

CITY OF BALTIMORE

ONE HUNDRED AND THIRTY-SEVENTH
ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1951



*To the Mayor and City Council of Baltimore for the
Year Ended December 31, 1951*

We always will remember the nice days of your visit, feeling that our friendship will last forever and hoping to meet again when the work is done.

However, the best days are those of trouble and labour.

EINAR RIETZ, M.D.
Förste stadsläkare
Commissioner of Health
Stockholm

DEPARTMENT OF HEALTH

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

ADMINISTRATIVE SECTION

Administration.....HUNTINGTON WILLIAMS, M.D., Dr. P.H.
Health Information.....JOSEPH GORDON
Laboratories.....CLINTON L. EWING
Eastern Health District.....GEORGE A. SILVER, M.D., M.P.H.
Western Health District.....
Druid Health District.....H. MACEO WILLIAMS, M.D., M.P.H.
Southeastern Health District.....JOHN A. SKLADOWSKY, M.D.
Southern Health District.....ABRAHAM M. LILLENFELD, M.D., M.P.H.

MEDICAL SECTION—PREVENTIVE

Communicable Diseases.....MYRON G. TULL, M.D., M.P.H.
Tuberculosis.....CHARLOTTE SILVERMAN, M.D., Dr. P.H.
Venereal Diseases.....NELS A. NELSON, M.D., M.P.H.
Child Hygiene.....JANET HARDY, M.D.
School Hygiene.....HENRY F. BUETTNER, M.D.
Dental Care.....H. BERTON McCAULEY, D.D.S.
Public Health Nursing.....ALICE M. SUNDBERG, R.N., M.P.H.

MEDICAL CARE SECTION

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

SANITARY SECTION

WILMER H. SCHULZE, Pharm. D., Director

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

HOUSING BUREAU

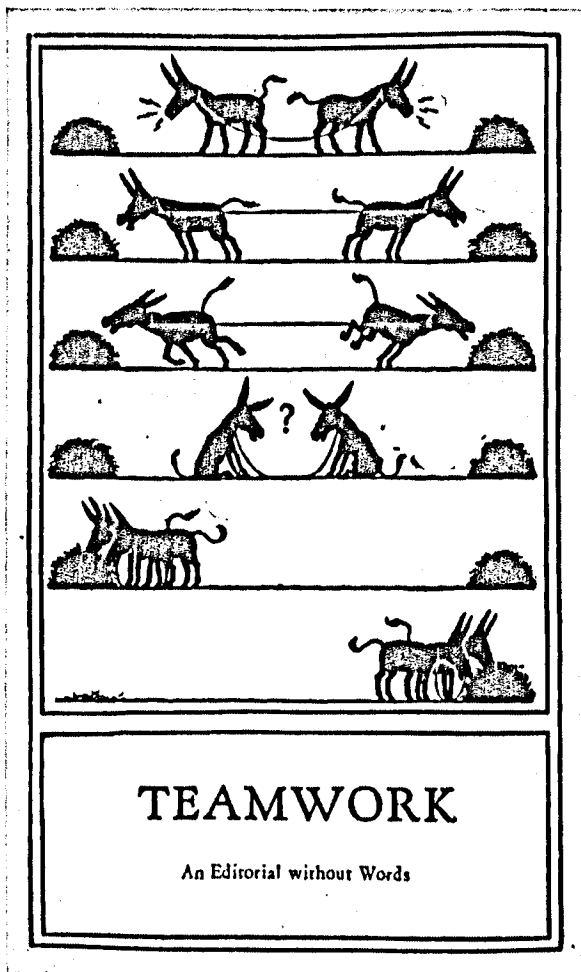
G. YATES COOK, Director

STATISTICAL SECTION

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



TEAMWORK

An Editorial without Words

CONSULTANTS

DR. THOMAS S. CULLEN,
Member, Maryland State Board of Health.

DR. ALLEN W. FREEMAN,
*Professor Emeritus of Public Health Administration,
Johns Hopkins School of Hygiene and Public Health.*

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Professor of Neurology, School of Medicine, University of Maryland.

DR. LOUIS P. HAMBURGER,
Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine.

