

CITY OF BALTIMORE

ONE HUNDRED AND THIRTY-NINTH

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1953



*To the Mayor and City Council of Baltimore for the
Year Ended December 31, 1953*

Among the concerns of our Government for the human problems of our citizens, the subject of health ranks high. For only as our citizens enjoy good physical and mental health can they win for themselves the satisfaction of a fully productive, useful life.

PRESIDENT DWIGHT D. EISENHOWER
Message to Congress: January 18, 1954

DEPARTMENT OF HEALTH

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

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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.....GEORGE W. WATSON, M.S.P.H.
Druid Health District.....H. MACEO WILLIAMS, M.D., M.P.H.
Southeastern Health District.....JOHN A. SKLADOWSKY, M.D.
Southern Health District.....WILLIAM J. FRENCH, M.D.

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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

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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

FRANZ J. VIDOR, Director

STATISTICAL SECTION

MATTHEW L. TABACK, Sc.D., Director

Biostatistics.....
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
WILLIAM F. SCHMICK, Sr., President

BALTIMORE, THURSDAY, MARCH 5, 1953

Dr. Thomas S. Cullen

It was altogether in keeping with his character that, on the eve of the attack which resulted in his death, Dr. Thomas S. Cullen was attending a gathering of members of his profession. He loved the company of his fellow men and his presence never failed to add zest to any assemblage.

Chief among the qualities which endeared him to a host of friends were his enthusiasm, his unselfishness and his humor. But these were not mere ornaments. He used them assiduously for the purpose of bettering the community in which he lived.

Dr. Cullen had no hesitancy about approaching persons of power and importance and making his demands known. This, according to his friends, he was able to do because he asked things for others, but never for himself. His humor, too, served him well. For often when tempers rose in the discussion of some controversial mat-

ter, Dr. Cullen would rescue the situation with a good story from his abundant stock.

In a long life so full of good works it is impossible to select one which might be described as his outstanding contribution. Dr. Cullen represented the last living link with the "Four Doctors" of the Hopkins, in association with whom he began his professional career here. As professor of gynecology in succession to Kelly he achieved international distinction in research and teaching. Like Osler and Welch he became greatly interested in public health. Both the State and city health departments are indebted to him for expert advice and unfailing support. He was indefatigable, too, in his efforts on behalf of the Pratt Library. Added to that was his pioneer work in the public fight on cancer and miscellaneous labors on other boards too numerous to mention.

Amid the many doubts and anxieties of the times there is great encouragement in the thought that our civilization produces men of skill and character and devotion to the public good like Dr. Cullen.

A GREAT SURGEON—A GREAT FRIEND
A GREAT COUNSELOR

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,
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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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Baltimore Association of Commerce.*

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

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 BRUCE ARMSTRONG, M.D. t
 DAVID BACHARACH, M.D. s, v
 McDONALD M. BANDO, M.D. c
 M. L. BARKSDALE, M.D. v
 BARNETT BERMAN, M.D. t
 WALTER P. BLOCK, M.D. c
 HARRY E. BLOOM, M.D. ey
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 HUGH P. HUGHES, M.D. s
 RICHARD H. HUNT, M.D. v
 MEYER W. JACOBSON, M.D. t

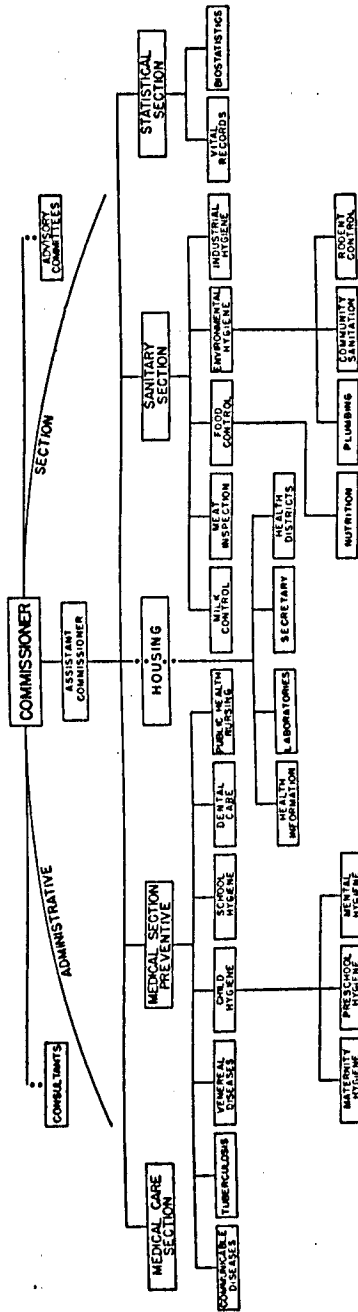
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 DONALD W. MINTZER, M.D. v
 GEORGE C. PAGE, M.D. v
 GEORGE H. PENDLETON, M.D. v
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 WILLIAM G. POLK, M.D. c, v
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 A. L. RETTALIATA, M.D. mi
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 MARY C. RILEY, M.D. t
 GILBERT W. ROSENTHAL, M.D. c
 ALMA S. ROTHHOLZ, M.D. c
 GILBERT E. RUDMAN, M.D. s
 CECIL RUDNER, M.D. t
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 ROYD R. SAYERS, M.D. mi
 JAMES H. SHELL, JR., M.D. m
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 ANDREW R. SOSNOWSKI, M.D. s
 MELCHIJAH SPRAGINS, M.D. c
 HENRY G. SUMMERS, M.D. c
 ARTHUR C. TIEMEYER, M.D. m
 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
 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



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

1953

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-ninth 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, 1953.

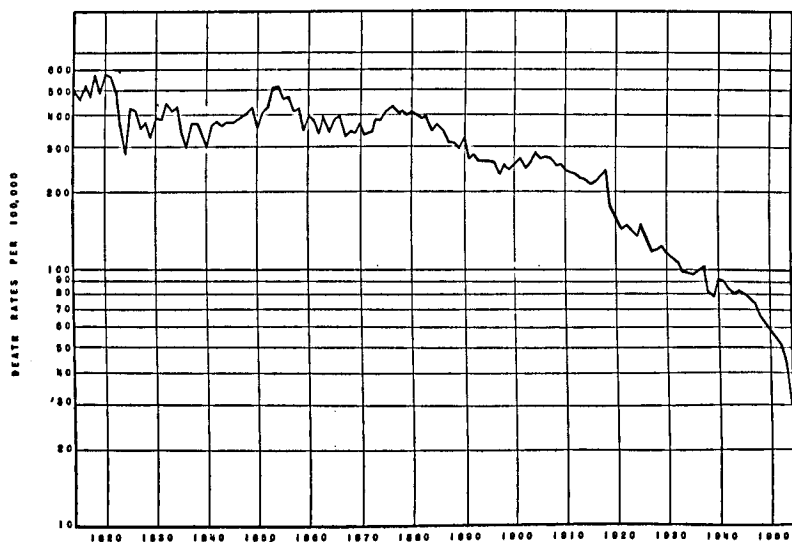
Introduction

The truly phenomenal decline of 36 per cent in Baltimore's tuberculosis death rate and the even more striking drop of 48 per cent in the city's Negro tuberculosis death rate compared with 1952 constitute the most prominent achievements in the public health progress of the municipality during 1953. With these new low records, tuberculosis for the first time in Baltimore's history dropped out from the ranks of the major killers. Also, for the first time in the city's health records, a calendar year passed without a diphtheria death. The number of cases and deaths of syphilis, likewise, dwindled to a degree that permitted a reduction in Health Department expenditures for the treatment and control of that disease, and the maternal mortality rate reached a new record low which may represent a nationwide record for a city of Baltimore's size.

On February 16 the State Planning Commission submitted to the Governor and to the General Assembly of Maryland a report of its Committee to Review the Medical Care Program of the State which included an important analysis of this work in Baltimore City. In addition, another project of long-range future significance was the inauguration toward the middle of the year of the door-to-door survey of approximately 4,000 homes in the city by the Commission on Chronic Illness, a national non-profit independent agency, with headquarters in Baltimore, which was established in 1949.

In mid-February the Western Health District moved its offices from 617 West Lombard Street where they had been since the District was

established in 1935 to the second floor of the old University of Maryland Hospital building at Lombard and Greene Streets, and Mr. George W. Watson became District Health Administrator. A month later the new Southeastern Health District building was opened at 3411 Bank Street, and on September 1 ground was broken by Mayor Thomas D'Alesandro, Jr., for the new Eastern Health District building which will be on Caroline Street between Monument and McElderry Streets.



TUBERCULOSIS DEATH RATES PER 100,000 POPULATION,
BALTIMORE 1814-1953

The Housing Bureau was reorganized during the year and on June 23 Mr. Franz J. Vidor began his work as director of the bureau. Special efforts were made in preparation for an area project in neighborhood rehabilitation in the Mt. Royal area, and for the revision of the regulations adopted in 1942 pursuant to the Ordinance on the Hygiene of Housing. The Department work in air pollution control was also strengthened by the appointment of Mr. F. C. Hettinger, Chairman of the Department of Chemical Engineering at the Johns Hopkins University, to serve on a part-time basis as Senior Engineering Supervisor in the Bureau of Industrial Hygiene. Changes in the State psittacosis control law and the repeal of the city ordinance permitted the sale of love birds and other psittacine birds in Baltimore under Health Department permit, and two new tattoo

control ordinances with regulations put this procedure in the city under strict sanitary control.

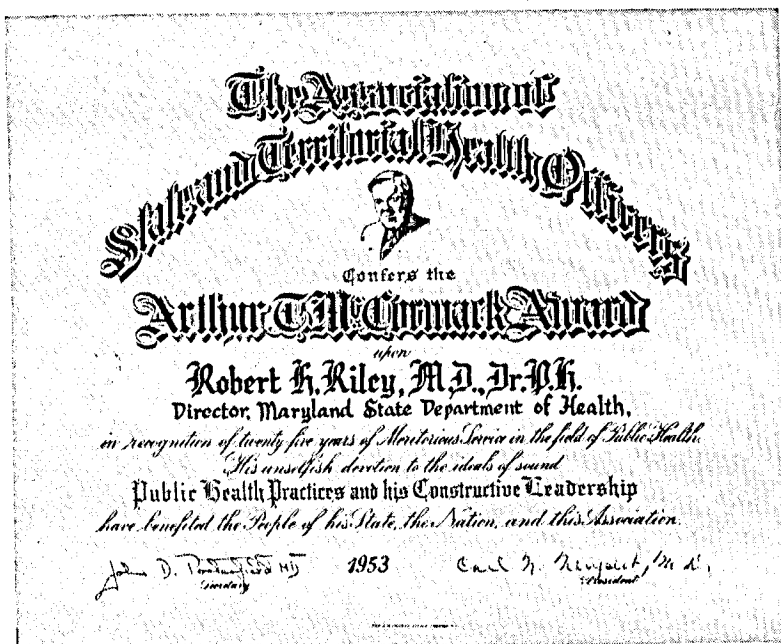
At the suggestion of Senator George L. Radcliffe, President of the Maryland Historical Society, the City and State Health Departments arranged with the help of the Medical and Chirurgical Faculty of Maryland and other professional groups an Exhibition on the History of Medicine in the State. Dr. Thomas Parran, Dean of the Graduate School of Public Health at the University of Pittsburgh, formerly Surgeon General of the U. S. Public Health Service and a native Marylander, gave the opening address on November 16 and the Exhibition remained on view at the Society building until December 31. Special sections were arranged by a group of committees, under the general chairmanship of the Commissioner of Health, which dealt with Medical Education and Research, General Practice, Hospitals, Public Health, Nursing, Dentistry and Pharmacy. Also of historical interest was the republication in *facsimile* of The First Thirty-Five Annual Reports of the Baltimore City Health Department for the years 1815 through 1849.

The Commissioner of Health presented an address on "Osler and Welch: Founders of Modern American Public Health" before the Section on the History of Medicine of the Richmond, Virginia, Academy of Medicine on February 10. He also continued to serve as Professor of Hygiene and Public Health at the Medical School of the University of Maryland, as Adjunct Professor of Public Health Administration at the Johns Hopkins School of Hygiene and Public Health, and as a lecturer at the Johns Hopkins Medical School. On November 5 Dr. Robert H. Riley, for 25 years Director of Health of Maryland and a Consultant to the Baltimore City Health Department, received the Arthur T. McCormack Award for unusually meritorious service in public health, at the annual meeting of the Association of State and Territorial Health Officers in Washington.

Civil Defense

Civil Defense Health Service activities during 1953 were primarily directed toward pushing forward the plans developed during 1951. While preparation to meet these Health Department responsibilities went ahead during the year, adequate means for giving emergency treatment to those injured by the effects of enemy bombing were not assured in an entirely satisfactory manner. This was largely due to a characteristic reluctance on the part of many agencies, groups and individuals to prepare for an attack which never appeared to be imminent.

However, at the close of the year it was felt that the Civil Defense Health Service of Baltimore was basically sound. Planning for it will



**DR. ROBERT H. RILEY RECEIVES
McCORMACK PUBLIC HEALTH
AWARD**

surely require periodic revision from time to time. This was particularly true in regard to emergency hospitalization. There appeared to be a need for a full-time medical director for the Civil Defense Health Service and for finding the right person for each particular position of leadership in this special field of organization.

Other civil defense activities during 1953 included: The distribution of quantities of litters, large and small burn dressings, cartons of special supplies, and cases of blood plasma to the ninety-eight casualty clearing stations of the city; distribution of a large quantity of antibiotics to co-operating hospitals for storage and use on a rotation basis; receipt of 10,000 fibre blankets and 400 cases of surgical instruments and other equipment for casualty clearing stations; and the receipt of ninety-eight metal signs designating selected buildings as casualty clearing stations most of which were distributed by the end of the year.

The Health of the City

The estimated population of the city on July 1, 1953 was 963,500; the white population was 715,800 and the nonwhite population was 247,700.

or 25.7 per cent. These figures have been used in calculating the rates in this report.

The extraordinary reduction in Baltimore's tuberculosis death rate from 43.2 per 100,000 population in 1952 to 27.8 in 1953 represented the most striking advance recorded during 1953 in the control of disease. With the advent of effective antibiotic therapy, the development and practice of increasingly successful chest surgery, and an expansion in the number of hospital beds available for tuberculosis care, the decline in tuberculosis mortality has been accelerated markedly in the past several years. Thus in the biennium 1952-1953 the average annual drop in rate was 24 per cent compared with 9 per cent in the period 1950-1951 and 8 per cent during 1948-1949.

Further progress in the control of syphilis was revealed by the fall in the mortality rate for this disease from 10.1 deaths per 100,000 in 1952 to 6.5 in 1953. A parallel reduction in cases from 1,982 reported in 1952 to 1,336 recorded in 1953 may constitute additional evidence of a decline in the infectious reservoir of this disease in Baltimore.

During 1953, the maternal mortality rate was 3.1 per 10,000 liveborn, a new low record. Among white women the rate was 0.7 and for Negro mothers it was 7.4. This health record revealed how effective have been the efforts of the medical profession and the Health Department in recent years through insistence upon the highest quality of care for the widest possible segment of the child-bearing group of women.

A rise in the death rate from pneumonia and influenza combined, continued a trend noted in 1951 and constituted a puzzling reversal in the generally successful fight against mortality associated with known bacterial organisms. Diseases of early infancy were an additional complex of disorders for which the statistical record failed to provide evidence of successful achievement.

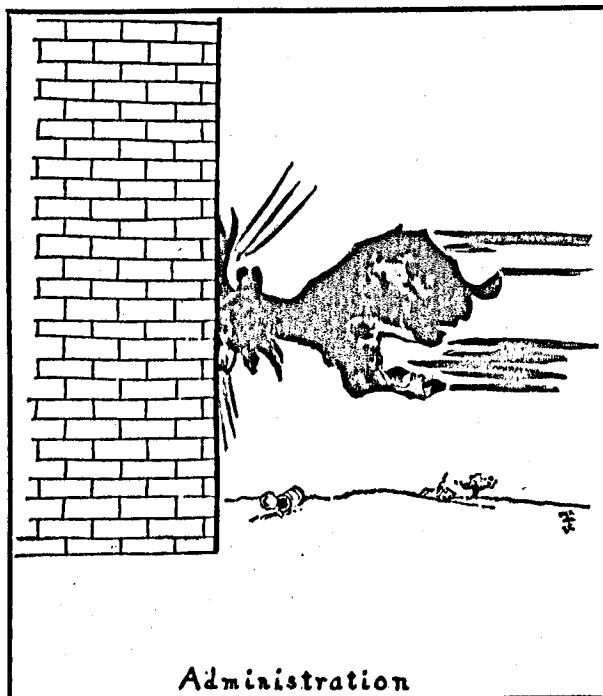
Principal Causes of Death

The total resident death rate was 11.2 per 1,000 population in 1953, a decline of about 4 per cent from the rate of 11.7 recorded in 1952. Mention has been made of the sharp decline in the city's tuberculosis mortality. Among the leading causes of death in 1953, accidents appeared to be perhaps the group most susceptible to control by the application of current knowledge and resources.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING
CAUSES OF DEATH: TOTAL, WHITE AND COLORED POPULATION—
BALTIMORE 1952-1953

TOTAL POPULATION			WHITE POPULATION			COLORED POPULATION		
CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000	
	1953	1952*		1953	1952*		1953	1952*
Diseases of heart.....	481.2	501.9	Diseases of heart.....	517.3	529.9	Diseases of heart.....	376.7	418.0
Cancer, all forms.....	172.5	179.3	Cancer, all forms.....	187.3	193.0	Cancer, all forms.....	129.6	138.2
Vascular lesions of central nervous system...	85.4	86.9	Vascular lesions of central nervous system.....	89.4	85.8	Vascular lesions of central nervous system.....	73.9	90.1
Accidents.....	52.1	57.1	Accidents.....	50.2	50.3	Certain diseases of early infancy.....	73.5	81.8
Certain diseases of early infancy.....	45.1	40.8	Certain diseases of early infancy.....	35.3	27.2	Influenza and pneumonia.....	63.8	46.5
Influenza and pneumonia.....	38.6	30.8	Influenza and pneumonia.....	29.9	25.5	Accidents.....	57.7	77.2
Tuberculosis, all forms..	27.8	43.2	Diseases of arteries and veins.....	26.0	29.0	Tuberculosis, all forms..	52.1	100.5

* Rates for 1952 vary slightly from those published in the Annual Report for 1952. This is due to the use of an improved method of estimating the racial components of the population.



SEEN ON THE OFFICE WALL OF A BALTIMORE ADMINISTRATOR

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1953.

FINANCIAL STATEMENT

As of December 31, 1953

Total City Appropriations	\$2,085,427.13
Total City Expenditures	2,060,542.20
Appropriations by Ordinance of Estimates, January 1, 1953	\$1,970,000.00
Appropriation for Transportation	41,316.79
Special Appropriation—Air Pollution	20,650.00
Supplementary Appropriations for Building Maintenance and Special Projects	53,460.34
	<hr/>
	\$2,085,427.13

Expenditures of the Baltimore City Health Department

ADMINISTRATIVE SECTION

Administration	\$ 58,630.53
Health Information	39,202.21
Laboratories	144,748.99
Eastern Health District	97,246.11
Western Health District	64,060.00
Southeastern Health District	96,198.71
Druid Health District	149,157.70
Southern Health District	80,572.28
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	\$730,416.53

MEDICAL SECTION—PREVENTIVE

Communicable Diseases	\$19,863.54
Tuberculosis	94,263.90
Venereal Diseases	115,355.86
Child Hygiene	112,498.61
School Hygiene	34,683.00
Dental Care	63,830.53
Public Health Nursing	171,004.44
	<hr/>
	\$611,409.07

MEDICAL CARE SECTION

Administration	\$18,161.39
	<hr/>
	\$18,161.39

SANITARY SECTION

Administration.....	\$ 27,803.74	
Milk.....	71,588.19	
Food.....	67,393.49	
Meat.....	83,919.42	
Environmental Hygiene.....	114,255.52	
Rodent Control.....	56,843.37	
Industrial Hygiene.....	38,293.01	
Air Pollution.....	7,631.72	
		<hr/>
		\$467,728.46

STATISTICAL SECTION

Administration.....	\$14,781.01	
Biostatistics.....	29,968.57	
Vital Records.....	58,426.78	
		<hr/>
		\$103,176.36

HOUSING

Administration.....	\$128,462.86	
		<hr/>
		\$128,462.86

CIVIL DEFENSE

Administration.....	\$1,096.63	
		<hr/>
		\$1,096.63

Total, Salaries and Expenses..... \$2,060,542.20

Receipts

Vital Records.....	\$32,044.08	
Child Hygiene Licenses.....	119.00	
Milk Permits.....	12,605.00	
Plumbing Permits.....	23,483.50	
Rooming House Permits.....	603.00	
Meat Permits.....	24,546.00	
Miscellaneous Revenue.....	212.50	
		<hr/>
Total.....	\$93,613.08	

Additional Non-Health Department Expenditures

There follow certain tabulations of expenditures for health work in Baltimore in 1953 which was closely related to or a part of the City Health Department:

I OFFICIAL EXPENDITURES

City Civil Defense Organization—Health Service.....	\$7,100.00
City Department of Education—high school medical services.....	101,063.00

REPORT OF THE COMMISSIONER OF HEALTH

17

City Department of Welfare	
Tuberculosis hospital service	
Baltimore City Hospitals	530,301.42
Mt. Pleasant Sanatorium—city cases	15,233.40
Eudowood Sanatorium—city cases	33,415.20
Communicable disease hospital service	70,382.00†
State Department of Health Funds	
State Tuberculosis Sanatoria—city cases	1,503,947.00
Mt. Pleasant Sanatorium—city cases	48,434.04
City venereal disease control	5,600.00
Services for city crippled children	55,915.00
Medical care—public assistance clients	672,296.00
U. S. Public Health Service Funds	
General	32,995.17
The Johns Hopkins Hospital—venereal disease control	26,800.00
Tuberculosis control	38,028.00
U. S. Children's Bureau Funds	
Maternal and Child Health Service	111,019.60
Services for crippled children	37,668.44
Services for cerebral palsy project	48,039.14
The Johns Hopkins University rheumatic fever and congenital heart project	15,500.00
The Johns Hopkins University training program in audiology and speech	26,300.00
The Johns Hopkins Hospital—epilepsy clinic	10,381.80
University of Maryland Hospital—epilepsy clinic	7,051.50
	<hr/>
	\$3,409,470.80
II NONOFFICIAL EXPENDITURES	
Arthritis and Rheumatism Foundation	15,000.00
Baltimore City Chapter—National Foundation for Infantile Paralysis	89,660.43
Baltimore Hearing Society	17,854.34
Baltimore League for Crippled Children and Adults, Inc.	78,150.80
Eudowood Sanatorium	10,241.28
Food Establishments—sanitary control	80,000.00†
Heart Association of Maryland	78,947.62
Instructive Visiting Nurse Association	140,378.33
Johns Hopkins University—Eastern Health District	8,440.55
Laboratory services—hospital or private	150,000.00†
Maryland Division, Inc.—American Cancer Society	104,000.00
Maryland Society for the Prevention of Blindness	14,404.12
Maryland Tuberculosis Association	120,000.00†
Mt. Pleasant Sanatorium—city cases	105,870.41
Pasteurization plants—farm and laboratory control	175,000.00
Venereal disease control—hospital dispensaries	20,000.00†
	<hr/>
Total	\$1,207,953.88†
	<hr/>
This \$4,617,424.68 added to the City Health Department expenditures of \$2,060,542.20 gives an estimated total of \$6,677,966.88 or \$6.93 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 or by private hospitals, agencies or individuals.	\$4,617,424.68†

† Approximate figure.

Personnel

Dr. Thomas S. Cullen, member of the Maryland State Board of Health and one of the original group of Consultants to the City Health Department died on March 4. Dr. Cullen, internationally known as a surgeon and for his teaching and research in gynecology, was for many years both friend and counselor to the City and State Health Departments. He will

be long remembered for his contributions to public health in this state and nation. Another loss was sustained with the untimely death on May 21 of Dr. W. Thurber Fales, Director of the Statistical Section. Dr. Fales had been chief statistician in the City Health Department since 1935 and was the first trained statistician appointed to the staff.

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BALTIMORE, FRIDAY, MAY 22, 1953

W. Thurber Fales

Dr. W. Thurber Fales, whose sudden death occurred yesterday, was a statistician whose material was human beings. As a member of the staff of the Baltimore Health Department his task was to arrive at the population figures on which the city's official percentages of births and deaths and diseases are based.

On the accuracy of his interpretations depended, among other things, the city's knowledge as to how well it was combating disease and death. Statistics can be misleading unless they are properly assembled and interpreted. Dr. Fales was a leader in the development of refined and trustworthy statistical methods in his field.

As his reputation grew Dr. Fales was sought by many people outside the city's health department. School authorities consulted him on the child population so as to know where to build new schools. The welfare department sought his advice. Many other agencies needing information on population trends and like matters came to him for help.

Dr. Fales's reputation was not confined to Baltimore. Among biostatisticians he was known throughout the nation and the world. He helped set up a uniform system of vital statistics among the nations through the World Health Organization. He did much of the statistical spade work for the Truman health report.

Characteristic of Dr. Fales was the generosity with which he offered his services. It is said that whatever immediate request was being made of him was for the moment the most important. He was never too busy to respond. So, modest and unassuming though he was, there are people in many parts of the world who are grateful for his help and will mourn his passing.

A GREAT STATISTICAL LEADER

The year 1953 also saw the retirement of Dr. Henry F. Buettner, Director of Medical Services and Supplies for the Health Department's Civil Defense Health Service and the retirement of Dr. Anthony L. Retaliata, Senior Medical Investigator for Communicable Diseases. Dr. Buettner terminated his Health Department duties on June 30 after thirty-three years of service during much of which time he was a part-time health officer, school physician and communicable disease investigator,

while more recently he served at different times as full-time Health Officer of the Eastern Health District, Director of the Bureau of School Hygiene and Director of the Bureau of Child Hygiene. Dr. Rettaliata completed an unbroken span of 42 years with the Health Department on December 31. His first appointment was as a part-time Health Warden in 1911. He subsequently served as school medical examiner and communicable disease

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To Pay or Not to Pay

One could scarcely expect all of the medical profession—or, for that matter, any other profession or business—to operate by the precepts of Dr. Anthony Rettaliata, who retired this week in Baltimore at 80. Dr. Rettaliata never once sent a bill to a patient.

As it happened Dr. Rettaliata prospered, and has an estate at least large enough to serve in retirement. "I thought they'd pay me if they could," he explained. "And many of them did." "And many of them didn't," added Mrs. Rettaliata.

Needless to say, Dr. Rettaliata would be a richer man at 80 had he followed conventional practices. Richer, that is, in a material sense. But he gained something in his long career that is denied the rest of us. He must have an unparalleled understanding of human nature. The news story, unfortunately, doesn't say what he thinks of it.

WHERE YOUR TREASURE IS THERE WILL YOUR HEART BE ALSO

investigator, and as Assistant District Health Officer under Dr. Harry S. Mustard in the Eastern Health District. He was the first full-time Health Officer on the city payroll and did much to make smooth the early field services in the Eastern Health District, the Health Department's first health district which was established in 1932 with the aid of the Johns Hopkins School of Hygiene and Public Health to serve as a training and research area, especially in relation to public health administration and epidemiology.

Appointments and other staff changes included the following: On Janu-

ary 19 Dr. William J. French, former Health Officer of Anne Arundel County and well known for child health and medical social service work, became Associate Health Officer of the Southern Health District on a part-time basis; on February 2 Mr. Robert M. Keller was appointed full-time nonmedical Health Administrator in the Civil Defense Health Service; on February 17 Mr. George W. Watson who had been assisting with the Civil Defense Health Service program was assigned to the Western Health District as the city's first nonmedical District Health Administrator; on June 23 Mr. Franz J. Vidor, formerly with the Baltimore County Planning Commission, was appointed Director of the Housing Bureau to fill the vacancy created by the resignation of Mr. G. Yates Cook on March 31; on May 28 Mr. F. C. Hettinger, Chairman of the Department of Chemical Engineering at the Johns Hopkins University, was appointed on a part-time basis as Senior Engineering Supervisor for Air Pollution Control in the Bureau of Industrial Hygiene; and on July 9 Dr. Matthew L. Taback, Director of the Bureau of Biostatistics, was promoted to become Director of the Statistical Section as successor to Dr. Fales.

Health Information

Essential to the betterment of personal and community health is a vigorous city-wide program of health education and information. Wherever possible all Health Department units participated in this task which touched on the many health aspects of city life from the large industrial plant to the welfare client in his small rented rooming unit. In so doing every means of communication was utilized including individual and group conferences, the press, Health Department publications, radio and television. Of particular help was the work of the Health Department public health nurses and sanitarians who continually promoted better health practices during their visits and inspections throughout the city.

Maternal and child health, home accidents, housing, civil defense, atmospheric pollution control, industrial hygiene, medical and dental care, community sanitation, the communicable diseases, nutrition and food control provided fundamental problems which were approached by educational methods. These were acted upon often with the assistance of the many interested community agencies and individuals, both official and nonofficial.

Important health information activities included the following:

1. The *Saturday Letter to the Mayor* was issued weekly. This is the Health Department's weekly press release which includes the vital statistics for the week and a cover letter from the Commissioner of Health which deals with some specially important and timely health topic. The *Baltimore Health News* was published monthly and mailed

to some 10,000 individuals and agencies. In its articles of special note were related to: Fluoridation of the City water supply, the State Planning Commission's report on the Medical Care Program, the national Chronic Illness Commission study in Baltimore, gamma globulin and poliomyelitis, an address on Osler and Welch by the Commissioner of Health, a description of the republished earliest Health Department annual reports of 1815-1849 and an item on the Exhibition on the History of Medicine in Maryland at the Maryland Historical Society.

The ANNUAL REPORT OF THE DEPARTMENT OF HEALTH and its summary *Guarding the Health of Baltimore* were published and distributed to selected mailing lists. Newspaper publicity developed as a result of Health Department releases and publications totaled 392 articles and comprised 3,285 column inches. Fourteen reprints of published articles written by Health Department personnel were distributed to the 1,800 physicians in the city.

2. New health information publications originated during the year included: "Housing Bureau Suggestions to Homeowners," "Education in Living," and "Rat Control." Among other revised publications were: "Dear Mother-to-be" (mental health), "Diphtheria," "Emergency Home Food Shelf," "Instructions for Food Demonstrators," "Regulations Governing the Distribution and Sale of Oysters and Clams," "State Regulations Governing the Retail Sale Or Use of Hydrocyanic Acid and Its Salts, Compounds and Preparations" and "State Regulation for Sodium Fluoride." The diphtheria poster "Prevent Diphtheria" was revised to conform with the latest inoculation practices, and the poster "Baltimore Steps to Dental Health" was reprinted in red.
3. The weekly radio and television programs jointly sponsored with the Medical and Chirurgical Faculty of Maryland were continued without interruption during the year. "Keeping Well," the radio drama series was broadcast through the facilities of WFBR, and "Your Family Doctor," the television series was telecast with the assistance of WMAR-TV of the *Sunpapers* organization. Studio surveys of both programs indicated that they reached wide Baltimore audiences.
4. One hundred and ten exhibits including 175 units were prepared and placed at many locations throughout the city in connection with various community health campaigns, in City Health Department buildings and clinics or upon request by other agencies or groups. Of these, 56 exhibits comprising 80 units were prepared for the new Southeastern Health District building at 3411 Bank Street. All exhibits were designed to inform the public concerning special Health

Department programs and included displays on mental hygiene, home accidents, lead poisoning, slum rehabilitation, food and nutrition, communicable disease control, and personal health.

Of particular interest was an exhibit on Public Health in Maryland since 1634 produced jointly by the Maryland State Department of Health and the Baltimore City Health Department as part of the over-all Exhibition on the History of Medicine in Maryland, mention of which has already been made.

5. Staff members participated in 528 health meetings on local, state, regional and national levels and their talks and discussions reached many thousands of persons both in and outside the city.
6. A total of 284 health film showings was made in 1953. Many of these resulted from close cooperation with the Enoch Pratt Free Library Films Department, the Maryland State Department of Health Film Library and certain voluntary health agencies. Staff members frequently served as guest speakers or discussion leaders at these meetings.
7. Library, editorial, duplicating and photographic services continued to be made available to Department members.

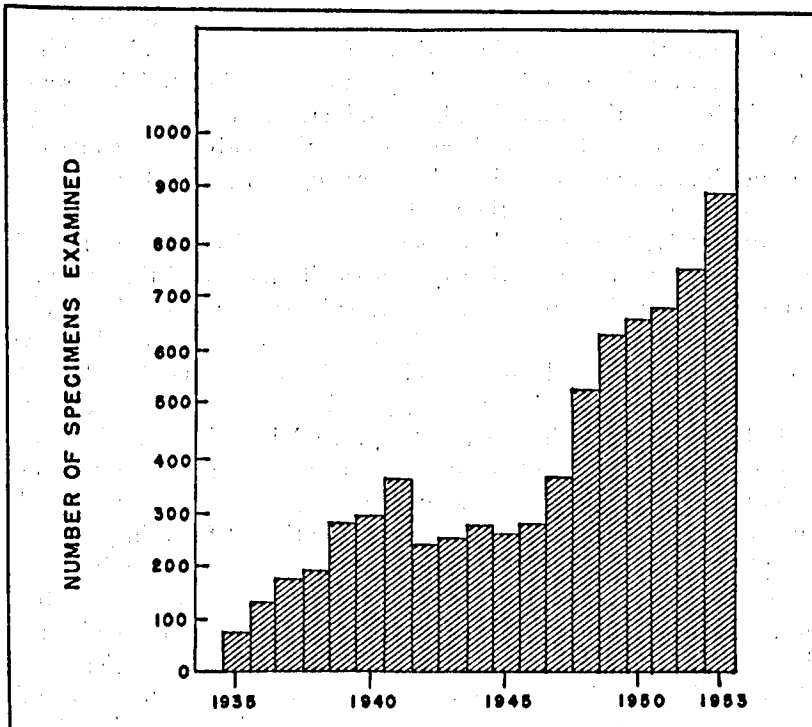
Laboratories

For almost 58 years the laboratories have been an important service unit of the City Health Department. In 1953 this work involved 224,541 examinations of 128,075 samples or specimens. Total examinations decreased by 11 per cent and specimens by 0.9 per cent in comparison with 1952 figures.

Participation in laboratory evaluation studies and check work produced gratifying results. The studies related to milk and water tests and to microbiological examinations. This activity has continued for many years and experience has shown it to be one that is welcomed by conscientious laboratory workers.

Services involving medical-diagnostic or sanitary enforcement activities included the examination of 85,213 specimens of blood for syphilis, 5,068 smears and 4,495 cultures for gonococcus infections, 10,168 specimens for tubercle bacilli, 287 cultures for diphtheria, 51 animals for rabies, 1,609 agglutination test specimens for enteric diseases, infectious mononucleosis or certain rickettsial diseases, 102 specimens for viral or rickettsial complement-fixation tests, and 18,266 samples of milk, food products or industrial or other materials.

Considerable effort was expended in determining the causative agents in a number of alleged food poisoning outbreaks. This work and other activities involved 20,766 examinations of 7,369 samples of milk and dairy.



NUMBER OF BLOOD SPECIMENS EXAMINED FOR LEAD: 1935-1953

products, water, food utensil and hand swabbings, sea food or other miscellaneous materials.

In the Division of Chemistry, routine and special services involved 35,171 examinations of 12,945 samples submitted principally in connection with the activities of the Sanitary Section. Comparison with 1952 figures revealed increases of 3.7 per cent in examinations and 13.3 per cent in samples. A total of 4,637 samples of milk or other dairy products was examined by the phosphatase test and for the first year since the introduction of this test for official control purposes in 1937, no evidence of faulty pasteurization was found. An increase of 20.5 per cent in the number of tests for lead in blood was noted. A total of 895 specimens was submitted from 159 adults and 477 children. In addition, 268 samples of paint scrapings were also examined for lead.

On June 12 the first packages of immune serum globulin (gamma globulin) were distributed for use in inoculating household contacts of cases of poliomyelitis. By the end of the year, 3,500 cubic centimeters had been given out for this purpose at the request of physicians without any apparent

beneficial result except perhaps a psychological one. An increase was experienced in the number of isolations of *Salmonella* organisms not only in the bureau but in several of the hospital laboratories. Judging from this one might imagine that there had been an increase in *Salmonella* infections, especially in young children since most of the positive specimens were from such individuals, but the laboratory upswing may have been due merely to greater interest in the matter.

Unfortunately, the demands for certain types of routine examinations increased to such an extent that only a small amount of time was available for special studies. However, it was possible to carry out the following: The isolation of *Salmonella montevideo* from samples of canned egg yolk, the examination of salad greens and samples from a poultry killing establishment for pathogenic bacteria, the development of several simple chemical procedures including a test for lead in paint scrapings and a procedure for testing meat samples for borates, the preparation of an anti-pork rabbit precipitin test serum and a joint study with a local ice cream plant to determine the part that formation of foam in pasteurizing tanks plays in the survival of coliform bacteria in ice cream mix.

Educational activities involved explaining laboratory services to 385 visitors from schools and other local institutions, and to public health visitors from India and Costa Rica and from other health departments in the United States. Lectures and demonstrations by bureau staff members were given to the second year medical students at the University of Maryland.

Eastern Health District

On Monday, July 13 after many years of planning, construction of the new Eastern Health District building was begun at Monument and Caroline Streets. Mayor D'Alesandro participated in the official groundbreaking ceremonies on September 1 and at the end of the year the concrete work of the main columns and floors was about completed. This new and valuable structure was scheduled to be ready for occupancy late in 1954. It represents a city bond issue investment of one million dollars. Its provision of greatly needed physical facilities will permit expanded services both by the Health Department and the Johns Hopkins School of Hygiene and Public Health. Among its unique features are clinic space allocations designed to permit service clinics and teaching clinics to be conducted simultaneously in the same space without mutual interference, an office for the use of the medical practitioners of the district, and quarters for special research and teaching in mental hygiene and in the relation of housing to health.

During 1953 service programs in respect to maternity health, child

health, school health, mental health, dental health, tuberculosis, venereal diseases and other communicable diseases were carried on with some changes in their scope and in their administration. Health information, laboratory services including the supplying of biologicals, and cooperative work with different public and private agencies in the district continued during the year with considerable effort expended in respect to gamma globulin as it was used in attempting to control poliomyelitis, measles and infectious hepatitis.

Communicable diseases, as reported, showed the following trends as compared with the previous year. Measles decreased from 445 to 163 cases, scarlet fever increased from 46 to 233 cases, whooping cough likewise from 41 to 64 cases, meningococcal infections likewise from 2 to 8 cases. Paralytic poliomyelitis remained the same with 5 cases, and there was 1 reported case of diphtheria.

The treatment and control of tuberculosis cases alone consumed approximately 40 per cent of the Eastern Health District nurses' time. Health Department nurses not only administered treatment to those patients who were at home on bed rest but also to those ambulant pulmonary and nonpulmonary cases who came to the district building. While the treatment has resulted in a dramatic drop in the death rate particularly in the nonwhite population, the morbidity rate remained high as was evident by the 271 new or readmitted cases that were recorded during the year. The X-ray screening clinic took 5,257 films of contacts of active cases, others requesting X-ray, women registered in the prenatal clinics of the Health Department and applicants for pre-employment examination. Of those persons examined 196 needed further follow-up. The BCG program increased its scope by following up residents of the other districts of the city who received BCG at birth or who were Mantoux tested because they were deemed especially exposed to risk of infection. Mantoux testing of those previously vaccinated constituted a large measure of the work of this clinic and 965 individuals were given this test. BCG was administered to 394 individuals, almost 50 per cent more than the figure for 1952.

Visits to the venereal disease clinic at Somerset Health Center totaled 5,976 in 1953 as compared with 6,972 for 1952. Particular effort was directed to the follow-up of maternity patients whose blood test indicated syphilis or a suspicion of syphilis in order to prevent the occurrence of congenital syphilis which reached an all-time low in the city.

Maternity hygiene clinics were conducted in the district building and at the Somerset Health Center throughout the year, with 2,814 antenatal and postnatal visits made to these locations. Child health clinics were conducted in the district building at 1923-1929 East Monument Street and at four other localities in the district throughout the year; these serviced

16,877 visits. School health services in the elementary public and parochial schools included, among other activities, the examination of 2,437 children.

The appointment of Dr. W. Sinclair Harper as District Health Officer permitted the resumption of the course Public Health Administration 4-A which was given for students who were candidates for the Master of Public Health degree at the Johns Hopkins School of Hygiene and Public Health, or who were special students working toward some other degree. Senior medical students of the Johns Hopkins School of Medicine continued to be assigned case studies in the Eastern Health District and they visited homes, clinics, schools and the district office to review pertinent records. Senior medical students of the University of Maryland Medical School also observed and participated in the work of the district's maternity hygiene clinics. The Dispensary Visiting Nurse Service program of the Johns Hopkins Hospital again worked out of the Eastern Health District during the year, and with the appointment of additional personnel to the outpatient staff of the hospital the Service was able to provide a better program in all its phases of education, home care and demonstration. As in prior years secondary school pupils enrolled in the civic experience program were given orientation and observation experiences at the district office and clinics; and the health officer attended various schools to lecture on such subjects as venereal disease, communicable disease and medical care as they relate to family life.

In the latter part of the year a study was begun to determine the efficacy of gamma globulin as it was used in district public health practice in attempting to prevent measles. Other studies such as housing and premature infants, carried on in cooperation with the Johns Hopkins Medical Institutions and the U. S. Public Health Service were continued.

Service, educational and research opportunities were made available to various categories of students and also to the visitors who came from many parts of the United States and Canada and from Argentina, Brazil, Central America, Ceylon, Chile, Denmark, England, Germany, Greece, Hawaii, India, Ireland, Italy, Norway, Pakistan, the Philippine Islands and Scotland.

Western Health District

On February 17 Mr. George W. Watson, nonmedical health administrator in the City Health Department's Civil Defense Health Service since August, 1951, was assigned to serve as the Health Administrator of the Western Health District. Medical aspects of the program were administered by Dr. William J. French, Health Officer for the Southern Health District, and Mr. Watson gave assistance where necessary in the latter

district. These arrangements, considered experimental at the start, have proven satisfactory and will be continued in 1954.

The student nurse program with a total of 22 affiliating students under the direction of Miss Martha Baer, Clinical Instructor in the University of Maryland School of Nursing, continued on a mutually beneficial basis. A total of 64 students observed various public health activities in the district during 1953; the University of Maryland Medical School, the University of Maryland School of Nursing, the Johns Hopkins Hospital School of Nursing, Lutheran Hospital, Baltimore City Hospitals and Catholic University were all represented.

A study by the District Health Administrator of medical care records for the district during the first half of 1953 revealed that there were 73 children born into families on medical care rolls during the period 1950-1952 inclusive; further study of the files of the five child health clinics in the district, however, showed only 27 of these 73 babies as registered in the clinics with but 15 children carried in the active files. As a result of these studies it was decided that those children under one year of age would be referred to the child health clinics, and those beyond this age would be considered the responsibility of the medical care clinic to which the family had been assigned. This arrangement should help give closer supervision to the younger child who is more susceptible to illness and more in need of parental care.

During the year food handler courses were given at the University of Maryland, Lutheran and St. Agnes Hospitals by the Bureau of Food Control in cooperation with the Western Health District. A total of 128 persons completed courses and were issued certificates by the Bureau of Food Control. The dental clinic at the Fourteen Holy Martyrs Parish Hall conducted 131 three-hour clinic sessions with a total of 526 visits, 1,307 services rendered, and 137 cases completed. At the close of 1953 additional school dental facilities were being prepared in Public Schools Nos. 34 and 162.

Druid Health District

Forty-eight weekly clinic sessions were conducted in the Druid Health District during the year as follows: Prenatal 5, children's venereal diseases 2, child health 19, chest 10 and adult venereal diseases 12. Clinics were located in the headquarters building at 1313 Druid Hill Avenue, Public School No. 161, Public School No. 141, St. Mary's Protestant Episcopal Church, the Gilmor Housing Project and at 1516 Madison Avenue.

Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases, Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene, and Miss Eleanor

L. McKnight, Chief of the Division of Nutrition personally assisted with the district's program by arranging conferences, counseling the patients in the various clinics and instructing the public health nurses. They assisted generally with the many health problems of the district's residents.

A medical social worker was employed to work in the chest clinic and several clerks were appointed to serve in the child health clinics. Student nurses from Provident, Maryland General, St. Agnes, University of Maryland, Union Memorial and St. Joseph's Hospitals visited the district frequently to observe in the clinics or to do field work. The senior class of nurses at Provident Hospital completed their affiliation with the Health Department; and approximately 350 public school pupils enjoyed the benefits of visiting the headquarters building from time to time during the year.

Southeastern Health District

Scarlet fever increased to 207 reported cases as compared with 60 for 1952, and paralytic poliomyelitis likewise from 2 cases to 7 cases. There were 7 cases of meningococcal infections, one less than for the prior year. Repeating the experience of 1952 only one case of diphtheria was reported in 1953. This was a three year old male child living in the Clarence Perkins housing project.

The newly rebuilt school structure at 3411 Bank Street was first occupied on March 10 when the district administrative office was transferred from 901 South Kenwood Avenue where it had been located since the inauguration of the district in 1937. In addition to providing modern facilities for the administrative and public health nursing staffs, the new building maintained two child health clinics and two dental hygiene extraction clinics each week. The old quarters at 901 South Kenwood Avenue continued to be used as a clinic building for weekly child health, prenatal and dental hygiene clinics.

The fourth successive observance on May 1 of Child Health Day took place with an open house celebration in the South Kenwood Avenue district building with joint participation by the Canton Area Council, Inc. and the Southeastern Health District. Community mass chest X-ray surveys in which more than 2,600 persons fourteen years old or older were X-rayed were again conducted by the Health Department with the assistance of the Maryland Tuberculosis Association, the Eastern Community Council and the Canton Area Council, Inc.

Educational programs were continued. Monthly staff conferences for the public health nurses in which the Departments of Education and Public Welfare, the Bureau of Catholic Charities, the Associated Jewish Charities and various City Health Department bureau heads took active part were

considered highly beneficial. Field trips were made by the nurses to the Veterans Administration Hospital and the Baltimore City Hospitals. Affiliate instruction in public health nursing was given to student nurses from the Johns Hopkins, University of Maryland and St. Joseph's Hospital Schools of Nursing; and similar students from the Baltimore City, Maryland General and Mercy Hospitals made weekly observations of district field and clinic activities. Senior students from the Mergenthaler Vocational and Patterson Park High Schools observed certain district activities and received special instruction as part of their courses in civic experience.

The District Health Officer participated actively in the Civil Defense Program for the eastern area of the city by monthly attendance at the Department's Civil Defense Health Service meetings, by attending a meeting of one of the local casualty clearing stations, by participation in the city-wide Command Post exercise and by his completion of the basic orientation course in Civil Defense. Expectant mothers registered in the district prenatal clinics received individual instruction once a week, and the East Baltimore Medical Society, for the twelfth continuous year, met monthly in the district building.

Southern Health District

The chief advance of the year was the start on January 19 of the services of Dr. William J. French as District Health Officer. The dental extraction clinic which was established in October, 1952 was moved late in the year to the new Southeastern Health District building on Bank Street where more room was available for this rapidly expanding clinic. In the other dental clinics at the Southern Health District building and in several schools, 2,606 children were inspected during 1953. Of these, 848 were treated in the regular clinics and an additional 338 received emergency care in a special extraction clinic. Completed cases numbered 405. A new dental clinic was opened in Public School No. 160. In connection with dental work, the Health Officer felt that there was a demand for a considerable expansion of service which should include additional clinics for preschool children and pregnant women.

During the year 2,219 school children were examined and 1,207 were found to have defects. Teacher-nurse conferences were continued in the 25 schools in the area, and meetings were held with the school staffs. Several conferences were held with Dr. Alan Foord, Chief of the Division of School Health and with the district's school physicians. A new school record form was put into use and the Health Officer was appointed a member of the Baltimore School Health Council.

The incidence of communicable diseases was low though there was a rise in the number of paralytic poliomyelitis cases to 10 during the year; one

of these cases died. Measles which was prevalent during 1952 produced only 39 reported cases during 1953. There were reported only 37 cases of whooping cough, 50 of chickenpox, 19 of German measles, and 46 of mild scarlet fever. There was 1 case of infectious hepatitis which occurred in one of the Health District's secretaries. Recovery in this case was complete, as is usual with this disease.

A decline was noted in the incidence of reported syphilis. This necessitated readjustments in clinic services. Two night clinic sessions and the services of one clinic clerk were discontinued. There were 9,438 visits to venereal disease clinics in 1953 compared to 10,005 in 1952.

While tuberculosis followed the decline which occurred all over the city it was still a major health problem in this area. The use of streptomycin and PAS, or para-aminosalicylic acid, was continued through the year, and during the last six months the drug isoniazid was added. The use of these drugs apparently contributed largely to the control of the disease. Chest X-ray surveys carried out with the assistance of the Maryland Tuberculosis Association were held at the Cherry Hill Housing Project and at the Brooklyn Housing Project.

Attendance at the child health clinics was heavy and because of the increased population in Cherry Hill and the consequent demand for service, arrangements were begun for the opening of a new clinic in that area immediately after the close of the year. The attendance at prenatal clinics also continued to be satisfactory.

Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene, continued with the Mothers' Counseling Service one day each week. This service was conducted in close connection with the child health clinics. Cases handled ran the gamut from anticipatory guidance for young mothers to consultation regarding children with behavior problems. In 1953 for the first time some fathers availed themselves of the service. About the middle of the year space was provided for an outpatient clinic of the Maryland State Department of Mental Hygiene. In return for this the Department of Mental Hygiene provided the district with an additional janitor. Excellent cooperative relationships were established between the state clinic personnel and Health Department staff.

Visits were made by the District Health Officer to the other health districts. As indicated previously he assisted Mr. George W. Watson, Health Administrator in the Western Health District, with his medical problems. The Health Officer also attended meetings of the Civil Defense Health Service, staff meetings, and conferences with the Commissioner of Health and with other district health officers and bureau directors.

Four senior medical students from the Johns Hopkins School of Medicine

spent half a day each in the district. Other observers in the district included 70 nursing students who visited for a period of one day each. Of these, 44 were from Union Memorial Hospital, 8 were from the University of Maryland, and 18 were student nurses from Delaware who were affiliating in tuberculosis at the Baltimore City Hospitals. Twenty-three other nursing students spent half a day each in the district. Of these 9 were from the University of Maryland, 10 were from the Johns Hopkins Hospital, and 4 were from Lutheran Hospital. In addition, 6 students from the University of Maryland School of Nursing spent 8 weeks each in observation and field work.

Various inspection visits were made by the District Health Officer with representatives of the Bureau of Food Control to industrial plants and to food handling places in the district. The Hanover Street Market which was badly rat infested showed an improvement, though it is probable that there will be no real solution to this problem until these old buildings are demolished.

Communicable Diseases

During the year 17,803 cases of communicable diseases were reported. Increases were noted in mumps, scarlet fever, whooping cough and paralytic poliomyelitis, and decreases were evident in measles and chickenpox. The reported cases of typhoid fever were 11 for 1953, including a small outbreak of 4 cases in an institution, the investigation of which revealed two unknown carriers. Once before in 1930-1931 two carriers were discovered in one institution in the city. There were 8 typhoid cases recorded during 1952. At the beginning of 1953 there were 64 known typhoid carriers in the city. Three of these died and four new ones were discovered so that at the end of the year 65 remained on the list. There was no death attributed to typhoid fever during the year, and for the twenty-fifth consecutive year there was no smallpox in Baltimore. The last recorded case was reported on March 9, 1928.

Diphtheria and Meningococcal Infections

The reported cases of diphtheria in Baltimore for the year 1953 were 6, the same number recorded during 1952; and for the first time in Health Department experience there was no death due to diphtheria in the city for a full calendar year. However, on a prior occasion, from January 7, 1940 to November 12, 1941, an unbroken period of a year and ten months, there had been no diphtheria death in Baltimore. Toxoid inoculations were administered to 31,315 persons. Of these, 11,469 received booster doses.

CHILDREN RECORDED AS RECEIVING DIPHTHERIA TOXOID INOCULATION
BALTIMORE, 1949-1953

Agency	1953	1952	1951	1950	1949
Physician's practice.....	10,823	10,161	9,333	9,970	10,346
Preschool clinics.....	16,156	13,101	10,423	11,245	12,650
School clinics.....	4,336	3,838	5,433	10,529	8,523
Total.....	31,315	27,200	25,189	31,744	31,519

The reported cases of meningococcal infections totaled 33 with 7 deaths, a case fatality rate of 21 per cent. This compares favorably with the record for 1952 when there was a case fatality rate of 50 per cent among the 32 reported cases of the disease.

Other Communicable Diseases

There were 92 cases and 6 deaths of paralytic poliomyelitis reported during 1953 as compared with 39 cases and 1 death recorded for 1952. The reported number of measles cases dropped from 5,126 in 1952 to 1,064 during 1953. Reported whooping cough increased slightly from 113 cases during 1952 to 290 in 1953. The reported cases of scarlet fever increased from 472 cases during 1952 to 1,387 cases in 1953. However, there is reason to believe that some physicians did not report whooping cough and scarlet fever in a satisfactory manner.

Tuberculosis

A most dramatic and encouraging event of the year was the sharp decline in mortality from tuberculosis among residents of Baltimore. During 1953 there were 268 deaths from tuberculosis of which 139 occurred among white persons and 129 among the colored. In 1952 there had been 416 tuberculous deaths, 174 among white residents and 242 among Negroes.

The death rate from tuberculosis for all Baltimore residents during 1953 was 27.8 per 100,000 population. The rate for white persons was 19.4 and for the colored 52.1. Comparable figures for 1952 were 43.2 per 100,000 for the total population, 24.1 for the white race and 100.5 for Negroes. While the decline in mortality from this disease has been noticeably accelerated during the past six years there has not been an annual decrease in fatality rate greater than 18 per cent until the present year. In 1953 the tuberculosis death rate for the city's entire population was 36 per cent lower than it had been the previous year, and the white population enjoyed a 20 per cent decrease in mortality rate. The striking improvement in Negro mortality from tuberculosis during 1953 was seen in a 48 per cent drop in the rate from the preceding year, a decline of unprecedented

magnitude in Baltimore and of great importance because this racial group has always suffered the most severe ravages from tuberculosis.

Morbidity from tuberculosis in 1953, in contrast to mortality, showed little change from previous years. There were 1,369 new cases of tuberculosis reported of which 675 were in white persons and 694 among the colored. In 1952 there had been 1,493 new cases and in 1951, 1,373 new cases, with similar distribution in the racial groups.

The home chemotherapy program which was initiated in 1952 was continued during 1953 on an even greater scale. An appropriation of \$20,000 was allotted the Bureau of Tuberculosis for the purchase of streptomycin, para-aminosalicylic acid and for the first time isoniazid for home therapy. The program was designed principally to offer prompt specific treatment to patients faced with long waiting periods for hospitalization. The program was expanded in 1953 to include an increased number of persons discharged from hospital but in need of continued drug treatment. During the year, 884 tuberculous residents of Baltimore who could not afford to purchase the drugs received chemotherapy at home through the Health Department program. In this group were 287 white patients and 597 colored patients. It is believed that the administration of anti-tuberculosis drugs in the home played the chief role in the marked improvement in mortality from this disease, particularly among Negroes.

In 1953 case-finding programs of various types were responsible for chest X-ray examinations of 107,772 persons. The City Health Department with the assistance of the Maryland Tuberculosis Association X-rayed 55,182 apparently healthy persons with a mobile 70 millimeter photo-fluorographic unit. Of this group 33,875 were white persons and 21,307 were colored. At the Eastern Health District 5,257 apparently well persons were examined by means of 4 x 5 inch films, and similar X-ray equipment was used at the Druid Health Center to examine 1,008 prenatal patients. The Southern Health District took chest microfilms of 1,314 apparently healthy individuals. In the three largest general hospitals in Baltimore 29,008 examinations were made with 70 millimeter photo-fluorographic units provided some years ago by the City Health Department. The Baltimore City Hospitals took 6,142 chest microfilms, the Johns Hopkins Hospital X-rayed 15,133 persons, and the University of Maryland Hospital made 7,733 examinations. At the Provident Hospital 408 chest microfilms were taken during the year with equipment supplied by the Health Department several years ago. The Maryland Tuberculosis Association took 35 millimeter chest films of 15,595 individuals in its central office.

The use of BCG vaccine for individuals or groups who might be at special risk from tuberculosis was continued during 1953. Weekly vac-

cination clinics were held at the Eastern Health District where 394 persons received BCG during the year. Those receiving the vaccine were 380 uninfected children who were contacts of known cases, 2 Health Department nurses, 9 student nurses from one of the general hospitals in the city, and 3 hospital employees. In addition to these vaccinations which were performed at the Eastern Health District, BCG was provided to two institutions for the vaccination of 53 practical nurses working with tuberculous patients and 52 employees of a tuberculosis hospital. The joint program of the Health Department and the Johns Hopkins Hospital initiated in 1950 for the vaccination of all Negro babies born at the hospital was continued during 1953. There were 1,045 such newborns who, with parental consent, received BCG during the year. Of these, 814 were residents of Baltimore City and 231 were from the counties of Maryland.

Although three new tuberculosis hospitals were dedicated during 1953, there was only partial relief from the long standing shortage of institutional beds for the tuberculous of Baltimore. The new 300 bed wing at the Baltimore City Hospitals was opened to patients in the spring of the year but, at the same time, the old 140 bed unit was closed for repairs and did not reopen during the year. As a result, the capacity of the Tuberculosis Division of the Baltimore City Hospitals was no greater during 1953 than it had been before the construction of the new unit. The opening of the new 300 bed wing at the Mt. Wilson State Hospital made possible the prompt admission of white patients to state tuberculosis hospitals during the latter part of the year even though less than one-third of the total bed capacity of this new unit was used. The capacity of the new Mt. Pleasant Sanatorium near Levindale on Belvedere Avenue, which was opened to patients in 1953, was no greater than that of the old institution which it replaced and so offered no additional space but did offer its facilities to several colored patients. The Veterans Administration Hospital which began to receive patients in October, 1952 was during most of 1953 fully occupied and admitted to its 300 bed institution a substantial proportion of Baltimore residents, many of whom were Negro. During this year the state tuberculosis hospital facilities for white patients improved to the extent that no white patient had long to wait for sanatorium admission. It is hoped that 1954 will bring similar improvement for colored patients who during 1953 were helped largely through the home chemotherapy program of the Health Department.

Venereal Diseases

Reported infections with syphilis, which reached a wartime peak of over 14,000 for the year 1943, have declined precipitously and continuously until only 1,336 infections were reported in 1953. Reported primary and

secondary syphilis also declined with equal abruptness and in comparable degree from a peak of over 2,000 cases in 1946 to only 118 cases in 1953. The rate of decline has been the same in both the white and colored populations. Reported syphilis in infancy has almost reached the vanishing point since only 3 cases, or a rate of approximately 0.1 per 1,000 live births, were reported in 1953. No death from congenital syphilis has been recorded in a colored infant since 1950, or in a white infant since 1948.

On the other hand, reported infections with gonorrhea have more than doubled in the last ten years; from less than 3,400 in 1943 to 7,012 in 1953. Most of this increase has been in colored males and much of it is due to repeated infection of the same persons. Thus, in 1953, the 7,012 cases occurred in 5,242 persons. There were 1,199 repeaters, 22.9 per cent of the total number of persons, and they accounted for 42.6 per cent of the total number of infections.

As a result of the decline in syphilis and the increase in gonorrhea, due partly to the repeated infections, admissions to the Health Department venereal disease clinics have remained almost the same, at approximately 11,000, for each of the past six years. However, the number of visits made by patients to these clinics has decreased during the last ten years, from nearly 124,000 in 1943 to approximately 29,000 in 1953, due to the decline in syphilis and to the more rapid and more effective treatment with penicillin.

The investigation of contacts of syphilis is becoming progressively less productive. As recently as 1948 nearly half of the contacts examined were found to be infected; but in 1953 only about 3 per cent had syphilis. Contact investigation for gonorrhea has never been highly productive due to the great anonymity of the contacts less than half of which can be found. This work is constantly increasing, however, due to the increase in infections with this disease. Nearly 8,400 venereal disease contacts were investigated in 1953.

Due to the decline in syphilis and the more effective treatment of both gonorrhea and syphilis with penicillin, it has become progressively less necessary to invoke the City Isolation Ordinance in recent years. It was not invoked in any case in 1953. As the result of collaboration between the Health Department and the Juvenile Court, 4 infants born to mothers with syphilis were examined after their mothers had first refused to have them examined. The Health Department and the Armed Forces collaborated in the investigation of 975 contacts of infected military personnel and in the examination and treatment of 60 selectees found to have positive serologic tests for syphilis at the time of examination at the induction stations.

As recently as 1950 it was stated in the Report of the Commissioner of

Health that "The prevention of congenital syphilis continues to be a difficult and discouraging problem. Although both the infant morbidity and mortality rates from syphilis have declined during the past ten years, both rates are still too high. . . ." In 1950, there were reported 17 cases of syphilis in infancy, at a rate of 0.8 per 1,000 live births. Since then, the rate steadily declined until in 1953 only 3 cases, at a rate of 0.1 per 1,000 live births were reported, and not a single death from syphilis in infancy was recorded since 1950. Much of this decline in syphilis in infancy is due, of course, to the declining incidence of syphilis in the population. But much of it is due, also, to the successful treatment of syphilitic pregnant women, through the cooperation of physicians, hospitals and the prenatal and venereal disease clinics. As a result, it has become more and more difficult to find a syphilitic pregnant woman who has not, at some time, had enough treatment to prevent the infection of her child. Unless the complexion of the venereal disease problem changes for the worse as remarkably as it has improved in recent years, the occurrence of congenital syphilis should henceforth be limited to the infant of the rare mother whose infection somehow escapes detection and treatment often through neglect of prenatal care, or who becomes infected so close to delivery that there is not time to give the necessary treatment.

Child Hygiene

Maternity Hygiene

The birth rate in 1953 remained at the same high level as for the two prior years. During the year 22,748 babies were born to Baltimore mothers as compared with 22,775 in 1952; 95.3 per cent of these births occurred in hospitals. Of all babies delivered 98.2 per cent were delivered by physicians, 1.6 per cent were delivered by midwives and only 0.2 per cent were unattended by either a physician or a midwife. Seven women died from causes associated with pregnancy as compared with twelve in 1952; six of the seven were colored. The maternal mortality rates were 0.7 per 10,000 live births for the white mothers and 7.4 per 10,000 for the colored women. Only three deaths occurred in women who had received prenatal care.

Infant and Preschool Hygiene

The infant mortality rate was 30.2 per 1,000 live births. Prematurity accounted for more than one-half of all the infant deaths occurring during the first month of life. Congenital malformations and birth injuries were other important causes. A record number of visits were paid to the child health clinics; 77,235 visits were recorded, an increase of 7.8 per cent over the 71,623 visits paid in 1952. During the year 4,732 clinic physician-

sessions were conducted at 39 different locations in the city. In child health clinics, in addition to diphtheria toxoid inoculation services already mentioned, 7,094 vaccinations against smallpox were recorded as compared with 8,816 in 1952. This apparent decline in vaccinations is accounted for by the fact that special vaccination clinics for children entering school were conducted for the first time in August and September of 1953.

Mental Health

The division continued to supply consultative and educational service for mothers attending prenatal and child health clinics, and in-service training for public health nurses. The Mothers' Counseling Service in the Southern Health District was continued; likewise, the division continued its policy of contributing to the promotion of mental health in the city by cooperating with other agencies similarly oriented, notably the City Department of Education and the State Department of Mental Hygiene.

Foster and Day Care for Children

On August 15 the State Department of Welfare began a program requiring the licensing of all homes providing boarding care for one or more children sixteen years of age or under. The City Department of Welfare requested Health Department inspection and approval for nine of these independent homes. Eight agencies submitted a total of 404 requests for Health Department inspection and approval of agency supervised homes during 1953, as compared with 382 such requests for 1952. The program of annual sanitary and fire inspections of 14 child-caring institutions in the city was continued. A total of 74 day nurseries or nursery schools with a capacity of 2,796 children were inspected and granted Health Department licenses during the year.

School Health

The Division of School Health provided health supervision of the pupils in the public and parochial elementary schools. A total of 17,631 children were examined by the school physicians and 9,635 were found to have physical defects. Five staff meetings of school physicians and nursing supervisors were held during the year. The program emphasized the importance of teacher observation and referral. The routine health examination of all entering pupils was continued.

Parents were requested to have their children examined by their private physicians. Indoctrination of new physicians into the program and standardization of the type of service rendered in each school was greatly facilitated by the addition of the services of a senior medical supervisor, Dr. Patricia Husson. Special clinics were conducted as formerly for school

children with eye defects, hearing difficulty or disease of the nose, throat or ears. In addition to the clinics previously conducted at 414 N. Calvert Street a new clinic was opened to meet a long felt need in the Eastern Health District. This was held two days a week under the direction of Dr. Alvin Rudo at 709 Rutland Avenue in quarters made available by the Division of Maternal and Child Health of the Johns Hopkins School of Hygiene and Public Health. Vision screening was carried out in the schools by a number of parent volunteer groups trained by the Maryland Society for the Prevention of Blindness.

A total of 1,153 children made 2,673 visits to the eye clinic. Of these children, 623 received glasses in the clinic. The two hearing clinics served 803 children who made in all 1,523 visits; 107 of these children were treated with radium, and hearing aids were recommended for 44. The school health program, though far from complete, has been improved during the past two years. The greatest existing need is for an audiometric screening program which would make possible the testing of each child's hearing every two years during elementary school age.

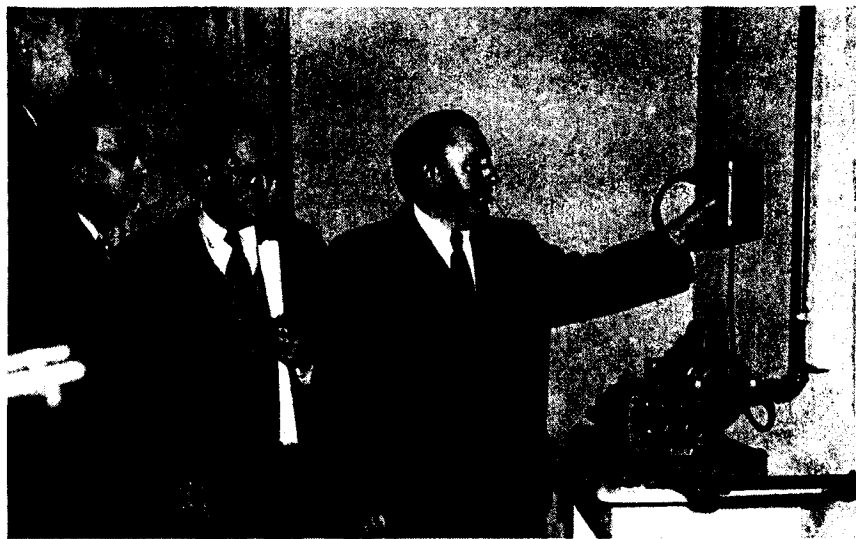
Dental Care

Two programs of dental care were carried on in 1953, one for school children and the other for recipients of public assistance. Five new dental clinics were established. Three of these, located in Public Schools Nos. 113, 160 and 161, were for colored children. Two, set up in the Southeastern Health District buildings at 3411 Bank Street and at 901 South Kenwood Avenue, further augmented clinical facilities previously established in that area. At the end of the year 18 such clinics were in operation.

With minor exceptions no children beyond the fourth grade were included in the school dental program. Emphasis was placed on measures to save teeth. Only kindergarten and first grade children were admitted as new patients and were given a dental inspection and follow-up services. Older children received the benefits of the program through follow-up and referral to private dentists or to a Health Department clinic. At the close of 1953 the program encompassed 21,369 children attending 66 public and parochial schools.

During the year 17,943 children received a dental inspection and 3,297 were treated in Health Department clinics. An additional 1,427 got emergency services in these clinics.

Clients of the Department of Public Welfare were offered emergency treatment in dental clinics maintained by the University of Maryland, Johns Hopkins, South Baltimore General, Sinai, Provident and Mercy



MAYOR D'ALESSANDRO PUTS FLUORINE INTO
THE CITY WATER SUPPLY—NOVEMBER 26, 1952

Hospitals. A total of 1,585 persons received 7,195 treatment services, chiefly dental extractions, under this program in 1953.

Every means was employed to inform the public, particularly children, parents and teachers, of the advantages of dental health and the way to obtain and preserve it. More than 4,100 parents attended the dental inspection of their children by Health Department dentists at which time they were given advice and motivated in the care of the teeth. Posters, leaflets and folders played a prominent part in the dental educational effort. Several radio and television broadcasts on the subject were made during the year. The Bureau of Dental Care assisted materially in the observance of National Children's Dental Health Day on February 2.

The program of fluoridation of the city water supply begun November 26, 1952, was continued through 1953. The Bureau of Water Supply, adding hydrofluosilicic acid to the output of the filters at Montebello, maintained the fluoride level of the entire city water supply at one part per million.

Public Health Nursing

The problem of securing sufficient nurses to carry on the public health nursing service to the community was a major one in 1953. Forty-eight resignations were accepted and forty-six appointments made. An analysis

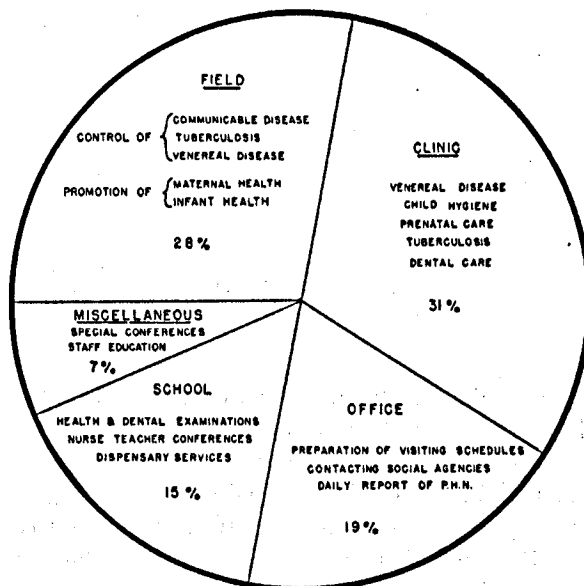
of the resignations reveals them to be in the following categories: Home responsibilities, 12; left city, 10; better salary, 8; marriage, 3; pregnancy and retirement, 1 each; and miscellaneous, 13. To help alleviate this situation the City Service Commission approved the employment of part-time nurses and four nurses at the end of the year were employed on this basis. Fifteen unfilled vacancies existed as of December 31.

The major activity of the bureau was in providing home care to meet the needs of the tuberculosis patients prior to admission to a hospital. Eight hundred and eighty-four tuberculosis patients received streptomycin in combination with para-aminosalicylic acid or isoniazid in the home.

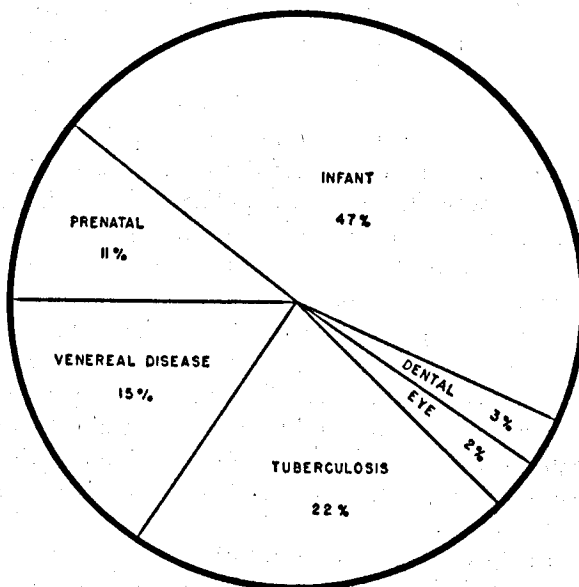
A total of 43,415 visits were made in behalf of the tuberculosis program, an increase of 7,580 tuberculosis visits over those made in 1952. This represented the care given to these patients for a period from one month to a year prior to hospitalization and included a similar period following discharge of the patient back to the community. For the third year the BCG study was carried on by the Bureau of Tuberculosis and the Johns Hopkins Hospital and 1,045 colored newborns were given the vaccine.

Public health nurses assisted in the Baltimore City Medical Care Program by making 361 home visits to persons eligible for this service but who had failed to register at a medical care clinic despite repeated notifications by mail. The visits were of an educational and supervisory nature, designed to encourage the medical care client to go to the clinic so that he would be able to secure medical care when ill.

To prepare for additional nursing activity, time and cost studies made in April and again in December, 1952 were analyzed in 1953. Of the total nurses' time spent 42 per cent was spent in the maternal and child hygiene program, 20 per cent in school health supervision, 20 per cent in tuberculosis nursing and 8 per cent in venereal diseases nursing. The cost of a home visit averaged \$1.60; however, the cost of certain specialized home visits varied, such as the antenatal visit, \$2.67; the premature infant visit, \$1.63; a dental visit, \$2.19; and a tuberculosis visit, \$1.86. In the various programs an average of 12 per cent of the nurses' time was spent in travel for field, school, or clinic activity; 29 per cent was spent in preparation for a school, field or clinic activity; and 59 per cent in the activity itself. An analysis of the unpaid student nurse activities in the Bureau of Public Health Nursing indicated that the students contributed a service total equivalent to \$41,461 in nursing effort to the Health Department. The student program occupied 1.3 per cent of the total Health Department staff nursing time. The student nurses made 18,000 visits and attended 1,250 clinic sessions.



DISTRIBUTION OF NURSING TIME
BY MAJOR TYPES OF ACTIVITIES—1953



DISTRIBUTION OF CLINIC NURSING TIME
BY TYPE OF SERVICE—1953

HOME VISITS OF PUBLIC HEALTH NURSES—1953

Service	Total	White Homes	Colored Homes
All home visits.....	156,253	71,520	84,733
Maternity hygiene.....	16,029	2,585	13,444
Infant health supervision.....	52,591	30,904	21,687
Preschool health supervision.....	16,839	7,614	9,225
School health supervision.....	7,363	6,591	772
Tuberculosis.....	47,803	17,684	30,119
Venereal disease.....	5,296	287	5,009
Acute communicable disease.....	5,126	3,665	1,461
Other morbidity.....	4,321	1,732	2,589
All others.....	885	458	427

To improve the public health nursing work, special on-the-job training was provided for nurses who had been on the staff for six months or more. This included seven seminars on venereal disease control conducted by the Director of the Bureau of Venereal Diseases and the venereal disease nursing supervisor, and eight seminars in tuberculosis control held by the Director of the Bureau of Tuberculosis, clinicians in the community and the tuberculosis nursing supervisor.

In April Miss Jeanette Vroom was appointed to the staff as a supervisor of public health nursing, with the major part of her activity in the tuberculosis program. In addition to the tuberculosis seminars, an intensive case review was started by Miss Vroom. Miss Margaret Galbreath, public health nursing supervisor assigned to the Bureau of Industrial Hygiene on a part-time basis completed a series of home safety seminars with all of the staff nurses on a district basis. The seminars pointed up home safety and accident prevention as they related to each phase of public health nursing work. Mrs. Mary Lanahan, the public health staff nurse assigned to the Bureau of Industrial Hygiene made 518 home visits to 47 lead poisoning cases and to such persons reported for prevention or follow-up. The supervisor and nurse also conducted a census of industrial physicians and nurses. Sixty-eight plants were visited. The public health nurses participated in eighty-four follow-up visits of patients seen in the University of Maryland Hospital in a special lead poisoning study.

Twelve venereal disease nurse-technicians were trained to assist in the treatment program. Nineteen nurses were taught interviewing techniques by the venereal disease nursing supervisor. Eight clinic assistants worked 3,124 hours in the venereal disease clinics.

