CITY OF BALTIMORE

ONE HUNDRED AND FORTY-SIXTH

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1960

To the Mayor and City Council of Baltimore for the Year Ended December 31, 1960

The leaves were falling from the great oak at the meadow's edge. They were falling from all the trees.

One branch of the oak reached high above the others and stretched far out over the meadow. Two leaves clung to its very tip.

"It isn't the way it used to be," said one leaf to the other.

"No," the other leaf answered. "So many of us have fallen off tonight we're almost the only ones left on our branch."

"You never know who's going to go next," said the first leaf. "Even when it was warm and the sun shone, a storm or a cloudburst would come sometimes, and many leaves were torn off, though they were still young. You never know who's going to go next."

"The sun seldom shines now," sighed the second leaf, "and when it does it gives no warmth. We must have warmth again."

"Can it be true," said the first leaf, "can it really be true, that others come to take our places when we're gone and after them still others, and more and more?"

"It is really true," whispered the second leaf. "We can't even begin to imagine it, it's beyond our powers."

"It makes me very sad," added the first leaf.

They were silent a while. Then the first leaf said quietly to herself, "Why must we fall? . . ."

The second leaf asked, "What happens to us when we have fallen?"

"We sink down . . ."

"What is under us?"

The first leaf answered, "I don't know, some say one thing, some another, but nobody knows."

The second leaf asked, "Do we feel anything, do we know anything about ourselves when we're down there?"

The first leaf answered, "Who knows? Not one of all those down there has ever come back to tell us about it."

They were silent again. Then the first leaf said tenderly to the other, "Don't worry so much about it, you're trembling."

"That's nothing," the second leaf answered, "I tremble at the least thing now. I don't feel so sure of my hold as I used to."

"Let's not talk any more about such things," said the first leaf.

The other replied, "No, we'll let be. But—what else shall we talk about?" She was silent, but went on after a little while, "Which of us will go first?"

"There's still plenty of time to worry about that," the other leaf assured her. "Let's remember how beautiful it was, how wonderful, when the sun came out and shone so warmly that we thought we'd burst with life. Do you remember? And the morning dew, and the mild and splendid nights. . ."

"Now the nights are dreadful," the second leaf complained, "and there is no end to them."

"We shouldn't complain," said the first leaf gently. "We've outlived many, many others."

"Have I changed much?" asked the second leaf, shyly but determinedly.

"Not in the least," the first leaf assured her.

"You only think so because I've got to be so yellow and ugly. But it's different in your case."

"You're fooling me," the second leaf said.

"No, really," the first leaf exclaimed eagerly. "believe me you're as lovely as the day you were born. Here and there may be a little yellow spot but it's hardly noticeable and only makes you handsomer, believe me."

"Thanks," whispered the second leaf, quite touched. "I don't believe you, not altogether, but I thank you because you're so kind, you've always been so kind to me. I'm just beginning to understand how kind you are."

"Hush," said the other leaf, and kept silent herself for she was too troubled to talk any more. Then they were both silent. Hours passed.

A moist wind blew, cold and hostile, through the tree-tops.

"Ah, now," said the second leaf, "I . . ." Then her voice broke off. She was torn from her place and spun down.

Winter had come.

DEPARTMENT OF HEALTH

Commissioner, HUNTINGTON WILLIAMS, M.D., DR.P.H.

Chief Assistant Commissioner, ROSS DAVIES, M.D., M.P.H.

ADMINISTRATIVE SECTION

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

SECTION OF PREVENTIVE MEDICINE

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

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

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

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

SANITARY SECTION

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

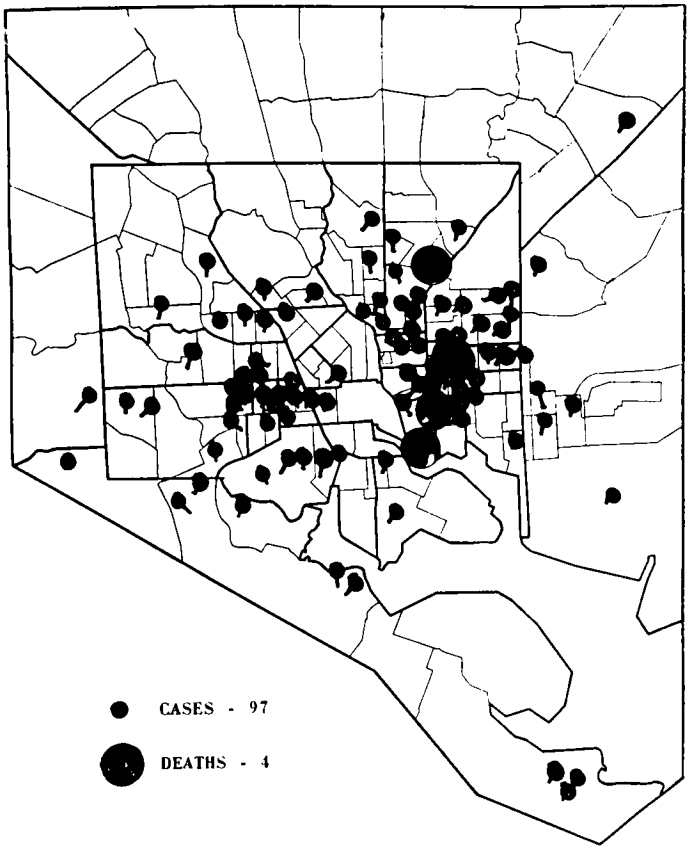
Milk Control	IVAN M. MARTY
Food Control	FERDINAND A. KORFF
Meat Inspection	WILLIAM J. GALLAGHER, D.V.M.
Environmental Hygiene	GEORGE O. MOTRY, B.E., LL.B.
Industrial Hygiene	CHARLES E. COUCHMAN

RESEARCH AND PLANNING SECTION

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

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

Learn to Do Your Part in the Prevention of Disease



PARALYTIC POLIOMYELITIS IN BALTIMORE—1960

CONSULTANTS

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

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

DR. J. EDMUND BRADLEY,
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DR. C. REID EDWARDS,
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DR. PERRY F. PRATHER,
Director, Maryland State Department of Health.

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

DR. THOMAS B. TURNER,
Dean, Johns Hopkins School of Medicine.

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

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

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

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Director, Civic Development Bureau, Baltimore Association of Commerce.

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Associate Professor of Environmental Medicine, Johns Hopkins School of Hygiene and Public Health.

DR. CALVIN B. SPENCER,
Medical Director, United States Public Health Service in charge of the Baltimore Quarantine Station.

MR. HANS FROELICHER, JR.
Honorary President, Citizens Planning and Housing Association.

MR. BERNARD L. WERNER,
Director of Public Works of Baltimore.

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

MEDICAL STAFF

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Maurice Feldman, Jr., M.D. s
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Sylvan C. Goodman, M.D. v
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Bernard Harris, Sr., M.D. s
N. Alan Harris, M.D. s
Thomas W. Harris, Jr., M.D. v
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Mary L. Hayleck, M.D. c
Erwin Hecker, M.D. m
Emil H. Henning, Jr., M.D. s
Ray Hepner, M.D. c
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John H. Holmes, III, M.D. s
Hugh P. Hughes, M.D. s
Richard H. Hunt, M.D. v
Turgot Jeudy, M.D. s
Meyer W. Jacobson, M.D. t
Grace Jones, M.D. c, s
Jether M. Jones, Jr., M.D. v
W. Atwell Jones, M.D. v
Irvin B. Kemick, M.D. s
Howard C. Kramer, M.D. v
Irving Kramer, M.D. c, s
Albert L. Laforest, M.D. v
Arnold F. Lavenstein, M.D. c
Louis Lavy, M.D. c.
C. Dudley Lee, M.D. t
Lucille Liberles, M.D. c
Renold B. Lighston, M.D. c
Jerry C. Luck, M.D. c
Charles F. Maloney, M.D. c
Clarence W. Martin, M.D. v, s
Israel P. Meranski, M.D. v
George H. Miller, M.D. m
William K. C. Morgan, M.D. t
Herbert L. Moseley, M.D. s
Joseph C. Myers, M.D. s
George E. Nager, M.D. ea
George C. Page, M.D. v
Joseph F. Palmisano, M.D. c, s
George H. Pendleton, M.D. v
Winthrop M. Phelps, M.D. h
Samuel R. Pines, M.D. s
Talmadge H. Pinkney, M.D. v
William G. Polk, M.D. v
Daniel Roberts, M.D. v
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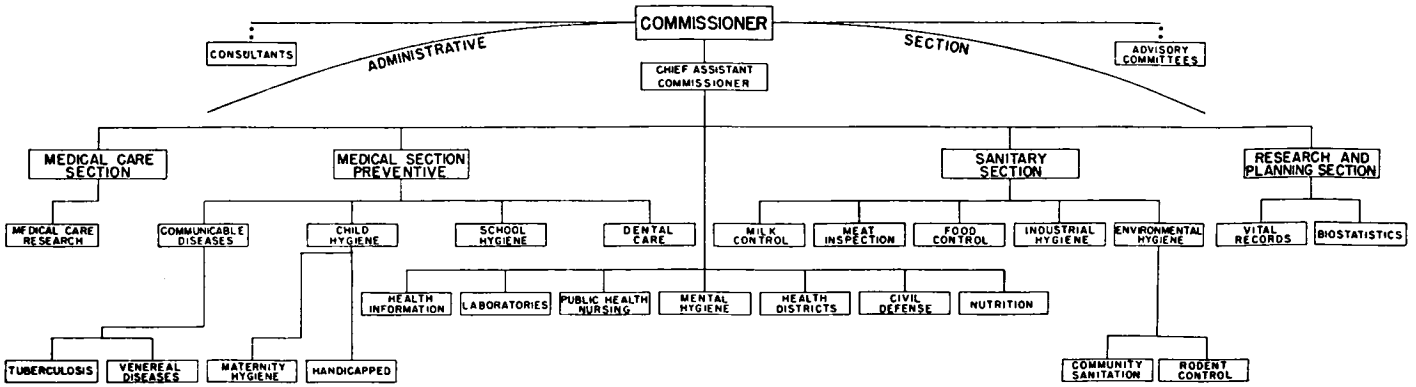
Cecil Rudner, M.D. t
Alvin D. Rudo, M.D. s
Irwin Sauber, M.D. s
Royd R. Sayers, M.D. mi
Herman H. Schaerf, M.D. t
William D. Schapiro, M.D. s
A. M. Schneidmuhl, M.D. mh
George Sharfatz, M.D. s
J. Douglass Shepperd, M.D. v
Jerome Sherman, M.D. s
E. Walter Shervington, M.D. v, s
M. S. Shiling, M.D. t
Thaddeus Siwinski, M.D. s
Percival C. Smith, M.D. s
Alvin A. Stambler, M.D. s
Mary Betty Stevens, M.D. t
Oscar C. Stine, M.D. s
Adoracion Tañega, M.D. mh
Arthur C. Tiemeyer, M.D. m
Zsigmund J. Toth, M.D. m
Alexander S. Townes, M.D. t
Jose G. Valderas, M.D. m
K. A. P. Van Berkum, M.D. s
Umberto VillaSanta, M.D. m
George E. Wells, Jr., M.D. m
F. Hunter Wilson, Jr., M.D. t
Warren W. Wurzbacher, M.D. s
Robert E. Yim, M.D. v
N. Louise Young, M.D. s
H. Zassenhaus, M.D. s

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

TABLE OF CONTENTS

ORGANIZATION CHART

BALTIMORE CITY HEALTH DEPARTMENT



ONE HUNDRED AND FORTY-SIXTH ANNUAL REPORT OF THE BALTIMORE CITY HEALTH DEPARTMENT 1960

REPORT OF THE COMMISSIONER OF HEALTH

The Honorable,

THE MAYOR AND CITY COUNCIL OF BALTIMORE

GENTLEMEN:

Pursuant to the provisions of Section 81 of the City Charter and also in accordance with a resolution adopted by the City Council in the year 1817, I have the honor to transmit to you a summary of the one hundred and forty-sixth 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, 1960. This report is the thirtieth to be published under the same editorial supervision.

Introduction

An eight per cent reduction in the infant mortality rate was the principal advance made in the health of the city during 1960 when compared with the 1959 experience. Other favorable aspects of Baltimore's health record for 1960 included the continuation of a low maternal mortality rate, another year without a single case of diphtheria, and a reduction in the number of children poisoned by eating lead paint. Several unfavorable developments which occurred were: (1) An unexpected outbreak of paralytic poliomyelitis, (2) a further rise in reported cases of infectious syphilis over the low levels achieved several years ago and (3) a disappointing slow-up in the decline of tuberculosis illness and mortality.

Among the important administrative plans and actions to promote the health of the city were: (1) The preparation of a plan to extend the Baltimore City Medical Care Program in order to provide medical benefits to residents 65 years of age and over who have very low incomes but are not on the welfare rolls, (2) the establishment of an experimental neighborhood conservation program to evaluate the effectiveness of coordinated inspection and law enforcement activities in assuring improved housing and (3) participation in the formation of a United States Conference of

MAYOR GRADY SIGNS THE RADIATION CONTROL ORDINANCE

In the photograph with Mayor Grady are shown Mr. Walter T. Dixon, Chairman of the Health Committee of the City Council on the right; and the Commissioner of Health.

City Health Officers under the auspices of the United States Conference of Mayors, and the undertaking of a survey, jointly by the U.S. Children's Bureau and by the Baltimore City Health Department, to describe the health conditions in the major cities with a view towards improving the health services provided for mothers and children in underprivileged circumstances.

On March 7 Mayor J. Harold Grady approved City Ordinance No. 223, a strong protective measure authorizing the City Health Department to regulate and control radiological health hazards in Baltimore. Passage of this ordinance in the City Council was supported by the City Medical Society and the Baltimore Association of Commerce.

Preliminary findings from the Baltimore Study on the Effects of Housing on Health, first made public in June, revealed that improved housing actually causes improved health. This unique 5-year study was conducted under the auspices of the Johns Hopkins School of Hygiene and Public Health, with support from the U.S. Public Health Service, the City Health Department and the City Housing Authority.

The new Western Health District building at 700 West Lombard Street was put in active use early in the year, and the new Druid Health District

building at 1515 West North Avenue was nearing completion at the close of 1960. Carefully controlled studies revealed that seven years of fluoridation of the city's water supply paid handsome dividends in the prevention of dental decay in children. Six-year-olds showed an average of 75 per cent fewer permanent teeth attacked by decay than did youngsters of the same age five years previously.

The Health Department's programs for expanding the use of poliomyelitis vaccine, for advancing its work in mental hygiene and for preventing lead paint poisoning in young children were pushed forward actively during the year. At the 88th Annual Meeting of the American Public Health Association in San Francisco on October 30, the Commissioner of Health was elected the first president of the newly organized United States Conference of City Health Officers.

The Health of the City

The population of the city on July 1, 1960 was 939,000; the white population was 610,000 and the nonwhite population was 329,000 or 35 per cent of the total. These figures were based on the 1960 Federal census of the population taken in April. They indicated substantial loss of white residents since 1950 and extensive migration into and out of the city. Information from the monthly Baltimore Health Survey further indicated that there had been a significant reduction in 1960 in the flow of in-migrants into the city from the south as compared with prior years. These findings suggest a leveling off of the total number of residents in Baltimore City, a continued growth of the nonwhite population due largely to natural increase, a continued decline in the young white population due to migration to the counties, with a resulting increase in the proportion of aged persons who are residents of the city.

The favorable aspects of Baltimore's health record for 1960 included the continuation of a low maternal mortality rate, 5.2 deaths per 10,000 live births, another year without a single reported case of diphtheria, and a reduction in the number of children recorded as poisoned by eating lead paint. The principal advance in the health of the city was the 8 per cent reduction in the infant mortality rate, largely due to concerted efforts to reduce the loss of life among newly born colored babies.

An unexpected outbreak of paralytic poliomyelitis involving 97 cases, a rise in reported cases of infectious syphilis and a slow-down in the decline of tuberculosis illness and mortality were among the more important unfavorable developments during the year.

Among the preventable communicable diseases the outbreak of poliomyelitis reflected the apathy that exists in certain elements of the popula-

tion in relation to the control of this disease. In children under 10, those who had received 3 or more doses of the vaccine were subject to an attack rate which was 83 per cent below that which prevailed among uninoculated children. This reconfirmed the effectiveness of the vaccine and the outbreak was attributed to the fact that large numbers of children, particularly in the low income groups, were inadequately vaccinated even after vigorous attempts had been made to secure a high level of inoculation.

The death rate from all causes was 12.2 per 1,000 population, little different from the rate of 11.9 for 1959. Infant mortality for all infants was 32.5 per 1,000 live born; among white infants it was 24.3 while a rate of 41.3 was recorded for nonwhite infants.

The number of persons injured in automobile accidents in Baltimore City was 8,257, about 5 per cent below the record high level experienced in 1959 but nevertheless a frightening toll. It is hoped that the introduction of a penalty point system on January 1, 1961 by the State Department of Motor Vehicles, will serve to reduce this figure.

Principal Causes of Death

The leading causes of death changed very little from previous years and are shown for 1960 and 1959 in the accompanying table.

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

1959-1960

TOTAL POPULATION			WHITE POPULATION			COLORED POPULATION		
Cause	Death Rate per 100,000		Cause	Death Rate per 100,000		Cause	Death Rate per 100,000	
	1960	1959*		1960	1959*		1960	1959*
Diseases of the heart	509.7	503.7	Diseases of the heart	610.7	601.0	Diseases of the heart	322.5	314.4
Cancer, all forms	199.2	195.5	Cancer, all forms	225.2	221.9	Cancer, all forms	151.1	144.2
Vascular lesions of the central nervous system	96.8	92.6	Vascular lesions of the central nervous system	101.0	92.1	Certain diseases of early infancy	94.5	107.2
Certain diseases of early infancy	53.8	57.6	Diseases of the arteries and veins	44.3	30.4	Vascular lesions of the central nervous system	89.1	93.7
Influenza and pneumonia	49.6	44.0	Accidents	43.6	45.6	Influenza and pneumonia	61.7	51.4
Accidents	47.8	48.8	Influenza and pneumonia	43.1	40.2	Accidents	55.6	55.2
Diseases of the arteries and veins	39.2	27.3	Certain diseases of early infancy	31.8	32.0	Diseases of the arteries and veins	29.8	21.3

* 1959 rates are based on the 1959 population adjusted to the 1960 census.

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1960.

FINANCIAL STATEMENT

As of December 31, 1960

Total City Appropriations		$3,467,683.77
Total City Expenditures		3,359,931.23
Appropriations by Ordinance of Estimates, January 1, 1960	$3,405,595.77	
Appropriation for Transportation	48,000.00	
Supplementary Appropriations for Special Projects	14,088.00	
		$3,467,683.77

Expenditures of the Baltimore City Health Department

ADMINISTRATIVE SECTION

Administration	$91,632.43	
Health Information	51,353.74	
Laboratories	226,058.35	
Eastern Health District	52,622.51	
Western Health District	36,271.32	
Southeastern Health District	23,026.65	
Druid Health District	36,762.94	
Southern Health District	17,223.31	
Public Health Nursing	949,862.91	
Mental Health	67,849.63	
		$1,552,663.79

MEDICAL SECTION—PREVENTIVE

Preventive Medicine—Supervision	$23,965.89	
Maternal and Child Health	196,436.01	
Nutrition	8,582.42	
School Health	142,788.92	
Communicable Diseases	25,523.16	
Venereal Diseases	117,361.95	
Tuberculosis	154,550.34	
Dental Care	152,036.08	
		$821,244.77

MEDICAL CARE SECTION

Administration	$101,994.59	
		$101,994.59

SANITARY SECTION

Administration	$59,822.72	
Milk	97,149.98	
Food	93,964.74	
Meat	122,503.27	
Environmental Hygiene	167,922.67	
Industrial Hygiene	105,140.76	
		$646,504.14

RESEARCH AND PLANNING SECTION

Administration	$38,101.80	
Medical Epidemiology	27,077.23	
Vital Records	88,337.75	
Biostatistics	79,999.16	
		$233,515.94

CIVIL DEFENSE

Administration	$4,008.00	
		$4,008.00
Total, Salaries and Expenses		$3,359,931.23

Receipts

Vital Records	$81,820.34
Food Permits	55,180.00
Milk Permits	9,769.73
Meat Permits	36,341.16
Miscellaneous Revenue	1,710.92
Total	$184,822.15

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 1960 which was closely related to or a part of the work of the City Health Department:

I OFFICIAL EXPENDITURES

City Civil Defense Organization—Health Service	$24,708.80
City Department of Welfare	
Tuberculosis Hospital Services	
Baltimore City Hospitals	1,048,556.97
Eudowood Sanatorium—city cases	52,364.94
Communicable disease hospital service—Sydenham Service	118,000.00
State Department of Health Funds	
State Tuberculosis Hospitals—city cases	1,235,482.99
Medical Care—public assistance clients	1,258,786.55
State Chronic Disease Hospitals—city cases	906,753.23
State Mental Hospitals—city cases	10,991,000.00
Services for Crippled Children	
State Funds	281,681.11
Federal Funds	42,072.99
Federal Funds—venereal disease control	37,089.16
Other Federal Funds for Research and Training	225,608.12
	$16,222,104.86

II NONOFFICIAL EXPENDITURES

Baltimore Chapter—Muscular Dystrophy Association of America, Inc.	$15,447.08
Baltimore City Chapter—National Foundation	50,000.00
Baltimore Hearing Society	39,066.00
Baltimore League for Crippled Children and Adults, Inc.	42,615.82
Cystic Fibrosis Research Foundation—Baltimore Chapter	8,100.00
Food Establishments—sanitary control, auxiliary inspection	118,000.00†
Heart Association of Maryland	235,000.00
Instructive Visiting Nurse Association	228,909.23
Johns Hopkins University—Eastern Health District	3,708.21
Laboratory Services—hospital or private	350,000.00†
Maryland Association for Cerebral Palsy	60,763.26
Maryland Chapter—Arthritis and Rheumatism Foundation	72,000.00
Maryland Chapter—National Kidney Disease Foundation	16,700.00
Maryland Chapter—National Multiple Sclerosis Society	13,057.86
Maryland Division, Inc.—American Cancer Society	327,482.00
Maryland Society for Mentally Retarded Children	95,000.00
Maryland Society for the Prevention of Blindness	18,000.00†
Maryland Tuberculosis Association	162,415.00
Metropolitan Baltimore Association for Mental Health, Inc.	30,000.00†
Pasteurization Plants—farm and laboratory control	200,000.00†
Thomas Wilson Fund, mental hygiene	7,500.00
Venereal disease control—hospital dispensaries	15,000.00†
	$2,108,764.46†
Total	$18,330,869.32†

This $18,330,869.32 added to the City Health Department expenditures of $3,359,931.23 gives an estimated total of $21,690,800.55 or $23.10 per capita. This does not include large expenditures for water purification or sewerage, or for general hospital and medical care services rendered by the City Welfare Department and by private hospitals, agencies or individuals.

† Approximate figure.

Personnel

The year 1960 saw the loss by death of two Consultants to the City Health Department, Dr. Louis P. Hamburger on August 26 and Dr. Maurice C. Pincoffs on December 8. Dr. Pincoffs was one of the original group of physicians appointed by the Commissioner of Health on May 26, 1932 to guide the developing health program of the city. Dr. Hamburger had served since 1936.

Three members of the administrative staff retired during the year. These were Dr. John A. Skladowsky, District Health Officer for the Southeastern Health District on April 1, after 40 years of continuous service, first as a part-time health officer and later on a full-time basis; Mr. Charles E. Couchman, Director of the Bureau of Industrial Hygiene on October 20, after 31 years' service; and Mr. Ivan M. Marty, Director of the Bureau of Milk Control on July 14, after 30 years' service.

On January 13 Mr. George O. Motry was promoted to be Director of the Bureau of Environmental Hygiene; he was formerly Chief of the Division of Community Sanitation; this post was filled on August 11 by the promotion of Mr. Elbert H. Cohen; Dr. Dale E. Harro became Director of the Bureau of School Hygiene on September 22 following the resignation of Dr. Woodrow Hemphill on August 10. Other appointments to the administrative staff included the following: Mr. Elkins W. Dahle, Jr., Acting Director of the Bureau of Industrial Hygiene on August 10; Mr. Lawrence J. Kane, Senior Administrative Assistant in the Medical Care Section on May 2 filling the vacancy created by the resignation of Mr. Raleigh Cline on March 16; Miss Frieda Laubach, Senior Public Health Nursing Supervisor in the Division of Tuberculosis on June 2; and Mrs. June Frisch, Senior Public Health Nursing Supervisor in Pediatrics, in the Division for the Handicapped on June 20. Dr. Bertram W. Haines, Director of the Bureau of Medical Care Research, resigned on September 6 and Dr. Allan Goldfarb, Chief of the Division of Mental Hygiene Research, resigned on September 30.

Several other noteworthy changes took place on January 1. On that date a total of 29 secondary school physicians and 43 secondary school nurses were transferred by Board of Estimates action from the Department of Education to the Health Department. With this transfer all public and parochial school physicians and nurses came under the supervision of the Director of the Bureau of School Hygiene and all school nursing services became the responsibility of the Director of the Bureau of Public Health Nursing. Also on January 1 by Board of Estimates action the Division of Smoke Control of the Bureau of Mechanical-Electrical

Services in the Department of Public Works, comprising five inspectors and one principal clerk-stenographer, was transferred to the Bureau of Industrial Hygiene in the City Health Department; and all plumbing inspection and control services were transferred from the Health Department to the City Building Inspection Engineer in the Department of Public Works.

Civil Defense

Although the civil defense disaster plan "An Operational Medical Plan for Natural Disasters Occurring in Baltimore City" was in effect during 1960 a number of changes were made and consideration was given to a revision of this plan.

In February 1960, under the emergency hospital prepositioning program, Baltimore applied for two additional hospital units which were planned for storage at the Henryton State Tuberculosis Hospital. This request, however, could not be honored at the time. The approximate value of emergency medical supplies in custody of the Baltimore City Civil Defense Organization on December 15, 1960 was estimated at $320,000. Included in this figure were the costs of 84 sets of casualty clearing station equipment and 4 emergency hospital units.

Other events of note included the following: The revision of the seven civil defense districts to conform with the police districts; the closing of the Health Service Operations Headquarters at the Morgan State College Christian Center; a fire on April 28 at the Carroll Park Storehouse in which approximately $1,500 worth of medical supplies was destroyed; and participation in the National Civil Defense Operation Alert, 1960 during the period May 3 through 5. The text of the Health Service report on this Civil Defense Alert appeared in the July issue of *Baltimore Health News*.

Mr. Robert M. Keller, Health Administrator for Civil Defense, attended a training course on "Medical Aspects of Health Mobilization" sponsored by the U.S. Public Health Service in Brooklyn, N.Y. from April 19 to 23 and two national civil defense conferences sponsored by the American Medical Association, one on June 11 at Miami Beach, Florida and the other in Chicago from November 4 to 6. He also met a number of requests for lectures on civil defense from hospitals in Baltimore that wished to have their student nurses informed of the needs, purposes and activities of the civil defense program.

Health Information

Residents of Baltimore City, both lay and professional, continued to be advised of significant health matters. Problem areas such as the control

of paralytic poliomyelitis, mental hygiene, the prevention of accidents, lead paint poisoning in children, and maternal and child health were given special emphasis; and in the administration of its responsibilities and duties, the Department's information and education work reached all ages of the population whether at home, at school, at work or at play. These efforts could not have been possible without the close cooperation of many groups and individuals in the community including the state and city medical societies, the physicians, dentists, nurses, pharmacists and other health workers, the official and voluntary health groups, and the press, radio and television. Particular health information activities included:

1. The distribution of the *Saturday Letter to the Mayor,* the weekly letter of the Commissioner of Health on important health matters with the vital statistics for the week, to over 300 individuals and agencies, the press, radio and television. This was supplemented by 27 special news releases.

2. The mailing of 12 issues of the monthly *Baltimore Health News* to 10,000 individuals or agencies. This publication was inaugurated in 1918.

3. The printing and distribution of 4,000 copies of *Guarding the Health of Baltimore-1959* and 600 copies of the Annual Report of the Department of Health for 1959.

4. The publication of the Research and Planning Section's *Quarterly Statistical Report* for the 12th consecutive year.

5. The preparation and printing of 17 new health information leaflets, the revision of 12 pamphlets previously issued and the distribution of approximately 300,000 pieces of health information material.

6. The preparation by staff members of 30 papers or articles which were presented at professional meetings or published in journals or elsewhere.

7. The distribution of 52 "Keeping Well" spot announcements to radio and television stations. These health messages were presented under joint auspices with the Medical and Chirurgical Faculty of Maryland and date back to January 1932 when the Baltimore City Health Department began broadcasting.

8. The presentation of the weekly 15 minute "Your Family Doctor" television series also under joint auspices with the state medical society. This program has been in continuous production since December, 1948 and is said to be the oldest continuous medical television series on the air.

9. The display of 98 exhibits at meetings, in show windows, on television and elsewhere; the showing of 192 educational films; and the continuation of library services.

Laboratories

The establishment of a research unit in the Bureau of Laboratories was an important development in 1960. Although the bureau has conducted research projects ever since its establishment in 1896, it has never had a unit devoted exclusively to this purpose. Original investigations included studies in microbiological aerosol sampling, surveys of bacterial flora in raw and pasteurized milk and a study of the rapid disc method for detecting antibiotics in milk.

Considerable pressure was placed on the sanitary bacteriology and chemical laboratories as a result of an accelerated program of laboratory testing of raw milk from licensed shippers in order that local milk plants might receive satisfactory ratings for interstate shipment of milk. Bacterial plate counts were made on 1,431 raw milk samples, and tests for added water were performed on 1,679 samples. In addition, 1,434 samples were tested for antibiotics.

During 1960, there were recorded 249,169 examinations of 90,847 specimens and samples. In comparison with 1959 figures, total examinations increased by 24,291 or 10.8 per cent, and total specimens and samples decreased by 7,193 or 9.3 per cent. Services concerned with the diagnosis, prevention or treatment of communicable diseases involved 181,491 microbiological tests of 71,646 specimens. Other services related to environmental sanitation involved 19,839 bacteriologic and 47,839 chemical examinations of 19,201 samples of milk or food products and industrial or other materials. There was no instance of improper pasteurization of milk at any of the commercial milk plants providing milk for Baltimore City. One instance of improper pasteurization, however, did occur in an institutional plant where an employee inadvertently emptied several quarts of raw milk, drained from a pipe line, into a 170 gallon batch of pasteurized milk. The last sample of improperly pasteurized milk was found in August, 1955.

The bureau continued its role in the child lead paint poison prevention program. Approximately 3,100 samples of paint scrapings and 1,171 specimens of blood were tested for lead content.

Special investigations included the testing of specimens of urine for bacteriuria in pregnant women, a study of the detection of sulfites in meat, a study of the detection of added water in milk, a trial of a field test procedure for measuring the cleanliness of eating utensils used in restaurants, the standardization of procedures for the preparation of samples of water for radioactivity evaluation, a refinement of the method devised for the detection of chromium in air, a method for determining the thickness

of plastic bags to ascertain compliance with City Ordinance No. 42, approved on September 28, 1959, the use of the stereo-camera for three-dimensional photomicrography of dust, the examination for lead of scrapings from surfaces from which paint had been removed by burning and scraping, and the use of Stuart's transport medium for gonococcus culturing procedures.

Public Health Nursing

Services

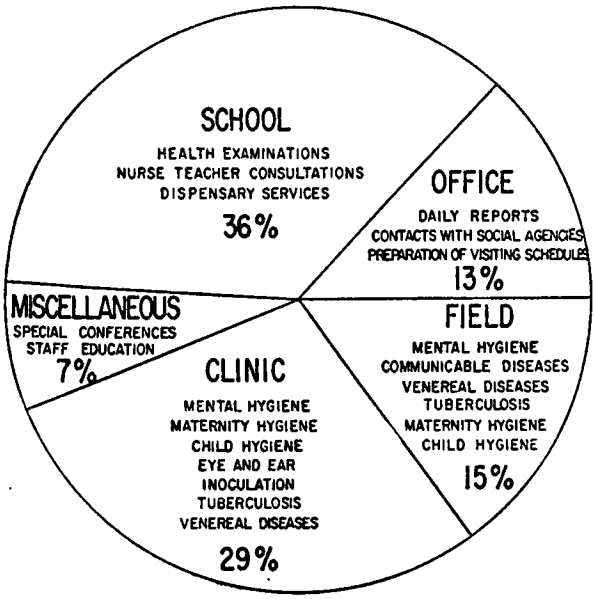
The Bureau of Public Health Nursing broadened its scope on January 1 with the transfer of nursing services of the 45 secondary public schools to the Health Department. Two secondary school nurse supervisors and 41 school nurses thus came under the bureau's supervision. Much time and effort were concentrated on making the secondary school health program an integral part of the bureau's nursing program. This integration should provide for sound, progressive care of the child from kindergarten through high school.

The mental hygiene program for elementary school children continued to grow. The greater awareness of the public health nurses to the symptoms of emotional problems increased the number of mental hygiene visits from 615 in 1959 to 1,695 in 1960. The nurses attended many case presentations and follow-up conferences.

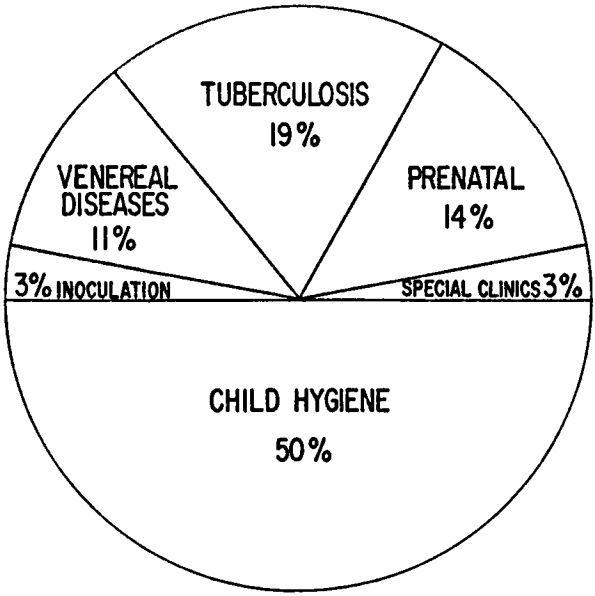
The nurses assisted the Bureau of Biostatistics in making the scheduled visits necessary for the Baltimore Health Survey. In addition to the fact-finding aspects of the survey, the nurses found many public health needs and were able to refer patients to their private physicians or clinics.

The program in the Division for the Handicapped was strengthened with the employment of Mrs. June Frisch as Senior Public Health Nursing Supervisor in Pediatrics. This program continued to expand with 2,100 visits made in 1960 compared with 1,295 in 1959. The increase reflected the long term and comprehensive care needed for handicapped children.

To assist in the tuberculosis control program, Miss Frieda Laubach was appointed to the position of Senior Public Health Nursing Supervisor in Tuberculosis in June. The guidance and educational assistance given to the districts' nursing staff and the tuberculosis clinics provided for a better exchange of information and improved follow-up for the tuberculosis patient. Specific public health nursing services are shown in the accompanying pie diagrams and table.



DISTRIBUTION OF NURSING TIME
BY MAJOR TYPE OF ACTIVITY—1960



DISTRIBUTION OF CLINIC NURSING TIME
BY TYPE OF SERVICE—1960

HOME VISITS OF PUBLIC HEALTH NURSES—1960

SERVICE	TOTAL	WHITE	COLORED
ALL HOME VISITS	82,217	22,631	59,586
Maternity hygiene	16,515	1,680	14,835
Infant health supervision	29,875	8,000	21,875
Preschool health supervision	6,105	1,915	4,190
School health supervision	5,160	3,060	2,100
Tuberculosis	9,155	3,130	6,025
Venereal disease	2,267	76	2,191
Other acute communicable diseases	5,015	1,345	3,670
Other morbidity	5,660	2,080	3,580
All others	2,465	1,345	1,120

Volunteer Program

The Volunteer Program continued to be an important activity. A total of 1,001 volunteers gave 17,667 hours of service compared with 1,114 volunteers and 22,979 hours in 1959. The continuing decline in volunteer hours reflected a nationwide trend. There seems to be more and more demand for volunteers and fewer volunteers to meet the need, perhaps because of the increasing number of women who are salaried employees. The Student Volunteer Program had 31 participants who gave 2,188 hours of service during their nine week program. The Druid Volunteer Program continued to grow although the goal, a vision-testing program in all schools, was not met.

An active program in poliomyelitis prevention was carried on in the Harlem Park area in cooperation with the Harlem Park Neighborhood Council and the Baltimore Urban Renewal and Housing Agency. Three hundred and eighty-three children received inoculations through this program and new volunteers were recruited for the Druid Health District.

The Sixth Annual Meeting of Volunteers was held on May 4, and a Volunteer Council of the Baltimore City Health Department was inaugurated. Dr. Lillian B. Davis, former Supervisor of Health Education in the Department of Education, became its first president. Mrs. Jane B. Laib, former Director of the Bureau of Public Health Nursing, was named vice-president, and Miss Gertrude Muir of the Maryland League of Women's Clubs, became secretary. The Coordinating Council of Parent-Teacher Associations of the Baltimore Public Schools and the Maryland League of Women's Clubs were represented on the executive board of the new organization. Through it volunteers can help plan how best to assist the Health Department in its programs in the prevention of disease and the promotion of health.

Education

In-service education in several districts centered around the child, with conferences on the newborn, the infant, the toddler and the handicapped child. In venereal disease control work ten public health nurses were trained in treatment techniques and five public health nurses had a series of conferences to prepare them for interviewing in the venereal disease clinics. Miss Virginia Struve, Supervisor of Public Health Nursing for Venereal Diseases, conducted 17 seminars on venereal disease control with a total attendance of 128 student and staff nurses. Orientation sessions for new public health nurses were held over a three month period to supplement the orientation given in each district. Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene Education, also held a series of conferences with new staff nurses.

Four nurses were granted educational leaves to complete masters' degrees, and one nurse to work on a bachelor of science degree in nursing. A number of nurses attended workshops and took special courses. In September, the University of Maryland assigned a third instructor, Mrs. Alice Lee Kline, to the Southern Health District to assist with the 13 week public health experience for 36 baccalaureate student nurses. Ten students from Mount St. Agnes College came for eight weeks experience, and 63 diploma students from the Johns Hopkins Hospital School of Nursing completed 8 weeks of affiliation in the Eastern Health District. Observations were provided for 93 student nurses as a supplement to their hospital instruction. Medical students and visitors also participated in planned observations.

During 1960 the Bureau of Public Health Nursing appointed forty-two nurses and accepted thirty-four resignations, which included four retirements. This turnover and the continuing vacancies meant continued adjustment and planning in the districts in order to meet the demands of the various Health Department programs.

Mental Hygiene

A decline within the past three years in the census of patients who were residents of the four state mental hospitals was objective evidence of advances made in the control of certain components of psychiatric illness. This development was largely the result of the effective use of psychopharmacological agents. However, while the number of patients within public institutions underwent some decline, the number under treatment in outpatient clinics increased accordingly. This shift in patient care from the institution to the community was indicative of a more general develop-

ment in mental hygiene which emphasized the necessity for a strong publicly coordinated service located at the community level and responsive to community needs.

It is difficult to determine the extent of mental illness among residents of Baltimore City. The question of defining a significant case of mental illness is yet to be solved. However, certain broad elements of this problem can be measured. At the end of the year, 4,176 residents of Baltimore City were in the state mental hospitals, 3,700 were registered in the reporting outpatient psychiatric clinics, and 1,100 were in privately administered institutions. In addition, based on carefully designed and scientifically valid survey procedures, studies completed by the City Health Department indicated that 13 per cent of Baltimore's elementary school children gave evidence of emotional problems requiring psychiatric attention which could only be met by expanding the city's mental hygiene facilities.

When one considers the vast spectrum of mental hygiene disorders and the limited funds now budgeted for preventive efforts, it is little wonder that progress, if any, is difficult to discern. Nevertheless, under the general supervision of Dr. Matthew Tayback, Assistant Commissioner of Health for Research and Planning, the Department's efforts did not pass without achieving notable advances. The two mental hygiene clinics for children, first established in 1959, improved referral procedures, gained stature as competent consultants to physicians and children's agencies, and carried on a widening program of indoctrination for social workers, nurses, teachers and other specialists concerned with the training of children. Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene Education, in an exploratory effort developed procedures for routine screening of new entrants to the school system for evidence of emotional maldevelopment. Early case finding would seem to be the necessary condition to prevent serious character disorders in later childhood. Dr. Allan Goldfarb, Chief of the Division of Mental Hygiene Research completed his studies on the extent of emotional disorder in school children and was requested to prepare a monograph on his findings for the National Institute of Mental Research.

At the year end two studies of the Medical Care Committee of the Maryland State Planning Commission for the Governor and the General Assembly, commonly called the Kirkman and Yeager Reports, had powerful implications for the future of mental health and public health in Baltimore and in the State of Maryland. As described in these documents the years ahead would provide for departments both at the state and local levels which would emphasize a health service combining preventive services, public medical care and mental hygiene activities.

Eastern Health District

All activities in the Eastern Health District were carried on at capacity and an estimated 130,000 patient services were provided to residents of the area. The district boundaries were changed on January 1 so that the total new area included Wards 5, 7, 8, 9, 10 and 12, census tracts 27-1 to 27-14 inclusive of Ward 27, and census tracts 13-5, 13-6 and 13-7 of Ward 13, making an area of 22.4 square miles. The 1960 census taken in April revealed a total district population of 307,895.

Communicable Diseases

Cases of acute communicable diseases were reported as follows: Paralytic poliomyelitis, 35 cases and 1 death; measles, 697; meningococcal infections, 3 cases and 2 deaths; chickenpox, 286; infectious hepatitis, 61; and typhoid fever, 1. There was no case of diphtheria in the district in 1960.

As in the past, tuberculosis control work continued as an important district activity. The treatment and supervision of tuberculosis patients required 2,510 home visits by public health nurses. The X-ray screening clinic took 4,967 films of contacts of active cases, patients referred by private physicians or hospitals, prenatal patients, or self-referred apparently well persons. This was a decrease of 3.7 per cent from the previous year. The group surveyed comprised 2,009 white persons and 2,958 colored persons. X-ray films were read as follows: Negative, 95.6 per cent; unsatisfactory, 1.8 per cent; suspicious, 2.6 per cent. There were 29 patients registered as new cases of tuberculosis from the 126 patients with suspicious films. The BCG clinic continued and BCG was given to 757 patients. This was the largest number of BCG vaccinations given in one year and an increase of 22 per cent over the previous year. The venereal disease clinics admitted 3,394 patients, of whom 196 had syphilis, 1,730 had gonorrhea and 1,007 had no disease. Prophylactic treatment was administered to 73 contacts of syphilis and 360 contacts of gonorrhea. There was one patient with granuloma inguinale and 27 persons for whom the diagnosis was not completed.

Maternal and Child Health

There were 21,369 visits to the child health clinics in the district. In the examination of 6,853 school children, 3,320 defects were found and referred for treatment or correction. There were 7,924 antenatal and postnatal visits in the maternity clinics. The total number of mothers served in the district prenatal clinics during the year was 2,594, of which 41 were white

THE NEW 4-IN-1 VACCINE INCLUDES POLIO VACCINE

Dr. W. Sinclair Harper, *District Health Officer of the Eastern Health District,* inoculates a child against diphtheria, whooping cough, tetanus and paralytic poliomyelitis—1960.

patients and 2,553 were colored; 1,660 of these patients were registered for delivery at the Baltimore City Hospitals, 793 were registered for prenatal care only and 23 were registered for delivery by midwives. Postpartum examination only was provided for 118 patients.

Mental Hygiene

The mental hygiene clinic established in 1959 expanded its services in 1960. Sixty-two new cases were accepted and 162 consultation conferences were held. These conferences were with the public health nurses, with the workers of the Catholic parochial schools, the Department of Public Welfare, the Family and Children's Society, the Department of Education, the Jewish Family and Children's Bureau, the Maternal and Child Health Division of the Johns Hopkins School of Hygiene and Public Health and the Probation Department. In addition, a research project on alcoholism was prepared.

Generalized Sanitation Program

The assignment of a fourth sanitarian improved the generalized sanitation program. There were 3,139 first inspections and 2,261 reinspections, resulting in 5,223 corrections. Particular work was done in cooperation with the Bureau of Parks, the Experimental Conservation District and the Housing Court.

Education and Research

Students from all major disciplines of public health attended the district during the year. These included Master of Public Health students of the Johns Hopkins School of Hygiene and Public Health, medical and nursing students from the Johns Hopkins Medical Institutions, sanitarians of the City Health Department, nursing students of the University of Maryland, St. Joseph's and the Union Memorial hospitals. The regular eight-weeks full-time affiliate program in public health nursing was attended by 63 student nurses of the Johns Hopkins Hospital School of Nursing. This brought to 2,030 the number of students who have taken this course since the district was established in 1932.

Dr. Ray D. Baker, resident physician in public health, completed his assignment and began work with the Maryland State Department of Health in June. Dr. Baker returned to the Eastern Health District in September and later in the month began his Master of Public Health course at the Johns Hopkins School of Hygiene. Dr. M. H. Rahnavardi of Tehran, Iran, worked in the district full time during the summer months prior to beginning an advanced course at the Tulane University School of Tropical Medicine and Public Health in New Orleans. Dr. René Gonzales of Caracas, Venezuela, a Master of Public Health student, served in the mental hygiene clinic part time beginning in April. There were nine short courses for City Health Department personnel; included were such subjects as staphylococcal infections in hospitals, radiological health, and problems of weed and pest control. These courses were supervised by Mr. Milton P. Friedmann, Chief of the Division of Sanitarian Training.

The Baltimore Study on the Hygiene of Housing terminated its work on June 30. This research was summarized in a large volume entitled "The Housing Environment and Family Life." Copies of this document were filed in the City Health Department, in its district building and in the Department of Biostatistics at the Johns Hopkins School of Hygiene and Public Health and the report was reviewed briefly in the June issue of *Baltimore Health News*.

Dr. Oscar Stine completed his thesis entitled "Physicians in Child Health Conferences" as a requirement for a Doctor of Public Health degree at the Johns Hopkins School of Hygiene. Miss Elizabeth Britt completed her thesis entitled "Report of Findings on Pre-Test of Hearing and Speech Interview" as a requirement for an Sc.D. degree at the school. Mrs. Betty Cuthbert completed a thesis entitled "Mental Hygiene Seminars with a Group of Student Nurses During the Pre-Clinical Period of Nursing Education," as a requirement for an M.Sc. degree at the school.

Dr. Frank E. Lundin, instructor in the Division of Epidemiology of the Johns Hopkins School of Hygiene, and his staff were allocated office space on the third floor of the district building and he continued his studies on carcinoma of the lung. Dr. Thomas A. Cockburn, a Fellow of the National Institutes of Health, Bethesda, Maryland, who worked with the Division of Epidemiology at the Johns Hopkins School of Hygiene, was allocated office space adjacent to Dr. Lundin. Dr. Cockburn wrote papers on smallpox and cholera, and on the concept of the eradication of malaria and other diseases. Mr. Guido Crocetti of the staff of Dr. Paul Lemkau, and Dr. A. M. Schneidmuhl, director of the mental hygiene clinic in the district, prepared research projects in mental hygiene.

The district resources were demonstrated to many individuals and groups including social agencies, high school teachers, school counselors and high school and elementary school students. There was extensive use of the seminar rooms for professional meetings of sanitarians, public health nurses, nutritionists, rehabilitation workers, recreation workers, mental health groups and others. Visitors to the district came from the United States and Canada and from Australia, Brazil, Ceylon, Colombia, India, Iran, Iraq, Israel, Italy, Jamaica, Japan, Mexico, Peru, the Philippines, Taiwan and Venezuela.

Western Health District

The year was one of continuously expanding activities. During the first months as equipment flowed into the new district building at 700 West Lombard Street well baby and inoculation clinics continued to be held in the University of Maryland Hospital Outpatient Department. Prenatal and chest clinic services for residents of the district were provided in the Southern and Druid Health District buildings. By May enough equipment had been received to set up the inoculation and tuberculin testing clinics. During this month also, Dr. Adoracion Tañega, director of the district's mental hygiene clinic, began her work in the building.

In July the City Health Department well baby clinic formerly held in University of Maryland Hospital quarters was moved into the new build-

ing. This clinic continued to run at capacity five mornings a week staffed by three physicians on the Medical School faculty and by groups of medical students. Work in this clinic was a regular assignment during the students' period of training in pediatrics. In August the eye and ear clinics started weekly sessions in the building with patients referred from the whole western portion of the city. In the same month a prenatal clinic was also begun with one session a week. Due to the heavy volume a second weekly session was added in December. The dental clinic, staffed by the City Health Department's Bureau of Dental Care with assistance from the dental school of the University of Maryland, was opened in August. This clinic serving the children in the district was also used as a teaching facility for dental students, and approximately 250 of them received training there by the end of the year. With the opening of the chest clinic in September full use of the new district building was achieved. The chest clinic was conducted three afternoons and two evenings a week with additional special sessions for giving streptomycin inoculations and diagnostic gastric washings.

Close cooperation with the University of Maryland professional schools was maintained. A research program in the home care of cardiac patients conducted by the University's Department of Preventive Medicine and Rehabilitation was housed in the district building beginning on July 1. A special study on the role of the public health nurse in a mental hygiene program for adults was also begun on July 1 in cooperation with Dr. Gerald D. Klee, Assistant Professor of Psychiatry at the University of Maryland Psychiatric Institute.

Nursing students were assigned in groups of five to six for a two-months affiliation in generalized public health nursing, and medical students in their third year spent two sessions in the Western Health District making home visits with nurses. The district health officer conducted a seminar for these medical students on district health activities.

Druid Health District

The cornerstone laying ceremonies for the new Druid Health District building at 1515 West North Avenue were conducted on November 29 by the Commissioner of Health and the District Health Officer. Mr. Raughley L. Porter, the City Building Construction Engineer; Mr. Lawrence Best, the builder, and personnel of the Druid Health District were present. It was hoped that the building would be ready for occupancy in 1961.

The Neighborhood Conservation Committee appointed by Mayor Grady in June selected an area in the Druid Health District as its first undertaking. This area in the Mount Royal section was known as the Experi-

THE CORNERSTONE IS LAID FOR THE NEW DRUID HEALTH DISTRICT BUILDING—NOVEMBER 29, 1960

In the photograph are shown (left to right): Mr. Raughley L. Porter, *City Building Construction Engineer;* Mr. Lawrence Best, *Contractor;* Dr. H. Maceo Williams, *District Health Officer;* the Commissioner of Health; Miss Anna Persch, *Nursing Supervisor;* and other public health nurses.

mental Conservation District. The objective was to coordinate actively all the services of the city departments in preventing the spread of residential blight and slums.

The morbidity and mortality from lead paint poisoning in children appeared to decrease in the district. In 1960 there were 10 cases and no death reported as compared to 29 cases and one death in 1959. Through the combined endeavors of the Bureau of Health Information, the Baltimore Urban Renewal and Housing Agency, the Bureau of Environmental Hygiene and Radio Station WEBB, many people were instructed about prevention and the recognition of the signs and symptoms of this condition. The preventive program of the Bureau of Environmental Hygiene was continued during the year.

The number of cases of paralytic poliomyelitis increased from 3 cases in 1959 to 9 in 1960. During the summer opportunity was provided for more children to receive their poliomyelitis inoculations by making the

vaccine available from 9:00 A.M. to 4:00 P.M. This service was in addition to the regular inoculation and well baby clinics in the district. A large number of children received protection, but studies by the Bureau of Biostatistics disclosed that the Druid Health District had a lower percentage of anti-poliomyelitis inoculations in children under 10 years old than that of any other health district in the city.

The Druid Health District conducted its regular clinics for diseases of the chest, venereal diseases, prenatal and postnatal hygiene, and for preventive inoculations and child hygiene. In September the chest clinic at 1516 Madison Avenue was moved to the new Western Health District building at 700 West Lombard Street after having served the public for a quarter of a century in a row-house building. The venereal disease clinics closed their Friday night sessions in the Druid Health District building. Night clinics were then conducted on Mondays, Tuesdays, Wednesdays, and Thursdays, and a day clinic was held on Wednesday mornings. A well baby clinic for premature infants, conducted twice each month, was inaugurated at Provident Hospital.

Another entity showing an increase in incidence for the Druid Health District was early syphilis. In 1960 a total of 100 such cases was reported as compared to 69 for the previous year indicating that over one-third of the early cases reported for the city came from this district. Totals of 463 cases of syphilis and 3,107 cases of gonorrhea were treated in the district clinics.

During the summer a chest X-ray survey on Pennsylvania Avenue yielded several new cases of active tuberculosis, previously unknown, which were brought under care in the chest clinic or referred to general practitioners. Mrs. Anne Reed, the social worker assigned to the chest clinic by the Maryland Tuberculosis Association, continued to be of great assistance in the control of tuberculosis. Her report proved the need of additional trained social workers. Many patients were assisted in the provision of nonmedical needs.

The Bureau of Dental Care treated 3,393 school children who received 18,582 dental services during 913 dental clinic sessions. The Bureau of Environmental Hygiene conducted an intensive rodent control program in 4 blocks of the district. The Bureau of Laboratories supplied the district with 27,322 specimen containers for physicians and Health Department clinics. The Bureau of Food Control made 1,250 routine and 107 special investigations of food establishments; 46 per cent of these establishments were found to be in a satisfactory sanitary condition.

Southeastern Health District

With the addition of census tracts 26-1, 26-2 and 26-3 the population of the Southeastern Health District was increased to 146,477. Within this newly added area were three public schools, two parochial schools and one housing project. The liaison service between the Baltimore City Hospitals and the Southeastern Health District, started in July, 1958 in an effort to give prompt follow-up to prematures born at the hospital, was discontinued August 10 when a full-time public health nurse was employed by the hospital.

With the increase in cases of paralytic poliomyelitis in the city, attendance at the inoculation clinic greatly increased, reaching a peak in October. Cases of acute communicable diseases were reported as follows: Infectious hepatitis, 81; measles, 326; paralytic poliomyelitis, 18; scarlet fever, 32 and whooping cough, 9. There was no case of diphtheria during the year.

A graduate student from the Johns Hopkins School of Hygiene and Public Health had 9 weeks of orientation and experience in generalized public health nursing. The affiliation in this work was continued for the fifth year for fifteen collegiate nurses from the University of Maryland School of Nursing. Two secondary school nurses completed eight weeks affiliation in public health nursing. Students from the Johns Hopkins School of Hygiene and Public Health, the Instructive Visiting Nurse Association and the Maryland General Hospital School of Nursing observed district and clinic activities.

The monthly educational conferences were devoted to the mental hygiene and the handicapped children's programs. School principals, teachers and social workers in addition to selected nursing staff were present for case presentations before Dr. A. M. Schneidmuhl, Director of the Eastern Mental Hygiene Clinic. Seminars were held with Mrs. June Frisch and Mrs. Margaret Mohler of the Division for the Handicapped for orientation and consultation regarding specific children under Health Department supervision. Representatives from the Baltimore Hearing Society and the Maryland Society for Mentally Retarded Children spoke to the district nursing staff and described their activities and the methods of referring children for service. A field trip was also made by the district nurses to the Baltimore League for Crippled Children and Adults. The East Baltimore Medical Society continued to meet monthly in the district building for the 19th consecutive year.

Southern Health District

Efforts were continued to cover all important health activities despite a shortage of nursing personnel and difficulty in obtaining and keeping volunteers in the various clinics. Opening of a new section of the Westport Housing Project added 232 additional dwellings to the project and expanded Health Department responsibilities for 1,280 children of which 500 were of preschool age.

Child health clinics were well attended throughout the year and additional clinic sessions were added to those in the Westport Housing Project and the Brooklyn Housing Project. During the latter part of the year films on child safety were shown weekly in the district building's child health clinic. Due to a shortage of nursing personnel at this time two of the public schools in the Cherry Hill area were given only emergency health service. In April, 2 cases of tuberculosis were reported in the twelfth grade at Southern High School. In a cooperative effort a total of 300 children from this grade was tuberculin tested and positive reactors were referred for chest X-rays in the Southern Health District clinic.

Five students from Mount St. Agnes College and eleven from the University of Maryland School of Nursing spent eight and thirteen weeks respectively in public health affiliation in the district. Students from Maryland General Hospital and Catholic University schools of nursing observed home visiting activities and a number of junior nursing students from the University of Maryland School of Nursing visited neonatal and postpartum patients with the public health nurses. Speakers for staff education included both personnel from the Health Department and from outside community agencies. Nurses from the district participated in a training program in mental hygiene conducted by Miss Florence Burnett, consultant from the Maryland State Department of Health. Two nurses attended the two-week workshop in tuberculosis nursing conducted by the University of Maryland and the Baltimore City Hospitals.

Preventive Medicine

The Section of Preventive Medicine continued to work with the City Health Department's Committee on Hospital Infections to develop a program to assist in the control of hospital-borne diseases. The committee's activities included a review of the literature on hospital infections, the purchase of the film "Hospital Sepsis: A Communicable Disease," and a visit to the U. S. Public Health Service Hospital at Staten Island, New York, to observe the application of measures for the control of staphylococcal infections in that hospital.

Other noteworthy section activities included the merger of the medical and nursing services of the city's secondary schools into the City Health Department's work, the resignation of Dr. Woodrow Hemphill, Director of the Bureau of School Hygiene, and the appointment of Dr. Dale E. Harro to this post; and the opening of a dental clinic in the new Western Health District building in cooperation with the Baltimore College of Dental Surgery of the University of Maryland.

Communicable Diseases

There were 13,406 cases of communicable diseases reported during 1960, an increase of 641 from the 12,765 cases reported in 1959. This increase was due largely to a greater incidence of measles and mumps. On April 6 at the child health clinic in the Eastern Health District building, the Commissioner of Health inaugurated a new 4-in-1 vaccine which combined poliomyelitis vaccine with the former triple antigens: diphtheria toxoid, pertussis vaccine and tetanus toxoid.

Acute Diseases

For the second consecutive year Baltimore City experienced not a single case of diphtheria; the last case was reported on April 30, 1958 and died on May 10, 1958. There was also no case in the city during all of 1957. There were 97 cases of paralytic poliomyelitis reported during the year as compared to 11 cases in 1958 and 15 cases in 1959. There were 4 deaths in 1960. This was the largest outbreak of paralytic poliomyelitis since 1950 when there were 225 cases and 9 deaths. The cases were concentrated in the older and lower socio-economic areas of the city and among young children; 52 or 54 per cent of the cases were under 5 years of age. Of the 97 cases 25 had received three or more doses of poliomyelitis vaccine.

Two cases of typhoid fever were reported during the year. The first was in a six year old boy and a search for the source of the infection was unsuccessful. The second case was in a sixty-two year old woman who became sick while traveling in Europe. At the beginning of 1960 there were 46 known typhoid carriers living in Baltimore. Five of these died so that at the end of the year 41 carriers remained under Health Department supervision.

The outbreak of infectious hepatitis, which began in 1958, continued in 1960, although it appeared that the peak was passed in 1959. Totals of 202 cases and 11 deaths were reported, compared with 292 cases and 1 death in 1959.

There was 1 case of brucellosis reported in a slaughter house worker.

This was the first known case since 1957 when 2 cases were reported. There were recorded 2,182 cases of measles, 75 cases of German measles, 74 cases of whooping cough, and 12 cases of meningococcal infections.

It was estimated by the Baltimore Health Survey of the Bureau of Biostatistics that 90.8 per cent of preschool children over one year of age had received the combined diphtheria-whooping cough-tetanus inoculations, and also that 67 per cent of children under 10 years of age had received at least three inoculations of poliomyelitis vaccine. For the thirty-second year there was no case of smallpox in the city. The last recorded case was reported on March 9, 1928.

CHILDREN RECORDED AS RECEIVING DIPHTHERIA TOXOID INOCULATION
BALTIMORE 1955-1960

AGENCY	1960	1959	1958	1957	1956	1955
TOTAL	26,710	30,790	30,520	32,355	35,690	33,545
Physician's practice	...	...	...	8,505	8,965	10,660
Preschool clinics	25,275	26,960	25,005	21,245	19,300	17,775
School clinics	1,435	3,830	5,515	2,605	7,425	5,110

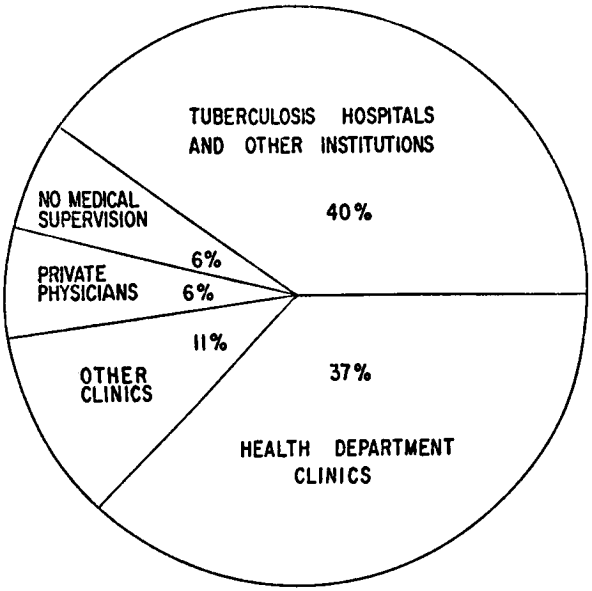
Tuberculosis

On September 19 a chest clinic was opened in the new Western Health District building at 700 West Lombard Street. The new clinic replaced the chest clinic at 1516 Madison Avenue which had served the residents of West Baltimore for a period of 25 years.

There were 149 resident deaths from tuberculosis in 1960, which gave a death rate of 15.9 per 100,000 population. The white death rate was 13.9 and the nonwhite rate was 19.5. A total of 823 new cases of all forms of tuberculosis was reported, giving a rate of 87.6 per 100,000 population for such new cases with a white rate of 53.0 and a nonwhite rate of 152.0.

As of July 1, 1960, there were 3,273 tuberculosis cases of public health significance registered, of which 1,419 or 43 per cent were white persons and 1,854 or 57 per cent nonwhite. Among the total registered cases 1,782 were in the active stage and the remainder were sputum-negative and probably inactive. The accompanying pie diagram gives the type of medical supervision for these active cases.

There were 22,745 individuals who were examined in the four Health Department chest clinics during 1960. They made 39,473 clinic visits and received 27,489 chest X-ray examinations. Pneumotherapy services were given to 27 individuals. The home chemotherapy program was continued



MEDICAL SUPERVISION OF 1,782 ACTIVE TUBERCULOSIS CASES IN CASE REGISTER—BALTIMORE—1960

during 1960. In addition to active tuberculosis patients chemotherapeutic drugs were provided for preschool children who had positive tuberculin skin tests without other manifestations of tuberculous infection and also to other individuals who showed evidence of recent conversion of the tuberculin skin test from negative to positive. As of January 1, 1960 there were 1,326 patients on chemotherapy; 945 patients were added and 586 were discontinued during the year so that on December 31 there remained 1,685 individuals on the program.

Case-finding activities in 1960 included mass community surveys in high incidence areas by the City Health Department's securing the use of the State Health Department's mobile X-ray units, by hospital screening programs of inpatients and outpatients, by a screening service in the City Health Department's chest clinics, and a like service by the Maryland Tuberculosis Association. Through the combined efforts of all of these activities small chest X-rays were made of 65,112 persons.

A program for doing tuberculin skin tests on students in selected public schools was inaugurated during the year. The senior class at Southern High School and the eighth grade at the Garrison Junior High School were screened. In the former the reaction rate, using 5 millimeters of induration

or more as a positive reading, was 13.3 per cent, while in the eighth grade group the reaction rate was 5.4 per cent.

BCG vaccine was given to 757 individuals at a special clinic in the Eastern Health District building. Among the vaccinated were 752 child contacts, 2 nurses, 1 adult contact and 2 Health Department employees.

As of January 1, 1960 there were 816 Baltimore City residents in various tuberculosis hospitals. During the year 809 residents were admitted; 128 died in hospitals and 786 were discharged so that on December 31, 1960, there were 711 residents remaining in the hospitals. Of the 786 live discharges 567 or 72 per cent were with permission, and 219 or 28 per cent left the hospital against medical advice or were discharged for disciplinary reasons. Among the 219 irregular discharges 64 or 29.2 per cent had positive sputa.

Pursuant to the power conferred upon the Commissioner of Health by Section 217 of Article 12 of the Baltimore City Code of 1950, Regulation No. 3, adopted in August, 1956, and governing the compulsory isolation of persons having or suspected of having active tuberculosis, was invoked eight times.

