

CITY OF BALTIMORE

ONE HUNDRED AND THIRTY-SIXTH

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1950



*To the Mayor and City Council of Baltimore for the
Year Ended December 31, 1950*

Somewhat more than three-quarters of the world's population, covering vast areas in all regions, are still the victims of diseases resulting from improper excreta disposal, unsafe water supplies, uncontrolled insects and inadequate protection of milk and food.

DR. BROCK CHISHOLM
Director-General
World Health Organization

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Assistant Commissioner, ROSS DAVIES, M.D., M.P.H.
Secretary, REED GAITHER

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Western Health District.....
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SANITARY SECTION

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Food Control..... FERDINAND A. KORFF
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Industrial Hygiene..... CHARLES E. COUCHMAN

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W. THURBER FALES, Sc.D., Director

Biostatistics..... MATTHEW L. TABACK
Vital Records..... SIDNEY M. NORTON

Learn to Do Your Part in the Prevention of Disease

THE SUN

Published Every Week Day By
THE A. S. ABELL COMPANY
PAUL PATTERSON, PRESIDENT

BALTIMORE, SATURDAY, SEPTEMBER 9, 1950

As The Polio Season Draws To A Close

Poliomyelitis, or infantile paralysis, is a hot-weather disease. The number of cases is usually at its peak in the middle of summer. It generally disappears with the first cool weather.

Last year, during the first five months, only three cases were reported in Baltimore city. This year the first case was not reported until June. Since really cool weather is now only a few weeks off, the chances of an extensive outbreak of polio this season is relatively small.

In Maryland official reports of incidence of the disease are confined to cases in which paralysis is present. Otherwise it is thought a good deal may be reported as polio which isn't polio. Authorities now believe also that many people have such mild cases of polio that they don't recognize it. The authorities say it is significant that the disease is predominant in the less settled areas of the country and in the less populated sections of the cities. This suggests the possibility that when people are crowded together they contact mild cases and thus build up an immunity against paralytic cases.

Nationally this year has seen a falling off of reported cases of polio. To August 1 there were 6,067 cases as compared with 8,202 cases in 1949. The only extensive outbreak was in southwest Virginia, and particularly in Wythe county. This brought the Virginia figure from 85 cases in 1949 up to 538 in 1950.

In Baltimore city polio has been more

prevalent this year than last. Up to last week there were 56 cases this year as compared with 17 for the same period last year. The 21 cases reported in Baltimore county since January 1 also are more in number than last year. Yet health officials do not regard the threefold increase in the city as disturbing. It still is small in proportion to the population. The same is true of the increase in Baltimore county. Chief concern in the city is finding nurses to care for the cases now in City Hospitals.

The widespread fear of polio is, of course, due to the tragedy of children who develop severe paralytic cases of the disease. But the doctors tell us that, fortunately, such cases are relatively few. A study recently made in a community where there had been an extensive outbreak, or epidemic, revealed that the chance of a child under ten years of age developing such a severe case was 1 in 30,000.

Because there is no known method of prevention, health authorities advise only what might be called reasonable precautions to avoid the disease. For example they would not have encouraged the taking of children into the Wythe county area this summer. Nor do they approve of large assemblages of children where there is an outbreak. On the other hand they do not favor shutting children off from all association with their contemporaries through fear of their contacting polio. They assume that, soon or late, most children will get a mild case without even knowing it. They may have had one already.

POLIO WITHOUT PANIC

CONSULTANTS

- DR. THOMAS S. CULLEN,
Member, Maryland State Board of Health.
- DR. ALLEN W. FREEMAN,
*Professor Emeritus of Public Health Administration,
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- DR. ANDREW C. GILLIS,
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- DR. ROBERT H. RILEY,
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- DR. WALTER D. WISE,
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- DR. SAMUEL WOLMAN,
Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine.

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- MR. PAUL L. HOLLAND,
Director of Public Works of Baltimore.
- DR. ABEL WOLMAN,
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Johns Hopkins School of Hygiene and Public Health.*

