

CITY OF BALTIMORE

ONE HUNDRED AND THIRTY-EIGHTH

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1952



*To the Mayor and City Council of Baltimore for the
Year Ended December 31, 1952*

*How fast is too fast?
How slow is too slow?
How far is too far?
How much is too much?*

*Answer these and perchance
all other wisdom may be added unto you.*

H.W.

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.....W. SINCLAIR HARPER, M.D., D.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. LILIENFELD, 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.
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, Phar. 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



We must not in the Course of Publick Life expect *immediate* Approbation and *immediate* grateful Acknowledgment of our Services. ~ But let us persevere thro' Abuse and even Injury. The internal Satisfaction of a good Conscience is always present, and Time will do us Justice in the Minds of the People, even of those at present the most prejudic'd against us.

Ben^{je} Franklin 1772

SEEN UNDER GLASS ON A
CITY HALL DESK

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.*

DR. ANDREW C. GILLIS,
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.

ADVISORY COMMITTEE ON SANITATION

MR. CLARK S. HOBBS, Chairman
*Director, Civic Development Bureau,
Baltimore Association of Commerce.*

DR. ANNA M. BAETJER,
*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

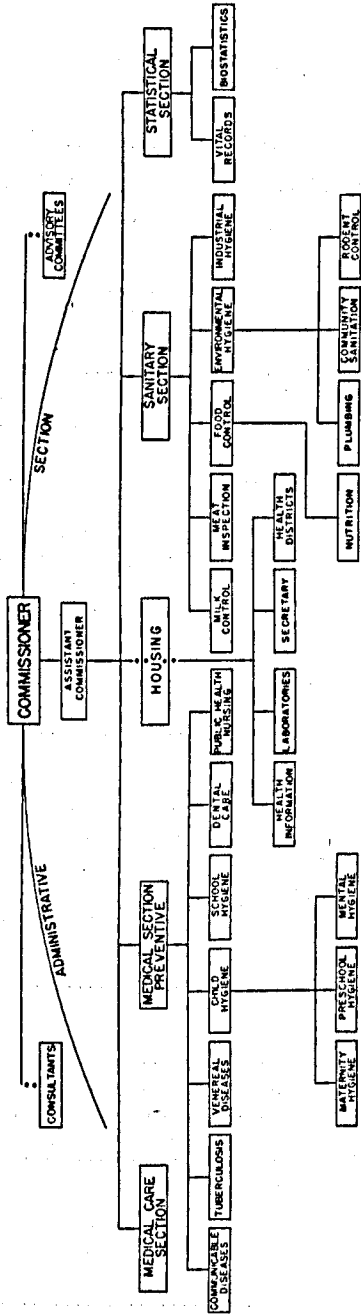
GEORGE G. ADAMS, M.D. t
 TOWNSEND W. ANDERSON, M.D. v
 DAVID BACHARACH, M.D. s, v
 McDONALD M. BANDO, M.D. c
 M. L. BARSDALE, M.D. v
 ANNIE M. BESTEBREURTJE, M.D. c
 JAMES M. BISANAR, M.D. c
 WALTER P. BLOCK, M.D. c
 HARRY E. BLOOM, M.D. ey
 LOUIS V. BLUM, M.D. t
 KATHERINE H. BORKOVICH, M.D. t
 HELEN BOWIE, M.D. c
 M. L. BREITSTEIN, M.D. ea
 GEORGE P. BROWN, M.D. c, v
 G. RAYNOR BROWNE, M.D. v
 W. BERKLEY BUTLER, M.D. v
 JAMES D. CARR, M.D. v
 JAMES J. CHISHOLM, Jr., M.D. v
 J. W. V. CLIFT, M.D. c