More clerical help was added on a full-time basis in 1953; seven clerks served in the dental clinics, three in child hygiene clinics, two in prenatal clinics, and two in tuberculosis clinics. All aided in releasing public health nurse time.

In September, Mrs. Elizabeth Hipp, a graduate nurse with special experience in community activities, was employed to initiate a new and broader volunteer program. From March, 1952 until the end of 1953 a total of 409 parents were trained by the Maryland Society for the Prevention of Blindness for the vision testing program among school children, and sixty-six public and parochial schools were tested in 1953. Public health nurses and various community groups aided in recruiting a number of the volunteers.

Two staff nurses completed an educational year in public health nursing at the Catholic University of America in June; and at the close of the year the assistant bureau director was on leave as a student for the Master of Public Health degree at the Johns Hopkins School of Hygiene and Public Health.

One hundred and twenty-three students from five collegiate and basic schools of nursing completed an eight weeks affiliation in public health nursing. Five hundred and thirty-two observation periods were provided students at other schools of nursing in the city who were interested in certain public health aspects of the Health Department program as it related to the basic nursing curriculum.

Medical Care

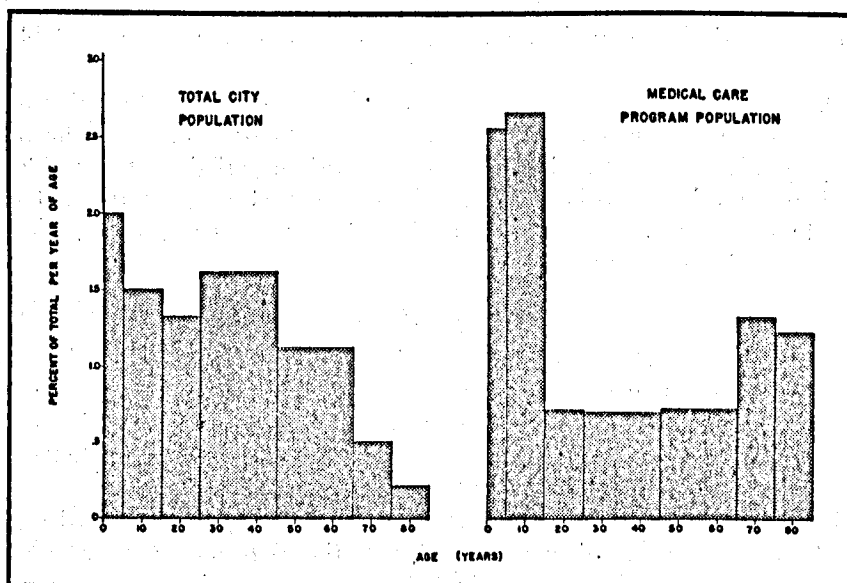
For the year 1953 the average monthly enrollment of persons under the Baltimore City Medical Care Program was 23,503 as compared with 23,685 for 1952. As in previous years the program was confined to recipients of public assistance, of which the average number by months was 24,623 in 1953 as compared with 23,787 for the preceding year.

In the first half of 1953, which was the last half of the state fiscal year 1952-53, funds were adequate to support the Baltimore City Medical Care Program satisfactorily and eligible persons received the services which they required. However, for the last six months of 1953 appropriations from the State of Maryland were drastically cut without a corresponding drop in relief rolls and in the face of rising drug costs. It was obvious that such a cut in state financial support of the program without relation to such basic elements as the number of persons on relief rolls and the increase in the wholesale cost of drugs was extremely unsatisfactory, especially to unserved eligible persons.

As a consequence of the inadequate appropriation various steps were taken which reduced the quantity and quality of medical care for persons on welfare rolls. These included: (a) The establishment of a formidable waiting list, (b) the reduction of the short period during which persons were given medical care after ceasing to be on the welfare rolls and (c) stopping much needed special services such as the provision of dentures

for exceptional cases. Fortunately, in order to avoid unnecessary tragedies, the hospitals conducting medical care clinics provided, from July 1 to September 30 free of charge, medical care clinic services of an emergency nature to persons on the waiting list. This generous act of the hospitals served to alleviate the immediate impact of the state budget cut.

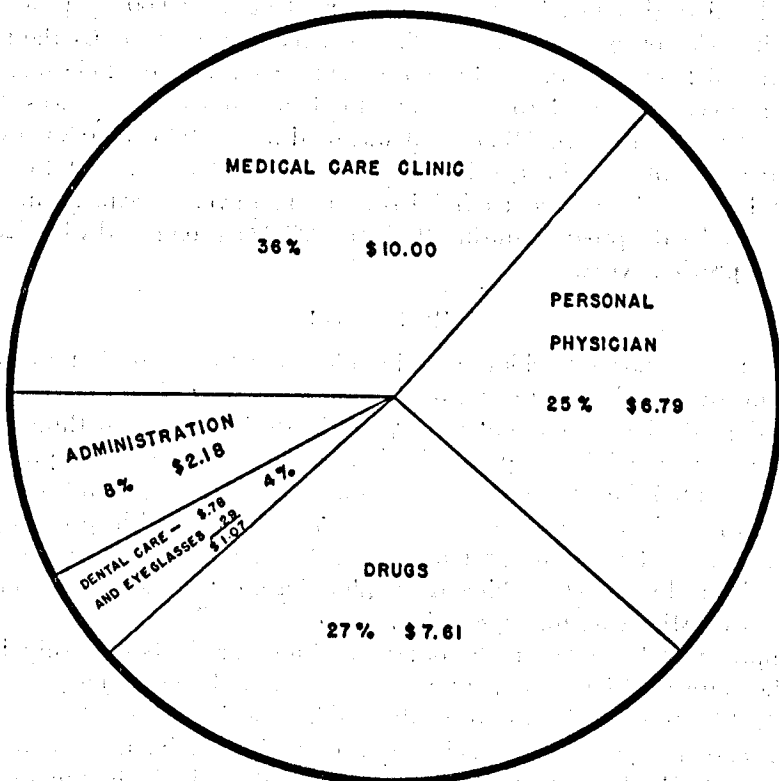
After months of careful consideration it was decided during 1953 to extend the Baltimore City Medical Care Program to include foster children living in Baltimore who were wards of the Department of Public Welfare. In urging this extension the Director of Welfare and others pointed out that since its inauguration in 1946 the Medical Care Program for the



PERCENTAGE AGE DISTRIBUTION OF TOTAL POPULATION
AND MEDICAL CARE POPULATION: BALTIMORE—1953

counties of Maryland had provided care for foster children, including those who though living in the counties were wards of the City Welfare Department. On June 5, 1953 the Baltimore City Health Department and the City Welfare Department entered into an agreement that these needy children would be accepted under the city program with the provisions that, without cost to the program, a special medical care clinic for them would be set up at Baltimore City Hospitals and, with the assistance of cooperating physicians in general practice to be paid by the program, this clinic would provide the foster children living in the city the kind of care given by the other medical care clinics. Related drug expenses were also borne by the program.

The physician in general practice in the neighborhood of the patient's home continued to be the mainstay in the provision of medical care of a home and office type to ambulatory persons under the Baltimore City Medical Care Program. The average number of these private physicians participating in the program in 1953 was 280. As in past years few complaints were received regarding either physicians' services or excessive demands by patients.



DISTRIBUTION OF ANNUAL MEDICAL CARE COST PER PERSON ON MEDICAL CARE PROGRAM: BY TYPE OF SERVICE—1953

At the first of 1953 there were six hospitals conducting medical care clinics but with the opening of the new clinic at Baltimore City Hospitals on August 31, this number was increased to seven. The directors of the long established medical care clinics remained unchanged. The new medical care clinic was under the direct supervision of the Assistant Superintendent of the Baltimore City Hospitals. The medical care clinics continued to provide initial physical examinations, diagnostic and treatment services by specialists, laboratory examinations and other consultation services.

During the year \$182,350.37 was paid for 112,206 prescriptions written for persons under the program, an average of \$1.63 per prescription as compared with \$1.52 for 1952. The average drug cost per assigned person in 1953 was \$7.66 as compared with \$6.26 in the previous year.

The total amount spent for the Baltimore City Medical Care Program during 1953 was \$661,837.30 of which sum \$637,075.91 was contributed by the State of Maryland. The City of Baltimore contributed \$18,161.39 for administration in addition to the equivalent of \$6,600 by providing such items as business machines, office quarters and postage. Of the total amount 36.2 per cent was paid to hospitals for medical care clinic services, 24.6 per cent was paid to physicians for home and office services, 27.6 per cent went for drugs, 2.8 per cent was used for dental care, 0.8 per cent was paid to opticians for eyeglasses and 7.8 per cent was the total cost of central Health Department administration. The average expenditure per person under the program during 1953 was \$27.62 as compared with \$25.37 for the previous year.

Milk Control

The most important achievement in milk control was a perfect record in the bureau phosphatase testing program. For the first time since the test was adopted officially for control purposes in 1937 not one test throughout the year indicated faulty pasteurization of milk or other dairy products although 4,637 city-wide random samples were tested. Credit for this unusual record, while due largely to a rigorously executed inspection program, is shared with the pasteurization plants, all of which cooperated enthusiastically in establishing daily phosphatase testing systems under Bureau of Milk Control supervision.

Approximately 8,000 samples of milk and milk products were submitted to the Bureau of Laboratories for investigation and control purposes and nearly 12,000 inspections were made of milk and ice cream plants, dairy farms and transportation agencies. As a part of the dairy farm sanitation program 26,710 direct microscopic bacteria counts on individual producers' milk supplies were reported to the milk control bureau by the pasteurization plants.

Special and time-consuming efforts were made to investigate new dairy practices such as high-temperature short-time pasteurization, in-the-line cleaning of milk pipe lines, the use of pipe line milking machines and the tank truck delivery of milk from farms to pasteurization plants.

Added responsibility for the sanitation of dairy farms was placed upon the milk plant field representatives which released the bureau inspection staff for added supervision of farm construction and for educational

activities. Two hundred and fifteen student farmers were trained under Health Department guidance in approved milk production methods for the twenty-second annual Sanitary Milk Production Contest which was won by Frederick High School, Frederick County, Maryland.

In 1953 the retail price of bottled pasteurized milk reached a record high of twenty-four cents a quart, and the amount of supplemental emergency milk required from sources outside of the Baltimore inspection area dropped to a new low of less than 2,000,000 gallons. The maximum under the present 20 year program had been 12,000,000 gallons in 1944.

Food Control

Persistence in food control activities related to the prevention of food-borne disease resulted in a minimum number of occurrences of this type of illness during the year. The installation of handwashing bowls in restaurant kitchens and in food-preparing rooms of food plants, the instruction of food service personnel, the urging of the use of germicidal liquid soaps together with the continued inspection of retail, wholesale, manufacturing food establishments and food departments of institutions were all instrumental in the prevention of food poisoning and improved sanitary conditions in the food industry as well. The three outbreaks that were reported occurred following a church supper, a banquet in a hotel and as a result of dining in a local restaurant. During the year also four cases of typhoid fever occurred in an institution which led to the discovery of two previously unknown typhoid carriers.

The 11 sanitarians of the bureau made 16,518 inspections. Fifty-one classes for 1,880 food handlers were held. Court action was necessary in twenty-two instances involving forty-seven charges, \$3,655 in fines were assessed by a cooperative court with no dismissals, and during the year over 490,000 pounds of food were condemned and removed from channels of trade.

Early in 1953 arrangements were made with the State Department of Health so that all inspections of food plants under license by that Department would be maintained under inspection by representatives of the City Health Department with the provision that the initial visits be made jointly with state sanitarians. This cooperative arrangement resulted in improvements in soft drink bottling plants of which two discontinued operations, the licensing of additional frozen food plants and the critical scrutiny of canning plants. Continued assistance was given to the Board of Liquor License Commissioners for Baltimore City in the inspection for prospective licensing of 484 applicants, and to the Bureau of Building Inspection in the review of 177 plans of proposed food businesses.

Aware of the present trend of adding chemicals to manufactured food for purposes of enhancing the appearance, nutritive value and the keeping qualities of food, the bureau initiated a compilation of the many compounds which were being used other than recipe ingredients. This phase of

Store Managers Pay \$400 Fines
The general manager and the food manager of a downtown food store were fined a total of \$400 and sent to prison in Municipal Court for possessing pure food. Fifty employees were failing to show.

Food-Clogged Sewer's Tipoff To Dirty Kitchen; Owner Fined
A series of events that started when a sewer line in Baltimore's Chinese section became clogged with spaghetti and rice led to the arrest of a food store owner.

Bureau Of Food Scores 100% In Court
The Bureau of Food scored 100% in court when it brought charges against a food store owner for failing to follow food laws.

2 Food Handlers Fined \$400 For 'Filthy' Places
Two food handlers were fined \$400 each for maintaining filthy places in a food store.

Bakery Operator Accused In 2 Food Cases
A bakery operator was accused in two food cases for failing to follow food laws.

Tavern's Immediate Closing Is Ordered By Liquor Board
The Liquor Board ordered the immediate closing of a tavern for failing to follow liquor laws.

Woman Grocer Fined \$300 On 4 Charges
A woman grocer was fined \$300 on four charges for failing to follow food laws.

Bakery Owner Placed On Probation
A bakery owner was placed on probation for failing to follow food laws.

Cited As Dirty Restaurant Is Fined \$250
A restaurant cited as dirty was fined \$250 for failing to follow food laws.

Impure Meat Case Brings \$100 Fine
An impure meat case brought a \$100 fine for failing to follow food laws.

Sulphited Meat Charges Net \$100 Fines
Sulphited meat charges net \$100 fines for failing to follow food laws.

Tired Of Fines, Cafe Owner To Switch
A tired cafe owner decided to switch to a different food business to avoid fines.

Diner Owner Fined \$200 On Meal
A diner owner was fined \$200 on a meal for failing to follow food laws.

RESTAURANT MAN FINED \$200
A restaurant man was fined \$200 for failing to follow food laws.

Brothers Fined \$200 On Stew Condition
Two brothers were fined \$200 each on a stew condition for failing to follow food laws.

Store In Foods Spoilage Case Fined \$300
A store in foods was fined \$300 in a spoilage case for failing to follow food laws.

FOOD CONTROL—SOME COURT CASES—1953

guarding the food supply of a community against possibly hazardous chemicals has grown within recent years and illustrates the changing aspect of public health food control activities.

Continued improvement was effected in institutional food departments. An estimated \$130,000 was spent by such food dispensing groups alone in 1953, a significant tribute to the work of the one sanitarian assigned to this activity.

Food Plant Inspection

The first full year of service of a new division of food plant inspection resulted in the receiving of 1,564 reports in connection with the auxiliary or self-inspection procedure from food companies which participated in the program, with many times the number of inspection visits made but not officially reported. The reorganization of assignments on a systematic basis resulted in over 1,500 more inspection visits being made by sanitarians of the bureau. The utilization of the legal training of the division chief in the preparation of the necessary requests for summonses was materially effective in obtaining prosecutions in all court cases instituted by the bureau.

The continued supervision of the wholesale food area with the cooperation of the U. S. Food and Drug Administration was instrumental in preventing retrogression of establishments in this area to the undesirable conditions found by surveys in prior years.

Nutrition

A basic function of the Division of Nutrition has been to integrate nutrition education into many parts of the city's health program and to offer a positive approach to the maintenance of optimal health for all groups. Special emphasis in this program was given to weight control activities, the combating of food misinformation, school health and the relationship of nutrition to health in the older age groups.

Nutrition services in 1953 included in-service training of Health Department personnel, promotion of nutrition education in elementary and secondary public and parochial schools, preparation and procurement of printed and visual aid materials, participation in radio and television shows, program planning with other agencies and organizations, supervised field experience and instruction for graduate public health students from several schools, and related professional activities.

In-service training included discussions of pertinent nutrition information for the public health nurses in their staff conferences, home visits, group teaching in a prenatal clinic on a demonstration basis and individual conferences with Health Department personnel to assist in program planning.

Nutrition activities in the elementary schools included conferences with teachers, talks to parent education classes, Parent-Teacher Associations and groups of boys and girls in classes where nutrition study projects were in progress. At the secondary level the division chief participated as a leader for a group of overweight girls at Eastern High School who were interested in weight control. In another high school assistance was given

the Biology Club in planning an exhibit to give emphasis to good food selection in the school cafeteria.

The division chief was a guest instructor in both the nutrition and school health classes at the Johns Hopkins School of Hygiene and Public Health and participated in a health workshop for elementary school teachers at Morgan College. Supervised field experience was provided for eight weeks for a graduate nutrition student from the School of Public Health of the University of North Carolina. Public health nutrition was discussed for the student nurses at the Johns Hopkins, University of Maryland and Lutheran Hospitals as well as for those students getting their public health training in the Department.

The chief was a consultant and a participant in a weekly public service television series "Ways With Weight" on WBAL-TV, and participated in several Health Department shows in the "Your Family Doctor" series on WMAR-TV. The division chief served as an active member of several advisory committees interested in the promotion of better nutrition in Baltimore. Because of the increasing work load and the need for more adequately meeting the city's demand for nutrition education budget appropriations were made to add a staff nutritionist to the division during the year 1954.

Meat Inspection

During the year 257,977 inspections of cattle, calves, sheep, swine and goats resulted in the condemnation of 307 carcasses and 40,895 parts of carcasses as being unfit for human consumption. The most frequent diseases encountered during inspection which caused condemnation were: Hog cholera, pyemia, traumatic pericarditis, immaturity, septicemia and sarcoma; and of parts of carcasses were: parasites, abscess, actinomycosis and cirrhosis.

Supervision of meat food products and the plant environment was maintained daily in seventy-five plants processing and manufacturing over 15,000,000 pounds of meat food products. In addition, service was rendered to the federal and state institutions in the slaughtering of cattle reacting to Bang's disease, Johne's disease and tuberculosis. Other activities included the examination of dogs for rabies in cooperation with the Bureau of Communicable Diseases and the giving of assistance at the permit desk on the first floor of the Municipal Building where licenses were issued for the Sanitary Section.

Environmental Hygiene

Steps forward in environmental hygiene included: Awarding a contract and the start of construction of a new \$13,615,000 water filtration plant

by the Bureau of Water Supply to assure for many years to come a safe and adequate city water supply; further progress in eliminating insanitary individual sewage disposal systems and stream pollution by the extension of the city's sanitary sewer system, reduction in rat bites from a record high of 100 in 1952 to 66; and passage by the City Council and approval by the Mayor on June 8 and June 15 of Ordinances Nos. 739 and 757 prohibiting the tattooing of any person under eighteen years of age and prohibiting anyone from engaging in the practice of tattooing without first obtaining a license from the Commissioner of Health.

Community Sanitation

Surveys of the unsewered areas in the Gardenville and Fairfield areas indicated the urgent need for sanitary sewers. In the first area 32 of the 36 properties had individual disposal systems which were not functioning properly, while in the second area the means of sewage disposal for 123 of the 154 dwellings was insanitary pit privies. In each case recommendations were made that the sewerage facilities be extended to serve the areas. Improvements in sewerage facilities included: Continued progress on the Jones Falls interceptor to eliminate sewage pollution from Jones Falls with the possibility that all or part of the interceptor would be placed in operation during 1954, beginning of the installation of lateral sewers in the Brighton section of the city, and the preparation of plans by the Baltimore County Metropolitan District to provide sewerage facilities in the Franklinton area to remove sewage pollution of Dead Run which is a tributary of Gwynns Falls.

Other activities in community sanitation included: Issuing of permits and inspection of places dealing in psittacine birds under regulations adopted on May 15 by the State Board of Health following amendment of the state law and repeal of the city ordinance prohibiting the sale of psittacine birds in Baltimore City; cooperation with the Bureau of Child Hygiene in the inspection of day nurseries, child care institutions and foster homes; cooperation with the U. S. Public Health Service in the inspection of watering points for interstate rail and water carriers; participation in civil defense training; inspection and sampling of swimming pools; inspection of hospitals and convalescent homes in cooperation with the Maryland State Department of Health; supervision of the operation of 537 hotels and rooming houses; inspection of dog quarters at hospitals; and the investigation of complaints related to environmental sanitation.

Plumbing

The Health Department and the Bureau of Sewers approved eight types of domestic garbage grinders and one commercial garbage grinder for in-

stallation in Baltimore. A number of location approvals for the installation of commercial grinders were granted where the sanitary sewers were adequate to receive the discharge. In one instance the application to install a large commercial grinder at a proposed food establishment was disapproved where the sewer serving the establishment was small and laid on a flat grade.

With the cooperation of the Bureau of Building Construction plumbing violations at a large hospital were corrected and the plans for renovating the Northeast Market were changed to provide water and storm sewer facilities at each stall. Cross connections prevented or eliminated totaled 458, including 205 hazardous hopper-type yard toilets. There were 3,803 properties connected to the sanitary sewerage system during the year which brought the number of connected properties within the city limits to 200,330.

Rodent Control

The first case of endemic typhus in a number of years occurred in February and the study which followed disclosed positive rats at the home of the patient and at a grain elevator in the vicinity. Following DDT dustings of these locations the grain elevator was fumigated and ratproofing was accomplished at the grain elevator and the homes in the block where the patient resided. Rat bites during the year, as previously mentioned, declined from 100 in 1952 to 66. True to the usual pattern, most of the bites occurred in the early morning hours; 13 were in infants under one year of age, 29 were in children one through six years of age, and 24 were in persons seven years old or older. In each case immediate action was taken to eliminate the rats and the source of the infestation.

Thirteen additional blocks were included in the environmental control program during the year which brought the total included since the inception of the program in 1948 to 93 blocks. By the elimination of food sources and rat harborages, and the ratproofing of properties in accordance with Health Department notices, 13 blocks containing 545 properties and 924 dwelling units were improved. Since 1948, 90 blocks containing 2,680 properties and 4,517 dwelling units have been freed of rats, ratproofed and all other environmental deficiencies corrected. Environmental control procedures were also employed in the handling of rat bites and in the abatement of 2,758 complaints of rats outside of the environmental control areas.

Other activities in rodent control included: The completion of the study of the rat population of Baltimore in cooperation with the U. S. Public Health Service and the School of Hygiene and Public Health of the Johns Hopkins University; a study of rat infestations at grain elevators in the

city with relation to endemic typhus-infected rats; supplementing the rodent control educational material with an additional flier entitled "Rat Control" for use in acknowledging the receipt of complaints; continuation of the educational program through radio and television programs and timely news releases; publication in the December, 1953 issue of *Public Health Reports* of an article entitled "An Analysis of Ratbites in Baltimore, 1948-1952" by the Chief of the Division of Rodent Control; participation on an experimental basis of block baiting and area clean-up using the rodenticide "Warfarin" in cooperation with a neighborhood volunteer group; staff participation in civil defense planning and training; and attendance at the Interstate Sanitation Seminar in Athens, West Virginia in August.

Industrial Hygiene

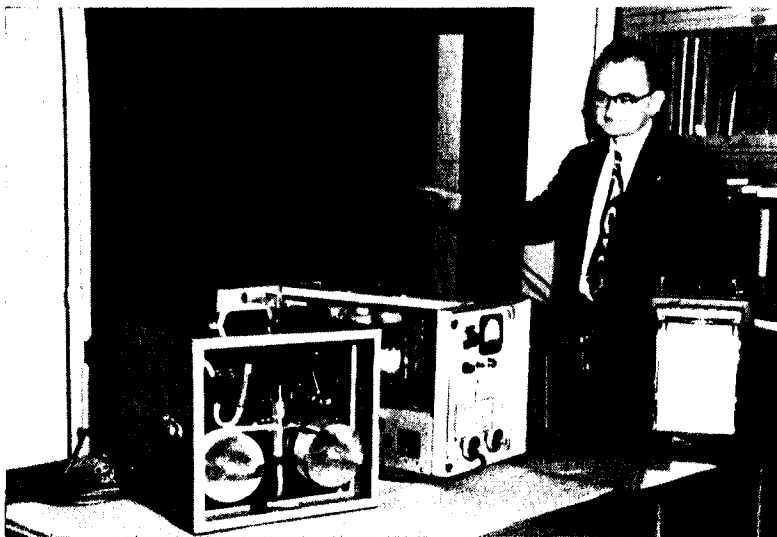
In comparison with the previous year there was a slight decrease in the number of reported cases of occupational diseases in 1953. Of the 206 cases reported during 1953, 48 per cent involved dermatitis. The next largest number of cases, 18 per cent, were for ulcers due to exposure to chromates. A similar exposure was responsible for 4 cases of carcinoma of the lungs. Although a total of 6 cases were reported during the year for solvents and heavy metals, the exposures had occurred in 1952. There were no such cases in 1953. Two nonfatal cases of carbon monoxide poisoning resulted from exposures to exhaust gases from a gasoline motor used to drive a water pump on a barge.

Considerable attention was given to studies involving nuclear radiation. In cooperation with the Division of Occupational Health of the U. S. Public Health Service, an environmental and medical evaluation was made of prolonged exposures to a large supply of radium. The premises in which the material had been used was found to be heavily contaminated according to present-day standards; but yet, ten workers with a total employment of 195½ years showed no untoward effects from working in the environment.

Valuable assistance was given to a hospital in relocating a lost 100-millicurie supply of cobalt 60 which had been used in the treatment of a patient. On the fourth day of the search it was found lodged in a sewer manhole nine feet deep located 140 feet from the institution. The number of shipments of radioactive isotopes into Baltimore City increased considerably. There were 77 shipments to 31 different users. Investigations made of the users' establishments disclosed that the substances were being handled safely.

Three studies were made of explosive dusts or gases. A hazardous exposure due to methane was encountered in a tunnel being constructed for a sewer. This condition was promptly corrected by providing forced ventila-

tion so that the work could proceed safely. Another condition causing several fires and explosions occurred in the operation of a newly constructed plant for drying sewage sludge. Upon City Health Department request the U. S. Bureau of Mines made a preliminary investigation and submitted a report containing several recommendations for controlling the hazard. The third condition was a gasoline leakage into a cellar of a dwelling from a damaged underground storage tank in a nearby filling station.



THE NEW TITRLOG (CENTER) AND ITS RECORDER (RIGHT) WITH AUTOMATIC DUST SAMPLER (LEFT) FOR MEASURING AIR POLLUTION; AND DR. WILMER H. SCHULZE, DIRECTOR OF THE SANITARY SECTION

Fifteen persons were affected in their dwellings by exposure to carbon monoxide caused by the incomplete combustion of natural gas. This resulted from the use of defective gas-fired appliances. Of the fifteen, three were fatal. An additional fifteen persons attempted unsuccessfully to commit suicide with natural gas.

Lead poisoning occurred in 49 children, 6 of whom died. In addition, there were 11 probable cases in which there were significant amounts of lead in the blood. An exhibit on child lead poisoning was displayed at the St. Louis meeting of the American Academy of General Practice. The enforcement program of having landlords remove lead paint from houses where cases occurred was carried out without resorting to court action. As a result of screening tests made on all children attending a clinic at the University of Maryland Hospital at least 2 early cases of lead poisoning were diagnosed.

Definite advances were made in the air pollution control program along

the lines recommended in 1952 by the U. S. Public Health Service. The 1953 budget provided new funds for personnel and equipment. As previously stated, Mr. F. C. Hettinger, Chairman of the Department of Chemical Engineering of the Johns Hopkins University, was appointed Senior Engineering Supervisor. Automatic dust and gas sampling equipment was purchased to evaluate the extent of air pollution in different parts of the city on a 24-hour-a-day basis.

The major causes of air pollution during the year were accidents within industrial plants. In one of these instances 20 tons of dust escaped during a five-minute period and covered 25 square blocks in which approximately 2,000 persons reside. Management promptly announced the cause of the accident and the residents accepted the apology graciously. Three other plants had accidents resulting in the discharge into the atmosphere of ammonia, gaseous sulfides or dust. Industry not only spent large amounts of money for collecting devices but established a constant vigilance over their stack effluents so as not to annoy the public. This was evident during a stagnant air mass period of over a week in the fall of the year during which practically no complaints were received; nor was the city's death rate increased. These events indicated the success of a cooperative control program between industries and the Health Department. In only four incidents cooperation was lacking and in these the court found each offender guilty under the nuisance law, and fines were imposed. The faulty conditions were thereupon corrected. Two incidents involved dry cleaning establishments, one a lead smelting plant and the other a lawn seed distribution plant.

Housing

A renewal of Housing Bureau activity resulted from the appointment by Mayor D'Alesandro on June 23 of Mr. Franz J. Vidor as director of the bureau to succeed Mr. G. Yates Cook who resigned on March 31. Bureau objectives were designed to improve housing conditions in substandard areas and to prevent the spread of blight into areas of good housing. They were sought through (1) coordinated enforcement of existing ordinances pertaining to dwelling standards; (2) integration of all available public and private resources for improving a selected neighborhood and (3) education for the purpose of securing in owners a sense of responsibility for preserving the value of their property for the welfare of the neighborhood and themselves, and for awakening a neighborhood desire for a healthier, safer and happier environment as well as for neighborhood vigilance against factors that cause blight. To strengthen the neighborhood rehabilitation program, wide-scale studies were made to raise the standards required by the housing regulations, first adopted by the Commissioner of Health in 1942.

Area law enforcement during the year was accelerated in 19 blocks in

West Baltimore. Six blocks were inspected adjacent to the original Pilot Area in East Baltimore. Meanwhile work continued on the remaining problem properties in the Pilot Area. Four scattered blocks were also inspected during the course of the year. Altogether, action was initiated on 879 properties through neighborhood or block enforcement, while 663 properties were brought into satisfactory compliance with the city housing requirements.

Complaints accounted for 371 housing notices following investigations. Properties declared unfit for human habitation resulting from either area or complaint enforcement totaled 91. Thirty-three vacated properties were razed and 45 reoccupied after extensive rehabilitation. Seventy per cent of all housing notices issued were to landlords and the balance to owner residents. Tenants received 855 nuisance abatement notices. Over one-third of all properties inspected and having in them more than one family were found to have occupants in excess of the permitted number under the Zoning Ordinance. Review of 364 sets of plans for dwelling alterations forwarded from the Bureau of Building Inspection resulted in disapproval in only four instances; in 90 others the owners were asked to make corrections before approval was granted.

In 96 cases, action was taken in the Housing Court for failure to correct unhealthful conditions. Of these, 89 involved owners or agents and 7 involved tenants. Thirty-eight owners and six tenants were found guilty and fined a total of \$1,415 in the Housing Court. Two cases pending from 1952 were dismissed in Criminal Court after corrections were completed. Six additional cases were taken to Criminal Court during 1953. Five involved the same owner. Final disposition of all 6 cases was still pending at the end of the year.

The bureau staff gave sixty-eight lectures and conducted 3,338 persons on 52 tours through blighted areas. Visitors from thirty-five cities and seven foreign countries totaled 101, and information was sent on request to seventy-five cities in thirty-five states, and to three foreign countries. "Housing Bureau Suggestions to Homeowners," and "Education in Living" were two pamphlets prepared during the year, and the première of the Encyclopaedia Britannica's film "The Baltimore Plan" was presented on February 2 in a local theatre.

Biostatistics

As mentioned previously the Statistical Section suffered a great loss when its director, Dr. W. Thurber Fales succumbed suddenly on May 21 while attending an evening meeting of the Joint Anesthesia Study Committee of the City Health Department and the City Medical Society. Internationally known as a leader in the field of public health statistics, Dr. Fales was able to build with limited resources an outstanding analytical

office which rendered expert service to the operating bureaus of the Health Department as well as to many voluntary and official municipal agencies. Dr. Fales through his training at the Massachusetts Institute of Technology—Harvard School of Public Health, and through his association with Dr. Lowell J. Reed and Dr. Wade H. Frost had brought to his position a competence difficult to equal.

Chief among the accomplishments of the Bureau of Biostatistics during 1953 were: Completion of a cost analysis of the Bureau of Public Health Nursing, preparation of post-censal population estimates by census tract, guidance to the Medical Care Section in the conduct of studies concerned with the efficiency of that program, and assistance to the Chief of the Division of School Health in the revision of the record system used in that unit.

Dr. Taback, the section director, carrying on the work of his predecessor, served with the following study committees: The Joint Anesthesia Study Committee, the Baltimore City Commission on Aging and the Problems of the Aged, the Committee on the Effects of Public Housing on Health of the Johns Hopkins School of Hygiene and Public Health, the Joint Evaluation Committee of the American Public Health Association, and the Natality Statistics Working Group of the Public Health Conference on Records and Statistics. It may be added that a study of adoption practices pursued in Baltimore City was initiated with the Director of the Bureau of Vital Records who utilized data from court orders and birth certificates.

Vital Records

Settlement of claims with government agencies and private life insurance companies was responsible for 42,339 certified copies of official death transcripts being issued during the year. Of a total of 19,936 birth transcripts issued, 5,126 were short-form certifications. Both figures were slightly less than those for 1952. Appreciable increases were noted in birth and death verifications with 7,412 verifications of birth and 1,028 verifications of death, both made to accredited government or private agencies.

Of particular note was the drastic decline in the number of cases brought to the bureau's attention of unreported births for children under six years of age born without medical attention. In 1953 there were 13 such cases as compared with 65 for the previous year. Another record was made with a 99.7 per cent completeness of birth registration. This was attributed to the excellent assistance rendered the Health Department by hospitals, physicians and midwives in their submitting birth certificates. Delayed birth certificates declined by 26 per cent when compared with 1952 to give a total of 429 such records filed during the year. There was a slight increase in replaced certificates: 639 were legal adoptions, 235 involved legitimation of out-of-wedlock children and there was 1 case in which an illegitimate child's paternity was adjudicated by court action.

Indication that bureau activity had increased to a considerable extent in 1953 was reflected in the all-time high of 10,174 corrections made on birth records and 308 changes effected on death certificates. A total of 2,858 mail requests for varied assistance was received and 6,552 personal interviews were held during the year. The 2,061 Statement of Age cards and 3,394 birth and death Search Certificates issued were part of the increased demands made on the bureau's services.

The Birth Record Correction Advisory Service, jointly sponsored by the City Health Department and the Legal Aid Bureau, gave assistance in 194 cases during its fourth year of operation. And, lastly, the Commissioner of Health revised the order relating to funerals for persons dying of certain communicable diseases.

Conclusion

The summary which has been set forth gives an over-all view of the work of the City Health Department for 1953. The scope of official public health is changing and expanding in Baltimore as elsewhere in this country. This is as it should be. As a colleague has said, "It is the duty of the health officer to grasp the hand of the next 50 years courageously."

But if the Health Department does not pay prime attention to prevention and avoid spending too much of its energy on administering curative medical services, no other agency in government will cultivate the great untilled fields of preventive medicine. Dr. James M. Mackintosh, Professor of Public Health in the University of London, in his recent Heath Clark Lectures on *Trends of Opinion about the Public Health: 1901-51* sounds this warning from the British experience:

"One broad feature which forms a background to the whole fifty years may be mentioned at this point: everyone says that prevention is better than cure, and hardly anyone acts as if he believes it, whether he is attached to Parliament, central or local government, or the commonalty of citizens. Palliatives nearly always take precedence over prevention, and our health services today are too heavily loaded with salvage. Treatment—the attempt to heal the sick—is more tangible, more exciting, and more immediately rewarding, than prevention."

Will we heed the warning?

Respectfully submitted,

Huntington Williams, M.D.

Commissioner of Health.

Baltimore, Maryland
May 1, 1954

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DEAR MOTHER-TO-BE (Revised)

DIPHThERIA (Revised)

EDUCATION IN LIVING (Housing)

EMERGENCY HOME FOOD SHELF (Revised)

INSTRUCTIONS FOR FOOD DEMONSTRATORS (Revised)

PREVENT DIPHThERIA (A poster, revised)

RAT CONTROL

REGULATIONS GOVERNING THE DISTRIBUTION AND SALE OF OYSTERS AND CLAMS (Revised)

STATE REGULATIONS GOVERNING THE RETAIL SALE OR USE OF HYDROCYANIC ACID AND ITS SALTS, COMPOUNDS AND PREPARATIONS (Revised)

STATE REGULATION FOR SODIUM FLUORIDE (Revised)

SUGGESTIONS TO HOMEOWNERS (Housing)

ADMINISTRATIVE SECTION

EXECUTIVE OFFICE

Personnel

Huntington Williams, M.D., Dr.P.H., Commissioner of Health
Ross Davies, M.D., M.P.H., Assistant Commissioner of Health
Royd R. Sayers, M.D., Senior Medical Supervisor for Occupational Diseases
Robert M. Keller, Nonmedical Health Administrator
Reed Gaither, Principal Administrative Officer
Beatrice Bryant, Junior Administrative Officer
Mary L. Rentz, Secretary-Stenographer
Helen von Wachter, Senior Stenographer

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, 1953. Mr. Keller's salary was paid by the City Civil Defense Organization beginning February 2, 1953.

ASSISTANT COMMISSIONER OF HEALTH

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

During 1953 the usual programs of the Assistant Commissioner of Health's office were carried out as in former years. These programs fell into three broad categories as follows: (1) Regular conferences with district health officers and supervising nurses and periodic conferences with section and bureau directors; (2) arranging teaching schedules for the course in Hygiene and Public Health given to third year students at the University of Maryland Medical School; and (3) meeting with and supervising the activities of visitors who wish to study certain aspects of the City Health Department's work.

With reference to the first category given above, the Assistant Commissioner of Health in company with the Director of the Bureau of Public Health Nursing made monthly visits to the district administrative offices. At these visits, conferences were held with the district health officers and supervising nurses in the particular district. Problems and programs were discussed and necessary adjustments were made in district procedures to maintain all services functioning in a smooth and efficient manner. Occasionally bureau directors were invited to attend these conferences and especially when there were problems which concerned the programs of their particular bureau.

The course in Hygiene and Public Health mentioned above consisted of weekly lectures on communicable diseases and public health problems. In connection with this course the Assistant Commissioner of Health was responsible for arranging the teaching schedules and the preparation, administration and correction of examination papers.

The third routine activity of the office refers to the reception of foreign and other visitors who come to the Department for periods varying from one-half day to several weeks. This is an important service wherein the interests of the particular visitor are learned and schedules are arranged so that the visitor may study the public health problems or activities in which he has a special interest. During the year sixteen foreign countries sent twenty-one representatives to the City Health Department to observe and study public health programs. Countries represented included Argentina, Brazil, Burma, Chile, Costa Rica, Ecuador, Finland, India, Ireland, Italy, Nicaragua, Pakistan, the Philippine Islands, Scotland, Thailand and Turkey.

The remaining activities of the office consisted of day by day assignments from the Commissioner of Health. These assignments were often of an urgent nature and varied so much both in kind and in the amount of time

required for their handling that it would serve no purpose to enumerate them in this report. In general it may be stated that they involved matters related to program planning, Health Department policy, personnel problems, transportation problems, and general maintenance. In the latter instance the office served as a clearing house for much of the work that involved other departments of the city government. Many requests from the Health Department's administrative staff were cleared for whatever needed to be done—painting, plumbing, repairs, space adjustment and many other similar matters that needed attention in clinics, district health buildings or the Municipal Building.

It is readily seen from this brief description of activities that the work of the Assistant Commissioner of Health involves a multiplicity of details yet they result in essential adjustments and considerations which are very necessary to maintaining the city's public health programs, whether in clinic or field, functioning in a satisfactory manner.

CIVIL DEFENSE HEALTH SERVICE

Civil Defense Health Service activities during 1953 were primarily directed toward furthering the implementation of the plans developed during 1951. Toward that end, at the January 28 Civil Defense Health Service staff meeting, the Commissioner of Health made the following appointments to the position of Health Deputy for the Civil Defense Districts of Baltimore City:

Eastern District	Dr. John Skladowsky
Southern District	Dr. William J. French
Northern District	Dr. Alan Foord
Northeastern District	Dr. W. Sinclair Harper
Northwestern District	Dr. H. Maceo Williams
Southwestern District	Mr. George W. Watson

In addition, the following Alternate Health Deputies were appointed:

Eastern District	Mr. Floyd G. Russell
Northwestern District	Mr. Walter K. Doepke
Southwestern District	Dr. Herman H. Baylus

On February 2 Mr. Robert M. Keller was appointed by the Commissioner of Health to succeed Mr. George Watson as Assistant Director for Administration of Civil Defense Health Service. Mr. Keller also serves as Administrative Assistant for Health Services to Colonel Frank Milani, Director of Civil Defense for Baltimore. The position of Assistant Director for Vital Records, Statistics and Mortuary Services was left vacant due to the death of Dr. W. Thurber Fales. Dr. Matthew L. Taback was subsequently appointed to this position by the Commissioner of Health.

Implementation of plans for the extension of existing Health Department services was an accomplished fact, requiring only routine maintenance during the year. On the other hand, implementation of plans for giving emergency treatment to those injured by the effects of enemy bombing, while it progressed, did so at a rate which was not entirely satisfactory. This was only slightly due to the fact that replacements could not be found for Dr. William J. French and Dr. Alan Foord, who withdrew as Civil Defense Health Deputies for the Southern and Northern Districts respectively, due to the press of other duties. It was largely due to a characteristic reluctance of the populace to prepare for an attack which was not imminent, which might never occur, and which many regarded as wasted effort in view of the potential of the weapons that would surely be used. The task was further complicated by the retirement of Dr. Henry F. Buettner, who held the Assistant Directorships for Medical Services and Health Supplies. Dr.

Buettner's retirement reduced the number of full time persons employed by Civil Defense Health Service from three to two. There now remain the Assistant Director for Administration and a senior stenographer. The salary of the former was paid with funds provided by the City Civil Defense Organization. The stenographer is a Health Department employee. Dr. Buettner was replaced by Dr. Myron G. Tull, whose attention to civil defense matters is limited by his duties as Acting Director of the Bureau of Communicable Diseases.

As of December 31 the volunteers assigned to Civil Defense Casualty Clearing Stations, and the number of trained recruits still to be assigned, were as follows:

	<i>New Assigned</i>	<i>To Be Assigned</i>	<i>Total for Optimum Strength</i>
Administrative Officers	98	0	98
Chief Physicians	95	3	98
Assistant Physicians	45	151	196
Nurses	219	75	294
Dentists	108	186	294
Pharmacists	211	83	294
First Aid Team Leaders	56	140	196
First Aid Workers	46	4,658	4,704
Nurse Assistants	208	1,262	1,470
Clerical Assistants	11	577	588
	<hr/> 1,097	<hr/> 7,135	<hr/> 8,232

The Health Department is responsible for the recruitment of professional volunteers. Recruitment of lay personnel is undertaken by the civil defense organization.

A considerable number of the city's physicians have expressed a preference for appointment to hospitals. As yet, no specific appointments of members of this group have been made. Virtually all the physicians visit patients at more than one hospital. They must be tabulated and appointed in such a way as to give each hospital a fair share, according to its capacity for handling patients.

Instructors and training courses for first aid workers and nurse assistants continued to be provided by the American Red Cross. The Red Cross reported that more than 50,000 persons in this area have received first aid training since the outbreak of the war in Korea.

The Civil Defense director ruled that after September 1, 1953 all Health Service volunteers would receive instruction in a Civil Defense Basic Orientation Course before receiving an identification card. The course was designed to impart general information on civil defense to the volunteers and thereby qualify them as better representatives of the organization. Physicians and persons assigned prior to September 1 were encouraged, but not required, to take the course. Employees of the Health Department

with civil defense assignments completed this instruction and received certificates in December.

Hospital preparations also seemed to require the attention of a medical person devoting full time to civil defense. Two hospitals, Lutheran and Women's, installed the bell and light attack warning system at their own expense. There was every reason to believe that existing plans for hospitalization of the injured would require revision as reports of the development and effects of more potent weapons were substantiated.

The following supplies were distributed and stored in Casualty Clearing Stations during 1953:

- 3,000 litters
- 225 cartons of large burn dressings
- 900 cartons of small burn dressings
- 250 cartons of paper cups
- 50 cases of plasma

The antibiotics listed below were distributed to cooperating hospitals where they will be stored and used on a rotation basis:

- 100 bottles of aureomycin hydrochloride capsules
- 100 bottles of chloramphenicol capsules
- 100 bottles of terramycin capsules
- 2,500 10 c.c. bottles of procaine penicillin

Additional supplies on hand and ready for distribution on December 31, 1953 were as follows:

- 10,000 fibre blankets
- 400 cases of surgical instruments, pharmaceuticals, sterilizers, house-keeping equipment, and other first aid items.

Nonexpendable equipment of the blood donor center in the Red Cross building, at 23rd and St. Paul Streets, was stored in the basement of that building. The center was closed, but a move to transfer the equipment out of Baltimore was averted when the Red Cross offered to provide storage space free of charge. The equipment is owned by the Federal Government and will be available to Baltimore in event of a civil defense disaster.

Ninety-eight metal signs, 16" x 24", designating Casualty Clearing Stations as such, were received at midsummer. At the close of the year seventy-eight of these had been prominently attached to the buildings so designated.

It was felt that basically the Health Service planning for the civil defense of Baltimore was sound. However, such planning was far from static and revisions will be required from time to time. A review of present plans was forecast. In addition, many personnel gaps were in need of being filled in order to cope with a major civil defense disaster, should one occur. During 1954 particular emphasis will be placed on finding the right person for each particular position of leadership.

BUREAU OF HEALTH INFORMATION

Joseph Gordon

Director

Fundamentally, the function and goal of a health department is to prevent disease and promote good health in the community. In order to accomplish these aims the health department relegates responsibility for particular phases of health work to individual organizational units. In this picture, the Bureau of Health Information serves the community in a dual capacity: It is deeply concerned with the promotion of better health practices in the community, and it is a service organization for the member units of the Health Department assisting each as need be with its own program of maintaining and promoting better health.

The community-wide programs of health promotion described in the following report were achieved largely through the joint effort and teamwork of all Health Department units, the many official and nonofficial health and related agencies, other community and civic organizations, and particular individuals interested in the promotion of better health for Baltimore's residents.

Publications

The *Saturday Letter to the Mayor*, the Commissioner of Health's weekly statistical report to the Mayor with a cover letter which serves as a news release on timely health matters, was composed and distributed each week to some 300 agencies and persons interested in the news and vital statistics information. Other press releases originated from time to time covered special messages related to disease and accident prevention, Health Department programs, recurrent health hazards, and, in the main, emphasized advisory, preventive or corrective measures. Newspaper publicity revealed a total of 392 articles comprising 3,285 column inches. Items of timely interest to physicians were prepared and published periodically in the Maryland State Medical Journal, the official organ of the Medical and Chirurgical Faculty of Maryland.

The monthly *Baltimore Health News* with a mailing list of 10,000 was edited and distributed. This publication was sent to city officials, physicians, dentists, teachers, news agencies, libraries, health and related organizations, and to others in Baltimore, in other states and in foreign countries who are interested in city health matters. Included among the items published during the year were articles dealing with: Fluoridation of the city water supply, reorganization of the Medical Care Committee, a *Foreword* to an Erle Stanley Gardner mystery story which tells how Dr.

Russell S. Fisher became Maryland's Chief Medical Examiner, the State Planning Commission's report on the Medical Care Program, an editorial on the passing of Dr. Thomas S. Cullen, friend and consultant to the Health Department; the national Chronic Illness Commission study in Baltimore, the appointment of Mr. Franz J. Vidor as Director of the Housing Bureau, gamma globulin and poliomyelitis, psittacosis control, an address on Osler and Welch prepared by the Commissioner of Health, an editorial on the death of Dr. W. Thurber Fales, Director of the Health Department's Statistical Section; the republication of Baltimore's earliest Health Department reports, the Exhibition on the History of Medicine in Maryland, the new tattoo control ordinances, the diabetes and tuberculosis survey, and air pollution control.

The 1952 ANNUAL REPORT OF THE DEPARTMENT OF HEALTH and *Guarding the Health of Baltimore*, the summary of the annual report, were assembled, edited, prepared for publication and distributed to selected individuals and agencies. Both reports are valuable sources of reference when studying Baltimore's health programs. The republication in one *facsimile* volume of Baltimore's health reports for the year 1815-1849, inclusive, now provides one of the most complete series of documented early reports of the work of a health department.

New leaflets issued in 1953 included: "Housing Bureau Suggestions to Homeowners," "Education in Living" and "Rat Control." Leaflets revised in 1953 included: "Dear Mother-to-be," "Diphtheria," "Emergency Home Food Shelf," "Instructions for Food Demonstrators," "Regulations Governing the Distribution and Sale of Oysters and Clams," "State Regulations Governing the Retail Sale Or Use of Hydrocyanic Acid and Its Salts, Compounds and Preparations" and "State Regulation for Sodium Fluoride." The diphtheria poster "Prevent Diphtheria" was revised to conform with latest Health Department practice regarding diphtheria toxoid inoculations, and the poster "Baltimore Steps to Dental Health" was reprinted in color. Approximately 500,000 leaflets, pamphlets and other miscellaneous items of health literature were distributed during the year. This does not include the distribution to all city physicians of 14 reprints of published professional or scientific articles written by staff members and which were considered of special interest to medical practitioners. Thirty-five articles related to the work of the Baltimore City Health Department were published in 1953; of these, 27 were written by Department staff members and their titles may be found beginning on page 59.

Radio and Television

The weekly radio and television programs jointly sponsored with the Medical and Chirurgical Faculty of Maryland were produced without interruption throughout the year. "Keeping Well" the radio health drama

series was broadcast over radio station WFBR, and "Your Family Doctor" the television series was transmitted through the facilities of WMAR-TV. Both radio and television programs are in the public service category and due acknowledgment is made of the stations' contributions toward better community health.

In the "Keeping Well" drama series, Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases played the family doctor who is always the friendly physician helping and guiding his patients to better health. The last program of the year was the 748th in the series. It is fitting to mention that a listener survey conducted by the radio station during the year rated the "Keeping Well" program as "one of the top locally produced broadcasts" and it compared favorably with outstanding network programs in listener appeal.

Mr. Robert M. Keller, health administrator in the Civil Defense Health Service organization portrayed the family doctor on television. Mr. Keller was appointed health administrator on February 2, 1953 but he has been associated with the "Your Family Doctor" program since February, 1951. An editorial in a local newspaper which quoted State Senator John M. Butler on educational television programs was indicative of the high community regard for this television program. The Senator was quoted in the June 5, 1953 issue of the *Baltimore News-Post* as follows: "... Station WMAR-TV has likewise given much time for educational purposes. Many of these highly effective programs have been conducted in collaboration with educational institutions. To my mind, its 'Family Doctor' series, which has been on the air for a long time, is one of the most instructive programs for adult listening carried in Baltimore. It has always enjoyed high program popularity." The end of 1953 saw the 260th program in this series. An extensive correspondence with other health agencies in the United States and in other countries has developed as a result of the television series and the bureau director has assisted others in developing their own television programs. In April he was Chairman of the Consultation Booth "Health Education Through Television" at the annual convention of the Southern Branch of the American Public Health Association in Atlanta, Georgia. A complete list of the year's radio and television programs is found at the end of the Bureau of Health Information report.

Exhibits

The Division of Exhibits continued its work in designing, building and reconditioning health informative displays. One hundred and ten exhibits including 175 units were demonstrated during the year. They were viewed and frequently studied by an estimated 100,000 persons in locations which included municipal child health clinics, health district buildings, schools, other public buildings, a theatre and local housing projects.

Sixty-one displays of various kinds including three-dimensional panels in color, posters, signs, and other exhibit material were newly designed and built in 1953. Especially valuable were the panels "The Health Department on Radio," "The Health Department on Television," "Helps Toward Healthy Teeth" and "Urgent, Great Need For . . .," a display for civil defense. Renovations included "Before and After," "Meals Like These Will Give You All the Foods You Need," four units comprising the "Blondie Series," the carrousel "For Health and Better Living at Any Age" and the triptych "Publications of the Baltimore City Health Department."

Fifty-six displays comprising over 80 units were developed for the new Southeastern Health District building at 3411 Bank Street. These were on view in the casement show windows, in the entrance hall glass wall cases, in the lobby, the reception room, the wall show cabinets in the child health clinics and in the mental hygiene clinic on the second floor. An exhibit at the Kenwood Street building of the Southeastern Health District was placed on display for the annual observance of Child Health Day, co-sponsored with the Canton Area Council, Inc. The completely renovated exhibit "Before and After," a slum rehabilitation display mounted on an electric turntable was set up in a local theatre for the premiere showing of the motion picture "The Baltimore Plan" produced by Encyclopaedia Britannica Films. Two displays, one developed on the subject of nutrition, the other on the subject of mental hygiene were produced for the Cherry Hill Health Carnival, the first annual health exposition to be held at that housing development. For the second consecutive year exhibits were placed at various times in the Southern Health District. Included among these was an exhibit "Reading Is Fun" which was used in conjunction with talks with mothers given as a part of the Counseling Service there.

During the latter part of the year a montly change of exhibits was instituted for the Western Health District in its temporary location at the University of Maryland Hospital. Other particular exhibits included: A display for the fifth four-day annual chest X-ray survey held in the offices of the Canton Area Council, and which pointed up two aspects of community health—mental health and community sanitation; an exhibit on mental health during the national observance of Mental Health Week in the lobby of the Municipal Building; the display, also in the lobby of the Municipal Building, of the large American Medical Association exhibit on the subject of home accident prevention—an exhibit sponsored jointly by the Baltimore City Health Department and the Baltimore Safety Council; displays for National Children's Dental Health Day, for the Christmas Seal Sale and for the building at 1516 Madison Avenue; the latter displays were changed each month and Health Department literature was made available with them.

The large exhibit "Lead Poisoning in Children" prepared in 1952 was

displayed upon request at the Fifth Annual Meeting of the American Academy of General Practice in St. Louis, Missouri in March. Dr. R. R. Sayers, Senior Medical Supervisor for Occupational Diseases and Mr. Lee Bowers of the Bureau of Health Information attended the meeting and were on hand to answer questions regarding the lead poisoning hazard. And of particular interest was the exhibit "Public Health in Maryland," a unit of the Exhibition on the History of Medicine in Maryland: 1634-1953 which was on view at the Maryland Historical Society Building, Park Avenue and Monument Street from November 16 to the end of the year. This exhibition was developed under the supervision of the Commissioner of Health and the public health exhibit was produced jointly with the Maryland State Department of Health. The Commissioner of Health participated in the opening ceremonies which featured an address by Dr. Thomas Parran, Dean of the Graduate School of Public Health at the University of Pittsburgh and former Surgeon General of the U. S. Public Health Service.

Meetings

Health Department members participated in 528 health meetings devoted to local, state, regional, national, or international health matters. Many thousands of persons were reached at these sessions and these ranged from high health officials through a wide range of the population which includes physicians, dentists, nurses, teachers, students of all ages and levels, civic groups and business and industrial representatives.

Film Services

The Bureau of Health Information sponsored or arranged for 284 showings of motion picture films. Films were shown to community groups, on television, in Health Department clinics, for in-service training courses, and at other special affairs. Subjects most in demand were films on child hygiene, mental health and nutrition. The film "Cheers For Chubby," a cartoon film produced by a large insurance company under the direction of the Public Health Service on the subject of overweight, was scheduled and shown in seventeen local theatres and reached a large number of the city's population with its important health message. The bureau's film service was carried on with the close cooperation of the Enoch Pratt Free Library Films Department, the Maryland State Department of Health Film Library, the film libraries of the voluntary health agencies and through the help of other individuals and organizations.

By the end of 1953 the Eastern, Southeastern, Southern and Druid Health Districts were provided with 16 mm. motion picture projection equipment. Both the Southern and Southeastern Districts were also pro-

vided with slide projectors. In time it is hoped that each district will be equipped with the necessary audio-visual aids which will help in the promotion of further educational programs in the clinics, within the Health Department itself, and in the community that the district serves.

Community Health Programs

Health programs, large and small, on area and city-wide levels were conducted by the many Health Department organizational units, and the Bureau of Health Information assisted in organizing, publicizing and implementing many aspects of these programs.

Community education continued to go forward with regard to maternal and child health, home accidents, medical care, housing, community sanitation, atmospheric pollution, child lead poisoning, mental and dental health, the communicable diseases, industrial health, nutrition and food control and civil defense.

Mass X-ray surveys were conducted throughout the year by the City Health Department with the assistance of the Maryland Tuberculosis Association. The Health Department also joined with the Medical and Chirurgical Faculty of Maryland and other volunteer groups in the city-wide diabetes-tuberculosis detection campaign which took place in November and which was considered quite successful in view of the 6,356 persons tested. Members of the Health Department also actively participated in the Holiday-Home Hazards Safety Campaign sponsored by the Baltimore Safety Council, the Junior Association of Commerce and others.

Active assistance was given by the Bureau of Health Information in promoting local health community programs and in the national and local health drives of the voluntary agencies. Special mention is made of participation in the following: The community wide showing of "Cheers For Chubby," National Children's Dental Health Day, the Cherry Hill Health Carnival, Mental Health Week, Department of Education Community Study Workshop and the course in Civic Experience, Child Welfare Week and Child Health Day, the annual "Clean-up, Fix-up, Paint-up" campaign, and the Christmas Seal Sale. In these and in other campaigns, the Bureau of Health Information aided with radio and television programs and by press releases or other means.

Services to the Department

The bureau continued its editorial and library services. The inter-library loan service provided by the Enoch Pratt Free Library, the Medical and Chirurgical Faculty Library, the Johns Hopkins University Libraries and the University of Maryland School of Medicine Library was of considerable help in meeting requests for medical information.

The duplicating service also under the supervision of the Bureau of Health Information completed 656 requisitions for printing of departmental forms, texts, and other literature. Printed matter in the amount of 2,349, 571 pieces was handled by the multilith operator. The bureau also supervised the printing of 149 forms by the Municipal Duplicating Bureau. The Health Information photographic service produced 1,161 prints, 56 photostats and 38 slides. Photographs were used for court testimony, publicity, television and for illustrated lectures by staff members.

Personnel

Miss Betty Maier, Junior Stenographer was promoted to Senior Stenographer and transferred to the Bureau of Environmental Hygiene on January 1. Miss Betty Anzengruber was appointed to this position on February 9. Mr. James J. Kiggins, Senior Clerk and Multilith Operator resigned in November. This vacancy was filled by Mr. Charles Scalion. Mr. Lee S. Bowers, Public Information Assistant, resigned on December 18 to accept a position with the Heart Association of Maryland. This vacancy was unfilled at the end of the year.

Personnel

Joseph Gordon, B.S., Director
Dorothy R. Yoe Kalben, R.N., B.S., Chief, Division of Exhibits
Bessie K. Sothoron, Senior Stenographer
Margaret P. Shaver, Senior Typist
Charles Scalion, Senior Clerk
Betty E. Anzengruber, Junior Stenographer

BUREAU OF HEALTH INFORMATION

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TABLE NO. 1
SUMMARY OF EDUCATIONAL WORK DONE BY THE HEALTH DEPARTMENT IN 1953

Publications	Newspaper Publicity		Printed Material Distributed		Articles in Baltimore Health News	Addresses Lectures and Seminars Led		Visual Education			Radio Broadcasts	Television Programs	Health Contests	Training of Department Personnel		Meetings Attended
	Articles	Column Inches	Requests	Pieces		Health Addresses	Persons Reached	Exhibits	Films, Slides	Persons Reached				Number of Meetings	Number of Persons	
Entire Department.....	392	3,285	6,303	407,282	46	528	981,713	110	284	63,321*	55	83	1	675	6,262	2,052
Administrative Section																
Commissioner of Health.....	6	282	200	6,000	8	100	5,000		1	50	1	2		75	500	650
Civil Defense Health Service.....	1	75	764			22	1,013		5	126	2			22	405	63
Asst. Commissioner of Health.....	3	24														298
Health Information.....	1	175	738	184,051	7	19	712	110	80	55,523	8	17		3	20	167
Baltimore Health News.....			165	92,811												
East Distribution.....			60	57,699												
West Distribution.....			523	153,511												
Miscellaneous.....			56	1,396												
Laboratories.....	6	4				17	808							14	68	36
Eastern Health District.....	4	20	231	2,305		15	444		43	608				47	380	62
Western Health District.....		7	162	3,800	1	3	950		3	176		1		15	70	45
Druid Health District.....		7	183	1,153		6	440		3	106				27	50	89
Southeastern Health District.....		8	183	1,229	1	4	440		3	106				61	448	116
Southern Health District.....		14	80	3,957	1	15	160		30	274				68	473	9
Medical Section-Preventive																
Communicable Diseases.....	18	90	495	37,472	1	2	75				1	3		7	210	7
Tuberculosis.....	1	119	11	484	1						2			58	978	67
Veneral Diseases.....	2	10	1	1,000	1	24	418							51	350	29
Child Hygiene.....	13	80	39	42,852		14	3,665		30	1,500	9	4		20	370	77
Dental Care.....	3	24		52,210	1	14	1,297		9	2,694	3	3		3	75	22
Public Health Nursing.....	2	22				5	854		7	244	3	2		70	253	51
Medical Care Section																
Administration.....	1	148	51	3,975	4						2					
Sanitary Section																
Administration.....	10	70	149	335	1	4	110				8	7		8	64	74
Milk Control.....	9	74	114	336		3	16				1		1	2	30	62
Food Control.....	3	320	2,891	22,090		104	958,623		7	155	10	31		29	375	
Meat Inspection.....			11	90												
Environmental Hygiene.....	2	21	323	38,512	1	24	409		9	241	5	10		37	445	33
Industrial Hygiene.....	2	14	61	38,901	2	2	2							10	92	12
Housing Bureau.....	2	45	449	4,069	1	71	3,701		59	1,634	1	2		48	587	35
Statistical Section.....	2	185	55	145	16	10	3,000									49

* This figure does not include an estimated 50,000 persons which are reached weekly through the "Your Family Doctor" television series.

TABLE NO. 2

RADIO DRAMAS BROADCAST UNDER THE JOINT AUSPICES OF THE BALTIMORE
CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL
FACULTY OF MARYLAND, 1953
"KEEPING WELL" SERIES
WFBR

DATE	TITLE	SUBJECT
January 5	Health For the Needy	Medical Care
12	You Can Help, Too	Poliomyelitis
19	Nurse Needed	Nurse Recruitment
26	Fountain of Youth	Nutrition for the Teen-ager
February 2	Inside Story	The Fluoridation Story
9	The Slow Down	Rheumatic Heart Disease
16	A Problem of Age	Aging Parents
23	Dangerous Times	Safety for Children
March 2	Death at the Window Sill	Lead Poisoning in Children
9	Patience for Patients	Home Care of the Tuberculous
16	Off His Feed	Feeding Problems of Children
23	Dr. Ashley Turns Detective	Health Officer Activities
30	Safe at Home	Prevention of Accidents in Children
April 6	You Can Strike Back	Cancer
13	Death in the Garden	Home Accident Prevention
20	Don't Wait for Trouble	Weed Control
27	Casualty Station	Civil Defense
May 4	Birth of a Grandchild	Mental Hygiene
11	Change of Heart	Care in Cardiac Cases
18	The Right Weigh	Weight Reduction
25	No Time to Quit	Geriatrics
June 1	Undercover Agents	Parasitic Ills
8	Dangerous Waters	Polluted Streams
15	Gone Fishing	Vacation Hazards
22	Some Chicken	Selection of Sound Poultry
29	Four on a Holiday	Picnic Lunches
July 6	The Heat's On	Hot Weather Hints
13	The Water's Fine, But—	Water Safety
20	Eats on the Run	Roadside Restaurants
27	Watch That Baby	Child Care in Summer
August 3	We Need Them	Public Health Nursing
10	Ready to Go	Preschool Check-up
17	Sneezes and Scratches	Noxious Weeds
24	Out of Cash	Medical Care
31	The Life You Save	Driving Safety
September 7	Homes Wanted	Foster Homes
14	A Good Start	Better Breakfasts for School Children
21	The Noon Lift	School Lunches
28	Nurse's Aides Needed	Nurse's Aides
October 5	Strike Out	Fire Prevention—Home Safety
12	Now Is the Time	Fall Check-up on Heating Units
19	That Wonderful Pump	Heart Disease
26	See You in Church	Church Suppers
November 2	Raw Deal	Milk Control
9	History of Medicine in Maryland	Historical Society Exhibition
16	Know for Sure	Diabetes
23	Light the Way	Sight Saving
30	Shadow on the Box	Tuberculosis
December 7	Liquid Death	Alcohol and Accidents
14	With Heart and Head	Christmas Gifts
21	Joy to the World	Christmas Safety
28	Never Again	Driving Safety

TABLE NO. 3
TELEVISION SERIES TELECAST UNDER THE JOINT AUSPICES OF THE BALTIMORE
CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL
FACULTY OF MARYLAND, 1953
"YOUR FAMILY DOCTOR" SERIES
WMAR-TV

DATE	TITLE	GUEST
January 8	Protecting Our Food Supply	
15	Nurses Needed	Miss Margaret Courtney
22	Cataracts	Dr. Angus MacLean
29	A Child Is Poisoned	
February 5	Teens and Teeth	Dr. H. Berton McCauley
12	Danger Signals in Childhood and Youth	
19	Danger Signals in Middle and Old Age	Dr. Maurice C. Pincoffs
26	Your State Medical Society	Dr. Lewis P. Gundry
March 5	Vision Testing for School Children	Mrs. Rosalie Sauber
12	The Inside Story	
19	Multiple Sclerosis	
26	A Problem of Age	Mrs. Edith M. Stern
April 2	Your Blood Pressure	
9	Michael Turner—Diabetic	Dr. A. A. Silver
16	Protecting Our Water Supply	
23	Danger Underfoot	
30	A New Baby Comes	Mrs. Sadie Ginsberg
May 7	Noxious Weeds	Mr. George W. Schucker
14	Rheumatic Fever	
21	Lead Poisoning	
28	Our Domestic Enemy—the Rat	Mr. William Sallow
June 4	Trichinosis	
11	Nurse's Aides Needed	Mrs. Richard N. Wills
18	The Body's Chemical Regulators	
25	Enjoy Your Holiday	
July 2	Once Upon a Time	
9	Elementary Forms of Water Rescue	Miss Judy Rothhols
		Mrs. Lee Hartman
		Mr. Art Schuster
		Mr. Robert Gregson
		Miss Judy Rothhols
		Mrs. Lee Hartman
		Mr. Art Schuster
		Comdr. William B. Matthews
		Comdr. William B. Matthews
16	The New Artificial Respiration	
23	First Aid On the Water	
30	Fun With Safety in Your Small Boat	
August 6	School Days Ahead	
13	Picnic with Pleasure	
20	You and Cancer	
27	Unsuspected	
September 3	Homes Wanted	Mr. George Motry
		Mrs. Virginia Kitsmiller
		Mrs. Madeline Strader
		Miss Eleanor L. McKnight
		Mr. William Sallow
		Mr. William Sallow
10	Schooldays Breakfasts	
17	School Lunches	
25	Public Enemy—The Rat	
October 1	Fight The Rat	
9	Living Insurance (film)	
16	Neuroses, What Are They?	
23	Hunting Hazards	
30	Science and Seisures	
November 6	Arthritis—The Crippler	
13	Detect Diabetes	Dr. A. A. Silver
20	Tuberculosis Can Be Conquered	Dr. G. Canby Robinson
27	300 Years of Medicine in Maryland	
December 4	Eye Care at Home and at Work	Mrs. Edythe K. Moore
		Mr. Raymond L. Otten
11	Light Is What You Make It	
18	Christmas Safety	
25	Somewhere in India	

BUREAU OF LABORATORIES

Clinton L. Ewing

Director

An important contribution was made to Baltimore's health program in 1953 by the Bureau of Laboratories when typhoid bacilli were isolated from fecal specimens of 4 persons proved to be typhoid carriers. This was part of laboratory services furnished physicians, hospitals and various bureaus of the Health Department and which involved 224,541 examinations of 128,075 samples and specimens. Of these totals, 168,604 examinations were made of 109,960 specimens in the diagnosis, prevention or treatment of communicable diseases, and 20,766 bacteriologic and 35,171 chemical examinations were performed on 18,115 samples of milk and food products and industrial or other materials as part of the sanitary control of the environment. In comparison with 1952 figures, total examinations and total specimens and samples decreased by 11 per cent and 0.9 per cent respectively.

There was some improvement in the personnel problem when only 13 workers left the bureau in contrast to 23 in 1952. At the end of the year there were 4 vacancies as follows: Assistant Director, Senior Bacteriologist, Laboratory Assistant and Laborer.

As in past years the bureau participated in cooperative checking programs. These were related to milk and water tests and to microbiological examinations. Two analysts in the Division of Chemistry collaborated in a milk evaluation study conducted by the Maryland State Department of Health and results revealed a 100 per cent accuracy in the testing of milk by the phosphatase test. In addition, the Medical Bacteriology Laboratory participated in a number of evaluation studies also under State Health Department guidance. These were as follows: Nose and throat cultures; serum agglutination tests; examination of smears for acid-fast bacilli, gonococci, trichomonads or Negri bodies; intestinal parasite specimens; cultures of blood, exudates and urine, and fecal specimens containing enteric pathogens. Results obtained were in agreement, in most cases, with the findings of the control laboratories.

The Sanitary Bacteriology Laboratory likewise continued check work which was begun many years ago. Laboratories that cooperated in 1953 were as follows:

Dairy Laboratories	Milk and water samples
Green Spring Dairy	Milk samples
Hendler Creamery Company	Ice cream and foam samples
Bureau of Water Supply	Water samples

Maryland State Health Department	Water samples
Strasburger and Siegel	Milk and Water samples
Western Maryland Dairy	Milk samples

Division of Microbiology

The occurrence of 4 cases of typhoid fever in October in a local institution led to the detection of 2 typhoid carriers. Fortunately, the cases were localized as only one relatively small group of colored employees was involved. Investigation by the Bureau of Communicable Diseases and Food Control resulted in the examination of 147 specimens of feces and 2 specimens of blood. The clinical diagnosis of typhoid fever in the 4 cases was confirmed in each instance by laboratory tests. Four positive stool specimens were obtained from one of the carriers. Two positive specimens and one negative were found in the other carrier. The negative specimen was not authentic. This small outbreak emphasizes again the necessity for laboratory services in controlling typhoid fever. It also demonstrates that the disease is still present in spite of modern sanitation accomplishments.

No case of rabies in animals was reported in 1953. Laboratory examinations were made of 51 suspected animal heads as follows: 41 dogs, 7 cats, 1 fox, 1 rabbit and 1 squirrel. In 1952, a total of 45 animals had been tested. The last rabid animal reported was a dog examined in February, 1947, and the last human case was a twenty-two year old man who was bitten by a dog in January, 1930 and who died two months later as a result of the bite.

The downward trend in requests for examinations of specimens for diphtheria bacilli continued in 1953. The total of 287 specimens received in 1953 was lower by 160 than the number submitted in 1952. Laboratory work involved 827 microscopic tests and 22 virulence tests of the 1953 specimens. A decade ago, 3,472 specimens were submitted and 400 virulence tests were made. Twenty years ago, 6,401 microscopic and 407 virulence tests were made on 5,160 specimens. Here again is demonstrated the value of the immunization of children against diphtheria.

Increases occurred in the requests for fecal examination. Tests for enteric bacteria increased from 395 in 1952 to 494 in 1953. Parasite specimens jumped from 482 to 515. There were practically no changes in requests for gonococcus examinations and tests for tubercle bacilli. Totals of 5,068 smears and 4,495 cultures for gonorrhea were received in 1953. The figures for 1952 were 5,262 and 4,372 respectively. Requests for examinations for *Mycobacterium tuberculosis* involved 10,168 specimens or 331 less than those made in 1952.

It would seem that an unusual number of isolations of salmonella organisms occurred in 1953 in comparison with previous years. Likewise, the number of requests from hospital and private laboratories for assistance

in identifying salmonella cultures also increased. In addition to the isolations of typhoid bacilli from the institutional cases and carriers, such organisms were found in the feces of 6 other patients. Three cultures submitted by hospital laboratories were identified as *Salmonella typhosa*. Other salmonella isolations were as follows:

Salmonella typhimurium from 3 patients

Salmonella anatum from 2 patients

Salmonella derby from 1 patient

Salmonella saint paul from 2 patients

Salmonella newport from 2 patients

Salmonella berta from 1 patient

In the past decade, the average annual isolations of salmonella organisms ranged from 3 to 5.

As noted in the 1952 report, the downward trend in requests for serological tests for syphilis was interrupted in that year by a slight increase in work. However, the trend continued in 1953 with a decrease of 3.6 per cent. A total of 86,002 specimens of blood or spinal fluid was submitted in contrast to 89,176 in 1952. Of the 1953 total, 85,213 were blood, 788 were spinal fluid and one was a specimen of knee-joint fluid. Routine Eagle-Strauss flocculation tests revealed that 9.8 per cent of the blood specimens were positive. In 1952, 12.3 per cent were positive. Twenty years ago, approximately 28 per cent were positive.

Voluntary laboratory approval services were confined to obtaining monthly reports from the twenty-two nonofficial laboratories participating in the approval program and to continuing the monthly syphilis serology survey. Plans are being made to expand the approval program.

As in past years, the Sanitary Bacteriology Laboratory devoted considerable effort in making laboratory examinations to isolate possible causative organisms in a number of alleged food poisoning outbreaks. This work and other activities involved 20,766 examinations of 7,369 samples of milk and dairy products, water, food utensil and hand swabbings, sea food and miscellaneous materials and represented decreases of 54.8 per cent and 10.9 per cent respectively as compared with work done in 1952.

The outstanding food poisoning investigation occurred in April when 10 persons were made ill after eating in a local restaurant. Three of the victims required hospitalization. It appeared as if ham was the responsible food but unfortunately none of the original meat was available for laboratory tests. Portions of another ham similar to the first one were obtained and large numbers of pigmented hemolytic staphylococci were isolated from the slices of meat. Whole hams in original containers were examined with negative results. The same bacteria were found in swabbings of the meat slicer, serving trays and on the hands of the owner and one of his assistants.

Staphylococci were also found to be associated with samples of sliced roast pork, steak and chocolate pie obtained from three other outbreaks. In one other case, alpha type of streptococci were isolated from samples of chicken pot pie.

Division of Chemistry

Routine and special services involved 35,171 examinations of 12,945 samples submitted principally in association with the activities of the Sanitary Section. Comparison with 1952 shows that these figures represent increases of 3.7 per cent in examinations and 13.3 per cent in samples. The total of 12,945 samples was the largest number submitted in any one year during the past 20 years.

No evidence of improper pasteurization was detected in the examination by the phosphatase test of 4,035 samples of bottled milk and 602 samples of milk products. This is the first complete year, since the official inception of the phosphatase test 17 years ago, in which all samples were found to be properly pasteurized.

The examination of 6,059 samples of milk and dairy products in 1953 represented a decrease of 9.9 per cent. Results obtained in the examination of the samples revealed, in 73 instances, certain deviations from chemical standards as follows: Added water in 28 samples of producers' milk and 2 samples of bottled milk, butterfat deficiency in 20 samples of shippers' milk and 3 samples of bottled milk, excessive sediment in 20 samples of incoming raw milk and 2 samples of bottled milk and finally 3 samples of incoming raw milk heavily contaminated with ammonia as a result of a refrigerant leak at the plant.

Samples of miscellaneous food products submitted in the number of 1,483 constituted an increase of 30.9 per cent in comparison with the number received in 1952. The increase resulted principally from an expansion of the activities of the Bureau of Food Control in the supervision of sanitation in the local food manufacturing establishments. As a result, micro-analytic testing for filth was done on 1,232 samples, and filth such as insect fragments or rodent contamination was found in 45 per cent of the samples collected from 317 local establishments.

As in the preceding year, Dr. Emanuel Kaplan, Chief of the Division of Chemistry, testified in the Housing Court in connection with prosecutions instituted by the Bureau of Food Control. In 6 cases, testimony related to filth in food and insanitary conditions, and in 3 cases the addition of sodium sulfite as a preservative in ground meat was the basis for prosecution. All of the defendants were found guilty and paid a total of \$1650 in fines.

