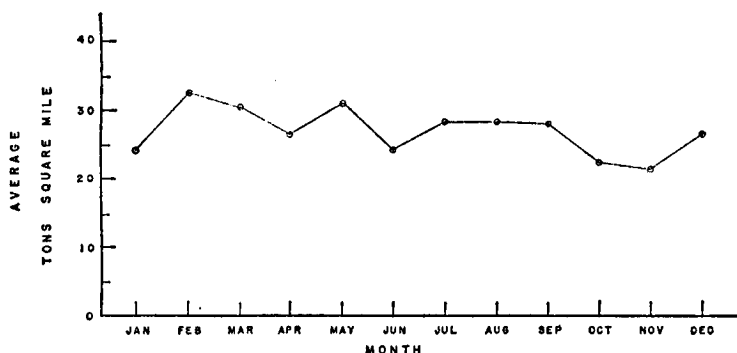


Figure 5. Free dustfall measured.

Short term courses in "Elements of Air Quality Management", "Introduction to Automatic Data Processing Systems", "Principles and Practices of Sanitation" were attended by various staff members. Bureau personnel participated in the Sanitary Section's In-service Training Course in the Eastern Health District and gave talks to civil defense workers, civic groups and student nurses.

The bureau assisted the staff of the Mechanical-Electrical Division of the Bureau of Building Inspection in the oral examination and practical demonstration of applicants for the Basic Gas-fitters and the Conversion Burner's Licenses.

References

1. Metropolitan Attack on Air Pollution, *Baltimore Health News*, Vol. 42, Nos. 7-8, July, August, 1965, pp. 101-104.
2. Mayor D'Alesandro Signs City Air Pollution Ordinance, *Baltimore Health News*, Vol. 33, No. 5, May 1956, pp. 33-37.

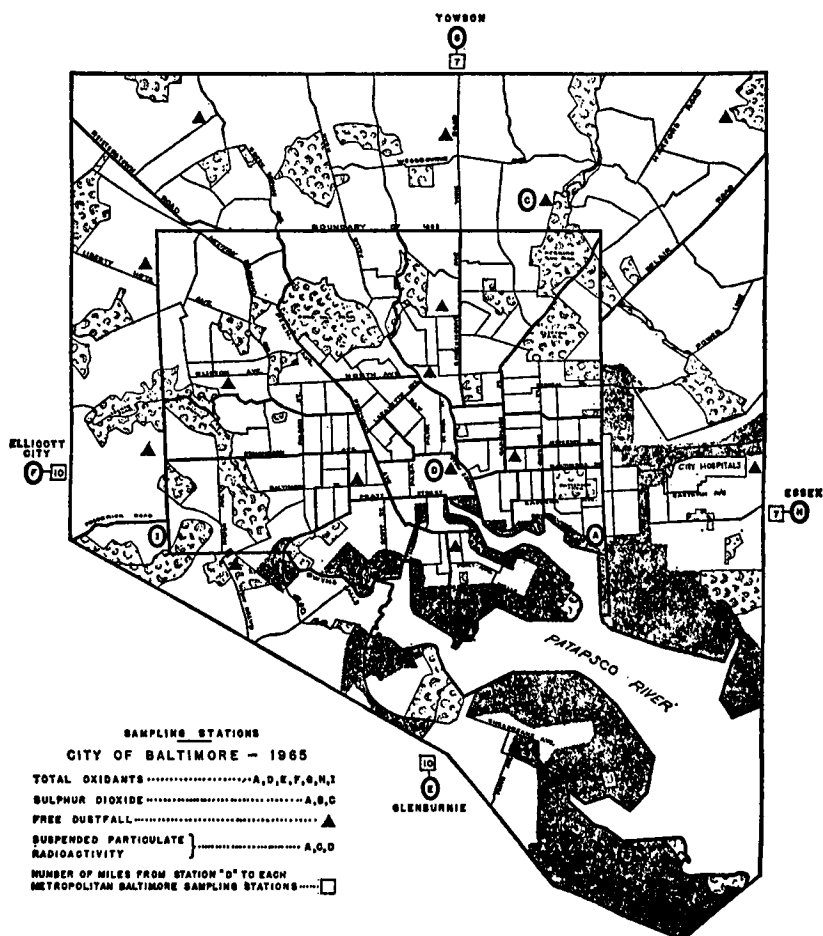


Figure 6. 1965 Sampling Stations.

Personnel

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DAVID T. LEWIS, B.S., Chief, Div. of Industrial Hygiene Investigations
C. EDWARD SACHS, Pr. Public Health Engineer, Div. of Air Pollution Control
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BERNARDINE M. KING, Senior Clerk Stenographer
PATRICIA A. MCCAWLEY, Senior Clerk Stenographer

BUREAU OF INDUSTRIAL HYGIENE

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TABLE NO. 1
STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES—1965

PLANT ACTIVITIES	
Total number of different plants serviced.....	1,117
Total number of workers in plants serviced.....	88,196
Total number of plant visits made.....	2,667
SOURCE OF SERVICES	
Self-initiated.....	773
Requests from management, labor, etc.....	344
TOTAL.....	1,117
GENERAL TYPE OF SERVICE GIVEN	NUMBER OF SERVICES
Plant surveys.....	57
Technical studies of hazards.....	84
Reinspections and routine.....	707
Consultations.....	45
Atmospheric pollution investigations.....	597
Other nuisance complaints investigated.....	148
Follow-up on building applications.....	278
Special activities.....	28
TOTAL.....	1,944
RECOMMENDATIONS CARRIED OUT	
Number of recommendations.....	59
Number of plants involved.....	44
Number of workers affected.....	1,370
VOLUNTARY IMPROVEMENTS MADE IN PLANTS	
Number of improvements.....	334
Number of plants.....	140
Number of workers affected.....	8,328
SPECIFIC SERVICES	
Number of laboratory analyses and examinations.....	4,637
Field determinations of atmospheric contaminants.....	431
Field determinations of physical conditions.....	847
Examination of plans for control equipment.....	672
Occupational disease cases reported.....	115
Occupational diseases investigated.....	15

TABLE NO. 2
DETAILED STUDIES MADE—1965

INDUSTRY	Number of Studies	DUSTS				GASES			VAPORS				OTHERS			
		Chrom	Lead	Manganese	Parathion	Carbon Dioxide	Carbon Monoxide	Hydrogen Cyanide	Chlorinated Hydrocarbons	Mercury	Petroleum	Styrene	Lighting	Noise	Radiation	Ventilation
All Industries Studied.....	84	2	6	1	3	1	6	1	11	1	2	1	1	8	27	13
Automotive.....	5	..	..	..	..	..	4	..	..	..	..	..	..	1	..	..
Chemical.....	12	2	..	1	3	..	..	..	..	..	..	..	..	..	3	3
Dry cleaning and laundry.....	14	..	..	..	..	..	..	..	11	..	..	..	..	..	..	3
Education.....	3	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Foundry.....	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Hospitals & Clinics.....	24	..	..	..	..	..	1	1	..	1	..	..	..	..	23	..
Office & storage.....	11	..	..	..	..	1	1	..	..	..	2	..	..	..	2	..
Paper.....	3	..	2	..	..	..	..	..	..	..	..	..	..	2	..	1
Petroleum.....	2	..	1	..	..	..	1	..	..	..	..	1	..	3	..	..
Other.....	8	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2

TABLE NO. 3
INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED—1965

PROPOSED USE OF BUILDINGS	APPLICATIONS AND PLANS					SPECIAL RECOMMENDATIONS						
	Number Reviewed	Disapproved	Approved		Abandoned	Ventilation			Sanitation		Other Recommendations	Consultations
			Without Recommendations	With Recommendations		Mechanical		Natural	Industrial Waste Disposal	Personal Service Conveniences		
						Local	General					
All Types.....	672	7	7	652	6	27	29	..	36	7	30	672
Automotive repair.....	25	1	..	23	1	16	18	..	7	1	5	25
Automotive service.....	22	1	..	19	2	3	7	..	4	2	2	22
Chemical.....	16	..	..	15	1	3	..	..	6	..	2	16
Combustion equipment.....	466	..	..	466	..	..	..	..	..	..	..	466
Dry cleaning and laundry.....	9	..	..	9	..	2	..	..	8	..	8	9
Electronic.....	5	..	..	5	..	1	..	..	1	..	..	5
Foundry.....	4	..	..	3	1	..	..	..	1	..	1	4
Machine shop.....	4	..	..	4	..	..	1	..	1	1	..	4
Metal goods.....	10	..	..	10	..	..	2	..	..	..	..	10
Office and storage.....	76	4	7	65	..	..	..	..	..	1	6	76
Paper.....	3	..	..	3	..	..	..	..	..	1	..	3
Printing.....	6	..	..	5	1	..	..	..	1	..	1	6
Refractory.....	4	..	..	4	..	..	..	..	3	..	..	4
Truck terminal.....	5	..	..	5	..	..	..	..	..	..	1	5
Woodworking.....	5	..	..	5	..	1	1	..	1	1	2	5
Others—less than 3 of 1 type..	12	1	..	11	..	1	..	..	3	..	2	12

TABLE NO. 4
OCCUPATIONAL DISEASES REPORTED—1965

DISEASE	CASES
TOTAL.....	115
Arsenic poisoning.....	1
Chronic carcinoma.....	9
Chronic ulceration.....	2
Ganglion.....	4
Infected abrasions.....	7
Lead.....	1
Respiratory irritation.....	16
Silicosis.....	4
Swelling and pain.....	4
Tenosynovitis.....	18
Tuberculosis.....	1
Dermatitis.....	48

TABLE NO. 5
NON-FATAL AND FATAL CASES OF LEAD POISONING IN CHILDREN FROM INGESTION*—1931-1965

YEAR	CASES			DEATHS		
	Total	White	Nonwhite	Total	White	Nonwhite
TOTAL.....	1,064	197	867	134	45	89
1965.....	32	4	28	0	0	0
1964.....	45	3	42	1	0	1
1963.....	42	7	35	3	0	3
1962.....	44	3	41	1	0	1
1961.....	48	4	44	1	0	1
1960-31.....	853	176	677	128	45	83

* 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—1960-1965

YEAR	TOTAL CASES	SUICIDES AND ATTEMPTED SUICIDES	ACCIDENTS FROM INCOMPLETE COMBUSTION OF GASES		DEFECTIVE APPLIANCES CAUSING ACCIDENTS
			Non-fatal	Fatal	
1965.....	8	2	4	2	3
1964.....	8	5	3	0	2
1963.....	28	4	24	0	6
1962.....	26	4	20	2	7
1961.....	9	4	4	1	2
1960.....	35	6	26	3	7

TABLE NO. 7
RADIOISOTOPE INVESTIGATIONS—1960-1965

YEAR	NUMBER OF USERS	NUMBER OF DIFFERENT ISOTOPES	SHIPMENTS OF ISOTOPES (MILLICURIES)			
			Less than 1 mc	1-30 mc	More than 30 mc	Total
1965.....	42	34	5	120	35	160
1964.....	50	40	11	114	57	182
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

TABLE NO. 8
AIR POLLUTION INVESTIGATIONS—1965

NATURE OF COMPLAINTS	NUMBER OF COMPLAINTS	NUMBER OF CONDITIONS	DISPOSITION OF CONDITIONS		
			Corrected	Cancelled	Pending
TOTAL.....	597	561	465	36	60
Dusts					
Inorganic.....	32	29	21	2	6
Organic.....	18	16	11	3	2
Fumes					
Metallic.....	5	4	3	..	1
Gases					
Acid.....	5	3	..	1	2
Ammonia.....	4	3	2	1	..
Chlorine.....	1	1	1	..	..
Sewer.....	11	11	9	1	1
Smoke and Fly Ash.....	429	429	391	..	38
Vapors					
Chemical.....	40	13	4	7	2
Paint, varnish, lacquer.....	13	13	10	..	3
Petroleum.....	7	7	5	2	..
Solvent.....	14	14	7	2	5
Other.....	18	18	1	17	..

TABLE NO. 9
SMOKE CONTROL INVESTIGATIONS—1965

TOTAL.....	429
Apartments.....	48
Bowling alleys.....	1
Canneries.....	1
Cleaners and Dyers.....	9
Cooperages.....	8
Dairies.....	8
Dumps.....	8
Dwellings.....	10
Factories.....	21
Foundries.....	78
Garages.....	5
Hospitals.....	2
Incinerators.....	8
Institutions.....	4
Junk yards.....	18
Laundries.....	19
Meat packers.....	17
Office buildings.....	15
Open lots.....	12
Ore piers.....	45
Power houses.....	1
Railroads.....	22
Schools.....	3
Ships.....	33
Stores.....	3
Trucks.....	15
Undetermined source.....	1
	27

TABLE NO. 10
SUMMARY OF COMPLAINTS—1965

NATURE OF COMPLAINT	NUMBER	PER CENT
TOTAL.....	745	100.0
Atmospheric pollution.....	597	80.1
Carbon monoxide.....	12	1.6
Industrial waste.....	27	3.6
Insufficient heat.....	4	.5
Noise.....	39	5.3
Sanitary facilities.....	15	2.0
Sanitation.....	39	5.3
Ventilation.....	12	1.6

BUREAU OF MEAT INSPECTION

David R. Berzon, D.V.M.

Director

The activities of the Bureau of Meat Inspection serve to protect the public from meat-borne diseases caused by contact with and ingestion of diseased or spoiled meat and meat food products. This is accomplished primarily through the provisions of the Meat Ordinance which requires that all meat sold in the City of Baltimore come from plants having either federal or municipal inspection. In 1965 as in previous years ante- and post-mortem inspection was made on all cattle, calves, sheep, swine and goats in twenty-three slaughtering plants, five of which were located in adjacent counties.

While inspecting animals before slaughtering, the veterinarians of the bureau are alert to conditions that render an animal unfit for slaughtering, conditions that could contaminate the slaughtering premises, or spread to man and beast by contact with the diseased animal or its flesh. Animals affected with anthrax, or in a dying condition from unknown causes, are among those that cannot be slaughtered and are condemned. As part of the post-mortem examination of the slaughtered animals the inspectors make sure that animal carcasses, or their parts, affected with diseases that may be transmitted to the consumer, are not passed for food. Conditions that may be passed through contact and consumption of meat (erysipelas and tapeworm), or that may lower the keeping qualities of the meat and be noxious (septicemia, pneumonia, metritis, animals having consumed toxic drugs and chemicals), or that make the meat unsound and unwholesome (abscesses, cancer, parasites), are those from which the public is protected. Meat inspection of this kind has encouraged the raising of healthy livestock, helped reduce drastically the number of diseased livestock arriving at the slaughterhouses, and contributes to the health and financial protection of the public as well as the meat packing and cattle raising industries.

In addition to performing ante-mortem and post-mortem inspection, the bureau's inspectors supervised sanitary conditions and meat-handling procedures in the slaughterhouses as well as meat-processing and meat-handling plants. This contributes to minimizing the chances of meat spoilage and food poison outbreaks such as salmonellosis.

In 1965 a total of 33,380 visits was made to meat plants; 201,975 animals were inspected as compared with 203,516 animals in 1964, and 248 whole carcasses were condemned in 1965 as compared with

350 in 1964. During the year, 1,668 pounds of meat were condemned on reinspection in the meat-handling plants.

Continuous surveillance was maintained by the bureau personnel to ascertain that no uninspected meat or meat of questionable nature, whether inspected or not, was distributed or sold in Baltimore.

As part of the bureau's cooperation with state and federal disease control agencies, veterinarians of the bureau continued to supervise the slaughtering of cattle reacting to tuberculosis and Bang's disease tests. Cooperation was also maintained with the federal government in the program of eradication of brucellosis through collecting of blood samples of all cows at the time of slaughter. The samples are tested in federal laboratories, and the herds from which brucellosis reactors or suspects originate are tested under federal and state regulations.

Baltimore City Meat Inspection is recognized and accepted by the U. S. Department of Agriculture Meat Grading Service.

Continuous cooperation was maintained with other bureaus of the Health Department and other city agencies. Especially noteworthy was the cooperation with the Bureau of Communicable Diseases in the examination of dogs for rabies in connection with 975 bite cases during the year, and whenever problems relating to veterinary medicine were encountered.

At the end of April 1965 Dr. William J. Gallagher, who served as Director of the Bureau for fifteen years, retired and was succeeded by Dr. David R. Berzon. Also, during the year two new veterinarians, Dr. James C. Downing and Dr. Giovanni Runci, were added to the force.

