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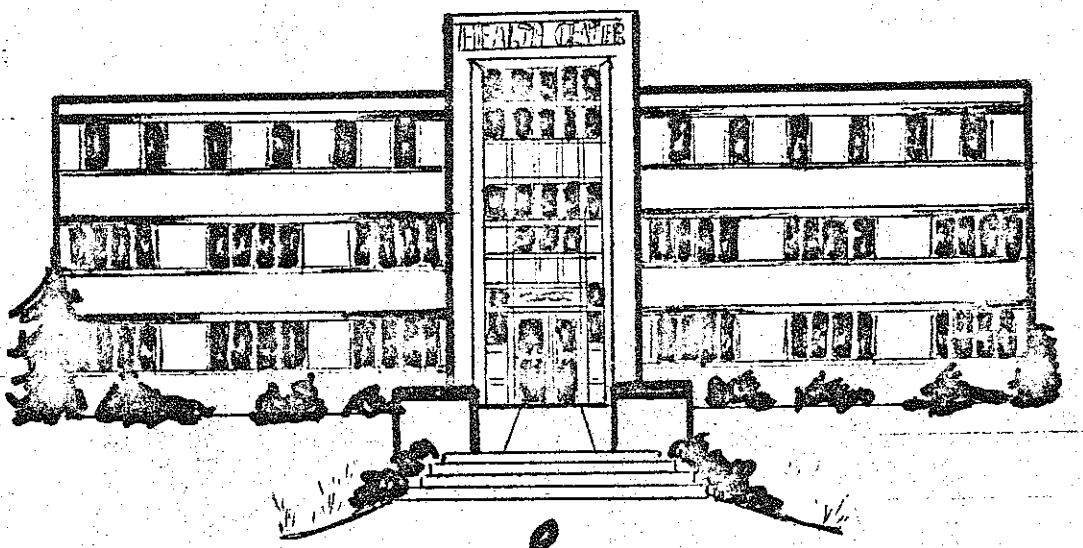
annual report 1971

ACTIVITIES



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ACCOMPLISHMENTS

MOBILE COUNTY BOARD of HEALTH
248 COX STREET P.O. BOX 4533
MOBILE, ALABAMA

"Good Health Is Community Wealth"

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MOBILE COUNTY
BOARD OF HEALTH

	Term Expires:
Sidney Phillips , M.D.	December, 1971
Charles M. Walsh, III,M.D.	December, 1972
J. Richard Moore, M.D.	December, 1973
William H. Cooner, M.D.	December, 1974
Edward A. Dudley, Jr., M.D.	December, 1975
Mr. Howard Yeager, President Mobile County Commission	Member by Reason of His Office

George W. Newburn, Jr.,M.D.

Health Officer

1971 AT A GLANCE...

Construction of the third floor addition was completed during the year at a total cost of $233,300.00.

The total annual operating budget was $1,149,111.03.

Drs. George Newburn and John Cutts completed all requirements at Tulane University for their Masters Degrees in Public Health. They returned to full time duty June 1, 1971 with Dr. Cutts assigned to the Bureau of Preventable Diseases.

The Health Officer along with key staff members was in continuous liaison with the Mobile County Legislative Delegation during the last session relative to recommended actions on various bills having a bearing on the Board of Health. Legislative actions were as follows:

1. Act 769 put into effect a meaningful state wide air pollution control program. Control standards are equal to those established by the Federal Environmental Protection Agency. Implementation and enforcement actions in Mobile County was vested in the Board of Health.

2. House Bill 766 primarily changed procedures and records peculiar to vital statistics. Double registration, which requires records from both physicians and morticians, is now in effect.

3. Senate Bill 1516 and House Bill 1864 establish improved and more stringent criteria for the construction of water wells.

4. House Bill 434 requires the examination and licensing of water treatment plant operators.

5. Act 57 authorizes the Board of Health to charge fees for services and the issuance of permits.

6. Act 1770 establishes plumbing permit restrictions and places this responsibility on the Board of Health in areas throughout the county not presently having such inspection and control.

7. Act 279 makes it possible for the Board of Health to insure its employees under the state employees insurance plan if it so desires.

8. Act 2318 provided for a referendum in Mobile County to decide on a one (1) mil tax to pay for mosquito and rodent control. The act was subsequently found to be unconstitutional. It is up for reconsideration and correction during the current special session.

9. House Bill 841 was introduced with the purpose of restructuring the state and local Boards of Health into politically controlled bodies. The bill was referred to a special study commission whose findings will be considered during the next regular session of the legislature.

10. Senate Bill 664 provides for minors 14 years and older to give consent for various treatments.

The Southwest Alabama Comprehensive Health Planning Program progressed during the period into its second year of organization and development. It is now active in Baldwin, Escambia and Mobile counties and completed organization as planning agencies in these areas.

A first draft of a Five Year Planning Grant Application has been submitted for approval by Region IV Office of the Department of Health, Education and Welfare on or before February 1, 1972.

The Interagency Information and Referral System for Community Nutrition Program was activated by a federal grant of $43,104.00 on June 22, 1971. The present grant covers an 18 month working period.

Records and Vital Statistics accomplished 5,690 certified copies of birth certificates, 7,977 death certificates, 3,404 birth verification cards and 7,428 foodhandlers permits. Total procedures during the period were 23,176.

The Maternity and Infant Care Project workload included 1,854 new maternity patients, 11,402 clinic visits for prenatal and postpartum care, 1,748 new infants, and 9,259 infant visits. Clinics held were 467 maternity and 331 infant.

Patient services provided included outpatient clinic care for prenatal, postpartum, infant and family planning; inpatient hospital care; medicines and medications; laboratory (14,269 tests were performed at the Maternity and Infant Care laboratory); nutrition; dental care; and social services.

The Family Planning Project admitted 2,304 patients and there were a total of 13,446 outpatient clinic visits. There are currently 4,648 active patients on the Family Planning Project. Total clinics held were 279. An evening clinic has been opened which is held on Monday evening at the Maternity and Infant Care Center.

Patient services provided include physical examinations, breast examinations, pap smears, laboratory tests, and family planning methods.

Board of Health Dental Clinic- (MIC patients eligible) 3,831 patient appointments; 459 completed patients; 12,027 procedures performed.
Mobile General Hospital Dental Clinic- (Indigent children eligible; indigent adults also eligible for emergency care) 1,960 children appointments; 281 completed patients; 220 adults treated; 10,319 procedures performed.

The Division of Air Pollution collected and analyzed 1,429 high volume samples in support of a data collecting program, State of Alabama statistics, and the National Air Sampling network. The Alabama Legislature, during its regular session, enacted an Air Pollution Control Law which complies with federal regulations and standards. This action made it possible for the Board of Health to apply for a federal grant to completely implement a control program.

The Division of Sanitation and Food Inspection accomplished 11,390 inspections, investigations and enforcement procedures. In addition some 3,796 complaints were handled along with related follow up actions.

In the field of vector control, insects and rodents, 6,019 investigations were completed along with processing 1,297 complaints. Treatments of premises with rodenticides and insecticides is included in these figures.

The Nursing Division continued to provide service on a family centered basis for individuals and groups at home, at work, at school and in public health settings. Records reflect that our 20 nurses during the period administered to 119,267 patients in the various clinics and advised and cared for others during some 15,254 nursing visits. Screening activities such as T.B. skin testing, vision, PKU, hearing and vision involved about 19,509 patient contacts. Miss Joy Rolison, R.N., M.S.N., was appointed Director of Nursing.

Epidemiological statistics revealed a significant increase in rubeola and streptococcal infections during the period. The incidence of rubella and diphtheria appears to be lower. Infectious hepatitis continues to increase locally which is in agreement with a nationwide trend.

Control of tuberculosis remains as the major problem confronting the Board of Health. During the period 107 new cases were reported and 695 cases of the disease remain under active medical supervision including 160 active cases, 86 questionable active, and 446 inactive. In support of control activities 1,621 (14x17) and 16,523 (70mm) x-ray films were processed during regularly scheduled weekly screening and treatment clinics. A total of 12,334 skin tests were administered with a resultant of 830 reactors for a reactor rate of 15%.

Continued efforts were placed on syphilis epidemiology but in spite of our fine showing in 1969 with rate of 1.5 we now have to admit to an approximate rate of 11.0. The gonorrhea rate keeps spiraling and presently is in the neighborhood of 545.0 per 100,000 population.

Immunization clinics have been quite busy giving immunizations. Such response is not up to what should be expected in an area such as Mobile County, consequently, extensive clinics have been scheduled for both the public and private school system.

MOBILE COUNTY BOARD OF HEALTH
SOURCE AND APPLICATION OF FUNDS
FISCAL YEAR 1970-1971
ENDING SEPTEMBER 30, 1971

SOURCES OF FUNDS

Appropriations:		
Local Governments:		
County of Mobile	$ 177,151	
City of Mobile	258,595	
Other Municipalities	41,046	
State Of Alabama	129,400	
Children's Dental Clinic	11,309	
Total Appropriations		$ 617,501
Other Funds Received:		
Federal Funds	$ 393,479	
State Funds	48,829	
Local Funds	19,806	
Total Other Funds Received		462,114
Local Fees, Permits, Misc. Revenue		69,496
Revenue From Prior Years		38,242
TOTAL REVENUE FOR THE YEAR		$1,187,353

APPLICATION OF REVENUE

Expenditures:		
Personnel Cost, Inc. Fringe Benefits	$ 932,868	
Supplies	6,929	
Mileage and Travel	18,910	
Equipment and Buildings	717	
Other Costs (includes clinicians)	92,787	
Total Expenditures	$1,052,211	
Appropriated Funds	67,025	
Total Application of Funds		1,119,236
REVENUE EXCEEDS EXPENDITURE FOR YEAR		$ 68,117

BUREAU OF ENVIRONMENTAL HEALTH

Division of Air Pollution and Solid Wastes

The Division of Air Pollution collected and analyzed 1,429 HI-volume samples for particulate matter. There were 25 HI-volume and 79 gaseous samples collected and submitted to the National Air Sampling Network for analysis.

In March the air pollution trailer was set up for continuous monitoring and since that time has been in service monitoring for carbon monoxide, total hydrocarbons, nitric oxide, nitrogen dioxide, photochemical oxidants, sulfadioxide, coefficient of haze, and hydrogen sulfide.

The State Legislature recently passed a new Air Pollution Law for the State of Alabama. This has made it possible for Mobile County to make application for a grant. When this grant is received the department will be able to implement a larger air pollution program for Mobile County.

An amendment was made to the Solid Waste Law.

Division of General Sanitation

The continued movement of people to rural areas and the desire for better housing, along with financing backed by the Federal Housing Administration, Farmers Home Administration, Veteran's Administration and "235" loans, have increased the work load of the Sanitation Division by the increasing demand for necessary approval of waste disposal systems, field work and review and approval of plans of unusual number of new subdivisions, individual lots, multiple housing, trailer parks, and business establishments of all types.

Complaints in Mobile County, exclusive of the City of Mobile, have been normal averaging approximately 130 monthly. Most of the complaints received in the county area are from Prichard and primarily were on garbage, sewage problems, and mosquitoes. The next heaviest area of complaints were from the area of Tillman's Corner, Theodore, and Cypress Shores. These latter complaints were in regard to sewage problems, dog pens, hog pens, and mosquitoes.