An increase of 20.5 per cent in the number of specimens of blood for

lead occurred when 895 such specimens were submitted from 477 children and 159 adults by 56 practicing physicians and 17 hospitals. Abnormal amounts of lead were found in specimens from 32 adults engaged principally in porcelain enamel manufacture, non-ferrous metallurgy, lead burning, solder manufacture, scrap metal salvage, can manufacture and spray painting. Excessive amounts of lead were also detected in specimens from 153 children. As part of the investigation of lead poisoning in children, the Bureau of Industrial Hygiene submitted 268 samples of paint scrapings collected from the homes of 131 children. Lead was present in 69 per cent of the samples.

The marked increase in the number of blood-lead specimens submitted in recent years is shown in the chart on page 23. Accelerated demands for this important diagnostic service were concerned almost entirely with the problem of child lead poisoning and reflect the activities of the pediatrics clinics of the Johns Hopkins and University of Maryland Hospitals. In 1953, for example, there was an increase of 44 per cent in the number of children from whom specimens were submitted. This increased work load has already seriously affected other important chemical laboratory services and consideration is being given to the ability of the laboratory to continue to absorb this constantly expanding service.

Biologicals

The distribution and use of human serum in relation to poliomyelitis is not particularly new. In the ANNUAL REPORT of the Health Department for the year 1928 there is reference to the use of convalescent serum in the treatment of poliomyelitis. At that time it was believed that the serum probably prevented some deaths. This belief was later disproven and the distribution of convalescent serum was discontinued. In May of 1953, the City Health Department began the distribution of immune serum globulin (human) supplied by the Maryland State Department of Health for use as a prophylactic in poliomyelitis. Distribution was restricted to household contacts of cases and to pregnant women. On June 12 the first packages were given out and by the end of the year, 3,500 cubic centimeters had been distributed.

A total of 39,763 packages of all biologicals was dispensed in 1953 representing a decrease of 7,184 packages. This decrease was principally the result of the relatively low incidence of measles as only 5,324 cubic centimeters of gamma globulin were distributed for measles control in contrast to 14,992 cubic centimeters dispensed in 1952. There was also a decrease in the use of patch tests used in tuberculin testing from 16,887 in 1952 to 13,811 in 1953. A few increases occurred as follows: Packages of smallpox vaccine from 7,933 in 1952 to 8,653 in 1953; typhoid vaccine from 2,127 c.c. to 2,361 c.c.; combined typhoid vaccine from 5,865 c.c. to 6,135 c.c.;

tetanus toxoid from 6,330 c.c. to 7,060 c.c.; and antipertussis rabbit serum from 200 c.c. in 1952 to 512 c.c. in 1953.

Special Investigations

It is indeed unfortunate that demands for certain types of routine examinations have increased to the stage where they prevent the making of special studies. However, a few investigations were conducted in 1953.

In the latter part of 1952, reports were received by the Bureau of Food Control that a few cases of salmonellosis among infants had been reported from several parts of the country. These cases gave a history of ingestion of dried egg yolk processed by a single manufacturer. It was also reported that *Salmonella montevideo* had been isolated from some of the cans of dried egg yolk. As a result, Mr. Ferdinand A. Korff, Director of the Bureau of Food Control had samples of this product submitted in January, 1953. *Salmonella montevideo* was isolated in the Sanitary Bacteriology Laboratory.

The Bureau of Food Control also submitted samples of a variety of fresh vegetable greens and salad mixes for pathogenic organisms. No pathogens were isolated. A number of buffered and glycerol swabbings were submitted from a poultry killing establishment. These samples represented water in barrels, water after chickens had soaked in it, anal areas of chickens, sides and backs of chickens and breasts of chickens. No known pathogens were isolated.

A simple, rapid and inexpensive procedure was devised for testing samples of paint scrapings for lead directly in the field. This test will be useful to sanitarians and public health nurses engaged in the investigation or prevention of cases of lead poisoning in young children since such cases are invariably caused by the eating of lead-containing paint.

To expedite the testing of meat samples for borates, a semiquantitative procedure was designed based upon the tumeric paper test. It has been found that in less than one hour results are available which compare favorably with those obtained by the official quantitative method that requires almost a whole day for completion.

Dr. Kaplan undertook the preparation of anti-pork rabbit precipitin test serum to aid the Bureau of Food Control in an effort to eliminate the use of pork in hamburger because of the possible trichinosis hazard.

The bureau collaborated with the laboratory director of a local ice cream plant in a study to determine the part that the formation of foam in pasteurizing tanks plays in the survival of coliform bacteria in ice cream mix. It was ascertained that foam protects those organisms that become trapped in it in spite of the fact that the mix is subjected to at least 165°F. for at least 30 minutes. It was also discovered that the usual laboratory tests as recommended in Standard Methods of the American Public Health

Association for the detection of coliform bacteria are not sensitive enough to detect such surviving coliform bacteria and a more adequate procedure has been developed. The studies will be continued and a joint publication of this work is contemplated.

Educational Activities

Services of the bureau were explained to 385 visitors. Students from 2 elementary schools, 8 high schools and 1 college were given demonstrations of laboratory procedures. Two visitors from India, one from Costa Rica, a representative of the Chicago Department of Health and the director of a local commercial laboratory spent some time in the laboratories. Two lectures were given by the director of the bureau to the sophomore class of the School of Medicine of the University of Maryland. The lectures were on the bacteriology of milk and water as related to the public health.

Personnel

Clinton L. Ewing, Director
Theodore C. Buck, Jr., Assistant Director
Emanuel Kaplan, Sc.D., Chief, Division of Chemistry
Mary McManus, B.A., Principal Bacteriologist
Katharine E. Welsh, A.B., Principal Bacteriologist
Evelyn M. Hankin, B.S., Senior Bacteriologist
Katherine S. Troxel, B.A., Senior Bacteriologist
Rudolph Turner, B.S., Senior Bacteriologist
Sanford Belth, B.S., Senior Chemist
Robert S. Shaul, B.S., Senior Chemist
Elizabeth Lovelace, A.B., Junior Bacteriologist
Rosalinda McKenna, A.B., Junior Bacteriologist
Louis F. Maire, B.S., Junior Bacteriologist
Byrd G. Wenke, Junior Bacteriologist
Carroll Bacon, Laboratory Assistant
John Bacon, Laboratory Assistant
Betty L. Chapman, Laboratory Assistant
Esther W. Gunning, B.S., Laboratory Assistant
Watson E. Rachinskas, Laboratory Assistant
Harry L. Carman, Senior Administrative Officer
John A. Wheeler, Junior Administrative Officer
Evelyn H. Griffiths, Senior Stenographer
Kathryn Hiltner, Senior Stenographer
Laura B. Grim, Senior Clerk
Marie R. Guckert, Senior Clerk
Frieda Troupe, Senior Clerk
Michael J. Doonan, Senior Storekeeper
William F. Gibson, Stockhandler
Warren H. Barnes, Chauffeur
Marvin Asbury, Laborer
Raymond Buettner, Laborer
Michael Madigan, Laborer
Louis Svatora, Laborer

TABLE NO. 1
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.....	109,960	168,604
Animal heads.....	51	
Animal inoculation.....	..	50
Microscopic.....	..	745
Bile.....	1	
Culture.....	..	4
Blood.....	87,027	
Agglutination.....	..	6,286
Complement-fixation.....	..	186
Culture.....	..	2,516
Microscopic.....	..	104
Serologic.....	..	94,226
Direct culture.....	5,017	
Agglutination.....	..	18
Animal inoculation.....	..	29
Culture.....	..	10,245
Microscopic.....	..	2,608
Exudates.....	5,301	
Animal inoculation.....	..	60
Culture.....	..	658
Microscopic.....	..	5,476
Feces.....		
Bacteria.....	494	
Occult blood.....	7	
Parasite.....	515	
Culture.....	..	6,070
Macroscopic.....	..	14
Microscopic.....	..	1,830
Helminths.....	259	
Macroscopic.....	..	5
Microscopic.....	..	254
Spinal fluid.....	805	
Animal inoculation.....	..	11
Culture.....	..	112
Microscopic.....	..	42
Serologic.....	..	1,532
Sputum.....	9,232	
Animal inoculation.....	..	78
Culture.....	..	15,529
Microscopic.....	..	8,921
Stomach lavage.....	750	
Animal inoculation.....	..	110
Culture.....	..	6,737
Microscopic.....	..	1,102
Urine.....	409	
Animal inoculation.....	..	149
Culture.....	..	2,065
Microscopic.....	..	821

TABLE NO. 2
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
TOTAL.....	129,505*	22,087	102,719	1,940	2,030
BRUCELLOSIS					
Total.....	1,187	19	1,058	36	74
Agglutination					
Blood.....	949	17	895	36	1
Culture					
Blood.....	1	..	1	..	..
Blood clot.....	237	2	162	..	73
DIPHTHERIA					
Total.....	302	27	275	..	..
Animal inoculation					
Virulence test.....	21	5	16	..	..
Microscopic					
Diagnostic.....	252	15	237	..	..
Institution.....	15	3	12	..	..
Release.....	14	4	10	..	..
ENTERIC INFECTIONS					
Total.....	4,170	397	3,318	452	3
Agglutination					
Blood, H antigen.....	1,779	120	1,273	386	..
Blood, O antigen.....	903	12	825	66	..
Culture					
Bile.....	1	..	1	..	..
Blood.....	100	11	88	..	1
Blood clot.....	107	1	106	..	..
Feces.....	1,009	48	959	..	2
Urine.....	271	205	66	..	..
GONOCOCCUS INFECTIONS					
Total.....	9,693	2,014	6,813	553	313
Exudate					
Culture.....	4,640	1,049	3,332	..	259
Microscopic.....	5,053	965	3,481	553	54
INFECTIOUS MONONUCLEOSIS					
Blood, agglutination.....	1,164	95	689	376	4
INTESTINAL PARASITES					
Total.....	763	73	680	..	10
Microscopic					
Cellulose tape slides.....	167	37	127	..	3
Feces.....	503	22	475	..	6
N.I.H. swabs.....	86	8	77	..	1
Worms.....	7	6	1	..	..
MALARIA					
Blood, microscopic.....	3	..	3	..	..
METALLIC POISONING					
Total.....	901	338	330	223	10
Biochemic					
Arsenic					
Urine.....	2	..	2	..	..
Lead					
Blood.....	895	336	327	223	9
Urine.....	4	2	1	..	1

* This includes 729 total protein tests (see next page).

TABLE NO. 2—Continued
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
MYCOSIS					
Hair, culture.....	2	..	2	..	..
RABIES					
Total.....	100	..	99	..	1
Animal inoculation					
Brain emulsion.....	49	..	49	..	..
Microscopic					
Animal brain.....	51	..	50	..	1
RICKETTSIAL INFECTIONS					
Total.....	1,583	35	1,487	53	8
Agglutination					
Blood					
Proteus OX ₁	716	2	702	12	..
Proteus OX ₁₉	724	10	680	34	..
Complement-fixation					
Blood					
Endemic typhus.....	23	3	18	2	..
Q fever.....	12	..	10	2	..
Rat blood (endemic typhus).....	85	20	56	2	7
Rickettsialpox.....	1	..	1	..	..
Rocky Mountain spotted fever.....	22	..	20	1	1
STREPTOCOCCUS INFECTIONS					
Total.....	20	11	9	..	..
Culture					
Blood.....	1	1	..	..	..
Exudate.....	1	1	..	..	..
Sputum.....	10	9	1	..	..
Swab.....	8	..	8	..	..
SYPHILIS					
Total.....	96,164	16,954	77,912	91	478
Biochemic					
Gum mastic.....	783	69	602	19	3
Total protein.....	729*	..	..	..	..
Complement-fixation					
Eagle					
Spinal fluid.....	788	81	659	9	39
Flocculation					
Eagle-Strauss					
Blood.....	85,213	8,319	76,430	36	428
Exudate.....	1	..	1	..	..
Hinton					
Blood.....	309	144	130	27	8
Titre.....	8,341	8,341	..	..	..
TRICHOMONIASIS					
Exudate, microscopic.....	95	68	27	..	..

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

TABLE NO. 2—Concluded
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
TUBERCULOSIS					
Total.....	13,133	1,964	9,894	147	1,128
Animal inoculation					
Exudate.....	72	6	66	..	..
Sputum.....	175	7	168	..	..
Stomach lavage.....	157	9	147	1	..
Urine.....	141	5	135	..	1
Culture					
Exudate.....	30	4	23	..	3
Sputum.....	1,477	210	1,106	5	156
Stomach lavage.....	633	42	561	4	26
Urine.....	63	4	55	..	4
Microscopic					
Exudate.....	95	3	91	1	..
Sputum.....	9,306	1,636	6,616	120	934
Stomach lavage.....	745	35	694	14	2
Urine.....	239	3	232	2	2
TULAREMIA					
Blood, agglutination.....	47	..	45	2	..
VINCENT'S INFECTION					
Exudate, microscopic.....	33	3	28	2	..
VIRUS INFECTIONS					
Total.....	45	9	32	3	1
Complement-fixation					
Blood					
Mumps.....	5	..	4	1	..
Ornithosis-psittacosis.....	40	9	28	2	1
OTHER EXAMINATIONS					
Total.....	100	80	18	2	..
Biochemic.....	13	6	7	..	..
Culture.....	85	74	9	2	..
Microscopic.....	2	..	2	..	..

TABLE NO. 3
BIOLOGICALS DISTRIBUTED TO PHYSICIANS, HOSPITALS AND INSTITUTIONS

PRODUCT	NUMBER OF PACKAGES	BASIC CONTENT	TOTAL AMOUNT
TOTAL.....	39,763		
Triple antigen			
Diphtheria and tetanus toxoids combined with pertussis vaccine.....	6,614	Cubic centimeter	66,140 c.c.
Diphtheria biologicals			
Antitoxin.....	102	Unit	1,400,000 units
Toxin for Schick test.....	19	Test	270 tests
Toxoid, alum-precipitated.....	222	Cubic centimeter	2,220 c.c.
Toxoid, fluid.....	3	Cubic centimeter	90 c.c.
Cholera vaccine.....	6	Cubic centimeter	9 c.c.
Conjunctival tests			
Horse serum.....	39	Test	312 tests
Rabbit serum.....	19	Test	152 tests
Immune serum globulin, human			
Hypogammaglobulinemia.....	106	Cubic centimeter	212 c.c.
Infectious hepatitis.....	126	Cubic centimeter	252 c.c.
Measles.....	2,682	Cubic centimeter	5,324 c.c.
Poliomyelitis.....	492	Cubic centimeter	3,500 c.c.
Penicillin.....	1,481	Unit	4,443,000,000 units
Pertussis biologicals			
Antipertussis serum, rabbit.....	128	Cubic centimeter	512 c.c.
Rabies vaccine (human).....	2,302	Dose	2,302 doses
Silver nitrate solution, one per cent.....	183	Ampule	366 ampules
Smallpox vaccine.....	8,653	Tubes	43,265 tubes
Tetanus biologicals			
Antitoxin.....	532	Unit	909,000 units
Toxoid, alum-precipitated.....	708	Cubic centimeter	7,080 c.c.
Toxoid, fluid.....	156	Cubic centimeter	3,886 c.c.
Tuberculin biologicals			
Koch's old.....	605	Cubic centimeter	3,120 c.c.
Patch test.....	13,811	Test	13,811 tests
Typhoid vaccine.....	220	Cubic centimeter	2,361 c.c.
Typhoid-paratyphoid vaccine.....	567	Cubic centimeter	6,135 c.c.
Typhus vaccine.....	9	Cubic centimeter	18 c.c.

TABLE NO. 4
SUPPLY MATERIALS AND OUTFITS PREPARED AND DISTRIBUTED

Glassware and material cleaned (units).....	1,156,172
Sterilized.....	555,421
Bottles.....	48,790
Petri dishes.....	88,975
Pipettes.....	179,899
Tubes.....	149,069
Vials.....	19,999
Miscellaneous.....	68,689
Media prepared	
Liters.....	1,237
Bottles.....	4,109
Petri dishes.....	14,873
Tubes.....	28,739
Vials.....	18,980
Outfits	
Prepared.....	119,615
Distributed.....	122,424
Culture stations.....	926
Health districts.....	77,632
Laboratory.....	43,866
Water distilled (gallons).....	2,100

TABLE NO. 5
FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND
EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
TOTAL.....	7,389*	20,766
Cream, pasteurized (plant, store, truck).....	399	
Plate count.....	..	399
Coliform count.....	..	399
Temperature check.....	..	115
Cream, raw.....	2	
Plate count.....	..	2
Special tests.....	..	1
Temperature check.....	..	1
Check work with outside laboratories.....	41	
Plate count.....	..	318
Microscopic count.....	..	3
Coliform count.....	..	210
Special tests.....	..	172
Equipment for sterility (bottles, containers).....	225	
Plate count.....	..	225
Food products.....	110	
Plate count.....	..	107
Microscopic count.....	..	82
Coliform count.....	..	158
Special tests.....	..	568
Food poisoning investigations.....	58	
Culture tests.....	..	405
Plate count.....	..	84
Microscopic count.....	..	113
Special tests.....	..	310
Goat milk (plant, store, truck) pasteurized and raw.....	70	
Plate count.....	..	70
Coliform count.....	..	50
Temperature check.....	..	34
Hand swabbings.....	173	
Plate count.....	..	175
Coliform count.....	..	134
Microscopic count.....	..	164
Special tests.....	..	718
Ice cream (plant, store, truck).....	489	
Plate count.....	..	489
Coliform count.....	..	489

* Of this number 6,238 samples were submitted for bacteriologic examination only; the other samples were submitted for bacteriologic and chemical analysis.

TABLE NO. 5—Concluded
FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND
EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
Insects.....	9	
Identification.....	..	9
Investigative work*.....	0	
Plate count.....	..	105
Coliform count.....	..	358
Culture tests.....	..	389
Milk, pasteurized (plant, store, truck).....	1,294	
Plate count.....	..	283
Coliform count.....	..	1,294
Special tests.....	..	39
Temperature check.....	..	615
Milk, chocolate, pasteurized (plant, store, truck).....	226	
Plate count.....	..	226
Coliform count.....	..	226
Temperature check.....	..	108
Milk, raw (shipper, plant).....	523	
Plate count.....	..	532
Microscopic count.....	..	25
Temperature check.....	..	99
Miscellaneous samples.....	57	
Plate count.....	..	14
Microscopic count.....	..	41
Coliform count.....	..	39
Special tests.....	..	642
Miscellaneous swabbings.....	28	
Plate count.....	..	19
Microscopic count.....	..	46
Culture tests.....	..	875
Shellfish and seafood.....	9	
Plate count.....	..	9
Coliform count.....	..	28
Special tests.....	..	122
Swabbings from utensils and equipment.....	1,380	
Plate count.....	..	1,380
Water (tap, pool, well, spring, river, etc.).....	2,276	
Plate count.....	..	1,301
Coliform count.....	..	2,276
Special tests.....	..	3,673

* Special tests made on samples counted in other categories.

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.....	12,945*	35,171
Body fluids and excreta.....	1,720	
Lead test.....	..	2,604
Total protein test.....	..	819
Unclassified biochemic tests.....	..	18
Dairy products (milk, cream, ice cream, etc.).....	6,059	
Butterfat test.....	..	3,679
Added water tests.....	..	1,615
Phosphatase test.....	..	3,894
Sediment test.....	..	884
Unclassified tests.....	..	1,943
Food products.....	1,483	
Filth test (rodent and insect infestation).....	..	3,577
Adulteration test.....	..	728
Decomposition tests.....	..	143
Unclassified tests.....	..	190
Industrial Hygiene and atmospheric pollution samples (air, dusts, solvents, etc.).....	496	
Industrial poison tests.....	..	2,017
Miscellaneous samples.....	111	
Unclassified tests.....	..	813
Solutions and outfits.....	489	
Unclassified tests.....	..	2,046
Water samples.....	2,587	
Fluoride test.....	..	3,440
Boiler water control tests.....	..	996
Sanitary analysis.....	..	188
pH test.....	..	489

* Of this number 10,746 samples were submitted for chemical analysis only; the other 2,199 samples were submitted for bacteriologic and chemical analysis.

EASTERN HEALTH DISTRICT

W. Sinclair Harper, M.D.

Health Officer

On May 6, 1953 a contract was awarded for the construction of the new Eastern Health District building which is scheduled to be completed on August 13, 1954. Following preliminary work on the site, construction of the building began on Monday, July 13 and ground-breaking ceremonies by Mayor D'Alesandro took place on September 1. At the end of the year the main columns and floors of the building were almost completed.

This new asset, which represents an investment in excess of one million dollars, is the culmination of years of planning and study and is the provision of the physical facilities necessary to permit the synthesis of the service, educational, research and demonstration functions of the Eastern Health District to the end that local, national and international opportunities may be met in an optimum manner. It is anticipated that service programs can be expanded as the need indicates in the areas of public health service not presently covered and that the association of years with the Johns Hopkins Medical Institutions and others in educational, research and demonstration programs will go forward on an enhanced and more comprehensive scale.

Service Activities

Public Health Nursing

The staff and student nurses continued their generalized programs in the homes, in the schools, in the clinics and in the office. Insofar as possible all nurses participated in all functions of the district and, indeed, the individual programs were dependent on this fact in their integration and application.

Tuberculosis

Public health nurses made 8,240 home visits for the supervision of adults and children with active tuberculosis. The X-ray screening clinic took 5,257 films of contacts of active cases, volunteers, women registered in the prenatal clinics of the Health Department and applicants for pre-employment examination, of whom 196 needed further follow-up. The limited BCG program continued throughout the year and extended its service to follow up those who had previously been followed at the Druid Health District. The vaccine was administered to 394 persons, and, in addition, 965 Mantoux tests were given to those previously vaccinated. With the assistance of personnel from the Johns Hopkins School of Hygiene and

Public Health and the Director of the Bureau of Tuberculosis, the program of tuberculin testing white children in Public School No. 83 and non-white children in Public School No. 139 was carried out as planned and done the previous two years. Of the 669 white children tested 9.7 per cent were found to be positive reactors, and of the 1,074 Negro children 13.6 per cent were positive reactors. Those who exhibited positive reactions were given a chest X-ray, and a home visit by the public health nurse was carried out in attempting to trace possible sources of infection.

The home treatment program of those awaiting admission to hospital or those discharged from hospital was continued on a broader scale and on November 1 a new clinic facility was established in the central office of the Eastern Health District to give medication and further medical supervision to those patients with pulmonary or nonpulmonary tuberculosis who were ambulant.

School Health

At the beginning of the autumn term some modifications were introduced which permitted a more accurate estimate of the work done. In the elementary public and parochial schools 2,437 children were examined, of whom 1,462 were found to have one or more physical defects. Dental services in Public School No. 139 were enlarged in scope by the addition to the staff of a full-time dental hygienist. Dental services included the inspection of 1,203 children; of these, 260 were treated in the clinic and 67 cases were carried to completion. Dental services were provided in Public Schools Nos. 102, 116, 139 and the St. Francis Xavier Parochial School.

Maternal and Child Health

Child health clinics held at five different localities in the district gave service by 16,877 visits at the 17 weekly sessions held throughout the year. Maternity clinics continued at the central office and Somerset Health Center servicing 2,814 visits in the four weekly sessions. The child guidance facility known as the Mothers' Advisory Service, held in the central office, admitted 63 new patients and continued supervision of 271 patients from previous years. Dr. Marcia Cooper of the Johns Hopkins School of Hygiene and Public Health conducted this clinic. Dr. Sibyl Mandell, Chief of the Health Department's Division of Mental Hygiene, provided group counseling at the maternity clinics and continued regular conferences with the public health nurses at the central office.

Acute Communicable Diseases

The incidence of these illnesses as reported in general demonstrated the following trends as compared with the previous year. Measles decreased from 445 to 163 cases; scarlet fever increased from 46 to 233 cases; whooping

cough was likewise up from 41 to 64 cases; meningococcal infections likewise was up from 2 to 8 cases; paralytic poliomyelitis remained the same with 5 cases and there was 1 case of diphtheria.

The immunization clinic held once a week at the central office continued throughout the year and increased its scope by accepting some of those who had previously been given service at the central office of the Bureau of Communicable Diseases.

Venereal Diseases

Somerset Health Center conducted three night and two day venereal disease clinics a week with a total of 5,976 visits.

Educational Activities

Special students of the Johns Hopkins School of Hygiene and Public Health proceeding to advanced degrees such as doctorates in public health or one of the basic sciences, visited the Eastern Health District central office and clinics for conferences with the District Health Officer and to observe the various programs of the district.

The appointment of a full-time health officer permitted the resumption of the course Public Health Administration 4-A which was given for students of the Johns Hopkins School of Hygiene and Public Health who were candidates for the Master of Public Health degree. Like the other educational programs, this program is integrated with the service and research programs and is essentially a field study of public health administration at the district level. Senior medical students of the Johns Hopkins School of Medicine continued to be assigned case studies in the Eastern Health District which meant their visiting homes, clinics, schools and the central office to review pertinent records. Senior medical students of the University of Maryland observed and participated in the work of the maternity hygiene clinics of the Eastern Health District.

The Dispensary Visiting Nurse Service program of the Johns Hopkins Hospital continued to be conducted from the Eastern Health District throughout the year and with the appointment of additional personnel to the outpatient staff of the hospital has been able to provide a better program in all its phases of education, service and demonstration. The educational program in public health nursing provided a generalized experience to staff nurses of the Baltimore City Health Department, to student nurses of the Johns Hopkins Hospital and the Sinai Hospital Schools of Nursing and to graduate nurses from other medical centers and schools of nursing.

Secondary school pupils in their civic experience program were given orientation and observation experiences at the central office and clinics of the Eastern Health District and the Health Officer attended various

schools to lecture on such subjects as venereal disease, communicable disease and medical care as they relate to family life.

Research Activities

In the latter part of the year a study was begun to determine the efficacy of gamma globulin as it is used in district public health practice in attempting to prevent measles. This will continue until sufficient experience has accrued which will mean its extension into 1954 and possibly 1955.

Other studies carried on in cooperation with the U. S. Public Health Service and the Johns Hopkins Medical Institutions continued and were, as the other programs, supported in their field aspects by the service activities of the public health nurses and other personnel of the Baltimore City Health Department.

Demonstration Activities

In the process of bringing public health information to the residents of the Eastern Health District, public health workers in their various fields of activities in the homes, in the schools, in the clinics, in the office and in the regularly scheduled television and radio programs presented a wide variety of subjects and the techniques employed to make related public health measures effective.

Service, educational and research activities were made available to the various categories of students as their curricula and their prior training indicated and also to the visitors who came to the district from many parts of the United States and Canada and from Argentina, Brazil, Central America, Ceylon, Chile, Denmark, England, Germany, Greece, Hawaii, India, Ireland, Italy, Norway, Pakistan, the Philippine Islands and Scotland.

Staff Changes

Certain changes in part-time medical personnel occurred due to resignations and budgetary reductions. Nursing personnel also experienced a considerable turnover due to resignations, transfers and leaves of absence. Two nurses returned from educational leave and one was granted leave of absence to attend Catholic University in Washington, D. C. Mrs. Sue Starr was appointed an acting supervisor in the Eastern Health District through a supplement to her salary made available by the Johns Hopkins School of Hygiene and Public Health.

Personnel

W. Sinclair Harper, M.D., C.M., D.P.H., District Health Officer
Hugh P. Hughes, M.D., Health Officer
Gertrude V. Boquist, B.S., Supervisor of Public Health Nursing

Clara C. Plichta, B.S., Supervisor of Public Health Nursing
Frieda Laubach, B.S., Supervisor of Public Health Nursing†
Margaret Harrison, B.S., Supervisor of Public Health Nursing†
Sue M. Starr, B.S., Acting Supervisor of Public Health Nursing

Public Health Nurses

Louise E. Allman	Edith Olsen Range, B.S.
Marjorie S. Brown	Zoe Samuelson, B.S.
Betty Chamberlain**	Peggy F. Sheeler*
Ellen Foster*	Josephine Svennevig, B.S.
Mildred L. Gambrill	Martha Tacka
Gladys R. Johnson	Margaret Tripoda
Juanita W. King	Anne Jeanne Virbal, B.S.
Rose E. Lewis	Elizabeth C. Waldron
Mary Merva	Marilyn J. H. Walker
Mary O'Connor, B.S.	Joan F. Wendler*
Grace P. Orr	Pearl J. Winston
Elizabeth N. Quinlin	Doris P. Zimmerman, B.S.

Edna E. Herget, Junior Administrative Officer
Helen R. Ewalt, Senior Clerk
Elaine E. Smith, Junior Stenographer
Louise E. Walle, Clerk-typist
Lucille Roberts, Senior Clerk
Mabel Thompson, Janitress
William Richardson, Janitor

* On leave of absence.

** Part-time employee.

† Instructor of the Johns Hopkins Hospital School of Nursing assigned to Eastern Health District.

TABLE NO. 1
RESIDENT BIRTHS, EASTERN HEALTH DISTRICT—1953

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	2,579	1,268	1,311
Hospital.....	2,463	1,227	1,236
Home.....	116	41	75
Private physician.....	73	27	46
Midwife.....	40	14	26
Other.....	3	2	1

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY
COLOR—EASTERN HEALTH DISTRICT—1953

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES.....	1,201	760	441
Tuberculosis, all forms (001-019).....	33	21	12
<i>Respiratory tuberculosis (001-008)</i>	31	20	11
Syphilis (020-029).....	17	3	14
Dysentery (045-048).....	1	1	..
Whooping cough (056).....	1	..	1
Meningococcal infections (087).....	1	1	..
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	1	1	..
Poliomyelitis, acute (080-081).....	1	1	..
Malignant neoplasms (140-205).....	164	110	54
<i>Lymphatic and hematopoietic (200-205)</i>	8	6	2
Benign and unspecified neoplasms (210-239).....	2	2	..
Diabetes (260).....	23	18	10
Vascular lesions of the central nervous system (330-334).....	82	55	27
Diseases of the heart (410-443).....	501	359	142
<i>Chronic rheumatic heart disease (410-418)</i>	12	8	4
<i>Arteriosclerotic and degenerative heart disease (420-428)</i>	331	263	68
<i>Other diseases of the heart (430-434)</i>	8	7	1
<i>Hypertensive heart disease (440-443)</i>	150	83	68
Other hypertensive diseases (444-447).....	16	3	13
Arteriosclerosis (460).....	11	8	3
Other diseases of the circulatory system (451-468).....	10	7	3
Nephritis and nephrosis (590-594).....	10	4	6
Influenza and pneumonia (480-483, 490-493).....	87	27	30
<i>Pneumonia (490-493)</i>	58	27	28
Bronchitis (500-502).....	1	1	..
Ulcer of the stomach and duodenum (540-542).....	6	4	2
Appendicitis (550-553).....	1	..	1
Intestinal obstruction and hernia (560-570).....	7	2	5
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	3	1	2
Cirrhosis of the liver (581).....	17	12	5
Congenital malformations (750-759).....	23	15	8
Certain diseases of early infancy (760-776).....	50	15	35
<i>Pneumonia of newborn (763)</i>	3	..	3
Senility, ill-defined and unknown conditions (780-798).....	2	1	1
All other diseases.....	55	30	25
Accidents, total (800-982, 985).....	78	50	28
<i>Motor vehicle accidents (810-835)</i>	27	17	10
<i>All other accidents</i>	51	33	18
Suicides (903, 970-979).....	6	3	3
Homicides (984, 980-988).....	16	5	11

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE EASTERN HEALTH DISTRICT—1953

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	3,107	810	2,297
Chickenpox.....	210	109	101
Diphtheria.....	1	..	1
German measles.....	56	20	36
Gonococcal infections.....	1,492	67	1,425
Measles.....	163	71	92
Meningococcal infections.....	8	6	2
Mumps.....	184	108	76
Poliomyelitis, paralytic cases.....	5	4	1
Scarlet fever.....	233	207	26
Syphilis.....	193	20	173
Tuberculosis, all forms.....	203	84	119
Typhoid fever.....	3	2	1
Whooping cough.....	64	25	39
All others.....	292	87	205

WESTERN HEALTH DISTRICT

George W. Watson, M.S.P.H.

Health Administrator

On February 17, the Western Health District embarked on an administrative experiment, the utilization of a nonmedical Health Administrator as administrative head of an organized health district. With the District Health Officer of the Southern Health District attending to those situations requiring the attention of a physician this administrative arrangement has functioned satisfactorily. In return for medical supervision in the Western Health District the Health Administrator assisted the District Health Officer of the Southern Health District with health education and other nonmedical administrative matters.

A study of Medical Care records for the district during the first half of 1953 revealed that there were 73 children born in 1950, 1951 and 1952 to 51 families on Medical Care within the district. A further study of the files of the five child health clinics, however, showed only 27 of these babies had actually ever reached one of these clinics with but 15 being carried in the active files. As a result of this study child health clinics became responsible for only those children of Medical Care families who were under one year of age and Medical Care assumed responsibility for all such children after the age of one year.

All of the schools in the Western Health District were visited by the Health Administrator during the year as were also a goodly number of the practicing physicians. These latter visits were made in the company of Dr. Anthony L. Rettaliata of the Bureau of Communicable Diseases.

A number of inspections of insanitary conditions in homes as observed by the public health nurses were made by the Health Administrator. Complete reports were sent to the Sanitary Section for follow-up.

In an effort to credit nursing time properly, arrangements were made in May to designate the Wednesday and Friday child health clinic sessions as Child Health Clinic No. 26 and the clinic was assigned to the Western Health District.

During the year food handler courses were given at the University of Maryland, Lutheran and St. Agnes Hospitals in cooperation with the Bureau of Food Control. A total of 128 persons completed the various courses and were issued pocket certificates.

Staff education for public health nurses was especially active during 1953. Included in the programs were lectures by Dr. Matthew Taback, Dr. Charlotte Silverman, Dr. Sibyl Mandell, Dr. H. Berton McCauley

and Dr. Alan Foord representing their various Health Department organizational units, Miss Mazie Rappaport of the Baltimore City Department of Public Welfare, Mr. Harry Weiss, Chief of Tenancy and Relocation of the Baltimore Housing Authority, Mr. Schuyler Blackburn and Mr. Robert Keller of the Baltimore Civil Defense Organization, and Dr. Mary Carl, Assistant Professor of Education, College of Special and Continuation Studies, University of Maryland. In addition to these lectures, trips were made to Henryton State Hospital and the Rosewood State Training School and to the new Veterans Administration Hospital on Loch Raven Boulevard. Staff nurses also attended the tuberculosis conference in Washington, D. C. in May and the Maryland League for Nursing meeting in October.

A total of 64 students observed various public health activities in the Western Health District during 1953. The University of Maryland Medical School, the University of Maryland School of Nursing, the Johns Hopkins Hospital School of Nursing, Lutheran Hospital, Baltimore City Hospitals and Catholic University were all represented.

The student nurse program with a total of 22 affiliating students under the direction of Miss Martha Baer, Clinical Instructor in the University of Maryland School of Nursing in cooperation with the district nursing staff continued as a mutually beneficial function. The medical care clinic at the University of Maryland Hospital and the Baltimore Rh Typing Laboratory worked closely with the Health Department and utilized services made available through the district office.

The child health clinics of the Western Health District had a total caseload in 1953 of 2,318. Of this total 1,295 were carried in the files of Child Health Clinic No. 23. This clinic was operated as a training center for pediatric interns from the University of Maryland Medical School under the joint sponsorship of the Medical School and the Baltimore City Health Department.

Mrs. Helen Verner of the Maryland Society for the Prevention of Blindness trained 33 mothers from five schools in the Western Health District in the use of the Massachusetts Vision Test kit. In addition, an exhibit furnished by the Maryland Society for the Prevention of Blindness was shown in Child Health Clinic No. 23 for two weeks in May.

The dental clinic at the Fourteen Holy Martyrs Parish Hall conducted 131 three-hour clinic sessions with totals of 2,139 children inspected, 171 children treated, 1,180 treatment services rendered, and 139 cases completed. At the close of 1953 additional school dental facilities were being prepared in Public Schools Nos. 34 and 162.

Four staff nurses resigned during the year, six nurses were assigned to the district and three were on leave of absence as of December 31.

Personnel

George W. Watson, M.S.P.H., District Health Administrator
Henrietta R. L. Gintling, Supervisor of Public Health Nursing

Public Health Nurses

Mary J. Amos	Frances Harrell
Josephine Barnett	Edna B. Kenney
Irene T. Barnhill	Sarah S. Leach
Grace Berger	Eva K. Lowry
Carolyn Boykin	Mildred Marando
Mary Brown	Margaret D. Miller
Wilma Clear	Jean Moffatt
Evelyn Cortez	Elnora Robinson
Evelyn Godfrey	Mary B. Tewell
Mary Lou Gray	Edna V. Yates
Ruth Guyton	

Jean Ginn, Clerk-Stenographer

Elizabeth J. Heine, Clerk-Typist

WESTERN HEALTH DISTRICT

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TABLE NO. 1
RESIDENT BIRTHS, WESTERN HEALTH DISTRICT—1953

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS	3,011	2,034	977
Hospital	2,841	1,975	866
Home	170	59	111
<i>Private physician</i>	118	55	63
<i>Midwife</i>	50	4	46
<i>Other</i>	2	..	2

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY
COLOR—WESTERN HEALTH DISTRICT—1953

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES	1,397	1,157	240
Tuberculosis, all forms (001-019)	35	19	16
<i>Respiratory tuberculosis (001-008)</i>	30	18	12
Syphilis (020-029)	9	2	7
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074)	3	2	1
Poliomyelitis, acute (080-081)	1	1	..
Other virus diseases (088-098)	1	1	..
Other infective and parasitic diseases (110-138)	1	..	1
Malignant neoplasms (140-205)	238	212	26
<i>Lymphatic and hematopoietic (200-205)</i>	23	20	3
Benign and unspecified neoplasms (210-239)	4	4	..
Diabetes (280)	19	16	3
Anemias (290-293)	1	..	1
Vascular lesions of the central nervous system (330-334)	95	82	13
Rheumatic fever (400-402)	2	2	..
Diseases of heart (410-443)	500	524	66
<i>Chronic rheumatic heart disease (410-416)</i>	20	20	..
<i>Arteriosclerotic and degenerative heart disease (420-428)</i>	417	383	34
<i>Other diseases of the heart (430-434)</i>	18	13	5
<i>Hypertensive heart disease (440-443)</i>	135	108	27
Other hypertensive diseases (444-447)	17	12	5
Arteriosclerosis (450)	18	16	2
Other diseases of the circulatory system (451-468)	13	12	1
Nephritis and nephrosis (500-594)	20	13	7
Influenza and pneumonia (480-483, 490-493)	52	38	14
<i>Pneumonia (490-493)</i>	49	35	14
Bronchitis (500-502)	2	1	1
Ulcer of the stomach and duodenum (540-542)	7	7	..
Appendicitis (550-553)	1	1	..
Intestinal obstruction and hernia (560-570)	12	9	3
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	1	1	..
Cirrhosis of the liver (581)	31	23	8
Hyperplasia of prostate (610)	2	2	..
Puerperal causes (640-689)	1	..	1
Congenital malformations (750-759)	19	15	4
Certain diseases of early infancy (760-776)	57	43	14
<i>Pneumonia of newborn (763)</i>	4	3	1
<i>Diarrhea of newborn (764)</i>	1	..	1
Senility, ill-defined and unknown conditions (780-795)	4	2	2
All other diseases	52	35	17
Accidents, total (800-962, 965)	69	49	20
<i>Motor vehicle accidents (810-836)</i>	26	20	6
<i>All other accidents</i>	43	29	14
Suicides (963, 970-979)	9	9	..
Homicides (984, 980-985)	11	4	7

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE WESTERN HEALTH DISTRICT—1953

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	1,740	775	965
Chickenpox.....	157	127	30
Diphtheria.....	3	..	3
German measles.....	37	35	2
Gonococcal infections.....	663	62	601
Measles.....	106	78	28
Meningococcal infections.....	2	1	1
Mumps.....	164	140	24
Poliomyelitis, paralytic cases.....	12	11	1
Scarlet fever.....	67	66	1
Syphilis.....	150	23	127
Tuberculosis, all forms.....	185	100	85
Typhoid fever.....	..	..	..
Whooping cough.....	39	36	3
All others.....	155	96	59

DRUID HEALTH DISTRICT

H. Macco Williams, M.D., M.P.H.

Health Officer

As has been true during the past, the Druid Health District rendered extensive clinic services to the populace of the district. Forty-eight weekly sessions were conducted, twenty-seven of them in the headquarters building and twenty-one elsewhere in the district. At 1313 Druid Hill Avenue the weekly clinic schedule was as follows: Prenatal 4, children's venereal diseases 2, child health 4, chest 5, and adult venereal diseases 12. In other localities in the district there were weekly 15 child health clinics, 5 chest clinics, and 1 prenatal clinic. Child health clinics were held at Public School No. 161, Public School No. 141, St. Mary's Protestant Episcopal Church and the Gilmor Housing Project. The prenatal clinic was conducted at the Gilmor Housing Project while the 5 chest clinics were held at 1516 Madison Avenue.

Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases, presided over monthly conferences with key personnel from the Druid Venereal disease clinics and his office, the supervisors of public health nursing and the District Health Officer. Dr. Sibyl Mandell rendered excellent services in the prenatal and child health clinics. She exhibited motion pictures, led and otherwise participated in conferences with the patients and acted as counsel to nurses in their problems dealing in phases of mental health. Miss Eleanor L. McKnight, Chief of the Division of Nutrition, visited the prenatal clinic weekly. She gave assistance in correcting dietary errors of those individuals attending the clinics, and as usual was available to the public health nurses for guidance in the nutrition problems among their patients.

The Maryland Tuberculosis Association appointed Miss Catherine Hagler on July 1, 1953 as Medical Social Worker in the tuberculosis services of the district. This position is indispensable for the care of the tuberculous and much good has come following her appointment. During the year clerks were appointed to serve in child health and dental clinics. They relieved the nurses of much clerical work and made it possible to decrease the number of nurses serving in their clinics. Student nurses from Provident, Maryland General, St. Agnes, Henryton, Union Memorial, University and St. Joseph's Hospital Schools of Nursing were visitors from time to time in the Druid Health District to receive lectures, to observe in the clinics or to do field work. As usual the senior nurses from Provident Hospital completed their affiliation with the Health Department. Several

classes consisting of approximately 350 public school pupils from School No. 130 and other schools in the area came to the clinic as a part of their courses in Civics.

Weekly conferences with individual nurses to discuss their tuberculosis case loads were conducted throughout 1953. A considerable number of patients receiving streptomycin were served by the nurses in the district. This represented a great increase in time given to their tuberculosis case loads; and at the weekly conferences it was determined what other types of service, if any, were to be given to the remaining patients under their care. The District Health Officer was appointed as a Health Deputy to serve in the Northwest District of the City and to represent the Commissioner of Health in the civil defense program.

Personnel

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

Public Health Nurses

Phyllis Abel	Esther McCready
Christine Bland	Dorothie W. Mills
Diane Bland	Juanita Mills
Ophelia Coleman	Lillian B. Mills
Elizabeth Cousins	Flora Ojeda
Dorothy W. Davis	Vivian R. Pendleton
Ethelyn Dever	Agnes Pilgrim
Katie W. Fernandis	Irma E. Rawlings
Mary R. Fitchett	Joyce S. Saunders
Freda V. Fletcher	Rosalie Shortt
Margaret S. Harper	Lilyan F. Slater
Ella N. Hughes	Marion Stromberg
Mildred W. Jones	Benita T. Summers
Irene F. Kyler	Jessica B. Taylor
Pearl A. Levering	Evelyn Trent
Elizabeth E. Lingo	Patricia Vernon
Doris Lytle	Cordelia White
Margaret E. Lytle	Eleanore S. Willis

Leah P. Winters

Vivian W. Dougherty, Junior Stenographer
 Iris E. Lee, Junior Stenographer
 James C. Collins, Janitor
 Bernard A. Smith, Janitor
 Ethel Clark, Janitress
 William Chavis, Elevator Operator

DRUID HEALTH DISTRICT

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TABLE NO. 1
RESIDENT BIRTHS, DRUID HEALTH DISTRICT—1953

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	3,971	260	2,711
Hospital.....	3,585	246	3,339
Home.....	386	14	372
Private physician.....	200	11	189
Midwife.....	174	3	171
Other.....	12	1	11

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY
COLOR—DRUID HEALTH DISTRICT—1953

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES.....	1,765	285	1,480
Tuberculosis, all forms (001-019).....	76	4	72
Respiratory tuberculosis (001-008).....	72	4	68
Syphilis (020-029).....	22	2	20
Meningococcal infections (057).....	1	..	1
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	1	..	1
Other virus diseases (068-096).....	1	..	1
Malignant neoplasms (140-205).....	236	46	190
Lymphatic and hematopoietic (200-205).....	20	6	14
Benign and unspecified neoplasms (210-239).....	3	..	3
Diabetes (260).....	24	4	20
Anemias (290-293).....	3	1	2
Other diseases of the blood and blood-forming organs (294-299).....	2	..	2
Vascular lesions of the central nervous system (330-334).....	132	27	105
Rheumatic fever (400-402).....	3	..	3
Diseases of the heart (410-443).....	686	126	560
Chronic rheumatic heart disease (410-416).....	14	..	14
Arteriosclerotic and degenerative heart disease (420-428).....	559	89	470
Other diseases of the heart (430-434).....	15	1	14
Hypertensive heart disease (440-443).....	300	26	274
Other hypertensive diseases (444-447).....	23	1	22
Arteriosclerosis (450).....	26	3	23
Other diseases of the circulatory system (451-468).....	12	2	10
Nephritis and nephrosis (590-594).....	32	3	29
Influenza and pneumonia (480-483, 490-493).....	91	8	83
Pneumonia (490-493).....	86	8	78
Bronchitis (500-502).....	4	..	4
Ulcer of the stomach and duodenum (540-542).....	6	1	5
Appendicitis (550-553).....	3	..	3
Intestinal obstruction and hernia (560-570).....	13	1	12
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	12	1	11
Cirrhosis of the liver (581).....	33	9	24
Hyperplasia of prostate (610).....	3	..	3
Puerperal causes (640-689).....	2	..	2
Congenital malformations (750-759).....	18	2	16
Certain diseases of early infancy (760-776).....	93	8	85
Pneumonia of newborn (763).....	3	..	3
Diarrhea of newborn (764).....	2	..	2
Senility, ill-defined and unknown conditions (780-795).....	6	1	5
All other diseases.....	96	19	77
Accidents, total (800-982,985).....	70	12	58
Motor vehicle accidents (810-835).....	21	5	16
All other accidents.....	49	7	42
Suicides (963, 970-979).....	8	1	7
Homicides (964, 980-985).....	24	3	21

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE DRUID HEALTH DISTRICT—1953

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	5,390	188	5,202
Chickenpox.....	181	16	165
Diphtheria.....	..	..	..
German measles.....	19	7	12
Gonococcal infections.....	3,408	56	3,352
Measles.....	275	12	263
Meningococcal infections.....	5	1	4
Mumps.....	133	19	114
Poliomyelitis, paralytic cases.....	2	..	2
Scarlet fever.....	43	18	25
Syphilis.....	656	15	641
Tuberculosis, all forms.....	359	18	341
Typhoid fever.....	3	..	3
Whooping cough.....	35	5	30
All others.....	271	21	250

SOUTHEASTERN HEALTH DISTRICT

John A. Skladowsky, M.D.

Health Officer

The most significant event in 1953 for the Southeastern Health District was the occupation by the district staff on March 10 of the newly completed building at 3411 Bank Street. At the same time the administrative headquarters was moved from 901 S. Kenwood Avenue where it had been located since the inauguration of the district on August 16, 1937. The new structure provides modern facilities for the administrative and public health nursing staffs, for maternity hygiene and child health clinics, for new work in mental and dental health, and serves as a convenient meeting place for professional and civic organizations. Two child health clinics and one prenatal clinic were continued in the old quarters until May 1 when one of the child health clinics was transferred to 5023 Wright Avenue in the Armistead Gardens Housing Project. In January, the child health clinic at 268 S. Highland Avenue and in December a similar clinic at 520 S. Ponca Street were transferred to 3411 Bank Street. The dental extraction clinic was transferred on October 8 from the Southern Health District to the dental hygiene clinic at 3411 Bank Street. On December 14, a new dental hygiene clinic was opened at 901 S. Kenwood Avenue to serve the school children in Public School No. 47 and in the St. Brigid and St. Casimir Parochial Schools.

Acute Communicable Diseases

Except for an increase in scarlet fever cases from 60 to 207, the incidence of communicable diseases for the year was very low. Measles decreased from 565 to 78. There were 7 cases of poliomyelitis and 7 cases of meningococcal infections reported as compared with 2 cases and 8 cases respectively for 1952. Repeating the experience of 1952 only one case of diphtheria was reported in 1953. This was a three year old male child living in the Clarence Perkins housing projet.

Educational Activities

For the fourth successive year an open house sponsored jointly by the Southeastern Health District and Canton Area Council, Inc. was held on Child Health Day, May 1, at 901 S. Kenwood Avenue. The audience of 28 was addressed by Mrs. Gustav Kallman, Chairman of the Council's Health Committee, and Dr. Hilda Knobloch, Research Associate in the Division of Maternal and Child Health of the Johns Hopkins School of

Hygiene and Public Health, who spoke on child growth and development and showed a film "A Child Went Forth." Miss Dorothy Kalben, Chief of the Division of Exhibits in the Baltimore City Health Department, and Miss Margaret Cook, Librarian, Branch No. 4 of the Enoch Pratt Free Library, discussed their exhibits on child health.

More than 2,600 persons over fourteen years of age were X-rayed in the neighborhood mass chest X-ray surveys conducted by the Health Department with the assistance of the Maryland Tuberculosis Association. These surveys were conducted for the Eastern Community Council at Public School No. 47, Fleet Street and Linwood Avenue, from April 7 to 10, and for the Canton Area Council, Inc. in its quarters at O'Donnell Street and Decker Avenue, from September 14 to 18. Through the courtesy and co-operation of Mrs. Mary Backer and Miss Margaret Cook, Librarians respectively of Branches Nos. 13 and 4 of the Enoch Pratt Free Library, posters and displays on child health were placed on permanent exhibit in the child health clinic at 3411 Bank Street.

Nursing Services

The new city-wide public health nursing service in the City Health Department medical care program was begun in the district on January 26 for a one year trial period. Nurses assisted in the program by making home visits to persons eligible for medical care but who failed to register at a medical care clinic. The visit was made particularly to advise these persons to register for the program.

A two-month affiliate course in public health nursing was given during the year to student nurses from the Johns Hopkins, University of Maryland and St. Joseph's Hospital Schools of Nursing, and student nurses from the Baltimore City, Maryland General and Mercy Hospitals observed weekly in the field and the child health clinics. The teachers in Public Schools Nos. 2, 47, 215, 228 and 240 were shown the filmstrip "Teacher Observations of School Children" by the nurses in these schools during the year in order to orient them as to the value of the nurse-teacher conference. Individual instruction in mothercraft was given once a week throughout the year by the staff nurses to 141 expectant mothers registered in the prenatal clinics.

As an integral part of its in-service training the nursing staff held regular monthly staff educational conferences during the year. At the January 22 conference Miss Elizabeth Armstrong, Supervisor of School Social Workers, Mrs. Marjorie Evringhim, Supervising School Social Worker, and Mrs. Olga Fenby, School Social Worker, all members of the Department of Education, presented their roles in the handling of behavior problems in elementary school children. On March 19, Miss Ann Wolfe of the Bureau of Catholic Charities and Mr. Milton Goldman of the Associated Jewish Charities discussed the functions and activities of their organizations, and

on May 21 Miss Celia Hirstein, District Supervisor in the Assistance Division of the Department of Public Welfare, spoke on "How the Department of Public Welfare Functions." Dr. Alan Foord, Associate Chief of the City Health Department's Division of School Health, discussed his school hygiene program at the October 15 conference, and on October 24 Dr. Sibyl Mandell, Chief of the Health Department's Division of Mental Hygiene, showed the movie "Broken Appointment."

The entire nursing staff on March 27 attended the general meeting on the problem of burns as they relate to civil defense at the Central Branch of the Enoch Pratt Free Library and made field trips on November 19 and December 3 to the new Veterans Administration Hospital on Loch Raven Boulevard. On October 8 Miss Margaret Galbreath, Supervisor of Public Health Nursing in the Bureau of Public Health Nursing, exhibited a movie on home accidents and fire prevention. The regular monthly conferences on the post-sanatorium care of tuberculosis at the Baltimore City Hospitals were attended by the staff nurses.

Miscellaneous Activities

As District Health Deputy in Civil Defense for the Eastern District of Baltimore City, the District Health Officer participated in a number of Civil Defense sessions. Among these were: The monthly Civil Defense meetings held in the Municipal Office Building; the Maryland Civil Defense Medical Policy Conference on April 19 at the Medical and Chirurgical Faculty Building, 1211 Cathedral Street; the meeting on June 9 of Casualty Clearing Station No. 48 at Public School No. 23, Gough and Wolfe Streets; the Civil Defense Command Post Exercise of the Eastern District Substation, O'Donnell Street and Decker Avenue; and the basic orientation course in Civil Defense in October and November.

On December 16 the District Health Officer gave a talk on communicable diseases to a group of 25 senior students in Home Economics at the Patterson Park High School, and for the second year in succession in November and December, senior students from this school and the Mergenthaler Vocational High School were given three-hour courses by the District Health Officer as part of their curriculum in civic experience.

For the twelfth successive year the East Baltimore Medical Society held monthly meetings in the district building, and at its May 5 meeting Dr. Huntington Williams, Commissioner of Health, and Miss Ethel Turner, Superintendent of the Instructive Visiting Nurse Association, described their respective programs on poliomyelitis and bedside nursing care.

Personnel

Miss Laura Grim, senior clerk, was transferred from the Bureau of Laboratories on March 3 to the district building at 901 S. Kenwood Avenue.

Miss Jeanette Vroom, Special Supervisor in Tuberculosis Control, was assigned to the district on June 8. Mrs. Vera Gill, clerk-typist, was transferred on September 14 from the Southern Health District extraction clinic to the dental hygiene clinic at 3411 Bank Street and on September 23, Miss Jeanette Goldstein, clerk-typist, was assigned to the same clinic.

Personnel

John A. Skladowsky, M.D., District Health Officer
Ruth Collier, B.S., Supervisor of Public Health Nursing
Wilda Snyder, B.S., Supervisor of Public Health Nursing
Jeanette Vroom, M.A., Supervisor of Public Health Nursing

Public Health Nurses

Lynett Benvegar	Virginia Pendleton
Rita Cannon	Louisa Presson
Barbara Duerr	Joan Reid
Patricia Evans	Helen Reutter
Julia Hagenbuch	Dorothy Robinson
Marie Herold	Celia Trionfo
Joann Hilt	Dena Valaco
Mary Elizabeth Kelly	Edith Woodson
Willagene McDaniel	Florence Zinz

Lois Albrecht, Junior Stenographer
James B. Davis, Janitor
Jerome N. Johnson, Janitor

TABLE NO. 1
RESIDENT BIRTHS, SOUTHEASTERN HEALTH DISTRICT—1953

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
ALL BIRTHS.....	2,184	2,022	162
Hospital.....	2,099	1,948	151
Home.....	85	74	11
Private physician.....	44	39	5
Midwife.....	40	34	6
Other.....	1	1	..

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY
COLOR—SOUTHEASTERN HEALTH DISTRICT—1953

CAUSE OF DEATH	TOTAL	WHITE	COLORED
ALL CAUSES.....	1,055	966	89
Tuberculosis, all forms (001-019).....	33	28	5
<i>Respiratory tuberculosis (001-008)</i>	31	26	5
Syphilis (020-029).....	3	1	2
Dysentery (045-048).....	1	1	..
Meningococcal infections (057).....	3	3	..
Other infective diseases of bacterial origin (030-039), 052-054, 058-064, 070-074).....	1	1	..
Other virus diseases (086-096).....	1	..	1
Other infective and parasitic diseases (110-139).....	1	..	1
Malignant neoplasms (140-205).....	168	161	7
<i>Lymphatic and hematopoietic (200-205)</i>	8	7	1
Benign and unspecified neoplasms (210-239).....	1	..	1
Diabetes (260).....	20	19	1
Anemias (290-293).....	5	3	2
Vascular lesions of the central nervous system (330-334).....	73	63	10
Rheumatic fever (400-402).....	2	2	..
Diseases of heart (410-443).....	420	395	25
<i>Chronic rheumatic heart disease (410-419)</i>	15	14	1
<i>Arteriosclerotic and degenerative heart disease (420-429)</i>	292	277	15
<i>Other diseases of the heart (430-434)</i>	6	6	..
<i>Hypertensive heart disease (440-443)</i>	107	98	9
Other hypertensive diseases (444-447).....	8	7	1
Arteriosclerosis (450).....	14	13	1
Other diseases of the circulatory system (451-468).....	6	6	..
Nephritis and nephrosis (590-594).....	11	9	2
Influenza and pneumonia (480-483, 490-493).....	32	25	7
<i>Pneumonia (490-493)</i>	30	23	7
Bronchitis (500-502).....	5	5	..
Ulcer of the stomach and duodenum (540-542).....	7	7	..
Appendicitis (550-553).....	1	..	1
Intestinal obstruction and hernia (580-570).....	10	9	1
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	2	2	..
Cirrhosis of the liver (581).....	36	35	1
Hyperplasia of prostate (610).....	1	1	..
Puerperal causes (640-689).....	1	..	1
Congenital malformations (750-759).....	20	19	1
Certain diseases of early infancy (760-779).....	42	39	3
Senility, ill-defined and unknown conditions (780-795).....	4	4	..
All other diseases.....	52	45	7
Accidents, total (800-962, 965).....	55	52	3
<i>Motor vehicle accidents (810-835)</i>	15	15	..
<i>All other accidents</i>	40	37	3
Suicides (963, 970-979).....	8	7	1
Homicides (964, 980-985).....	8	4	4

TABLE NO. 3
 COMMUNICABLE DISEASES REPORTED IN THE SOUTHEASTERN HEALTH DISTRICT—1953

DISEASE	TOTAL	WHITE	COLORS
TOTAL.....	1,345	1,053	292
Chickenpox.....	121	117	4
Diphtheria.....	1	1	..
German measles.....	59	57	2
Gonococcal infections.....	287	98	189
Measles.....	78	74	4
Meningococcal infections.....	7	7	..
Mumps.....	200	197	3
Poliomyelitis, paralytic cases.....	7	7	..
Scarlet fever.....	207	205	2
Syphilis.....	54	29	25
Tuberculosis, all forms.....	130	114	16
Typhoid fever.....	1	1	..
Whooping cough.....	36	34	2
All others.....	157	112	45

SOUTHERN HEALTH DISTRICT

William J. French, M.D.

Health Officer

Dr. William J. French assumed his duties as District Health Officer at the Southern Health District on the 19th of January, 1953. Although a lack of knowledge of some of the details of previous years' activities makes it a little difficult to judge progress during 1953 it does seem evident that much progress has been made. During 1953 there was 1 case of diphtheria reported and only 3 cases of meningococcal infections. While measles had been mildly epidemic during 1952 there were only 39 cases during 1953. The record also shows only 37 cases of whooping cough, 50 of chickenpox, and 19 of German measles. Scarlet fever increased somewhat to 46 cases. This, however, is a small figure for so large an area as the Southern Health District. It is worth noting that the cases, as far as can be discovered, were all mild. Poliomyelitis increased during the year with 10 cases including 1 death reported. A case of infectious hepatitis occurred in one of the Health Department secretaries. By the end of the year she had completely recovered and was back on duty but the attack caused her considerable loss of time.

A decline was noted in the incidence of reported syphilis. This became so pronounced toward the latter part of the year that readjustments in clinic services were instituted. Two night clinic sessions and the services of one night clinic clerk were terminated. In 1952 there were 10,005 visits to both the Calvert Street and Southern Health District clinics; there were 9,438 visits in 1953.

While tuberculosis continued to be a major health problem in the district, the number of cases reported was 138, exactly the same number reported in 1952. In connection with this service, the arrangement of nursing visits was such that the maximum amount of service was given where the need was greatest. The use of streptomycin and PAS continued all during the year and apparently brought about decided improvement. During the last six months of 1953, isoniazid was added and this likewise seemed to contribute largely to general improvement. Chest X-ray surveys with the assistance of the Maryland Tuberculosis Association were held at the Cherry Hill Housing Project the week of March 16, 1953 and at the Brooklyn Housing Project the week of July 27, 1953.

Conferences regarding nursing case loads and problems which arise in connection with individual cases were held with the nursing supervisors and individual nurses. This permitted the Health Officer to keep informed

regarding the working and progress of the tuberculosis program. Also, monthly review X-ray conferences were held by the tuberculosis staff in the clinic quarters. These were attended by the Health Officer, the supervising nurses and field nurses interested in particular cases, all of whom participated in discussions.

Maternal and Child Health Services

Child health clinics were held in nine locations in the area and an average of fourteen sessions conducted weekly. The attendance at these clinics continued good with 11,091 clinic visits reported as compared with 10,923 in 1952.

Two prenatal sessions were also held each week. During the year there was a total clinic attendance of 1,861. Because of the large increase in population in the Cherry Hill area it became necessary to plan for an additional child health clinic there which will go into operation early in 1954. The Administration Building at Cherry Hill, in which the clinics were held, was remodeled and a new set of clinic rooms arranged. This was a big improvement and has resulted in the clinic having much more room.

There are 25 schools in this area, 17 public schools—6 colored, 11 white and 8 parochial schools, 1 colored and 7 white. This includes a new school, Public School No. 156 which went into operation in October. The latter school was erected on the same grounds as an older one which had become inadequate.

During the year, 2,219 school children were examined of which number 1,207 were found to have defects. In connection with the school program, visits were made to all of the schools and conferences were held with the various principals. While there are still certain inadequacies in the school program, it is felt that decided improvement has taken place during the year. Teacher-nurse conferences have continued and meetings with school staffs have been held.

At the beginning of the school year 1953-54 a new dental clinic was opened in Public School No. 160. This clinic serves all of the schools in the Cherry Hill area and is the answer to a much needed service. In the dental clinics in the Southern Health District 2,606 children were inspected. Of these, 848 were treated in the clinics and an additional 338 received emergency care in a special extraction clinic. Four hundred and five cases were carried to completion. Because of crowding and the lack of adequate space in the Southern Health District, it was thought best to transfer this clinic as of the first of September, 1953 to the Southeastern Health District. In connection with dental work, the District Health Officer feels that there is a demand for a considerable expansion of this service. It would be possible in the Southern Health District building to make arrangements for

additional clinics for preschool children and for pregnant women. This matter has been tentatively discussed with the Commissioner of Health and is under consideration.

Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene, continued with the Mothers' Counseling Service one day a week. This service, a very useful one, operated in close connection with the child health clinics. Cases handled ran the gamut from anticipatory counseling with young mothers to consultation regarding children with behavior problems. In 1953 for the first time some fathers availed themselves of this service.

Various meetings with Dr. Alan Foord, Chief of the Division of School Health, and school physicians were attended, and the new school record was put into operation. In the beginning of the school year, 1953-54, the District Health Officer was appointed a member of the School Health Council and one meeting of this group was attended by both the District Health Officer and the supervising nurse.

Community Activities

Meetings of the Cherry Hill Health Council continued and were attended by one of the nursing supervisors and the District Health Officer. A health carnival was organized by the Council. The local health district staff cooperated with this. Monthly health and welfare meetings were held in the Southern Health District with supervisors of the Department of Public Welfare and the Family and Children's Society, representatives of the Tenant Relations Division of the Housing Authority of Baltimore City, and others. These meetings continued to prove valuable in clarifying agency relationships.

The laying of the cornerstone at the new Mt. Winans school and that of the new junior high school in Cherry Hill were attended. As part of the staff educational program, the nurses of the Southern Health District visited the new Veterans Administration Hospital at Loch Raven Boulevard.

Visits were made by the District Health Officer to the other health districts, and friendly visits have taken place between this office and the management of the South Baltimore General Hospital. A new wing has been added to this institution and the dedication services in connection with it were held in the Southern Health District auditorium. Also, graduation exercises for practical nurses trained in this institution were held in the auditorium.

Educational and Other Miscellaneous Activities

The Health Officer for the Southern Health District has appreciated greatly the staff meetings held in the Health Commissioner's office and

also the monthly meetings of health officers. The latter has been especially valuable in making possible the discussion of mutual problems, and have frequently disclosed solutions to problems which otherwise might have been missed.

During the latter part of the summer of 1953 the interior of the building was painted with a pleasing light green which without doubt is conducive to better work generally.

Four senior medical students from the Johns Hopkins School of Medicine spent half a day each in the district. There were also 70 nursing students who spent one day each: 44 from Union Memorial Hospital, 8 from the University of Maryland, and 18 from Delaware who were on tuberculosis affiliation at Baltimore City Hospitals. Twenty-three other nursing students spent half a day each as follows: University of Maryland, 9, Johns Hopkins, 10, and Lutheran, 4. In addition, 6 students from the University of Maryland spent eight weeks each in observation and field work.

An arrangement which has worked out well was that by which the District Health Officer assisted the health administrator in the Western Health District with his medical problems. Relations in these matters have been most cordial. Another occurrence which is believed to be conducive to much further progress was the establishment by the Maryland State Department of Mental Hygiene of a health unit in the district building. The Health Officer found Mrs. Henrietta DeWitt, Director of Social Service, who represents this society in practical contacts, to be a very cooperative and understanding person. In connection with this development it was possible to obtain an additional full-time janitor who gave excellent service.

The auditorium was used from time to time by various groups, either from schools or from such groups as the Girl Scouts and the Red Cross, which are interested in health. The Health Officer would like to see the auditorium used much more than it was during 1953. He plans to stimulate this use.

A visit was made to the Maryland Historical Society Exhibition on the History of Medicine in Maryland. This was found to be enlightening. On the part of the nurses, one supervisor attended the annual convention of the American Nurses' Association and participated in a panel discussion held by the Public Health Nursing section of the Maryland League for Nursing. The nurses also attended the Institute held by the Maryland State Association of Social Workers. Civil Defense meetings held monthly in the Municipal Building were attended by the Health Officer.

Sanitation

Various visits were made with the Bureau of Food Control sanitarian assigned to the district, to industrial plants and to food handling places in

the neighborhood. Considerable progress has been made in the sanitary handling of foods offered for sale in these places. One visit was made to the Hanover Street Market. Subsequent visits were made by the sanitarian. The latter reported that there has been improvement in general sanitary conditions there, but it seems quite obvious that no real progress can be made until this old group of buildings has been demolished and either a new market constructed or some other use made of the area. This is largely because of the very heavy rat infestation that has taken place in the area and which still exists. It is the District Health Officer's opinion that it is quite impossible to do anything constructive toward rat proofing these premises in their present condition.

Personnel

Mrs. Jean Margolis, Senior Stenographer, resigned at the end of the year because of family conditions. Various clinicians and nurses have come and gone during the year and it is not deemed noteworthy to record all of these changes.

Personnel

William J. French, M.D., District Health Officer
Sylvia Miller, B.S., Supervisor of Public Health Nursing
Marie E. Dandridge, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Beverly Butler, B.S.	Clara M. Kushto
Theresa M. Byrne	Theresa Endres Neunan
Norma Quimby Cornelius	Theresa Novak
Josephine East	Katherine E. Nutto
Ethel V. Finneyfrock	Laura J. C. Phillips
Mary F. Jenkins	Faye Pope
Betty Kern	Helen R. Roff

Freda Stangle

Jean Margolis, Senior Stenographer
Reba Kadis, Clerk-Stenographer
Margaret Stokes, Clerk-Typist
Helen Richardson, Clerk-Typist
Rudolph Lee, Janitor
James Morris, Janitor

TABLE NO. 1
RESIDENT BIRTHS, SOUTHERN HEALTH DISTRICT—1953

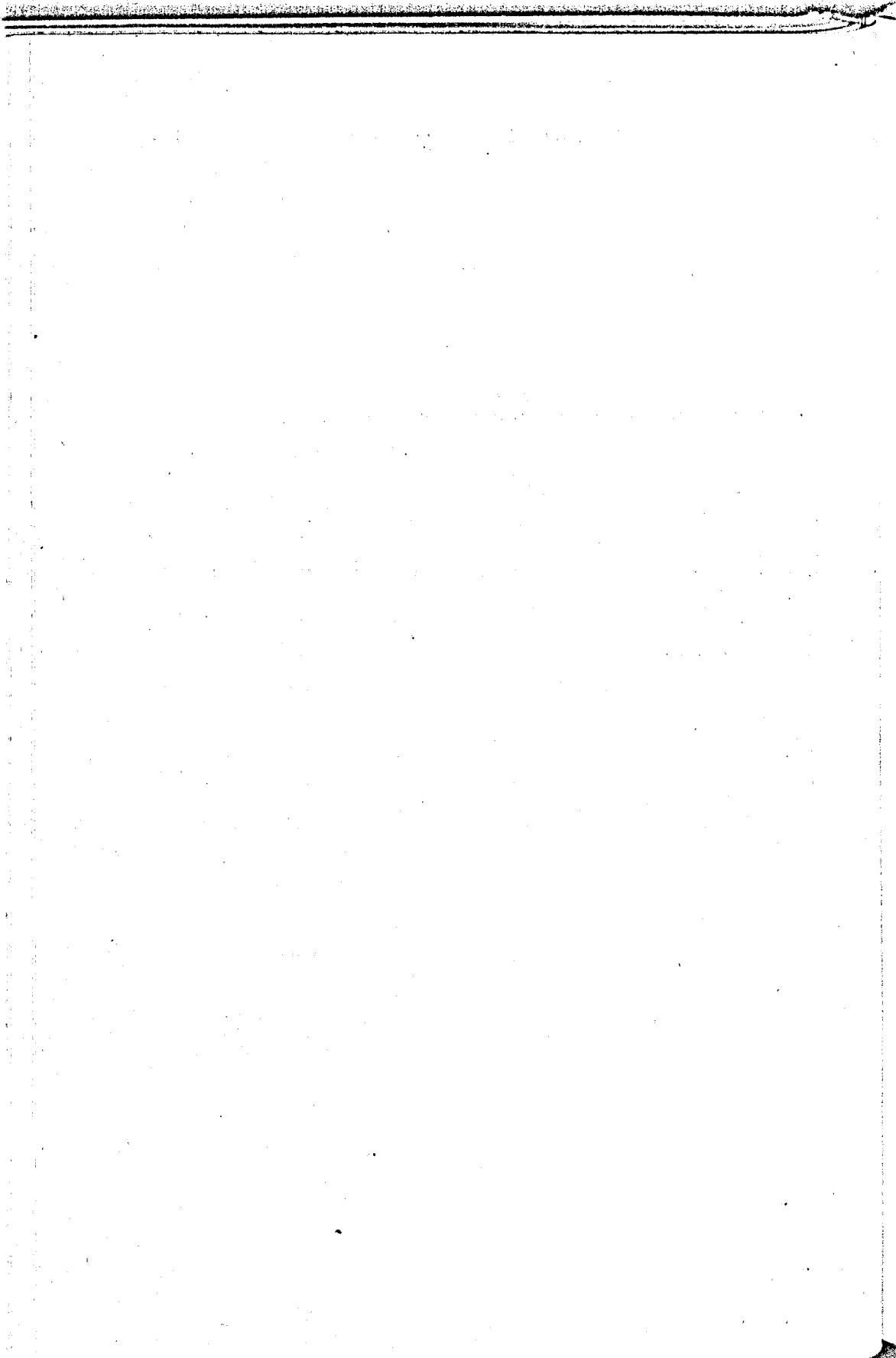
PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORLED
ALL BIRTHS.....	2,062	1,420	642
Hospital.....	1,891	1,359	532
Home.....	171	61	110
Private physician.....	139	51	88
Midwife.....	25	7	18
Other.....	7	3	4

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY
COLOR—SOUTHERN HEALTH DISTRICT—1953

CAUSE OF DEATH	TOTAL	WHITE	COLORLED
ALL CAUSES.....	784	629	155
Tuberculosis, all forms (001-019).....	31	23	8
Respiratory tuberculosis (001-008).....	29	21	8
Syphilis (020-029).....	5	2	3
Meningococcal infections (057).....	1	1	..
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074).....	1	1	..
Poliomyelitis, acute (080-081).....	1	1	..
Other infective and parasitic diseases (110-138).....	1	..	1
Malignant neoplasms (140-205).....	96	80	16
Lymphatic and hematopoietic (200-205).....	7	7	..
Benign and unspecified neoplasms (210-239).....	4	2	2
Diabetes (280).....	10	9	1
Vascular lesions of the central nervous system (330-334).....	48	40	8
Rheumatic fever (400-402).....	1	..	1
Diseases of the heart (410-443).....	312	270	42
Chronic rheumatic heart disease (410-419).....	7	5	2
Arteriosclerotic and degenerative heart disease (420-429).....	219	194	25
Other diseases of the heart (430-434).....	10	10	..
Hypertensive heart disease (440-443).....	76	61	15
Other hypertensive diseases (444-447).....	7	6	1
Arteriosclerosis (450).....	7	6	1
Other diseases of the circulatory system (451-468).....	1	1	..
Nephritis and nephrosis (590-594).....	11	6	5
Influenza and pneumonia (480-483, 490-493).....	34	25	9
Pneumonia (490-493).....	33	23	9
Ulcer of the stomach and duodenum (540-542).....	8	8	..
Intestinal obstruction and hernia (560-570).....	5	4	1
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	3	2	1
Cirrhosis of the liver (581).....	15	10	5
Hyperplasia of prostate (610).....	4	2	2
Congenital malformations (750-759).....	11	7	4
Certain diseases of early infancy (760-776).....	40	24	16
Pneumonia of newborn (763).....	4	1	3
Senility, ill-defined and unknown conditions (780-795).....	3	1	2
All other diseases.....	82	42	10
Accidents, total (800-962, 965).....	63	49	14
Motor vehicle accidents (810-835).....	22	17	5
All other accidents.....	41	32	9
Suicides (963, 970-979).....	6	6	..
Homicides (984, 980-985).....	3	1	2

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE SOUTHERN HEALTH DISTRICT—1953

DISEASE	TOTAL	WHITE	COLORED
TOTAL.....	936	441	495
Chickenpox.....	50	36	14
Diphtheria.....	1	1	..
German measles.....	19	17	2
Gonococcal infections.....	371	65	306
Measles.....	39	26	13
Meningococcal infections.....	3	1	2
Mumps.....	64	46	18
Pollomyelitis, paralytic cases.....	10	10	..
Scarlet fever.....	46	42	4
Syphilis.....	67	18	49
Tuberculosis, all forms.....	138	93	45
Typhoid fever.....	..	..	..
Whooping cough.....	37	34	3
All others.....	91	52	39



MEDICAL SECTION—PREVENTIVE

THE UNIVERSITY OF CHICAGO

BUREAU OF COMMUNICABLE DISEASES

Myron G. Tull, M.D., M.P.H.

Acting Director

A total of 17,803 cases of communicable diseases was reported during the year 1953. This number represents a decrease of 2,371 under the number of cases recorded for 1952. Some of the diseases notably mumps, scarlet fever and whooping cough showed marked increases in the total number of reported cases over the recorded number during the preceding year. Such diseases as measles and chickenpox showed decreases. There were 92 reported cases of paralytic poliomyelitis and 6 deaths from this disease in Baltimore during the year.

Diphtheria and Poliomyelitis

There were 6 cases of diphtheria during the year. This is the same number of cases of this disease as recorded during 1952, however, in 1952 there was 1 death from diphtheria but during 1953 there was no death reported. On a prior occasion, however, during a 1940-41 period a consecutive 22 months was passed without a diphtheria death in the city.

As mentioned above, a total of 92 cases of paralytic poliomyelitis was reported during the year. This was an increase of 53 cases over the number recorded during 1952 when there were 39 cases reported. The number of deaths ascribed to this disease during 1953 was 6 while there was but 1 death from poliomyelitis during 1952.