MEDICAL STAFF

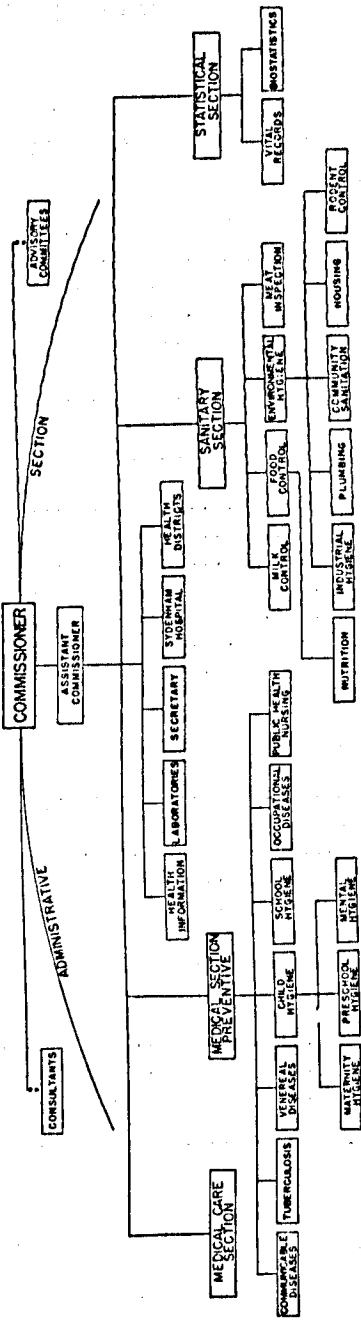
GEORGE G. ADAMS, M.D. t
 TOWNSEND W. ANDERSON, M.D. v
 ARTHUR M. BACON, JR., M.D. c
 McDONALD M. BANDO, M.D. c
 M. L. BARKSDALE, M.D. v
 CHARLES J. BLAZEK, JR., M.D. v
 WALTER P. BLOCK, M.D. c
 HARRY E. BLOOM, M.D. ey
 LOUIS V. BLUM, M.D. t
 KATHERINE H. BORKOVICH, M.D. t
 HELEN BOWIE, M.D. c
 M. L. BREITSTEIN, M.D. ea
 GEORGE P. BROWN, M.D. c, v
 G. RAYNOR BROWNE, M.D. v
 WILLIAM BERKLEY BUTLER, M.D. v
 JAMES D. CARR, M.D. v
 J. W. V. CLIFT, M.D. c
 MORRIS M. COHEN, M.D. v.
 JOHN COLLINSON, M.D. v
 E. ELLSWORTH COOK, JR., M.D. m i
 THEODORE COOPER, M.D. t
 ROSCOE Z. G. CROSS, M.D. h o
 GEORGE H. DAVIS, M.D. m
 W. ALLEN DECKERT, M.D. m
 SOLON A. DODDS, M.D. c
 KAY KOHARA EDWARDS, M.D. v, m i
 NORMAN R. FREEMAN, JR., M.D. m i
 HARRIS GOLDMAN, M.D. v
 LEONARD H. GOLOMBEK, M.D. v
 SYLVAN C. GOODMAN, M.D. v
 JAMES P. GRANT, JR., M.D. v
 WALTER E. GREMPLER, M.D. c
 S. BUTLER GRIMES, M.D. c
 PEGGY ANN HANSON, M.D. c
 LOUIS E. HARMON, M.D. v
 AARON HARRIS, M.D. c, m i
 THOMAS W. HARRIS, JR., M.D. v, t
 JAMES B. HAWKINS, M.D. h o
 MARY L. HAYLECK, M.D. c
 EMIL H. HENNING, JR., M.D. m i
 REUBEN HOFFMAN, M.D. m i
 HUGH P. HUGHES, M.D. h o
 RICHARD H. HUNT, M.D. v
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 R. DONALD JANDORF, M.D. v
 WILLIAM ATWELL JONES, M.D. v
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 SCHUYLER G. KOHL, M.D. m
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 LUCILLE LIBERLES, M.D. c
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 JOHN HUFF MORRISON, M.D. m
 J. CARL MYERS, M.D. m i
 SIGMUND R. NOWAK, M.D. m i
 GEORGE C. PAGE, M.D. v
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 GEORGE F. PHILLIPS, M.D. m i
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 CECIL RUDNER, M.D. t
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 JEROME SHERMAN, M.D. v
 ERNEST W. SHERVINGTON, M.D. v
 M. S. SHILING, M.D. t
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 MELCHIJAH SPRAGINS, M.D. c
 HOWARD H. WARNER, M.D. h o
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 THOMAS C. WEBSTER, M.D. m i
 WILLIAM E. WEEKS, M.D. c
 HENRY L. WHITTLE, M.D. c
 JOSEPH C. WICH, M.D. c
 GUSTAV H. WOLTERECK, M.D. c
 CHARLES T. WOODLAND, M.D. v
 RALPH J. YOUNG, M.D. v

c=child hygiene, ea=ear clinic, ey=eye clinic, ho=health officer for
 communicable disease control and school hygiene, m=maternity hygiene, mi
 =medical investigator, t=tuberculosis clinic, v=venereal disease clinic.