Personnel

DAVID R. BERZON, D.V.M., Director
LINDEN M. ALCORN, D.V.M., Veterinarian
JAMES C. DOWNING, D.V.M., Veterinarian
CHARLES E. FAULKNER, D.V.M., Veterinarian
KOSTAS KANAUKA, D.V.M., Veterinarian
STASYS T.-KELPSA, D.V.M., Veterinarian
ANDREAS RASTAWIECKI, D.V.M., Veterinarian
GIOVANNI RUNCİ, D.V.M., Veterinarian

Senior Sanitarians

ELMER FREDERICK
ALOIS LEITERMAN
HENRY E. LOKSTEIN

JOHN L. SCHNEIDER
ADOLPH STAUB
CHESTER E. WARMINSKI

CHARLES A. RAY

Sanitarian

LOUIS P. M. RIDER

Meat Inspectors

ROY J. DOUGHERTY
FREDERICK HARMAN

WILLIAM A. HENDERSON
ARTHUR F. LINCK

MARIE E. CERNEY, Senior Clerk Stenographer

TABLE NO. 1
NUMBER OF MEAT DEALERS AND INSPECTIONS IN 1965

	NUMBER	INSPECTIONS
Slaughtering, under permit, in city.....	18	3,000
Slaughtering, under permit, in county.....	5	900
Manufacturers, under permit, in city.....	62	24,500
Manufacturers, under permit, in county.....	1	250
Wholesalers, under permit, in city.....	164	3,900
Wholesalers, under permit, in county.....	2	100
Retailers—route truck.....	57	350
Collectors of Animal Offals.....	28	30
Renderers of Animal Substances.....	2	50
Cold Storage Warehouses.....	5	50
Cookers' Licenses.....	67	250
TOTAL.....	411	33,380

TABLE NO. 2
POUNDS OF MEAT AND MEAT FOOD PRODUCTS PREPARED, PROCESSED AND
MANUFACTURED UNDER LOCAL INSPECTION

	CITY	COUNTY
Meat products (fresh).....	6,231,010	422,165
Meat products (smoked).....	8,903,842	1,020,996
Meat food products (fresh).....	1,637,730	1,020,121
Meat food products (smoked).....	4,136,155	437,149
Meat food products (cooked).....	1,290,160	365,350
Meat food products (boiled).....	29,699	97,142
Lard.....	640,895	622,189
TOTAL.....	22,869,491	3,985,052

TABLE NO. 3
POUNDS OF MEAT CONDEMNED ON REINSPECTION

	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
1965.....	1,668	264	...	...	...	1,146	259
1964.....	8,438	4,192	...	...	...	4,087	154
1963.....	19,042	15,423	126	100	...	2,560	1,059
1962.....	17,706	1,592	...	...	...	870	15,018
1961.....	38,890	2,299	3,043	212	367	1,538	31,431
1960.....	33,318	11,343	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	3,908	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

BUREAU OF MILK CONTROL

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

Director

Dairy Farm Inspection

In 1965 the Bureau of Milk Control continued the pesticide detection program which was started in 1963. Samples of milk were obtained by the bureau sanitarians at producer farms for testing by the City Health Department Bureau of Laboratories and the Maryland State Health Department Laboratories for the presence of pesticides. As a result of this testing program the milk produced on two farms was found to contain the pesticide Heptachlor, or its oxide, at levels which were deemed unacceptable according to the U. S. Food and Drug Administration. The milk produced on these two farms was withheld from shipment to local milk plants. This compares with the shipment of milk from 12 farms withheld for this reason during 1964. After some period of time when further testing indicated the pesticide residual in the milk was reduced to acceptable levels, the two milk shippers were reinstated. Because of the planning, research, cooperation and vigorous joint action taken by the University of Maryland Agricultural Department, the milk industry, and interested government agencies, including the concerned health departments, the problem of pesticides in milk was brought under control by the year's end.

By the end of the year the several hundred remaining dairy farms which used milk cans to store and ship milk converted to the use of refrigerated bulk milk tanks on the farms. On the Baltimore milkshed the use of milk cans for shipping milk therefore has become extinct. All milk is now picked up at the dairy farm and transported to the milk processing plants by tank trucks. In order to continue the rigid inspection of the handling of raw milk from the farm to the milk plant a sanitarian has been assigned on a full-time basis to supervise this modern method of handling milk. His duties consist of inspecting the physical condition and cleanliness of the bulk farm tanks and the tank trucks. In addition, the sanitarian rides on the tank trucks with the tank truck operator to observe compliance with the bureau's rules and regulations pertaining to the handling of milk at the farm and its transportation. He also makes sediment tests to determine the cleanliness of production. When the presence of foreign matter in the milk or other violations are observed, the milk is condemned and prohibited from shipment. The milk plants in the city are

equipped with Cleaned-In-Place equipment, which automatically cleans and sterilizes the interior of the tank on the truck after each unloading of milk at the milk plants. The sanitarian also routinely inspects this equipment and its operation.

In 1965, during routine milk inspection activities of more than 1,800 dairy farms which comprise the milkshed, the bureau sanitarians made at least two sanitary inspections of each dairy farm and obtained at least two samples of milk from each dairy farm for testing in the City Health Department's Bureau of Laboratories for the presence of bacteria, antibiotics, and added water. Eight milk producers were suspended for a period of seven days each from shipping milk for the presence of antibiotics, and ten milk producers were suspended for a similar period of time for the presence of added water. Sanitarians of the Division of Dairy Farm Inspection obtained more than 300 additional samples of milk at producers' farms for special testing and study by the City Health Department's Bureau of Laboratories. In addition, each month samples of milk from each dairy farm were collected and tested by certified industry laboratories for the presence of bacteria, antibiotics, and added water, and the test results were submitted to the bureau to be included in the bureau's data computer processing so that there is available a complete test and inspection records of each milk producer.

Continuing the downward trend of previous years, by the year's end 1,742 milk shippers held dairy farm permits. This is the lowest number of farms under permit in the history of the bureau. The total amount of milk produced is almost twice as much as when there were more than twice as many milk producers not too many years ago. Economics, modern methods, and automation on the farm are causing the smaller milk producer who cannot embrace these changes to drop out of business. The remaining producers must enlarge their milking herd, purchase modern equipment, and practice modern methods in order to continue to remain in the milk production business. All these changes reflect in the production of larger amounts of milk by the present milk producers.

During the year the dairy farm sanitarians began to routinely make sanitary inspections of dairy farms during milking time so as to observe compliance with the bureau's requirements for the sanitary production of milk. The bureau staff also began the compilation of a milking time procedure for inclusion in a booklet that will contain specific rules and procedures which when practiced at milking time will be of considerable help in the production of sanitary milk. These rules and procedures are basic sanitary requirements which have been

enforced by the bureau for many years. It is expected that the booklet will be available early in 1966 and that the information contained will serve as guidelines in the production of milk by the dairy farmer who uses modern dairy equipment and methods.

Milk Plant Inspection

In January of 1965 one of the local milk plants closed its existing plant and moved to a new plant, the first to be constructed in the city in over 25 years. Operations were begun after the bureau inspected and approved the milk handling equipment and premises, and compliance with the City Milk Code requirements was assured. At the end of the year there were eight milk pasteurization plants in the city, a number which has remained constant for the past several years.

Cooperative activities were continued during the year with the U. S. Public Health Service and the Maryland State Department of Health in obtaining samples of milk from each of the local milk plants once a week for the testing of strontium-90 and iodine-131 in the milk. At no time during the year did the levels reach the point which required the taking of action in order to protect the health of Baltimore residents.

In 1965, as in previous years, milk was phosphatase-tested daily to determine proper pasteurization before it was placed on sale to the public. For the tenth consecutive year there was no instance of improper pasteurization of milk reported.

By the end of the year there were 29 ice cream plants under inspection of which 16 were situated outside of Baltimore City. These plants were inspected and sampled for testing the same as the 13 plants situated in Baltimore. The cost of making the out-of-town plant inspections by the bureau personnel was repaid to the City of Baltimore by the plants as required by the City Milk Code.

The one plant supplying sterilized pre-packaged baby formula to hospitals and milk plants for home delivery was routinely sampled and inspected twice each month during the year.

Other Activities

The Chief of the Division of Milk Plant Inspection attended the U. S. Public Health Service four-day course in "Milk Pasteurization Controls and Tests" held at the Robert A. Taft Sanitary Engineering Center in Cincinnati, Ohio, in order to learn the new instruments, equipment, and testing of controls used by the milk plants in the pasteurization of milk. The director attended the three-day sessions

of the Interstate Certification Milk Rating Officers Annual Meeting held by the Public Health Service Region III offices in Charlottesville, Virginia. The director and the division chiefs were appointed by various agencies and the University of Maryland to serve on committees concerning the control of mastitis, the presence of pesticides in milk, farm water supplies approval, and other milk activities. The director and members of the staff also gave talks to student nurses in nursing schools, schools, civic organizations, seminars, and to in-service training groups. During the year the bureau staff cooperated with agencies such as the U. S. Public Health Service, the Maryland State Health Department, the University of Maryland Agricultural Department, and other agencies in collecting samples for testing, making special studies, and exchanging information for various activities.

Staff Changes

On July 15 Mr. Harvey Baylin, Senior Sanitarian, assigned to the Dairy Farm Inspection Division for over five years, resigned to enter private business. Mr. Louis B. Pieper, Principal Sanitarian assigned to the Bureau of Industrial Hygiene, was transferred to fill Mr. Baylin's vacancy on July 22. On July 9 Mr. Robert L. Willet, Senior Sanitarian, was placed on leave of absence at his request for the remainder of the year. On August 16 Mr. George H. Harman, Jr., Sanitarian, was appointed to fill Mr. Willet's vacancy. On May 27 Mr. Miles R. Patterson, Jr., Sanitarian, was promoted to the position of Senior Sanitarian.

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	LOUIS B. PIEPER, B.S.
VIRON VAN WILLIAMS B.S.	

Senior Sanitarians

VERNON L. COREY	JOHN W. SCHRUFER, B.S.
MILES R. PATTERSON, JR., B.S.	WILLIAM L. TARBERT, B.S.

Sanitarians

GEORGE H. HARMAN, B.S.	RAYMOND W. MOORE, JR., B.S.
CHARLOTTE K. UHLER, Principal Clerk Stenographer	
E. DOROTHY BYER, Senior Clerk Stenographer	

BUREAU OF MILK CONTROL

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TABLE NO. 1
SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION—1965 AND 1964

Area of Baltimore milkshed.....2,600 square miles (approximate)		
ACTIVITIES	1965	1964
Active shippers as of December 31.....	1,742	1,843
INSPECTIONS		
Total.....	5,861	5,867
Routine dairy farms.....	4,015	3,658
Special dairy farms.....	1,819	1,821
Reinspections.....	190	189
Applications.....	236	217
Receiving and transfer stations.....	79	87
Cream and by-products plants.....	22	16
OTHER ACTIVITIES		
Violation notices issued.....	8,999	3,720
Hearings.....	3	0
Gallons of milk examined.....	300,044	228,459
Gallons of milk condemned.....	2,484	700
Permits issued.....	157	186
Permits cancelled.....	259	327
Producers' cans examined.....	185	467
Tank trucks examined.....	425	231
SUSPENSIONS OF PERMITS		
Total.....	77	82
Department.....	37	54
Field.....	40	28

TABLE NO. 2
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1965 AND 1964

TYPE OF PLANT	NUMBER	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
Milk plants				
1965.....	8	3,132	32.6	386
1964.....	8	3,122	32.5	382
Ice cream plants pasteurizing on premises				
1965 situated out-of-town 16; in-town 13 ..	29	1,068	3.1	372
1964 situated out-of-town 15; in-town 15 ..	80	760	2.5	370
Ice cream plants buying pasteurized ingredients				
1965.....	1	32	2.7	21
1964.....	1	20	1.7	20

TABLE NO. 3
SUMMARY OF MILK AND MILK PRODUCTS SAMPLES COLLECTED—1965 AND 1964

TYPE OF SAMPLE	1965	1964
ALL SAMPLES.....	9,893	10,509
Milk.....	8,616	9,319
Cream.....	265	290
Ice Cream.....	236	252
Ice cream mix, evaporated and condensed milk.....	116	128
Miscellaneous samples.....	446	499
Empty bottles.....	214	245

RESEARCH AND PLANNING

BUREAU OF BIOSTATISTICS

Elizabeth B. Kelley, B.S.

Director

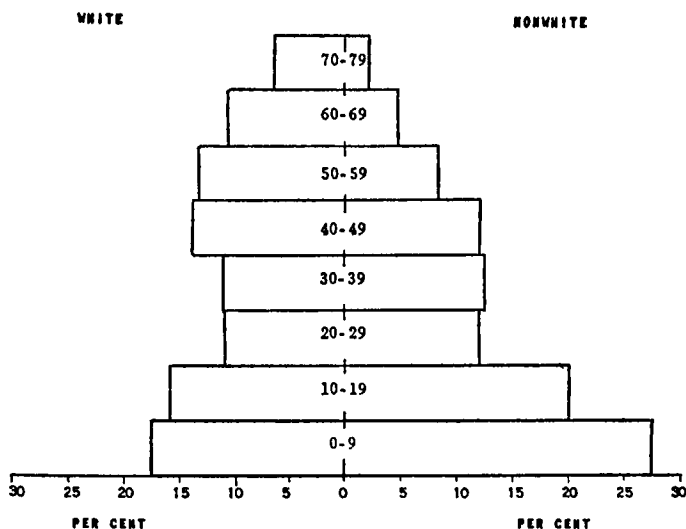
Special activities of the Bureau of Biostatistics during 1965 included demographic studies relating to the geographical distribution of the resident population, participation in the work of the Joint Anesthesia Study Committee of the Baltimore City Health Department and the Baltimore City Medical Society, the development of a new records system for the Division for the Handicapped and a special household survey sponsored by the U. S. Public Health Service to determine the number of young resident children who had not had measles or received measles vaccine and consequently were still at risk to this disease.

The Baltimore Health Survey completed its sixth year of continuous operation as a demographic and health intelligence system. During the year, information was obtained regarding 3,560 city residents. In September, a paper describing the Baltimore Health Survey was presented at the Annual Meeting of the American Statistical Association in Philadelphia on September 10.

Demography

As in the past, the bureau continued its studies of population trends. The estimated resident population of Baltimore City on July 1, 1965 was 918,000 persons, a decrease of 4,000 persons compared to the 1964 estimate of 922,000. The estimated white population of 548,000 showed a loss of 12,000 from the 1964 estimate, while the nonwhite population increased by 8,000 persons from 362,000 in 1964 to 370,000 in 1965. The nonwhite population now constitutes approximately 40 per cent of the total population.

Although the total resident population has been declining since 1957 as the result of a net out-migration, the number of city residents under 20 years of age has increased by an estimated 17,500 since 1960. Approximately 48 per cent of the resident nonwhite population is in this age group compared to 33 per cent of the resident white population. The estimated population by 5 year age groups and race appears in the *Quarterly Statistical Report*, Volume 17, No. 3, Third Quarter, 1965, prepared by the Bureau of Biostatistics. The accompanying chart show the per cent distribution of Baltimore's population by age and race for 1965.



PER CENT DISTRIBUTION OF THE POPULATION
BY AGE AND RACE: BALTIMORE 1965

Public Health Statistics

The bureau spent much time in providing those departments responsible for the formulation and operation of community health programs with the numerous types of statistical data necessary for the guidance and evaluation of such programs. Monthly, quarterly and annual statistical reports were prepared for the Bureau of Communicable Diseases, the Bureau of Maternal and Child Health, the Bureau of Milk Control, the Bureau of Food Control, and the Bureau of Public Health Nursing. In addition, responsibility was assumed for the preparation of monthly tabulations of the activities of the Maternal and Infant Service Project 501.

Information gathered from birth and death certificates shows that the neonatal death rate among infants born to women who have not received adequate prenatal care is almost three times greater than that among infants whose mothers had prenatal care. In recent years, over 2,000 babies have been born annually to resident women believed to have received no prenatal care. Following the expansion of the Health Department's services for mothers and infants, the bureau performed a detailed analysis of information received on the birth certificates in order to define the characteristics and geographical distribution of the women who fail to seek prenatal care.

A summary of the city's birth, death, and mortality experience during 1965 appears in the section entitled "The Health of the City" as part of the Report of the Commissioner of Health at the front of this volume.