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

DR. ROBERT H. RILEY,
Director, Maryland State Department of Health.

DR. JAMES M. H. ROWLAND,
Dean Emeritus, School of Medicine, University of Maryland.

DR. ARTHUR M. SHIPLEY,
Professor Emeritus of Surgery, School of Medicine, University of Maryland.

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

DR. THOMAS B. TURNER,
Professor of Bacteriology, Johns Hopkins School of Hygiene and Public Health.

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

DR. WALTER D. WISE,
Professor 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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*Assistant Professor of Environmental Medicine,
Johns Hopkins School of Hygiene and Public Health.*

DR. FRANK S. FELLOWS,
*Medical Director, United States Public Health Service
in charge of the Baltimore Quarantine Station.*

MR. PAUL L. HOLLAND,
Director of Public Works of Baltimore.

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

MEDICAL STAFF

GEORGE G. ADAMS, M.D. t
 TOWNSEND W. ANDERSON, M.D. v
 McDONALD M. BANDO, M.D. c
 M. L. BARKSDALE, 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
 E. ELLSWORTH COOK, JR., M.D. mi
 THEODORE COOPER, M.D. t
 ROSCOE Z. G. CROSS, M.D. ho
 GEORGE H. DEAVIS, M.D. m
 W. ALLEN DECKERT, M.D. m
 KAY KOHARA EDWARDS, M.D. v, mi
 MORRIS FELDMAN, JR., M.D. mi
 NORMAN R. FREEMAN, JR., M.D. mi
 LOUIS C. GAREIS, M.D. m
 HARRIS GOLDMAN, M.D. v
 SYLVAN C. GOODMAN, M.D. v
 JAMES P. GRANT, JR., M.D. v
 WALTER E. GREMPER, 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, mi
 THOMAS W. HARRIS, JR., M.D. v
 JAMES B. HAWKINS, M.D. ho
 MARY L. HAYLECK, M.D. c
 FREDERICK J. HELDRICH, JR., M.D. v
 EMIL H. HENNING, JR., M.D. mi
 ROBERT M. HIDEY, JR., M.D. v, c
 CLEWELL HOWELL, M.D. c
 HUGH P. HUGHES, M.D. ho
 RICHARD H. HUNT, M.D. v
 MEYER W. JACOBSON, M.D. t
 R. DONALD JANDORF, M.D. v
 WILLIAM ATWELL JONES, M.D. v