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ORGANIZATION CHART BALTIMORE CITY HEALTH DEPARTMENT



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

1950

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 thirty-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, 1950.

Introduction

Early in the year rules and regulations were adopted to inaugurate the use of City Ordinance No. 952 approved at the close of the prior year in order to make available for scientific investigating and teaching a part of the unclaimed impounded dogs found running at large within the city. The ordinance proved most useful and the people of the city voted 160,264 to 38,445 to continue it, in a referendum on the ballot on November 7.

Mayor Thomas D'Alesandro launched the newly expanded program for dental care of school children by opening the City Health Department's first clinic under the new plan at the Canton Elementary School, No. 230 on February 27. At the close of the year there were dental clinics in operation in eight public schools which had served 3,722 children who attended 22 public and parochial schools on a neighborhood basis.

During 1950 the Health Department efforts to control and rehabilitate the worst of the city's slums went forward with the active support of Mayor D'Alesandro. The Office of Housing and Law Enforcement in the Department carried on its work in 34 new blocks. A Pilot Program was prepared in order to put the so-called

"Baltimore Plan" in high gear with added official and nonofficial coordination of effort, and this was launched in mid-December in an East Baltimore area of blight. At the same time an ordinance was introduced in the City Council to create a new Housing Bureau in the Health Department.

Perhaps the best news in the vital statistics record of Baltimore in 1950 was the new record low figure established for the infant mortality rate, 27.2 per 1,000 live births. This most delicate general health index was never before below 28.7, the rate established for the city in 1948. For the second successive year also, Baltimore went without a death from typhoid fever during 1950.

The Department continued its studies with large industrial plants in the city for the purpose of controlling smog and atmospheric pollution. In April the Baltimore Association of Commerce established a special committee on this important matter and during the following month representatives of the Baltimore City Health Department and the Maryland State Department of Health attended the large U. S. Technical Conference on Atmospheric Pollution in Washington. The May-June issue of *Baltimore Health News* was devoted to this single topic.

On June 5 the new Southern Health District building at 1211 Wall Street was opened and the district public health nurses began using it for their headquarters. The first well baby clinic was held in this fine structure on July 6 and on August 15 Dr. Abraham M. Lilienfeld was appointed to serve as the first District Health Officer for the area which comprises Wards 23, 24, and most of 25, that is the water front portion of the city chiefly south of Pratt Street which includes Locust Point, Westport, Brooklyn and Curtis Bay. With this new health district in operation practically all the underprivileged areas in the city are now served by full-time district health administration.

Early in the year Dr. Walter D. Wise, Professor of Surgery at the University of Maryland School of Medicine and Dr. Ernest L. Stebbins, Director of the Johns Hopkins School of Hygiene and Public Health accepted appointment as Consultants to the City Health Department, and on July 31 Mrs. Jane B. Laib retired as Director of the Bureau of Public Health Nursing after forty years of continuous service with the Department. The Commissioner of Health took the oath of office on July 5 following reappointment for a new term of six years in accordance with the provisions of the City Charter. He served as a member of the American Public Health Association Committee on Public Health in the Defense

Program and during the summer made a series of short nonofficial visits to Ireland, England, Sweden and France. He was appointed Adjunct Professor of Public Health Administration at the Johns Hopkins School of Hygiene and Public Health, effective July 1.

The Health of the City

The preliminary figures from the Census give the population of the city as 948,100 on April 1, 1950. The estimated population of the city on July 1 which has been used for calculating the rates in this report was 950,000; the white population was 751,000 and the nonwhite population 199,000 or 21 per cent. When compared with population figures for 1940 the city has experienced a growth of 10.5 per cent in total population, the white segment increased 8.3 per cent and the nonwhite segment 19 per cent during the same period.

Population estimates for each year during the past decade have been adjusted on the basis of the 1950 census count, wartime estimates of the civilian population based on issuance of war ration books, data on the natural population increase and estimates of net migration based upon school admissions. The adjusted populations have been used throughout this report to correct birth and death rates as previously published in the reports for the intercensal years, 1941-1949.

The decline of 13.1 per cent in the infant mortality rate from the prior year, a continuation of the birth rate at a high level and an unexpected rise in marriages constituted the principal vital events for the year.