Venereal Diseases

The total number of reported cases of syphilis decreased from 1,670 cases in 1959 to 1,545 in 1960; however, there was a sharp increase in the number of cases of primary and secondary syphilis. In 1960 there were 269 cases of primary and secondary syphilis reported as compared with 196 cases in 1959. This increase was first noted in July and the cases were concentrated predominantly in the west central area of the city. The number of reported cases of gonorrhea decreased from 6,743 cases in 1959 to 6,179 cases in 1960.

Syphilis was recorded as the cause of death for 28 individuals. This gave a mortality rate of 3.0 per 100,000 population. For the twelth consecutive year for white infants and for the tenth consecutive year for nonwhite infants no death from syphilis was recorded.

There were 10,720 individuals admitted to the venereal disease clinics, making a total of 19,182 clinic visits. Treatment was given to 809 patients with proven syphilis and to 5,675 patients with proven gonorrhea. In addition, 249 contacts were treated for syphilis and 1,138 contacts for gonorrhea on the basis of epidemiological findings.

During the year the city communicable disease control regulation adopted pursuant to Section 217 of Article 12 of the Baltimore City Code of 1950 was invoked 3 times to bring to examination or treatment individuals suspected or known to be infected with venereal disease.

Child Hygiene

Maternity Hygiene

The number of resident mothers who died from causes associated with childbirth in 1960 was 12 as compared with 8 in 1959. One death occurred among white mothers and 11 were among nonwhites. The maternal mortality rate for the city was 5.2 per 10,000 live births as compared with 3.3 for 1959. In the nonwhite group the rate was 9.8 as compared with 5.3 in 1959 while the rate for the white group was 0.8 as compared with 1.6 for the previous year. A total of 22,561 visits to the prenatal clinics was made by 5,865 patients, a decrease of 3,173 visits from the 25,734 visits made by 6,340 patients served in 1959. The average number of visits per patient was 3.8 as compared with 4.1 in 1959.

During the year, 7,602 expectant mothers were interviewed at the maternity interviewing service as compared with 7,610 in 1959. Of those interviewed 43.5 per cent were referred to voluntary hospitals as compared with 40.5 per cent in 1959. The increased State Aid funds available on July 1 made it possible for the voluntary hospitals to accept a larger number of indigent and medically indigent patients.

In 1960 a total of 23,262 babies was born to Baltimore mothers as compared with 23,893 in 1959; 98.0 per cent of these births occurred in hospitals. Of all babies delivered 99.5 per cent were delivered by physicians, 0.3 per cent were delivered by midwives and 0.2 per cent were unattended. Of the resident nonwhite births 96.8 per cent occurred in hospitals in 1960. For white births the figure was 99.1 per cent.

Preschool Hygiene

Since 1957 the City Health Department has been especially concerned with a rise in the infant mortality which, analysis indicated, was due to an increase in the death rate for premature babies. A number of City Health Department steps were undertaken to reduce this loss of life among infants. These included: (1) Biostatistical and epidemiological investigation to pin down some of the likely factors, (2) conferences with the pediatric and obstetrical department heads of the major hospitals designed to exchange expert opinion on the methods required to minimize newborn mortality, (3) more vigorous enforcement of the City Maternity Hospital Regulations and (4) assisting in securing more nursing staff for the premature nursery at Baltimore City Hospitals. It can be reported that a significant reduction in infant deaths was achieved in 1960 by contrast with the prior three years.

The 1960 infant mortality rate of 32.5 showed an 8 per cent decrease

over the 1959 rate of 35.4 deaths per 1,000 live births. There was a decline in the colored infant mortality rate to 41.3 deaths per 1,000 live births as compared with 47.0 in 1959. The infant mortality rate for the white live births was 24.3 as compared with 25.0 for 1959.

Inoculations of diphtheria-pertussis-tetanus antigens, smallpox vaccine and poliomyelitis vaccine continued to be given in both inoculation and well baby clinics. On April 6 the use of the new 4-in-1 vaccine which combined poliomyelitis vaccine with the former triple antigens was inaugurated.

Child health clinics were conducted at 33 locations with a total of 92 weekly physician sessions. Attendance increased from 88,165 visits in 1959 to 93,936 visits in 1960 and the number of patients seen increased from 21,643 to 28,464. A major problem in the child health clinics was the lack of adequate clerical assistance so that the public health nurses were prevented from devoting their full time to health counseling and education.

Day Nursery Program

A total of 40 applications for day nurseries was received for screening. Of this number 24 applications were canceled or withdrawn. Still being processed for approval at the close of the year were 3 applications; 2 established day nurseries terminated their services. Licenses for 13 new day nurseries were issued. At the close of the year there were 78 day nurseries in operation, with a total capacity enrollment of 2,875 children. The bureau director attended the first National Conference on Day Care for Children, which was held in Washington, D. C., in November.

Services for the Handicapped

In August the Division for the Handicapped was transferred from the Bureau of School Hygiene to the Bureau of Child Hygiene. Particular emphasis was placed on the detection of handicapping conditions early in childhood. By early detection and treatment of handicaps, physical and emotional difficulties were alleviated, thus helping the children toward a healthy and well-adjusted life. During the year 2,190 new cases were registered with the program. The supervisor of public health nursing assigned to the Division for the Handicapped continued to represent the Health Department in various clinics throughout the city, among which were the clinic of the Baltimore League for Crippled Children and the poliomyelitis and orthopedic clinics at Kernan Hospital. The poliomyelitis outbreak of 1960 resulted in additional services by the division.

School Hygiene

The three facets of the school health program which occupied major attention were those for communicable disease control, for case-finding of children with handicaps and for health education. The program was oriented toward finding the child with special needs and making the facilities of the Health Department available for his use. This resulted in close working relationships between the school hygiene bureau, the division for the handicapped and the diagnostic and evaluation clinics at the two universities, and also the hearing and speech center at the Johns Hopkins University.

Examinations of elementary school children suspected of having an abnormality or needing special educational placement revealed that 3,383 of the 9,117 examined were afflicted with conditions needing further attention. Of the 37,668 secondary school children examined, 21,995 had conditions needing further attention, the most common of which were dental defects.

A pilot program was begun in the Patterson High School in the fall which temporarily discontinued routine examination of the 11th grade children and relied upon the judgment of the administrative staff, physical education teachers, science teachers, the home economics department and counselors for referral of problem children to the health suite. This resulted in a program comparable to that being administered in the elementary schools.

Vision testing continued in both the elementary and secondary schools, and hearing testing, while stressing the elementary school-age child, was made available to the secondary schools as well. Through agreement with the Department of Education all requests for special adjustments of the educational program because of medical reasons, chronic absenteeism or known cases of pregnancy in school-age children were forwarded to the school hygiene bureau for its recommendations.

In order to offset the more than 100 per cent increase in the treatment of minor ailments, an active campaign was launched to change the emphasis in the secondary school program from treatment to prevention. It was hoped that this would enable the nursing staff to participate actively in a program of health education.

Dental Care

Programs of dental care for needy school children and recipients of public assistance were continued in 1960. A new dental clinic, the 31st in the school program, was opened in the new Western Health District

building at 700 West Lombard Street. Five modern dental operating rooms located only a city block from the Baltimore College of Dental Surgery of the University of Maryland enabled this clinic to assume a unique dual role. It served for the treatment of children and also for the training of senior dental students in the application of the latest techniques of dentistry for children in a dental public health program.

The orthodontic service, begun in 1958 for the care of children eligible for medical care benefits or aid to the handicapped, was still limited by the unavailability of trained personnel. The demand for dental service by clients of the Department of Public Welfare apparently reached a plateau despite increased numbers on public assistance rolls.

Designed to preserve as many teeth as possible by timely instruction and treatment, the school dental program encompassed 56,831 pupils in 115 public and parochial elementary schools which served the neediest of the city's children. The teeth of 33,866 children were inspected and 12,453 of these were treated by Health Department dentists. The children treated in Health Department clinics received 5,574 tooth cleaning operations; 35,151 fillings were inserted and 5,503 miscellaneous services were provided. It was found necessary to remove 5,372 teeth, mostly deciduous. Treatment in 9,894 cases was carried to completion.

Every means was employed, in and out of clinics, to instruct children, parents and teachers on the advantages of dental health and how to attain and preserve it. Printed material, demonstrations, talks, the press, radio and television, and public health nursing services all played important roles in the sustained dental health educational effort.

Recipients of public assistance were given dental emergency and surgical services in dental clinics of seven hospitals participating in the Medical Care Program. Most preventive and restorative services continued to be supplied in a special clinic in the Eastern Health District building. This clinic served 2,656 patients in 1960; 214 fewer than in 1959. Dentures were supplied in certain hospital clinics and by private dentists on a fixed fee basis. Altogether, 9,105 medical care beneficiaries received 26,891 dental treatment services, including 9,082 teeth removed and 5,627 filled; and denture services were furnished to 131 persons.

The Bureau of Water Supply maintained the fluoride concentration of the city's entire domestic water supply at one part fluoride to one million parts of water throughout 1960. A survey of 2,139 school children completed in the spring of the year disclosed dramatic reductions in tooth decay among children born after the fluoridation program was instituted late in 1952. Six-year-old children exposed continuously to the fluoridated water since birth averaged 75 per cent fewer permanent teeth attacked

by decay than youngsters of the same age five years earlier. Eight-year-olds averaged 50 per cent and ten-year-olds 30 per cent fewer attacked permanent teeth, which reflected relative portions of the period of permanent tooth formation during which the children drank the fluoridated water.

Nutrition

The Division of Nutrition in 1960 continued to devote its efforts toward education of the public in the basic concepts of good nutrition. This work was accomplished chiefly through assistance to the professional staffs of the City Health Department and allied agencies.

During the year the nutritionist, the sole member of this unit, became increasingly involved in the training and teaching of professional personnel. These included staff and student nurses, medical students, graduate public health students, elementary school teachers and a graduate nutrition student from Bogota, Colombia, at the request of the U. S. Public Health Service.

Community education activities included efforts to combat food fads and quack diets through the media of radio, television and the newspapers. Of particular note was a two week series in December of daily articles in the *Baltimore News-Post* with emphasis on sound nutrition habits. These articles, prepared by a science writer on the newspaper staff with the assistance of the Department's nutritionist, stimulated much community interest in better eating habits. Noteworthy also among community nutrition education efforts was the participation by the nutritionist in a Housing Clinic conducted under the auspices of the Housing Court for those persons summonsed in violation of the Housing Code. This clinic was an experiment to determine whether education in the fundamentals of decent living could be used successfully to fight neighborhood blight. The nutritionist participated in sessions dealing with proper nutrition and economical food planning.

Other special activities included participation as a group leader in a workshop for operators of day nurseries, assistance as a consultant in a research project "The Home Care Program for the Patient with Cardiovascular Disease" conducted by the University of Maryland School of Medicine, and service as a member on the advisory committee for "Meals on Wheels," a pilot project conducted by the Baltimore Section of the National Council of Jewish Women.

The nutritionist continued as Editor of the *Newsletter* of the Food and Nutrition Section of the American Public Health Association and was selected in December by the Association to serve as a liaison representa-

tive on the Food and Nutrition Board of the National Research Council. In September she attended the Fifth International Congress on Nutrition in Washington, D. C., and represented the Health Department on a variety of city and state committees.

Medical Care

In 1960 the Baltimore City Medical Care Program in its thirteenth year of operation was financially able to make medical care available for all individuals living in Baltimore City who received assistance from the Department of Public Welfare. The average number of persons on medical care rolls in 1960 was 40,732, an increase of 2,915 over the previous year. On January 1 the Baltimore City Health Department assumed the responsibility for arranging for transportation of Baltimore patients admitted to Maryland chronic disease hospitals. Previous to that date this service was provided by the Department of Public Welfare.

The neighborhood physicians continued to be the central figures in the provision of medical care. There were, on an average, 278 private physicians participating in the program. The physicians continued to be paid at the rate of $7.00 per person per year for physicians' home and office calls. An average of about 3 home and office calls was made for every person on physicians' rolls.

The six medical care clinics established soon after the inauguration of the Baltimore City Medical Care Program continued in their thirteenth year of operation. A seventh medical care clinic, which started at Baltimore City Hospitals in 1953 to provide medical care clinic services to foster children and which expanded its services to include adults in 1959, remained in operation throughout 1960. The fee schedule for pharmacists' services inaugurated July 1, 1959 continued in effect during the year. This fee schedule embodied an increased mark-up for pharmacists' services of 5.5 per cent on the selling price of prescriptions under the program.

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

The total expenditure for services under the Baltimore City Medical Care Program during 1960 was $1,228,504.05 and was contributed by the State of Maryland. In addition $90,847.50 was spent for administration; of this total for administration the City contributed $60,565.00 and $30,282.50 came from the State aid appropriation for local health services.

Sanitation

On June 9 Mayor Grady appointed the Commissioner of Health to head a six-man Operating Committee including the Building Inspection Engineer, the Chief Inspector of the Police Department, the Director of the Urban Renewal and Housing Agency, the Deputy Chief of the Fire Department, and the Director of Public Works to supervise 17 city agencies in a concentrated, coordinated effort to halt deterioration in the Experimental Conservation District bounded by Druid Park Drive, Mount Royal Terrace, North Avenue and the alley west of Eutaw Place.

A further step in protecting the public from the hazards of ionizing radiation took place on March 7 with the approval of City Ordinance No. 223, which gave the Commissioner of Health the power to adopt rules and regulations to control exposure to ionizing radiation.

A program was developed with the cooperation of the milk industry to control the presence of added water and antibiotics in milk. Further advances in the milk program included the inauguration of a program for obtaining samples of farm tank milk without individual sanitarian visits to each of the 2,302 dairy farms which hold City Health Department permits, and the development of a system of in-place cleaning of bulk milk tank trucks to replace unsatisfactory hand cleaning.

Study was given the problem of hospital-borne infection, and a visit was made to the U. S. Public Health Service Hospital at Staten Island, New York, in order to acquaint Health Department personnel with the successful measures adopted to control these infections. In this connection also the Department invited representatives of the Communicable Disease Center of the U. S. Public Health Service to come to Baltimore and participated with them in an environmental survey of two Baltimore hospitals.

Continued cooperation was given to the Urban Renewal and Housing Agency in its work in the Mount Vernon-Fremont Area and in the Harlem Park Area, and to the Bureau of Building Inspection in the multiple-dwelling inspection program. The activities in environmental sanitation continued to be handicapped due to shortage of staff resulting from the elimination of 8 vacant positions from the 1959 budget which were not restored in 1960. Particular details of the work of the administrative units in the Sanitary Section follow.

Milk Control

On July 14, after 30 years of service in milk control work of which the last 23 were spent as bureau director, Mr. Ivan M. Marty retired from

the Department. Mr. Marty was responsible for the growth of a sound and practical milk control program for Baltimore City.

Dairy Farm Inspection

Because of the increasing use of antibiotics by farmers in the treatment of animal diseases the Commissioner of Health on February 18th amended Dairy Farm Regulation No. 5 and Dairy Farm Regulation No. 21 so as to prevent the presence of penicillin or any other antibiotic in the city milk supply. Following the signing of these regulations samples of milk obtained from each producer's milk shipments, heretofore tested only for bacterial counts and fat, were also tested for the presence of antibiotics. In addition, it was also decided to make tests once monthly for the presence of added water. If the sample of milk was positive for either antibiotics or added water, the milk producer's permit was suspended for seven days. During the year a total of 107 milk shippers was suspended for the presence of added water and 10 were suspended for the presence of antibiotics. In addition, the permits of 2 milk producers were revoked, one on September 30 and the other on October 24 for the repeated offense of added water in their milk shipments.

Farms equipped with bulk milk storage tanks produced about 130,000 gallons of milk daily, or more than 86 per cent of the total city milk supply. This milk was transported to the city plants in truck tanks. Truck tank operators were trained by the Division of Dairy Farm Inspection to obtain samples of milk aseptically from the bulk milk producers at the time the milk was picked up at the farm. These samples were subsequently tested in the Health Department's Bureau of Laboratories.

At the end of the year 2,302 milk producers were shipping milk into Baltimore. These dairy farms received a total of 4,042 inspections by the City Health Department, compared with 3,657 inspections of 2,285 farms in 1959. These were supplemented by a total of more than 5,100 inspections made by the field men employed by the milk industry. The bureau issued 1,326 violation notices and suspended 187 farms for violations of the dairy farm regulations.

Milk Plant Inspection

For the first time in the history of milk pasteurization in Baltimore, beginning in June, all milk handled commercially in Baltimore was pasteurized by the high temperature short time method. This was made possible by the installation of a 60,000 pounds per hour pasteurizer at a local milk plant. This unit was the largest single high temperature short time pasteurizer in use in the United States.

ROUTINE MILK PASTEURIZATION PLANT INSPECTION

Mr. Gulius D. D'Ambrogi, Chief of the Division of Milk Plant Inspection, at the bottle filler.

In August the Division of Milk Plant Inspection cooperatively with the Maryland State Department of Health collected milk samples from local milk plants for shipment to the United States Public Health Service Laboratories. These samples were used in studies to determine the presence of strontium 90 in milk in Maryland.

It is noteworthy that the excellent cooperation between the Health Department and the local milk industry resulted in a year in which there was no instance of improper pasteurization of milk at a commercial milk plant in Baltimore City. This record has been unbroken since August, 1955. Mention has been made of the one instance of improper pasteurization which occurred at an institutional plant where an employee inadvertently emptied several quarts of raw milk into a batch of pasteurized milk. None of this milk reached the consumers due to prompt action by the Health Department.

During the summer months a rigid control was maintained over the manufacture and sale of soft ice cream and milkshakes from dispensing freezers. Sanitarians made inspections of these operations and obtained samples on a monthly basis. This close surveillance insured a product of

unusually low bacterial count and good quality. Thirteen operators were suspended for varying lengths of time for failing to meet Health Department requirements.

An important innovation in sanitary milk control activities was also made in 1960. After numerous conferences with members of the milk industry, producers' groups, officials of the University of Maryland Dairy Department, and representatives of state and county health departments, the division initiated a plan whereby milk truck tanks were adapted for an automatic cleaning-in-place method. Once instituted, this system assured that all truck tanks hauling milk to Baltimore milk plants were cleaned thoroughly.

During the year the division staff made 3,003 inspections of the 10 milk plants and 1,083 inspections of the 20 ice cream plants. More than 6,000 samples of milk and milk products were submitted to the Health Department's Bureau of Laboratories for testing. This was in addition to the more than 86,000 samples collected and tested in the self-policing program of the milk industry.

Food Control

Food sanitation practices continued at a high level in 1960. This was evidenced by a diminution of complaints against food establishments in the city, a minimum number of five outbreaks of food poisoning, inspection activities that found a greater percentage of samples free from abnormal ingredients, and the growth of a better cooperative relationship between the Health Department and the 10,000 food establishments in the city that employ 70,000 persons. The recommendation of the use of liquid germicidal soap, the relocation of equipment away from walls and off the floors and the insistence on the installation of equipment that could be readily cleaned and maintained, was favorably received by food establishments and carried out following the bureau's recommendations.

Instruction of food handlers continued with approximately 1,500 persons exposed to the information related to their specific jobs. Following the principle of encouraging the self imposed prevention of sanitary hazards, the Bureau of Food Control continued to encourage auxiliary inspection by managers and owners of food establishments. A total of 425 such establishments was engaged in this auxiliary inspection activity. They employed 134 sanitarians who participated in the program at a cost of approximately $118,000, a sum paid solely by industry and which exceeded by more than $24,000 the total operating expenses of the Bureau of Food Control.

Regulatory action was necessary in 10 instances following 197 office

hearings which were a combination of educational and warning sessions. Court cases resulted in the levying of $1,100 in fines. During the year, 14,735 inspections were made and over 10 tons of foods in 346 instances were condemned and destroyed. Recorded corrections totaled 6,488.

In addition to the routine patrolling of food establishments other bureau activities included: The supervision by sanitarians of the health and safety aspects at a Boy Scout encampment where approximately 25,000 scouts were assembled; the conducting of joint inspections with representatives of the Maryland State Department of Health in food control and hospital sanitation activities; and the inauguration of weekly visits to hospital accident dispensaries to ascertain the incidence of accidental ingestion of chemicals and drugs. The director of the Bureau of Food Control served as President of the Maryland Public Health Association, assisted as a member of a study group of the U.S. Public Health Service investigating enteric infections and participated in a survey of the food control activities of an adjoining state.

Meat Inspection

The provisions of the city meat inspection ordinance require that all meat sold in Baltimore be from plants maintained under either federal or municipal inspection. In 1960 the inspection staff of the City Health Department's Bureau of Meat Inspection made a total of 33,577 visits to assigned meat plants. Animals inspected totaled 225,229 compared with 219,720 animals inspected in 1959. A total of 519 whole carcasses was condemned in this process as compared with 447 carcasses in the prior year. Parts of carcasses noted as unfit for human consumption amounted to 27,601. The most frequent diseases encountered during inspection which caused condemnation were hog cholera, pyemia, traumatic pericarditis, emaciation, peritonitis, septicemia and icterus; and for condemnation of parts of carcasses were parasites, abscess, actinomycosis and strongyli. The slaughtering of cattle reacting to tuberculosis and Bang's disease was continued by the bureau upon authorization of various state and federal agencies.

Daily supervision of meat food products and the plant environment was maintained in sixty-eight plants processing and manufacturing 19,960,376 pounds of meat food products. As in past years the Bureau of Meat Inspection cooperated with the Bureau of Communicable Diseases in the examination of 927 dogs for rabies. These animals were all involved in bite cases reported to the Health Department.

Environmental Hygiene

Community Sanitation

An additional approach to neighborhood conservation was inaugurated on September 26 in the Experimental Conservation District, an area bounded by Druid Park Drive, Mount Royal Terrace, North Avenue and the alley west of Eutaw Place. Under the chairmanship of the Commissioner of Health, the Operating Committee of the Mayor's Neighborhood Conservation Committee began a coordinated program designed to bring to bear the full force of concentrated city services for the prevention, as far as possible, of further deterioration. In addition to participating in the planning and administration of the program, the Health Department aided in the evaluation of housing, conducted a rodent survey, baited and gassed portions of the area for control of rats and assisted in the inspection of commercial units in this designated experimental district. On October 27 Regulation 15 of the Rules and Regulations Governing the Hygiene of Housing was amended to require the occupants of multiple dwellings to provide garbage and trash containers for their own apartments in addition to the containers maintained by the owner in a central location.

The Health Department cooperated with the Housing Court magistrate in a Housing Clinic which provided instruction for tenants in basic sanitation and related subjects. Convicted violators of sanitary ordinances were given the option of being placed on probation conditioned upon their attending the clinic in lieu of paying a fine.

A limited survey of the homes of children registered at a well baby clinic in the Druid Health District was conducted and disclosed that 74.4 per cent of the buildings in which these children lived contained dangerous lead paint. Property owners were issued notices to remove the hazard and 27 corrections had been completed at the end of the year.

Other activities of note in the field of community sanitation included: The handling of 3,402 complaints pertaining to environmental sanitation; evaluation of the sanitary quality of the city water supply through the analysis of 1,435 samples collected randomly from the distribution system; periodic inspections of public and semi-public swimming pools; an experiment with one swimming pool on the use of iodine as a pool disinfectant; assistance to the Plumbing Division of the Bureau of Building Inspection with percolation tests for private sewage disposal systems, testing garbage grinders, and with plumbing problems of possible health significance; continuation of studies of hospital infections which included participation with the U. S. Public Health Service in the inspection of two local hospitals in a nationwide study of environmental factors related to these infections; participation in the activities of the Home Safety Committee of the Balti-

more Safety Council; inspection of watering points for rail carriers; continuation of the licensing program for psittacine bird dealers; and cooperation with various licensing agencies through preparation of reports and recommendations on the sanitary conditions of foster homes, private schools, day nurseries, hospitals and convalescent homes.

Rodent Control

The program of house-to-house inspection in areas of heavy rat infestation was resumed on a limited basis during the year. Inspections were made in seven blocks and where unsatisfactory conditions were found notices were sent to the responsible parties to eliminate the rats, correct sanitary violations and perform necessary ratproofing. By the end of the year, 255 premises in four blocks had been improved. Since the inauguration of this program in 1948 a total of 4,478 properties containing 6,538 dwelling units had been improved. Environmental control procedures were also employed in the handling of 2,722 complaints. As the result of 3,139 inspections made in connection with these two programs 7,420 deficiencies were corrected.

The Health Department received reports of 55 rat bites during the year, an increase of 5 over 1959. The ages of the persons bitten varied from an infant of one month to a man sixty-five years of age. Twenty-nine bites occurred in children under twelve years of age and six bites occurred in infants one year old or less.

Through the cooperation of the School of Medicine of the University of Maryland, it was possible to renew a study of the incidence of endemic typhus in the rodent population of Baltimore. Results of the testing of 88 specimens of blood obtained from rats in a single waterfront area disclosed that 15 per cent of the rat bloods tested were positive for endemic typhus. The program will be expanded in 1961.

One fatal and one non-fatal case of thallium poisoning occurred in children in a home where rat baits had been carelessly exposed by a pest control operator. As a result of this occurrence the Health Department, with the assistance of the local pest control industry and the U. S. Fish and Wildlife Service, developed suggested safety standards for the employment of rat poisons which were voluntarily adopted by the vast majority of the pest control operators. Despite these efforts, an additional case of poisoning occurred in a home which apparently had been baited for rats by a person who was not a part of the recognized pest control industry. Educational activities in rodent control were continued through the distribution of pamphlets, the presentation of films and lectures to various groups, by newspaper releases and other media.

Industrial Hygiene

DR. R. R. SAYERS

A biographical profile of Dr. Sayers by A. D. Cloud appeared in the April, 1960 issue of *Baltimore Health News*. Dr. Sayers, as a U. S. Public Health Service official, designed Baltimore's Industrial Hygiene program in the early 1930s. On retiring in 1950 he joined the Baltimore City Health Department staff as Senior Medical Supervisor for Occupational Diseases.

On October 20 Mr. Charles E. Couchman, Director of the Bureau of Industrial Hygiene, retired from the Baltimore City Health Department after thirty-one years of service. Mr. Couchman left to take a position with the Office of Health and Safety in the U. S. Atomic Energy Commission at Germantown, Maryland. Mr. Elkins W. Dahle, Jr. became acting director of the bureau on August 10.

Ordinance No. 160, transferring the Division of Smoke Control from the Bureau of Mechanical-Electrical Services in the Department of Public Works to the Bureau of Industrial Hygiene of the City Health Department, became effective January 1. The physical transfer of personnel and records occurred somewhat later during the year when office accommodations were made available. A gradual integration of the work of the sanitarians assigned to air pollution control and the smoke control inspectors was initiated with the view toward making a more effective team in the abatement of air pollution of the Baltimore area.

On March 7, Ordinance No. 223, "The Radiation Control Ordinance," was approved by Mayor Grady. An important section of this ordinance which is designed to regulate and control ionizing radiation within the city of Baltimore empowered the Commissioner of Health to adopt such rules and regulations as may be required for the necessary protection of the health of the city.

In August the Bureau of Industrial Hygiene was called upon by Dr.

Russell S. Fisher, Chief Medical Examiner of Maryland, to assist in the study of three fatalities caused by an unknown exposure on board a freighter en route to Baltimore. The incident occurred 500 miles out at sea when three men entered one of the ballast tanks to see if the water had been pumped out and they were fatally overcome. These tanks, originally used to carry fancy tallow from Chicago to Poland, had been filled with sea water for the return trip. Since the tanks were aired immediately after the deaths and prior to the ship's arrival in port, sampling of the air in the hold was negative. Samples of tallow scrapings from this section of the hold kept in a closed container for a period of time resulted in a positive test for hydrogen sulfide. Since the bodies were in an advanced state of decomposition medical examination could not reveal the cause of death and it was assumed that death had occurred either from hydrogen sulfide poisoning or from lack of oxygen resulting from the oxygen being consumed in the putrification of the tallow.

The number of cases of lead paint poisoning in children reported in 1960 totaled 53. Four of these children died. In 1959 there had been 66 cases and 2 deaths. Lead poisoning was not restricted to children alone in 1960. Two cases of elevated blood lead were detected in employees of a scrap company assigned to cut lead painted metal plates from an old icebreaker by torch. No additional incidents occurred after the company provided proper safety equipment.

In the field of air pollution, aircraft operations were accused of two episodes of deposition of oil-like substances upon dwellings in residential areas. Even though one of the incidents occurred within two miles of the airport no evidence could be found showing malfunctioning of aircraft in the area, nor was the amount of material deposited ample for analysis. The second episode did result in enough deposit so that a check revealed the material to be hydraulic oil. Further investigation showed that this condition resulted when a hydraulic hose on the trash truck making a collection in the area ruptured sending a spray of oil into the air.

Six applications for air pollution control surveys were approved for such operations as grain and feed milling, automobile painting and chemical manufacture. During the year also the U. S. Weather Bureau Research Station at the Robert A. Taft Sanitary Engineering Center in Cincinnati, Ohio, made a study in which the bureau participated by collecting some additional webs from a high volume air sampler during periods of high pollution. The study revealed that it was possible to predict occurrences of high pollution fairly accurately. Arrangements were then made with the local weather bureau to notify the Bureau of Industrial Hygiene upon

receiving forecasts of high pollution potential from the Taft Center Weather Bureau so that special studies could be made.

Research and Planning

The principal planning activities in 1960 were concerned with: (1) Efforts to reduce the relatively high death rate among Negro newborn infants, (2) the development of a program of medical services for the medically indigent aged, (3) advancing the work of the State Commission on Aging, and (4) securing additional financial assistance for the Department's program in order to maintain a minimum level of services and assure a necessary quality of effort by the staff.

Strict enforcement of the standards of care required for the licensing of maternal and newborn nursery services, detailed analysis of the neonatal mortality experience in each hospital, and individual conferences with the staffs of the larger hospitals contributed, it is believed, to a 12 per cent decline in the infant mortality among colored infants. As a consequence of studies at the Baltimore City Hospitals, which indicated that a substantial number of women were requesting emergency admission for delivery without prior registration, plans were under way at the end of the year to inquire into the problem of completeness and adequacy of prenatal care among women in the economically depressed areas.

The Assistant Commissioner of Health for Research and Planning continued as Vice Chairman of the State Commission on Aging. During the first half of 1960 he directed a state-wide survey of the problems of aged residents of Maryland. The survey results were used as a basis for the report filed by the Commission in preparation for the 1961 White House Conference on Aging. Enactment of the Kerr-Mills Bill by the 86th Congress in August made it possible to initiate plans for a program of medical assistance to aged individuals unable to pay for their medical needs and who were not receiving public assistance. Planning in this regard was undertaken jointly with the Department's Medical Care Section and proceeded far enough to assure, by the year's end, the transmittal of a proposal acceptable to the Maryland State Department of Health.

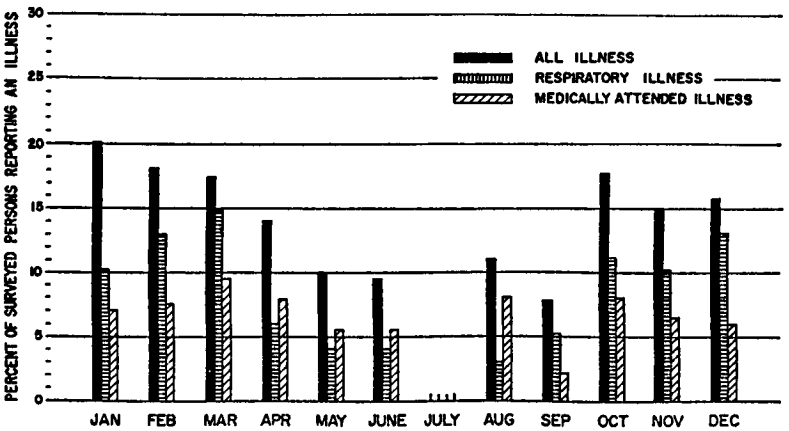
Efforts made to secure more adequate salaries for public health nurses and sanitarians resulted in approval by the Board of Estimates of the departmental requests which were submitted. Particularly in the case of nurses, the new salary levels allowed the Department to maintain a reasonable position in its attempt to keep the nursing staff in numbers and quality at a level which could assure minimum services.

Three research projects were completed during the year. The Director of the Bureau of Biostatistics, leader of a team of four investigators, con-

cluded a study into the relationship of smoking and prematurity. Dr. Daniel M. Wilner, Associate Professor of Biostatistics at the Johns Hopkins School of Hygiene and Public Health, and his team submitted a comprehensive report on the Baltimore Study on the Hygiene of Housing which had been under way since 1954. He will prepare a second document within the next two years summarizing data relating to the relationship of housing and certain behavioral characteristics. Dr. Allan Goldfarb, Chief of the Division of Mental Hygiene Research in the City Health Department, completed a study of the extent of emotional disorders in school children. The Research and Planning Section continued its close working relationship with the National Institute of Neurological Diseases and Blindness in cooperative studies of the causes of congenital malformation and of neurological defects present at birth.

Biostatistics

The Baltimore Health Survey, inaugurated in January, 1960, provided monthly estimates of illness in the city during the year. In addition, the information obtained by the public health nurses, who interviewed 100 different homes each month, was of great value in assessing the extent to which children in Baltimore were protected against such preventable diseases as poliomyelitis and diphtheria. The ongoing Baltimore Health Survey represented a new and valuable addition to methods used to measure the health of Baltimore residents.



BALTIMORE HEALTH SURVEY—1960

Morbidity as reported in 100 household interviews of 275 to 325 persons by month. The July sample was a special study of relief clients in the City Medical Care Program and is not included in the chart.

The provisional figure released by the U. S. Bureau of Census for 1960 revealed that during the past decade Baltimore had experienced a population loss. The 1960 figure of 939,000 represented a decrease of 11,000 from the 1950 count. Migration of many young adults and their children to surrounding counties had left the city with not only a smaller population but one in which there was an increased number of people who make heavy demands on services provided by the City Health Department. A gratifying change was noted in the infant mortality rate which for the past three years had been at a level of 35 deaths per 1,000 live births. In 1960 this figure declined to 32.5 per 1,000, a change which represented the saving of 46 infants.

The director of the bureau continued to serve as the Secretary of the Joint Anesthesia Study Committee of the Baltimore City Medical Society and the Baltimore City Health Department. A report of this committee, summarizing the study of 1,024 postoperative deaths that occurred in the period 1953 to 1959, was published in the December 17, 1960 issue of *The Journal of the American Medical Association.* The work of this committee exemplified the necessity and benefits of teamwork involving clinicians and health department staff in the continuous effort to up-grade the quality of medical care available in the community.

Toward the end of the year the Bureau of Biostatistics jointly with the Biometrics Branch of the National Institute of Neurological Diseases and Blindness completed a study on the relationship between smoking habits of pregnant women and the incidence of premature birth. The results indicated a greater number of premature births among women who smoked than among non-smokers.

Other studies included: An evaluation of dental caries in school age children six years after fluoridation of the city's water supply; an investigation of infant mortality; the racial incidence of congenital malformation; and neonatal mortality in twin births. The director cooperated with anesthesiologists and obstetricians in a study of the role of anesthesia in maternal deaths which occurred during the period 1935-1960, and in various other clinical research projects. During the year the director served as statistical advisor to the Committee on Maternal Welfare of the American Society of Anesthesiologists, and in this capacity assisted in making a nationwide survey of the organization and personnel of departments of anesthesiology in hospitals that have an obstetrical service. The bureau continued to compile the weekly reports of morbidity and mortality and for the twelfth consecutive year issued the Research and Planning Section's "Quarterly Statistical Report."

Vital Records

A new all-time high in vital records activities was set in 1960 with the issuance of 57,802 death transcripts and 22,914 birth transcripts, a combined total of 80,716 such official copies. This exceeded the previous high in 1958 by 7,867 copies. The upsurge in this facet of bureau work was caused by an increase in the number of death transcripts needed as official proof of death to settle insurance claims and to satisfy social security requirements by persons applying for these benefits. An unusual and increased demand for proof of citizenship and personal identification by applicants for passports for foreign travel and for social security purposes caused the upswing in the number of official transcripts of birth issued.

Requests by official and accredited private social agencies for verification of the essential facts of birth and death resulted in a total of 13,478 birth verifications and 847 death verifications. Interviewers held 7,995 personal interviews and handled 3,959 mail requests from persons requesting amendments on birth and death records. During the year a total of 9,359 alterations was made on birth certificates and 302 amendments were effected on death records. The Commissioner of Health approved for filing 314 delayed birth certificates for persons whose birth records were not registered by medical attendants. In cases where replaced birth certificates were required to be made as provided by statute the bureau made 847 records for children following court adoption, 271 records for children born out of wedlock whose parents married after the children were born, and 2 certificates for children whose parentage had been adjudicated. The Birth Record Correction Advisory Service, sponsored jointly by the City Health Department and the Legal Aid Bureau of Baltimore, completed eleven years of service with a total of 125 cases heard during the year.

Mr. Sidney M. Norton, Director of the Bureau of Vital Records, was selected to serve on a committee of the Public Health Conference on Records and Statistics to study the problem of illegitimacy in the United States. He was also elected Chairman of Region 1 of the American Association for Vital Records and Public Health Statistics, an organization of State Health Department registrars and statisticians in the eastern part of the country. In addition, the director assisted the National Office of Vital Statistics in the preparation of a digest of adoption statutes and administrative procedures as related to the birth certificates of the States and Territories of the United States. This was published in March.

Conclusion

The work of the Baltimore City Health Department has been summarized for 1960. The loss to the City and to the Health Department in

the death of Dr. Maurice C. Pincoffs was an irreparable one. The Department during the year was fortunate in being able to appoint a group of highly qualified top administrative officials and thereby to strengthen the staff and program. The Commissioner of Health is happy to have completed with this report the thirtieth consecutive annual record of the work of the Baltimore City Health Department for which he has been responsible.

Respectfully submitted,

Huntington Williams, M.D.

Commissioner of Health.

Baltimore, Maryland
May 1, 1961

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BALTIMORE CITY HEALTH DEPARTMENT FILM LIBRARY (Revised)
BALTIMORE CITY RADIATION CONTROL ORDINANCE
BIBLIOGRAPHY FOR THE BEGINNING PUBLIC HEALTH NURSE
DETERMINATION OF LEAD IN BLOOD
DIPHTHERIA, CASES AND DEATHS, BALTIMORE 1812-1959
FOOD FOR YOUR BABY (A series of seven leaflets)
- VITAMIN D
- MEAT
- CEREALS
- VITAMIN C AND FRUIT JUICES
- VEGETABLES
- FRUITS
- EGG YOLK

FOR THE EXPECTANT MOTHER (Revised)
GENERAL HOSPITALS IN BALTIMORE—JUNE 1960
INFORMATION FOR AGRICULTURAL VOCATIONAL HIGH SCHOOL STUDENTS (Revised)
INSTRUCTIONS TO EXPECTANT MOTHERS (Revised)
LABORATORY SERVICES (Revised)
LEAD PAINT POISONING IN CHILDREN (Revised)
MENTAL HYGIENE IN MATERNAL AND PRESCHOOL CHILD HEALTH: AN OUTLINE FOR PUBLIC HEALTH NURSES. Third edition
OBJECTIVES OF THE BALTIMORE EXPERIMENTAL CONSERVATION DISTRICT PROGRAM
ORGANIZATION CHART (Revised)
PREVENT PARALYTIC POLIO NOW! (FOR MEDICAL CARE CLIENTS) (Revised)
RABIES (Revised)
SCHOOL NURSING MANUAL (Revised)
SPECIAL HOSPITALS IN BALTIMORE—JUNE 1960
TYPHOID FEVER IN BALTIMORE 1875-1959
YOUR BIRTH CERTIFICATE (Revised)

ADMINISTRATIVE SECTION

EXECUTIVE OFFICE

Personnel

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

Note: Personnel records as given here and at the close of each bureau report are in accordance with the Department staff roster as of December 31, 1960.

CHIEF ASSISTANT COMMISSIONER OF HEALTH

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

Throughout the year close working relationship was maintained with the Commissioner of Health and his staff. Many work assignments were received through this arrangement, assignments which varied greatly in their nature and in the amount of time necessary to handle them properly.

Coincident with the closing of the Sydenham Hospital at the end of 1949 it was necessary to provide a storage place for all the case histories of that institution. There are about 40,000 of these histories and frequently requests are received for transcripts of the medical records of persons who had been patients in that institution. These records were stored in a temporary and inadequate fashion on the thirteenth floor of the Municipal Building. By the end of the year plans were under way to make these records more readily accessible for reference or information.

All five health district offices were visited each month except during July and August, and conferences were held with the district health officers and supervising nurses. These conferences were also attended by the Director of the Bureau of Public Health Nursing and her assistant, and frequently by the Commissioner of Health.

The certification of medical records necessary for persons traveling to foreign countries was continued throughout the year and the volume of this work was about the same as for 1959 and involved the processing of about 4,500 such certificates.

A new Druid Health District building was under construction during most of the year and progress meetings were attended once a month. The building neared completion at the end of the year and plans were made for an early occupancy. This will complete the program of providing an adequate central building for each of the five health districts in the city.

A service provided by the office of the Chief Assistant Commissioner of Health and conducted in conjunction with the Maryland State Department of Labor and Industry has reached the point in volume where it is worthy of comment. This was concerned with supplying the Department of Labor and Industry with reports on the sanitary conditions and the presence of communicable diseases in those private homes where work involving clothing and other similar materials was performed. As in previous years, the Chief Assistant Commissioner of Health also arranged conferences and study tours for public health officials and other visitors interested in certain aspects of City Health Department work.

CIVIL DEFENSE HEALTH SERVICE

The civil defense disaster plan "An Operational Medical Plan for Natural Disasters Occurring in Baltimore City" completed in 1959 was in effect during 1960. Several meetings of the Natural Disaster Medical Service Executive Committee were held. These meetings resulted in the following: The inclusion of the Baltimore City Department of Transit and Traffic among the cooperating agencies with responsibility for operating communications; the procurement of Fire Line Passes for the thirty-five physicians who were Team Captains; and the transfer of thirteen sets of civil defense casualty clearing station equipment and supplies from public schools to storage locations in fire stations in the city. Other changes were found to be necessary and of sufficient number to warrant a revision, or a second edition of this plan in the near future.

Under the emergency hospital prepositioning program Baltimore applied for custody of two additional hospital units for storage at Henryton State Tuberculosis Hospital. However, under the existing circumstances, the request was not approved. Routine checking of generators, water pumps, and nitrous oxide and oxygen cylinders was maintained on emergency hospital units. Certain items in these units were found to require refrigeration and two refrigerators were obtained for this purpose. In January an inspector from the Office of Civil and Defense Mobilization inspected the four emergency hospital units that were in storage at Prettyboy and Liberty dams.

The Civil Defense Health Service Operations Headquarters at Morgan State College Christian Center was closed in March. A fire on April 28 at the Carroll Park Storehouse resulted in the destruction of medical supplies valued at $1,500 and subsequently the use of the building was discontinued. The approximate value of emergency medical supplies in custody of the Baltimore City Civil Defense Organization on December 15 was estimated at $320,000. This included 84 sets of casualty clearing station equipment and 4 emergency hospital units.

During the period May 3 through 5 the Baltimore City Civil Defense Health Service participated actively in the National Civil Defense Operation Alert, 1960. A brief summary of the Health Service report was prepared and presented verbally by the Commissioner of Health to Colonel Arthur L. Shreve, Director of the Baltimore City Civil Defense Organization, at the close of the exercise on May 5 and this summary appeared in the July issue of the *Baltimore Health News*.

The retirement of Dr. John A. Skladowsky, health officer of the Southeastern Health District, left the Southwestern Civil Defense District without a health deputy. In June following the realignment of the city's

civil defense districts to conform with the nine police districts, the Commissioner of Health appointed personnel to serve in the vacant health deputy posts. At the end of the year all health deputy positions were filled.

During the year Mr. Robert M. Keller, Health Administrator for Civil Defense, gave a number of lectures on "Civil Defense Health Service Operations" to groups of student nurses at various hospitals in the city. The total attendance at these lectures was approximately 250 persons. The Health Administrator for Civil Defense attended a training course on "Medical Aspects of Health Mobilization" sponsored by the U.S. Public Health Service in Brooklyn, N.Y., from April 19 to 23, and two national civil defense conferences sponsored by the American Medical Association, one on June 11 at Miami Beach, Florida, and the other in Chicago from November 4 to 6. The directors of several hospitals were assisted in their hospital disaster plans and the Civil Defense Committees of some banks were also given assistance.

BUREAU OF HEALTH INFORMATION

Joseph Gordon

Director

The Bureau of Health Information in 1960 continued its dual function of providing services to the residents of Baltimore and to the various subdivisions of the Health Department. Significant health matters were made public; and the Mayor, the City Council, physicians, dentists, teachers and others in city government and elsewhere were informed of the health progress and needs of the city. The information and education work carried on by the bureau with the cooperation and assistance of medical and other community groups reached all ages of the population at home, at school, at work and at play.

Community Health Programs

Emphasis in 1960 again was placed on such problem areas as the control of paralytic poliomyelitis and other communicable diseases, mental hygiene, accident prevention, lead paint poisoning, fad diets, maternal and child health, and needs of the aging. Special projects included participation with respective groups in programs related to Dental Health Week, a workshop on group day care of children, the Harlem Park community poliomyelitis vaccine drive. Diabetes Detection Week, the Mayor's Experimental Conservation District, the education of the public in mouth-to-mouth resuscitation and the health and safety of Boy Scouts. In addition the bureau cooperated with many voluntary health agencies in Baltimore in their community and professional educational work.

Publications

The Commissioner of Health's official report of timely health matters and vital statistics, the *Saturday Letter to the Mayor*, was issued weekly to 300 individuals and agencies including the press, radio and television news offices. These weekly reports were supplemented by twenty-seven special news releases. Widespread coverage of these special health messages was achieved by articles in the daily and weekly papers and through announcements on radio and television.

The Health Department's monthly *Baltimore Health News* was continued for the 43rd year. This publication reached city officials, members of the medical, dental and nursing professions, teachers, libraries, news agencies, students and others who wished to follow health trends in Baltimore. Other publications printed by the Department in 1960 included

the *145th Annual Report of the Department of Health—1959;* the booklet, a summary of the annual report entitled *Guarding the Health of Baltimore—1959;* and the *Quarterly Statistical Report* of the Research and Planning Section printed for the 12th consecutive year.

The Bureau of Health Information assisted other administrative units in the preparation of 17 new health pamphlets and the revision of 12 pamphlets. Titles of these publications may be found on page 62. Assistance was likewise given to the Commissioner of Health in the preparation and mailing of letters to special groups and with monthly articles for publication in the *Maryland State Medical Journal.* Approximately 300,000 pieces of health literature were distributed through Health Department channels during the year; 12,000 of these urging poliomyelitis inoculations were mailed to persons on the rolls of the Medical Care Section.

Radio and Television

As mentioned previously, radio and television stations in Baltimore assisted in advising the public of the Department's news releases. These messages were supplemented by "Keeping Well" spot announcements broadcast daily and changed weekly. Sponsored jointly by the City Health Department and the Medical and Chirurgical Faculty of Maryland, these health messages, in one form or another, have been reaching Baltimore's residents since January 12, 1932. Toward the end of the year a new weekly series of fifteen minute "on-the-spot" interviews entitled "Adventures in Health" was planned for broadcast over Radio Station WEBB. The first of these, an interview with the Commissioner of Health, was scheduled for broadcast on January 8, 1961. The aim of the new series was to inform listeners of the work of the Department, convey to them timely health messages and to stimulate youngsters to think about health work as a career. Radio Station WEBB continued to stress the need for poliomyelitis vaccine inoculations, the prevention of lead paint poisoning and early prenatal care.

The weekly television series "Your Family Doctor" likewise sponsored jointly with the Medical and Chirurgical Faculty of Maryland was continued for the twelfth consecutive year. "Dr. John Worthington," the family doctor who appears from week to week, was portrayed for the ninth year by Mr. Robert M. Keller, Health Administrator in the Civil Defense Health Service. Titles of radio and television programs may be noted in the accompanying tables.

Exhibits and Films

Ninety-eight display items were produced by the exhibits specialist. These were seen at meetings, in show windows, on television and elsewhere. At the end of the year plans were made to move the exhibit workshop from 1516 Madison Avenue to the new Druid Health District Building at 1515 West North Avenue.

During the year the bureau arranged for the procurement or showing of 192 educational films. Slide projectors, movie projectors, and other audio-visual equipment were borrowed from the bureau on 68 occasions. Four new films were purchased during the year. These were "Hospital Sepsis: A Communicable Disease," "Birthright," "A Family Affair" and "X is for Mike." At the end of the year the Health Department library included 38 films.

Library, editorial and duplicating services were provided for all administrative units. Close relationship with the city's libraries enabled the bureau to obtain publications for staff members with little delay. The duplicating service completed 607 requisitions which involved the preparation of 1,826 master copies and the printing of 1,682,525 copies of text or form material. The bureau supervised the printing of 110 forms by the city's Municipal Duplicating Bureau and completed 479 photographs for use on exhibits, on television, for the press, for lectures, or other related purposes. The loss of a public information assistant in the budget curtailment of 1959 continued to impose a hardship on this bureau which is called upon with increasing frequency in meeting the city's growing health needs.

Personnel

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

TABLE NO. 1

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

January	3	Health Resolutions
	10	Respiratory Ills
	17	Mental Hygiene
	24	Prenatal Care
	31	Poliomyelitis Prevention
February	7	Dental Health
	14	Prevent Paralytic Poliomyelitis
	21	Volunteer for Health
	28	Prevent Home Accidents
March	6	Mental Health
	13	Prevent Lead Paint Poisoning
	20	Conservation of Hearing
	27	Careers in Nursing
April	3	Be Wise—Protect Your Eyes
	10	Prevent Poliomyelitis
	17	Good Prenatal Care
	24	Prevent That Fall
May	1	Day Nurseries
	8	Destroy Noxious Weeds
	15	Prevent Child Poisonings
	22	Prevent Polio
	29	Good Prenatal Care
June	5	Prevent Lead Paint Poisoning
	12	Control Insects
	19	Rocky Mountain Spotted Fever
	26	Safety on the Street
July	3	The Way You Drive Will Help You Stay Alive
	10	Prevent That Lead Paint Poisoning
	17	Swim and Live
	24	Camping Safety
	31	Heart and Hot Weather
August	7	Safe Boating
	14	Prepare for School Now
	21	Prevent That Food Poisoning
	28	Detect Cancer
September	4	Volunteers Needed
	11	Better Breakfasts
	18	For the Mother-to-be
	25	Pack a Lunch That Rates
October	2	Check Heating Units
	9	Watch Your Weight
	16	Gun Safety
	23	Watch That Sore Throat
	30	Prevent Home Poisonings
November	6	Appointment with Health Month
	13	Diabetes
	20	Turkey Stuffed with Trouble
	27	Tuberculosis
December	4	Prevent Tularemia
	11	Safe Toys for Christmas
	18	Holiday Auto Safety
	25	Three Ounces of Prevention

* 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, 1960—"YOUR FAMILY DOCTOR" SERIES: WMAR-TV*

DATE		TITLE	GUEST
January	8	The World Health Organization	
	15	Window to the Inside	Dr. Morris M. Cohen
	22	The Runaway	Dr. A. M. Schneidmuhl, Mrs. Mary Walker, Mrs. Anne Irons, Mrs. Lillian Ford, Miss Mary Jo Albright
	29	Your Health in 1960	Dr. Huntington Williams Dr. Matthew Tayback
February	5	Teeth for a Lifetime	Dr. E. D. Yon, Dr. R. Leonard Dr. S. M. Blumenthal
	12	Scouting for Health	Mr. Dennis E. Wile and 5 Scouts
	19	Helping Hands for Health	Miss Ann Miller and 2 Volunteers
	26	Lucky You	
March	4	The Reading Barrier	Dr. A. M. Schneidmuhl Sisters Mary Rachel and Mary Ramona
	11	Medieval Medicine	Dr. Louis A. M. Krause
	18	Sound Contacts	Mr. Jay Cherry, Mrs. M. Siegel
	25	Student Nurse	5 Student Nurses
April	1	Let's See	
	8	The World Health Organization Fights Malaria	Dr. Huntington Williams Dr. Robert Babione
	15	Hospital on Wheels	Lt. James McLhinney
	22	Inside Magoo	
	29	A Siege of Illness	Dr. Henry Holljes
May	6	As the Twig Is Bent	Mrs. Leon Ginsberg
	13	Nephrosis: Menace to Childhood	
	20	Summer Troublemakers	Mr. Milton Friedmann
	27	Tomorrow They Speak	Mr. Robert Dombro Miss Vera Shank, Mr. M. McKenzie, Martha & Ruth Hackett
June	3	The Disease of Many Scars	Dr. John W. Magladery Mr. A. Lempert, Mrs. G. Weingarten
	10	The Poisoned Window Sill	Dr. H. M. Williams, Mr. William Sallow
	17	Besting the Bugs	Mr. John Childs
	24	Dental Care for Silent Sufferers	Dr. B. Pollack, Dr. C. Hobelmann
July	1	Damaged Hearts	Dr. Robert Singleton
	15	The Cooling-Off Period	Dr. Mark V. Ziegler
	22	Safety in the Great Outdoors	3 Boy Scouts
	29	Poison Control	Dr. Julian J. Chisolm, Jr.
August	5	Cold Facts about Summer Foods	Miss Eleanor McKnight
	12	Protecting Our Water Supply	Mr. G. W. Schucker, Mr. Elbert Cohen
	19	People Like Maria	
	26	Ready for School	Dr. Dale E. Harro
September	2	Varicose Veins	Dr. R. T. Shackelford
	9	The Medical Care Program—The Hospital Clinic	Dr. Julian W. Reed
	16	The Medical Care Program—The Personal Physician	Dr. Bernard Harris, Sr.
	23	Medical Questions & Answers	Effie Saxton
	30	More Time to Live	Dr. C. Spurling, Mr. D. B. Cooper
October	7	Volunteers for Health	Dr. Lillian Davis, Miss Gertrude Muir
	14	The Owl and Fred Jones	
	21	Renaissance Medicine	Dr. Louis A. M. Krause
	28	Picture of Tuberculosis	Dr. W. B. Tucker, Dr. E. G. Beacham, Dr. Julius Wilson
November	4	Parent and Teacher Partnership	Dr. W. Hollister, Dr. A. R. McClary
	11	Spanning the Gap for Diabetics	Dr. A. A. Silver Mrs. Blair, Denise Blair
	18	Seals for Service	Dr. E. G. Beacham, Mr. F. Prichitt
	25	Problems of the Aging—Part I	Hon. M. S. Schweinhaut, Mr. D. L. B. Fringer, Judge Thomas Waxter
December	2	Problems of the Aging—Part II	Miss Rappaport, Mr. S. Katz
	9	Problems of the Aging—Part III	Hon. M. S. Schweinhaut, Dr. L. Krause, Dr. M. Tayback
	16	Allies of the Aging	Miss E. McKnight
	30	The World Health Organization at Work	

* This series was inaugurated December 15, 1948.
The part of Dr. John Worthington, a family doctor who appears from week to week, was played by Mr. Robert M. Keller, Health Administrator in the Civil Defense Health Service.

BUREAU OF LABORATORIES

Clinton L. Ewing

Director

The establishment of a research unit in the Bureau of Laboratories in 1960 made possible the investigation of several problems of public health significance. Although research has been an integral function of the bureau since its establishment in 1896, it has never had a unit for this work exclusively.

Routine services supplied to physicians and hospitals in 1960 in the diagnosis, prevention or treatment of communicable diseases and to other bureaus of the Health Department in the control of syphilis, tuberculosis, other diseases and sanitation involved 181,491 microbiological tests of 71,646 specimens and 19,839 bacteriologic and 47,839 chemical examinations of 19,201 samples of milk and food products and industrial or other materials. When combined, these figures totaled 249,169 examinations of 90,847 specimens or samples. In comparison with 1959, total examinations increased by 24,291 or 10.8 per cent and total specimens decreased by 7,193 or 9.3 per cent.

An accelerated program of laboratory testing of raw milk from licensed shippers required in order for local milk plants to be rated satisfactory for interstate shipment of milk put great pressure on the sanitary bacteriology and chemical laboratories. Bacterial plate counts were made on 1,431 samples and tests for added water were performed on 1,679 samples. In addition, 1,434 samples were tested for antibiotics.

The bureau continued to participate in evaluation studies conducted by the Maryland State Department of Health laboratories. A total of 21 surveys in which the bureau collaborated concerned milk and water samples, intestinal parasites and diagnostic bacteriology specimens. The Division of Chemistry served as a reference laboratory in the chemical surveys of milk samples for appraisal of butterfat and phosphatase tests.

Microbiology

A total of 21 isolations of various types of *Salmonella* and *Shigella* bacteria was made in the medical bacteriology laboratory. Of these, 5 were identified as typhoid bacilli (*Salmonella typhi*), 1 as *Salmonella blockley*, 1 as *Salmonella enteritidis*, 1 as *Salmonella panama*, 1 as *Salmonella saint paul*, 1 as *Salmonella typhimurium*, 5 as *Shigella flexneri*, 1 as *Shigella sonnei* and 5 as *Shigella* (Alkalescens-dispar group).

Among the many other isolations obtained in medical bacteriology, 102 were of special interest. Over half of these consisted of coagulase-positive staphylococci and were isolated from nose and throat cultures, skin lesions, ear cultures and urine specimens. Beta-hemolytic streptococci were isolated from a number of throat and ear cultures and occasionally from other sources.

In addition, 39 cultures were submitted by the various hospital laboratories for identification.

The Division of Tuberculosis submitted 81 clinical thermometers for sterility tests and tubercle bacillus culture. Laboratory tests revealed that 58 were contaminated and 23 sterile. The contaminants were mostly non-pigmented staphylococci and spore-forming bacilli. However, coagulase-positive staphylococci were obtained from 1 thermometer and *B. anitratum* from 9 others. Streptococci were found on several. No tubercle bacilli were recovered from any of the thermometers.

Concerning STS, the standard tests for syphilis, there was a decrease of 7.3 per cent from the previous year. In 1960, a total of 52,593 specimens was submitted of which 51,768 were bloods and 825 spinal fluids. The 119,867 tests made on these specimens represented an increase of 49 per cent. Data pertaining to the sources of STS specimens indicated that 538 different practicing physicians submitted 20,811 or 39.6 per cent of the total; City Health Department venereal disease clinics sent in 22,975 or 43.7 per cent; commercial firms and special groups referred 6,371 or 12.1 per cent; and hospitals and other institutions submitted 2,436 or 4.6 per cent.

Examinations for rabies increased in 1960 when 82 animals were tested. This was an increase of 28 when compared with the number submitted in 1959. All tests were negative. The last rabid animal reported in Baltimore was a dog that was recorded as positive in February, 1947.

As in previous years, laboratory work associated with the investigation of alleged outbreaks of food poisoning was quite voluminous. The Bureau of Food Control recorded 5 outbreaks. However, samples of food were submitted to the laboratories in connection with 21 so-called incidents. These usually involved one or more persons. Coagulase-positive staphylococci of the food poisoning type were isolated from food associated with two of the outbreaks.

Chemistry

Routine and investigative services entailed 47,839 examinations of 14,769 samples representing an increase of 2.3 per cent in examinations and a decrease of 3.2 in samples when compared with the 1959 record.

The total number of tests was the largest in almost 30 years. In the testing of 1,958 samples of milk products by the phosphatase test one sample of bottled milk was found underpasteurized. This first instance of improper pasteurization of milk since August, 1955, was in an institutional plant where an employee was found to have emptied several quarts of raw milk, drained from a pipe line, into a 170 gallon batch of pasteurized milk. There was no case of improper pasteurization of milk at any commercial milk plant providing milk for distribution in the city.

In the examination of 1,679 samples of shippers' milk by the freezing point method, 194 or 11.5 per cent were found to contain added water. Penicillin was detected in 8 of 1,434 samples of raw milk tested and 12 additional samples contained inhibitory substances other than penicillin. Freezing point tests were made of 1,272 samples of bottled pasteurized milk and 205 samples or 16 per cent showed the presence of added water as indicated by a freezing point above −0.530°C.

Microanalytical tests for filth were made of 673 miscellaneous foods collected from 335 local establishments. Filth such as rodent contamination or insect infestation was found in 15.9 per cent of the samples.

The Division of Chemistry continued its role in the Department's lead paint poisoning control program. The examination of 1,171 specimens of blood for lead as an aid in the diagnosis of lead poisoning represented a decrease of 626 specimens or 34.8 per cent when compared with the record number tested in 1959. Specimens collected from 770 children and 94 adults were submitted by 17 hospitals and 30 practicing physicians. Excessive amounts of lead were detected in specimens from 130 children and 5 adults. Four of these children died.

Approximately 3,100 samples of paint scrapings were examined for lead, a decrease of 10.5 per cent from the number tested in 1959. Significant amounts of lead were found in 42.8 per cent of the samples. The samples were collected during investigations of lead poisoning in young children by the Bureau of Industrial Hygiene, by public health nurses and sanitarians, and by inspectors of the Baltimore Urban Renewal and Housing Agency. Almost 700 of the samples were collected in the homes of children registered at the well baby clinic of the Druid Health District as part of a program to separate the children from the lead paint before they became ill.

The policy of free distribution of biologicals to private physicians, hospitals and other institutions which had been in effect since diphtheria antitoxin was first distributed in 1896 was changed on September 1, 1959 when only smallpox vaccine and limited quantities of immune serum globulin, rabies vaccine and diphtheria antitoxin were made available.

As a result of this change, there was a decrease in the number of such biologicals dispensed from 31,348 packages in 1959 to 23,063 in 1960.

Research and Special Investigations

In 1960 the bureau continued to use Andersen Samplers in microbiological aerosol studies in one local hospital and in milk and ice cream plants located in the city. Surveys were made in the hospital of the viable aerosol particles in the air of operating rooms, the scrub area, delivery suite, nurseries, pediatric isolation unit and corridors. The number of viable particles ranged from 3 to 27 per cubic foot of air sampled. Coagulase-positive, bacteriophage type 83A staphylococci were recovered from air samples collected in one full-term nursery. Bacteriophage type 53/77 staphylococci were also isolated from the pediatric isolation unit. No other pathogens were detected.

The air studies made in ten milk and two ice cream plants provided some interesting data. Coliform bacteria were found in significant numbers in the air of seven milk plants and of one ice cream plant. A total of 48 air samples was collected and 19 of these contained viable coliform bacteria. Steps were taken by the Department's Bureau of Milk Control to institute changes to prevent contamination of the milk products.

Under the direction of and in cooperation with Dr. Matthew Tayback, Assistant Commissioner of Health for Research and Planning, a study was made to determine the incidence of bacteriuria in pregnant women and of the relationship between bacteriuria and outcome of pregnancy. Two students of the University of Maryland School of Medicine were assigned during the summer months to this project. Approximately 1,000 specimens of urine were collected and tested for the total bacteria present. Seven hundred and fifty were examined in the University of Maryland Hospital laboratories and 250 in the City Health Department laboratories. The patients from whom the Health Department specimens were collected were registered at the Health Department's maternity interviewing center at 414 North Calvert Street for obstetrical delivery at the Baltimore City Hospitals.

Dr. Emanuel Kaplan, Assistant Director for Chemistry, served as Associate Referee in the detection of sulfite preservative in meat at the request of the Association of Official Agricultural Chemists (A.O.A.C.) and arranged a collaborative study of a rapid screening field method developed in the Division of Chemistry. Using this new method, five collaborating regulatory laboratories obtained correct results on three samples of meat in which the sulfite content ranged from 0.0 to 400 p.p.m. of SO_2. A report on the results of this study was presented at the annual

meeting of the A.O.A.C. on October 11 and adoption of this method was recommended. The Division of Chemistry also participated in two other collaborative studies of the A.O.A.C. One of these led to the adoption of the Fiske cryoscopic procedure for the detection of added water in milk by the freezing point method. The other study was concerned with the rapid disc assay method for antibiotics in milk.

The special studies on microbiological aerosol sampling, the testing of new procedures and culture media and investigations relating to the bacterial flora of raw and pasteurized milk required the examination of an estimated 383 samples on which approximately 11,874 tests were made.

In addition to the above, the following investigations were made: A trial of a field test procedure for measuring the cleanliness of multi-use eating utensils; the standardization of procedures for the preparation of samples of water for radioactivity evaluation; a refinement of the method devised in the chemical laboratories for the detection of chromium in air; a method for determining the thickness of plastic bags to ascertain compliance with City Ordinance No. 42; the use of the stereo camera for three-dimensional photomicrography of dust; the examination for lead of scrapings from surfaces from which paint had been removed by burning and scraping; and the use of Stuart's transport medium for gonococcus culturing procedures.