Meningococcal Infections

The number of reported cases of meningococcal infections was 33 with 7 deaths, a case fatality rate of 21 per cent as compared with 1952 when 32 cases and 16 deaths were recorded giving a case fatality rate of 50 per cent.

Typhoid Fever

There were 11 cases of typhoid fever reported in the city during the year. This was an increase of 3 cases over the number recorded during the preceding year. Four of these cases occurred among the domestics of one of the local hospitals. On investigation, a formerly unknown typhoid carrier was found serving food to this group; a second carrier, working as an outside man, was also found in this hospital.

In retrospect, a case of typhoid fever which occurred during the first part of the year in one of the domestic workers in this same hospital and

for which the source was not found may have been due to this same carrier who was serving food in the cafeteria when the case developed.

Four new typhoid carriers were discovered during the year. Of the 64 known carriers on the list at the beginning of the year 3 died. This left a total of 65 known carriers on the list as of the close of 1953.

Measles

The reported number of cases of measles decreased from 5,126 recorded during 1952 to 1,064 cases reported during 1953. For the second consecutive year there was no death from measles reported.

Other Communicable Diseases

A total of 1,387 cases of scarlet fever was reported during the year, an increase over the 472 cases recorded during 1952. The reported cases of whooping cough increased from 113 cases during 1952 to 290 cases recorded during 1953.

Typhoid Vaccine

Typhoid vaccine was administered to the laborers employed by the Housing Authority of Baltimore City. Those who had never had typhoid vaccine were given a course of three injections while those who had had the vaccine previously were given a one-injection booster dose.

Personnel

Myron G. Tull, M.D., M.P.H., Administrative Health Officer and Acting Director
Anthony L. Rettaliata, M.D., Medical Investigator
Howard H. Warner, M.D., Health Officer
Alice V. Owings, Junior Administrative Officer
Catherine A. Fox, Junior Stenographer

TABLE NO. 1
REPORTED CASES AND RESIDENT DEATHS OF CERTAIN COMMUNICABLE DISEASES
1950-1953

DISEASE	1953		1952		1951		1950	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Botulism.....	..	..	..	..	..	..	..	..
Chickenpox.....	1,670	1	2,021	2	1,623	..	2,191	..
Diphtheria.....	6	..	6	1	8	1	60	3
Dysentery.....	..	..	..	..	..	..	..	..
Amebic.....	8	..	4	1	5	1	4	..
Bacillary.....	78	..	118	..	148	1	9	..
All other.....	3	2	13	2	6	1	..	..
Encephalitis, acute infectious.....	3	1	6	..	9	1	3	..
Erysipelas.....	..	..	1	..	1	..	4	1
German measles.....	874	..	224	..	273	..	73	..
Hepatitis, infectious.....	117	4	133	5	159	2	6	3
Measles.....	1,064	..	5,126	..	4,376	1	357	..
Meningococcal infections.....	33	7	32	16	17	5	26	9
Mononucleosis, infectious.....	6	..	1	..	7	..	11	..
Mumps.....	1,661	1	425	1	2,610	..	681	..
Paratyphoid fever.....	1	..	..	..	2	..	1	..
Poliomyelitis, paralytic cases.....	92	6	39	1	15	1	225	9
Psittacosis.....	1	..	..	..	..	..	..	..
Rocky Mountain spotted fever.....	3	1	1	..	1	..	..	..
Salmonella infection.....	24	..	22	1	8	..	4	3
Scarlet fever.....	1,387	..	472	..	302	..	303	..
Smallpox.....	..	..	..	..	..	..	..	..
Streptococcal sore throat.....	17	..	19	1	12	1	14	1
Tetanus.....	4	2	2	..	1	1	5	4
Trichinosis.....	2	..	3	..	5	..	2	..
Tuberculosis.....	..	..	..	..	..	..	..	..
Respiratory.....	1,263	245	1,400	393	1,285	465	1,275	467
Other forms.....	106	23	93	23	88	32	71	39
Tularemia.....	..	..	..	..	..	..	..	..
Typhoid fever.....	11	..	8	..	5	..	8	..
Typhus fever.....	1	..	..	..	..	..	..	..
Undulant fever.....	..	..	..	..	3	..	3	..
Weil's disease.....	1	..	..	..	3	1	4	..
Whooping cough.....	290	1	113	..	227	..	1,425	1
Veneral diseases.....	..	..	..	..	..	..	..	..
Chaneroid.....	41	..	148	..	208	..	120	..
Gonococcal infections, total.....	7,012	..	6,940	1	6,511	..	6,944	..
Ophthalmia.....	3	..	1	..	..	..	2	..
Syphilis, total.....	1,336	63	1,982	97	2,627	85	2,982	103
Congenital.....	59	..	78	1	126	..	114	2
Other venereal diseases.....	22	2	26	1	45	1	64	3

CASES AND RESIDENT DEATHS OF CERTAIN DISEASES ACCORDING TO MONTHS—1953

[illegible]

TABLE NO. 3
DIPHTHERIA TOXOID INOCULATIONS BY DOSAGE, ACCORDING TO AGE AND RACE OF
CHILDREN—1953

AGE	DOSE AND COLOR								
	Total			Primary			Booster		
	Total	White	Colored	Total	White	Colored	Total	White	Colored
ALL AGES.....	31,315	19,233	12,082	19,846	12,561	7,285	11,469	6,672	4,797
Under 6 months.....	2,102	1,458	644	2,073	1,439	634	29	19	10
6 months.....	5,423	3,418	2,005	5,396	3,408	1,988	27	10	17
7 months.....	3,482	2,191	1,291	3,468	2,185	1,283	14	6	8
8 months.....	2,594	1,801	793	2,578	1,796	782	16	8	11
9 months.....	1,464	965	499	1,450	957	493	14	8	6
10 months.....	802	515	287	791	508	283	11	7	4
11 months.....	465	283	182	455	278	177	10	8	8
Under 1 year.....	16,339	10,631	5,701	16,311	10,571	5,640	191	60	61
1 year.....	2,611	1,306	1,305	1,772	929	843	839	377	462
2 years.....	1,574	814	760	874	289	285	1,000	525	475
3 years.....	1,325	707	618	384	222	162	941	485	456
4 years.....	1,903	1,018	885	291	177	114	1,612	841	771
5 years.....	3,635	1,933	1,702	324	180	144	3,311	1,753	1,558
6 years.....	2,303	1,572	731	192	125	67	2,111	1,447	664
7 years.....	605	421	184	49	33	16	556	388	168
8 years.....	440	341	99	19	14	5	421	327	94
9 years.....	370	324	46	13	7	6	357	317	40
10 years.....	119	91	28	4	4	..	115	87	28
11 years.....	60	47	13	6	3	3	54	44	10
12 years.....	21	14	7	1	1	..	20	13	7
13 years.....	4	4	..	1	1	..	3	3	..
14 years.....	2	..	2	..	..	..	2	..	2
15 years and over.....	11	10	1	5	5	..	6	5	1

TABLE NO. 4
CHILDREN RECORDED AS RECEIVING DIPHTHERIA TOXOID INOCULATION
BALTIMORE CITY, 1953

YEAR 1953	TOTAL INOCU- LATIONS	PHYSICIANS' PRACTICES	PRESCHOOL CLINICS				SCHOOL
			Total	Home	Hospital	Infant Clinic	
TOTAL RECIPIENTS							
Total	31,315	10,823	16,156	17	295	15,844	4,336
Q 1	6,006	2,612	2,295	3	64	2,228	1,099
2	9,005	3,279	3,723	7	56	3,660	2,003
3	10,560	2,805	7,604	6	96	7,502	151
4	5,744	2,127	2,534	1	79	2,454	1,083
WHITE RECIPIENTS							
Total	19,233	10,157	6,230	11	132	6,087	2,846
Q 1	3,982	2,475	847	3	22	822	660
2	6,033	3,090	1,681	3	36	1,642	1,262
3	5,392	2,594	2,695	4	42	2,649	103
4	3,826	1,998	1,007	1	32	974	821
NONWHITE RECIPIENTS							
Total	12,082	666	9,926	6	163	9,757	1,490
Q 1	2,024	137	1,448	..	42	1,406	439
2	2,972	189	2,042	4	20	2,018	741
3	5,168	211	4,909	2	54	4,853	48
4	1,918	129	1,527	..	47	1,480	262

TABLE NO. 5
TOTAL BOOSTER DOSES—ENTIRE CITY, BALTIMORE—1953

	TOTAL	WHITE	COLORED
TOTAL BOOSTER DOSES	11,469	6,672	4,797
Diphtheria only	2,717	1,112	1,605
Diphtheria with pertussis	1,274	886	388
Diphtheria with pertussis with tetanus	7,478	4,674	2,804

BUREAU OF TUBERCULOSIS

Charlotte Silverman, M.D., Dr.P.H.

Director

Deaths

The most striking event of the year was the unprecedented decline in mortality from tuberculosis among residents of Baltimore. During 1953 the total number of deaths from all forms of tuberculosis was 268 of which 139 occurred among 715,800 white residents and 129 among the 247,700 Negro residents of Baltimore. In 1952 there had been 416 tuberculosis fatalities, 174 among white residents and 242 among Negroes. This decrease of 148 tuberculosis deaths in a single year for the city as a whole was contributed to largely by the spectacular drop of Negro deaths by 113. Additional reference to the decline in mortality is made in the section on *Home Chemotherapy Program*.

In Table No. 1 the age distribution of the 1953 tuberculosis deaths is shown according to race and sex. In the white race 80 per cent of the 139 fatalities occurred among males, and more than 95 per cent of the males were thirty-five years of age or older. Among white females, who suffered only 28 tuberculosis deaths during the year, more than one-third took place before the age of thirty-five was reached. Among Negroes, 74 per cent of the 129 deaths occurred in males, a predominance of males more marked than in previous years. Of the 95 male deaths in this race, 83 per cent took place among persons thirty-five years of age or older; of the 34 female fatalities, almost one-half occurred before the age of thirty-five. In both races, mortality from tuberculosis is largely a problem affecting men who have passed their thirty-fifth birthday.

In Table No. 2 the place of death of fatal cases of tuberculosis is shown for both races. One-fifth of the 1953 deaths from this chronic communicable disease occurred in patients' homes, 44 per cent in tuberculosis hospitals and the remainder in other institutions.

Death Rates

The death rate from tuberculosis for all Baltimore residents during 1953 was 27.8 per 100,000 population; for white persons 19.4 and for Negroes 52.1. Comparable figures for 1952 were 43.2 per 100,000 for the total population, 24.1 for the white race and 100.5 for Negroes.

While the decline in mortality from this disease has been accelerated since 1948, there has not been an annual decrease in fatality rate greater than 18 per cent until the present year. In 1953 the death rate for the city's

entire population was 36 per cent lower than it had been during the previous year. It was 20 per cent lower for white residents and for the Negro population a decrease of 48 per cent in the tuberculosis death rate was experienced. This sharp decline in the death rate among Negroes is of the first importance because this racial group has suffered the most severe ravages from tuberculosis. In 1940 the death rate from tuberculosis among Negroes was 253.0 per 100,000, in 1945 it was 215.0, by 1950 it had declined to 132.6 and in 1953 the rate plunged to 52.1. Although the Negro death rate in 1953 was almost three times as high as the white rate, it has until this year been four to five times greater than the white rate.

Reported Cases

Morbidity from tuberculosis in 1953, in contrast to mortality, showed little change from previous years. During 1953 the diagnosis of tuberculosis was made in 1,369 previously unreported cases. Included among the new cases reported were 98 registered from death certificates, representing 7.2 per cent of the total number of new registrations. The corresponding number of new cases registered in 1952 was 1,493 including 106 or 7.1 per cent reported after death. The ratio of newly reported cases to resident tuberculosis deaths in 1953 was 5.1, a marked improvement over the ratio of 3.6 experienced in 1952 and due entirely to the decrease in mortality. Of the cases registered during 1953, tuberculosis of the lungs or the glands of the chest was found in 1,263 or 90 per cent of all forms of tuberculosis reported. Corresponding figures for 1952 were 1,400 pulmonary cases or 94 per cent of all reported tuberculosis.

In Table No. 3 the race and age distribution of reported cases is shown according to extent and type of lesion. Of the 1,369 new cases of all forms of tuberculosis, there were 675 among white persons and 694 among Negroes. Nonpulmonary tuberculosis was reported more than twice as frequently in Negroes than in white persons. The ratio of new tuberculosis cases to resident deaths was 4.8 for the white race and 5.3 for Negroes. Comparable ratios in 1952 were: white, 4.2; Negro, 3.1. The greatly improved ratio for Negroes this year reflects the decrease in mortality.

No major change was noted in the distribution of cases by stage or activity of disease when compared with similar figures for recent years. Of the 1,263 pulmonary cases reported, 708 or 56 per cent were in advanced stages of active disease. There were 124 active minimal cases and 42 cases of tuberculous pleural effusion reported which together comprised only 13 per cent of all new registrations. The unfavorable ratio of active minimal cases to advanced cases has not changed for many years.

The newly reported cases for each race are analyzed in Table No. 4 to show sex and age distribution. Tuberculosis of the lungs or glands of the

chest was reported in 88 Negro children who were less than 15 years of age and no important sex difference was observed. Such cases in white children of similar age numbered only 35. New cases among males exceeded those among females, particularly for the white race in which more than two-thirds of the cases were reported in males. For both races, the majority of males were over thirty-five years of age while the females were more often younger than thirty-five. These age distributions were especially striking for white males and colored females. Nonpulmonary forms of the disease were most frequently reported in Negroes past the age of fifteen years.

Since many patients came to the attention of reporting agencies because tuberculosis had been suspected elsewhere, Table No. 5 is presented to show the original source of referral of cases registered in 1953. Private physicians suspected tuberculosis in or made the final report for 26 per cent of the enumerated cases, and general hospitals were the first source of referral for more than one-third of new cases. Health Department chest clinics were responsible for the initial suspicion of tuberculosis in 15 per cent of the registered cases and the mass survey program directed 6 per cent of all registered cases to final diagnosis. In Table No. 6, the reported cases are classified according to the agency responsible for the definitive report which led to registration with the Bureau of Tuberculosis. Health Department chest clinics and general hospitals each contributed approximately one-third of the reports of new cases, with other agencies directly responsible for small percentages of reports. Private physicians directly reported 14 per cent of all registered cases.

Case Rates

The total tuberculosis case rate for 1953 was 142 new cases per 100,000 population. Among white persons the rate was 94 and for Negroes 280 per 100,000 population, a three-fold difference between the races. Corresponding figures for 1952 were 156 per 100,000 for the total tuberculosis case rate, 101 for the white race and 326 for Negroes.

Diagnostic Services

The services rendered by the four chest clinics of the Bureau of Tuberculosis are described in Table No. 7. Each of the four diagnostic clinics held five sessions a week including one or two evening sessions for the convenience of employed persons. A total of 14,750 individuals was examined during 1953 in all of the clinics, as compared with 15,087 in 1952. Of the 14,750 persons examined 8,285 were white and 6,465 were Negro. New registrants numbered 9,488 and represented 64 per cent of those examined. The remaining 5,262 or 36 per cent were registered prior to 1953 and required further diagnostic service or follow-up examinations. Of the new

registrants, 53 per cent came to the clinics because pulmonary disease was suspected, 20 per cent were tuberculosis contacts and 27 per cent were apparently healthy prenatal patients or members of other groups referred for routine screening purposes.

The majority of new patients who came to the clinics for diagnostic services were referred by private physicians, while tuberculosis contacts were sent principally by Health Department personnel. The 1,888 tuberculosis contacts examined in the four chest clinics represent only a portion of the tuberculosis contact examinations throughout the city. Not included are the 1,369 contacts who were examined in the Eastern Health District X-ray screening clinic, the unknown number X-rayed in the mass survey program, at the office of the Maryland Tuberculosis Association, in the general hospitals of Baltimore or by private physicians.

Collapse Therapy for Ex-Sanatorium Patients

Each of the four chest clinics held regular sessions once or twice weekly for artificial pneumothorax and pneumoperitoneum therapy. The service was limited to patients whose collapse therapy had been initiated elsewhere, usually in the sanatorium. During 1953 these treatments were given to 222 patients of whom 60 were new clinic patients and 162 former clinic registrants for whom treatment was continued. In all, 4,398 visits were paid to the pneumotherapy clinics during the year, the vast majority of them for pneumoperitoneum refills.

Case Finding Projects

In addition to its program of searching for new cases of tuberculosis among contacts of diagnosed cases, the Bureau of Tuberculosis continued its efforts to discover tuberculosis among other groups of the population. With the assistance of other agencies, small chest X-rays were taken of 107,772 persons in Baltimore during 1953.

The largest project was conducted by the Health Department with the assistance of the Maryland Tuberculosis Association and led to the examination of numerous groups of apparently healthy people in the city. The portable 70 millimeter photofluorographic unit employed for this purpose has been in use since 1945 under the direction of Dr. M. S. Shiling and has taken approximately 50,000 films each year. During 1953 the mobile unit took chest microfilms of 55,182 apparently well persons in 57 surveys of industrial and business firms, various community groups, high schools and colleges, and penitentiary inmates. Of the entire group examined 33,875 or 61 per cent were white persons and 21,307 or 39 per cent were Negroes. The groups which were surveyed are listed in Table No. 8.

The 70 millimeter photofluorographic units in the three largest general

hospitals in Baltimore were used to X-ray 29,008 individuals. At the Johns Hopkins Hospital 15,133 chest films were taken. At the Baltimore City Hospitals 6,142 persons received small chest films and the University of Maryland Hospital offered this service to 7,733 individuals. The Provident Hospital, a small general hospital for Negro patients where a 35 millimeter unit has been in operation for several years, took 408 chest microfilms.

X-ray screening services at the Eastern, Druid and Southern Health Districts led to the examination of 7,579 persons by small film technique. The Eastern Health District screening clinic took films of 5,257 persons, the small film unit at the Druid chest clinic was used to X-ray 1,008 individuals and there were 1,314 examined by chest microfilm at the Southern chest clinic. Registrants of Health Department prenatal clinics, employees of governmental agencies, contacts of known cases of tuberculosis, patients of private physicians and other miscellaneous groups comprised this group. Persons exposed to tuberculosis who came to the Druid and Southern chest clinics for small films were counted in the regular clinic reports and enumerated under "Contacts" in Table No. 7.

The Maryland Tuberculosis Association by means of the 35 millimeter photofluorographic unit in its central office took films of 15,595 persons during the year. Duplicate reports of all films which were not read as negative were sent to the Bureau of Tuberculosis which cooperated in or undertook the follow-up examinations.

BCG Vaccination

The BCG vaccination clinic which was initiated at the Eastern Health District in October, 1949, held weekly sessions in 1953. During the year 394 persons who had negative reactions to 0.1 mg. old tuberculin received the vaccine. This group included 380 contacts of tuberculosis cases, 2 public health nurses of the Baltimore City Health Department, 9 student nurses from a general hospital and 3 other hospital employees. One hundred and seventy-five of those receiving BCG were white and 219 Negro. In addition to these vaccinations which were performed at the Eastern Health District, BCG was provided the Baltimore City Hospitals for the vaccination of 53 practical nurses, the Veterans Administration Hospital in Baltimore for the vaccination of 52 hospital employees, staff members and volunteers, and the Johns Hopkins Hospital for vaccination of a small group of medical students.

The joint program of BCG vaccination for Negro newborns begun in November, 1950, by the Bureau of Tuberculosis and the Harriet Lane Home of the Johns Hopkins Hospital was continued during 1953. There were 1,045 Negro newborns who, with parental consent, received BCG

during the year. Of these, 231 were infants of county parents and reports were forwarded to the State Department of Health which undertook the follow-up observations. Of the remaining 814 Baltimore City children, 64 could not be located four months after vaccination. The 750 vaccinated infants followed by the public health nurses of the Baltimore City Health Department received tuberculin patch tests at home four months after vaccination. During the year there were 18 children who were found to have axillary adenopathy four months after receiving BCG.

All BCG vaccine used by the Health Department was obtained from Dr. Joseph D. Aronson of the Henry Phipps Institute for Tuberculosis in Philadelphia and administered by intradermal technique. BCG is regarded as an important adjunct to a tuberculosis control program particularly for persons or groups likely to suffer undue risk from this disease.

Hospital and Sanatorium Facilities

Although three new tuberculosis hospital buildings were dedicated and opened during 1953, there was only partial relief from the long standing shortage of institutional beds for the tuberculous of Baltimore. The new 300 bed wing at the Baltimore City Hospitals was opened to patients in the spring of the year but, at the same time, the old 140 bed unit was closed for repairs and did not reopen during the year. As a result, the capacity of the Tuberculosis Division of the Baltimore City Hospitals was no greater during 1953 than it had been before construction of the new unit. The opening of the new 300 bed wing at the Mt. Wilson State Hospital made possible the prompt admission of white patients to State tuberculosis hospitals during the latter part of the year even though less than one-third of the total bed capacity of this new unit was used. The capacity of the new Mt. Pleasant Sanatorium, which was opened to patients in 1953, was no greater than that of the old institution which it replaced and so provided no additional space but did offer its facilities to several Negro patients for the first time. The Veterans Administration Hospital which began to receive patients in October, 1952 was, during most of 1953, fully occupied and admitted to its 300 bed institution a substantial proportion of Baltimore residents many of whom were Negro. During 1953 the State tuberculosis hospital facilities for white patients improved to the extent that no white patient had long to wait for sanatorium admission. It is hoped that 1954 will bring similar improvement for Negro patients who during the year were helped with prompt treatment largely through the home chemotherapy program of the Health Department.

During 1953 the various sanatoria within Maryland including the Tuberculosis Division of the Baltimore City Hospitals reported the deaths of

62 residents of Baltimore City, and during the same time they discharged alive a total of 653 city residents. Of live discharged patients residing in the city 460 or 70 per cent were discharged with consent while the remaining 193 or 30 per cent failed to complete their treatment and left against medical advice. Among the 193 who left without permission 95 or 49 per cent had positive sputum. Corresponding figures for 1952 were 399 live discharges of whom 256 or 64 per cent were discharged with consent and 143 or 36 per cent failed to complete their treatment.

Home Chemotherapy Program

The home chemotherapy program which was initiated in 1952 was continued during 1953 on a greater scale. An appropriation of \$20,000 was allotted the Bureau of Tuberculosis for the purchase of anti-tuberculosis drugs for home therapy. This program was designed principally to offer prompt specific treatment to persons with active pulmonary disease who were faced with long waiting periods for hospitalization. The program was expanded in 1953 to include an increased number of persons discharged from hospital but in need of continued drug treatment, thus releasing some hospital beds for new admissions.

During the year 884 tuberculous residents of Baltimore for whom drug therapy was indicated but who could not afford to purchase the drugs received chemotherapy at home through the Health Department program. In this group were 287 white patients and 597 Negro patients. Of the entire group 723 or 80 per cent were placed on the program sometime during 1953 while the remaining 161 or 20 per cent were patients whose therapy was begun the previous year and continued during 1953. Particular efforts were made to include all eligible newly registered Negro cases. All patients received combined therapy of two antituberculosis drugs in uniform dosages. Streptomycin was administered intramuscularly in doses of 1 gram twice weekly and combined with 12 grams of para-aminosalicylic acid or 200 milligrams of isoniazid orally each day. These medications were given to the patients in their homes by the public health nurses of the City Health Department whose exceptional service was in large measure responsible for the effectiveness of the program.

Striking improvement after several months of chemotherapy was repeatedly noticed, particularly among Negro patients. In some cases, response to drug therapy and bed rest at home was sufficiently good to make hospitalization unnecessary. An analysis of newly reported Negro cases of tuberculosis in the last half of 1952 who were given home chemotherapy reveals that these patients experienced a 50 per cent reduction in tuberculosis mortality as compared with a similar group of cases reported in 1951 when

there was no home chemotherapy program. This appears to be exactly reflected in the 50 per cent reduction in Negro tuberculosis fatalities which Baltimore experienced this year.

Nursing Service

Field service to the tuberculous and their families was carried on as in past years by a staff of public health nurses for whom tuberculosis was only one of a number of functions in a generalized nursing program. During the year as a result of the home chemotherapy program the number of nursing visits to the tuberculous was greatly increased without any increase in the number of public health nurses.

Miss Jeanette Vroom joined the Health Department staff in April as public health nursing supervisor for tuberculosis, a new and much needed post. She has had excellent training and widespread experience and is already rendering valuable service.

Vocational Rehabilitation

Vocational rehabilitation of tuberculous patients was continued during the year by the Division of Vocational Rehabilitation of the State Department of Education. During 1953 there were 615 Baltimore residents, 295 of them white and 320 Negro, who were given rehabilitation service. Of this group, 203 were new referrals, 95 of them white persons and 108 Negroes. The majority of persons referred for vocational rehabilitation for the first time were directed to this agency by the tuberculosis hospitals, with other agencies contributing small numbers of referrals. With limited funds, the Division of Vocational Rehabilitation has done a fine job in helping tuberculous patients return to useful life in the community.

Federal Assistance

Since July 1, 1945, a yearly federal grant-in-aid from the U. S. Public Health Service has been available for tuberculosis control in Maryland. For the fiscal year ending June 30, 1954, the sum available to Baltimore City was \$27,220, a reduction of more than \$10,000 from the allocation during the previous year. A considerable reduction in personnel has resulted from decreases in federal appropriations during the past few years and even greater reductions in federal funds are forecast for the coming year. It is most important that local provision be made for persons whose salaries are still derived from federal funds.

Personnel

Charlotte Silverman, M.D., Dr.P.H., Director
H. Margaret Lea, M.A., Health Administrator, Nonmedical

M. S. Shiling, M.D., Director of Tuberculosis Surveys
Katherine H. Borkovich, M.D., Associate Director
Meyer W. Jacobson, M.D., Clinic Physician
Louis V. Blum, M.D., Clinic Physician
Theodore Cooper, M.D., Clinic Physician
Cecil Rudner, M.D., Clinic Physician
C. Dudley Lee, M.D., Clinic Physician
George G. Adams, M.D., Clinic Physician
Mary C. Riley, M.D., Clinic Physician
W. B. Daniels, Jr., M.D., Clinic Physician
Bruce Armstrong, M.D., Clinic Physician
Barnett Berman, M.D., Clinic Physician
Gertrude Cordish, Principal Clerk
Pearl B. Councell, Senior Stenographer
Myrtle Baker, Senior Clerk
Jessie S. Fineman, Senior Clerk
Leah Kushner, Senior Clerk
Frances T. Morris, Senior Clerk
Veronica Hopkins, Clerk-Typist
Marian Matuszewski, Clerk-Typist
Bernice Taylor, Junior Clerk
Pauline Merryman, Key-punch Operator
Patricia Tull, Key-punch Operator
Mary M. Knicely, Photofluorographic Machine Operator
Nancy L. Chambers, Photofluorographic Machine Operator

TABLE NO. 1
AGE DISTRIBUTION OF RESIDENT DEATHS FROM TUBERCULOSIS—1953

AGE GROUP	GRAND TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
NUMBER OF DEATHS							
All Ages.....	268	139	111	28	129	95	34
Under 15 years.....	12	6	2	4	6	4	2
15-24 years.....	10	3	3	0	7	1	6
25-34 years.....	25	6	0	6	19	11	8
35-44 years.....	55	21	13	8	34	25	9
45-54 years.....	62	26	23	3	36	30	6
55-64 years.....	63	43	40	3	20	18	2
65 years and over.....	41	34	30	4	7	6	1
PERCENTAGE DISTRIBUTION							
All Ages.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	4.5	4.3	1.8	14.3	4.7	4.2	5.9
15-24 years.....	3.7	2.2	2.7	0.0	5.4	1.1	17.6
25-34 years.....	9.3	4.3	0.0	21.4	14.7	11.6	23.5
35-44 years.....	20.5	15.1	11.7	28.6	26.4	26.3	26.5
45-54 years.....	23.2	18.7	20.7	10.7	27.9	21.6	17.6
55-64 years.....	23.5	30.9	36.1	10.7	15.5	18.9	5.9
65 years and over.....	15.3	24.5	27.0	14.3	5.4	6.3	3.0

TABLE NO. 2
RESIDENT DEATHS FROM TUBERCULOSIS ACCORDING TO RACE AND PLACE OF DEATH
1953

PLACE OF DEATH	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL DEATHS.....	268	100.0	139	100.0	129	100.0
Home.....	53	19.8	21	15.1	32	24.8
Tuberculosis Sanatoria.....	118	44.0	69	49.6	49	38.0
Baltimore City Hospitals...	59	..	32	..	27	..
State Sanatoria.....	29	..	17	..	12	..
Federal Sanatoria.....	23	..	13	..	10	..
Other Sanatoria.....	7	..	7	..	0	..
General Hospitals.....	81	30.2	41	29.5	40	31.0
Mental Institutions.....	8	3.0	6	4.3	2	1.6
Other.....	8	3.0	2	1.5	6	4.6

PERCENTAGE DISTRIBUTION

CLASSIFICATION OF LESION	WHITE						COLORED								
	GRAND TOTAL	Under 65				65 years & over	Total	Under 65				65 years & over			
		Under 15 years	15-24 years	25-34 years	35-44 years			45-64 years							
ALL CASES.....	1,369	675	47	61	126	129	242	70	694	101	114	166	126	157	30
Pulmonary lesions.....	1,263	645	35	57	123	125	236	69	618	88	97	148	113	144	28
Minimal lesions—all types.....	1,263	228	5	26	56	44	80	17	134	11	26	33	27	30	7
Active.....	194	69	2	12	25	10	18	4	55	5	13	21	10	4	5
Inactive.....	106	149	2	12	26	29	62	12	64	6	13	21	13	22	2
Pleural effusion.....	42	17	2	2	5	5	2	1	27	2	6	4	3	4	1
Moderately advanced.....	401	224	4	22	51	45	76	26	177	6	36	47	35	47	11
Active.....	333	176	4	19	42	32	61	18	157	0	33	41	32	40	8
Inactive.....	68	48	0	3	9	13	15	8	20	0	3	6	3	7	3
Far advanced.....	375	163	0	9	16	36	77	25	212	1	27	62	48	65	9
Severe primary lesion.....	102	24	2	0	0	0	0	0	78	0	0	3	1	0	1
Acute military or disseminated.....	23	6	2	0	0	0	3	1	17	3	4	3	4	2	1
Nonpulmonary lesions.....	106	30	12	4	3	4	6	1	76	13	17	18	13	13	2
Meningitis.....	23	10	8	0	1	0	0	1	13	6	2	1	3	2	0
Spinal.....	14	3	1	0	0	0	0	0	12	2	5	4	3	1	0
Peritonitis.....	16	0	0	0	1	0	0	0	16	3	9	11	3	3	0
Other forms.....	53	18	3	4	1	4	6	0	35	3	9	5	5	7	0

CLASSIFICATION OF LESION	PERCENTAGE DISTRIBUTION													
	GRAND TOTAL	Under 15 years	15-24 years	25-34 years	35-44 years	45-64 years	65 years & over	Total	Under 15 years	15-24 years	25-34 years	35-44 years	45-64 years	65 years & over
ALL CASES.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Pulmonary lesions.....	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5
Minimal lesions—all types.....	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5	91.5
Active.....	15.5	22.0	2.9	21.1	20.3	8.0	6.8	5.8	8.9	5.7	13.4	14.2	8.9	20.8
Inactive.....	3.4	2.6	5.7	3.4	4.1	4.0	0.8	1.5	4.1	6.8	6.2	6.4	4.4	2.8
Pleural effusion.....	31.7	34.7	11.4	38.6	41.5	36.0	32.2	37.7	28.6	3.4	31.8	29.2	29.2	32.6
Moderately advanced.....	29.3	27.3	11.4	32.2	34.2	25.6	25.8	26.1	25.4	3.4	34.0	27.7	28.3	27.8
Active.....	5.4	7.4	0.0	5.2	7.3	10.4	6.4	11.6	3.2	0.0	4.1	4.1	0.9	4.8
Inactive.....	29.7	25.2	0.0	15.8	13.0	28.8	32.6	36.2	1.1	27.9	41.9	42.5	45.2	32.2
Far advanced.....	8.1	2.7	68.6	0.0	0.0	0.0	0.0	0.0	12.6	79.6	4.1	2.0	0.9	0.0
Severe primary lesion.....	7.5	3.7	5.7	0.0	0.0	0.0	1.3	1.4	2.8	3.4	2.0	3.5	3.5	3.5
Acute military or disseminated.....	1.8	1.0	5.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nonpulmonary lesions.....	8.3	9.3	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Meningitis.....	21.7	33.3	66.6	0.0	33.3	0.0	0.0	0.0	17.1	46.2	11.8	0.0	23.1	15.4
Spinal.....	13.2	6.7	8.4	0.0	33.3	0.0	0.0	0.0	15.8	15.4	5.9	22.2	15.4	7.7
Peritonitis.....	15.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	21.1	15.4	29.4	16.6	23.1	23.1
Other forms.....	50.0	60.0	25.0	100.0	33.4	100.0	100.0	0.0	46.0	23.0	52.9	61.2	38.4	53.8

TABLE NO. 4
REPORTED CASES OF TUBERCULOSIS BY RACE, SEX, AND BROAD AGE GROUPS
1953

CLASSIFICATION AND AGE	WHITE			COLORED		
	Total	Male	Female	Total	Male	Female
Pulmonary lesions						
All ages.....	645	453	192	618	381	237
Under 15 years.....	35	24	11	88	45	43
15-24 years.....	57	30	27	97	35	62
25-34 years.....	123	72	51	148	88	60
35-44 years.....	125	78	47	113	77	36
45-54 years.....	115	95	20	90	67	23
55-64 years.....	121	103	18	54	46	8
65 years and over.....	69	51	18	28	23	5
Nonpulmonary lesions						
All ages.....	30	15	15	76	36	40
Under 15 years.....	12	5	7	13	7	6
15 years and over.....	18	10	8	63	29	34
PERCENTAGE DISTRIBUTION						
Pulmonary lesions						
All ages.....	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	5.4	5.3	5.6	14.2	11.8	18.1
15-24 years.....	8.8	6.6	14.1	15.7	9.2	26.2
25-34 years.....	19.1	15.9	26.6	24.0	23.1	25.3
35-44 years.....	19.4	17.2	24.5	18.3	20.2	15.2
45-54 years.....	17.8	21.0	10.4	14.6	17.6	9.7
55-64 years.....	18.8	22.7	9.4	8.7	12.1	3.4
65 years and over.....	10.7	11.3	9.4	4.5	6.0	2.1
Nonpulmonary lesions						
All ages.....	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years.....	40.0	33.3	46.7	17.1	19.4	15.0
15 years and over.....	60.0	66.7	53.3	82.9	80.6	85.0

TABLE NO. 5
TUBERCULOSIS CASES CLASSIFIED BY RACE AND ORIGINAL REFERRAL OR SOURCE OF REPORT—1953

ORIGINAL REFERRAL OR SOURCE OF REPORT	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL CASES.....	1,369	100.0	675	100.0	694	100.0
Private physicians.....	361	26.3	229	33.9	132	19.0
Baltimore City Hospitals.....	66	4.8	25	3.7	41	5.9
Other hospitals or sanatoria.....	494	36.1	191	28.3	303	43.7
Hospital survey.....	0	..	0	..	0	..
Other.....	494	..	191	..	303	..
Health Department.....	207	15.1	92	13.6	115	16.6
Chest clinics.....	178	..	80	..	98	..
Other.....	29	..	12	..	17	..
Mass survey.....	86	6.3	64	9.5	22	3.2
Other agencies.....	57	4.2	27	4.0	30	4.3
Reported after death.....	98	7.2	47	7.0	51	7.3

TABLE NO. 6
TUBERCULOSIS CASES BY RACE AND REPORTING AGENCY—1953

REPORTING AGENCY	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
TOTAL CASES.....	1,369	100.0	675	100.0	694	100.0
Private physicians.....	197	14.4	161	23.8	36	5.2
Tuberculosis sanatoria.....	85	6.2	41	6.1	44	6.3
Baltimore City Hospitals..	66	..	25	..	41	..
Other sanatoria.....	19	..	16	..	3	..
General hospitals.....	480	35.1	183	27.1	297	42.8
Mental hospitals.....	11	0.8	4	0.6	7	1.0
Health Department chest clinics.....	462	33.7	222	32.9	240	34.6
Transferred from other states..	1	0.1	0	0.0	1	0.1
Death certificates.....	98	7.2	47	7.0	51	7.4
Other.....	35	2.5	17	2.5	18	2.6

TABLE NO. 7
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES BY RACE AND SEX
1953

	TOTAL		WHITE				COLORED			
			Male		Female		Male		Female	
	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent
Clinic Registrants										
Total.....	14,750	100.0	3,945	100.0	4,340	100.0	2,527	100.0	3,938	100.0
New in 1953.....	9,488	64.3	2,781	70.5	3,020	69.6	1,537	60.8	2,150	54.6
Screening apparently well persons.....	2,550	17.3	490	12.4	782	18.0	338	13.4	940	23.9
Diagnostic service.....	6,938	47.0	2,291	58.1	2,238	51.6	1,199	47.4	1,810	30.7
Registered Prior to 1953.....	5,262	35.7	1,164	29.5	1,320	30.4	990	39.2	1,788	45.4
Screening group.....	929	6.3	78	1.9	110	2.5	105	4.2	638	16.2
Diagnostic service.....	3,001	20.4	717	18.2	884	21.3	566	22.4	784	20.2
Previously diagnosed cases.....	1,332	9.0	371	9.4	286	6.6	319	12.6	366	9.0
Age Distribution—New Registrants										
Screening group										
Prenatal and other apparently well persons (Total).....	2,550	100.0	490	100.0	782	100.0	338	100.0	940	100.0
Under 15 years.....	189	7.4	58	11.8	74	9.5	21	6.2	36	3.8
15-24 years.....	786	30.8	74	15.1	215	27.5	76	22.5	421	44.8
25-44 years.....	1,183	46.4	228	46.5	374	47.8	159	47.1	422	44.9
45-64 years.....	332	13.0	108	22.1	101	12.9	68	20.1	55	5.9
65 years and over.....	59	2.3	22	4.5	17	2.2	14	4.1	6	0.6
Age unspecified.....	1	0.1	0	0.0	1	0.1	0	0.0	0	0.0
Diagnostic service										
Suspected cases (Total).....	5,050	100.0	1,862	100.0	1,623	100.0	863	100.0	702	100.0
Under 15 years.....	492	9.7	184	9.9	200	12.3	47	5.4	61	8.7
15-24 years.....	758	15.0	211	11.3	292	18.0	106	12.3	149	21.2
25-44 years.....	2,144	42.5	725	38.9	698	43.0	400	46.3	321	45.7
45-64 years.....	1,329	26.3	575	30.9	354	21.8	257	29.8	143	20.4
65 years and over.....	327	6.5	167	9.0	79	4.9	53	6.2	28	4.0
Age unspecified.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Contacts (Total).....	1,888	100.0	429	100.0	615	100.0	336	100.0	508	100.0
Under 15 years.....	642	34.0	159	37.1	180	29.3	154	45.8	149	29.3
15-24 years.....	308	16.3	70	16.3	110	17.9	49	14.6	70	15.6
25-44 years.....	605	32.1	137	31.9	211	34.3	85	25.3	172	33.9
45-64 years.....	287	15.2	89	13.8	96	15.6	42	12.5	90	17.7
65 years and over.....	46	2.4	4	0.9	18	2.9	6	1.8	18	3.5
Age unspecified.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Source of Referral—New Registrants										
Screening group										
Prenatal and other apparently well persons (Total).....	2,550	100.0	490	100.0	782	100.0	338	100.0	940	100.0
Physicians.....	922	36.2	272	55.5	440	56.3	92	27.2	118	12.6
Prenatal.....	630	24.7	0	0.0	59	7.5	0	0.0	571	60.7
Health Department clinics.....	45	1.7	9	1.8	23	2.9	5	1.5	8	0.9
Public health nurses.....	117	4.6	28	5.7	33	4.2	7	2.1	49	5.2
All other.....	836	32.8	181	36.9	227	29.1	234	69.2	194	20.6

TABLE NO. 7—Concluded
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES BY RACE AND SEX
1953

	TOTAL		WHITE				COLORED			
			Male		Female		Male		Female	
	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent
Diagnostic service.....										
Suspected cases (Total).....	5,050	100.0	1,862	100.0	1,623	100.0	863	100.0	702	100.0
Physicians.....	3,130	62.0	1,128	60.6	1,066	65.7	499	57.8	437	62.3
Health Department clinics.....	46	0.9	18	0.9	18	11.1	5	0.6	5	0.7
Public health nurses.....	320	6.3	89	4.8	74	4.6	88	10.2	69	9.8
Case-finding project.....	235	4.7	78	4.2	77	4.7	33	3.8	47	6.7
All other.....	1,319	26.1	549	29.5	388	23.9	238	27.6	144	20.5
Contacts (Total).....	1,888	100.0	429	100.0	615	100.0	336	100.0	508	100.0
Physicians.....	334	17.7	122	28.4	179	29.1	12	3.6	21	4.1
Health Department clinics.....	7	0.4	2	0.5	2	0.3	1	0.3	2	0.4
Public health nurses.....	1,051	55.6	190	44.3	277	45.1	236	70.2	348	68.5
All other.....	496	26.3	115	26.8	157	25.5	87	25.9	137	27.0
Clinic Visits (Total).....	23,939	100.0	6,560	100.0	6,798	100.0	4,482	100.0	6,099	100.0
Screening apparently well persons.....	4,325	18.1	749	11.4	1,157	17.0	551	12.3	1,868	30.6
Diagnostic service.....	15,058	62.9	4,588	69.9	4,703	69.2	2,758	61.5	3,009	49.3
Suspected cases.....	3,684	..	3,388	..	3,907	..	1,831	..	1,558	..
Contacts.....	6,374	..	1,200	..	1,796	..	987	..	1,451	..
Previously diagnosed cases.....	4,556	19.0	1,223	18.7	938	13.8	1,173	26.2	1,222	20.1
Number of X-ray Examinations (Total).....	19,737	100.0	5,209	100.0	5,437	100.0	3,734	100.0	5,357	100.0
Screening apparently well persons.....	3,971	20.1	654	12.6	1,034	19.0	492	13.2	1,791	33.4
Diagnostic service.....	12,292	62.3	3,708	71.2	3,759	69.1	2,287	61.2	2,538	47.4
Suspected cases.....	8,167	..	3,835	..	3,447	..	1,579	..	1,323	..
Contacts.....	4,185	..	883	..	1,312	..	715	..	1,215	..
Previously diagnosed cases.....	3,474	17.6	847	16.2	644	11.9	955	25.6	1,028	19.2
Pneumothorax Service										
Total patients.....	222	100.0	59	100.0	68	100.0	57	100.0	38	100.0
New patients.....	60	27.0	14	23.7	16	23.6	17	29.8	13	34.2
Patients registered prior to 1953.....	162	73.0	45	76.3	52	76.4	40	70.2	25	65.8
Total Visits.....	4,398	..	1,438	..	1,411	..	1,028	..	521	..
Number of X-Ray examinations.....	575	..	160	..	162	..	137	..	116	..
X-Ray Survey of Apparently Healthy Persons.....	62,761				37,999				24,762	
Eastern Health District.....	5,257				3,316				1,941	
Druid Chest Clinic.....	1,008				..				1,008	
Southern Chest Clinic.....	1,314				808				506	
Mobile X-Ray Unit.....	55,182				33,875				21,307	

TABLE NO. 8
CHEST X-RAY SURVEYS—1953

GROUP SURVEYED	NUMBER EXAMINED		GROUP SURVEYED	NUMBER EXAMINED	
	White	Colored		White	Colored
TOTAL	33,875	21,307	Community—Cont.		
Commercial & Industrial	18,039	3,088	Canton Area Council.....	1,070	10
Air Research & Development			Cherry Hill Homes.....	3	902
Command.....	422	49	Clifton Park Junior High School		
Baltimore & Ohio Railroad.....	4,542	520	(Comm.).....	1,653	38
Cat's Paw Rubber Co.....	177	731	Crestmont Club.....	782	35
Davison Chemical Co.....	545	139	Diabetic Clinic Survey.....	1,489	244
Dietrich Bros., et al.....	418	25	Eastern Community Council ...	1,530	0
Federal Reserve Bank.....	210	17	Grace Memorial Baptist Church	66	1,343
Fidelity & Deposit Co.....	564	15	Madison Ave. — Y.W.C.A.		
Hecht Co.....	1,042	152	(Comm.).....	6	504
Hutsler Brothers.....	1,474	281	Pimlico Community.....	2,903	56
Lever Bros. & Co.....	494	60	Southwest Community Council.	1,385	87
Lord Baltimore Press.....	415	68	Y.W.C.A.—Central Branch....	641	17
Marlboro Shirt Co.....	456	26	Schools	2,185	14,027
McCormick & Co.....			Booker T. Washington Junior		
Men's Hats Inc.....	403	48	High School.....	8	2,620
Mercy Hospital.....	462	74	Carver Vocational School.....	0	857
National Can Co.....	322	183	Coppin State Teachers College..	0	213
O'Neill & Co.....	630	25	Douglas High School.....	6	2,304
Proctor & Gamble.....	221	9	Dunbar High School.....	0	3,344
Reid Avery Co.....	385	9	Institute of Notre Dame.....	743	0
Sinal Hospital.....	205	29	Morgan State College.....	2	1,091
Standard Oil Co.....	250	228	Roland Park Country School...	236	13
State Teachers' Convention.....	947	13	School No. 98A.....	264	0
Sunpapers.....	757	122	School No. 106.....	4	1,019
Union Trust Co.....	601	28	School No. 137.....	0	1,606
U. S. Naval Reserve Training			School No. 176.....	0	411
Center.....	1,023	12	School No. 296.....	157	2
Western Maryland Dairy.....	330	87	School No. 297.....	104	0
Western Maryland Railway Co....	327	126	School No. 298.....	660	0
Community	13,000	3,238	School No. 452.....	1	547
Brooklyn Homes.....	1,472	2	Other	651	955
			(2) Maryland Penitentiary.....	651	955

BUREAU OF VENEREAL DISEASES

N. A. Nelson, M.D., M.P.H.

Director

Morbidity and Mortality

The complexion of the venereal disease control problem has been changing rapidly and dramatically during the past ten years. Reported infections with syphilis, which reached a wartime peak of over 14,000 in 1943, have declined precipitously and continually and only 1,336 infections were reported in 1953, as shown in Table No. 1. Reported primary and secondary syphilis reached a peak of over 2,000 cases in 1946, but only 118 cases were reported in 1953, as shown in Table No. 2. Although the rate of infection with syphilis is several times as high in the colored population as in the white, the rate of decline has been the same in both.

Reported syphilis in infancy has declined almost to the vanishing point, only 3 cases, or a rate of 0.13 per 1,000 live births, were reported in 1953, as shown in Table No. 3.

The recorded death rate from syphilis has declined nearly 65 per cent in the last ten years and nearly 84 per cent since its peak in 1935, and had reached the low level of 6.5 per 100,000 population in 1953. No death from congenital syphilis has been recorded for colored infants since 1950, or for white infants since 1948. Deaths from congenital syphilis are shown in Table No. 4.

On the other hand, reported infections with gonorrhea have as steadily increased as infections with syphilis have declined. Ten years ago, in 1943, less than 3,400 infections were reported, but in 1953 there were 7,012, as shown in Table No. 1. Reported infections in whites declined 54 per cent during this period, but reported infections in the colored population increased 295 per cent. Most of the increase was in colored males, who have flocked to the clinics since penicillin became available in 1945. Repeated infection of the same individuals is now very common. Approximately one-fourth of the infections reported in 1953 were in individuals who already had had one or more infections during the calendar year.

Why syphilis and gonorrhea should have responded so differently to treatment and other control measures, not only in Baltimore but all over the United States, is by no means clear, and is the subject of much speculation among the experts. Repeated infection of the same individuals accounts for much of the increase in gonorrhea. Many patients, formerly treated by physicians and in drug stores, and whose infections were not reported, are now coming to the clinics, which do report, so that some of the

increase in gonorrhea is more apparent than real. It is possible, also, that there are unrecognized epidemiologic or therapeutic forces at work which operate to reduce infection with syphilis but which are ineffective, or operate very much more slowly, in gonorrhea.

Epidemiology and Case Holding

The results of the investigation of contacts of patients with gonorrhea or syphilis are shown in Tables Nos. 5, 6 and 7. Comparable records of contact investigations are available beginning in 1948. During the last six years, the number of persons needing investigation as alleged contacts of syphilis has declined nearly 60 per cent. At the same time, the number of syphilis infections found among the contacts examined has declined nearly 85 per cent, so that only approximately 3 per cent of the contacts examined in 1953 were found to have the disease. Thus, a considerable amount of effort is now producing a very small return in newly discovered infections.

On the other hand, the number of persons needing investigation as alleged contacts of gonorrhea has more or less steadily increased until, in 1953, there were 47 per cent more than in 1948. The alleged contacts of gonorrhea are anonymous to a high degree, so that the results of their investigation are very poor. This is especially true of those reported by the Armed Forces, as shown in Table No. 7. Only 36 per cent of the contacts of gonorrhea were found in 1953 and only 43 per cent of those found reported for examination and treatment. During the year 5,181 visits were made by the public health nurses and social workers for the investigation of contacts and the follow-up of delinquent patients.

The Clinics

The Health Department continued to conduct clinics at four locations, to a total of 20 sessions a week for adults and 4 for children. As shown in Table No. 8, these clinics reported over 10,984 admissions during the year, compared to 11,237 in 1952. Although admissions for syphilis continue to decline, those for gonorrhea continue to increase, so that the total number of admissions have remained approximately the same each year for the past six years. The clinics reported 28,938 patient visits in 1953. Ten years ago, in 1943, patients made nearly 124,000 visits to the Health Department venereal disease clinics. The great decline since then is due entirely to the decline in syphilis and to the much shorter time required to treat both syphilis and gonorrhea with penicillin than by the older methods.

All restrictions to admission to the Health Department venereal disease clinics relating to the age of the patient and the form or stage of the disease were suspended in 1953, due to the decline in total clinic load.

Other medical agencies referred 30 patients to the Health Department

venereal disease clinics for treatment, post-treatment observation being carried on by the referring agencies. These agencies also transferred 498 patients to the Health Department venereal disease clinics because of treatment delinquency, the availability of evening clinics and other reasons.

The Calvert Street clinic collected 1,834 blood specimens for testing for syphilis during the year for the City Service Commission.

City Isolation Ordinance and Juvenile Cases

As a result of the decline in syphilis and of the more rapid and effective treatment of both gonorrhea and syphilis with penicillin, it has become progressively less necessary to invoke the City Isolation Ordinance. It was not invoked on any occasion in 1953.

During the year, the mothers of 37 children were reported to the Health Department as having failed to have their children examined or, in some cases, treated for syphilis. As the result of action initiated by the Bureau of Venereal Diseases, 26 of these children were examined. Of the 11 remaining, 2 could not be found and 9 were not considered to be of sufficient risk to require court action after they failed to respond to letters advising the mothers to have the children examined. Letters from the Juvenile Court resulted in the examination of 4 children.

Staff Training

Twelve public health nurses were trained in intravenous and intramuscular treatment techniques during the year. The Director of the Bureau of Venereal Diseases gave another series of six lectures on the venereal diseases to a group of public health nurses in the Bureau of Public Health Nursing and to clerks in the Bureau of Venereal Diseases, bringing the total of such lectures to 54 in the past six years. The Supervisor of Public Health Nursing assigned to the Bureau of Venereal Diseases conducted 44 seminars on venereal disease control, and the total attendance of student and staff nurses was 450.

The Armed Forces

In addition to the examination of contacts of infected military personnel, as shown in Table No. 7, the Health Department and the Armed Forces collaborated in the examination and treatment of 60 selectees found to have positive serologic tests for syphilis at the time of examination at the induction station, and 29 men found to have evidence of venereal disease at the time of their separation from the Armed Forces. The Director of the Bureau of Venereal Diseases continued to serve as a member of the Civilian Advisory Board of the Armed Forces Disciplinary Control Board.

Personnel

Nels A. Nelson, M.D., M.P.H., Director
 Morris M. Cohen, M.D., Senior Medical Supervisor
 Albert L. Laforest, M.D., Senior Medical Supervisor
 Ernest W. Shervington, M.D., Senior Medical Supervisor
 J. Douglass Shepperd, M.D., Medical Supervisor
 Louis E. Harmon, M.D., Medical Supervisor
 William Atwell Jones, M.D., Medical Supervisor
 G. Raynor Browne, M.D., Health Officer
 William Berkley Butler, M.D., Health Officer
 Harris Goldman, M.D., Health Officer
 George C. Page, M.D., Health Officer
 Charles T. Woodland, M.D., Health Officer

Clinic Physicians

*Townsend W. Anderson, M.D.	Reuben D. Jandorf, M.D.
David Bacharach, M.D.	William Atwell Jones, M.D.
Moses L. Barksdale, M.D.	*Renold B. Lighston, Jr., M.D.
George P. Brown, M.D.	Clarence W. Martin, M.D.
James D. Carr, M.D.	Robert Mazer, M.D.
Tobias R. Funt, M.D.	Israel P. Meranski, M.D.
Perry Futterman, M.D.	Donald W. Mintzer, M.D.
Lester H. Gliedman, M.D.	Austin T. Norton, M.D.
Morton Goldfarb, M.D.	George H. Pendleton, M.D.
Harris Goldman, M.D.	Talmadge H. Pinkney, M.D.
Sylvan C. Goodman, M.D.	William G. Polk, M.D.
Alfred Greenberg, M.D.	Paul F. Richardson, M.D.
Thomas W. Harris, Jr., M.D.	Percival C. Smith, M.D.
*Frederick J. Heldrich, Jr., M.D.	*Leslie A. Walker, M.D.
Richard H. Hunt, M.D.	*Stanley N. Yaffe, M.D.
Harold E. C. Zheutlin, M.D.	

Public Health Nurses

Virginia R. Struve, B.S., Supervisor of Public Health Nursing	
Mary C. Bacon	Erdie E. Scott
Minnie Leah Corbin	Frieda W. Moore
Ruth F. Eckman, B.A.	Katherine E. Nutto
Margaret T. Ellis	Cornelia Phillips
Rose M. Hoffman	Jeannette T. Schaub

Osborne B. Dixon, Senior Social Worker
 William P. Duffy, Senior Social Worker
 Mattie May Gwynn, Junior Administrative Officer
 Yetta Glick, Senior Stenographer
 Beatrice Goldberg, Senior Stenographer
 Lillian T. Howard, Clerk Stenographer
 Anne S. Elliott, Senior Clerk

*On leave of absence for military duty.

Ruth E. Holmes, Senior Clerk
Daisy A. Johnson, Senior Clerk
James P. Lynch, Senior Clerk
Grace Hawes, Junior Stenographer
Eva L. Creigler, Clerk-Typist
Barbara W. Evans, Clerk-Typist
Marie R. Johnson, Clerk-Typist
Clarice Shell, Clerk-Typist
Philomena Simms, Clerk-Typist
Sylvia Williams, Clerk-Typist
Rachel Williams, Clerk-Typist
Leo M. White, Clinic Clerk
Dorothy Chapple, Janitress
Lizzie Mae Lee, Janitress

TABLE NO. 1
REPORTED INFECTIONS OF VENEREAL DISEASE, ACCORDING TO
SOURCE OF REPORT
1949-1953

SOURCE OF REPORT	SYPHILIS					GONORRHEA					CHANCROID				
	1953	1952	1951	1950	1949	1953	1952	1951	1950	1949	1953	1952	1951	1950	1949
TOTAL	1,336	1,982	2,627	2,982	4,327	7,012	6,940	6,511	6,944	6,570	41	148	206	120	128
Private Physicians	105	245	328	368	445	403	424	450	386	375	2	..	..	2	1
City Health Department															
Clinics	729	940	1,345	1,441	2,004	6,479	6,345	5,809	6,245	5,498	25	137	174	98	77
Other Medical Agencies	502	797	954	1,173	1,878	130	171	252	313	697	14	11	32	22	50

TABLE NO. 2
REPORTED INFECTIONS OF VENEREAL DISEASE, ACCORDING TO COLOR AND SEX
OF PATIENT—1953

COLOR AND SEX OF PATIENTS	SYPHILIS						GONORRHEA	CHANCROID
	Total	Primary and Second- ary	Early Latent	Late or Late Latent	Con- genital	Stage Not Stated		
TOTAL	1,336	118	211	865	59	83	7,012	41
White								
Male	98	19	9	60	4	6	439	7
Female	65	5	12	39	5	4	96	..
Colored								
Male	534	52	65	352	19	46	5,737	27
Female	639	42	125	414	31	27	740	7

TABLE NO. 3
REPORTED INFECTIONS OF CERTAIN VENEREAL DISEASES, ACCORDING TO COLOR,
SEX AND AGE OF PATIENT—1953

Age	TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female

CONGENITAL SYPHILIS							
All Ages.....	59	9	4	5	50	19	31
Under 1 year.....	3	1	1	..	2	1	1
1-14 years.....	18	1	..	1	17	10	7
15-24 years.....	18	3	1	2	15	5	10
25 years and over.....	20	4	2	2	16	3	13

ACQUIRED SYPHILIS							
All Ages.....	1,277	154	94	60	1,123	515	608
Under 15 years.....	13	..	..	..	13	3	10
15-19 years.....	67	4	2	2	63	23	41
20-24 years.....	145	15	6	9	130	41	89
25-29 years.....	206	19	7	12	187	62	125
30-34 years.....	188	18	12	6	170	62	108
35-39 years.....	147	13	6	7	134	51	83
40-44 years.....	143	13	10	3	130	68	62
45-49 years.....	105	16	7	9	89	57	32
50 years and over.....	244	50	39	11	194	139	55
Age unspecified.....	19	6	5	1	13	10	3

GONORRHEA							
All Ages.....	7,012	535	439	96	6,477	5,737	740
Under 15 years.....	63	4	2	2	59	25	34
15-19 years.....	1,122	67	35	32	1,055	795	260
20-24 years.....	2,232	140	119	21	2,092	1,821	271
25-29 years.....	2,011	159	136	23	1,852	1,749	103
30-34 years.....	1,010	81	70	11	929	886	43
35-39 years.....	335	45	40	5	290	272	18
40-44 years.....	130	14	13	1	116	110	6
45-49 years.....	58	13	12	1	45	43	2
50 years and over.....	35	8	8	..	27	27	..
Age unspecified.....	16	4	4	..	12	9	3

TABLE NO. 4
RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY CAUSE OF DEATH AND COLOR
1949-1953

CAUSE OF DEATH	1953*			1952*			1951*			1950*			1949		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL.....	63	15	48	97	35	62	85	31	54	103	21	82	135	54	81
Syphilis in infants under 1 year of age.....	..	..	..	..	..	..	..	..	..	2	..	2	6	..	6
General paralysis of the insane.....	10	3	7	15	1	14	15	2	13	20	4	16	17	5	12
Tabs dorsalis.....	1	1	..	..	..	..	..	..	..	2	2	..	2	2	..
Aneurysm of the aorta.....	19	3	16	23	11	12	17	6	11	25	5	20	65	27	38
Other forms of syphilis.....	33	8	25	59	23	36	53	23	30	54	10	45	45	20	25

* As defined by the 1948 Revision of the International List of Causes of Death.

TABLE NO. 5
RESULTS OF INVESTIGATION OF CONTACTS OF CITY CLINIC PATIENTS, BY COLOR AND SEX OF CONTACT AND DISEASE—1953

COLOR AND SEX OF CONTACT, AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED ¹	PREVIOUSLY KNOWN	NOT FOUND ²	FOUND: NOT EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED ³			
					Total Examined	Infected With Homologous Disease ⁴	Not Infected With Homologous Disease	Examination Not Completed ⁵	Total Infections Discovered	Primary or Secondary Syphilis	All Other Syphilis	Gonorrhea ⁶
TOTAL.....	6,676	650	3,774	814	1,438	341	525	572	358	11	23	324
TOTAL SYPHILIS.....	925	119	142	92	572	28	513	31	38	10	18	10
White												
Male.....	39	12	4	2	21	2	18	1	2	1	1	..
Female.....	38	4	8	1	25	3	22	..	4	1	2	1
Colored												
Male.....	410	48	48	49	265	10	235	20	13	2	8	3
Female.....	438	55	82	40	261	13	238	10	19	6	7	6
TOTAL GONORRHEA....	5,751	531	3,632	722	866	313	12	541 ³	320	1	5	314 ⁴
White												
Male.....	49	45	1	1	2	..	1	1	..	..	..	..
Female.....	401	33	301	16	51	26	1	24	29	1	1	27
Colored												
Male.....	128	106	6	9	7	4	2	1	4	..	..	4
Female.....	5,173	347	3,324	696	806	283	8	515	287	..	4	283

¹ Includes all contacts even though names and addresses are unknown.

² Some contacts had multiple infections, hence sum of infections discovered is greater than the number of contacts found to be infected.

³ Of these, 532 were treated as presumed to have gonorrhea.

⁴ Does not include 532 contacts treated as presumed to have gonorrhea, but diagnosis not confirmed.

TABLE NO. 6
RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OTHER AGENCIES,
EXCLUSIVE OF THE ARMED FORCES, BY COLOR AND SEX OF CONTACT
AND DISEASE—1953

COLOR AND SEX OF CONTACT, AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED ¹	PREVIOUSLY KNOWN	NOT FOUND ¹	FOUND: NOT EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED ²			
					Total Examined	Infected With Homologous Disease ³	Not Infected With Homol- ogous Disease	Examination Not Com- pleted ⁴	Total Infections Discovered	Primary or Secondary Syphilis	All Other Syphilis	Gonorrhea ⁴
TOTAL.....	714	27	339	90	258	18	211	29	22	3	11	8
TOTAL SYPHILIS.....	395	23	100	46	226	12	205	9	13	2	10	1
White												
Male.....	17	1	7	3	6	1	5	..	1	..	1	..
Female.....	14	..	9	1	4	..	4	..	..	..	..	..
Colored												
Male.....	185	14	37	27	107	7	96	4	8	2	5	1
Female.....	179	8	47	15	109	4	100	5	4	..	4	..
TOTAL GONORRHEA....	319	4	239	44	32	6	6	20⁴	9	1	1	7⁴
White												
Male.....	2	..	2	..	..	..	..	..	..	..	..	..
Female.....	23	..	20	1	2	2	..	..	2	..	..	2
Colored												
Male.....	13	4	3	..	6	..	6	..	1	..	..	1
Female.....	281	..	214	43	24	4	..	20	6	1	1	4

¹ Includes all contacts even though names and addresses are unknown.

² Some contacts had multiple infections, hence the sum of infections discovered is greater than the number of contacts found to be infected.

³ Of these, 137 were treated as presumed to have gonorrhea.

⁴ Does not include 137 contacts treated as presumed to have gonorrhea, but diagnosis not confirmed.

TABLE NO. 7
RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY THE ARMED FORCES
BY COLOR AND SEX OF CONTACT AND DISEASE—1953

COLOR AND SEX OF CONTACT, AND DISEASE IN PATIENT	TOTAL CONTACTS NAMED ¹	PREVIOUSLY KNOWN	NOT FOUND ¹	FOUND: NOT EXAMINED	CONTACTS EXAMINED				INFECTIONS DISCOVERED ²			
					Total Examined	Infected With Homologous Disease ³	Not Infected With Homol- ogous Disease	Examination Not Com- pleted ⁴	Total Infections Discovered	Primary or Secondary Syphilis	All Other Syphilis	Gonorrhea ⁴
TOTAL.....	975	24	625	134	192	47	22	123	52	..	3	49
TOTAL SYPHILIS.....	63	4	33	6	20	..	17	3	1	..	..	1
White												
Male.....	7	..	6	..	1	..	1	..	..	..	..	..
Female.....	..	..	..	..	..	..	..	..	..	..	..	..
Colored												
Male.....	56	4	27	6	19	..	16	3	1	..	..	1
Female.....	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL GONORRHEA....	912	20	592	128	172	47	5	120⁴	51	..	3	48⁴
White												
Male.....	168	2	144	8	14	2	2	10	2	..	..	2
Female.....	..	..	..	..	..	..	..	..	..	..	..	..
Colored												
Male.....	744	18	448	120	158	45	3	110	49	..	3	46
Female.....	..	..	..	..	..	..	..	..	..	..	..	..

¹ Includes all contacts even though names and addresses are unknown.

² Some contacts had multiple infections, hence the sum of infections discovered is greater than the number of contacts found to be infected.

³ Of these 117 patients were treated as presumed to have gonorrhea.

⁴ Does not include 117 contacts treated as presumably infected with gonorrhea, but diagnosis not confirmed.

TABLE NO. 8
ADMISSIONS* TO VENEREAL DISEASE CLINICS BY DISEASE, AND VISITS BY COLOR AND SEX—1953

DISEASE	CITY CLINICS			OTHER CLINICS ¹		
	ADMISSIONS					
	Total Admissions	Treatment Status on Admission		Total Admissions	Treatment Status on Admission	
		No Previous Treatment	Previous Treatment		No Previous Treatment	Previous Treatment
TOTAL.....	10,984	10,587	397	510	428	82
Total Syphilis.....	736	402	334	137	61	76
Primary or secondary.....	81	70	11	4	1	3
Early latent.....	149	96	53	12	5	7
Late latent and late.....	470	212	258	110	50	60
Congenital.....	36	24	12	11	5	6
Stage not stated.....	..	..	..	..	..	..
Gonorrhea.....	6,542	6,521	21	34	32	2
Presumptive of gonorrhea ²	1,009	1,006	3	7	7	..
Chancroid.....	25	25	..	3	2	1
Lymphogranuloma venereum.....	8	6	2	3	1	2
Granuloma inguinale.....	9	6	3	..	..	..
Not infected with V.D.....	2,376	2,371	5	254	254	..
Diagnosis not completed.....	279	250	29	72	71	1
RACE AND SEX	VISITS					
TOTAL.....	28,938			8,492		
White						
Male.....	2,380			403		
Female.....	1,170			272		
Colored						
Male.....	14,768			2,946		
Female.....	10,620			4,871		

* Duplicate admissions, due to transfer of patients from one clinic to another, have been excluded.

¹ The Johns Hopkins Hospital, Medicine I, the only other clinic reporting.

² Contacts of patients with gonorrhea, diagnosis not confirmed, but treated for gonorrhea.

BUREAU OF CHILD HYGIENE

Janet B. Hardy, M.D.

Director

Maternity Hygiene

There were 22,748 babies born to Baltimore mothers during 1953. This total compared quite closely with the 22,775 births in 1952 and 22,630 for 1951. The birth rate of the white population was 20.4 per 1,000 population in 1953 compared with 20.8 in 1952. The birth rate for the nonwhite contingent of Baltimore's population showed a slight increase from 32.3 per 1,000 population in 1952 to 32.8 in 1953.

Attendance at delivery, an important indicator of the quality of obstetrical care, is shown in the table below.

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

	TOTAL			WHITE			NONWHITE		
	1953	1952	1951	1953	1952	1951	1953	1952	1951
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital.....	95.3	94.2	93.0	97.9	97.4	96.6	90.5	88.2	85.9
Home.....	4.7	5.8	7.0	2.1	2.6	3.4	9.5	11.8	14.1
Physician.....	3.9	3.8	4.6	1.5	2.1	2.7	6.4	7.0	8.4
Midwife.....	1.6	1.9	2.4	0.5	0.5	0.7	3.8	4.6	5.7
Unattended.....	0.8	0.1	0.0	0.1	0.0	0.0	0.3	0.8	0.0

As may be seen from the above table virtually all the white deliveries are done in hospitals and there has been a steady increase of hospital deliveries among the nonwhite mothers.

The number of resident mothers who died from causes associated with pregnancy and childbirth was reduced from 12 in 1952 to 7 in 1953. Six of the mothers were colored. The total maternal mortality rate was 3.1 per 10,000 live births, 0.7 for the white, but 7.4 for the colored. The corresponding rates for 1952 were: total 5.3, white 1.3, nonwhite 12.8. Only 3 deaths occurred in women who received prenatal care; the remaining 4 were in association with early pregnancy: 2 ruptured tubal pregnancies and 2 with infected abortions. Of the 3 term pregnancies under medical supervision the causes of death were one spontaneous rupture of the uterus, one lower nephron nephrosis following transfusion reaction, and one pneumonia with unexplained liver malfunction.

All maternal deaths in residents and nonresidents occurring in the city

were investigated and reviewed by the Joint Committee on Maternal Mortality of the Baltimore City Health Department and the Baltimore City Medical Society.

Maternity Hygiene Clinics

The Health Department prenatal clinics continued to function throughout the year at seven locations with twelve clinic sessions per week with two obstetricians at work in seven of the twelve sessions. Prenatal care was given to all patients registered for delivery at the Baltimore City Hospitals by the Department of Public Welfare, to all pregnant Baltimore women applying who could not obtain prenatal care elsewhere, and to all cases registered for home delivery by midwives. The cooperation of the few remaining midwives in bringing their patients to clinics regularly continued as in the past few years.

Both Sinai and Franklin Square Hospitals accepted nonwhite obstetrical patients through their clinics, the latter for the first year, the former for the second. The remainder of the nonwhite hospital deliveries occurred at the University of Maryland Hospital, the Johns Hopkins Hospital, Provident Hospital and Baltimore City Hospitals. It is hoped that soon all Baltimore hospitals will admit obstetrical patients to their maternity units on a non-segregated basis.

Prenatal care through Health Department clinics for those unable to secure advance bookings for hospital accommodations was continued. Thereby, those most likely to meet with difficulty could be screened out and arrangements made for hospitalization. In point of fact nearly all do eventually deliver in a hospital. Routine chest X-rays and indicated X-ray cephalo-pelvimetric examinations were obtained on the clinic patients. Rh studies, repeated serological tests for syphilis, and serial hemoglobin determinations were done on all patients and followed up as indicated. At the close of the year seventeen maternity hospital licenses were in force.

Preschool Hygiene

Infant Mortality

Infant mortality continued at a low rate of 30.2 per 1,000 live births. However, this rate represented a rise over the rate of 27.9 for 1952 and over the record low of 27.2 reached in 1950. The reason for this rise is not immediately apparent. Prematurity continued to account for more than one-half of the neonatal deaths, with congenital malformations and birth injuries the other important causes. The colored infant mortality rate while still high, 37.2 per 1,000 live births, did show a decline from the rate of 41.2 recorded for 1952.

Premature Infants

Premature infant services continued to be available in a number of hospitals throughout the city and special attempts were made to assist three of the hospitals to improve their facilities. Transportation facilities in special infant carriers were available where necessary through cooperation by the City Fire Department ambulance service and the City Health Department.

Home Visiting Service

The Bureau of Public Health Nursing was assigned 21,907 copies of the Record of Child Under Six Years for neonatal visiting and delivery of Notification of Birth Registration forms. Plans were made to change this system as of January 1, 1954 so that the Notification of Birth Registration forms would be sent by mail and home visiting by the public health nurse done on a more selective basis. During the year a total of 2,650 visits was assigned for diphtheria prevention.

The service for treatment of ophthalmia was continued for patients unable to afford the care of a private physician but because of the great infrequency of gonorrheal infections of the eye zephiran instillations were substituted for penicillin, and those infants with any serious trouble were immediately referred to hospital dispensaries for more definitive therapy. It will be noted that the need for this service has markedly declined.

REPORTED CASES OF OPHTHALMIA NEONATORUM—1953

Cases reported and investigated by the Health Department.....	66
Cases assigned for nursing care.....	63
Total visits by public health nurses.....	283
Cases sent to hospital.....	0

Child Health Clinics

Child health clinics were conducted at 39 locations during the year with a total of 4,732 clinic physician sessions. The total number of visits paid was 77,235 an increase of 7.8 per cent over the 71,623 visits paid in 1952. Detailed clinic attendance studies were continued for the third consecutive year and the information derived therefrom used as the basis for assigning clinic sessions in various locations. The allocation of additional funds at midyear made possible the employment of three clinic clerks. These clerks cover a total of 22 clinic sessions per week and have released a corresponding amount of nursing time. Six additional clinic sessions per week were provided as of July 1st. Much difficulty was still encountered in securing the services of well-qualified medical personnel.

Considerable attention was paid to modernizing clinic quarters and

facilities. During the year new clinic locations were opened in the Armistead Gardens Housing Project and in the Pratt Library branch at Kirk Avenue.

A clinic was operated each day in the dispensary building of the University of Maryland Hospital as a cooperative project of the Baltimore City Health Department and the Department of Pediatrics of the University of Maryland. This clinic was staffed by the University of Maryland Pediatric house officers under the general supervision of the Director of the Bureau of Child Hygiene, who also undertook responsibility for teaching senior medical students in this area. Nursing service was supplied by public health nurses from the Western Health District. The daily clinic attendance averaged approximately 25 children.

The Department of Pediatrics of Sinai Hospital took responsibility for providing medical service in the child health clinic operated in the Somerset Housing Project in the Eastern Health District. This clinic provides child health supervision for those children attending the nursery school recently opened by the Housing Authority in addition to infants and children living in the neighborhood.

Preventive Inoculations

The use of triple antigen, diphtheria and tetanus toxoid combined with pertussis vaccine was continued in the child health, toxoid and school health clinics. The primary course of inoculations consisted of three injections given at four, five and six months followed by booster doses at eighteen months and just before entering school. A number of special toxoid clinics were held during August and September for the convenience of children entering school.

Physicians in private practice reported the administration of toxoid to 10,823 children as compared with 10,161 in 1952. In the child health clinics 33,223 toxoid inoculations were given as compared with 23,194 in 1952; 7,094 children were vaccinated against smallpox as compared with 8,816 in 1952.

Nutrition Services

Consultation services were available to the prenatal and child health clinics through the Chief of the Division of Nutrition as has previously been the case. An active educational program for mothers attending these clinics was carried on under her general supervision by the public health nurses.

Children's Boarding Homes and Institutions

On August 15, 1953, the State Department of Public Welfare began a program requiring the licensing of all homes which provide boarding care

to one or more children, 16 years of age or under, without supervision of a public or private welfare agency. This program of providing licensed facilities for children whose parents do not utilize welfare agency supervision fills a long-felt need in the community. The local Department of Public Welfare administers the program in Baltimore and during 1953 requested Health Department approval for 9 of these independent foster homes. As the program becomes more widely publicized, a marked increase in the number of requests for Health Department approval of these homes is expected.

Eight agencies submitted a total of 404 requests for approval of agency-supervised foster homes during the year 1953. This represents an increase of 5.76 per cent over the 382 applications received during the previous year.

The program of annual sanitary and fire inspections of the 14 child-caring institutions located in the city was continued. Initiated only in the previous year, this program has already shown a distinct improvement in the facilities of the institutions.

Day Nurseries, Nursery Schools and Day Care Centers

Two policy changes in the day care program were initiated in 1953. In order to facilitate the licensing schedule of day care centers, all nurseries which operate on a twelve month schedule were issued licenses which will expire at the end of the calendar year, and those nurseries which operate on a school year or nine month schedule were issued licenses to expire on June 30 of each year. A total of 74 day nurseries with a capacity of 2,796 children held licenses during the year and provided facilities for 230 Negro and 2,566 white children. Of the 74 nurseries, 68 held licenses as of December 31.

The second change was the initiation of a program of careful screening through personal interviews of persons wishing to apply for day nursery licenses. This policy resulted in only 20 applications being filed during the year. This decrease does not reflect a decrease in the urgent need for more group day care facilities, but is a result of higher Health Department standards aimed at establishing only centers which will insure a good quality of care. To this end each applicant is given a detailed explanation of the Health Department rules and regulations governing day nurseries and is carefully evaluated both as to his qualification and experience as an operator and the adequacy of the physical facilities to be provided. Of the 20 applications received, 3 were licensed, 6 were cancelled, 1 was disapproved, and 10 had not been completely processed as of December 31.

The urgent need for more good group day care facilities for the preschool children of working mothers continued to evidence itself strongly. While factual data showing how many children of working mothers need day care

is lacking, there is no doubt that the existing facilities for 1,325 children fall far short of the demand. Good day care centers have long waiting lists; and information of many unlicensed persons providing day care reaches the bureau through newspaper advertisements, complaints, and reports of interested individuals.