Personnel

ELIZABETH B. KELLEY, B.S., Director
HELEN B. FREEDMAN, A.B., Senior Statistician
GERTRUDE CORDISH, Nosologist
CARRIE M. LOUDEN, Principal Key Punch Operator
GERALDINE M. ADAMS, Senior Clerk Stenographer
KENYON BURDICK, Principal Tabulating Equipment Operator
CHARLOTTE ALLEN, Senior Tabulating Equipment Operator
LEONA P. MCGRATH, Senior Statistical Clerk
BLANCHE E. STAFFORD, Senior Statistical Clerk
IDA M. PADGETT, Senior Key Punch Operator
HELEN A. BOESCHE, Senior Key Punch Operator
RUBY L. PERDUE, Senior Key Punch Operator
CARRIE MILLS, Senior Key Punch Operator
ANNA GREENGOLD, Key Punch Operator
CAROLINE C. MICHELMAN, Statistical Clerk

BUREAU OF VITAL RECORDS

Sidney M. Norton, B.S.

Director

The request for official transcripts of death certificates continued to rise in 1965 as compared with the previous year. A total of 65,489 such records was issued and this represented an increase of 3,226 transcripts issued. The bureau also issued 25,854 official transcripts of birth certificates and 3,805 Certificates of Record Search for birth and death records which were not found to be on file. For the most part, the birth records not on file were requested by persons applying for Social Security benefits who were born in the 1890s and the early 1900s when registration was not as complete as it is today. Another marked increase was noted in the number of verifications of births and deaths made to City, State and Federal agencies and to accredited private social agencies. A total of 25,848 such verifications was issued and they represented an increase of almost 7,400 as compared with 1964. The majority of these requests came from the Baltimore Department of Public Welfare and the Probation Department of the Supreme Bench of Baltimore City. The bureau also issued 1,752 Statement of Age Cards to minors applying to the State Department of Labor and Industry for work permits.

The Interviewing Units effected 10,365 amendments on birth certificates, made 327 corrections on death certificates, and added 1,437 given names on birth certificates on which this item of information was missing. The Interviewing Units also received 4,176 mail requests for amendments to be made on birth and death certificates and held a total of 7,842 interviews in connection with their activities. The Commissioner of Health approved replaced certificates for 1,228 cases following legal adoption, 330 cases following the legitimation of out of wedlock children, and 243 applications to file delayed birth certificates for persons whose births were not registered by the attendants at these births.

The bureau director spent several months with selected City Health Department staff members and representatives of the United States Public Health Service in planning for a new Notification-Immunization Program to begin January 1, 1966. The project will provide Baltimore children with a wallet-size plastic Birth Registration-Immunization Card which can also be used for school admission and proof of age. This card is to be sent to all resident parents of newborn children born in Baltimore City after the infants had

received immunization against diphtheria, pertussis, tetanus and polio. The Bureau of Vital Records will still continue to send non-resident mothers of children born in Baltimore the Notification of Birth Registration form with provision on the reverse side thereof for the entry by physicians of inoculations received by these infants against diphtheria, measles, pertussis, polio and tetanus, and a vaccination against smallpox. This record is similar in content to the notification sent by the Maryland State Department of Health to parents of children born in the counties of Maryland. Resident mothers of newborn children born in Baltimore City during 1966 will still receive from the Baltimore City Health Department a Notification of Birth Registration form shortly after their children's birth but the reverse side will contain information about the new Birth Registration-Immunization Program.

The bureau director also collaborated with members of the Department of Chronic Diseases of the Johns Hopkins School of Hygiene and Public Health in two studies, one on suicides in Baltimore during the period 1950 to 1963 and the other on homicides in Baltimore for the period 1950-1961. A preliminary report of the suicide study was published in the December issue of *Baltimore Health News*. The homicide study will appear in the September, 1966 issue of the *Maryland State Medical Journal*.

The following table reflects several vital records activities which indicate to some degree the extent of service given the public.

Personnel

SIDNEY M. NORTON, B.S., Director
JOHN BOYLE, Principal Clerk
MARY A. HOHREIN, Principal Clerk
CHARLES ROPER, Principal Clerk
EVELYN ROPER, Principal Clerk
VIOLET GRIMALDI, Senior Clerk Stenographer
GREGORY HAWKINS, Senior Clerk
JOYCE LOWRY, Senior Clerk
WILLIAM AUTRY, Senior Clerk Typist
CHARLOTTE BOWENS, Senior Clerk Typist
DOROTHY JOHNS, Senior Clerk Typist
EDWARD MACEO JONES, Senior Clerk Typist
LORRAINE RANDOLPH, Senior Clerk Typist
MILDRED RAAP, Senior Addressograph Operator
JOSEPHINE A. ROEMER, Senior Addressograph Operator
WARREN WILLIAMS, Equipment Operator
ROBERT L. THORNTON, Reproducing Machine Operator
LYDIA JEAN HUBBARD, Clerk Typist
BARBARA PEMBROKE, Clerk Typist
BERNARD JACOBS, Clerk

TABLE No. 1
SELECTED VITAL RECORDS ACTIVITIES FOR THE PERIOD 1956-1965

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 Years Unreported Births	7 Yrs. and Over	Adoption	Legitimation
1965	25,854*	65,489	3,805	24,687	1,161	1,752	0	243	1,228	330
1964	26,214	62,263	3,436	17,352	1,128	1,586	0	276	1,131	374
1963	24,339	65,888	3,334	15,958	809	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	1,323	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	313	732	271
1956	23,152	50,995	3,783	8,121	906	2,429	9	378	631	226

* Includes 1,217 Certifications of Birth—Short Form.

† Statement of births and deaths not found on file.

VITAL STATISTICS TABLES

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- TABLE No. 1. ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION BY COLOR BALTIMORE, MARYLAND—1950-1965.
- TABLE No. 2. RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR, BALTIMORE, 1950-1965.
- TABLE No. 3. RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1965.
- TABLE No. 4. MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1950-1965.
- TABLE No. 5. RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1965.
- TABLE No. 6. RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1965.
- TABLE No. 7. RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1965.
- TABLE No. 8. RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1965.
- TABLE No. 9. ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE: BALTIMORE—1965.
- TABLE No. 10. RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1950-1965.
- TABLE No. 11. CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1965.
- TABLE No. 12. REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1955-1965.

VITAL STATISTICS TABLES

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TABLE No. 1
ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION
BY COLOR, BALTIMORE, MARYLAND—1950-1965

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
1965	918,000	548,000	370,000	19,907	9,629	10,278	21.7	17.6	27.8	11,643	7,856	3,787	12.7	14.3	10.2
1964	922,000	560,000	362,000	21,987	10,787	11,199	23.8	19.3	30.9	11,392	7,624	3,768	12.4	13.6	10.4
1963	924,000	570,000	354,000	22,081	11,200	10,881	23.9	19.6	30.8	12,026	8,184	3,841	13.0	14.3	10.9
1962	932,000	585,000	347,000	22,282	11,309	10,973	23.9	19.3	31.6	11,338	7,775	3,563	12.2	13.3	10.3
1961	937,000	599,000	338,000	23,163	11,942	11,221	24.7	19.9	32.2	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	25.6	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	685,000	282,000	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	245,000	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	7,996	2,889	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—1950-1965

YEAR	NUMBER			RATE		
	Total	White	Colored	Total	White	Colored
1965	10,173	6,468	3,705	11.1	11.8	10.0
1964	9,688	6,216	3,472	10.5	11.5	9.6
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	9,695	6,047	3,648	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	7,580	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	8,289	3,535	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	15.3

REPORT OF THE HEALTH DEPARTMENT—1965

TABLE No. 3
RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1965

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.....	32,608	21,465	11,143	524	271	253	19,907	9,629	10,278	383	140	242
Hospital.....	32,386	21,417	10,969	503	268	245	19,699	9,591	10,108	361	127	234
Baltimore City Hospitals.....	3,331	635	2,796	54	5	49	3,069	396	2,693	50	1	49
Boo Secours Hospital.....	1,831	1,775	106	26	23	3	835	834	101	12	9	3
Church Home and Hospital.....	1,396	1,271	125	7	7	..	680	461	119	4	4	..
Franklin Square Hospital.....	1,002	365	637	13	5	8	901	272	629	13	5	8
*Hospital for Women of Maryland.....	1,716	1,576	140	29	23	6	783	650	133	18	12	6
Johns Hopkins Hospital.....	2,865	1,385	1,480	64	28	36	1,866	683	1,183	41	16	25
Lutheran Hospital of Maryland.....	2,006	1,282	724	38	15	23	994	330	664	28	5	23
Maryland General Hospital.....	1,995	1,968	27	21	21	..	856	833	23	8	8	..
Mercy Hospital.....	2,206	2,096	110	32	28	4	1,163	1,060	103	19	15	4
North Charles General Hospital.....	178	169	9	3	3	..	104	95	9	..	..	..
Provident Hospital.....	1,391	..	1,391	51	..	51	1,233	..	1,233	51	..	51
St. Agnes Hospital.....	2,620	2,544	76	25	25	..	1,640	588	1,052	12	12	..
†St. Joseph's Hospital.....	820	759	61	16	13	3	414	357	57	10	7	3
Sinal Hospital.....	4,317	2,943	1,374	49	27	22	2,434	1,141	1,293	33	11	22
South Baltimore General.....	553	467	86	13	11	2	415	338	79	8	6	2
Union Memorial Hospital.....	1,604	1,545	59	19	15	4	860	809	51	13	860	4
University Hospital.....	2,505	737	1,768	43	9	34	1,897	332	1,565	38	7	31
Out of city hospitals.....	..	..	..	..	..	..	535	414	121	3	..	3
Home.....	222	48	174	21	13	8	208	38	170	21	13	8
Physician.....	82	22	60	13	6	7	87	23	64	13	6	7
Midwife.....	18	3	15	..	..	..	18	3	15	..	..	..
Other.....	122	23	99	8	7	1	103	12	91	8	7	1

* Moved to Greater Baltimore Medical Center, Baltimore County on September 18, 1965.

† Moved to Baltimore County on November 28, 1965.

TABLE No. 4
MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1950-1965

Year	MATERNAL DEATHS			FETAL DEATHS*			INFANT DEATHS					
							UNDER ONE YEAR			UNDER 28 DAYS		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
NUMBER OF DEATHS												
1945.....	12	4	8	322	140	242	565	239	326	425	178	247
1946.....	17	4	8	367	117	250	682	238	444	501	188	313
1947.....	12	2	6	396	150	246	678	264	414	504	190	314
1948.....	12	4	6	412	145	267	678	286	446	556	233	323
1949.....	12	3	9	428	176	257	741	234	444	580	224	336
1950.....	12	1	11	438	167	241	757	282	465	555	227	328
1951.....	18	2	16	441	182	249	847	315	532	607	231	376
1952.....	15	3	12	441	179	265	861	306	495	656	275	381
1953.....	15	4	11	468	179	289	868	353	513	661	275	386
1954.....	15	4	11	468	218	259	861	353	513	661	275	386
1955.....	10	4	6	408	191	218	714	340	380	516	251	265
1956.....	12	3	9	354	186	168	723	340	383	525	246	279
1957.....	12	2	10	368	214	154	761	387	364	548	302	246
1958.....	12	1	11	391	222	169	857	356	302	513	306	207
1959.....	12	2	10	435	240	195	835	314	321	446	239	207
1960.....	10	5	5	458	240	217	874	373	301	497	281	206
1961.....	18	8	10	460	270	190	881	307	274	425	240	185
DEATH RATES†												
1945.....	6.0	4.2	7.8	19.2	14.5	23.5	28.4	24.8	31.7	21.3	18.5	24.0
1946.....	5.5	3.7	7.1	16.7	10.8	22.3	31.0	22.0	38.7	22.8	17.4	28.0
1947.....	3.2	1.8	4.6	17.9	13.4	22.6	30.7	23.6	39.0	22.8	17.0	28.0
1948.....	5.4	3.5	7.3	16.7	12.8	20.7	32.9	25.3	40.8	25.0	20.6	29.5
1949.....	5.2	2.6	8.0	18.7	14.7	22.9	32.0	24.9	39.6	24.2	18.8	30.0
1950.....	5.2	0.8	9.8	18.4	15.6	21.4	32.5	24.3	41.3	23.9	18.9	29.1
1951.....	3.3	1.6	5.3	18.5	13.4	22.0	35.4	25.0	47.0	25.4	18.4	33.2
1952.....	6.1	2.2	10.8	18.1	13.4	23.9	35.2	27.4	44.7	26.8	20.6	34.4
1953.....	6.0	7.7	3.7	16.3	12.5	21.3	34.6	24.8	47.7	26.4	19.2	35.9
1954.....	4.2	2.9	6.2	17.1	15.3	19.6	30.0	23.8	39.0	21.7	17.9	27.2
1955.....	5.2	2.1	10.1	15.2	13.6	17.8	31.0	23.7	42.9	22.5	17.1	31.3
1956.....	5.5	1.3	12.8	17.2	14.3	22.6	31.9	25.9	42.5	23.3	20.7	29.7
1957.....	3.1	0.7	7.4	17.3	15.2	19.8	30.2	26.3	37.2	22.6	20.9	25.5
1958.....	5.3	1.3	12.8	19.1	16.0	24.8	27.9	20.9	41.2	19.6	15.9	26.6
1959.....	4.4	3.3	6.5	20.1	16.7	26.9	29.8	25.0	39.1	22.0	19.5	26.8
1960.....	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 1967 Annual Report page 310 for years 1932-1949.

[illegible]

VITAL STATISTICS TABLES

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TABLE No. 6
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1965

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	565 239 326	246 99 147	137 67 70	42 12 30	56 21 35	51 26 25	33 14 19
053.2 053.4	Septicemia and pyemia Pneumococcus Organism unspecified	W W C	1 1 1	.. .. ..	.. .. ..	.. .. ..	.. 1 1	.. .. ..	1
057.0	Meningococcal infections	W	1	..	..	..	..	..	1
	Meningococcal meningitis	C	1	..	..	..	..	1	..
057.1	Acute and unspecified meningococcemia	W	2	..	..	..	..	2	..
289.2 289.3	Other metabolic diseases Other than lipoidosis and amyloidosis Cystic fibrosis	W W	1 1	.. ..	.. ..	.. 1	.. ..	1..	....
296	Purpura and other hemorrhagic conditions	W	1	..	..	..	1	..	..
340.0	Meningitis, except meningococcal and tuberculous H. influenza	W C	1 1	.. ..	.. ..	.. ..	.. 1	1..	....
340.1	Pneumococcus	C	1	..	..	..	1	..	..
340.3	With no organism specified as cause	W C	1 6	.. ..	.. ..	1 2	.. 3	.. ..	.. 1
391.2	Otitis media without mention of mastoiditis, unspecified	W C	2 4	.. ..	.. ..	.. ..	2 1	2 ..	.. 1
422.2	Other myocardial degeneration	C	2	..	..	..	..	2	..
433.0	Heart block	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	..
	Pneumonia (except of newborn, code 763)								
490	Lobar	C	1	..	..	..	..	1	..
491	Broncho	W C	5 6	.. ..	.. ..	.. ..	2 1	1 1	2 4
492	Primary atypical	W C	5 3	.. ..	.. ..	.. ..	2 1	3 ..	.. 2
493	Other and unspecified	W C	3 1	.. ..	.. ..	.. ..	1 1	2..	....
500	Acute bronchitis	W	1	..	..	..	..	..	1
517	Other diseases of upper respiratory tract	C	2	..	..	..	..	1	1
525	Other chronic interstitial pneumonia	W C	14 22	.. ..	.. ..	.. ..	4 12	8 8	2 2

REPORT OF THE HEALTH DEPARTMENT—1965

TABLE No. 6—Continued
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1965

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
527.2	Other diseases of lung and pleural cavity	C	2	..	..	..	1	..	1
539.1	Other diseases of esophagus	W	1	..	..	..	1	..	..
560.2	Hernia of abdominal cavity without mention of obstruction	W	1	..	1	..	..	..	..
560.4	Umbilical	C	1	1	..	..	..	..	..
560.4	Of other specified site	W	1	1	..	..	..	..	..
561.5	Hernia of abdominal cavity with obstruction of unspecified site	W	1	..	1	..	..	..	..
571.0	Gastro-enteritis and colitis except ulcerative, Age 4 weeks and over	W	2	..	..	..	1	1	..
571.0		C	7	..	..	..	5	1	1
593	Nephritis not specified as acute or chronic	W	1	..	..	..	1	..	1
593		C	1	..	..	..	1	..	..
750	Monstrosity	W	2	1	1	..	..	..	..
751.1	Spina bifida and meningocele	W	1	1	..	..	..	..	..
751.2	Without mention of hydrocephalus	W	1	..	..	..	..	1	..
751.2	With mention of hydrocephalus	C	1	..	1	..	..	..	..
752	Congenital hydrocephalus	W	3	..	..	..	..	1	3
752		C	1	..	..	..	..	1	..
753.1	Other congenital malformations of nervous system and sense organs, other than congenital cataract	W	1	1	..	..	..	..	..
753.1		C	1	1	..	..	..	..	..
754.1	Congenital malformations of circulatory system	W	1	..	1	..	..	..	..
754.2	Patent ductus arteriosus	W	1	..	1	..	..	..	..
754.2	Interventricular septal defect	C	1	..	..	1	..	..	..
754.4	Fibrocystosis cordis	W	1	..	..	..	..	1	..
754.5	Other and unspecified malformations of heart	W	11	2	3	2	1	2	1
754.5		C	12	2	3	1	3	2	1
754.6	Coarctation of aorta	W	1	..	..	1	..	..	..
754.7	Other circulatory malformations	C	1	..	..	..	..	..	1
756.2	Congenital malformations of digestive system other than hypertrophic pyloric stenosis and imperforate anus	W	1	..	1	..	..	..	..
756.2		C	2	..	..	1	..	..	1
757.3	Congenital malformations of genito-urinary system other than kidney or external genital organs	W	2	1	1	..	..	..	..
757.3		C	1	1	..	..	..	..	..
758.2	Congenital malformations of skull	W	1	..	..	..	..	1	..
759.0	Other and unspecified congenital malformations not elsewhere classified	W	1	1	..	..	..	..	..
759.2	Of respiratory system	W	2	2	..	..	..	..	..
759.2	Of muscle	W	4	..	..	2	..	2	..
759.3	Other and unspecified	C	5	2	2	..	1	..	..