 HARRY COHEN, M.D. m
 MORRIS M. COHEN, M.D. v
 JEROME E. COHN, M.D. t
 THEODORE COOPER, M.D. t
 ROSCOE Z. G. CROSS, M.D. s
 SIR ALLEN DALEY, M.D.
 GEORGE H. DAVIS, M.D. m
 W. ALLEN DECKERT, M.D. m
 MORRIS FELDMAN, JR., M.D. s
 ALAN FOORD, M.D. s
 NORMAN R. FREEMAN, JR., M.D. s
 J. EARLE FURMAN, M.D. c
 PERRY FUTTERMAN, M.D. v
 LOUIS C. GAREIS, M.D. m
 LESTER H. GLIEDMAN, M.D. v
 HARRIS GOLDMAN, M.D. v
 EUGENE O. GOLDSTEIN, M.D. c
 SYLVAN C. GOODMAN, M.D. v
 MARTIN K. GORTEN, M.D. c
 JAMES P. GRANT, JR., M.D. v
 S. BUTLER GRIMES, M.D. c
 LOUIS E. HARMON, M.D. v
 AARON HARRIS, M.D. c, s
 THOMAS W. HARRIS, JR., M.D. v
 JAMES B. HAWKINS, M.D. s
 MARY L. HAYLECK, M.D. c
 FREDERICK J. HELDRICH, JR., M.D. v
 EMIL H. HENNING, JR., M.D. s
 CLEWELL HOWELL, M.D. c
 HUGH P. HUGHES, M.D. s
 RICHARD H. HUNT, M.D. v
 MEYER W. JACOBSON, M.D. t
 R. DONALD JANDORF, M.D. v
 W. ATWELL JONES, M.D. v
 THEODORE KARDASH, M.D. m
 VERNON C. KELLY, M.D. m
 KATHARINE V. KEMP, M.D. c
 ALBERT L. LAFOREST, M.D. v
 ARNOLD K. LAVENSTEIN, M.D. c
 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
 CHARLES F. MALONEY, M.D. c
 CLARENCE W. MARTIN, M.D. v
 MARY E. MATTHEWS, M.D. c
 ROBERT E. MAY, M.D. v
 ROBERT MAZER, M.D. v, s
 ISRAEL P. MERANSKI, M.D. v
 DONALD W. MINTZER, M.D. v
 J. CARL MYERS, M.D. mi
 GEORGE C. PAGE, M.D. v
 GEORGE H. PENDLETON, M.D. v
 TALMADGE H. PINKNEY, M.D. v
 WILLIAM G. POLK, M.D. c, v
 A. L. RETTALIATA, M.D. mi
 PAUL F. RICHARDSON, M.D. v
 GILBERT W. ROSENTHAL, M.D. c
 ALMA S. ROTHOLZ, M.D. c
 GILBERT E. RUDMAN, M.D. s
 CECIL RUDNER, M.D. t
 ALVIN E. RUDO, M.D. ea
 ROYD R. SAYERS, M.D. mi
 NATHAN SCHNAPER, M.D. v
 HENRY M. SEIDEL, M.D. v
 J. DOUGLASS SHEPPERD, M.D. v
 E. WALTER SHERVINGTON, M.D. v, s
 M. S. SHILING, M.D. t
 ISADORE A. SIEGEL, M.D. mi, m
 ANDREW R. SOSNOWSKI, M.D. s
 MELCHIJAH SPRAGINS, M.D. c
 HENRY G. SUMMERS, M.D. c
 LESLIE A. WALKER, M.D. v
 HOWARD H. WARNER, M.D. s
 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
 HAROLD E. C. ZHEUTLIN, M.D. v