There are evidences of growing civic interest in this problem. The Baltimore Youth Commission has charged a subcommittee to study the adequacy of day care services for children. This subcommittee, on which the Bureau of Child Hygiene is represented, has recommended to the Commission that (1) it publicize the need for creating new adequately-supervised group day care facilities and (2) it recommend that the Health Department's present program of supervising day care services be enlarged. The Maryland State School Health Council, as a result of a report submitted by the Maryland Committee on Group Day Care, appointed a committee to explore the entire problem of standards of group day care of children. The Bureau of Child Hygiene was represented on this committee which has recommended to the State School Health Council that licensing of group day care services be instituted on a state-wide basis.

Mental Hygiene

Staff Education

At the request of the Bureau of Public Health Nursing, the regular follow-up seminars, previously initiated by the Division of Mental Hygiene, were replaced by the mental hygiene consultant's presence at staff education conferences at the invitation of respective nursing groups. In addition, the mental hygiene consultant spent designated periods each month in the various health districts, at which time she was available for consultation or as a group leader. Content included case presentation, film showings, and appropriate discussion. In addition, at times, direct services were given in the various clinics for demonstration purposes. At other times full mental hygiene reports were available to the public health nurses and thereby cooperation between the nurse and the mental hygiene consultant was increasingly facilitated.

Mothers' Counseling Service

The Mothers' Counseling Service was continued one day a week in the Southern Health District. It operated in close connection with a child health clinic on the premises but mothers were referred from various parts of the city as well. Cases handled ran the gamut from the anticipatory counseling with young mothers to consultations regarding children with such behavior problems as temper tantrums and stealing as well as planning for the

education of children who are subnormal mentally, afflicted with deafness and, in one case, blindness due to retrolental fibroplasia. This year for the first time some fathers availed themselves of the counseling service.

In connection with the counseling service a new program was inaugurated in cooperation with the University of Maryland Hospital School of Nursing. Under the supervision of the mental hygiene consultant fourth year student nurses, as part of their course in pediatrics, were sent to observe children in the playroom. A special form for recording play observation was issued by the division and used in the program.

Prenatal Clinics

Appropriate motion pictures were shown as an integral part of the group meetings in prenatal clinics of the Druid Health District. Individual interviews with primiparas and patients presenting special problems were continued. Referrals came from obstetricians, public health nurses, and from the patients themselves. The program was extended to the Eastern Health District where individual interviewing with specially selected cases was carried on in the Somerset Clinic.

Child Health Clinics

A program of supervision of nurse interviews, individual interviews with mothers and group sessions continued in child health clinics in the Druid Health District. The counseling service is described above.

The following table shows the extent of this limited program of direct mental hygiene services to the community.

MENTAL HYGIENE SERVICES

TYPE OF SERVICE	NUMBER OF SESSIONS	FILM SHOWINGS	GROUP MEETINGS		INTERVIEWS	
			Number	Average Attendance	Number	Patients
Counseling.....	43				83	59
Prenatal Clinics.....	48	44	48	28	110	75
Child Health Clinics.....	37	18		21	43	25

In cooperation with Bureau of Health Information, the Division of Mental Hygiene sponsored several radio and television programs during the year and continued its travelling mental hygiene exhibits including the "Blondie" series and "Mental Health Is 1, 2, 3" as well as "The Mental Health of Your Child" and smaller changing exhibits in the waiting room of the counseling service office.

Cooperation continued with outside agencies, including the State Department of Mental Hygiene, the Veterans Administration, the Division of

Adult Education of the Department of Education, P.-T.A. groups, and the Mental Hygiene Societies of Maryland and greater Baltimore; assistance was given especially in the fields of group leadership and volunteer training. These extra-mural groups were served through lectures, group leadership or participation in panel discussions. Reports on the Health Department's mental hygiene programs in the prenatal clinics and counseling service were made in Los Angeles, California to the annual meetings of the American Psychiatric Association and the American Society for Adlerian Psychology, respectively.

Division of School Health

The Division of School Health continued to provide health supervision of the pupils in the public and parochial elementary schools. These services were strengthened by more successful recruitment of competent school physicians, but all budgeted positions were never completely filled during the year. The reimbursement for this work remained at the figure of \$10.00 for a two-hour session.

Five meetings of the school physicians and nursing supervisors were held during the year, one in April, three in September and one in December. The April meeting was held during the Easter recess at the Montebello school by invitation from Miss Evelyn Girardin, Principal of the school. Miss Girardin presented the philosophy of the "Child Study Course for Teachers" to the group, and Dr. Paul Lemkau, Chief of the Division of Mental Hygiene of the Maryland State Department of Health, discussed some of the ways in which the school physician can contribute to management of emotionally disturbed children in schools. During the September meetings, Dr. Arthur Lichtenstein discussed the activities of the Division of Special Services of the Department of Education, Dr. H. B. McCauley described the services rendered by the Baltimore City Health Department's school dental program, and Dr. Matthew Taback discussed the importance of keeping proper records and statistics in the school health work. The December meeting, held during the Christmas vacation, centered around a discussion of the health examination of the pupils, taking into consideration the time available and the extent of medical history and physical examination desirable.

The program as a whole continued to emphasize the importance of the teacher as observer and the referral of pupils to the school physicians as a result of teacher-nurse conferences. In addition to referrals, the policy of routine health examinations of all new pupils to the school system was maintained, parents being requested to have their children examined by either their private physician or the school's physician. No attempt was made during the spring to re-examine children in upper grade levels, as it

was not possible to complete all the examinations of new pupils. The school physicians examined a total of 17,631 pupils during the calendar year and found abnormalities in 9,635 of these—a little more than 50 per cent. The combined enrollment of the public and parochial elementary schools reached approximately 123,000.

Indoctrination of new physicians into the program and standardization of the type of service rendered in each school was greatly facilitated by the addition to the division of a Senior Medical Supervisor, Dr. Patricia Husson. This position was added to fill the great need for direct observation, interpretation and planning of and for the program in each individual school and also to bring more information to those school physicians who were new to the program or unable to attend the in-service educational meetings. Two budgeted positions for school physicians were eliminated to make this new position possible.

The Chief of the Division spoke at several Parent-Teacher Association and school faculty meetings during the year. The Senior Medical Supervisor and one of the school physicians were asked to speak at two other faculty meetings. The desirability of adapting the overall program to the individual school was emphasized in faculty meetings, and principals were encouraged to work with their physician and public health nurse in this respect.

The Maryland Society for the Prevention of Blindness continued training parent volunteers to do vision screening in the schools and brought the total of schools receiving such service to 66 and the total of parents trained since the program began in March, 1952 to 409. The Lions Club of Baltimore, Inc., Charles and Madison Streets, was most generous in giving the Division of School Health three additional Massachusetts Vision Test Kits to facilitate the screening program. As in previous years, it was impossible to initiate a program of screening the pupils for hearing impairment due to lack of budgetary appropriations.

The Chief of the Division met separately with the nursing groups of seven of the eight health districts during the course of the year to explain various changes in forms and to give further interpretation of the overall purposes of the program. Several meetings were held with members of the Department of Education in an effort to obtain better integration of health matters with the rest of the school program, particularly in the area of early recognition of, and assistance to, pupils with unmet emotional needs. Additional meetings were held to investigate the policies pertaining to screening for tuberculosis in school pupils and personnel, and to standardize requirements for school health suites in new construction.

Dr. M. L. Breitstein resumed his work in the Calvert Street hearing clinic in January. One week later a new hearing clinic was opened at 709

Rutland Avenue which provided two additional clinic sessions per week to take care of the increasing demand for this service. This new clinic was staffed by Mrs. Grace P. Orr, public health nurse from the Eastern Health District, Mrs. Violet Weber, the nurse in charge of the Calvert Street hearing clinic from the Northeastern Health District, and Dr. Alvin Rudo, who conducted the Calvert Street clinic during Dr. Breitstein's illness.

There were eight meetings of the Health Council of the Baltimore Public Schools during the year. The Council requested a revision in membership, which was approved by the Superintendent of Public Instruction and the Commissioner of Health. A subcommittee revised the Teacher-Observation Record and another subcommittee prepared a statement of suggested policy for care of emergencies arising in schools.

During October a survey of second grade pupils was conducted jointly by the Health Department and the Department of Education to determine how many pupils had reached the second grade without receiving a health examination and the extent to which teacher-nurse conferences were being used. Results of the survey showed that about one-fifth of the second graders had passed through at least one year of school without receiving a health examination and that about one-third of the schools were not making adequate use of teacher-nurse conferences. The extent to which teacher-nurse conferences are used has, however, increased greatly over the past two years. The failure to accomplish health examinations for all kindergarten or first grade pupils last year was expected because there were not enough physicians available to complete the work and because quality rather than quantity was stressed. Also included in the number of pupils not examined was a rather large group of children whose parents will neither take them to private nor school physicians for health examinations because the parents feel this is not necessary or important.

Though the school health program as a whole is far from complete, the service rendered has increased each year in respect to time and effort spent by parents, teachers, public health nurses and physicians working in it and in respect to the attention given to each individual child or family served. The aim of the Division of School Health is to help the parents, principal, teachers, public health nurse and physician of each school served to establish and maintain a well-rounded, forward-looking health program in their particular school; the total program will be complete only when such health services are present in every school.

Personnel

Bureau Office

Janet B. Hardy, M.D., Director

Kay K. Edwards, M.D., Assistant Director

George H. Davis, M.D., Associate Chief, Division of Maternity Hygiene

Alan Foord, M.D., Associate Chief, Division of School Health
Sibyl Mandell, Ph.D., Chief, Division of Mental Hygiene
Grace S. Volmar, R.N., B.S., Supervisor of Public Health Nursing
Mary E. Bonomo, Senior Clerk
Julia Dalrymple, Senior Stenographer
Dorothy Hartman, Senior Clerk
Caroline Kaufmann, Senior Stenographer
Lillian Marley, Senior Clerk
Allene Roos, Junior Stenographer

Prenatal Clinic Physicians

W. Allen Deckert, M.D.	Theodore Kardash, M.D.
Isadore A. Siegel, M.D.	James H. Shell, Jr., M.D.
Harry Cohen, M.D.	Arthur C. Tiemeyer, M.D.
Louis C. Gareis, M.D.	

Prenatal Clinic Clerks

Anneslia Edmonds, Clerk-Typist	Delores Stancil, Clerk-Typist
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Child Health Clinic Physicians

McDonald M. Bando, M.D.	Jerry C. Luck, M.D.
Walter P. Block, M.D.	Charles F. Maloney, M.D.
Caroline Chandler, M.D.	Mary E. Matthews, M.D.
J. W. V. Clift, M.D.	Meyer Miller, M.D.
Miriam S. Daly, M.D.	W. A. Niermann, M.D.
S. Butler Grimes, M.D.	William G. Polk, M.D.
Paul H. Hardy, Jr., M.D.	Gilbert W. Rosenthal, M.D.
Aaron Harris, M.D.	Alma S. Rothholz, M.D.
Mary L. Hayleck, M.D.	Melchijah Spragins, M.D.
Clewell Howell, M.D.	Henry G. Summers, M.D.
Katharine V. Kemp, M.D.	William Earl Weeks, M.D.
Arnold F. Lavenstein, M.D.	Henry L. Whittle, M.D.
Lucille Liberles, M.D.	Joseph C. Wich, M.D.

Gustav H. Wolterreck, M.D.

Child Health Clinic Clerks

Beverly Epps, Clerk-Typist	Virginia Jackson, Clerk-Typist
Mary E. Spriggs, Clerk-Typist	

School Health Physicians

Maurice L. Adams, M.D.	Emil H. Henning, Jr., M.D.
David Bacharach, M.D.	Elizabeth H. Longshore, M.D.
Barbara K. Clark, M.D.	Robert Mazer, M.D.
Worth B. Daniels, Jr., M.D.	Hildegard H. Reissmann, M.D.
Maurice Feldman, Jr., M.D.	Gilbert E. Rudman, M.D.
Norman R. Freeman, Jr., M.D.	E. Walter Shervington, M.D.
Harris Goldman, M.D.	Andrew R. Sosnowski, M.D.
Aaron Harris, M.D.	Orlyn H. Wood, M.D.

Patricia Husson, M.D., Senior Medical Supervisor
M. L. Breitstein, M.D., Health Officer, Ear Clinic
Harry E. Bloom, M.D., Clinic Physician, Eye Clinic
Alvin D. Rudo, M.D., Clinic Physician, Ear Clinic

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

CASES AND VISITS	GRAND TOTAL	ALL CLINICS		DEUD HEALTH DISTRICT PROJECT	GILMORE HOUSING DISTRICT PROJECT	SOUTHERN HEALTH DISTRICT		CHERRY HILL HOMES	SOUTHEASTERN HEALTH DISTRICT		SOMER- SET HEALTH CENTER	EASTERN HEALTH DISTRICT		
		Wh.	Col.			Wh.	Col.		Wh.	Col.		Wh.	Col.	
Total case load.....	1,569	146	1,423	539	278	57	126	113	28	31	28	184	58	156
Cases carried over from 1952.....	475	42	433	153	90	16	40	29	5	26	4	58	21	79
New cases admitted.....	1,094	104	990	386	188	41	86	83	24	5	24	126	37	97
Discharged cases														
Total.....	1,101	110	991	358	200	45	99	81	22	21	22	124	44	107
Not pregnant.....	12	3	9	3	1	1	3	1	2	2	22	123	42	104
Delivered in hospital.....	1,075	105	970	350	197	44	95	79	22	19	22	123	42	104
Delivered by midwife.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Delivered at home by phy- sician.....	1	...	1	...	2	...	1	1	...	...	...	...	...	...
Delivered unattended.....	8	...	8	3	...	...	...	...	...	...	...	...	...	...
Other.....	5	2	3	2	...	...	...	...	...	...	...	1	2	1
Transferred to other clinics.....	40	2	38	2	7	...	3	2	10	...	...	8	2	6
Cases carried over to 1954.....	468	36	432	181	78	12	27	31	6	10	6	60	14	49
Clinic Visits														
Total.....	7,495	537	6,958	2,533	1,366	229	624	669	128	134	128	977	194	661
Antepartum.....	1,094	104	990	386	188	41	86	83	24	26	24	126	37	97
First visits.....	5,707	386	5,421	1,936	1,058	168	465	515	91	95	91	765	123	491
Revisits.....	682	44	608	211	111	17	58	56	13	13	13	86	14	73
Postpartum.....	42	3	39	...	9	3	15	15	...	...	...	...	...	...
Neonatal.....														
Analysis of new cases														
Duration of pregnancy														
Total.....	1,094	104	990	386	188	41	86	83	24	26	24	126	37	97
Not pregnant.....	4	2	2	1	...	...	...	1	...	...	...	...	1	1
Under 12 weeks.....	28	4	22	10	7	1	1	1	2	2	2	1	1	1
12-23 weeks.....	366	22	344	131	74	10	26	39	4	4	4	40	8	24
24-27 weeks.....	264	22	242	84	36	5	38	26	5	5	5	25	5	29
28-31 weeks.....	177	13	164	66	36	9	9	10	2	2	2	22	6	21
32-35 weeks.....	159	22	137	59	19	7	7	6	9	9	9	22	7	14
36 weeks and over.....	74	16	58	29	8	5	5	4	2	2	2	11	9	6
Not determined.....	24	3	21	6	8	1	1	1	1	1	1	2	...	2

TABLE NO. 1B
REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR DELIVERY BY MIDWIFE

[illegible]

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

CASES AND VISITS	GRAND TOTAL	ALL CLINICS		DRUID HEALTH DISTRICT		GILMORE HOUSING PROJECT		SOUTHERN HEALTH DISTRICT		CHERRY HILL HOMES		SOUTHEASTERN HEALTH DISTRICT		SOMER- SET HEALTH CENTER		EASTERN HEALTH DISTRICT	
		Wh.	Col.	Col.	Col.	Col.	Col.	Wh.	Col.	Col.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
Total case load.....	494	35	459	245	10	13	30	7	8	11	54	14	102				
Cases carried over from 1932.....	187	4	183	102	9	1	12	2	2	6	15	1	37				
New cases admitted.....	307	31	276	143	1	12	18	5	6	5	39	13	65				
Discharged Cases																	
- Total.....	404	27	377	204	9	11	23	7	7	11	43	9	80				
Not pregnant.....																	
Delivered in hospital.....	398	20	366	196	7	7	23	6	7	11	43	6	80				
Delivered by midwife.....	7			6	1												
Del'd at home by physician.....	3		3	1	1			1									
Delivered unattended.....		7	1	1		4						3					
Other.....	8																
Transferred to other clinics.....	9		9	3	1						3		2				
Cases carried over to 1934.....	90	8	82	41	1	2	7		1		11	5	22				
Clinic Visits																	
Total.....	1,503	98	1,407	714	11	39	109	22	26	21	89	31	307				
Antepartum.....																	
First visit.....	307	31	276	143	1	12	18	5	6	5	39	13	65				
Revisits.....	998	63	935	473	8	27	76	12	19	13	156	17	197				
Postpartum.....	194	2	192	98	2		12	4	1	3	28	1	45				
Neonatal.....	4		4				3	1									
Analysis of New Cases																	
Duration of pregnancy																	
Total.....	307	31	276	143	1	12	18	5	6	5	39	13	65				
Not pregnant.....	1		1			1	1										
Under 12 weeks.....	1																
12-23 weeks.....	28	1	25	16			3	1	1	1	3		1				
24-27 weeks.....	50	5	45	13	1	2	8	1	1	1	9	2	13				
28-31 weeks.....	69	4	65	32		3	1	1	1	2	9	1	20				
32-35 weeks.....	100	9	91	54		3	2	2	3	1	15	3	19				
36 weeks +.....	53	10	48	28		1	3	2	1	1	3	7	11				
Not determined.....	2	1	1			1											

TABLE NO. 1E
REPORT OF PRENATAL CLINICS: ANALYSIS OF FINDINGS ON EXAMINATION ON FIRST VISIT

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	White	Col-ored	Total	White	Colored	Total	White	Col-ored	Total	White	Colored	Total	White	Total	Colored
TOTAL NUMBER OF NEW CASES.....	1,094	104	990	100.0	100.0	100.0	262	16	246	100.0	100.0	100.0	307	31	276	100.0
PARA																
Primipara.....	173	16	157	15.8	15.4	15.9	32	5	27	12.2	31.3	11.0	33	3	30	10.7
Multipara.....	921	88	833	84.2	84.6	84.1	230	11	219	87.8	68.7	89.0	274	28	246	89.3
PPLVUS TYPE																
Platyphelloid.....	77	11	66	7.0	10.6	6.7	18	2	16	6.9	12.5	6.5	30	6	24	9.8
Android.....	53	3	50	4.8	2.9	5.1	8	..	8	3.1	..	3.3	13	1	12	4.2
Gynecoid.....	895	80	815	81.9	76.9	82.3	215	13	202	82.0	81.3	82.1	244	20	224	79.4
Anthropoid.....	51	5	46	4.7	4.8	4.6	16	1	15	6.1	6.2	6.1	18	3	15	5.9
Unknown.....	18	5	13	1.6	4.8	1.3	5	..	5	1.9	..	2.0	2	1	1	0.7
PPLVUS SIZE																
Adequate.....	1,012	94	918	92.5	90.4	92.7	246	14	232	93.9	87.5	94.3	292	29	263	95.1
Borderline.....	60	4	56	5.5	3.8	5.7	10	2	8	3.8	12.5	3.3	12	1	11	3.9
Contracted.....	6	1	5	0.5	1.0	0.5	..	..	..	..	..	..	1	..	1	0.3
Unknown.....	16	5	11	1.5	4.8	1.1	6	..	6	2.3	..	2.4	2	..	2	0.7
SEROLOGIC TEST FOR SYPHILIS																
Positive.....	51	1	50	4.7	1.0	5.1	20	2	18	7.6	12.5	7.3	25	1	24	8.1
Negative.....	1,034	101	933	94.5	97.0	94.2	239	14	225	91.2	87.5	91.5	279	29	250	90.9
Doubtful.....	1	..	1	0.1	..	0.1	..	..	..	..	..	..	..	..	..	..
Not taken.....	8	2	6	0.7	2.0	0.6	3	..	3	1.1	..	1.2	3	1	2	1.0
OTHER FINDINGS																
Toxemia.....	8	1	7	0.7	1.0	0.7	2	..	2	0.8	..	0.8	7	..	7	2.3
Heart Murmur.....	28	1	27	2.6	1.0	2.7	3	..	3	1.1	..	1.2	9	1	8	2.9
RH FACTOR																
Positive.....	1,000	81	919	91.5	77.9	92.8	239	15	224	91.2	93.8	91.0	285	27	258	92.8
Negative.....	76	19	57	6.9	18.3	5.8	13	1	12	5.0	6.2	4.9	16	3	13	5.2
Not taken.....	18	4	14	1.6	3.8	1.4	10	..	10	3.8	..	4.1	6	1	5	2.0
X-RAY																
Positive.....	34	7	27	3.1	6.7	2.7	6	..	6	2.2	..	2.4	18	4	14	5.9
Negative.....	988	73	785	79.3	70.2	80.3	224	9	215	85.3	56.3	87.4	237	21	216	77.2
Not taken.....	192	24	168	17.6	23.1	17.0	32	7	25	12.2	43.7	10.2	52	6	46	16.9

BUREAU OF CHILD HYGIENE

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TABLE NO. 2
REPORT OF CHILD HEALTH CLINICS—1953

CLINICS:	CHILDREN ON REGISTER JAN. 1, 1954		NEW CHILDREN REGISTERED DURING 1953		TOTAL CHILDREN SEEN DURING 1953		CLINIC VISITS RETURNS 1953		CLINIC VISITS SPECIAL 1953		TOTAL CLINIC VISITS		TOTAL
	Un- der 1 Yr.	1 Yr. and Over	Un- der 1 Yr.	1 Yr. and Over	Un- der 1 Yr.	1 Yr. and Over	Un- der 1 Yr.	1 Yr. and Over	Un- der 1 Yr.	1 Yr. and Over	Un- der 1 Yr.	1 Yr. and Over	
TOTAL CITY.....	9,072	9,723	7,835	548	11,507	3,134	37,890	12,523	2,109	10,072	51,506	25,729	77,235
TOTAL WHITE.....	3,064	1,828	2,245	284	3,158	1,171	11,289	5,071	1,214	6,267	15,661	12,509	28,170
TOTAL NONWHITE...	6,008	7,895	5,590	264	8,349	1,963	26,601	7,452	895	3,805	35,845	13,220	49,065

WHITE CLINICS

Clinic No.	74	96	76	12	29	15	213	102	1	32	243	149	302
11.....	24	53	30	1	37	12	90	44	7	18	134	74	208
12.....	2	8	8	1	10	1	21	5	4	7	35	13	48
13.....	124	214	141	19	147	35	843	398	31	140	1,021	573	1,594
14.....	3	2	12	4	14	5	33	15	11	38	58	58	116
15*	76	145	87	10	116	30	325	181	15	236	456	447	903
16.....	17*	107	111	15	135	29	448	230	17	80	600	345	945
17*	23	40	128	7	149	72	419	188	76	305	844	565	1,209
24.....	45	96	93	17	154	84	441	263	43	267	638	614	1,252
25.....	26*	42	67	50	4	71	17	249	201	84	103	404	411
26*	31*	..	..	3	..	1	..	5	2	4	20	12	34
27.....	32*	..	..	1	..	1	..	3	..	..	6	3	9
31*	33*	..	..	1	..	1	..	3	..	..	3	..	3
32*	34*	..	..	1	..	1	..	2	..	..	4	2	6
33*	35*	..	..	1	..	1	..	3	..	..	4	1	5
34*	41.....	83	103	61	4	105	56	437	162	76	323	621	1,162
35*	42.....	160	222	176	30	262	100	985	484	70	362	1,317	2,263
41.....	43.....	62	96	77	6	92	22	295	163	23	147	410	332
42.....	44.....	81	94	56	31	57	32	263	114	24	409	344	555
43.....	45.....	67	174	86	20	143	58	507	246	35	335	685	639
44.....	46*	39	106	43	4	67	53	225	164	7	31	299	248
45.....	47.....	58	82	76	9	98	29	366	171	15	186	479	386
46*	48.....	132	168	173	9	259	60	768	218	98	515	1,125	793
47.....	49.....	21	24	25	2	33	11	92	50	34	71	159	132
48.....	50.....	50	106	47	10	78	90	594	499	12	121	684	716
49.....	51.....	21	25	25	3	30	15	112	68	21	128	163	211
50.....	52*	49	57	62	8	137	28	479	115	163	502	779	645
51.....	53.....	31	66	39	3	66	30	252	129	20	66	347	225
52.....	54.....	48	107	65	4	90	56	534	127	44	314	668	497
53.....	55.....	102	162	87	5	141	18	307	93	72	327	620	438
54.....	56.....	84	110	88	..	189	28	519	132	68	157	756	315
55.....	57.....	26	28	32	..	45	4	129	28	12	56	186	88
56.....	58.....	60	74	61	3	79	21	325	91	26	300	430	412
57.....	59*	25	135	43	4	64	38	207	84	15	114	286	236
58.....	60.....	30	94	54	2	90	31	213	62	42	204	345	297
59.....	61.....	92	128	27	5	27	5	78	33	7	18	112	56

NONWHITE CLINICS

Clinic No.	143	297	139	10	141	23	552	318	3	43	696	382	1,078
11.....	135	316	137	10	176	55	608	212	7	33	791	300	1,091
12.....	109	393	142	5	268	99	903	308	11	53	1,182	460	1,642
13.....	141.....	..	..	..	1	..	2	1	..	1	2	2	5
14.....	15.....	105	316	139	10	271	86	978	293	10	142	1,259	521

* White children at nonwhite clinics.

† Nonwhite children at white clinics.

TABLE NO. 2—Concluded

CLINICS:	CHILDREN ON REGISTER JAN. 1, 1954		NEW CHILDREN REGISTERED DURING 1953		TOTAL CHILDREN SEEN DURING 1953		CLINIC VISITS RETURNS 1953		CLINIC VISITS SPECIAL 1953		TOTAL CLINIC VISITS		TOTAL
	Un- der 1 Yr.	1 Yr. and Over	Un- der 1 Yr.	1 Yr. and Over	Un- der 1 Yr.	1 Yr. and Over	Un- der 1 Yr.	1 Yr. and Over	Un- der 1 Yr.	1 Yr. and Over	Un- der 1 Yr.	1 Yr. and Over	
Clinic No.—Cont.													
16.....	285	481	273	17	414	172	1,059	502	14	188	1,487	862	2,349
17.....	184	372	109	32	321	249	890	563	14	131	1,225	943	2,168
23.....	405	646	454	56	656	270	2,136	890	17	189	2,839	1,349	4,188
24.....	..	..	1	..	2	..	2	..	..	..	4	..	4
25.....	..	..	..	..	..	..	1	..	..	1	..	3	4
26.....	321	284	178	11	187	15	990	227	24	93	1,201	335	1,536
31.....	500	700	450	3	505	40	2,390	347	158	337	3,141	724	3,865
32.....	829	870	471	10	879	113	2,417	747	92	358	3,188	1,234	4,422
33.....	358	146	351	4	485	35	1,061	166	120	141	2,566	342	2,908
34.....	928	772	1,050	6	1,608	131	4,661	656	197	745	6,526	1,532	8,058
35.....	405	672	309	10	778	136	1,435	370	75	286	2,289	792	3,080
41.....	..	..	1	..	2	..	1	..	1	3	4	2	6
42.....	..	..	..	..	..	..	..	..	..	..	1	1	2
46.....	73	131	132	23	135	97	441	236	10	58	586	391	977
47.....	..	..	..	..	..	..	1	..	..	..	1	..	1
48.....	43	110	69	6	100	107	315	195	..	77	415	379	794
51.....	139	151	142	3	234	45	880	255	27	182	1,141	482	1,623
52.....	33	42	24	..	41	17	143	53	4	10	188	80	268
53.....	..	..	..	..	..	..	1	..	..	..	1	..	1
54.....	43	41	56	1	81	14	257	207	7	109	345	330	675
55.....	..	..	..	..	1	..	..	..	..	..	1	..	1
57.....	..	..	..	..	1	..	..	..	..	5	2	2	8
58.....	..	..	1	..	2	..	6	2	..	2	6	2	11
59.....	302	550	303	15	401	84	1,260	294	64	392	1,725	770	2,495
63.....	235	293	278	27	317	79	1,286	311	12	86	1,595	476	2,071
85.....	16	12	14	..	25	8	52	12	1	1	78	21	99
86.....	47	82	64	..	92	14	236	42	6	20	334	76	410
94.....	150	218	153	5	245	74	757	228	17	125	1,019	427	1,446

† Nonwhite children at white clinics.

TABLE NO. 3[illegible]

TABLE NO. 4A
NUMBER OF PUPILS EXAMINED AND THE NUMBER FOUND TO HAVE DEFECTS

	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Number of pupils examined	17,631	8,385	6,015	3,001	230
Number of pupils defective	9,635	4,779	3,282	1,505	89

TABLE NO. 4B
DEFECTS FOUND IN PUPILS*
JANUARY-JULY 1953

	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Throat-Tonsils	1,426	809	415	198	4
Nose-Adenoids	548	316	151	78	3
Mouth-Teeth	3,478	1,836	1,085	534	23
Eyes (other than refractive errors)	309	153	120	32	4
Orthopedic deformities	168	106	45	12	5
Heart	403	276	76	50	1
Hernia	165	34	116	12	3
Malnutrition	310	63	230	11	6

* Defects found and corrections thereof during the remainder of this year to be reported in 1954 annual report.

TABLE NO. 4C
CORRECTIONS OF DEFECTS FOUND IN PUPILS*
JANUARY-JULY 1953

	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Tonsils and adenoids	811	484	66	256	5
Other operations	70	34	22	13	1
Teeth	2,286	987	793	451	55
Eyes refracted and glasses obtained	772	526	122	118	6
Eyes refracted and glasses not necessary	185	120	35	30	..
Pediculosis	49	33	..	16	..
Minor ailments and injuries treated	577	94	75	398	10

* Defects found and corrections thereof during the remainder of this year to be reported in 1954 annual report.

TABLE NO. 4D
REPORT OF INOCULATIONS AND VACCINATIONS GIVEN IN SCHOOLS

	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Diphtheria inoculations (including all in initial series and boosters)					
Preschool child	293	194	42	57	..
School child	4,859	2,202	1,625	949	83
Smallpox vaccinations					
Preschool child	90	77	4	8	1
School child	104	66	27	11	..

TABLE NO. 4E
PUPILS EXCLUDED FROM SCHOOL BY NURSE

CONDITION SUSPECTED	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Pediculosis	403	345	..	58	..
Tinea capitis	62	20	36	6	..
Tinea corporis	14	12	2	..	..
Ringworm (site not specified)	27	12	13	2	..
Scabies	34	31	2	1	..
Skin infections & impetigo	67	61	3	3	..
Skin rash—generalized	70	60	7	3	..
Sore throats & colds	128	115	5	8	..
Vomiting & abdominal pain	91	79	9	3	..
Headache	15	14	1	..	..
Fever	82	72	6	4	..
Earache & running ear	8	5	2	1	..
Swollen neck glands	30	24	5	1	..
Conjunctivitis & styes	83	79	1	3	..
Communicable diseases	145	84	54	7	..
No vaccination	5	..	5	..	..
Misc., including injuries, fainting, etc.	56	47	9	..	..

TABLE NO. 4F
INCIDENCE OF COMMUNICABLE DISEASES

	1948	1949	1950	1951	1952	1953
Chickenpox	1,583	1,385	1,373	869	1,129	962
Diphtheria	9	10	28	2	2	..
German measles	47	510	31	139	103	360
Measles	4,410	6,522	140	1,556	3,160	495
Meningococcus meningitis	4	..	5	1	3	3
Paralytic poliomyelitis	5	12	47	1	3	12
Scarlet fever	197	326	193	150	286	985
Typhoid fever .....	..	2	1	..	..	..
Whooping cough	205	391	514	63	37	106

TABLE NO. 4G
REPORT OF EYE CLINIC EXAMINATIONS

New patients	817
First visit this year old patients	20
Readmitted	316
Total number of patients	1,153
Current visits	1,520
Total number of visits	2,673
Cycloplegics	855
Refractions	819
Post-examinations	162
Treated	16
Refractions not necessary	190
Referred to other dispensaries	8
Glasses delivered in clinic	623
Refracted—glasses not advised	85
Recommended sight saving class	4
Discharged	1,125

DIAGNOSIS

Hyperopia	100
Hyperopic astigmatism	39
Compound hyperopic astigmatism	335
Myopia	143
Compound myopic astigmatism	252
Mixed astigmatism	81
Amblyopia exanopsia	53
Esotropia	62
Exotropia	5
Esophoria	28
Exophoria	13
Hordeolum	1
Nystagmus	10
Choroiditis	2
Choroidoretinitis	3
Blepharitis	3
Uveitis	1
Optic atrophy	1
Corneal scarring	3
Conjunctivitis (acute)	5
Ptoxis	1
Chalazion	2
Angioma	1
Anophthalmia	1
Corectopia	2
Iridodialysis	1
Dacryocystitis	1
Hyphemia	1
Pterygium	1
Congenital hyaloid artery	1
Foreign bodies	3

TABLE NO. 4H
REPORT OF HEARING CLINICS

CALVERT STREET CLINIC		RUTLAND AVENUE CLINIC	
New patients.....	235	New patients.....	140
First visit this year old patients.....	266	First visit this year old patients.....	104
Readmitted.....	42	Readmitted.....	16
Total number of patients.....	543	Total number of patients.....	260
Current visits.....	343	Current visits.....	377
Total number of visits.....	886	Total number of visits.....	637
Referred by Department of Education.....	187	Referred by Department of Education.....	63
Referred by public health nurses.....	48	Referred by public health nurses.....	77
Recommended lip reading instruction.....	17	Recommended lip reading instruction.....	4
Recommended speech correction.....	20	Recommended speech correction.....	6
Recommended hearing aids.....	25	Recommended hearing aids.....	19
Treated.....	354	Treated.....	314
Tested (2A) Audiometer.....	767	Tested (2A) Audiometer.....	465
Patients treated with radium.....	54	Patients treated with radium.....	53
Radium treatments.....	127	Radium treatments.....	154
Discharged.....		Discharged.....	104
DIAGNOSIS		DIAGNOSIS	
Hypertrophied tonsils and adenoids.....	119	Hypertrophied tonsils and adenoids.....	29
Acute purulent otitis media.....	8	Hypertrophied adenoids.....	12
Chronic purulent otitis media.....	26	Chronic purulent otitis media.....	4
Chronic catarrhal otitis media.....	1	Acute catarrhal otitis media.....	3
Nerve deafness.....	20	Chronic catarrhal otitis media.....	3
Conductive deafness.....	19	Nerve deafness.....	3
Mixed deafness.....	4	Conductive deafness.....	27
Acute pharyngitis.....	1	Mixed deafness.....	25
Acute rhinitis.....	42	Polypus.....	1
Sinusitis.....	1	Nasal obstruction.....	1
Cervical adenitis.....	21	Deviated septum.....	3
Otitis externa.....	2	Tongue-tied.....	2
Otosclerosis.....	1		
Foreign body (removed).....	2		
Oral sepsis.....	5		
Nasal obstruction.....	5		
Deviated septum.....	1		
High-tone hearing defect.....	10		
Aphasia.....	1		
DISCHARGED			
Condition to normal.....	155		
Failed to return.....	90		
Permanently withdrawn from school.....	16		
Care no longer needed.....	15		
Left city.....	10		
Graduated from school.....	5		
Referred to private physicians.....	4		
Died.....	2		
Total.....	297		

BUREAU OF DENTAL CARE

H. Berton McCauley, D.D.S.

Director

Two programs of dental care were carried on in 1953. One provided constructive and preventive treatment for children attending public and parochial schools. The other offered emergency treatment to persons receiving public assistance. The school program was expanded to encompass nearly 9,000 children in 17 schools that were not in the program in 1952. No appreciable change occurred in the number of persons treated or the number of services rendered to clients of the Department of Public Welfare.

School Dental Program

With continued cooperation of the schools, local dentists and community groups, five new dental clinics began to function during the fall school term. Three of these, located in Public Schools Nos. 113, 160 and 161, were established to provide dental services for colored children in the Northern, Druid and Southern Health Districts. The other two, located in the new (Bank Street) and old (Kenwood Avenue) quarters of the Southeastern Health District, further augmented clinical facilities previously established in Fells Point and Canton. Altogether 18 dental clinics for school children were in operation at the end of 1953. All were located in areas of great need. With the exception of multiple-chair facilities in buildings of the Southern and Southeastern Health Districts, each contained a modern dental unit and chair fully equipped and supplied for the use of a dentist and assistant engaged primarily in prophylactic and constructive dentistry. A list of these facilities appears in Table No. 1.

The dental extraction service begun in 1952 to reduce the necessity for surgical procedures in school clinics was continued in 1953. While school was in session, two three-hour sessions a week were made available for the extraction of teeth from children referred by school dentists. The bulk of this work was done with the aid of nitrous oxide and vinyl ether as anesthetics. The availability of improved facilities in the new building of the Southeastern Health District motivated removal of this service from the Southern Health District to 3411 Bank Street on October 7.

Procedures

Emphasis on measures to save teeth remained the policy of the school program. Only children coming to school for the first time as kindergarten or first grade pupils were admitted as new subjects, a condition of maximum

preventive effort. These children received an inspection for dental defects by Health Department dentists early in the school year. If defects were found, parents were advised accordingly and motivated to seek dental care for the child. Treatment in a Health Department clinic was given when investigation by the school nurse or dental assistant disclosed that the child would not otherwise receive necessary attention.

Children in grades above the first who were subjects of the program in 1952 continued to receive its benefits through follow-up and referral to private dentists or a Health Department clinic. With minor exceptions no children beyond the fourth grade were included in the program in 1953. At the close of the year it encompassed 21,369 children attending 66 public and parochial schools distributed as shown in Table No. 2.

Services Rendered

Of the 21,369 children in the program 17,943 received a dental inspection and 3,297 were treated in Health Department school clinics as indicated in Table No. 3. Approximately 8 per cent of the white children and 26 per cent of the colored children in the program received dental care from the Health Department. Of the 3,297 children treated 2,267 were completed cases. An additional 1,427 children of all ages referred from numerous scattered elementary schools received limited dental services, largely emergency. The special extraction service, mentioned previously, removed 425 permanent and 1,179 deciduous teeth from 420 children referred by school dentists.

Dental Health Education

The school dental program continued to provide a measure of dental health education for parents and children. Parents were invited to attend the dental inspection of children newly included in the program and to discuss, with the child at hand, the dental problems of the youngster with the dentist or school nurse. Every effort was made to encourage questions and initiate the child in good habits of dental care under favorable psychological circumstances. The parents of 4,141 or 47 per cent of the 8,830 children whose teeth were inspected for the first time in 1953 accepted the invitation. Parents were also informed regarding teeth and their care by public health nurses in the course of routine home visits, follow-up interviews, and contacts in child health clinics.

This work was supplemented by the distribution of a printed folder "Care of the Teeth," a leaflet and poster "Baltimore Steps to Dental Health," another poster "Get Started Right" and a series of four teaching posters available from the American Dental Association for use with primary grade children. Approximately 40,000 folders and 30,000 leaflets were put in the

hands of children and adults through schools, private dental offices, and public health nurses. Approximately 2,500 posters were displayed in schools, district health centers, and Health Department clinics. Further efforts to inform the public of the importance and need for adequate dental care were made through the press, radio, television, and talks to parent-teacher groups, community organizations and assemblies of school children. The Bureau of Dental Care also cooperated with the dentists of Baltimore and of Maryland in the promotion of the fifth annual observance of National Children's Dental Health Day on February 2.

Incident to a joint Health Department-Department of Education study to determine the effectiveness of teaching care of the teeth in elementary schools, 231 children in eight widely scattered public schools received four weeks of instruction that included brushing the teeth in a classroom drill. A month after instruction 54 per cent of the children showed definitely improved hygiene of the mouth. The number of daily brushings had increased 25 per cent.

Emergency Dental Care for Public Assistance Clients

The Bureau of Dental Care assisted the Medical Care Section in the administration of a program under which persons receiving assistance through the Department of Public Welfare were given access to emergency dental services. These services, given in hospital dental clinics, were provided in contracts between the Commissioner of Health and six hospitals participating in the Baltimore City Medical Care Program. Negotiated in 1949, the original contracts were withdrawn and renegotiated in 1953 to provide payment to the hospitals on a fee-for-service basis. Altogether 1,585 persons received 7,195 dental treatment services, mostly tooth extractions, during 1953. In the preceding year 1,518 persons received 5,514 dental services under this program. A detailed report appears in Table No. 4.

Fluoridation

The program of fluoridation begun November 26, 1952, was continued through 1953. The Bureau of Water Supply, adding hydrofluosilicic acid to the output of the filters at Montebello, maintained the fluoride level of the entire city supply at or approximate to one part per million, the optimal concentration for reducing tooth decay.

Personnel

The first dental hygienist employed by the Health Department was assigned to duty in the dental clinic at Public School No. 139 in Old Town early in January and a second dental hygienist was employed toward the end of the year. However, dental hygienists greatly needed in the expanding

school program remained unavailable. In their stead, seven clerk-typists were employed as clinic assistants. With the two employed in 1952, there were nine such assistants in the employ of the Bureau of Dental Care at the end of 1953.

Personnel

H. Berton McCauley, D.D.S., Director

Clinic Dentists

Robert Axman, D.D.S.	Edward McDaniels, Jr., D.D.S.
Saul Blumenthal, D.D.S.	J. Laws Nickens, D.D.S.
Sidney O. Burnett, D.D.S.	Wesley C. Seward, D.D.S.
Arthur M. Bushey, D.D.S.	C. Alfred Shreeve, D.D.S.
Lucius A. Butler, D.D.S.	Sheldon Silverman, D.D.S.
Paul M. Doctor, D.D.S.	Louis Sober, D.D.S.
Benjamin J. Kimbers, D.D.S.	Thomas W. Willetts, D.D.S.
Donald F. Laird, D.D.S.	George F. Woodland, D.D.S.

Anesthetist

Alvin D. Rudo, M.D.

Dental Hygienists

Daisy W. Cooke Judy Feaster

Hernel K. Gruber, Senior Stenographer
Vera M. Gill, Clerk-Typist
Jeanette Goldstein, Clerk-Typist
Dorothy Jackson, Clerk-Typist
Mildred McDaniels, Clerk-Typist
Helen B. Richardson, Clerk-Typist
Elaine Veney, Clerk-Typist
Ida R. Wees, Clerk-Typist

TABLE NO. 1
LOCATION OF ACTIVE DENTAL FACILITIES OF THE CITY HEALTH DEPARTMENT
DECEMBER 31, 1953

CLINIC	SCHOOL	NAME	ADDRESS	DATE OPENED	HOURS PER WEEK
1	230	Canton Elementary School	Hudson St. and Highland Ave.	2/27/50	9
2	76	Francis Scott Key School	Fort Ave. and Decatur St.	9/13/50	12
3	6	William Fell School	Ann St. near Fleet St.	9/13/50	15
4	55	Hampden School	Chestnut Ave. and 37th St.	9/13/50	15
5		Fourteen Holy Martyrs Hall	Pratt St. and Mount St.	9/ 7/51	15
6	301	William S. Baer School	Warwick Ave. above North Ave.	9/ 7/51	15
7		Southern Health District	1211 Wall St.	9/24/51	21
8	99	Columbus School	North Ave. and Washington St.	9/ 8/52	12
9	239	Benjamin Franklin School	Cambria and Twelfth Sts.	10/30/52	3
10		Southeastern Health District	3411 Bank St.	10/ 8/53	6
11		Southeastern Health District	901 S. Kenwood Ave.	12/14/53	9
50	132	Coppin Elementary School	Mount St. near Riggs Ave.	1/ 5/51	12
51	139	Elementary School	Central Ave. and Lexington St.	4/17/50	15
52	122	Samuel Coleridge Taylor School	Preston St. near Penna. Ave.	9/13/50	15
53	112	William M. Alexander School	Laurens and Calhoun Sts.	12/10/51	15
54	113	Benjamin Banneker Elementary School	Federal St. and Greenmount Ave.	9/28/53	3
55	160	Carter G. Woodson Elementary School	Cherry Hill Road and Seabury Ave.	9/28/53	15
56	161	Fannie L. Barbour Elementary School	Saratoga and Schroeder Sts.	9/28/53	12

TABLE NO. 2
DISTRIBUTION OF CHILDREN AND SCHOOLS INCLUDED IN THE PROGRAM OF DENTAL
CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—DECEMBER 31, 1953

ITEM	TOTAL	PUBLIC ELEMENTARY SCHOOLS		PAROCHIAL SCHOOLS	
		White	Colored	White	Colored
Children.....	21,369	8,049	8,093	4,454	773
Schools	66	23	22	17	4

TABLE NO. 3
FACILITIES USED, CLINIC TIME EXPENDED AND SERVICES RENDERED UNDER THE
PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—1953

	1952 TOTAL	1953		
		Total	White	Colored
Dental clinics.....	13	18	11	7
Continued from 1952.....		13	9	4
Opened in 1953.....		5	2	3
Clinic hours utilized.....	4,085	5,802	3,462	2,340
For dental inspections.....	645	891	588	303
For dental treatment.....	3,420	4,911	2,874	2,037
Children in program.....	12,539	21,369	12,503	8,866
Children inspected.....	10,808	17,943	9,971	7,972
Number with parent present.....	2,531	4,141	2,108	2,033
Per cent with parent present*.....	53	47	47	47
Children treated.....	2,947	4,724	1,416	3,308
Under preventive program.....	1,764	3,297	996	2,301
Referred for emergency care.....	1,183	1,427	420	1,007
Per cent of program children treated.....	14	15	8	28
Patient visits.....	6,122	8,921	4,737	4,184
Dental services provided.....	12,689	19,762	8,187	11,575
Average number per child treated.....	4.3	4.2	5.7	3.5
Dental cleaning operations.....	2,125	3,385	758	2,627
Fillings.....	6,461	10,242	4,747	5,495
Extractions, permanent teeth.....	547	756	465	291
Extractions, deciduous teeth.....	2,829	4,434	1,530	2,904
Other.....	727	945	687	258
Cases completed.....	1,132	2,267	706	1,561

* At initial inspection only. Few children are accompanied by a parent at subsequent inspections.

TABLE NO. 4
EMERGENCY DENTAL SERVICES RENDERED IN HOSPITAL DENTAL CLINICS UNDER
BALTIMORE CITY MEDICAL CARE PROGRAM—1953

ITEM	MEDICAL CARE CLINIC						TOTAL ALL HOSPITALS
	Uni- versity	Hop- kins	South Balti- more General	Sinai	Provi- dent	Mercy	
PATIENT VISITS							
First visits.....	251	534	197	63	414	126	1,585
Revisits.....	296	533	336	279	474	62	1,980
Total number patient visits.....	547	1,067	533	342	888	188	3,565
SERVICES							
Radiographs.....	202	1,503	93	300	174	3	2,275
Treatments acute gingivitis.....	0	13	0	5	6	1	25
Permanent teeth extracted.....	675	1,108	485	124	527	262	3,181
Deciduous teeth extracted.....	120	164	103	39	103	33	562
Post extraction treatments.....	81	137	199	15	62	9	503
Teeth dressed or filled.....	0	0	0	0	3	0	3
Other services.....	107	347	21	145	14	12	646
Total number services rendered.....	1,185	3,272	901	628	889	320	7,195

BUREAU OF PUBLIC HEALTH NURSING

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

Director

Considerable time and thought was given to the Public Health Nursing program. Each of the visiting programs carried on for the bureaus in the Health Department were reviewed to determine the routine visiting procedures in view with eliminating those that were outdated or needed to be revised for more efficient use of nursing time. To permit additional nursing activity, a time and cost study was made in April and December of 1952, put on IBM cards and analyzed in 1953. This study showed that the public health nurse spends 12 per cent of her time in travel for field, school and clinic activity; 29 per cent in preparation for school, field or clinic work; and 59 per cent in the activity itself. In many instances it was noted that the preparation for an activity could be done by clerical personnel. Seven clerks were used in the dental clinics, three in child hygiene clinics, two in prenatal clinics, and two in tuberculosis clinics. Three thousand one hundred and twenty-four hours were given by the eight clerk-assistants provided by the Bureau of Venereal Diseases in their clinics. The two graphs on page 41 show the distribution of nursing time by major type of activity and the distribution of time by service given to clinics.

The time and cost study showed that the nurses spent 42 per cent of their time in the maternity and child hygiene program, 20 per cent in school work, 20 per cent in tuberculosis nursing, and 8 per cent in venereal diseases nursing. The rest of the time was divided between the dental, communicable diseases, eye, ear, and immunization programs. The cost of the home visit averaged \$1.60; however, certain specialized visits such as the antenatal visit cost \$2.67, the postnatal \$1.42, newborn \$1.72, premature \$1.63, infant \$1.21, preschool \$1.16, school \$1.26, dental \$2.19, tuberculosis \$1.86, and venereal diseases \$1.14. The students contributed 18,000 visits and worked in 1,250 clinic sessions.

With the decline in communicable diseases, further evaluation of home visits by the public health nurses seemed necessary. Review of the scarlet fever and measles cases reported by private physicians indicated that routine visits be eliminated, and after considerable study and discussion with the bureaus concerned, this practice was no longer continued. The nurses were asked to intensify their teaching of the patient in the clinic, and this also eliminated a number of home visits.

Routine visits to the maternity and child hygiene patients were reviewed and several procedures instituted. Selective prenatal patients such as the primiparas, multigravidas and those with complications were routinely referred. Infants who lapsed appointments in the child health clinics were first sent two postal cards and then referred for a home visit if

they failed to come in. Parents were interviewed in school regarding the defects of their children, all of which resulted in a little more flexibility in the use of the nurses' time.

The major activity of the bureau was concerned with providing home care to the tuberculosis patient prior to his admission to a sanatorium. Eight hundred and eighty-four patients received streptomycin in combination with para-aminosalicylic acid and isoniazid. Syringes and needles used in this program were autoclaved to allow more time for giving this medication. The Instructive Visiting Nurse Association gave the same medications to the nonpulmonary tuberculosis patients. The nursing care given to the eight hundred and eighty-four patients represents follow-up from one month to a year before hospitalization or for a similar period following discharge of the patient back into the community as well as the routine visits to the active case load. The Johns Hopkins Hospital and the Bureau of Tuberculosis continued the BCG study for a third year; and 1,045 Negro newborns were given BCG vaccinations. The follow-up of these patients was given by the generalized public health nurse who applied the patch test, and one public health nurse who did the readings.

Another activity of the Bureau of Public Health Nursing was the continued emphasis to improve the school health program. This was done through nurse-teacher conferences, the examination of new pupils and referrals, and the use of parent-volunteers in the Massachusetts Vision Test Program. Four hundred and nine parents were trained by Mrs. Helen Verner of the Maryland Society for the Prevention of Blindness from March, 1952 until the end of 1953.

Public health nurses assisted in the Medical Care Program when clients failed to register at a medical care clinic. Three hundred and sixty-one home visits were made to these persons by the public health nurses to explain the purpose of the Program and to assure them of the value of registering at a clinic so that medical care would be available when ill.

The in-service education of the public health nurses consisted of seminars in home safety and accident prevention as they relate to each phase of the public health nurses' work. This program was presented by Miss Margaret Galbreath, public health nursing supervisor assigned to the Bureau of Industrial Hygiene on a part-time basis. The eight weeks basic orientation was given to all new staff members. Those who had been on the staff for six months or more had seven seminars on venereal diseases control and prevention, eight seminars in tuberculosis control and prevention, and ten seminars in mental hygiene. This amount of in-service education is given because the beginning nurse comes to the City Health Department directly from a school of nursing without prior experience in public health nursing.

In April Miss Jeanette Vroom was appointed to the staff as a supervisor of public health nursing to work particularly in the tuberculosis program.

The Johns Hopkins Hospital and the University of Maryland Hospital continued to assign public health nursing instructors to assist in the student program. One hundred and twenty-three students from five schools of nursing completed an eight weeks' affiliation in public health. Observations in field, clinic and school work were provided for other schools of nursing in the city; these totaled 532 observations.

Initial steps were made to inaugurate a volunteer program and a public health nurse was employed to supervise this activity. Two staff nurses were granted an educational leave and completed a year in public health nursing at Catholic University of America, and the Assistant Director of Public Health Nursing was granted a leave of absence to secure the Master of Public Health degree at the Johns Hopkins School of Hygiene and Public Health.

The turnover in nursing positions reached an all-time high with forty-eight resignations and forty-six appointments. The majority of the nurses who left did so because of home responsibilities, for better salary, poor health, or because they were leaving the city. To help alleviate the shortage, the City Service Commission approved the employment of part-time nurses. Four nurses filled positions on this basis at the end of the year. There were also fifteen unfilled vacancies as of December 31.

Personnel

Alice M. Sundberg, B.A., M.P.H., Director
 M. Elizabeth Pickens, B.S., Assistant Director
 M. Alice Caron, Supervisor of Public Health Nursing
 Ethel G. Gluck, Supervisor of Public Health Nursing
 Mary I. Streckfus, Supervisor of Public Health Nursing

Public Health Nurses

Marianne P. Aiau	Constance E. Jacobs
Pauline K. Benfer	Ruth K. Jones
Katherine Brady	S. Margaret King
Altha E. Busch	Elsa G. Kittel
Helen M. Carr	Effie F. Lingner
Doris M. Carter	Beulah B. McCausland
Elevian R. Carter	Helen M. McKee
Alice E. Diver	Winifred F. Moore
Edith L. Enten	Rose Ann Pacunas
Edna J. Faith	Ruth B. Pyle
Mollie G. Fell	Carolyn M. Shaffer
Virgie M. Finneyfrock	Helen B. Sharpe
Lillian G. Ford	Ruth Stoneham
Kathryn S. Gairoard	Birdie M. Thearle
Mary A. Goldberg	Violet B. Weber
Marian B. Hagan	Helen L. Wells
Mina B. Hansen	Alva M. Williams
Grace S. Eyler, Senior Stenographer	
Selma C. Mandelberg, Senior Stenographer	

TABLE NO. 1
SUMMARY OF HOME VISITS OF PUBLIC HEALTH NURSES—1933

SERVICE AND TYPE OF VISIT	ENTIRE CITY			EASTERN HEALTH DISTRICT		WESTERN HEALTH DISTRICT		DRUID HEALTH DISTRICT		SOUTH-EASTERN HEALTH DISTRICT		SOUTHERN HEALTH DISTRICT		NORTH-WESTERN HEALTH DISTRICT		NORTHERN HEALTH DISTRICT		NORTH-EASTERN HEALTH DISTRICT	
	Total	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
All Home Visits	124,081	63,578	70,503	6,418	15,681	10,282	7,127	1,025	29,166	13,232	2,507	4,689	5,188	2,697	9,552	5,060	7,795	3,077	
Maternity Hygiene	40,190	1,500	8,690	463	2,520	1,555	525	105	4,140	415	135	175	60	25	160	110	350	30	200
Infant Health Supervision	46,310	27,850	18,460	2,463	3,370	4,083	2,200	275	7,000	5,035	870	2,661	1,510	4	925	4,465	4,815	0,015	
Preschool Health Supervision	14,908	6,360	8,548	690	2,000	1,700	975	170	2,855	1,245	590	745	250	165	915	685	895	305	
School Health Supervision	3,968	6,290	653	300	1,700	1,070	45	110	1,115	945	115	1,470	95	2,295	60	820	50	250	10
Tuberculosis	8,413	6,045	2,368	2,155	6,085	2,905	2,635	240	11,160	4,365	615	1,765	230	1,150	1,190	2,250	2,000	1,335	305
Veneral Disease	3,181	278	4,903	28	601	42	457	35	3,091	67	92	29	173	5	102	62	245	10	112
Acute Communicable Disease	5,193	3,095	1,100	395	295	250	75	40	390	500	35	220	55	450	55	555	90	685	75
Other Morbidity	2,519	1,240	1,275	175	535	135	175	30	295	310	35	145	50	125	35	260	100	60	50
All Others	765	400	365	25	105	40	10	20	120	70	25	50	35	65	5	115	60	15	5
Effective Visits	107,632	51,779	55,853	5,041	12,723	8,345	5,637	777	22,395	10,730	1,968	5,434	4,352	7,497	2,260	7,737	4,174	6,218	398
Maternity Hygiene	8,345	1,200	7,145	300	2,000	1,055	410	95	3,590	360	105	155	45	5	120	80	260	130	165
Infant Health Supervision	35,370	21,160	14,210	1,550	2,735	3,100	1,660	215	5,435	3,745	610	2,275	1,240	235	690	2,255	1,035	3,715	755
Preschool	10,820	5,230	5,590	485	1,485	1,340	720	95	1,745	1,140	495	630	205	455	155	735	595	180	180
School Health Supervision	6,340	3,750	2,590	275	1,355	970	45	100	1,055	825	105	1,435	85	1,560	60	750	50	245	10
Tuberculosis	37,025	13,620	23,405	2,810	5,135	4,220	2,775	180	9,265	3,740	515	1,530	215	1,035	1,055	1,770	1,140	1,085	
Veneral Disease	2,857	159	3,688	16	388	20	297	17	1,540	45	56	9	107	2	65	42	179	8	68
Acute Communicable Disease	3,945	2,935	1,010	360	270	230	65	30	360	470	30	215	80	435	50	525	85	670	70
Other Morbidity	2,393	1,205	1,188	155	495	130	155	25	280	310	35	145	50	125	30	255	95	60	50
All Others	585	320	265	10	80	30	10	20	75	55	20	40	15	55	5	100	55	10	5
Maternity Hygiene Service	10,190	1,500	8,690	485	2,520	1,555	525	105	4,140	415	135	175	660	25	160	110	350	30	200
All visits																			
Health Department clinic case																			
Antepartum	2,325	215	2,110	15	470	40	170	20	815	30	70	60	255	5	75	35	170	10	85
Parturition	1,835	210	1,625	90	520	25	110	10	645	25	35	30	170		30	25	60	5	
Other clinic case																			
Antepartum																			
Parturition	975	225	750	65	390	25	50	5	245	65		50	20		10	15	15		20
Home visit, not seen	3,210	550	2,660	210	620	15	80	60	1,865	240		15	50		5	5	15	5	5
Visit in behalf of case	1,330	210	1,120	85	250	35	105	5	470	50	30	10	145		10	40	5	15	35
	1,515	90	425	20	270	15	10	5	80	5			20	10		25	45		

Infant Health Supervision Service														
All visits.....	46,210	27,820	18,360	2,165	3,370	4,085	2,200	275	7,000	5,035	870	2,860	1,510	4,150
Home visit, neonatal.....	19,745	12,620	7,125	880	1,065	1,710	780	165	3,285	1,610	155	1,245	695	2,070
Home visit, premature infant.....	3,460	1,910	1,550	125	345	230	145	5	605	250	70	215	130	275
Home visit, clinic infant.....	7,305	2,795	4,510	360	1,185	290	605	40	1,470	1,130	300	515	490	205
Home visit, other case.....	2,760	165	105	15	25	15	15	..	25	45	15	25	5	20
Home visit, diphtheria prevention.....	4,590	3,670	920	170	115	855	130	5	60	750	70	275	50	665
Home visit, not seen.....	8,855	5,455	3,400	410	380	845	500	45	1,325	1,145	245	425	225	630
Visit in behalf of case.....	1,985	1,235	750	205	255	140	40	15	240	105	15	160	45	285
Preschool Health Supervision Service														
All visits.....	14,665	6,330	7,835	660	2,000	1,700	975	170	2,855	1,525	590	745	250	520
Health Department clinic case.....	6,580	2,390	4,220	260	1,305	545	585	55	1,475	835	415	215	90	120
Other case.....	180	120	60	15	15	10	15	..	55	20	10	5	25	25
Home visit, diphtheria prevention.....	4,060	2,750	1,310	220	165	785	125	40	250	295	75	395	115	310
Home visit, not seen.....	3,160	1,335	1,825	105	315	340	235	60	980	330	85	110	30	55
Visit in behalf of case.....	685	265	420	70	200	20	20	15	130	55	10	5	15	10
School Health Supervision Service														
All visits.....	6,945	6,200	655	330	170	1,070	45	110	115	945	110	470	95	2,295
Home visit, correction of dental defect.....	4,205	2,620	475	205	110	815	40	..	90	75	670	100	300	75
Home visit, other.....	1,515	1,470	105	60	25	140	..	..	30	75	..	..	..	..
Home visit, not seen.....	515	470	45	45	15	85	..	10	10	112	10	25	10	125
Visit in behalf of case.....	90	70	20	10	20	15	..	..	..	..	..	..	..	..
Tuberculosis Service														
All visits.....	43,415	16,095	27,320	2,155	6,085	2,805	2,635	240	11,160	4,365	615	1,795	2,330	1,150
Pulmonary case.....	19,445	5,830	13,595	785	2,770	1,245	1,185	140	5,940	980	205	735	1,350	375
Postnatorium.....	9,745	5,640	4,105	640	755	850	490	25	1,680	1,990	155	410	165	515
Childhood type.....	885	150	745	75	240	5	60	..	..	..	..	..	..	..
Postnatorium.....	185	25	160	10	20	..	..	..	..	..	..	..	..	..
Suspect.....	1,205	395	810	45	165	90	225	..	..	..	..	..	..	..
BCG vaccination.....	1,455	105	1,350	35	360	110	130	..	..	..	..	..	..	..
Contact, living case.....	2,895	1,190	1,405	155	490	110	130	..	..	..	..	..	..	..
Contact, dead case.....	790	405	385	65	65	45	40	..	..	..	..	..	..	..
Home visit, other.....	710	60	650	320	20	10	..	..	..	..	..	..	..	..
Home visit, not seen.....	4,745	1,680	3,065	190	565	325	340	30	1,405	570	90	160	200	90
Visit in behalf of case.....	1,645	595	1,050	155	385	60	20	30	490	55	10	105	55	25
Veneral Disease Service														
All visits.....	5,181	278	4,903*	28	601	42	457	35	3,091	67	92	29	173	5
Syphilis.....	861	54	807	7	170	5	95	..	..	..	..	..	..	..
Congenital service.....	929	47	882	4	96	8	74	3	517	13	15	6	11	1
Delinquent patient follow-up.....	275	13	262	..	43	1	36	1	133	4	8	..	..	..
Epidemiological investigation.....	91	5	86	1	38	2	7	..	..	..	..	..	..	..
Delinquent patient follow-up.....	701	40	661	4	41	4	85	..	..	..	..	..	..	..
Epidemiological investigation.....	2,215	113	2,102	11	136	21	190	18	1,544	22	34	17	55	2
Home visit, not seen.....	109	6	103	1	77	1	..	..	..	..	..	..	..	..
Visit in behalf of case.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..

* Including work of social workers.

Note: Home visits of student nurses which in past years were included in this table may be found in Table No. 2 which follows.

TABLE NO. 1—Concluded
SUMMARY OF HOME VISITS OF PUBLIC HEALTH NURSES—1953

SERVICE AND TYPE OF VISIT																
ENTIRE CITY			EASTERN HEALTH DISTRICT		WESTERN HEALTH DISTRICT		DRUID HEALTH DISTRICT		SOUTH-EASTERN HEALTH DISTRICT		SOUTHERN HEALTH DISTRICT		NORTH-EASTERN HEALTH DISTRICT		NORTHERN HEALTH DISTRICT	
Total	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
Acute Communicable Disease Service																
4,195	3,095	1,100	395	295	75	390	500	35	220	85	450	55	555	90	685	75
All visits.....																
Home visit, reported case.....																
Chickenpox.....	75	45	30	20			10		10		5		5			
Mumps.....	655	165	490	65			65		30		25		65		15	20
Whooping cough.....	525	375	150	30			70		55		25		330		30	25
Scarlet fever.....	1,830	1,835	115	210	25	125	10	5	55	10	245		5	10	5	5
Other.....	60	20	40	15					10							
Home visit, suspect.....																
Chickenpox.....	70	70	30		5		5		5		45		15			
Mumps.....	110	80	30		15		5		20	10	30		15		5	
Whooping cough.....	70	60	10		5		5		15		35		20		15	
Scarlet fever.....	120	110	10		5		5		25		25		15			
Other.....	60	55	5													
Home visit, contact.....																
Chickenpox.....	5	5							5						5	
Mumps.....	20	15	5													
Whooping cough.....	5	5														
Scarlet fever.....	10	10														
Mumps.....																
Home visit, immunization.....																
Poliomyelitis.....	10	5	5				5									
Mumps.....	25	5	20													
Diphtheria.....	45	35	10													
Typhoid fever.....	5	5														
Home visit, typhoid fever culture.....	90	35	55				15				10					
Follow-up cases.....	20	15	5													
Home visit, not seen.....	205	135	70	30	20	10	5	15	5	5	5	5	5	5	15	5
Visit in behalf of case.....	45	25	20						10							
Other Morbidity Service																
2,515	1,240	1,275	175	535	175	295	310	35	145	50	125	35	260	100	60	50
All visits.....																
Sore eye case.....	165	45	120				70		30		15		5			
Infant.....	180	80	100				20		35		15		5			
Preschool child.....	200	120	80	40	75	10	20		5		5		10	10		
School child.....	965	760	165	30	50	35			75	5	5		10	5		5
Adult.....	340	120	220	55	210	25	10	10	220	15	120	25	210	50	40	10
Mental hygiene.....																
Lead poisoning.....	5	5														
Home visit, not seen.....	560	365	465	25	130	35	15	155	5	20			10	25	10	35
Home visit, not seen.....	90	30	60	15	5	15							5	5		
Visit in behalf of case.....	30	5	25													

All Other Service	765	400	365	25	105	40	10	20	120	70	25	50	35	65	5	115	60	15	5
All visits.....	25	5	20	..	10	..	..	..	..	..	5	..	..	5	..	..	6	..	..
Sanitary visits.....	35	15	20	..	5	..	..	..	15	10	5	..	..	..	..	25	10	5	..
Vital statistics investigation.....	200	130	70	10	20	..	..	10	15	30	10	25	15	25	..	..	..	..	..
Other visits.....	180	65	115	..	35	25	10	10	40	10	5	5	..	5	5	10	15	..	5
Medical care clients.....	125	95	30	..	..	..	..	..	5	5	..	5	..	15	..	65	25	..	..
Lapsed medical care clinic appointment.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculin reading.....	20	10	10	..	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nursing care.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other visits.....	150	70	80	10	20	5	..	..	40	15	5	5	10	5	..	15	5	..	..
Home visit, not seen.....	30	10	20	5	5	..	..	..	5	..	..	5	10	10	..	..	..	..	..
Visit in behalf of case.....	..	..	..	..	..	..	..	..	5	..	..	5	10	..	..	..	..	..	..

TABLE NO. 2
HOME VISITS OF STUDENT NURSES BY DISTRICTS—1953

	TOTAL	HEALTH DISTRICTS					
		Eastern	Western	Druid	South-eastern	South-ern	North-ern
All home visits	22,172	13,935	3,491	1,868	1,916	739	223
Maternity hygiene	5,839	4,064	923	501	242	84	26
Infant health supervision	6,381	3,460	886	638	802	407	98
Preschool health supervision	2,174	973	517	422	180	78	6
School health supervision	418	294	16	4	64	40	..
Tuberculosis	4,388	2,702	930	221	362	120	53
Veneral disease	115	79	26	2	7	..	1
Acute communicable disease	931	634	108	59	97	..	33
Other morbidity	1,806	1,682	54	9	47	12	2
All others	120	47	32	12	23	..	4

MEDICAL CARE SECTION

MEDICAL CARE SECTION

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

Director

For 1953 the average monthly enrollment of persons receiving public assistance in Baltimore was 24,623 as compared with 23,787 for the previous year. The monthly average number of persons under the Baltimore City Medical Care Program for 1953 was 23,503 as compared with 23,685 during 1952.

For the first six months of the year 1953 the Baltimore City Medical Care Program was provided with funds sufficient to care for all persons on the rolls of the City Department of Public Welfare, but after July 1, the first of the State of Maryland 1953-54 fiscal year, supporting funds from the State were drastically reduced and this failure in financial support forced a corresponding curtailment in Program services during the last half of the year. This midyear cut in financial support made when there was no corresponding drop in the number of persons on Welfare rolls and when wholesale drug costs were rapidly rising prevented many indigent persons from getting much needed medical care and made administration of the Program much more difficult and very unsatisfactory.

During the first six months of 1953 adequacy of funds made it possible to conduct the Program according to approved plans. Persons certified to the Medical Care Section by the City Department of Public Welfare as being eligible for services under the Program were promptly enrolled and complaints of unmet medical care needs among eligible persons were few.

On July 1, in sharp contrast, emergency measures were put into effect which of necessity fell far short of providing adequately for the medical care needs of all eligible persons. With the advice of the Baltimore City Advisory Committee on Medical Care the following measures were planned and put into effect on that date:

- a. The average period of medical care coverage for persons recently taken off Welfare rolls was reduced from three months to six weeks. Although this step resulted in some financial saving it proved to be unwise in several respects. The change made it necessary to inaugurate a system of issuing identification cards quarterly instead of half yearly and adopt other office and clinic procedures which were expensive and unsatisfactory to all concerned.
- b. A waiting list of eligible persons was established in order to keep within the limited budget. During the last six months of 1953 the average number of persons on this waiting list, caused by lack of money, was approximately 2,000.

- c. As an emergency measure during a temporary period while efforts were being made to secure more funds the six hospitals conducting medical care clinics agreed to give persons on the waiting list urgently required medical services free of charge. This free emergency service started on July 1 and with some exceptions was discontinued on September 30.
- d. Some much needed special services, such as the provision of dentures for exceptional cases, were withdrawn.

On June 5, 1953 the Baltimore City Health Department and the City Department of Public Welfare entered into an agreement which provided for the extension of the Baltimore City Medical Care Program to include all foster children living in private homes in Baltimore as wards of the Department of Public Welfare. Notwithstanding the financial difficulties confronting the program this development, which has been under consideration since the program started in 1948, proceeded because foster children are particularly needy and, through the agreement, can receive medical care clinic services at Baltimore City Hospitals without charge to the Program. It was computed that these children can be provided with medical care at not more than 60 per cent of the cost of providing similar care to persons regularly under the Program. Under these conditions it was deemed wise to accept these 1,000 foster children even though approximately 600 other persons would have to be kept waiting. In cooperation with neighborhood participating physicians the new medical care clinic at Baltimore City Hospitals started providing services to these foster children through the program on August 31.

Physician Services

The family physicians in the neighborhood of the patient's residence continued to be the important keystone in furnishing medical services under the Baltimore City Medical Care Program. The average number of private physicians participating in the Program during the year was 280. This number remained fairly constant throughout the year.

The physician chosen by the largest number of persons was responsible for an average during the year of 1,008 persons. Only three other physicians were responsible for more than an average of 750 persons and not more than three physicians were responsible for an average of between 500 and 750 persons. As in previous years there were very few complaints regarding either physicians' services or excessive demands by patients.

Medical Care Clinics

The six medical care clinics established soon after the inauguration of the Baltimore City Medical Care Program continued in operation throughout the year.

The new medical care clinic at Baltimore City Hospitals, inaugurated on

August 31, did not get into full operation until the last part of the year. This new clinic, by formal agreement, is under the direct supervision of the Assistant Superintendent of Baltimore City Hospitals. Because the new clinic was confined to the care of foster children most of the hospital services were provided by the Pediatrics Division of the Outpatient Department.

The names of the seven hospitals conducting medical care clinics and the names of the physicians in charge of the clinics were as follows:

HOSPITAL	DIRECTOR OF MEDICAL CARE CLINIC
University of Maryland	Dr. Henry W. D. Holljes
Johns Hopkins	Dr. George W. Dana
South Baltimore General	Dr. Harry T. Wilson, Jr.
Sinai	Dr. Frank F. Furstenberg
Provident	Dr. C. Dudley Lee
Mercy	Dr. S. Edwin Muller
Baltimore City Hospitals	Dr. Herbert C. Johnston

According to quarterly reports received from medical care clinics a total of 3,360 general examinations was made during the year. Also at the clinics there were conducted 7,189 other examinations. The number of diagnostic and special treatment services provided in other departments of the hospital at the request of the medical care clinic directors was 35,980. There were 38,655 laboratory and nursing services provided by the hospitals in addition to such services connected with the general examination. Of persons assigned to medical care clinics 60 per cent received a general medical examination there. An undetermined number of general medical examinations were made by the child health clinics and other Health Department clinics to which persons were received for special care.

Provision of Eyeglasses and Emergency Dental Services

Within strict financial limitations a service for the provision of eyeglasses inaugurated August, 1952 was continued satisfactorily throughout the year. During 1953 the number of persons receiving eyeglasses was 610 at a total cost of \$5,475.10 or an average cost of \$8.98 per person served.

During the year agreements were concluded with all hospitals conducting medical care clinics, except Baltimore City Hospitals, whereby payment for the provision of emergency dental treatment services would be made on a fee-for-service basis on condition that the total expenditure would not exceed an average of \$1.00 per person per year.

Drugs and Medical Supplies

During 1953 payment was made for 112,206 prescriptions for persons under the Baltimore City Medical Care Program at a total cost of \$182,-

350.37. The average cost of a prescription was \$1.63 as compared with \$1.52 for 1952 and the average drug cost per person under the program was \$7.66 as compared with \$6.26 in the previous year. The increased cost of drugs was mostly due to a marked increase in wholesale costs. Also, at the first of July, an increase was made in the payment to pharmacists for their services in filling prescriptions; this increase, long requested by the pharmacists, amounted to approximately 3.7 per cent of the final cost of prescriptions filled after that date.

Financial Statement

The total amount spent for the conducting of the Baltimore City Medical Care Program during 1953 was \$661,837.30 and of this sum \$637,075.91 was contributed by the State of Maryland. The contribution of the City of Baltimore was \$24,761.39, approximately one-half of the central administration costs. Tables Nos. 4, 5, 6 and 7 give detailed information regarding expenditures. The average cost per person under the Program was \$27.62 as compared with \$25.37 for the preceding year.

Personnel

J. Wilfrid Davis, M.D., M.P.H., Director
Charles A. Rittler, B.S., Assistant to the Director
Lillian J. Dudderar, Secretary-Stenographer
Marian Kramer, Senior Clerk
Louise D. Rosenberger, Senior Clerk
Florence Pritchett, Senior Clerk
Estelle M. Dryden, Senior Stenographer
Laura R. Schadler, Senior Key punch Operator
Sophie Catterton, Key punch Operator
Shirley Jensen, Key punch Operator

ADVISORY COMMITTEE ON MEDICAL CARE

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

DR. GEORGE M. ANDERSON
Member, State Board of Health

MR. CHARLES S. AUSTIN, JR.
President, State Board of Pharmacy

DR. ALAN M. CHESNEY
Dean of the Johns Hopkins Medical School

MRS. HENRY E. CORNER

DR. WETHERBEE FORT
President of the Baltimore City Medical Society

MR. WILLIAM GALVIN

DR. RUSSELL NELSON
President of the Baltimore Hospital Conference

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

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

DR. NATHAN E. NEEDLE
President of the Maryland Academy of Medicine and Surgery

MISS ETHEL TURNER
Superintendent, Instructive Visiting Nurse Association

DR. JOHN P. URLOCK
President of the East Baltimore Medical Society

MR. T. J. S. WAXTER
Director, Department of Public Welfare of Maryland

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

DR. CHARLES T. WOODLAND
President of the Monumental City Medical Society

DR. H. BOYD WYLIE
Dean of the University of Maryland Medical School

DR. GEORGE H. YEAGER
Chairman of the Medical Care Committee of the Maryland State Planning Commission

DR. HUNTINGTON WILLIAMS, *ex officio*
Commissioner of Health of Baltimore City

TABLE NO. 1

PERSONS ON RELIEF ROLLS AND PATIENTS RECEIVING MEDICAL CARE THROUGH THE
BALTIMORE CITY MEDICAL CARE PROGRAM, ACCORDING TO MONTH*—1953

MONTH	NUMBER OF PERSONS ON RELIEF ROLLS	NUMBER OF PERSONS ASSIGNED TO MEDICAL CARE CLINICS
January 1.....	26,487	23,089
February 1.....	26,319	23,908
March 1.....	25,398	24,605
April 1.....	26,178	25,594
May 1.....	26,479	26,550
June 1.....	25,988	26,831
July 1.....	25,743	21,968
August 1.....	24,920	22,133
September 1.....	24,838	22,214
October 1.....	24,544	19,115
November 1.....	25,143	22,913
December 1.....	25,437	23,111

* Total shown indicates census at first of month. It includes 1,000 foster children living in private homes.