TABLE No. 6—Continued
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1965

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
760	Intracranial and spinal injury at birth	W C	6 11	3 4	2 6	.. 1	1..	....	....
761	Other birth injury	W C	9 8	8 7	1 1	....	....	....	....
762	Postnatal asphyxia and atelectasis	W C	37 47	22 34	13 10	.. 3	1 ..	1..	....
763	Pneumonia of newborn	W C	10 16	2 3	5 4	3 9	....	....	....
764	Diarrhea of newborn	C	2	..	..	1	1	..	..
768	Other sepsis of newborn	W C	4 10	1 2	3 3	.. 4	....	....	....
770	Hemolytic disease of newborn	W C	2 5	2 1	.. 1	.. 3	....	....	....
771	Hemorrhagic disease of newborn	W C	1 4	1 ..	.. 4	....	....	....	....
772	Nutritional maladjustment	C	2	..	..	..	..	2	..
773	Ill-defined diseases peculiar to early infancy	W C	34 47	14 29	19 17	1 ..	.. ..	.. ..	.. 1
774	Immaturity without mention of any subsidiary condition	W C	4 5	2 2	1 3	1..	....	....	....
776	Immaturity, unqualified	W C	48 73	36 54	12 15	.. 4	....	....	....
872	Accidental poisoning by aspirin and salicylates	C	1	..	..	..	..	..	1
910	Accidental blow from falling or projected object or missile	W	1	..	..	..	1	..	..
924	Accidental mechanical suffocation in bed and cradle	C	1	..	..	..	..	1	..
925	Accidental mechanical suffocation in other and unspecified circumstances	C	1	..	..	..	1	..	..
936	Other and unspecified accidents	W	2	..	..	..	1	..	1
953	Therapeutic misadventure in administration of drugs or biologicals	W	1	..	..	..	..	..	1
983	Assault by other means	W C	1 1	.. 1	1..	....	....	....	....

[illegible]

TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1965

International List No.	Cause of Death	Totals		Age Groups																Age Not Specified							
		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	
140-205	Malignant neoplasms	2,021	W	1,353	M	754	1	1	1	2	1	1	3	1	2	4	7	12	33	66	91	112	133	152	92	43	23
			C	638	M	372	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
					F	266	1	1	2	2	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
140-148	Malignant neoplasm of buccal cavity and pharynx	52	W	28	M	20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			C	24	M	20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
					F	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
150	Malignant neoplasm of esophagus	65	W	34	M	29	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			C	31	M	24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
					F	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
151	Malignant neoplasm of stomach	99	W	52	M	24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			C	47	M	33	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
					F	14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
152-153	Malignant neoplasm of intestine, except rectum	244	W	178	M	79	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			C	66	M	32	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
					F	34	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
154	Malignant neoplasm of rectum	71	W	55	M	35	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			C	16	M	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
					F	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

II—NEOPLASMS

[illegible]

[illegible]

W---MENTAL PSYCHONEUROTIC AND PERSONALITY DISORDERS

[illegible]

VII—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

[illegible]

TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1965

[illegible]

[illegible]

VIII--DISEASES OF THE RESPIRATORY SYSTEM

[illegible]

TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1965

INTERNATIONAL LIST No.	CAUSE OF DEATH	TOTALS			AGE GROUPS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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Age Not Specified

85 Years and Over

80-84 Years

75-79 Years

70-74 Years

65-69 Years

60-64 Years

55-59 Years

50-54 Years

45-49 Years

40-44 Years

35-39 Years

30-34 Years

25-29 Years

20-24 Years

15-19 Years

10-14 Years

5-9 Years

4 Years

3 Years

2 Years

1 Year

Under 1 Year

IX—DISEASES OF THE DIGESTIVE SYSTEM

[illegible]

TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1965

INTERNATIONAL LIST NO.	CAUSE OF DEATH	TOTALS			AGE GROUPS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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					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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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X—DISEASES OF THE GENITO-URINARY SYSTEM

[illegible]

XI—DELIVERIES AND COMPLICATIONS OF PREGNANCY, AND THE PUERPERIUM

[illegible]

TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE--1965

[illegible]

VITAL STATISTICS TABLES

[illegible]

NOTE: See page 192 for deaths by color in non-Negro races.

NOTE ON TABLE No. 7

Deaths by color include the following non-Negro races:

Arteriosclerotic heart disease—one female, Chinese, 83 years of age; three males, Chinese, 67 years of age and 77 years of age; other, 81 years of age.

Arteriosclerotic cardio-vascular disease—one male, Chinese, 68 years of age.

Carcinomatosis—one male, Filipino, 65 years of age.

Cerebral hemorrhage—one male, other, 78 years of age.

Diabetes—two males, Chinese, both 74 years of age.

Leukemia—one male, Chinese, 18 years of age.

Cholelithiasis—one male, other, 64 years of age.

Gastritis and duodenitis—one male, other, 51 years of age.

Immaturity—one female, other, two hours of age.

Motor vehicle accident—one male, Chinese, 43 years of age.

Ill-defined disease—one male, other, 64 years of age.

Meningococcal infection—one female, Chinese, 16 years of age.

VITAL STATISTICS TABLES

193

TABLE No. 8

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1965

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.....	13,593	9,868	3,725	14.8	18.0	10.1	11,643	7,856	3,787	12.7	14.3	10.2
Tuberculosis, all forms (001-019)	83	42	41	9.0	7.7	11.1	106	55	51	11.5	10.0	13.8
<i>Respiratory tuberculosis</i> (001-008).....	71	40	31	7.7	7.3	8.4	95	53	42	10.3	9.7	11.4
Syphilis (020-029).....	23	11	12	2.5	2.0	3.2	22	10	12	2.4	1.8	3.2
Typhoid fever (040).....	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery (045-048).....	4	2	2	0.4	0.4	0.5	3	1	2	0.3	0.2	0.5
Other infective diseases of the intestinal tract (041-044, 049)	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever and streptococcal sore throat (050-051).....	1	..	1	0.1	..	0.3	1	..	1	0.1	..	0.3
Diphtheria (055).....	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough (058).....	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infections (057)	10	6	4	1.1	1.1	1.1	8	4	4	0.9	0.7	1.1
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	39	26	13	4.2	4.7	3.5	31	20	11	3.4	3.6	3.0
Poliomyelitis, acute (080-081)	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis (082-083).....	6	6	..	0.7	1.1	..	5	4	1	0.5	0.7	0.3
Smallpox (084).....	..	..	..	..	..	..	..	..	..	..	..	..
Measles (085).....	..	..	..	..	..	..	..	..	..	..	..	..
Other virus diseases (086-096)...	14	10	4	1.5	1.8	1.1	8	3	6	0.9	0.5	1.4
Typhus and rickettsial diseases (100-108).....	..	..	..	..	..	..	..	..	..	..	..	..
Other infective and parasitic diseases (110-138).....	11	2	9	1.2	0.4	2.4	9	..	9	1.0	..	2.4
Malignant neoplasms (140-205)	2,590	1,944	646	282.1	354.7	174.6	2,021	1,383	638	220.2	282.4	172.4
<i>Lymphatic and hematopoietic</i> (200-205).....	257	216	41	28.0	39.4	11.1	139	109	30	15.1	19.9	8.1
Benign and unspecified neoplasms (210-239).....	70	56	14	7.6	10.2	3.8	51	38	13	5.6	6.9	3.5
Diabetes (260).....	393	274	119	42.8	50.0	32.2	336	217	119	35.6	39.6	32.2
Anemias (290-293).....	34	24	10	3.7	4.4	2.7	24	15	9	2.6	2.7	2.4
Other diseases of the blood and blood-forming organs (294-299).....	17	15	2	1.9	2.7	0.5	13	13	..	1.4	2.4	..
Vascular lesions of the central nervous system (330-334)....	990	694	296	107.8	126.6	80.0	866	571	295	94.3	104.2	79.7
Rheumatic fever (400-402).....	8	6	2	0.9	1.1	0.5	4	2	2	0.4	0.4	0.5
Diseases of the heart (410-443)	5,253	4,075	1,178	572.2	743.6	318.4	4,788	3,569	1,219	521.6	651.3	329.5
<i>Chronic rheumatic heart disease</i> (410-416).....	133	101	32	14.5	11.0	8.6	89	68	21	9.7	10.6	8.4
<i>Arteriosclerotic and degenerative heart disease</i> (418-428)	4,140	3,408	732	451.0	690.8	199.5	3,808	3,080	728	414.8	551.1	213.0
<i>Other diseases of the heart</i> (430-434).....	811	169	642	83.0	89.0	14.1	179	127	52	19.5	23.8	14.1
<i>Hypertensive heart disease</i> (440-445).....	769	413	356	83.8	75.4	96.8	712	384	328	77.6	66.4	94.1

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

TABLE No. 8—Continued

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1965

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).....	67	27	40	7.3	4.9	10.8	64	24	40	7.0	4.4	10.8
Arteriosclerosis (450).....	142	116	26	15.5	21.2	7.0	161	132	29	17.5	24.1	7.8
Other diseases of the circulatory system (451-468).....	248	192	56	27.0	35.0	15.1	191	132	59	20.8	24.1	15.9
Nephritis and nephrosis (590-594).....	90	51	39	9.8	9.3	10.5	76	39	37	8.3	7.1	10.0
Acute nephritis and nephritis with edema, including nephrosis (590-591).....	5	3	2	0.5	0.5	0.5	6	3	3	0.7	0.5	0.8
Influenza and pneumonia (480-483, 490-493).....	384	256	128	41.8	46.7	34.6	399	258	141	43.5	47.1	38.1
Pneumonia (480-483).....	381	253	128	41.5	46.3	34.6	395	254	141	43.0	46.4	38.1
Bronchitis (500-502).....	51	43	8	5.6	7.8	2.2	38	30	8	4.1	5.5	2.2
Ulcer of the stomach and duodenum (540-541).....	72	61	11	7.8	11.1	3.0	52	41	11	5.7	7.5	3.0
Appendicitis (550-553).....	12	7	5	1.3	1.3	1.4	8	5	3	0.9	0.9	0.8
Intestinal obstruction and hernia (560-570).....	110	89	21	12.0	16.2	5.7	70	49	21	7.6	8.9	5.7
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	60	46	14	6.5	8.4	3.8	41	27	14	4.5	4.9	3.8
Cirrhosis of the liver (581).....	315	202	113	34.3	36.9	30.5	286	174	112	31.2	31.8	30.3
Hyperplasia of prostate (610).....	25	21	4	2.7	3.8	1.1	21	17	4	2.3	3.1	1.1
Puerperal causes (640-689).....	16	6	10	1.7	1.1	2.7	12	4	8	1.3	0.7	2.2
Congenital malformations (760-769).....	196	148	48	21.4	27.0	13.0	98	51	47	10.7	9.3	12.7
Certain diseases of early infancy (760-776).....	555	299	256	60.5	54.6	69.2	385	155	230	41.9	28.3	62.2
Pneumonia of newborn (765).....	35	17	18	3.8	3.1	4.9	30	10	16	3.8	1.8	4.3
Diarrhea of newborn (764).....	3	..	3	0.3	..	0.8	2	..	2	0.3	..	0.6
Senility, ill-defined and unknown conditions (780-795).....	21	10	11	2.3	1.8	3.0	28	14	14	3.1	2.6	3.8
All other diseases.....	864	586	278	94.1	106.9	75.1	715	429	286	77.9	78.3	77.3
Accidents, total (800-962).....	559	381	178	60.9	69.5	48.1	469	264	205	51.1	48.2	55.4
Motor vehicle accidents (810-835).....	322	168	156	34.3	30.3	35.1	163	83	70	17.8	17.0	18.9
Home accidents.....	183	119	69	20.6	21.7	18.6	156	90	66	17.0	16.4	17.3
Occupational accidents.....	34	28	6	3.7	4.7	2.2	31	11	10	3.3	3.0	3.7
All other accidents.....	115	70	45	12.6	13.8	12.3	129	70	59	14.1	13.8	15.9
Suicides (963, 970-979).....	115	102	13	12.5	18.6	3.5	96	80	16	10.5	14.6	4.3
Homicides (984, 980-985).....	145	32	113	15.8	5.8	30.5	137	26	111	14.9	4.7	30.0

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

TABLE No. 9
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1945

INTERMEDIATE LIST NUMBER (SEE REVISIONS)	CAUSE OF DEATH	TOTAL RECORDED DEATHS		RESIDENTS OF						BALTIMORE RESIDENTS DYING ELSEWHERE			TOTAL RESIDENT DEATHS		
		White Col'd		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				
		9,868	3,725	6,716	3,430	2,853	254	299	41	2	24	1,014	294	126	63	7,856	3,787
A 1	ALL CAUSES.....	40	31	29	29	6	..	5	2	11	11	..	2	53	42
A 2	Tuberculosis of the respiratory system.....	..	3	3	3	..	..	..	..	..	..	..	..	..	2
A 3	Tuberculosis of the meninges and central nervous system.....	..	3	3	3	..	..	..	..	..	..	..	..	..	2
A 4	Tuberculosis of intestines, peritoneum and mesenteric glands.....	1	..	1	1	..	1	..	..	..	..	..	..	1	..
A 5	Tuberculosis of the bones and joints.....	1	4	..	4	1	..	..	1	..	..	..	..	1	4
A 6	Tuberculosis, all other forms.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 7	Congenital syphilis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 8	Early syphilis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 9	Typhoid fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 10	General paralysis of insane.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 11	All other syphilis.....	11	12	9	12	2	..	..	1	..	..	..	..	10	12
A 12	Conococcal infection.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 13	Paratyphoid fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 14	Paratyphoid fever and other Salmonella infections.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 15	Cholera.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 16	Brucellosis (undulant fever).....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 17	Dysentery, all forms.....	2	2	1	2	..	1	..	..	..	..	..	..	1	2
A 18	Scarlet fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 19	Streptococcal sore throat.....	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 20	Erysipelas.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 21	Septicemia and pyemia.....	26	11	20	8	5	3	1	..	1	..	..	..	20	9
A 22	Diphtheria.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 23	Whooping cough.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 24	Meningococcal infections.....	6	4	4	4	2	..	..	..	..	..	..	..	4	4
A 25	Plague.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 26	Leprosy.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 27	Tetanus.....	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 28	Anthrax.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 29	Acute poliomyelitis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 30	Acute infectious encephalitis.....	6	4	4	..	2	..	..	..	..	..	..	1	4	1
A 31	Late effects of acute polio.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 32	Smallpox.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 33	Measles.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 34	Yellow fever.....	4	3	2	3	2	..	..	..	..	..	..	..	2	4
A	Infectious hepatitis.....	..	..	..	..	..	..	..	..	..	..	..	1	..	..