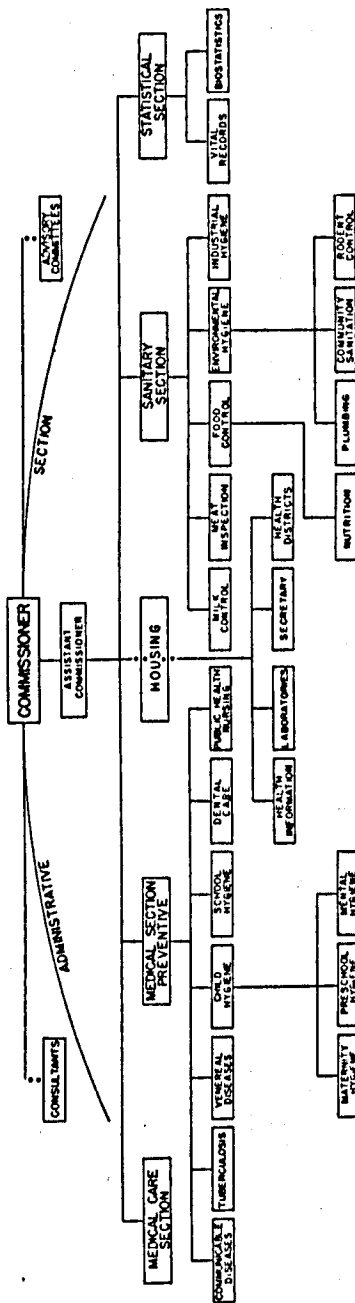
VERNON C. KELLY, M.D. m
 KATHARINE V. KEMP, M.D. c
 SCHUYLER G. KOHL, M.D. m
 ALBERT L. LAFOREST, M.D. v
 C. DUDLEY LEE, M.D. t
 LUCILLE LIBERLES, M.D. c
 RENOLD B. LIGHSTON, JR., M.D. c, v
 JERRY C. LUCK, M.D. c
 WILLIAM R. LUMPKIN, M.D. mi
 CHARLES F. MALONEY, M.D. c
 DONALD D. MARK, M.D. v
 ROBERT MAZER, M.D. v
 ISRAEL P. MERANSKI, M.D. v
 DONALD W. MINTZER, M.D. v
 J. CARL MYERS, M.D. mi
 SIGMUND R. NOWAK, M.D. mi
 GEORGE C. PAGE, M.D. v
 GEORGE H. PENDLETON, M.D. v
 GEORGE F. PHILLIPS, M.D. mi
 WILLIAM G. POLK, M.D. c, v
 J. EMMETT QUEEN, M.D. mi
 A. L. RETTALIATA, M.D. mi
 MARTIN A. ROBBINS, M.D. v
 ALMA S. ROTHHOLZ, M.D. c
 GILBERT E. RUDMAN, M.D. mi
 CECIL RUDNER, M.D. t
 ROYD R. SAYERS, M.D. mi
 EUGENE SCHNITZER, M.D. t
 J. DOUGLASS SHEPPERD, M.D. v
 JEROME SHERMAN, M.D. v
 ERNEST W. SHERVINGTON, M.D. v
 M. S. SHILING, M.D. t
 ISADORE A. SIEGEL, M.D. mi
 MELCHIJAH SPRAGINS, M.D. c
 HENRY G. SUMMERS, M.D. c
 HOWARD H. WARNER, M.D. ho
 THOMAS C. WEBSTER, M.D. mi
 WILLIAM E. WEEKS, M.D. c
 HENRY L. WHITTLE, M.D. c
 JOSEPH C. WICH, M.D. c
 JESSIE WILLIAMS, II, M.D. v
 GUSTAV H. WOLTERECK, M.D. c
 CHARLES T. WOODLAND, M.D. v
 RALPH J. YOUNG, M.D. v
 HAROLD E. C. ZHEUTLIN, 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-SEVENTH ANNUAL
REPORT OF THE BALTIMORE CITY
HEALTH DEPARTMENT

1951

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-seventh 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, 1951.

Introduction

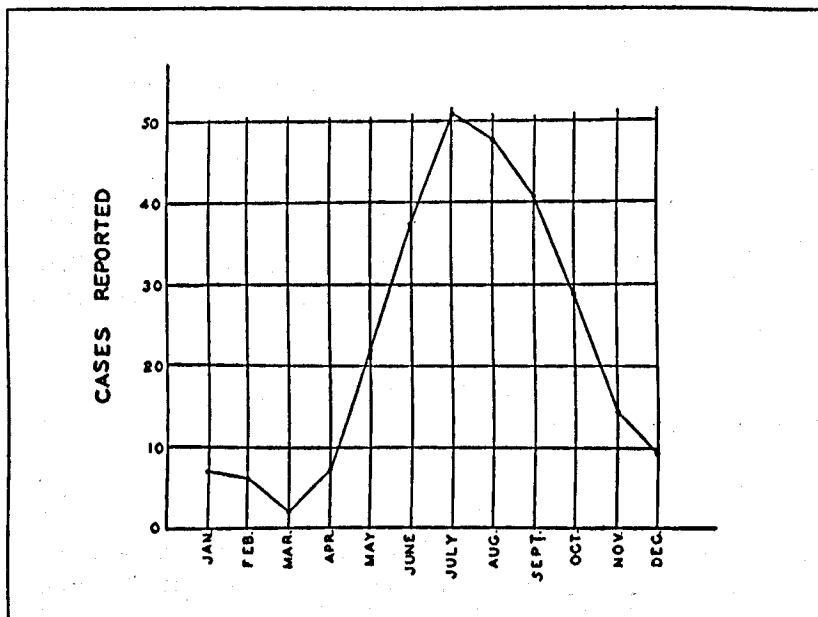
Of prime importance in strengthening Baltimore's official health services in 1951 was the reorganization of the Bureau of Child Hygiene and the appointment of its new director, Dr. Janet Hardy on April 1. For the first time since the death of Dr. William K. Skilling in 1944 the bureau in Dr. Hardy had a full-time qualified pediatrician at its head. The school health services were incorporated into the bureau on September 1 and were placed under the direction of Dr. Alan Foord.