TABLE NO. 2

PERSONS ASSIGNED ACCORDING TO MONTH* AND HOSPITAL—1953

MONTH	TOTAL	UNI- VERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVI- DENT	MERCY	BALTO. CITY HOSPITALS
January.....	23,089	4,023	10,137	2,489	1,620	2,664	2,156	
February.....	23,908	4,150	10,479	2,544	1,711	2,773	2,251	
March.....	24,605	4,265	10,730	2,637	1,794	2,847	2,332	
April.....	25,594	4,459	11,101	2,704	1,949	2,911	2,410	
May.....	26,550	4,665	11,478	2,873	2,044	3,021	2,469	
June.....	26,831	4,726	11,629	2,887	2,060	3,043	2,486	
July.....	21,968	4,024	9,464	2,369	1,638	2,492	1,981	
August.....	22,133	4,047	9,535	2,381	1,657	2,508	2,005	
September.....	22,214	4,054	9,570	2,377	1,671	2,508	2,012	22
October.....	19,115	3,482	7,988	2,058	1,372	2,067	1,731	420
November.....	22,913	4,161	9,314	2,551	1,571	2,485	1,994	837
December.....	23,111	4,175	9,343	2,534	1,586	2,488	1,998	987
Contract Minimum†..	22,000	4,000	10,000	2,500	1,000	2,500	2,000	None

* Total shown indicates census at first of month.

† Note—Under contracts between the Commissioner of Health and the six hospitals conducting medical care clinics, the minimum numbers of individuals to be assigned to the six hospitals having medical care clinics were as follows: University 4,000; Johns Hopkins 10,000; South Baltimore General 2,500; Sinai 1,000; Provident 2,500; Mercy 2,000. The total number of assignments guaranteed under contracts was 22,000. Baltimore City Hospitals provides care for foster children numbering approximately 1,000.

MEDICAL CARE SECTION

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TABLE NO. 3
PERSONS REGISTERED ACCORDING TO MONTH* AND HOSPITAL—1953

MONTH	TOTAL	PER CENT†	UNI- VERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVI- DENT	MERCY	BALTO. CITY
January	22,728	96.7	3,990	9,977	2,472	1,533	2,656	2,100	
February	23,286	95.9	4,097	10,199	2,507	1,611	2,729	2,143	
March	24,108	96.0	4,231	10,538	2,596	1,733	2,806	2,205	
April	24,945	95.7	4,368	10,879	2,709	1,856	2,878	2,253	
May	25,761	96.5	4,544	11,190	2,793	1,956	2,958	2,320	
June	26,249	97.6	4,664	11,382	2,830	1,995	3,009	2,369	
July	21,914	99.3	4,000	9,442	2,356	1,647	2,475	1,994	
August	22,056	99.5	4,026	9,499	2,373	1,661	2,491	2,006	
September	22,120	99.6	4,040	9,531	2,375	1,671	2,495	2,008	
October	19,622	92.6	3,615	8,279	2,174	1,412	2,137	1,790	214
November	20,819	90.6	3,854	8,546	2,373	1,444	2,275	1,863	464
December	21,828	94.4	4,052	8,764	2,483	1,494	2,397	1,910	728

* Total shown indicates mean number for each month.

† Represents percentage of assigned persons registered.

TABLE NO. 4
DRUG EXPENDITURES ACCORDING TO MONTH* AND NUMBER OF
PERSONS REGISTERED—1953

MONTH	NUMBER OF PERSONS REGISTERED	NUMBER OF PRE- SCRIPTIONS	AMOUNT PAID FOR DRUGS	MEAN COST PER PRE- SCRIPTION	MEAN COST PER REGISTRANT	NUMBER OF PHARMACIES PAID
January	22,728	6,600	\$10,086.23	\$1.53	\$.44	179
February	23,286	12,168	18,942.54	1.56	.81	226
March	24,108	9,965	15,366.22	1.54	.64	218
April	24,945	9,016	13,933.72	1.55	.56	218
May	25,761	9,955	15,815.42	1.59	.61	220
June†	26,249	20,343	33,487.82	1.65	1.28	269
July†	21,914	3,300	5,598.41	1.70	.26	116
August	22,056	5,901	9,746.51	1.65	.44	181
September	22,120	7,880	13,144.62	1.67	.59	190
October	19,622	8,259	13,669.69	1.65	.70	204
November	20,819	8,135	13,292.29	1.63	.64	198
December	21,828	9,464	15,905.10	1.68	.73	207

* Total shown indicates mean number of persons registered for each month.

† Figures shown are the averages for June and July.

TABLE NO. 5
TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1953

	HOS- PITALS MEDICAL CARE	HOS- PITALS EMER- GENCY DENTAL	PHYSICIANS	PHAR- MACIES	OPTI- CIANS	SPECIAL SERVICES	ADMINISTRATION	
							State	City*
First Quarter.....	\$81,787.23	\$5,801.06	\$41,941.65	\$44,395.09	\$949.56		\$8,442.50	\$6,190.35
Second Quarter.....	66,992.84	6,237.03	45,987.57	65,737.01	2,757.40		6,442.50	6,190.35
Third Quarter.....	55,466.74	3,902.18	38,583.07	24,838.55	931.75		6,986.75	6,190.35
Fourth Quarter.....	55,320.98	2,755.00	36,243.28	47,379.72	836.39	\$1,373.31	6,986.75	6,190.34
	\$239,567.79	\$18,695.27	\$182,755.57	\$182,350.37	\$5,475.10	\$1,373.31	\$26,858.50	\$24,761.39

* The sum of \$24,761.39 includes \$6,600 for IBM machine rental, office space, postage, telephone service, janitor service, transportation, elevator service, heat, light and power.

TABLE NO. 6
DISTRIBUTION OF EXPENDITURES BY TYPE OF SERVICE AND PROPORTION OF EACH
TYPE TO TOTAL EXPENDITURE—1953

	EXPENDITURE	PER CENT OF TOTAL
Hospitals for Medical Care Clinic Services.....	\$239,567.79	36.2
Hospitals for Emergency Dental Treatment Services.....	18,695.27	2.8
Physicians for Home and Office Services.....	182,755.57	24.6
Pharmacies.....	182,350.37	27.6
Opticians.....	5,475.10	0.8
Special Services.....	1,373.31	0.2
Administration*.....	51,619.89	7.8
	\$661,837.30	100.0

* Includes \$24,761.39 from the City of Baltimore.

TABLE NO. 7
DISTRIBUTION OF EXPENDITURES BY TYPE OF SERVICE AND AMOUNTS PER PERSON
ASSIGNED*—1953

	EXPENDITURE	EXPENDITURE PER PERSON ASSIGNED
Hospitals for Medical Care Clinic Services.....	\$239,567.79	\$10.00
Hospitals for Emergency Dental Treatment Service.....	18,695.27	.78
Physicians for Home and Office Services.....	182,755.57	6.79
Pharmacies.....	182,350.37	7.61
Opticians.....	5,475.10	.23
Special Services.....	1,373.31	.06
Administration†.....	51,619.89	2.15
	\$661,837.30	\$27.62

* The mean number of persons assigned to the medical care clinics during the year was 23,957.

† Includes \$24,761.39 from the City of Baltimore.

SANITARY SECTION

1941-1942

SANITARY SECTION

Wilmer H. Schulze, Phar.D.

Director

The occurrence of several cases of serum hepatitis in armed service personnel tattooed in Baltimore showed the need for the control of sanitation practices in tattoo establishments in the city. As a result, two ordinances were approved. The first, Ordinance No. 739, which became effective June 8, 1953, prohibits the tattooing of persons under eighteen years of age; the second, Ordinance No. 757, approved on June 15, 1953 placed new restrictions on all tattooing in Baltimore and included the requirement of a license from the Commissioner of Health. Subsequently, in accordance with the provisions of Ordinance No. 757, the Commissioner of Health adopted a series of regulations deemed necessary for the sanitary practice of tattooing. At the time the ordinances were approved there were four tattoo establishments in the city. Three of these discontinued operation because they were unable to meet the sanitation requirements and the fourth was issued a license after compliance with the ordinances and regulations.

Additional appropriation for air pollution control made possible further development and expansion of the program planned for this activity. Mr. F. C. Hettinger, a chemical engineer, with many years of experience in chemical industrial operations and Chairman of the Department of Chemical Engineering at the Johns Hopkins University, was appointed on a part-time basis to the position of Senior Engineering Supervisor for Air Pollution Control in the Bureau of Industrial Hygiene. Additional needed equipment was purchased for evaluating certain air contaminants on a continuous basis day and night when necessary. Industry continued to cooperate toward solving its air pollution problems; additional control equipment was installed and where applicable plant operations were modified when beset by adverse weather conditions.

The State psittacosis control law was amended to permit the importation of psittacine birds into Maryland from within the continental United States and to allow them to be bred and sold under rules and regulations adopted by the State Board of Health. This was followed by repeal of the City psittacosis ordinance, Ordinance No. 796, approved October 3, 1938. Under the new State Law the Maryland State Board of Health established state-wide regulations on May 15, 1953. Persons dealing in psittacine birds in Baltimore City must first secure a permit from the Commissioner of Health and among other requirements must keep accurate records of all

transactions and immediately notify the Health Department of any unusual illness or death among the birds.

Special studies and investigations included: An extensive survey and application of rat eradication procedures following a case of endemic typhus fever where subsequent trapping of rats showed positive complement fixation tests for this disease, both on the premises where the disease occurred and in a near-by grain storage establishment; the occurrence of typhoid fever among personnel employed in an institution which resulted in finding two carriers among the workers; continuation of studies with the assistance and cooperation of the U. S. Public Health Service of the extent of radioactivity in a building formerly used as a radium clinic together with possible methods of decontamination and medical examinations of persons formerly employed there; the types and efficiency of equipment used for high temperature-short time pasteurization of milk, and the feasibility of necessary ordinance changes to permit its use in the city; surveys made of sewer needs in several small unsewered areas of the city; the relatively recent innovation of the tank pick-up system for the collection of milk at dairy farms directly from milk storage tanks at the farm thereby eliminating the use of milk cans; the types of spectacles distributed in moving picture theatres for viewing 3-D movies which resulted in an agreement that only disposable types would be used in the city; the advantages of the use of newer types of sanitary milk piping that can be permanently installed and still be thoroughly cleansed; an investigation of the use of warfarin as a rodenticide in a cooperative community project of rat elimination; and instances of the practice of adding borax to ground beef as a preservative.

Other activities of special interest were: The investigation of precautionary measures taken in connection with the use of radioactive isotopes obtained by industry and institutions for practical use and for research purposes; the elimination of weeds in proximity to a home where two reported cases of Rocky Mountain spotted fever occurred, one of which was fatal; the inauguration of a procedure with the Department of Public Works for the control of private wells drilled within the city for air conditioning purposes together with precautionary measures to prevent cross connections with the public water supply; the establishment of a procedure with the Buildings Inspection Engineer to require that temporary stalls constructed on the former site of the Lafayette Market meet certain minimum sanitary specifications; the recovery of a radioactive treatment applicator that became lost from an institution and was located in a sewer manhole approximately 140 feet from the building; the investigation of 66 rat bites at fifty-four locations followed by prompt steps to eliminate rat infestation on these premises; the joint investigation and correction of unsatisfactory sewage disposal with representatives of the Baltimore

County Health Department; a study of proposed changes in the Housing Code; an increase and extension of the self-inspection program in food handling establishments; the development of a new practical field test for determining the presence of sulfite in ground meat; continued expansion of education and information services in the field of nutrition including guidance for persons who are overweight; and sanitary inspections of dog quarters in institutions where these animals are used for medical research.

Cooperation in environmental sanitation matters with other agencies included: A study with the Johns Hopkins School of Hygiene and Public Health, the U. S. Public Health Service and the Statistical Section of the City Health Department for establishing a workable procedure for estimating the rat population of a city; an arrangement with the State Department of Agriculture whereby no swine fed uncooked garbage would be inspected and passed for slaughtering in plants licensed by the City Health Department; continued assistance to the Bureau of Sanitation in the observation of impounded dogs that had bitten persons, and in sanitation problems at the Municipal Dog Shelter; arrangements with the State Department of Health to have certain food industries licensed by the State inspected by City Health Department personnel to avoid duplication of inspection; and participation in the Home Safety Committee activities of the Baltimore Safety Council.

Several events of benefit to the functioning of the Section were: A five week in-service training course given to all recently appointed sanitarians; a reorganization of the staff in the Division of Community Sanitation to improve the handling of the many and varied types of sanitation activities; reassignment, with the assistance of the Director of the Bureau of Vital Records, of personnel in order that the permit desk on the first floor of the Municipal Building where licenses are issued for the Sanitary Section would function more effectively and more efficiently; and the issuance of identification cards to field personnel to replace the use of badges.

Visitors included representatives from Argentina, Australia, Formosa, India, Italy, Japan, Norway, Pakistan, Thailand, and Turkey in addition to a number from different state and city health departments in this country. These visits furnished excellent opportunities to exchange ideas and information on all phases of environmental sanitation.

A number of the items mentioned in this report are enlarged upon in the reports of the bureau directors which follow.

Personnel

Wilmer H. Schulze, Phar.D., Director
Margaret M. McDonough, Senior Stenographer
Katharine F. Losey, Senior Clerk
Jennie G. Moore, Senior Clerk
George P. Boteler, Municipal Exchange Operator

BUREAU OF MILK CONTROL

Ivan M. Marty

Director

The most outstanding accomplishment in milk control was a perfect record in the bureau phosphatase testing program. For the first time since the test was adopted officially for control purposes in 1937 not one test throughout the year indicated faulty pasteurization of milk or other dairy products although 4,637 city-wide random samples were tested. This exceptional record while due largely to a rigorously executed inspection program, is partially accredited to the phosphatase testing system established under Bureau of Milk Control supervision with enthusiastic cooperation of the participants in all of the pasteurization plants. Under the system nearly all of the city's 100,000 gallon daily milk supply is tested before it leaves the milk plants. Frequently tests indicating faulty pasteurization are reported to the bureau by the milk plants so that an inspector can be present to supervise the disposal of the milk involved.

Approximately 8,000 samples of milk and milk products were submitted to the Bureau of Laboratories for investigational and control purposes, and nearly 12,000 inspections were made of milk and ice cream plants, dairy farms and transportation agencies. In connection with the dairy farm control program 26,710 direct microscopic bacteria counts on individual farm milk supplies were reported to the bureau by the pasteurization plants. Of the total counts reported 5.3 per cent were in excess of the maximum limit established by ordinance and regulation and therefore resulted in sixteen offending producers' permits being suspended and the permittees being summoned to the bureau for warning hearings. Although punitive action has occasionally been necessary, the bureau's long-range educational program, coupled with an intense cooperative desire to produce the highest quality milk supply in the nation, has accomplished, it is believed, admirable results.

As usual the volume of milk produced on the local milkshed, especially during late summer and early fall, was insufficient to meet consumer demand. However, the amount of emergency supplemental milk required from sources outside of the Baltimore inspection area reached a new low of less than 2,000,000 gallons; the peak of 12,000,000 was reached in 1944.

Although outside of the inspection area, established by Health Department regulation for Baltimore, a former emergency milk supply at Rising Sun, Maryland, was approved in September on a permanent basis, thereby adding approximately 15,000 gallons of milk daily to the city's inadequate

supply. The entire block of Rising Sun producers have agreed to comply with all Baltimore dairy farm construction requirements by August 1, 1954.

There were 333 new dairy farm permits issued, thereby raising the total at the end of the year to 2,627. In addition to these permits for farms which produce milk for fluid consumption 200 permits were issued to producers of milk for manufacturing purposes.

A trend toward more efficient dairy farm methods inspired by World War II labor difficulties is evidenced by a review of the most recent survey. Ninety-three per cent of the farms use milking machines; in three per cent of these the milk is piped directly from the milking machines to the refrigerators. Ninety-nine per cent are equipped with mechanical refrigeration. Ninety-five per cent of the dairy houses are equipped with water heaters and wash vats. The use of milking parlors in which cows are milked but not stabled has increased from fourteen, when first approved in 1949, to one hundred and forty.

The Sanitary Milk Production Contest conducted during the past twenty-two years under Health Department sponsorship in the rural high schools on the Baltimore milkshed was won by the Frederick High School, Frederick County, Maryland. Kennard Dale High school, York County, Pennsylvania, and Sparks High School, Baltimore County, Maryland, finished in second and third places respectively. Due to the high school consolidation program in the counties only nine schools competed; however, 215 student farmers were trained under Health Department supervision in approved milk production methods for the contest. Dispersion throughout the milkshed of the thousands of young farmers who have engaged in one or more of the twenty-two annual contests has aided the Department materially in disseminating milk sanitation philosophy.

The Division of Milk Plant Inspection as usual concentrated its efforts chiefly on enforcement of sanitation requirements in the city's twelve milk pasteurization plants and thirty ice cream plants and made a total of 3,700 inspections.

The study of high-temperature short-time pasteurization, begun in August 1952 at the request of nine of the city's twelve pasteurization plants, was completed with recommendations to the Commissioner of Health that an amendment of the milk ordinance which would permit this pasteurization method be introduced in the City Council as an administration measure. Although high-temperature short-time pasteurization has been generally accepted throughout the United States for nearly twenty-five years the City Health Department has proceeded toward approval with caution, due to the disastrous experience of 1912 in which faulty pasteurization by the method caused an outbreak of septic sore

throat in which there were 602 cases with 28 fatalities. The study referred to included conferences with milk control officials in New York, Philadelphia and Detroit as well as with the U. S. Public Health Service and visits to equipment factories in Illinois, Wisconsin, Pennsylvania and New York. At the end of the year the Commissioner of Health had approved a proposed ordinance amendment and had been authorized by the Mayor to proceed toward its adoption by the City Council.

In addition to the high-temperature short-time pasteurization studies considerable thought and time were given to experiments with "in-the-line" cleaning of semipermanent milk pipe line installations and the elimination of farm milk cans by the use of farm storage tanks and tank truck delivery. Preliminary results of the new pipe line cleaning method experiments would appear to indicate that the method may be an improvement over the old "disassemble and brush method" wherein the possibilities of hand contact, insanitary brushes and contaminated wash water are disturbing factors.

It also appears that refrigerated tanks, if properly designed, may prove to be more efficient for the cooling and storage of milk on farms, and where used in conjunction with pipe line milking machines and tank truck delivery to pasteurization plants may revolutionize long accepted dairy farm practices.

A one-half cent increase raised the retail price of pasteurized milk to an all time high of twenty-four cents per quart. There was a noticeable trend toward the use of homogenized milk but no apparent increase in per capita consumption.

The consumer demand for skimmed milk, heretofore negligible, increased perceptibly. Inasmuch as the demand for this product has not as yet warranted processing and distribution by the milk plants, it is conceivable that it will be available to the public during the coming year.

Personnel

Ivan M. Marty, Director
Robert F. Gaddis, Chief, Division of Dairy Farm Inspection
Gulius D. D'Ambrogi, B.S., M.S., Chief, Division of Milk Plant Inspection
Courtney C. Buck, Sanitarian
Lemuel S. Cookman, B.S., Sanitarian
Vernon L. Corey, Sanitarian
Louis George Hillebrand, Sr., Sanitarian
Charles H. O'Donnell, Sanitarian
Joseph N. Pohlhaus, B.S., Sanitarian
Harry H. Shaffer, B.S., Sanitarian
Viron Van Williams, B.S., Sanitarian
Philip H. Strauss, Inspector-Food
Marie R. Huppman, Senior Stenographer
Lillian R. Wolman, Senior Stenographer

TABLE NO. 1
SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION
1953 AND 1952

Area of Baltimore milkshed..... 2,600 square miles (approximate)
Active shippers..... 2,627

ACTIVITIES	1953	1952
INSPECTIONS		
Total.....	6,812	5,812
Routine dairy farms.....	2,567	1,700
Special dairy farms.....	3,166	2,912
Reinspections.....	264	325
Applications.....	430	350
Receiving and by-product plants.....	182	503
Cream plants.....	3	22
OTHER ACTIVITIES		
Violation notices issued.....	2,276	1,314
Hearings.....	17	23
Gallons of milk examined.....	46,320	200
Gallons of milk condemned.....	1,510	0
Permits issued.....	333	272
Permits cancelled.....	198	404
Producers' cans examined.....	12,340	9,110
SUSPENSIONS OF PERMITS		
Total.....	64	86
Department.....	17	29
Field.....	47	57

TABLE NO. 2
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1953 AND 1952

TYPE OF PLANT	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
Milk plants			
1953.....	3,708	25.61	428
1952.....	3,827	24.84	478
Ice cream plants pasteurizing on premises			
1953.....	1,111	3.87	970
1952.....	1,100	3.79	868
Ice cream plants buying pasteurized ingredients			
1953.....	175	2.45	137
1952.....	197	3.05	123

TABLE NO. 3
SUMMARY OF MILK AND MILK PRODUCT SAMPLES COLLECTED—1953 AND 1952

TYPE OF SAMPLE	1953	1952
ALL SAMPLES.....	7,746	7,603
Milk.....	6,158	5,924
Cream.....	351	302
Ice cream.....	774	844
Ice cream mix, evaporated and condensed milk.....	113	117
Empty bottles.....	228	245
Water samples.....	9	9
Miscellaneous samples.....	122	102
Dairy products cans inspected.....	3,520	1,750

BUREAU OF FOOD CONTROL

Ferdinand A. Korff, B.S.

Director

Maintaining supervision of the approximately 11,000 food establishments in the city resulted in improved methods of sanitation and in the prevention of much food-borne illness. Over 16,000 inspections were made of the four types of food establishments: Retail, wholesale, manufacturing, and institutional food departments; and during each visit the program of instruction, cooperation, fact finding and observance of compliance with existing laws was carried out. The gradually observed improvements in general sanitation of food establishments and the diminution of reported food-poisoning outbreaks indicated the effectiveness of the supervision.

Better organization of assignments for inspection and the cooperation given in auxiliary supervision by certain groups of the food industry were the accomplishments of the Division of Food Plant Inspection. The preparation of the necessary legal papers pertaining to regulatory action—court action—also was carried out successfully by this division. The publicity in the local press was effective in deterring repetition of similar conditions among other food stores and food plants.

The sensitizing of the public to the need for preventing overweight as a major public health problem was in large measure accomplished by the Division of Nutrition, through modern educational procedures—radio, television and by group instruction.

Food Establishment Inspection

Retail Food Establishments

Continued improvements in general cleanliness and the display and storage of food under hygienic conditions were observed during the year. Compliance with directives to install handwashing facilities in retail stores and restaurant kitchens, the location of equipment away from walls and elevated from floors, rodent proofing and the compliance with regulations concerning the disinfecting of food utensils were the results of constant urgings by sanitarians during inspection visits. Where instruction and directives were not carried out within a reasonable time, or where direct violations of specific laws were observed, hearings to show cause why legal action should not be taken were held; 301 such hearings were held in 1953. In addition, 587 violation notices were issued with partial or complete compliance in every instance. More than four tons of hazardous or illegal food commodities were condemned in 539 instances. The varieties of food condemned are shown in Table No. 2.

There was an increase in the number of swabbings of food utensils obtained during inspection visits in eating establishments, and the results of the examinations showed that improvements had been made over previous years. The following table shows the results of such swabbings over a ten year period.

NUMBER OF BACTERIA PER RIM OF GLASS

YEAR	NUM- BER OF SAM- PLES	UNDER 100		101 TO 500		501 TO 1000		1001 TO 10,000		OVER 10,000	
		Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent	Num- ber	Per Cent
1953	1,346	758	56.3	137	10.2	61	4.5	213	15.8	177	13.2
1952	911	470	51.6	126	13.8	52	5.7	152	16.7	111	12.2
1951	1,008	437	43.3	142	14.1	88	8.8	200	19.8	141	14.0
1950	840	349	41.5	118	14.0	62	7.3	185	22.0	126	15.0
1949	1,547	625	40.4	250	16.1	117	7.6	414	27.0	141	9.0
1948	1,587	551	34.7	286	18.0	114	7.2	343	21.6	293	18.4
1947	659	248	37.6	122	18.5	32	4.8	117	17.7	140	21.2
1946	492	173	35.2	89	18.0	30	6.1	79	16.0	121	24.6
1945	356	73	20.5	60	16.8	19	5.3	70	19.7	134	37.6
1944	747	327	43.8	103	13.8	49	6.5	127	17.0	141	18.9

Legal action was taken in 18 instances against persistent violators among retail food dealers and fines were assessed in all instances. Improvements in methods for the detection of sulfites in ground meat resulted in the finding of two instances of this nefarious practice and both dealers were given maximum fines in court.

Wholesale Food Establishments

As a result of findings during surveys made in the wholesale fruit, vegetable and sea food area in 1952, the bureau made weekly inspections of all such establishments within this area. This periodic inspection and the patrol of the area by a sanitary police officer prevented a retrogression to the undesirable conditions that existed in the past. Rodent proofing of warehouses, cleaning of poultry killing establishments and the policing of the immediate vicinity of the environment of the wholesale food establishments were a continued procedure. Hearings to show cause why regulatory action should not be taken were held with 11 uncooperative individuals 3 of which were in the manufacturing group and resulted in immediate corrections. Over 280,000 pounds of food were condemned because of damage due to fires and miscellaneous causes such as delay in transportation, lengthy storage and overbuying. The type of food condemned is shown in Table No. 2.

Manufacturing Food Establishments

Because of the large variety of food processed and manufactured in the city meticulous inspection was continued in the approximately 916 food manufacturing plants. For example, over 500 inspections were made of the

bakeries in the city, and insect and rodent proofing were stressed. Of 580 samples obtained from 101 bakeries in the city where there were indications of insects or rodents, 72 of the establishments gave indications that the insects or rodents were contaminating the food. Improvement, however, has been observed; while 48 per cent of the samples showed filth in 1952, 42 per cent was noted in 1953. In every instance corrections were made following violation notices, hearings or legal action. This, however, does not give the complete over-all picture of conditions of baked products in the city since corrective measures were applied immediately in those bakeries where invasion of pests was evidenced.

Poultry killing plants were also given specific attention in freeing this industry of diseased and decomposed poultry. A great deal of educational work appears to be needed in this area.

The packaging of salad greens—lettuce, cabbage, spinach, endive, celery and other leafy vegetables—in pliofilm or other plastic-type containers was investigated and corrective measures were applied to free this type of food from insect infestation within the package. The solution to the problem seems to be the control of the incoming product received by the packer rather than his attempting to wash the invading insects from the leaves.

The inspection of canneries, soft drink bottling plants, egg breaking plants, frozen food plants and cold storage warehouses operating under licenses from the Maryland State Department of Health and maintained under inspection by that agency in the past, was, by agreement, transferred to the Bureau of Food Control in the City Health Department. The arrangements made and mutually agreed upon stipulated that only those inspections following applications for new and renewal of licenses to be made jointly by representatives of the State Department of Health and a representative of the City Health Department. No other inspections were to be made by the State Department of Health representative. This procedure is in accordance with good administrative practices and eliminates duplication of inspection. Improvements in soft drink bottling plants and canneries were evidenced immediately following this plan of inspection. A number of frozen food plants heretofore not licensed, applied for licenses and were placed under inspection. A specific form for reporting inspections of these plants was prepared and forwarded to the State Department of Health. In instances where hearings were deemed necessary these were held jointly at the State Department of Health offices and corrections were quickly obtained.

Institutions and Miscellaneous Establishments

Over 2,100 inspections were made of institutions and miscellaneous establishments during the year with concentration of efforts placed on food

departments of smaller institutions and hospitals. Over 400 visits were made to institutions. Cooperating with the Bureau of Child Hygiene, the Bureau of Food Control made inspections of day nurseries, nursery schools, day care centers and other child care institutions which resulted in modernizing the food service departments of these institutions. Inspections of food departments of convalescent homes, orphanages, hospitals and homes for the aged also resulted in the installation of equipment adaptable to specific uses in these institutions. It is conservatively estimated that over \$130,000 worth of equipment was purchased following recommendations made by the inspecting sanitarian. The installation of lavatories and soap dispensers and the use of a germicidal soap were emphasized.

Cooperative Activities

The procedure suggested in 1952 to the Maryland State Department of Health specifying that no food plant located within the city be inspected by representatives of the State Department of Health was carried out without interruption during the year and is described under "Manufacturing Food Establishments." This procedure also minimized requests to the State Department of Health for inspection of food plants by members of the U. S. Food and Drug Administration.

Cooperative arrangements continued with the Board of Liquor License Commissioners for Baltimore City in the review of applications and renewals of licenses for the sale of alcoholic beverages, and routine inspections of the 2,700 alcoholic beverage licensees in the city were continued. Every recommendation made concerning these licensees to the Board was required to be carried out by the Board. Dual inspections were made of the wholesale commission area with representatives of the U. S. Food and Drug Administration. This resulted in corrective measures that could not have been attained if each agency had operated independently. Assistance was given to the medical department of a large hotel in a nearby city in preventing further outbreaks of food poisoning.

Education

The instruction of food service personnel has continued to be a part of the preventive program. Over 1,800 persons were given instruction in 51 classes during the year. These varied from food demonstrators, hotel employees, industrial cafeteria food service personnel to managers of restaurants and vocational school and university students. Specific instruction sheets were prepared and distributed for a number of the classes. The following table gives a tabulation of the groups and persons given instruction since 1944.

NUMBER OF PERSONS AND GROUPS GIVEN INSTRUCTION

PERIOD	NUMBER OF GROUPS	NUMBER OF PERSONS
1949-1953	355	10,252
1953	51	1,880
1952	75	1,808
1951	77	1,538
1950	68	2,129
1949	84	2,897
1944-1948	306	11,986

Regulation

Because of their persistence in violating food and sanitary laws, summonses were prepared for issuance to 22 food establishment owners or operators of all types. In addition, 348 office hearings were held during which time the need for urgent corrections was stressed and the necessary corrections were obtained. Five hearings were held by the Board of Liquor License Commissioners for Baltimore City, following information supplied to the Board by sanitarians of the bureau. This resulted in closing the establishments for periods of time pending improvements. Following office hearings within the bureau several food establishments voluntarily closed pending improvements.

The following table gives the number of prosecutions in the Housing Court during the period 1944-1953. Corrections were obtained in every instance and fines were assessed in all cases except one. Of the 22 court prosecutions, nine were restaurants and six were groceries. The other included food warehouses and bakeries.

PROSECUTIONS IN COURT

YEAR	NUMBER OF CASES	RETAIL	OTHERS	TOTAL FINES
1953	22	18	4	\$3,655
1952	22	17	5	3,530
1951	20	26	3	4,335
1950	22	20	2	3,260
1949	13	12	1	1,100
1948	8	8	0	400
1947	16	12	4	850
1946	11	10	1	600
1945	23	22	1	1,100
1944	15	15	0	900

Brief summaries of some of the noteworthy court cases follow:

1. The owner of an establishment dealing in flour and wholesale bakery supplies was found guilty of failing to abate a nuisance and having in posses-

sion a quantity of rodent contaminated flour. The maximum fine was assessed in both charges.

2. A dealer operating a wholesale grocery was charged with failing to abate a nuisance and having in possession a quantity of insect infested and rodent contaminated food on three separate occasions. Fines of \$250 on the impure food charges and \$50 on the nuisance violation were levied against the dealer.
3. A baker operating two establishments was charged with failing to abate insanitary conditions and having impure food in possession on three occasions. Following a request for a jury trial, the case was heard in Criminal Court where the defendant pleaded *nolle contendere*. When the defense offered evidence proving that both establishments had been closed and improvements costing \$20,000 had been made after the issuing of the violation notices, the Court placed the defendant on three-year probation with a warning that heavy fines would be imposed if future violations occurred.
4. The store and fountain managers of a five and ten cent store, owned by an out-of-city corporation, were charged and found guilty of operating under insanitary conditions and having impure food in possession. This case was unusual in that the maximum fine was imposed on each of the defendants rather than on one defendant.
5. The operator of a restaurant who had been found guilty and assessed the maximum fine in Housing Court for failing to abate a nuisance and possessing impure food appealed to the Criminal Court. The higher court, after hearing all evidence in the case, ruled against the defendant and sustained the findings of the lower court.
6. Two brothers were charged with having impure food in possession and operating a grocery store under insanitary conditions. The maximum fine was imposed only against one brother after he admitted responsibility and agreed to accept all liability for the violations.

Special Activities

The following projects were carried out in addition to regulatory assignments and routine activities:

1. A survey of drilled wells in the city showed the presence of over 200 of these sources of water. The survey was carried out to ascertain and prevent possible cross connections with the regular city water supply.
2. A second survey for the presence of a brand of canned dried egg yolk revealed additional stocks that had to be destroyed. One case of salmonellosis (*S. montevideo*) reported in the city was caused by the consumption of this brand of egg yolk.
3. Attempts were made to clean quantities of insect infested grain, following detention of several tons of this food. Some success was evidenced, but the cost was declared prohibitive by the owner of the cereal.
4. A compilation was made of the many chemicals used by food processors and a number of these chemicals were obtained. The indications were that the control of chemical food additives will be one of the major future problems of the food control official.
5. Studies on the sanitary quality of crushed ice served in restaurants, at soda fountains and in taverns were begun and indicated there were only

few instances of infection of this product. Organisms of the salmonella group were looked for. This study is being continued.

6. An improved simple solution test for the detection of sulfites in meat was found to be effective and quicker in operation than the former field test method.
7. A new notification form of findings during off-hour visits to food establishments was inaugurated. This form functioned as a combined complaint and inspection notice and was used only by sanitarians of the bureau.
8. Dealers in chicory and coffee combinations were advised to change their labels to meet requirements of the Maryland State Laws governing this substituted food.
9. Handwashing studies using the "swab of fingers" method showed that this method was not accurate in determining the total bacterial flora on the hands both before and after handwashing. The need for a more accurate method for evaluating the effectiveness of handwashing is apparent.
10. Studies made of a combined detergent-sanitizer containing high concentrations of available chlorine indicated that this product would be no substitute for the present three-compartment sink method.

Food Poisoning

Forty investigations of alleged cases and outbreaks of food poisoning were conducted in collaboration with the Bureau of Communicable Diseases and the Bureau of Laboratories. Of these, three were established as actually being caused by food. Brief summaries of the three outbreaks are as follows:

1. Following an anonymous report of a number of illnesses attributed to food prepared and served at a luncheon held under the auspices of members of a church, it was learned that turkey salad was the offending food. Of 400 persons who ate the food 13 of the 14 made ill gave a history of eating the food. The onset time and symptoms of emesis and diarrhea indicated a staphylococcus type of infection. No samples of food were available for confirmative findings.
2. Following a banquet held at a local hotel, 19 persons of a group of 150 reported illnesses, primarily diarrhea with onset time indicating a salmonella type infection. Epidemiologic investigation indicated that roast beef was the food common to all of the persons made ill. Practically all of the 150 persons attending the banquet ate the roast beef. No conclusive proof through laboratory samples could confirm the causative agent and reticence on the part of those who attended the banquet prevented confirmation of the cause of the illnesses.
3. Over a period of seven days, ten cases of illness were reported from individuals who had eaten sliced ham from a local restaurant. The onset time and symptoms indicated staphylococcus type food poisoning. Laboratory examination of equipment, portions of ham and the hands of both the proprietor of the restaurant and the individual who handled the ham showed the presence of enterotoxin-producing staphylococci. The proprietor continued to have the infection on his hands and was directed

to discontinue handling food. No additional cases were reported following the directives given.

There were no fatalities in any of these instances and the following table shows the number of investigations since 1934.

SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS, 1934-1953

PERIOD	INVESTIGATIONS		OUTBREAKS ESTABLISHED		
	Number	Persons Involved	Number	Persons Ill	Public Eating Establishments Involved
1949-1953.....	140	992	28	609	2
1953.....	40	155	3	53	2
1952.....	41	438	10	251	2
1951.....	22	74	2	15	0
1950.....	23	176	6	152	2
1949.....	14	149	7	138	1
1944-1948.....	105	974	21	697	6
1939-1943.....	132	946	24	448	9
1934-1938.....	147	881	19	508	8

Food-Borne Diseases

In addition to the above reported cases of food poisoning one group of typhoid fever cases that occurred among the food handling personnel of a local hospital was investigated. A brief summary of this outbreak is as follows:

One case of typhoid fever among food handling personnel of a local hospital was not, during the investigation, associated with the handling of food in the institution. Several months later four additional cases of typhoid fever were reported among the same group of food handlers. After mass sampling of fecal specimens of all lay employees in the hospital two previously unknown carriers were found, one a food handler. These individuals were removed from the institution and both were instructed not to seek employment involving the handling of food.

No case of rabbit-borne tularemia was reported during the year. Following the provisions of the Rabbit Fever Ordinance of 1940, domesticated rabbits from Arkansas and California were permitted to be sold in food stores in the city. Two cases of trichinosis were also investigated.

Following the reporting of several cases of salmonellosis and dysentery among individual children, investigations were begun in December of 29 reported cases. The environmental sanitation of the homes of the children was found to be the possible cause and their cases are being further studied. A tentative tabulation showed that there were 27 reported cases of salmonella infection and 86 cases of dysentery in 1953.

Civil Defense

Representatives of the food industry were continued to be advised to take the necessary precautions preparatory to protecting their products, structure and employees against possible overt attack from within or by outside enemies. Changing procedures necessitated by changing world conditions were adopted. The need for evacuation of employees was one of the revisions from the original suggestion of holding employees within the plant.

Three large fires—a public market and two large warehouses—and several smaller fires were used by sanitarians of the bureau as trial runs in civil defense activities; efforts were directed toward preventing further food damage, segregating damaged from uncontaminated food, denaturing contaminated products and salvaging undamaged stock.

Miscellaneous Activities

The director attended meetings of the Central Atlantic States Association of Food and Drug Officials; the Annual Meeting of the American Public Health Association; a conference of the Association of Chemical Specialties manufacturers; a meeting of consultants of the National Sanitation Foundation and the periodic sessions of the Baltimore Conference of Food, Drug and Sanitary Officials. One sanitarian attended the Annual Interstate Sanitation Seminar in Athens, W. Va.

Papers prepared and published are given in the bibliography on page 61. Reprints of the many articles published in previous years were used in educational activities of the bureau. The director also continued as one of the consultants of the National Sanitation Foundation and was elected for an additional three-year term. Requests for information were received from forty-five states and four foreign countries. Visitors to the bureau included health officials from many foreign countries as well as others from other sections of the United States.

Assistance was given to the permit desk by the assignment of one sanitarian full time for two months.

Division of Food Plant Inspection

One of the functions of the Division of Food Plant Inspection is the encouragement of the auxiliary or self-inspection program in which the owners of food establishments are urged to make inspections of their respective establishments and submit reports of their findings to the division on a systematic monthly basis. The actual inspections under this plan may be made by independent consultants in sanitation whose services are employed by the owners for this particular purpose, or by the supervisory personnel already in the employment of the company who carry out inspectional activities along with their regular assigned duties.

Many participants in the program, although they make inspections on a routine basis, are still reluctant to submit reports of their findings. One of the principal activities, therefore, in addition to the primary one of selling the auxiliary or self-inspection plan to the food industry, is to overcome this reluctance.

Representatives of food establishments were contacted through personal conferences, correspondence and telephone conversations and by supplying the sample forms and giving assistance to their representatives in drawing up their own inspection forms. Two luncheonette chains, two restaurant chains, one large bakery and one self-service grocery corporation in the down-town area were added to the auxiliary or self-inspection program.

Although auxiliary or self-inspection in one form or another has been engaged in by a relatively small number of food establishments in Baltimore for a number of years, 1953 is the first full year that self-policing has been practiced in its present form, and during this time 1,564 reports have been submitted. This figure approximates the amount of inspections which one official sanitarian would make in one year and considering that there are over 10,000 food establishments in the city, it is obvious that the self-inspection program is still in its infancy.

Inspection

The inspection of retail establishments was carried out on the census tract assignment basis as in past years. A pin-map method was added in 1953 so that the progress being made during any period could readily be observed. By using this method the retail establishments in practically all census tracts of the city were inspected on a regular systematic basis. This method resulted in an increase of more than 1,500 inspections of retail establishments when compared with 1952, and will be continued. A method of assignment was devised in 1953 for wholesale and manufacturing food establishments whereby the sanitarian was given a specific assignment of one type of establishment to be inspected before any other assignment would be made. The total number of inspections of manufacturing plants increased and inspections of specific types of establishments also increased greatly as shown in Table No. 3.

The classification of food establishments has been revised into thirty different types and a work sheet was devised for assigning manufacturing and wholesale establishments to the sanitarians.

In addition to the routine procedures of the division the following activities are worthy of special mention: A survey of all flour jobbers in the city, following the finding of insect infested flour in a number of small bakeries, led to the condemnation of 21,222 pounds of flour; operators of certain canning plants, egg-breaking plants, a crabcake plant, a salad plant, frozen food plants, small bakeries and soft drink plants made extensive improve-

ments following the issuing of legal notices; four frozen food plants closed voluntarily rather than comply with recommendations necessary for obtaining licenses; a grain elevator was completely rodent proofed and heavy rat infestation was eliminated following inspections by the division in cooperation with the Division of Rodent Control; action was increased against the operators of trucks and wagons to deter the dumping of garbage in the Commission Market area and resulted in an abatement of this practice; several groceries again began the hazardous practice of displaying unrefrigerated canned hams and immediate steps were taken to assure that all such hams would be refrigerated throughout the city; and the inspection of a machine for capping creamers in restaurants resulted in disapproval of this equipment for use in the city.

Cooperative action with the State Department of Health in bottling, cold storage, frozen food, egg breaking and canning plants was continued throughout the year in pursuance of an agreement previously mentioned that City Health Officials would exercise exclusive jurisdiction over the inspection of such plants with the exception of initial visits at the time of licensing or renewal of licenses. Representatives of the division attended all hearings conducted at the State Department of Health concerning such establishments. Several inspections of the restaurant facilities at Friendship Airport were made with representatives of the Anne Arundel County Health Department and the U. S. Army, and an inspection of food and watering facilities was made at the Harbor Field Airport at the request of the U. S. Public Health Service. Sanitarians of Frederick County were accompanied by a member of the bureau on an inspection of a local salad plant from which products were shipped into that county. A survey of the Wholesale Commission Market area was made with federal food and drug officials to observe operations at night and during the early morning hours; and plans were formulated with the Superintendent of Markets, the Director of the Sanitary Section and the Director of the Bureau of Environmental Hygiene concerning the erection and operation of temporary stalls at Lafayette Market. Inspections were made following the receipt of 362 applications from the Bureau of Buildings and 484 applications from the Board of Liquor License Commissioners for Baltimore City. Plans submitted through the Bureau of Buildings for the renovation or erection of 177 food establishments were reviewed. In connection with the effort during the last quarter of the year to bring the accounts of milk and meat permittees to date, 698 delinquent notices from the permit desk were investigated by personal visits of the sanitarians.

Regulatory Activities

Five hearings of owners or operators of food establishments were held under the self-inspection program, and 23 hearings were concerned with

other food establishments. Cooperation was obtained in all but one case without resorting to legal action.

All summonses instigated by the bureau were prepared in the division. The 22 cases prosecuted in Housing Court by the bureau involved 47 charges. In the four cases against wholesale or manufacturing plants there were 12 charges. The remaining 18 cases were against retail establishments.

Instructions were given to approximately 10 groups of food demonstrators, and a class in fundamental food sanitation was conducted at a local department store for the benefit of the food service personnel. As part of the program in the in-service training course a brief lecture on the work of the division was given to a group of new sanitarians and a written test was given to all sanitarians of the bureau. Information concerning the instruction of food service personnel was sent to the Director of the Putney School, Putney, Vermont, and information on the self-inspection program and divisional activities was forwarded to the Director of the National Institute of Hygiene, Havana, Cuba. The chief of the division appeared on two programs of the Baltimore Conference of Food, Drug and Sanitary Officials.

Nutrition

The basic function of the Division of Nutrition has been to offer a positive approach to the maintenance of optimal health for all age groups. The division has provided for the Health Department a service that can be integrated into all programs of the city's health activities. Special emphasis was given to weight control activities, the combating of food misinformation which constantly bombards the public, school health and the relationship of nutrition to health in later life.

Nutrition services included in-service training of Health Department personnel, promotion of nutrition education in public and parochial schools, preparation and procurement of printed and visual aid materials, participation in radio and television shows, program planning with other official and nonofficial agencies, supervised field experience and instruction for public health graduate students from several schools and related professional activities.

In-service training included individual conferences with public health nurses and other Health Department personnel to assist in planning the integration of nutrition education into school health programs, to discuss problems of specific families and individuals and to give guidance relative to personal nutrition problems. Home visits were made with several nurses to demonstrate the role of nutrition in the everyday teaching of families. Conferences were held with staff and student nurses, students of the Johns Hopkins School of Hygiene and Public Health and new members of the

Sanitary Section on subjects related to the over-all nutrition program. For a four week period during the summer, the nutritionist gave consultation service to a prenatal clinic at the Druid Health Center. Individual help was given to all new patients. Prenatal needs and low cost foods were discussed with the other patients in groups as they waited to see the clinic physician.

Since the elementary schools offer one of the largest areas where nutrition can be taught effectively, promotion of nutrition activities in the Baltimore City schools was encouraged through the school nurse, Parent-Teacher Association meetings, parent education classes and conferences with the teachers. In several schools, assistance was given the principals and teachers in planning nutrition programs involving the whole school. Special talks were given to students in several classes where they had been working on specialized nutrition projects. In the secondary schools two sessions were held with the Biology Club of Forest Park High School with discussions on food fads, consumer education and weight control. During the summer the club members designed two exhibits for display in the school to encourage better lunch selection.

In the spring of the year, the nutritionist, at the request of the school nurse and school physician, acted as a group leader for a number of excessively overweight girls at Eastern High School. The group met weekly for ten weeks. Although the weight losses were moderate, the girls had an opportunity to learn something of food selection and acquired wise eating habits which seemed no different from those of their friends.

During the year instruction for graduate students at several schools was provided. At the Johns Hopkins School of Hygiene and Public Health, the division chief discussed "Nutrition Activities in a City Health Department" for the nutrition class, and "Nutrition Education and the School Lunch Program" for the class in school health. She participated in a workshop for elementary school teachers at Morgan State College. At the invitation of the School of Public Health of the University of North Carolina the nutritionist attended the annual Field Counselor Conference, a conference sponsored jointly by various departments in the school for those who direct and supervise the field experience for their students. A student from this school spent eight weeks observing and participating in the nutrition activities of the division. In cooperation with the Food Clinic at the Johns Hopkins Hospital, this graduate nutrition associate organized a program of group teaching for diabetics in the outpatient department.

Approximately 20,000 pieces of nutrition education materials were distributed in 1953. The nutritionist assisted in the preparation of a series of news articles with emphasis on weight control which was published in a local paper. Assistance was given in writing radio and television scripts

with nutrition emphasis and the nutritionist also appeared on two Health Department television programs. WBAL-TV continued to telecast "Ways With Weight" as a public service feature. The nutritionist acted as a consultant, planned and wrote the scripts, and was a regular participant. The program was a weekly fifteen minute show. Weight control problems were predominant among the discussions although other timely nutrition topics were included.

The nutritionist continued to function as a consultant for the weight control program being conducted by the medical department of the Bureau of Old Age and Survivors Insurance, U. S. Social Security Agency. "Weight Control" was discussed at the monthly meeting of the Health Department Chapter of the Maryland Classified Employees Association and at the annual meeting of the Tri-county Homemakers Club at Preston, Maryland. Several operators of day nurseries licensed by the Health Department were given help in planning their food service. "Feeding Children" was discussed for the parent group of the Jewish Educational Alliance. Educational materials and technical assistance in planning nutrition programs were provided the recreational director of the YWCA, the home economist with an equipment company, home economics teachers, hospital dietitians, nurses, a health educator, an instructor of a Golden Age Club and the home economist with the Baltimore City Department of Public Welfare.

The nutritionist devoted considerable time to the reorganization of the Maryland Nutrition Conference, the State nutrition committee which has been inactive since the end of World War II. As chairman, she presided at a luncheon meeting in October which brought together representatives of agencies throughout Maryland interested in the promotion of nutrition education activities. The division chief attended the annual meeting of the American Public Health Association in New York City. She participated as a recorder in a joint meeting of the Food and Nutrition and Health Officers Sections. She also completed a course in biostatistics at the Johns Hopkins School of Hygiene and Public Health and the basic course for civil defense workers.

Visitors to the division included health officers from Pakistan and Brazil, a dietary consultant from Sydney, Australia, and the regional consultant from the Children's Bureau.

The nutritionist was a member of the Nutrition Education Committee, Baltimore City Department of Education; the Nutrition Advisory Committee, Baltimore Chapter, American Red Cross; the Baltimore Low Cost Budget Committee; the Food Committee, Emergency Welfare Services, Baltimore Civil Defense; she served as chairman of the Maryland Nutrition Conference and was a cabinet member and chairman of the Civil Defense Committee in the Maryland Home Economics Association. In the

Maryland Dietetic Association, she was a member of the Executive Board, chairman of the Community Nutrition Section and was on the editorial staff of *The Bulletin*, the monthly publication of the Association.

Of necessity, the majority of activities of one nutritionist in a city the size of Baltimore must be of the consultant type. However, because of the increasing work load and the need for more adequately meeting the city's demand for nutrition education plans were made to add a staff nutritionist to the division in 1954.

The following table shows the direct service rendered in the community during 1949-1953.

DIRECT NUTRITION SERVICES—1953

	NUMBER OF SESSIONS				TOTAL NUMBER OF PERSONS			
	1953	1952	1951	1950	1953	1952	1951	1950
IN-SERVICE TRAINING.....	15	144	144	194	292	529	560	1,332
Nurses Group Conference.....	5	10	21	60	73	235	360	1,028
Student Nurses Groups.....	6	6	5	7	165	131	46	108
Orientation of New Staff Nurses...	1	5	7	..	7	28	43	..
Individual Nurses Conferences...	..	115	105	119	..	115	105	119
Demonstration Home Visits.....	..	6	6	6	..	6	6	6
Other Health Department Personnel.....	3	2	..	2	47	14	..	71
CLINIC INSTRUCTION.....	6	3	5	18	63	50	84	420
Prenatal (group).....	6	2	2	7	63	32	23	174
Chest (group).....	..	1	2	11	..	18	31	244
SCHOOLS.....	11	13	12	34	884	932	715	1,999
Parent Groups.....	3	6	10	16	657	446	595	533
Elementary Students.....	3	..	1	11	104	..	85	981
Parochial Students.....	..	..	..	3	..	..	..	430
Junior and Senior High School Students.....	2	3	..	..	81	425	..	..
Teacher Groups.....	3	4	1	4	42	61	35	75
OTHER ACTIVITIES.....	58	40	36	5	955,873	293,206	30,180	33,240
Community Meetings.....	4	7	4	8	51	290	373	650
Food Handler Classes.....	..	..	..	1	..	..	..	11
Weight Control Groups.....	14	7	..	..	520	219	..	..
Guest Instruction—College.....	5	3	..	1	152	44	..	7
Consultation to Small Institutions	..	6	14	5	..	6	14	5
Office Conferences.....	..	..	3	8	..	..	3	8
Visits to Nurseries.....	..	..	..	..	..	..	..	..
Nutrition Discussion with Parents.....	2	1	1	2	14	24	25	48
Radio Programs.....	..	1	2	2	..	3,574	10,200	8,000
TV Programs.....	28	10	3	2	955,000	285,000	18,500	14,000
Exhibits and Displays.....	..	3	5	8	..	4,000	3,500	10,000
Movies.....	5	2	4	13	136	49	565	511

Personnel

Ferdinand A. Korff, B.S., Director

Jacque G. Ayd, A.B., LL.B., Chief, Division of Food Plant Inspection

Eleanor L. McKnight, B.S., M.S., Chief, Division of Nutrition

Sanitarians

Charles F. Courtney

James H. Edwards

William W. Fox, B.S.

Benjamin Ginsberg, Ph.G.

Melvin M. Johnson

Bernard J. Lingeman

William K. Marsh, Jr., LL.B.

James M. Lumpkin, B.A.

Elmer L. Rickerds

Abraham Shecter

Robert M. Williar

Cecile D. Carpenter, Senior Clerk

Etta Levin, Senior Stenographer

Carolyn C. Rich, Senior Stenographer

TABLE NO. 1

INSPECTIONS OF RETAIL, WHOLESALE AND MANUFACTURING AND MISCELLANEOUS
FOOD ESTABLISHMENTS, 1953 AND 1952

INSPECTIONS AND ACTIVITIES	1953	1952
Total Inspections—All Establishments.....	16,518	14,496
RETAIL ESTABLISHMENTS		
Inspections.....	10,617	8,090
Initial inspections.....	6,072	3,921
Special inspections.....	2,457	2,308
Reinspections.....	2,088	1,771
Activities		
Violation notices issued.....	587	326
Number of condemnations of food.....	539	237
Hearings within bureau.....	301	205
Samples of food obtained for examination.....	441	397
MANUFACTURING ESTABLISHMENTS		
Inspections.....	1,561	1,018
Activities		
Violation notices issued.....	50	66
Number of condemnations of food.....	49	23
Hearings within bureau.....	39	35
Samples of food obtained for examination.....	602	462
WHOLESALE ESTABLISHMENTS		
Inspections.....	1,186	1,544
Activities		
Violation notices issued.....	11	18
Number of condemnations of food.....	59	45
Hearings within bureau.....	8	12
Samples of food obtained for examination.....	50	14
MARKET STALLS AND MISCELLANEOUS ESTABLISHMENTS		
Inspections.....	3,154	3,844
Market stalls.....	1,006	1,681
Institutions.....	419	640
Miscellaneous.....	1,729	1,523
ALL TYPES OF ESTABLISHMENTS		
Field tests by inspectors.....	1,784	1,258
Complaints received and investigated.....	939	859
Prosecutions.....	22	22

BUREAU OF FOOD CONTROL

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TABLE NO. 2
POUNDS OF FOOD CONDEMNED IN WHOLESALE, MANUFACTURING AND RETAIL FOOD
ESTABLISHMENTS, 1953 AND 1952

TYPE OF FOOD	TOTAL	FOUND BY INSPECTIONS	REQUESTED FOR DECISION
1953			
ALL TYPES OF FOOD.....	497,313	83,523	413,790*
WHOLESALE FOOD ESTABLISHMENTS			
All types of food.....	280,790	69,096	211,694
Vegetables and fruit.....	36,598	8,000	28,598
Meats.....	21	8	13
Seafood.....	4,630	1,600	3,030
Poultry and game.....			
Groceries, canned and bottled goods.....	205,384	31,873	173,511
Baking supplies, nuts and candies.....	34,159	27,615	6,544
MANUFACTURING FOOD ESTABLISHMENTS			
All types of food.....	204,044	8,301	195,743
Seafood.....	1,293	1,150	143
Groceries, canned and bottled goods.....	195,886	286	195,600
Baking supplies, nuts and candies.....	5,670	5,670	
Poultry and game.....	1,195	1,195	
RETAIL FOOD ESTABLISHMENTS			
All types of food.....	8,116	5,623	2,493
Vegetables and fruit.....	429	429	
Meats.....	655	622	33
Seafood.....	165	165	
Groceries, canned and bottled goods.....	3,987	1,527	2,460
Baking supplies, nuts and candies.....	777	777	
Milk and dairy products.....	2,081	2,081	
Poultry and game.....	22	22	
MISCELLANEOUS FOOD ESTABLISHMENTS AND INSTI- TUTIONS			
All types of food.....	4,363	503	3,860
Meats.....	165	15	150
Seafood.....	3,443	233	3,210
Groceries, canned and bottled goods.....	192	192	
Baking supplies, nuts and candies.....	63	63	
Poultry.....	500		500
1952			
ALL TYPES OF FOOD.....	157,346	109,065	48,281†
WHOLESALE FOOD ESTABLISHMENTS			
All types of food.....	119,449	99,817	19,632
Vegetables and fruit.....			
Meats.....	220		220
Seafood.....	3,355	67	3,288
Poultry and game.....	546		546
Groceries, canned and bottled goods.....	113,886	98,308	15,578
Baking supplies, nuts and candies.....	1,442	1,442	
MANUFACTURING FOOD ESTABLISHMENTS			
All types of food.....	22,516	2,610	19,906
Groceries, canned and bottled goods.....	20,280	520	19,760
Baking supplies, nuts and candies.....	2,236	2,090	146
RETAIL FOOD ESTABLISHMENTS			
All types of food.....	14,805	6,290	8,515
Vegetables and fruit.....	263	263	
Meats.....	231	231	
Seafood.....	72	72	
Groceries, canned and bottled goods.....	12,418	3,903	8,515
Baking supplies, nuts and candies.....	376	376	
Milk and dairy products.....	1,051	1,051	
Poultry and game.....	394	394	
MISCELLANEOUS FOOD ESTABLISHMENTS AND INSTI- TUTIONS			
All types of food.....	576	348	228
Meats.....	35	35	
Seafood.....	128		128
Groceries, canned and bottled goods.....	413	313	100
Milk and dairy products.....	2		2

* Includes 371,276 pounds damaged at fires.

† Includes 10,873 pounds damaged at fires.

TABLE NO. 3
DISTRIBUTION OF INSPECTIONS OF WHOLESALE AND MANUFACTURING FOOD
ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENT, 1953 AND 1952

TYPE OF ESTABLISHMENT	NUMBER OF ESTABLISHMENTS IN CITY 1953	NUMBER OF INSPECTIONS	
		1953	1952
Total.....	6,040	5,901	6,406
WHOLESALE AND DISTRIBUTING ESTABLISHMENTS.	1,524	1,186	1,544
Hucksters and loaded trucks.....	400*	32	58
Commission merchants.	132	403	945
Groceries, cold storage plants, auction houses.....	83†	474	209
Candy jobbing houses.....	50	31	29
Wharves and railroad terminals.....	9	47	55
Wine and liquor and miscellaneous establishments...	850	199	248
MANUFACTURING FOOD ESTABLISHMENTS.	916	1,561	1,018
Bakeries and ice cream cone plants.	416	516	482
Poultry killing—wholesale and retail.....	228	248	226
Candy manufacturing plants.	65	118	34
Oyster packing plants.....	40	38	10
Soft drink and extract bottling plants.....	69	233	96
Salad, pickling and codfish cake plants.....	46	118	53
Canning, noodle and potato chip plants.....	26	180	109
Sandwich plants, caterers and miscel. establishments	26	110	8
MARKET STALLS.	2,400	1,006	1,681
INSTITUTIONS AND OTHER ESTABLISHMENTS.....	1,200	2,148	2,163

* Approximate figure.

† Includes warehouses, butter and egg and meat plants.

BUREAU OF MEAT INSPECTION

William J. Gallagher, D.V.M.

Director

The provisions of the meat ordinance require that all meat sold in the City of Baltimore must be from plants maintained either under federal or municipal inspection. In 1953, as in previous years, ante- and post-mortem inspection was made on all cattle, sheep, calves, swine and goats in thirty slaughtering plants, three of which were located in adjacent counties. The examination of animals before and after slaughter including condemnation of diseased animals and parts was carried on by veterinarians; inspection activities also included the sanitation of the plants. Daily supervision was carried out in seventy-five meat food products and processing plants by bureau meat inspectors.

During the year 34,285 inspection visits were made; 257,977 animals were inspected as compared with 242,169 animals in 1952; and 307 whole carcasses were condemned in 1953 as compared with 465 carcasses in 1952. Parts and pounds of carcasses condemned because of disease or undesirable conditions are shown in Tables Nos. 1 and 2.

Three appeals were received from packers following the condemnation of carcasses by veterinarians of the bureau, and the decisions of the veterinarians were upheld in all cases.

The slaughtering of cattle reacting to tuberculosis and Bang's disease was continued by the bureau upon authorization of various state and federal agencies. Thirteen cattle reacting to Bang's disease were inspected and permitted to be sold for food.

During the year 23,646 pounds of diseased or contaminated meat were condemned on reinspection as compared with 27,790 pounds in 1952. The bureau also supervised sanitary conditions at the Municipal Animal Shelter.

In September, 1952, a shipment of 30,000 pounds of fresh hams arrived in Baltimore from a federally inspected plant in Missouri. This shipment was rejected by the local government inspectors, due to a slight odor. The shipment, put in cold storage, was released and reinspected by the bureau in January, 1953. Following reinspection 1,800 pounds were condemned because of spoilage.

While compulsory meat grading had been lifted recently, the public apparently still demands it. However, in order for municipal slaughtering establishments to continue grading of meats it is necessary that they comply with all federal regulations. This is somewhat of a problem since additional equipment will be required in the plants.

In previous years one veterinarian was sufficient to look after two or three establishments at one time. In 1953, with increased production requiring that one man be at each establishment during operations at all times, it became necessary to revise the bureau's entire inspection system. To meet this need three inspectors were taken off manufacturing routes and assigned to assist the veterinarians on ante- and post-mortem inspection; some inspectors accordingly were required to double up on manufacturing routes. This plan appeared to be working out satisfactorily.

In April the bureau issued a notice that no inspection would be given to the slaughtering of swine which had been fed uncooked garbage. This complied with a regulation ordered by the Maryland State Department of Agriculture.

Early in the year also vesicular exanthema broke out at the local stockyards in a load of hogs which was consigned to a slaughtering plant under municipal inspection. The director was successful in obtaining a release from the U. S. Bureau of Animal Industry, which called for the slaughtering of the infected swine under a cooperative plan of U. S. and municipal inspection at the owner's plant, thus saving the owner of the swine from a total loss. This inspection resulted in the condemnation of 5,340 pounds of pork.

A sausage company, operating in the county, was found selling its products in the city without a license. The case was turned over to the State's Attorney's Office, and, up to the end of 1953, no action had been taken. A second violator was called before the Commissioner of Health at the suggestion of the director to explain various irregularities and a violation in transporting swine from St. Louis to Baltimore for slaughter. As a result of this hearing the meat packer discontinued the practice.

Visitors included Dr. L. M. Tarr of the U. S. Food and Drug Administration who discussed various aspects of Federal poultry inspection, and Dr. Benjamin L. Moran, a veterinarian in the Argentine Government who was shown through some of the slaughtering plants in the city.

The following is a brief summary of the routine activities of the bureau during the year:

ESTABLISHMENT	NUMBER	INSPECTIONS
Slaughtering, under permit, in city.....	27	2,680
Slaughtering, under permit, in county.....	3	270
Manufacturers, under permit, in city.....	71	24,050
Manufacturers, under permit, in county.....	4	785
Wholesalers, under permit.....	156	6,800
Retailers—route trucks.....	45	
	306	34,285

Personnel

William J. Gallagher, D.V.M., Director
Franklin C. Herndon, D.V.S., Veterinarian
Kostas Kanauka, D.V.M., Veterinarian
Stasys T. Kelpsa, D.V.M., Veterinarian
Edward J. Moylan, D.V.M., Veterinarian
Edward P. Roberts, D.V.M., Veterinarian
John R. Saunders, D.V.M., Veterinarian
Eddie P. Yager, D.V.M., Veterinarian

Inspectors—Meat

Matthew N. Bean	Charles A. Ray
Elmer Frederick	Ernest H. Smith
Henry A. Miller	Adolph Staub
Thomas J. Morris	Lawrence Stettmeier
Philip A. Ottenritter	Adolph Wobbeking, Jr.

Marie E. Cerney, Senior Stenographer

TABLE NO. 1
LIVESTOCK INSPECTED, CONDEMNATION OF ANIMALS, PRIMAL AND EDIBLE PARTS

YEAR	CATTLE			CALVES			SHEEP			SWINE			GOATS		
	Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned		Inspected	Con-demned	
		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts
1953.....	18,474	133	1,319	77,294	43	153	59,821	10	10,491	102,121	121	28,932	267	..	..
1952.....	16,130	121	1,284	59,555	26	78	45,617	8	7,624	120,172	310	31,355	155	..	..
1951.....	15,472	87	1,457	56,839	13	85	35,375	8	2,894	111,184	323	28,924	689	..	..
1950.....	17,090	81	1,533	70,349	12	113	34,096	6	2,483	110,378	235	29,060	157	..	..
1949.....	26,261	87	1,998	73,578	23	157	36,724	8	3,465	100,054	156	32,736	222	..	..
1948.....	31,867	102	2,344	88,061	22	215	43,740	3	3,198	97,511	154	30,782	155	..	..
1947.....	34,624	127	2,277	96,582	51	555	52,984	10	3,883	93,409	169	26,609	107	..	..
1946.....	46,236	104	2,418	98,995	28	222	81,785	10	7,313	92,821	65	29,387	224	..	..
1945.....	42,056	153	2,661	100,184	44	215	70,851	22	7,081	84,716	136	28,307	45	..	..
1944.....	45,606	116	8,220	116,444	27	293	68,530	40	5,976	114,516	197	32,919	92	1	..
1943.....	35,008	68	1,969	80,387	38	649	75,803	68	11,007	93,694	136	34,285	410	1	0
1942.....	41,600	104	2,492	92,838	75	382	83,587	120	10,819	96,625	229	34,001	89	..	..
1941.....	35,579	83	2,111	91,174	101	352	90,912	209	11,214	121,791	296	59,727	10	..	..

TABLE NO. 2
POUNDS OF MEAT CONDEMNED ON REINSPECTION

YEAR	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
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
1949.....	17,649	6,637	4,992	54	3	3,041	2,922
1948.....	7,706	4,566	387	..	215	1,369	1,169
1947.....	19,673	3,417	1,064	53	96	5,319	9,724
1946.....	26,666	8,048	6,889	299	1,165	7,524	2,741
1945.....	25,250	3,916	3,202	142	140	15,296	3,554
1944.....	35,231	6,471	5,388	1,359	1,174	13,697	7,142
1943.....	25,633	5,902	5,527	693	1,171	7,051	5,289
1942.....	39,261	7,261	22,984	2,167	851	2,949	3,049
1941.....	58,200	14,765	21,043	2,609	629	7,409	12,345

TABLE NO. 3
POUNDS OF MEAT AND MEAT FOOD PRODUCTS PREPARED, PROCESSED AND MANUFACTURED UNDER LOCAL INSPECTION

TYPE OF MEAT PRODUCT	CITY	COUNTIES
Meat products (fresh).....	1,546,267	24,795
Meat products (smoked).....	4,717,252	722,320
Meat food products (fresh).....	1,394,142	449,005
Meat food products (smoked).....	3,232,600	442,350
Meat food products (cooked).....	976,225	191,125
Meat food products (boiled).....	203,910	139,506
Lard.....	970,467	602,271
Lard compound.....	13,125	..
	13,053,988	2,601,372

BUREAU OF ENVIRONMENTAL HYGIENE

George W. Schucker, B.E.

Director

Advances in environmental sanitation during the year included: The beginning of construction, under the supervision of the Water Engineer, of a new \$13,615,000 water filtration plant to assure safe and adequate treatment of Baltimore's water supply for many years to come; continued progress in the elimination of insanitary individual sewage disposal systems and stream pollution by the extension of sanitary sewers; the drop of rat bites from an all time record high of 100 in 1952 to 66; reorganization of the inspection staff of the Division of Community Sanitation to provide prompter and more efficient handling of the work load; and the adoption on June 8 and June 15 of Ordinances Nos. 739 and 757 which prohibit the tattooing of any person under eighteen years of age and prohibit any person from engaging in the practice of tattooing without first obtaining a license from the City Health Department.

While specifying advances mention should also be made of certain conditions on the debit side of the ledger. These included: The occurrence of a case of psittacosis and a case of endemic typhus for the first time for a number of years; continued lack of sanitary sewers in some areas with resulting stream pollution and insanitary methods of sewage disposal; the occurrence of 66 rat bites in this day and age; and inadequate inspections of plumbing installations due to inadequate salaries to attract qualified personnel to fill the five existing vacancies in the Division of Plumbing.

Community Sanitation

The Division of Community Sanitation was reorganized on May 1, 1953 into two complaint groups and a special activities group, each under the direction of a Sanitarian, Group 1. The new organization has permitted more prompt and thorough investigations of foster homes and institutions and has given each sanitarian the benefit of direct supervision and guidance by a more experienced man. Among the activities of the division were the investigation of complaints dealing with environmental sanitation, inspection of day nurseries, hospitals and convalescent homes, rooming houses and foster homes and the sampling of water from the city supply, swimming pools and other sources.

Water Supplies

The sanitary quality of the city water was evaluated through the analyses of 1,533 samples collected from consumers' taps throughout the distribu-

tion system and from two fixed stations outside the city. The percentage of 10 ml. portions confirmed for coliform organisms was 2.28 as compared to 2.07 for 1952. Collection of samples for fluoride determination was continued and the results indicated that the fluoride content of city water was being maintained within acceptable limits, except during several brief periods when fluoridation was interrupted due to lack of chemical or equipment failures.

Water supply services were generally satisfactory during the strike of per diem workers in January. Only two conditions were brought to the attention of the Health Department which warranted emergency action. Each of these cases involved breaks in water mains which resulted in the discontinuance of service to a small group of homes. The mains were repaired by private contractors after correction of the condition had been urgently recommended to the Water Engineer by the Commissioner of Health.

Sewage Disposal and Stream Pollution

Two surveys of unsewered areas were made during the year, one in the Gardenville area, and one in the Fairfield area. The Gardenville survey covered 36 homes having private sewage disposal systems. At the time of the survey, 32 of these systems were not operating properly. As a result of the survey, the Health Department recommended that sanitary sewers be extended to serve the area at the earliest possible date. The Bureau of Sewers is presently preparing plans for extension of a trunk line to serve the area.

The Fairfield area has presented a problem for a number of years. A residential area, containing 11 miscellaneous structures and 154 dwellings housing 736 persons, is located on low ground in a primarily industrial area. The recent survey showed that 123 properties dispose of sewage by pit privies, almost all of which were insanitary. To serve the entire area by gravity, a new trunk sanitary sewer to the Wagner's Point sewage treatment plant would be required. The construction of such a sewer has previously been considered by the Bureau of Sewers and the cost has been felt to be prohibitive, particularly in view of the questionable permanency of residential use of the area. The Bureau of Sewers is presently designing sewers for a portion of the area from which sewage can be discharged by gravity to an existing sewer on Chesapeake Avenue, but about 55 per cent of the properties will not be served by the extension. The situation is being given further study by the Health Department.

A small residential section in the Brighton area is being provided with sanitary sewers. The bureau has also been informed of the preparation of plans to serve the Franklinton area of Baltimore County, which will re-

move pollution from Dead Run. Other activities in connection with sewage disposal included approval of the discharge of sewage from a development in the western section of the city to a pumping station, temporary approval of several septic tanks discharging to Jones Falls in view of the early anticipated completion of the Jones Falls interceptor, and investigation with representatives of the U. S. District Engineer's Office of sewage disposal at an antiaircraft battery.

Warning signs along polluted streams were replaced where necessary and some additional signs posted to give more adequate coverage of the streams.

Swimming Pools

Periodic inspections were made of indoor and outdoor swimming pools and samples of pool water were collected for bacteriologic analysis. Despite certain operational difficulties at some pools, the operation of both indoor and outdoor pools was generally satisfactory and as a whole showed an improvement over the 1952 operations. The municipally owned wading pool in Carroll Park, which is deep enough for swimming, continued to be very unsatisfactory.

Psittacine Bird Control

By Chapter No. 200, Acts of 1953 (Section 29, Article 43) the State Legislature modified the law on psittacine birds. The amended law, effective June 1, 1953, prohibited the importation, sale or breeding of psittacine birds except under such regulations as the State Board of Health might establish. The State Board of Health adopted regulations effective May 15, 1953, which in general authorized the importation and sale of psittacine birds after a permit was first obtained from the local health department, provided for the maintenance of certain records by the permittee and provided for the destruction of birds suspected of having psittacosis. On June 10, 1953, by Ordinance No. 741, the City Ordinance prohibiting dealing in psittacine birds was repealed. The Baltimore City Health Department was designated as the agency for issuing permits for Baltimore City, and by the end of the year 69 permits had been issued. Inspections have been made of the establishments to which permits have been issued and guidance given in the maintaining of necessary records.

In February a report was received from the agent for a vessel docked in the city that three of the seven parakeets on board had died. The remaining birds were destroyed and all of the birds were sent to the Communicable Disease Center of the U. S. Public Health Service for examination. Reports from that laboratory indicated that none of the birds were infected with psittacosis. Sale of birds from one pet store was suspended at Health Department request during the investigation of a possible case of psittaco-

sis in a person who had purchased a bird from the store. The tentative diagnosis of psittacosis was not confirmed and sale of the birds was resumed.

One case of psittacosis was reported in May, prior to the time when parakeets could be legally imported into or sold within the city. The patient had had a parakeet in her home which died shortly before her illness.

Defective Drainage

Investigation of improper drainage causing pooling water or the flooding of basements continued to require a substantial portion of the time of sanitarians. Certain of these cases were corrected by notifications to property owners. In some cases involving private drains, valuable assistance in investigation and correction was given by the Bureau of Sewers. Several cases involving developments under construction indicate the results which can be obtained by cooperative approach by the various city agencies. In one such case, a builder had erected a new group of houses at a higher elevation and concentrated water and eroded earth were reaching the lower properties. The Bureau of Building Inspection required the builder to slope his fill properly and guard against erosion, and the Bureau of Highways, after condemnation of an alley by the Health Department, agreed to pave the alley to intercept the water. In another instance issuance of a building permit was withheld at the request of the Health Department until arrangements for proper drainage were made. In this latter instance, the builder agreed to pave a rear alley and the Bureau of Highways agreed to pave a drainage reservation at the end of the development to carry water to the street.

A case which has not been concluded involved the construction by a builder of an illegal drain to which all cellar entrance areas in a series of group homes were connected. The existence of the drain was not found until all properties had been sold and trouble with the drain developed. Permits for the construction had been issued prior to the effective date of the new plumbing regulations governing drainage of such areaways. Notices were served on the builder and property owners to remove the illegal drain and provide an acceptable method of drainage for the areaways. The builder indicated he would remove the illegal drain, but denied responsibility to provide any alternate method of draining the areaways. After a series of conferences had failed to provide a satisfactory solution, the Health Department informed the builder it would proceed with legal action. The builder then applied for an injunction to prevent the Health Department from enforcing its notice.

Miscellaneous Activities

1. Cooperating with the U. S. Public Health Service the division inspected watering points for rail and water carriers.

2. Greater emphasis was placed on rooming house inspection, 537 inspections of rooming houses being made as compared to 297 for 1952.

3. Inspections of foster homes and day nurseries were made in cooperation with the Bureau of Child Hygiene, and hospitals and convalescent homes were inspected in cooperation with the State Department of Health.

4. The division assisted in the preparation of the ordinance and regulations governing tattooing which were adopted as the result of reports of several cases of infectious hepatitis in naval personnel who had visited local tattooing establishments.

5. The division assisted in the testing of two garbage grinders submitted for approval.

6. Cooperation was given the Bureau of Building Inspection in obtaining the proper closing of a large dump which had been operated in violation of zoning regulations.

7. Sanitarians of the division attended the Civil Defense Basic Orientation Course which was given for Health Department personnel.