Due to the lack of personnel the survey and promotional work has not been what it should be; however, some survey and promotional work to better sanitation has been done in the Mobile Terrace, Greenlawn, Citronelle and Eight Mile Areas.

Due to the year extension period for compliance to Act 771 granted the municipalities and County we are still faced with the solid waste disposal problem and indiscriminate dumping. However, through publicity and notices we have issued we have been able to obtain some corrections and improvements of the problem of the roadside indiscriminate dumping.

DIVISION OF GENERAL SANITATION

STATISTICAL REPORT

General Sanitation	Total
1. New septic tanks inspected and approved	1,004
2. FHA & VA forms processed	378
3. Subdivisions studied and approved	123
4. Individual lots studied and approved	415
5. Motel, hotel, and trailer park inspections	392
6. Indiscriminate dump inspections	505
7. Landfill inspections	86
8. Nuisance investigation visits	3,796
9. Water supply system investigated and approved	130
10. Water samples submitted for bacteriological analysis	539
11. Schools, jails, institutions and parks investigated	351
12. Subdivisions reviewed and investigated	272
13. Conducted unsolicited visits and surveys pertaining to conditions of environmental health	1,338

Food Inspection Branch	
1. Food service establishments inspected	7,000
2. Meat markets inspected	1,932
3. Food handlers classes taught	50
4. Number attending classes	3,621
5. Milk and soft-serve samples collected	4,224
6. Dairy and milk plants inspected	471

Division of Vector Control

This Division is receiving a continuous increase in the number of citizen complaints about rodents. Many complaints are originating in the higher socio-economic areas throughout the city. A trapping program for the purpose of viral and ectoparasite studies has suffered severely as a result of vandalism and theft of trapping cages.

The Vector Control Division leased sufficient personnel and equipment to the Dauphin Island Business Men's association to conduct a mosquito control program for the 1971 season. The Vector Control staff further aided as technical advisors to the program.

A mosquito survey was conducted throughout Mobile County and the city of Mobile. Mosquito specimens were collected and quick frozen for viral studies. The survey utilizing New Jersey light traps also gave reference to background levels and species distribution.

Bill S.B. 1268 was passed by the Alabama Legislature enabling the citizens of Mobile County to vote for a countywide rodent and mosquito control project.

DIVISION OF VECTOR CONTROL

STATISTICAL REPORT

		Total
1.	Investigation of complaints about garbage and household refuse.	917
2.	Investigated complaints about rats and rat colonies.	380
3.	Conducted surveys for rodent and vector related problems.	133
4.	Held conferences or met with news media, citizens organizations, and other departments of local government about rodent and vector control problems.	97
5.	Treated or retreated premises with rodenticides in the urban renewal areas.	1549
6.	Treated or retreated premises with insecticides for rodent ectoparasite control.	1993
7.	Environmental problems surveyed for.	2344
8.	Miles of the city's drainage system surveyed for environmental problems.	57

BUREAU OF PREVENTABLE DISEASES

Division of Nursing

Functioning under the Bureau of Preventable Diseases the Nursing Division continues to provide direct services to individuals and groups in their normal settings (E.G. home, work, school, etc.). These services are extended to individuals through home visits, health clinics, special instructional classes, school projects and related community activities.

Home visits are made by the Public Health Nurses for a variety of reasons:

1. Provide skilled nursing care for individuals who qualify for Medicaid or Medicare.
2. Follow-up evaluation and supervision at monthly intervals for infants delivered prematurely at Mobile General Hospital.
3. Routine supervision and follow-up care for infants who are admitted to the MIC project and those referred by private physicians.
4. Routine supervision and follow-up care for maternity patients who are admitted to the MIC project and those referred by private physicians.
5. Provide skilled care, routine supervision and instruction to patients with communicable diseases and teach them and their families pertinent information for prevention of the spread of diseases, maintenance of care and restoration of health.
6. Nursing assessment of mothers and infants delivered by midwives with PKU screening.
7. Follow-up supervision and evaluation of patients receiving family planning services.
8. Nursing assessment and follow-up supervision of children referred by other agencies and through other routine visits.

9. Skilled nursing care and supervision of patients with chronic diseases (from a referral basis or thorugh course of other nursing visits).

10. Nursing evaluation and referrals for individuals requesting nursing care.

A number of clinics are conducted by the Public Health nurses in fulfilling the overall health program as planned by the Board of Health. These clinics are conducted at the Board of Health, Community centers, and in several satellite centers (A.F. Owens, R.V. Taylor, MIC Center and Mobile General Hospital). The clinics include blood test clinics, immunizations clinics, audio-visual screening clinics, venereal disease clinics, maternity clinics, well baby clinics, family planning clinics and tuberculosis clinics.

Preventive as well as restorative health teaching is an integral part of the nurses' activities and in all areas of practice this concept is reinforced. It is included in the planning as well as implementation of patient care. However, from time to time the nurses will conduct special instructional classes for patients who have similar health problems or conditions. As an example, classes were recently conducted for patients, at the 6th district Tuberculosis Hospital, who had diabetes mellitus - instructional information including the course of the disease and completing with return demonstration of self-administration of medication and personal care was provided for the patients. Other classes have been taught for patients with communicable diseases and other specific health problems.

The Nursing Division usually works in alliance with the Mobile County School nursing program in providing related services. This year the two groups work together in conducting a hookworm survey in one of the county schools and in providing mass immunizations for public school children.

Aside from working with the school nurses, the Nursing Division participates in many related communtiy activities. The scope of services included participation in teaching programs, participation in screening programs and participation in the senior citizens program. As an example, more than 100 hours of in-kind services were given to the Senior Citizen Center. Included in the services rendered were health teaching, health counseling and health screening of the aged.

The three diploma schools of nursing in Mobile continue to utilize the Nursing Division in providing observational experience for their students. The students are assigned to clinics, to classes and accompany the nurses on home visits. In the future the Nursing Division will be utilized as a clinic source for nursing students attending the University of South Alabama.

A continuous in-service education program was provided for the nurses on a monthly basis and the nurses attended special workshops and conferences related to their nursing activities. In addition three nurses attended the Alabama State Nursing Association in November, 1971.

With twenty nurses on the staff the nursing division fulfilled all commitments; rendering in all situations competent and efficient

DIVISION OF NURSING
STATISTICAL REPORT

Clinic Sessions Held:

Total clinics held this year		2,601
Blood tests (foodhandlers, private physicians patients)	326	
Immunization	776	
Venereal Disease	199	
Maternity	463	
Well-baby	331	
Family Planning	302	
Tuberculosis	204	
Total patients contacted		119,267

Nursing Visits:

Total Visits		15,254
Mental health	39	
Communicable disease	1414	
Tuberculosis (cases, contacts, suspects, reactors)	7672	
Venereal disease	12	
Premature infants	330	
Child health	1532	
Chronic diseases	525	
Maternity	761	
Post-partum (hospital)	1003	
Medicare-Medicaid	678	
Family planning	767	
Health promotion	521	

Screening:

Total patient contacts		19,509
Vision	237	
Hearing	248	
PKU	2936	
TB Skin Test	16,088	

Division of Tuberculosis Control

Mobile County continued to run a high active tuberculosis case rate in 1971. We reported 107 new active during the year for a case rate per 100,000 of 33.3, the national average for tuberculosis is 18.8.

Effort was made in case finding, in case holding (out patient care), and in disease prevention. By years end, there were 695 cases in the open TB patient register. These cases were classified as follows: (1) 71 in-patient under treatment for TB, (2) 89 active cases at home, (3) 86 questionable active cases, and (4) 446 inactive cases.

Tuberculosis health services were provided to patients, contacts, reactors, suspects, and associates through regularly scheduled and staffed clinics. A total of 12, 334 skin tests were administered with 830 positives. The Division took and processed 16,523 70mm screening x-rays along with 1621 14x17 diagnostic chest films.

Home visits to out patients by nurses and field investigators have helped to continue the success of our out-patient program. High incidence area skin test clinics were initiated in order to increase our case finding techniques. With continued effort on our part as well as cooperation of private physicians, we will be able to continue the reduction in active tuberculosis in Mobile.

TABLE I

YEAR	ACTIVE CASES	RATE*	TOTAL CASES
1969	186	58.6	227
1970	155	48.8	201
1971	106	33.3	131

*Rate per 100,000 population

TABLE II
X-RAY READING BY TYPE PATIENT,
SIZE FILM AND RESULTS
MOBILE COUNTY 1971

Type Patients	Size	Negative	TBC	T.B. Suspect	Cardiac	Other Pathology	Total
Foodhandlers	70mm	7991	-	54	47	108	8200
Dr. Patients	70mm	3033	-	62	21	81	3197
Mobile Infirmary	70mm	1147	-	14	7	9	1177
Contact & Reactors	70mm	747	-	4	6	24	781
MIC Patients	70mm	1734	-	3	2	10	1749
Family Planning	70mm	1024	-	18	-	5	1047
WIN Patients	70mm	164	-	-	-	1	165
Other	70mm	220	-	-	-	9	229
	14x17	792	677	65	7	87	1628
Total	70mm	16,060	-	155	83	247	16,545
	14x17	792	677	65	7	87	1628

Division of Venereal Disease Control

Syphilis Control

Again in 1971 an increase in infectious syphilis (primary and secondary) was seen in Mobile County. Private physician cooperation, rapid epidemiology, and prophylactic treatment of all syphilis contacts negative for syphilis, is needed in order to control the spread rate of syphilis.

As can be seen in Table I, the case rate is back about the 1968 rate. As in the past, the Mobile County V.D. Control Division in conjunction with the Alabama State V.D. Control Program, continued the 24 hour darkfield service available throughout the State. A physician wishing this service can call collect 269-7610 (269-6011 - night & holidays) in Montgomery, Alabama.

The 1971 syphilis cases showed an important point concerning the treatment of venereal disease. Forty per cent of the primary and secondary cases of syphilis treated during 1971 also had gonorrhea. This should point the way for private physicians seeing gonorrhea patients to draw a routine serology for syphilis on these patients.

TABLE I
Primary and Secondary Syphilis Cases and Rates*

Year	Number of Cases	Rates
1965	222	61.9
1966	162	44.7
1967	215	57.3
1968	31	8.1
1969	6	1.5
1970	16	5.0
1971	35	11.0

* Rate per 100,000 population

Gonorrhea Control

The Mobile County Venereal Disease Division in conjuction with the Alabama State Laboratory, Mobile Branch, continued the gonorrhea culture program on a limited basis during 1971. Patients with gonorrhea were treated at the Health Department and interviewed for sexual contacts, however the patients were motivated to do self referral of their contacts for treatment. This was done because of the lack of personnel to follow-up on the better than 1700 cases reported. Until more manpower is avaible for follow-up on gonorrhea, the rates can be expected to continue rising.