The decentralized Health Department work went forward in the new Southern Health District building with the provision of mental hygiene and nutrition counseling in relation to the well baby clinics, and by the conduct of food handler instruction services. Also construction proceeded at the new Southeastern Health District building at 3411 Bank Street which will supplement the program conducted at Kenwood Avenue and Hudson Street; and the architect, Mr. Charles Dana Loomis, completed the first plans for a new Eastern Health District building to be erected on the block bounded by Monument, Caroline, McElderry and Spring Streets. The voters on May 8 approved the Buildings and Structures Loan which will provide the funds for this important new health facility.

By City Ordinance No. 1543, Approved February 17, the Health Department work in slum control and rehabilitation was provided with a new Housing Bureau and Mayor Thomas D'Alesandro, Jr., on March 8 appointed Mr. G. Yates Cook to be its director. In accordance with the

provisions of the ordinance he also appointed an advisory council to assist in the planning and promotion of the work of the new bureau, a program which expanded actively and along new lines such as in the experimental Pilot Area in East Baltimore.

The 1951 vital statistics of the city established two important new low records. There were only 8 cases of diphtheria for the entire year, 46 being

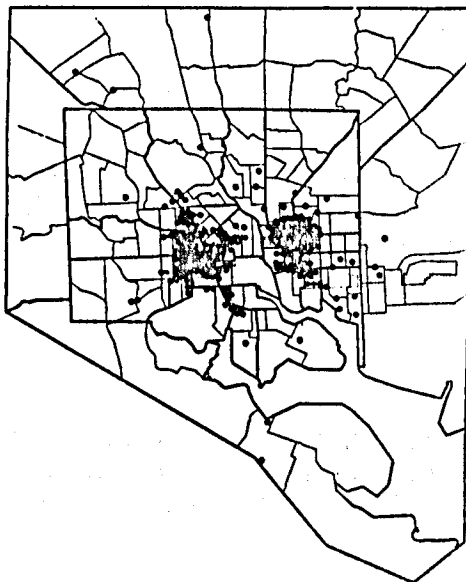


LEAD POISONING IN BALTIMORE CHILDREN
OCCURRENCE BY MONTHS OF 293 CASES, 1931-1951

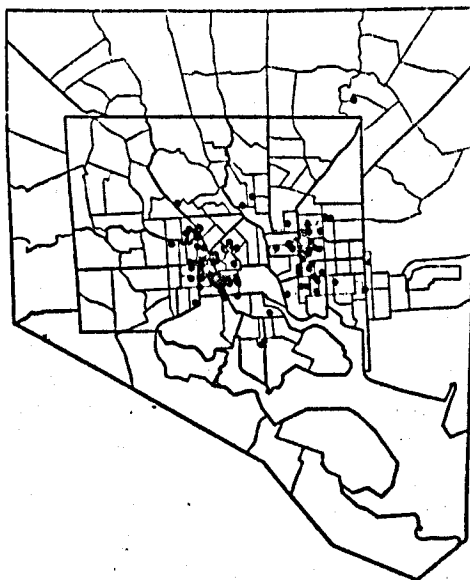
the lowest prior figure in 1948 and again in 1949; and the maternal mortality rate dropped to a new low figure of 0.4 per 1,000 live births. Only 5 cases of typhoid fever were reported during the year, the same figure that had been reached just once before in 1948. For the third successive year there was no death from this disease in the city and there has been no case of smallpox since 1928.