c = child hygiene, ea = ear clinic, ey = eye clinic, m = maternity hygiene, mi = medical investigator, s = school physician, t = tuberculosis clinic, v = venereal disease clinic.

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ORGANIZATION CHART BALTIMORE CITY HEALTH DEPARTMENT



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

1952

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-eighth 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, 1952.

Introduction

The outstanding public health event of the year took place on November 26 when Mayor Thomas D'Alesandro, Jr. inaugurated the fluoridation of the city water supply at the Montebello Filtration Plant. This measure, strongly recommended by both the dental and medical professions, will not only reduce tooth decay in thousands of young children now residing in the city but will also benefit future citizens in improved teeth, health and appearance. Basic documents in the two-year study-battle period are the Committee Report of the National Research Council, published in the Appendix of the 1951 ANNUAL REPORT of the Health Department and the court decision in the taxpayer's suit which appears in the Appendix of the 1952 ANNUAL REPORT.

The City Health Department was especially fortunate in securing the services of Sir Allen Daley, retired Medical Officer of Health of the London County Council and dean of British medical officers of health who early in March joined the Department staff for four months on a half-time basis as Associate Health Officer. His salary was provided by the Board of Estimates at the request of the Mayor and it may be said that never before has a British health official received such an official appointment in an American municipality. Sir Allen's work, primarily of a consultative nature, was inestimably profitable in evaluating and stimulating every part of the City Health Department work. His medical knowledge and administrative skill were as prodigious as his kindly humor was ap-

pealing. Sir Allen's presence in Baltimore was particularly helpful to the Civil Defense Health Service staff in the City Health Department in view of his extraordinary experience as London's wartime medical officer of health. When not in Baltimore he spent much time addressing the Schools of Public Health at Harvard, Yale and at the Universities of Michigan, Minnesota and North Carolina. He spoke more than once at Johns Hopkins

SIR ALLEN DALEY RETIRES

A BRILLIANT and influential career comes to an official end with Sir Allen Daley's retirement next week from his post of medical officer of health and school medical officer of the County of London.

Daley succeeded his father as M.O.H. for Bostle in Hull, in 1929. Placed in charge, under Sir Frederick Menzies, of the very extensive public-health work of the department, he also played an important part in the taking over by the L.C.C. of the 79 hospitals, with 40,000 beds, administered by the boards of guardians and the Metropolitan Asylums Board. The welding of these hospitals into an efficient municipal service was an immense undertaking, but it was largely accomplished before the outbreak of the second world war. Daley acted as chairman of departmental committees concerned with pathological services, hospital standards, hospital staffing, the district medical service, the ambulance service, and the tuberculosis scheme, and the reports of these committees influenced policy outside London as well as within L.C.C. borders. Promoted deputy in 1938, he succeeded Menzies as county medical officer in 1939. The L.C.C.'s mental-hospital service was placed under his administration in 1941 and he then became head of the biggest municipal hospital service in the world. His part in serving the civilian sick and the air-raid casualties sustained in some 800 incidents, enabled it later to say that no acute case of illness and no casualty ever failed to get a bed in an L.C.C. hospital. In 1944 Daley's distinguished services were recognised by the bestowal of a knighthood.

The ending of the war plunged Sir Allen into the problems of reconstructing the hospital service and preparing for the National Health Service. In London these problems were peculiarly complex. Not only had the L.C.C.'s staffs, records, and hospitals to be handed over to four separate regional hospital boards and several boards of governors of teaching hospitals, but the maternity and child-welfare services of the 28 Metropolitan boroughs and the City had to be taken over and integrated with the remaining health services of the L.C.C. The smooth accomplishment of both tasks owed much to Daley's administrative genius. This wider sphere saw his energies and abilities utilised in various spheres. As president, and then for four years as chairman of council, of the Society of Medical Officers of Health, he occupied the leading position in the councils of his own branch of the profession. He also occupied an ex-officio seat on the Central Health Services Council, sat on many of its standing advisory committees, and was chairman of that on mental health. Many voluntary bodies sought his assistance, and as elder statesman he befriended and guided many of his junior colleagues.

Blessed with good health, an astonishing capacity for work, an excellent memory, an abiding interest in men and things, and the saving grace of humour, Daley has served his day and generation well, but has still much to give us. Like Sir Arthur Newsholm before him, he goes for a few months to America, where, at the instance of his friend Dr. Huntington Williams, he will act as part-time associate health officer of the City of Baltimore and will also lecture in several American universities. On his return there will certainly be no lack of employment for his wisdom and experience; and we speak for hundreds of his friends in the medical and nursing professions in wishing him many fruitful years of healthy, happy, and energetic retirement.

FROM THE LANCET
LONDON, FEBRUARY 16, 1952

and also at the state and other local medical meetings, and late in June he and the Commissioner of Health addressed the Richmond Academy of Medicine in that city.

The program of providing modern health district buildings in Baltimore went forward with the ceremonial cornerstone laying for the new Southeastern Health District building at 3411 Bank Street on March 11 and the ground breaking for the Eastern Health District building on March 14. The study of air pollution control was given added impetus when \$25,000 was appropriated for 1953 with a plan that a Division of Air Pollution Control be established in the Health Department's Bureau of Industrial Hygiene. The Bureau of Food Control likewise was strengthened with the addition of a Division of Food Plant Inspection. Lead poisoning in young children, long a public health problem in Baltimore, appeared to be on the decline with 5 deaths and 29 cases reported for 1952 as compared with 9 fatalities and 77 cases in 1951. A special exhibit of this hazard was dis-

played on special request at the annual meetings of the Southern Branch of the American Public Health Association in Baltimore in April, of the American Medical Association in Chicago in June and of the American Public Health Association in Cleveland in October.