TABLE II

Gonorrhea Cases and Case Rates*

Year	Number of Cases	Rate
1965	1226	341.8
1966	1246	343.6
1967	1082	288.2
1968	1359	353.9
1969	1344	342.8
1970	1566	493.5
1971	1731	544.85

*Rate per 100,000 population

V.D. Clinic

A total of 2372 serolgies were drawn in 1971, and 2076 patients were cultured for gonorrhea. Darkfield examinations were performed on 72 patients with suspicious lesions. Cultures were performed on 720 maternity and infant case patients.

Division of Immunization

Beginning March 1971, special diphtheria clinics were held in all the elementary schools in Mobile County. The purpose of the program was to bring the diphtheria immunization level in Mobile County to such a point as to curb the annual diphtheria outbreaks which repeatedly occur in the county. A total of 13,666 diphtheria shots were given in the program. This is in addition to the more than 25,000 diphtheria shots given through special diphtheria clinics conducted by the Board of Health throughout Mobile County in the latter part of 1970 and early 1971.

Through the Infant Maintainance Program, the project mailed out 5,124 cards to parents with newborn children during 1971. The average card return was 54%. Personnel telephoned or home visited 849 of the parents who did not return their cards.

A program to offer immunizations to all children enrolled in public, private and parochial schools in Mobile County was initiated in October, 1971. Estimated completion date for this program is early March, 1972. Through December, 1971, a total of 52 schools had been completed, with a total of 19,163 immunizations administered. These figures are included in the above breakdown. Additional personnel and equipment were furnished by the State Immunization Project to assist with this mass program.

IMMUNIZATIONS GIVEN BY TYPE AND AGE GROUP - 1971

	Total	Under 1 Yr.	1-4 Yrs.	5-20 Yrs.	21 - Over	Boosters
Smallpox	2283	6	663	920	102	592
DPT						
First Injection	3618	1894	827	897	-	-
Second Injection	2328	1709	341	278	-	-
Third Injection	4594	1461	298	307	-	2528
DT						
First Injection	5387	-	-	4787	600	-
Second Injection	12532	-	-	113	60	12359
TETANUS						
First Injection	15	-	-	12	3	-
Second Injection	1366	-	-	6	1	1359
POLIO TRIVALENT						
First Injection	7724	2492	1617	3615	-	-
Second Injection	5370	2545	509	556	-	1760
RUBEOLA	6247	-	1170	5072	5	-
RUBELLA	6051	-	1394	4656	1	-
TOTAL	57515	10107	6819	21219	772	18598

-22-

Division of Epidemiology

The incidence of contagious diseases reported during the year of 1971 are shown by the accompanying table comparing the reported cases with the year 1970. Generally there is an increased incidence of these diseases with the exception of influenza and pneumonia. There is a significant increase in rubeola.

Hepatitis continues to increase locally as well an nationwide. The reported incidence for U.S. in 1970 was 28 cases per 100,000 population while Mobile had 29.6. In 1971 the U.S. had 33.4 cases per 100,000 population and Mobile had 30.8.

Diphtheria continues to be a problem in Mobile. The incidence of diphtheria for the U.S. in 1970 was 0.21 per 100,000 population while for Mobile it was 5.67. Mobile had an incidence rate of 5.04 in 1971.

An immunization survey, on a very limited scale, was conducted and revealed that a large percentage of the children under 6 years of age (pre-schoolers) are our most susceptible group to polio, diphtheria, tetanus, rubella and rubeola.

Contagious Diseases Reported	1970	1971
Hepatitis	94	98
Salmonella, Shigella, E. Coli	49	45
Diphtheria	18	16
Influenza	22,488	123
Rubella	240	138
Rubeola	2	445
Meningitis		
Unspecified	63	74
Meningococcal	8	10
Mumps	215	339
Pneumonia	1,229	939
Scarlet Fever	674	890
Whooping Cough	6	19
Tetanus	2	2
Tuberculosis	201	131

New cases of Reportable Diseases----------8,239
Nursing follow-up visits----------1,414

BUREAU OF MATERNAL AND CHILD HEALTH

Due to the funding situation, workload of the Bureau of Maternal and Child Health is directly connected with two (2) federally funded grants: (1) The Maternity and Infant Care Project; and (2) The Family Planning Project. These projects are financed by the federal and local funds on a matching basis. Federal funds granted may not exceed 75% of the cost and local funds (minimum 25%) are required for the remaining cost of the project.

The Maternity and Infant Care Project is authorized by the 1963 Maternal and Child Health and Mental Retardation Planning Amendments to Section 531, Part 4, of Title V of the Social Security Act. The Mobile County Board of Health initially received the grant through the Alabama State Department of Health, July 1, 1966. For the fiscal year July 1, 1971 to June 30, 1972, a budget of $911,940.00 was authorized - $680,000.00 federal funds and $231,940.00 local funds.

Maternity and Infant Care Projects were established to reduce the incidence of mental retardation caused by complications associated with childbearing. To do this, comprehensive medical and health care is provided to prospective mothers and their infants who have or are likely to have conditions associated with childbearing which increase the hazards to the health of the mothers and their infants, and whom it is determined that necessary health care will not be received for reasons beyond their control.

The Health Officer of Mobile County is the Director of the Maternity and Infant Care Project. Personnel employed with the project fulltime

include: administrator, public health nurses, nurses aides, nutritionists, social workers, lab assistant, accountant and clerks. Part time personnel include: deputy directors of obstetrics and pediatrics, medical consultants and clinicians, nurses, health educator and dental personnel (dentists, dental hygienists, dental assistant). Dental workload is included in the Bureau of Dental Health's Annual Report.

A contractual arrangement exists with Mobile General Hospital for out-patient clinic services, lab services, and hospitalization of indigent high risk expectant mothers and infants up to one year of age.

The administrative offices are located at the Board of Health and the Maternity and Infant Care Center, 802 South Wilson Avenue, Prichard, Alabama. It was necessary, due to the growth and expansion needs of the project, to rent a building sufficient for offices and clinics separate from the Board of Health. This was accomplished July 1, 1968. Since that time (after additional growth and expansion) the building next door to the Maternity and Infant Care Center has been rented and is utilized for offices and clinics.

Out patient clinics for maternity, well-baby and family planning patients are held at five (5) locations: (1) Maternity and Infant Care Center; (2) Board of Health; (3) A.F. Owens; (4) R.V. Taylor Plaza; and (5) Mobile General Hospital.

All initial maternity intake clinics are held at the Maternity and Infant Care Center. Patients are seen at the local clinics for prenatal

care, post-partum examination, pediatric care, family planning services and dental care.

Maternity patients with high risk complications are delivered at Mobile General Hospital with no charge to the patient. The Maternity and Infant Care Project then reimburses Mobile General Hospital for all reasonable costs for inpatient care.

During 1970, a federal grant award was received for a Family Planning Project. This program is now in its second year of operation and its services are continuing to expand rapidly. For the fiscal year July 1, 1971 to June 30, 1972, the budget authorized is $212,305.00 - federal funds awarded $170,000.00 and local matching funds $42,305.00.

Even though the Maternity and Infant Care and the Family Planning Projects are separtely funded, personnel work closely and in conjuction with each other in the delivery of services to residents of Mobile County.

The objectives of the Family Planning Project are:

1. To improve the maternal health of patients.
2. To provide families the freedom of choice to determine the number and spacing of their children.
3. To implement and expand the existing program operated by Maternity and Infant Care Project #551 in order to provide family planning services to more women in Mobile County.
4. To reduce maternal and infant mortality.
5. To provide all medically recognized methods of child spacing and make them available to women in the childbearing age group regardless of age, race, or marital status.

Division of Health Education

Patient education is a major function of the Maternity and Infant Care Program. Care without accompanying knowledge has value of short duration. The purpose of health education is to prevent things that hinder the health and well-being of the patient. Through special classes and demonstrations, direct patient counseling, and distribution of printed materials; the patient is given every opportunity of improving her chances of having a healthy baby and for maintaining her own health.

The Division produced a set of color slides about the activities of the Bureau of Maternal and Child Health which are being used to inform the public of the services offered.

STATISTICAL REPORT

Lectures and talks	239
Attendance at above	3,283
Film showings	628
Attendance at above	7,972
News articles published (local)	1
Prepared bulletin board displays	10
Posters displayed	5
Pamphlets distrubuted	56,156
Radio and T.V. Programs (local)	4
Orientation and/or inservice education (local)	150
Orientation and/or inservice education (state)	18
Staff meetings	16
Attendance at above	140
Number of classes taught	604
Attendance at above	7,409
Health promotion visits	7

Division of Nutrition

The nutrition staff consits of a nutrition consultant and two nutritionists.

Nutrition services are provided in maternity intake clinics, maternity clinics, and infant clinics.

Maternal Nutrition

The maternity patients are interviewed individually at each maternity clinic visit.

At the intake interview, a 24-hour recall is taken. An evaluation is made by the nutritionist based on frequency and amounts of foods eaten during the week, i.e., meats, eggs, milk, starchy vegetables, green vegetables, breads and cereals, fruits, sweets, soft drinks, and pica.

The primary concern at the initial interview is to teach normal nutrition and improve eating habits. One pamphlet "What to Eat Before the Baby Comes," a publication of the Alabama Department of Public Health, is reviewed and given to each patient.

If a specific problem is noted such as diabetes, obesity, underweight, anemia, etc., proper diet instruction is begun immediately. Throughout all the counseling, emphasis is placed on including adequate amounts of high quality protein in the diet during pregnancy.

As Chart I indicates, the majority of diet instructions are normal diets. A total of 9,947 maternal diet instructions were given; 8,653 of these were regular prenatal diets.

If a maternity patient is overweight and interested in weight loss after delivery, nutrition counseling is available to her following her six-week post-partum visit. The same is true for special diet instructions such as low sodium or diabetic.

Infant Nutrition

Mothers of the infants are instructed in proper infant nutrition and feeding at well baby clinics. Whenever possible, the mothers are instructed in small groups of four to eight.

The mothers of infants in the following age groups: one month, three months, six months and twelve months are seen routinely by the nutritionist. A discussion is held with the mothers on feeding that is appropriate for the infant's age. A feeding guide for each age group is given to the mother.

Feeding practices which often need to be corrected include:

(a) excessive intake of milk, especially after six months

(b) poor selection of table foods, particularly for infants with low hemoglobin values

(c) failure to feed with spoon

(d) overfeeding the infant both milk and foods

The infant feeding instructions are shown in figure 2.