The Health Department, chiefly through its Bureau of Industrial Hygiene, sanitarians and public health nurses gave special attention to discovering and preventing cases of acute lead poisoning in children. During the year a shocking high record of 77 cases and 9 deaths was reported by hospital dispensaries and physicians, chiefly in children of the teething age who lived in old rented properties in the blighted areas of the city. In no

REPORT OF THE COMMISSIONER OF HEALTH



LEAD POISONING IN BALTIMORE CHILDREN
LOCATION OF 209 NONFATAL CASES, 1931-1951



LEAD POISONING IN BALTIMORE CHILDREN
LOCATION OF 83 FATAL CASES, 1931-1951

prior year had more than 34 cases been reported. From January 1, 1931 to December 31, 1951 a total of 350 cases with 91 deaths was recorded. This special disease of poverty occurs more frequently in July and August than in any other months although as yet there is no explanation for that fact. On June 29 a new regulation prohibiting the use of paint containing lead pigment for interiors of dwellings was adopted by the Commissioner of Health pursuant to the authority of the City Ordinance on the Hygiene of Housing, and the August-September issue of *Baltimore Health News* was devoted to a discussion of this preventable disease.

On November 30, after receiving the favorable report of a special committee of the National Research Council, the Commissioner of Health recommended to Mayor D'Alesandro that the fluorine content of the city water supply be adjusted to one part per million as a partial preventive of tooth decay in children. This followed months of careful study and close teamwork with the City Bureau of Water Supply, the State Department of Health and the medical and dental professions of Maryland. Dr. W. Thurber Fales, Director of the Statistical Section, went to Ceylon in September to assist the World Health Organization in conducting an International Training Center on Vital Statistics in that country and in surveying the health statistics services in Burma, Ceylon, India, Indonesia and Thailand; and earlier in the year the Commissioner of Health was appointed by Dr. Brock Chisholm, Director General, to serve as a member of the World Health Organization Expert Advisory Panel on Public Health Administration for a term of five years.

Civil Defense

Organization of the Baltimore City Civil Defense Health Service began on January 30, 1951 when the Commissioner of Health was appointed director of this branch by Mr. Paul L. Holland, City Director of Civil Defense. Dr. J. Wilfrid Davis, Director of the Medical Care Section became Deputy Director of the Health Service and many other City Health Department officials undertook responsibilities that were related to their usual work.

Dr. Thomas B. Turner, Professor of Bacteriology at the Johns Hopkins School of Hygiene and Public Health accepted the post of Assistant Director for Medical Services and organized a committee which began the complicated task of preparing the hospital, casualty station and related professional plans to meet the city's needs in case of an atomic attack. On July 19 Dr. Turner's committee presented its "Initial Plan for Baltimore City" which was released through the press later in the same month.

By October locations had been approved for the establishment of 97 Casualty Clearing Stations of which 75 are in public schools. Mortuary teams were arranged with the aid of Dr. Russell S. Fisher, Chief Medical

Examiner of Maryland, and with the Maryland State Funeral Directors Association. The locations of reserve water supplies were established by the Division of Sanitation and Special Weapons Defense. Civil defense questionnaires were returned by approximately 700 physicians, 200 dentists, 150 pharmacists and 1,000 nurses. These provided a register of medical and other professional personnel needed to carry out the committee recommendations as outlined in the "Initial Plan for Baltimore City."

Mr. George W. Watson, the Health Department's first nonmedical health administrator was assigned to full-time civil defense duty as assistant to the Director of the Health Service. The work in 1951 was conducted in close collaboration with the City and State Directors of Civil Defense and Dr. R. H. Riley, State Director of Health and of Civil Defense Health Services, and followed closely the Federal Civil Defense manual "Health Services and Special Weapons Defense" and the organization chart on page 220 of that publication.

The Health of the City

Extensive population movements into and away from the city were indicated in the final figures for 1950 released by the Bureau of the Census. Based on these data the estimated population of the city on July 1, 1951, which has been used for calculating the rates in this report was 953,000; the white population was 723,000 and the nonwhite population was 230,000 or 24 per cent. When contrasted with 1943, the peak of the war-time immigration at which time the Negro percentage was estimated at 20.1 the 1951 figures give indication of a marked influx of colored persons and an out-migration of white persons.

The changing racial distribution of the population has real public health importance in view of the special health problems associated with the non-white population, a group which has poor housing facilities, a high tuberculosis mortality rate, a high infant mortality experience and other evidences of economic disadvantage.