TABLE No. 9—Continued
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1965

INTERMEDIATE LIST NUMBER (7th Revision)	CAUSE OF DEATH	TOTAL RECORDED DEATHS		RESIDENTS OF						BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RESIDENT DEATHS	
				Baltimore		County of Maryland		Other States		County of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
A 35	Rabies.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 36	Rocky Mountain spotted fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 37	Malaria.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 38	Schistosomiasis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 39	Hydatid disease.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 40	Filariasis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 41	Ankylostomiasis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 42	Other diseases due to helminths.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 43	All other diseases classified as infective and parasitic.....	8	11	..	..	7	..	1	..	..	..	..	..	1	11
A 44	Malignant neoplasm of: Buccal cavity and pharynx.....	44	28	27	19	15	7	2	..	..	..	..	..	25	24
A 45	Esophagus.....	44	29	34	28	10	1	..	..	..	..	..	..	34	31
A 46	Stomach.....	67	46	44	42	17	3	6	1	..	..	..	..	52	47
A 47	Intestine, except rectum.....	212	89	159	62	49	6	4	1	..	..	..	..	178	68
A 48	Rectum.....	74	16	48	15	26	1	..	..	..	..	..	..	55	18
A 49	Larynx.....	29	7	20	7	9	..	..	..	..	..	..	..	24	8
A 50	Trachea and of bronchus and lung not specified as secondary.....	385	119	250	108	122	10	13	1	..	..	..	..	283	123
A 51	Breast.....	183	45	111	44	67	5	1	..	..	..	..	..	128	44
A 52	Cervix uteri.....	49	33	28	28	20	..	..	..	..	..	..	..	28	28
A 53	Other and unspecified parts of uterus.....	25	8	15	8	10	..	..	..	..	..	..	..	17	11
A 54	Prostate.....	68	33	43	29	21	4	4	..	..	..	..	..	33	60
A 55	Skin.....	23	2	13	2	8	2	..	..	..	..	..	..	14	3
A 56	Bone and connective tissue.....	12	5	9	4	2	..	..	..	..	..	..	..	11	8
A 57	All other unspecified sites.....	513	167	332	159	158	6	23	2	35	10	5	1	372	170
A 58	Leukemia and leukemias.....	92	17	36	14	33	2	23	1	2	1	2	..	40	15
A 59	Lymphosarcoma and other neoplasms of lymphatic and hema- topoietic system.....	124	24	65	15	41	8	18	1	2	1	2	..	69	15
A 60	Benign neoplasms and neoplasms on unspecified nature.....	56	14	32	12	23	2	1	..	5	1	1	..	38	13
A 61	Nontoxic goiter.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 62	Thyrototoxicosis with or without goiter.....	3	1	3	1	..	..	..	..	..	..	..	..	3	1
A 63	Diabetes mellitus.....	274	119	199	112	70	7	5	..	18	7	..	..	217	119
A 64	Avitaminosis and other deficiency states.....	13	7	10	7	3	1	1	..	..	1	..	..	10	8
A 65	Anemias.....	24	10	15	9	8	3	2	..	..	1	..	..	15	9
A 66	Allergic disorders, all other endocrine, metabolic and blood diseases.....	77	31	50	27	25	3	2	1	2	3	..	..	52	29
A 67	Psychoses.....	6	5	3	5	3	..	..	..	2	3	..	..	8	5
A 68	Psychoneuroses and disorders of personality.....	14	10	13	10	1	..	..	..	3	3	..	..	16	10
A 69	Mental deficiency.....	2	..	1	..	1	..	..	..	..	..	..	..	1	2

A 70	Vascular lesions affecting central nervous system.....	296	475	274	211	19	8	3	85	18	11	3	571	295
A 71	Nonmeningeal meningitis.....	694	15	0	13	1	1	1	1	1	1	1	1	1
A 72	Multiple sclerosis.....	19	15	0	13	1	1	1	1	1	1	1	1	1
A 73	Epilepsy.....	7	4	4	14	2	1	1	1	1	1	1	1	1
A 74	Inflammatory diseases of eye.....	7	14	4	14	2	1	1	1	1	1	1	1	1
A 75	Cataract.....	..	..	..	..	..	..	..	..	..	..	..	..	..
A 76	Glaucoma.....	..	..	..	..	..	..	..	..	..	..	..	..	..
A 77	Otitis media and mastoiditis.....	6	6	4	6	2	2	2	2	2	2	2	2	2
A 78	All other diseases of the nervous system and sense organs.....	60	14	33	2	6	25	6	11	1	1	1	1	1
A 79	Rheumatic fever.....	6	2	2	2	2	2	2	2	2	2	2	2	2
A 80	Chronic rheumatic heart disease.....	32	50	28	43	3	34	55	6	3	3	3	3	3
A 81	Arteriosclerosis and degenerative heart disease.....	101	738	2,548	699	779	33	428	1	46	14	3,020	781	31
A 82	Other diseases of the heart.....	3,402	52	104	46	6	51	22	2	2	2	1	3	1
A 83	Hypertension with heart disease.....	113	413	335	83	17	6	39	4	11	5	3	197	53
A 84	Hypertension without mention of heart.....	27	40	18	38	7	2	2	2	2	2	2	364	348
A 85	Other diseases of the arteries.....	234	51	171	38	54	0	36	2	8	1	2	94	40
A 86	Other diseases of the circulatory system.....	74	31	53	27	10	4	2	1	1	1	1	208	53
A 87	Acute upper respiratory infections.....	3	3	1	3	2	1	1	2	8	1	1	58	25
A 88	Influenza.....	3	2	2	2	1	1	1	1	1	1	1	1	2
A 89	Lobar pneumonia.....	35	38	26	34	7	4	2	1	1	2	4	4	35
A 90	Bronchopneumonia.....	107	42	75	38	31	4	2	14	13	2	113	51	35
A 91	Primary atypical, other and unspecified pneumonia.....	111	48	81	45	29	3	1	18	10	2	99	55	4
A 92	Acute bronchitis.....	4	1	4	1	14	2	1	2	1	1	4	2	6
A 93	Bronchitis, chronic and unqualified.....	30	7	24	6	2	1	1	2	1	1	26	6	6
A 94	Hypertrophy of tonsils and adenoids.....	2	4	1	3	1	1	1	2	1	1	3	2	4
A 95	Empyema and abscess of lung.....	2	1	3	2	1	1	1	2	1	1	2	2	4
A 96	Pleurisy.....	2	2	1	1	1	1	1	2	1	1	2	2	4
A 97	All other respiratory diseases.....	170	64	126	60	38	4	6	11	4	1	138	1	64
A 98	Diseases of teeth and supporting structures.....	1	1	1	1	1	1	1	1	1	1	1	1	1
A 99	Ulcer of stomach.....	45	7	9	4	14	1	1	2	1	1	30	11	7
A 100	Ulcer of duodenum.....	16	2	2	2	2	1	1	2	1	1	11	2	3
A 101	Gastritis and duodenitis.....	7	5	4	3	2	1	1	1	1	1	5	5	21
A 102	Intestinal obstruction and hernia.....	89	21	43	17	44	4	2	4	4	2	49	27	21
A 103	Gastro-enteritis and colitis, except diarrhea of the newborn.....	46	12	27	13	18	4	2	4	4	2	49	27	21
A 104	Cirrhosis of liver.....	202	113	155	107	44	3	3	16	4	3	1	174	112
A 105	Cholelithiasis and cholecystitis.....	23	6	11	6	9	0	1	7	2	1	1	11	6
A 106	Other diseases of digestive system.....	91	43	48	42	42	1	1	7	2	1	1	55	44
A 107	Acute nephritis.....	3	2	3	2	2	1	1	3	2	1	1	36	3
A 108	Chronic, other, and unspecified nephritis.....	48	37	32	32	13	3	3	3	2	1	1	37	34
A 109	Infections of kidney.....	20	25	21	23	8	2	1	6	1	1	1	35	25
A 110	Calculus of urinary system.....	7	4	16	4	6	1	1	1	1	1	1	17	4
A 111	Hyperplasia of prostate.....	22	13	15	13	4	1	1	2	1	1	1	18	13
A 112	Diseases of breast.....	19	1	1	1	1	1	1	2	1	1	1	1	1
A 113	Other diseases of genito-urinary system.....	1	1	1	1	1	1	1	2	1	1	1	1	1
A 114	Sepsis of pregnancy, childbirth, and the puerperium.....	1	1	1	1	1	1	1	2	1	1	1	1	1
A 115	Toxemia of pregnancy and the puerperium.....	1	1	1	1	1	1	1	2	1	1	1	1	1
A 116	Hemorrhage of pregnancy and childbirth.....	1	1	1	1	1	1	1	2	1	1	1	1	1
A 117	Abortion without mention of sepsis or toxemia.....	2	2	1	1	1	1	1	2	1	1	1	1	1
A 118	Abortion with sepsis.....	2	2	1	1	1	1	1	2	1	1	1	1	1
A 119	Other complications of pregnancy, childbirth, and the puerperium.....	2	2	1	1	1	1	1	2	1	1	1	1	1
A 120	Other complications of pregnancy, childbirth, and the puerperium.....	2	2	1	1	1	1	1	2	1	1	1	1	1

[illegible]

TABLE No. 10

[illegible]

TABLE No. 10—Continued
RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR
TOTAL, WHITE AND COLORED POPULATIONS—1960-1965

Year	RESPIRATORY TUBERCULOSIS						CANCER, ALL FORMS						DISEASES OF THE HEART					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
1965.....	95	53	42	10.3	9.7	11.4	2,021	1,353	638	220.2	252.4	172.4	4,788	3,469	1,219	521.6	651.3	329.5
1964.....	92	47	45	10.0	8.4	12.4	1,359	1,359	543	208.2	243.7	149.7	4,788	3,514	1,301	522.2	637.5	359.4
1963.....	125	63	62	13.5	11.1	17.5	1,861	1,901	642	201.4	231.4	153.1	5,223	3,877	1,346	565.3	680.2	389.2
1962.....	126	66	60	13.5	11.3	17.3	1,783	1,290	493	191.2	220.5	141.8	4,895	3,977	1,218	525.2	628.5	351.0
1961.....	137	73	64	14.6	12.2	18.9	1,838	1,355	483	196.2	226.2	142.9	4,895	3,939	1,191	515.5	607.5	352.4
1960.....	149	85	65	15.4	13.9	18.1	1,871	1,374	497	199.2	225.2	151.1	4,788	3,725	1,061	509.7	610.7	322.5
1959.....	135	71	63	14.8	11.4	21.3	1,838	1,378	460	195.5	221.9	144.2	4,785	3,732	1,003	503.7	601.0	314.4
1958.....	177	89	88	18.8	14.1	28.6	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	1,090	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	3,728	1,008	502.2	569.2	350.0
1955.....	168	88	80	17.8	13.2	28.9	1,749	1,352	397	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	1,708	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.....	303	167	236	41.5	23.9	91.1	1,725	1,362	333	182.0	198.9	134.3	4,830	3,823	1,077	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	4,553	3,676	907	483.4	580.4	399.5

Year	MAJOR CARDIOVASCULAR-RENAL DISEASES						PNEUMONIA, ALL FORMS						DIABETES					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
1965.....	5,955	4,335	1,620	648.7	791.1	437.8	395	254	141	43.0	46.4	38.1	336	217	119	36.6	39.6	32.2
1964.....	5,990	4,252	1,698	648.6	764.6	409.2	359	221	138	38.9	39.5	38.1	329	234	95	35.7	41.8	26.2
1963.....	6,577	4,778	1,799	711.8	838.2	468.2	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	360	219	131	37.6	37.4	37.8	275	189	86	29.5	32.3	24.8
1961.....	6,878	4,565	1,523	627.3	727.0	430.6	342	211	131	36.5	35.2	38.8	239	181	58	25.5	30.2	17.2
1960.....	6,011	4,361	1,460	640.1	746.1	443.8	432	252	180	45.1	41.3	60.8	245	182	63	25.1	28.8	19.1
1959.....	6,890	4,450	1,400	635.5	721.4	433.9	414	270	164	44.0	40.3	61.4	250	176	54	24.5	28.3	16.9
1958.....	6,033	4,532	1,511	641.1	714.4	480.6	415	270	145	44.1	42.7	43.3	220	167	53	27.8	26.4	17.2
1957.....	6,963	4,532	1,531	633.0	719.3	446.6	360	231	129	38.2	36.9	47.0	202	194	68	27.6	30.4	22.8
1956.....	6,996	4,532	1,580	634.8	701.7	482.6	368	194	114	32.7	28.6	39.6	244	189	45	25.2	28.9	16.6
1955.....	6,817	4,562	1,495	616.2	684.0	463.0	304	192	112	32.2	28.8	40.4	219	190	29	23.0	23.6	10.5
1954.....	6,464	4,247	1,217	617.6	626.4	486.4	273	190	149	28.9	27.5	45.9	188	145	35	19.0	21.7	13.1
1953.....	6,545	4,390	1,255	644.3	666.2	486.4	276	173	103	28.9	27.5	41.5	188	173	45	23.8	25.1	15.5
1952.....	6,106	4,079	1,261	611.6	635.0	541.8	305	170	135	23.1	23.9	41.5	216	179	37	22.8	25.1	15.6
1951.....	6,804	4,521	1,283	611.6	635.0	541.8	305	170	135	23.1	23.9	41.5	216	179	37	22.8	25.1	15.6
1950.....	5,946	4,366	1,252	615.6	651.5	564.8	232	119	113	24.4	10.5	49.8	180	160	30	18.9	20.7	13.2

TABLE No. 11
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1965

INTERNATIONAL LAB. NO.	DISEASES	Totals		Age Groups																Age Not Specified						
		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
001-019	Tuberculosis, all forms	746	W	298 M F	242 M F	2	1	2	3	3	2	2	7	4	7	16	28	30	31	33	28	22	15	3	5	2
		C	448 M F	253 M F	3	7	4	7	1	15	7	5	9	13	2	3	6	9	5	4	7	4	1	6	1	2
001-008	Tuberculosis of the respiratory system	698	W	290 M F	238 M F	2	1	2	2	2	2	2	7	4	7	16	28	29	31	33	28	22	15	3	4	2
		C	408 M F	270 M F	3	7	4	6	1	12	6	7	8	13	2	2	6	8	5	4	7	2	1	6	1	2
010-019	Tuberculosis, all other forms	48	W	8 M F	4 M F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	
		C	40 M F	23 M F	1	1	1	1	1	3	1	3	1	3	3	4	1	2	2	4	1	2	1	1	1	
020-029	Syphilis	1,723	W	191 M F	106 M F	1	1	1	1	1	1	3	6	7	7	7	9	8	12	9	14	6	4	1	2	11
		C	1,532 M F	818 M F	3	1	1	1	1	3	50	6	2	7	10	11	11	4	9	9	5	3	5	3	3	3
020	Congenital syphilis	29	W	5 M F	1 M F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	
		C	24 M F	9 M F	1	1	1	1	1	1	1	1	2	2	2	4	2	3	1	1	1	1	1	1	1	
021, 022	Primary and secondary syphilis	347	W	26 M F	21 M F	1	1	1	1	1	1	2	3	4	4	2	3	1	1	1	1	1	1	1	1	1
		C	321 M F	177 M F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

TABLE No. 11—Continued
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1965

[illegible]

[illegible]

TABLE No. 11—Continued
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1965

[illegible]

TABLE No. 11—Continued
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1965

[illegible]

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—1955-1965

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
TYPHOID FEVER (not including paratyphoid fever)	1965....	3	1	2	0.3	0.2	0.5
	1964....	1	1	..	0.1	0.2	..
	1963....	2	1	1	0.2	0.2	0.3
	1962....	1	..	1	0.1	..	0.3
	1961....	2	..	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	1965....	944	216	729	102.8	39.4	197.0
	1964....	1,829	759	1,070	198.4	135.5	295.6
	1963....	1,454	582	892	157.4	98.6	232.0
	1962....	1,657	674	983	177.8	115.2	283.3
	1961....	2,089	1,216	873	222.9	203.0	258.3
	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	1965....	140	95	45	15.3	17.3	12.2
	1964....	107	70	37	11.6	12.5	10.2
	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....	206	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	1965....	22	11	11	2.4	2.0	3.0
	1964....	54	31	23	5.9	5.5	6.4
	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	1965....	..	..	..	..	..	..
	1964....	1	1	..	0.1	0.2	..
	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	1965....	698	290	408	76.0	52.9	110.3
	1964....	666	295	371	72.2	52.7	102.5
	1963....	742	303	439	80.8	53.2	124.0
	1962....	716	313	403	75.8	53.5	116.1
	1961....	692	324	368	73.9	54.1	108.9
	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 1965)

ANNUAL REPORT OF THE DEPARTMENT OF HEALTH—1964
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ALCOHOL AND THE LAW

AN ABSTRACT OF SUMMARIES OF COMMISSIONS AND COMMITTEES
RELATING TO THE CHRONIC ALCOHOLISM PROBLEM IN MARY-
LAND

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ASPIRIN CAN BE POISONOUS

CHILD HYGIENE CLINIC SCHEDULES (Revised)