HEALTH OFFICERS CONFERENCE
SIR ALLEN DALEY (RIGHT) AND THE COMMISSIONER

At the request of Mayor D'Alesandro, the Commissioner of Health participated in studies designed to investigate the needs for nursing homes and for the aged, two problems which are becoming increasingly important as our population ages; and in April Dr. W. Thurber Fales, Director of the Department's Statistical Section began his work, with the consent of the

Mayor, as a staff member of the President's Commission on the Health Needs of the Nation.

Baltimore's health record for 1952 showed a remarkable new low record of 6 cases of diphtheria for the year, 2 cases less than the prior low city record for 1951 and 40 less than the lowest prior figure reported both in 1948 and 1949. Whooping cough was recorded with a new low of 113 cases, and the tuberculosis death rate for the total population fell from 52.1 per 100,000 population in 1951 to a new low city record of 43.5 in 1952. Both for the white and colored groups the tuberculosis death rates were the lowest in the city's records. The number of mothers dying of conditions relating to pregnancy and childbirth was again remarkably low. There were only 5 deaths of mothers for every 10,000 babies born alive, as compared with 4 in 1951. The infant mortality rate was 27.9 per 1,000 live births, almost the same as the city's record low year, 1950, when it was 27.2. For white infants a new low record of 20.9 was achieved. In past years illnesses and deaths from typhoid fever, diphtheria, measles and whooping cough accounted for a large number of deaths each year. It is especially gratifying to report no death of typhoid fever, whooping cough or measles, and but 1 death from diphtheria in 1952.

The year was also marked by the completion of the major part of the work in the Housing Bureau's Pilot Program in a 27 block area in East Baltimore, and a resurvey of this area was made under the direction of Mr. Emil A. Tiboni of the U. S. Public Health Service. In it the American Public Health Association's appraisal technique was used. By the end of the year the Encyclopaedia Britannica Films, Inc. had finished its documentary sound motion picture which skillfully depicts Baltimore's law enforcement and rehabilitation activities in the fight against slum housing.

For the period September 16–October 16 the Commissioner of Health visited West Germany at the invitation of the German Federal Government. With a small group of other American officials he flew by way of London to Frankfurt and return. They studied with the help of national and local officials and nonofficial agencies current problems in about 25 West German cities, in West and East Berlin and in rural areas in the special fields of public administration, local planning and reconstruction.

Civil Defense

During the year particular effort was made to appoint key personnel to all responsible positions in the Civil Defense Health Service organization. To assist in carrying out their duties Health Department staff members in the Civil Defense Health Service participated in two national conferences and numerous state and local meetings.

In July, copies of "Baltimore City Civil Defense Health Service Key Information" were assigned to the Commissioner of Health in his capacity

as Director of the Civil Defense Health Service for Baltimore City, to Dr. J. Wilfrid Davis, deputy director of this service, to Dr. William H. F. Warthen of the Baltimore County Civil Defense Health Service and to Dr. William J. French of the Anne Arundel County Service. This key civil defense information material is brought up-to-date every three months so that essential information will always be available to administrators in an emergency. In November a succession of command was established to provide for an administrative head in the event the Director is unable to serve.

Other civil defense activities accomplished during 1952 included: The establishment of storage areas for emergency medical supplies and the origination of plans to distribute these supplies early in 1953 to the city's 98 casualty clearing stations; the assignment and instruction of 16 fully organized and 7 partially organized mortuary teams; the designation of temporary burial areas in the event of severe destruction; the completion of plans of procedure for the Sanitation and Special Weapons Defense section of the Civil Defense Health Service; the assignment of special duties to more than 50 volunteers of the Pest Control Association of Maryland and the Baltimore Chapter of Food Technologists and the training of these volunteers in Civil Defense Food Service techniques; and the distribution of civil defense identification cards to City Health Department personnel.

At the end of the year there remained the task of completing the civil defense organization of the hospitals in the city and also that of completing the staffing of the 98 casualty clearing stations throughout the city with the required number of volunteer nurse assistants and first aid and other workers. The American Red Cross continued to cooperate fully in the training of volunteers.

The Health of the City

The estimated population of the city on July 1, 1952 was 956,500; the white population was 724,000 and the nonwhite population was 232,500 or 24.3 per cent. These figures have been used in calculating the rates in this report. The annual increase in population is less than the growth which would be expected on the basis of the excess births over deaths. It is believed that this is due to a net outmigration from the city proper to the suburban fringe.