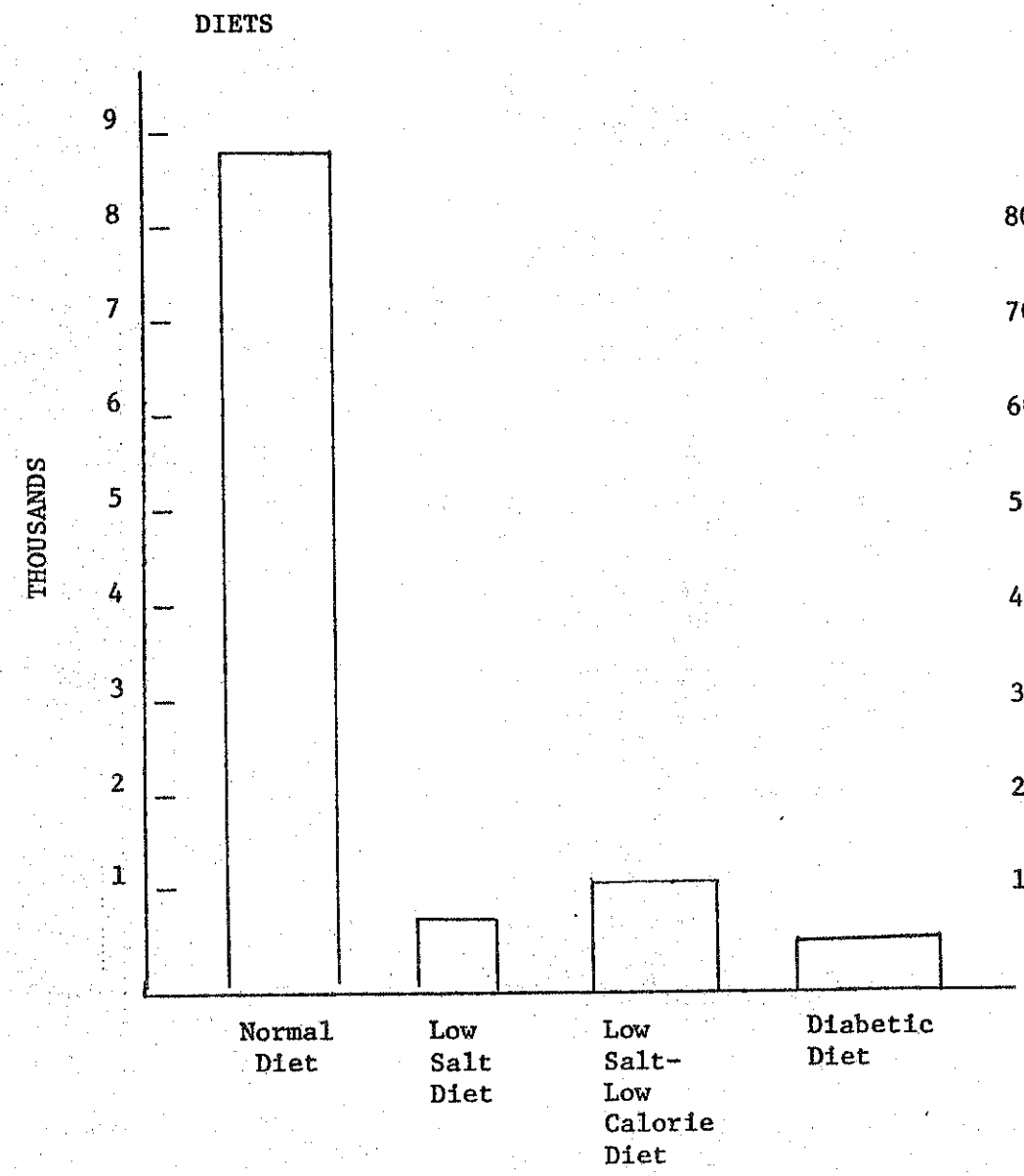


Fig. 1. Maternity Patients Diet Instructions, By Type of Diet, Maternity and Infant Care Project, 1971

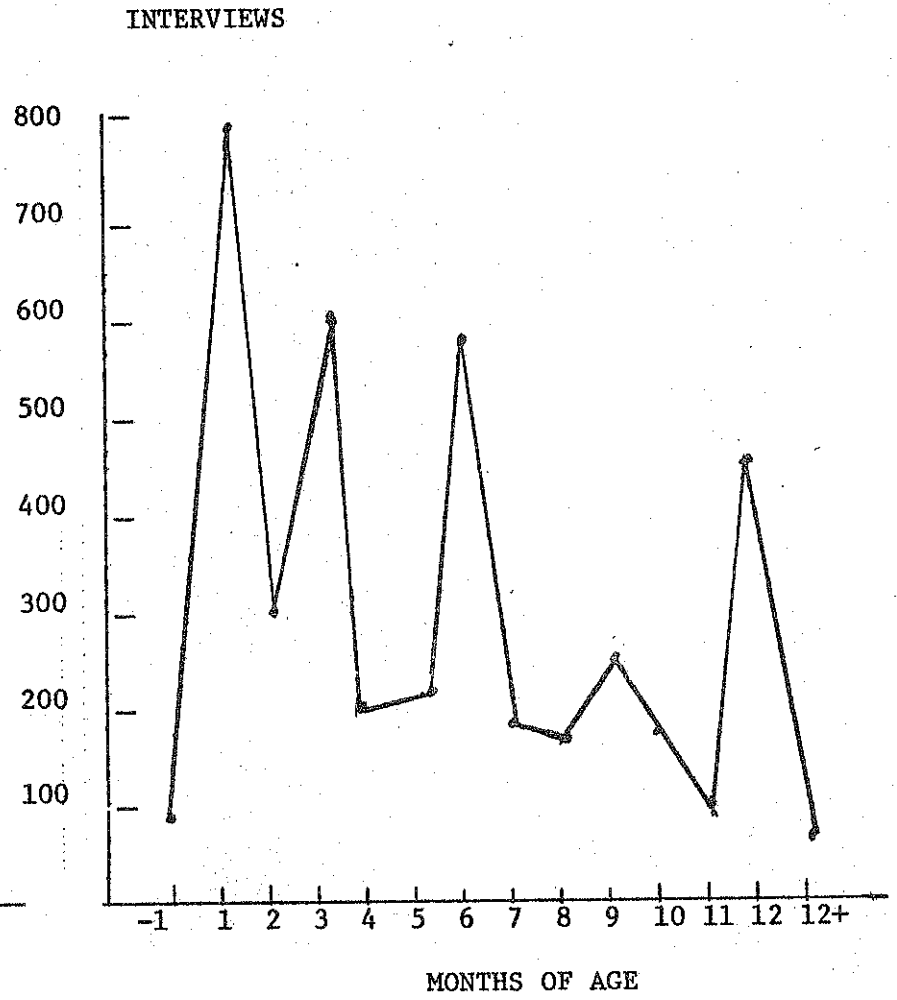


Fig. 2. Nutrition Interviews at Well-Baby Clinics, By Age of Baby, Maternity and Infant Care Project, 1971

Division of Family Planning

The Family Planning Department continues to have as its primary functions, to provide safe and effective methods of contraception and educational information to interested couples or individuals and also to provide infertility services.

The activities of the Family Planning Department included 321 Clinic sessions, with a total of 13,446 clinic patient visits with counseling provided for each patient visit. This total includes 2,304 new patients. There were 14 infertility patients admitted and referred to urology. A total of 2,258 home visits were made.

The addition of Community Aides to the staff expanded the potential for more involvement in community awareness of family planning services. Volunteers from the Junior League assisted with registration of patients at the Board of Health Clinic. Also volunteers assisted with registration at the Maternity and Infant Care Center Clinic.

Follow-up of an abnormal pap smear report revealed intraepithelial carcinoma in a 19 year old patient. This patient has obtained a hysterectomy.

During the past year in co-operation with the Veneral Disease Control Division, condoms were issued to male patients.

DIVISION OF FAMILY PLANNING
STATISTICAL REPORT

Total Clinic Sessions held		321
Total Clinic Visits		13,446
New patients		2,304
Readmitted patients		2,536
Discharged		292
Infertility patients admitted		14
Active patients as of December 31, 1971		4,840
Total Family Planning Methods		12,670
Intrauterine Devices	2,295	
Oral	9,845	
Foam	413	
Depo Provera	76	
Diaphragms	15	
Surgery	102	
Total contacts for follow-up supervision		4,516
Home visits	2,258	
Public Health Nurse	455	
Community Aides	1,803	
Total counseling and referrals-Nurses		293
Total counseling and referrals-Nutrition		103

Laboratory tests:

Blood Sugars	4
Urine	3,280
Pap smears	3,273
G.C. Smears	3,280
HBG	3,273
Pregnancy test	138

HEALTH EDUCATION ACTIVITIES:

Planned lectures and talks	35
Film showing	55
Attendance at above	526
Pamphlets distributed	135,200
Orientation and/or inservice education-local	11
Orientation and/or inservice education-state	3
Staff Meetings	21
Attendance at above	231
Number of classes taught in Family Planning	277
Attendance at above	1,958

Division of Medical Social Service

> "MIC services should be part of Comprehensive Health services to the total family.
>
> MIC programs should be directed to cooperate fully and coordinate health care activities with all available community resources.
>
> More emphasis and care should be provided for the infant for the first year of life."

The above recommendations were a few of the general recommendations from the Southeast Regional Conference for the Prevention of Newborn and Infant Morbidity and Mortality.

In planning activities for the year completed, Social Service has attempted to follow through on some of those above recommendations. Some objectives has been successful, some will require more detailed activity and planning.

Determining that it would be impossible to provide intensive Social Services in all recommended areas, the decision was made to concentrate on a specific group of patients. There were difficulties to overcome in giving continuous service. These difficulties were created by staff attrition, having to train new personnel, adjusting patients to new workers, and lack of adequately trained staff.

The target group of patients selected to carry out the above recommendations were the DRUG ADDICTS and THE MENTAL RETARDATE and the annual report will concentrate on work with these two groups.

The Drug Addict

Selected services to this group of patients began in July, 1971. In that six month period of the study, 25 patients with a history of drug addiction were selected for special services. We would like to point out that although this was a group in need of intensive care, the depth of services desired were not possible due to lack of staff with the necessary training for such counseling skills and lack of time for adequate supervision of the staff involved, the depth of services desired for this group was not possible.

The patients selected for the study were those who reported drug usage in the initial Social Service interview. In that initial contact, all of the patients admitted narcotic usage since conception. However, only 6 Heroin addicts admitted continued daily usage after confirmation of pregnancy. The patients ranged in age from 15 to age 27, with 12 patients aged 18 or under. The majority of these 12 minors were already addicted to Heroin as 8 reported using Heroin and LSD and 4 were using Speed and Marijuana. The youngest, age 15, had been a Heroin addict for over 1 year. The 13 older patients were mostly Amphetamine users, but 5 of these were on Heroin. Patients reported that 14 alleged fathers were on Heroin and LSD, usually in combination usage. There were 17 white patients and 8 non-white.

Eighteen of these patients did not seek prenatal care until the second or third trimester. Of the 7 who sought care in the first trimester, 5 of these indicated a desire to abort the baby. Of these 5, one was

given a therapeutic abortion, one reported an abortion (type unknown), and the remaining 3 did not return to the Clinic after the intake visit. When we attempted to locate these patients, they were unknown at addresses given. Abortion counseling and referral was given at the time of intake visit, with indications that the patient would be seen in a later appointment.

The situation as of December 31, 1971, on these (25) selected patients is as follows: 17 have delivered - 5 were due to deliver in 1972 (but 3 of these five were those who did not return to Project following the Intake visit) - 1 was given a therapeutic abortion (but was later followed by Family Planning Social Services) - and 2 aborted. (Two of the patients delivered in other states but interestingly subsequently contacted the Project Social Worker and the outcome of their delivery is known).