8. Representatives of the bureau attended the Interstate Sanitation Seminar at Bluefield, West Virginia, August 24 through August 28 and two of the Regional Public Health Seminars sponsored by Region III of the U.S. Public Health Service.

9. The Chief of the Division of Community Sanitation continued to be a member of the Home Safety Committee of the Baltimore Safety Council.

10. Inspection of the dog quarters and handling procedures at the hospitals receiving dogs from the municipal shelter were made with the Health Officer of the Eastern Health District.

11. Public health officials from Chile, Formosa, India, and Thailand in addition to some from this country visited the bureau during the year to observe its activities.

Plumbing

The Sewerage Engineer and the Commissioner of Health approved eight domestic garbage grinders for installation in Baltimore. In addition one commercial grinder was approved for installation at locations where the sewers are adequate to receive the increased discharge. Following location approvals a considerable number of commercial grinders were installed in food establishments. In one instance it was necessary to disapprove the application to install a large commercial grinder at a proposed food establishment served by a small sewer on a flat grade.

Violations of the "Rules and Regulations Governing Plumbing and Drainage Work in Baltimore City" in the new construction at the Baltimore City Hospitals were eliminated, and plans for the renovation of Northeast Market were revised to include water and sanitary sewer connections for each stall; this was accomplished with the cooperation of the Bureau of

Building Construction. During the year 3,803 properties were connected to the sanitary sewerage system bringing the total number of connected properties within the city limits to 200,330. In safeguarding the water supply 458 cross connections, including 205 hazardous hopper type yard toilets, were prevented or eliminated.

Rodent Control

Environmental Control

Food and shelter are the two most important factors in a rat's existence. Eliminate these attractants and the area loses its appeal. Thus, "Rodent Control is Environmental Control" persisted as the slogan of the division, and emphasis in rodent control continued in eliminating those environmental factors which make it possible for rats to exist. The application of this procedure on a house-by-house basis was carried on in 13 additional blocks having 652 properties and 862 dwelling units. Thirteen blocks were completed during the year which resulted in the improvement of 545 properties containing 924 dwelling units. Four of these blocks containing 179 properties and 167 dwelling units were completed under the modified plan known as the sanitary block program. Since the inception of the environmental control program 90 blocks containing 2,680 properties and 4,517 dwelling units have been improved. During the year the Lexington area was completed.

Environmental control procedures were employed in the handling of 2,758 complaints which resulted in the inspection of 4,712 premises during the year. The elimination of food sources, rat harborage and ratproofing of properties were employed in handling these cases. A total of 5,017 environmental deficiencies were corrected in program areas and 5,983 were corrected on the basis of complaints totaling 11,000 deficiencies corrected during the year.

Rat Bites and Rat-Borne Disease

Sixty-six rat bites in 54 locations were reported to the division in 1953. This marks a decrease of 34 per cent from the high of 100 bites which occurred in 1952. Persons bitten varied in age from an infant of six weeks to a woman fifty-four years old. It is unusual to note that no rat bites were reported in "teen-agers" this year. Forty-two bites or 63.6 per cent occurred in children under six years of age. Of this total, 13 or 19.7 per cent were infants under one year of age. True to the pattern observed over the last six years, most of the bites occurred in the early morning and most occurred in locations within two and one-half miles of the center of the city.

In February, a case of endemic typhus fever was reported by a local

hospital to the Bureau of Communicable Diseases. This was the only rat-borne disease reported to the division during the year. A brief case history follows:

On February 1, 1953 a sixty year old male was admitted to the hospital exhibiting fever, weakness and headache. He alleged that he had dizzy spells for twelve days prior to admittance. He spiked a high temperature and developed a petechial rash. He denied tick bites or infected bites of any kind. Complement fixation test indicated a positive reaction for endemic typhus in a 1:32 dilution. He was treated with aureomycin and penicillin and made an uneventful full recovery.

On receipt of the report of this case, an investigation was made at 800 and 802 Greenmount Avenue and traps were placed for the collection of rats so that their blood could be submitted for complement fixation tests. Upon receipt of the first report of a positive rat blood, dusting operations with 10 per cent DDT were carried on in each property in the square block and notices were issued in the same area. The trapping operations were extended over an area of several blocks and the focus of infection was determined to be a grain elevator in the vicinity. After complete fumigation, this plant was ratproofed and subsequent inspections indicated the premises to be free of infestation. Thirty-nine properties were improved in the square block in which the site, 800 Greenmount Avenue, was located. In an attempt to discover the origin of the infected rats in this case, Mr. John A. Childs, Sanitarian, interrogated personnel at the grain elevator and learned that the infected rats were probably imported by rail or truck. In order to gain additional evidence to confirm this conclusion, a survey of all the grain elevators in the city is in progress and rats are being trapped and bloods being submitted for testing on a continuing basis.

Education

In 1953, the "Fight the Rat" pamphlet was supplemented with a "flier" entitled "Rat Control." A need for this type of publication became apparent when a material increase in complaints became evident early in 1953. In order to forestall uneasiness on the part of the complainant, which might have arisen from the time lag before inspection, this publication is mailed as an acknowledgement of the complaint. The response has been most gratifying and in many instances the conditions complained of were corrected prior to the time of inspection. This leaflet has proved to be of widespread interest not only locally but the Health Department of Trinidad and Tobago in the British West Indies has requested permission to reproduce it.

Several phases of rodent control were the subjects for three television programs during the year. Two of these shows were scheduled on successive

weeks and postal response indicated that it was widely received in Southern Pennsylvania, Eastern Maryland as well as locally.

The division's education program, which is aimed at stimulating public awareness of the individual's problems and responsibilities, was continued. A number of feature articles appeared in the press. One which proved to be of particular interest was entitled "War Map at 202 Guilford Avenue" and another was entitled "The Rat Never Had It So Good." Illustrated lectures were given to a number of public school groups, and the division's films were shown to such groups as the Restaurant Association, the Housing Bureau's new members in their in-service training course and to others.

The U. S. Public Health Service in its December, 1953 issue of *Public Health Reports* published an article written by the chief of the division entitled "An Analysis of Ratbites in Baltimore 1948-1952."

Surveys and Studies

As a result of the interest shown by the Park Royal Improvement Association, an experiment was conducted in external Warfarin baiting on a block basis. This program was unique in that the divisional forces instituted the baiting, and volunteers in the block area maintained the program to its conclusion. Warfarin was placed in several types of bait stations as well as in open paper cups in sheltered areas. The volunteers conducted a house-to-house canvass of occupants and when necessary contacted the owners to accomplish corrections in sanitation and make improvements on the properties. As a result of this initial success, in which the rat population was reduced approximately 90 per cent and the general sanitation greatly improved, this improvement association assisted in carrying on the program in seven additional blocks in the area. The success of the program and the interest stimulated among the volunteers indicate this type of program will be a useful weapon in the fight against rats.

A rat population survey, conducted by the division in cooperation with the U. S. Public Health Service and the Johns Hopkins School of Hygiene and Public Health, was completed early in the year. The results were tabulated and submitted to the U. S. Communicable Disease Center in Atlanta for interpretation. Approximately 322 blocks containing approximately 15,000 properties were inspected and from 750 to 1,000 inside inspections were made. A sample of 5 per cent of the food establishments totaling 608 retail establishments and bakeries and 73 wholesale and manufacturing establishments were also surveyed. All of the inspectional activities were carried on by members of the Division of Rodent Control. The selection of the sample for survey was made by the Statistical Section of the Health Department and the interpretation of the data will be ac-

complished by the Johns Hopkins School of Hygiene and Public Health and the U. S. Public Health Service.

Miscellaneous

1. The total of 2,812 complaints received during the year represents more than a 20 per cent increase in this activity over 1952. However, complaints pending at the end of the year, totaling 181, represent but a fraction over 1 per cent increase. A total of 2,673 maintenance program inspections were made and completed in environmental control blocks. Twenty thousand four hundred thirteen inspections of this type have been made in the past four years.

2. A number of persons visited the office to discuss various phases of rodent control activity among whom were Dr. Aimo Helminen, Finland; Mr. Rau, India; Mr. F. J. Sweeney, a local student, and Mrs. C. Niles, C. P. H. A.

3. The inspectional staff of the division attended a course of lectures in basic civil defense.

4. Mr. Thomas Devlin, Sanitarian, attended the Interstate Sanitation Seminar.

5. The divisional crew serviced 1,289 locations, baited 234 blocks, gassed 295 blocks and observed and recovered 2,713 rats as a result of these operations.

6. Six hundred seventy-seven blocks were treated and 5,089 pounds of bait were distributed during the year.

Personnel

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George O. Motry, B.E., LL.B., Chief, Division of Community Sanitation

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Henry G. Rausch, Principal Inspector-Plumbing
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Walter Underwood, Principal Inspector-Plumbing
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Joseph B. Finnan, Senior Clerk
Kathryn S. Hoff, Senior Clerk
Donald A. Stockley, Senior Clerk
James A. Williams, Senior Clerk
Betty M. Maier, Senior Stenographer
Gloria Perlberg, Senior Stenographer
Jeannette Shapos, Clerk-Stenographer
May Hiltz, Junior Stenographer
Ethel C. Isekoff, Junior Stenographer
Ida M. Rickard, Junior Stenographer
Elaine Bender, Clerk-Typist
John W. Biden, Heavy Duty Laborer
Calvin DeFord, Heavy Duty Laborer

TABLE NO. 1
COMPLAINTS, PATROL AND SPECIAL INVESTIGATION

TYPE OF CONDITION	COMPLAINTS RECEIVED		PATROL AND SPECIAL INVESTIGATIONS MADE	
	1953	1952	1953	1952
TOTAL.....	4,043	5,123	6,122	5,416
Complaints				
Ashes and garbage.....	205	241	22	..
Building defects.....	528	602	21	6
Choked sewers.....	25	42	45	49
Dead animals.....	..	6	..	..
Defective drainage.....	329	392	106	270
Defective heating equipment.....	45	40	2	1
Defective plumbing.....	183	353	22	98
Defective toilet facilities.....	276	368	1	..
Fowl and other animals.....	315	333	22	40
Grass and weeds.....	475	450	269	196
Insanitary conditions.....	908	1,148	328	252
Insects.....	71	62	6	5
Miscellaneous.....	126	128	10	88
Privies and cesspools.....	25	38	6	1
Rats.....	12	154	32	45
Water in cellar.....	520	766	61	153
Special Investigations				
Child care institutions.....	..	..	142	130
City dumps and sanitary fills.....	..	..	146	58
Color tests.....	..	..	298	323
Environmental survey inspections.....	..	..	206	43
Foster homes.....	..	..	400	303
Home accidents.....	..	..	..	..
Hospital and convalescent homes.....	..	..	88	54
Motion picture houses.....	..	..	4	8
Private dumps.....	..	..	180	216
Psittacine bird investigations.....	..	..	63	33
Rooming houses.....	..	..	537	297
Schools.....	..	..	38	17
Stream pollution.....	..	..	52	99
Supervisory inspections.....	..	..	681	410
Swimming pools.....	..	..	483	416
Watering points—carriers.....	..	..	17	100
Water supply sampling.....	..	..	1,834	1,615

TABLE NO. 2
COMPLAINT, PATROL AND SPECIAL INSPECTIONS

TYPE OF INSPECTION	1953	1952
TOTAL.....	16,700	15,856
Complaint.....	5,522	6,208
Patrol and special.....	6,122	4,416
Reinspection.....	5,056	4,172

TABLE NO. 3
COMPLAINTS

ACTION TAKEN	1953	1952
Handled by inspectors.....	4,690	3,978
Referred direct to other bureaus or departments.....	183	94
Investigated and referred to other bureaus or departments..	229	35
Investigated and referred to police for follow up.....	1,724	2,121
Notices to abate nuisances.....	11	10
Hearings for failure to comply with notices.....	10	18
Summonses issued for failure to comply with notices.....		
DISPOSITION		
TOTAL.....	6,371	4,136
Abatement by inspector.....	2,612	1,224
Cancelled (withdrawn or corrected before inspection).....	676	866
Closed without action.....	1,681	1,147
Conditions of no health significance.....	1,247	785
Direct reference to other bureaus or departments.....	155	114
Investigated and referred to other bureaus or departments..		

TABLE NO. 4
METHOD OF SEWAGE DISPOSAL

METHOD OF DISPOSAL	TOTAL TO DECEMBER 1953	NEW CONNECTIONS	DISCONNECTED
Connections to sanitary sewers.....	200,330	3,803	708
Private drains to sanitary sewers.....	15,298	1	..
Connections to storm water outlets.....	15,474	308	..
Privies.....	..	..	14
Cesspools.....	..	..	56

TABLE NO. 5
PERMITS, PLUMBING INSPECTIONS AND PLUMBING FIXTURES INSTALLED

GROUP	1953	1952
Total permits issued.....	14,320	15,789
Permits for sanitary sewer connections.....	3,369	4,446
Permits for plumbing installations.....	10,960	11,343
Inspections of plumbing.....	28,008	28,707
Plumbing fixtures installed.....	40,183	41,709
Bathtubs.....	6,827	6,822
Miscellaneous.....	2,264	2,393
Sinks.....	7,009	7,130
Slophoppers.....	112	180
Urinals.....	328	382
Wash basins.....	9,169	9,320
Water closets.....	10,216	11,029
Wash trays.....	4,258	4,453

TABLE NO. 6
CROSS CONNECTIONS PREVENTED OR CORRECTED

TYPE	1953	1952
TOTAL.....	458	402
Air conditioning units.....		
Bathtubs.....	145	105
Frostproof hoppers.....	205	208
Wash basins.....	108	89

TABLE NO. 7
RODENT CONTROL ACTIVITIES

ENVIRONMENTAL CONTROL AREAS	1953	1952
Number of blocks inspected.....	13	17
Number of blocks completed.....	13	22
Number of blocks pending.....	3	3
Total properties inspected.....	652	600
Dwellings.....	530	427
Commercial.....	38	37
Industrial.....	1	0
Combination with dwelling.....	60	92
Other.....	23	44
Dwelling units inspected.....	862	1,229
Properties improved.....	545	553
Dwelling units improved.....	924	1,128
Properties requiring no corrections.....	138	15
Properties pending corrections.....	128	159

TYPE OF INVESTIGATION

TOTAL.....	14,355	19,805
Initial:		
Complaints.....	2,703	2,882
Patrol.....	2,136	640
Program areas.....	473	600
Reinspections:		
Complaint and patrol.....	3,358	2,327
Program areas.....	3,012	3,579
Maintenance.....	2,673	9,777

COMPLAINT HANDLING

Complaints received.....	2,812	2,338
Complaints abated by Sanitarians.....	2,758	2,298
Complaints pending.....	181	127
Premises inspected on complaint.....	4,712	3,522
Disposition: Abated by Sanitarian.....	3,234	2,553
Referred to other divisions or bureaus.....	78	44
Cancelled (corrected prior to investigation).....	30	87
No nuisance.....	1,394	765
Premises pending correction.....	103	127

DEFICIENCIES CORRECTED BY RODENT CONTROL ACTIVITIES

TOTAL.....	11,000	11,989
Program areas.....	5,017	6,173
Complaints.....	5,983	5,816

ENFORCEMENT PROCEDURES

Notices to abate nuisances.....	2,092	1,962
Hand notices issued in field.....	44	103
Verbal recommendations.....	553	528
Hearings for failure to comply.....	3	1
Final notices for failure to comply.....	277	242
Summonses for failure to comply.....	10	18

BUREAU OF INDUSTRIAL HYGIENE

Charles E. Couchman, B.S.

Director

During the past year the field staff remained stable and acquired valuable experience which enhanced the carrying out of activities in a more effective manner. Other factors which led to an improved program in air pollution control were the appointment of Mr. Frederick C. Hettinger¹ to serve on a part-time basis in this field, and the acquisition of several pieces of field testing equipment. Mr. Hettinger, Chairman of the Department of Chemical Engineering of the Johns Hopkins University, has had many years of practical experience in industrial waste disposal problems, and for several years has been a member of the Maryland State Water Pollution Commission.

In addition to significant studies of toxic materials in industrial establishments, some other outstanding activities were related to exposures to radiation, to explosive dusts and gases, and to hazardous domestic conditions resulting in lead poisoning in children, and in carbon monoxide poisoning. More specific details on these subjects are given later in the report.

Educational activities were carried out through the press, publications, radio, television, exhibits, and instruction to individual persons or groups. Instructions were given to medical students on child lead poisoning, to departmental personnel in an in-service training course, and to classes of student teachers. Visitors to the bureau were from Chicago, Philadelphia, Tennessee, the U. S. Public Health Service, the U. S. Air Force, the U. S. Navy, the Atomic Energy Commission, and from the countries of Argentina, Brazil, Chile, Formosa, Germany, India, Iraq, Italy, Japan, Norway, and Peru. Four scientific meetings or conferences were attended.

Activities of a more routine nature consisted of such items as surveys conducted in 298 plants employing 7,006 workers; and the examination of 322 plans and applications for erecting new industrial buildings. Plant inspections resulted in 531 improvements affecting 24,988 workers. Seventy-six industrial studies were made of 14 different, potentially harmful conditions including toxic materials, radiation, noise, illumination, and ventilation.

Industrial Exposures

Several phases of the radium study at the Kelly Clinic were pursued in collaboration with the Division of Occupational Health, U. S. Public Health Service, with interesting results. Just before the building was abandoned a

survey within the premises disclosed intensities of alpha radiation up to 30,000,000 disintegrations per minute (dpm.) and even on the outside sidewalks there was a maximum reading of 3,000 dpm. An example of contaminated equipment within the building was a telephone switchboard which had been located in a large reception room on the first floor of the clinic for many years. Inadvertently, the switchboard was removed before the building was closed and was sent to another city where it was to be reconditioned for further service. A survey made by the health agency in that city showed the equipment to be so contaminated that it was decided to encase it in concrete and bury it at sea.² Further evidence of the gross contamination of the premises has been mentioned in publications^{3, 4} of the Division of Occupational Health. Small scale efforts to decontaminate the premises and equipment resulted in varying degrees of success. Several truck loads of old records were disposed of uneventfully in a municipally-operated incinerator. Application of the present-day standards of maximum permissible intensities indicated that there were seemingly hazardous exposures to persons working in the building; hence, ten workers who had been employed from one to 39 years with a total employment service of 195½ years were given comprehensive medical examinations at the Public Health Service Hospital in Baltimore. No significant physiological manifestations were uncovered. Altogether there had been 310 persons employed at the clinic since 1919 according to records on blood examinations made over the past 34 years. None of the records could be interpreted as showing significant positive findings.

A most unusual request for radiation service was made by an institution using a 100-millicurie source of cobalt 60 which disappeared while a patient was under treatment for several days. An intensive search was started immediately after the powerful gamma emitter was discovered missing. For three days a survey of all quarters of the building and even an examination of the large municipal sewage disposal plant met with failure. During this period there was considerable anxiety over whether or not an unsuspecting person might find the attractive chrome-plated cartridge about the size of a cigarette and unknowingly be exposed to the material. On the fourth day of the hunt and with the continued assistance of a local radiation physicist, a search was made in desperation of the nine sewer lines leading from the building. In tracing the seventh sewer line the supply was located lodged in a manhole nine feet deep and 140 feet from the institution. Everyone was relieved when a crew from the Bureau of Sewers safely recovered the radioactive isotope.

In addition to these radiation studies, surveys were made of two pieces of X-ray equipment and of 77 shipments of 31 different radioactive isotopes

received in Baltimore City by the authority of the Atomic Energy Commission.

Tests made for explosive gases in tunnels on several occasions in the past have resulted in negative findings of natural underground gas conditions. An exception resulted when a tunnel was being constructed for a sewer thirty feet below ground in the lower Canton area which in many years past was probably swamp land. Certain sections of the tunnel contained an atmosphere that was quite inflammable and one analysis disclosed a maximum concentration of 25 per cent methane and a minimum concentration of 15.5 per cent oxygen. Ventilation facilities were installed immediately and frequent periodic tests were made to insure safe working conditions as the remainder of the tunnel was constructed.

An unexpected dust or grease explosive condition was encountered when the new one and one-half million dollar sludge drying plant was put into operation at the Back River Sewage Disposal Plant. Not only have several fires and explosions resulted in this plant since installing alleged corrective devices from time to time but a number of other such plants throughout the country have had similar experiences when attempting to process sludge by a flash-drying method. So far the damage in the local plant has been confined to property only. Because of the extensive study required, the Bureau of Sewers was encouraged and is consulting with the U. S. Bureau of Mines as well as with the large national concern that manufactures the equipment in an effort to have the latter two organizations make a joint investigation on a wide scale before bodily harm occurs to workers in any of the plants.

The results of the health problems associated with workers in the chrome-producing industries appeared in bulletin form following the country-wide study of environmental and medical factors by the Division of Occupational Health, U. S. Public Health Service, in seven plants, one of which was located in Baltimore.⁵ Two other city plants, designated in the report as "A" and "C", were used as comparison plants. The findings in the Baltimore chrome plant are based upon exposures found in the century-old building, but since the study, a costly new plant with many environmental improvements has been erected. This year the old plant was dismantled and due to dust conditions created by removing old equipment, at least one nasal perforation resulted.

Contrary to orders a lead-smelting plant began operations without control measures, and as a result its management was taken to court, found guilty and fined \$100 and costs. No smelting has been done since. An exposure to lead fumes from scrapping old painted ships appears to be satisfactorily controlled by the workers' wearing air-line respirators. Twenty-

two lead exposure studies were made in various industries and for the most part no serious exposures were demonstrated.

Organic vapors of either chlorinated hydrocarbons or parathion were studied in eight plants. All conditions were found to be safe. Similar results were obtained in mercury vapor studies made in four laboratories and in carbon monoxide studies made in four commercial garages. Two partial asphyxiation cases resulted from the workers' being exposed to carbon monoxide from a gasoline engine used to drive a water pump on a barge.

An investigation was made of cigar manufacturing industries because of references appearing in literature of the possibility of workers suffering from lung damage. There were only two establishments and one of these had but a single worker. The other plant employed 70 persons who worked under excellent dust control conditions.

Domestic Exposures

Despite the numerous warnings on the danger of asphyxiation from carbon monoxide when working in a closed garage, a citizen died in this manner while repairing his automobile. In the ordinary size garage enough of the deadly gas is produced to cause serious consequences or even death if the engine is permitted to operate for as little as five minutes when the garage doors and windows are closed.

Illness due to the use of natural gas has continued to show the remarkable decline as against the use of manufactured gas in a large community. Of the 15 accidental exposures to carbon monoxide produced from faulty gas-fired appliances, there were 3 fatalities. Seven of the remaining 12 non-fatal cases resulted from over-gassed appliances; while 5 of the cases were due to lack of sufficient secondary air for complete combustion of the gas. Although there were 15 cases of attempted suicide by asphyxiation with natural gas, there were no deaths and all cases recovered uneventfully.

The number of recognized cases of lead poisoning in children was the second highest among the records kept for 22 years. For 1953 there was a total of 49 cases, 6 of which were fatal. In addition there were 11 cases not diagnosed which had blood-lead values in excess of 0.10 milligrams of lead per 100 grams of blood (the average value is 0.03 milligrams). Altogether, the nurse who carries on these investigations made 519 home visits to confer with the parents on the dangers of ingesting lead paint. These visits also included those made with parents whose children have the habit of pica but as yet had not absorbed sufficient lead to cause poisoning. Under the direction of Dr. J. Edmund Bradley of the University of Maryland Hospital, an extensive survey was instituted to perform either X-ray or porphyrin tests on all children between eight months and five years of age entering the Children's Developmental Clinic. These screening tests re-

sulted in the early diagnosis of at least 2 cases of lead poisoning whereby prompt treatment precluded possible serious illness had the disease been permitted to run its course. It is gratifying to note that the work done by various agencies in Baltimore has stimulated other health organizations to recognize the problem both here and abroad. Dr. Herman N. Bundesen, President of the Chicago Board of Health, sent Dr. Robert B. Mellins of his staff to study the Baltimore experience since the problem had been encountered in the mid-west city during the summer. Representatives of the Home Accident Unit of the U. S. Public Health Service made a similar visit and requested and received all literature and data available from the Baltimore City Health Department files on lead poisoning in children. A representative from a paint company in New York City also visited the Department to obtain information. These visits were in addition to numerous requests received by mail. Bulletins issued by the health agencies in the State of Connecticut,⁶ and in South Africa⁷ mentioned the Baltimore experience and indicated similar occurrences in their areas.

As another example of the various services rendered for the benefit of a community by an industrial hygiene unit, the City Fire Department was given material assistance in locating a serious leak of gasoline from an underground tank in a filling station. The vapors had entered the cellar of a nearby home.

Community Exposures

There were significant forward advancements made in the field of air pollution control. The budget provided for trained personnel and appropriations for funds to purchase equipment. Although the City Service Commission authorized the establishment of a division within the bureau, this organization was not carried out because of the unexpected development in having Mr. F. C. Hettinger available on a part-time basis to take charge of the work. Among the laboratory and field equipment obtained was the titrilog⁸ which is being used extensively to record several types of atmospheric impurities in the industrial areas on a twenty-four hour a day basis. Without the cooperation of industries in closely observing their effluent, satisfactory improvements in the air pollution program would have been seriously impaired. As evidence of their alertness an unusually prolonged inversion over the entire eastern seaboard in the fall gave rise to only a few minor complaints for a period of more than a week. It was interesting to note that this type of climatic condition did not cause an increase in the mortality rate as has been reported in London.

Due to the laxity of a few plants in making improvements, it was necessary to take four cases of air pollution to court as a last resort in having the conditions corrected. The court ruled favorably for the prosecution and

levied fines from \$50 to \$100. Following such action, the conditions were ultimately corrected. Two of these cases involved the discharge of lint into the atmosphere from dry cleaning establishments. Another involved a stench from fermenting and germinating seeds and organic fertilizer damaged by water from a fire. The fourth case related to lead smelting and was one of two receiving \$100 fines, but later the fine was halved by a decision of a higher court when the defendant appealed the ruling of the lower court.

The major sources of air pollution affecting the largest segment of the population were caused by accidental breakdowns of production equipment. Failure of an oil refinery flare to ignite permitted the escape of gas having about six per cent sulfur combined as mercaptans or hydrogen sulfide at a rate of 2700 cubic feet per hour. The failure continued for more than an hour and resulted in 100 registered complaints from persons living in the northeast quadrant of the city which was nearly five miles from the point of origin. Another oil refinery permitted the escape of 20 tons of dust in order to avoid a possible explosion of a large catalytic cracking plant. After the five-minute release period of the dust it settled over 25 square blocks in which nearly 2,000 persons resided. A third accident resulted from an unexpected puff of dust when a hot roast of chrome ore was quenched with water. Few people were affected but the dust discolored a boat docked at a nearby wharf. The last known accident involved the failure of a fertilizer to absorb ammonia with the result that the gas caused a dense fume when it combined with acid gases in the atmosphere. Most of these accidents created a large amount of anxiety until the source and cause of the pollution was established. Of particular interest was the procedure used by management of the oil refinery where the dust was emitted in promptly notifying the public of the accident through the press. Such action had a decided calming effect when the people understood the dire consequences that could have occurred if the dust had not been permitted to escape.

The distribution of the different types of complaints handled in Industrial Hygiene shows that air pollution is a major concern of the people as indicated in the following table:

SUMMARY OF COMPLAINTS—1953

NATURE OF COMPLAINT	NUMBER	PER CENT
Atmospheric pollution.....	394	83.9
Coal gas.....	10	2.1
Industrial waste.....	18	3.8
Noise.....	14	3.0
Sanitary facilities.....	17	3.6
Sanitation.....	10	2.1
Ventilation.....	7	1.5

The integrated cooperation of the Bureau of Laboratories, the Bureau of Public Health Nursing, and of Dr. R. R. Sayers, Senior Medical Supervisor for Occupational Diseases, was of material help in carrying out many of the activities mentioned in this report.

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- ⁸ No Peril Found in Smog Here. *Evening Sun*, November 25, 1953.

Personnel

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Joseph P. Connor, B.A., M.A., Sanitarian
Albert J. Grossman, Sanitarian
William M. Stump, Sanitarian
John J. Gunning, Sanitarian
Mary Lanahan, Public Health Nurse
Selma Aebli, Senior Stenographer

TABLE NO. 1
HEALTH AND ACCIDENT HAZARDS ELIMINATED IN INDUSTRIAL PLANTS—1953

TYPE OF IMPROVEMENT	NUMBER	POPULATION
TOTAL.....	531	24,988
Health-Occupational Hazards		
Atmospheric pollution.....	33	2,295
Exposure to toxic materials controlled by:		
Provision of protective clothing.....	3	13
Installation of local exhaust system.....	37	3,529
Change of operations.....	4	152
Isolation of operations.....	10	574
Repair of defective equipment.....	3	9
Provision of respirators.....	6	40
Wetting.....	1	2
Exposure to radiant energy controlled by:		
Provision of clothing, goggles and shields.....	14	61
Lighting provided or improved		
Artificial.....	1	5
Ventilation provided or improved		
Artificial.....	9	109
Noise reduced.....	2	140
Sanitation	40	4,310
Drinking facilities provided or improved.....	5	52
Industrial waste disposal provided or improved.....	1	50
Insect, rodent and vermin control instituted.....	8	165
Insanitary premises improved.....	2	640
Lockers provided.....	55	4,509
Toilet facilities provided or improved.....	50	4,451
Washing facilities provided or improved.....		
Personnel Services	5	42
First-aid equipment provided.....		
Accident Hazards	1	6
Obstructed passageways.....	6	36
Unclean floors.....		
Other Improvements	192	2,397
New building.....	25	382
Heat supplied.....	18	1,019
New equipment.....		

REPORT OF THE HEALTH DEPARTMENT—1953

TABLE NO. 2
DETAILED STUDIES MADE—1953

INDUSTRY	NUMBER OF STUDIES	DUSTS				GASES			VAPORS			OTHERS			
		Chromic	Lead	Parathion	Others	Carbon Monoxide	Hydrogen Sulfide	Methane	Benzol and Analogs	Chlorinated Hydrocarbons	Mercury	Lighting	Noise	Radiation	Ventilation
All Industries Studied.....	78	1	22	2	1	8	1	1	2	6	6	1	3	15	7
Automotive.....	5	..	..	..	..	3	..	..	..	2	..	..	..	..	..
Battery manufacturing.....	4	..	3	..	..	..	..	..	..	..	..	..	..	..	..
Chemical.....	8	1	4	2	..	..	..	..	..	1	..	..	..	..	1
Education.....	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Foundry.....	7	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Hospital and clinics.....	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Metal goods.....	6	..	6	..	..	..	..	..	..	..	..	..	..	..	..
Metal reclamation.....	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..
Paint.....	4	..	3	..	..	..	..	..	..	..	..	..	..	..	..
Plastics.....	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Printing.....	3	..	3	..	..	..	..	..	2	..	..	..	..	..	1
Storage.....	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Others.....	10	..	..	..	1	1	1	1	..	2	1	1	..	1	1

TABLE NO. 3
INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED FOR OCCUPATIONAL HAZARDS AND SANITATION—1953

PROPOSED USE OF BUILDING	APPLICATIONS AND PLANS						SPECIAL RECOMMENDATIONS							CONSULTATIONS
	Number Reviewed	Disapproved	Approved			Abandoned	Ventilation			Sanitation		Other		
			Without Recommendations	With Recommendations	Mechanical		Industrial Waste Disposal	Personal Service Conveniences						
									Local	General	Natural			
All Types.....	322	1	93	222	6	28	18	..	5	14	2	322		
Automotive repair.....	11	..	..	11	..	..	11	..	..	..	..	11
Automotive service.....	17	..	..	17	..	..	2	..	..	..	..	17
Ceramic.....	3	..	..	3	..	..	..	..	..	..	..	3
Chemical.....	7	..	..	6	1	1	..	..	..	..	..	7
Dry cleaning and laundry.....	12	..	..	12	..	..	..	..	..	1	..	12
Electrical apparatus.....	8	..	..	8	..	5	2	..	5	..	..	8
Loading facilities.....	9	..	..	4	..	1	..	..	..	..	..	9
Machine shop.....	9	1	5	8	..	..	..	..	..	..	..	9
Metal goods.....	21	..	..	19	2	1	..	..	..	..	..	21
Office and storage.....	20	..	1	19	..	6	..	..	..	2	..	20
Parking garage.....	5	..	..	5	..	..	..	..	..	..	..	5
Personal service building.....	9	..	3	6	..	..	2	..	..	..	..	9
Rubber goods.....	3	..	..	3	..	..	..	..	..	0	..	3
Truck terminals.....	6	..	..	6	..	..	..	..	..	..	..	6
Warehousing and storage.....	137	..	80	54	3	..	..	..	..	..	..	137
Woodworking.....	7	..	..	7	..	4	..	..	..	..	..	7
Others—less than 3 of 1 type.....	38	..	4	34	..	9	1	..	..	2	2	38

TABLE NO. 4
SUMMARY OF INDUSTRIAL PLANTS SURVEYED, CLASSIFIED ACCORDING TO TYPE OF PLANT, AND POTENTIALLY HAZARDOUS MATERIALS—1953

[illegible]

TABLE NO. 5
STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES—1953

PLANT ACTIVITIES		
Total number of different plants serviced.....		2,579
Total number of workers in plants serviced.....		163,945
Total number of plant visits made.....		2,947
SOURCE OF SERVICE		
Self-initiated.....		1,635
Requests from management, labor, etc.....		99
TOTAL.....		1,734
GENERAL TYPE OF SERVICE GIVEN		NUMBER OF SERVICES
Plant surveys.....		724
Technical studies of hazards.....		79
Reinspections and routine.....		289
Medical and nursing surveys.....		111
Consultations.....		21
Atmospheric pollution investigations.....		394
Other nuisance complaints investigated.....		76
Follow-up on building applications.....		1,146
Follow-up on compliance with recommendations.....		200
Special activities.....		21
TOTAL.....		3,061
RECOMMENDATIONS	GIVEN	CARRIED OUT
Number of recommendations.....	166	121
Number of plants involved.....	100	115
Number of workers affected.....	5,528	3,650
VOLUNTARY IMPROVEMENTS MADE IN PLANTS		
Number of improvements.....		401
Number of plants.....		367
Number of workers affected.....		21,811
SPECIFIC SERVICES		
Number of laboratory analyses and examinations.....		136
Field determinations of atmospheric contaminants.....		960
Field determinations of physical conditions.....		722
Examination of plans for control equipment.....		350
Occupational disease cases reported.....		206
Occupational diseases investigated.....		13

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TABLE NO. 6
OCCUPATIONAL DISEASES REPORTED—1953

DISEASE	CASES
TOTAL.....	206
Blisters.....	5
Brucellosis.....	1
Bursitis.....	11
Carbon tetrachloride poisoning.....	1
Cellulitis.....	1
Chrome carcinoma.....	4
Chrome ulceration.....	37
Conjunctivitis.....	1
Dermoid cyst.....	2
Fibrocellitis.....	3
Ganglion.....	5
Hepatitis.....	1
Lead poisoning.....	2
Mercury poisoning.....	3
Myasthenia.....	2
Myositis.....	2
Nasal bleeding.....	1
Paronychia.....	3
Silicosis.....	3
Sprain.....	1
Tenosynovitis.....	1
Tinea versicolor.....	17
Dermatitis.....	1
Acids.....	98
Adhesives.....	3
Alkalies.....	10
Chlorine.....	16
Cloth material.....	1
Dyes.....	1
Metallic contacts.....	5
Meat.....	1
Oils and greases.....	11
Dust.....	4
Plant irritations.....	13
Salt.....	1
Solvents.....	14
Sulfur.....	2
Others.....	15

TABLE NO. 7
ACUTE CASES OF ILLUMINATING GAS POISONING—1933-1953

YEAR	TOTAL CASES	SUICIDES AND ATTEMPTED SUICIDES	ACCIDENTS
1953	30	15	15
1952	16	16	..
1951	45	24	21
1950*	76	52	24
1949	132	92	40
1948	159	112	47
1947	137	89	39
1946	167	104	53
1945	130	69	61
1944	140	72	68
1943	178	66	112
1942	123	68	55
1941	137	95	42
1940	174	102	72
1939	202	77	125
1938	130	82	48
1937	114	71	43
1936	218	63	155
1935	130	80	50
1934	164	100	54
1933	157	100	57

* Entire city operated on natural and oil gas as of September 1950.

TABLE NO. 8
NONFATAL AND FATAL ACCIDENTS FROM ILLUMINATING GAS AND DEFECTIVE
APPLIANCES FROM 1933-1953

YEAR	TOTAL	ACCIDENTS FROM UNBURNED GAS		ACCIDENTS FROM INCOM- PLETE COMBUSTION OF GASES		DEFECTIVE APPLIANCES CAUSING ACCIDENTS
		Nonfatal	Fatal	Nonfatal	Fatal	
1953	15	..	..	12	3	8
1952	..	..	..	..	..	..
1951	21	..	..	19	2	10
1950*	24	10	4	10	..	11
1949	40	30	6	1	3	13
1948	47	32	8	7	..	7
1947	38	18	8	9	3	8
1946	53	29	10	10	4	8
1945	61	31	23	6	1	6
1944	68	35	20	12	1	5
1943	112	42	20	49	1	13
1942	55	28	9	16	2	8
1941	42	22	6	14	..	3
1940	72	45	6	19	2	5
1939	125	82	9	83	1	7
1938	48	30	12	6	..	..
1937	43	31	11	1	..	1
1936	155	131	22	2	..	..
1935	50	33	17	..	..	1
1934	54	41	13	..	..	3
1933	57	36	21	..	..	2

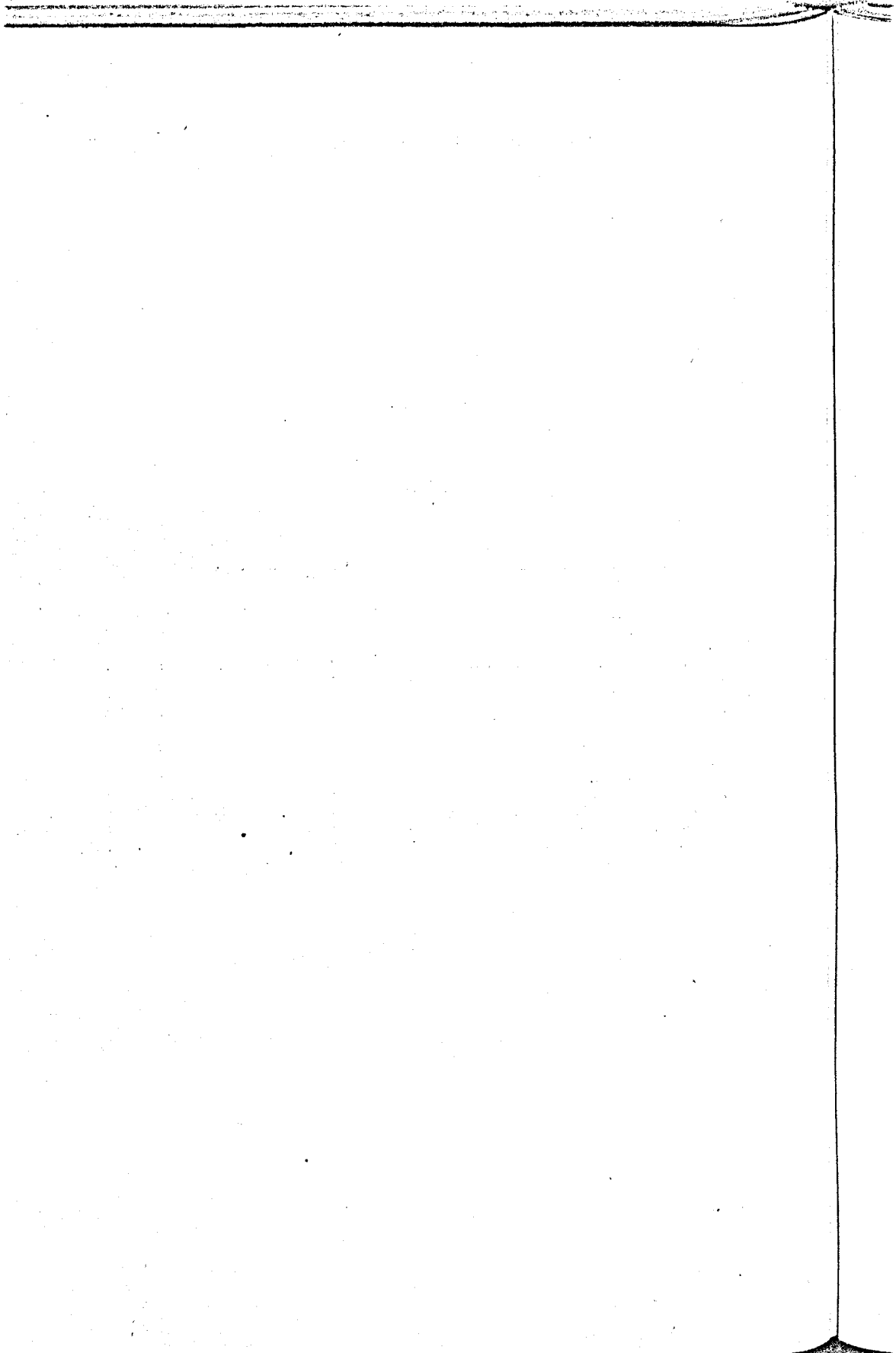
* Entire city operated on natural or natural and oil gas as of September 1950.

TABLE NO. 9
NONFATAL AND FATAL CASES OF LEAD POISONING IN CHILDREN—1933-1953

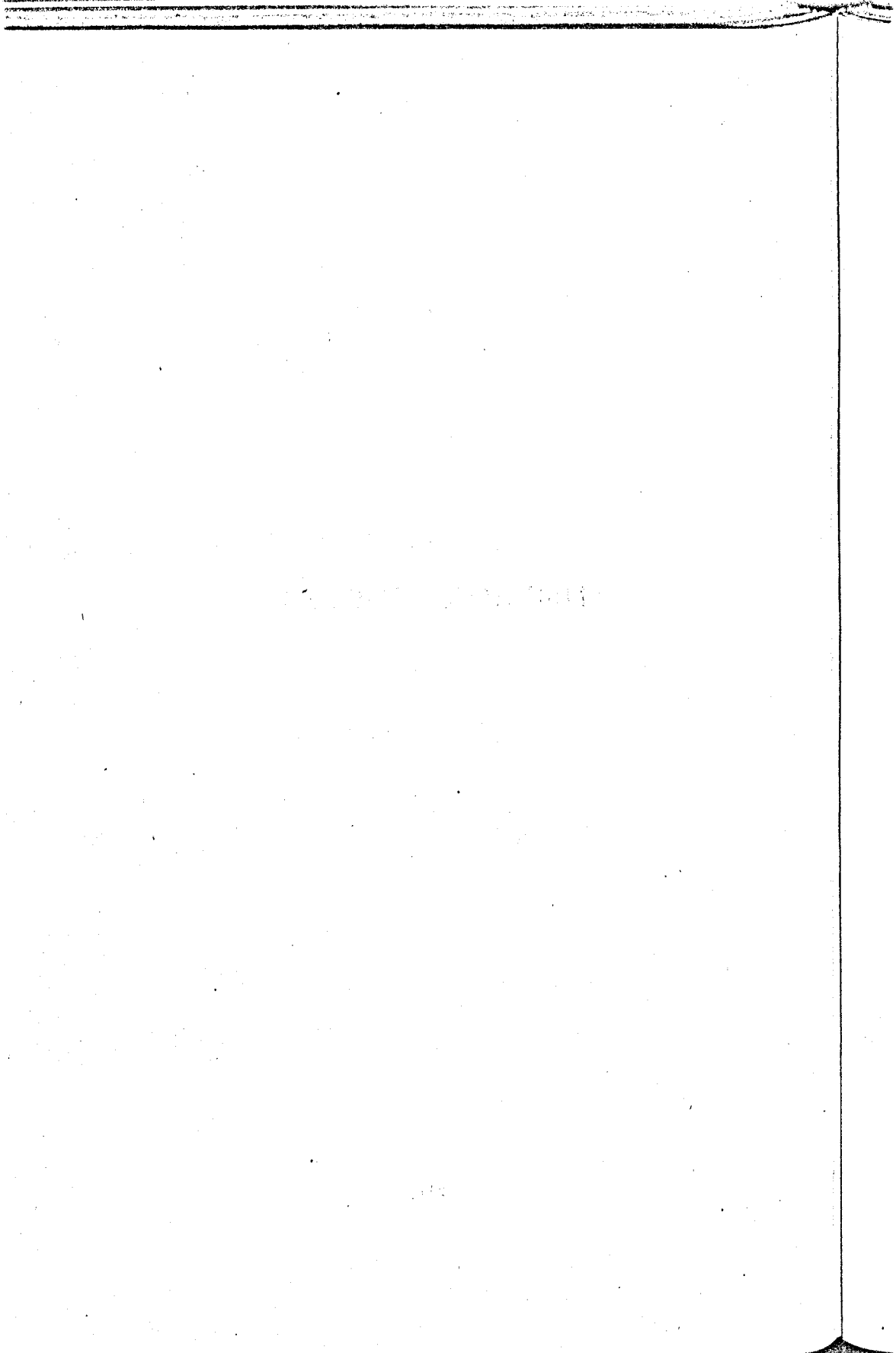
YEAR	CASES			DEATHS		
	Total	White	Colored	Total	White	Colored
TOTAL	424	121	303	98	35	63
1953	49	9	40	6	3	3
1952	29	6	23	5	2	3
1951	77	20	57	9	3	6
1950	31	2	29	2	..	2
1949	34	11	23	4	1	3
1948	31	4	27	4	1	3
1947	11	1	10	3	1	2
1946	13	7	6	4	2	2
1945	8	4	4	2	1	1
1944	9	5	4	1	..	1
1943	10	3	7	5	2	3
1942	13	1	12	5	..	5
1941	15	4	11	3	2	1
1940	12	3	9	7	..	7
1939	11	6	5	4	3	1
1938	13	9	4	6	4	2
1937	10	7	3	2	1	1
1936	19	12	7	8	4	4
1935	17	2	15	10	2	8
1934	10	4	6	6	2	4
1933	2	1	1	2	1	1

TABLE NO. 10
AIR POLLUTION INVESTIGATIONS—1953

NATURE OF COMPLAINT	NUMBER OF COMPLAINTS	NUMBER OF CONDITIONS	DISPOSITION OF CONDITIONS			
			Can- celled	Control Failure	Con- trols Pro- vided	Pending
TOTAL.....	394	117	12	6	75	24
Dusts						
Inorganic.....	62	21	1	3	10	7
Organic.....	66	30	2	..	26	2
Fumes						
Metallic.....	5	2	1	..	1	..
Welding.....	4	1	1	..	..	..
Gases						
Acid.....	34	10	1	..	4	5
Ammonia.....	6	2	1	1	..	..
Carbon monoxide.....	3	2	..	..	2	..
Vapors						
Insecticides and fumigants.....	6	2	1	..	1	..
Paint and varnish.....	20	14	..	..	12	2
Petroleum.....	107	10	1	1	2	6
Solvents.....	36	10	..	..	8	2
Steam.....	1	1	..	1	..	..
Others.....	44	12	3	1	8	..



HOUSING BUREAU



HOUSING BUREAU

Franz J. Vidor, B.S., M.C.P.

Director

The objectives of the Housing Bureau of the Baltimore City Health Department are to improve housing conditions in substandard areas and to prevent the spread of blight into areas of good housing. These objectives are sought through:

1. Coordinated enforcement of existing ordinances pertaining to dwelling standards.
2. Integration of all available public and private resources for improving a selected neighborhood.
3. Education for the purposes of:
 - a. Obtaining from owners a sense of the implicit responsibility to maintain and to preserve the value of their property for the welfare of the neighborhood and themselves; and
 - b. Awakening a neighborhood desire for a healthier, safer and happier environment and a neighborhood vigilance against factors causing blight.

The "Baltimore Plan," which is the implementation of above objectives, is the result of a long range program inaugurated in 1939 which has included a series of experiments and modifications. It is subject to continual review for improving urban renewal techniques.

Presently, the "Baltimore Plan" is being extended to include a conservation program in the Mount Royal neighborhood which is beginning to show signs of blight. Experiences gained and methods used in the Pilot Program will be applied in this program, which encompasses an area of 45 census tract blocks.

Preliminary discussions are under way now to carry the "Baltimore Plan" one step further yet. A coordinated and integrated program undertaken jointly by the Housing Bureau, the Baltimore Redevelopment Commission and the Housing Authority of Baltimore City, under the general guidance of the Department of Planning, would ensure the physical rehabilitation of properties within a neighborhood along with the educational aspects outlined above. It would also provide for the acquisition of properties which are either beyond the stage where they may be economically sound for rehabilitation or those properties which are located in blocks earmarked either for public improvement, or for private redevelopment. These joint efforts will also tend to provide other improvements necessary for stable neighborhoods, such as the closing of some streets to through traffic, improved pav-

ing of streets and alleys, improved street lighting, the opening of the interior of some blocks for light and air.

Certain other aspects of the "Baltimore Plan" need to be emphasized. First of all, the plan has recognized the city's responsibility in the prevention of the growth and formation of slums. Secondly, it is only one of three municipal efforts in the fight against blight. The Housing Authority of Baltimore City and the Baltimore Redevelopment Commission both engage in slum clearance operations; the former for the purpose of building and operating low-rent public housing; the latter to enlist the aid of private enterprise in rebuilding such cleared areas for appropriate new uses. The Housing Bureau of the Baltimore City Health Department, the Housing Authority of Baltimore City and the Baltimore Redevelopment Commission supplement each other to form an integrated attack on the city's blight; neither can hope to accomplish the objectives by itself. Thirdly, this integrated effort is coordinated by the Department of Planning. Its functions are to delineate the areas for each of the three agencies and to develop plans on which the redevelopment and rehabilitation programs are based. A most excellent spirit of cooperation exists between all of those agencies involved. Finally, the limitations of the "Baltimore Plan" must be recognized. It cannot make palaces out of dilapidated dwellings, nor can it substitute for public housing. But it can correct some of the conditions that cause blight and it is hoped that by means of a joint undertaking between the Health Department, the Redevelopment Commission and the Housing Authority neighborhoods can be rejuvenated, stabilized economically and their residents afforded the amenities of better living.

Need for a more effective "yardstick" to obtain minimum standards of healthful living through law enforcement, necessitated a revision of the "Rules and Regulations Governing the Hygiene of Housing." By year's end, the revision had progressed enough that a number of interested municipal agencies and civic groups were consulted and their advice sought.

Law Enforcement—Area Programs

With additional inspectors available, emphasis was placed on increasing the enforcement in new blocks. The total number of new area cases opened increased sharply from 1952, when primary emphasis had been placed on completing the rehabilitation program in the original Pilot Area in East Baltimore.

The greatest effort in 1953 was made in the Franklin II area in West Baltimore. This area is immediately east of the blocks in the Franklin I area where enforcement was carried out prior to the Pilot Program. Franklin II area comprises 34 census tract blocks forming an irregular shape from Baltimore Street to Harlem Avenue west of Carrollton Avenue. In addi-

tion to six blocks which were inspected during 1952 enforcement was begun in 19 new blocks in this area during 1953. Since six non-residential blocks will not require inspection, only three remain to be inspected.

Six census tract blocks (under the designation Biddle II area) were inspected adjacent to the original Pilot Area. This was part of a planned move to enlarge the Pilot Area gradually, thus reinforcing work accomplished. Meanwhile, work continued to complete corrections on problem properties in the original Pilot Area. Where rat infestation or other unsatisfactory conditions reappeared, new notices were issued.

In four census tract blocks, enforcement on a special block basis was undertaken. These were separate blocks which were judged to need special attention. Three were in rock-bottom slum areas where permanently satisfactory results are not to be expected but where the degree of improvement will be given study to determine how much effort should be put into poor areas relative to that expended on better areas where rehabilitation efforts should be more lasting.

Altogether, during 1953, action was initiated on 879 properties in neighborhood or block enforcement and 663 properties were closed after satisfactory compliance.

Meanwhile, intensive planning and preliminary survey work was undertaken to facilitate the start of the Mount Royal Rehabilitation Program early in 1954. Inspections in a 45 census-tract block area will be undertaken in this new program.

Law Enforcement—General

The Housing Bureau continued to handle dwelling complaints and to enforce vacate orders against houses declared unfit for human habitation by the Commissioner of Health. Ninety-one such properties were ordered vacated in 1953. After rehabilitation, permission was granted to reoccupy 45 vacated properties, and 33 properties were razed or the dwelling use permanently discontinued. Notices were issued against 371 properties after investigation of complaints.

Of all housing notices issued, 30 per cent (395) were issued to owner-residents and 70 per cent (934) to absentee landlords. Eight hundred fifty-five nuisance notices were issued to tenants.

Review of 364 sets of plans for dwelling alterations forwarded from the Bureau of Building Inspection resulted in disapproval of four sets, though owners were often asked to make corrections before approval was granted. Occupancy in violation of the Zoning Ordinance was found in 194 of 561 inspection reports on multiple family properties referred to the Zoning Enforcement Officer. In other words, over one-third of all properties inspected having more than one family were found to have illegal occupancy.

Hearings and Housing Court

Administrative hearings were held in 102 cases to explain and discuss notices and to determine whether legal action was warranted, and 34 cases were heard by the special Pilot Program Hearing Board before it discontinued its duties.

In 96 instances, action was taken in Housing Court for failure to correct unhealthful conditions. Of these, 89 cases involved owners or agents and 7 involved tenants. Thirty-eight owners and six tenants were found guilty and fined a total of \$1,415 in Housing Court. Two cases pending from 1952 were dismissed in Criminal Court after corrections were completed. Six additional cases were taken to Criminal Court during 1953, five involving the same owner. Final dispositions of all six cases were still pending at the end of the year. With the long delay seemingly inevitable in Criminal Court cases, it is fortunate that the past strict attitude of the court discourages many from exercising the option of taking cases directly to Criminal Court.

It may be noted that despite increased activity, the number of court cases was lowest in the three years since the Housing Bureau was established. This was primarily due to the much greater degree of voluntary compliance on the part of owners. To some extent, it also reflected the dissatisfaction of inspectors with the amount of time consumed in taking cases to Housing Court, especially when two or more hearings are held on one case.

Education and Public Relations

The Housing Bureau's education and public relations program is designed to aid law enforcement in the correction and elimination of substandard housing. An effort has therefore been made to inform the public at large of the housing problem, of the "Rules and Regulations Governing the Hygiene of Housing" and of their enforcement by the Housing Bureau. This has been done through literature, audiovisual aids, 68 talks and 52 tours reaching an audience of 3,338 persons representing students in public and private schools and colleges, teachers in the Department of Education Community Study Workshops, church, hospital and civic groups, as well as by participation in the Clean-Up Fix-Up Campaign and Homes Around the World week.

To constantly improve enforcement officer effectiveness, a monthly in-service training session for the field staff has been instituted as a sequel to last year's training program.

To facilitate law enforcement operations and to encourage the cooperation and participation of owners and residents in the rehabilitation of their neighborhood, an intensive educational and organizational effort has been

made. Courses in neighborhood rehabilitation have been conducted in the Pilot and Mount Royal Area schools, and neighborhood and block meetings have been held prior to first inspections. Contact is maintained and support offered the neighborhood upon completion of the actual enforcement program.

The number of requests for informative material on the role of education in the Pilot Area program necessitated the publication of a comprehensive pamphlet, "Education in Living" and a condensation of Public School No. 135's report, "The Baltimore Plan Pilot Program." Available books and films were reviewed to determine their suitability for use in school study projects and a card catalogue was set up for teachers' reference.

The need for informative literature to be distributed in step with the enforcement schedule has resulted in the composition of an explanatory letter to residents and property owners upon initiation of an area program and a "Thank You" letter was sent after completion of the program. A pamphlet "Housing Bureau Suggestions to Homeowners" was also prepared and was mailed along with Housing Notices.

A première showing of the Encyclopaedia Britannica's film "The Baltimore Plan," celebrated its release on February 2. This film was awarded a first prize at the Scotland Film Festival.

The 101 visitors from 35 cities and 7 countries who came to observe the plan in operation, the requests for information from 75 cities in 35 states and 3 foreign countries, the invitations to address 623 persons in other cities, the references in books, such as "Renewing Our Cities" by Miles Colean, in numerous studies and publications, as well as the reflection in national policy, attest the significant contribution the Baltimore City Health Department's Housing Bureau has made in the fight against residential blight.

Organizational Changes

On March 31, Mr. G. Yates Cook—the man whose enthusiasm nurtured the "Baltimore Plan"—resigned as Director of the Bureau. Mr. Franz J. Vidor was appointed the new Director by Mayor D'Alesandro effective on June 23.

The Advisory Council of the Housing Bureau lost, through resignations on March 25, four of its original members. These were: Mr. James W. Rouse, chairman; Mr. Thomas J. Healy, Mr. Guy T. O. Hollyday and Mrs. John B. Ramsay. On April 2 Mr. Hans Froelicher, Jr. was appointed acting chairman of the Advisory Council.

Resignations from the positions of Supervisor and Public Information Assistant brought the bureau's turnover of personnel for the year to thirteen. At the end of the year seven employees were on emergency appointments with four vacancies existing.

ADVISORY COUNCIL

HANS FROELICHER, JR., Acting Chairman
 MRS. EDWARD A. ATKINSON
 MRS. ROBERT DUDLEY
 MR. EDGAR EWING
 MRS. JAMES W. FOSTER
 MR. HARRY S. KRUGER
 COL. JOHN MCC. MOWBRAY
 MR. CHARLES A. MOHR
 MR. PHILIP NEEDLE
 MRS. EVELYN H. SAMLER
 MR. HOWARD J. WHELAN
 MR. PAUL C. WOLMAN

Personnel

Franz J. Vidor, B.S., M.C.P., Director
 Ross W. Sanderson, Jr., B.A., M.B.A., Assistant Director
 Gerald J. Doyle, B.A., B.L.S., Administrative Assistant
 Jane D. Ellen, B.A., Educational Director
 Bernard L. Berkowitz, B.S., Senior Statistician
 William M. Gardner, B.S., Supervisor-Housing Enforcement

Housing Enforcement Officers I

Ellsworth J. Andrews
 Ethel Y. Rice, B.S.

Housing Enforcement Officers II

Solomon Baylor, LL.B.	Stanley J. Kihn, B.S.
Albert J. Blankman, B.S.	Lewis E. Merchant
Richard J. Brown, B.S.	John W. Mullaney, Jr., A.B.
Roland H. Ganges	James E. Roberts, A.B.
John W. Hall, Jr., B.A.	June G. Rouse, A.B.
I. Donald Harris, B.S.	William R. Smith, B.S.
John E. Hicks	Doris N. Wilson, A.B.
Alexander Woodhouse, B.A.	

Anne C. Tremearne, Senior Draftsman
 Helen Pfister, Secretary-Stenographer
 Phyllis C. Beck, LL.B. Principal Clerk
 Willie E. Boswell, Senior Clerk
 Mildred M. King, Senior Clerk
 Betty M. Sopher, Senior Stenographer
 Helen R. Stoller, Senior Stenographer
 Helen K. Walker, B.S., Senior Stenographer
 Thelma O. Wilson, Senior Stenographer
 Adelle S. Traub, Junior Stenographer
 Elizabeth A. Young, Junior Stenographer
 Clarice M. Brooks, Clerk-Typist
 Margaret I. Wiggins, Clerk-Typist

TABLE NO. 1
CUMULATIVE SUMMARY OF ENFORCEMENT ACTIVITIES—HOUSING BUREAU

AREA OR COMPLAINTS	CUMULATIVE TOTAL		1945-1951			1952			1953			TOTAL CLOSED AS A % OF TOTAL OPENED
	Number of Blocks Opened	Number of Properties Inspected	Added	Abated	Carried to 1952	Added	Abated	Carried to 1953	Added	Abated	Carried to 1954	
Number of Properties												
Area Total.....	192	6066	5037	4131	906	150 ^a	622	434	879	663	650	89.3
Franklin II.....	25	661	..	..	..	150 ^a	5	145	511	437	219	66.9
Biddle II.....	6	201	..	..	..	..	..	..	201	30	171	14.9
Special Blocks ¹	4	187	..	..	..	..	..	..	167	23	144	13.8
Areas Opened Prior to 1952 ² ..	157	5037	5037	4131	906	..	617	289	..	173	116	97.7
Non-Area: Complaints.....	b	3968 ^c	d	d	178	281	134	325	373	356 ^e	342	91.4

¹ Druid-Lanvale, Amity and Abbott.

² Sharp Street, Mt. Clare, Urban, Franklin, and Pilot.

^a Revised on the basis of date of inspection instead of date notice was issued.

^b Not applicable.

^c 1940-1951 is approximate. 1952-1953 total is 654.

^d Not available.

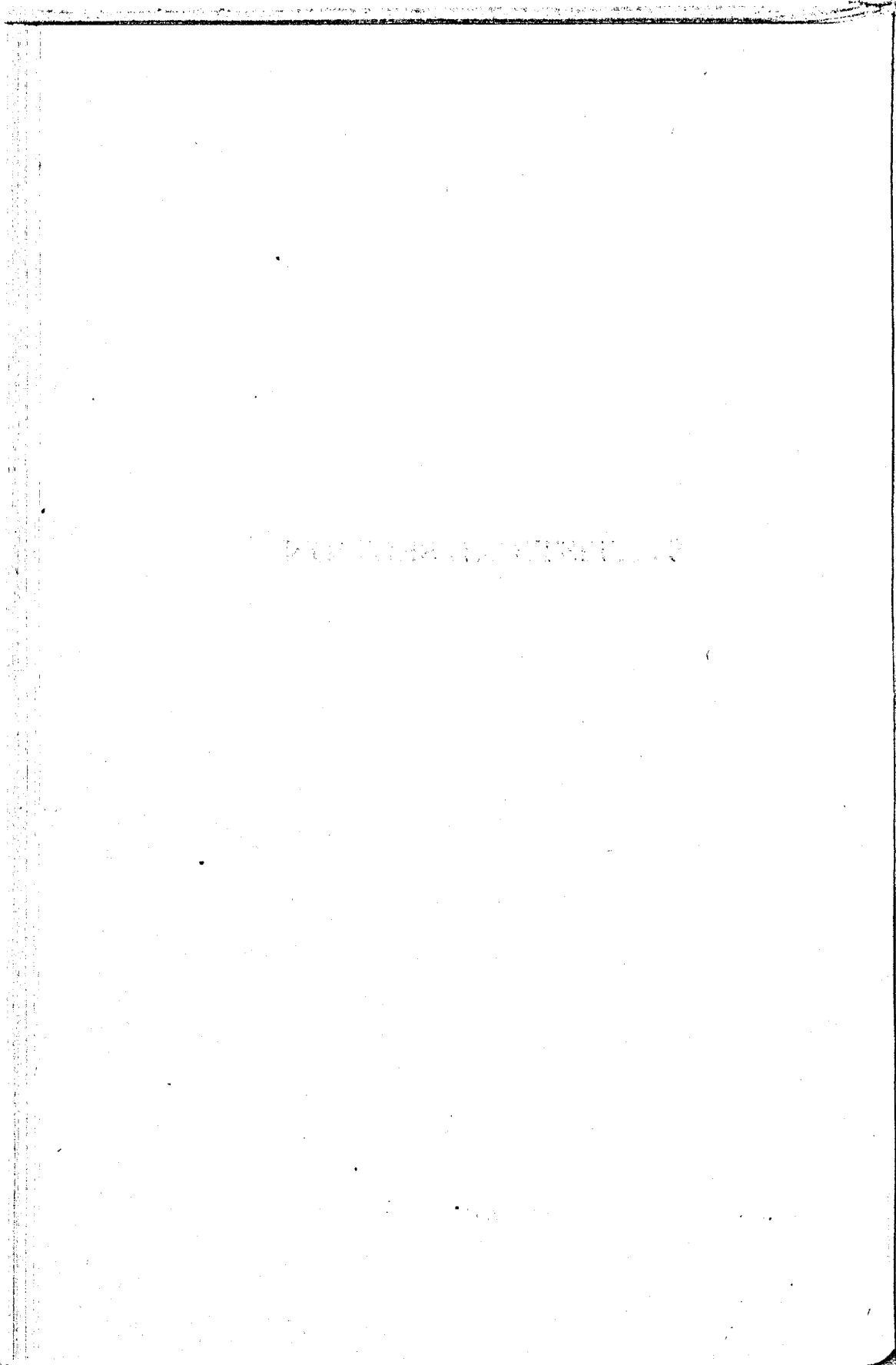
^e Includes 10 cases now being handled as area cases.

TABLE NO. 2
SUMMARY OF 1953 ENFORCEMENT ACTIVITIES OF THE HOUSING BUREAU

BUREAU ACTIVITIES	TOTAL AREA AND COM- PLAINTS	AREA					Non- Area Com- plaints
		Area Total	Franklin Area II	Biddle Area II	Special Blocks ¹	Areas Opened Prior to 1952 ²	
A. First Inspections:							
Blocks.....	29	29	19	6	4	..	^a
Properties.....	1255	879	511	201	167	..	376
Total Dwelling Units.....	2622	1826	1299	256	271	..	796
White.....	448	270	226	25	19	..	178
Non-White.....	2006	1467	999	225	243	..	539
Vacant.....	168	89	74	6	9	..	79
B. Abatelements:							
Blocks.....	3	3	1	..	..	2	^a
Properties.....	1019	663	437	30	23	173	356
Dwelling Units.....	^b	1445	1104	33	53	255	^b
C. Pending, Dec. 31, 1953:							
Blocks.....	55	55	24	6	4	21	^a
Properties.....	992 ^a	650	219	171	144	116	342
Dwelling Units.....	^b	1218	618	223	218	159	^b
D. Notices:							
Housing—Total.....	1329	958	508	192	141	117	371
Absentee Owners.....	934	610	345	113	89	63	324
Owner Residents.....	395	348	163	79	52	54	47
Tenants.....	..	..	..	..	..	..	..
Nuisance—Total.....	1056	884	251	41	45	547	172
Absentee Owners.....	188	69	41	4	4	20	119
Owner Residents.....	13	6	1	..	..	5	7
Tenants.....	855	809	209	37	41	522	46
E. Properties Ordered Vacated:							
Posted Prior to 1953 and Still in Effect Jan. 1, 1953.....	137 ^d	26 ^d	2 ^d	..	..	24 ^d	111 ^d
Posted in 1953.....	91	21	11	2	4	4	70
Total Closed in 1953.....	78	19	6	..	1	12	59
Improved.....	45	16	4	..	1	11	29
Razed.....	33	3	2	..	..	1	30
In Effect Dec. 31, 1953.....	150	28	7	2	3	16	122
F. Court Action in 1953:							
Pending Dec. 31, 1952.....	8	6	2	..	..	4	2
Summonses Issued—1953.....	88	68	19	..	..	49	20
Housing Court—Total.....	96	74	21	..	..	53	22
Dismissed.....	46	39	8	..	..	31	7
Guilty.....	44	32	10	..	..	22	12
Pending.....	..	..	..	..	..	..	..
Sent Criminal Court.....	6	3	3	..	..	..	3
Criminal Court—Total.....	8 ^a	5 ^a	3	..	..	2 ^a	3
Dismissed.....	2 ^a	2 ^a	..	..	..	2 ^a	..
Guilty.....	..	..	..	..	..	..	..
Pending.....	6	3	3	..	..	..	3

¹ Druid-Lanvale, Amity and Abbott.² Sharp Street, Mt. Clare, Urban, Franklin I and Biddle I (Pilot).^a Not applicable.^b Not available.^c Includes 150 "Vacated" properties.^d Revised.^e 2 sent to Criminal Court in 1952.

STATISTICAL SECTION



STATISTICAL SECTION

Matthew Taback, Sc.D.

Director

Dr. W. Thurber Fales, Director of the Statistical Section from its inception in 1944, and Director of the Bureau of Vital Statistics from 1935-1943, died on May 21, 1953, while attending an organization session of the Joint Anesthesia Study Committee of the Baltimore City Health Department and the Baltimore Medical Society. As a result of the excellent systems for the collection, tabulation and analysis of public health statistics evolved by Dr. Fales, the work of the Section moved forward with little interruption or confusion following his death.

The newly appointed director, Dr. Matthew Taback, continued the policy previously established of maintaining within the section a demographic information center. This serves a wide group of official and voluntary organizations dependent upon precise population data for decisions on current problems.

Chief among the accomplishments of the Bureaus of Biostatistics and Vital Records were:

1. Completion of a Cost Analysis Study of the Bureau of Public Health Nursing.
2. Preparation of postcensal population estimates by census tract.
3. Assistance to the Chief of the Division of School Health in the revision of the records system employed in the school health program.
4. Assistance to the medical care clinics in the conduct of studies designed to provide data on the efficiency of routine general examinations.
5. Commencement of a study on adoption practices in Baltimore as determined from birth records, court orders, etc., compiled during the period 1938-1952.
6. Successful negotiation with a commercial microfilm company to furnish microfilm images to the National Office of Vital Statistics.
7. Survey and analysis of the legitimation procedures used in registration offices throughout the country.

The section director was appointed secretary of the Joint Anesthesia Study Committee and in this capacity assisted in the development of the basic records and protocol for this new study group. The Committee's objective is to examine all deaths which occur during operation or on the day following operation to determine whether an error in anesthetic management was involved.

The director completed a detailed study of "Family Structure, Its Changing Pattern" based upon longitudinal studies of families, resident in the Eastern Health District. In addition, he was designated Chairman of the Johns Hopkins School of Hygiene Committee on the Hygiene of Housing, which will guide a 5 year investigation of the effects of public housing on health. This study will be financed by a Public Health Service research grant and will commence on March 1954.

On request of the Chairman of the Mayor's Commission on Problems of Aging, the section director assumed responsibility for the preparation of the Commission's report following 18 months of deliberation. He served also as a member of the Joint Evaluation Committee of the American Public Health Association.

Personnel

Matthew Taback, Sc.D., Director
Luther M. Frantz, Jr., B.A., Junior Statistician
Letruce M. Boyle, Senior Stenographer
Dorothy L. Horowitz, Junior Draftsman

BUREAU OF BIOSTATISTICS

The Bureau of Biostatistics operated without a director for the greater part of the year. This absence resulted in a retrenchment in the research and consultant programs of the Bureau but did not interfere severely with projects commenced in the prior year or with routine activities.

Public Health Statistics

Based upon detailed schedules prepared by members of the Bureau of Public Health Nursing during April and December of 1952, a cost analysis of the nursing program was completed providing information on (a) distribution of nursing time by service; (b) cost per field visit according to service; and (c) investment and return in the student training program.

A study of neonatal mortality rates by hospital according to birth-weight was prepared for the Bureau of Child Hygiene. Such studies provide data useful in detecting ineffective procedures for care of the newborn. In the experience analyzed no significant differences between hospitals was noted in neonatal mortality rates.

In an effort to study the extent of repeated infection among patients seen in the venereal disease clinics, a system was devised for recording the annual episode frequency for each person reported as a case. As a result, it was found that the incidence of disease when measured in terms of persons attacked was 25 per cent lower than the incidence as measured in terms of the number of cases reported.

Population and Vital Statistics

Copies of new dwelling unit permits were processed routinely and provided data on growth of population in the peripheral portions of the city. Some difficulty in utilizing this type of data for city-wide estimates arises from a deficiency in the notices received concerning conversions and demolitions. As a result, estimation methods for use in assessing the population totals by race have been devised quite independent of the above procedure, and are essentially based upon the following formula.

$$P_x = P_{x-1} + B - D + M \text{ where}$$

P_x = population in year x on July 1

P_{x-1} = population in year prior to x on July 1

B = resident births in year July 1 $_{x-1}$ –July 1 $_x$

D = resident deaths in year as specified above

M = estimate in numbers, of net-migration, during study year

Estimates of net migration were made by use of data prepared by the

Department of Education, Division of Measurement, Statistics and Research on the school population.

On request of the Executive Board of the YWCA, the population characteristics were developed for several potential sites for local branches.

Personnel

_____, Director
Margaret E. Amspacher, Principal Statistical Clerk
Elizabeth V. Steman, Principal Statistical Clerk
Ruth Gees, Senior Clerk
Sue Seivers, Statistical Clerk
Kenyon Burdick, Tabulating Equipment Operator
Ernest V. Dennstaedt, Tabulating Equipment Operator
Helen Boesche, Key Punch Operator
Anna Greengold, Key Punch Operator
Ida M. Padgett, Key Punch Operator

BUREAU OF VITAL RECORDS

Sidney M. Norton, B.S.

Director

The increased demand for proof of death required in connection with the settlement of claims with the Veterans and Social Security Administrations and life insurance companies was responsible for the issuance of 42,339 certified copies of official death transcripts. The same type of rise was reflected in the 1,028 verifications of death made to city, state and federal agencies. The total number of birth transcripts issued was 19,936, a slight decrease over the number issued the previous year. The number of Certification of Birth-Short Form transcripts issued totaled 5,126, also a slight decrease when compared with 1952. A 14 per cent increase over 1952 was noted in the 7,412 verifications of birth issued to accredited government and private agencies. Also issued during the year were 2,061 Statement of Age cards and 3,394 birth and death Search Certificates.

A very significant occurrence in birth registration was the drastic decline in the cases brought to the bureau's attention of unreported births which refer to records of children under six years of age who were born without medical attendants. In 1953 there were 13 such births as compared with 65 during the previous year. Baltimore enjoyed the distinction of having 99.7 per cent completeness of birth registration which was the result of the excellent assistance rendered the Health Department by hospitals, physicians and midwives in the initiation of birth records. It was equally interesting to note that the 429 delayed birth certificates filed represented a 26 per cent decrease over the number registered last year. Delayed birth certificates are records of birth not registered by medical attendants immediately after the birth, but filed with the Health Department on the basis of satisfactory documentary evidence submitted to prove the essential facts of birth such as name, date and place of birth and parentage.

Slight increases over the previous year were noted in certificate replacements of 639 adoption cases, 235 legitimations and 1 case involving adjudication of paternity. According to the provisions of the Annotated Code of Maryland, a new certificate is authorized to be made when a child has been legally adopted or legitimated, or its paternity has been adjudicated by court action. The new certificate is substituted for the old one, and the old certificate and all papers in the case are put under seal. A total of 1,194 given names was added to birth records for persons over six years of age, most of whom were born prior to 1900 when there was no provision for the inclusion of given names on birth certificates in use at that time. The two

interviewing units received 2,858 mail requests for assistance and granted a total of 6,552 personal interviews in connection with corrections on birth and death certificates, and delayed registrations of birth.

A good index of increasing demand for various bureau services was indicated by the number of alterations made on birth and death certificates. A new all-time high was established in 1953 with a total of 10,174 corrections made on birth records and 308 changes effected on official death certificates. This was due to the bureau's publicity campaign which emphasized not only the necessity for every child born in Baltimore to have a birth certificate registered for him but also that the record should be correct in every detail.

The Birth Record Correction Advisory Service, jointly sponsored by the City Health Department and the Legal Aid Bureau, Inc., gave assistance in 194 cases during its fourth year of successful operation. An appreciable number of persons were referred to the service by local social agencies but the majority learned of this activity by the publicity appearing in all Baltimore newspapers. There were 27 cases involving legal adoption, 41 were concerned with legitimation, 4 dealt with adjudication of paternity, 14 involved a legal change of name, 13 were cases of correction of surnames on the basis of reputation and usage, and 72 were other cases that involved varied types of corrections. A total of 18 cases dealt with delayed birth registration and 5 cases were referred to other registration areas. Two cases were referred to the Legal Aid Bureau and 7 cases were referred to private attorneys for necessary legal action.

On November 5, the Commissioner of Health revised the Order relating to funerals for persons dying of certain communicable diseases. The new Order provided for private funerals with specific restrictions as to which persons would be permitted to attend the funeral service and view the remains of the deceased person in the open casket. This was a radical departure from the old Order which made it mandatory for a person dying of an infectious disease to be placed in a casket which was to be immediately and permanently closed. The bureau director took an active part in urging the Commissioner of Health to revise the old Order.