Mention has been made of the new low record of only 6 cases of diphtheria in the year. The reduction of reported cases of whooping cough to 113 and a decline of 16.5 per cent in the tuberculosis death rate to 43.5 per 100,000 population have also been noted.

Counterbalancing these trends was a disturbing rise of 10 per cent in the rate of mortality due to accidents from all causes. In 1952, there were 549

resident deaths ascribed to accidents as compared with 498 which were recorded in 1951. This increase was chiefly due to a rise in the number of deaths which resulted from accidents in the home, and plans for special studies in this field are being made.

The excellent record in maternal and infant mortality established in recent years in this city was maintained in 1952. The number of mothers dying of childbirth or as a result of conditions associated with childbearing was 5 per 10,000 live births. The infant mortality rate was 27.9 per 1,000 live births with rates of 20.9 and 41.2 prevailing in the white and nonwhite populations, respectively. The differential between the white and nonwhite infant mortality rates presents a problem which can be successfully dealt with, it is believed, by a more intensive program of preventive care among the underprivileged elements of the nonwhite population.

Principal Causes of Death

The total mortality rate rose from 11.4 to 11.7, a rise which is due to small increases in death rates for conditions associated with old age and to the 10 per cent increase in deaths from accidental causes. As the population ages, that is, as the proportion of the population in older age groups increases, it may be expected that the total death rate will show a gradual upward movement. This trend should not be considered as alarming, since it does not reflect by itself the progress which is being made in reducing the mortality risk at specific age levels.

The death rate in 1952 for the white population was 11.4 and the corresponding figure for the nonwhite population was 12.7. The difference between these rates which is now about 10 per cent has shown dramatic change in the past two decades. Twenty years ago, in 1932, the mortality rate in the nonwhite population was 50 per cent higher than the rate prevailing in the white population. The reduction of this difference between the groups may be attributed to the marked improvement in the general social and economic status of the Negro and to the several preventive medical programs administered by the City Health Department in maternal and child hygiene, and in tuberculosis and venereal disease control.

Diseases of the heart continued in first place among the principal causes of death with a rate of 505 per 100,000 population, as may be seen in the accompanying table. Cancer was the second leading cause of death. Among Negroes tuberculosis continued to play an important role in causing death, the rate being 104.1. Nevertheless striking progress was made in 1952, as is evidenced by a comparison of the 1951 and 1952 tuberculosis death rates in the colored population. The building of new tuberculosis hospital facilities and the use of streptomycin and other new drugs should aid in the struggle to remove this disease as a widespread hazard to life and family security.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH: TOTAL, WHITE AND COLORED POPULATION; BALTIMORE 1951-1952

TOTAL POPULATION			WHITE POPULATION			COLORED POPULATION		
CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000	
	1952	1951		1952	1951		1952	1951
Diseases of heart.....	505.0	480.5	Diseases of heart.....	528.0	501.2	Diseases of heart.....	433.1	415.2
Cancer, all forms.....	180.3	172.3	Cancer, all forms.....	192.3	183.7	Cancer, all forms.....	143.2	136.5
Vascular lesions of central nervous system...	87.4	84.7	Vascular lesions of central nervous system.	85.5	82.8	Tuberculosis, all forms	104.1	123.9
Accidental causes.....	57.4	52.3	Accidental causes.....	50.1	46.7	Vascular lesions of central nervous system.	93.3	90.4
Tuberculosis, all forms..	43.5	52.1	Diseases of arteries and veins.....	28.9	25.7	Certain diseases of early infancy.....	84.7	86.5
Certain diseases of early infancy.....	41.1	47.3	Certain diseases of early infancy.....	27.1	34.9	Accidental causes.....	80.0	70.4
Influenza and pneumonia.....	30.9	33.5	Influenza and pneumonia.....	25.4	24.7	Influenza and pneumonia.....	48.2	60.4

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1952.