The 15 patients who delivered at Mobile General Hospital were followed up at the time of delivery and 9 of these babies had some problems. There were 2 prematures, one jaundiced with other problems developing later, one depressed and lethargic, one fetal distress (hospitalized 10 days), one born with blisters on body, one multiple deformity (expired in 4 hours), one satisfactory at birth but developed problems immediately on discharge and was placed under the care of a physician. The condition of the remaining 6 infants was satisfactory at birth, but whether problems developed later is undetermined on 4 of these as one just completely disappeared, two are receiving care from private

physicians under Medicaid coverage, and one is in the custody of the Department of Pensions & Security. Records of birthweight showed that there were 3 prematures, 8 babies weighing under 7 lbs. and 4 weighing over 7 lbs.

The two patients who delivered out of state, delivered one normal infant and one with multiple deformities.

Of the (14) living infants delivered at Mobile General Hospital, only 3 are being seen in MIC Pediatric Clinics and thus being followed by Social Service. 7 babies have Medicaid coverage now and hopefully are receiving Pediatric care and being followed through the Department of Pensions & Security. 4 mothers disappeared, two of them with their infants. The other 2 are with caretaker relatives receiving private care, and 1 infant is in the legal custody of DPS. The two infants who have disappeared were seen only once in Pediatric Clinic (one was the infant with the VD referral).

During the prenatal period, these 15 mothers who delivered at Mobile Gneeral Hospital were seen on OB Clinic visits fairly regularly, but this too was inadequate as the majority were already in their late second or third trimester at the time of intake.

10 patients were counseled and given referral for Mental Health services on the intake or a later visit. 7 refused to accept the referral, but two received treatment through the Mental Health Center and one was

evaluated there for recommendation for therapeutic abortion. Two patients were on probation to Juvenile Court and also being followed by that agency and one (1) patient was on bond from Criminal Court and was jailed for two weeks in the third trimester of pregnancy for Heroin usage. In addition, the baby was viewed and the immediate family involved. Eight patients were seen both in the clinic and in their homes. The home situations were chaotic. Three mothers of patients were addicts and two were alcoholics. All 25 of these girls had problem home situations. Nine patients were living alone or with "friends". They had no obvious means of support and advised that the friends were providing for them. Most of these later became Medicaid patients. On intake, 7 were with relatives, 3 with spouses irregularly, and 6 with male friends reported to be the putative father of the baby. Twenty-three of the patients involved were from broken homes.

Only 3 of the patients had been married, but only 2 were living with spouses at intake and one spouse was on bond for drug usage. Another patient married after intake, but not to infant's father. The other 15 patients were single. Seven of the single patients had been or were living with various males. Six of the patients had had experience living in drug communes and 4 of these were only 16 years old. Four patients were known to Juvenile Court with the history of fairly recent confinement of a Juvenile Detention Facility. Nine patients admitted resorting to prostitution to maintain their addiction and 4 of these were under the age of 18.

The Family unit was involved in planning for 12 patients only, as there was no "family as such" available for 13 patients. The involved persons were, 9 female relatives and 3 spouses. The female relatives were for the most part, difficult to relate to and unconcerned. They had become estranged from the patient due to the drug addiction and only became involved in the pregnancy contact because of need for signing consent or the patient had returned to the home because of the pregnancy.

The Social Service Unit recognizes that follow up services for this group of high risk mothers is totally inadequate. This is due to staff problems and the loss of some mothers to Medicaid service where often the drug addiction is not known,thus there is no planning or counseling for this problem. Planning is in the process for follow up services in the Family Planning Clinic and some of them are presently being seen there at this time.

We did receive excellent cooperation from other Agencies who were involved with these patients. Juvenile Court and the State Probation Officers have been most helpful, however, the agency which would have been of greater service to these patients, the Mental Health Center, was rejected by the patients themselves.

The Mental Retardate

Nineteen patients were involved. In this 1971 service period, 4 had delivered the latter part of 1970 and services on this study involved the mother and infant through the first year of life. Thirteen delivered during the 1971 study period and 2 are due to deliver in early 1972. The age ranged from age 14 through 22, including a 15 year old gravida 2.

No method of family planning had ever been suggested to these patients for usage and most, including family members, were ignorant of the possibility of usage before conception, for a single unmarried girl. Each of these patients was seen during regular prenatal clinic visits. In addition, the home was visited and the immediate family involved with the patient in planning and health care. This is essential with the retardate as she is so dependent on other members of the family. The involved family members were 9 mothers, 2 caretaker siblings, 1 grandmother, 1 guardian and 2 caretaker friends. No putative fathers were involved as they were unknown in most instances. The economic situation in all instances was fairly stable. Eight patients were receiving OAST benefits. Three minor patients' parents were gainfully employed, 3 husbands were employed and the 4th husband, a retardate also, was assisted in certification for disability benefits. Only 3 of the patients received Aid to Dependent Children and one patient, undelivered, is self-supporting through a job placement by Group Aid for Retarded Children.

Intervention was the objective in service to four profound retardates. With the involvement of the family, the situations were presented to Child Welfare Services, then through action in Juvenile Court, custody was given to Department of Pensions & Security and these babies were taken into custody at time of discharge from the hospital.

Eighteen of the Mental Retardates were recommended for sterilization by the staff. Social Service obtained the cooperation of 13 patients and their families and presented social histories to Mental Health Center for evaluation for sterilization procedures. Recommendation was given in 12 cases and not recommended for one. Of the 12 patients recommended by the Mental Health Services, only 10 were completed. Of the remainder- the husband of one patient refused to follow through and the mother of another.

The parents of two 14 year old patients and of one 24 year old were non-receptive to counseling and refused to complete the evaluation process. (These patients were later followed by the Family Planning social worker). One married couple agreed after intensive counseling for the patient to be sterilized. The two patients scheduled for delivery in 1972, have been evaluated for sterilization procedures.

None of these retardates is assuming full responsibility for infant care. In all cases of babies remaining in their own homes, there is a live-in relative, usually the maternal grandmother, assuming responsibility for care. The Social Worker visits frequently and continues to offer counseling services to the family. Most of these babies have kept all of their well baby clinic appointments.

The social worker has given a wide range of services to these patients. Since the family was involved in treatment, the services were extended to the family group. Some instances of service given were; securing rent payment, stay of eviction, working with State Parole Board on probation for husband for a patient, assisting a relative in obtaining custody of the infant, job counseling for the spouse, assistance for families in certification for Aid to Dependent Children, marital problem

counseling and Family Planning Counseling for other younger sibling in the home.

The social worker follows all infants with contacts in pediatric clinics and in home visits through the first birthday. Since Project responsibility terminates at that point, the problems that may be developing are undetermined as the babies who reached the first birthday during the study period, are all in the custody of Child Welfare Services.

The social worker in all needed instances has received excellent cooperation from other agencies. Those involved in cooperative planning for these patients were: Mental Health Center-Department of Pensions and Security-Catholic Charities Casework Services-Juvenile Court and Diagnostic and Evaluation Clinic.

Family Planning Social Service

The social worker initiates Family Planning Counseling to patients in two methods. 1. Counseling is given to the expectant mother beginning with the application for pre-natal care in the Maternity Clinic. 2. Counseling is begun with each new applicant in the Family Planning Clinic. These two procedures are also screening processes for determination of problems which may affect the patient in acceptance of usage of Family Planning methods.

In the pre-natal clinics 1,867 patients received family planning counseling from Social Service in the intake process. One thousand one hundred and twenty-four of these expectant mothers reported they had never used any method of family planning. Non-usage was due to many factors-no knowledge of methods, fears and anxieties, inability to purchase-coupled with not knowing of the availability of services through the Family Planning Clinics, resistance of spouse, and lack of motivation.

Three hundred and seventy-two of these patients were adolescents. Although many were sexually active prior to the pregnancy, only 23 had used some method of Family Planning. Many of the factors on non usage were the same as in the total pre-natal population, but the major factor was inability of the minor to seek parental consent. Since the contacts were mainly unplanned and irregular in this age group, with their need for concealment of sexual activity, this was to be expected.

The social worker concentrates on this adolescent group for intensive follow up services. Each adolescent is seen at the time of the 6 week post partum visit and 260 received counseling during this period. If the minor does not keep the post partum appointment, the social worker follows up the missed contact with a letter and then a home visit. However, some of these adolescents who miss appointments cannot be followed by personal contact because they live in a remote rural area, and Social Service cannot arrange for these contacts within the present

In the post partum interview, the adolescent is not only given family planning counseling, but assistance and supportive measures in resuming a normal life pattern. Assistance is given on school plans, child care plans and counseling to those who are still maintaining a relationship with the putative father. Of the 260 girls interviewed, 79 were married and 86 single girls were still involved with the putative father.

Each patient under age 16 is followed by the social worker within 3 weeks of the post partum visit or within 3 weeks following initial application for family planning service. Since the social worker has already established a relationship, this follow up visit is quite acceptable by the patient who looks on it as a matter of personal interest in her needs. The purpose of this visit within this brief space of time is twofold. To maintain the established relationship for supportive measures and to determine if there have been any developments which would indicate that the girl does not continue to be motivated toward usage of the method she has selected. The caretaker relative is almost always involved in the counseling services for single patients under 16.

Social Service has a close working relationship with the other disciplines. The public health nurses refer cases needing service which have come to their attention and there is a sharing of information and planning which makes a good working "Team" in this clinic.

Many patients who were receiving special services in pre-natal clinics are followed in family planning clinics. The two target groups of drug addicts and mental retardates receive special attention.

Other Services

The Social Service Unit also continues to screen all patients at intake. The data from the screening interviews can be seen in the attached table.

In addition to the screening interview, there were 1,855 other service contacts, the majority of these being personal problems, financial deprivation and adolescent problems.

Problem Area

The need for adequate follow up service is the biggest problem area. This could be resolved by adequate staffing, with the most pressing need, a professionally trained social worker to give services to those needing them, not only thoughout the prenatal period, but also through the infants first birthday. At the present time, this cannot be done.

TYPE PATIENTS ADMITTED TO MIC PROGRAM-1971

TYPE PATIENT	Total Patients	Marital Status			Race			Birth Control		Former MIC Repeat Pregnancy				Results prior MIC Pregnancy				Educational Factors			
		Married	Single	Broken Marriage	Black	White	Other	Used	Not used	-3 months	3-6 months	6-12 months	12+ months	Preemie	Stillborn	Aborted	Full term Live Infant	Still in School	Stopped due to Pregnancy	Stopped prior to Pregnancy	Graduated
ALL ADOLESCENT PATIENTS	372	93	275	4	285	87	-	23	349	-	-	-	-	-	-	-	-	132	148	83	9
FORMER MIC REPEAT PREGNANCY AGE 13-17	46	15	28	4	37	9	1	27	19	2	9	20	16	4	1	5	37				
FORMER MIC REPEAT PREGNANCY AGE 18 and above	348	234	77	37	288	60	-	268	80	19	32	67	230	18	8	23	299				
ALL PATIENTS	1867	890	789	188	1392	472	3	744	1123												

Division of Nursing

The Nursing Division continues to provide direct services in a variety of clinics- Intake, Maternity, Well Baby and Post-Partum.