Educational Activities

In April the director presented a paper on microbiological air sampling before the Twenty-First Annual Meeting of the Pennsylvania Approved Dairy Laboratory Directors Association. This meeting was held at Pennsylvania State University at University Park, Pennsylvania. He also lectured on milk and water analyses to the sophomore students of the University of Maryland School of Medicine.

Dr. Kaplan and Mr. Warren Thiell of the staff attended a three-day training course on the detection of antibiotics in milk. Dr. Kaplan also participated in a five-day course on the detection of pesticidal residues in milk. Both of these courses were conducted by the U.S. Food and Drug Administration at the Baltimore Station.

The laboratory administrative staff held a meeting on July 27 of milk and ice cream laboratory and quality control personnel for the purpose of discussing mutual problems. The meeting was attended by 21 persons from the plants and 10 others from the Maryland State and Baltimore City Health Departments. Among the subjects discussed were microbiological aerosol sampling, evaluation studies, phosphatase tests, tests for added water, tests for antibiotic residues, and the new

11th edition of the American Public Health Association Standard Methods for the Analysis of Dairy Products.

Services of the bureau were described to approximately 100 elementary, high school and college students and students of the Johns Hopkins School of Hygiene and Public Health. Lectures and demonstrations were given to 35 sanitarians of the Sanitary Section on microbiological aerosol sampling and the detection of added water, antibiotics and pesticides in milk.

Personnel

Clinton L. Ewing, Director
Emanuel Kaplan, Sc.D., Assistant Director for Chemistry
Katharine E. Welsh, A.B., Assistant Director for Microbiology
Grace Freeland, A.B., Principal Bacteriologist
Mary McManus, B.A., Principal Bacteriologist
Sanford M. Belth, B.S. Chem., Principal Chemist
Wilbert R. Lewis, B.S., Senior Bacteriologist
Rosalinda McKenna, A.B., Senior Bacteriologist
Warren Thiell, Senior Bacteriologist
Duane Tilghman, B.S., Senior Bacteriologist
Robert S. Shaull, B.S., Senior Chemist
Marilyn E. Tracy, A.B., Senior Chemist
John F. Bees, Bacteriologist
Betty Bivins, B.S., Bacteriologist
Byrd G. Wenke, Bacteriologist
Betty L. Chapman, Chemist
Raymond Buettner, Laboratory Assistant
Carroll Bacon, Laboratory Assistant
Anna G. Johnson, Laboratory Assistant
Michael Madigan, Laboratory Assistant
Ruth B. Mickens, Laboratory Assistant
Carolyn Sigwing, Laboratory Assistant
Harry L. Carman, Senior Administrative Assistant
John A. Wheeler, Principal Clerk
Kathryn Hiltner, Senior Clerk Stenographer
Katherine Wood, Senior Clerk Stenographer
Ruby G. Hankins, Senior Clerk Typist
Barbara Jackson, Senior Clerk Typist
Michael J. Doonan, Senior Storekeeper
Thomas J. Faulkner, Stores Clerk
Warren H. Barnes, Equipment Operator
Ralph Broadway, Laboratory Aide (temporary)
Elmer Isaac, Laboratory Aide
Patrick J. McHugh, Laboratory Aide

TABLE NO. 1

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

TYPE OF SPECIMEN AND TEST	NUMBER OF SPECIMENS	NUMBER OF TESTS
Total	71,646	181,491
Animal heads	82	..
Animal inoculation	..	80
Microscopic	..	957
Blood	52,824	..
Agglutination	..	2,414
Culture	..	826
Microscopic	..	93
Serologic	..	119,067
Direct culture	3,923	..
Agglutination	..	276
Animal inoculation	..	7
Culture	..	8,375
Microscopic	..	2,487
Exudates	5,030	..
Animal inoculation	..	29
Culture	..	2,056
Microscopic	..	6,575
Feces		
Bacteria	169	..
Occult blood	3	..
Parasite	375	..
Culture	..	3,549
Macroscopic	..	16
Microscopic	..	1,841
Fungi	10	..
Culture	..	78
Microscopic	..	87
Helminths	403	..
Microscopic	..	403
Spinal fluid	825	..
Serologic	..	800
Sputum	6,712	..
Animal inoculation	..	42
Culture	..	5,358
Microscopic	..	6,668
Stomach lavage	831	..
Animal inoculation	..	30
Culture	..	12,437
Microscopic	..	1,202
Urine	459	..
Animal inoculation	..	27
Culture	..	3,507
Microscopic	..	1,304

TABLE NO 2

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
TOTAL	134,708*	19,789	107,551	4,723	1,797
BRUCELLOSIS					
Total	437	8	369	12	48
Agglutination					
Blood	338	6	320	12	..
Culture					
Blood Clot	99	2	49	..	48
DIPHTHERIA					
Total	135	2	133	..	..
Animal inoculation					
Virulence test	3	..	3	..	..
Microscopic					
Swab	132	2	130	..	..
ENTERIC INFECTIONS					
Total	1,632	343	1,126	156	7
Agglutination					
Blood, H antigen	447	8	356	83	..
Blood, O antigen	280	6	201	73	..
Culture					
Blood	16	..	16	..	..
Blood clot	56	..	56	..	..
Feces	499	61	433	..	5
Rectal swab	48	3	43	..	2
Urine	286	265	21	..	..
GONOCOCCUS INFECTIONS					
Total	8,552	2,215	5,546	380	411
Exudate					
Culture	3,649	917	2,338	..	394
Microscopic	4,903	1,298	3,208	380	17
INFECTIOUS MONONUCLEOSIS					
Blood, agglutination	817	210	187	418	2
INTESTINAL PARASITES					
Total	783	107	672	..	4
Microscopic					
Cellulose tape slides	403	84	316	..	3
Feces	380	23	356	..	1
METALLIC POISONING					
Total	1,173	235	655	281	2
Biochemic					
Lead					
Blood	1,171	233	655	281	2
Paint	1	1	..	..	..
Urine	1	1	..	..	..
MYCOSES					
Total	99	86	13	..	..
Exudate	56	51	5	..	..
Sputum	33	25	8	..	..
Urine	10	10	..	..	..

* This includes 773 total protein tests (see syphilis examinations—Biochemic), and 154 microbial sensitivity tests (other examinations).

TABLE NO. 2—Continued

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
RABIES					
Total	165	..	165	..	..
Animal inoculation					
Brain emulsion	83	..	83	..	..
Microscopic					
Animal brain	82	..	82	..	..
RICKETTSIAL INFECTIONS					
Total	388	1	352	35	..
Agglutination					
Blood					
Proteus OX_2	195	1	169	25	..
Proteus OX_{19}	193	..	183	10	..
STAPHYLOCOCCAL DISEASE					
Total	78	69	9	..	..
Culture					
Blood	2	1	1	..	..
Exudate	75	67	8	..	..
Sputum	1	1	..	..	..
STREPTOCOCCAL INFECTIONS					
Total	184	163	21	..	..
Culture					
Exudate	167	146	21	..	..
Sputum	17	17	..	..	..
SYPHILIS					
Total	110,724	15,525	90,456	3,395	654
Biochemic					
Total protein	773*	..	..	..	79
Complement-fixation					
Eagle					
Spinal fluid	825	65	724	11	25
Flocculation					
Eagle-Strauss					
Blood	51,768	4,936	44,865**	1,692	275
VDRL					
Blood	51,768	4,936	44,865**	1,692	275
Titre	5,590	5,588	2	..	..
TRICHOMONIASIS					
Exudate, microscopic	159	131	28	..	..
TUBERCULOSIS					
Total	8,994	503	7,776	46	669
Animal inoculation					
Exudate	13	4	8	1	..
Sputum	46	5	41	..	..
Stomach lavage	30	5	25	..	..
Urine	23	..	23	..	..
Culture					
Exudate	35	5	27	2	1
Sputum	367	52	307	4	4
Stomach lavage	842	55	758	11	18
Urine	39	2	37	..	..
Microscopic					
Exudate	17	5	9	3	..
Sputum	6,627	333	5,628	20	646
Stomach lavage	902	32	865	5	..
Urine	53	5	48	..	..

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

** This includes a total of 143 premarital examinations.

TABLE NO. 2—Continued

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
TULAREMIA					
Blood, agglutination	9	..	9	..	..
VINCENT'S INFECTION					
Exudate, microscopic	2	2	..	..	..
OTHER EXAMINATIONS					
Total	377	189	34	..	..
Biochemic	15	..	15	..	..
Culture	163	144	19	..	..
Microbial sensitivity	154†	..	..	..	..
Microscopic	45	45	..	..	..

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

TABLE NO. 3

BIOLOGICALS DISTRIBUTED DURING 1960

PRODUCT	NUMBER OF PACKAGES	BASIC CONTENT	TOTAL AMOUNT
TOTAL	23,063		
Triple antigen			
Diphtheria and tetanus toxoids combined with pertussis vaccine	2,101	Cubic centimeter	15,757 c.c.
Diphtheria biologicals			
Antitoxin	2	Unit	40,000 units
Toxoid combined with tetanus toxoid	445	Cubic centimeter	2,225 c.c.
Antibiotics			
Bicillin	1,450	Unit	4,350,000,000 units
Histoplasmin	33	Cubic centimeter	33 c.c.
Immune serum globulin, human			
Agammaglobulinemia	13	Cubic centimeter	26 c.c.
Infectious hepatitis	386	Cubic centimeter	772 c.c.
Measles	653	Cubic centimeter	1,306 c.c.
Poliomyelitis vaccine			
Plain	5,790	Cubic centimeter	52,110 c.c.
4-in-1 vaccine	4,706	Cubic centimeter	21,177 c.c.
Rabies biologicals			
Antitoxin	4	Unit	4,000 units
Vaccine	35	Dose	35 doses
Smallpox vaccine	6,991	Point	34,955 points
Tetanus biologicals			
Toxoid	7	Cubic centimeter	35 c.c.
Tuberculosis biologicals			
BCG vaccine	86	Cubic centimeter	86 c.c.
Purified Protein Derivative	340	Test	6,600 tests
Typhoid-paratyphoid vaccine	21	Cubic centimeter	375 c.c.

TABLE NO. 4

SUPPLY MATERIALS AND SPECIMEN CONTAINERS PREPARED AND DISTRIBUTED

Glassware and material cleaned (units)	898,732
Sterilized	820,706
Bottles	53,584
Needles	144,193
Petri dishes	109,580
Pipettes	228,673
Syringes	135,555
Tubes	122,624
Vials	17,163
Miscellaneous	9,334
Media prepared	
Liters	1,124
Bottles	4,134
Petri dishes	12,241
Tubes	30,097
Vials	15,985
Specimen containers	
Prepared	74,437
Distributed	70,369
Physicians supply stations	172
Health districts	45,277
Laboratory	24,824
Water distilled (gallons)	3,703

TABLE NO. 5

FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND EXAMINATIONS PERFORMED

Type of Sample	Number of Samples	Number of Tests
Total	8,293*	19,839
Check work with outside laboratories	4	..
Coliform count	..	15
Plate count	..	16
Dairy products (milk, cream, ice cream, etc.)	3,949	..
Coliform count	..	2,473
Microscopic count	..	12
Plate count	..	2,482
Special tests	..	1,866
Equipment for sterility (bottles, containers)	195	..
Plate count	..	195
Food poisoning investigations	54	..
Coliform count	..	51
Plate count	..	51
Special tests	..	567
Food products	91	..
Coliform count	..	73
Plate count	..	90
Special tests		281
Investigative work	12	..
Coliform count	..	2
Plate count	..	1
Special tests	..	378
Miscellaneous samples	764	..
Coliform count	..	789
Plate count	..	568
Special tests	..	794
Procedure controls	..	..
Special tests	..	3,353
Swabbings (hand and equipment)	1,165	..
Coliform count	..	22
Plate count	..	1,165
Special tests	..	201
Water (tap, pool, well, spring, river, etc.)	2,059	..
Coliform count	..	2,059
Plate count	..	1,126
Special tests	..	1,209

* Of this number, 5,261 samples were submitted for bacteriologic examination only; the other samples were submitted for bacteriologic and chemical analysis.

TABLE NO. 6

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

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
TOTAL	14,769*	47,839
Body fluids and excreta	2,030	
Lead test	..	2,959
Total protein test	..	1,330
Unclassified biochemic tests	..	16
Dairy products (milk, cream, ice cream, etc.)	4,831	
Phosphatase test	..	4,848
Butterfat test	..	2,688
Added water tests	..	6,706
Sediment test	..	998
Unclassified tests	..	1,285
Antibiotic test	..	2,510
Food products	922	
Filth test (rodent and insect infestation)	..	2,449
Adulteration tests	..	179
Decomposition tests	..	178
Unclassified tests	..	361
Industrial hygiene and air pollution control samples (air, dusts, solvents, paint scrapings, etc.)	4,178	
Industrial poison tests	..	311
Air contaminant tests	..	6,327
Lead in paint test	..	6,694
Miscellaneous samples	151	
Unclassified tests	..	920
Solutions and outfits	225	
Unclassified tests	..	2,017
Water samples	2,432	
Fluoride test	..	3,190
Boiler water control tests	..	932
Sanitary analysis	..	534
pH test	..	407

* Of this number, 10,908 samples were submitted for chemical analysis only; the other 3,861 samples were submitted for bacteriologic and chemical analysis.

BUREAU OF PUBLIC HEALTH NURSING

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

Director

Services

On January 1 the nursing services of the 45 secondary public schools were transferred to the Health Department thereby broadening the scope of the nursing program. Considerable time and effort were directed toward integrating the secondary school health program with the overall nursing program with the view toward providing sound, progressive care of the child from kindergarten through high school.

The availability of mental hygiene resources and the greater awareness of the public health nurses to the symptoms of emotional problems were reflected in the growth of the mental hygiene program for elementary school children. One thousand and eighty more visits were made in behalf of this program than during the prior year. Case presentations and follow-up conferences added to the knowledge and skill of the nurses.

The Baltimore Health Survey field work conducted for the Bureau of Biostatistics became a regular part of the nursing program and in addition to the fact-finding aspects gave the nurses many opportunities to refer patients to their private physicians or clinics and to do health teaching. The revision of health district boundaries in January with the establishment of five health districts instead of the former six required the study and reassignment of schools, clinics, and nurses to meet the demands for services and the needs of the increased populations of the areas.

The table of home visits of public health nurses at the end of this report and the pie diagrams on page 21 show how the nurses spent their time in various activities The increase in visits can be attributed to the mental hygiene program, the handicapped children's program and the Baltimore Health Survey.

The Bureau of Public Health Nursing was strengthened through the appointment of Mrs. June Frisch as Senior Public Health Nursing Supervisor in Pediatrics and Miss Frieda Laubach as Senior Public Health Nursing Supervisor in Tuberculosis. These specialized nursing supervisors will provide guidance and educational assistance to the districts' nursing staffs and improved follow-up for those patients who need long term care.

Volunteer Program

On May 4 the Sixth Annual Meeting of Volunteers was held in the Memorial Stadium. The outstanding event of this meeting was the formation of a Volunteer Council of the Baltimore City Health Department which will serve to guide the volunteer activities. The following officers were named: President, Dr. Lillian B. Davis, former supervisor of Health Education in the Baltimore City Department of Education; Vice-President, Mrs. Jane B. Laib, former director of the Bureau of Public Health Nursing; and Secretary, Miss Gertrude Muir, a member of the Maryland League of Women's Clubs. Both the Coordinating Council of the Parent-Teacher Association of the Baltimore Public Schools and the Maryland League of Women's Clubs are represented on the Executive Board of the new Council.

During the year a total of 1,001 volunteers gave 17,667 hours of service, a slight decline from the 1,114 volunteers and 22,979 hours in 1959. This decline in volunteer activity has been experienced by other agencies throughout the nation and may be explained by a rising cost in living and the need for more and more women to engage in full or part-time work in order to supplement family incomes.

Thirty-one high school students participated in the nine week student volunteer summer program. These students worked a total of 2,188 hours in clinics, in the Bureau of Laboratories and elsewhere in the Department. In the Druid Health District, an area of great need, the volunteer program continued to expand. It was not possible, however, to meet the goal for a vision-testing program for all schools in that area.

During the summer months Miss Ann Miller, Supervisor of Volunteers, the Bureau of Health Information and a corps of volunteers participated in the polio prevention program sponsored by the Harlem Park Neighborhood Council in cooperation with the Baltimore Urban Renewal and Housing Agency, the Health and Welfare Council of the Baltimore Area and the Health Department. Poliomyelitis vaccine inoculations were administered to 383 children and new volunteers were recruited for the Druid Health District.

Education

An orientation program was planned for new staff, and in-service education was carried out by each district based on individual needs. Several districts centered their programs around the child, with conferences on the newborn, the infant, the toddler, the handicapped children's program and the care of a prosthesis. Ten public health nurses were trained in

treatment techniques and five were prepared for interviewing in the venereal disease clinics. Miss Virginia Struve, Senior Public Health Nursing Supervisor in Venereal Diseases, conducted 17 seminars on venereal disease control for 128 student and staff nurses. Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene Education, held conferences with new staff nurses. A selected number of public health nurses had a week's training at the University of Maryland Psychiatric Institute to develop skill in helping patients through a better understanding of human behavior.

Educational leave was granted to four nurses to complete master's degrees in pediatrics, psychiatric nursing, and supervision, and one nurse for work on a bachelor of science degree in nursing. A number of nurses took special courses and attended a workshop in tuberculosis. The granting of educational leaves added to the planning of the nursing work but was considered essential to the goal of improving qualifications of individual nurses and the staff as a whole. Forty-nine baccalaureate students and sixty-three diploma students completed an affiliation in public health. Medical students and student nurses had planned observations to supplement their instruction. The administrators and supervisors participated in numerous community activities by serving on committees and as representatives of the Health Department in various programs.

Staff Changes

The Bureau of Public Health Nursing appointed forty-two nurses during 1960 and accepted thirty-four resignations. The nurses who retired were Mrs. Rose M. Hoffman with forty-three years of service, Mrs. Ethelyn Dever with thirty-six years of service, Mrs. Pearl Winston with twenty-six years of service, and Mrs. Altha E. Busch with twelve years of service. At the end of the year the total budgeted nursing staff included 215 full-time positions and 27 part-time positions with an average of 10 vacancies throughout the year.

Personnel

Alice M. Sundberg, B.A., M.P.H., Director
M. Elizabeth Pickens, B.S., M.P.H., Assistant Director
Frieda Laubach, B.S., M.P.H.N., Senior, Supervisor of Public Health Nursing (Tuberculosis)
Margaret Mohler, B.S., M.S., Senior Public Health Nurse (Pediatrics)
Virginia Struve, B.S., Senior Supervisor of Public Health Nursing (Venereal Diseases)
Margaret C. Hisle, M.S., Supervisor of Public Health Nursing (Secondary School Nurses)

Ann Miller, A.B., M.N., Supervisor of Public Health Nursing (Volunteers)
Mary I. Streckfus, Supervisor of Public Health Nursing
Ada C. Veney, B.S., Supervisor of Public Health Nursing (Secondary School Nurses)
Grace S. Volmar, B.S., Supervisor of Public Health Nursing (Maternity Hygiene)

Public Health Nurses†

Marianne P. Aiau	Alberta Gottlieb*
Mary C. Bacon	Rose M. Hoffman
Ruth Berman*	Constance Jacobs
Katherine Brady	Mary B. Lanahan
Esther R. Cammann*	Beulah McCausland
Ruth F. Eckman, B.A.*	Ethyl Roffman*
Virgie Finneyfrock	Sylvia D. Sweren

Helen L. Wells

Saundra A. Brogden, Senior Clerk Stenographer
Catherine A. Ruckle, Senior Clerk Stenographer

* Part-time employees.

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

TABLE NO. 1
SUMMARY OF HOME VISITS OF PUBLIC HEALTH NURSES—1960

Service and Type of Visit	Entire City			Eastern Health District		Western Health District		Druid Health District		Southeastern Health District		Southern Health District	
	Total	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
All Home Visits	82,217	22,631	59,586	2,326	20,806	4,674	15,973	2,812	13,960	8,836	2,656	3,983	6,191
Maternity hygiene	16,515	1,680	14,835	135	5,850	535	3,730	105	3,540	715	610	190	1,105
Infant health supervision	29,875	8,000	21,875	735	7,340	1,285	5,960	945	5,295	3,480	1,030	1,555	2,250
Preschool health supervision	6,105	1,915	4,190	90	780	225	1,325	105	610	595	225	900	1,250
School health supervision	5,160	3,060	2,100	250	410	625	585	650	530	1,085	120	450	455
Tuberculosis	9,155	3,130	6,025	485	2,025	710	1,765	505	1,540	1,010	280	420	415
Venereal disease	2,267	76	2,191	6	456	34	648	12	945	21	21	3	121
Acute communicable disease	5,015	1,345	3,670	150	1,710	200	835	135	725	735	190	125	210
Other morbidity	5,660	2,080	3,580	80	1,835	770	785	100	500	890	145	240	315
All others	2,465	1,345	1,120	395	400	290	340	255	275	305	35	100	70
Effective Visits	64,283	17,820	46,463	1,820	16,258	3,566	12,474	2,156	10,694	7,261	2,217	3,017	4,820
Maternity hygiene	12,780	1,430	11,350	115	4,330	440	2,915	80	2,815	635	490	160	800
Infant health supervision	23,290	6,045	17,245	580	5,795	1,015	4,735	720	4,055	2,620	875	1,110	1,785
Preschool health supervision	4,740	1,455	3,285	60	590	190	1,105	100	475	455	170	650	945
School health supervision	4,500	2,720	1,780	230	320	540	515	575	435	975	115	400	395
Tuberculosis	6,350	2,260	4,090	370	1,385	515	1,145	285	1,025	785	205	305	330
Venereal disease	1,518	45	1,473	5	328	16	424	6	639	16	17	2	65
Acute communicable disease	4,640	1,280	3,360	135	1,560	195	775	135	640	705	185	110	200
Other morbidity	4,875	1,680	3,195	70	1,720	480	645	90	455	835	130	205	245
All other	1,590	905	685	255	230	175	215	165	155	235	30	75	55
Maternity Hygiene Service													
All visits	16,515	1,680	14,835	135	5,850	535	3,730	105	3,540	715	610	190	1,105
Health Department clinic case													
Antepartum	4,030	240	3,790	15	1,425	45	860	5	905	155	215	20	385
Postpartum	4,675	225	4,450	25	1,645	25	1,010	20	1,315	120	195	35	285
Other clinic case													
Antepartum	880	205	675	25	245	60	280	0	95	105	30	15	25
Postpartum	3,195	760	2,435	50	1,015	310	765	55	500	255	50	90	105
Home visit, not seen	2,595	215	2,380	20	1,080	70	485	25	505	70	75	30	235
Visit in behalf of case	1,140	35	1,105	0	440	25	330	0	220	10	45	0	70
Infant Health Supervision Service													
All visits	29,875	8,000	21,875	735	7,340	1,285	5,960	945	5,295	3,480	1,030	1,555	2,250
Home visit, neonatal	11,595	3,165	8,430	270	2,985	650	2,440	465	2,050	1,280	395	500	560
Home visit, premature infant	3,055	415	2,640	160	1,130	75	600	40	620	90	70	50	220
Home visit, clinic infant	7,980	2,280	5,700	130	1,470	255	1,580	205	1,350	1,150	375	540	925
Home visit, other case	405	120	285	5	160	20	70	5	15	80	15	10	25
Home visit, diphtheria prevention	40	10	30	0	15	0	5	0	5	10	5	0	0
Home visit, handicapped children	215	55	160	15	35	15	40	5	15	10	15	10	55
Home visit, not seen	4,730	1,505	3,225	145	1,195	200	725	180	850	655	100	325	355
Visit in behalf of case	1,855	450	1,405	10	350	70	500	45	390	205	55	120	110

Preschool Health Supervision Service													
All visits	6,105	1,915	4,190	90	780	225	1,325	105	610	595	225	900	1,250
Health Department clinic case	3,620	940	2,680	45	410	105	910	70	395	235	110	485	855
Other case	305	130	175	0	80	15	45	10	0	80	25	25	25
Home visit, diphtheria prevention	135	65	70	0	5	15	10	10	20	40	30	0	5
Home visit, handicapped children	680	320	360	15	95	55	140	10	60	100	5	140	60
Home visit, not seen	900	290	610	20	145	30	85	5	105	95	40	140	235
Visit in behalf of case	465	170	295	10	45	5	135	0	30	45	15	110	70
School Health Supervision Service													
All visits	5,160	3,060	2,100	250	410	625	585	650	530	1,085	120	450	455
Effective visits	3,400	2,075	1,325	165	210	390	395	495	335	740	90	285	295
Home visit, handicapped children	1,100	645	455	65	110	150	120	80	100	235	25	115	100
Home visit, not seen	505	250	255	10	75	50	30	70	85	85	5	35	60
Visit in behalf of case	155	90	65	10	15	35	40	5	10	25	0	15	0
Tuberculosis Service													
All visits	9,155	3,130	6,025	485	2,025	710	1,765	505	1,540	1,010	280	420	415
Pulmonary case													
Exclusive of hospital care	1,560	650	910	80	255	210	240	75	315	235	40	50	60
Post-hospital case	3,125	1,120	2,005	210	710	170	575	180	525	355	85	205	110
Childhood type													
Home visit	140	15	125	0	40	5	25	0	35	10	15	0	10
Post-hospital care	110	30	80	0	35	20	25	5	15	5	0	0	5
Suspect	165	30	135	0	35	5	40	10	35	15	5	0	20
Other type	90	15	75	10	20	0	25	0	20	0	0	5	10
Contact	1,080	385	695	65	280	100	210	15	70	160	55	45	80
BCG, patch test, application and reading	80	15	65	5	10	5	5	0	10	5	5	0	35
Home visit, not seen	1,695	540	1,155	100	420	110	305	140	345	135	40	55	45
Visit in behalf of case	1,110	330	780	15	220	85	315	80	170	90	35	60	40
Venereal Disease Service													
All visits	2,267	76	2,191	6	456	34	648	12	945	21	21	3	121
Syphilis													
Delinquent patient follow-up	259	18	241	1	70	4	44	1	110	11	5	1	12
Epidemiological investigation	383	14	369	2	113	9	123	1	110	2	3	0	20
Gonorrhea													
Delinquent patient follow-up	23	0	23	0	12	0	1	0	7	0	1	0	2
Epidemiological investigation	853	13	840	2	133	3	256	4	412	3	8	1	31
Home visit, not seen	675	27	648	1	112	15	211	5	283	5	2	1	40
Visit in behalf of case	74	4	70	0	16	3	13	1	23	0	2	0	16
Acute Communicable Disease Service													
All visits	5,015	1,345	3,670	150	1,710	200	835	135	725	735	190	125	210
Home visit, reported case													
Chickenpox	80	15	65	0	45	0	0	0	10	10	0	5	10
Measles	2,480	520	1,960	45	995	35	360	90	370	315	130	35	105
Whooping cough	150	25	125	5	30	0	65	15	30	5	0	0	0
Scarlet fever	10	10	0	0	0	0	0	0	0	5	0	5	0
Other	370	220	150	5	55	40	35	0	30	170	20	5	10

TABLE NO. 1—Continued
SUMARY OF HOME VISITS OF PUBLIC HEALTH NURSES—1960

Service and Type of Visit	Entire City			Eastern Health District		Western Health District		Druid Health District		Southeastern Health District		Southern Health District	
	Total	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
Home visit, suspect													
Chickenpox	20	5	15	0	10	0	5	0	0	5	0	0	0
Measles	230	45	185	0	60	5	100	5	5	15	5	20	15
Whooping cough	15	10	5	0	0	0	0	5	5	5	0	0	0
Scarlet fever	5	0	5	0	0	0	0	0	5	0	0	0	0
Other	50	20	30	0	5	0	15	0	5	20	0	0	5
Home visit contact													
Measles	325	50	275	5	110	20	115	10	40	10	5	5	5
Whooping cough	0	0	0	0	0	0	0	0	0	0	0	0	0
Scarlet fever	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	260	135	125	45	70	35	15	0	30	55	5	0	5
Home visit, immunization													
Measles	170	60	110	5	40	15	35	5	20	10	0	25	15
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	260	105	155	15	60	40	25	5	40	40	10	5	20
Home visit, typhoid fever culture	15	0	15	0	10	0	5	0	0	0	0	0	0
Home visit, special follow-up	200	60	140	10	70	5	0	0	50	40	10	5	10
Home visit, not seen	305	45	260	15	135	5	40	0	70	15	5	10	10
Visit in behalf of case	70	20	50	0	15	0	20	0	15	15	0	5	0
Other Morbidity Service													
All visits	5,660	2,080	3,580	80	1,835	770	785	100	500	890	145	240	315
Sore eye case	45	5	40	0	25	0	5	0	0	5	5	0	5
Infant	120	35	85	5	15	5	10	0	30	25	5	0	25
Preschool child	255	40	215	0	115	0	40	5	0	25	15	10	45
School child	285	155	130	20	105	5	15	50	5	70	5	10	0
Adult	1,185	135	1,050	25	965	10	45	5	5	80	15	15	20
Mental hygiene	1,695	1,140	555	20	125	430	190	20	120	510	15	160	105
Lead poisoning	1,185	85	1,100	0	350	30	340	10	295	35	70	10	45
Handicapped children	105	85	20	0	20	0	0	0	0	85	0	0	0
Home visit, not seen	310	125	185	5	70	50	35	5	25	40	0	25	55
Visit in behalf of case	475	275	200	5	45	240	105	5	20	15	15	10	15
All Other Service													
All visits	2,465	1,345	1,120	395	400	290	340	255	275	305	35	100	70
Sanitary investigation	10	5	5	0	0	5	0	0	5	0	0	0	0
Vital statistics investigation	1,270	785	485	245	140	135	140	160	150	175	25	70	30
Other special investigation	245	95	150	10	85	25	35	5	0	50	5	5	25
Medical care clients													
Lapsed medical care clinic appointment	10	5	5	0	5	0	0	0	0	5	0	0	0
Other visit to medical care patient	20	5	15	0	0	0	15	0	0	5	0	0	0
Tuberculin reading	30	10	20	0	0	10	20	0	0	0	0	0	0
Nursing care	5	0	5	0	0	0	5	0	0	0	0	0	0
Plant consultation	0	0	0	0	0	0	0	0	0	0	0	0	0
Home visit, not seen	730	380	350	115	135	95	105	80	105	65	0	25	5
Visit in behalf of case	145	60	85	25	35	20	20	10	15	5	5	0	10

BUREAU OF MENTAL HYGIENE

Matthew Tayback, Sc.D.

Acting Director

The mental hygiene activities of the Department continued during the year under the administrative supervision of the Assistant Commissioner of Health for Research and Planning. Among the more noteworthy advances made during 1960 were: (1) Completion of a survey of emotional disturbance among school age children, (2) an increase in the competence and efficiency of the two mental hygiene clinics for children, and (3) substantial improvement in the systems for ascertaining the prevalence of mental disorder. Among the difficulties which were important in 1960 were the absence of a full-time program director due to budgetary limitation and the lack of one professional person at each of the two clinics.

Extent of Mental Disease

Although a case of "mental illness" is difficult to define, certain dimensions of this public health problem can be described. As of the first of July, 4,716 residents of Baltimore City were inpatients of the state mental hospitals, 1,100 were inpatients in private mental hospitals and 3,700 were outpatients of the various mental hygiene clinics in Baltimore City. As a result of the bureau's research on emotional disturbance in school age children it was conservatively estimated that 13 per cent of children in primary schools exhibited behavior indicative of personality difficulties of sufficient severity to warrant care by a mental hygiene clinic. It was also of interest to note that mental illness was the most important cause of disability among workers less than 50 years of age which resulted in worker disability allowances.

Clinic Activities

The two clinics for children provided diagnostic services to an ever growing patient list, therapy to a small select number of cases, and training and education in mental hygiene principles to large numbers of adults concerned with children.

The Eastern Health District mental hygiene clinic carried a caseload of 77 children at the year's end. During the year, 1,642 clinic visits were made. In addition 162 consultation-conferences were held with public health nurses, the staff of the City Department of Public Welfare and with the staffs of the private agencies. Particularly important from the

point of view of gaining community appreciation of the mental hygiene problem were: (1) The production of five television programs on the "Your Family Doctor" series, (2) talks given to community groups, and (3) an educational program on emotional development for workers in the City Bureau of Recreation.

The Western Health District mental hygiene clinic had a census of 69 children on December 31, 1960. Clinic visits for the year numbered 1,166. Weekly conferences on Monday afternoons were attended by school social workers, school nurses, teachers and school principals. These sessions served two main purposes. Cases under consideration for admission were carefully assessed by the clinic staff and essential points in emotional development or disturbance were pointed out to school personnel. This clinic served as a teaching facility for the medical students of the University of Maryland School of Medicine, many of whom will be practitioners in Maryland. The case presentations, diagnostic procedures employed, and therapy provided children, served in an important way to train physicians to recognize emotional disturbance and to initiate appropriate care or make proper referrals.

During the year the large number of children referred who were retarded in school performance were regarded as a category of mental abnormality which required a specific program of consultation and counseling for parents. A psychiatric consultant was assigned by the Psychiatric Institute of the University of Maryland to develop the clinic procedures in respect to this class of children, a group largely disregarded by most mental hygiene clinics.

Mental Hygiene Education

The Division of Mental Hygiene Education with a view to promoting and maintaining the mental health of the community continued work in staff education, demonstration programs in well child clinics which included individual counseling as well as group discussions and the pilot program in Public School No. 64. In the school program group meetings were held with parents at which appropriate films were shown. Children involved were kindergartners and first graders many of whom were either transferred from other schools or who had entered school for the first time. The City Health Department's psychologist responsible for the program was a regular visitor in a first grade classroom from the outset of the school year in September, 1960 and endeavored to establish a relationship with the children which was similar to that which might be established by a teacher. The program conductor did some teaching, gave a group intelligence test (*The Goodenough Intelligence Scale*), held indi-

vidual interviews with children the reports of which were utilized for group discussion, demonstration and planning for individual pupils.

In addition to the school activities the program of counseling services for mothers in connection with a clinic in the Southern Health District was continued and enlarged. As in previous years the mothers were those who had special problems or were those with their first child who came into the clinics. In conjunction with these conferences student and staff nurses from the district were given an opportunity to observe and obtain training in counseling such mothers.

In the Druid Health District group teaching with mothers was continued in the waiting room of well baby clinics by means of film showings and discussions. Each month, for six consecutive months, a different film was shown. The films dealt with children's behavior and their emotions in relation to food, the impact of the birth of a younger child in the family, the preparation for a new baby and also with the general physical and emotional development of children and the expected behavior under certain circumstances at various age levels. Post film discussions were also held. A staff nurse continued to carry on the above program under supervision of the Chief of the Division of Mental Hygiene Education and first steps were taken jointly with the public health nursing supervisor in charge of the clinics and the staff nurse toward preparing a syllabus as a guide to other staff nurses conducting similar programs. Staff education was carried on through seminars and individual consultation. Conferences were held with groups of student nurses from the Johns Hopkins School of Nursing and the University of Maryland Hospital. In these conferences emphasis was placed on individual interviewing and the assessment of the personality pattern of the interviewee.

The Chief of the Division of Mental Hygiene Education cooperated with the City Department of Education in its programs on parental education through activity on planning committees and appearance on television programs. In August she attended the International Congress of Individual Psychology in Vienna, Austria, where she read a paper, the source of which was certain aspects of her work in the Baltimore City Health Department and which was entitled "The Utilization of Adlerian Ideologies in Mental Health Teaching."

Mental Hygiene Research

Working under a grant from the National Institute of Mental Health, the Chief of the Division of Mental Hygiene Research completed an investigation of the extent of behavioral disturbance among school age children and on the nature of teachers' judgments of children's behavior.

Among the principal findings of this investigation were: (1) That on a given day 16 per cent of male children and 11 per cent of female children in the primary schools required the services of a mental hygiene clinic team due to behavioral difficulties; and (2) that school teachers did not find it possible to discover a high proportion of these children requiring assistance.

As a result of the termination of the Thomas Wilson grant and the limited duration of support from the National Institute of Mental Health, the Chief of the Division of Mental Hygiene Research completed his work with the Department on October 1. Unquestionably, this was a severe loss, for a logical line of inquiry which had been initiated and which concerned itself with a major problem in child hygiene reached a point where further work might have led to practical developments in dealing with emotionally disturbed children. Instead the work remains at a half-way stage. By wide distribution of the results however, it will be possible to guide other investigators in this field.

Personnel

Matthew L. Tayback, Sc.D., Acting Director, Bureau of Mental Hygiene
A. M. Schneidmuhl, M.D., Director, Eastern Health District Mental Hygiene Clinic
Adoracion Tañega, M.D., Director, Western Health District Mental Hygiene Clinic
Sibyl Mandell, Ph.D., Chief, Division of Mental Hygiene Education
William T. Callaway, M.S.W., Psychiatric Social Worker
Mary J. Albright, M.S., Clinical Psychologist
Essie M. Johnson, Senior Clerk Stenographer
Gloria Miller, Senior Clerk Stenographer

EASTERN HEALTH DISTRICT

W. Sinclair Harper, M.D.

Health Officer

All services continued on a very active basis and there was an estimated 130,000 patient services rendered through the district building. This estimate did not include services which are not ordinarily counted, such as telephone calls, person-to-person consultations and other services. Dr. Ray D. Baker, Captain in the U.S. Army and resident physician in public health since December 9, 1959, was assigned part-time to the Maryland State Department of Health in June.

On January 1 the district boundaries were changed by the assignment of census tracts 26-3, 26-2 and 26-1 to the Southeastern Health District and census tracts 13-5, 13-6, 13-7, 27-13 and 27-14 were added to the district. This change was in association with changes in other district boundaries, specifically the Druid and Western.

Service Activities

Tuberculosis

The tuberculosis control service continued to be very active and 2,510 home visits were made by public health nurses in the treatment and supervision of patients. Patients referred by private physicians and hospitals, prenatal patients, contacts of active cases and self-referred apparently well persons received 4,967 films in the X-ray screening clinic. This was a decrease of 3.7 per cent from the previous year. This group comprised 2,009 white persons and 2,958 colored persons and the films were read as follows: Negative, 95.6 per cent; unsatisfactory, 1.8 per cent; and suspicious, 2.6 per cent. Of the 126 patients with suspicious films, 29 were registered as new cases of tuberculosis. The BCG clinic administered BCG vaccination to 757 persons, an increase of 22 per cent over the previous year.

School Health

Physicians examined 6,853 children and found 3,320 defects. Pupils from 19 public and 2 parochial schools received 10,299 preventive dental services during 725 dental clinic sessions. These services were rendered to 2,422 children. The extraction clinic held in the district building removed 526 permanent teeth and 1,233 deciduous teeth from 558

children. The eye clinic rendered services to 385 new patients. The audiometric clinic served 345 new patients.

Maternal and Child Health

There were 21,369 visits reported to the child health clinics in the district. The demand for birth certificate correction services in the district building did not warrant its continuance and this service was terminated in April. The maternity clinics held Monday, Wednesday and Thursday mornings registered a total of 7,924 antenatal and postnatal visits. The maternity caseload for the year was 2,594 patients, of whom 1,660 were registered for delivery at the Baltimore City Hospitals, 793 were registered for prenatal care only, and 23 for delivery by midwives. There were 2,553 colored patients and 41 white persons. Postpartum examination only was provided for 118 patients.

Mental Hygiene

The mental hygiene clinic established in 1959 continued its services on an expanding basis during the year. There were 62 new cases accepted for service and there were 162 consultation conferences. These conferences were held with public health nurses of the Eastern and Southeastern Districts, with the educational clinic of the Catholic parochial schools, with workers of the City Department of Public Welfare, the Family and Children's Society, the City Department of Education, the Jewish Family and Children's Bureau, the maternal and child health division of the Johns Hopkins School of Hygiene and Public Health and the City Department of Probation. In addition, the clinic staff worked with community agencies and civic organizations and participated in television and radio programs. Educational work was carried on with various other groups and a research project on alcoholism prepared.

Communicable Diseases

There was an outbreak of poliomyelitis in the Eastern Health District beginning in August and terminating in November. There were 35 paralytic cases, of which 1 died. Cases of other communicable disease were reported as follows: Measles, 697; meningococcal infections, 3 cases and 2 deaths; chickenpox, 286; infectious hepatitis, 61; and typhoid fever, 1. There was no case of diphtheria in 1960.

The venereal disease clinics conducted on three nightly and two daily sessions recorded 5,909 visits. There were 3,394 patients admitted of whom 1,730 had gonorrhea, 196 had syphilis and one had granuloma

inguinale. Of the remaining 1,467 patients, 1,007 had no disease, 360 received prophylactic treatment for gonorrhea, 73 received prophylactic treatment for syphilis and 27 did not complete diagnosis.

Generalized Sanitation Program

The generalized sanitation program improved during the year by the assignment of a sanitarian to replace the one that had been transferred the previous year. A total of 3,139 first inspections and 2,261 reinspections were made which resulted in 5,223 corrections. In addition to the regular work particular effort was expended in cooperation with the Park Board, the Experimental Conservation District, the Housing Court and the officials of two abandoned cemeteries.

Educational Activities

Field courses in public health practice were conducted for all major groups of public health workers. These included Master of Public Health students of the Johns Hopkins School of Hygiene and Public Health, medical and nursing students of the Johns Hopkins Medical Institutions, sanitarians of the City Health Department, nursing students of the University of Maryland, St. Joseph's and Union Memorial hospitals. A total of 63 student nurses from the Johns Hopkins Hospital attended the regular eight week full-time affiliate course in public health nursing, thus bringing to 2,030 the number of students who have taken this course since the district was established in 1932.

Dr. M. H. Rahnavardi of Tehran, Iran, worked in the district during the summer months prior to taking an advanced course at the School of Tropical Medicine and Public Health at Tulane University in New Orleans. Dr. René Gonzales of Caracas, Venezuela, a Master of Public Health student, worked in the mental hygiene clinic from April to the end of the year. Mr. Milton P. Friedmann, Chief of the Division of Sanitarian Training, supervised nine short courses for City Health Department personnel. These courses were concerned with staphylococcal infections in hospitals, radiological health, safety, and problems of weed and pest control.

Research Activities

The Baltimore Study on the Hygiene of Housing terminated its work on June 30. This research was written up in a large volume entitled "The Housing Environment and Family Life" and is on file with the Commissioner of Health, with the District Health Officer and with the Johns Hopkins School of Hygiene's Division of Biostatistics.

Dr. Oscar Stine, Miss Elizabeth Britt and Mrs. Betty Cuthbert completed their theses as requirements for advanced degrees at the Johns Hopkins School of Hygiene. These theses concerned child health conferences, hearing and speech and mental hygiene.

Dr. Frank E. Lundin and Dr. Thomas A. Cockburn, both of the Division of Epidemiology of the Johns Hopkins School of Hygiene, were allocated office space on the third floor of the building. Dr. Paul Lemkau, Mr. Guido Crocetti and Dr. A. M. Schneidmuhl continued current research projects in mental hygiene and prepared other projects for future development.

Demonstration Activities

The facilities and some of the personnel of the district were made available to many community groups, particularly social agencies, high school teachers, school counselors, high school students, elementary school students and others. The seminar and other rooms were extensively used for professional meetings of sanitarians, public health nurses, nutritionists, rehabilitation workers, recreation workers, mental health groups and others. There were visitors to the district from the United States, Canada and other countries.

Personnel

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Hugh P. Hughes, M.D., Health Officer
Sylvia Miller, B.S., M.A., Senior Supervisor of Public Health Nursing, Administrative
Gertrude V. Boquist, B.S., Supervisor of Public Health Nursing, Educational
Elizabeth N. Quinlin, B.S., Supervisor of Public Health Nursing
Eleanor Grimes, B.S., Supervisor of Public Health Nursing
Lynett Benvegar, B.S., Acting Supervisor of Public Health Nursing

Public Health Nurses

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Demetra Bahadouris
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Virginia Brisebois
India Caless*
Florence Coates
Isabel L. W. Dols
Frances Fahey
Marianne Fetsch
Freda Fletcher
Mildred H. Gambrill
Elizabeth Gladstone
Juanita Green
Elizabeth Hafele*
Marian B. Hagan
Virginia F. Harris*
Ida M. Henderson
Eunice P. Holmes
Winifred Hubbard
Barbara Kilk
Rose F. Lewis
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Norma McDonnell*
Grace P. Orr
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Paula Potect
Flossie Randall
Anita Richardson
Colleen Richardson
Helen Roff
Lilyan Slater
Dawn Smith
Ruth Sponseller
Martha Sumner
Mildred Taber
Edith M. Woodson
June Yeager

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Louise Pierce, Public Health Assistant*
Ruth Smith, Public Health Assistant*
Pauline Townes, Clinic Assistant*
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Mabel Thompson, Custodial Worker
Lillian Jones, Custodial Worker
Herman Hopson, Custodial Worker

* Part-time employee.

WESTERN HEALTH DISTRICT

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

Health Officer

During the year activities of the Western Health District increased both in quantity and scope. Clinics were transferred to the new district building from other locations as equipment became available and new clinics were set up for maternity care, vision and hearing testing. In August the boundaries of the district were enlarged in the northern area with the transfer of some census tracts previously in the Druid Health District. Because of the added caseload ten staff nurses and a part-time supervisor were added to the staff. Responsibility for school health services in fourteen additional schools brought the total number of schools served to forty-three. Child health clinic sessions increased to twenty-two per week which was ten more than the previous year.

The movement of Negro families to the northwest continued at an accelerated rate bringing with it better housing conditions for these families but more demand for health services because of the increased housing costs and growing unemployment. South of the district building there was a reduction in the family caseload due to the displacement of families by the Charles Center redevelopment activities. Most of these families poured into the already crowded area north and west of the building where deplorable living conditions have been made worse.

Mental Hygiene Services

Seventy-four children were accepted for evaluation and the planning of treatment from the total number of those presented at conferences by the nurses who referred them. The extent to which the activity of this clinic reached into other city agencies in a cooperative effort to solve the child's emotional problems will be seen by the following list of those who attended:

Department of Public Welfare	7 staff workers, 1 supervisor
Family and Children's Society	3 staff workers
Department of Education	10 principals, 5 teachers
	12 social workers, 6 counselors
University of Maryland Hospital	5 staff workers

In September a new weekly clinic for dealing with the problems of mentally retarded children was instituted by Dr. Jacob Stein, consulting psychologist at the Psychiatric Institute of the University of Maryland.

This clinic dealt with those children whose mental retardation was thought to be due to emotional problems rather than to organic defects.

One nursing supervisor and three staff nurses worked part time with Dr. Gerald Klee, Assistant Professor of Psychiatry at the Psychiatric Institute, on a study of the ways in which the public health nurse can aid in the care of persons seeking help of a psychiatric outpatient department.

Tuberculosis

In September the Madison Avenue chest clinic was closed and the caseload transferred to the Western Health District building. Since a heavier caseload was expected than had been handled at Madison Avenue an additional evening session was added giving a total of five sessions per week in addition to two morning PPD tuberculin testing clinics and a gastric clinic. The census tracts transferred from the Druid Health District contained a high proportion of persons with active tuberculosis so that by the end of the year the nursing service had a total caseload of 761. With the transfer of patients to the Western chest clinic from both the Druid and Southern Health Districts, contact follow-up proved much more efficient.

Child Health

A total of 8,850 children attended the child health clinics in the Western Health District. In the program for handicapped children 256 cases were found and processed for study at the special University of Maryland Central Diagnostic Clinic. A review of infant deaths revealed a total of 125 for the district, 52.5 per cent of which were associated with prematurity.

School Health

The referral system of concentrating medical attention on children with health problems continued to work smoothly. It was very satisfactory to have the vision and hearing testing clinics in operation in the district building so that early referral was made possible.

Public Health Nursing

The interest of the entire nursing staff in mental hygiene problems was indicated by the high proportion of cases accepted in the mental hygiene clinic, 26 out of 74 being from the district. It was felt that orientation in mental hygiene helped the nurse in her work with families where emo-

tional problems existed but were not severe enough to require psychiatric treatment.

Relations with Other Agencies

A close working relationship with the University of Maryland Hospital and professional schools continued. A research project in the home care of cardiac patients carried on by the Department of Preventive Medicine and Rehabilitation of the Medical School was housed in the district building. On several occasions staff nurses were requested by social agencies to participate in court cases in regard to protective services for neglected children. An office for a public health nurse was assigned in the Lexington Terrace Housing Project where individual and group conferences with residents could be carried out.

Educational Activities

The director of the Western Health District mental hygiene clinic presented a series of 14 lectures on the emotional problems of children to the entire staff. Six new staff nurses attended a series of orientation conferences on interviewing with the Chief of the Division of Mental Hygiene Education. One nurse was enrolled full time and one part time in the program for registered nurses working toward a bachelor's degree at the University of Maryland; one was enrolled full time in the graduate program in psychiatric nursing at the University of Maryland. Three nurses attended tuberculosis nursing workshops at the Universities of Maryland and Pennsylvania and four attended the in-service program in mental health at the Psychiatric Institute.

Twenty-four students from the Johns Hopkins School of Hygiene and Public Health and ninety medical students from the third year class of the University of Maryland in groups of twenty attended seminars on public health administration and made field visits with nurses. Resident physicians, interns and medical students during their course in pediatrics worked under supervision in the well baby clinic in the new district building. Two hundred and fifty dental students worked under supervision of their instructors in the dental clinic between September and the end of the year. Eighteen student nurses from the University of Maryland School of Nursing worked for three-month periods under the direction of their supervisor, Miss Martha Baer. Also from the School of Nursing course, occasional graduate students, pediatric affiliates and basic students in nutrition instruction came to observe in the well baby clinic from a few days to as long as a week.

Personnel

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

Public Health Nurses

Irene Barnhill
Grace Berger
Margaret Bonds
Eloise Brown
Mary F. Brown
Eleanor H. Bunting, B.S.
Raye D. H. Cohen
Mary L. Coln, B.S.
Gerald Diehl
Ella Dubin
Mollie Fell
Shirley Ferreri
Irma Givens, B.S.
Ruth Guyton
Edna Kenney
Marian Langley
Eva K. Lowry
Doris Lytle
Catherine McCormick
Doris McCurdy*
Margaret Miller, B.S.
M. Janice O'Donnell
Rose A. Pacunas
Vivian Pendleton, B.S.**
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Lois Pollack, B.S.
Shirley Reader, B.S.
Doris Rodenhiser, B.S.
Ida Ruck*
Betty Wright
Edna V. Yates

Public Health Assistants

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Ozelle Cryor
Dorothy Grayson
Sammie Henry

Bessie K. Sothoron, Principal Clerk Stenographer
Daisy E. Flood, Senior Clerk
Yvette Johnson, Clerk Stenographer
Arthur L. Wiley, Senior Custodial Worker
Walter Akery, Assistant Custodial Worker
Pearline Anderson, Janitress

* Part-time employee.
** On leave of absence.

DRUID HEALTH DISTRICT

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

Health Officer

On May 3, 1955 a bond issue loan was approved by the voters of Baltimore to finance the construction of a modern structure to replace the outmoded, inadequate and overcrowded headquarters building of the Druid Health District at 1313 Druid Hill Avenue. The site bounded by the triangular area at North Avenue, Pennsylvania Avenue, and Cumberland Street adjacent to a newly built branch of the Enoch Pratt Free Library was selected. In 1959 ground was broken by the Mayor of the city, and before the end of that year the building was in process of being erected. Late November of 1960 witnessed the cornerstone laying by the Commissioner of Health. Also in attendance were Mr. Raughley L. Porter, City Building Construction Engineer, Mr. Lawrence Best, the contractor, and personnel from the Druid Health District. It is believed that the city will accept the building in 1961 and that occupancy will take place shortly thereafter.

Another important event in 1960 was the appointment by Mayor Grady of the Neighborhood Conservation Committee whose function was to coordinate the services of the city to prevent further deterioration of the community. The first experimental area selected was bounded by Druid Park Drive, Mount Royal Terrace, North Avenue and the alley west of Eutaw place, all in the Druid Health District, and the Commissioner of Health was named Chairman of the Operating Committee.

A further improvement was noted in the statistics for child lead paint poisoning among the young children in the Druid Health District. This potentially disabling, often fatal, but preventive entity has long been a concern to the Health Department, and the Druid Health District has always had a large proportion of cases compared to the rest of the city. In fact, lead paint poisoning in this district apparently has been a more serious menace than poliomyelitis in children under 3 years of age. The table below points out the incidence for the past 5 years.

There are many reasons for the improvement demonstrated. The Bureau of Health Information continued an intensive program concerned with the prevention and early recognition of the possible signs and symptoms of the malady. Radio Station WEBB continued its excellent community service with frequent announcements about lead paint poisoning as well as other disease entities. The preventive program in which sani-

CASES AND DEATHS FROM LEAD PAINT POISONING: 1956-1960

Year	Cases			Deaths		
	Number City	Druid Health District	Per cent	Number City	Druid Health District	Per cent
1956	48	18	37.5	3	1	33
1957	56	20	36	3	1	33
1958	133	60	45	10	5	50
1959	66	29	44	2	1	50
1960	53	10	19	5	0	0

tarians of the Bureau of Environmental Hygiene inspected the homes of children registered at certain well baby clinics in the Druid Health District was continued. Samples of paint analyzed for lead by the Bureau of Laboratories were frequently positive. Correction of the condition was done in a gratifying number of homes.

The Druid Health District conducted its regular clinic activities in diseases of the chest, venereal diseases, prenatal and postnatal hygiene, preventive inoculations, and child hygiene. In September the chest clinic at 1516 Madison Avenue was moved to the new Western Health District building at 700 W. Lombard Street after serving the public for a quarter of a century in a row house. The venereal disease clinics closed their Friday night sessions, leaving night clinics for Monday, Tuesday, Wednesday and Thursday, and a day clinic on Wednesday morning. A well baby clinic for premature infants conducted twice each month was inaugurated at Provident Hospital.

Nine cases of paralytic polio were reported in the Druid Health District in 1960 compared to only three in the previous year. No death from this disease was reported. Thus, the experience of the city as a whole was shared by the district. When it became apparent during the summer that the cases reported were greater numerically than usual in recent years an opportunity was provided for more children to receive the preventive vaccine by making inoculations available daily from 9:00 A.M. to 4:00 P.M. in the district building. This was in addition to the regular inoculation and well baby clinic sessions. In the Harlem Park area the Harlem Park Neighborhood Council, assisted by the Health Department and the Baltimore Urban Renewal and Housing Agency, conducted 9 clinics during July and August for the inoculation of poliomyelitis vaccine. A total of 383 injections was given. Although these efforts resulted in a large number of inoculations, the Druid Health District, according

to the Baltimore Health Survey, had the lowest per cent of anti-poliomyelitis inoculations of children under 10 years compared with the other districts.

An increased incidence of early infectious syphilis was also noted in 1960 with 100 cases reported compared with 69 in 1959; this represented over one-third of the early cases reported for Baltimore. A total of 463 cases of all forms of syphilis and 3,107 cases of gonorrhea were treated in the clinics.

During the summer very productive results in case finding were obtained as the result of an X-ray survey on Pennsylvania Avenue. Several new cases of tuberculosis, previously unknown, were brought under care in the chest clinic or referred to general practitioners. Mrs. Anne Reed, a social worker assigned by the Maryland Tuberculosis Association, continued to give assistance to patients in the district. Her report, in part, was as follows:

> Social Service in the Druid Chest Clinic has continued to be very active. More self-referred persons are coming in on their own than can be accepted and given proper services. Two-hundred and fifty-four persons were helped in 1960.
>
> Of these two-hundred and fifty-four persons, seventy-eight were newly diagnosed TB patients who had a total of sixty-three children. Upon examination, fourteen of these children were found to have active tuberculosis and were hospitalized. Sixteen children were placed in Department of Public Welfare foster homes or homes of relatives during their mothers' hospitalization. The remaining thirty-three children's fathers were diagnosed as having tuberculosis; therefore, they remained in the homes and received "Aid to Dependent Children" through the Department of Public Welfare. Only two families diagnosed were able to manage without welfare assistance.
>
> All of the patients who requested services this year were troubled people with many complicated social problems in addition to their need for medical care. Many of the patients were known to several social agencies but were fearful to return. In many other cases the experiences of relatives and friends have colored their attitudes toward requesting help of other agencies. Therefore, a great deal of time is spent toward interpreting services of other agencies, making and following through with patients on referrals. The time has come when a patient's non-medical needs must be met in order for him (the patient) to benefit from the medical treatment for his disease.

Other Health Department activities in the district were as follows:

1. The Bureau of Dental Care treated a total of 3,393 children who attended 22 public and 2 parochial schools; 18,582 pupils received preventive dental services in 913 dental clinic sessions.

2. The Bureau of Environmental Hygiene conducted an extensive rodent control program in 4 blocks and investigated sanitary and housing deficiencies at 189 properties.

3. The Bureau of Laboratories supplied the district with 27,322 specimen containers

for use by physicians and clinics and continued to provide needed biologicals and diagnostic services.

4. The Bureau of Food Control made 1,250 routine and 107 special investigations of food establishments, 46 per cent of which were found to be in a satisfactory sanitary condition.

5. The Bureau of Vital Records discontinued its Birth Record Correction Service in the district building because of the low number of requests for such service.

6. The student nurse affiliation and observation programs conducted in cooperation with various schools of nursing were continued and student nurses received varying degrees of experience and instruction in field or clinic work in the district.

Personnel

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

Public Health Nurses

Christine Bland
Pearl Caplan
Ophelia Coleman
Minnie Corbin
Celia Cousins
Marie Crook
Margaret Ellis
Katie Fernandis
Mary Fitchett
Mamie Green*
Mary Grotenfend*
Ella Hughes
Rebecca Jackson
Mildred Jones
Irene Kyler
Margaret Lytle
Frances Martin
Gail Mason
Lois Merritt
Dorothie Mills
Lillian Mills
Agnes Pilgrim
Peggy Poole
Joyce Robinson
Lillian Roseman
Betty Scher*
Erdie Scott
Elizabeth Terry
Dorothy Wiggins
Evelyn Ward*
Eleanor Willis

Margie M. Bradley, Senior Clerk
Vivian R. Dougherty, Clerk Stenographer
Bernard A. Smith, Senior Custodial Worker
James V. Heath, Custodial Worker
Ethel Clark, Janitress

* Part-time employees

SOUTHEASTERN HEALTH DISTRICT

John A. Skladowsky, M.D.

Health Officer

On April 1 Dr. John A Skladowsky, the district health officer, retired after serving 40 years on the Health Department staff. At the close of the year no replacement had been obtained.

On January 1 census tracts 26-1, 26-2 and 26-3 of the Eastern Health District with a population of 32,500 and Public School No. 248 were transferred to the Southeastern Health District. This addition increased the population of the district to 146,477. Public Schools Nos. 210 and 231, St. Anthony's and Most Precious Blood Parochial Schools were added to the district on September 1.

The liaison service between the Baltimore City Hospitals and the Southeastern Health District begun in July, 1958 in an effort to give prompt follow-up to premature infants born at the hospital was discontinued August 10 when a full-time public health nurse was employed by the hospital.

Acute Communicable Diseases

With the increase in cases of paralytic poliomyelitis in the city attendance at the Thursday inoculation clinic increased and reached a peak of 1,122 inoculations given in October. During 1960 there were 18 cases of paralytic poliomyelitis in the district compared with 1 case in 1959. Other cases of acute communicable diseases were reported as follows: Infectious hepatitis, 81; measles, 326; scarlet fever, 32; and whooping cough, 9. There was no case of diphtheria during the year.

The Baltimore Health Survey showed that 82 per cent of all children under ten years of age in the district had had 3 or more poliomyelitis inoculations and 92 per cent of all children under six years of age had had the combined diphtheria-pertussis-tetanus inoculations.

Educational Activities

Meetings were held during the year with faculty members of the University of Maryland School of Nursing to revise the student schedules to provide additional opportunity for a broad study of what constitutes a family health service. Fifteen University of Maryland students had a thirteen week affiliation in public health nursing in the district.

A graduate student of the Johns Hopkins School of Hygiene and Public Health had 9 weeks orientation and experience in generalized public health nursing supervision. Two secondary school nurses completed eight weeks affiliation in public health nursing as a prerequisite for their B.S. degree at the University of Maryland School of Nursing. Also,

students from the Johns Hopkins School of Hygiene and Public Health, the Instructive Visiting Nurse Association, and the Maryland General Hospital School of Nursing observed district and clinic activities.

Six new staff nurses completed the orientation classes and one completed the seminars for interviewing in the venereal disease clinic. Another public health nurse returned to the district after completing work toward the B.S. degree at the University of Maryland School of Nursing. The monthly education conferences were devoted to the mental hygiene and the handicapped children's programs. Miss Mary Joan Albright, psychologist in the Eastern Health District mental hygiene clinic, interpreted to the staff the types of psychometric testing. School principals, teachers and social workers in addition to selected nursing staff were present for case presentations to the Director of the Eastern Mental Hygiene Clinic. Monthly seminars were held with staff members of the Division for the Handicapped for orientation and consultation regarding specific children carried for service. On October 25 Mr. Jay Cherry, Executive Director of the Baltimore Hearing Society, described the Society's activities and how referrals were made to that agency. On November 15 Mrs. Franklyn C. Hochreiter, a social worker for the Maryland Society for Mentally Retarded Children and Mrs. James O. Haynie, Director of the Searchlight Training Center, spoke to the staff about their community programs, education, and aids and guidance for parents of mentally retarded children. A field trip was made by the staff on November 29 to the Baltimore League for Crippled Children and Adults to observe the Sheltered Workshop and to see slides of the program carried on by the agency. The East Baltimore Medical Society met in the district building the first Tuesday of each month except during July, August and September. This was the nineteenth consecutive year for these meetings.

Personnel

_____, District Health Officer
Wilda S. Berkemeier, B.S., M.P.H., Sr. Supv. of Public Health Nursing, Admin.
Marie Dandridge, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Eva Bailey*	Natalie A. Leizear	Celia Trionfo
Bertha Bernard	Doretta Murphy, B.S.	Janice Uter
Patricia Davis	Frances Prevas*	Dena Valaco
Ruth Fenlon, B.S.	Elinor D. Shaffer*	Jessie Wallace
Lillian G. Ford	Gwendolyn Summey, B.S.	Joan Wilson, B.S.
Mildred Leach*	Patricia Town	

Mary Ann Szewczyk, Clerk Stenographer
Mary Stewart, Clerk Typist
James B. Davis, Custodial Worker

* Part-time employee.

SOUTHERN HEALTH DISTRICT

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

Health Officer

In 1960 efforts were continued to cover all important health activities despite a shortage of nursing personnel and difficulty in obtaining and keeping volunteers in the various clinics. In June a new section of the Westport Housing Project was opened adding 232 additional dwellings and an estimated 780 school children and 500 preschoolers to the Project.

Service Activities

The child health clinics were well attended during the year with an additional session being added both to the clinic located in the Westport Housing Project and to the clinic located in the Brooklyn Housing Project. Films on child safety were shown weekly in the child health clinic in the district building during the latter part of the year. The attendance at the prenatal clinic dropped considerably when many prenatal patients were assigned to the new clinic in the Western Health District building, which was closer to their homes.

The school hygiene program of carrying on physical examinations on a referral basis rather than conducting routine examinations made for a more efficient and effective type of health service. In the latter part of the year, due to a shortage of nursing personnel, two of the public schools in the Cherry Hill area were given only emergency health service. Many parent volunteers in the various schools in the district were trained in the administration of the Massachusetts vision test by workers from the Maryland Society for the Prevention of Blindness.

In April a special tuberculin testing program was planned and carried out at the Southern High School in cooperation with the Division of Tuberculosis, the Department of Education and the Southern Health District. Because 2 cases of active tuberculosis had occurred in the twelfth grade, 300 children from this grade were tested and positive reactors received chest X-rays at the Southern Health District chest clinic. No new case of tuberculosis was found. The chest clinic continued to conduct three day and two night sessions during the year, but the caseload was somewhat reduced with the opening of the chest clinic in the new Western Health District building. A tuberculin testing clinic was started on the second and fourth Mondays of each month.

The nurses utilized the services of the mental hygiene clinic in the Western Health District building and cases from the various schools in the district were presented at the clinic. Efforts were continued to obtain volunteers. A special meeting was planned in the Southern Health District building in June at which thirty-three volunteers attended and from

which representatives were selected for the newly organized Baltimore City Health Department Volunteer Council. The staff also participated in the annual meeting of volunteers at the Memorial Stadium in May by presenting an educational booth depicting good dental care.