FINANCIAL STATEMENT

As of December 31, 1952

Total City Appropriations.....	\$2,011,208.14
Total City Expenditures.....	1,947,587.88
Appropriations by Ordinance of Estimates, January 1, 1952.....	\$1,926,550.00
Appropriation for Transportation.....	46,403.43
Supplementary Appropriations for Building Maintenance and Special Projects.....	38,254.71
	<hr/>
	\$2,011,208.14

Expenditures of the Baltimore City Health Department

ADMINISTRATIVE SECTION

Administration.....	\$55,603.65
Health Information.....	42,073.67
Laboratories.....	143,386.94
Eastern Health District.....	98,332.23
Western Health District.....	71,316.50
Southeastern Health District.....	79,223.28
Druid Health District.....	150,889.12
Southern Health District.....	81,378.33
	<hr/>

\$722,208.72

MEDICAL SECTION—PREVENTIVE

Communicable Diseases.....	\$22,940.44
Tuberculosis.....	74,759.24
Venereal Diseases.....	112,173.73
Child Hygiene.....	105,955.72
School Hygiene.....	23,450.93
Dental Care.....	44,318.43
Public Health Nursing.....	171,776.44

\$555,374.93

MEDICAL CARE SECTION

Administration.....	\$20,397.47
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\$20,397.47

SANITARY SECTION

Administration.....	\$26,547.16
Milk.....	73,742.99
Food.....	63,501.17
Meat.....	79,347.55
Environmental Hygiene.....	112,070.39
Rodent Control.....	55,330.97
Industrial Hygiene.....	31,743.73

\$442,283.96

STATISTICAL SECTION

Administration.....	\$11,904.86
Biostatistics.....	21,456.77
Vital Records.....	57,683.54

\$91,045.17

HOUSING

Administration.....	\$116,277.63
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\$116,277.63

Total, Salaries and Expenses..... \$1,947,587.88

Receipts

Vital Records.....	\$31,827.75
Child Hygiene Licenses.....	85.00
Milk Permits.....	13,132.00
Plumbing Permits.....	22,945.25
Rooming House Permits.....	672.00
Meat Permits.....	24,870.00
Miscellaneous Revenue.....	156.75

Total..... \$93,688.75

Additional Non-Health Department Expenditures

There follow certain tabulations of expenditures for health work in Baltimore in 1952 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.....	\$9,748.64
City Department of Education—high school medical services.....	102,188.00
City Department of Welfare	
Tuberculosis hospital service	
Baltimore City Hospitals.....	515,588.00
Mt. Pleasant Sanatorium—city cases.....	12,565.92
Eudowood Sanatorium—city cases.....	23,694.00
Communicable disease hospital service.....	70,547.55†
State Department of Health Funds	
State Tuberculosis Sanatoria—city cases.....	1,258,295.00
Mt. Pleasant Sanatorium—city cases.....	39,351.00
City venereal disease control.....	5,040.00
Services for city crippled children.....	76,801.71
Medical care—public assistance clients.....	552,467.00
U. S. Public Health Service Funds	
General.....	32,563.11
The Johns Hopkins Hospital—venereal disease control.....	18,308.00
Tuberculosis control.....	42,638.37
U. S. Children's Bureau Funds	
Maternal and Child Health Service.....	72,722.15
Services for crippled children.....	8,682.39
Services for cerebral palsy project.....	47,145.40
The Johns Hopkins University rheumatic fever and congenital heart project.....	15,860.86
The Johns Hopkins University training program in audiology and speech.....	28,100.00
The Johns Hopkins Hospital—epilepsy clinic.....	8,800.00
University of Maryland Hospital—epilepsy clinic.....	6,405.50
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	\$2,947,512.60

II NONOFFICIAL EXPENDITURES

Baltimore City Chapter—National Foundation for Infantile Paralysis.....	67,930.71
Baltimore Hearing Society.....	17,581.81
Baltimore League for Crippled Children and Adults, Inc.....	72,723.57
Eudowood Sanatorium—city cases.....	7,086.09
Food Establishments—sanitary control.....	70,000.00†
Heart Association of Maryland.....	35,573.13
Instructive Visiting Nurse Association.....	148,798.25
Johns Hopkins University—Eastern Health District.....	12,218.58
Laboratory services—hospital or private.....	140,000.00†
Maryland Division, Inc.—American Cancer Society.....	93,000.00
Maryland Society for the Prevention of Blindness.....	13,338.18
Maryland Tuberculosis Association.....	115,000.00
Mt. Pleasant Sanatorium—city cases.....	99,498.00
Pasteurization plants—farm and laboratory control.....	170,000.00
Venereal disease control—hospital dispensaries.....	25,000.00†
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	\$1,087,748.32†
Total.....	\$4,035,260.92†

This \$4,035,260.92 added to the City Health Department expenditures of \$1,947,587.88 gives an estimated total of \$5,982,848.80 or \$6.25 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.