In the Intake Clinics, the public health nurses are responsible for acquiring all historical data that might have a bearing on the patients' current pregnancy and for assessing the patient for any needs or problems. The information obtained is later presented by nursing in an intradisciplinary conference when each patient's record is reviewed.

The nurses interview each patient on return to each maternity clinic and the plan of nursing care written for her is implemented as clinic visits unfold. In addition to implementing specific nursing care, the staff is responsible for assessing needs and problems, implementing medical treatment, teaching, making referrals, counseling and acting as an ombudsman in each clinic setting.

The nursing care plan that is written on each prenatal also includes pertinent information regarding the infant. In addition, new information having a bearing on each infant is summarized after the mother's final visit to the MIC post-partum clinic and is placed in each infant's record.

The nurses see each infant on each clinic visit beginning at four weeks and screens him for obvious contagious diseases, overt pathology and growth and development patterns. All medication prescribed is instituted at the time of the exit interview in an effort to teach the

mother how to give medications without endangering the infant. While the mother is in the hospital recovering from her delivery, she is seen by one of the public health nurses. Individualized counseling is done, written instructions regarding personal care, infant care, family planning and exercises are given and a group class is held in which a film is shown and a question and answer session is conducted. The nurse also stresses the importance of returning to the clinic at six weeks post-delivery for an examination and family planning services.

Upon return to the post-partum clinic the patients are again interviewed by the public health nurses, and information relating to the visit is obtained (involution, breast engorgement, episiotomy care, family planning, problems encountered during the post-partum period, etc.). Once the physician has determined the method of birth control, the nurse will counsel with the patient; give her written instructions regarding that particular method of contraception and make an appointment for her at the family planning clinic nearest her home.

On each encounter with the patient, whether in the clinic setting, or during an office visit, hospital visit or home visit, the public health nurse integrate concepts of positive health and preventative medicine. Aside from individual instruction there are a number of formal classes conducted by the nurses:

1. Prenatal care- in series
2. Prenatal exercises- in series
3. Labor and delivery
4. Infant safety- in series
5. Infant care- in series
6. Formula preparation (clean bottle method)
7. Growth and development- in series
8. Family planning- in series
9. Post-partum preparation
10. Post-partum exercises- in series

Patients are prepared for each class and given an opportunity to ask questions and seek information afterwards. This information is also re-inforced through the use of pamphlets and printed material. For patients requiring additional supervision in the home or follow-up teaching, they are visited by the MIC or the district nurses until services are no longer needed.

Patients, who are delinquent in clinic visits, having missed at least two appointments and not responding to appointment letters or telephone communications are visited by the nursing staff. They are encouraged to attend clinic on the next appointment date and when possible the public health nurse assists in solving problems involved in missed appointments.

Citing as an example, the nurses recently reviewed the records of infants for which they had made home visits in an attempt to ascertain information regarding failure to attend clinics. In a three month period there were 58 delinquent infants. By far the largest majority ranged in age from 1-2 months (65%). There was a total of 48 nursing visits made. The reasons for failure to attend (in decending order) included -moved without a forwarding address, transportation and certification for medicaid. Even though patients have repeatedly been encouraged to notify the staff regarding change of address they have failed to do so and this practice continues to be a problem for several reasons.

Transportation is a problem for patients in out-lying areas in the county. However, this problem in part has been solved by a volunteer group transporting patients to and from clinics. The use of the Board of Health Mobile Bus will further eliminate this difficulty in the future.

There were 12 MIC infant deaths reported in 1970. This year an investigation of those deaths was made by one of the nurses assigned to the well baby clinics and the following facts were revealed.

1. The ages of the infants at the time of death ranged between one month and six months with the highest number (five) occurring at two months of age. The mean age was 3.1 months.

2. Nine of the infants were found dead in bed and the cause of death was termed "Crib Death". Of this number five (5) were in bed with their mothers. All of the infants in this group, with one exception, were thriving well at the time of death. The one exception was a six (6) month old infant who was premature and had failed to thrive from birth.

Instructions regarding accident prevention had been given either in the clinic situation or on a home visit by the public health nurse. Special emphasis had been placed on the use of separate beds for the mother and baby. However, the investigation revealed that the five infants found dead in bed with their mothers did not have cribs or separate bedding.

On two of the crib deaths an autopsy was performed later. One diagnosis remained the same- crib death and the other death was classified as bronchitis.

3. The remaining three deaths were attributed to-prematurity (hyaline membrane disease), pneumonia, and meningitis.

4. Fifty-eight percent of the deaths occurred in January or February.

5. There were four infants who were not seen in any of the well baby clinics and an additional four who missed one or more appointments to the clinics. It should be noted that one of the infants expired before the appointment was due, one of the infants never left the

hospital, one of the infants died the day after being seen and treated in the emergency room at a local hospital. Weather, transportation and finances were the primary reasons for missed appointments.

6. The public health nurses made repeated visits into the homes of infants who failed to attend clinics (after missing the first appoint), and for those requiring nursing supervision and follow-up.

7. All of the infants were pronounced dead either by the sheriff's department, private physician, coroner or at a hospital. Eight out of the twelve were pronounced dead at local hospitals. Of this number only two post-mortem examinations were done. Mothers, of two of the infants who were pronounced dead by a private physician, said they had requested post-mortem examinations but neither were done.

8. Even though the ages of the mothers ranged from 16 to 39 years, eighty-three percent of the mothers were 16-22 years old.

From the facts obtained, the following conclusions were drawn:

1. Causes of death was not clearly established in eight out of the twelve infant deaths.

2. An adequate number of follow-up home visits were done by public health nurses for infants delinquent in medical and nursing services.

3. Despite teaching and demonstration of inexpensive preparation of infant bedding a significant number of mothers neglected to take safety precautions in sleeping patterns involving themselves and their infants.

As a result of the investigation, the following recommendations were presented:

1. That a more specific cause for each infant death be established.

2. That the nursing staff continue to stress to the mothers safety precautions for infants in the home-placing particular emphasis on separate infant bedding.

3. That public education be continued in the areas of infant safety and infant supervision.

As an adjunct to the nursing program the group takes advantage of opportunities to participate in community related activities. Involvement during 1971 included presentation of Maternity and Infant Care Project to students at the University of South Alabama; conducting a series of prenatal classes to in-patients at Allen Memorial Home; participation in diabetic program at the Sixth District Hospital, and a number of television appearances regarding prenatal care, infant care, and the Maternal and Infant Care Program.

In providing quality service the nursing personnel are continually involved in inservice education locally and out-of-state. The group also participated in workshops sponsored by the National

League for Nurses and the American Nurses' Association. The following examples reflect the type of programs in which the group was involved:

Obstetrical - Pediatric Conference
August 18-21, 1971, Hollywood Florida

Alabama State Nurses
November 2-5, 1971, Gadsen, Alabama

Team Nursing Workshop
April 23, 1971, Andulusia, Alabama

Workshop on Nursing Care Plans
May 28, 1971, Denver, Colorado

Regional Conference - Maternal & Infant Care Southeastern Region
January 25-27, 1971, Fort Lauderdale, Florida

Workshop on Tuberculosis
November 20, 1971, Perdido, Florida

Diabetes Mellitus In Children
May 21-22, 1971, Pensacola, Florida

NURSING DIVISION
STATISTICAL REPORT

Clinic Sessions Held:		
Total clinics held		508
Maternity intake	763	
Maternity	257	
Post-partum	44	
Well-baby	331	
New Patients:		
Total maternity patients admitted		1,854
Total babies admitted		1,117
Clinic Visits:		
Total clinic visits		20,661
Maternity intake	1,959	
Maternity	8,297	
Post-partum	1,146	
Well-baby	9,259	
Office Visits		303
Nursing Visits:		
Total visits		1,306
Maternity	130	
Post-partum	1,003	
Well-baby	173	
Screening:		
Total Patient contacts		6,193
PKU	2,936	
TB skin test (infants)	438	
Pap smears (intake)	1,864	
Pap smears (post-partum)	955	
Deliveries:		
Total live births		1,267
0-2000 grams		56
2000-2500 grams		95
over 2500 grams		1,116
Total stillborn		13
Case Load (December 31, 1971):		
Maternity case load		501
Pediatric case load		1,307

Laboratory Division

The function of the Maternity and Infant Care Laboratory is to administer tests at intake clinics which can be accomplished and placed in the patient's record prior to seeing the physician. This procedure eliminates two visits for the patient. The tests done at these clinics are: (1) blood grouping; (2) RH typing; (3) hemoglobin; (4) pack cell volume; (5) two minute pregnancy test; and (6) sickle cell prep.

On regular maternity check ups, tests are also done prior to patient seeing the doctor and these are: (1) BUN; (2) SGOT; (3) two hour post prandial; (4) pack cell volume; and (5) urinalysis. All other tests such as three hour GTT, two hour pregnancy and CBC test are done when ordered.

During the well-baby clinic all hemoglobins are done prior to physicians arrival. Urinalysis is also accomplished. CBC is done when ordered.

STATISTICAL REPORT

BUN	4
Uric Acid	1
Total Bilirubin	6
SGOT	21
CBC	42
3 Hour Glucose Tolerance Test	47
Urinalysis	1,441
Pack Cell Volume	3,866
Hemoglobin	3,902
Blood Grouping	1,911
Sickle Cell Prep	124
2 Minute Pregnancy Test	168
2 Hour Pregnancy Test	361
2 Hour Post Prandial Glucose	417
RH Factor	1,929
Alkaline Phosphatase	1
TOTAL TEST	14,241
Total patients	7,937
Total cost of material used	$2,932.97

BUREAU OF DENTAL HEALTH

The Director attended quarterly meetings in Montgomery of the Council on Dental Health of the Alabama Dental Association, was a speaker at the Regional Conference on Maternal and Child Health in Fort Lauderdale, Florida, and also attended meetings of the American Dental Association, the American Association of Public Health Dentists, the Alabama Dental Association, and the Alabama Public Health Association, where he was elected Vice-Chairman of the Dental Health Section. The Dental Hygienist attended meetings of the American Dental Hygienists Association, where she was elected Vice-President, Program Chairman, and Alternate Delegate to the National Association Meeting. The Dental Assistants II both attended the Alabama Dental Assistants Association Meeting.

The Dental Hygienist was promoted to fill the new position of Dental Hygienist Educator and a new Clerk II position was authorized for the Children's Dental Clinic. The Dental Hygienist Educator attended a training program in human relations at Spring Hill College. The Dental Assistant II at the Children's Dental Clinic completed training and licensure in dental hygiene through the preceptor program of the Alabama State Board of Dental Examiners.

The Director continued to serve as Dental Consultant and Professional Review Consultant to the Mobile Head Start Program. He was also appointed as the Board of Health Representative to the Head Start Council. The Director spoke to the Alabama Dental Hygienists Association Meeting and at the Alabama Dental Society State Meeting. He was

also a panelist on the development of new public health programs at Tulane University. The director was also a speaker on public health programs of interest to dentists at the First District Dental Society monthly meeting.