Noteworthy achievements already mentioned in the health record of Baltimore during 1951 included the reduction of deaths from maternal causes to an all-time low rate of 0.4 per 1,000 live births and a decline in diphtheria to its lowest figure of only 8 cases for the year. The further control of tuberculosis and of syphilis, as evidenced by a drop in the mortality rates associated with these long standing public health problems, is also worthy of note.

An increase of 1,248 or 6 per cent in the number of babies born alive to Baltimore mothers during 1951 raised the yearly newborn total to 22,630 from the figure of 21,382 resident births noted in 1950. The 1951 birth rate for the total population was 23.7 per 1,000 population with rates of 20.7 and 33.4 found in the white and nonwhite groups, respectively.

In general, an unusually good year was experienced in respect to illness and death resulting from the common reportable childhood diseases. Following the outbreak of poliomyelitis in 1950 only 15 paralytic cases were reported in 1951. As stated, typhoid fever returned to its prior record low figure of 5 cases for the year.

Principal Causes of Death

There was little change in the total mortality rate when compared with previous years. The death rate for 1951 was 11.4 per 1,000 population, compared to the 1950 figure of 11.2. Among the chief causes of death as

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH: TOTAL, WHITE AND COLORED POPULATION: BALTIMORE 1950-1951

TOTAL POPULATION			WHITE POPULATION				COLORED POPULATION			
CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000			
	1951	1950		1951	1950		1951	1950		
Diseases of heart	480.5	482.5	Diseases of heart	501.2	508.6	Diseases of heart	415.2	399.5		
Cancer, all forms	172.8	170.8	Cancer, all forms	183.7	181.3	Cancer, all forms	136.5	137.4		
Vascular lesions of central nervous system	84.7	77.4	Vascular lesions of central nervous system	82.8	71.9	Vascular lesions of central nervous system	90.4	94.7		
Accidental causes	52.5	47.9	Accidental causes	46.7	47.9	Accidental causes	70.4	70.9		
Tuberculosis, all forms	52.1	56.4	Certain diseases of early infancy	34.9	26.8	Certain diseases of early infancy	86.5	70.9		
Certain diseases of early infancy	47.3	37.4	Tuberculosis, all forms	29.3	32.5	Accidental causes	70.4	48.0		
Influenza and pneumonia	33.5	27.3	Diseases of arteries and veins	25.7	28.5	Influenza and pneumonia	60.4	52.4		

shown in the accompanying table, diseases of the heart, cancer, and vascular lesions of the central nervous system were the most frequent conditions associated with loss of life in 1951, as they were in 1950. The prominent position now occupied by accidental causes in the mortality picture, fourth in rank among the leading causes, suggests the growing importance of this group as a public health problem. The tuberculosis mortality rate, 52.1 per 100,000 population placed this disease in the fifth position for the total population. Without any question it remains as one of the most important health problems facing the community in view of the relatively higher risk in Baltimore than in many other large cities. The increase in hospital beds for the tuberculous expected in the near future and the use of the newer drugs should assist in a more effective control of the spread of this disease in the city.

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1951.

FINANCIAL STATEMENT

As of December 31, 1951

Total City Appropriations.....		\$1,810,003.08
Total City Expenditures.....		1,770,976.28
Appropriations by Ordinance of Estimates, January 1, 1951.....	\$1,733,419.45	
Appropriation for Transportation.....	44,997.84	
Supplementary Appropriations for Building Maintenance and Special Projects.....	31,585.79	
		<u>\$1,810,003.08</u>

Expenditures of the Baltimore City Health Department

ADMINISTRATIVE SECTION

Administration.....	\$42,850.74	
Health Information.....	41,817.28	
Laboratories.....	130,149.08	
Eastern Health District.....	95,407.59	
Western Health District.....	63,128.04	
Southeastern Health District.....	76,170.88	
Druid Health District.....	147,404.23	
Southern Health District.....	69,522.08	
		<u>\$672,450.52</u>

MEDICAL SECTION—PREVENTIVE

Communicable Diseases.....	\$32,691.48	
Tuberculosis.....	51,024.40	
Venereal Diseases.....	110,477.71	
Child Hygiene.....	91,621.76	
School Hygiene.....	15,410.14	
Dental Care.....	38,994.69	
Public Health Nursing.....	165,084.33	
		<u>\$505,304.51</u>