Educational Activities

Five students from Mount St. Agnes College and eleven from the University of Maryland School of Nursing spent their public health affiliation of eight to thirteen weeks duration in the district. Students from Maryland General Hospital and Catholic University visited and observed in the district. A number of junior nursing students from the University of Maryland School of Nursing accompanied the public health nurses on visits to neonatal and postpartum patients who had delivered at the University of Maryland Hospital.

The staff education program conducted in the district consisted of discussion groups and field trips and utilized as speakers both personnel in the Health Department as well as from outside community agencies. Two nurses participated in a week's training program in mental hygiene at the University of Maryland Psychiatric Institute conducted by Miss Florence Burnett, Mental Hygiene Nursing Consultant with the Maryland State Department of Health. Two nurses attended the two weeks workshop in tuberculosis nursing held at the Baltimore City Hospitals under the auspices of the University of Maryland and the Baltimore City Hospitals. The new staff nurses attended departmental orientation classes and mental hygiene seminars conducted by the Chief of the Division of Mental Hygiene Education. The district auditorium was used frequently for meetings by various groups in the community and a number of groups toured the building during the year.

Personnel

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

Public Health Nurses

Evelyn Ambrose, B.S.	Juanita Conway	Laura Phillips
Sarah C. Batchelder	Edith Gillen*	Elizabeth Reese
Anna Bowman	Mary Louise Hook, B.S.	Judith Robinson
Beverley N. Butler, B.S.	Louise E. Miller	Patricia Smith
Theresa M. Byrne	Letha H. Montgomery	Ida Sorensen

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

* Part-time employee.

SECTION OF PREVENTIVE MEDICINE

Mark V. Ziegler, M.D.

Assistant Commissioner of Health

The Section of Preventive Medicine continued to work with the Department's Committee on Hospital Infections to develop a program to assist in the control of hospital-borne infections. The activities of this Committee comprised the following: The review of the literature including the environmental aspects of staphylococcal diseases; the purchase of the film "Hospital Sepsis: A Communicable Disease"; a visit to the Public Health Service Hospital at Staten Island, New York, to observe the application of measures for the control of staphylococcal infections in that hospital; and cooperation with and assistance to Mr. Lawrence B. Hall and Dr. George Sciple of the U.S. Public Health Service in making hospital environmental surveys of the Baltimore City Hospitals and the Maryland General Hospital. In connection with the Committee's work, the Bureau of Laboratories examined specimens submitted by physicians and hospitals for coagulase-positive staphylococci and made arrangements for bacteriophage typing. In addition, microbiological aerosol studies were made in one hospital where samples of air were collected with the Andersen Sampler from operating rooms, preparation areas, nurseries, delivery rooms and corridors.

The Assistant Commissioner of Health for Preventive Medicine and the Director of the Bureau of Food Control served as Chairman and Co-chairman of the Health and Safety Committee for the 1960 Boy Scouts of America Council Jubilee Camporee held on July 22, 23, and 24 at Herring Run Park. The health and safety factors were effectively carried out and the campers did not suffer any serious injuries or illnesses.

Other events worthy of note included the following: An outbreak of paralytic poliomyelitis; an 8 per cent reduction in the infant mortality rate; an increase in early infectious syphilis; the introduction in the clinics of a new 4-in-1 vaccine which combined diphtheria toxoid, pertussis vaccine, tetanus toxoid and poliomyelitis vaccine; the transfer of the medical and nursing services of the Baltimore City public secondary schools from the Department of Education to the City Health Department where they had been prior to January 1, 1932; the resignation of Dr. Woodrow Hemphill on August 10 as Director of the Bureau of School Hygiene and his replacement on September 22 by Dr. Dale E. Harro;

the establishment of a dental clinic in the new Western Health District building in collaboration with the Baltimore College of Dental Surgery of the University of Maryland; and a workshop devoted to day care centers conducted jointly by the Bureau of Child Hygiene and the Maryland Committee on Group Day Care of Children.

More detailed information of the work of the various administrative units in the Section of Preventive Medicine follows this report.

Personnel

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

BUREAU OF COMMUNICABLE DISEASES

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

Director

There were 13,406 cases of communicable diseases reported during 1960, an increase of 641 from the 12,765 cases reported in the previous year. This increase was due largely to a greater incidence of measles, mumps and poliomyelitis. A brisk outbreak of paralytic poliomyelitis occurred during the summer and fall, and the incidence of early infectious syphilis increased sharply. On April 6, at the child health clinic in the Eastern Health District building, the Commissioner of Health inaugurated a new 4-in-1 vaccine which combines poliomyelitis vaccine with the former triple antigens: diphtheria toxoid, pertussis vaccine and tetanus toxoid.

Diphtheria

For the second consecutive year Baltimore City experienced not a single case of diphtheria. The last case was reported on April 30, 1958 and died on May 10, 1958. There had been no case in the city during 1957. Table No. 1B shows the extent of inoculations with diphtheria, pertussis and tetanus antigens (DPT) in preschool children. For the city as a whole 90.8 per cent of preschool children over one year of age had received their DPT inoculations.

Poliomyelitis

There were 97 cases of paralytic poliomyelitis reported during the year as compared to 11 cases in 1958 and 15 cases in 1959. There were 4 deaths. This was the largest outbreak of paralytic poliomyelitis since 1950 when there were 225 cases and 9 deaths. The current outbreak began in the latter part of July and reached its peak in the last week of September. The cases were concentrated in the older and lower socio-economic areas of the city. There was almost a 50-50 racial distribution, 49 cases occurring among white individuals and 48 among nonwhite persons. The disease had the highest incidence among young children: 52 of the cases were under 5 years of age; 22 were 5 to 9 years old; 8 were 10 to 19 years old, and 15 were over 21 years of age. Twenty-five of the cases had received a complete series of three or more inoculations of the poliomyelitis vaccine, whereas 44 had received no vaccine. Of the remaining 28 cases 21 had received one or two inoculations and the inoculation status of the other 7 was not known.

Table No. 1C shows the extent of inoculations with poliomyelitis vaccine in individuals of all ages. It was estimated for children under 10 years of age that 67 per cent had received three or more doses of the vaccine, 17 per cent had received one or two inoculations, and 16 per cent had received none. Applying these percentages to the entire population under 10 years of age, the number of children in each vaccination category for the city can be estimated. When the cases of paralytic poliomyelitis are also allocated according to vaccination status, the following attack rates are obtained: For children with no inoculation 86.6 cases per 100,000 persons; for those with 1 to 2 inoculations 50.4 cases per 100,000 persons, and for those with 3 or more inoculations 14.4 cases per 100,000 persons. Comparing the attack rates for those children with no inoculations with those for children with 3 or more poliomyelitis vaccine inoculations, it can be seen that 3 or more doses of the vaccine conferred 83 per cent more protection in this outbreak, which is what the vaccine was originally reported to give.

Typhoid Fever

Two cases of typhoid fever were reported during the year. The first case was in a six year old boy. A search for the source of the infection was unsuccessful. The second case was in a sixty-two year old woman who took sick while traveling in Europe, and it was felt that the source of her infection was either unsafe water or food consumed while traveling. At the end of the year there were 41 typhoid carriers who were known to reside in Baltimore and who were under Health Department supervision, compared with 46 carriers at the end of the previous year; 5 carriers died during the year.

Infectious Hepatitis

The outbreak of infectious hepatitis which began in 1958 continued in 1960 although it appeared that the peak had been passed in 1959. A total of 202 cases was reported compared with 292 cases in 1959 and 123 cases in 1958. There were 11 deaths attributed to the disease. Gamma globulin was administered to all household contacts of each case where the Health Department was responsible.

Rabies Control

Under a continuing program of rabies surveillance, 4,089 animal bites, of which 3,897 were dog bites, were reported to the Health Department. With the assistance of the Baltimore City Police Department 878, or

22.5 per cent of the dogs involved, were confined in the Municipal Animal Shelter; 1,339, or 34.4 per cent, were examined by private veterinarians at the end of the ten day quarantine period; 701, or 18.0 per cent, were strays; and 979, or 25.1 per cent, were either nonlocates or owners who refused to follow the instructions. In addition to dogs other animals reported for bites included 1 Australian wild dog, 2 bats, 1 camel, 125 cats, 2 foxes, 1 guinea pig, 1 ground hog, 11 hamsters, 1 horse, 5 monkeys, 1 pony, 15 rabbits, 1 raccoon, 1 shrew, 22 squirrels and 2 turtles. Brain examinations were performed by the Bureau of Laboratories on 1 bat, 14 cats, 1 chipmunk, 51 dogs, 5 hamsters, 1 rabbit, 1 raccoon, 1 shrew and 7 squirrels. All these examinations were negative. A college student who was bitten by a bat while out of the city was admitted to the Baltimore City Hospitals for treatment with anti-rabies vaccine. She recovered completely. The bat was not available for examination. The last rabid animal in Baltimore City was reported on February 24, 1947, and the last case of human rabies died on March 21, 1930.

Brucellosis

There was one case of brucellosis reported during the year in a male employee of one of the city slaughter houses. This was the first reported case of this disease since 1957 when there were 2 cases.

Other Communicable Diseases

The reported numbers of cases of both German measles and regular measles were 75 and 2,182 respectively, a change from 1959 when there were 132 cases of German measles and 1,138 cases of measles. There were 12 cases and 6 deaths attributed to meningococcal infections compared to 10 cases and 5 deaths in 1959.

There was no case of smallpox in the city for the thirty-second consecutive year. The last recorded case was reported on March 9, 1928. A total of 102 children was referred to the Bureau of Communicable Diseases as not having had successful takes after repeated attempts at smallpox vaccination. Revaccination of these children resulted in 44 primary reactions, 28 vaccinoid reactions and 30 immune reactions. In addition, 28 children attending school were temporarily excused from being vaccinated because of eczematous skin conditions. Table No. 1A lists the reported cases and resident deaths of certain communicable diseases for the 1957–1960 period.

Tuberculosis

Compared to other large cities of the United States, Baltimore City continued to have one of the highest tuberculosis death and case rates in

spite of a vigorous control program. There was no essential change in the incidence of new cases or deaths from tuberculosis compared to 1959. A tuberculin testing program was inaugurated in the public schools, and selective mass X-ray screening in suspected high incidence areas was emphasized. On September 19 a chest clinic was opened in the new Western Health District building at 700 West Lombard Street. The new clinic replaced the chest clinic at 1516 Madison Avenue which had served the residents of West Baltimore for a period of 25 years.

Mortality

The number of resident deaths from tuberculosis increased from 145 in 1959 to 149 in 1960. This gave death rates of 15.4 in 1959 per 100,000 and 15.9 in 1960. The white death rate increased from 12.1 per 100,000 in 1959 to 13.9 per 100,000 in 1960, whereas, the nonwhite rate decreased from 21.9 to 19.4 per 100,000. Table No. 2A presents 1960 deaths according to age, race and sex, and Table No. 2B indicates the places where these deaths occurred.

Morbidity

The number of newly reported cases of all forms of tuberculosis declined from 833 cases in 1959 to 823 cases in 1960. The corresponding case rates declined from 88.5 cases per 100,000 in 1959 to 87.6 per 100,000 in 1960. Among white persons the rate was 53.0 and for nonwhite persons 152.0 per 100,000 in 1960. The comparable race rates in 1959 were 59.5 for the white and 149.3 for the nonwhites. In addition 95 cases which had been previously discharged as inactive or nonlocate were readmitted to the case register as active disease. Table No. 2C shows the race, sex and age distribution according to the type and extent of the tuberculosis lesion. Table No. 2E presents tuberculosis cases by race and original source of referral or report, and Table No. 2F gives the cases according to the agency responsible for the definitive report which led to registration with the Division of Tuberculosis.

Prevalence

As of the single date July 1, 1960, there were 3,273 cases of public health significance on the tuberculosis register as compared to 3,449 cases registered at the same time in 1959. Of the total number of registered patients, 1,419, or 43 per cent, were white persons and 1,854, or 57 per cent, were nonwhite. A total of 1,728, or 52.8 per cent of the cases, was under medical supervision of Health Department's chest clinics; 662, or 20.2 per

cent, were under the medical supervision of private physicians or general hospitals; 691, or 21.1 per cent, were in tuberculosis hospitals; 58, or 1.8 per cent, were in other institutions, and the remaining 134, or 4.1 per cent, were under no known medical supervision. Table No. 2D shows the distribution of registered tuberculosis cases by age, sex, race and stage of disease.

Diagnostic and Therapeutic Services

As mentioned before the chest clinic at 1516 Madison Avenue was closed on September 9, and the new chest clinic in the Western Health District building was opened on September 19. The records, personnel and patients of the old Madison Avenue clinic were all transferred to the new facility.

The combined services rendered by the chest clinics of the Division of Tuberculosis are described in Table No. 2G. A total of 22,745 individuals was examined during 1960 as compared with 24,637 in 1959. New registrants and individuals screened numbered 16,697 and represented 73.4 per cent of those examined. Altogether 39,473 visits were made to city chest clinics and a total of 27,489 chest X-rays was taken.

Pneumotherapy services were given to 27 individuals including 5 new clinic patients and 22 former clinic registrants. This service consisted exclusively of the continuation of the pneumoperitoneal type of treatment which had been initiated elsewhere.

The home chemotherapy program was continued for patients who could not afford to pay for their medication. In addition, chemotherapeutic drugs were provided for preschool children who had positive tuberculin skin tests without other manifestations of tuberculous infection and also to other individuals who showed evidence of recent conversion of the tuberculin skin test from negative to positive. As of January 1, 1960, there were 1,326 patients on chemotherapy. During the year, 945 additional patients were admitted to the program and 586 patients discontinued therapy so that on December 31, 1960, there remained 1,685 individuals on the program.

Case-Finding Projects

Small chest X-ray films were taken of 65,112 persons during 1960 through the combined efforts of many interested agencies in Baltimore. Since the mobile X-ray unit which had been assigned for several years to the Health Department by the U. S. Public Health Service had been returned to the Public Health Service in 1959, the services of the Maryland State Health Department's mobile X-ray unit were secured during 1960. This unit was operated in areas of suspected high prevalence of tubercu-

losis with the assistance of the Maryland Tuberculosis Association. Of the 30,559 persons screened by this service, 704, or 2.3 per cent, gave indication of either chest pathology or technical faultiness. Of these 704 abnormal films 113 were read as definite tuberculosis, 157 as suspicious, 91 as cardiac pathology, 251 as other non-tuberculous pathology, and 92 were unsatisfactory for technical reasons. Although follow-up was not completed, at the close of the year 35 new significant cases of tuberculosis had been discovered or approximately 11.4 new cases per 10,000 X-rays. This yield of new cases contrasts with the yield in 1959 when only 8.6 new cases per 10,000 X-rays were found showing the success of the program for concentrating this form of case-finding effort.

Chest X-rays screening films taken by other facilities were as follows: Health Department chest clinics, 12,222; University of Maryland Hospital, 2,382; and Maryland Tuberculosis Association, 19,949.

Tuberculin Testing

A program for doing tuberculin skin tests on students in selective city public schools was inaugurated during the year. The senior class at Southern High School and the eighth grade at the Garrison Junior High School were screened. In the former the reaction rate using 5 millimeters of induration or more as a positive was 13.3 per cent while in the eighth grade group the reaction rate was 5.4 per cent. It is hoped that this program will not only be of value as a case-finding and health education project but also as a source of epidemiological data to measure the trends of tuberculosis in Baltimore City.

BCG Vaccination

During the year, 757 individuals who had negative tuberculin skin reactions were vaccinated with BCG vaccine in the special clinic in the Eastern Health District building. Among those vaccinated were 752 children contacts, 2 nurses, 1 adult contact and 2 Health Department employees.

Hospitalization

As of January 1, 1960, there were 816 Baltimore City residents in various tuberculosis hospitals. During the year 809 residents were admitted; 128 died in hospitals; and 786 were discharged so that on December 31, 1960, there were 711 residents remaining in hospitals. Of the 786 live discharges 567, or 72 per cent, were with permission, and 219, or 28 per cent, left the hospital against medical advice or were discharged for disciplinary

reasons. Among the 219 irregular discharges 64, or 29.2 per cent, had positive sputa.

City Isolation Ordinance

Pursuant to the power conferred upon the Commissioner of Health by Section 217 of Article 12 of the Baltimore City Code of 1950, Regulation No. 3 adopted in August, 1956, and governing the compulsory isolation of persons having or suspected of having active tuberculosis was invoked eight times.

Vocational Rehabilitation

Through the cooperation of the Division of Vocational Rehabilitation of the Maryland State Department of Education rehabilitation services were rendered to 825 Baltimore residents in 1960. Of these, 285 were new referrals.

Venereal Diseases

The total number of reported cases of syphilis decreased from 1,670 cases in 1959 to 1,545 in 1960; however, there was a sharp increase in the number of cases of primary and secondary syphilis. In 1960 there were 269 cases of primary and secondary syphilis as compared with 196 cases in 1959. This increase was first noted in July and the cases were concentrated predominantly in the west central area of the city. In other forms of acquired syphilis there were 1,041 latent cases and 198 late cases in 1960, whereas in 1959 there were 1,136 latent cases and 285 late cases. There were 37 cases of congenital syphilis, of which 2 were reported in children under one year of age. The number of cases of gonorrhea decreased from 6,743 cases in 1959 to 6,179 cases in 1960.

Mortality

There were 28 deaths due to syphilis recorded during 1960. This represented a mortality rate of 3.0 per 100,000 population and a drop from the rate of 3.8 per 100,000 recorded in 1959. For the twelfth consecutive year for white infants and for the tenth consecutive year for nonwhite infants no death from syphilis was reported.

Case Finding

Because of the sharp increase in the incidence of early infectious syphilis contact investigative efforts were intensified by both the public health nurses and the six male investigators assigned to the Health De-

partment by the U. S. Public Health Service. The public health nurses made 2,267 home visits to both contacts and delinquent patients. As a result of these efforts the epidemiological index, that is, the degree of success of finding the possible source of the infection, was 68 per cent.

Other case-finding projects included the serological survey of all inmates in the Baltimore City Jail and continuation of the querying of private physicians concerning positive serological tests obtained on bloods submitted to the Bureau of Laboratories. During the year 9,244 bloods were drawn on inmates in the jail, of which 703 were reactive, and 11 cases of early infectious syphilis and 178 cases of other forms of syphilis were found.

Diagnostic and Therapeutic Services

As shown in Table No. 3C a total of 10,720 individuals was admitted to the venereal disease clinics conducted by the Health Department as compared to 11,276 admissions in 1959. The clinics reported 19,182 visits in 1960 as compared to 20,585 visits in 1959.

In addition to 809 patients with proven syphilis and 5,675 patients with proven gonorrhea, 249 contacts were treated on the basis of epidemiological findings for syphilis and 1,138 contacts likewise for gonorrhea. The contacts thus treated for gonorrhea were all women who had been named as sex contacts of a proven gonococcal infection in a male.

The Friday evening venereal disease clinic session in the Druid Health District building was discontinued in January. The clinic continued to meet every night from Monday through Thursday.

City Isolation Ordinance

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

Personnel

Robert E. Farber, M.D., M.P.H., Director
Morris M. Cohen, M.D., Clinical Director for Venereal Diseases
Meyer W. Jacobson, M.D., Clinical Director for Tuberculosis
M. S. Shiling, M.D., Director of Tuberculosis Surveys
George C. Page, M.D., Health Officer
Mattie May Gwynn, Principal Clerk Stenographer
Alice V. Owings, Principal Clerk
Frances T. Morris, Senior Clerk Stenographer

Mary F. Riley, Senior Clerk Stenographer
Eva Mae Krome, Senior Clerk Typist
Jessie S. Rosenstock, Senior Clerk
Brenda Smith, Clerk Stenographer
Gloria Elkins, Clerk Typist
Mildred E. Reaves, Clerk Typist

Chest Clinics

Clinic Physicians

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

Kiran C. Adhikari, M.D.	William K. C. Morgan, M.D.
Daniel Bakal, M.D.	Cecil Rudner, M.D.
Louis V. Blum, M.D.	Herman H. Schaerf, M.D.
Frank A. Faraino, M.D.	Mary Betty Stevens, M.D.
C. Dudley Lee, M.D.	Alexander S. Townes, M.D.

E. Hunter Wilson, Jr., M.D.

Ira C. Davis, Senior X-ray Photographer	Clarice M. Shell, Senior Clerk
Henry J. Hacker, Senior X-ray Technician	Leona J. Knight, Clerk Typist
Silvine A. Thompson, Senior X-ray Technician	Lorraine P. Smith, Clerk Typist
Myrtle Baker, Senior Clerk	Hilda J. Moseley, Laboratory Aide
Helen R. Ewalt, Senior Clerk	Inez R. Thomas, Laboratory Aide
Lillian V. Parham, Senior Clerk	Rita M. Williams, Laboratory Aide

Venereal Disease Clinics

Medical Supervisors

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

Senior Clinic Physicians

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

Clinic Physicians

Moses L. Barksdale, M.D.	Clarence W. Martin, M.D.
Ernest S. Cross, Jr., M.D.	Israel P. Meranski, M.D.
Sylvan C. Goodman, M.D.	George H. Pendleton, M.D.
Thomas W. Harris, Jr., M.D.	Talmadge H. Pinkney, M.D.
Richard H. Hunt, M.D.	William G. Polk, M.D.
Jether M. Jones, Jr., M.D.	Daniel Roberts, M.D.
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Lizzie Mae Lee, Custodial Worker

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

Disease	1960		1959		1958		1957	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Botulism	..	..	..	..	..	..	2	1
Chickenpox	765	..	702	..	967	..	995	..
Diphtheria	..	..	..	..	1	1	..	..
Dysentery								
Amebic	2	..	5	3	2	..	1	..
Bacillary	39	2	76	1	61	2	63	..
All other	..	..	2	1	..	..	6	..
Encephalitis, acute infectious	7	..	8	5	2	2	..	..
Erysipelas	..	..	..	..	..	..	..	1
German measles	75	..	132	..	1,278	..	101	..
Hepatitis								
Infectious	202	11	292	1	123	5	21	6
Serum	3	1	3	2	2	1	2	1
Measles	2,182	1	1,138	2	3,723	5	1,759	1
Meningococcal infections	12	6	10	5	13	3	17	7
Mononucleosis, infectious	1	..	..	..	..	..	..	..
Mumps	1,112	..	669	..	283	..	735	..
Paratyphoid fever	..	..	..	..	1	..	1	..
Poliomyelitis, paralytic cases	97	4	15	..	11	..	7	1
Psittacosis	..	..	..	..	1	..	4	..
Rocky Mountain spotted fever	1	..	1	..	1	..	..	..
Salmonella infection	19	1	18	1	23	2	18	1
Scarlet fever	171	..	212	..	199	..	206	..
Smallpox	..	..	..	..	..	..	..	..
Streptococcal sore throat	4	..	7	..	6	1	18	..
Tetanus	3	2	1	1	2	1	3	1
Trichinosis	2	..	1	..	1	..	..	..
Tuberculosis								
Respiratory	774	145	768	139	832	177	991	189
Other forms	49	4	65	6	67	9	92	18
Tularemia	..	..	4	..	..	..	1	..
Typhoid fever	2	..	3	..	2	..	3	..
Typhus fever	1	..	1	..	..	..	1	..
Undulant fever	1	..	..	..	..	..	2	..
Weil's disease	1	..	1	..	..	..	1	..
Whooping cough	74	..	110	..	35	..	243	1
Venereal diseases								
Chancroid	9	..	19	..	14	..	27	..
Gonococcal infections, total	6,179	1	6,743	1	6,884	..	6,556	1
Ophthalmia	2	..	..	..	1	..	2	..
Syphilis, total	1,545	28	1,670	36	1,199	46	1,309	55
Congenital	37	..	53	1	36	..	31	..
Other venereal diseases	14	..	29	..	10	..	14	2

TABLE NO. 1B

EXTENT OF DPT INOCULATIONS IN PRESCHOOL CHILDREN OVER ONE YEAR, BALTIMORE CITY, 1960*

Health District	Number Queried	Number Inoculated	Per Cent Inoculated
All Districts	512	465	90.8
Eastern	150	136	90.7
Western	135	121	89.6
Druid	99	95	96.0
Southeastern	67	65	97.0
Southern	61	48	78.7

* Based on information obtained from the Baltimore Health Survey.

TABLE NO. 1C

POLIOMYELITIS INOCULATION RATES BY AGE*, BALTIMORE CITY, 1960

Age	Total Queried	Per Cent With		
		No Shots	Three Shots	Four or More
All Ages	3,241	45	30	11
Under 5	386	16	47	15
5–9	340	9	47	30
10–19	548	10	55	22
20 and over	1,967	67	15	5

* Based on information obtained from the Baltimore Health Survey.

TABLE NO. 2A

RESIDENT DEATHS FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO AGE: 1960

Age Group	Grand Total	White			Colored		
		Total	Male	Female	Total	Male	Female
		Number of Deaths					
All ages	149	85	65	20	64	47	17
Under 15 years	..	..	..	..	..	..	..
15-24 years	1	..	..	..	1	1	..
25-34 years	8	3	..	3	5	3	2
35-44 years	26	6	4	2	20	14	6
45-54 years	29	15	10	5	14	9	5
55-64 years	44	30	28	2	14	12	2
65 years and over	41	31	23	8	10	8	2
		Percentage Distribution					
All ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	..	..	..	..	..	..	..
15-24 years	0.7	..	..	..	1.6	2.1	..
25-34 years	5.4	3.5	..	15.0	7.8	6.4	11.8
35-44 years	17.4	7.1	6.1	10.0	31.2	29.8	35.2
45-54 years	19.5	17.6	15.4	25.0	21.9	19.2	29.4
55-64 years	29.5	35.3	43.1	10.0	21.9	25.5	11.8
65 years and over	27.5	36.5	35.4	40.0	15.6	17.0	11.8

TABLE NO. 2B

RESIDENT DEATHS FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO RACE AND PLACE OF DEATH—1960

Place of Death	Total		White		Colored	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total Deaths	149	100.0	85	100.0	64	100.0
Home	12	8.0	8	9.4	4	6.3
Tuberculosis hospitals	74	49.7	43	50.6	31	48.4
Baltimore City	27	..	9	..	18	..
State	36	..	26	..	10	..
Federal	7	..	4	..	3	..
Other	4	..	4	..	..	..
General hospitals	51	34.3	23	27.1	28	43.8
Mental Institutions	10	6.7	9	10.6	1	1.5
Other	2	1.3	2	2.3	..	..

TABLE NO. 2C

REPORTED CASES OF TUBERCULOSIS (INCIDENCE) CLASSIFIED BY TYPE, EXTENT AND ACTIVITY OF LESION ACCORDING TO RACE, SEX AND BROAD AGE GROUPS—1960

Classification of Lesion	Grand Total	Age in Years																	
		Male									Female								
		Total	Under 5	5–14	15–24	25–34	35–44	45–64	65 & Over	Age Unsp.	Total	Under 5	5–14	15–24	25–34	35–44	45–64	65 & Over	Age Unsp.
All Cases	823	523	29	14	26	74	123	195	62	..	300	32	23	47	66	46	61	25	..
White																			
Total	323	220	4	5	9	13	53	98	38	..	103	6	3	13	20	18	26	17	..
Minimal lesions—all types	62	36	1	1	4	2	9	16	3	..	26	..	..	9	2	5	7	3	..
Active	50	28	1	1	3	2	9	12	1	..	22	..	..	9	2	4	4	3	..
Inactive	8	6	..	..	..	..	..	4	2	..	2	..	..	..	..	1	1	..	..
Pleural effusion	4	2	..	..	1	..	..	1	..	..	2	..	..	..	..	..	2	..	..
Moderately advanced	136	98	..	..	3	7	27	46	15	..	38	..	1	4	11	6	10	6	..
Active	130	96	..	..	3	7	27	44	15	..	34	..	1	4	11	5	7	6	..
Inactive	6	2	..	..	..	..	..	2	..	..	4	..	..	..	..	1	3	..	..
Far advanced	104	75	..	..	1	3	17	34	20	..	29	..	..	..	7	7	8	7	..
Severe primary lesion	14	7	3	4	..	..	..	..	..	..	7	5	2	..	..	..	..	..	..
Miliary	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Spinal	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..
Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other nonpulmonary	5	3	..	..	1	..	..	2	..	..	2	1	..	..	..	..	..	1	..
Nonwhite																			
Total	500	303	25	9	17	61	70	97	24	..	197	26	20	34	46	28	35	8	..
Minimal lesions—all types	89	52	2	3	4	14	13	10	6	..	37	5	3	11	9	2	7	..	..
Active	58	30	1	3	1	8	8	6	3	..	28	5	3	6	5	2	7	..	..
Inactive	11	8	..	..	..	2	2	2	2	..	3	..	..	2	1	..	..	..	..
Pleural effusion	20	14	1	..	3	4	3	2	1	..	6	..	..	3	3	..	..	..	..
Moderately advanced	150	100	1	..	6	19	26	40	8	..	50	..	2	10	15	9	10	4	..
Active	144	95	1	..	6	18	24	40	6	..	49	..	2	10	15	8	10	4	..
Inactive	6	5	..	..	..	1	2	..	2	..	1	..	..	..	..	1	..	..	..
Far advanced	148	104	..	..	6	24	26	40	8	..	44	..	..	6	17	6	13	2	..
Severe primary lesion	59	25	18	6	1	..	..	..	..	..	34	17	12	3	2	..	..	..	..
Miliary	11	7	1	..	..	2	2	2	..	..	4	1	..	..	..	2	..	1	..
Meningitis	4	1	1	..	..	..	..	..	..	..	3	2	..	..	..	..	1	..	..
Spinal	7	5	..	..	..	2	..	2	1	..	2	..	..	..	1	..	..	1	..
Peritonitis	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
Other nonpulmonary	31	9	2	..	..	..	3	3	1	..	22	1	2	4	2	9	4	..	..

TABLE NO. 2D

TUBERCULOSIS CASES IN CURRENT REGISTER (PREVALENCE) ACCORDING TO STAGE OF DISEASE, RACE, SEX, AND BROAD AGE GROUPS—JULY 1, 1960

Stage of Disease	Grand Total	Age in Years																	
		Male									Female								
		Total	Under 5	5–14	15–24	25–34	35–44	45–64	65 & Over	Age Unsp.	Total	Under 5	5–14	15–24	25–34	35–44	45–64	65 & Over	Age Unsp.
All Cases	3,273	2,199	51	44	86	225	463	1,018	312	..	1,074	53	48	130	263	286	233	61	..
White																			
Total	1,419	1,046	10	12	33	68	169	551	203	..	373	12	8	38	68	103	102	42	..
Minimal	343	223	1	4	22	24	43	91	38	..	120	..	4	25	26	33	22	10	..
Moderately advanced	532	402	..	..	8	23	65	219	87	..	130	..	..	7	25	34	45	19	..
Far advanced	492	395	..	..	3	18	59	240	75	..	97	..	..	4	16	30	34	13	..
Pleural effusion	3	2	..	1	..	..	..	..	1	..	1	..	..	..	..	1	..	..	..
Primary	29	15	7	6	..	1	..	..	1	..	14	10	3	1	..	..	..	..	..
Miliary	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	2	1	..	..	..	1	..	..	..	..	1	1	..	..	..	..	..	..	..
Other nonpulmonary	18	8	2	1	..	1	2	1	1	..	10	1	1	1	1	5	1	..	..
Nonwhite																			
Total	1,854	1,153	41	32	53	157	294	467	109	..	701	41	40	92	195	183	131	19	..
Minimal	392	220	1	..	21	46	71	63	18	..	172	5	6	36	54	39	23	4	..
Moderately advanced	649	420	..	1	14	49	111	192	53	..	229	2	2	25	76	58	55	11	..
Far advanced	504	364	..	1	6	44	94	187	32	..	140	..	1	14	43	50	31	1	..
Pleural effusion	44	25	..	1	4	5	7	7	1	..	19	..	..	5	9	4	1	..	..
Primary	109	56	31	23	1	..	1	..	..	..	53	26	25	1	1	..	..	..	..
Miliary	19	11	2	1	1	1	..	5	1	..	8	2	..	..	1	3	2	..	..
Meningitis	15	7	2	2	1	1	..	1	..	..	8	1	1	2	..	2	1	1	..
Other nonpulmonary	122	50	5	3	5	11	10	12	4	..	72	5	5	9	11	27	13	2	..

TABLE NO. 2E

ALL TUBERCULOSIS CASES CLASSIFIED BY RACE AND ORIGINAL REFERRAL OR SOURCE OF REPORT—1960

ORIGINAL REFERRAL OR SOURCE OF REPORT	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL CASES	823	100.0	323	100.0	500	100.0
Private physicians	136	16.5	89	27.6	47	9.4
Baltimore City Hospitals	59	7.2	18	5.6	41	8.2
General and Tuberculosis Hospitals	320	38.8	97	30.0	223	44.6
Hospital survey	1	..	1	..	..	..
Other	319	..	96	..	223	..
Health Department	172	20.9	49	15.2	123	24.6
Chest clinics	166	..	48	..	118	..
Other	6	..	1	..	5	..
Mass Survey	28	3.4	5	1.5	23	4.6
Transferred from out-of-state	10	1.2	5	1.5	5	1.0
Other agencies	58	7.1	40	12.4	18	3.6
Reported after death	40	4.9	20	6.2	20	4.0

TABLE NO. 2F

ALL TUBERCULOSIS CASES CLASSIFIED BY RACE AND REPORTING AGENCY—1960

REPORTING AGENCY	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL CASES	823	100.0	323	100.0	500	100.0
Private physicians	61	7.4	55	17.0	6	1.2
Tuberculosis hospitals	139	16.9	62	19.2	77	15.4
Baltimore City Hospitals	53	..	15	..	38	..
Other tuberculosis hospitals	86	..	47	..	39	..
General hospitals	229	27.8	51	15.8	178	35.6
Mental hospitals	6	0.7	5	1.6	1	0.2
Health Department chest clinics	338	41.1	127	39.3	211	42.2
Transferred from out-of-state	..	..	..	..	..	..
Death certificates	40	4.9	20	6.2	20	4.0
Other	10	1.2	3	0.9	7	1.4

TABLE NO. 2G

SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES BY RACE AND SEX—1960

	Total		White				Colored			
			Male		Female		Male		Female	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Clinic Registrants										
Total	22,745	100.0	4,381	100.0	5,052	100.0	4,454	100.0	8,858	100.0
Screening service	12,222	53.7	1,308	29.9	2,631	52.1	1,774	39.8	6,509	73.5
Diagnostic service (Total)	10,523	46.3	3,073	70.1	2,421	47.9	2,680	60.2	2,349	26.5
New in 1960	4,475	19.7	1,484	33.8	1,205	23.8	1,004	22.6	782	8.8
Registered prior to 1960	6,048	26.6	1,589	36.3	1,216	24.1	1,676	37.6	1,567	17.7
Suspects	*2,591*	*11.4*	*719*	*16.4*	*726*	*14.4*	*516*	*11.6*	*631*	*7.1*
Previously diagnosed cases	*3,457*	*15.2*	*870*	*19.9*	*491*	*9.7*	*1,160*	*26.0*	*936*	*10.6*
Age Distribution										
Total screening and new diagnostic registrants	16,697	100.0	2,792	100.0	3,836	100.0	2,778	100.0	7,291	100.0
Under 15 years	1,694	10.1	355	12.7	340	8.9	437	15.7	562	7.7
15–24 years	5,249	31.4	455	16.3	1,139	29.7	422	15.2	3,233	44.4
25–44 years	6,047	36.2	957	34.3	1,444	37.6	975	35.1	2,671	36.6
45–64 years	3,007	18.0	808	28.9	730	19.0	795	28.6	674	9.3
65 years & over	657	4.0	212	7.6	163	4.3	148	5.4	134	1.8
Age unspecified	43	0.3	5	0.2	20	0.5	1	..	17	0.2
Source of Referral										
Total screening and new diagnostic registrants	16,697	100.0	2,792	100.0	3,836	100.0	2,778	100.0	7,291	100.0
Private physicians	4,305	25.8	1,238	44.3	1,300	33.9	832	29.9	935	12.8
Contacts	2,354	14.1	471	16.9	672	17.5	467	16.8	744	10.2
Prenatals	4,652	27.9	..	..	861	22.4	..	..	3,791	52.0
Hospitals	405	2.4	92	3.3	52	1.4	163	5.9	98	1.4
Case-finding project	185	1.1	77	2.8	29	0.8	48	1.7	31	0.4
All other	4,796	28.7	914	32.7	922	24.0	1,268	45.7	1,692	23.2
Clinic visits (Total)	39,473	100.0	8,598	100.0	7,133	100.0	10,605	100.0	13,137	100.0
Screening service	12,222	31.0	1,308	15.2	2,631	36.9	1,774	16.7	6,509	49.5
Diagnostic service	23,862	60.5	6,512	75.7	3,928	55.1	7,817	73.7	5,605	42.7
New in 1960	*4,476*	*11.3*	*1,484*	*17.3*	*1,205*	*16.9*	*1,004*	*9.5*	*782*	*6.0*
Repeat visits	*19,387*	*49.2*	*5,028*	*58.4*	*2,723*	*38.2*	*6,813*	*64.2*	*4,823*	*36.7*
*Other services	3,389	8.5	778	9.1	574	8.0	1,014	9.6	1,023	7.8
X-ray Examinations (Total)	27,489	100.0	5,804	100.0	5,704	100.0	6,045	100.0	9,936	100.0
Screening service	12,222	44.5	1,308	22.5	2,631	46.1	1,774	29.3	6,509	65.5
Diagnostic service	15,267	55.5	4,496	77.5	3,073	53.9	4,271	70.7	3,427	34.5
Suspects	*8,359*	*30.4*	*2,591*	*44.7*	*2,146*	*37.6*	*1,910*	*31.6*	*1,712*	*17.2*
Previously diagnosed cases	*6,908*	*25.1*	*1,905*	*32.8*	*927*	*16.3*	*2,561*	*39.1*	*1,715*	*17.3*
Pneumotherapy Service										
Total patients	27	100.0	4	100.0	..	..	12	100.0	11	100.0
New in 1960	5	18.5	..	..	..	..	1	8.3	4	36.4
Registered prior to 1960	22	81.5	4	100.0	..	..	11	91.7	7	63.6
Total Visits	742	..	144	..	..	..	322	..	276	..
Total X-rays	85	..	13	..	..	..	39	..	33	..

X-ray Survey of Apparently Healthy Persons	42,781	18,838	23,943	
Druid Chest Clinic	4,068	56	4,012	
Eastern Chest Clinic	4,967	2,009	2,958	
Southern Chest Clinic	2,514	1,271	1,243	
Western Chest Clinic	673	603	70	
Mobile and Portable X-ray Units	30,559	14,899	15,660	

*Visits to clinic only for tuberculin tests and chemotherapy.

TABLE NO. 2H

CHEST X-RAY SURVEYS: BALTIMORE, MARYLAND—1960

Group Surveyed	Number Examined		Group Surveyed	Number Examined	
	White	Colored		White	Colored
Total	14,899	15,660			
Commercial & Industrial (Total)	9,816	1,518	Community (Continued)		
American Can Co.	675	8	Highlandtown Area	451	49
Bon Secours Hospital	304	..	Lafayette Market	26	1,531
Continental Can Co.	273	88	Linden & McMechen	24	983
Continental Oil Co.	82	10	McCulloh Homes	4	356
Gas & Electric Co.	4,635	482	O'Donnell Heights	329	6
Wm. E. Hooper & Sons	391	123	Pennsylvania Ave. Community	546	5,479
Koppers Co., Inc.	1,429	132	Perkins Homes	122	95
Lord Baltimore Press	541	94	Somerset Homes	21	162
McCormick & Co.	441	14	Waverly Towers Shopping Center	283	42
Mercy Hospital	303	164	Webb Radio Station (Community)	45	818
St. Joseph's Hospital	272	166	Westport Homes	30	208
Texaco Co.	90	..			
Union Memorial Hospital	296	189	Schools (Total)	609	1,405
Ward Baking Co.	84	48			
			Morgan State College	24	1,405
Community (Total)	4,474	12,737	Our Lady of Fatima School	585	..
Broadway Area	1,504	216			
Broadway Shopping Center	162	218			
Brooklyn Homes	226	19			
Diabetes-TB Detection Clinic	584	149			
Douglass Homes	4	79			
East Baltimore Area	99	1,846			
Fairfield Homes	2	98			
Gilmor Homes	12	383			

TABLE NO. 3A

REPORTED INFECTIONS OF VENEREAL DISEASE, ACCORDING TO SOURCE OF REPORT—1956-1960

Source of Report	Syphilis					Gonorrhea					Chancroid				
	1960	1959	1958	1957	1956	1960	1959	1958	1957	1956	1960	1959	1958	1957	1956
Total	1,545	1,670	1,199	1,309	1,354	6,179	6,743	6,884	6,556	6,452	9	19	14	27	13
Private Physicians	278	337	87	61	80	411	502	393	469	417	1	2	1	1	1
Health Department Clinics	723	645	754	765	638	5,639	6,130	6,365	5,963	5,869	5	9	11	23	10
Other Medical Agencies	544	688	358	483	636	129	111	126	124	166	3	8	2	3	2

TABLE NO. 3B

RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY CAUSE OF DEATH AND COLOR
1954-1960

CAUSE OF DEATH	1960			1959			1958			1957			1956			1955			1954		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
TOTAL	28	5	23	36	8	28	46	10	36	55	12	43	59	20	39	59	11	48	57	14	43
Syphilis in infants under 1 year of age	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General paralysis of the insane	2	2	..	1	1	..	..	..	..	5	4	1	1	..	1	6	3	3	3	2	1
Tabes dorsalis	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	1	1	1	..
Aneurysm of the aorta	3	1	2	4	2	2	14	5	9	20	5	15	21	9	12	16	3	13	23	3	20
Other forms of syphilis	23	2	21	31	5	26	32	5	27	30	3	27	36	10	26	36	5	31	30	8	22

TABLE NO. 3C

ADMISSIONS TO CITY VENEREAL DISEASE CLINICS BY DISEASE, AND VISITS BY COLOR AND SEX—1960

ADMISSIONS		VISITS	
DISEASE	CITY CLINICS	RACE AND SEX	CITY CLINICS
TOTAL	10,720	TOTAL	19,182
Total syphilis (excluding epidemiologic)	809	White	1,618
Primary or secondary	178	Male	1,136
Latent	555	Female	482
Late	42		
Congenital	22	Colored	17,564
Stage not stated	12	Male	10,520
Epidemiologic syphilis[1]	249	Female	7,044
Gonorrhea (excluding epidemiologic)	5,675		
Epidemiologic gonorrhea[2]	1,138		
Chancroid	5		
Lymphogranuloma venereum	1		
Granuloma inguinale	6		
Not infected with venereal diseases	2,513		
Diagnosis not completed	324		

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

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

TABLE NO. 3D

REPORTED INFECTIONS OF CERTAIN VENEREAL DISEASES, ACCORDING TO COLOR, SEX AND AGE OF PATIENT—1960

AGE	TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
PRIMARY AND SECONDARY SYPHILIS							
All Ages	269	65	49	16	204	144	60
Under 15 years	3	..	..	..	3	2	1
15–19 years	42	6	4	2	36	26	10
20–24 years	71	13	9	4	58	40	18
25–29 years	50	9	8	1	41	31	10
30–34 years	39	13	12	1	26	19	7
35–39 years	24	5	4	1	19	15	4
40–44 years	17	7	3	4	10	4	6
45–49 years	7	3	3	..	4	3	1
50 years and over	10	5	3	2	5	3	2
Age unspecified	6	4	3	1	2	1	1
LATENT SYPHILIS							
All Ages	1,041	150	88	62	891	473	418
Under 15 years	2	..	..	..	2	1	1
15–19 years	41	3	2	1	38	13	25
20–24 years	106	12	3	9	94	42	52
25–29 years	99	3	1	2	96	50	46
30–34 years	125	15	8	7	110	58	52
35–39 years	133	10	5	5	123	65	58
40–44 years	137	17	12	5	120	66	54
45–49 years	81	17	11	6	64	38	26
50 years and over	214	39	29	10	175	102	73
Age unspecified	103	34	17	17	69	38	31
OTHER ACQUIRED SYPHILIS							
All ages	198	50	34	16	148	92	56
Under 15 years	1	..	..	..	1	..	1
15–19 years	7	1	..	1	6	2	4
20–24 years	6	1	1	..	5	2	3
25–29 years	6	..	..	..	6	3	3
30–34 years	8	1	1	..	7	5	2
35–39 years	27	2	2	..	25	17	8
40–44 years	17	4	2	2	13	6	7
45–49 years	21	5	4	1	16	9	7
50 years and over	85	24	14	10	61	43	18
Age unspecified	20	12	10	2	8	5	3
CONGENITAL SYPHILIS							
All Ages	37	7	2	5	30	7	23
Under 1 year	2	..	..	..	2	1	1
1–4 years	1	..	..	..	1	1	..
5 years and over	34	7	2	5	27	5	22
Age unspecified	..	..	..	..	..	..	..
GONORRHEA							
All Ages	6,179	472	376	96	5,707	4,902	805
Under 15 years	60	2	..	2	58	29	29
15–19 years	833	47	27	20	786	562	224
20–24 years	2,147	132	101	31	2,015	1,716	299
25–29 years	1,440	84	74	10	1,356	1,220	136
30–34 years	816	64	56	8	752	688	64
35–39 years	473	48	37	11	425	398	27
40–44 years	200	31	27	4	169	161	8
45–49 years	72	15	10	5	57	54	3
50 years and over	44	14	13	1	30	26	4
Age unspecified	94	35	31	4	59	48	11

TABLE NO. 3E

RESULTS OF INVESTIGATION OF CONTACTS OF CITY CLINIC PATIENTS, BY COLOR AND SEX OF CONTACT AND DISEASE—1960

Color and Sex of Contact and Disease in Patient	Total Contacts Named[1]	Previously Known	Investigated But Not Found	Found But Not Examined	Total Examined	Contacts Examined				Infections Discovered[2]			
						Infected With Homologous Disease	Not Infected With Homologous Disease	Treated Epidemiologically	Examination Not Completed	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
Total	5,420	237	1,894	565	2,724	670	639	1,393	22	734	43	120	571
Total Syphilis	1,389	191	170	67	961	131	584	235	11	162	41	89	32
White	99	22	11	7	59	11	33	13	2	12	7	4	1
Male	50	11	5	4	30	5	17	7	1	6	3	2	1
Female	49	11	6	3	29	6	16	6	1	6	4	2	..
Colored	1,290	169	159	60	902	120	551	222	9	150	34	85	31
Male	696	109	93	36	458	60	305	90	3	68	14	45	9
Female	594	60	66	24	444	60	246	132	6	82	20	40	22
Total Gonorrhea	4,031	46	1,724	498	1,763	539	55	1,158	11	572	2	31	539
White	122	1	37	14	70	34	1	35	..	35	..	1	34
Male	5	..	2	2	1	..	..	1	..	..	..	..	..
Female	117	1	35	12	69	34	1	34	..	35	..	1	34
Colored	3,909	45	1,687	584	1,693	505	54	1,123	11	537	2	30	505
Male	53	2	17	10	24	5	11	8	..	8	..	3	5
Female	3,856	43	1,670	474	1,669	500	43	1,115	11	529	2	27	500

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

TABLE NO. 3F

RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OTHER AGENCIES, INCLUDING THE ARMED FORCES, BY COLOR AND SEX OF CONTACT AND DISEASE—1960

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	476	16	166	35	259	50	111	95	3	57	7	16	34
Total Syphilis	267	14	80	7	166	24	103	36	3	29	7	15	7
White													
Male	18	2	10	..	6	..	3	3	..	..	..	..	..
Female	31	2	13	2	14	2	6	6	..	4	..	..	4
Colored													
Male	105	6	21	4	74	17	46	8	3	17	5	12	..
Female	113	4	36	1	72	5	48	19	..	8	2	3	3
Total Gonorrhea	209	2	86	28	93	26	8	59	..	28	..	1	27
White													
Male	1	..	1	..	..	..	..	..	..	..	..	..	..
Female	22	..	9	2	11	3	1	7	..	3	..	..	3
Colored													
Male	5	..	..	2	3	..	3	..	..	..	..	..	..
Female	181	2	76	24	79	23	4	52	..	25	..	1	24

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

BUREAU OF CHILD HYGIENE

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

Director

For the first time since 1957 a reversal in the trend of rising infant mortality was noted in Baltimore City. In 1960 there were 32.5 infant deaths per 1,000 live births as compared to 35.4 in 1959. This drop in infant mortality was largely the result of the combined efforts within the Health Department most important of which was the work of the public health nurse. Since 1957 the bureau has placed particular emphasis on neonatal home visits by public health nurses. It is often during this visit, which usually occurs when the child is two to four weeks of age, that real preventive health measures are taught. The importance of this visit by the public health nurse cannot be overemphasized and it is therefore understandable that the critical shortage of public health nurses in Baltimore City can severely affect the program of the Bureau of Child Hygiene.

Maternity Hygiene

The total number of births to residents of Baltimore City declined for the third year in a row. There were 23,262 babies born to Baltimore mothers in 1960 as compared with 23,893 born in 1959. Although a decline in white births has been noted in previous years and was repeated in 1960, dropping from 12,577 in 1959 to 11,998, the lowest level since 1941, there was an unexpected drop also in Negro births from 11,316 in 1959 to 11,264 in 1960 for the first time since 1945. The resident birth rate for the year was 24.8 as compared to 25.4 per 1,000 in 1959. The rate for the white group was 19.7 per 1,000 as compared to 20.3 for 1959 while the rate for the nonwhite contingent was 34.2 as compared to 35.5 for 1959. The place of delivery and attendance at delivery, important indicators of the quality of obstetrical care, are shown in the table below.

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

	Total			White			Nonwhite		
	1960	1959	1958	1960	1959	1958	1960	1959	1958
Number	23,262	23,893	24,464	11,998	12,577	13,380	11,264	11,316	10,762
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital	98.0	97.9	97.7	99.1	99.0	98.8	96.8	96.6	96.4
Home	2.0	2.1	2.3	0.9	1.0	1.2	3.2	3.4	3.6
Physician	*1.5*	*1.5*	*1.6*	*0.7*	*0.8*	*0.8*	*2.3*	*2.4*	*2.5*
Midwife	*0.3*	*0.4*	*0.4*	*0.1*	*0.1*	*0.2*	*0.6*	*0.6*	*0.7*
Unattended	*0.2*	*0.2*	*0.3*	*0.1*	*0.1*	*0.2*	*0.4*	*0.4*	*0.4*

The number of resident mothers who died from causes associated with childbirth was 12 in 1960 as compared with 8 in 1959. In 1959 the white resident live births numbered 12,577 and 2 mothers died and in 1960 the white resident live births numbered 11,998 and 1 mother died. The maternal mortality rate for the group in 1959 was 1.6 per 10,000 live births and in 1960 was 0.8 per 10,000 live births. For the colored group in 1959, with 11,316 live births, 6 mothers died and in 1960, with 11,264 live births, 11 mothers died. The 1959 rate was 5.3 per 10,000 live births, and the 1960 rate was 9.8. For the combined groups 12 mothers died in association with 23,262 live births for a rate of 5.2 per 10,000 live births as against a rate of 3.3 for 1959.

The single white mother died an unavoidable death of massive amniotic particulate embolization, autopsy proven. The specific causes of the deaths of the eleven remaining mothers were:

1—Septicemia postpartum
3—Pulmonary thrombo-embolism
1—Rupture of the uterus
1—Postpartum hemorrhage
2—Ectopic pregnancies
3—Septicemia following criminal abortions

An increase in sepsis deaths from one to four and of thrombo-embolic deaths from one to three were the changes of note in 1960.

During the year, 17 hospital maternity services were inspected and licensed. No licenses were withheld because of inadequate nursing staff. In the hospitals where previous inspections had shown insufficient staff, marked improvement was noted particularly in the premature nurseries. The Clinical Director of Maternity Hygiene continued to represent the Health Department at meetings of the Obstetrical Section of the Maternal and Child Welfare Committee of the Medical and Chirurgical Faculty of Maryland.

Prenatal Interviewing Service

During the year, 7,602 expectant mothers were interviewed compared with 7,610 in 1959. Of those interviewed 3,306 or 43.5 per cent were referred to voluntary hospitals as compared with 40.5 per cent in 1959; 2,965 were referred to Baltimore City Hospitals and 31 were registered for delivery by midwives. The remaining 1,367 interviews consisted of 1,132 return visits of patients who wished to discuss a change of status; this resulted in 298 changes. There were 168 nonobstetrical referrals to appropriate medical services. Sixty-three emergency hospital admissions were made from the interviewing clinic at 414 North Calvert Street. In ad-

dition to the medical referrals 187 patients were directed to social agencies. These referrals consisted of requests for adoption, financial assistance and other social needs.

The increased State Aid funds available as of July 1, 1960 made it possible for the voluntary hospitals to accept a larger number of indigent and medically indigent patients. As a result there was a greater utilization of these obstetrical beds.

Maternity Hygiene Clinics

Health Department prenatal clinics continued to be held at the six former locations plus a new site in the Western Health District building. The first clinic session at the new location was held on August 11, 1960. Thirteen of the thirty-four weekly clinic sessions were screening clinics which were held at three of the six locations. A total of 5,865 patients made 22,561 clinic visits compared with 25,734 visits made by 6,340 patients in 1959. The average number of visits per patient was 4.0 as compared with 4.1 in 1959.

There were 4,715 resident live births at Baltimore City Hospitals in 1960 and 5,257 in 1959. The percentage of patients registered before delivery was 68.8 as compared with 63.6 for the previous year. Even though the number of registered deliveries increased from 38 per cent in 1955 to 68.8 per cent in 1960 there are still approximately 1,500 unregistered deliveries a year at Baltimore City Hospitals. A constant effort was made to have patients register early in pregnancy.

Education

A total of 1,473 letters was sent to patients who delivered unregistered at Baltimore City Hospitals. One hundred and eleven letters were returned as unclaimed at the address given at time of delivery. Eighty-two patients sought information from the interviewing service for guidance in the next pregnancy and twenty-eight patients brought the letter to 414 North Calvert Street where the importance and value of early prenatal care were discussed with them.

The personnel of the interviewing service cooperated with the Assistant Commissioner of Health for Research and Planning and with the Director of the Bureau of Biostatistics in studies related to effects of smoking during pregnancy and the incidence of bacilluria in pregnancy. Newspaper, radio and television publicity was responsible for many patients availing themselves of the interviewing service.

Preschool Hygiene

Infant Mortality

The infant mortality rate is considered by many as one of the most delicate indices of the general health of the community. In recent years a number of steps were undertaken to reduce the loss of life among infants. These included: (1) Biostatistical and epidemiological investigation to pin down some of the likely factors, (2) conferences with the pediatric and obstetrical department heads of the major hospitals designed to exchange expert opinion on the methods required to minimize newborn mortality, (3) more vigorous enforcement of the City Maternity Hospital Ordinance and Regulations and (4) assisting in securing more nursing staff for the premature nursery at the Baltimore City Hospitals.

It can be reported that a significant reduction in infant deaths was achieved in 1960 by contrast with the prior three years. Despite the reduction, investigations and studies were being continued, particularly as related to neonatal and postnatal deaths. However, it is felt that the Health Department should not lose sight of the child after he passes his first birthday and is no longer eligible to serve as a statistic under the "infant" category. This is what is happening in Baltimore. The well baby clinics are so overcrowded with infants that it is not possible to put the needed emphasis on the preschool child. Thus, frequently, a child's handicapping condition is not uncovered until he has reached school age. In August with the transfer of the Division for the Handicapped from the Bureau of School Hygiene to the Bureau of Child Hygiene, special emphasis was placed on the early detection of handicaps so that rehabilitation can occur prior to entry into school. Much work is needed in this area.

Premature Infants

As reported in 1959 Baltimore City had experienced a definite increase in the rate of prematurity in the nonwhite race. The figure for 1950 was 12.5 per cent, for 1959 it was 15 per cent and in 1960 it was 15.7 per cent. Premature infant services continued to be available in most of the hospitals with the three larger units located at the Baltimore City Hospitals, Johns Hopkins Hospital and the University of Maryland Hospital caring for the major proportion of such infants. Clinics caring for premature infants were conducted at the Baltimore City Hospitals, Johns Hopkins Hospital and Sinai Hospital. Premature infants delivered at the University of Maryland Hospital were cared for in the City Health Department well baby clinics in the Western Health District; another clinic for this spe-

cial service was opened by the Health Department in the Druid Health District at Provident Hospital in February, 1960. Efforts were made to reduce the incidence of prematurity primarily by advocating early prenatal care. However, more investigation is needed concerning this costly and serious public health problem. Through the cooperation of the City Fire Department and the City Health Department premature infants continued to be transported by ambulance in special carriers. There were 39 premature infants transported in 1960 as compared with 29 in 1959.

Inoculation Program

Inoculations continued to be given in both the inoculation and child hygiene clinics. These clinics gave 12,990 smallpox vaccinations; 14,305 children received inoculations of DPT, the diphtheria-pertussis-tetanus triple antigen vaccine; 10,970 children received inoculations of DPPT, the new 4-in-1 inoculum containing poliomyelitis vaccine; and 12,810 children received inoculations of poliomyelitis vaccine alone. During the year 23,092 two-month greeting cards urging protection against diphtheria were mailed for the Commissioner of Health by the bureau to all new babies in the city.

Child Hygiene Clinics

Clinics were conducted at 33 locations with a total of 92 weekly physician sessions. A breakdown by district is shown below.

	Number of Locations	*Sessions per week*	*Physician Sessions per week*
Eastern	6	18	22
Western	8	21	23
Druid	4	13½	16½
Southeastern	6	12	12
Southern	7	14½	14½
Northwestern	2	4	4
	33	83	92

Attendance in the child hygiene clinics increased markedly in 1960. Clinic clerks continued to be available in only a small fraction of the clinics, and where there was no clerk, public health nurses performed the clerical work, a factor which decreased patient care. A comparison of the clinic attendance for the past three years is revealed in the following table.

	1958	*1959*	*1960*
Total visits	85,353	88,165	93,936
Total sessions	3,965	4,018	4,163
Persons per session	21.5	21.9	22.9
Total persons	20,081	21,643	28,464
Visits per person	4.2	4.1	3.3

The child hygiene clinic conducted at Public School No. 225 was moved to the Westport Housing Project and the one located at 2817 Oakley Avenue was moved to Sinai Hospital, the former in October and the latter in September. The clinic which was located in the dispensary building at the University of Maryland Hospital was relocated in the new Western Health District building on June 24. This clinic continued to function as a joint project of the Baltimore City Health Department and the Department of Pediatrics of the University of Maryland. Through the cooperation of the True Sisters, a hearing screening program for eight-month old children was inaugurated in this clinic.

The Department of Pediatrics of the Johns Hopkins Hospital continued its cooperative effort in assisting with the medical service in the child hygiene clinics conducted in the Eastern Health District. The Pediatric Service at Sinai Hospital assumed responsibility for the clinic which was relocated in that hospital.

As in previous years the director of the bureau continued to cooperate with the Chief of the Division of Nutrition and the Director of the Bureau of Health Information in the preparation and distribution of informational material on the feeding of infants and children. During the year a series of pamphlets entitled "Food For Your Baby" were released for use in the child hygiene clinics and by the public health nurses. These were well received by the mothers and have proved to be of value.

The director continued to represent the Baltimore City Health Department at periodic meetings of the Executive Committee of the Pediatric Section of the Maternal and Child Welfare Committee of the Medical and Chirurgical Faculty of Maryland.

Through the combined efforts of the Medical Care Section, the Bureau of Public Health Nursing and the Bureau of Child Hygiene, a study was made in the child hygiene clinics to determine the number of preschool children enrolled in the Medical Care Program who attended these clinics. This showed that about one-third of medical care recipients attended the Health Department's well baby clinics.

Day Nursery Program

During the year continued emphasis was placed on the day nursery program. Licenses for 13 new day nurseries were issued in 1960, making a total of 78 licensed nursery centers within the City of Baltimore at the end of the year. Thirty-four of these centers were conducted on a full-day schedule and 44 on a half-day schedule only. The total licensed capacity was 2,875. Twenty-five nursery centers were accredited as schools by the Maryland State Department of Education.

In May the Maryland Committee on Group Day Care of Children and specialized personnel of the Health Department conducted a workshop for the operators of day nurseries at the Eastern Health District building. The attendance was excellent and the operators displayed interest and expressed appreciation for the guidance and assistance rendered by the participants. It is hoped that similar sessions will become a regular activity of the day nursery program as this first workshop proved to be of benefit to all attending nursery personnel. However, the critical shortage of personnel severely limits any additional activities which are so urgently needed in this program designed to help the preschool child. Revision of the Rules and Regulations of Day Nurseries was begun in an effort to promote the standards of the day nurseries and to improve care of preschool children in nursery centers.

The Child Welfare League of America in cooperation with the City and State Health Departments plans to conduct a survey on problems related to group day care of children in the Baltimore area in 1961. The Health and Welfare Council of the Baltimore Area, Inc., was instrumental in obtaining this study. The Bureau of Biostatistics conducted a five month survey which showed that there were at least 24,000 families in Baltimore City in which there was a mother who worked and who had children less than six years of age.

Services for the Handicapped

In August the Division for the Handicapped was transferred to the Bureau of Child Hygiene. This division cares for those children less than 21 years of age who suffer from chronic or crippling diseases. The following diagnostic categories are covered by this program: Orthopedic, plastic surgery defects, visual defects, hearing and speech disorders, cardiac conditions, epilepsy, cerebral palsy and others. Children with any of these defects receive assistance through this program including financial help if necessary.

During the year, 2,190 children were registered with the Division for the Handicapped. This is the largest number of new patients to be registered in one year since the beginning of the program in 1956. Since 1956 a total of 9,015 children have been registered. The growth of this program has been constant, and as these patients are followed until they become 21 years of age it seems unlikely to expect any change in this growth for at least ten to fifteen years. At the present time the discharge rate is less than 1 per cent.

During the year, 189 children were seen at the diagnostic and evaluation centers at the Johns Hopkins Hospital and the University of Maryland Hospital. Referrals to these clinics came chiefly from the public schools. However, as more emphasis is placed on the detection of handicapping conditions at an early age, an increase in referrals from well baby clinics can be expected during the years ahead.

The senior supervisor of public health nursing assigned to the Division for the Handicapped continued to attend the orthopedic clinic at Kernan Hospital for Crippled Children as well as the orthopedic clinics at The Children's Hospital and the Baltimore League for Crippled Children and Adults. The poliomyelitis outbreak in the summer and fall of 1960 created additional demands for services by this division. The severe shortage of personnel seriously affected the services of this program. The Division for the Handicapped is an important program in the Health Department since early detection and treatment of handicapping conditions can alleviate physical and emotional difficulties and thus help to produce healthy and well-adjusted citizens.