CITY HEALTH CODE (Revised)

CONGRATULATIONS ON YOUR NEW BABY (Revised)

FACTS ABOUT BALTIMORE CITY RESIDENT BIRTHS

FACTS ABOUT POISON PREVENTION

FOOD FOR ANEMIA (Project 501)

FOOD FOR MOTHER-TO-BE: DAILY FOOD GUIDE (Project 501)

FOOD FOR THE YOUNG MOTHER-TO-BE (Project 501)

FORMULARY: MEDICAL CARE PROGRAM (Revised)

GENERAL HOSPITALS IN BALTIMORE (Revised)

GOOD COOKING—GOOD NUTRITION (Project 501)

IMPORTANT DIFFERENCES BETWEEN SMALLPOX AND CHICKENPOX

INSTRUCTIONS FOR MEASLES VACCINE

LEAD PAINT POISONING IN CHILDREN (Revised)

LEVELS OF ABILITY (Children 2-4 years old)

LICENSED DAY NURSERIES IN BALTIMORE

LOW CALORIE DIET—DAILY FOOD GUIDE (Project 501)

MATERNITY AND INFANT CARE SERVICES

PLAY MATERIALS (Day Nurseries)

RECORD SUGGESTIONS FOR PRESCHOOL CHILDREN

ROLE OF THE SOCIAL WORKER IN THE MATERNITY AND INFANT
CARE PROJECT 501

RULES AND REGULATIONS GOVERNING BLOOD BANKS AND BLOOD
DEPOSITORIES

SALMONELLAE INFECTIONS (a reprint)

SANITATION OF PORTABLE WADING POOLS

SMOKE CONTROL ORDINANCE NO. 160

SO YOU DON'T LIKE TO DRINK MILK—DISGUISE IT! (Project 501)

SPECIAL HOSPITALS IN BALTIMORE (Revised)

SUGGESTED SCHEDULE OF DAILY ACTIVITIES (Day Nurseries)

SUPPLIES AND EQUIPMENT OF EDUCATIONAL AREAS (a series of 7
leaflets for Day Nurseries)

SYPHILIS ERADICATION PROGRAM (Visitation folder for physicians' use)

USING THE COMMUNITY—TRIPS AND EXCURSIONS (Day Nurseries)

YOU CAN GET HELP WHEN YOU ARE PREGNANT

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ORDINANCE ON INSPECTION OF DWELLING UNITS

City Ordinance No. 689

An Ordinance to add new Section 163A to "Chapter 16—"Inspections and Tests" of Article 5 of the Baltimore City Code (1950 Edition), as amended, title "Building Regulations," said new section to be under the new subheading "Inspection of Dwelling Units," all to follow immediately after paragraph 1639 of said Chapter 16, providing that before the Building Inspection Engineer shall make certain inspections of dwelling units in certain areas he shall give prior notice thereof to the occupants of such dwelling units, with certain exceptions; authorizing the Building Inspection Engineer to secure search warrants for inspection of dwelling units upon certain conditions and providing the procedure therefor; authorizing the Building Inspection Engineer to reinspect a dwelling unit at certain times under certain conditions and providing the procedure for securing extensions of time to comply with violation notices; providing that no inspector of a dwelling unit may obtain evidence of, or testify to, certain offenses, with certain exceptions; and defining certain words and phrases in this ordinance; repealing and reordaining, with amendments, "Paragraph 1202—Right of Entry" of "Section 120—Powers of Commissioner" of "Chapter 12—Commissioner" of Article 5 of the Baltimore City Code (1950 Edition), title "Building Regulations," providing that the Building Inspection Engineer shall have the right to enter any building, structure or premises at any reasonable time during daylight hours or at certain other times for the purpose of performing his duties or enforcing the provisions of the building code, subject to certain conditions applicable to dwelling units; repealing and reordaining, with amendments, paragraph "1634. Routine Inspection of Unsafe Buildings," "1635. Routine Inspection of Accidents and Failures," and "1637. Routine Inspection on Complaints" of "Section 163—Routine Inspections" of "Chapter 16—Inspections and Tests" of Article 5 of the Baltimore City Code (1950 Edition), title "Building Regulations," providing that the Building Inspection Engineer shall make routine inspections of unsafe buildings, of accidents and failures, and on complaints, subject to certain conditions applicable to dwelling units; repealing and reordaining, with amendments, Section 26C of Article 9 of the Baltimore City Code (1950 Edition), title "Fire," subtitle "Powers," providing that the Chief Engineer of the Fire Department shall have the right to enter any building, structure or premises at any reasonable time for the purpose of performing his duties under, and enforcing the provisions of, the Fire Prevention Code; authorizing the Chief Engineer of the Fire Department to secure search warrants for inspection of dwelling units upon certain conditions and to reinspect a dwelling unit at certain times under certain conditions and providing the procedure for securing extensions of time to comply with violation notices, and providing that no inspector of a dwelling unit may obtain evidence of, or testify to, certain offenses, with certain exceptions; repealing and reordaining, with amendments, Section 120 of Article 12 of the Baltimore City Code (1950 Edition), title "Health," subtitle "Nuisances and the Prevention of Disease," subheading "Removal of Nuisance," authorizing the Commissioner of Health to secure search warrants for inspection of dwelling units upon certain conditions and to reinspect a dwelling unit at certain times under certain conditions and providing the procedure for securing extensions of time to comply with violation notices, and providing that no inspector of a dwelling unit may obtain evidence of, or testify to, certain offenses, with certain exceptions; repealing and reordaining, with amendments, Section 9F (1) of Article 14 of the Baltimore City Code (1950 Edition), title "Housing," subtitle "Urban Renewal," as said section was ordained by Ordinance 692, approved December 31, 1956, empowering the Baltimore Urban Renewal and Housing Agency to enter upon and inspect any land, building or property for certain purposes; authorizing the Director of the Baltimore Urban Renewal and Housing Agency to secure search warrants for inspection of dwelling units upon certain conditions and to reinspect a dwelling unit at certain times under certain conditions and providing the procedure for securing extensions of time to comply with violation notices, and providing that no inspector of a dwelling unit may obtain evidence of, or testify to, certain offenses, with certain exceptions.

The Mayor and the City Council deem it necessary and essential for the preservation of the health, safety, morals and welfare of the residents of Baltimore City, that periodic routine inspections, as well as inspections on other occasions as circumstances require, be made of the dwelling units in said City, in order to determine whether any violations of the provisions of the Baltimore City Code exist therein which threaten or may endanger the health, safety, morals and welfare of the community. The Mayor and the City Council, however, recognize that in making such inspections, the constitutional protections against unreasonable search should be preserved and that reasonable safeguards be established to prevent the capricious use of the said right of inspection and the undue harassment of the occupant of any dwelling unit; now, therefore,

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, That new Section 163A be and it is hereby added to "Chapter 16—Inspections and Tests" of Article 5 of the Baltimore City Code (1950 Edition), as amended, title "Building Regulations," said new section to be under the new subheading "Inspection of Dwelling Units," all to follow immediately after paragraph 1639, of said "Chapter 16—Inspections and Tests," and to read as follows:

163A. Inspection of Dwelling Units.

(a) Whenever, in the performance of his duties, the Building Inspection Engineer shall decide to make a routine inspection of all of the dwelling units, or to make a routine spot check of certain dwelling units, in a designated area in Baltimore City, in order to determine whether a violation of the Building Code, the Housing Hygiene Provisions, or an Urban Renewal Plan exists therein, he shall, before any such inspection may be made by him or his authorized agent, give notice thereof to the occupants of the dwelling units in said area, in the manner hereinafter specified. Said notice shall be given at least one week before an inspection of any dwelling unit in said area may be made and shall state the period, not exceeding thirty days, during which it will be made. The notice shall be in writing and shall be mailed or delivered to the occupant of such dwelling unit, or it shall be posted conspicuously at or near the entrance to said dwelling unit.

(b) After such notice shall have been given, as above provided, the Building Inspection Engineer or his authorized agent may seek entry into said dwelling unit; and if the occupant or person in apparent charge thereof shall refuse or unduly delay such entry, then the Building Inspection Engineer or his authorized agent may apply to any Judge of the Supreme Bench or of the Municipal Court of Baltimore

City for a search warrant to authorize such entry into said dwelling unit for the purpose of making an inspection therein to determine whether a violation of the Building Code, Housing Hygiene Provisions, or an Urban Renewal Plan exists therein. Proof of the mailing or delivery of said notice to any particular occupant of a dwelling unit or the posting of said notice at or near the entrance to such dwelling unit shall not be a prerequisite to the issuance of a search warrant pursuant to this sub-paragraph (b). It shall be sufficient, for the purpose of obtaining such search warrant, that the affidavit which accompanies the application therefor shall set forth that such notice was generally mailed or delivered to the occupants of, or posted at or near the entrance to, the dwelling units in the designated area.

(c) The application for the search warrant shall be signed and sworn to by the Building Inspection Engineer or his authorized agent and be accompanied by an affidavit, or affidavits containing facts within the personal knowledge of the affiant or affiants that there is probable cause, as hereinafter defined, for the issuance of a search warrant for a dwelling unit, and that entry therein has been denied or unduly delayed by the occupant or person in apparent charge thereof. Thereupon, such Judge may forthwith issue a search warrant directed to the Building Inspection Engineer or his authorized agent authorizing him to enter and inspect such dwelling unit, provided that any such search warrant shall name or describe with reasonable particularity the place to be inspected, the reason for such inspection, and the name of the applicant on whose written application as aforesaid the warrant was issued and, provided further, that an inspection under the authority of such search warrant, shall be made within fifteen (15) calendar days from the date of the issuance thereof and after the expiration of said fifteen (15) day period said warrant shall be null and void. Probable cause for the purpose of such a search warrant shall be:

(i) That the inspection of said dwelling unit is part of a routine area inspection being conducted after notice, as above provided, to the occupants of the dwelling units in the said area; and said affidavit shall further state the approximate period of time transpired since the last such area inspection.

(ii) That the inspection of said dwelling unit is part of a spot check being conducted within a designated area after notice, as above provided, to the occupants of the dwelling units in the said area; and said affidavit shall further state the approximate period of time transpired since the last general or spot check inspection in said area.

(d) The Building Inspection Engineer or his authorized agent may apply for a search warrant to inspect a dwelling unit, without having given the prior notice required by Paragraph (a) above, for the purpose of performing his duties under, and enforcing the provisions of, the Building Code, the Housing Hygiene Provisions or an Urban Renewal Plan when probable cause for the issuance of the search warrant exists. Any one of the following grounds shall constitute such probable cause:

(i) That the affiant has knowledge of a violation of the Building Code, the Housing Hygiene Provisions or an Urban Renewal Plan or any statute, ordinance, or regulation for the protection of the health or safety of the residents of Baltimore City coming to him through one or more of his senses and stating the facts upon which he relies.

(ii) That said inspection is for the purpose of inspecting during the course of, or upon completion of, alterations, remodelling or improvement in said dwelling unit.

(iii) That said inspection is for the purpose of checking the conditions existing in said dwelling unit following an accident or casualty therein where no immediate inspection is required to determine if an imminent danger to health and safety exists.

(iv) That said inspection is a follow-up inspection where a notice of violation has been issued and no prior warrant has been obtained.

(v) That said inspection is for the purpose of checking the conditions existing in a dwelling unit which is part of a rooming house, multiple family dwelling, or any combination thereof, upon an application for a license for such house and/or dwelling, or a renewal thereof, to determine whether such license should be issued pursuant to paragraph 2 of Chapter 15A of Article 5 of the Baltimore City Code, as said section was ordained by Ordinance No. 1077, approved November 7, 1957.

(e) No notice as required by Paragraph (a) above and no search warrant as required by Paragraphs (b) and (d) above, shall be necessary if (i) entry is by permission or at the request of the occupant of said dwelling unit, or of the person in apparent charge thereof; or (ii) where an imminent danger to health or safety exists; or (iii) following an accident where an immediate inspection is required to determine if an imminent danger to health or safety exists.

(f) Whenever the Building Inspection Engineer shall have secured a search warrant to enter a dwelling unit pursuant to this Section 163A, he is authorized to reinspect said dwelling unit at any reasonable time during the daylight hours after the period specified in a duly issued notice for the correction of a violation, to determine if there has been compliance with the said notice. The owner of the said dwelling unit may request an extension or extensions of time to fully comply with such Violation Notice, provided that the said request be in writing and contain an authorization signed by the occupant thereof authorizing the Building Inspection Engineer to reinspect the said dwelling unit during any extension period granted for the correction of said violation.

(g) No inspector who gains entrance to a dwelling unit for the purpose of enforcing the Building Code, Housing Hygiene Provisions or an Urban Renewal Plan may obtain or furnish evidence of, or testify to, any offense other than violations of the Building Code, Housing Hygiene Provisions, the Fire Code, an Urban Renewal Plan or the violation of any statute, ordinance or regulation for the protection of the health or safety of the residents of Baltimore City except with respect to a felony or a misdemeanor involving an act of violence which has been committed in his presence. No inspector who gains entrance to a dwelling unit for purpose of making a spot check in a designated area may issue a Violation Notice for any violations observed in the course of said inspection, except where an imminent danger to health or safety exists.

(h) For the purposes of this section the following terms or phrases shall have the meanings herein-after set forth:

(i) "Dwelling unit" shall mean a room or group of rooms forming a single habitable unit occupied by one or more persons with facilities which are used or intended to be used by the occupants of such unit as living quarters.

(ii) "Housing Hygiene Provisions" shall mean all of the provisions of Sections 112 to 117, of Article 12, entitled "Health" of the Baltimore City Code (1950 Edition), and any and all amendments thereto, and any and all rules and regulations made and adopted by the Commissioner of Health pursuant to or in connection therewith.

(iii) "Urban Renewal Plan" shall mean a plan, including a statement of the methods, standards and controls for the elimination, correction, or the prevention of the development or the spread of slums, blight or deterioration in an entire Renewal Area or a portion thereof, which plan shall have been approved by an ordinance of the City Council pursuant to the provisions of Ordinance No. 692, approved December 31, 1956.

(iv) "Spot check" shall mean an inspection made at random or restricted to a few sample dwellings in a designated area in order to determine if a house by house survey is necessary.

SEC. 2. *And be it further ordained*, That "Paragraph 1202—Right of Entry" of "Section 120—Powers of Commissioner" of "Chapter 12—Commissioner" of Article 5 of the Baltimore City Code (1950 Edition), title "Building Regulations," be and it is hereby repealed and reordained with amendments to read as follows:

1202. Right of Entry.

The Commissioner or his authorized representative, upon exhibiting the proper credentials or proof of identity, if necessary, shall have the right to enter any building, structure or premises at any reasonable time during daylight hours, or at such other times as may be necessary in an emergency resulting from or arising out of any cause that endangers or tends to endanger the public health or safety, for the purpose of performing his duties under this Code or enforcing the provisions of this Code, subject to the provisions of Section 163A of this Code as applied to dwelling units as defined therein.

SEC. 3. *And be it further ordained*, That Paragraph "1634. Routine Inspection of Unsafe Buildings," Paragraph "1635. Routine Inspection of Accidents and Failures," Paragraph "1637. Routine Inspection on Complaints" of "Section 163—Routine Inspections" of "Chapter 16—Inspections and Tests" of Article 5 of the Baltimore City Code (1950 Edition), title "Building Regulations," be and they are hereby repealed and reordained with amendments to read as follows:

1634. Routine Inspections of Unsafe Buildings.

Upon the receipt of information by the Commissioner from a reliable source that any building, structure or premises is unsafe or dangerous, an inspection thereof shall be made immediately, subject to the provisions of Section 163A of this Code as applied to dwelling units as defined therein.

1635. Routine Inspections of Accidents and Failures.

An inspection shall be made immediately, upon the receipt of information by the Commissioner, of every accident occurring in any building or other structure, and of each failure or collapse of a building or other structure, or any part thereof, or any equipment therein, subject to the provisions of Section 163A of this Code as applied to dwelling units as defined therein.

1637. Routine Inspections on Complaints.

An inspection shall be made of any building, structure or premises, subject to the provisions of Section 163A of this Code as applied to dwelling units as defined therein, upon the receipt of information in writing by the Commissioner that any provisions of this Code are being violated.

SEC. 4. *And be it further ordained*, That Section 26C of Article 9 of the Baltimore City Code (1950 Edition), title "Fire," subtitle "Powers," be and it is hereby repealed and reordained with amendments to read as follows:

26.