Division of Dental Health Education

Public schools in the county were visited by dental personnel to speak on dental health, inspect children's teeth, and to distribute dental health literature. The director and hygienist educator spoke at P.T.A. meetings, civic clubs and appeared on radio and television. During National Children's Dental Health Week, every school in Mobile County was visited and every first and sixth grade school child was provided a dental inspection. During the same week a booth on dental health was set up in Bel Air Mall to provide dental health information both orally and with literature. It was manned by dental hygienists and assistants and by members of the First District Dental Society Auxiliary. The dental assistants of the first district sponsored a poster contest on dental health. The posters were on display at the Mall and 1st, 2nd and 3rd place winners were selected by a panel of Dental Society members. Members of the District Dental Society and Dental Auxiliary also participated in an education program for Head Start children. The hygienist educator revised the dental health education presentation for the Maternal and Infant Care Project and presented this to each patient on her acceptance to the program. A film and slide library was compiled for the use of dentists, dental hygienists and dental

assistants to use in presenting talks on dental health. The director and hygienist educator visited the Senior Citizens High Rise Complex and presented programs on dental health for the older person. Plans for providing a dental chair and light at the senior citizens facility were made. During the year some three thousand copies of various dental health education materials were distributed or loaned.

Division of Preventive Dentistry

Efforts were again directed toward Senate and House bills for a state-wide water fluoridation program. House Bill 730, sponsored by Rep. Cauthen, which was for mandatory fluoridation of state-wide water supplies was favorably passed by the House Health Committee and placed on the calendar for action in the House. It did not come before the House for voting before the session ended. Senate Bill 336 on mandatory water fluoridation in the state was not voted out of the Health Committee. Senate Bill 848, sponsored by Senator Edington, was introduced and assigned to the Senate Committee on Municipal Government. It also failed to clear its committee in time to be voted on by the Senate. Additional subsequent bills will be introduced at the next regular session of the legislature.

Division of Dental Services

Dental services were provided at the Board of Health Dental Clinic and at the Mobile General Hospital Dental Clinic. Maternal and Infant Care Project patients were treated at the Board of Health four days

a week and all essential dental treatment was rendered in this clinic. Selected patients from distant locations were referred to private offices for treatment when transportation to the Board of Health clinic was a problem. The dental clinic at the General Hospital was used to provide essential treatment for indigent children and for emergency treatment of indigent adults. This clinic increased its number of clinic periods from two to three days per week. Treatment in all clinics was rendered by practicing dentists on a rotational basis and by the Director.

Division of Special Projects and Research

The Dental Bureau and the First District Dental Society again co-sponsored with the City of Mobile a Dental Clinic Football Game. The proceeds were used for the dental health program at the Mobile General Hospital in which indigent children are provided treatment. Dental care kits and toothpaste were provided the indigent children of Mobile County by virtue of this football game.

A "Thank You" Luncheon was given in appreciation of the private contributors to the Children's Dental Clinic at the Mobile General Hospital. These contributors made it possible to purchase several items of dental equipment and to replace obsolete ones. A special plaque was also awarded Dr. Frank A. Webb by the Children's Dental Clinic Board and the Board of Health for his many contributions to dental care for indigent children in Mobile County and who was instrumental in obtaining the previously mentioned private contributions.

Two dental units were donated to the Board of Health by the Battleship Alabama Commission for use in the clinical program. The widow of one of our former dental practitioners also loaned the Children's Dental Clinic several items of dental equipment to be used in the clinic.

DENTAL BUREAU CLINICAL SERVICES

STATISTICAL REPORT

	Board of Health	Mobile General
Number of dentists participating	18	16
New patient visits	1144	673
Old patient visits	2776	1153
Examinations	915	1641
X-rays	2964	1364
Prophylaxes	884	364
Topical fluorides	2	263
Amalgam fillings	3997	2262
Silicate and plastic fillings	757	298
Teeth removed	1534	1405
Miscellaneous*	974	2722

*Cement bases, pulp capping, post-operative treatment, oral surgery, endodontic therapy, temporary filling, suture removal, fracture.

MOBILE BRANCH LABORATORY

The Mobile Branch Laboratory is located in the Mobile County Health Center. It is one of nine State Health Deaprtment Laboratories in Alabama. This laboratory serves an area consisting of Mobile, Baldwin, Escambia, Washington, Clarke and Choctow Counties.

The Mobile Branch Laboratory received 77,023 specimens for testing in 1971 and performed 113,515 examinations on these specimens. Of this number 45,790 were from the City of Mobile and 16,322 from Mobile County (total 62,112). There were decreases in some specimens, while others showed an increase. The most notable decrease was in the number of blood specimens for syphilis serology. The largest increases were in frozen desserts and venereal smears respectively.

Water and oyster samples from the growing areas in Mobile Bay were examined weekly along with oyster samples from packers and re-packers in Mobile and Baldwin Counties. Some new and additional work was performed on water samples from the oyster growing areas.

During the year one Microbiologist attended a four week training course in intestinal parasitology at NCDC; another spent a week in Central Laboratory learning the FA method used in examination for rabies; two others completed a correspondence course in intestinal parasitology.

Continuation of a compulsory food handlers program was carried through the year. This program requires a VDRL on food handlers in Mobile County and a complete parasitology examination and a VDRL on food

handlers in Baldwin County. Complete parasitology examinations were done on Headstart school children in Mobile and Baldwin Counties.

Animal brains examined for rabies during 1971 totaled 173 with no positive results. This was a slight increase over 1970.

During the year the laboratory personnel continued to give assistance to high school students preparing science projects. The director assisted in an orientation program for new employees carried on by the Mobile County Health Department. Various groups visiting the laboratory were given information on the services available to hospitals, physicians, health departments and individuals through the Mobile Branch Laboratory.

The laboratory participated in the intra-state evaluation of serologic tests for syphilis program; split milk samples and diphtheria cultures.

The personnel consisted of the director, two microbiologist III's, two microbiologist II's, three microbiologist I's, one laboratory technician I, two laboratory aides II's, two laboratory aides I's, and two clerk typist II's.

BUREAU OF ADMINISTRATION

Division of Research and Planning

The primary responsibility and function of this Division is the conduct of a program of Areawide Comprehensive Health Planning under Section 314(b), P.L. 89-749.

During 1971 our Areawide Comprehensive Health Planning Agency (Southwest Alabama Health Planning Council - Mobile County Board of Health, Grantee) entered its second year of organization and development as an approved and funded Health Planning Agency, under official approval by D.H.E.W.

Our official planning area is now designated by Executive Order of former Goernor Albert P. Brewer as Planning and Development District #8, comprising the counties of Baldwin, Escambia, and Mobile.

All three counties are now formally organized as planning entities making up a tri-county Advisory Council of 82 consumers and providers of health services.

An Executive Committee of 21 members is organized and functioning as prescribed by rules and regulations of D.H.E.W.

Categorical Health Committees are organized and functioning in the following health areas:

1. Health Facilities and Services
2. Health Manpower and Training
3. Environmental Health
4. Mental Health and Rehabilitation
5. Dentistry
6. Health Needs for the Poor

Officers, at present, are:

Mr. James H. Coil, Jr., Chairman
H. V. Allen, M.D., Vice Chairman
Mr. Samuel Brown, Treasurer
Mrs. Julius Marx, Secretary

Staff completed in late November 1971, the first draft of a five year planning grant application to be submitted, after appropriate pre-review, to D.H.E.W., Region IV, Atlanta, Georgia, on or before Feburary 1, 1972.

By State and Federal requirement, pre-review will be given by the Alabama State Office for Comprehensive Health Planning, the Alabama Development Office and by South Alabama Regional Planning Commission and the final application to be submitted will be revised, if necessary, in accordance with suggestions of the above agencies.

Hopefully, D.H.E.W. review, approval and funding of the five year planning grant application will be made as of June 1, 1972.

Primary planning activities to be considered by staff, committees and advisory council have been determined to include, but are not limited to, the following:

1. Health manpower shortages.
2. Utilization of existing health facilities to better advantage.
3. Long range projections for additional health facilities to be needed in the future.
4. Health needs of poverty level citizens.
5. Emergency medical services.
6. Health careers education and training programs relating to the allied health professions.
7. Support of programs for drug abuse prevention, treatment, education and control.
8. Mandatory immunizations in the public school system.
9. Dental health needs of the area community.
10. Support of environmental health program development.
11. Support of Board of Health program for rodent and mosquito abatement and control.
12. Expansion of outpatient facilities and services generally available to the public.

Division of Health Education

The primary function of this Division is to give assistance by providing printed materials, films, photographs, slides, exhibits, charts, and statistical information. Good health practices are promoted through the medium of public health education. The health educator serves as liaison for the local news media, provides information to the public on request, and gives informational talks to any interested group.

In 1971, a slide presentation depicting the activities of the entire Board of Health was compiled.

STATISTICAL REPORT

Planned lectures and talks	179
Attendance at above	8,615
Film showings	119
Attendance at above	5,648
Radio and television programs - local	22
Radio and television programs - state	1
News articles published - local	93
News articles published - state	8
Prepared bulletin board displays	25
Pamphlets distributed	45,064
Posters displayed	96
Orientation and/or inservice education	403
Staff meetings	75
Attendance at above	1,052
Number of classes taught	108
Attendance at above	4,011
Health promotion visits	571

Division of Vital Statistics

The Vital Statistics Division collects, reviews, and copies-birth, death and stillbirth certificates-retaining the copies for permanent file and transmitting the original certificates to the Alabama Department of Public Health. Certified copies of these records are issued whenever the need arises. The Division recorded 6,926 live births, 3,080 deaths and 102 stillbirths during 1971.

Information is provided to attorneys, insurance companies, police, coroner, genealogists, students and others wishing to do research in vital statistics. Records are verified for the Department of Pensions and Security, Mobile County School Board, Federal Bureau of Investigation, Social Security Administration and others.

The Division registered 8,637 applicants for foodhandlers permits and over 3,000 private physician patients who were referred in for chest x-ray and/or blood test. Assistance was given to some 10,000 people who were seeking information about obtaining copies of birth and/or death certificates.

A total of $67,000 was collected in fees during 1971.