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TABLE NO. 1A

REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR DELIVERY AT HOSPITAL—1960

Cases and Visits	Grand Total	All Clinics		Druid Health District		Gilmor Housing Project	Southern Health District		Cherry Hill Homes	Southeastern Health District		Western Health District		Eastern Health District	
		Wh.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
Total caseload	3,764	197	3,567	7	919	419	48	440	219	104	120	11	187	27	1,263
Cases carried over to 1961	1,019	56	963	1	209	88	8	40	53	30	37	11	172	6	384
Discharged cases															
Total	2,745	141	2,604	6	710	331	40	400	166	74	83	..	15	21	899
Not pregnant	11	1	10	..	2	3	..	3	..	1	..	..	..	..	2
Delivered in hospital	2,676	128	2,548	4	698	320	39	386	163	66	80	..	15	19	886
Delivered by midwife	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..
Delivered at home by physician	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Delivered unattended	7	2	5	..	..	2	..	2	..	2	..	..	..	..	1
Other	49	9	40	2	10	6	1	9	3	5	3	..	..	1	9
Cases carried over from 1959	1,170	53	1,117	6	217	109	15	130	56	26	33	..	..	6	572
New cases admitted	2,594	144	2,450	5	755	92	32	392	75	33	47	12	189	62	900
Transferred from other clinics	392	46	346	..	..	218	1	..	88	45	40	..	..	..	..
Transferred to other clinics	392	46	346	4	53	..	..	82	..	..	..	1	2	41	209
Clinic visits															
Total	13,919	616	13,303	19	3,448	1,242	131	1,577	802	339	413	21	572	106	4,949
Antepartum															
First visit	2,594	144	2,450	5	755	92	32	392	75	33	47	12	189	62	900
Revisits	9,994	434	9,560	14	2,373	1,001	91	1,304	646	279	324	9	376	41	3,536
Postpartum															
Postpartum	1,331	38	1,293	..	320	149	8	181	81	27	42	..	7	3	513
Analysis of new cases															
Duration of pregnancy															
Total	2,594	144	2,450	5	755	92	32	392	75	33	47	12	189	62	900
Not pregnant	9	..	9	..	2	..	..	..	..	..	1	..	..	..	6
Under 12 weeks	57	5	52	..	9	3	1	12	..	..	..	..	3	4	25
12–23 weeks	676	27	649	..	155	17	6	122	27	9	10	1	48	11	270
24–27 weeks	452	26	426	3	139	17	7	66	9	5	5	3	39	8	151
28–31 weeks	468	16	452	..	160	17	3	79	22	3	12	2	39	8	123
32–35 weeks	538	30	508	1	159	21	7	55	14	7	11	2	38	13	210
36 weeks and over	381	38	343	1	129	17	7	57	3	9	8	4	22	17	107
Not determined	13	2	11	..	2	..	1	1	..	..	..	..	..	1	8

TABLE NO. 1B

REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR DELIVERY BY MIDWIFE—1960

Cases and Visits	Grand Total	All Clinics		Druid Health District		Gilmor Housing Project	Southern Health District		Cherry Hill Homes	Southeastern Health District		Western Health District		Eastern Health District	
		Wh.	Col.	Wh.	Col	Col.	Wh.	Col.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
Total caseload	37	4	33	..	7	2	1	2	..	1	2	..	3	2	17
Cases carried over to 1961	13	..	13	..	3	2	..	1	..	..	..	..	3	..	4
Discharged cases															
Total	24	4	20	..	4	..	1	1	..	1	2	..	..	2	13
Not pregnant	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Delivered in hospital	20	4	16	..	2	..	1	1	..	1	2	..	..	2	11
Delivered by midwife	4	..	4	..	2	..	..	..	..	..	..	..	..	..	2
Delivered at home by physician	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Delivered unattended	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cases carried over from 1959	10	1	9	..	..	1	..	1	..	1	1	..	..	..	6
New cases admitted	27	3	24	..	5	1	1	1	..	..	..	..	3	2	14
Transferred from other clinics	4	..	4	..	2	1	..	..	..	..	1	..	..	..	..
Transferred to other clinics	4	..	4	..	..	1	..	..	..	..	..	..	..	..	3
Clinic visits															
Total	148	12	136	..	24	14	1	12	2	9	7	..	9	2	68
Antepartum															
First Visit	27	3	24	..	5	1	1	1	..	..	..	..	3	2	14
Revisits	107	8	99	..	16	13	..	10	2	8	7	..	3	..	48
Postpartum															
Postpartum	14	1	13	..	3	..	..	1	..	1	..	..	3	..	6
Analysis of new cases															
Duration of pregnancy															
Total	27	3	24	..	5	1	1	1	..	..	..	..	3	2	14
Not pregnant	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Under 12 weeks	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12–23 weeks	7	1	6	..	2	..	..	1	..	..	..	..	..	1	3
24–27 weeks	5	..	5	..	1	1	..	..	..	..	..	..	..	..	3
28–31 weeks	2	1	1	..	..	..	1	..	..	..	..	..	1	..	..
32–35 weeks	8	..	8	..	1	..	..	..	..	..	..	..	1	..	6
36 weeks and over	5	1	4	..	1	..	..	..	..	..	..	..	1	1	2
Not determined	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 1C

REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR PRENATAL CARE ONLY—1960

Cases and Visits	Grand Total	All Clinics		Druid Health District		Gilmor Housing Project	Southern Health District		Cherry Hill Homes	Southeastern Health District		Western Health District		Eastern Health District	
		Wh.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
Total caseload	1,811	32	1,779	2	486	226	23	221	81	3	47	..	100	4	618
Cases carried over to 1961	450	21	429	..	89	52	19	..	25	..	11	..	83	2	169
Discharged cases															
Total	1,361	11	1,350	2	397	174	4	221	56	3	36	..	17	2	449
Not pregnant	6	..	6	..	2	..	..	..	..	..	..	..	1	..	3
Delivered in hospital	1,296	10	1,286	2	378	166	3	212	54	3	33	..	15	2	428
Delivered by midwife	1	..	1	..	..	1	..	..	..	..	..	..	..	..	..
Delivered at home by physician	1	..	1	..	..	..	..	..	..	..	1	..	..	..	..
Delivered unattended	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..
Other	56	1	55	..	16	7	1	9	2	..	2	..	1	..	18
Cases carried over from 1959	441	26	415	1	12	93	21	51	16	3	33	..	..	1	210
New cases admitted	1,370	6	1,364	1	474	62	1	201	34	..	14	1	100	3	479
Transferred from other clinics	103	1	102	..	..	71	1	..	31	..	..	..	..	..	..
Transferred to other clinics	103	1	102	..	..	..	..	31	..	..	..	1	..	..	71
Clinic visits															
Total	8,231	38	8,193	2	2,577	882	10	1,169	327	19	200	1	369	6	2,669
Antepartum															
First visits	1,370	6	1,364	1	474	62	1	201	34	..	14	1	100	3	479
Revisits	6,083	28	6,055	..	1,903	723	8	843	263	18	160	..	256	2	1,907
Postpartum															
Postpartum	778	4	774	1	200	97	1	125	30	1	26	..	13	1	283
Analysis of new cases															
Duration of pregnancy															
Total	1,370	6	1,364	1	474	62	1	201	34	..	14	1	100	3	479
Not pregnant	5	..	5	..	..	..	..	..	..	..	..	..	1	..	4
Under 12 weeks	39	..	39	..	12	1	..	6	..	..	..	..	4	..	16
12-23 weeks	444	2	442	..	141	24	..	67	15	..	8	1	35	1	152
24-27 weeks	287	2	285	1	101	10	..	55	4	..	..	..	20	1	95
28-31 weeks	242	1	241	..	89	15	..	30	8	..	2	..	20	1	77
32-35 weeks	216	1	215	..	78	7	1	21	5	..	4	..	15	..	85
36 weeks and over	129	..	129	..	52	5	..	20	1	..	..	..	5	..	46
Not determined	8	..	8	..	1	..	..	2	1	..	..	..	..	..	4

TABLE NO. 1D

REPORT OF PRENATAL CLINICS—UNREGISTERED CASES—1960

Cases and Visits	Grand Total	All Clinics		Druid Health District		Gilmor Housing Project	Southern Health District		Cherry Hill Homes	Southeastern Health District		Western Health District		Eastern Health District	
		Wh.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
Discharged cases															
Total	253	4	249	..	58	26	3	26	12	1	5	..	4	..	118
Not pregnant	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Delivered in hospital	250	4	246	..	58	26	3	26	11	1	5	..	4	..	116
Delivered by midwife	1	..	1	..	..	..	..	..	1	..	..	..	..	..	..
Delivered at home by physician	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Delivered unattended	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Clinic visits															
Total	263	4	259	..	61	26	3	26	13	1	5	..	4	..	124
Postpartum															
Postpartum	263	4	259	..	61	26	3	26	13	1	5	..	4	..	124

TABLE NO. 1E

REPORT OF PRENATAL CLINICS—ANALYSIS OF FINDINGS ON EXAMINATION ON FIRST VISIT—1960

Findings	Registered for Delivery at Hospital						Registered for Delivery by Midwife						Registered for Prenatal Care Only					
	Number			Percentage Distribution			Number			Percentage Distribution			Number			Percentage Distribution		
	Total	Wh.	Col.	Total	Wh.	Col.	Total	Wh.	Col.	Total	Wh.	Col.	Total	Wh.	Col.	Total	Wh.	Col.
Total Number of New Cases	2,594	144	2,450	100.0	100.0	100.0	27	3	24	100.0	100.0	100.0	1,370	6	1,364	100.0	100.0	100.0
Para																		
Primipara	317	15	302	12.2	10.4	12.3	3	..	3	11.1	..	12.5	459	2	457	33.5	33.3	33.5
Multipara	2,277	129	2,148	87.8	89.6	87.7	24	3	21	88.9	100.0	87.5	911	4	907	66.5	66.7	66.5
Pelvis type																		
Platypelloid	10	1	9	0.4	0.7	0.4	..	..	..	..	..	..	3	..	3	0.2	..	0.2
Android	53	1	52	2.0	0.7	2.1	1	..	1	3.7	..	4.2	30	1	29	2.2	16.7	2.1
Gynecoid	2,492	136	2,356	96.1	94.4	96.1	25	3	22	92.6	100.0	91.6	1,323	5	1,318	96.6	83.3	96.6
Anthropoid	4	..	4	0.2	..	0.2	..	..	..	..	..	..	2	..	2	0.1	..	0.2
Unknown	35	6	29	1.3	4.2	1.2	1	..	1	3.7	..	4.2	12	..	12	0.9	..	0.9
Pelvis size																		
Adequate	2,545	136	2,409	98.1	94.4	98.3	26	3	23	96.3	100.0	95.8	1,348	6	1,342	98.4	100.0	98.4
Borderline	9	2	7	0.3	1.4	0.3	..	..	..	..	..	..	6	..	6	0.4	..	0.4
Contracted	4	..	4	0.2	..	0.2	..	..	..	..	..	..	1	..	1	0.1	..	0.1
Unknown	36	6	30	1.4	4.2	1.2	1	..	1	3.7	..	4.2	15	..	15	1.1	..	1.1
Serologic test for syphilis																		
Positive	77	..	77	3.0	..	3.1	..	..	..	..	..	..	27	..	27	2.0	..	2.0
Negative	2,463	143	2,320	94.9	99.3	94.7	26	3	23	96.3	100.0	95.8	1,307	6	1,301	95.4	100.0	95.4
Doubtful	48	..	48	1.9	..	2.0	1	..	1	3.7	..	4.2	28	..	28	2.0	..	2.0
Not taken	6	1	5	0.2	0.7	0.2	..	..	..	..	..	..	8	..	8	0.6	..	0.6
Other findings																		
Toxemia	37	1	36	1.4	0.7	1.5	1	..	1	3.7	..	4.2	6	..	6	0.4	..	0.4
Heart murmur	38	3	35	1.5	2.1	1.4	..	..	..	..	..	..	25	1	24	1.8	..	1.8
Rh factor																		
Positive	2,425	124	2,301	93.5	86.1	93.9	25	2	23	92.6	66.7	95.8	1,300	6	1,294	94.9	100.0	94.9
Negative	149	19	130	5.7	13.2	5.3	..	..	..	..	..	..	63	..	63	4.6	..	4.6
Not taken	20	1	19	0.8	0.7	0.8	2	1	1	7.4	33.3	4.2	7	..	7	0.5	..	0.5
X-ray																		
Positive	19	..	19	0.7	..	0.8	..	..	..	..	..	..	7	..	7	0.5	..	0.5
Negative	2,488	136	2,352	95.9	94.4	96.0	23	2	21	85.2	66.7	87.5	1,329	6	1,323	97.0	100.0	97.0
Not taken	87	8	79	3.4	5.6	3.2	4	1	3	14.8	33.3	12.5	34	..	34	2.5	..	2.5

TABLE NO. 2

REPORT OF CHILD HYGIENE CLINICS—1960

CLINICS	NEW CHILDREN REGISTERED DURING 1960		TOTAL CHILDREN SEEN DURING 1960		CLINIC VISITS RETURNS 1960		CLINIC VISITS SPECIAL 1960		TOTAL CLINIC VISITS		
	Under 1 yr.	1 yr. and over	Under 1 yr.	1 yr. and over	Under 1 yr.	1 yr. and over	Under 1 yr.	1 yr. and over	Under 1 yr.	1 yr. and over	TOTAL
TOTAL CITY	9,798	513	18,411	10,053	31,422	19,257	1,053	13,740	50,886	43,050	93,936
TOTAL WHITE	2,286	198	3,945	2,433	6,702	3,984	603	5,334	11,250	11,751	23,001
TOTAL NONWHITE	7,512	315	14,466	7,620	24,720	15,273	450	8,406	39,636	31,299	70,935

BUREAU OF SCHOOL HYGIENE

Dale E. Harro, M.D., M.P.H.

Director

Several important changes in the school health program took place in 1960. On January 1 the medical and nursing services of the Baltimore City public secondary schools were transferred back from the Department of Education to the Health Department where they had been prior to January 1, 1932. Dr. Woodrow Hemphill, who had been Director of the Bureau of School Hygiene since November 18, 1957, resigned on August 10 and Dr. Dale E. Harro was appointed to fill this vacancy on September 22. The Division for the Handicapped was also transferred from the Bureau of School Hygiene to the Bureau of Child Hygiene in August.

The program inaugurated in 1959 in the elementary schools which emphasized the examination of children referred because of a recognized deviation from the normal was continued and resulted in a more efficient and effective service than the performance of routine examinations in certain grades. In accord with the desires of the Division of Special Services and Special Education of the Department of Education all requests for adjustments of a pupil's educational program based upon medical considerations were forwarded to the Director of the Bureau of School Hygiene for his study and recommendations. This agreement afforded close working relationships with teachers and principals and made the services of other branches of the Health Department available to children whose parents were in need.

There were 9,117 children examined in the elementary schools during 1,779 physician sessions which resulted in the discovery of 3,940 abnormalities. Of these abnormalities 3,383 needed further attention. The basic factor that limited the activities and completeness of the school health program continued to be the shortage of public health nurses.

Physicians met in the secondary schools for a total of 2,228 sessions and routinely examined 37,668 children. A total of 21,995 children was found with conditions needing further attention. There were 6,216 pupils referred to these physicians because of problems noted in the classroom and 3,291 of these needed further care.

During the course of the year less effort was expended on the inoculation status of school age children and the care of minor ailments, and more attention was directed toward finding children with handicaps and toward participation in a program of health education involving the children, their teachers, and their parents. The teacher-nurse conference

continued to be a fruitful source for revealing children who needed medical attention. Health personnel, both nurses and physicians, were encouraged to participate in faculty and Parent-Teacher Association meetings and to hold conferences with specific children when indicated. Principals and teachers were urged to refer any child to the health suite who was being considered for special placement in the educational system.

Audiometric screening was performed on children in the first and fourth grades of most of the public and parochial elementary schools and on those children in secondary schools for whom it was requested. Of the 43,989 children tested, 1,898 failed to pass the initial puretone sweep test and the re-check tests performed at a later date. Those who failed were directed to further medical attention, either through private facilities or those of the Health Department.

In addition to the hearing clinic at the Eastern Health District building, administered by members of the faculty of the Johns Hopkins University School of Medicine, a second clinic was opened in the new Western Health District building on August 1. This clinic was staffed by the Department of Otolaryngology of the University of Maryland School of Medicine. There were 837 visits made by school age children at these clinics.

Volunteers continued to perform valuable service by screening school children for defective vision with the Massachusetts vision testing kits. After their findings were confirmed by the public health nurses, parents were notified and urged to seek further evaluation through their private physicians, hospital clinics or Health Department clinics. In addition to the eye clinic conducted by the staff of the Wilmer Institute of the Johns Hopkins Hospital and held in the Eastern Health District building, a similar facility was opened in the Western Health District building, beginning August 1, under the direction of Dr. Andre von Fesus, a part-time clinic physician. There were 471 new patients evaluated in these clinics, and a total of 627 visits was made by new and old patients.

While the largest proportion of the school health program was directed toward aiding the handicapped, definite efforts in controlling the spread of communicable diseases were constantly made. A total of 1,281 children was reported as having a communicable disease. The program of health education appeared to be of growing importance as it was recognized that a growing proportion of parents were either unable or unwilling to accept their responsibilities in matters of health.

Personnel

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* Part-time employee.

TABLE NO. 1

COMMUNICABLE DISEASES IN ALL SCHOOLS—1960

	WHITE	NONWHITE	TOTAL
Typhoid fever	..	..	..
Paralytic poliomyelitis	6	5	11
Meningitis infection	1	..	1
Scarlet fever	14	82	96
German measles	10	12	22
Whooping cough	4	6	10
Chickenpox	107	277	384
Streptococcal sore throat	..	..	..
Diphtheria	..	..	..
Measles	290	467	757
TOTALS	432	849	1,281

TABLE NO. 2

PUPILS EXCLUDED FROM ELEMENTARY SCHOOL BY NURSE—1960

CONDITION SUSPECTED	NUMBER EXCLUDED
Common cold	46
Communicable disease	31
Earache and running ears	7
Conjunctivitis and styes	7
Headache	23
Vomiting and abdominal pain	50
Pediculosis	2
Skin rash—generalized	3
Tinea capitis	33
Skin infections and impetigo	15
Tonsillitis	3
Misc., including injuries, fainting, etc.	43

TABLE NO. 3

REPORT OF SCHOOL PHYSICIANS' SERVICES—1960

ELEMENTARY SCHOOLS

Pupils Examined	Number Examined			Number With No Abnormalities			Number With Abnormalities					
							Correction Needed			Correction Not Needed		
	Public	Parochial	Total	Public	Parochial	Total	Public	Parochial	Total	Public	Parochial	Total
Teacher-nurse referrals	7,487	584	8,071	4,301	305	4,606	2,728	255	2,983	458	24	482
Routines	605	44	649	280	26	306	297	12	309	28	6	34
Rechecks	356	41	397	250	15	265	79	12	91	27	14	41

Total Inoculations..... 2,970

Number of Parents or Guardians Present..... 3,049

SECONDARY SCHOOLS

Pupils Examined	Number Examined	Number With No Abnormalities	Number With Abnormalities	
			Correction Needed	Correction Not Needed
Teacher-nurse referrals	6,216	2,356	3,291	569
Routines	30,411	10,173	18,272	1,966
Rechecks	1,041	507	432	102

TABLE NO. 4

REPORT OF EYE CLINIC EXAMINATIONS—1960

New patients	471
Return visits of new and old patients	156
Total visits	627
Refractions	504
Cycloplegics	494
Glasses delivered	228
Glasses not needed	62
Conditions not correctible by glasses	15
Sight-saving class recommended	1
Other treatments	67
Discharged	474

DIAGNOSES

Emmetropia	12
Refractive errors:	346
Hyperopia	99
Anisometropia	11
Hyperopic astigmatism	42
Myopic astigmatism	82
Mixed astigmatism	25
Compound myopic astigmatism	45
Undesignated	42
Amblyopia	21
Muscle imbalance:	94
Esotropia	61
Exotropia	23
Esophoria	7
Undesignated	3
Nystagmus	13
Optic atrophy	1
Detached retina	1
Retinal degeneration	1
Macular abnormality	1

TABLE NO. 5

REPORT OF HEARING CLINIC EXAMINATIONS—1960

New patients	430
First visit old patients	355
Return visits	52
Total Visits	837
Referred by Public Health Nurse	418
Treated	173
Audiometric Retesting	707
First radium treatment of the year	11
Current radium treatment	26
Discharged	213

TYPE OF HEARING LOSS

Nerve	58
Conductive	199
Mixed	7

CAUSE OF HEARING IMPAIRMENT

Undetermined	7
Congenital	6
Childhood diseases	1
Head injury	7
Acoustic injury	1
Impacted cerumen	164
Foreign body	4
Otitis externa	7
Otosclerosis	2

TREATMENT RECOMMENDED

Psychological examination	15
Speech correction	22
Tonsils and adenoids	151
Hearing aid	16
Treated locally in clinic	66

ASSOCIATED DIAGNOSES

Ruptured drum	2
Acute pharyngitis	1
Acute rhinitis	2
Sinusitis	2
Cervical adenitis	1
Other	1

REASON FOR DISCHARGE

Failed to return to clinic	17
Care no longer needed	141
Condition to normal	38
Referred to other clinic	16

BUREAU OF DENTAL CARE

H. Berton McCauley, D.D.S.

Director

Programs of dental care for needy school children and public assistance recipients were continued in 1960. The school program was enhanced by the opening of a new dental clinic, the 31st since establishment of the Bureau of Dental Care, in the Western Health District building at 700 West Lombard Street. Five modern dental operating rooms located only a city block from the Baltimore College of Dental Surgery of the University of Maryland provided a unique opportunity to function in a dual role, the treatment of children and the training of senior dental students in the application of the newest techniques of dentistry for children in a dental public health program.

The orthodontic service begun in 1958 for the care of children eligible for medical care benefits or aid to the handicapped remained limited by the unavailability of highly trained personnel. Demand for dental services by clients of the City Department of Public Welfare apparently reached a plateau despite increased numbers on public assistance rolls.

Dental Care for School Children

The program of dental care for school children continued to emphasize dental health protection by timely instruction and treatment. In 1960 the program benefited 56,831 children in 115 schools in the neediest areas of the city, 91 public and 24 parochial.

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

Children in grades above the first who were subjects of the program in 1959 received its benefits in 1960 through follow-up inspection, referral for private care or recall to a Health Department dental clinic. Few children beyond the fourth or fifth grade could be retained in the program.

Inspection and Treatment Services

The teeth of 33,866 school children were inspected for defects and 12,453 were treated in Health Department dental clinics, as indicated in Table No. 1. In these clinics, 5,574 children had their teeth cleaned, 35,151 fillings were inserted and 5,503 miscellaneous treatment services were provided. It was found necessary to remove 5,372 teeth of which all but 853 were deciduous. Treatment in 9,894 cases was carried to completion. Nitrous oxide and trichlorethylene were utilized as anesthetics in the extraction of many of these teeth in a special clinic conducted twice weekly in the Eastern Health District building.

Dental Health Education

The health education of children and parents was an integral part of the school dental program. Post-inspection notices of dental defects to parents and follow-up procedures afforded opportunity for the exchange of information and motivation to care for the teeth. Public health nurses assisted in the educational effort in the course of routine home visits, interviews and maternal and child health clinic activities. Considerable dental health instruction was given to children while under treatment and in the classroom by teachers and the dental staff. Visual aids, leaflets, posters, demonstrations, exhibits, the press, radio and television were employed at every opportunity. The Bureau of Dental Care and the Bureau of Health Information assisted the Baltimore City Dental Society in an energetic observance of the 12th National Children's Dental Health Week in February.

Dental Care for Public Assistance Recipients

Persons eligible for benefits under the Baltimore City Medical Care Program received tooth extraction, oral surgery and emergency dental services in the dental clinics of seven hospitals participating in the program. Fillings, therapy for maintenance of the supporting dental tissues and similar protective services were provided, for the most part, in a special clinic for medical care clients in the Eastern Health District building. In this clinic 2,656 patients were treated in 1960, 214 fewer than in 1959. Since this special clinic was founded in 1955, it is the first instance in which the year-to-year demand for its services failed to increase despite substantially increased numbers of eligible persons, particularly children who were considered to be in great need of the kind of dental care the clinic offers.

Altogether 26,891 dental treatment services, including 9,082 teeth extracted and 5,627 filled, were rendered to 9,105 persons under the medical care program in 1960. Denture services were furnished to 131 individuals by private dentists and the dental clinics of the Sinai and the Baltimore City Hospitals on a fixed fee basis. In the preceding year 9,413 persons were provided with 28,621 treatment services and 140 received prosthetic services. Details of this work appear in Table No. 2.

Fluoridation

Throughout the year the Bureau of Water Supply maintained the fluoride content of the water supply at one part fluoride to one million parts of water, the optimum concentration for dental health. A survey completed in the spring of the year with the assistance of the Bureau of Biostatistics disclosed dramatic reductions in tooth decay among 2,139 school children born after the fluoridation program was instituted late in 1952. Six-year-old children exposed continuously to the fluoridated water since birth averaged 75 per cent fewer permanent teeth attacked by decay than youngsters of the same age five years earlier. Eight-year-olds averaged 50 per cent and ten-year-olds 30 per cent fewer attacked permanent teeth, which reflected relative portions of the period of permanent tooth formation during which the children were exposed to the fluoridated water.

Personnel

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

Clinic Dentists

Lee Bucher, D.D.S.
Sidney O. Burnett, Jr., D.D.S.
Arthur M. Bushey, D.D.S.
Lucius A. Butler, D.D.S.
Walter T. Davidson, D.D.S.
Nelson A. Fain, D.D.S.
Joseph J. Giardina, D.D.S.
Benjamin G. Gordon, D.D.S.
Raymond L. Gray, D.D.S.
Charles H. Johnson, D.D.S.
Benjamin J. Kimbers, Jr., D.D.S.
Nicholas Lasijczuk, D.D.S.
Edward McDaniels, Jr., D.D.S.
J. Laws Nickens, D.D.S.
Lawrence W. Paden, D.D.S.
C. Alfred Shreeve, D.D.S.
Carl S. Singer, D.D.S.
Louis Sober, D.D.S.
Robert J. Stag, D.D.S.
Dennis H. Tribble, D.D.S.
Thomas W. Willetts, D.D.S.
Thomas A. Wilson, D.D.S.
George F. Woodland, D.D.S.
William D. Young, D.D.S.

Anesthetist

Alvin D. Rudo, M.D.

Dental Hygienists and Assistants

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

Medical Care Dental Services

William L. Alexander, D.D.S.
S. Raymond Baldwin, D.D.S.
James S. Davidson, D.D.S.
William F. Dombrowski, D.D.S.
William J. Hargon, D.D.S.
Frederick Magaziner, D.D.S.
John J. Martielli, D.D.S.
Jerome Schwartz, D.D.S.
Helen J. Buffington, R.N.
Lorraine C. Shafer, R.N.
Dorothy E. Wrightson, R.N.

Dental Advisory Committee

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

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

TABLE NO. 1
FACILITIES USED, CLINIC TIME EXPENDED AND SERVICES RENDERED IN THE PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—1950, 1955, 1960

	1960	1955	1950*
Dental clinics	30	26	8
Clinic dentist-hours utilized	14,343	9,507	1,920
For dental inspections	915	660	396
For dental treatment	13,428	8,847	1,524
Children in program	56,831	36,210	3,722
Children inspected	33,866	15,538	3,722
Children treated	12,453	8,569	2,479
Under preventive program	11,895	7,235	941
Referred for emergency care	558	1,334	1,538
Patient visits	24,505	16,572	3,618
Dental treatment services provided, total	51,600	37,726	8,298
Average number per child treated	4.1	4.4	3.3
Dental cleaning operations	5,574	5,326	1,646
Fillings, permanent teeth	11,281	5,841	2,145†
Fillings, deciduous teeth	23,870	17,745	..
Extractions, permanent teeth	853	673	1,197
Extractions, deciduous teeth	4,519	5,076	3,049
Other	5,503	3,065	261
Cases completed	9,894	6,115	341

* The year 1950 is the inaugural year of the expansion of the school dental program recommended in 1948 by the Committee on the Medical Care Needs of Baltimore City under the chairmanship of Dr. Lowell J. Reed.

† All fillings, permanent and deciduous teeth.

TABLE NO. 2
DENTAL SERVICES RENDERED TO RECIPIENTS OF PUBLIC ASSISTANCE UNDER THE BALTIMORE CITY MEDICAL CARE PROGRAM—1959 AND 1960

	Total	Dental Clinics							
		University	Johns Hopkins	South Baltimore General	Sinai	Provident	Mercy	Baltimore City Hospitals	Eastern Health District
Patients /1960	9,105	1,584	1,666	395	623	739	382	1,060	2,656
Patients \1959	9,413	1,458	2,007	522	778	984	340	454	2,870
Treatment Services—1960									
Dental cleaning operations	841	0	1	0	30	8	3	173	626
Radiographs	8,775	3,679	3,089	43	904	20	27	477	536
Treatment acute gingivitis	874	1	0	0	7	12	1	2	851
Teeth extracted	9,082	2,647	2,819	760	349	911	651	932	13
Post extraction treatment	936	372	223	96	67	50	62	66	0
Teeth filled	5,627	0	0	0	4	2	0	463	5,158
Other services	756	158	219	6	24	15	45	247	42
Services rendered /1960	26,891	6,857	6,351	905	1,385	1,018	789	2,360	7,226
Services rendered \1959	28,621	4,591	9,205	1,231	2,486	1,505	694	1,087	7,822
Prosthetic Cases /1960	131	Prosthetic dental services provided chiefly in private dental offices							
Prosthetic Cases \1959	140								

NUTRITION

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

Division Chief

The Division of Nutrition is an educational service of the Baltimore City Health Department designed to assist the professional staffs of the Health Department and other allied agencies. Since the division comprises one staff member, the division chief, emphasis continued on the provision of consultant services. During 1960 nutrition services included the following: In-service training of Health Department personnel and the instruction of allied personnel; promotion of nutrition education in elementary and secondary schools; individual and group teaching in Health Department clinics; preparation of teaching materials; participation in public education through radio, television and the press; participation in community activities; and program planning with other official and non-official agencies and related professional organizations and groups.

In-service Training and Instruction

In-service training included group discussions with staff nurses, sanitarians and other Health Department personnel; orientation of new staff nurses; and sessions with student nurses affiliated with the Health Department. Individual conferences with Health Department staff and student nurses were concerned with the nutrition problems of specific families, low cost foods and their availability, special diet interpretation, personal nutrition problems, and plans for nutrition education activities in school health programs and Health Department clinics.

Other teaching activities included participation in the graduate program of the Johns Hopkins School of Hygiene and Public Health and in the student nurse training programs at the Johns Hopkins, Union Memorial, Maryland General, University of Maryland, and Mercy hospitals. The division chief, a nutrition instructor in the Johns Hopkins Hospital School of Nursing, gave a basic nutrition course for preclinical student nurses. Graduate teaching included: A discussion of nutrition services in the Baltimore City Health Department with two groups of graduate students of the Johns Hopkins School of Hygiene and Public Health; participation in the orientation program of certain candidates for the Master of Public Health degree conducted by the Johns Hopkins School of Hygiene in conjunction with the Eastern Health District; and a discussion of "Teaching Good Eating Habits" for the class in maternal and child health.

At the request of the International Education and Exchange Branch of the U.S. Public Health Service the division chief provided field experience

for a student from the University of Washington in Seattle who had come to the United States from Bogota, Colombia on a grant from the International Cooperation Administration and who will return to her country to set up a School of Nutrition at the National University at Bogota. Assistance was also given a graduate nutrition student from Purdue University in planning a research project in Maryland for a doctoral thesis. The nutritionist, an Assistant in Pediatrics at the University of Maryland School of Medicine, discussed 'infant nutritional requirements' with the third year medical students. She also participated in seminar discussions for students in the course in preventive medicine. In cooperation with the Chief of Nutrition Services of the Maryland State Department of Health the nutritionist also participated in a workshop for elementary school teachers at Morgan State College. In September the nutritionist attended the Fifth International Congress on Nutrition held in Washington, D.C. She was selected by the American Public Health Association to serve as a liaison representative on the Food and Nutrition Board of the National Research Council. Also during the year she conferred with many visitors from health agencies in this country and abroad.

Clinics

The nutritionist continued to give special assistance to the nurses responsible for the group teaching of prenatal patients in a special clinic for problem cases in the Eastern Health District. Through referrals by physicians and nurses there were individual conferences with patients from the prenatal and mental hygiene clinics. Attempts were made to provide the nurses in all Health Department clinics with adequate teaching materials. The child feeding pamphlets were revised for use in the well baby clinics.

Schools

Effective nutrition education in the schools is achieved when students, parents, and teachers are equally well informed. The promotion of nutrition activities was encouraged through the public health nurses assigned to schools. The Director of the Bureau of School Hygiene referred several students with weight control problems for individual counseling. The weight control project at the Baer School for Handicapped Children continued. Weekly group meetings were held with the children who were considered overweight by the physician and bi-weekly meetings were held with the parents. With the opening of school in the fall the school nurse continued this activity.

Mass Communications Media

The nutritionist appeared on two Health Department telecasts. She assisted in preparing the scripts for these programs and was consulted regarding the nutrition component of other television scripts. She prepared a tape recording for the "Adventures in Health" series to be broadcast over Radio Station WEBB early in 1961, and participated in two radio programs, "Family Forum" and "Speak to Me," broadcast over Radio Station WCBM.

The *Baltimore News-Post* and one of its science writers, Mr. Alexander Gifford, utilized the services of the nutritionist as a resource person in the publication in December of a two-week series of articles debunking fad diets.

Visual Aids

Approximately 25,000 pieces of nutrition education materials were distributed during 1960. Assistance was given to three health districts in planning exhibits for the annual meeting of City Health Department volunteers held at the Memorial Stadium. The nutritionist provided the exhibit sponsored by the Maryland Dietetic Association which was displayed during Diabetes Detection Week in November at the 104th Medical Regiment Armory. Assistance was given several nurses in preparing simple exhibits to supplement their health discussions in their schools.

Community Activities

The nutritionist participated as a discussion leader at the Cardiac Seminar for nurses sponsored by the Heart Association of Maryland. She also actively participated as a consultant to the research study project "Home Care Program for the Patient with Cardiovascular Disease" directed by Dr. George Entwistle, Professor of Preventive Medicine and Rehabilitation at the University of Maryland School of Medicine. This included assistance to the nurses working for the Instructive Visiting Nurse Association who give food guidance in the home. The nutritionist assisted in the planning and participated as a group leader in the workshop for operators of day care centers sponsored by the Baltimore City Health Department and the Maryland Committee on Group Day Care of Children. She gave individual guidance on efficient food service to several of these centers. She also worked with the director of the Children's Fresh Air Society in planning camp menus for the summer.

The division chief was one of the instructors in the Housing Clinic, an experimental activity conducted under the auspices of the City Housing Court. She discussed "Economical Food Planning for the Family," an important facet of learning to live in an urban community. It was hoped that this clinic would demonstrate that education in the fundamentals of decent living could be used successfully to fight neighborhood blight. The nutritionist was a member of the advisory committee for "Meals on Wheels," a pilot project conducted in the community by the Baltimore Section of the National Council of Jewish Women. She attended three conferences on aging held in Maryland.

Organization Activities

The nutritionist continued as Editor of the *Newsletter* of the Food and Nutrition Section of the American Public Health Association. She actively participated in her local professional organizations and represented her profession and the Baltimore City Health Department on several city-wide and state-wide committees.

MEDICAL CARE SECTION

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

Assistant Commissioner of Health

During 1960 the average number of persons on welfare rolls in Baltimore City was 38,429 as compared to 37,234 for the previous year. In spite of this increase the Baltimore City Medical Care Program, designed to provide medical care for public assistance clients, was financially able to make medical care available to all individuals in that group. The monthly average number of persons eligible for medical care during 1960 was 40,732. This represented an increase of 2,915 person-years of medical care coverage over the 37,817 person-years of such coverage provided in 1959.

On January 1 the Baltimore City Health Department assumed the responsibility for arranging for transportation of Baltimore patients admitted to the Maryland chronic disease hospitals. Previous to that date this service was provided by the Baltimore City Department of Public Welfare.

During the year extensive planning was done regarding the new program entitled "Medical Assistance for the Aged" to secure uniformity of services throughout the State of Maryland. This was a step to permit the State of Maryland to receive funds on a State matching basis under the provisions of Public Law 86-778, the Kerr-Mills Act, passed by the 86th U.S. Congress and enacted on September 13, 1960, for medically indigent persons who were sixty-five years of age or older.

Physician Services

Neighborhood physicians chosen by persons coming under the Medical Care Program continued to be the central figures in the provision of medical care. There was an average of 278 private physicians who participated in the program. The physician who was chosen by the largest number of medical care clients cared for an average of 2,485 patients during the year. Only five other physicians had a patient load of more than 1,000 clients. Physicians continued to be paid at the rate of $7.00 per person per year for home or office services. According to reports submitted to the Bureau of Medical Care Research by the physicians an average of three calls was made per person enrolled.

Medical Care Clinics

The six medical care clinics established soon after the inauguration of the Baltimore City Medical Care Program continued in their thirteenth

year of operation. A seventh medical care clinic at Baltimore City Hospitals started in 1953 for the care of foster children was expanded in 1960 to include adult services.

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

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

According to monthly service reports received from the medical care clinics, a total of 9,550 general examinations was made during the year. Also, at the clinics there were 16,894 other examinations. The number of diagnostic and special treatment services provided in other departments of the hospitals at the request of the medical care clinics was 76,971. There were also 15,757 laboratory services provided by the hospitals. Nursing services played an important part in the program both in the medical care clinics and in the homes of patients.

Drugs and Medical Supplies

Payment was made during 1960 for 217,462 drug prescriptions for persons under the Baltimore City Medical Care Program at a total cost of $452,149.96. The average cost per prescription was $2.08 as compared with $2.03 for 1959, and the average cost per person-year of registered coverage under the program was $11.41 as compared with $11.11 in the previous year.

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

WHOLESALE COST OF INGREDIENTS	PHARMACIST'S FEE
$.01–$.74	$.50
.75–1.74	.70
1.75–3.99	1.00
4.00 and over	2.00

This fee schedule, adopted July 1, 1959, embodied an increased mark-up for pharmacist's services of 5.5 per cent on the selling price of prescriptions under the program.

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

Eyeglasses and Dental Services

Eyeglasses within strict financial limitations were made available under the program throughout the year. The number of persons who received eyeglasses during the year was 1,776, at a total cost of $19,846.23 and an average cost of $11.17 per person served.

All hospitals conducting medical care clinics provided dental services under the program according to a capitation fee schedule. Although an amount not to exceed an average of $1.00 per person per year was available to the hospitals for dental services, the facilities at the hospitals were so limited that they could not earn the full amount. An average of only $0.68 per person was earned by the hospitals during the year. An amount of $0.62 per person or $25,109.03 was expended to provide dentures and conduct the dental clinic in the Eastern Health District building. The amount expended for all dental services was $52,923.78.

Financial Statement

The total amount spent for conducting the Baltimore City Medical Care Program in 1960 was $1,319,351.55 and of this sum $1,258,786.55 was contributed by the State of Maryland. The contribution of the City of Baltimore was $60,565.00, approximately two-thirds of the central administration cost. Tables 4, 5, and 6 give detailed information regarding expenditures. The average cost of care for one person for the entire year was $32.39 as compared with $31.77 for the preceding year.

Medical Care Research

The Bureau of Medical Care Research became inactive following the resignation of the director, Dr. Bertram W. Haines on September 6. Shortly after Dr. Haines's resignation his assistant also resigned. It was not possible to fill Dr. Haines's position because of an inadequate salary in the budget.

Baltimore City Advisory Committee on Medical Care

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

Dr. George M. Anderson
Member of the State Board of Health

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

Personnel

J. Wilfrid Davis, M.D., M.P.H., Assistant Commissioner of Health
Henry W. D. Holljes, M.D., Senior Medical Supervisor Medical Care
———————, Director, Bureau of Medical Care Research
Lawrence J. Kane, Senior Administrative Assistant
Lillian J. Dudderar, Principal Clerk Stenographer
Louise D. Rosenberger, Senior Clerk
Marian Kramer, Senior Clerk
Florence Pritchett, Senior Clerk
Mary M. Reif, Senior Clerk Stenographer
Doris Harrison, Senior Clerk
Carroll W. Freeman, Senior Tabulating Equipment Operator
Georgia Conlon, Keypunch Operator
Rose Kalivoda, Keypunch Operator
Levada Smith, Clerk Typist
Morton I. Dobrow, Tabulating Equipment Operator
Carolyn McIntyre, Senior Clerk Typist

TABLE NO. 1

WELFARE AND MEDICAL CARE ROLLS BY MONTH—1960

MONTH	NUMBER OF PERSONS ON PUBLIC ASSISTANCE ROLLS*	AVERAGE ASSIGNED MEDICAL CARE POPULATION
January	40,159	39,858
February	39,127	41,172
March	39,073	42,308
April	38,464	40,123
May	37,924	41,458
June	37,862	42,710
July	37,572	38,891
August	37,968	40,034
September	37,989	41,256
October	37,872	39,119
November	38,348	40,352
December	38,788	41,498
Monthly Average	38,429	40,732

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

TABLE NO. 2

AVERAGE MONTHLY ASSIGNED POPULATION BY HOSPITAL—1960

MONTH	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY	BALTO. CITY
January	39,858	7,576	13,698	3,048	2,860	5,935	3,286	3,456
February	41,172	7,801	14,148	3,155	2,879	6,095	3,431	3,664
March	42,308	7,982	14,526	3,246	2,936	6,218	3,536	3,863
April	40,123	7,654	13,849	3,037	2,724	5,771	3,378	3,710
May	41,458	7,900	14,406	3,091	2,747	5,896	3,494	3,924
June	42,710	8,130	14,845	3,176	2,783	6,036	3,646	4,094
July	38,891	7,554	13,402	2,850	2,495	5,440	3,358	3,793
August	40,034	7,793	13,730	2,927	2,551	5,581	3,457	3,995
September	41,256	8,021	14,141	3,038	2,573	5,708	3,571	4,204
October	39,119	7,699	13,363	2,910	2,408	5,452	3,311	3,976
November	40,352	7,948	13,795	2,989	2,456	5,600	3,400	4,164
December	41,498	8,141	14,177	3,078	2,507	5,734	3,505	4,356
Total Person-years	40,732	7,850	14,007	3,045	2,660	5,789	3,448	3,933

TABLE NO. 3

AVERAGE MONTHLY REGISTERED POPULATION BY HOSPITAL—1960

MONTH	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY	BALTO. CITY
January	38,861	7,292	13,478	2,986	2,742	5,873	3,236	3,254
February	40,148	7,538	13,928	3,092	2,779	6,019	3,394	3,408
March	41,346	7,732	14,320	3,187	2,840	6,162	3,527	3,578
April	39,169	7,396	13,609	2,986	2,646	5,713	3,361	3,458
May	40,310	7,624	14,062	3,040	2,674	5,820	3,340	3,750
June	41,633	7,838	14,528	3,116	2,700	5,935	3,516	4,000
July	37,907	7,322	13,122	2,804	2,417	5,330	3,204	3,708
August	39,005	7,546	13,438	2,874	2,466	5,474	3,300	3,907
September	40,283	7,775	13,876	2,988	2,500	5,628	3,414	4,102
October	37,139	7,304	12,695	2,724	2,321	5,269	3,086	3,740
November	38,295	7,568	13,074	2,795	2,347	5,396	3,184	3,931
December	39,402	7,801	13,434	2,878	2,383	5,510	3,280	4,116
Total Person-years	39,458	7,561	13,630	2,956	2,568	5,677	3,320	3,746
Per cent registration	96.9	96.3	97.3	97.1	96.5	98.1	96.3	95.2

TABLE NO. 4

DRUG EXPENDITURES BY MONTH—1960

MONTH	AVG. MONTHLY REGISTERED POPULATION	NO. OF PRESCRIPTIONS	AMOUNT PAID FOR DRUGS	COST PER PRESCRIPTION	COST PER REGISTRANT	NO. OF PRESCRIPTIONS PER REGISTRANT	NO. OF PHARMACIES PAID
January	38,861	20,765	$42,697.38	$2.06	$1.10	.53	226
February	40,158	20,104	40,236.71	2.00	1.00	.50	221
March	41,346	18,908	38,228.05	2.02	.92	.46	206
April	39,169	18,105	37,232.84	2.06	.95	.46	220
May	40,310	17,922	37,830.35	2.11	.94	.44	221
June	41,633	29,222	61,300.28	2.10	1.47	.70	427
July	37,907	7,337	15,310.10	2.09	.40	.19	142
August	39,005	15,060	31,887.42	2.12	.82	.39	201
September	40,283	16,130	34,266.97	2.12	.85	.40	206
October	37,139	19,068	38,976.72	2.04	1.05	.51	227
November	38,295	17,997	39,039.61	2.17	1.02	.47	213
December	39,402	16,844	35,143.53	2.09	.89	.43	199
Entire year	39,458	217,462	$452,149.96	$2.08	$11.41	5.48	..

TABLE NO. 5

TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1960

Quarter	Hospital Medical Care Clinics	Physicians	Pharmacies	Dental Care	Opticians	Administration	
						State	City
First	$104,193.00	$ 68,834.00	$121,162.14	$ 8,292.00	$ 2,715.00	$ 7,570.62	$15,141.25
Second	104,946.70	69,426.45	136,363.47	17,570.04	2,713.19	7,570.63	15,141.25
Third	111,604.40	66,165.53	81,464.49	13,520.26	6,805.11	7,570.63	15,141.25
Fourth	112,393.94	66,020.06	113,159.86	13,541.48	7,612.93	7,570.62	15,141.25
Total	$433,138.04	$270,446.04	$452,149.96	$52,923.78	$19,846.23	$30,282.50	$60,565.00

TABLE NO. 6

DISTRIBUTION OF EXPENDITURES AND PER CENT OF TOTAL BY TYPE OF SERVICE—1960

Item	Expenditure	Per Cent of Total
Hospitals for Medical Care	$433,138.04	32.8
Physicians for Home and Office Services	270,446.04	20.5
Pharmacies	452,149.96	34.3
Dental Care	52,923.78	4.0
Opticians	19,846.23	1.5
Administration	90,847.50	6.9
Total	$1,319,351.55	100.0

TABLE NO. 7

DISTRIBUTION OF SERVICES BY CLINIC—1960

Clinic	General Examinations	Other Examinations	Outpatient Services	Laboratory Services
Total	9,550	16,894	76,971	15,757
University of Maryland	2,347	3,544	12,867	5,475
Johns Hopkins	1,864	6,978	34,863	3,188
South Baltimore General	552	727	3,988	1,076
Sinai	72	5,309	1,077	1,474
Provident	1,085	26	4,813	1,237
Mercy	511	310	8,239	3,307
Baltimore City Hospitals	3,119	..	11,124	..

SANITARY SECTION

George W. Schucker, B.E.

Assistant Commissioner of Health

Legal Aspects

On March 7 Mayor J. Harold Grady approved Ordinance No. 223, which provided for the regulation and control of ionizing radiation. The passage of the ordinance was another vital step in the control of this increasingly important problem. The Department previously took action in radiation control in 1958 when it obtained the passage of Ordinance No. 1518 which prohibited the use of fluoroscopic shoe-fitting machines in Baltimore City.

The transfer of the Division of Smoke Control from the Bureau of Mechanical-Electrical Services of the Department of Public Works to the Bureau of Industrial Hygiene of the City Health Department in accordance with Ordinance No. 160, approved Deecember 23, 1959, was accomplished in the early part of the year. The activities of the new division were integrated with the activities of the Division of Air Pollution Control.

Dairy Farm Regulations 5 and 21 of the City Milk Code were amended on February 18 to control the use of antibiotics in the treatment of dairy cows in order to prevent a carry-over of the antibiotic into the milk supply.

Regulation 15 of the Rules and Regulations Governing the Hygiene of Housing was amended on October 27 to require the occupant of each dwelling unit in a building containing three or more dwelling units to provide a garbage and trash container for the dwelling unit in addition to the waste containers provided by the owner of the building.

On December 27 Ordinance No. 571 was approved to amend Section 34 of Article 12 of the Baltimore City Code of 1950 to require all dairy farmers to pay a fee of $15.00 for their Dairy Farm Permit effective January 1, 1961. This ordinance was fated for an early repeal.

Generalized Inspection and Training

The generalized sanitation program in a limited portion of the Eastern Health District was handicapped due to the permanent assignment of only three sanitarians to this program for more than six months of the year. The shortage of personnel throughout the Sanitary Section in 1960 prohibited the continuation of the twelve week in-service training courses conducted in previous years. Short topical courses, however, were conducted in "Mouth-to-Mouth Rescue Breathing," "The Role of the Sanitarian in Preventing Staphylococcal Infections in Hospitals," "Radio-

logical Health," "Newer Aspects of Weed and Pest Control," "Safety—A Community Responsibility," "Mental Health Approach to Public Health Sanitation," and "Microbiological and Chemical Laboratory Research as Related to the Sanitary Section."

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

Special and Continuing Program Activities

In February the Bureau of Milk Control in cooperation with the milk industry inaugurated a program to eliminate added water and antibiotics from the city milk supply. Details of this program are noted in the report of the Bureau of Milk Control.

A new approach to the problem of neighborhood conservation and rehabilitation was inaugurated by Mayor J. Harold Grady on June 8, when he appointed a six man Operating Committee to supervise seventeen city agencies in a concerted effort to halt deterioration of the 137 acre Experimental Conservation District bounded by Druid Park Drive, Mount Royal Terrace, North Avenue and the alley west of Eutaw Place. The members of the Committee were:

Dr. Huntington Williams, Commissioner of Health, *Chairman*
Robert G. Deitrich, Building Inspection Engineer, *Vice-Chairman*
Oscar L. Lusby, Chief Inspector of the Police Department
Richard L. Steiner, Director, Baltimore Urban Renewal and Housing Agency
Frank J. Trenner, Deputy Chief of the Fire Department
Bernard L. Werner, Director of Public Works

The committee appointed a coordinator for the area; arranged for a 'before,' 'during,' and 'after' evaluation of the area employing the American Public Health Association Housing Appraisal Technique under the supervision of Mr. Olonzo P. Fike, Housing Consultant of the Maryland State Department of Health; and set up an inspection force composed of representatives of the Bureau of Building Inspection, Baltimore Urban Renewal and Housing Agency, Fire, Police and Health Departments. Actual house-to-house inspections of the structures in the area were begun in September.

Ionizing radiation activities included: Cooperation given the Department of Public Works in continuing to make background radiation counts of samples of raw water from the Susquehanna, Gunpowder and Patapsco rivers and raw sewage from the Back River sewage disposal works; continued air monitoring for radiation levels in an industrial and a residential area of the city, supervision of 70 radioisotope users who were au-

thorized by the Atomic Energy Commission to use 276 isotopes; and a study of the use of 17 radium containing devices at an electrical apparatus company for the elimination of static electricity on small plastic parts.

Other activities of special interest were: Cooperation given the U.S. Public Health Service and the Maryland State Department of Health in obtaining pasteurized milk samples for shipment to the U.S. Public Health Service Laboratories in order to determine the strontium 90 content of the milk; continuation of the lead paint poisoning prevention program in the homes of children registered at a well baby clinic in the Druid Health District; assistance to the Bureau of Building Inspection in making soil absorption tests prior to granting permits for individual sewage systems for industrial and commercial properties in unsewered areas; and the continuous surveillance of food handling, water supply, sewage disposal and refuse disposal of a three day Boy Scout encampment of 25,000 in a local park for the period of the encampment.

Staff Changes

On January 13 Mr. George O. Motry was promoted to be Director of the Bureau of Environmental Hygiene; he was formerly Chief of the Division of Community Sanitation. Mr. Charles E. Couchman, Director of the Bureau of Industrial Hygiene, retired on October 20 after 31 years of commendable service. Mr. Elkins W. Dahle, Jr., Senior Civil Engineer in the Division of Air Pollution, was designated Acting Director of the Bureau of Industrial Hygiene on August 10. Mr. Ivan M. Marty, Director of the Bureau of Milk Control, retired on July 14 after 30 years of service. Mr. Elbert H. Cohen, Senior Sanitarian in the Division of Community Sanitation, was promoted to be Chief of the Division of Community Sanitation on August 11. Mr. George P. Boteler, Clerk in the Sanitary Section died on December 22 after more than 43 years of faithful service to the Health Department.

The failure of the Board of Estimates to restore the eight positions which were eliminated following the 1958 freeze of vacancies continued to affect the ability of the Section to carry on necessary environmental sanitation activities during 1960. The reports of the bureau directors which follow contain detailed information on their work during the year.

Personnel

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

BUREAU OF MILK CONTROL

Ivan M. Marty

Director

After thirty years of loyal service in the Health Department, of which twenty-three years were spent as director, Mr. Ivan M. Marty, the second director in the history of the Bureau of Milk Control, retired on July 14. Mr. George W. Schucker, Assistant Commissioner of Health, was appointed acting director of the bureau.

Dairy Farm Inspection

Legal Aspects

On December 27 Mayor J. Harold Grady signed into law City Ordinance No. 571. This ordinance, effective January 1, 1961, placed a $15.00 fee on each dairy farm permit issued by the bureau. Heretofore the permit was issued at no cost to the dairy farm permittee. It was estimated that the fee will bring in a revenue of about $34,500. Information and facts indicated that the imposition of such a fee for dairy farm permits may be unique in the United States among jurisdictions which require the inspection of dairy farms.

Inspection Activities

Beginning in February samples of milk obtained from each producer's milk shipments, heretofore tested only for bacterial count and fat content by approved commercial laboratories, were also tested for the presence of added water and antibiotics. Test results were reported to the Bureau of Milk Control and noted on each shipper's file card maintained in the bureau office so that a complete record was available for each milk shipper. Each sample of milk which indicated the presence of added water or antibiotics was resampled at the farm by a City Health Department sanitarian and submitted to the Department's Bureau of Laboratories for testing. If the sample of milk again showed the presence of either added water or antibiotics, the milk producer's permit was suspended for seven days. When a second offense for the same cause occurred, the producer was summoned to a hearing in the office of the Commissioner of Health to show cause why the dairy farm permit should not be revoked. During the year 107 milk shippers were suspended for the presence of added water, and 10 milk shippers were suspended for the presence of antibiotics in their

milk shipments. Two milk producers' permits were revoked by the Commissioner of Health, one on September 30 and the other on October 24, for the repeated presence of added water in their milk shipments.

More than 86 per cent of the total milk supply, which averages 130,000 gallons a day, was produced on farms equipped with bulk milk storage tanks. Bulk milk thus handled means that this volume of milk must be transported into city milk plants in milk truck tanks. This method of handling milk presented a problem in obtaining samples of each shipper's milk. In order to maintain the same rigid control exercised when all milk was shipped in cans, a system was devised whereby each tank truck operator was trained to obtain aseptically samples of milk from each bulk milk producer's tank at the time the milk was picked up at the farm. These individual producer's samples were refrigerated and given to the Health Department sanitarian by the tank truck operator as he unloaded the milk at the milk plants. Thus a sample from every milk producer's shipment was available each time the milk was picked up. Many joint meetings were held with the Maryland State Department of Health, the University of Maryland, milk producers, the Maryland Cooperative Milk Producers officials, tank truck owners and operators, and the representatives of the milk plants in order to establish this system. Furthermore, it was necessary to hold many meetings during evenings throughout the state so that the tank truck operators could attend and be trained.

Milk Plant Inspection

During June, after exhaustive testing, a 60,000-pounds-per-hour high temperature short time pasteurizer was approved and sealed for use at a local milk plant. This unit was the largest single high temperature-short time unit in the United States, and with its installation, all of the milk handled commercially in Baltimore City was pasteurized by this new modern method. One city-run institution, the Baltimore City Hospitals, which does not sell any of its milk, still pasteurized a small amount of milk by the vat or long-holding method.

During the year two of the three remaining non-pasteurizing ice cream manufacturing permits were cancelled when the owners sold their businesses. These permits could not be renewed since they were non-transferable and were no longer issued. Only one permittee of this type remained in the city at the end of the year. A pasteurizing ice cream manufacturing permit was not renewed at the request of the owner when he decided to close his operation.

During August members of the Baltimore City Health Department Milk Plant Inspection staff cooperated with the Maryland State Department of

Health by obtaining samples of milk from local milk plants and submitting them to the State Department of Health Laboratories. These samples were mixed with samples from other parts of the state and sent to the United States Public Health Service Laboratories for use in studies conducted to determine the presence of strontium 90 in milk in this locality. Collection of the samples was continued each month for the remainder of the year. The results of these tests showed a very satisfactory and low level of this isotope in the milk tested.

During the month of August the Bureau of Laboratories reported an incidence of improper pasteurization of milk at the milk plant of an institution. Investigation of the milk plant revealed that an employee had inadvertently added a small amount of raw milk to a batch of properly pasteurized milk while it was being bottled. It was also learned that the institution's laboratory failed to test by the phosphatase method each batch of milk as it was being bottled. If the milk had been tested, it would have enabled the institution to discover the improper pasteurization of milk almost as soon as this contamination had occurred. A series of meetings was held with the officials of the institution, and they agreed to resume the phosphatase testing of every batch of milk before it was distributed for use throughout the institution.

A large number of tank trucks is required to deliver milk to the plants in a city the size of Baltimore, and the hand method of cleaning these tank trucks left much to be desired. Since the cleanliness of each tank depends on the thoroughness of an individual, the need for a more efficient method of cleaning bulk milk tank trucks was established. The bureau staff met with and presented to members of the Maryland State Department of Health, the milk industry, truck tank owners, and producers' groups plans and specifications for the automatic cleaning-in-place method of these tank trucks by the milk plants. The milk plants accepted the new method and began the installation of the necessary equipment. Eventually all tank trucks delivering milk to the local milk plants will be automatically cleaned in place.

Activities

The Chief of the Division of Milk Plant Inspection lectured to the medical students of the University of Maryland School of Medicine on milk and milk sanitation; addressed the Middle Atlantic Food and Drug Association on "The Cleaning-In-Place of Milk Tank Trucks by the Baltimore Milk Plants"; was an active participant in a three-day conference of State Milk Sanitation Survey officers held in Charlottesville, Virginia, on March 22–24; and attended the course, "Administration in Milk Sani-

tation," held at the Communicable Disease Center, Atlanta, Georgia, in February.

The Dairy Farm Inspection staff attended a three-day course on Water Supply Sanitation held by the Maryland State Department of Health at the State Office Building in May. During the course of the year numerous studies and tests for approval were made on milk handling, equipment, processes, and containers when requested by the milk industry.

During the summer months when the activity of the soft ice cream and milkshake dispensing freezers was at its peak, the inspection staff made inspections and obtained samples for analysis each month from each operation. Thus, a rigid control was maintained on this type of operation at a time when it was most necessary. It is gratifying to report that because of this control the quality of these products was well within the sanitary standards and of unusually low bacterial count.

Staff Changes

After a brief illness Mr. Phillip H. Strauss, Sanitarian in the Division of Milk Plant Inspection, passed away on August 13. Mr. Strauss had served the Department since March 4, 1927 when he was appointed a food inspector. Mr. Strauss was later appointed to the Bureau of Milk Control. This vacancy was filled by the transfer of Mr. John W. Schrufer, Sanitarian, from the Division of Dairy Farm Inspection. Mr. Charles H. O'Donnell, who was appointed on March 21, 1927, as a Dairy Farm Inspector, retired as a Senior Sanitarian on April 4 after a long illness. Mr. Harvey Baylin was appointed Sanitarian and filled this vacancy on February 23, 1960.

Personnel

————————, Director
Robert F. Gaddis, Chief, Division of Dairy Farm Inspection
Gulius D. D'Ambrogi, B.S., M.S., Chief, Division of Milk Plant Inspection

Senior Sanitarians

Lemuel S. Cookman, B.S.
William F. Hormes
Joseph N. Pohlhaus, B.S.
Viron Van Williams, B.S.

Sanitarians

Harvey Baylin, B.S.
Vernon L. Corey
Louis G. Hillebrand, Sr.
Miles R. Patterson, B.A.
John W. Schrufer, B.S.

Charlotte K. Uhler, Senior Clerk-Stenographer
Rosanne G. Hunt, Clerk Typist

TABLE NO. 1
SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION—1960 AND 1959

Area of Baltimore milkshed ..... 2,600 square miles (approximate)
Active shippers 2,302

ACTIVITIES	1960	1959
INSPECTIONS		
Total	4,042	3,657
Routine dairy farms	1,394	1,085
Special dairy farms	2,036	2,064
Reinspections	196	152
Applications	363	244
Receiving and by-product plants	32	97
Cream plants	21	15
OTHER ACTIVITIES		
Violation notices issued	1,326	1,184
Hearings	2	26
Gallons of milk examined	20,000	710
Gallons of milk condemned	80	10
Permits issued	242	123
Permits cancelled	225	307
Producers' cans examined	4,782	4,151
SUSPENSIONS OF PERMITS		
Total	187	113
Department	122	15
Field	65	98

TABLE NO. 2
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1960 AND 1959

TYPE OF PLANT	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
Milk plants			
1960	3,003	25.0	227
1959	3,695	28.0	172
Ice cream plants pasteurizing on premises			
1960	1,083	4.7	370
1959	1,321	5.24	156
Ice cream plants buying pasteurized ingredients			
1960	71	2.53	39
1959	108	3.0	42

TABLE NO. 3
SUMMARY OF MILK AND MILK PRODUCTS SAMPLES COLLECTED—1960 AND 1959

TYPE OF SAMPLE	1960	1959
ALL SAMPLES	6,095	4,905
Milk	4,616	3,175
Cream	270	419
Ice cream	363	553
Ice cream mix, evaporated and condensed milk	117	33
Empty bottles	176	150
Miscellaneous samples	553	575

BUREAU OF FOOD CONTROL

Ferdinand A. Korff, B.S.

Director

The basic principles of the public health aspects of food control were carried out in 1960 as in past years. Not only was the food itself watched over but also the environment in which it was stored, transported, processed, packaged, prepared, served and sold.

The work of the bureau was organized on a four-fold action plan: Inspection, education, cooperation and regulation. Inspection consisted of regular visits to each of the 10,000 or more food establishments in the city, including retail and wholesale outlets, manufacturers and food departments of institutions; 14,735 inspection visits were made by the bureau's sanitarians or an average of 7 per working day. Since inspection by itself is valueless unless followed by effective correction of undesirable conditions educational activities, therefore, were carried out at the time of the inspections and in group meetings of employed food handlers and supervising personnel when specifically prepared literature and written constructive criticisms were given to owners and operators. Cooperative activities included the encouragement of supplementary supervision by management and the auxiliary inspection procedure in which the number of participants, inspections and auxiliary sanitarians continued to increase. Regulatory action was necessary in some instances in order to insure compliance with the basic laws; in this activity 197 hearings of violators were held within the bureau following the issuing of 560 written notices; 10 owners of establishments were remanded for court action with no dismissals and $1,100 in fines were imposed. During the year 6,488 corrections were made during routine inspections.

Other related activities of a routine nature were the condemnation and destruction of 20,600 pounds of impure food in 346 instances; the investigation of 18 reports of food poisoning, 5 of which only were found to be true outbreaks; and the investigation of 773 complaints, a fewer number than in 1959.

Food Establishment Inspection

Retail Food Establishments

The ten sanitarians of the bureau made 10,337 inspections of retail food establishments comprising food stores, markets, restaurants, taverns, vending machines and other outlets where food is sold at retail. Fifty-two

per cent of the establishments were found in a hygienic condition not requiring any specific action. While this was less than in 1959, the indications were that the sanitarians were urging stricter adherence to preventive hygienic principles. Hearings of violators following the issuing of 454 written violation notices totaled 153. Of the 10 court cases previously mentioned 9 were for retail food establishments. Over 5,460 pounds of food were condemned and destroyed in 305 instances. Samples of food and other materials submitted for laboratory examination totaled 1,216. This included swabbings of food utensils 77 per cent of which were found complying with a standard of less than 100 bacteria per utensil. The swabbing of food utensils, while not necessarily an activity which guards the health of the consumer, indicated the care taken in the handling of food utensils as well as of the food itself.

Wholesale Food Establishments

Wholesale food establishments are the types shown in Table No. 2. There were 862 inspections of wholesale establishments 50.9 per cent of which were found in a satisfactory condition at the time of inspection. As shown in Table No. 3 wholesale seafood businesses and food vehicles needed further supervision; warehouses, 45 per cent of which were satisfactory, were also slightly below the average and needed further corrective measures.

Condemnations of food totaled 14,350 pounds in 22 instances; 8 owners were cited for hearings following the issuing of 27 violation notices and only in one case was court action instigated. This case will be tried in 1961. Samples of food submitted for laboratory examination totaled 44.

Manufacturing Food Establishments

The variety of food manufacturing establishments and the number of inspections of each is shown in Table No. 2. Fifty-three per cent of these establishments were found in a hygienic condition at the time of inspection. Condemnation of food totaled 355 pounds in 4 instances. Forty violation notices were issued which resulted in 20 office hearings. No court action was necessary among this group of food establishments. Samples of food submitted for laboratory examination totaled 606. With bakery products as an index of the purity of food, over 82 per cent of 426 samples of manufactured food products was found free of filth and infection. This compared favorably with 72 per cent in 1959, 70 per cent in 1958 and 58 per cent in 1957.

Food manufacture in Baltimore is a major industry. Its control is under the supervision of the City Health Department with some supervision

by the Maryland State Department of Health and the Federal Food and Drug Administration. Dual inspections were made occasionally with the State Department of Health and weekly liaison was maintained with the local station of the Federal agency which enforces the laws related to those establishments shipping their products in interstate commerce.

Table No. 3 shows the relative sanitary condition of food manufacturing establishments.

Institutions and Miscellaneous Establishments

A total of 2,288 inspections was made of food establishments such as food departments of hospitals, nursing and convalescent homes, day nurseries, industrial cafeterias, individual stalls of the public and private markets and some private homes. During these inspections 69.1 per cent were found in a sanitary condition. Violation notices issued totaled 39 which resulted in 16 hearings. Food condemned totaled 425 pounds in 15 instances. Samples of food submitted for laboratory examination totaled 207. Collaborative visits to food departments of hospitals were carried out with representatives of the Maryland State Department of Health since hospitals are licensed by that agency.

A concerted effort was made in collaboration with the City Superintendent of Markets to have satisfactory food handling procedures in one of the city's oldest markets. This resulted in compliance with instructions. Table No. 3 shows a comparison of the findings during inspections of establishments in this group.