C. Right of Entry.

The Chief Engineer of the Fire Department or his authorized representatives when in uniform and upon exhibiting the proper credentials or proof of identity, if necessary, shall have the right to enter any building, structure or premises at any reasonable time or at such other times as may be necessary in an emergency resulting from or arising out of any cause that endangers or tends to endanger the public health or safety, for the purpose of performing his duties under this Fire Prevention Code, or enforcing the provisions of this Fire Prevention Code; and if the occupant or person in apparent charge of any dwelling unit refuses or unduly delays admission thereto, the Chief Engineer of the Fire Department and his authorized representatives shall have the same right and power to secure search warrants as is vested in the Building Inspection Engineer under the provisions of Section 163A of Chapter 16 of Article 5 of the Baltimore City Code (1950 Edition).

Whenever the Chief of the Fire Department shall secure a search warrant to enter a dwelling unit pursuant to this Section 26C, he is authorized to reinspect said dwelling unit at any reasonable time during the daylight hours after the period specified in a duly issued notice for the correction of a violation to determine if there has been compliance with the said notice. The owner of the said dwelling unit may request an extension or extensions of time to fully comply with such Violation Notice, provided that the said request be in writing and contain an authorization signed by the occupant thereof authorizing the Chief of the Fire Department to reinspect the said dwelling unit during any extension period granted for the correction of said violation.

No inspector who gains entrance to a dwelling unit for the purpose of enforcing the Fire Code may obtain or furnish evidence of, or testify to, any offense other than violations of the Fire Code, Building Code, Housing Hygiene Provisions, an Urban Renewal Plan, or the violation of any statute, ordinance, or regulation for the protection of the health or safety of the residents of Baltimore City, except with respect to a felony or a misdemeanor involving an act of violence which has been committed in his presence. No inspector who gains entrance to a dwelling unit for the purpose of making a spot check in a designated area may issue a Violation Notice for any violations observed in the course of said inspection, except where an imminent danger to health or safety exists.

The terms "dwelling unit," "Housing Hygiene Provisions," "Urban Renewal Plan," and "spot check," as used herein, shall have the same meanings as set forth in Paragraph (h) of the said Section 163A.

SEC. 5. *And be it further ordained*, That Section 120 of Article 12 of the Baltimore City Code (1950 Edition), title "Health," subtitle "Nuisances and the Prevention of Disease," subheading "Removal of Nuisance," be and it is hereby repealed and reordained with amendments to read as follows:

120A.

Whenever the Commissioner of Health or his authorized agent shall have reason to believe that a nuisance, or a health hazard, or a violation of the Housing Hygiene Provisions exists in any dwelling unit, he shall have the same right and power to secure search warrants as is vested in the Building Inspection Engineer under the provisions of Section 163A of Chapter 16 of Article 5 of the Baltimore City Code (1950 Edition).

120B. No notice and/or no search warrant shall be necessary if (i) entry is by permission or at the request of the occupant of said dwelling unit, or of the person in apparent charge thereof; or (ii) where an imminent danger to health or safety exists; or (iii) following an accident where an immediate inspection is required to determine if an imminent danger to health or safety exists.

120C. Whenever the Commissioner of Health shall secure a search warrant to enter a dwelling unit pursuant to this Section 120, he is authorized to reinspect said dwelling unit at any reasonable time during the daylight hours after the period specified in a duly issued notice for the correction of a violation to determine if there has been compliance with the said notice. The owner of the said dwelling unit may request an extension or extensions of time to fully comply with such Violation Notice, provided that the said request be in writing and contain an authorization signed by the occupant thereof authorizing the Commissioner of Health to reinspect the said dwelling unit during any extension period granted for the correction of said violation.

120D. No inspector who gains entrance to a dwelling unit for the purpose of investigating a nuisance or health hazard or a violation of the Housing Hygiene Provisions may obtain or furnish evidence of, or testify to, any offense other than violations of the Building Code, Housing Hygiene Provisions, Fire Code, an Urban Renewal Plan or the violation of any statute, ordinance or regulation for the protection of the health or safety of the residents of Baltimore City, except with respect to a felony or a misdemeanor involving an act of violence which has been committed in his presence. No inspector who gains entrance to a dwelling unit for the purpose of making a spot check in a designated area may issue a Violation Notice for any violations observed in the course of said inspection, except where an imminent danger to health or safety exists.

120E. Nothing contained in this Section 120 shall be taken or construed, directly or indirectly, to modify or affect in any manner or to any extent the power and authority of the Commissioner of Health to enter and inspect any building, structure, or premises, or any and all parts thereof, other than dwelling units.

120F. The terms "dwelling unit," "Housing Hygiene Provisions," "Urban Renewal Plan," and "spot check," as used herein, shall have the same meanings as set forth in Paragraph (h) of the said Section 163A.

SEC. 6. *Be it ordained by the Mayor and City Council of Baltimore*, That Section 9F(i) of Article 14 of the Baltimore City Code (1950 Edition), title "Housing," subtitle "Urban Renewal," as said section was ordained by Ordinance 692, approved December 31, 1956, be and it is hereby repealed and reordained with amendments to read as follows:

9F.

(i) To enter upon and inspect any land, building, or property for the purposes of (i) making surveys, examinations, or appraisals, or obtaining any needful information or data for the preparation of Renewal Plans; and (ii) ascertaining for its own functions and for making available to the appropriate officers, departments, bureaus, and agencies of the City information with respect to the existence of conditions in any Renewal Area which are dangerous to the public health, morals, safety, or welfare, or of conditions which contravene any of the ordinances or regulatory codes of the City of Baltimore pertaining to building, housing, or sanitation, or which are in violation of any restriction, covenant, or condition contained in any legal instrument entered into on behalf of the Mayor and City Council of Baltimore pursuant to a Renewal Plan. If the occupant or person in apparent charge of any dwelling unit refuses or unduly delays admission thereto, the Director of the Baltimore Urban Renewal and Housing Agency or his authorized representative shall have the same right and power to secure search warrants as is vested in the Building Inspection Engineer under the provisions of Section 163A of Chapter 16 of Article 5 of the Baltimore City Code (1950 Edition). No inspector who gains entrance to a dwelling unit pursuant to this subparagraph 9F (i) may obtain or furnish evidence of, or testify to, any offense other than violations of the Fire Code, Building Code, Housing Hygiene Provisions, an Urban Renewal Plan or the violation of any statute, ordinance or regulation for the protection of the health and safety of the residents of Baltimore City, except with respect to a felony or a misdemeanor involving an act of violence which has been committed in his presence. No inspector who gains entrance to a dwelling unit for the purpose of making a spot check in a designated area may issue a Violation Notice for any violations observed in the course of said inspection, except where an imminent danger to health or safety exists. Whenever the Director of the Baltimore Urban Renewal and Housing Agency shall secure a search warrant to enter a dwelling unit pursuant to this subparagraph 9F (i), he is authorized to reinspect said dwelling unit at any reasonable time during the daylight hours after the period specified in a duly issued notice for the correction of a violation to determine if there has been compliance with the said notice. The owner of the said dwelling unit may request an extension or extensions of time to fully comply with such Violation Notice, provided that the said request be in writing and contain an authorization signed by the occupant thereof authorizing the Director of the Baltimore Urban Renewal and Housing Agency to reinspect the said dwelling unit during any extension period granted for the correction of said violation. The terms "dwelling unit," "Housing Hygiene Provisions," "Urban Renewal Plan," and "spot check," as used herein, shall have the same meanings as set forth in Paragraph (h) of the said Section 163A.

SEC. 7. *And be it further ordained*, That in the event that any provision of any law, ordinance, rule or regulation now in force in the City of Baltimore is inconsistent or conflicts with any provision of this Ordinance, then in such case the provisions of this Ordinance shall be controlling.

SEC. 8. The provisions of this Ordinance are hereby declared to be severable. If any word, phrase, clause, sentence, paragraph, section or part in or of this Ordinance or the application thereof to any person, circumstance or thing is declared invalid for any reason whatsoever, the remaining provisions and

the application of such provisions to other persons, circumstances or things shall not be affected thereby but shall remain in full force and effect, the Mayor and City Council hereby declaring that they would have ordained the remaining provisions of this Ordinance without the word, phrase, clause, sentence, paragraph, section or part, or the application thereof, so held invalid.

SEC. 9. *And be it further ordained*, That this ordinance shall take effect from the date of its passage. Approved, December 8, 1965

THEODORE R. MCKELDIN, Mayor.

REGULATIONS GOVERNING BLOOD BANKS AND BLOOD BANK DEPOSITORIES

Pursuant to the power conferred upon the Commissioner of Health by Section 7G (b) of Article 12 of the Baltimore City Code of 1960, the following rules and regulations deemed proper and necessary by the Commissioner of Health for protection of the health of the city have been adopted:

Regulation 1. Quarters and laboratory facilities for blood banks and blood bank depositories.

- a. *Quarters for blood banks.* Quarters for blood banks shall be adequately lighted, ventilated and heated and shall be maintained in a sanitary condition. An area affording privacy shall be set apart for the bleeding operation and facilities shall be available where donors may rest after having been bled. Separate toilet and handwashing facilities shall be available for males and females.
- b. *Quarters for blood bank depositories.* Quarters for blood bank depositories shall be maintained in a sanitary condition and shall be suitably equipped for the proper storage of blood as provided in these regulations.
- c. *Laboratory Facilities.* Every blood bank and blood bank depository shall maintain or have access to the services of a laboratory which is suitably staffed and equipped to perform the tests required by these regulations. Where the laboratory is on the same premises as other blood bank operations, a suitable area shall be set apart for laboratory use, except that a separate laboratory area shall not be required for the tests for hemoglobin or hematocrit prior to donation of blood. Every laboratory serving a blood bank or blood bank depository must be approved by the Commissioner of Health or by the Maryland State Department of Health or by the National Institutes of Health, Public Health Service, U.S. Department of Health, Education and Welfare (hereinafter referred to as NIH).

Regulation 2. Criteria for donor selection for whole blood or any fraction thereof.

- a. Immediately prior to each bleeding the suitability of every blood donor shall be determined and the donor's medical history shall be taken by a licensed physician or a trained individual under the direction of a licensed physician in attendance on the premises.
- b. *Qualifications for donors.* The donor shall be in good health, free from acute respiratory disease and free of disease transmissible by blood transfusion.
- c. The following shall not be used as blood donors:
 1. A person with a medical history of any of the following conditions:
 - (a) Existing pregnancy or delivery of a child, at or near term, within the preceding 12 months.
 - (b) Diabetes requiring insulin control.
 - (c) Serious disease of the heart or blood vessels, such as angina pectoris, myocardial infarction, congestive failure, valvular disease or cerebrovascular accident.
 - (d) An age of less than 18 or more than 60 years.
 - (e) Donation of blood within the preceding 8 weeks.
 2. A person with a medical history of any of the following conditions, unless the licensed physician in attendance shall, after evaluation of the donor, specifically waive the otherwise excluding history:
 - (a) Surgery, including oral surgery, within the preceding 6 months.
 - (b) Miscarriage within the preceding 12 months.
 - (c) Tuberculosis.
 - (d) Rheumatic fever.
 - (e) Kidney disease.
 - (f) Pain in the chest.
 - (g) Shortness of breath.
 - (h) Fainting or dizzy spells.
 - (i) Convulsions after infancy.
 - (j) Bleeding from the stomach or bowel.
 - (k) Severe sore throat.
 - (l) Cardiovascular disease not disqualifying under part "c, 1, c" of this regulation.
 3. A person whose physical examination shall disclose any of the following conditions, unless specifically waived by the licensed physician in attendance:
 - (a) An oral temperature in excess of 99.8°F.

- (b) A pulse slower than 60 or faster than 110 beats per minute, after resting.
- (c) A systolic blood pressure in excess of 200 mm. of mercury or a diastolic pressure in excess of 100 mm.
- 4. A person with a history of cancer, unless a five year cure has been observed; provided, however, that a person with a history of cancer may be accepted as a donor for plasma fractions, if the blood container and donor's record are marked to indicate that the blood will be used for plasma fractions only; and, provided further, that the donation of blood from all persons with a history of cancer, for any purpose, shall be specifically approved by the licensed physician in attendance.
- 5. A person who has received a transfusion of blood or blood plasma within the past six months.
- 6. A person with a history of malaria or intensive suppressive therapy against malaria; provided, however, that a person who has had neither a clinical attack or suppressive therapy for malaria within the preceding two years may be accepted as a donor for plasma or plasma fractions if the container and donor's record are marked to specify that the blood will be used only for such purposes.
- 7. A person with a history of brucellosis, unless the donor has had an attack within the preceding two years.
- 8. A person with a history of infectious mononucleosis, unless two years have elapsed since the last attack.
- 9. A person with a history of hepatitis; provided, however, that a person with a history of hepatitis, which occurred more than two years before the date of the prospective donation, may be accepted as a donor for plasma fractions only, if the blood container and donor's record are marked that the blood will be used only for plasma fractions.
- 10. A person with a history of polycythemia vera.
- 11. A person whose hemoglobin is less than 12.5 grams per 100 ml. or whose hematocrit is less than 38, using techniques acceptable to the Commissioner of Health.
- 12. A person with any stigmata suggestive of narcotic habitation.
- 13. A person with a history of non-seasonal allergic disease or reaction within the preceding 6 months or with a presently symptomatic allergy, unless specifically accepted after evaluation by the licensed physician in attendance.
- 14. A person with a history of chronic eczema, dermatitis or recurring boils, unless specifically accepted by the licensed physician in attendance.
- 15. A person who has received immunizations or injections of the following types:
 - a. Rabies vaccine within one year.
 - b. Smallpox vaccine within a period such that an immune reaction was observed or the loss of scab occurred within 2 weeks.
 - c. Yellow fever vaccine within 2 weeks.
 - d. Typhoid fever, typhus, Rocky Mountain spotted fever, influenza, cholera, diphtheria, tetanus or injected poliomyelitis vaccines within 24 hours.
 - e. Vitamin, hormone or liver injections, or any other injections or immunizations unless the donor is evaluated and accepted by the licensed physician in attendance.

Regulation 3. Collection of blood from donor.

- a. *Personnel.* The blood shall be collected by trained persons working under the supervision of a qualified, licensed physician who is present on the premises at all times that blood is being taken.
- b. *Method.* The removal of blood from the donor shall be by aseptic methods, utilizing a sterile, closed, or vented system; vented systems shall employ bacterial air filters.
- c. *Amount of blood.* Donors weighing 110 lbs. (50 kg.) or more may ordinarily give a recommended maximum amount of 450 ml. of blood, in addition to pilot samples which shall not exceed 30 ml. Donors weighing less than 110 lbs. may be bled proportionately less in a reduced volume of anticoagulant, provided the standards outlined in part "e" of this regulation are met. Prospective donations of blood exceeding the recommended amounts shall be subject to evaluation by a qualified physician.
- d. *Container.* The blood container shall be pyrogen-free, sterile, and contain sufficient anticoagulant for the quantity of blood to be collected. The anticoagulant shall be in the container when it is sterilized. The container shall be sufficiently colorless and transparent to permit visual inspection of the blood.
- e. *Anticoagulants.* Anticoagulants shall be those approved by the National Institutes of Health (NIH), and shall be in the prescribed amounts in relation to the volume of blood collected. The volume of blood collected in an ACD anticoagulant shall be at least 90 percent of the amount required for the volume of the ACD solution if it is to be used as whole blood.
- f. *Donor identification.* A numerical system shall be used to identify and relate the donor record, the blood container, and the pilot tubes in each step from donor to recipient. The donor record shall adequately identify the donor. The donor and the container with its pilot tubes shall be positively identified with each other. The donor's name need not appear on the final label.
- g. *Protection against contamination.* The donor as well as the future recipient shall be protected by proper preparation of the site of the venipuncture. Preparation of the skin shall

provide maximum assurance of an aseptic procedure and a sterile product. After preparation adequate care shall be taken to prevent contamination of the phlebotomy needle and the phlebotomy site. Palpation of the vein is again permissible only after the skin has been punctured.

- h. *Instruments.* All instruments intended for reuse, such as lancets, needles, syringes or other blood-letting devices capable of transmitting infection to the donor or recipient, shall be heat-sterilized prior to each use. Heat sterilization shall be by autoclaving at 121.5°C. and 15 pounds of steam pressure for 15 minutes after the chamber of the autoclave has reached that temperature and pressure, by dry heat for two hours at 170°C., or by any other procedure approved by the Commissioner of Health.
- i. *Pilot tubes.* When the blood is drawn, two (2) specimens or more shall be taken in separate, clean pilot tubes. At least one of these specimens shall be attached firmly to the container (and may be the integral donors tubing if supplied). A pilot tube not firmly attached to the container shall be used for the blood grouping, Rh test and serological test for syphilis. All tubes containing blood specimens shall be properly labeled to identify the specimen prior to or during the collection.
- j. *Care of the donor.* Specific instructions concerning procedures to be followed for prevention and treatment of donor reactions, together with the necessary drugs, equipment and supplies shall be readily available.