During 1950 there were 21,382 resident births or a rate of 22.5 per 1,000 population compared with a rate of 22.7 for 1949. The white birth rate was 18.9 compared with 19.4 for 1949 and the nonwhite birth rate increased from 35.2 to 36.1. The decline in the city birth rate is not expected to continue, for the Korean crisis has already resulted in an upswing in the marriage rate.

The infant mortality rate reached 27.2 per 1,000 live births, a new record low for this sensitive index of the state of the public health in Baltimore. The rate during 1950 among white babies was 21.7 per 1,000 live births as compared with 38.0 for colored babies.

The practical conquest of typhoid fever was once again reflected in the complete absence of any mortality from this disease in 1950. Such a record was obtained first in 1947 and again in 1949. Diphtheria continued at a low level of incidence with a total of 60 cases and 3 resident deaths for the year, slightly higher than the 1949

incidence of 46 cases and 2 deaths. A localized outbreak of this disease in the Curtis Bay area accounted in part for this difference.

The control of poliomyelitis continued as an unsolved public health problem. During 1950 a total of 225 resident cases of paralytic poliomyelitis were reported. This is the largest yearly total on the city records. There were 9 fatal cases.

Principal Causes of Death

The mortality rate for 1950 was 11.2 per 1,000 population as compared with 11.4 for 1949. Tuberculosis, the chief mortality force among the communicable diseases, was responsible for 536 deaths during 1950 with a rate of 56.4 per 100,000 population as compared with the rate of 63.0 for 1949. The tuberculosis rate for the white segment was 31.3 and the colored segment experienced a rate of 151.3. For both elements of the population, the tuberculosis rate was higher than in nearby cities of comparable size.

In the accompanying table showing the death rates for the seven leading causes of death for 1949 and 1950 there are certain changes from the listing in prior years that have resulted chiefly from the adoption of the Sixth Revision of the International Lists of Diseases and Causes of Death. Nephritis and diabetes no longer appear, chiefly because of changes in coding or classification. Now we find "vascular lesions of the central nervous system" which is a more satisfactory term than cerebral hemorrhage, and "certain diseases of early infancy" which item includes Nos. 760-776 in the new International Lists. Diseases of the heart, and cancer remain unchallenged as the leading men of death. Vital statistics tables in greater detail will be found at the close of this report.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH: TOTAL, WHITE AND COLORED POPULATION: BALTIMORE 1949-1950

TOTAL POPULATION			WHITE POPULATION				COLORED POPULATION			
CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000			
	1950	1949		1950	1949		1950	1949		
Diseases of heart.....	482.5	456.0	Diseases of heart.....	489.4	464.4	Diseases of heart.....	455.8	424.2		
Cancer, all forms.....	170.8	169.1	Cancer, all forms.....	174.6	177.0	Cancer, all forms.....	156.8	139.0		
Vascular lesions of central nervous system.....	77.2	87.0	Vascular lesions of central nervous system.....	69.3	81.3	Tuberculosis, all forms... ..	151.3	176.9		
Tuberculosis, all forms....	56.4	63.0	Accidental causes.....	46.6	48.9	Vascular lesions of central nervous system.....	108.0	108.3		
Accidental causes.....	48.2	52.0	Tuberculosis, all forms... ..	31.3	32.9	Certain diseases of early infancy.....	80.9	91.6		
Certain diseases of early infancy.....	37.4	43.9	Diseases of arteries & veins	27.5	28.5	Pneumonia, all forms.....	56.8	55.9		
Diseases of arteries & veins	27.1	28.0	Certain diseases of early infancy.....	26.0	31.3	Accidental causes.....	54.8	63.5		

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1950.

FINANCIAL STATEMENT

As of December 31, 1950

Total City Appropriations.....		\$1,717,435.99
Total City Expenditures.....		1,597,790.78
Appropriations by Ordinance of Estimates, January 1, 1950.....	\$1,606,206.00	
Appropriation for Transportation.....	42,788.51	
Supplementary Appropriations for Building Maintenance and Special Projects	68,441.48	
		<hr/>
		\$1,717,435.99

Expenditures of the Baltimore City Health Department**ADMINISTRATIVE SECTION**

Administration	\$37,235.13	
Health Information.....	33,219.85	
Laboratories.....	130,916.24	
Eastern Health District.....	93,438.55	
Western Health District.....	56,584.97	
Southeastern Health District.....	72,254.00	
Druid Health District.....	109,825.57	
Southern Health District.....	26,286.81	
		<hr/>
		\$559,761.12