Cooperation

Cooperative activities consisted primarily of urging the food industry and other agencies, both official and non-official, to be aware of the need for collaborating with the City Health Department in food control work. This awareness brought some results and has become a valuable aid in the prevention of illness due to food.

Five hundred and one applications were received from the Board of Liquor License Commissioners for Baltimore City requesting recommendations concerning transfers of beverage and food establishments to new owners. Applications were also received from the City Bureau of Building Inspection for the same reason. In this activity 117 plans were received and recommendations were sent to architects and contractors. In addition, 262 applications were received and acted upon for the setting up of various types of food establishments. In all instances recommendations were complied with. Liaison was also maintained with adjacent county health departments in the inspection of food establishments in the peripheral

area of the city including those at the municipal Friendship International Airport as well as in those instances where suburban consumers made specific inquiry relative to food purchased in the city, or where local consumers purchased food in the counties.

Auxiliary inspection was continued as a major project. At the end of the year 425 establishments employing 134 sanitarians sent in 4,614 inspection reports. This activity is reported on in greater detail in the section entitled "Food Plant Inspection."

Education

Education of food handlers on a formal and informal basis in groups or in classes was continued in 1960 as a routine procedure. Group instruction of all of the 70,000 food handlers in the city was found to be impractical and group instruction itself left much to be desired. The employment of new personnel, the reticence of the employer to pay for the worker's time during instruction, and the variable age and intelligence of the individual were problems difficult to overcome. Individual instruction during inspection visits and at office hearings and the periodic distribution of literature following the receipt of auxiliary inspection reports, seemed to sensitize employers and employees to proper food handling methods. During the year, 30 groups, comprising 1,443 persons, were given instructions dealing with their specific circumstances, the activities of the bureau, the causes of illness due to food, the purpose and compliance procedures for specific laws and some basic information on general sanitation.

NUMBER OF GROUPS AND PERSONS GIVEN INSTRUCTION

YEAR	NUMBER OF GROUPS	NUMBER OF PERSONS
1956–1960	135	5,779
1960	30	1,443
1959	29	1,243
1958	19	780
1957	23	806
1956	34	1,507
1951–1955	267	8,016
1946–1950	287	11,659

Regulation

A total of 197 office hearings was held in 1960 following the issuing of 560 violation notices for failure to maintain the food establishment in a clean condition and failure to disinfect food utensils. As mentioned previously it was necessary to remand 10 persons to court where $1,100 in fines were imposed. In addition, one case prosecuted jointly with the Bureau of Sanitation, was found guilty and a $25.00 fine was assessed. One case was pending in Criminal Court at the end of the year after a plea for a jury trial. A series of hearings was held by the Commissioner of Health following the finding on a number of occasions of undated milk, particularly of one milk plant. Regulatory action was instituted against the plant but was later withdrawn after compliance with the City Milk Code.

Special and Investigational Activities

In addition to the routine patrolling of food establishments and the enforcement activities connected therewith, the following investigational activities, studies and fact-finding procedures were carried out:

1. Continuous surveillance was maintained over the feeding facilities and related activities at a Boy Scout encampment in the city during a three day period in July. Food, toilet facilities, water supply and general sanitation measures were supervised for the 25,000 individuals on a round-the-clock basis. No untoward incident of a public health nature occurred, indicating the effectiveness of the preventive control.

2. Detailed recommendations were made and inspection activities carried out in the establishment of a new hospital kitchen, a large motel, a large bakery, a jet-plane food commissary, and several public school cafeterias. In the latter minimum equipment was established for future school cafeterias, and also for a wholesale produce market and many smaller installations of food establishments.

3. Several plants were directed to discontinue operations pending major improvements. This involved a noodle manufacturer, a baking distributing warehouse, a salvaging operation in connection with a drug manufacturer, and several large piers storing food products.

4. Necessary remodeling was required of the frozen food operations in a large meat packing plant under Federal meat inspection jurisdiction which involved the removal of overhead sewer lines and the discontinuing of the plant's interconnection from its private well water supply and the municipal water supply.

5. Four form letters related to the inspection fee ordinance were sent to the food industry. Because of payment delinquency of food inspection fees 277 food dealers were directed to appear in the office of the Bureau of Food Control. These hearings were in addition to those mentioned previously.

6. Assistance was given to representatives of the Maryland State Department of Health in formulating proposed regulations for various types of food establishments in the State.

Food Poisoning

Following reports received from various sources including hospital and accident room records, private physicians, the food industry and individuals, 18 investigations were conducted of alleged illnesses caused by food. These investigations revealed that one to several hundred persons were involved. When a single person was reported to have been made ill and this was verified by questioning, little or no definite action could be taken or the real cause of illness determined. Five investigations revealed that food could have caused the sicknesses; these involved 100, 12, 8, 12 and 18 persons. Laboratory examination of the residual food was only one factor in the determination of causes. Epidemiological findings were of primary consideration in determining the offending food and the circumstances prior to the illnesses. Brief resumés of the 5 instances are as follows:

1. Over 100 boys attended a banquet at which sliced turkey and other foods prepared by a group not experienced in preparing food in large amounts were served. The symptoms indicated a *Salmonella* infection. The delay in reporting precluded obtaining confirmatory specimens but the onset, type of illness and method of preparation indicated an enteric infection.

2. Twelve persons in a group of 500 became ill after eating a meal in which roast beef was served. No direct cause could be ascertained.

3. Following a June outing 8 of over 70 students became ill after eating turkey salad catered by a restaurateur. The symptoms indicated a spot-staphylococcus infection. Again, due to the delay in reporting, no direct evidence could be obtained. Epidemiological findings, however, indicated a toxin-producing organism as the cause.

4. Following the eating of custard pies purchased from a local restaurant, after transporting the pies to homes located out of the city, 12 persons became ill with vomiting several hours later. Residues of pies and fillings obtained at the restaurant indicated that the pies in their entirety were not baked after being filled with the custard. A toxin-producing staphylococcus was found in large numbers in the fillings. A directive was issued prohibiting such pies to be sold unless baked in their entirety and not sliced for sale.

5. A number of baseball fans visited the local stadium from an out of state town bringing with them their own lunches. After eating their ham sandwiches during the game 18 of the 60 persons in the group became ill. An investigation by a neighboring state department of health revealed numerous toxin-producing staphylococci in the ham and an infection on the hands of the individual who made the sandwiches. Also, it was reported that the sandwiches had been prepared the previous night and insufficiently refrigerated. The symptoms and time of onset indicated a staphylococcus enterotoxin poisoning.

A tabulation of the outbreaks of food poisonings investigated during the past thirty years follows:

SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS, 1931-1960

YEAR	INVESTIGATIONS		OUTBREAKS ESTABLISHED		
	Number	Persons	Number	Persons Ill	Public Food Establishments Involved
1956-1960	136	2,874	15	997	7
1960	18	169	5	150	3
1959	21	1,261	2	56	1
1958	37	157	2	71	0
1957	38	1,179	3	671	2
1956	22	109	3	49	1
1951-1955	101	1,852	22	936	6
1946-1950	108	902	28	713	6
1941-1945	101	1,306	20	580	8
1936-1940	164	886	26	512	10
1931-1935	91	884	9	609	6

There were no cases of tularemia reported in the city. One case of pinworm was investigated in the family of an employed food handler. The employer and employee were both instructed in the necessary preventive measures.

One case of trichinosis in a foreign born individual was investigated and found to have been caused by eating raw ground pork. A warning was issued through a news release to the press, radio and television stations.

The distribution of the two-color decal hand-washing poster was continued. All food establishments in the city displayed the admonition in their kitchen and toilet rooms. The use of liquid germicidal soap mentioned in the poster continued to be advocated.

Routine visits were made to accident departments of all hospitals to ascertain the predominating chemical accidentally ingested. During 1960 it was found that household chemicals were the predominating cause of 161 or 22 per cent of 716 incidents reported; aspirin caused 17 per cent of the accidents and tranquilizers 15 per cent.

A study of the incidence of enteric infection caused by organisms of the dysentery and salmonella groups was carried out by the U. S. Public Health Service through a study group of which the director of the bureau was a member. A total of 50 such cases was reported as compared with 104 in 1959 in the city of Baltimore.

Civil Defense

Civil defense activities were in reality accelerated public health procedures. During the year the bureau utilized 9 major conflagrations in food establishments in the city as training in the salvage of food. Liaison was maintained with allied and medical agencies in the Baltimore area in correlating proposed procedures in cases of emergencies.

Miscellaneous Activities

The Director of the Bureau of Food Control was President of the Maryland Public Health Association and presided at its Sixth Annual Meeting held in Baltimore on October 7. He was a member of a committee of the U. S. Public Health Service to study better ways of reporting and preventing gastroenteric infections; he also served as an associate in a study of food control activities of an adjacent state conducted by the John Hopkins School of Hygiene and Public Health. The director was also made a Registered Sanitarian by the National Association of Sanitarians, and he was elected Secretary of the local branch of this Association and attended the Interstate Seminar session of Region 3 of the U. S. Public Health Service at Asheville, N. C., in August at which time he read a paper on auxiliary inspection. Regular meetings of the Baltimore Conference of Food and Drug Officials were attended. Mr. Jacque G. Ayd, Chief of the Division of Food Inspection, was appointed to the Executive Program Committee of the Interstate Seminar to be held in Maryland in 1961. Sanitarian Robert M. Williar was chosen to be President-elect of the Maryland Association of Sanitarians.

Food Plant Inspection

Auxiliary Inspection

Auxiliary Inspection is a procedure whereby representatives of the food industry report monthly to the Bureau of Food Control their findings during routine inspections of the operations which they own, manage or supervise. These inspections are made in addition to the official inspections. During the year, 4,614 inspection reports were received from 134 auxiliary sanitarians operating in 425 food establishments, including restaurants, bakeries, food stores, warehouses, and hospital and school food departments and others. Nine additional auxiliary sanitarians were added to this group during the year and nine new establishments were added to those engaged in this cooperative procedure. No attempt was

made to urge this modern method of supervising among all of the 10,000 food establishments in the city. All companies operating more than one food establishment have engaged in this activity. The cost to industry of this type of inspection was estimated to be $118,000 during 1960.

The Division of Food Plant Inspection was responsible for the assignment of sanitarians, the review of all plans of new and proposed remodeling of food establishments, the preparation of all legal papers necessary for court action, and the supervision of food manufacturing and food storage operations.

Applications for new and remodeled food businesses totaled 763. In addition, 117 plans were reviewed and before approval could be recommended, it was necessary to advise changes in 62 per cent of the plans. Food manufacturing establishments improved materially during the year as indicated by the increase in the percentage found entirely satisfactory during inspection visits: 53 per cent were found satisfactory in 1960 as compared with 46 per cent in 1959. Samples of food submitted for laboratory analysis totaled 606 and consisted of 426 samples of bakery products and 180 samples from various other manufacturing establishments. The total number of such establishments in the city decreased slightly as is shown in Table No. 2. However, the number of wholesale food establishments increased slightly. The percentage of entirely satisfactory establishments in this group was found to be 51 per cent in 1960 as compared with 52 per cent in 1959. The Chief of the Division of Food Plant Inspection acted as assistant to the director in all activities of the bureau and was its legal advisor.

Personnel

Ferdinand A. Korff, B.S., Director
Jacque G. Ayd, A.B., LL.B., Chief, Division of Food Plant Inspection

Senior Sanitarians

Charles F. Courtney	John J. Neunan
James H. Edwards	Elmer L. Rickerds
Benjamin Ginsberg, Ph.G.	Robert M. Williar

Sanitarians

Melvin Johnson, B.S.	Abraham Shecter
Bernard J. Lingeman	Robert L. Willet

Etta Levin, Senior Clerk Stenographer
Marie R. Huppman, Senior Clerk Stenographer
Ida Levine, Senior Clerk

TABLE NO. 1

INSPECTIONS OF RETAIL, WHOLESALE AND MANUFACTURING AND MISCELLANEOUS FOOD ESTABLISHMENTS, 1960 AND 1959

Inspections and Activities	1960	1959
Total inspections—All Establishments	14,735	13,102
Retail Establishments		
Inspections	10,337	9,838
Initial inspections	6,050	5,808
Special inspections	2,951	2,932
Reinspections	1,336	1,090
Activities		
Violation notices issued	454	447
Number of condemnations of food	305	552
Hearings within bureau	153	135
Samples of food obtained for examination	1,216	1,097
Manufacturing Establishments		
Inspections	1,248	923
Activities		
Violation notices issued	40	44
Number of condemnations of food	4	6
Hearings within bureau	20	22
Samples of food obtained for examination	606	216
Wholesale Establishments		
Inspections	862	895
Activities		
Violation notices issued	27	23
Number of condemnations of food	22	26
Hearings within bureau	8	9
Samples of food obtained for examination	44	31
Market Stalls, Institutions and Miscellaneous Establishments		
Inspections	2,288	1,446
Market stalls	505	246
Industrial cafeterias	195	141
Institutions	493	385
Miscellaneous—including vending machines	1,095	674
Activities		
Violation notices issued	39	11
Number of condemnations of food	15	20
Hearings within bureau	16	3
Samples of food obtained for examination	207	..
All Types of Food Establishments		
Field tests by inspectors	2,111	1,428
Complaints received and investigated	773	875
Prosecutions	10	20
Corrections	6,488	6,344

TABLE NO. 2

PERCENTAGE OF FOOD ESTABLISHMENTS ENTIRELY SATISFACTORY DURING INITIAL INSPECTIONS

	1958	1959	1960
RETAIL ESTABLISHMENTS			
Stores	56.4	55.58	53.1
Confectioneries	70.7	73.38	63.2
Restaurants	49.5	48.99	46.3
TOTAL RETAIL ESTABLISHMENTS	56.8	56.93	51.5
MANUFACTURING FOOD ESTABLISHMENTS			
Bakeries	33.9	38.82	49.3
Seafood processing	30.0	..	..
Canning plants	9.1	50.0	36.3
Packaging plants	53.9	71.43	64.3
Bottling plants	52.6	58.33	64.7
Candy plants	34.4	41.46	59.3
Salad and pickling plants	41.7	53.33	60.6
Poultry plants	20.5	17.14	45.6
Extract plants	45.0	56.41	44.1
Commissaries (caterers)	14.0	66.67	67.4
Noodle & potato chip plants	11.1	66.67	50.0
Cold storage and ice plants	66.7	72.73	84.6
Frozen foods	65.8	82.14	84.2
Egg breaking plants	60.0	33.33	33.3
TOTAL MANUFACTURING FOOD ESTABLISHMENTS	36.1	46.31	53.1
WHOLESALE AND DISTRIBUTING ESTABLISHMENTS			
Produce (Commission merchants)	..	42.86	62.1
Terminals	31.4	69.77	50.0
Auctioneers	..	91.67	89.0
Trucks (wagons)	68.4	33.33	27.3
Wholesale seafood plants	25.0	30.77	26.3
Warehouses (jobbers)	44.1	55.80	45.0
Butter and egg plants	50.0	63.64	55.0
Vending machine companies	14.3	56.25	68.4
TOTAL WHOLESALE AND DISTRIBUTING ESTABLISHMENTS	31.7	52.24	50.9
INSTITUTIONS AND MISCELLANEOUS			
Industrial cafeterias	35.4	32.63	42.0
Institutions	42.3	52.55	82.0
Markets	60.8	81.10	52.3
Vending machines	14.3	..	90.5
Miscellaneous	0.8	100.0	75.6
TOTAL INSTITUTIONS AND MISCELLANEOUS	39.4	59.59	69.1
GRAND TOTALS	52.3	56.15	53.9

TABLE NO. 3

DISTRIBUTION OF INSPECTIONS OF WHOLESALE AND MANUFACTURING FOOD ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENT, 1960

TYPE OF ESTABLISHMENT	NUMBER OF ESTABLISHMENTS IN CITY	NUMBER OF INSPECTIONS
TOTAL	3,909	4,398
MANUFACTURING FOOD ESTABLISHMENTS	476	1,248
Bakeries	178	574
Seafood processing	10	16
Canning plants	17	50
Packaging plants	28	42
Bottling plants	22	40
Candy manufacturing plants	42	74
Salad and pickling plants	19	43
Poultry houses	60	140
Extract plants	27	49
Commissaries	31	116
Noodle and potato chip plants	4	21
Cold storage plants	12	24
Frozen food plants	23	51
Egg breaking plants	3	8
WHOLESALE AND DISTRIBUTING ESTABLISHMENTS	353	862
Trucks	..	48
Produce (Commission Merchants)	87	302
Terminals	47	106
Auctioneers	10	14
Seafood houses	15	75
Warehouses and distributing plants	149	270
Butter and egg plants	28	21
Vending machine companies	17	26
MARKET STALLS	1,880*	505
INSTITUTIONS, INDUSTRIAL CAFETERIAS AND OTHER ESTABLISHMENTS	1,200*	1,783

* Approximate figure.

BUREAU OF MEAT INSPECTION

William J. Gallagher, D.V.M.

Director

All meat plants in the City of Baltimore are maintained either under federal or municipal inspection. In 1960, as in previous years, ante and post-mortem inspections were made on all cattle, sheep, calves, swine and goats in twenty-three slaughtering plants, four of which were located in adjacent counties. The examination of animals before and after slaughter which included the condemnation of diseased animals and parts was carried on by veterinarians; these inspection activities were also concerned with the sanitation of the plants. In addition, daily supervision was carried out in sixty-eight meat food products plants and processing plants by bureau meat inspectors.

During the year 33,577 visits were made; 225,229 animals were inspected as compared with 219,720 animals in 1959, and 519 whole carcasses were condemned in 1960 as compared with 447 carcasses in 1959. The slaughtering of cattle reacting to tuberculosis or Bang's disease was continued by the bureau upon authorization of various state and federal agencies. Ninety-five cattle reacting to Bang's disease were inspected and permitted to be sold for food. During the year also 33,318 pounds of diseased or contaminated meat were condemned on reinspection as compared with 172,480 pounds in 1959.

Other noteworthy activities of the bureau were as follows:

1. The director met with the Grand Jury on February 17 regarding a meat dealer in the central section of the city who was charged with having in his possession uninspected meat and offering it for sale. The case was tried in Criminal Court on March 3 and the dealer was fined $100 on each count.

2. The director was called to a storage terminal on Pratt Street where 25,000 pounds of meat were retained for reinspection; 690 pounds were condemned for odor as unfit for human consumption.

3. Due to a fire 1,900 pounds of meat were condemned at a manufacturing plant on West Lexington Street.

4. A truckload of meat delivered surreptitiously from Washington to Baltimore on a Saturday was located and 9,330 pounds of the meat were condemned as unfit for food.

5. The Bureau of Meat Inspection examined 927 dogs for rabies in bite cases reported to the Bureau of Communicable Diseases.

Dr. Robert M. Putnam joined the staff as a veterinarian on January 28 after retiring from the Bureau of Meat Inspection of the U. S. Department of Agriculture. Dr. Edward Moylan, a veterinarian with the bureau twenty-seven years, retired on January 27. Dr. Moylan died on

February 15. Dr. Charles Johnson, veterinarian, appointed on April 7, resigned on August 15. Dr. Andreas Rastawiecki, formerly with the Montana Livestock Sanitary Board, joined the bureau on August 8. At the end of the year there was one vacant veterinarian's position in the bureau which could not be filled.

The following table gives a brief summary of the routine activities of the bureau during the year:

	NUMBER	INSPECTIONS
Slaughterers, under permit, in city	19	2,320
Slaughterers, under permit, in county	4	660
Manufacturers, under permit, in city	63	25,000
Manufacturers, under permit, in county	5	620
Wholesalers, under permit, in city	163	4,000
Wholesalers, under permit, in county	2	45
Retailers—route truck	43	610
Collectors of animal offals	28	..
Renderers of animal substances	2	50
Cold storage warehouses	4	52
Cookers' licenses	66	220
	399	33,577

Personnel

William J. Gallagher, D.V.M., Director
Marie E. Cerney, Senior Clerk Stenographer

Veterinarians

Jacob Goldbrown, D.V.M.
Kostas Kanauka, D.V.M.
Stasys T.-Kelpsa, D.V.M.
Robert M. Putnam, D.V.M.
Andreas Rastawiecki, D.V.M.
Ralph F. Shaner, D.V.M.

Sanitarians

Matthew N. Bean
Elmer Frederick
Alois Leiterman
Henry A. Miller
Charles A. Ray
Louis P. M. Rider
Adolph Staub
Chester E. Warminski
Adolph Wobbeking, Jr.

Roy J. Dougherty, Meat Inspector

TABLE NO. 1

POUNDS OF MEAT AND MEAT FOOD PRODUCTS PREPARED, PROCESSED AND MANUFACTURED UNDER LOCAL INSPECTION

TYPE OF MEAT PRODUCT	CITY	COUNTY
Meat products (fresh)	3,256,469	198,028
Meat products (smoked)	6,485,678	954,661
Meat food products (fresh)	1,243,216	1,025,713
Meat food products (smoked)	3,106,335	516,153
Meat food products (cooked)	962,156	187,810
Meat food products (boiled)	80,305	272,825
Lard	717,350	953,677
Lard compound		
	15,851,509	4,108,867

TABLE NO. 2

POUNDS OF MEAT CONDEMNED ON REINSPECTION

YEAR	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
1960	33,318	11,348	12,590	263	3,186	4,549	1,382
1959	172,480	3,542	7,327	640	208	1,235	159,528
1958	69,225	51,003	4,523	112	279	8,908	4,400
1957	14,780	3,557	2,511	1,070	1,047	4,205	2,390
1956	13,011	3,724	3,053	143	150	3,240	2,101
1955	31,510	11,442	5,794	679	355	8,417	4,823
1954	29,769	10,897	8,804	1,128	2,429	1,003	5,508
1953	23,646	9,921	3,745	110	60	3,318	6,492
1952	27,790	12,142	406	65	60	11,944	3,173
1951	10,056	6,880	545	..	..	1,559	1,072
1950	37,142	24,554	618	..	32	9,008	2,930

BUREAU OF ENVIRONMENTAL HYGIENE

George O. Motry, B.E.

Director

An additional approach to neighborhood conservation was inaugurated on September 26 in the Experimental Conservation District, an area bounded by Druid Park Drive, Mount Royal Terrace, North Avenue and the alley west of Eutaw Place. The Mayor's Neighborhood Conservation Committee, composed of the heads of all city departments involved in the battle against blight, through its Operating Committee chaired by the Commissioner of Health, began a coordinated program in an endeavor to prevent further deterioration in this area.

Community Sanitation

The investigation of complaints dealing with deficiencies in environmental sanitation continued to be a major responsibility of the Division of Community Sanitation. The division received 3,402 complaints in 1960 as compared with 3,605 received in 1959. Two vacancies in the inspection staff during the latter part of the year reduced the ability of the division both to service complaints and to carry on routine programs. Other activities of the division included sampling of the city water supply, child lead paint poisoning prevention, assistance in the program of the Experimental Conservation District and sanitary inspections of swimming pools, day nurseries, hospitals, convalescent homes, child care institutions and foster homes.

Water Supplies

The sanitary quality of the city water was evaluated through the analysis of 1,435 samples collected from consumers' taps throughout the city and from two fixed stations outside the city. The percentage of 10 ml. portions giving completed tests for coliform organisms was 0.91 per cent as compared with 1.38 per cent for 1959. Other waters periodically sampled included bottled waters and water from public and semi-public springs.

Swimming Pools

With the opening of five new swimming pools during the year and the closing of one pool, there were 19 indoor and 17 outdoor public and semi-public pools which were periodically inspected by the Health Department. While 89 per cent of the indoor pools met the bacteriologic standards

for swimming pool water recommended by the Committee on Bathing Places of the American Public Health Association only 76 per cent of the outdoor pools attained these standards. However, it should be noted that in the case of the outdoor pools not meeting the standards the number of samples collected was so limited that a single unsatisfactory sample was sufficient to give the pool water an unsatisfactory rating for the year.

One of the indoor swimming pools which failed to meet American Public Health Association standards for water quality began an experiment in November in the use of iodine as a disinfectant. Special samples for bacteriologic analysis were collected by the Health Department during the trial period. While the samples were free from coliform organisms a substantial proportion gave high total bacteria counts. This study will continue in 1961.

Housing

Regulation 15 of the Rules and Regulations Governing the Hygiene of Housing was rescinded and established in amended form on October 27. The net effect of the amendment was to require that the occupant of every dwelling unit in a building containing three or more dwelling units provide garbage and trash containers for his own apartment in addition to the receptacles provided by the owner of the property in a central location. The wording of the original regulation had appeared to exempt the occupant from this responsibility in buildings with three or more dwelling units.

On May 26 the Commissioner of Health issued a revised interpretation of Housing Regulation 6 pertaining to light and ventilation. Under the revised interpretation a blind kitchen, bathroom or toilet room on the top floor of a dwelling may be provided with artificial light and mechanical ventilation in lieu of a skylight.

The bureau took an active part in the program in the Experimental Conservation District. Under the direction of Mr. Olonzo P. Fike of the Maryland State Department of Health an appraisal of the housing conditions in the area was made prior to the start of the actual program utilizing the American Public Health Service appraisal technique. Assistance was given Mr. Fike by the bureau in the enumeration and clerical work connected with the survey.

The inspection of properties was begun and one sanitarian from the Division of Community Sanitation was assigned to the area to assist in the inspection of commercial properties and to furnish advice on housing regulations to the teams of building inspectors and housing law enforce-

ment officers who were conducting the inspections of dwellings in the area. The Division of Rodent Control also assisted in the program.

At the request of members of the Property Owners Association, assistance was given them by the Inspection and Code Enforcement Section of the Baltimore Urban Renewal and Housing Agency and the Health Department in the development of a set of sanitation requirements for tenants which property owners might post in their properties or deliver to tenants.

The Housing Court magistrate, with financial assistance from property owners, established a housing clinic, which provided instruction for tenants in maintaining sanitary conditions in the home and also included sessions on simple home repairs, nutrition and the services available in the community. The clinic was conducted by members of the adult education branch of the Baltimore City Department of Education with the assistance of special lecturers. Tenants found guilty of housing violations by the court were given the option of being placed on probation conditioned upon their attending the clinic in lieu of paying a fine. The bureau director was a member of the advisory board of the clinic.

Sewage Disposal and Stream Pollution

The program of maintaining warning signs along streams known to be polluted was continued. At the end of the year 109 signs were posted along streams in the city. The Division of Community Sanitation in cooperation with the Bureau of Sewers conducted an investigation of odors in a stream in the northwestern area of the city. A milk pasteurization plant was found to have floor drains connected to a storm drain discharging into the stream and, after being notified of the nuisance, the plant engaged a plumber to correct the condition. At the request of the State Department of Health the division participated in an investigation of disposal of sludge from the settling tanks of the airport which had been the subject of a complaint from a neighborhood organization. A conference of the interested parties produced a solution satisfactory to all concerned. A survey of sewage disposal methods in a group of homes in the Cherry Hill area led to a recommendation to the Bureau of Sewers that a sanitary sewer be extended to serve the homes.

Lead Paint Poisoning Prevention

The pressure of other activities prevented full development of the pilot program for sampling of paint in the homes of children registered at a well baby clinic in the Druid Health District. Of the 64 notices for lead

paint removal served in connection with the program, 27 had been completed at the end of the year. Lead paint was found in 74.4 per cent of the properties sampled. Due to the difficulty experienced in locating the children at one year of age, the program was revised toward the end of the year so that the children's homes will be visited when they reach the age of 3 months. The Baltimore Urban Renewal and Housing Agency assisted in this program. Apart from this pilot program, sanitarians followed up 67 cases where samples of paint collected by public health nurses were found to contain lead. On a trial basis it was required that lead paint be completely removed from wooden surfaces only to a height of four feet above the floor. Above the four foot height the woodwork must be thoroughly wire-brushed or scraped to remove any poorly adhering paint.

Plumbing

While the administration of the plumbing code became a function of the Bureau of Building Inspection of the Department of Public Works on January 1, the Health Department maintained close cooperation with the Bureau of Building Inspection on plumbing matters of mutual interest. Assistance was given the Bureau of Building Inspection in making percolation tests for private sewage disposal systems and in the testing of garbage grinders. Frequent consultations were held between the two departments on many plumbing problems.

Miscellaneous

The following activities were also worthy of note.

1. Two members of the bureau accompanied the Assistant Commissioner of Health for Preventive Medicine on a visit to the U. S. Public Health Service Hospital on Staten Island, New York, to become acquainted with the measures that hospital adopted in its successful program in reducing hospital infections. The same persons joined representatives of the Communicable Disease Center of the U. S. Public Health Service on an environmental survey of two Baltimore hospitals. The inspections were specifically directed to environmental factors having possible association with hospital-borne infections and served both as a part of a nationwide survey being made by the U. S. Public Health Service and as a means of familiarizing the City Health Department with the techniques employed by the U. S. Public Health Service in making surveys of this character. At the request of one of the hospitals, the inspection was made in greater detail and a report given the hospital of the findings and recommendations.

2. In cooperation with the U. S. Public Health Service, the bureau made inspections of watering points for all rail carriers in the city.

3. Inspections were made and reports and recommendations on matters of sanitation were submitted to the State Department of Education on newly opened private

schools and to the City Bureau of Building Inspection in connection with proposed changes of use or occupancy of buildings.

4. The bureau director continued to serve on the Home Safety Committee of the Baltimore Safety Council and the Health Department actively cooperated in the program of that committee.

5. The programs of inspecting and issuing permits to psittacine bird dealers and tattooers were continued.

6. In addition to attending the in-service training sessions of the Sanitary Section, members of the bureau were given the opportunity to attend training sessions of the State Department of Health and conferences of the Maryland Public Health Association and the Maryland Association of Sanitarians.

Rodent Control

Environmental Control

The most nearly permanent method of rodent control is achieved by changing the physical environment of rats and mice by eliminating their food and harborage and ratproofing existing and new construction. A block program on a house-to-house basis was continued in seven blocks found to be badly rat infested. Investigations were made to determine the location, the causes of the infestation, and the amount of infestation. Notices were sent to owners and occupants to eliminate the rats, to correct sanitary violations, and to accomplish the measures necessary for ratproofing. The Division of Rodent Control inspected 417 such premises containing 485 dwelling units in these areas. By the end of the year, 255 premises containing 297 dwelling units in four blocks were improved, leaving three blocks pending. Since the inauguration in 1948 of this house-to-house type of control program, 4,478 premises and 6,538 dwelling units have been improved. The division also employed environmental control procedures in the handling of 2,229 complaints which resulted in the inspection of 2,722 premises during the year. Thus a total figure of 7,420 deficiencies were corrected: 887 in program areas and 6,533 deficiencies as a result of complaints.

In April, 1960 an additional sanitarian was assigned to the division due to the unfreezing of a position. This still left the Division of Rodent Control with only seven sanitarians, an inadequate force to cope with the rodent control problems of the City of Baltimore.

Rat Bites and Rat-Borne Disease

The division received reports of 55 rat bites and 6 mouse bites that occurred in 56 locations. These figures showed an increase of 5 rat bites over the 50 rat bites reported in 1959. The ages of the persons bitten varied from an infant of one month to a man sixty-five years of age. In addition

to these, one muskrat bite was reported. Twenty-nine bites occurred in children under twelve years of age, and six bites occurred in infants of one year or less.

A case of lymphocytic choriomeningitis in a four year old colored female was reported by Sinai Hospital in May. The house mouse is the principal reservoir of this viral infection, which is apparently rare in this area. Inspection of the patient's home disclosed a mouse infestation. The mice were eliminated and no further cases occurred.

The division received the results of the testing of 88 specimens of rat bloods which were submitted to the Bureau of Laboratories during the months of May and June. Fifteen per cent of the rat bloods tested were positive for endemic typhus.

Plans were made to take samples of rat blood from all sections of the city to ascertain the percentage and location of endemic typhus and other diseases in rodents in the city. This work will be done with the cooperation of Dr. Charles L. Wisseman, Jr., Professor and Head of the Department of Microbiology at the University of Maryland School of Medicine, and Mr. Clinton L. Ewing, Director of the Bureau of Laboratories of the Baltimore City Health Department.

Rodenticide Poisonings

Three cases of thallium poisoning in children with one death were reported to the Division of Rodent Control during 1960. In January, Provident Hospital reported the death of a male child 2 years and 5 months of age, allegedly due to ingestion of a rodenticide. The Medical Examiner's Office later confirmed that the death was due to thallium poisoning. It was learned that the child's home had been baited for rat control by a large pest control firm. On an inspection of the home, orange slices were found in the basement and corn meal in other portions of the building, which had apparently been placed as bait for rodents. The orange slices were found by the Medical Examiner's Office to contain thallium and the corn meal was found to contain arsenic. No effort had apparently been made by the exterminator to utilize elementary safety measures in the use of these highly toxic poisons. Another child in the same family, a one-year old girl, also required hospitalization for thallium poisoning.

As a result of this incident the Health Department with the assistance of representatives of the local pest control industry and the U. S. Fish and Wildlife Service developed a set of suggested safety standards for the use of rodenticides. These standards provided that the highly toxic rodenticides, including thallium, would be used in a home only if the home would be unoccupied for the entire baiting period and that all baits would

be recorded and picked up prior to occupancy. The suggested standards were presented to the pest control industry at a meeting attended by a large majority of the pest control operators in the city. The firms represented at the meeting unanimously agreed to follow the safety precautions suggested. It was estimated that the firms attending the meeting probably perform over 90 per cent of the pest control work in the city.

In December, another case of alleged thallium poisoning involving a two-year old girl was reported. The child was said to have probably ingested the poison at the home of a relative where a rodenticide had been applied by an individual engaged by the property owner. Some difficulty was encountered in locating the person doing the exterminating work since he was not an established pest control operator. The exterminator stated that he had purchased the rodenticide used from a pest control firm but did not know what material they had sold him. The pest control operator who had sold the rodenticide reported that he had sold only warfarin to this individual. An inspection of the relative's home disclosed the presence of rodent baits, and samples were collected for laboratory analysis. The analysis of the recovered baits indicated that they were free of thallium.

There was no official control of exterminators by the city government and it had been hoped that voluntary acceptance of reasonable safety standards by the pest control industry would provide reasonable safeguards to the community. However, if irresponsible or uninformed exterminators continue to endanger the lives of citizens through careless acts, legislation establishing administrative control should be sought despite the cost and enforcement problems presented by such a program.

Education

The "Fight the Rat" pamphlets were of great help in reducing the number of complaints and in helping citizens to eliminate rats and to ratproof their homes. A number of lectures were given and films were shown to various groups such as the Neighborhood Association of Public School No. 122, the Forest Park High School Biology Club, five lodges of the Loyal Order of the Moose, and the Baltimore Urban Renewal and Housing Agency. The division chief participated in a television program in the "Your Family Doctor" series.

Miscellaneous

Other items of note included the following:

1. In cooperation with the Operating Committee of the Mayor's Neighborhood Conservation Committee the division made a detailed survey of the exterior rat infestation in the Experimental Conservation District. With the assistance of laborers

supplied by the Department of Public Works, the division later baited and gassed a ten block area in the district which was in the first section scheduled for inspection. It is planned to bait the balance of the district at a later date.

2. A number of blocks in areas scheduled for demolition by the Baltimore Urban Renewal and Housing Agency were baited and gassed at the request of that agency.

3. Information concerning rodent control was given to Dr. H. D. Kruse, Executive Secretary of the Committee on Public Health of the New York Academy of Medicine in New York City.

4. The division was queried by the Neighborhood House Association of Buffalo, New York, which requested information and advice on rodent control.

5. An article concerning the Division of Rodent Control appeared in the *Baltimore News-Post* in April.

Personnel

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

Senior Sanitarians

John F. Block, Ph.G.
Francis J. Goldsmith, Ph.B., LL.B., M.P.H.
Albert Paul Manner
Edward H. Vail, B.S., M.A.
William H. Hunter, LL.B.

Sanitarians

John B. Bamberger, B.A.
Sidney L. Berlin
Philip A. Berman
Charles A. Carroll
Glen L. DeBeal
Joseph Ellison
T. Evans Fernandis, Jr., A.B.
Frank A. Hornig
Harold J. Lieber, B.A., M.A.
Frank L. Logan
John O. Long
Arthur J. McGinnis, B.S.

Dorothy C. Parks, Principal Clerk
Vadus Ashley, Senior Clerk
Elizabeth M. Hook, Senior Clerk Stenographer
Adelle S. Traub, Senior Clerk Stenographer
Elizabeth A. Lewis, Clerk Stenographer
Barbara Cimaglia, Clerk Typist
John W. Biden, Heavy Duty Laborer
Wilburt Meachem, Heavy Duty Laborer

TABLE NO. 1A

DIVISION OF COMMUNITY SANITATION: COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

TYPE OF CONDITION	COMPLAINTS RECEIVED		PATROL AND SPECIAL INVESTIGATIONS MADE	
	1960	1959	1960	1959
TOTAL	3,402*	3,605*	4,256	5,635
Complaints				
Ashes and garbage	2	9	1	..
Building defects	548	512	..	..
Choked sewers	11	16	11	19
Defective drainage	179	181	10	8
Defective heating equipment	60	51	..	..
Defective plumbing	275	248	3	2
Defective toilet facilities	121	166	2	..
Fowl and other animals	2	2	..	..
Grass and weeds	441	514	3	30
Insanitary conditions	639	885	23	3
Insects	212	281	..	..
Lead paint	67	53	114	1
Miscellaneous	261	255	3	166
Privies and cesspools	6	11	2	1
Rats	7	16	2	2
Water in cellar	571	405	3	9
Special Investigations				
Building applications	..	..	86	81
Child care institutions	..	..	124	93
City dumps and sanitary fills	..		24	45
Color tests	..	..	176	209
Environmental survey inspections	..	..	..	731
Foster homes	..	..	486	440
Hospitals and convalescent homes	..	..	65	76
Private dumps	..	..	8	8
Psittacine bird investigations	..	..	62	70
Schools	..	..	26	26
Stream pollution	..	..	119	140
Supervisory inspections	..	..	951	1,337
Swimming pools	..	..	418	493
Watering points-carriers	..	..	3	6
Water supply sampling	..	..	1,531	1,639

* Does not include complaints referred to Sanitary Police Detail for investigation.

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

TYPE OF INVESTIGATION	1960	1959
TOTAL	10,334	13,642
Complaint	1,861	2,088
Patrol and special	4,256	5,635
Reinspection	4,217	5,919

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

ACTION TAKEN	1960	1959
Handled by sanitarians	3,260	3,605
Referred direct to other bureaus or departments	749	816
Investigated and referred to other bureaus or departments	162	167
Investigated and referred to police for follow up	2	2
Notices to abate nuisances	987	1,020
Hearings for failure to comply with notices	. .	4
Summonses for failure to comply with notices	24	39
DISPOSITION		
TOTAL	3,382	3,623
Abatement by sanitarian	1,618	1,940
Cancelled (withdrawn or corrected before inspection)	769	669
Closed without action	142	. .
Conditions of no health significance	689	845
Investigated and referred to other bureaus or departments	164	169

TABLE NO. 2
RODENT CONTROL ACTIVITIES

RESIDENTIAL BLOCK PROGRAM	1960	1959
Number of blocks inspected	7	
Number of blocks completed	4	
Number of blocks pending	3	
Total properties inspected	417	Not conducted in 1959
Dwelling units inspected	485	
Properties improved	255	
Dwelling units improved	297	
Properties requiring no corrections	132	
Dwelling units requiring no corrections	188	
Properties pending correction	32	
TYPE OF INVESTIGATION		
TOTAL	9,141	6,533
Initial: Complaints	2,271	2,241
Patrol	813	388
Program areas	443	0
Reinspection: Complaint and patrol	5,230	3,901
Program areas	384	3
COMPLAINT HANDLING		
Complaints received	2,271	2,429
Complaints abated by sanitarians	2,229	2,358
Complaints pending	42	71
Premises inspected on complaint	2,722	2,793
Disposition: Abated by sanitarian	2,229	2,127
Referred to other divisions or bureaus	38	18
Cancelled (corrected prior to investigation)	53	87
No nuisance	297	383
Premises pending correction	105	78
DEFICIENCIES CORRECTED BY RODENT CONTROL ACTIVITIES	7,420	6,748
Program areas	887	..
Complaints	6,533	6,748
ENFORCEMENT PROCEDURES		
Notices to abate nuisance	1,100	1,008
Hand notices issued in field	28	7
Verbal recommendations	488	463
Final notices	139	116
Summonses for failure to comply with notices	18	16
Disposition of cases: Guilty	10	11
Dismissed	1	3
Probation without verdict	5	..
Continued	1	1
Warrant issued	1	1

BUREAU OF INDUSTRIAL HYGIENE

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

Acting Director

After thirty-one years of service Mr. Charles E. Couchman, Director of the Bureau of Industrial Hygiene, retired from the Baltimore City Health Department on October 20. Mr. Couchman took a position with the Office of Health and Safety of the U. S. Atomic Energy Commission in Germantown, Maryland. Mr. Elkins W. Dahle, Jr. became acting director of the bureau on August 10. The physical transfer of personnel and records of the Division of Smoke Control from the Bureau of Mechanical-Electrical Services in the Department of Public Works to the Bureau of Industrial Hygiene of the City Health Department took place on January 1, 1960 as a result of Ordinance No. 160, approved December 23, 1959. A gradual integration of the work of the sanitarians assigned to air pollution control and the smoke control inspectors was initiated so as to provide a more effective team in the abatement of air pollution. Ordinance No. 223, the Radiation Control Ordinance was approved on March 7 (1). An important section of the ordinance authorizes and empowers the Commissioner of Health to adopt such rules and regulations as may be required for the necessary protection of the health of the city.

Industrial Hygiene Investigations

The major public health activities performed by the Division of Industrial Hygiene Investigations were the assisting of industry to prevent exposures to toxic materials and the investigation of child lead paint poisoning cases. Surveys were conducted in 50 plants employing 2,490 workers and 569 plans for the erection of new industrial buildings or combustion equipment were examined. Fifty-nine industrial studies were made of 12 different potentially harmful conditions which included exposures to toxic materials, radiation and inadequate ventilation. The bureau personnel participated in civil defense talks, attended lectures for in-service training and gave instruction to student nurses.

Industrial Exposures

The following investigations of industrial exposure were particularly noteworthy:

1. At the request of the medical examiner, an investigation was made of three fatalities that occurred on board a freighter that had arrived in port. The seamen had

died about 500 miles out at sea after they had gone into one of the ballast tanks of the ship to check if all the water had been pumped. The tanks had been used originally to carry fancy tallow from Chicago to Poland and on the return trip to the United States the tanks had been filled with sea water. Atmospheric sampling for carbon monoxide and hydrogen sulfide were negative. The captain reported that the hold of the ship was aired from the time of the deaths until arrival in port. Samples of tallow scrapings from the area were kept in a closed container for a period of time and positive results were obtained for hydrogen sulfide. It was assumed that the deaths resulted from either hydrogen sulfide poisoning or from lack of oxygen resulting from the putrification of the tallow.

2. A radiation study was made at an electrical apparatus company that used 17 devices containing radium for the purpose of eliminating static electricity on small plastic parts. It was observed that practically all units showed surface contamination but the attending hazard to the machine operators was nil. As a result of the study the designers of the equipment were able to reduce the amount of radium in the devices by a factor of over 100.

3. Two employees of a scrap company received an elevated blood lead as the result of dismantling operations on an old icebreaker. Adhering to the ship's structure were many layers of lead paint that were cut with a torch. The company was ordered to cease cutting lead painted metal plates by torch until safety equipment was provided to the employees.

4. A carbon monoxide study was conducted in the freight car and stock storage area of a large metal goods manufacturing plant. Atmospheric samples indicated that a potentially hazardous carbon monoxide condition was present in fumes caused by lift trucks working at these locations. The company reduced the concentration of carbon monoxide by the utilization of electric trucks, the use of afterburners, the acquisition of new motors and the reconditioning of old motors.

5. Complaints of a burning sensation to the eyes from employees of a dress store and a clothing manufacturing plant were investigated. In previous years similar episodes of this type existed in the clothing industry (2). The condition is caused by the release of formaldehyde gas from the stock material treated at the factory for crease resistance and wrinkle proofing.

6. Investigations were made of 70 radioisotope users who were authorized by the Atomic Energy Commission to use 276 isotopes. There were 44 different isotopes among the 276 approved for use and 58 shipments were for quantities in excess of 30 millicuries. The isotopes were for use in the medical field for research, diagnosis and therapy; in the industrial field for radiography, density measurement, process control and instrument calibration; and in the educational field for research. Joint field inspections were made at three industrial plants and at two hospitals with representatives of the U. S. Atomic Energy Field Inspection Service and bureau personnel.

Domestic Exposures

Three fatalities were attributed to gas burning appliances. One fatality was caused by an overgassed tank water heater while the other two fatalities were caused by carelessness in placing an empty one-gallon container upside down on the burner. Defective and overgassed appliances caused 26 persons to become ill.

A total of 53 cases of lead paint poisoning in children was reported; 4 of these were fatal. Altogether 1,043 visits were made to the homes of parents whose children had lead paint poisoning or whose children had the habit of pica but had not absorbed sufficient lead to cause poisoning. There were 9 hearings conducted as the result of landlords' failure to remove satisfactorily the lead paint from their properties, and 4 hearings were conducted for parents who did not give adequate supervision to their children. It was stressed that the parents should assume the responsibility for their children and for watching that they did not eat abnormally.

Air Pollution Control

In accordance with the requirements of the Air Pollution Control Ordinance eight applications for an Air Pollution Control Survey were filed by industry during the year (3). The actions taken on the applications were as follows:

1. A grain and feed mill was given approval to build a new plant adjacent to the existing one, incorporating a complete system of dust collectors and odor control.
2. Approval was given on two applications for two locations submitted by an automobile painting company. Each installation was scheduled to have an approved paint spray booth.
3. Three applications were submitted and approved for a large chemical company in a heavy industrial area which planned to expand its facilities.
4. An asphalt plant application was submitted. However, the application was returned to the company since the Zoning Board had not given approval for an asphalt plant at the new location.
5. A manufacturer of asphalt grave vaults filed an application which was not accepted since suitable plans and specifications for air pollution control equipment were not included with the application. In addition, the owner was considering the possibility of relocating the plant outside the city limits.

The program of analyzing the solutions from the scrubbing tower and the tank of a local oxygen plant in order to determine sulfur dioxide and carbon dioxide concentrations present in the atmosphere was continued.

There were two episodes of deposition of oil-like substances upon dwellings in residential areas. The first episode occurred within a radius of two miles of the large airport serving the City of Baltimore and the material deposited upon the dwellings was believed to have been caused by mechanical failure within a flying aircraft. An investigation involving commercial airlines, military craft and private planes disclosed that there were no records or reports of engine failure due to oil loss, nor could the injection of water into the jet fuel during a take-off be held responsible for the oil-like deposits on the dwellings. Large plaques of plastic sheeting were set up near the airport runways and around the perimeter of the air-

port. After three months of daily observations by the airport police, the plaques were removed since there were no signs of any oil-like deposits.

The second episode of oil-like deposition on a dwelling was investigated and believed, at first, to have been caused by oil from a low flying aircraft or the actions of some misguided individual. However, after some due deliberation, the city department making trash collections in the area was queried as to possible failure of hydraulic ram equipment on a trash truck. The inquiry disclosed that a hydraulic hose on the trash truck making a collection in that residential area had ruptured and this resulted in the spurting of the hydraulic fluid into the air.

Mr. Charles E. Couchman, Director of the Bureau of Industrial Hygiene, in collaboration with Dr. Emanuel Kaplan, Assistant Director for Chemistry of the Bureau of Laboratories, and Mr. Sanford M. Belth, Principal Chemist of the Bureau of Industrial Hygiene, presented a paper entitled, "The Collection and Determination of Chromium in an Urban Atmosphere" (4) at the 22nd Annual Meeting of the American Conference of Governmental Industrial Hygienists at Rochester, N. Y. on April 25. This paper was based on the findings of the detailed investigation to determine the concentrations of airborne chromium present in the air of Baltimore City. A description of the sampling methods, location and the chemical method of analysis including laboratory equipment was included in the presentation.

Another paper entitled, "Why Air Pollution Control Should be Enforced at a Local Level" (5) was also presented by Mr. Couchman. The objective of the paper was to demonstrate that at the local level an air pollution enforcement program is more economical and is in a favorable position to render its services more promptly to the citizens.

A continuous twenty-four hour monitoring program for the measurement of sulfur dioxide concentrations present in the atmosphere was repeated during the year. This air sampling program was conducted at three locations, two of them in heavy industrial areas and the third in a suburban residential area. Station A was maintained with a Thomas Autometer while the other stations were equipped with Consolidated Electrodynamics Corporation Titrilogs. The curves of Figures 1, 2 and 3 were computed on the same basis as the curves for previous years. The range of instantaneous values in Figure 2 were from 0.0 parts per million (ppm) to 0.50 ppm for Station A, to 3.42 ppm for Station B, to 0.27 ppm for Station C. Continued investigation as to sources of short high peaks of sulfur dioxide concentrations recorded showed that malfunction of equipment or the shutting down and starting up operations of various manufacturing plants were responsible.

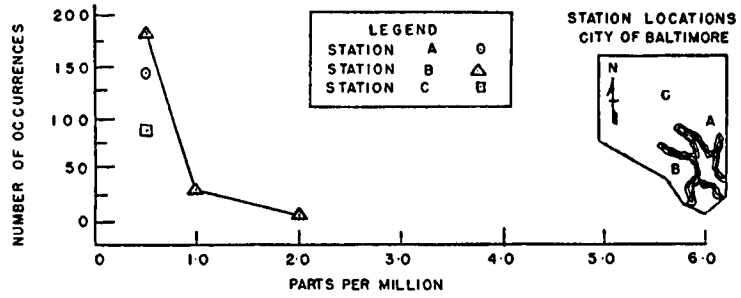

FIGURE 1. FREQUENCY OF OCCURRENCE OF RECORDED CONCENTRATIONS OF SULFUR DIOXIDE

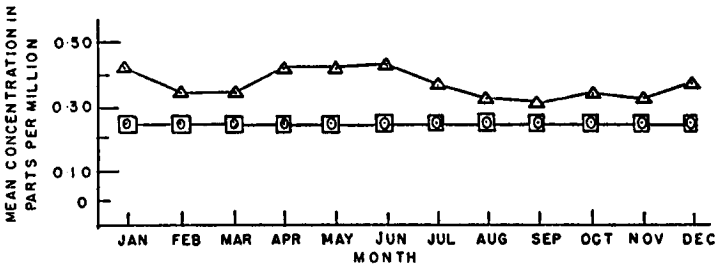

FIGURE 2. MONTHLY MEAN RECORDED CONCENTRATIONS OF SULFUR DIOXIDE.

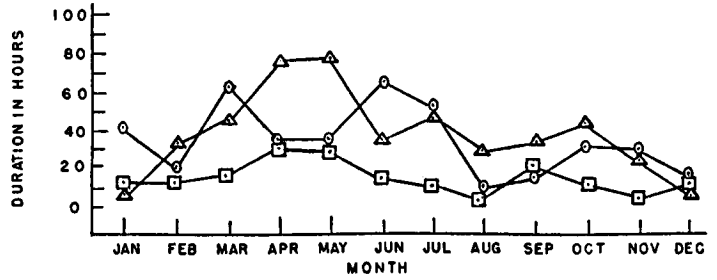

FIGURE 3. MONTHLY RECORDED DURATION IN HOURS OF MEASURABLE SULFUR DIOXIDE CONCENTRATIONS.

Figures 1, 2, and 3. Sulfur dioxide monitoring by titrilogs during 1960.

Air sampling, using the high volume samplers, was continued at the same industrial and residential sites with the webs being used to obtain radiation levels, total dust loadings and pH values. There were 115 webs counted from the industrial site with a maximum beta activity of 0.400 and a minimum value of 0.000 picocuries per cubic meter of air (m^3). The average value for this site was 0.149 picocuries per m^3. The average beta activity of the 81 samples taken in the residential area was 0.172 picocuries /m^3, with a maximum of 0.640 picocuries /m^3, and a minimum of 0.011 picocuries /m^3.

DUST LOADING AND pH READING FROM FILTERS OF TWO HIGH VOLUME SAMPLERS—1960

Location	Number of Samples	Dust Loadings Micrograms per Cubic Meter			pH Values		
		Minimum	Maximum	Average	Minimum	Maximum	Average
Industrial	115	73	1200	273.2	4.2	7.5	5.65
Residential	81	30	300	114.2	4.0	7.2	5.05

Participation in the National Air Sampling Network of the U. S. Public Health Service was continued. One hundred and fourteen web samples were taken at the Baltimore City Fire Department Headquarters site. The maximum, minimum and average results obtained from the sampling program are tabulated below. The bureau also participated in taking gas bubbler samples for the National Air Sampling Network. These were analyzed for sulfur dioxide, nitrogen dioxide and oxidants but the results had not been released by the end of the year. The bureau also participated in the inversion warning system whereby the U. S. Public Health Service notified the bureau when there was a possibility of major inversion occurring in the Baltimore area.

NATIONAL AIR SAMPLING NETWORK RESULTS—1960

	Suspended Particulates	Organic	Beta Radioactivity
	Micrograms per Cubic Meter	Micrograms per Cubic Meter	Picocuries per Cubic Meter
Minimum	48	3.3	0.0
Maximum	495	55.0	0.3
Average	147.7	13.2	0.128

Smoke Control

As a result of the transfer of the Division of Smoke Control from the Department of Public Works to the Department of Health and with the reduction of this division's personnel, time was spent in familiarizing the staff of the Bureau of Industrial Hygiene and Division of Smoke Control with the activities of each group. In addition changes were made in administrative policies and in office practices. During the year special emphasis was devoted to the requirements and specifications needed on the installation and control of incinerators for use within private homes, schools, institutions, apartment houses, commercial establishments and industrial plants. The use of open fire burning for trash dumps, housing redevelopment areas and junk automobiles was looked upon with disfavor and every effort was made to discourage this type of activity.

During the year, 355 complaints were received and investigated. Table 9 denotes the number of complaints received and the type of source responsible. In addition to the investigation of complaints, the smoke control inspectors observed 329 violations in the field. This data was recorded only from July through December.

SMOKE VIOLATIONS OBSERVED

(6 months—July through December 1960)

Apartments	19	Schools & Colleges	38
Commercial	95	Ships	13
Industrial	97	Open Burning	42
Institutions-Hospitals	17	Miscellaneous	5
Residential	3		
		Total	329

Field inspectors observed 9,161 smoke stacks for possible violations and 45 notices were issued to smoke offenders. During the four month period from September through December 160 open fires were observed by the field inspectors for violations.

The City Bureau of Tests analyzed 60 coal samples to determine the percentage of volatile matter, ash content, sulfur content and particle size. The Health Department's Bureau of Laboratories analyzed 19 samples in order to determine type of soot, fly ash or foreign matter contained in samples of deposit collected by the smoke control inspectors.

In addition to the field work 595 building plans were examined during the year and 139 builders were notified to file applications for smoke

control permits. There were 360 applications filed for new combustion equipment installations; this included domestic and commercial boilers, boiler-burner units, forced hot-air systems, gravity hot air systems, incinerators, oil burners and water heaters. Each application is processed in the office. Field inspections for commercial applications were made periodically to determine final date of equipment installation and operational performance of equipment. When the equipment installed was observed to function properly and to have the specified controls, a certificate of operation was issued. During the year, 310 permits from the Division of Smoke Control were issued.

References and Publications

[1] Mayor Grady Signs Radiation Control Ordinance, *Baltimore Health News*, Vol. 37, No. 4, April 1960, pp. 25–28.

[2] *Annual Report of the Health Department*, 1955, Baltimore, Maryland, p. 257.

[3] Mayor D'Alesandro Signs City Air Pollution Control Ordinance, *Baltimore Health News*, Vol. 33, No. 5, May 1956, pp. 33–37.

[4] The Collection and Determination of Chromium in an Urban Atmosphere. Belth, Sanford M.; Kaplan, E. and Couchman, C. E., *Archives of Environmental Health*, Oct. 1960, Vol. 1, pp. 311–315.

[5] Why Air Pollution Control Should be Enforced at a Local Level. Couchman, C. E., Paper Presented on May 24, 1960, at the Air Pollution Control Association 53rd Annual Meeting, Cincinnati, Ohio.

Personnel

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Louis B. Pieper, Smoke Control Inspector
Bessie E. Nelson, Principal Clerk Stenographer
Dorothea H. Blume, Senior Clerk Stenographer

TABLE NO. 1

STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES—1960

PLANT ACTIVITIES	
Total number of different plants serviced	772
Total number of workers in plants serviced	33,506
Total number of plant visits made	1,547

SOURCE OF SERVICES	
Self-initiated	1,234
Requests from management, labor, etc.	37
TOTAL	1,271

GENERAL TYPE OF SERVICE GIVEN	NUMBER OF SERVICES
Plant Surveys	50
Technical studies of hazards	59
Reinspections and routine	781
Consultations	8
Atmospheric pollution investigations	495
Other nuisance complaints investigated	62
Follow-up on building applications	364
Special activities	9
TOTAL	1,828

RECOMMENDATIONS CARRIED OUT	
Number of recommendations	90
Number of plants involved	48
Number of workers affected	1,335

VOLUNTARY IMPROVEMENTS MADE IN PLANTS	
Number of improvements	366
Number of plants	110
Number of workers affected	1,135

SPECIFIC SERVICES	
Number of laboratory analyses and examinations	704
Field determinations of atmospheric contaminants	261
Field determinations of physical conditions	215
Examination of plans for control equipment	569
Occupational disease cases reported	131
Occupational diseases investigated	5

TABLE NO. 2

DETAILED STUDIES MADE—1960

INDUSTRY	No. of Studies	DUSTS				GASES		VAPORS				OTHER	
		Chrome	Dust Count	Lead	Parathion	Carbon Monoxide	Hydrogen Sulfide	Carbon Tetrachloride	Formaldehyde	Toluol	Xylol	Radiation	Ventilation
All Industries Studied ..	59	3	2	10	1	15	1	1	1	1	1	20	3
Automotive	3	..	..	..	..	3	..	..	..	..	..	..	..
Chemical	2	..	..	..	1	..	..	..	..	..	..	1	..
Clothing	3	..	..	..	..	..	..	1	1	..	..	..	1
Hospitals and clinics	13	..	..	..	..	..	..	..	..	..	..	13	..
Metal goods	13	3	2	1	..	5	..	..	..	..	..	..	2
Printing	8	..	..	7	..	1	..	..	..	..	..	..	..
Reclamation	2	..	..	1	..	..	..	..	..	..	..	1	..
Shipping	4	..	..	..	..	3	1	..	..	..	..	..	..
Storage	3	..	..	..	..	3	..	..	..	..	..	..	..
Others	8	..	..	1	..	..	..	..	..	1	1	5	..

TABLE NO. 3

INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED—1960

PROPOSED USE OF BUILDING	APPLICATIONS AND PLANS					SPECIAL RECOMMENDATIONS						CONSULTATIONS
			Approved			Ventilation			Sanitation		Other	
						Mechanical						
	Number Reviewed	Disapproved	Without Recommendations	With Recommendations	Abandoned	Local	General	Natural	Industrial Waste Disposal	Personal Service Conveniences	Recommendations	
All types	569	2	5	554	8	29	24	..	4	3	19	569
Automotive repair	31	..	..	31	..	20	20	..	..	1	2	31
Automotive service	10	..	..	10	..	2	1	..	..	..	1	10
Chemical	9	1	..	8	..	..	..	..	..	..	2	9
Clothing	5	..	..	5	..	..	..	..	..	..	..	5
Combustion equipment	380	..	..	380	..	..	..	..	..	..	..	380
Dry cleaning and laundry	4	..	..	4	..	..	1	..	2	..	..	4
Education	3	..	..	3	..	..	..	..	..	..	3	3
Hospitals and clinics	6	..	..	6	..	..	..	..	1	..	6	6
Machine shop	5	..	..	5	..	..	..	..	..	..	..	5
Metal goods	10	..	..	10	..	3	..	..	..	..	..	10
Office and storage	23	..	..	23	..	..	..	..	..	..	1	23
Paper	3	..	..	3	..	..	..	..	..	..	..	3
Plastics	5	..	..	2	3	2	2	..	1	..	..	5
Rubber	4	..	..	4	..	1	..	..	..	..	..	4
Warehousing and storage	49	..	5	40	4	..	..	..	..	1	..	49
Woodworking	4	..	..	4	..	1	..	..	..	1	..	4
Others—less than 3 of 1 type	18	1	..	16	1	..	..	..	..	..	4	18

TABLE NO. 4

OCCUPATIONAL DISEASES REPORTED—1960

DISEASE	CASES
TOTAL	131
Aplastic anemia	1
Brucellosis	1
Bursitis	2
Cellulitis	2
Chrome carcinoma	2
Chrome ulceration	17
Formaldehyde	1
Frostbite	1
Infected abrasions	1
Laryngitis	3
Lead	3
Liver damage	1
Silicosis	2
Swelling and pain	12
Tenosynovitis	17
Tuberculosis	1
Dermatitis	64

TABLE NO. 5

NON-FATAL AND FATAL CASES OF LEAD POISONING IN CHILDREN FROM INGESTION*: 1955–1960

YEAR	CASES			DEATHS		
	Total	White	Colored	Total	White	Colored
TOTAL	853	176	677	128	45	83
1960	53	9	44	4	1	3
1959	66	2	64	2	1	1
1958	133	17	116	10	3	7
1957	56	4	52	3	2	1
1956	48	8	40	3	1	2
1955–31	497	136	361	106	37	69

* 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—1955–1960

YEAR	TOTAL CASES	SUICIDES AND ATTEMPTED SUICIDES	ACCIDENTS FROM INCOMPLETE COMBUSTION OF GASES		DEFECTIVE APPLIANCES CAUSING ACCIDENTS
			Non-fatal	Fatal	
1960	35	6	26	3	7
1959	24	12	12	..	3
1958	21	8	13	..	5
1957	29	5	24	..	5
1956	26	7	16	3	7
1955	25	4	18	3	6

TABLE NO. 7

RADIOISOTOPE INVESTIGATIONS—1955-1960

YEAR	NUMBER OF USERS	NUMBER OF DIFFERENT ISOTOPES	SHIPMENTS OF ISOTOPES (MILLICURIES)			
			Less Than 1 mc	1-30 mc	More Than 30 mc	Total
1960	70	44	27	191	58	276
1959	56	51	15	191	43	249
1958	45	30	9	91	40	140
1957	48	41	12	90	59	161
1956	36	29	9	72	24	105
1955	29	20	7	33	19	59

TABLE NO. 8

AIR POLLUTION INVESTIGATIONS—1960

NATURE OF COMPLAINT	NUMBER OF COMPLAINTS	NUMBER OF CONDITIONS	DISPOSITION OF CONDITIONS		
			Corrected	Cancelled	Pending
TOTAL	495	455	404	21	30
Dusts					
Inorganic	18	14	11	3	..
Organic	18	19	13	4	2
Fumes					
Metallic	6	5	3	1	1
Gases					
Acid	44	12	7	3	2
Ammonia	7	7	4	2	1
Smoke and Fly ash	355	355	333	..	22
Vapors					
Chemical	7	7	5	1	1
Paint, varnish, lacquer	7	8	5	3	..
Petroleum	24	18	16	1	1
Solvent	9	10	7	3	..

TABLE NO. 9

COMPLAINTS INVESTIGATED BY DIVISION OF SMOKE CONTROL

TOTAL	355
Apartments	69
Bakeries	4
Canneries	3
Car Wash	1
Cemeteries	1
Cleaners & Dyers	3
Colleges	5
Cooperages	6
Dairies	7
Dwellings	24
Dumps	5
Factories	33
Foundries	4
Garages	1
Hospitals	24
Hotels	3
Institutions	12
Junk Yards	25
Laundries	32
Office Buildings	5
Open Lots	21
Power Houses	3
Schools	19
Steamboats	2
Stores	12
Undetermined Sources	31

TABLE NO. 10

SUMMARY OF COMPLAINTS—1960

NATURE OF COMPLAINT	NUMBER	PER CENT
TOTAL	557	100.0
Atmospheric pollution	495	88.9
Carbon monoxide	7	1.3
Industrial waste	17	3.0
Noise	1	0.2
Sanitary facilities	8	1.4
Sanitation	25	4.5
Ventilation	4	0.7

RESEARCH AND PLANNING SECTION

Matthew Tayback, Sc.D.

Assistant Commissioner of Health

The health needs of residents of Baltimore City were advanced through planning efforts involving activities at the local, state and national levels. The principal objectives were: (1) The strengthening of the Department's ability to recruit and retain adequately trained nurses and sanitarians by securing an upward adjustment of the salaries offered; (2) the reduction of the number of infant lives lost during the neonatal period, particularly among Negro newborn babies; (3) the development of a program of medical assistance to the aged consistent with the Kerr-Mills Act; and (4) the advancement of the efforts and program of the State Commission on Aging.