The bureau director served as consultant to the Subcommittee of the Governor's Commission for the Study of Adoption and Placement Laws in so far as the adoption law affected the replacement of original birth certificates for adopted children born in Baltimore. The director also completed an independent survey on standardizing legitimation practices in the 53 birth registration areas in connection with his activities on the Committee on Registration of the Public Health Conference on Records and Statistics.

Table No. 1 contains comparable data of selected bureau activities for the period 1944-1953. The data reflect the degree of rise and decline of the

more important phases of the bureau's registration and certification functions.

Personnel

Sidney M. Norton, B.S., Director
Ida S. Blum, Principal Clerk
James G. McLaughlin, Principal Clerk
Frieda Meizlish, Senior Stenographer
Irene F. Greenberg, Senior Clerk
Mary A. Hohrein, Senior Clerk
A. Walter Just, Senior Clerk
Lorraine Meyers, Senior Clerk
Josephine A. Roemer, Senior Clerk
Linda D. Whitney, Senior Clerk
Margaret Kaiser, Principal Addressograph Operator
Dorothy Brown, Clerk-Typist
Margaret Lyons, Clerk-Typist
Ruth Maltz, Clerk-Typist
Gloria Van, Clerk-Typist
Antoinette Ferraro, Junior Typist
John P. Boyle, Chauffeur
James H. Carter, Chauffeur

TABLE NO. 1
SELECTED VITAL RECORDS ACTIVITIES FOR THE PERIOD 1944-1953

YEAR	CERTIFICATIONS ISSUED			VERIFICATIONS ISSUED			DELAYED BIRTH RECORDS FILED		CERTIFICATES REPLACED (SECTION 22, ARTICLE 43, STATE CODE)	
	Birth Transcripts	Death Transcripts	Search Certificates†	Birth	Death	Statement of Age Cards	1-5 Years Unreported Births	6 Years and Over	Adoption	Legitimation
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
1950	16,711	33,438	2,222	8,825	1,010	2,783	146	331	486	215
1949	20,669	33,018	1,902	8,541	215	3,319	136	254	463	136
1948	16,118	29,503	1,387	5,612	1,074	5,896	95	204	479	180
1947	11,204	28,781	1,443	2,654	207	6,176	138	256	525	155
1946	14,757	26,808	1,538	2,650	319	na	134	286	419	138
1945	20,361	25,897	2,193	9,924	1,173	na	165	389	390	205
1944	24,575	23,676	2,283	2,708	600	na	65†	588	340	215

na—Data not available.

* Includes 5,126 Certificate of Birth-Short Form.

** Includes 5,517 Certificate of Birth-Short Form.

† 1 case adjudication of paternity.

‡ Statement of births or deaths not found.

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1953

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TABLE NO. 1
ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000
POPULATION BY COLOR, BALTIMORE, MARYLAND—1930-1953

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
1953.....	963,500	715,800	247,700	22,748	14,628	8,120	23.6	20.4	32.8	10,762	8,044	2,718	11.2	11.2	11.0
1952.....	962,300	721,400	240,900	22,775	14,989	7,786	23.7	20.8	32.3	11,237	8,280	2,957	11.7	11.5	12.3
1951.....	954,800	721,400	233,400	22,530	14,938	7,692	23.7	20.7	33.0	10,885	7,996	2,889	11.4	11.1	12.4
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
1949.....	947,000	727,300	219,700	21,496	14,507	6,989	22.7	19.9	31.6	10,772	7,973	2,799	11.4	11.0	12.7
1948.....	943,000	729,000	214,000	22,083	15,414	6,669	23.4	21.1	31.2	11,097	8,201	2,896	11.8	11.2	13.5
1947.....	938,000	729,800	208,200	23,992	17,799	6,193	25.6	24.4	29.7	11,011	8,232	2,779	11.7	11.3	13.3
1946.....	933,000	730,500	202,500	21,111	15,805	5,306	22.6	21.6	26.2	10,798	8,061	2,737	11.6	11.0	13.5
1945.....	930,000	732,800	197,200	17,848	13,308	4,540	19.2	18.2	23.0	11,358	8,481	2,877	12.2	11.6	14.6
1944.....	937,000	743,000	194,000	18,830	14,021	4,809	20.1	18.9	24.8	11,544	8,552	2,992	12.3	11.5	15.4
1943.....	963,000	769,000	194,000	21,054	16,077	4,977	21.9	20.9	25.7	12,530	9,315	3,215	13.0	12.1	16.6
1942.....	936,000	754,400	181,600	19,720	15,076	4,644	21.1	20.0	25.6	11,347	8,397	2,950	12.1	11.1	16.2
1941.....	866,000	698,000	168,000	15,995	11,886	4,109	18.5	17.0	24.5	11,180	8,132	3,028	12.9	11.7	18.0
1940.....	860,456	693,268	167,188	13,712	10,105	3,607	15.9	14.6	21.6	11,096	8,243	2,853	12.9	11.9	17.1
1939.....	855,033	690,318	164,715	12,525	9,211	3,314	14.6	13.3	20.1	10,386	7,907	2,479	12.1	11.5	15.1
1938.....	849,610	687,348	162,262	13,208	9,892	3,316	15.5	14.4	20.4	10,618	8,034	2,584	12.5	11.7	15.9
1937.....	844,187	684,361	159,826	12,510	9,370	3,140	14.8	13.7	19.7	11,244	8,415	2,829	13.3	12.3	17.7
1936.....	838,764	681,356	157,408	11,801	8,956	2,845	14.1	13.1	18.1	11,058	8,134	2,924	13.2	11.9	18.6
1935.....	833,341	678,332	155,009	12,332	9,363	2,969	14.8	13.8	19.2	10,707	7,917	2,790	12.8	11.7	18.0
1934.....	827,918	675,291	152,627	12,201	9,196	3,005	14.7	13.6	19.7	10,764	8,049	2,715	13.0	11.9	17.8
1933.....	822,405	672,232	150,263	12,189	9,130	3,059	14.8	13.6	20.4	10,505	7,923	2,582	12.8	11.8	17.2
1932.....	817,072	669,155	147,917	12,785	9,737	3,048	15.6	14.6	20.6	10,309	7,622	2,687	12.6	11.4	18.2
1931.....	811,640	666,059	145,580	13,162	10,130	3,032	16.2	15.2	20.8	11,088	8,155	2,933	13.7	12.2	20.1
1930.....	806,226	662,946	143,280	13,872	10,731	3,141	17.2	16.2	21.9	10,806	8,011	2,795	13.4	12.1	19.5

TABLE NO. 2A
RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR
1935-1953

YEAR	NUMBER			RATE		
	Total	White	Colored	Total	White	Colored
1953.....	11,824	8,259	3,565	12.3	11.5	14.4
1952.....	12,206	8,636	3,570	12.7	12.0	14.8
1951.....	12,851	9,108	3,743	13.5	12.6	16.0
1950.....	13,075	9,618	3,457	13.8	13.3	15.2
1949.....	12,701	9,471	3,230	13.4	13.0	14.7
1948.....	15,639	11,782	3,857	16.6	16.2	18.0
1947.....	17,718	13,496	4,223	18.9	18.5	20.3
1946.....	21,445	16,840	5,105	23.0	22.4	25.2
1945.....	16,206	12,308	3,898	17.4	16.8	19.8
1944.....	15,818	11,642	4,276	16.9	15.5	22.0
1943.....	17,171	12,383	4,788	17.8	16.1	24.7
1942.....	19,595	15,167	4,428	20.9	20.1	24.4
1941.....	15,966	12,256	3,710	18.4	17.6	22.1
1940.....	11,305	8,658	2,647	13.1	12.5	15.8
1939.....	8,501	6,669	1,932	9.9	9.5	11.7
1938.....	8,521	6,578	1,943	10.0	9.6	12.0
1937.....	8,849	6,763	2,086	10.5	9.9	13.0
1936.....	8,134	6,208	1,926	9.7	9.1	12.2
1935.....	7,254	5,695	1,559	8.7	8.4	10.0

TABLE NO. 2B
RECORDED MARRIAGES BY AGE OF GROOM AND BRIDE: TOTAL, WHITE, COLORED
BALTIMORE—1953

AGE OF GROOM	AGE OF BRIDE								
	All Ages	15-19	20-24	25-29	30-34	35-44	45-64	65 and over	Un-known
All Ages.....	11,824	3,174	3,709	1,700	1,067	1,335	800	39	..
15-19.....	911	831	79	1	..	..	..	..	..
20-24.....	4,106	1,902	1,939	213	38	13	1	..	..
25-29.....	2,898	360	1,229	764	197	67	1	..	..
30-34.....	1,301	63	316	414	350	150	8	..	..
35-44.....	1,604	18	125	273	373	628	90	..	..
45-64.....	1,245	..	21	44	106	480	587	7	..
65 and over.....	159	..	..	1	3	10	113	32	..
WHITE									
All Ages.....	8,259	2,334	2,681	1,131	602	842	551	28	..
15-19.....	599	537	61	1	..	..	..	..	..
20-24.....	3,056	1,443	1,428	146	30	8	1	..	..
25-29.....	1,886	288	893	527	133	44	1	..	..
30-34.....	855	52	216	263	217	100	7	..	..
35-44.....	938	14	69	165	245	375	70	..	..
45-64.....	827	..	14	29	67	309	403	5	..
65 and over.....	98	..	..	..	..	6	69	23	..
COLORED									
All Ages.....	3,565	840	1,028	569	375	493	249	11	..
15-19.....	312	294	18	..	..	5	..	..	..
20-24.....	1,050	459	511	67	8	..	..	..	..
25-29.....	712	72	338	227	64	13	..	..	..
30-34.....	446	11	100	151	133	50	1	..	..
35-44.....	566	4	66	108	128	250	20	..	..
45-64.....	418	..	7	15	39	171	184	2	..
65 and over.....	61	..	..	1	3	4	44	9	..

Based on data provided by the Division of Vital Records and Statistics, Maryland State Department of Health.

TABLE NO. 3A
RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF
BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1953

PLACE OF BIRTH AND ATTENDANCE	RECORDED						RESIDENT					
	LIVE BIRTHS			FETAL DEATHS (Stillbirths)			LIVE BIRTHS			FETAL DEATHS (Stillbirths)		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Grand Total	32,532	23,858	8,674	600	366	234	22,748	14,628	8,120	489	260	209
Hospital	31,447	23,852	7,895	537	346	191	21,673	14,328	7,347	407	242	165
Baltimore City Hospitals	3,648	524	3,124	77	10	67	3,558	479	3,079	71	6	65
Bon Secours Hospital	1,766	1,766	..	27	27	..	963	963	..	12	12	..
Church Home and Hospital	947	947	..	15	15	..	401	401	..	10	10	..
Doctors Hospital	724	724	..	11	11	..	469	469	..	7	7	..
Franklin Square Hospital	589	531	58	11	8	3	409	361	48	8	6	2
Hospital for Women of Maryland	2,475	2,472	3	37	37	..	1,434	1,432	2	21	21	..
Johns Hopkins Hospital	2,750	1,381	1,369	65	19	46	1,844	768	1,076	42	8	34
Lutheran Hospital of Maryland	2,481	2,475	6	28	27	1	1,561	1,558	3	22	21	1
Maryland General Hospital	1,357	1,357	..	18	17	1	707	707	..	13	12	1
Mercy Hospital	2,319	2,316	3	25	25	..	1,500	1,497	3	19	19	..
Provident Hospital	1,363	..	1,363	25	..	25	1,231	..	1,231	23	..	23
St. Agnes Hospital	1,263	1,262	1	13	13	..	552	551	1	8	8	..
St. Joseph's Hospital	1,147	1,145	2	41	38	3	727	725	2	33	30	3
Sinal Hospital	2,997	2,603	394	44	36	8	2,116	1,781	335	31	24	7
South Baltimore General	872	866	6	21	20	1	595	590	5	19	18	1
Union Memorial Hospital	1,773	1,771	2	17	17	..	970	968	2	11	11	..
University Hospital	2,976	1,412	1,564	62	26	36	1,968	635	1,363	43	16	27
Out of city hospitals .....	..	..	..	..	..	..	638	441	197	14	13	1
Home	1,085	306	779	63	20	43	1,075	302	773	62	18	44
Physician	667	223	444	48	16	32	666	224	442	48	15	33
Midwife	372	66	306	4	2	2	372	65	307	4	2	2
Other	46	17	29	11	2	9	37	13	24	10	1	9

TABLE NO. 3B
RESIDENT LIVE BIRTHS BY MONTH AND BY BIRTHWEIGHT ACCORDING
TO COLOR AND SEX—1953

MONTH	TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
Total.....	22,748	14,628	7,539	7,089	8,120	3,946	4,174
January.....	1,912	1,217	625	592	695	353	342
February.....	1,749	1,164	603	561	583	290	293
March.....	1,812	1,194	635	559	614	287	327
April.....	1,558	995	493	502	593	274	289
May.....	1,642	1,070	582	488	572	273	299
June.....	1,850	1,184	627	557	664	315	349
July.....	2,169	1,350	690	660	819	403	416
August.....	2,169	1,379	724	655	790	387	403
September.....	2,111	1,363	688	675	748	364	384
October.....	1,873	1,213	621	592	660	294	366
November.....	1,815	1,149	586	563	666	335	331
December.....	2,088	1,342	685	657	746	371	375
Birthweight:							
Total.....	22,748	14,628	7,539	7,089	8,120	3,946	4,174
1500 grams and below..	322	164	90	74	158	78	80
1501-2000 grams.....	403	216	104	112	187	72	115
2001-2500 grams.....	1,492	798	396	402	694	292	402
2501-3000 grams.....	5,177	2,941	1,307	1,634	2,236	964	1,272
3001-3500 grams.....	8,707	5,732	2,799	2,933	3,975	1,448	1,527
3501-4000 grams.....	5,032	3,611	2,095	1,516	1,421	810	611
4001-4500 grams.....	1,180	901	590	311	279	177	102
4501-5000 grams.....	188	137	94	43	51	32	19
5001 grams and over....	24	18	10	8	6	5	1
Weight not stated.....	223	110	54	56	113	48	45

TABLE NO. 4
MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—
1936-1953

YEAR	MATERNAL DEATHS			FETAL DEATHS*			INFANT DEATHS								
							UNDER ONE YEAR			UNDER 28 DAYS					
	Total	White	Col.	Total	White	Col.	Total	White	Col.	Total	White	Col.	Total	White	Col.
NUMBER OF DEATHS															
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			
1949.....	10	3	7	521	298	223	673	385	287	470	278	192			
1948.....	24	14	10	571	316	255	633	384	249	479	295	184			
1947.....	26	10	16	680	379	301	785	507	278	552	364	188			
1946.....	26	13	13	635	351	284	750	478	272	556	354	202			
1945.....	27	17	10	616	352	264	708	436	272	439	290	149			
1944.....	40	30	10	683	417	261†	766	478	288	472	313	169			
1943.....	34	17	17	740	449	277†	973	619	354	553	388	165			
1942.....	35	18	17	779	461	307†	778	516	262	489	349	140			
1941.....	36	21	15	655	406	242†	794	451	343	422	271	151			
1940.....	28	15	13	645	373	265†	641	387	254	382	241	141			
1939.....	45	28	17	648	403	245	511	302	209	300	194	106			
1938.....	44	29	15	590	409	181	683	429	254	364	239	125			
1937.....	42	28	14	584	393	190†	664	393	271	348	223	125			
1936.....	49	35	14	565	352	213	763	461	302	381	250	131			
DEATH RATES**															
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			
1949.....	4.7	2.1	10.0	24.2	20.5	31.9	31.3	26.5	41.1	21.9	19.2	27.5			
1948.....	10.9	9.1	15.0	25.9	20.5	38.2	28.7	24.9	37.3	21.7	19.1	27.6			
1947.....	10.8	5.6	25.8	28.3	21.3	48.6	32.7	28.5	44.9	23.0	20.5	30.3			
1946.....	12.3	8.2	24.5	30.1	22.2	53.5	35.5	30.2	51.3	26.3	22.4	38.1			
1945.....	15.1	12.8	22.0	34.5	26.5	58.1	39.7	32.8	59.9	24.6	21.8	32.8			
1944.....	21.2	21.4	20.8	36.3	29.7	54.2	40.7	34.1	59.9	25.1	22.3	33.1			
1943.....	16.1	10.6	34.2	35.1	27.9	55.6	40.2	38.5	71.1	26.3	24.1	33.2			
1942.....	17.7	11.9	36.6	39.5	30.6	66.1	39.5	34.2	56.4	24.8	23.1	30.1			
1941.....	22.5	17.7	36.5	40.9	34.1	58.9	49.6	37.9	83.5	26.4	22.8	36.7			
1940.....	20.4	14.8	36.0	47.0	36.9	73.4	46.7	38.3	70.4	27.8	23.8	39.1			
1939.....	35.9	30.4	51.3	51.7	43.7	73.9	40.8	32.8	63.1	24.0	21.1	32.0			
1938.....	33.3	29.3	45.2	44.7	41.3	54.6	51.7	43.4	76.6	27.6	24.2	37.7			
1937.....	33.6	29.9	44.5	46.7	41.9	60.4	53.1	41.9	66.1	27.8	23.8	39.7			
1936.....	41.5	39.0	49.2	47.9	39.3	74.9	64.7	51.5	106.2	32.3	27.9	46.0			

* 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.

TABLE NO. 6
RECORDED AND RESIDENT DEATHS BY INSTITUTION AND COLOR—1953

PLACE OF DEATH	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
Grand total.....	11,682	8,089	2,693	10,762	8,044	2,718
Institutional.....	7,654	5,813	1,841	6,675	4,830	1,845
Baltimore City Hospitals.....	723	449	274	640	377	263
Bon Secours Hospital.....	129	128	1	87	87	..
Church Home and Hospital.....	164	164	..	92	92	..
Franklin Square Hospital.....	231	174	57	190	135	55
Johns Hopkins Hospital.....	1,076	610	466	749	355	394
Lutheran Hospital of Maryland.....	291	286	5	234	229	5
Maryland General Hospital.....	287	279	8	205	197	8
Mercy Hospital.....	510	447	63	412	351	61
Provident Hospital.....	339	2	337	326	2	324
St. Agnes Hospital.....	278	277	1	139	138	1
St. Joseph's Hospital.....	441	390	51	363	314	49
Sinai Hospital.....	405	385	20	334	315	19
South Baltimore General Hospital.....	296	236	60	247	190	57
Union Memorial Hospital.....	516	515	1	364	363	1
U. S. Public Health Service Hospital..	138	117	16	57	52	5
University of Maryland Hospital.....	904	545	359	605	291	314
Other city institutions.....	931	809	122	787	680	107
Institutions in Maryland Counties.....	..	..	..	782	620	162
Out of State institutions.....	..	..	..	92	72	20
Non-institutional.....	4,028	3,176	852	4,087	3,214	873
Home.....	3,891	3,093	798	3,658	3,138	820
Other.....	137	83	54	129	76	53

TABLE NO. 7
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING
TO AGE AT DEATH—1963

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	COLOR	TOTAL UNDER ONE YEAR	AGE GROUPS					
				Under 1 Day	1-6 Days	7-27 Days	28 Days- 2 Months	3-5 Months	6-11 Months
	All Causes	T W C	687 385 302	253 184 99	198 119 77	64 33 31	61 27 34	89 30 29	54 23 32
002	Respiratory tuberculosis	W C	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 1
010	Tuberculosis of meninges and central nervous system	W	1	..	..	..	..	..	1
048	Unspecified forms of dysentery	W	1	..	..	..	..	..	1
056.1	Whooping cough with pneumonia	C	1	..	..	..	1	..	..
067.1	Acute and unspecified meningococ- cemia	W C	3 1	.. ..	.. ..	.. ..	1 ..	1 1	1 ..
157	Malignant neoplasm of pancreas	C	1	..	1	..	..	..	..
239	Neoplasm of unspecified nature of other and unspecified organs	C	1	..	..	..	..	..	1
263	Myxedema and cretinism	W	1	1	..	..	..	..	..
273	Diseases of thymus gland	W	1	..	..	1	..	..	..
340.0	Meningitis, except meningococcal and tuberculous:	W	1	..	..	..	..	1	..
340.2	<i>H. influenzae</i>	C	2	..	1	..	..	1	..
340.3	Due to organism other than <i>H. in- fluenzae</i> or pneumococcus	C	2	..	..	..	..	1	1
341	With no organism specified as cause	W	1	..	..	..	..	..	1
341	Phlebitis and thrombophlebitis of intracranial venous sinuses	W	1	..	..	..	..	..	1
344.1	Hydrocephalus, NOS, ages four weeks and over	C	1	..	..	..	..	..	1
391.0	Otitis media without mention of mastoiditis:	W	4	..	..	1	..	3	1
391.2	Acute	W	5	..	..	1	1	3	..
391.2	Unspecified	W C	1 1	.. ..	.. ..	.. ..	.. ..	1 1	.. 1
392.2	Otitis media, unspecified with mas- toiditis, unspecified	W	1	..	..	..	..	..	1
480	Influenza with pneumonia	W	1	..	..	..	..	..	1
481	Influenza, unqualified	C	1	..	..	1	..	..	..
490	Lobar pneumonia	W	3	..	..	..	..	1	2
491	Bronchopneumonia	W C	8 15	.. ..	.. ..	.. ..	1 5	3 0	4 4
492	Primary atypical pneumonia	W C	9 20	.. ..	.. ..	.. ..	8 8	8 6	8 4
493	Pneumonia, other and unspecified	W C	7 4	.. ..	.. ..	.. ..	8 2	2 ..	2 3
522	Pulmonary congestion and hypostasis	W C	1 1	.. ..	.. ..	.. ..	.. ..	1 ..	.. 1
525	Other chronic interstitial pneumonia at any age	W C	2 8	.. ..	.. ..	.. ..	2 3	4 4	1 1

TABLE NO. 7—Continued
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING
TO AGE AT DEATH—1953

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	COLOR	TOTAL UNDER ONE YEAR	AGE GROUPS					
				Under 1 Day	1-6 Days	7-27 Days	28 Days- 2 Months	3-5 Months	6-11 Months
580.0	Hernia without mention of obstruction:	W	1	..	..	..	..	1	..
580.2	Inguinal	W	1	..	..	..	1	..	..
580.4	Umbilical	W	3	1	2	..	..	..	..
	Other site except femoral or ventral or aforementioned sites	C	3	2	1	..	..	..	..
581.4	Diaphragmatic hernia with obstruction	W	1	..	..	..	1	..	..
570.0	Intussusception, without mention of hernia	W	1	..	..	..	..	1	..
570.3	Volvulus, without mention of hernia	C	1	..	1	..	..	..	..
570.5	Other intestinal obstruction without mention of hernia	W	1	..	..	..	1	..	..
		C	1	..	..	..	1	..	..
571.0	Gastro-enteritis and colitis, except ulcerative	W	3	..	..	..	1	2	..
		C	13	..	..	..	5	3	5
581.0	Cirrhosis of the liver	W	1	..	..	..	..	..	1
587.2	Disease of liver (other than acute or chronic pancreatitis)	W	1	..	..	..	..	1	..
600.0	Pyelitis, pyelocystitis, and pyelone- phritis	C	1	..	..	1	..	..	..
744.2	Other diseases of muscle, tendon and fascia	W	2	1	1	..	..	..	..
750	Monstrosity	W	6	5	..	1	..	..	..
751	Spina bifida and meningocele	W	5	1	1	1	..	2	..
		C	2	..	1	1	..	..	..
752	Congenital hydrocephalus	W	6	2	4	..	..	1	..
		C	1	..	..	..	..	1	..
753.1	Other congenital malformations of nervous system and sense organs	W	2	1	..	1	1	..	1
		C	4	..	1	1	1	..	1
754.1	Patent ductus arteriosus	W	1	1	..	..	..	..	..
		C	4	1	1	..	2	..	..
754.2	Interventricular septal defect	W	1	..	..	..	..	1	..
754.4	Other and unspecified malformations of the heart	W	21	3	4	4	4	5	1
		C	14	2	2	2	2	2	4
754.5	Coarctation of aorta	W	2	..	..	1	1	..	..
754.6	Other circulatory malformations	W	1	..	..	1	..	..	..
756.0	Congenital hypertrophic pyloric stenosis	W	1	..	..	1	..	..	..
756.1	Imperforate anus	W	4	..	..	3	1	..	..
756.2	Other malformations of digestive system	W	8	..	3	2	2	1	..
		C	1	..	..	1	..	..	..
757.3	Congenital malformations of genito- urinary system	W	1	1	..	..	..	..	..
		C	1	..	..	..	1	..	..
759.0	Congenital malformations of respira- tory system	C	1	..	..	..	1	..	..

TABLE NO. 7—Concluded
RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING
TO AGE AT DEATH—1953

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	COLOR	TOTAL UNDER ONE YEAR	AGE GROUPS					
				Under 1 Day	1-6 Days	7-27 Days	28 Days- 2 Months	3-5 Months	6-11 Months
759.3	Other and unspecified malformation	W C	6 2	3 2	2 ..	.. ..	1..	....	....
760	Intracranial and spinal injury at birth	W C	25 8	13 7	10 1	1 ..	.. ..	.. ..	1 ..
761	Other birth injury	W C	28 11	16 8	11 3	1..	....	....	....
762	Postnatal asphyxia and atelectasis	W C	65 38	34 20	27 15	4 3	....	....	....
763	Pneumonia of newborn	W C	12 12	1 2	7 2	3 8	1..	....	....
764	Diarrhea of newborn	W C	1 3	.. ..	.. ..	1 3	....	....	....
768	Sepsis of newborn (except umbilical)	W C	6 9	1 ..	2 5	2 4	1..	....	....
769.0	Neonatal disorder attributed to maternal toxemia of pregnancy	W	1	..	1	..	..	..	..
769.1	Neonatal disorder attributed to maternal diabetes	W	1	..	1	..	..	..	..
770	Erythroblastosis, without mention of nervous affection	W C	4 2	2 1	2 1	....	....	....	....
770	Kernicterus	W	1	..	1	..	..	..	..
771	Hemorrhagic disease of newborn	W C	1 1	.. ..	1 1	....	....	....	....
772	Nutritional maladjustment	C	2	..	..	..	1	1	..
773	Ill-defined diseases peculiar to early infancy	W C	3 1	3 ..	.. ..	1..	....	....	....
774	Immaturity with mention of subsidiary condition other than those classifiable under (760-773)	W C	11 4	7 1	4 2	1..	....	....	....
776	Immaturity, unqualified	W C	94 91	54 52	35 36	5 3	....	....	....
785.2	Jaundice	C	1	..	1	..	..	..	..
795.3	Found dead (cause unknown)	W C	1 1	1 ..	.. 1	....	....	....	....
795.5	Other, unknown and unspecified causes	W C	2 1	1 1	.. ..	.. ..	.. ..	1..	....
888	Accidental poisoning by other and unspecified solid and liquid substances	C	1	..	..	..	..	..	1
916	Accident caused by fire and explosion of combustible material	C	1	..	..	..	..	..	1
924	Accidental mechanical suffocation in bed and cradle	C	1	..	..	..	..	..	1
929	Accidental drowning and submersion	W	1	..	..	..	1	..	..
983	Assault by other means	W	1	1	..	..	..	..	..

[illegible]

[illegible]

V-MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS

[illegible][illegible]

VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

[illegible]

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1953

[illegible]

[illegible]

VIII—DISEASES OF THE RESPIRATORY SYSTEM

[illegible]

IX--DISEASES OF THE DIGESTIVE SYSTEM

[illegible]

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1953

INTER- NATIONAL 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				
X—DISEASES OF THE GENITO-URINARY SYSTEM																															
590-594	Nephritis, total	123	W 66 C 57	M 34 F 32	..	..	..	..	..	2	1	1	3	1	1	3	1	1	2	3	2	4	1	5	7	3	1	3
590-591	Acute nephritis	14	W 4 C 10	F 4 M 10	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..
592-594	Chronic, other and unspecified nephritis	109	W 62 C 47	M 34 F 23	..	..	..	..	..	1	1	1	3	1	1	3	1	1	2	3	2	4	1	5	6	1	3	3
600	Infections of kidney	21	W 12 C 9	M 6 F 6	..	..	..	..	..	..	..	1	..	..	..	..	..	..	2	1	2	1	..	1	..	..	..	2
602, 604	Calculi of urinary system	7	W 6 C 1	M 3 F 3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	2	1	..	..	..	..
610	Hyperplasia of prostate	18	W 13 C 5	M 13 M 5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	2	3	4	..	..	
601, 603, 605-609, 611-617, 622-637	Other diseases of genito-urinary system	25	W 17 C 8	M 8 F 9	..	..	..	..	..	..	..	..	1	..	3	..	..	..	1	1	..	2	1	2	1	..	..	2

XXI—DELIVERIES AND COMPLICATIONS OF PREGNANCY, AND THE PUERPERIUM

[illegible]

XII AND XIII—DISEASES OF THE SKIN AND MUSCULOSKELETAL SYSTEM

[illegible]

XIV—CONGENITAL MALFORMATIONS

[illegible]

XVI--SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS

[illegible]

XVII—ACCIDENTS, POISONINGS, AND VIOLENCE

[illegible]

TABLE NO. 8—Concluded
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1953

INTER- NATIONAL 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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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E917, E918,	Accident caused by hot substance, corrosive liquid, steam and radia- tion	2	W	2	M	2	1

NOTE—Deaths by color include the following non-Negro races:
Heart disease specified as involving coronary arteries—1 male Chinese 48 years of age.
Other aneurysm, except of heart andorta—1 male Filipino 63 years of age.
Lobar pneumonia—1 male Chinese 50 years of age.
Other diseases of intestines and peritoneum—1 male Chinese 77 years of age.

TABLE NO. 9

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION
FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1953

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	11,682	8,989	2,693	12.1	12.5	10.9	10,762	8,044	2,718	11.2	11.2	11.0
Tuberculosis, all forms (001-019).....	247	124	123	25.6	17.3	49.7	268	139	129	27.8	19.4	52.1
<i>Respiratory tuberculosis</i> (001-008).....	221	111	110	22.9	15.5	44.4	245	127	118	25.4	17.7	47.6
Syphilis (020-029).....	54	16	38	5.6	2.2	15.3	63	15	48	6.5	2.1	19.4
Typhoid fever (040).....	1	..	1	0.1	..	0.4	..	..	..	..	..	..
Dysentery (045-048).....	2	2	..	0.2	0.3	..	2	2	..	0.2	0.3	..
Other infective diseases of the intestinal tract (041-044, 049).....	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever and streptococcal sore throat (050-051).....	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (055).....	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough (050).....	1	..	1	0.1	..	0.4	1	..	1	0.1	..	0.4
Meningococcal infections (057).....	12	10	2	1.2	1.4	0.8	7	6	1	0.7	0.8	0.4
Other infective diseases of bac- terial origin (030-039, 052-054, 058-064, 070-074).....	13	11	2	1.3	1.5	0.8	9	7	2	0.9	1.0	0.8
Poliomyelitis, acute (080-081).....	16	16	..	1.7	2.2	..	6	6	..	0.6	0.8	..
Encephalitis (082-083).....	2	2	..	0.2	0.3	..	1	1	..	0.1	0.1	..
Smallpox (084).....	..	..	..	..	..	..	..	..	..	..	..	..
Measles (085).....	..	..	..	..	..	..	..	..	..	..	..	..
Other virus diseases (086-096).....	5	3	2	0.5	0.4	0.8	6	4	2	0.6	0.6	0.8
Typhus and rickettsial diseases (100-108).....	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..
Other infective and parasitic diseases (110-138).....	6	3	3	0.6	0.4	1.2	5	1	4	0.5	0.1	1.6
Malignant neoplasms (140-205).....	1,907	1,579	328	197.9	220.6	132.4	1,662	1,341	321	172.5	187.3	129.6
<i>Lymphatic and hematopoietic</i> (200-205).....	186	158	28	19.3	22.1	11.3	155	110	23	15.8	15.4	9.9
Benign and unspecified neo- plasms (210-239).....	46	35	11	4.8	4.9	4.4	33	26	7	3.4	3.6	2.8
Diabetes (260).....	212	170	42	22.0	23.7	17.0	188	148	40	19.5	20.7	16.1
Anemias (290-293).....	23	16	7	2.4	2.2	2.8	14	8	6	1.5	1.1	2.4
Other diseases of the blood and blood-forming organs (294- 299).....	7	5	2	0.7	0.7	0.8	3	1	2	0.3	0.1	0.8
Vascular lesions of the central nervous system (330-334).....	827	640	178	85.8	90.7	71.0	823	640	183	85.4	89.4	73.9
Rheumatic fever (400-402).....	24	17	7	2.5	2.4	2.8	17	12	5	1.8	1.7	2.0
Diseases of heart (410-443).....	4,809	3,907	902	499.1	545.8	364.2	4,636	3,703	933	481.2	517.3	376.7
<i>Chronic rheumatic heart</i> <i>disease</i> (410-416).....	184	127	57	18.0	17.7	10.9	128	104	24	13.3	14.5	9.7
<i>Arteriosclerotic and degenera-</i> <i>tive heart disease</i> (420-422).....	3,305	2,889	416	343.0	403.6	187.9	3,801	2,754	447	352.2	384.7	180.5

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

TABLE NO. 9--Continued
RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION
FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR--1933

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 diseases of the heart (430-434).....	95	73	22	9.9	10.2	8.9	78	57	21	8.1	8.0	8.5
Hypertensive heart disease (440-443).....	1,255	818	437	130.2	114.3	176.4	1,220	788	441	127.6	110.1	178.0
Other hypertensive diseases (444-447).....	121	71	50	12.6	9.9	20.2	111	62	49	11.5	8.7	19.8
Arteriosclerosis (450).....	136	111	25	14.1	15.5	10.1	152	119	33	15.8	16.6	13.3
Other diseases of the circulatory system (451-468).....	109	88	21	11.3	12.3	8.5	88	67	21	9.1	9.4	8.5
Nephritis and nephrosis (590-594).....	141	89	52	14.6	12.4	21.0	123	66	57	12.8	9.2	23.0
Acute nephritis and nephritis with edema, including nephrosis (590-591).....	15	9	6	1.6	1.3	0.2	14	4	10	1.5	0.6	4.0
Influenza and pneumonia (480-483, 490-493).....	373	222	151	38.7	31.0	61.0	372	214	158	38.6	29.9	63.8
Pneumonia (490-493).....	341	199	142	35.4	27.8	67.3	339	190	149	35.2	26.5	60.2
Bronchitis (500-502).....	25	18	7	2.6	2.5	2.8	22	15	7	2.3	2.1	2.8
Ulcer of the stomach and duodenum (540-542).....	79	71	8	8.2	9.9	3.2	66	57	9	6.9	8.0	3.6
Appendicitis (550-553).....	18	12	6	1.9	1.7	2.4	12	6	6	1.2	0.8	2.4
Intestinal obstruction and hernia (560-570).....	92	65	27	9.5	9.1	10.9	80	55	25	8.3	7.7	10.1
Gastritis, duodenitis, enteritis and colitis (543, 571, 572).....	38	23	15	3.9	3.2	6.1	29	14	15	3.0	2.0	6.1
Cirrhosis of the liver (581).....	219	172	47	22.7	24.0	19.0	204	156	48	21.2	21.8	19.4
Hyperplasia of prostate (610).....	18	15	3	1.9	2.1	1.2	18	13	5	1.9	1.8	2.0
Puerperal causes (640-689).....	10	3	7	3.1	1.3	8.1	7	1	6	3.1	0.7	7.4
Congenital malformations (750-759).....	228	185	43	23.7	25.8	17.3	133	92	41	13.8	12.9	16.5
Certain diseases of early infancy (760-776).....	611	411	200	63.4	57.4	80.7	435	253	182	45.1	35.3	73.5
Pneumonia of newborn (763).....	31	16	15	3.2	2.2	6.1	20	10	10	2.1	1.4	4.0
Diarrhea of newborn (764).....	6	2	3	0.5	0.3	1.2	4	1	3	0.4	0.1	1.2
Senility, ill-defined and unknown conditions (780-795).....	24	15	9	2.5	2.1	3.6	26	16	10	2.7	2.2	4.0
All other diseases.....	525	357	168	54.5	49.9	67.8	475	320	155	49.3	44.7	62.6
Accidents, total (800-962).....	530	393	137	55.0	54.9	55.3	502	359	143	52.1	50.2	57.7
Motor vehicle accidents (810-835).....	174	136	38	18.1	19.0	15.3	168	127	41	17.4	17.8	16.6
Homicide accidents.....	189	135	54	19.8	18.9	21.8	159	109	50	18.5	15.2	20.2
Occupational accidents.....	48	37	11	5.0	5.2	4.4	39	30	9	4.0	4.2	3.6
All other accidents.....	119	85	34	12.4	11.9	13.7	136	93	43	14.1	13.0	17.3
Suicides (963, 970-979).....	86	74	12	8.9	10.3	4.8	84	72	12	8.7	10.1	4.8
Homicides (984, 980-985).....	84	28	56	8.7	3.9	22.6	78	26	52	8.1	3.6	21.0

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

TABLE NO. 10—Continued
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1953

INTERMEDIATE LIST NUMBER (6TH REVISION)	CAUSE OF DEATH	TOTAL RECORDED DEATHS		RESIDENTS OF								BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RESIDENT DEATHS	
		White		Col'd		Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States		White	Col'd
								White	Col'd	White	Col'd	White	Col'd	White	Col'd		
A 35	Rabies.....	..	1
A 36	Typhus and other rickettial diseases.....
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.....	6	5	4	5	2	4	6
A 44	Malignant neoplasm of:	46	9	33	8	33	8	7	1	6	..	6	1	1	..	40	9
A 45	Buccal cavity and pharynx.....	42	11	29	11	29	11	11	..	5	..	4	1	30	12
A 46	Esophagus.....	115	33	94	30	94	30	16	2	5	1	6	1	..	100	31	
A 47	Stomach.....	173	20	147	18	147	18	25	2	1	..	11	2	1	159	20	
A 48	Intestine, except rectum.....	78	6	64	6	64	6	11	..	3	..	10	2	..	75	6	
A 49	Rectum.....	22	3	21	3	21	3	1	..	..	..	2	1	..	23	4
A 50	Larynx.....
A 51	Trachea and of bronchus and lung not specified as secondary.....	191	45	151	39	151	39	31	6	9	..	15	6	1	167	46	
A 52	Breast.....	150	25	116	23	116	23	25	2	9	..	10	1	3	129	25	
A 53	Cervix uteri.....	67	26	48	24	48	24	8	2	1	..	3	1	..	52	24	
A 54	Other and unspecified parts of uterus.....	43	12	39	12	39	12	2	..	2	..	2	2	..	41	12	
A 55	Prostate.....	60	24	44	22	44	22	14	2	2	..	4	2	..	48	24	
A 56	Skin.....	15	..	12	..	12	..	3	..	..	..	..	..	..	13	..
A 57	Bone and connective tissue.....	17	5	14	5	14	5	3	..	..	..	..	..	..	14	5
A 58	All other and unspecified sites.....	412	81	314	72	314	72	75	4	23	5	20	7	6	340	80	
A 59	Leukemia and aleukemia.....	74	17	49	14	49	14	21	3	4	..	4	1	..	54	14	
A 60	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system.....	84	11	51	8	51	8	28	2	5	1	3	1	2	56	9	
A 61	Benign neoplasms and neoplasms of unspecified nature.....	35	11	24	7	24	7	8	3	3	1	2	..	..	26	7
A 62	Nontoxic goiter.....	2	..	1	..	1	..	1	..	..	..	..	..	..	2	..
A 63	Thyroidosis with or without goiter.....	4	..	2	..	2
A 64	Diabetes mellitus.....	170	42	134	40	134	40	32	2	4	..	10	4	..	148	3	
A 65	Avitaminosis and other deficiency ailments.....	..	2	..	2	..	2	2	..
A 66	Anemias.....	..	16	7	8	6	6	5	1	3	8	6
A 67	Allergic disorders: all other endocrine, metabolic and blood diseases.....	40	23	28	20	28	20	10	3	2	..	4	1	..	33	20	
A 67	Psychoses.....	7	2	7	2	7	2	..	..	..	..	7	..	..	14	3

TABLE NO. 11
RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR
TOTAL, WHITE AND COLORED POPULATIONS—1940-1953

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	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored
RESIDENT																		
1953.....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	0.1	..	0.4
1952.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1951.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1950.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1949.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1948.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1947.....	1	..	..	0.1	..	..	..	..	..	0.1	..	..	..	..	..	0.1	..	..
1946.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1945.....	1	1	..	0.1	0.1	..	..	..	..	0.1	0.1	..	..	..	..	1.1	0.8	1.9
1944.....	1	1	..	0.1	0.1	..	..	..	..	0.1	0.1	..	..	..	..	0.2	0.1	0.5
1943.....	1	1	1	0.1	0.1	0.5	7	3	..	1.1	0.4	3.6	12	5	7	1.3	0.7	3.5
1942.....	1	1	..	0.1	0.1	..	..	..	..	0.1	0.1	..	11	6	5	1.2	0.8	2.6
1941.....	2	1	1	0.3	0.1	1.2	1	..	..	0.1	0.1	0.5	10	4	6	1.0	0.8	2.1
1940.....	1	..	1	0.1	..	0.6	..	..	..	0.3	0.3	..	30	4	27	3.5	0.5	2.7
													24	11	13	2.8	1.6	7.8
RECORDED																		
1953.....	1	..	..	0.1	..	0.4	..	..	..	..	..	..	1	..	..	0.1	..	0.4
1952.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1951.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1950.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1949.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1948.....	4	3	1	0.4	0.4	0.5	..	6	3	0.8	0.8	0.9	..	..	..	0.1	..	..
1947.....	2	2	..	0.3	0.3	0.5	..	..	..	0.3	0.4	..	11	7	4	0.2	0.1	1.9
1946.....	1	1	..	0.1	0.1	..	..	..	..	0.1	0.1	..	2	1	1	0.2	0.1	0.5
1945.....	1	1	..	0.2	0.2	0.3	..	..	..	0.9	0.8	1.0	10	8	2	1.7	1.1	5.1
1944.....	2	2	..	0.3	0.3	0.5	..	..	..	1.3	0.7	3.6	16	15	1	1.9	1.1	4.1
1943.....	3	3	..	0.4	0.4	0.5	7	5	3	0.3	0.4	0.5	8	8	..	1.7	1.1	4.1
1942.....	3	3	..	0.3	0.3	0.4	..	..	..	0.1	0.1	0.6	10	10	..	1.5	1.2	2.5
1941.....	6	6	..	0.7	0.6	1.2	1	..	..	0.7	0.6	1.2	5	5	..	1.2	0.7	3.3
1940.....	3	3	1	0.3	0.3	0.6	2	4	..	0.7	0.6	1.2	34	7	27	3.9	1.0	16.1
													30	17	13	3.5	2.4	7.8

TABLE NO. 11—Continued
RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR
TOTAL, WHITE AND COLORED POPULATIONS—1940-1953

YEAR	DIPHTHERIA						INFLUENZA						TUBERCULOSIS, ALL FORMS					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Col- ored	Total	White	Col- ored	Total	White	Col- ored	Total	White	Col- ored	Total	White	Col- ored	Total	White	Col- ored
RESIDENT																		
1953.....	1	1	..	..	0.1	..	33	24	9	3.4	3.3	3.6	268	139	129	27.8	19.4	52.1
1952.....	1	1	..	..	0.1	..	20	11	9	2.1	1.5	3.7	416	174	242	43.2	24.1	100.5
1951.....	1	1	1	0.1	0.1	0.4	13	9	4	1.4	1.2	1.7	497	212	285	52.1	29.4	122.1
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
1949.....	2	2	..	0.2	..	..	16	9	7	1.7	1.2	3.2	597	246	351	63.0	33.8	159.8
1948.....	2	2	..	0.2	..	..	22	9	13	2.3	1.2	6.1	639	279	360	67.8	38.3	168.2
1947.....	2	2	1	0.5	0.5	0.5	36	19	17	3.8	2.6	8.2	699	291	408	74.5	39.9	196.0
1946.....	19	18	1	2.0	2.5	0.5	47	25	22	5.0	3.4	10.3	752	328	424	80.9	44.8	196.5
1945.....	19	17	2	2.0	2.3	1.0	45	29	16	4.8	4.0	8.1	779	345	434	83.1	46.4	215.0
1944.....	13	13	..	1.4	1.7	..	76	40	36	8.1	11.7	17.0	781	378	403	81.1	49.2	207.7
1943.....	3	2	1	0.3	0.3	0.5	123	90	33	12.8	5.7	16.0	788	352	436	84.2	47.9	240.1
1942.....	3	2	1	0.2	0.1	0.5	80	48	32	9.2	6.9	19.0	790	334	456	91.2	47.9	271.4
1941.....	3	2	1	0.3	0.3	0.6	80	48	32	9.2	6.9	19.0	790	334	456	91.2	47.9	271.4
1940.....	1	1	..	0.1	0.1	..	68	51	17	7.9	7.4	10.2	792	369	423	53.2	53.2	253.0
RECORDED																		
1953.....	1	1	..	..	0.1	..	32	23	9	3.3	3.3	3.7	247	124	123	25.6	17.3	49.7
1952.....	2	2	..	0.2	0.1	..	16	7	9	1.4	1.0	3.7	219	124	135	33.1	18.6	76.8
1951.....	4	4	1	0.4	0.6	0.9	27	21	6	2.8	2.9	2.6	365	183	207	38.2	21.9	88.7
1950.....	4	4	..	0.4	0.6	..	27	21	6	2.8	2.9	2.6	365	183	207	38.2	21.9	88.7
1949.....	2	2	..	0.2	..	..	16	9	7	1.7	1.2	3.2	531	168	183	36.6	22.5	81.3
1948.....	2	2	..	0.2	..	..	23	10	13	2.4	1.4	6.1	560	169	194	38.2	22.6	90.7
1947.....	6	5	1	0.6	0.7	0.5	27	19	18	2.5	2.6	8.0	452	197	253	48.2	27.0	122.5
1946.....	27	26	1	2.7	3.6	0.6	51	29	22	5.5	4.0	10.9	457	215	242	49.0	28.4	119.5
1945.....	25	22	3	2.7	3.0	1.5	52	35	17	5.6	4.0	8.6	483	211	272	51.9	28.5	137.9
1944.....	13	13	..	1.7	1.7	..	78	41	37	8.6	5.5	19.1	515	243	267	55.0	33.4	127.8
1943.....	7	6	1	0.7	0.8	0.5	128	95	33	13.3	12.4	17.0	510	262	248	53.0	34.1	161.9
1942.....	2	2	1	0.2	0.1	0.5	74	44	30	7.9	6.8	16.5	553	259	284	59.1	34.3	178.6
1941.....	3	3	1	0.6	0.4	1.2	85	51	34	9.8	7.6	20.2	532	300	307	61.4	33.2	178.6
1940.....	5	5	1	0.3	0.3	0.6	70	53	17	8.1	7.6	10.2	586	279	307	68.1	40.2	183.6

		RESPIRATORY TUBERCULOSIS										CANCER, ALL FORMS										DISEASES OF THE HEART									
RESIDENT		127	118	25.4	17.7	47.6	1,662	1,341	321	172.5	187.3	4,636	3,703	933	481.2	517.3	376.7														
	1933.....	167	226	40.8	23.1	93.8	1,725	1,392	313	179.3	193.0	4,850	3,823	1,007	501.9	529.9	418.0														
RECORDED	1932.....	202	263	48.7	28.0	112.7	1,642	1,328	314	172.0	184.1	4,579	3,624	907	479.6	502.4	400.2														
	1931.....	277	320	52.3	30.4	120.0	1,623	1,311	312	170.8	181.3	4,583	3,676	942	482.4	508.4	390.6														
	1930.....	229	330	59.0	31.5	155.2	1,601	1,325	276	169.1	182.2	4,318	3,476	802	456.7	477.9	383.2														
	1929.....	618	618	63.2	37.0	161.7	1,463	1,227	236	185.1	168.3	4,401	3,549	751	466.7	488.8	398.1														
	1948.....	658	658	70.1	37.8	183.5	1,486	1,237	249	188.4	169.5	4,082	3,251	832	435.2	459.2	351.1														
	1947.....	697	697	73.6	41.8	181.2	1,448	1,212	236	185.2	165.9	3,881	3,196	885	416.0	437.5	338.3														
	1946.....	684	684	74.6	43.8	196.8	1,400	1,179	221	180.5	160.9	4,018	3,259	859	432.0	454.3	349.4														
	1945.....	390	390	76.4	43.9	201.0	1,380	1,156	224	147.3	155.6	3,959	3,253	813	449.0	456.6	419.1														
	1944.....	723	364	368	70.0	47.3	1,393	1,169	204	144.7	154.6	4,324	3,511	876	414.2	421.8	382.7														
	1943.....	333	335	77.8	44.1	217.5	1,257	1,071	186	134.3	142.0	3,877	3,182	695	413.9	429.1	302.4														
	1942.....	319	421	85.5	45.7	250.6	1,368	1,162	206	158.0	166.5	3,671	2,985	676	423.9	439.1	302.7														
	1941.....	355	391	86.7	51.2	233.9	1,294	1,081	213	150.4	155.9	3,632	2,982	650	422.1	430.1	388.8														
	RECORDED	1940.....	746																												
		1933.....	221	110	22.9	15.5	44.4	1,907	1,579	328	197.9	220.6	4,809	3,907	902	499.1	545.8	364.2													
		1932.....	290	121	30.1	16.8	70.2	1,935	1,607	328	201.1	222.8	4,983	3,996	987	517.8	553.9	409.7													
		1931.....	327	141	34.2	19.5	79.7	1,888	1,555	323	197.7	215.6	4,795	3,776	949	494.9	523.4	406.6													
1930.....		310	146	32.6	20.2	74.2	1,860	1,544	316	195.8	213.3	4,722	3,838	884	487.1	530.8	389.4														
1949.....		310	147	32.7	20.2	72.1	1,818	1,537	281	192.0	211.3	4,743	3,614	828	469.1	496.9	376.9														
1948.....		331	153	35.1	21.0	83.2	1,663	1,421	242	176.4	194.7	4,445	3,607	838	471.4	494.3	391.6														
1947.....		412	180	43.9	24.7	111.4	1,633	1,421	262	179.4	194.7	4,148	3,425	723	442.2	460.3	347.3														
1946.....		414	203	44.1	24.7	104.2	1,646	1,402	238	171.0	185.9	3,991	3,218	669	425.0	440.5	339.2														
1945.....		424	193	45.6	25.0	122.2	1,590	1,362	228	166.5	178.2	3,885	3,122	659	429.1	453.3	339.2														
1944.....		458	223	47.8	31.5	116.0	1,560	1,324	206	164.7	179.2	3,932	3,233	676	427.6	447.2	330.7														
1943.....		469	242	47.7	31.0	111.9	1,586	1,378	205	158.3	170.2	4,310	3,534	776	447.6	459.6	400.0														
1942.....		494	234	52.8	31.0	143.2	1,482	1,277	223	155.3	166.3	3,865	3,198	668	421.9	433.2	367.3														
1941.....		476	216	55.0	30.9	154.8	1,452	1,270	223	183.9	199.3	3,692	3,024	668	426.3	453.9	307.6														
1940.....		537	259	62.4	37.4	166.3	1,488	1,262	226	172.9	182.0	3,660	3,008	632	425.3	433.9	360.1														

TABLE NO. 11—Concluded
RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR
TOTAL, WHITE AND COLORED POPULATIONS—1940-1953

YEAR	MAJOR CARDIOVASCULAR-RENAL DISEASE						PNEUMONIA, ALL FORMS						DIABETES					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored	Total	White	Col-ored
RESIDENT																		
1953	5,845	4,590	1,255	606.6	641.2	506.7	339	190	149	35.2	26.5	60.2	188	149	40	19.5	20.7	16.1
1952	6,108	4,757	1,351	634.7	659.4	560.8	276	173	103	28.7	24.0	42.8	218	173	45	22.7	24.0	18.7
1951	5,804	4,521	1,283	607.9	628.7	549.7	305	170	135	31.9	23.6	57.8	216	179	37	22.6	24.8	18.9
1950	5,843	4,568	1,275	615.6	631.5	564.8	232	119	113	24.4	16.5	49.8	180	150	30	18.9	20.7	13.2
1949	5,951	4,671	1,280	628.4	642.2	582.6	256	145	111	27.0	19.8	50.5	181	146	35	19.1	20.1	15.9
1948	6,035	4,735	1,300	640.0	649.5	607.5	294	167	127	31.2	22.9	59.3	200	160	40	21.2	21.9	18.7
1947	5,781	4,582	1,199	618.3	627.8	575.9	312	183	119	33.3	26.4	57.2	183	153	30	19.5	21.0	14.4
1946	5,537	4,368	1,169	593.5	597.9	577.3	327	202	125	35.0	27.7	61.7	162	136	26	17.4	18.6	12.8
1945	5,815	4,634	1,181	623.3	632.4	598.9	491	303	178	51.7	41.3	90.3	189	151	38	20.3	20.6	19.3
1944	5,844	4,637	1,207	623.7	624.1	622.2	525	291	234	58.0	39.2	120.6	196	168	28	20.9	22.6	14.4
1943	6,343	4,978	1,365	658.7	647.3	703.6	709	419	290	73.6	54.5	149.5	198	163	35	20.6	21.2	18.0
1942	5,735	4,503	1,232	612.7	596.9	678.4	601	368	233	64.2	48.8	128.3	173	142	31	18.5	18.8	17.1
1941	5,517	4,321	1,196	637.1	619.1	711.9	533	316	217	61.5	45.3	129.2	187	160	27	21.6	22.9	16.1
1940	5,552	4,480	1,202	660.3	646.2	719.0	534	352	182	62.1	50.8	108.9	189	164	25	22.0	23.7	15.0
RECORDED																		
1953	6,094	4,827	1,207	626.3	674.3	457.3	341	199	142	35.4	27.8	57.3	212	170	42	22.0	23.7	17.0
1952	6,289	4,972	1,317	653.5	689.2	546.7	270	167	103	28.1	23.1	42.8	212	192	20	24.6	26.8	18.7
1951	5,941	4,679	1,262	622.2	648.6	540.7	308	176	132	32.3	24.4	56.6	225	186	39	23.6	25.6	16.7
1950	6,060	4,804	1,256	637.9	664.5	533.3	231	120	113	24.5	16.6	49.8	188	157	31	19.8	21.7	13.7
1949	5,951	4,671	1,280	628.4	642.2	582.6	256	146	105	26.5	16.1	47.8	198	161	37	20.9	22.1	16.8
1948	5,967	4,646	1,341	634.9	637.3	626.6	303	173	130	32.1	23.7	60.7	212	170	42	22.5	23.4	19.6
1947	5,823	4,632	1,171	620.8	637.4	562.4	321	198	123	34.2	27.1	59.1	200	171	29	21.3	23.3	13.9
1946	5,507	4,340	1,127	590.2	630.8	533.7	338	201	138	36.3	28.7	63.2	177	150	27	19.0	20.5	13.3
1945	5,792	4,644	1,148	622.8	633.7	556.5	312	198	133	51.6	41.1	90.8	204	167	37	21.9	22.8	18.8
1944	5,846	4,673	1,173	623.9	628.9	604.6	546	312	224	58.3	42.0	120.6	206	178	29	22.0	23.1	17.9
1943	6,341	5,008	1,333	658.5	651.2	887.1	758	468	290	78.8	60.9	139.5	211	178	33	21.9	23.1	14.9
1942	5,722	4,533	1,189	612.4	600.9	701.6	636	399	237	67.9	52.8	129.5	191	156	35	20.4	20.7	19.3
1941	5,528	4,349	1,179	638.5	623.1	701.8	555	336	219	64.1	48.1	130.4	200	170	30	23.1	24.4	17.9
1940	5,715	4,502	1,213	664.2	649.4	725.5	566	388	178	65.8	56.0	106.5	205	182	23	23.8	26.2	13.7

TABLE NO. 12—Continued
CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1953

INTER- NATIONAL LIST NO.	DISEASE	TOTALS			AGE GROUPS																			Age Not Specified																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
		Grand Total	By Color	By Sex																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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TABLE NO. 12—Concluded

INTER-NATIONAL 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 Yrs. and Over	Age Not Specified	
087	Chickenpox	1,670	W 1,310 C 360	M 672 F 638 M 177 F 183	29 54 35 45 10 17 17 21	58 38 37 59 24 15 21 16	58 49 55 381 7 90 14 21	5 3 14 2 5 2 13 2	3 3 2 2 2 2 6 6	6 6 402 41 7 14 18 3	5 5 6 5 5 1 5 1	3 3 7 1 1 2 1 1	5 5 2 2 1 1 2 2	14 8 13 6 5 3 2 1	3 3 7 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	
089	Mumps	1,661	W 1,374 C 287	M 786 F 608 M 163 F 124	8 29 2 11 2 13 2 9	43 65 25 37 15 12 15 18	65 78 46 402 15 71 12 50	43 43 41 7 14 3 6 5	6 6 7 1 3 1 5 1	3 3 7 1 1 2 1 1	3 3 13 6 5 3 2 2	14 8 13 7 5 2 2 1	5 5 2 2 1 1 2 2	3 3 2 1 4 1 1 1	2 2 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	
092	Infectious hepatitis	117	W 83 C 35	M 36 F 46 M 21 F 14	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	4 13 17 10 6 8 4 4	8 8 6 6 1 1 1 1	6 6 10 6 8 1 4 4	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	
093	Infectious mononucleosis	6	W 2 C 4	F 2 M 4	2 2 2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
095	Trachoma	1	W 1	M 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
096.2	Psittacosis	1	W 1	F 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
104.1	Rocky Mountain spotted fever	3	W 3	M 1 F 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2	1 1 2 2
107	Typhus	1	W 1	M 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
128	Trichinosis	2	W 2	F 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
400	Rheumatic fever without mention of heart disease	27	W 20 C 7	M 13 F 7 M 3 F 4	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	3 5 2 1 2 1 1 2	

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TABLE NO. 13*
REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1953

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
TYPHOID FEVER (not including paratyphoid fever)	1953.....	11	4	7	1.1	0.6	2.8
	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
	1949.....	12	8	4	1.3	1.1	1.8
	1948.....	5	4	1	0.5	0.5	0.5
	1947.....	11	6	5	1.2	0.8	2.4
	1946.....	10	7	3	1.1	1.0	1.5
	1945.....	11	6	5	1.2	0.8	2.5
	1944.....	15	11	4	1.6	1.5	2.1
	1943.....	20	19	1	2.1	2.5	0.5
	1942.....	31	24	7	3.3	3.2	3.9
	1941.....	35	21	14	4.0	3.0	8.3
	1940.....	23	15	8	2.7	2.2	4.8
	1939.....	24	14	10	2.8	2.0	6.1
	1938.....	51	35	16	6.0	5.1	9.9
	1937.....	68	40	28	8.1	5.8	17.5
	1936.....	49	32	17	5.8	4.7	10.8
	1935.....	69	58	11	8.3	8.6	7.1
	1934.....	81	58	23	9.8	8.6	15.1
MEASLES	1953.....	1,064	567	497	110.4	79.2	200.6
	1952.....	5,126	4,662	434	532.7	650.4	180.2
	1951.....	4,376	2,505	1,871	458.3	347.2	801.6
	1950.....	357	287	70	37.6	39.7	30.8
	1949.....	11,031	10,111	920	1,164.8	1,390.2	418.8
	1948.....	8,943	7,526	1,417	948.4	1,032.4	662.1
	1947.....	274	167	107	29.2	22.9	51.4
	1946.....	8,136	6,511	1,625	872.0	891.3	802.5
	1945.....	206	178	28	22.2	24.3	14.2
	1944.....	10,324	9,050	1,274	1,101.8	1,218.0	656.7
	1943.....	2,213	2,101	112	229.8	273.2	57.7
	1942.....	6,445	6,155	290	688.6	815.9	159.7
	1941.....	4,458	3,572	886	514.8	511.7	527.4
	1940.....	88	78	12	10.2	11.0	7.2
	1939.....	11,833	10,663	1,170	1,383.9	1,544.7	710.3
	1938.....	1,119	861	258	131.7	125.3	159.0
	1937.....	9,227	8,140	1,087	1,093.0	1,189.4	680.1
	1936.....	4,361	4,050	311	519.9	594.4	197.6
	1935.....	533	453	80	64.0	66.8	51.6
	1934.....	18,612	16,307	2,305	2,248.0	2,414.8	1,510.2

* For a more complete record see Table No. 1, Bureau of Communicable Diseases.

TABLE NO. 13—Continued
 REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
 COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1953

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
SCARLET FEVER	1953.....	1,387	1,317	70	144.0	184.0	28.3
	1952.....	472	397	75	49.0	55.0	31.1
	1951.....	302	248	54	31.6	34.4	23.1
	1950.....	303	269	34	31.9	37.2	15.0
	1949.....	466	426	40	49.2	58.6	18.2
	1948.....	341	285	56	36.2	39.1	26.2
	1947.....	446	384	62	47.5	52.6	29.8
	1946.....	806	733	73	86.4	100.3	36.0
	1945.....	2,202	2,068	134	236.8	282.2	68.0
	1944.....	2,297	2,182	115	245.1	293.7	59.3
	1943.....	1,432	1,360	72	148.7	176.9	37.1
	1942.....	826	724	102	88.2	96.0	56.2
	1941.....	857	689	168	99.0	98.7	100.0
	1940.....	571	459	112	66.4	66.2	67.0
	1939.....	568	477	121	69.9	69.1	73.5
	1938.....	1,092	954	138	128.5	138.8	85.0
	1937.....	810	737	73	96.0	107.7	45.7
	1936.....	1,046	979	67	124.7	143.7	42.6
	1935.....	1,699	1,595	104	203.9	235.1	67.1
	1934.....	1,358	1,258	100	164.0	186.3	65.5
WHOOPING COUGH	1953.....	290	187	103	30.1	26.1	41.6
	1952.....	113	85	28	11.7	11.8	11.6
	1951.....	227	121	106	23.8	16.8	45.4
	1950.....	1,425	660	765	150.0	91.3	337.0
	1949.....	945	843	102	99.8	115.9	46.4
	1948.....	604	317	287	64.1	43.5	134.1
	1947.....	3,247	2,126	1,121	346.2	291.3	538.4
	1946.....	1,004	759	245	107.6	103.9	121.0
	1945.....	2,172	1,313	859	233.5	179.2	435.6
	1944.....	2,349	1,423	926	250.7	191.5	477.3
	1943.....	3,400	2,414	986	353.1	313.9	508.2
	1942.....	2,174	1,504	670	232.3	199.4	368.9
	1941.....	2,560	1,672	888	295.6	239.5	528.6
	1940.....	5,258	4,124	1,134	611.1	594.9	678.3
	1939.....	1,575	1,136	439	184.2	164.6	266.5
	1938.....	1,548	897	651	182.2	130.5	401.2
	1937.....	3,661	3,184	477	433.7	465.3	298.4
	1936.....	3,570	2,443	1,127	425.6	358.5	716.0
	1935.....	1,100	998	102	132.0	147.1	65.8
	1934.....	4,566	4,035	531	551.5	597.5	347.9

TABLE NO. 13—Concluded
 REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
 COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1953

DISEASE	YEAR	REPORTED CASES			RATE PER 100,000 POPULATION		
		Total	White	Colored	Total	White	Colored
DIPHTHERIA	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
	1949.....	46	24	22	4.9	3.3	10.0
	1948.....	46	36	10	4.9	4.9	4.7
	1947.....	142	108	34	15.1	14.8	16.3
	1946.....	424	385	39	45.4	52.7	19.3
	1945.....	353	310	43	38.0	42.3	21.8
	1944.....	226	188	38	24.1	25.3	19.6
	1943.....	106	90	16	11.0	11.7	8.2
	1942.....	74	62	12	7.9	8.2	6.6
	1941.....	47	36	11	5.4	5.2	6.5
	1940.....	49	37	12	5.7	5.3	7.2
	1939.....	67	61	6	7.8	8.8	3.6
	1938.....	125	103	22	14.7	15.0	13.6
	1937.....	257	198	59	30.4	28.9	36.9
	1936.....	146	118	28	17.4	17.3	17.8
	1935.....	119	100	19	14.3	14.7	12.3
	1934.....	108	91	17	13.0	13.5	11.1
TUBERCULOSIS OF THE RESPIRATORY SYSTEM	1953.....	1,263	645	618	131.1	90.1	240.5
	1952.....	1,400	710	690	145.5	98.4	286.4
	1951.....	1,285	648	637	134.6	89.8	272.9
	1950.....	1,275	667	608	134.2	92.3	267.8
	1949.....	1,434	780	654	151.4	107.2	297.7
	1948.....	1,540	885	655	163.3	121.4	306.1
	1947.....	1,491	844	647	159.0	115.6	310.8
	1946.....	1,468	867	601	167.3	118.7	296.8
	1945.....	1,872	1,216	656	201.3	165.9	332.7
	1944.....	1,870	1,076	794	199.6	144.8	409.3
	1943.....	1,901	1,043	858	197.4	135.6	442.3
	1942.....	1,631	865	766	174.3	114.7	421.8
	1941.....	1,842	885	957	212.7	126.8	509.6
	1940.....	1,474	755	719	171.3	108.9	430.0
	1939.....	1,430	678	752	167.2	98.2	456.5
	1938.....	1,613	875	738	189.9	127.3	454.8
	1937.....	1,755	1,012	743	207.9	147.9	464.9
	1936.....	1,497	862	635	178.5	126.5	403.4
	1935.....	1,708	982	726	205.0	144.8	468.4
	1934.....	1,372	811	561	165.7	120.1	367.6

APPENDIX

TATTOOING CONTROL ORDINANCES

City Ordinance No. 739

An ordinance to add Section 219A to Article 12 of the Baltimore City Code (1950 Edition), title "Health", said new section to follow immediately after Section 219 thereof and to be under the new sub-title "Tattooing", providing for the licensing of persons operating tattoo establishments or engaged in the practice of tattooing in Baltimore City, authorizing the Health Commissioner to inspect their operations and establishments from time to time, and to adopt rules and regulations with reference thereto, and prescribe penalties for the violation of this ordinance and of said rules and regulations.

WHEREAS, the Mayor and City Council of Baltimore is empowered by Charter to provide by ordinance for the preservation of the health of persons within the city and to prevent the introduction of diseases within the city and to prevent and remove nuisances; and

WHEREAS, there have occurred cases of infection associated with the practice of tattooing in Baltimore City; and

WHEREAS, tattooing is practiced in Baltimore City without essential sanitary measures to prevent infection; now, therefore

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, That Section 219A be and the same is hereby added to Article 12 of the Baltimore City Code (1950 Edition), said new section to follow immediately after Section 219 thereof, to be under the new Sub-title "Tattooing", and to read as follows:

219A: (a). No person or persons or corporation shall operate a tattoo establishment, or engage in the practice or business of tattooing as a tattoo operator or as a tattoo artist without having first obtained a license therefor from the Commissioner of Health, authorizing him, them, or it to do so. All such licenses shall be for a period of one year from the date of issue and the charge for such license shall be One Hundred Dollars (\$100.00), and for the renewal of such license from time to time the charge shall be One Hundred Dollars (\$100.00) per annum.

(b). Tattooing when and wherever practiced in Baltimore City shall be done under such sanitary conditions as deemed by the Commissioner of Health to be necessary to prevent the transmission or occurrence of infection and to protect the public health.

(c). The Commissioner of Health of Baltimore City be and 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 section for the better protection of the health of the city.

(d). The Commissioner of Health is hereby authorized and empowered to revoke the license of any person who refuses, neglects or fails to comply with any of the provisions of this section or any of the rules or regulations adopted by the Commissioner of Health.

(e). Any person violating any of the provisions of this section, or any lawful order, rule or regulation issued, made or adopted by the Commissioner of Health, pursuant to the authority granted to him by the provisions of this section, shall be guilty of a misdemeanor and shall be subject to a fine not exceeding \$100.00.

SECTION 2. *And be it further ordained*, That this ordinance shall take effect thirty (30) days from the date of its passage.

Approved, June 15, 1953.

ARTHUR B. PRICE
Ex Officio Mayor of Baltimore City

City Ordinance No. 739

An ordinance to add Section 155A to Article 24 of the Baltimore City Code (1950 Edition), title "Police", said new section to follow immediately after Section 155 thereof and to be under the new sub-title "Tattooing", prohibiting the tattooing or permanent marking or branding of any person in Baltimore City under the age of eighteen years.

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, That Section 155A be and it is hereby added to Article 24 of the Baltimore City Code (1950 Edition) title "Police", said new section to follow immediately after Section 155 thereof and to be under the new sub-title "Tattooing", and to read as follows:

TATTOOING

155A. No person shall mark the body of any other person under eighteen years of age by tattooing or permanent marking or branding of any nature with indelible ink or pigments. Any person violating the provisions of this section shall be guilty of a misdemeanor and, upon conviction thereof, shall be punishable by a fine of not to exceed Fifty Dollars (\$50.00) for each such violation.

Sec. 2. And be it further ordained, That this ordinance shall take effect from the date of its passage.

Approved, June 8, 1953.

ARTHUR B. PRICE

Ex Officio Mayor of Baltimore City

RULES AND REGULATIONS GOVERNING TATTOOING

Pursuant to the power conferred by Ordinance No. 757, Approved June 15, 1953, the following rules and regulations deemed proper and necessary by the Commissioner of Health for the enforcement of said ordinance for the protection of the health of the city have been adopted.

Regulation 1. License to be posted. The permit issued by the Commissioner of Health to operate a tattoo establishment, or to engage in the practice or business of tattooing as a tattoo operator or as a tattoo artist shall be conspicuously posted in the tattoo establishment and shall remain so posted at all times.

Regulation 2. Cleanliness of premises. Every tattoo establishment and every part thereof shall be kept in a clean and sanitary condition at all times.

Regulation 3. Operating room. Each tattoo establishment shall have an operating room, which operating room shall be separate and apart from a waiting room or such other room or rooms as may be used. Patrons or customers shall be tattooed only in said operating room. Only the patron or customer being tattooed and the tattoo operator shall be permitted in the operating room during tattooing operations.

Regulation 4. Operating tables. All operating tables shall be constructed of metal with white enamel or porcelain finish or stainless steel.

Regulation 5. Light and ventilation. Every tattoo establishment shall be provided with adequate light and ventilation, and all walls and ceilings shall be smooth and painted a bright color.

Regulation 6. Hot and cold water. Every operating room in a tattoo establishment shall be provided with hot and cold running water and at least one sink connected to a public sewer.

Regulation 7. Cleanliness and sterilization of instruments. Prior to use on each customer all needles and instruments shall be sterilized by immersion in boiling water for at least 10 minutes or by heat in a hot-air oven at 180 degrees centi-

grade for at least one hour. Immediately after use all needles and instruments shall be thoroughly washed in water to prevent organic material coagulating or drying on the surfaces of the needles or instruments.

Regulation 8. Chemical disinfectants. No chemical disinfectants shall be permitted for the sterilization of needles or other instruments.

Regulation 9. Operator's requirements. All operators shall scrub their hands thoroughly before beginning operations and the customer's skin shall be thoroughly cleansed with an approved antiseptic solution, before applying any tattooing operations. Operators shall wear clean white washable garments. Clean sterile towels shall be provided in sufficient quantities, and shall be kept in closed dust-proof containers; no operator shall use for service of any patron or customer any towel or wash cloth that has not been boiled or laundered since last used.

Regulation 10. Needles and Instruments. All needles and instruments shall be kept in a closed glass case while not in use. A sterile set of needles shall be used for each patron or customer.

Regulation 11. Records. Proper records for each patron or customer shall be kept and maintained by the tattoo operator of each tattoo establishment, which record shall include the patron or customer's name, age, address, date, serial number if a service man, and signature of patron or customer. All records shall be available for inspection upon request of the Commissioner of Health of Baltimore City or his representative.

Regulation 12. Persons under twenty-one years of age. It shall be unlawful to tattoo any person under the age of eighteen (18) years; or to tattoo any person under the age of twenty-one (21) years unless the written consent of the parent or guardian is obtained and such written consent shall be kept on file for two years in the office of said establishment.

Huntington Williams, M.D.

Commissioner of Health

Date adopted: July 15, 1953

Date effective: July 15, 1953

AMENDMENT TO THE STATE PSITTACOSIS CONTROL LAW

Chapter 200

An act to repeal and re-enact with amendments, Section 29 of Article 43 of the Annotated Code of Maryland (1951 Edition), title "Health", sub-title "Miscellaneous Provisions", to remove the ban on the importation and sale of birds of the psittacine family under certain conditions.

SECTION 1. *Be it enacted by the General Assembly of Maryland,* That Section 29 of Article 43 of the Annotated Code of Maryland (1951 Edition), be and the same is hereby repealed and re-enacted with amendments, so as to read as follows:

29. No person shall bring into the State of Maryland or offer for sale, sell, give away or breed within the limits of this State, parrots, parakeets, love birds, macaws, cockatoos, lorries, lorikeets and other birds of the psittacine family; except under such rules and regulations as the State Board of Health may establish. All birds having psittacosis or which are suspected of being carriers of psittacosis virus, and all birds of a psittacine family exposed to a bird having psittacosis or found or harbored on the

same premises where infection with psittacosis virus is discovered or suspected, shall be immediately destroyed, under such rules and regulations as the State Board of Health may pass to carry out the purposes of this section. Any person violating any of the provisions of this section, or any order or regulation of the State Board of Health lawfully made pursuant thereto, shall be guilty of a misdemeanor and shall be subject to a fine of not more than Fifty Dollars (\$50.00) for each offense.

SECTION 2. *And be it further enacted*, That this Act shall become effective June 1, 1953.

STATE REGULATIONS GOVERNING PSITTACINE BIRDS

Pursuant to authority conferred upon the State Board of Health by Chapter 200, Acts of 1953, the following regulations governing psittacine birds are hereby established:

SECTION 1. DEFINITIONS

- 1.01 "Psittacine birds" shall include parrots, parrakeets, love birds, macaws, cockatoos, lories, lorikeets and other birds of the psittacine family.

SECTION 2. IMPORTATION

- 2.01 Psittacine birds may be imported into the State of Maryland from other states within the continental limits of the United States except from areas that have been declared infected by the Surgeon General of the U.S. Public Health Service.

SECTION 3. PERMITS

- 3.01 Every person, firm, or corporation who sells, offers for sale, gives away or barter psittacine birds must first register and obtain a permit from the local city or county health department. This permit shall be issued annually and must be displayed in a conspicuous place within the establishment.

SECTION 4. RECORDS

- 4.01 Every person, firm or corporation who sells, offers for sale, gives away, barter, or otherwise deals with psittacine birds within the State of Maryland shall maintain a record of each transaction for a period of two years. Such record shall include the number of birds purchased, sold or traded, date of transaction, name and address of person or persons from whom a bird is purchased and to whom sold or traded.
- 4.02 All records shall be available for inspection at all times to authorized representatives of the local city or county health department.

SECTION 5. INSPECTION

- 5.01 Every premises or establishment on which persons breed, sell, barter or give away birds of the psittacine family shall be subject to inspection by authorized representatives of the local city or county health department.

SECTION 6. ILLNESS AMONG BIRDS

- 6.01 It shall be the duty of every person having the custody or care of any birds of the psittacine family to immediately notify the local representative of the local city or county health department of any unusual illness or death among such birds.

SECTION 7. PSITTACOSIS

- 7.01 All birds having psittacosis or which are suspected of being carriers of the psittacosis virus and all birds of the psittacine family exposed to a bird having psittacosis or found harboring the virus of psittacosis shall be destroyed by the owner in a manner approved by the local health department and the premises shall be quarantined against the sale, breeding, bartering or giving away birds of the psittacine family until it has been determined safe for the public health by authorized representatives of the local city or county health department.

SECTION 8. SANITATION

- 8.01 The cages in which psittacine birds are caged must be cleaned at least twice weekly, the excreta being disposed of in a closed container before being placed in a garbage receptacle.

Date adopted: May 15, 1953.

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