MEDICAL SECTION—PREVENTIVE

Communicable Diseases.....	\$28,763.82	
Tuberculosis.....	44,860.91	
Venereal Diseases.....	104,154.25	
Child Hygiene.....	74,081.81	
School Hygiene.....	13,470.34	
Mental Hygiene.....	5,239.70	
Dental Care.....	28,123.23	
Occupational Diseases.....	23,004.36	
Public Health Nursing.....	201,288.20	
		<hr/>
		\$522,986.62

MEDICAL CARE SECTION

Administration.....	\$14,573.11*	
		\$14,573.11

SANITARY SECTION

Administration.....	\$20,196.30	
Milk Control.....	65,384.56	
Food Control.....	53,849.58	
Environmental Hygiene.....	90,031.66	
Housing.....	72,150.75	
Meat Inspection.....	67,112.28	
Rodent Control.....	44,626.22	
		\$413,351.35

STATISTICAL SECTION

Administration.....	\$16,835.42	
Biostatistics.....	19,603.23	
Vital Records.....	50,679.93	
		\$87,118.58

Total, Salaries and Expenses..... \$1,597,790.78

Receipts

Vital Records.....	\$25,504.38	
Child Hygiene Licenses.....	78.00	
Milk Permits.....	13,882.00	
Plumbing Permits.....	30,739.50	
Meat Permits.....	24,261.00	
Rooming House Permits.....	726.00	
Sydenham Hospital, county patients, 1949.....	1,562.00	
Miscellaneous Revenue.....	3,172.60	
Total		\$99,925.48

Additional Non-Health Department Expenditures

There follow certain tabulations of expenditures for health work in Baltimore in 1950 which was closely related to or a part of the work of the City Health Department:

* See also under State Department of Health Funds, \$476,700.83, below.

REPORT OF THE COMMISSIONER OF HEALTH

15

I OFFICIAL EXPENDITURES

City Department of Education—high school medical services.....	\$ 85,035.00
City Department of Welfare	
Tuberculosis hospital service	
Baltimore City Hospitals.....	445,295.95
Mt. Pleasant Sanatorium—city cases.....	5,785.89
Eudowood Sanatorium—city cases.....	80,630.04
Communicable disease hospital service.....	96,514.00†
State Department of Health Funds	
State Tuberculosis Sanatoria—city cases.....	953,649.00
Mt. Pleasant Tuberculosis Sanatorium—city cases.....	20,000.00
City venereal disease control.....	4,805.16
Services for city crippled children.....	69,305.57
Medical care—public assistance clients.....	476,700.33
U. S. Public Health Service Funds	
General	23,033.20
The Johns Hopkins Hospital—venereal disease control.....	54,973.84
Tuberculosis control.....	55,247.18
Southern Health District Building equipment.....	54,273.33
U. S. Children's Bureau Funds	
Services for crippled children.....	32,496.33
Services for cerebral palsy project.....	16,847.23
The Johns Hopkins University rheumatic fever project.....	10,626.59
The Johns Hopkins University training program in audiology and speech...	25,000.00
	\$2,460,223.64

II NONOFFICIAL EXPENDITURES

Baltimore City Chapter—National Foundation for Infantile Paralysis.....	\$ 62,059.92
Baltimore Hearing Society.....	16,851.57
Baltimore League for Crippled Children and Adults, Inc.....	72,180.98
Eudowood Sanatorium—city cases.....	9,556.58
Food Establishments—sanitary control.....	40,000.00†
Instructive Visiting Nurse Association.....	122,643.16
Johns Hopkins University—Eastern Health District.....	12,900.00
Laboratory services—hospital or private.....	125,000.00†
Maryland Division, Inc.—American Cancer Society.....	80,000.00†
Maryland Rheumatic Fever and Heart Association.....	23,913.53
Maryland Society for the Prevention of Blindness.....	13,055.21
Maryland Tuberculosis Association.....	109,550.00
Mt. Pleasant Sanatorium—city cases.....	95,234.46
Pasteurization plants—farm and laboratory control.....	159,500.00
Venereal disease control—hospital dispensaries.....	100,000.00†
	\$1,047,445.41†
Total	\$3,507,669.05†

This \$3,507,669.05 added to the City Health Department expenditures of \$1,597,790.78 gives an estimated total of \$5,105,459.83 or \$5.37 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. The decrease in City Health Department appropriations by the Ordinance of Estimates for 1950 as compared with 1949 resulted from the closing of Sydenham Hospital for communicable diseases on December 31, 1949 and the transfer of this Sydenham Service to Baltimore City Hospitals in the City Welfare Department on that date.

† Approximate figure.