For several years due to the low salaries allocated to staff nurse positions within the Department and to the strong recruiting efforts made by hospitals and other agencies, an increasing number of nurse vacancies had developed which seriously impaired the capacity of the Department to carry out basic programs. This was particularly noted in the maternal and child hygiene programs. In order to redress this difficulty, efforts were commenced early in the year to secure more liberal state-aid grants. These efforts were successful and were followed by conferences with the city budget director and other public officials. The net result was the approval for new salary levels at the end of the year. It is expected that this budgetary assistance will stabilize and possibly improve the status of the nursing staff in numbers and in quality of service.

A rising rate of infant mortality particularly among Negro newborn babies resulted in a rate of 47.0 deaths per 1,000 live births in 1959. This was a most unfavorable record when compared with the low rate of 37.2 achieved in 1953 and with rates of 38.0 and 39.1 for 1950 and 1951 respectively. In order to achieve a reduction in the loss of life among the newborn Negro infants, licensing of maternal and newborn services in the general hospitals was approved only when the hospital concerned gave evidence of meeting the standards specified within the City Health Code. On the request of the authorities at the Baltimore City Hospitals the Commissioner of Health took the initiative in petitioning the Mayor and the Board of Estimates for additional nursing personnel for the newborn and premature nurseries of that hospital. In addition, the Bureau of Biostatistics undertook careful analysis of the fetal and neonatal mortality ex-

perience of each of the general hospitals. This provided each hospital with an opportunity to develop an historical record of their newborn mortality experience and in this way to undertake corrective action whenever indicated.

For several years there has been recognition of the difficult circumstances of aged individuals in connection with the financing of their medical care needs. This difficulty is due to a limited fixed income and a rapidly growing need for medical services as one advances in years. The medical needs of indigent aged people have been adequately met through the Baltimore City Medical Care Program but this has not been equally true of persons 65 years of age and over who are in the so-called medically indigent class. In the counties of Maryland such individuals have been eligible for medical care under the existing County Medical Care Program. However, such services have not been available in the City of Baltimore. With the enactment of the Kerr-Mills Bill by the 86th Congress, federal funds became available in support of medical care for medically indigent individuals. In order to take advantage of the benefits afforded by this new legislation, the Research and Planning Section in cooperation with the Medical Care Section after due consultation with medical authorities presented a plan late in the year for consideration by the State Board of Health. There appeared to be every reason to believe that the plan would be accepted.

For a number of years the Research and Planning Section has cooperated with city and state officials in connection with the establishment of commissions on problems of the aged. In 1960 a survey was conducted by the Research and Planning Section for the State Commission on Aging in order to prepare a report by Maryland in preparation for the 1961 White House Conference on Aging. The Assistant Commissioner of Health for Research and Planning continued to function as vice-chairman of the State Commission on Aging.

The research activities of the section continued vigorously and successfully. The cooperative project with the National Institute of Neurological Diseases and Blindness concerned with the relationship of smoking and prematurity was completed and a resulting report was accepted for publication in 1961. A pilot study of the relationship of bacteriuria and prematurity was initiated. This project was cooperatively developed and undertaken with the Department of Preventive Medicine and Rehabilitation of the University of Maryland School of Medicine. Dr. Daniel Wilner, Associate Professor at the Johns Hopkins School of Hygiene, and his staff completed a monograph "Housing Environment and Family Life" which was submitted to the U. S. Department of Health, Education, and Welfare

as an interim report of the six-year hygiene of housing investigation within the Eastern Health District. Dr. Allan Goldfarb, Chief of the Division of Mental Hygiene Research, completed his work on the mental hygiene problems of school age children and submitted to the National Institute of Mental Health a monograph entitled "Evaluation of Children's Behavior by Teachers and Psychiatrists." The Assistant Commissioner of Health for Research and Planning in December participated as a visiting professor at the School of Public Health of the University of Minnesota at an institute on child development and presented a paper entitled "Quantitative Methods for Program Evaluation in Maternal and Child Health."

Personnel

Matthew Tayback, Sc.D., Assistant Commissioner of Health
H. Margaret Lea, M.A., Senior Statistician
Thelma B. Lambert, B.S., Statistician
Letruce M. Boyle, Principal Clerk Stenographer
Gertrude Cordish, Senior Statistical Clerk
Betty Durham, Senior Clerk Typist
Sophia Roch, Senior Clerk Typist
Barbara Brown, Clerk Typist
Marion A. Silcox, Clerk Typist

BUREAU OF BIOSTATISTICS

Todd M. Frazier, Sc.M.

Director

In January the Bureau of Biostatistics initiated a continuing household survey to give monthly estimates of the prevalence of illnesses on a city-wide basis. This survey known as the Baltimore Health Survey was conducted by public health nurses who visited 100 randomly selected homes each month. The graph on page 54 shows for 1960 the per cent of surveyed persons who reported an illness during a two week period prior to the week in which they were interviewed.

Other areas investigated by means of the Baltimore Health Survey during 1960 included:

1. Inoculation levels against poliomyelitis and diphtheria.
2. Utilization of Health Department clinics.
3. Demographic information such as age and racial composition of the population.
4. Size of audience for the weekly television program "Your Family Doctor" sponsored jointly by the City Health Department and the Medical and Chirurgical Faculty of Maryland.
5. Appraisal of the family's most important health problem.
6. Provision for child care made by working mothers.
7. Respondent's attitude toward the relationship between smoking and lung cancer.
8. Manner in which potentially dangerous home chemicals and medicines are stored in the home.
9. Need for home nursing care.

Plans for the 1961 Baltimore Health Survey include a study concerning the history of mumps and measles among school and preschool children to be made in cooperation with both the University of Maryland School of Medicine and with the Johns Hopkins School of Hygiene and Public Health.

The provisional figures released by the U. S. Bureau of Census for 1960 indicated that Baltimore's population as of July 1, 1960 was 939,000. This represented a decrease of 11,000 from the 1950 count. Thus, in spite of high birth rates for the past ten years and the movement of many Negroes to the city, the migration of white residents to surrounding counties resulted in a population loss. The remaining city population was characterized by large numbers of the very young, the old, and the poor people who make heavy demands on services provided by the Baltimore City Health Department and other municipal agencies.

A report of 1,024 postoperative deaths reviewed by the Joint Anesthesia Study Committee of the Baltimore City Medical Society and the Baltimore City Health Department was published in the December 17, 1960

issue of *The Journal of the American Medical Association.* This report represented the combined efforts of anesthesiologists, attending physicians in other specialties, and staff members of the Bureau of Biostatistics of the City Health Department over the past five and one-half years. The results of the efforts of the Baltimore Anesthesia Study Committee represent a unique contribution in the appraisal of anesthetic associated mortality. Moreover, it exemplifies, as does the work of Maternal Mortality Committees, the necessity and the benefits of teamwork, involving both clinicians and health department staff, in the continuous efforts to upgrade the quality of medical care available in the community.

In 1959 the Bureau of Biostatistics and the Biometrics Branch of the National Institute of Neurological Diseases and Blindness began a study of the smoking habits of pregnant women and the incidence of premature birth. This study, which was accepted for publication in the *American Journal of Obstetrics and Gynecology* showed that prematurity rate for smokers was 64 per cent greater than the rate for nonsmokers.

In 1957 records compiled by the Bureau of Biostatistics showed that a significant increase had occurred in infant mortality, especially among premature babies. This prompted an intensive investigation of the possible causes of the increase. Reports of these investigations prepared by the bureau formed one part of the attack on this problem. A significant reduction, about 8 per cent, in infant deaths was achieved in 1960 by contrast with the three prior years. The infant mortality rates per 1,000 live births for 1960 and for recent years were as follows:

Year	*Total*	*White*	*Negro*
1960	32.5	24.3	41.3
1959	35.4	25.0	47.0
1958	35.2	27.4	44.7
1957	34.6	24.8	47.7
1956	30.0	23.8	39.0
1955	31.0	23.7	42.9

Other special studies in which the bureau participated during the year included: An evaluation of dental caries in school age children six years after the fluoridation of the city's water supply; the racial incidence of congenital malformation as reported on birth certificates; and neonatal mortality in twin births. During the year the bureau director served as statistical advisor to the American Society of Anesthesiologists' Committee on Maternal Welfare and in this capacity assisted in making a nationwide survey of the organization and personnel in departments of anesthesia in hospitals that have obstetrical services.

Personnel

Todd M. Frazier, Sc.M., Director
Bernadette Anderson, B.S., Statistician
Ida S. Blum, Principal Clerk
Margaret E. Amspacher, Senior Statistical Clerk
Ruth Gees, Senior Statistical Clerk
Geraldine M. Holt, Senior Clerk Stenographer
Kenyon Burdick, Principal Tabulating Equipment Operator
Florence Whitney, Senior Clerk
Esther Miller, Senior Clerk
Charlotte Allen, Tabulating Equipment Operator
Ida M. Padgett, Senior Key Punch Operator
Helen Boesche, Senior Key Punch Operator
Anna Greengold, Key Punch Operator
Pauline M. Krebs, Key Punch Operator
Ruby L. Rollins, Key Punch Operator
Anna C. Nini, Statistical Clerk

BUREAU OF VITAL RECORDS

Sidney M. Norton, B.S.

Director

The Bureau of Vital Records issued an unprecedented number of official transcripts of birth and death certificates in 1960. During the year a total of 22,914 birth transcripts and 57,802 death transcripts was issued. For birth transcripts issued, this denoted an increase of 2,870 over the previous year; for death transcripts, this represented an increase of 5,168 of such copies as compared with 1959. The rise in the number of requests for transcripts of birth records was caused by an increased demand in connection with passport applications for foreign travel and for proof of age and parentage for social security purposes. The unusual upsurge in the number of death transcripts issued resulted from requests by persons required to submit official proof of death for settling insurance claims with the Veterans Administration and private insurance companies, and for collecting survivor's benefits from the Social Security Administration. While there was a 10 per cent increase in this specific bureau activity over the preceding year, there was no increase in staff necessary to handle this additional volume of work. Further transcript activities were reflected in the 3,213 search certificates issued in cases where birth and death certificates could not be found on file and official notice of such fact was given. Also, a total of 13,478 verifications of births was made for City, State and Federal agencies which required such information in connection with official investigations; 847 deaths were verified for similar reasons. The bureau issued 1,823 Statement of Age cards to minors applying for work permits to the State Department of Labor and Industry. This total represented a decrease of 484 such cards issued as compared with the number given out in 1959.

The interviewing staffs held a total of 7,995 personal interviews with persons requesting amendments to be made on birth and death certificates and also handled 3,959 similar requests received through the mails. A total of 9,359 corrections was made on original birth certificates; 302 alterations were made on death records; and 1,276 given names were added to birth certificates on which this item was not entered by the attending physician at the time of the original registration. The Commissioner of Health approved for filing a total of 314 delayed birth certificates, 32 or 10 per cent of which were for persons born before 1900. This is a significant reduction in the number of such records filed for persons required to prove age for social security purposes because the agency involved preferred that they

review all available documentation instead of having delayed birth certificates submitted for this purpose. For cases where children were born at home without the services of a medical attendant and no certificate of birth was filed for them, a total of 3 such records was officially approved for filing. This represented a 50 per cent decrease from the number registered in 1959. In accordance with State Law which provides for new birth certificates to be made for persons following court adoption, legitimation and adjudication of paternity, the bureau effected new birth records in 847 cases for adopted children; 271 substitute certificates were made for out-of-wedlock children whose parents had married subsequent to the birth of their respective children; and 2 new records were made for children whose parentage had been adjudicated by acknowledgment of paternity by the natural father where there had been no court action to determine this fact.

SELECTED VITAL RECORDS ACTIVITIES FOR THE PERIOD 1951-1960

Year	Certificates Issued			Verifications Issued			Delayed Birth† Records Filed		Certificates Replaced‡	
	Birth Transcripts	Death Transcripts	Search Certificates**	Birth	Death	Statement of Age Cards	1-6 Yrs. Unreported Births	7 Yrs. and Over	Adoption	Legitimation
1960	22,914*	57,802	3,213	13,478	847	1,823	3	314	847	271
1959	20,044	52,634	2,807	12,109	858	2,307	6	293	848	242
1958	19,710	53,139	3,034	11,319	941	2,392	13	310	808	228
1957	21,128	53,002	3,585	9,492	921	2,335	18	318	732	271
1956	23,152	50,995	3,783	8,121	906	2,429	9	378	631	226
1955	20,758	46,420	3,565	8,106	1,000	2,086	3	398	705	170
1954	20,951	42,055	3,638	7,933	982	1,632	10	407	632	203
1953	19,936	42,339	3,394	7,412	1,028	2,061	13	429	639	235
1952	20,498	40,010	3,452	6,288	819	2,941	65	584	604	222
1951	21,058	35,368	2,964	6,057	751	3,403	49	380	502	262

* Includes 4,986 Certification of Birth—Short Form.
** Statement of births and deaths not found on file.
† The critical age for 'Delayed Births' was changed from 6 to 7 years by State Board of Health action.
‡ Includes 2 cases of Adjudication of Paternity.

The Birth Record Correction Advisory Service, cosponsored by the City Health Department and the Legal Aid Bureau of Baltimore, completed eleven years of successful service. During the year a total of 125 cases was handled for cases involving adoption, legitimation, legal change of name, delayed registration of birth, and for alterations made in personal items on birth certificates. Six persons were recommended to the Legal Aid

Bureau for assistance and 15 persons were advised to obtain the services of private attorneys for follow-up legal counsel.

The director of the bureau was selected by the Public Health Conference on Records and Statistics to serve as a member of a newly-formed national committee to study the problem of illegitimacy in the United States. He was also elected Chairman of Region I of the American Association for Vital Records and Public Health Statistics, an organization of state registrars and public health statisticians in health departments along the eastern seaboard from Maine to and including the District of Columbia. He assisted the National Office of Vital Statistics of the U.S. Public Health Service in compiling a digest of adoption statutes and administrative procedures for adoption as related to the birth certificate of the States and Territories of the United States.

The accompanying table indicates the extent of selected major vital records activities for the period 1951–1960, inclusive.

Personnel

Sidney M. Norton, B.S., Director
John Boyle, Principal Clerk
Mary A. Hohrein, Principal Clerk
Linda D. Whitney, Principal Clerk
Roselin Shapiro, Senior Clerk Stenographer
Gregory Hawkins, Senior Clerk
Charles Puelzt, Senior Clerk
Joyce Washington, Senior Clerk
Dorothy Johns, Senior Clerk Typist
Donald Johnson, Senior Clerk Typist
Evelyn Schwartz, Senior Clerk Typist
Margaret Kaiser, Senior Addressograph Operator
Josephine A. Roemer, Senior Addressograph Operator
Warren Williams, Equipment Operator
Harriet Brown, Clerk Typist
Alice Gibbs, Clerk Typist
Elizabeth H. Guise, Clerk Typist
Isiah Hill, Clerk Typist
Robert L. Thornton, Clerk

VITAL STATISTICS TABLES

VITAL STATISTICS TABLES

1960

TABLE NO. 1

ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION BY COLOR, BALTIMORE, MARYLAND—1950-1960

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
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	940,000	621,000	319,000	23,893	12,577	11,316	25.4	20.3	35.5	11,225	7,928	3,297	11.9	12.8	10.3
1958	941,000	633,000	308,000	24,464	13,380	11,084	26.0	21.1	36.0	11,446	8,069	3,377	12.2	12.7	10.7
1957	942,000	644,000	298,000	25,067	14,305	10,762	26.6	22.2	36.1	11,464	8,259	3,205	12.2	12.8	10.8
1956	943,000	655,000	288,000	23,782	14,032	9,750	25.2	21.4	33.9	11,131	8,121	3,010	11.8	12.4	10.5
1955	944,000	667,000	277,000	23,201	14,366	8,925	24.7	21.2	32.2	10,781	7,967	2,814	11.4	11.8	10.2
1954	946,000	678,000	268,000	23,523	14,949	8,574	24.9	22.0	32.0	10,242	7,506	2,736	10.8	11.1	10.2
1953	947,000	689,000	258,000	22,748	14,628	8,120	24.0	21.2	31.5	10,762	8,044	2,718	11.4	11.7	10.5
1952	948,000	700,000	248,000	22,775	14,989	7,786	24.0	21.4	31.4	11,237	8,280	2,957	11.9	11.8	11.9
1951	949,000	712,000	237,000	22,630	14,938	7,692	23.8	21.0	32.5	10,885	7,996	2,889	11.5	11.2	12.2
1950	950,000	723,000	227,000	21,382	14,168	7,214	22.5	19.6	31.8	10,624	7,835	2,789	11.2	10.8	12.3

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

TABLE NO. 2

RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR BALTIMORE—1950-1960

YEAR	NUMBER			RATE		
	Total	White	Colored	Total	White	Colored
1960	9,390	5,906	3,484	10.0	9.7	10.3
1959	9,595	6,047	3,548	10.2	9.7	11.1
1958	9,333	6,047	3,286	9.9	9.6	10.7
1957	10,635	7,075	3,560	11.3	11.0	11.9
1956	11,285	7,590	3,695	12.0	11.6	12.8
1955	10,833	7,504	3,329	11.5	11.3	12.0
1954	10,707	7,553	3,154	11.3	11.1	11.8
1953	11,824	8,259	3,565	12.5	12.0	13.8
1952	12,206	8,636	3,570	12.9	12.3	14.4
1951	12,851	9,108	3,743	13.5	12.8	15.8
1950	13,075	9,618	3,457	13.8	13.3	15.2

TABLE NO. 3

RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1960

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	38,410	26,338	12,072	646	379	267	23,262	11,998	11,264	428	187	241
Hospital	37,923	26,220	11,703	617	369	248	22,795	11,895	10,900	401	177	224
Baltimore City Hospitals	4,787	468	4,319	71	8	63	4,715	419	4,296	67	6	61
Bon Secours Hospital	2,153	2,147	6	29	29	..	946	942	4	13	13	..
Church Home and Hospital	989	973	16	14	14	..	386	372	14	6	6	..
Franklin Square Hospital	1,419	574	845	26	10	16	1,190	374	816	24	8	16
Hospital for Women of Maryland	3,046	3,034	12	35	35	..	1,401	1,391	10	17	17	..
Johns Hopkins Hospital	3,143	1,654	1,489	79	22	57	1,919	723	1,196	52	8	44
Lutheran Hospital of Maryland	2,280	1,798	482	40	26	14	1,164	719	445	26	12	14
Maryland General Hospital	2,460	2,442	18	45	44	1	986	976	10	20	19	1
Mercy Hospital	2,484	2,476	8	38	37	1	1,261	1,256	5	25	24	1
North Charles General Hospital	857	847	10	10	10	..	395	388	7	3	3	..
Provident Hospital	2,068	..	2,068	47	..	47	1,811	..	1,811	44	..	44
St. Agnes Hospital	1,915	1,911	4	33	33	..	485	483	2	7	7	..
St. Joseph's Hospital	1,366	1,351	15	38	34	4	694	681	13	22	18	4
Sinai Hospital	3,294	2,861	433	43	36	7	1,687	1,294	393	24	17	7
South Baltimore General	752	744	8	10	10	..	438	431	7	6	6	..
Union Memorial Hospital	1,892	1,878	14	13	13	..	860	850	10	6	6	..
University Hospital	3,018	1,062	1,956	46	8	38	2,154	426	1,728	36	5	31
Out of city hospitals	..	..	..	..	..	..	303	170	133	3	2	1
Home	487	118	369	29	10	19	467	103	364	27	10	17
Physician	345	90	255	25	8	17	343	87	256	23	8	15
Midwife	73	8	65	3	2	1	74	8	66	3	2	1
Other	69	20	49	1	..	1	50	8	42	1	..	1

TABLE NO. 4

MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1950-1960

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												
1960	12	1	11	428	187	241	757	292	465	555	227	328
1959	8	2	6	441	192	249	847	315	532	607	231	376
1958	15	3	12	444	179	265	861	366	495	656	275	381
1957	15	11	4	408	179	229	868	355	513	661	275	386
1956	10	4	6	406	215	191	714	334	380	516	251	265
1955	12	3	9	354	195	159	723	340	383	525	246	279
1954	13	2	11	408	214	194	751	357	364	548	302	246
1953	7	1	6	391	222	161†	687	385	302	513	306	207
1952	12	2	10	435	240	193†	635	314	321	446	239	207
1951	10	5	5	456	249	207	674	373	301	497	291	206
1950	18	8	10	460	270	190	581	307	274	425	240	185
Death Rates**												
1960	5.2	0.8	9.8	18.4	15.6	21.4	32.5	24.3	41.3	23.9	18.9	29.1
1959	3.3	1.6	5.3	18.5	15.3	22.0	35.4	25.0	47.0	25.4	18.4	33.2
1958	6.1	2.2	10.8	18.1	13.4	23.9	35.2	27.4	44.7	26.8	20.6	34.4
1957	6.0	7.7	3.7	16.3	12.5	21.3	34.6	24.8	47.7	26.4	19.2	35.9
1956	4.2	2.9	6.2	17.1	15.3	19.6	30.0	23.8	39.0	21.7	17.9	27.2
1955	5.2	2.1	10.1	15.2	13.6	17.8	31.0	23.7	42.9	22.5	17.1	31.3
1954	5.5	1.3	12.8	17.3	14.3	22.6	31.9	25.9	42.5	23.3	20.2	28.7
1953	3.1	0.7	7.4	17.2	15.2	19.8	30.2	26.3	37.2	22.5	20.9	25.5
1952	5.3	1.3	12.8	19.1	16.0	24.8	27.9	20.9	41.2	19.6	15.9	26.6
1951	4.4	3.3	6.5	20.1	16.7	26.9	29.8	25.0	39.1	22.0	19.5	26.8
1950	8.4	5.6	13.9	21.5	19.0	26.3	27.2	21.7	38.0	19.9	16.9	25.6

* Includes deaths among fetuses of 20 or more weeks gestation.
† Totals include deaths where color is unknown which accounts for apparent discrepancy.
** Maternal mortality rates are per 10,000 live births; fetal and infant death rates are per 1,000 live births. See 1957 Annual Report page 310 for years 1936-1949.

TABLE NO. 5

RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1960

Age	Grand Total	Entire Year						Jan.		Feb.		Mar.		Apr.		May		June		July		Aug.		Sept.		Oct.		Nov.		Dec.	
		White			Colored																										
		Total	Male	Female	Total	Male	Female	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
Total all ages	11,483	8,020	4,381	3,639	3,463	1,927	1,536	795	350	827	362	714	299	671	266	605	300	619	239	593	244	597	272	571	270	667	279	640	270	721	312
Under 28 days	555	227	127	100	328	172	156	15	27	23	20	23	26	13	22	20	35	22	29	16	38	13	22	22	29	25	29	11	30	24	21
28 days to 2 months	97	34	20	14	63	36	27	3	7	4	10	8	3	3	3	3	4	..	3	1	4	2	3	2	5	4	8	..	8	4	5
3 to 11 months	105	31	16	15	74	43	31	5	9	3	6	2	6	3	8	1	9	3	2	4	3	1	3	4	7	3	5	..	9	2	7
Total under 1 year	757	292	163	129	465	251	214	23	43	30	36	33	35	19	33	24	48	25	34	21	45	16	28	28	41	32	42	11	47	30	33
1 year	42	16	8	8	26	15	11	2	2	1	2	1	4	..	4	1	2	1	..	1	1	..	3	3	1	1	1	2	3	3	3
Total under 2 years	799	308	171	137	491	266	225	25	45	31	38	34	39	19	37	25	50	26	34	22	46	16	31	31	42	33	43	13	50	33	36
2 to 4 years	66	23	14	9	43	25	18	1	3	..	4	2	1	1	1	5	6	2	4	3	5	1	5	1	6	2	2	1	4	4	2
Total under 5 years	865	331	185	146	534	291	243	26	48	31	42	36	40	20	38	30	56	28	38	25	51	17	36	32	48	35	45	14	54	37	38
5 to 9 years	53	35	18	17	18	7	11	2	..	4	1	2	3	5	..	1	3	3	3	4	1	3	5	2	..	3	1	3	..	3	1
10 to 14 years	39	27	15	12	12	9	3	3	..	..	..	1	..	3	2	1	2	4	..	3	1	2	1	3	..	4	5	..	1	3	..
15 to 19 years	43	19	14	5	24	14	10	2	2	1	1	..	..	2	4	..	1	2	4	2	3	2	5	1	..	4	..	2	2	1	2
20 to 24 years	58	22	18	4	36	26	10	..	4	..	3	4	2	2	5	4	3	..	2	3	2	3	4	..	3	1	3	3	4	2	1
25 to 29 years	111	48	26	22	63	36	27	2	7	4	2	7	5	2	9	4	1	5	3	8	10	3	4	4	6	4	4	2	5	3	7
30 to 34 years	169	69	40	29	100	39	61	5	5	9	11	3	7	4	8	10	10	6	5	6	5	8	11	2	9	4	5	6	4	6	20
35 to 39 years	252	123	76	47	129	67	62	15	9	8	14	10	10	15	8	9	5	3	12	8	13	10	14	7	9	10	13	18	5	10	17
40 to 44 years	381	181	111	70	200	113	87	27	22	20	23	11	23	6	15	10	16	13	12	14	15	16	13	18	14	17	13	21	22	8	12
45 to 49 years	567	305	203	102	262	146	116	23	32	34	26	27	23	25	23	30	30	25	17	27	13	17	18	19	16	19	19	30	24	29	21
50 to 54 years	735	447	303	144	288	177	111	39	30	40	30	45	18	41	27	28	24	45	29	23	20	38	23	27	21	38	29	37	15	46	22
55 to 59 years	969	629	438	191	340	195	145	65	43	66	41	50	40	61	27	50	29	60	23	38	18	47	16	50	24	41	25	48	29	53	25
60 to 64 years	1,273	863	560	303	410	244	166	90	33	68	57	62	38	79	29	71	34	63	27	63	25	68	34	58	25	69	40	83	28	89	40
65 to 69 years	1,478	1,111	674	437	367	221	146	111	36	136	38	86	39	96	28	99	26	81	28	85	20	90	39	82	28	85	27	89	27	71	31
70 to 74 years	1,437	1,169	634	535	268	142	126	124	33	111	31	122	19	92	18	82	25	88	11	83	23	78	24	93	28	92	18	84	15	120	23
75 to 79 years	1,278	1,073	512	561	205	109	96	97	18	118	22	101	17	94	12	71	19	96	16	79	15	81	10	71	18	97	14	72	21	96	23
80 to 84 years	940	839	318	521	101	49	52	86	14	94	7	82	8	72	9	65	2	46	5	61	5	61	8	56	9	79	5	60	11	77	18
85 to 89 years	557	486	167	319	71	26	45	53	9	59	8	47	6	36	4	25	8	38	4	42	3	30	4	30	7	41	9	37	1	48	8
90 to 94 years	223	199	57	142	24	12	12	21	4	22	4	14	1	13	..	12	3	13	..	18	..	18	2	14	3	19	2	24	2	17	3
95 to 99 years	43	38	11	27	5	2	3	3	..	2	..	4	..	3	..	3	2	..	..	1	1	5	..	2	1	3	1	5	..	1	..
100 years and over	11	5	..	5	6	2	4	1	1	..	1	..	..	..	..	..	1	..	..	..	..	..	1	..	1	2	1	1	..	1	..
Unknown	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..

TABLE NO. 6
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1960

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
	ALL CAUSES	T	757	200	201	64	97	66	39
		W	292	122	85	20	34	20	11
		C	465	168	116	44	63	46	28
042.1	Salmonella infection with food as vehicle of infection	C	1	..	..	1	..	..	..
057.1	Acute and unspecified meningococcemia	W	2	..	..	..	..	1	1
		C	1	..	..	..	..	..	1
180	Malignant neoplasm of kidney	C	1	..	..	..	..	..	1
195.0	Malignant neoplasm of suprarenal gland	C	1	..	..	..	1	..	..
204.1	Myeloid leukemia	W	1	..	..	..	1	..	..
325.4	Mongolism	W	1	..	..	1	..	..	..
	Meningitis (except meningococcal and tuberculosis)								
340.1	Pneumococcus	C	1	..	..	..	1	..	..
340.3	With no organism specified as cause	C	1	..	..	1	..	..	..
344.2	Cerebral fungus following abscess of brain	C	2	..	..	..	..	1	1
345	Multiple sclerosis	C	1	..	..	..	..	..	1
355	Other diseases of brain	C	1	..	..	..	..	..	1
379	Other inflammatory diseases of eye	W	1	..	..	..	1	..	..
	Otitis media without mention of mastoiditis								
391.0	Acute	W	1	..	..	..	1	..	..
391.2	Unspecified	W	2	..	..	..	2	..	..
		C	8	..	..	..	1	7	..
434.4	Unspecified disease of heart	C	1	..	..	..	..	1	..
475	Acute upper respiratory infection of multiple or unspecified sites	C	1	..	..	..	..	1	..
	Pneumonia (except of newborn, code 763)								
490	Lobar	W	1	..	..	..	..	1	..
		C	2	..	..	..	2	..	..
491	Broncho	W	7	..	..	..	2	3	2
		C	16	..	..	..	9	5	2
492	Primary, atypical	W	5	..	..	..	1	2	2
		C	7	..	..	..	3	3	1
493	Other and unspecified	W	4	..	..	..	2	1	1
		C	13	..	..	..	7	5	1
	Bronchitis								
500	Acute	W	1	..	..	..	..	1	..
		C	1	..	..	..	1	..	..
502.1	Other chronic	C	1	..	..	..	..	..	1
517	Other diseases of upper respiratory tract	W	1	..	..	..	..	1	..
525	Other chronic interstitial pneumonia	W	13	..	..	..	9	3	1
		C	31	..	..	..	14	13	4
527.2	Other diseases of lung and pleural cavity	C	1	1	..	..	..	..	..

TABLE NO. 6—Continued
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1960

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
	Hernia of abdominal cavity without mention of obstruction								
560.2	Umbilical	C	1	..	..	..	1	..	..
560.4	Site other than inguinal, femoral, umbilical or ventral	W	3	3	..	..	..	..	..
		C	1	1	..	..	..	..	..
	Hernia of abdominal cavity with obstruction								
561.0	Inguinal	C	2	..	..	1	1	..	..
	Intestinal obstruction without mention of hernia								
570.0	Intussusception	W	1	..	..	..	1	..	..
571.0	Gastro-enteritis and colitis, except ulcerative, age 4 weeks and over	W	1	..	..	..	..	1	..
		C	6	..	..	..	2	1	3
	Chronic enteritis and ulcerative colitis other than regional enteritis, diverticulitis or								
572.3	ulcerative colitis	C	1	..	..	..	..	1	..
	Other cellulitis and abscess without mention of lymphangitis								
692.0	Of head and neck	W	1	..	..	..	1	..	..
750	Monstrosity	W	4	3	..	1	..	..	..
		C	1	1	..	..	..	..	..
751	Spina bifida and meningocele	W	2	..	..	..	1	1	..
752	Congenital hydrocephalus	W	2	1	..	..	..	1	..
		C	5	1	..	..	2	1	1
	Congenital malformations of circulatory system								
754.1	Patent ductus arteriosus	W	7	2	2	1	1	..	1
		C	2	1	..	1	..	..	..
754.2	Interventricular septal defect	W	2	..	1	..	..	1	..
		C	1	..	..	..	1	..	..
745.5	Other and unspecified malformations of heart	W	16	1	9	2	1	2	1
		C	11	1	1	..	5	3	1
	Congenital malformations of digestive system								
756.0	Congenital hypertrophic pyloric stenosis	W	1	..	..	..	..	..	1
756.1	Imperforate anus	C	3	..	..	3	..	..	..
756.2	Other	W	3	..	1	..	2	..	..
		C	5	..	2	2	..	1	..
	Congenital malformations of genito-urinary system								
757.1	Polycystic disease of kidney	W	1	1	..	..	..	..	..
757.3	Other than malformation of kidney or external genital organs	W	2	..	2	..	..	..	..
	Congenital malformation of bone and joint								
758.6	Malformation of bone and joint not classifiable under 745–749, 758.0–758.5	W	1	..	..	..	1	..	..
759.0	Other and unspecified congenital malformations of respiratory system	W	2	2	..	..	..	..	..
		C	1	..	..	1	..	..	..
759.3	Unspecified malformations and any other than those listed under codes 750.0–759.2	W	6	1	1	1	3	..	..
		C	6	3	1	..	1	..	1
760	Intracranial and spinal injury at birth	W	13	5	5	3	..	..	..
		C	13	3	8	2	..	..	..

TABLE NO. 6—Continued
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH
ACCORDING TO AGE AT DEATH—1960

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
761	Other birth injury	W	21	18	3	..	..	..	..
		C	14	10	3	1	..	..	..
762	Postnatal asphyxia and atelectasis	W	28	18	10	..	..	..	..
		C	26	12	14	..	..	..	..
763	Pneumonia of newborn	W	13	1	8	3	1	..	..
		C	27	5	12	10	..	..	..
767	Umbilical sepsis	C	1	1	..	..	..	..	..
768	Other sepsis of newborn	W	3	..	2	1	..	..	..
		C	25	4	9	10	2	..	..
770	Hemolytic disease of newborn	W	8	4	1	3	..	..	..
		C	2	1	1	..	..	..	..
771	Hemorrhagic disease of newborn	W	3	2	..	1	..	..	..
		C	5	1	3	..	..	..	1
772	Nutritional maladjustment	C	6	..	..	1	2	2	1
773	Ill-defined diseases peculiar to early infancy	W	25	10	12	..	2	1	..
		C	35	23	11	..	1	..	..
774	Immaturity with mention of any other subsidiary condition	W	1	..	..	1	..	..	..
776	Immaturity, unqualified	W	79	49	27	2	1	..	..
		C	157	97	49	8	2	..	1
788.8	Pyrexia of unknown origin	C	1	..	..	..	..	..	1
795.0	Other ill-defined conditions	W	1	1	..	..	..	..	..
		C	1	1	..	..	..	..	..
795.4	Died without sign of disease	C	1	..	..	..	1	..	..
795.5	Other unknown and unspecified causes	C	1	..	1	..	..	..	..
902.0	Other falls from one level to another	C	1	..	..	..	..	..	1
904.9	Unspecified falls	C	1	..	..	..	..	..	1
916.0	Accident caused by fire and explosion of combustible material	C	3	..	..	..	..	1	2
918	Accident caused by radiation	C	1	..	..	1	..	..	..
921	Inhalation and ingestion of food causing obstruction or suffocation	C	1	..	..	..	1	..	..
929	Accidental drowning and submersion	W	1	..	..	..	..	..	1
936	Other and unspecified accidents	C	1	..	..	..	1	..	..
950	Therapeutic misadventure in surgical treatment	C	1	..	1	..	..	..	..
983	Assault by other means	W	1	..	1	..	..	..	..
		C	3	1	..	1	1	..	..

TABLE NO. 7
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1960

International List No.	Cause of Death	Totals					Age Groups																							
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
	All Causes	11,483	W	8,020	M	4,381	163	8	3	4	7	18	15	14	18	26	40	76	111	203	303	438	560	674	634	512	318	235	1
					F	3,639	129	8	5	2	2	17	12	5	4	22	29	47	70	102	144	191	303	437	535	561	521	493	..
			C	3,463	M	1,927	251	15	14	10	1	7	9	14	26	36	39	67	113	146	177	195	244	221	142	109	49	42	..
					F	1,536	214	11	8	2	8	11	3	10	10	27	61	62	87	116	111	145	166	146	126	96	52	64	..
	I—Infective and Parasitic Diseases																													
001–019	Tuberculosis, all forms	149	W	85	M	65	..	..	..	..	..	..	..	..	..	..	..	2	2	4	6	15	13	7	12	3	1	..	..
					F	20	..	..	..	..	..	..	..	..	..	..	3	..	2	2	3	..	2	1	3	2	2	..	..
			C	64	M	47	..	..	..	..	..	..	..	..	1	2	1	5	9	4	5	7	5	4	2	1	1	..	..
					F	17	..	..	..	..	..	..	..	..	..	2	..	3	3	2	3	2	..	..	1	1	..	..	..
001–008	Tuberculosis of the respiratory system	145	W	85	M	65	..	..	..	..	..	..	..	..	..	..	..	2	2	4	6	15	13	7	12	3	1	..	..
					F	20	..	..	..	..	..	..	..	..	..	..	3	..	2	2	3	..	2	1	3	2	2	..	..
			C	60	M	45	..	..	..	..	..	..	..	..	1	1	1	4	9	4	5	7	5	4	2	1	1	..	..
					F	15	..	..	..	..	..	..	..	..	..	2	..	3	3	2	2	2	..	..	1	..	..	..	..
010–019	Tuberculosis, all other forms	4	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	4	M	2	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..
020–029	Syphilis, all forms	28	W	5	M	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	3	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	23	M	19	..	..	..	..	..	..	..	..	..	..	..	..	1	2	4	4	4	1	1	..	..	2	..
					F	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	..	..	..	..	..	..
030–035	Gonococcal infections	1	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

041–042	Paratyphoid fever	1	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
045–048	Dysentery, all forms	2	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
053	Septicemia and pyemia	11	W	3	M	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..
			C	8	M	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	3	..	..	..	..	..	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..
057	Meningococcal infections	6	W	4	M	3	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
061	Tetanus	2	W	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
080.0 080.1	Acute poliomyelitis, paralytic cases	4	W	2	M	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
085	Measles	1	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
092	Infectious hepatitis	11	W	6	M	4	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1	..	1	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..
			C	5	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
					F	4	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..	..	..	..	..	..	..	..
036–039, 049, 054, 059, 063–074, 086–090, 093, 095–096, 120–122, 131–138	All other diseases classified as infective and parasitic	6	W	2	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
			C	4	M	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..

TABLE NO. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1960

International List No.	Cause of Death	Totals					Age Groups																							
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
	II—Neoplasms																													
140–205	Malignant neoplasms	1,871	W	1,374	M	730	..	..	..	..	1	1	1	..	2	4	8	11	21	35	54	96	116	129	122	67	49	13	..
					F	644	1	2	..	..	..	1	1	2	1	6	6	15	30	35	49	63	76	97	97	85	48	29	..
			C	497	M	280	1	1	1	..	..	..	..	2	..	3	1	7	14	31	25	45	52	37	22	27	4	7	..
					F	217	1	..	..	..	..	..	..	1	..	1	10	14	20	26	22	36	23	26	18	9	5	5	..
140–148	Malignant neoplasm of buccal cavity and pharynx	52	W	45	M	37	..	..	..	..	..	..	..	..	..	..	..	1	1	2	4	4	5	8	3	2	5	2	..
					F	8	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	..	..	..	1	2	1	..	..
			C	7	M	6	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	1	..	1	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
150	Malignant neoplasm of esophagus	39	W	25	M	22	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	9	5	4	..	1	..	1	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..
			C	14	M	13	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	2	2	4	..	1	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
151	Malignant neoplasm of stomach	129	W	79	M	46	..	..	..	..	..	..	..	..	..	..	1	2	2	..	3	6	8	5	10	4	3	2	..
					F	33	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	5	5	5	8	2	5	..
			C	50	M	32	..	..	..	..	..	..	..	..	..	..	..	1	1	3	4	5	5	3	4	4	1	1	..
					F	18	..	..	..	..	..	..	..	..	..	..	1	1	3	..	1	3	..	5	2	1	..	1	..
152–153	Malignant neoplasm of intestine, except rectum	188	W	155	M	76	..	..	..	..	..	..	..	..	..	2	..	..	2	2	3	7	13	10	15	8	13	1	..
					F	79	..	..	..	..	..	..	..	..	1	..	..	1	1	3	5	9	11	20	11	8	2	..
			C	33	M	14	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	5	2	..	4	..	..	..
					F	19	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	3	..	4	2	4	..	2	..
154	Malignant neoplasm of rectum	60	W	43	M	18	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	4	2	2	4	2	1	..	..
					F	25	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	3	2	2	3	2	3	5	..
			C	17	M	9	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	1	2	..	1	1	..	..	..
					F	8	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	1	1	1	1	..	..	..	..

161	Malignant neoplasm of larynx	21	W	20	M	20	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	2	1	3	6	2	1	1	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
162–163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	302	W	225	M	198	..	..	..	..	..	..	..	..	..	..	3	1	4	9	16	38	42	37	31	14	3	..	..
					F	27	..	..	..	..	..	..	..	..	..	..	..	..	2	3	2	3	4	6	5	..	1	1	..
			C	77	M	69	..	..	..	..	..	..	..	..	..	..	..	1	2	8	7	15	18	10	4	2	1	1	..
					F	8	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2	..	1	3	..	..	..	..	..
170	Malignant neoplasm of breast	165	W	129	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	129	..	..	..	..	..	..	..	..	..	1	2	2	11	10	11	13	14	18	16	17	9	5	..
			C	36	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	36	..	..	..	..	..	..	..	..	..	..	4	3	4	4	3	4	5	3	3	3	..	..	..
171	Malignant neoplasm of cervix uteri	69	W	36	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	36	..	..	..	..	..	..	..	..	..	4	1	3	2	4	5	5	2	4	1	3	2	..	..
			C	33	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	33	..	..	..	..	..	..	..	..	..	..	2	5	2	6	8	6	1	2	1	..	..	..	..
172–174	Malignant neoplasm of other and unspecified parts of uterus, including chorionepithelioma	40	W	29	M	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	28	..	1	..	..	..	..	..	..	..	..	..	..	1	..	1	1	5	9	4	4	1	1	..
			C	11	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	11	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	2	3	1	..	..	1	..	..
177	Malignant neoplasm of prostate	88	W	49	M	49	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	3	12	6	13	9	1	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	39	M	39	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	5	10	5	10	2	3	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
190–191	Malignant neoplasm of skin	20	W	17	M	14	..	..	..	..	..	..	1	..	..	..	2	..	1	3	1	1	..	3	2	..	..	..	..
					F	3	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..
			C	3	M	2	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
196–197	Malignant neoplasm of bone and connective tissue	24	W	15	M	8	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	3	1	..	..	1	1	..
					F	7	..	1	..	..	..	..	1	..	..	..	..	..	..	1	1	1	..	..	1	..	1	..	..
			C	9	W	8	..	..	..	..	..	..	..	1	..	2	1	..	1	..	..	..	1	1	..	1	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
155–160, 164, 165, 175, 176, 178–181, 192–195, 198–199	Malignant neoplasm of all other and unspecified sites	534	W	395	M	179	..	..	..	..	1	..	..	..	..	..	1	5	4	14	16	18	25	31	34	18	9	3	..
					F	216	..	..	..	..	..	..	..	..	..	..	1	6	11	6	16	19	29	28	45	27	20	8	..
			C	139	M	74	1	1	..	..	..	..	..	1	..	..	..	1	5	12	7	17	12	5	6	4	..	2	..
					F	65	1	..	..	..	..	..	..	..	..	1	2	2	7	7	6	11	11	7	6	..	3	1	..

TABLE NO. 7—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1960

International List No.	Cause of Death	Totals					Age Groups																								
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
II—Neoplasms																															
204	Leukemia and aleukemia	64	W	54	M	28	..	..	..	..	..	1	..	..	..	..	..	..	4	2	1	..	4	8	4	2	2	..	..
					F	26	1	..	..	..	..	1	..	1	..	..	1	1	1	2	2	3	2	..	5	5	..	1	..
			C	10	M	5	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	1	..	..	..	..
					F	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	1	..	..	..	1	..
200–203, 205	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system	76	W	58	M	34	..	..	..	..	..	..	..	..	1	2	1	2	2	1	2	2	5	5	7	1	2	1	..
					F	24	..	..	..	..	..	..	..	..	..	1	1	1	..	1	2	4	2	3	3	5	..	1	..
			C	18	M	8	..	..	..	..	..	..	..	..	..	..	..	1	3	2	..	1	..	1	..	..	..	..	..
					F	10	..	..	..	..	..	..	..	1	..	..	..	1	1	..	..	2	1	..	2	1	1	..	..
210–239	Benign neoplasms and neoplasms of unspecified nature	61	W	37	M	15	..	..	..	..	..	1	1	1	..	..	..	1	1	1	..	1	2	4	1	1	..	..	..
					F	22	..	..	..	..	..	..	..	..	..	..	1	..	5	2	4	1	1	3	1	4	..	..	..
			C	24	M	7	..	1	..	..	..	..	..	1	..	..	..	..	..	2	..	..	2	1	..	..	..	..	..
					F	17	..	..	..	..	..	2	..	..	..	1	2	1	1	3	2	1	2	..	..	..	..	2	..
III and IV—Allergic Disorders: All Other Endocrine, Metabolic and Blood Diseases																															
250–251	Non-toxic goiter	1	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
252	Thyrotoxicosis with or without goiter	3	W	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..

260	Diabetes mellitus	245	W	132	M	70	..	..	..	..	..	..	1	..	..	..	1	1	1	1	1	9	11	16	11	8	2	7	..
					F	112	..	..	..	..	..	..	..	..	..	3	..	1	..	1	2	5	16	27	28	16	9	4	..
			C	63	M	21	..	..	..	..	..	..	..	1	..	..	..	..	4	5	3	3	3	2	..	..	..	..	..
					F	42	..	..	..	..	..	..	..	1	..	..	1	1	..	5	7	6	5	8	3	5	..	..	..
280–286	Avitaminosis and other deficiency states	4	W	3	M	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
290–293	Anemia	16	W	10	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
					F	9	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	2	1	1	1	..
			C	6	M	2	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	4	..	..	..	..	..	..	..	..	..	..	1	..	2	1	..	..	..	..	..	..	..	..	..
240–245, 253–254, 270–277, 287–289, 294–299	All other allergic, endocrine, metabolic and blood diseases	86	W	48	M	29	..	..	..	..	..	..	..	..	..	..	..	..	1	1	4	4	7	5	3	2	2	..	..
					F	19	..	..	..	..	..	1	..	..	..	..	1	2	..	2	3	1	1	2	1	2	2	1	..
			C	38	M	18	..	..	..	..	..	..	..	..	1	2	..	3	2	1	3	2	3	..	..	1	..	..	..
					F	20	..	..	..	..	..	..	1	..	..	1	2	2	4	4	1	1	1	2	..	..	..	1	..

V—MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS

300–309	Psychoses	7	W	2	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..
			C	5	M	4	..	..	..	..	..	..	..	..	1	1	..	..	1	..	..	..	..	..	1	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
310–324, 326	Psychoneuroses and disorders of personality	33	W	18	M	12	..	..	..	..	..	..	..	..	..	..	1	3	1	1	2	2	1	..	1	..	..	..	..
					F	6	..	..	..	..	..	..	..	..	..	..	..	1	2	1	..	2	..	..	..	..	..	..	..
			C	15	M	10	..	..	..	..	..	..	..	..	..	..	1	..	..	3	2	1	1	2	..	..	..	..	..
					F	5	..	..	..	..	..	..	..	..	..	..	2	1	2	..	..	..	..	..	..	..	..	..	..
325	Mental deficiency	2	W	2	M	2	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

330–334	Vascular lesions affecting central nervous system	909	W	616	M	289	..	..	..	..	..	..	..	..	1	3	..	1	6	10	12	25	28	41	42	64	38	18	..
					F	327	..	..	..	..	..	..	..	1	1	1	1	3	4	10	11	17	29	27	51	53	54	64	..
			C	293	M	135	..	..	..	..	..	..	..	..	..	..	5	6	4	10	14	13	18	27	20	11	6	1	..
					F	158	..	..	..	..	..	..	..	1	..	1	2	7	11	13	12	20	21	25	18	11	7	9	..

TABLE NO. 7—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1960

International List No.	Cause of Death	Totals					Age Groups																							
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
VI—Diseases of the Nervous System and Sense Organs																														
340	Nonmeningococcal meningitis	21	W	5	M	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..
					F	3	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
			C	16	M	10	2	..	3	..	..	..	..	..	..	..	1	..	1	..	1	..	..	1	..	..	..	1	..
					F	6	..	..	..	..	..	1	..	..	..	..	..	..	..	2	1	..	..	2	..	..	..	..	..
345	Multiple sclerosis	11	W	9	M	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1	1	..	..	..	..
					F	5	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	3	..	..	..	..	..	..
			C	2	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
353	Epilepsy	19	W	7	M	3	..	..	..	..	..	..	..	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..
					F	4	..	..	..	..	..	..	..	..	..	2	..	..	1	..	1	..	..	..	..	..	..	..	..
			C	12	M	9	..	..	..	..	..	..	..	..	3	..	1	..	1	3	..	..	1	..	..	..	..	..	..
					F	3	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..
370–379	Inflammatory diseases of eye	1	W	1	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
391–393	Otitis media and mastoiditis	12	W	4	M	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	8	M	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
341–344, 350–352, 354–369, 380–384, 386 388–390, 394–398	All other diseases of the nervous system and sense organs	51	W	40	M	21	..	..	..	..	..	1	..	..	1	..	..	..	..	..	1	3	3	5	4	2	1	..	..
					F	19	..	1	..	1	..	..	1	..	..	..	..	..	..	1	1	..	3	5	3	2	1	..	..
			C	11	M	6	3	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	1	..	..
					F	5	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	1	..

VII—DISEASES OF THE CIRCULATORY SYSTEM

400–402	Rheumatic fever	3	W	2	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
410–443	Heart diseases, total	4,786	W	3,725	M	2,018	..	..	..	..	..	..	..	..	..	2	9	23	39	91	140	206	277	336	320	274	161	139	1
					F	1,707	..	..	..	..	..	..	..	..	..	4	4	9	9	18	42	66	119	209	291	320	311	305	..
			C	1,061	M	557	1	1	..	..	..	..	..	..	1	1	4	14	27	34	56	73	94	87	65	50	28	21	..
					F	504	..	1	..	..	..	..	..	..	1	2	11	8	15	36	39	54	82	61	72	50	33	39	..
410–416	Chronic rheumatic heart disease	103	W	79	M	34	..	..	..	..	..	..	..	..	..	..	1	..	1	10	8	2	8	1	1	2	..	..	..
					F	45	..	..	..	..	..	..	..	..	..	1	2	5	3	5	3	2	3	9	8	1	1	2	..
			C	24	M	14	..	..	..	..	..	..	..	..	1	..	..	3	3	2	..	1	2	..	2	..	..	..	..
					F	10	..	..	..	..	..	..	..	..	..	1	1	..	2	2	..	1	..	1	1	1	..	..	..
420–422	Arteriosclerotic and degenerative heart disease	3,639	W	3,039	M	1,714	..	..	..	..	..	..	..	..	..	2	8	23	34	74	116	175	231	291	267	229	142	121	1
					F	1,325	..	..	..	..	..	..	..	..	..	..	1	2	4	8	34	50	99	154	222	254	245	252	..
			C	600	M	332	..	..	..	..	..	..	..	..	..	1	2	8	12	16	24	35	64	52	41	42	22	13	..
					F	268	..	1	..	..	..	..	..	..	..	1	3	4	6	11	20	20	42	35	42	35	22	26	..
430–434	Other diseases of the heart	121	W	89	M	53	..	..	..	..	..	..	..	..	..	..	..	..	2	1	4	2	9	9	17	6	3	..	..
					F	36	..	..	..	..	..	..	..	..	..	..	1	..	2	..	2	3	2	4	4	9	4	5	..
			C	32	M	13	1	1	..	..	..	..	..	..	..	..	1	..	..	..	5	3	2	..	..	..	..	..	..
					F	19	..	..	..	..	..	..	..	..	..	..	4	..	1	3	2	1	1	1	3	2	..	1	..
440–443	Hypertension with heart disease	923	W	518	M	217	..	..	..	..	..	..	..	..	..	..	..	..	2	6	12	27	29	35	35	37	16	18	..
					F	301	..	..	..	..	..	..	..	..	..	3	..	2	..	5	3	11	15	42	57	56	61	46	..
				405	M	198	..	..	..	..	..	..	..	..	..	..	1	3	12	16	27	34	26	35	22	8	6	8	..
					F	207	..	..	..	..	..	..	..	..	1	..	3	4	6	20	17	32	39	24	26	12	11	12	..
444–447	Hypertension without mention of heart	50	W	25	M	14	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	1	4	1	2	2	..
					F	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	1	..	5	1	..
			C	25	M	14	..	..	..	..	..	..	..	..	..	..	1	2	2	2	..	2	2	1	1	1	..	..	..
					F	11	..	..	..	..	..	..	..	..	..	..	1	4	..	1	3	2	..	..	..	..	..	..	..
450	Arteriosclerosis	184	W	141	M	52	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	7	7	10	10	14	..
					F	89	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	6	5	12	30	35	..
			C	43	M	24	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	6	3	1	4	4	3	..
					F	19	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	4	6	4	1	..
451–456	Other diseases of the arteries	108	W	82	M	62	..	..	..	..	..	..	..	..	..	..	..	2	1	2	5	7	8	10	11	9	5	2	..
					F	20	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1	2	3	2	4	3	3	..
			C	26	M	11	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	2	1	1	1	..	..	..	..
					F	15	..	..	..	..	..	..	..	..	..	..	1	2	..	1	1	4	3	..	2	1	..	..	..

TABLE NO. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1960

International List No.	Cause of Death	Totals					Age Groups																							
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over	Age Not Specified
VII—Diseases of the Circulatory System																														
460-468	Other diseases of the circulatory system	76	W	47	M	16	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	3	3	2	1	1	3	..	..
					F	31	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	1	5	5	8	3	2	4	..
			C	29	M	18	..	..	..	..	..	..	..	..	1	1	1	2	2	..	2	4	2	2	1	..	..	..	..
					F	11	..	..	..	..	..	..	..	..	1	..	..	1	..	..	2	1	3	1	2	..	..	..	..
VIII—Diseases of the Respiratory System																														
470-475	Acute upper respiratory infections	2	W	1	M	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
480-483	Influenza	14	W	11	M	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	2	1	..
					F	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	3	..	1	..
			C	3	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..
490-493	Pneumonia, all forms	452	W	252	M	162	9	3	..	..	..	..	1	..	1	..	..	7	4	8	13	12	16	21	18	21	11	17	..
					F	90	8	1	..	..	..	2	..	..	..	1	2	1	2	2	5	2	5	7	11	12	14	15	..
			C	200	M	126	19	2	3	2	..	1	..	2	1	1	2	8	9	11	11	9	15	16	7	2	1	4	..
					F	74	19	3	..	..	..	1	..	..	..	7	4	..	4	5	4	4	8	5	2	5	1	2	..
490	Lobar pneumonia	113	W	66	M	51	..	1	..	..	..	..	..	..	..	..	..	4	3	4	4	8	7	5	3	5	2	5	..
					F	15	1	..	..	..	..	..	..	..	..	1	..	..	..	..	2	1	1	2	1	2	3	1	..
			C	47	M	35	1	..	1	..	..	..	..	..	..	1	1	6	4	4	2	2	7	3	1	1	1	..	..
					F	12	1	..	..	..	..	..	..	..	..	1	..	..	2	2	2	1	1	..	..	2	..	..	..	..

491	Bronchopneumonia	226	W	126	M	78	5	2	..	..	..	..	1	..	1	..	..	3	1	3	7	2	7	13	9	9	6	9	..
					F	48	2	1	..	..	..	1	..	..	..	..	2	1	1	2	2	1	4	4	6	6	7	8	..
			C	100	M	55	6	2	1	2	..	..	..	1	1	..	..	2	5	5	5	6	3	8	5	1	..	2	..
					F	45	10	2	..	..	..	1	..	..	..	5	2	..	2	3	1	2	6	3	2	3	1	2	..
492–493	Primary atypical, other and unspecified pneumonia	113	W	60	M	33	4	..	..	..	..	..	..	..	..	..	..	..	..	1	2	2	2	3	6	7	3	3	..
					F	27	5	..	..	..	..	1	..	..	..	..	..	..	1	..	1	..	..	1	4	4	4	6	..
			C	53	M	36	12	..	1	..	..	1	..	1	..	..	1	..	..	2	4	1	5	5	1	..	..	2	..
					F	17	8	1	..	..	..	..	..	..	..	1	2	..	..	..	1	1	1	2	..	..	..	..	..
500	Acute bronchitis	9	W	6	M	4	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
			C	3	M	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
501–502	Chronic bronchitis	19	W	12	M	10	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	1	3	..	1	2	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..
			C	7	M	5	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..
					F	2	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
510	Hypertrophy of tonsils and adenoids	1	W	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
518, 521	Empyema and abscess of lung	12	W	4	M	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
			C	8	M	8	..	1	..	..	..	..	..	..	..	..	1	..	..	..	4	1	..	1	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
519	Pleurisy	1	W	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
511–517, 520, 522–527	All other respiratory diseases	173	W	114	M	82	6	1	..	1	..	..	1	..	..	..	1	..	2	2	4	11	13	14	16	7	2	1	..
					F	32	8	..	..	..	..	1	..	..	..	..	..	..	..	1	..	4	3	3	2	3	4	3	..
			C	59	M	42	21	1	..	..	..	..	..	..	..	..	..	..	1	2	5	3	5	1	1	1	1	..	..
					F	17	11	..	1	..	..	..	..	..	..	..	1	..	..	1	..	1	1	1	..	..	..	..	..

IX—DISEASES OF THE DIGESTIVE SYSTEM

540	Ulcer of stomach	40	W	30	M	20	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1	4	1	5	1	6	..	..	..
					F	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	1	3	1	..	..	..
			C	10	M	9	..	..	..	..	..	..	..	..	..	..	1	..	3	1	1	1	1	..	..	1	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..

TABLE NO. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1960

International List No.	Cause of Death	Totals: Grand Total	Totals: By Color	Totals: By Sex	Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over	Age Not Specified
	IX—Diseases of the Digestive System																										
541	Ulcer of duodenum	26	W 25	M 18	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	..	4	3	1	1	4	1	..
				F 7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	2	..	1	..	..	..	..
			C 1	M 1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
				F ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
543	Gastritis and duodenitis	1	W 1	M ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
				F 1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
			C ..	M ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
				F ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
550-553	Appendicjtis	14	W 5	M 3	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	1	..	..	..
				F 2	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
			C 9	M 6	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	2	1	1	..	..	..	..	..
				F 3	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..
560, 561 570	Intestinal obstruction and hernia	69	W 48	M 21	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	3	3	2	6	..	2	2	..
				F 27	3	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	3	3	5	5	3	..
			C 21	M 15	2	..	..	..	..	..	..	..	..	1	..	2	1	1	..	3	..	3	1	1	..	..	..
				F 6	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	2	..	..
571, 572	Gastro-enteritis and colitis, except diarrhea of the newborn	26	W 12	M 7	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	1	1	2	..	..
				F 5	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1	..	..
			C 14	M 9	4	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	3	..	..	..	..
				F 5	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..
581	Cirrhosis of the liver	184	W 132	M 93	..	..	..	..	..	..	..	..	1	..	2	6	12	16	12	10	20	5	6	1	2	..
				F 39	..	..	..	..	..	..	..	..	..	3	4	2	6	3	6	8	3	..	2	1	1	..
			C 52	M 30	..	..	..	..	..	..	..	1	3	1	1	4	5	4	5	2	2	2	..	..	..	..
				F 22	..	..	..	..	..	..	1	..	2	3	6	1	2	4	1	2	..	..	..	..	..	..	..
584, 585	Cholelithiasis and cholecystitis	20	W 17	M 5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	3	..	1	..
				F 12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	3	1	2	..
			C 3	M 1	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..
				F 2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..

536-539, 542, 544, 545 573-580, 582, 583, 586, 587	Other diseases of the digestive system	79	W	61	M	33	..	..	..	..	..	..	2	..	..	..	1	4	2	3	3	2	8	4	3	..	1	..	..
					F	28	..	..	1	..	..	..	..	..	..	..	..	1	3	2	1	3	3	5	1	1	5	2	..
			C	18	M	11	..	..	..	..	..	..	..	..	..	..	1	..	..	4	..	1	1	1	1	..	2	..	..
					F	7	..	..	..	..	..	..	..	..	..	..	..	..	3	1	1	..	1	1	..	..	..	..	..
	X—DISEASES OF THE GENITO-URINARY SYSTEM																												
590-594	Nephritis, total	82	W	44	M	22	..	..	..	..	..	..	1	..	..	..	2	2	1	1	2	..	2	4	5	1	..	1	..
					F	22	..	..	..	..	..	..	..	..	..	..	1	1	..	3	1	2	3	3	2	1	2	3	..
			C	38	M	24	..	..	..	..	..	..	..	1	..	..	..	1	4	3	5	2	2	4	2	..	..	..	..
					F	14	..	..	..	..	..	..	..	..	..	..	5	1	2	2	1	1	1	1	..	..	..	..	..
590-591	Acute nephritis	3	W	3	M	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
592-594	Chronic, other and unspecified nephritis	79	W	41	M	20	..	..	..	..	..	..	1	..	..	..	2	2	1	1	2	..	2	3	4	1	..	1	..
					F	21	..	..	..	..	..	..	..	..	..	..	..	1	..	3	1	2	3	3	2	1	2	3	..
			C	38	M	24	..	..	..	..	..	..	..	1	..	..	..	1	4	3	5	2	2	4	2	..	..	..	..
					F	14	..	..	..	..	..	..	..	..	..	..	5	1	2	2	1	1	1	1	..	..	..	..	..
600	Infections of kidney	74	W	39	M	20	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	2	3	6	2	3	..	..	..
					F	19	..	..	..	..	..	..	..	..	..	1	..	1	..	2	2	1	1	4	2	4	..	1	..
			C	35	M	12	..	..	..	..	..	..	..	..	1	..	..	..	..	..	3	1	1	3	1	1	..	1	..
					F	23	..	..	..	..	..	..	..	..	..	1	2	1	3	6	1	1	3	1	2	1	1	..	..
602, 604	Calculi of urinary system	12	W	9	M	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..
					F	7	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1	2	..	1	1	..	..	..
			C	3	M	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
610	Hyperplasia of prostate	23	W	18	M	18	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	2	4	5	3	2	..
			C	5	M	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	2	..	..	..
601, 603, 605-609, 611-617, 622-637	Other diseases of genito-urinary system	25	W	10	M	7	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	3	..	2	..	1	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..
			C	15	M	13	..	..	..	..	..	..	..	..	..	..	..	2	..	2	3	..	3	1	..	1	1	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..

TABLE NO. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1960

International List No.	Cause of Death	Totals: Grand Total	Totals: By Color		Totals: By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
	XI—Deliveries and Complications of Pregnancy, and the Puerperium																												
640–641 681–682, 684	Sepsis of pregnancy	3	W	..	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	3	F	3	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..
642, 652 685–686	Puerperal toxemia	1	W	..	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	F	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
643–644, 670–672	Hemorrhage of pregnancy	1	W	..	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	F	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
651	Abortion with sepsis	1	W	..	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	F	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
645–649, 673–680, 683, 687–689	Other complications of pregnancy, childbirth and the puerperium	6	W	1	F	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
			C	5	F	5	..	..	..	..	..	..	..	..	2	1	1	1	..	..	..	..	..	..	..	..	..	..	..
	XII and XIII—Diseases of the Skin and Musculoskeletal System																												
690–698	Infections of skin and subcutaneous tissue	4	W	4	M	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
720–725	Arthritis and spondylitis	2	W	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..

730	Osteomyelitis and periostitis	2	W	2	M	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
700-716, 731-736, 738-744	All other diseases of skin and musculo-skeletal system	19	W	15	M	7	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	2	..	2	..	..	1	..
					F	8	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	2	..	1	1	1	..	..	..
			C	4	M	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..
	XIV—CONGENITAL MALFORMATIONS																												
751	Spina bifida and meningocele	2	W	2	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
754	Congenital malformations of circulatory system	60	W	37	M	19	13	..	1	..	2	1	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	18	12	..	..	..	..	1	3	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..
			C	23	M	12	8	3	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	11	6	1	2	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
750, 752, 753, 755-759	All other congenital malformations	54	W	27	M	14	11	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..
					F	13	11	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	27	M	13	10	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	14	11	2	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	XV—CERTAIN DISEASES OF EARLY INFANCY																												
760, 761	Birth injuries	61	W	34	M	20	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	14	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	27	M	17	17	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	10	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
762	Postnatal asphyxia and atelectasis	54	W	28	M	16	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	12	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	26	M	15	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	11	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
763-768	Infections of the newborn	69	W	16	M	9	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	7	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	53	M	29	29	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	24	24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1960

International List No.	Cause of Death	Totals				Age Groups																							
		Grand Total	By Color		By Sex	Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
XV—Certain Diseases of Early Infancy																													
770	Hemolytic diseases of newborn	10	W	8	M	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	6	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
769 771, 772	All other defined diseases of early infancy	14	W	3	M	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	11	M	8	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
773–776	Ill-defined diseases peculiar to early infancy and immaturity unqualified	297	W	105	M	63	63	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	42	42	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	192	M	93	93	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	99	99	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XVI—Symptoms, Senility and Ill-Defined Conditions																													
794	Senility without mention of psychosis	10	W	9	M	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..
					F	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	4	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
780–793, 795	Ill-defined and unknown causes of mortality	26	W	16	M	10	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1	1	3	2	..	..
					F	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	1	1	1	..
			C	10	M	6	2	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	..	1	..	..	..
					F	4	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..