FEES COLLECTED - 1971

Verification Cards	1,932.00	
Birth Certificates	6,036.00	
Death Certificates	9,507.00	
Foodhandling Permits	25,911.00	
Foodhandling X-Rays	8,270.00	
Foodhandling Blood Tests	8,435.00	
Other X-Rays	3,057.00	
Other Blood Tests	2,167.00	65,315.00
MISCELLANEOUS SERVICE		
International Certificates @ 1.00 each	531.00	
International Certificates @ 3.00 each	213.00	
International Certificates @ 5.00 each	620.00	
Fee for International Certificate Books	53.00	
Gamma Globulin	317.18	
V.D.R.L. - Dr. Jerome	172.00	
T.B. Skin Test	131.50	
Medical Reports - Insurance Companies	9.00	
Smallpox Vaccine (Drs. Pennington & Coleman)	1.46	2,048.14
MISCELLANEOUS REVENUE		
Refund - South Central Bell	105.81	
Refund - Dr. Newburn APHA	5.00	
Refund - Supplies	.38	
Refund - W.K.P. Wilson & Company	24.00	
Donation - (Thormathais Chronis)	3.00	
Donation for Tetanus Immunization (Mary Y. Gatlin)	1.00	
Salvage - Sale of Metal	6.00	
Rent Auditorium - Doctors Hospital	50.00	
Coin Dispensers	14.40	209.59
TOTAL DEPARTMENTS		$ 67,572.73
Cash Sales	65,265.23	
Received on Accounts	2,237.50	
Less Refunds	112.00	
TOTAL CASH RECEIVED		$ 67,390.73
CASH OVER	14.00	$ 14.00
Previous Accounts Receivable	175.00	
Plus Charge Sales	2,307.50	
Less Received on Accounts	2,237.50	
NET ACCOUNTS RECEIVABLE		$ 245.00

TOTAL CUSTOMERS 26,301

BIRTHS AND STILLBIRTHS BY RACE, SEX AND KIND OF OBSTETRICAL CARE, MOBILE COUNTY 1971

OCATION	TYPE	TOTAL	WHITE		COLORED		KIND OF OBSTETRICAL CARE							
									Home					
							Hospital		Physicians		Midwives		Unattended	
			M	F	M	F	W	C	W	C	W	C	W	C
ESIDENT	Live	6238	1990	1856	1212	1180	3844	2380	-	1	1	8	1	
OBILE	Still	90	21	18	31	20	39	51	-	-	-	-	-	-
OUNTY	Total	6328	2011	1874	1243	1200	3883	2431	-	1	1	8	1	3
ECORDED	Live	6926	2291	2160	1250	1225	4449	2462	-	2	1	8	1	3
OBILE	Still	102	23	23	33	23	46	56	-	-	-	-	-	-
OUNTY	Total	7028	2314	2183	1283	1248	4495	2518	-	2	1	8	1	3

DEATHS BY SEX, RACE, AND AGE MOBILE COUNTY, 1971

	TOTAL	SEX	COLOR	Age											
				Under 1	1	2	3	4	5-9	10-14	15-24	25-34	35-44	45-64	& over
ESIDENT		M-1486	W-956	31	2	-	-	1	4	8	38	20	27	323	502
LL	2644		C-530	31	1	2	-	-	6	7	21	23	36	171	231
AUSES		F-1160	W-730	26	6	1	1	3	7	3	13	13	23	165	469
			C-430	23	1	1	1	1	4	4	12	17	24	132	210
ECORDED		M-1719	W-1135	42	4	1	-	1	6	11	47	27	35	368	593
LL	3080		C- 584	36	1	2	-	-	7	8	25	25	45	182	252
AUSES		F-1362	W- 873	39	7	3	1	3	11	4	15	15	28	194	553
			C- 489	28	2	1	1	1	5	5	14	18	28	151	332

RESIDENT BIRTHS, STILLBIRTHS,

DEATHS, INFANT DEATH, NEO-NATAL DEATHS, AND MATERNAL DEATHS,

BY RACE AND RATE*

MOBILE COUNTY, 1971

ITEM	Total		White		Non-White	
	No.	Rate	No.	Rate	No.	Rate
Live births	6238	19.6	3846	18.0	2392	23.1
Stillbirths	90	14.4	39	10.0	51	20.9
Total Deaths	2648	8.3	1685	7.9	962	9.3
Infant deaths	114	18.3	65	16.9	49	20.5
Neo-natal deaths	101	16.1	54	13.8	47	19.6
Maternal deaths	0		0		0	

* Rates: Live births and total deaths - per 1,000 population

Stillbirths - per 1,000 deliveries

Maternal deaths - per 10,000 deliveries

Infant deaths and neo-natal deaths - per 1,000 live births

RECORDED BIRTHS BY MONTH AND PLACE OF OCCURRANCE

MOBILE COUNTY, 1971

Place	Month												
	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Mobile Infirmary	274	220	281	239	249	235	291	295	303	274	280	318	3259
Providence Hospital	127	96	94	92	103	102	116	127	138	100	105	112	1312
Mobile General Hospital	203	144	155	153	133	138	194	212	204	219	198	206	2159
Suburban Hospital	6	5	3	3	10	9	6	6	9	2	5	3	67
St. Martin de Porres	21	21	21	21	21	5	-	-	-	-	-	-	110
Other Hospital	-	1	-	1	-	-	-	1	-	-	1	-	4
Born at Home	1	-	1	3	1	-	1	1	1	1	3	2	15
TOTAL BIRTHS	632	487	555	512	517	489	608	642	655	596	592	641	6926

RESIDENT BIRTHS BY BIRTHWEIGHT AND PLACE OF BIRTH,

MOBILE COUNTY, 1971

Birthweight	Mobile General		Mobile Infirmary		Providence		St Martin de Porres		Suburban		Other Hospitals		Born Home		Total Births	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
2 lbs 3 ozs or less	18	.9	10	.4	6	.5	-	-	-	-	-	-	-	-	34	.5
2 lbs 4 ozs through 3 lbs 4 ozs	19	.9	13	.5	7	.6	1	.9	-	-	-	-	1	7.1	41	.7
3 lbs 5 ozs through 4 lbs 6 ozs	60	2.8	41	1.4	19	1.7	3	2.8	1	1.7	-	-	-	-	124	2.0
4 lbs 7 ozs through 5 lbs 8 ozs	159	7.5	129	4.6	57	5.1	7	6.5	3	5.2	1	25.	2	14.3	358	5.7
5 lbs 9 ozs or more	1852	87.9	2624	93.1	1040	92.1	97	89.8	54	93.1	3	75.	11	78.6	5681	91.1
TOTAL	2108	100	2817	100	1129	100	108	100	58	100	4	100	14	100	6238	100

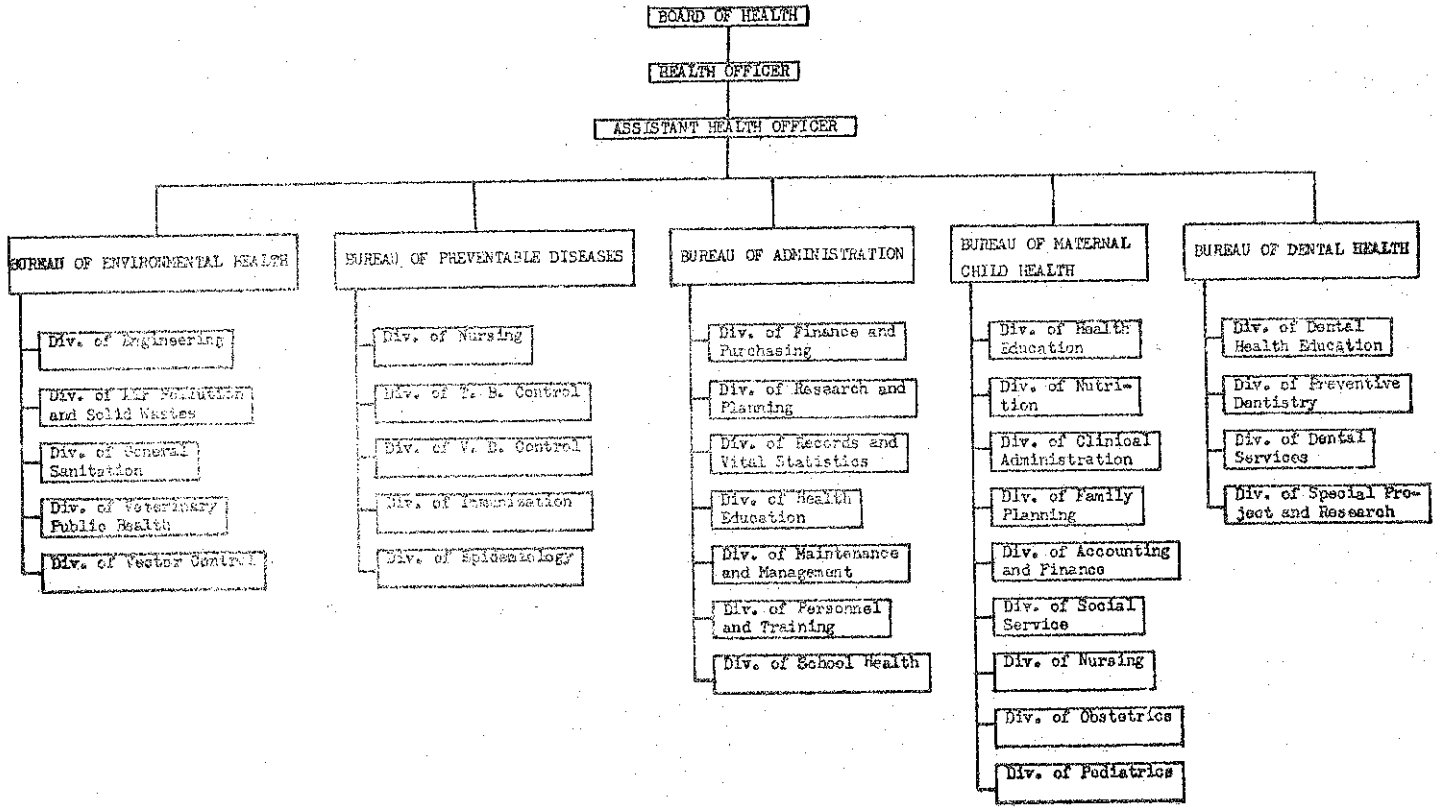
LIVE BIRTHS AND NEO-NATAL DEATHS
BY BIRTHWEIGHT, RACE AND SEX,
(Exclusive of Non-Residents), Mobile County, 1971

BIRTHWEIGHT	LIVE BIRTHS					DEATHS UNDER 28 DAYS				
	TOTAL	WHITE		NON-WHITE		TOTAL	WHITE		NON-WHITE	
		M	F	M	F		M	F	M	F
2 lbs 3 ozs or less	34	9	2	11	12	36	9	4	11	12
2 lbs 4 ozs through 3 lbs 4oz	41	7	14	12	8	15	3	5	6	1
3 lbs 5 ozs through 4 lbs 6 ozs	124	28	25	29	42	13	6	3	4	0
4 lbs 7 ozs through 5 lbs 8 ozs	358	71	96	82	109	12	2	5	2	3
5 lbs 9 ozs or more	5681	1875	1719	1078	1009	25	8	9	5	3
TOTAL	6238	1990	1856	1212	1180	101	28	26	28	19

RECORDED DEATHS FROM SELECTED CAUSES

MOBILE COUNTY, 1971

Diseases of the Heart	(410-429)	990
Malignant Neoplasm	(140-209)	542
Cerebrovascular Diseases	(430-438)	294
Diseases of the Arteries	(440-448)	166
Motor Vehicle Traffic Accidents	(810-819-940)	112
Certain causes of perinatal Morbidity and Mortality	(760-779)	104
Pneumonia	(480-486)	103
Diabetes Mellitus	(250)	65
Hypertension Diseases	(400-404)	56
Homicide	(960)	55
All others		593
Total		3,080


BOARD OF HEALTH
HEALTH OFFICER
ASSISTANT HEALTH OFFICER
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Div. of Engineering
Div. of Air Pollution and Solid Wastes
Div. of General Sanitation
Div. of Veterinary Public Health
Div. of Vector Control
BUREAU OF PREVENTABLE DISEASES
Div. of Nursing
Div. of T. B. Control
Div. of V. D. Control
Div. of Immunization
Div. of Epidemiology
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