Regulation 4. Storage and processing of blood and blood components.

- a. *Sealing of container.* Following the collection, the container shall be sealed securely, and shall remain so sealed until used or discarded. If the container is opened, aspirated or in any way entered, it must be used or discarded within 6 hours of such entry.
- b. *Refrigeration.* Blood shall be refrigerated continuously at a temperature of not less than 1°C. nor more than 6°C., with avoidance of fluctuations of more than 2° within this range, until used for transfusion or conversion to plasma, in a refrigerator which shall be used exclusively for blood and blood products which is equipped with an automatic recording thermometer. Temperature charts from the recording thermometer shall be available for inspection. While in transit between blood banks or blood bank depositories, the blood shall be refrigerated at a temperature between 1°C. and 10°C. Plasma may be kept at room temperature.
- c. *Serological test.* A serological test for syphilis, by a method acceptable to the Commissioner of Health, shall be made on a specimen of the blood prior to its use for any purpose.
- d. *ABO and Rh determinations.* On each collection of blood from a donor intended for use in whole blood transfusions, the ABO grouping and Rh type shall be determined in the following manner:
 1. *ABO Grouping.* ABO grouping shall be done by testing the red blood cells with anti-A and anti-B sera which meet the NIH standards, and confirming the blood group by testing the serum or plasma with a pool of known group A (or single group A₁) and known group B cells. The blood shall not be released unless the tests are in agreement.
 2. *Rh type.* The Rh type shall be determined with anti-D (Rho) typing serum which meets NIH standards. "Slide test" (immune) serum using either tube or slide method is recommended for this purpose. If the blood is typed as D (Rho) negative, it shall be tested using a technic designed to detect Du (Rho variant).
- e. *Inspection.* Each container of blood and plasma shall be visually inspected at regular intervals during storage, and especially, immediately prior to use. Blood showing abnormal color or appearance shall not be used for transfusion.
- f. *Sterility tests.* Sterility tests shall be performed at regular intervals and not less than once monthly. Whole blood intended for transfusion shall not be tested by a method which entails entering the container. A record shall be kept of the results of sterility tests.
 1. *Technique of sterility tests.* Each month at least one container of randomly selected blood shall be tested within the 18th to 24th day after collection. The test should be performed with an adequate sample of blood, preferably 10 ml. Smaller samples may be used if proportionately more blood containers are sampled. The sample should be inoculated into 10 times its volume of fluid thioglycollate or thioglycollate broth medium, mixed thoroughly, and incubated for 7 to 9 days at 30° to 32°C., or at both 18° to 20°C. and 35° to 37°C. It should be examined regularly, preferably daily, for evidence of microbial growth and subcultured on the third, fourth or fifth day. The subculture should consist of at least 1 ml. of material inoculated into the same medium in a proportion to allow proper visual inspection. After thorough mixing, it should be incubated at the previously noted temperatures for 7 to 9 days and inspected regularly for evidence of microbial growth, including microscopic examination of a stained smear at the end of the incubation period.

Regulation 5. Criteria for acceptance of blood and blood components.

- a. *Negative reaction to serological test for syphilis.* Blood shall not be used for transfusion or for conversion into single unit or pooled plasma or other freshly prepared blood components unless it reacts negatively to an approved serological test for syphilis. Should blood prove to react positively, it shall be appropriately labeled and may only be used for chemical fractionation.
- b. *Therapeutic bleedings.* Blood shall not be withdrawn in order to promote the health of a donor.
- c. *Expiration data.* The expiration date is the last day on which the blood or blood component may be used for transfusion purposes. Whole blood collected in an acid citrate dextrose (ACD) anticoagulant solution approved by the NIH shall have an expiration date not exceeding 21 days after the date of bleeding of the donor. The expiration date of heparinized whole blood (NIH) shall be 48 hours after the hour of bleeding of the donor. Expiration dates for whole blood collected and preserved with other anticoagulants shall be as specified by the Commissioner of Health.

- d. *Appearance.* If the color or physical appearance is abnormal or there is any indication of suspicion of microbial contamination the whole blood, packed cells or plasma shall not be issued for transfusion.
- e. *Reissue of blood.* Blood which has been returned to a blood bank or blood bank depository shall not be reissued unless the following conditions have been observed:
 - 1. The container closure has not been disturbed.
 - 2. The blood has been continuously refrigerated at 1° to 10°C., preferably 1° to 6°C. A statement to this effect shall be signed by a licensed physician.
 - 3. The blood has been allowed to settle long enough to permit reinspection of the plasma for appearance and color.
 - 4. A record is made of the return and reissue.
 - 5. The pilot tube has remained attached to the container if the blood has left the premises of the issuing facility. If the blood has remained on the premises of the issuing facility a removed pilot tube may be reidentified by the originally attached label and number which shall correspond with the number on the container.
- f. *Conversion of whole blood to plasma.* Whole blood may be converted to plasma at any time to within one week after the designated expiration date provided that the appearance is normal and there is no suspicion of microbial contamination.

Regulation 6. Label.

- a. The following information shall appear in clear readable letters on a label firmly attached to each container of whole blood:
 - 1. Name of product.
 - 2. The amount of blood and the type and amount of anticoagulant.
 - 3. The serological test used for syphilis and the result.
 - 4. The required storage temperature.
 - 5. The number, and, if desired, the name of the donor.
 - 6. The expiration date.
 - 7. The ABO group and Rh type in conspicuous lettering.
 - 8. The anti-A and anti-B titer, if determined; presence or absence of Du, if determined; and the presence and identity of irregular antibodies to human red blood cell antigens, if determined.
 - 9. The name and address of the blood bank.
 - 10. The date of collection.
 - 11. Any other information determined by the blood bank which should be brought to the attention of the user.
- b. Labels on plasma containers shall conform with the requirements for whole blood containers except that information applicable only to red blood cells may be omitted.

Regulation 7. Records.

- a. Every blood bank shall maintain a record of each container of blood which it collects. The record shall include the following information:
 - 1. The date and hour of collection, the amount collected and the name of the licensed physician under whose supervision the blood was collected.
 - 2. The donor's identifying number, name, address, age, sex, medical history and results of the medical examination.
 - 3. The results of the hemoglobin or hematocrit determination, the serological test for syphilis and, in case of whole blood, the results of the tests for blood grouping and Rh factor.
 - 4. The disposition of the blood.
- b. Every blood bank and blood bank depository shall maintain a record of each container of blood or plasma stored therein. The record shall contain the following information:
 - 1. The type of product, the name and address of the blood bank where the blood was collected, the donor number, the date of collection and the date of receipt of the blood or plasma; provided however, that if the blood is stored at the blood bank where it was collected, the records maintained as specified in Regulation 7a shall be construed as meeting this requirement.
 - 2. In the case of plasma, the name and address of the plasma processor and whether the plasma is liquid, dried or frozen.
 - 3. The disposition of the blood or plasma.
- c. The records required by this regulation shall be in ink or typewritten, shall be maintained for a period of at least three years and shall be subject to inspection by the Commissioner of Health.

Date Adopted: March 19, 1965

Date Effective: March 19, 1965

ROBERT E. FARDER, M.D.
Commissioner of Health

STATE LAW ON TESTS FOR MENTAL RETARDATION

Chapter 441

AN ACT to add new Section 38A to Article 43 of the Annotated Code of Maryland (1957 Edition), title "Health," subtitle "Miscellaneous Provisions," to follow immediately after Section 38 thereof, to provide that every new born child shall be tested to determine the possibility of mental retardation in order that treatment may be prescribed, creating an exception thereto, and establishing the responsibility for seeing that such test is administered to new born children.

SECTION 1. *Be it enacted by the General Assembly of Maryland,* That new Section 38A be and it is hereby added to Article 43 of the Annotated Code of Maryland (1957 Edition), title "Health," subtitle "Miscellaneous Provisions," to follow immediately after Section 38 thereof, and to read as follows:

38A.

When a birth occurs in an institution the person in charge of the institution or his designated representative, or in the event that a birth occurs outside an institution, the person required to prepare and file the certificate of birth pursuant to Section 17 of this Article, shall cause to have administered to every such new born child a test for phenylketonuria in accordance with rules and regulations prescribed by the State Board of Health and Mental Hygiene. The test and the recording of the results of the test shall be performed at such times and in such manner as the Board may direct. This requirement shall not apply to any child whose parent or parents object to the administration of the test on the grounds that the same would violate their religious beliefs.

SEC. 2. *And be it further enacted,* That this Act shall take effect June 1, 1965.
Approved, April 8, 1965.

STATE LAW PROVIDING FOR TRANSFER OF CITY
LABORATORY EMPLOYEES TO STATE MERIT SYSTEM

Chapter 861

AN ACT to add new Section 25A to Article 64A of the Annotated Code of Maryland (1964 Replacement Volume), title "Merit System," to follow immediately after Section 25 thereof, to provide for the classification and inclusion in the State Merit System without further examination or qualification of certain employees of the Laboratory of the Baltimore City Health Department, upon timely application to the State Commissioner of Personnel.

SECTION 1. *Be it enacted by the General Assembly of Maryland,* That new Section 25A be and it is hereby added to Article 64A of the Annotated Code of Maryland (1964 Replacement Volume), title "Merit System," to follow immediately after Section 25 thereof, and to read as follows:

25A.

Any employee of the Laboratory of the Baltimore City Health Department who, while so employed, applies to the Commissioner of Personnel for appointment under the State Merit System on or before July 1, 1970, shall be so appointed, and without further examination or qualification shall be classified in the job classification under the State Merit System which is comparable or which most closely compares with his last job classification as a Baltimore City employee. An employee appointed to the State Merit System under this Section shall be given credit thereunder for the years of service rendered in Baltimore City for the purposes of establishing retirement and death benefits, compensation rates, including longevity steps, and the basic rates for vacation and sick leave credit earnings. No such employee who has been transferred from the Baltimore City Health Department to the State Merit System shall receive any diminution in compensation solely as a result of such transfer and appointment.

SEC. 2. *And be it further enacted,* That this Act shall take effect July 1, 1965.
Approved, May 4, 1965.

AGREEMENT ESTABLISHING METROPOLITAN
AIR QUALITY SURVEY

THIS AGREEMENT, Made this 80th day of June, 1965, by and between The Maryland State Department of Health, an agency of the State of Maryland, the Mayor and City Council of Baltimore, Baltimore County, Maryland, and Anne Arundel County, Maryland, bodies corporate,

WITNESSETH:

Whereas, there is an increasing problem of air pollution in the Baltimore Metropolitan Area, comprising Anne Arundel County, Baltimore County and Baltimore City, which, if uncontrolled, will become hazardous to the health and welfare of the residents thereof, and

Whereas, the solution to the said problem lies in the joint and mutual effort to control air pollution by the aforesaid political subdivisions and the State of Maryland through its State Department of Health, and

Whereas, the parties hereto have prepared a three-year master plan for a metropolitan air quality cooperative survey program, for the purpose of obtaining data on which to base a plan for air pollution control, and

Whereas, the United States Department of Health, Education and Welfare has made available, under Section 8 of the Clean Air Act (Public Law 88-206), funds for research and developmental programs for the prevention and control of air pollution, and

Whereas, the State of Maryland, through the State Department of Health, has applied for an air pollution control survey grant in the sum of \$225,000, to which the parties hereto will contribute, in the individual amounts hereinafter provided, a total sum of \$75,000, for the purpose of carrying out the said master plan, for the period July 1, 1966, through June 30, 1966.

Whereas, the application for said grant and the addenda attached thereto set forth the details of the said metropolitan air pollution study program, the area of responsibility of the Maryland State Department of Health in disbursing and allocating the funds to each of the political subdivisions, the amounts which have been budgeted and appropriated by the said subdivisions and the State for the purpose of carrying out the said program, which said application and addenda are hereby made a part hereof.

Now, Therefore, be it resolved that the parties hereto agree as follows:

1. An Advisory Committee consisting of Singh Dhillon, Director of the Division of Environmental Health, Anne Arundel County Health Department; Elkins W. Dahle, Jr., Director of the Bureau of Industrial Hygiene, Baltimore City Health Department; Raymond Thursby, Director of the Section of Environmental Health, Baltimore County Health Department; and John M. Brown, Chief, Air Quality Control Section, Bureau of Environmental Health, Maryland State Department of Health, as Chairman, is hereby created, for the purpose of supervising and administering the metropolitan air pollution study program.

2. Said Committee shall:

(a) Conduct, promote and coordinate research, investigations, tests, training, surveys and studies relating to the causes, effects, extent, prevention and control of air pollution

(b) Evaluate periodically the metropolitan air pollution study program and make recommendation to the participating subdivisions as to any changes therein.

(c) Select sampling sites and determine methods of sampling and instrumentation.

(d) Arrange for the handling and processing of data.

(e) Study the feasibility and the need for future program expansion into an air pollution control program in the participating subdivisions.

(f) Make available to the Secretary of Health, Education and Welfare such data and results of such study as may be required from time to time.

3. Equipment, materials and supplies procured with grant funds shall, on completion of the study, become the property of the party who shall have required those items to perform the prescribed phase of the study.

4. The total amount of the aforesaid grant in the sum of \$225,000 is to be allocated among the contracting parties as follows:

Anne Arundel County	\$48,384
Baltimore City	57,717
Baltimore County	48,507
Maryland State Department of Health:	
Air Quality Section	20,544
Bureau of Laboratories	49,848

Immediately upon receipt of any part of said grant, the Maryland State Department of Health shall make payments thereunder proportionately among the contracting parties according to the aforesaid allocation.

5. Each of the parties hereto shall account for grant funds received to the Maryland State Department of Health in such manner as shall be prescribed by the Secretary of the United States Department of Health, Education and Welfare.

6. The total sum of \$75,000 shall be contributed by the parties hereto during the period covered by the aforesaid grant as follows:

Anne Arundel County	\$16,128
Baltimore City	19,239
Baltimore County	16,169
Maryland State Department of Health:	
Air Quality Section	6,848
Bureau of Laboratories	16,616

7. The master plan has been outlined on a three-year basis, and the parties hereto anticipate a renewal of the grant hereinabove described for two additional periods, with additional contributions to be made by the said parties, as follows:

	Federal Grant	Total contribution by contracting parties
2nd year	\$324,771	\$108,257
3rd year	\$29,109	109,703

This contract shall remain in force and effect through June 30, 1966. Provided, however, that should the application for the air pollution control survey grant herein described be not granted, then this Agreement shall terminate automatically without the necessity of any action being taken by any of the parties hereto.

In Witness Whereof, the parties hereto have caused this Agreement to be properly executed.
WITNESS:

JOHN J. MCCORMICK, Jr.

APPROVED AS TO LEGAL FORM AND
SUFFICIENCY

LOUIS E. SCHMIDT, *Attorney General*

ATTEST:

MARTIN EFFLE, *Deputy Treasurer*

APPROVED AS TO LEGAL FORM AND
SUFFICIENCY

AMBROSE T. HARTMAN, *Baltimore City Solicitor*

WITNESS:

ORMSBY S. MOORE, *Secretary to County Executive*

APPROVED AS TO LEGAL FORM AND
SUFFICIENCY

E. SCOTT MOORE, *County Solicitor*

WITNESS:

ALFRED A. HOPKINS, *Secretary to County Executive*

APPROVED AS TO LEGAL FORM AND
SUFFICIENCY

VINCENT A. MULIERI, *County Solicitor*

MARYLAND STATE BOARD OF HEALTH
AND MENTAL HYGIENE

By AARON DEITZ, M.D., *Chairman*

MARYLAND STATE DEPARTMENT
OF HEALTH

By WILLIAM J. PEEPLES, M.D., *Commissioner*

MAYOR AND CITY COUNCIL
OF BALTIMORE

By THEODORE R. MCKELDIN, *Mayor*

APPROVED:

By ROBERT E. FARBER, M.D.,
Commissioner of Health of Baltimore City

By RICHARD A. LIDINSKY,

Board of Estimates—Clerk

BALTIMORE COUNTY, MARYLAND

By SPIRO T. AGNEW, *County Executive*

APPROVED:

By JOHN V. CONWAY, M.D.,
Chairman, Baltimore County Board of Health

ANNE ARUNDEL COUNTY, MARYLAND

By JOSEPH W. ALTON, JR., *County Executive*

APPROVED:

By JOHN M. WHITMORE, *Chairman,*
Anne Arundel County, Board of Health

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