XVII—ACCIDENTS, POISONINGS, AND VIOLENCE

	All [redacted] external causes	647	W	370	M	246	..	2	1	3	4	11	7	10	13	15	14	11	12	22	25	16	21	15	18	8	11	7	..
					F	124	2	3	1	1	1	6	7	1	1	3	4	4	5	8	7	3	7	11	9	15	15	10	..
			C	277	M	193	7	2	6	7	..	5	6	7	17	17	16	14	20	16	15	9	9	11	6	2	..	1	..
					F	84	5	4	5	1	6	5	1	4	7	5	8	6	9	3	2	2	3	3	1	1	..	3	..
E810–E835	Motor vehicle accidents	136	W	85	M	60	..	..	..	1	3	6	2	6	3	5	2	1	1	5	9	3	3	2	2	3	2	1	..
					F	25	..	..	..	..	1	4	2	..	..	2	..	..	3	1	..	2	..	6	3	..	1	..	..
			C	51	M	38	..	..	1	6	..	5	1	1	3	2	..	3	5	2	2	2	2	2	1	..	..	..	..
					F	13	..	..	1	..	2	2	..	1	2	..	1	1	2	..	..	..	..	1	..	..	..	..	..
E800–E802, E840–E866	Other transport accidents	12	W	8	M	6	..	..	..	..	..	..	..	..	1	2	..	..	..	1	..	1	1	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	4	M	4	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	..	..	1	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
E870–E895	Accidental poisoning	31	W	19	M	12	..	..	..	1	..	..	..	1	3	1	..	1	1	1	1	1	..	..	..	..	..	1	..
					F	7	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	1	2	..	..	..	1	..	..
			C	12	M	9	..	1	2	..	..	..	..	..	1	1	2	..	1	1	..	..	..	..	..	..	..	..	..
					F	3	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
E900–E904	Accidental falls	133	W	92	M	56	..	1	..	1	1	..	2	1	1	1	2	2	1	4	3	4	4	4	8	4	8	4	..
					F	36	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	3	9	11	9	..
			C	41	M	23	1	1	..	..	..	..	..	..	..	1	1	1	4	1	3	2	3	1	1	2	..	1	..
					F	18	1	2	1	1	..	..	..	..	..	1	1	1	2	..	..	1	2	..	1	1	..	3	..
E912	Accident caused by machinery	6	W	3	M	3	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	3	M	3	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
E916	Accident caused by fire and explosion of combustible material	37	W	9	M	3	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..
					F	6	..	..	..	1	..	..	2	..	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..
			C	28	M	15	2	..	1	..	..	..	..	..	..	1	1	1	1	4	2	1	..	1	..	..	..	..	..
					F	13	1	..	2	..	4	2	..	..	..	..	2	..	..	2	..	..	..	..	..	..	..	..	..
E917–918	Accident by radiation	7	W	3	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
					F	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
			C	4	M	2	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
E919	Accident caused by firearm	7	W	3	M	2	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	4	M	3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	..	..	..	..
					F	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1960

International List No.	Cause of Death	Totals					Age Groups																								
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
	XVII—Accidents, Poisonings, and Violence																														
E929	Accidental drowning and submersion	30	W	18	M	12	..	..	..	..	..	2	1	1	1	2	1	..	..	2	1	1	..	..	..	..	..	..	..
					F	6	1	..	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
			C	12	M	11	..	..	..	..	..	..	2	..	2	1	1	1	..	..	1	..	1	2	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
E910, E911, E913–E915, E920–E928, E930–E962	All other accidental causes	50	W	26	M	16	..	1	1	..	..	1	..	..	..	1	2	..	1	1	2	..	2	1	1	1	1	..	..
					F	10	..	2	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1	2	..	1	..
			C	24	M	16	2	..	1	..	..	..	2	..	2	1	1	1	2	1	1	..	1	..	1	..	..	..	..
					F	8	1	1	..	..	..	..	..	..	1	1	..	..	1	1	..	..	1	1	..	..	..	..	..	..
E963, E970–E979	Suicide and self-inflicted injury	92	W	77	M	57	..	..	..	..	..	..	..	..	3	3	5	4	6	4	5	5	10	6	5	..	..	1	..
					F	20	..	..	..	..	..	..	..	..	..	..	4	2	..	4	3	..	3	..	1	2	1	..	..
			C	15	M	8	..	..	..	..	..	..	..	..	..	2	1	1	..	1	..	1	..	1	1	..	..	..	..
					F	7	..	..	..	..	..	..	..	..	2	..	1	..	2	..	1	..	..	1	..	..	..	..	..	..
E964, E980–E985	Homicide and injury purposely inflicted by other persons (not in war)	106	W	27	M	18	..	..	..	..	..	1	1	..	1	..	1	2	2	3	3	1	1	2	..	..	..	..	..
					F	9	1	..	..	..	..	1	..	..	..	..	..	2	1	1	..	..	1	..	..	1	1	..	..
			C	79	M	61	2	..	..	..	..	..	1	4	9	8	8	6	7	4	5	2	2	2	1	..	..	..	..
					F	18	1	..	..	..	..	1	1	1	2	3	3	4	1	..	1	..	..	..	..	..	..	..	..	..

NOTE: Deaths by color include the following non-Negro races:
Pulmonary tuberculosis—one male, Chinese, 78 years of age.
Malignant neoplasm of lung—one male, Chinese, 65 years of age.
Malignant neoplasm of other and unspecified sites—one male, Japanese, 67 years of age.
Cerebral embolism and thrombosis—one male, Chinese, 80 years of age.
Arteriosclerotic heart disease, including coronary disease—two males, one Chinese, 65 years of age, one Japanese, 59 years of age.
Myocardial degeneration—one male, Chinese, 82 years of age.
Hypertensive heart disease, other and unspecified, two male, Chinese, 66 and 74 years of age.
Bronchopneumonia—one female, other, one month of age.
Infections of kidney—one female, other, 29 years of age.
Pneumonia of newborn—one male, other, 8 hours of age.

TABLE NO. 8

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1960

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	13,197	9,740	3,457	14.0	16.0	10.5	11,483	8,020	3,463	12.2	13.1	10.5
Tuberculosis, all forms (001–019)	115	56	59	12.2	9.2	17.9	149	85	64	15.9	13.9	19.4
Respiratory tuberculosis (001–008)	*108*	*53*	*55*	*11.5*	*8.7*	*16.7*	*145*	*85*	*60*	*15.4*	*13.9*	*18.2*
Syphilis (020–029)	21	2	19	2.2	0.3	5.8	28	5	23	3.0	0.8	7.0
Typhoid fever (040)	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery (045–048)	3	1	2	0.3	0.2	0.6	2	..	2	0.2	..	0.6
Other infective diseases of the intestinal tract (041–044, 049)	1	..	1	0.1	..	0.3	1	..	1	0.1	..	0.3
Scarlet fever and streptococcal sore throat (050–051)	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (055)	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough (056)	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infections (057)	6	5	1	0.6	0.8	0.3	6	4	2	0.6	0.7	0.6
Other infective diseases of bacterial origin (030–039, 052–054, 058–064, 070–074)	14	4	10	1.5	0.7	3.0	14	4	10	1.5	0.7	3.0
Poliomyelitis, acute (080–081)	6	2	4	0.6	0.3	1.2	4	2	2	0.4	0.3	0.6
Encephalitis (082–083)	2	2	..	0.2	0.3	..	..	..	..	..	..	..
Smallpox (084)	..	..	..	..	..	..	..	..	..	..	..	..
Measles (085)	2	1	1	0.2	0.2	0.3	1	..	1	0.1	..	0.3
Other virus diseases (086–096)	16	10	6	1.7	1.6	1.8	12	7	5	1.3	1.1	1.5
Typhus and rickettsial diseases (100–108)	..	..	..	..	..	..	..	..	..	..	..	..
Other infective and parasitic diseases (110–138)	6	2	4	0.6	0.3	1.2	5	1	4	0.5	0.3	1.2
Malignant neoplasms (140–205)	2,228	1,726	502	237.3	282.9	152.6	1,871	1,374	497	199.2	225.2	151.1
Lymphatic and hematopoietic (200–205)	*197*	*169*	*28*	*21.0*	*27.7*	*8.5*	*140*	*112*	*28*	*14.9*	*18.4*	*8.5*
Benign and unspecified neoplasms (210–239)	82	56	26	8.7	9.2	7.9	61	37	24	6.5	6.1	7.3
Diabetes (260)	292	222	70	31.1	36.4	21.3	245	182	63	26.1	29.8	19.1
Anemias (290–293)	22	16	6	2.3	2.6	1.8	16	10	6	1.7	1.6	1.8
Other diseases of the blood and blood-forming organs (294–299)	12	11	1	1.3	1.8	0.3	8	7	1	0.8	1.1	0.3
Vascular lesions of the central nervous system (330–334)	1,012	710	302	107.8	116.4	91.8	909	616	293	96.8	101.0	89.1
Rheumatic fever (400–402)	6	5	1	0.6	0.8	0.3	3	2	1	0.3	0.3	0.3
Diseases of the heart (410–443)	5,209	4,181	1,028	554.7	685.4	312.5	4,786	3,725	1,061	509.7	610.7	322.5
Chronic rheumatic heart disease (410–416)	*130*	*104*	*26*	*13.8*	*17.0*	*7.9*	*103*	*79*	*24*	*11.0*	*12.9*	*7.3*
Arteriosclerotic and degenerative heart disease (420–422)	*4,007*	*3,135*	*872*	*426.7*	*561.5*	*176.9*	*3,639*	*3,039*	*600*	*387.5*	*498.2*	*182.4*
Other diseases of the heart (430–434)	*141*	*113*	*29*	*15.0*	*18.4*	*8.8*	*121*	*89*	*32*	*12.9*	*14.6*	*9.7*
Hypertensive heart disease (440–443)	*931*	*540*	*391*	*99.1*	*88.5*	*118.8*	*923*	*518*	*405*	*98.3*	*84.9*	*123.1*

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

TABLE NO. 8—Concluded

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1960

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)	49	23	26	5.2	3.8	7.9	50	25	25	5.3	4.1	7.6
Arteriosclerosis (450)	196	157	39	20.9	25.7	11.8	184	141	43	19.6	23.1	13.1
Other diseases of the circulatory system (451–468)	240	185	55	25.6	30.3	16.7	184	129	55	19.6	21.1	16.7
Nephritis and nephrosis (590–594)	96	59	37	10.2	9.7	11.2	82	44	38	8.7	7.2	11.5
Acute nephritis and nephritis with edema, including nephrosis (590–591)	*5*	*5*	..	*0.5*	*0.8*	..	*3*	*3*	..	*0.3*	*0.5*	..
Influenza and pneumonia (480–483, 490–493)	463	277	186	49.3	45.4	56.5	466	263	203	49.6	43.1	61.7
Pneumonia (490–493)	*453*	*270*	*183*	*48.2*	*44.3*	*55.6*	*452*	*252*	*200*	*48.1*	*41.3*	*60.8*
Bronchitis (500–502)	31	21	10	3.3	3.4	3.0	28	18	10	3.0	2.9	3.0
Ulcer of the stomach and duodenum (540–541)	86	76	10	9.2	12.5	3.0	66	55	11	7.0	9.0	3.3
Appendicitis (550–553)	13	5	8	1.4	0.8	2.4	14	5	9	1.5	0.8	2.7
Intestinal obstruction and hernia (560–570)	103	80	23	11.0	13.1	7.0	69	48	21	7.3	7.9	6.4
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	38	25	13	4.0	4.1	3.9	27	13	14	2.9	2.1	4.2
Cirrhosis of the liver (581)	215	162	53	22.9	26.6	16.1	184	132	52	19.6	21.6	15.8
Hyperplasia of prostate (610)	30	25	5	3.2	4.1	1.5	23	18	5	2.4	2.9	1.5
Puerperal causes (640–689)	14	3	11	3.6	1.1	9.1	12	1	11	5.2	0.8	9.8
Congenital malformations (750–759)	238	179	59	25.3	29.3	17.9	116	66	50	12.3	10.8	15.2
Certain diseases of early infancy (760–776)	742	405	337	79.0	66.4	102.4	505	194	311	53.8	31.8	94.5
Pneumonia of newborn (763)	*48*	*20*	*28*	*5.1*	*3.3*	*8.5*	*40*	*13*	*27*	*4.3*	*2.1*	*8.2*
Diarrhea of newborn (764)	*2*	*1*	*1*	*0.2*	*0.2*	*0.3*	..	..	..	..	..	..
Senility, ill-defined and unknown conditions (780–795)	36	26	10	3.8	4.3	3.0	36	25	11	3.8	4.1	3.3
All other diseases	776	523	253	82.6	85.7	76.9	669	412	257	71.2	67.5	78.1
Accidents, total (800–962)	556	374	182	59.2	61.3	55.3	449	266	183	47.8	43.6	55.6
Motor vehicle accidents (810–835)	*205*	*151*	*54*	*21.8*	*24.7*	*16.4*	*136*	*85*	*51*	*14.5*	*13.9*	*15.5*
Home accidents	*198*	*120*	*78*	*21.1*	*19.7*	*23.7*	*161*	*88*	*73*	*17.7*	*14.4*	*22.2*
Occupational accidents	*37*	*28*	*9*	*3.9*	*4.6*	*2.7*	*28*	*16*	*12*	*3.0*	*2.6*	*3.6*
All other accidents	*116*	*75*	*41*	*12.3*	*12.3*	*12.5*	*124*	*77*	*47*	*13.2*	*12.6*	*14.3*
Suicides (963, 970–979)	112	96	16	11.9	15.7	4.9	92	77	15	9.8	12.6	4.6
Homicides (964, 980–985)	108	27	81	11.5	4.4	24.6	106	27	79	11.3	4.4	24.0

* 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—1960

Intermediate List Number (6th Revision)	Cause of Death	Total Recorded Deaths		Residents of						Baltimore Residents Dying Elsewhere				Total Resident Deaths	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
	ALL CAUSES	9,740	3,457	7,097	3,202	2,384	231	259	24	792	224	131	37	8,020	3,463
A 1	Tuberculosis of the respiratory system	53	55	43	46	6	2	4	7	40	12	2	2	85	60
A 2	Tuberculosis of the meninges and central nervous system	1	1	..	1	1	..	..	..	..	..	..	..	..	1
A 3	Tuberculosis of intestines, peritoneum and mesenteric glands	1	..	..	..	1	..	..	..	..	..	..	..	..	..
A 4	Tuberculosis of the bones and joints	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 5	Tuberculosis, all other forms	1	3	..	3	1	..	..	..	..	..	..	..	..	3
A 6	Congenital syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 7	Early syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 8	Tabes dorsalis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 9	General paralysis of insane	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 10	All other syphilis	2	19	1	16	1	3	..	..	1	..	1	..	2	..
A 11	Gonococcal infection	..	1	..	1	..	..	..	..	2	7	..	..	3	23
A 12	Typhoid fever	..	..	..	..	..	..	..	..	..	..	..	..	..	1
A 13	Paratyphoid fever and other Salmonella infections	..	1	..	1	..	..	..	..	..	..	..	..	..	..
A 14	Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	1
A 15	Brucellosis (undulant fever)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 16	Dysentery, all forms	1	2	..	2	1	..	..	..	..	..	..	..	..	..
A 17	Scarlet fever	..	..	..	..	..	..	..	..	..	..	..	..	..	2
A 18	Streptococcal sore throat	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 19	Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 20	Septicemia and pyemia	3	7	2	7	..	..	1	..	1	1	..	..	3	8
A 21	Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 22	Whooping cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 23	Meningococcal infections	5	1	4	1	1	..	..	..	..	1	..	..	4	2
A 24	Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 25	Leprosy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 26	Tetanus	1	2	1	1	..	1	..	..	..	..	..	..	1	1
A 27	Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 28	Acute poliomyelitis	2	4	2	2	..	2	..	..	..	..	..	..	2	2
A 29	Acute infectious encephalitis	2	..	..	..	2	..	..	..	..	..	..	..	..	..
A 30	Late effects of acute polio	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 31	Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 32	Measles	1	1	..	1	1	..	..	..	..	..	..	..	..	1
A 33	Yellow fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 34	Infectious hepatitis	8	6	6	5	1	1	1	..	..	..	..	..	6	5

TABLE NO. 9—Continued

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1960

Intermediate List Number (8th Revision)	Cause of Death	Total Recorded Deaths		Residents of						Baltimore Residents Dying Elsewhere				Total Resident Deaths	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
A 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	4	4	2	4	1	..	1	..	..	..	..	..	2	4
	Malignant neoplasm of:														
A 44	Buccal cavity and pharynx	47	6	37	6	8	..	2	..	8	1	..	..	45	7
A 45	Esophagus	32	15	25	14	6	1	1	..	..	..	..	..	25	14
A 46	Stomach	90	48	70	45	18	2	2	1	6	5	3	..	79	50
A 47	Intestine, except rectum	181	34	140	31	32	3	9	..	13	2	2	..	155	33
A 48	Rectum	57	21	39	17	16	3	2	1	3	..	1	..	43	17
A 49	Larynx	25	2	19	1	4	1	2	..	1	..	..	..	20	1
A 50	Trachea and of bronchus and lung specified as secondary	270	73	205	66	57	7	8	..	18	11	2	..	225	77
A 51	Breast	167	40	121	35	43	5	3	..	6	1	2	..	129	36
A 52	Cervix uteri	52	33	36	32	16	1	..	..	..	1	..	..	36	33
A 53	Other and unspecified parts of uterus	31	12	25	11	5	1	1	..	3	..	1	..	29	11
A 54	Prostate	57	39	43	32	14	7	..	..	6	6	..	1	49	39
A 55	Skin	22	5	17	3	4	2	1	..	..	..	..	..	17	3
A 56	Bone and connective tissue	24	7	14	6	9	1	1	..	1	3	..	..	15	9
A 57	All other and unspecified sites	502	139	361	128	118	10	23	1	32	11	2	..	395	139
A 58	Leukemia and aleukemia	85	10	52	9	30	1	3	..	2	1	..	..	54	10
A 59	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system	84	18	52	16	23	1	9	1	6	2	..	..	58	18
A 60	Benign neoplasms and neoplasms of unspecified nature	56	26	32	24	22	1	2	1	5	..	..	..	37	24
A 61	Nontoxic goiter	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 62	Thyrotoxicosis with or without goiter	1	1	1	1	..	..	..	..	..	1	..	..	1	2
A 63	Diabetes mellitus	222	70	169	56	50	14	3	..	9	6	4	1	182	63
A 64	Avitaminosis and other deficiency states	3	1	2	..	1	1	..	..	1	1	..	..	3	1
A 65	Anemias	16	6	10	6	6	..	..	..	..	..	..	..	10	6
A 66	Allergic disorders, all other endocrine, metabolic and blood diseases	67	39	43	37	22	2	2	..	4	1	1	..	48	38
A 67	Psychoses	1	..	..	..	1	..	..	..	2	5	..	..	2	5
A 68	Psychoneuroses and disorders of personality	22	15	18	15	4	..	..	..	..	..	..	..	18	15
A 69	Mental deficiency	..	..	..	..	..	..	..	..	2	..	..	..	2	..

A 70	Vascular lesions affecting central nervous system	710	302	551	284	154	16	5	2	56	5	9	4	616	293
A 71	Nonmeningococcal meningitis	4	20	3	16	1	4	..	..	2	..	..	..	5	16
A 72	Multiple sclerosis	10	3	9	2	1	1	..	..	..	..	..	..	9	2
A 73	Epilepsy	7	12	5	12	1	..	1	..	2	..	..	..	7	12
A 74	Inflammatory diseases of eye	1	..	1	..	..	..	..	..	..	..	..	..	1	..
A 75	Cataract	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 76	Glaucoma	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 77	Otitis media and mastoiditis	7	8	4	8	3	..	..	..	..	..	..	..	4	8
A 78	All other diseases of the nervous system and sense organs	41	10	31	8	10	2	..	..	8	3	1	..	40	11
A 79	Rheumatic fever	5	1	2	1	3	..	..	..	..	..	..	..	2	1
A 80	Chronic rheumatic heart disease	104	26	70	23	25	2	9	1	9	1	..	..	79	24
A 81	Arteriosclerotic and degenerative heart disease	3,425	582	2,662	560	701	21	62	1	317	32	60	8	3,039	600
A 82	Other diseases of the heart	112	29	76	27	31	2	5	..	11	3	2	2	89	32
A 83	Hypertension with heart disease	540	391	466	380	70	10	4	1	48	25	4	..	518	405
A 84	Hypertension without mention of heart	23	26	19	21	4	5	..	..	5	4	1	..	25	25
A 85	Arteriosclerosis	157	39	124	34	29	4	4	1	15	9	2	..	141	43
A 85	Other diseases of the arteries	125	26	77	25	39	1	9	..	3	1	2	..	82	26
A 86	Other diseases of the circulatory system	60	29	41	25	18	4	1	..	6	4	..	..	47	29
A 87	Acute upper respiratory infections	5	1	1	1	4	..	..	..	..	..	..	..	1	1
A 88	Influenza	7	3	7	3	..	..	..	..	3	..	1	..	11	3
A 89	Lobar pneumonia	76	44	62	44	13	..	1	..	4	3	..	..	66	47
A 90	Bronchopneumonia	119	85	90	82	28	3	1	..	29	16	7	2	126	100
A 91	Primary atypical, other and unspecified pneumonia	75	54	54	51	19	3	2	..	5	1	1	1	60	53
A 92	Acute bronchitis	6	3	6	3	..	..	..	..	..	..	..	..	6	3
A 93	Bronchitis, chronic and unqualified	15	7	12	7	3	..	..	..	..	..	..	..	12	7
A 92	Hypertrophy of tonsils and adenoids	2	..	1	..	1	..	..	..	..	..	..	..	1	..
A 95	Empyema and abscess of lung	4	7	4	7	..	..	..	..	..	1	..	..	4	8
A 96	Pleurisy	..	..	..	..	..	..	..	..	1	..	..	..	1	..
A 97	All other respiratory diseases	144	62	104	58	37	4	3	..	10	1	..	..	114	59
A 98	Diseases of the teeth and supporting structures	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 99	Ulcer of stomach	42	7	27	7	12	..	3	..	3	3	..	..	30	10
A 100	Ulcer of duodenum	34	3	24	1	10	2	..	..	1	..	..	..	25	1
A 101	Gastritis and duodenitis	2	..	1	..	1	..	..	..	..	..	..	..	1	..
A 102	Appendicitis	5	8	4	8	1	..	..	..	..	1	1	..	5	9
A 103	Intestinal obstruction and hernia	80	23	44	21	36	2	..	..	4	..	..	..	48	21
A 104	Gastro-enteritis and colitis, except diarrhea of newborn	23	13	11	12	11	1	1	..	..	1	1	1	12	14
A 105	Cirrhosis of liver	162	53	123	51	35	2	4	..	7	1	2	..	132	52
A 106	Cholelithiasis and cholecystitis	23	5	17	3	6	2	..	..	..	..	..	..	17	3
A 107	Other diseases of the digestive system	82	17	58	17	22	..	2	..	3	1	..	..	61	18
A 108	Acute nephritis	5	..	3	..	2	..	..	..	..	..	..	..	3	..
A 109	Chronic, other and unspecified nephritis	54	37	34	33	17	4	3	..	6	5	1	..	41	33
A 110	Infections of kidney	54	32	36	32	16	..	2	..	3	3	..	..	39	35
A 111	Calculi of urinary system	14	2	9	2	4	..	1	..	..	1	..	..	9	3
A 112	Hyperplasia of prostate	25	5	17	5	7	..	1	..	1	..	..	..	18	5
A 113	Diseases of breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 114	Other diseases of the genito-urinary system	16	14	8	14	6	..	2	..	2	1	..	..	10	15
A 115	Sepsis of pregnancy, childbirth and the puerperium	..	2	..	2	..	..	..	..	..	1	..	..	..	3
A 116	Toxemias of pregnancy and the puerperium	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 117	Hemorrhage of pregnancy and childbirth	1	1	..	1	1	..	..	..	..	..	..	..	..	1
A 118	Abortion without mention of sepsis or toxemia	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 9—Concluded
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1960

Intermediate List Number (9th Revision)	Cause of Death	Total Recorded Deaths		Residents of						Baltimore Residents Dying Elsewhere				Total Resident Deaths	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
A 119	Abortion with sepsis	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 120	Other complications of pregnancy, childbirth and the puerperium	2	6	1	5	1	1	..	..	..	..	..	..	1	5
A 121	Infections of skin and subcutaneous tissue	5	..	3	..	2	..	..	..	1	..	..	..	4	..
A 122	Arthritis and spondylitis	1	1	1	1	..	..	..	..	..	..	..	..	1	1
A 123	Muscular rheumatism and rheumatism, unspecified	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 124	Osteomyelitis and periostitis	2	..	2	..	..	..	..	..	..	..	..	..	2	..
A 125	Ankylosis and acquired musculoskeletal deformities	1	..	..	..	1	..	..	..	..	..	..	..	..	..
A 126	All other diseases of skin and musculoskeletal system	17	3	11	2	6	1	..	..	4	2	..	..	15	4
A 127	Spina bifida and meningocele	4	..	2	..	2	..	..	..	..	..	..	..	2	..
A 128	Congenital malformations of circulatory system	115	30	35	23	51	5	29	2	2	..	..	..	37	23
A 129	All other congenital malformations	60	29	25	26	33	3	2	..	2	1	..	..	27	27
A 130	Birth injuries	67	30	34	27	32	3	1	..	..	..	..	..	34	27
A 131	Postnatal asphyxia and atelectasis	69	26	26	25	42	1	1	..	1	1	1	..	28	26
A 132	Infections of the newborn	31	58	16	53	15	5	..	..	..	..	..	..	16	53
A 133	Hemolytic disease of newborn	26	2	8	2	18	..	..	..	..	..	..	..	8	2
A 134	All other defined diseases of early infancy	4	11	3	11	1	..	..	..	..	..	..	..	3	11
A 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	208	210	104	191	103	18	1	1	1	1	..	..	105	192
A 136	Senility without mention of psychosis	10	1	9	1	1	..	..	..	..	..	..	..	9	1
A 137	Ill-defined and unknown causes of mortality	16	9	11	8	4	1	1	..	5	1	..	1	16	10
A 138	Motor vehicle accidents	151	54	72	40	71	12	8	2	6	3	7	8	85	51
A 139	Other transport accidents	5	2	3	2	2	..	..	..	2	1	3	1	8	4
A 140	Accidental poisoning	21	12	18	11	2	1	1	..	..	1	1	..	19	12
A 141	Accidental falls	108	42	79	40	29	2	..	..	13	1	..	..	92	41
A 142	Accident caused by machinery	3	3	3	3	..	..	..	..	..	..	..	..	3	3
A 143	Accident caused by fire and explosion of combustible material	19	32	9	28	8	4	2	..	..	..	..	..	9	28
A 144	Accident caused by hot substance, corrosive liquid, steam and radiation	3	4	3	4	..	..	..	..	..	..	..	..	3	4
A 145	Accident caused by firearm	6	3	2	3	4	..	..	..	..	1	1	..	3	4
A 146	Accidental drowning and submersion	19	8	15	8	4	..	..	..	3	1	..	3	18	12
A 147	All other accidental causes	39	22	16	20	22	2	1	..	9	3	1	1	26	24
A 148	Suicide and self-inflicted injury	96	16	72	15	20	..	4	1	4	..	1	..	77	15
A 149	Homicide and injury purposely inflicted by other persons (not in war)	27	81	24	77	2	4	1	..	3	1	..	1	27	79
A 150	Injury resulting from operations of war	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 10
RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1950-1960

Year	Typhoid Fever						Measles						Whooping Cough					
	Number			Rate per 100,000 Population			Number			Rate per 100,000 Population			Number			Rate per 100,000 Population		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
1960	..	..	..	..	..	..	1	..	1	0.1	..	0.3	..	..	..	..	..	..
1959	..	..	..	..	..	..	2	2	..	0.2	0.3	..	..	..	..	..	..	..
1958	..	..	..	..	..	..	5	3	2	0.5	0.5	0.6	..	..	..	..	..	..
1957	..	..	..	..	..	..	1	..	1	0.1	..	0.3	1	1	..	0.1	0.2	..
1956	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.1	..	0.3
1955	1	..	1	0.1	..	0.4	..	..	..	..	..	..	1	..	1	0.1	..	0.4
1954	..	..	..	..	..	..	3	2	1	0.3	0.3	0.4	..	..	..	..	..	..
1953	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.1	..	0.4
1952	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1951	..	..	..	..	..	..	1	..	1	0.1	..	0.4	..	..	..	..	..	..
1950	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.1	..	0.4

Year	Diphtheria						Influenza						Tuberculosis, All Forms					
1960	..	..	..	..	..	..	14	11	3	1.5	1.8	0.9	149	85	64	15.9	13.9	19.4
1959	..	..	..	..	..	..	..	..	..	..	..	..	145	75	70	15.4	12.1	21.9
1958	1	1	..	0.1	0.2	..	11	9	2	1.2	1.4	0.6	186	90	96	19.8	14.2	31.2
1957	..	..	..	..	..	..	25	17	8	2.7	2.7	2.6	207	112	95	22.0	17.4	31.9
1956	1	..	1	0.1	..	0.3	6	5	1	0.6	0.8	0.3	190	92	98	20.1	14.0	34.0
1955	..	..	..	..	..	..	6	3	3	0.6	0.4	1.1	178	91	87	18.9	13.6	31.4
1954	..	..	..	..	..	..	3	2	1	0.3	0.3	0.4	199	92	107	21.0	13.6	39.9
1953	..	..	..	..	..	..	33	24	9	3.5	3.5	3.5	268	139	129	28.3	20.2	50.0
1952	1	..	1	0.1	..	0.4	20	11	9	2.1	1.6	3.6	416	174	242	43.9	24.9	97.6
1951	1	..	1	0.1	..	0.4	13	9	4	1.4	1.3	1.7	497	212	285	52.4	29.8	120.3
1950	3	3	..	0.3	0.4	..	27	21	6	2.8	2.9	2.6	536	235	301	56.4	32.5	132.6

TABLE NO. 10—Continued
RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1950-1960

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
1960	145	85	60	15.4	13.9	18.2	1,871	1,374	497	199.2	225.2	151.1	4,786	3,725	1,061	509.7	610.7	322.5
1959	139	71	68	14.8	11.4	21.3	1,838	1,378	460	195.5	221.9	144.2	4,735	3,732	1,003	503.7	601.0	314.4
1958	177	89	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	3,798	1,020	511.5	589.8	342.3
1956	179	91	88	19.0	13.9	30.6	1,836	1,437	399	194.7	219.4	138.5	4,736	3,728	1,008	502.2	569.2	350.0
1955	168	88	80	17.8	13.2	28.9	1,749	1,382	367	185.3	207.2	132.5	4,563	3,645	918	483.4	546.5	331.4
1954	187	90	97	19.8	13.3	36.2	1,708	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	393	167	226	41.5	23.9	91.1	1,725	1,392	333	182.0	198.9	134.3	4,830	3,823	1,007	509.5	546.1	406.0
1951	465	202	263	49.0	28.4	111.0	1,642	1,328	314	173.0	186.5	132.5	4,579	3,624	955	482.5	509.0	403.0
1950	497	220	277	52.3	30.4	122.0	1,623	1,311	312	170.8	181.3	137.4	4,583	3,676	907	482.4	580.4	399.6

	Major Cardiovascular-Renal Disease						Pneumonia, All Forms						Diabetes					
1960	6,011	4,551	1,460	640.1	746.1	443.8	452	252	200	48.1	41.3	60.8	245	182	63	26.1	29.8	19.1
1959	5,880	4,480	1,400	625.5	721.4	438.9	414	250	164	44.0	40.3	51.4	230	176	54	24.5	28.3	16.9
1958	6,033	4,522	1,511	641.1	714.4	490.6	415	270	145	44.1	42.7	47.0	220	167	53	23.4	26.4	17.2
1957	5,963	4,632	1,331	633.0	719.3	446.6	360	231	129	38.2	35.9	43.3	262	194	68	27.8	30.1	22.8
1956	5,986	4,596	1,390	634.8	701.7	482.6	308	194	114	32.7	29.6	39.6	244	199	45	25.9	30.4	15.6
1955	5,817	4,562	1,255	616.2	684.0	453.0	304	192	112	32.2	28.8	40.4	219	190	29	23.2	28.5	10.5
1954	5,464	4,247	1,217	577.6	626.4	454.1	273	150	123	28.9	22.1	45.9	180	145	35	19.0	21.4	13.1
1953	5,845	4,590	1,255	617.2	666.2	486.4	339	190	149	35.8	27.8	57.8	188	148	40	19.9	21.5	15.5
1952	6,108	4,757	1,351	644.3	679.6	544.8	276	173	103	29.1	24.7	41.5	218	173	45	23.0	24.7	18.1
1951	5,804	4,521	1,283	611.6	635.0	541.4	305	170	135	32.1	23.9	57.0	216	179	37	22.8	25.1	15.6
1950	5,848	4,565	1,282	615.6	631.5	564.8	232	119	113	24.4	16.5	49.8	180	150	30	18.9	20.7	13.2

TABLE NO. 11
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1960

International List No.	Disease	Totals					Age Groups																								
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
001–019	Tuberculosis, all forms	823	W	323	M	220	1	..	2	..	1	4	1	6	3	1	12	26	27	21	31	20	26	17	12	5	4	..	..
					F	103	1	2	1	1	1	2	1	4	9	9	11	7	11	6	10	4	6	4	6	3	4	..	..
			C	500	M	303	4	10	5	4	2	7	2	5	12	19	42	37	33	22	28	26	21	10	9	3	2	..	..
					F	197	3	6	7	4	6	12	8	10	24	23	23	16	12	7	12	12	4	2	3	2	1	..	..
001–008	Tuberculosis of the respiratory system	774	W	317	M	217	1	..	2	..	1	4	1	5	3	1	12	26	27	20	30	20	26	17	12	5	4	..	..
					F	100	1	2	..	1	1	2	1	4	9	9	11	7	11	6	9	4	6	3	6	3	4	..	..
			C	457	M	288	4	9	4	4	1	7	2	5	12	17	42	35	32	21	27	24	20	10	8	2	2	..	..
					F	169	3	6	4	4	6	11	6	10	20	23	20	10	9	7	10	10	3	2	3	2	..	..	..
010–019	Tuberculosis, other forms	49	W	6	M	3	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
					F	3	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..
			C	43	M	15	..	1	1	..	1	..	..	..	..	2	..	2	1	1	1	2	1	..	1	1	..	..	..
					F	28	..	..	3	..	..	1	2	..	4	..	3	6	3	..	2	2	1	..	..	..	1	..	..	..
020–029	Syphilis	1,545	W	272	M	173	..	..	..	..	..	..	..	6	13	9	21	12	17	18	9	17	9	3	3	4	..	2	30
					F	99	..	..	..	..	..	..	..	4	13	3	9	7	13	7	6	4	5	5	3	..	..	..	20
			C	1,273	M	716	2	1	..	..	..	..	2	41	87	85	82	97	77	50	39	55	37	6	5	3	3	..	44
					F	557	1	..	..	..	..	..	4	44	77	65	64	71	68	34	28	31	14	16	4	1	..	..	35
020	Congenital syphilis	37	W	7	M	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..
					F	5	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	1	..	..	..	..	..	..	..
			C	30	M	7	1	1	..	..	..	..	..	..	3	1	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	23	1	..	..	..	..	..	1	5	4	6	3	1	1	..	..	1	..	..	..	..	..	..	..	..
021, 022	Primary and secondary syphilis	269	W	65	M	49	..	..	..	..	..	..	..	4	9	8	12	4	3	3	..	2	1	..	..	..	..	..	3
					F	16	..	..	..	..	..	..	..	2	4	1	1	1	4	..	1	1	..	..	..	..	..	..	..	1
			C	204	M	144	1	..	..	..	..	..	1	26	40	31	19	15	4	3	1	1	1	..	..	..	..	..	1
					F	60	..	..	..	..	..	..	1	10	18	10	7	4	6	1	2	..	..	..	..	..	..	..	..	1

TABLE NO. 11—Continued
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1960

International List No.	Disease	Totals					Age Groups																							
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
024, 025	Latent syphilis	1,041	W	150	M	88	..	..	..	..	..	..	..	2	3	1	8	5	12	11	6	12	4	2	3	2	..	..	17
					F	62	..	..	..	..	..	..	..	1	9	2	7	5	5	6	4	2	3	1	..	..	..	..	17
			C	891	M	473	..	..	..	..	..	..	1	13	42	50	58	65	66	38	31	38	24	3	3	2	1	..	38
					F	418	..	..	..	..	..	..	1	25	52	46	52	58	54	26	23	23	9	14	3	1	..	..	31
026, 029	Other acquired syphilis	198	W	50	M	34	..	..	..	..	..	..	..	..	1	..	1	2	2	4	3	3	4	1	..	1	..	2	10
					F	16	..	..	..	..	..	..	..	1	..	..	..	..	2	1	1	..	2	4	3	..	..	..	..	2
			C	148	M	92	..	..	..	..	..	..	..	2	2	3	5	17	6	9	7	16	12	3	2	1	2	..	5
					F	56	..	..	..	..	..	..	1	4	3	3	2	8	7	7	3	7	5	2	1	..	..	..	3
030–034	Gonococcal infections (except ophthalmia)	6,177	W	472	M	376	..	..	..	..	..	..	..	27	101	74	56	37	27	10	7	4	2	..	..	..	..	..	31
					F	96	..	..	1	..	..	..	1	20	31	10	8	11	4	5	1	..	..	..	..	..	..	..	4
			C	5,705	M	4,901	..	1	1	..	2	5	19	562	1,716	1,220	688	398	161	54	15	8	3	..	..	..	..	..	48
					F	804	..	..	..	2	1	5	20	224	299	136	64	27	8	3	2	..	1	..	..	..	1	..	11
033	Gonococcal ophthalmia	2	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
036	Chancroid	9	W	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	8	M	6	..	..	..	..	..	..	..	1	2	..	1	..	1	1	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
037	Lymphogranuloma venereum	5	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	5	M	3	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1

038	Granuloma inguinale, venereal	9	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	9	M	6	..	..	..	..	..	..	..	..	..	1	1	1	..	2	..	..	..	..	..	..	..	..	1
					F	3	..	..	..	..	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..
040	Typhoid fever	2	W	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
042	Other salmonella infections	19	W	3	M	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
			C	16	M	9	2	4	2	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	7	5	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
044	Undulant fever	1	W	1	M	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
045	Bacillary dysentery	39	W	16	M	6	..	..	..	..	..	3	1	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	10	2	..	..	2	..	4	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..
			C	23	M	14	2	4	3	1	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	9	1	..	1	2	1	2	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
046	Amoebic dysentery	2	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	2	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
050	Scarlet fever	171	W	130	M	60	1	1	2	7	6	30	9	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	70	..	3	5	3	7	36	13	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	41	M	17	..	..	1	3	4	6	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	24	1	3	2	..	4	10	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
051	Streptococcal sore throat	4	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	4	M	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
056	Whooping cough	74	W	26	M	12	..	2	4	..	2	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	14	2	2	3	2	..	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	48	M	26	14	5	1	1	..	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	22	7	5	4	1	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 11—Continued

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1960

International List No.	Disease	Totals					Age Groups																									
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified				
057	Meningococcal infections	12	W	8	M	5	2	..	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
					F	3	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
			C	4	M	3	2	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..				
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
061	Tetanus	3	W	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..				
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
			C	2	M	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..				
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
072	Weil's disease	1	W	1	M	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
080.0 080.1	Acute poliomyelitis, paralytic cases	97	W	49	M	22	1	1	4	..	6	4	2	..	1	..	1	2	..	..	..	..	..	..	..	..	..	..				
					F	27	2	2	3	2	5	5	3	..	1	2	..	1	..	..	1	..	..	..	..	..	..	..				
			C	48	M	28	3	3	5	2	1	8	1	..	1	2	1	1	..	..	..	..	..	..	..	..	..	..				
					F	20	1	3	3	1	4	4	1	2	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..				
080.2	Acute poliomyelitis, specified as non-paralytic	12	W	5	M	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..				
					F	4	1	..	..	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
			C	7	M	5	2	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
					F	2	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..				
082.2	Acute infectious encephalitis	7	W	2	M	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
					F	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..				
			C	5	M	4	1	..	..	..	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..				
					F	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..				

085	Measles	2,182	W	845	M	424	23	33	39	46	40	216	24	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
					F	421	26	39	35	38	34	223	23	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1337	M	670	86	137	125	92	76	144	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
					F	667	62	160	135	93	71	140	4	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
086	German measles (Rubella)	75	W	39	M	19	..	2	3	2	1	5	5	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	20	5	3	..	..	2	1	4	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	36	M	20	6	2	..	1	4	5	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	16	5	4	2	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
087	Chickenpox	765	W	482	M	274	15	14	15	18	33	160	13	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	208	8	18	19	21	17	110	13	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	283	M	137	20	13	11	11	11	53	6	1	2	4	2	1	..	..	1	..	..	..	1	..	..	..	..
					F	146	25	15	17	16	11	52	4	..	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..
089	Mumps	1,112	W	844	M	464	2	10	24	32	36	286	45	7	1	3	5	4	4	2	2	..	..	..	..	..	1	..	..
					F	380	2	8	10	18	42	221	45	7	2	6	6	5	4	1	..	..	1	1	1	..	..	..	..
			C	268	M	147	11	6	15	19	18	65	4	2	3	1	2	..	1	..	..	..	..	..	..	..	..	..	..
					F	121	2	6	14	15	17	52	5	2	1	1	1	..	2	1	..	1	..	..	..	..	..	..	1
092	Infectious hepatitis	202	W	132	M	63	..	..	1	..	2	20	21	5	1	3	5	2	..	..	1	..	..	1	..	1	..	..	..
					F	69	..	..	1	3	1	21	20	5	5	4	5	1	..	..	..	3	..	..	..	..	..	..	..
			C	70	M	40	..	..	..	..	..	9	9	7	5	4	2	2	1	..	..	..	1	..	..	..			
					F	30	..	..	..	..	2	13	6	1	1	..	3	..	2	..	2	..	..	..	..	..	..	..	..
093	Infectious mononucleosis	1	W	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
104a	Rocky Mountain spotted fever	1	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
128	Trichiniasis	2	W	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
340	Meningitis, except meningococcal and tuberculous	38	W	6	M	3	..	..	..	1	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..
					F	3	1	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	32	M	17	5	1	4	1	..	..	..	..	..	..	1	1	..	1	1	..	..	1	..	..	..	1	..
					F	15	5	2	1	..	..	1	..	..	..	..	..	..	..	2	1	..	..	2	..	..	..	..	1

TABLE NO. 11—Continued
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1960

International List No.	Disease	Totals: Grand Total	Totals: By Color		Totals: By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
571	Gastroenteritis and colitis (except ulcerative)	11	W	3	M	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
			C	8	M	5	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..
					F	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
885	Accidental poisoning by lead and its compounds	53	W	9	M	4	..	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	5	..	3	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	44	M	24	..	10	13	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	20	..	4	12	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
951	Serum hepatitis	3	W	2	M	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 12
REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1950-1960

Disease	Year	Reported Cases			Rate per 100,000 Population		
		Total	White	Colored	Total	White	Colored
Typhoid Fever (not including paratyphoid fever)	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
	1954	6	3	3	0.6	0.4	1.1
	1953	11	4	7	1.2	0.6	2.7
	1952	8	5	3	0.8	0.7	1.2
	1951	5	2	3	0.5	0.3	1.3
	1950	8	5	3	0.8	0.7	1.3
Measles	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
	1954	5,764	4,831	933	609.3	712.5	348.1
	1953	1,064	567	497	112.4	82.3	192.6
	1952	5,126	4,692	434	541.0	670.3	175.0
	1951	4,376	2,505	1,871	461.1	352.0	789.4
	1950	357	287	70	37.6	39.7	30.8
Scarlet Fever	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	38.0	28.5
	1955	310	263	47	32.8	39.4	17.0
	1954	462	415	47	48.8	61.2	17.5
	1953	1,387	1,317	70	146.5	191.1	27.1
	1952	472	397	75	49.8	56.7	30.2
	1951	302	248	54	31.8	34.8	22.8
	1950	303	269	34	31.9	37.2	15.0
Whooping Cough	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
	1954	513	236	277	54.2	34.8	103.4
	1953	290	187	103	30.6	27.1	39.9
	1952	113	85	28	11.9	12.1	11.3
	1951	227	121	106	23.9	17.0	44.7
	1950	1,425	660	765	150.0	91.3	337.0
Diphtheria	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
	1954	3	3	..	0.3	0.4	..
	1953	6	2	4	0.6	0.3	1.6
	1952	6	5	1	0.6	0.7	0.4
	1951	8	7	1	0.8	1.0	0.4
	1950	60	50	10	6.3	6.9	4.4
Tuberculosis of the Respiratory System	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
	1954	1,288	660	628	136.1	97.3	234.3
	1953	1,263	645	618	133.4	93.6	239.5
	1952	1,400	710	690	147.7	101.4	278.2
	1951	1,285	648	637	135.4	91.0	268.8
	1950	1,275	667	608	134.2	92.3	267.8

APPENDIX

RADIATION CONTROL ORDINANCE

City Ordinance No. 223

An ordinance to add new Sections 218B, 218C, 218D, 218E, 218F, 218G and 218H to Article 12 of the Baltimore City Code (1950 Edition), title "Health", to follow immediately after Section 218A thereof and to be under the sub-title "Radiation", regulating and controlling ionizing radiation within the City of Baltimore; providing for the administration and enforcement of this ordinance by the Commissioner of Health of Baltimore City, empowering the Commissioner of Health to make and adopt rules and regulations; and providing a penalty for violation of this ordinance.

WHEREAS, The Mayor and City Council of Baltimore is empowered to provide by ordinance for the preservation of the health and welfare of persons within the City and to prevent and remove nuisances; and

WHEREAS, In the past, incidents of harmful exposure to inadequately controlled ionizing radiation have occurred in Baltimore City, to the extent that the public health, safety, comfort and welfare was endangered; and

WHEREAS, Ionizing radiations and their sources can be instrumental in the improvement of the health and welfare of the public if properly utilized, and may be destructive of life or health if carelessly or excessively employed, or improperly utilized, it is hereby declared to be the public policy of the Mayor and City Council of Baltimore to encourage the constructive uses of radiation and to control radiation; and

WHEREAS, The Mayor and City Council of Baltimore has heretofore, under the provisions of Section 218A or Article 12 of the Baltimore City Code (Ordinance No. 1518 approved June 25, 1958), made it unlawful to use in Baltimore City any shoe-fitting devices or machines which use ionizing radiation principles, under the general sub-title "Radiation"; and

WHEREAS, There is no present provision for the general and proper control of equipment, processes and materials which emit ionizing radiation within the City of Baltimore; and

WHEREAS, The Mayor and City Council of Baltimore in the interest of public heath, safety, comfort and welfare now desires to protect the public from harmful exposure to ionizing radiation; now, therefore

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore,* That Sections 218B, 218C, 218D, 218E, 218F, 218G and 218H be and the same are hereby added to Article 12 of the Baltimore City Code (1950 Edition), title "Health", said sections to follow immediately after Section 218A thereof, to be under the sub-title "Radiation", and to read as follows:

RADIATION

218B. No person, firm, corporation or agency possessing, operating or using, or intending to operate or use, any equipment, process or material, shall allow such equipment, process, material, to emit any ionizing radiation in such manner as to violate the rules and regulations adopted by the Commissioner of Health pursuant to Section 218E of this sub-title.

218C. The Commissioner of Health is hereby authorized and empowered to conduct, or cause to be conducted, such surveys, investigations, studies, or like activities as he may deem necessary to control ionizing radiation in the City of Baltimore.

218D. Whenever, in the conduct of surveys, investigations, studies, or like activities, or otherwise, any equipment, process, or material is found by the Commissioner of Health to emit ionizing radiations which do not conform to the rules and regulations adopted by the Commissioner of Health pursuant to Section 218E of this sub-title, the Commissioner of Health may notify the owners or operators of such equipment, process, or material, to remove or control the cause of such emission within the time and in a manner that will accomplish such results as may be prescribed in such notice.

218E. The Commissioner of Health is hereby authorized and empowered to make and adopt such rules and regulations as he may deem proper and necessary for the enforcement of this ordinance for the better protection of the health of the City. All rules and regulations promulgated will conform with the standards established by the National Committee on Radiation Protection and published in the handbooks of the National Bureau of Standards, or those of the Surgeon General of the United States Public Health Service. No such rule or regulation or any modification, amendment, or repeal thereof, shall become effective until public notice of such proposed rule or regulation, modification, amendment, or repeal thereof shall have been given, and a public hearing held thereon.

218F. The Commissioner of Health shall keep in confidence all data concerning commercial and industrial processes obtained as a result of administering this sub-title. Nothing in this sub-title shall be interpreted as limiting intentional exposure of patients to radiation by licensed practitioners of the medical, dental, osteopathic or chiropractic professions, for the purpose of diagnosis or therapy, or medical research, as authorized by law.

218G. Any person, firm, corporation, or agency failing to comply with the provisions of this ordinance or the regulations promulgated thereunder or any order issued pursuant to this Ordinance shall be guilty of a misdemeanor and shall be subject to a fine not exceeding One Hundred Dollars ($100.00) and each day's violation shall constitute a separate offense.

218H. No prosecution of any person, firm, corporation or agency, on a charge of violating this Ordinance or any rule or regulation, notice or order promulgated thereunder, shall be had or maintained unless, at the initial stage thereunder, such prosecution shall have been authorized and directed by the written order of the Commissioner of Health, such written order to be filed with the paper in the proceeding. Any person, firm, corporation or agency aggrieved by any decision or rule or regulation of the Commissioner of Health under this Ordinance shall have the right of appeal to the Baltimore City Court where the case shall be heard *de novo*.

218-I. If any person, firm, corporation or agency, or the Commissioner of Health, is dissatisfied with the determination of the Baltimore City Court, he, they, or either of them, may appeal to the Court of Appeals of Maryland under the procedure generally applicable to appeals to that Court.

SEC. 2. *And be it further ordained,* That this Ordinance shall take effect from the date of its passage.

Approved March 7, 1960

J. HAROLD GRADY, *Mayor*

ORDINANCE TO PROVIDE A CITY HEALTH DEPARTMENT HEADQUARTERS BUILDING

City Ordinance No. 408

An ordinance to authorize the Mayor and City Council of Baltimore (pursuant to Chapter 535 of the acts of the General Assembly of Maryland of 1959) to issue its certificates of indebtedness to an amount not exceeding three million dollars ($3,000,000), the proceeds of the same to be used for the acquisition, by purchase, condemnation or any other legal means, of land or property, or any rights therein, in the City of Baltimore, and for constructing, erecting and equipping thereon, or on land now owned by the Mayor and City Council of Baltimore in the City of Baltimore a central health and morgue building; and for doing any and all things necessary, proper or expedient in connection with or pertaining to any or all of the matters herein mentioned; authorizing the submission of this ordinance to the legal voters of Baltimore City, for their approval or disapproval, at the general election to be held in Baltimore City on Tuesday, the 8th day of November, 1960, and providing for the expenditure of the proceeds of sale of said certificates of indebtedness in accordance with the provisions of the Charter of the Mayor and City Council of Baltimore and by the municipal agency designated in the annual ordinances of estimates of the Mayor and City Council of Baltimore.

WHEREAS, By Chapter 535 of the Acts of the General Assembly of Maryland of 1959, the Mayor and City Council of Baltimore is authorized to issue its certificates of indebtedness to an amount not exceeding Three Million Dollars ($3,000,000) in the manner and upon the terms set forth in said Act, the proceeds thereof, not exceeding the par value of said certificates of indebtedness, to be used for constructing and equipping a Central Health and Morgue Building as authorized by said Act; and

WHEREAS, Funds are now needed for said purpose; therefore

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore,* That the Commissioners of Finance be, and they are hereby authorized and directed to issue certificates of indebtedness of the Mayor and City Council of Baltimore, to an amount not exceeding Three Million Dollars ($3,000,000), from time to time, as the same may be required for the purposes hereinafter named and said certificates of indebtedness shall be sold by said Commissioners of Finance from time to time and at such times as shall be requisite, and the proceeds of the sale of said certificates of indebtedness shall be used for the purposes hereinafter named, provided that this ordinance shall not become effective unless it shall be approved by a majority of the votes of the legal voters of Baltimore City cast at the time and place hereinafter designated by this ordinance.

SEC. 2. *And be it further ordained,* That said certificates of indebtedness shall be issued in denominations of One Hundred Dollars ($100) each, or multiples thereof, to be redeemable in twenty-five (25) yearly series, the first series amounting to One Hundred Thousand Dollars ($100,000) to be redeemable on the first day of August, 1965, and a series of One Hundred Thousand Dollars ($100,000) to be redeemable on the first day of August of each succeeding year until and including the year 1984; a

series of Two Hundred Thousand Dollars ($200,000) to be redeemable on the first day of August, 1985, and a series of Two Hundred Thousand Dollars ($200,000) to be redeemable on the first day of August of each succeeding year until and including the year 1989, when the last series shall be redeemable.

Said certificates of indebtedness, when issued, shall bear interest at such rate or rates, not exceeding, however, five per cent (5%) per annum, as may be determined by the Commissioners of Finance at the time when any of said certificates of indebtedness are issued, the interest to be payable semi-annually on the first day of February and the first day of August, in each year, during the respective periods that the series in which said certificates of indebtedness are issued may run; and any portion or all of said certificates of indebtedness may be registered or not registered, and said certificates of indebtedness, or any portion thereof, shall or shall not have interest coupons attached, all as may be determined by the Commissioners of Finance.

SEC. 3. *And be it further ordained,* That a sum sufficient to meet the interest on any outstanding certificates of indebtedness as well as the principal of the current maturing series of said certificates shall be annually collected by taxation and that a rate sufficient to produce said sum shall be levied in each year upon every one hundred dollars' worth of assessable property in the City of Baltimore, and in the proper proportion for any greater or less amount.

SEC. 4. *And be it further ordained,* That this ordinance shall be submitted to the legal voters of the City of Baltimore, for their approval or disapproval, at the general election to be held in Baltimore City on Tuesday, the 8th day of November, 1960.

SEC. 5. *And be it further ordained,* That a copy of this ordinance and notice of the time for holding said election shall be published in at least two (2) daily newspapers published in said City of Baltimore twice a week for two (2) weeks prior to said election.

SEC. 6. *And be it further ordained,* That the proceeds of sale of the certificates of indebtedness hereby authorized to be issued, not exceeding the par value thereof shall be used for the acquisition, by purchase, condemnation or any other legal means, of land or property, or any rights therein, in the City of Baltimore, and for constructing, erecting and equipping thereon, or on land now owned by the Mayor and City Council of Baltimore in the City of Baltimore a Central Health and Morgue Building; and for doing any and all things necessary, proper or expedient in connection with or pertaining to any or all of the matters herein mentioned.

SEC. 7. *And be it further ordained,* That the expenditure of the proceeds of sale of the certificates of indebtedness herein authorized shall be in accordance with the provisions of the Charter of the Mayor and City Council of Baltimore, and by the municipal agency designated in the Annual Ordinances of Estimates of the Mayor and City Council of Baltimore.

Approved June 29, 1960

J. HAROLD GRADY, *Mayor*

PUBLIC BUILDING LOAN ORDINANCE

City Ordinance No. 407

An ordinance to authorize the Mayor and City Council of Baltimore (pursuant to chapter 9 of the Acts of the General Assembly of Maryland of 1944, special session), to issue its certificates of indebtedness to an amount not exceeding two million five hundred thousand dollars ($2,500,000), the proceeds of the same to be used for the acquisition by purchase or condemnation of land in the city of Baltimore, and erecting thereon such building, buildings, structure or structures as may be provided from time to time by ordinance or ordinances of the Mayor and City Council of Baltimore, and authorizing the use of a portion of the proceeds of said certificates of indebtedness for erecting on land now owned by the Mayor and City Council of Baltimore such building, buildings, structure or structures as the Mayor and City Council shall by ordinance or ordinances provide; designating the purposes for which the proceeds of said certificates of indebtedness may be used or expended; authorizing the submission of this ordinance to the legal voters of Baltimore City for their approval or disapproval, at the general election to be held in Baltimore City on Tuesday, the 8th day of November, 1960, and providing for the expenditure of the proceeds of sale of said certificates of indebtedness in accordance with the provisions of the Charter of the Mayor and City Council of Baltimore and by the municipal agency designated in the annual ordinances of estimates of the Mayor and City Council of Baltimore.

WHEREAS, By Chapter 9 of the Acts of the General Assembly of Maryland of 1944 (Special Session), the Mayor and City Council of Baltimore is authorized to issue its certificates of indebtedness to an amount not exceeding Seven Million Dollars ($7,000,000) in the manner and upon the terms set forth in said Act, the proceeds thereof, not exceeding the par value of said certificates of indebtedness, to be used for the acquisition by purchase or condemnation of land in the City of Baltimore, and erecting thereon, or on land now owned by the Mayor and City Council of Baltimore, such building, buildings, structure or structures as may be provided from time to time by ordinance or ordinances of the Mayor and City Council of Baltimore; and

WHEREAS, Under the provisions of Ordinances Nos. 117, 1819 and 1822 of the Mayor and City Council of Baltimore, approved July 14, 1944, and February 16, 1955, respectively, the certificates of indebtedness of said Mayor and City Council of Baltimore, to the amount of Four Million, Five Hundred Thousand Dollars ($4,500,000), were authorized to be issued for the purposes provided in said Chapter 9 of the Acts of the General Assembly of Maryland of 1944 (Special Session); and

WHEREAS, Additional funds are now needed for said purposes; therefore

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore,* That the Commissioners of Finance be, and they are hereby authorized and directed to issue the certificates of indebtedness of the Mayor and City Council of Baltimore to an amount not exceeding Two Million, Five Hundred Thousand Dollars ($2,500,000), from time to time as the same may be required for the purposes hereinafter named, and the said certificates of indebtedness shall be sold by the said Commissioners of Finance from time to time and as such times as shall be requisite, and the proceeds of the sale of said certificates of indebtedness shall be used for the purposes hereinafter named, provided that this ordinance shall not become effective unless it shall be approved by a majority of the votes of the legal voters of the City of Baltimore, cast at the time and place hereafter designated by this ordinance.

SEC. 2. *And be it further ordained,* That said certificates of indebtedness shall be issued in denominations of One Hundred Dollars ($100) each, or multiples thereof, to be redeemable in twenty-five (25) yearly series, the first series amounting to One Hundred Thousand Dollars ($100,000) to be redeemable on the first day of August, 1966, and a series of One Hundred Thousand Dollars ($100,000) to be redeemable on the first day of August of each succeeding year until and including the year 1990, when the last series shall be redeemable.

Such certificates of indebtedness, when issued, shall bear interest at such rate or rates, not exceeding, however, five per cent per annum, as may be determined by the Commissioners of Finance at the time when any of said certificates of indebtedness are issued, the interest to be payable semi-annually on the first day of February and the first day of August in each year, during the respective periods that the series in which said certificates of indebtedness are issued may run; and any portion or all of said certificates of indebtedness may be registered or not registered, and said certificates of indebtedness, or any portion thereof, shall or shall not have interest coupons attached, all as may be determined by the Commissioners of Finance.

SEC. 3. *And be it further ordained,* That a sum sufficient to meet the interest on any outstanding certificates of indebtedness as well as the principal of the current maturing series of said certificates, shall be annually collected by taxation, and that a rate sufficient to produce said sum shall be levied in each year upon every one hundred dollars' worth of assessable property in the City of Baltimore, and in the proper proportion for any greater or less amount.

SEC. 4. *And be it further ordained,* That this ordinance shall be submitted to the legal voters of the City of Baltimore, for their approval or disapproval, at the general election to be held in Baltimore City on Tuesday, the 8th day of November, 1960.

SEC. 5. *And be it further ordained,* That a copy of this ordinance and notice of the time for holding said election shall be published in at least two (2) daily newspapers published in said City of Baltimore twice a week for two (2) weeks prior to said election.

SEC. 6. *And be it further ordained,* That the proceeds of sale of the certificates of indebtedness hereby authorized to be issued, not exceeding the par value thereof, shall be used for the acquisition by purchase or condemnation of land in the City of Baltimore, and erecting thereon such building, buildings structure or structures as may be provided from time to time by ordinance or ordinances of the Mayor and City Council of Baltimore. A portion of the proceeds of said certificates of indebtedness may be used for erecting on land now owned by the Mayor and City Council of Baltimore such building, buildings, structure or structures as the Mayor and City Council shall by ordinance or ordinances provide.

Provided, however, That the proceeds derived from the sale of the certificates of indebtedness hereby authorized to be issued, either alone or in conjunction with other funds that may be available for the purpose, shall be used or expended only for or in connection with the acquisition of land and erecting thereon or on land now owned by the Mayor and City Council of Baltimore buildings or structures for or in connection with the activities or functions of any one or more of the following: Department of Health, Department of Education, Civic Center Commission of Baltimore, Walters Art Gallery, a central automotive repair garage, or a morgue.

SEC. 7. *And be it further ordained,* That the expenditure of the proceeds of sale of the certificates of indebtedness herein authorized shall be in accordance with the provisions of the Charter of the Mayor and City Council of Baltimore and by the municipal agency designated in the Annual Ordinances of Estimates of the Mayor and City Council of Baltimore.

Approved June 29, 1960

J. HAROLD GRADY, *Mayor*

A NOTE CONCERNING CITY ORDINANCES NO. 408 AND NO. 407

The provisions of City Ordinances No. 408 and No. 407 were rejected by the city voters at the general election on November 8, 1960, although they had all city approvals needed to place them on the ballot. A total of $5,000,000 was needed for the City Health Department Headquarters Building, to include new offices for the Office of the Chief Medical Examiner of Maryland, on the site bounded by Lexington Street, Harrison Street and Gay Street and approved by the City Planning Commission.

A NOTE CONCERNING CERTAIN NEW CITY ORDINANCES

City Ordinance No. 427.

City Ordinance No. 427, Approved July 6, 1960 was passed at City Health Department request to regulate traffic in close proximity to or adjoining the Druid Health District building and the Western Health District building. Similar needed traffic regulation at the Southern Health District building was originally in the ordinance, but this was eliminated by amendment in Council.

City Ordinance No. 571.

City Ordinance No. 571, Approved December 27, 1960 was passed in order to provide revenue by fees for dairy farmer permits. It was early rescinded.

A NOTE CONCERNING CERTAIN HEALTH REGULATIONS

Occupational Disease Regulation 3. Mercurial carroting.

Occupational Disease Regulation 3 entitled "Mercurial carroting" was rescinded on January 13, 1960. Concurrent action was taken on the same date by the State Department of Health, in accordance with the provisions of Section 80 of Article 101 of the Annotated Code of Maryland, 1957 Edition. The prohibition of the use of mercurial carrot in the preparation of hatters' fur was no longer necessary.

Dairy Farm Regulation 5. Cows; and Dairy Farm Regulation 21. Milking.

Dairy Farm Regulations 5 and 21 were amended on February 18, 1960 in order to prevent the presence of penicillin or any other antibiotic in the Baltimore City milk supply.

To Dairy Farm Regulation 5 was added the provision that "Any cow treated with penicillin or any other antibiotic shall be removed from the milking herd and kept isolated until milk from the cow is free of any antibiotic residue."

To Dairy Farm Regulation 21 was added the provision that "All milk from cows which have been treated in any manner whatsoever with penicillin or any other antibiotic shall be considered abnormal as long as there is present in such milk any antibiotic residue and shall be kept out of the milk supply."

Hygiene of Housing Regulation 15. Garbage, rubbish and ash receptacles.

Hygiene of Housing Regulation 15 entitled "Garbage, rubbish and ash receptacles" was amended on October 27, 1960 in order to clarify the responsibility of the occupant in all dwelling units in providing containers for garbage, rubbish and ashes.

A NOTE CONCERNING THE STATE RADIATION CONTROL LAW

State Radiation Control Law. Chapter 88 of 1960.

On March 23, 1960 the Governor of Maryland approved Chapter 88 of the State Laws of 1960 establishing Sections 675–688 inclusive of Article 43 of the Annotated Code of Maryland relating to the control, prevention and prohibition of radiation by the State Board of Health.

INDEX