MEDICAL CARE SECTION

Administration.....	\$20,564.38	
		<u>\$20,564.38</u>

SANITARY SECTION

Administration.....	\$22,181.25	
Milk Control.....	70,661.47	
Food Control.....	57,672.42	
Meat Inspection.....	70,247.57	
Environmental Hygiene.....	108,710.76	
Rodent Control.....	53,531.02	
Industrial Hygiene.....	23,861.16	
	<hr/>	\$406,865.65

STATISTICAL SECTION

Administration.....	\$16,314.28	
Biostatistics.....	21,133.22	
Vital Records.....	47,062.64	
	<hr/>	\$84,510.14

HOUSING

Administration.....	\$79,262.61	
	<hr/>	\$79,262.61

CIVIL DEFENSE

Administration.....	\$2,018.47	
	<hr/>	\$2,018.47
Total, Salaries and Expenses.....		\$1,770,976.28

Receipts

Vital Records.....	\$28,688.63	
Child Hygiene Licenses.....	60.00	
Milk Permits.....	13,702.00	
Plumbing Permits.....	26,716.00	
Rooming House Permits.....	723.00	
Meat Permits.....	24,247.00	
Miscellaneous Revenue.....	207.00	
	<hr/>	\$94,343.63
Total.....		\$94,343.63

Additional Non-Health Department Expenditures

There follow certain tabulations of expenditures for health work in Baltimore in 1951 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.....	\$19,143.45
City Department of Education—high school medical services.....	91,456.00
City Department of Welfare	
Tuberculosis hospital service	
Baltimore City Hospitals.....	536,652.01
Mt. Pleasant Sanatorium—city cases.....	17,276.47
Eudwood Sanatorium—city cases.....	21,988.71
Communicable disease hospital service.....	56,548.77
State Department of Health Funds	
State Tuberculosis Sanatoria—city cases.....	967,923.00
Mt. Pleasant Sanatorium—city cases.....	27,210.86
City venereal disease control.....	9,012.87
Services for city crippled children.....	56,780.50
Medical care—public assistance clients.....	544,792.28
U. S. Public Health Service Funds	
General.....	25,605.77
The Johns Hopkins Hospital—venereal disease control.....	36,000.00
Tuberculosis control.....	50,499.90
Southern Health District building equipment.....	10,365.33
U. S. Children's Bureau Funds	
Services for crippled children.....	4,254.34
Services for cerebral palsy project.....	39,217.52
The Johns Hopkins University rheumatic fever project.....	15,567.98
The Johns Hopkins University training program in audiology and speech.....	24,307.22
	\$2,554,672.98

II NONOFFICIAL EXPENDITURES

Baltimore City Chapter—National Foundation for Infantile Paralysis.....	\$93,964.69
Baltimore Hearing Society.....	19,270.30
Baltimore League for Crippled Children and Adults, Inc.....	67,157.51
Eudwood Sanatorium—city cases.....	5,691.92
Food Establishments—sanitary control.....	50,000.00†
Instructive Visiting Nurse Association.....	128,198.62
Johns Hopkins University—Eastern Health District.....	11,657.60
Laboratory services—hospital or private.....	140,000.00†
Maryland Division, Inc.—American Cancer Society.....	87,500.00
Maryland Rheumatic Fever and Heart Association.....	39,926.45
Maryland Society for the Prevention of Blindness.....	11,759.63
Maryland Tuberculosis Association.....	106,660.00
Mt. Pleasant Sanatorium—city cases.....	82,648.44
Pasteurization plants—farm and laboratory control.....	170,000.00
Venereal disease control—hospital dispensaries.....	25,000.00†

Total..... \$1,030,432.16†
 \$3,585,005.14†

This \$3,585,005.14 added to the City Health Department expenditures of \$1,770,976.28 gives an estimated total of \$5,355,981.42 or \$5.62 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.

† Approximate figure.

Personnel

Dr. Robert U. Patterson, Dean Emeritus of the Medical School of the University of Maryland and one of the Consultants to the City Health Department died on December 6, 1950. Mr. G. Yates Cook, formerly