

## REPORT OF THE PAN AMERICAN COMMITTEE ON EPIDEMIOLOGICAL AND VITAL STATISTICS\*

Before World Wars I and II brought about a widening of the international fields of cooperation, the whole of America had united in the fight against disease, with the creation in 1902 of the Pan American Sanitary Bureau and of the Pan American Sanitary Conferences. Inspired principally in the recognition that disease does not respect national boundaries, it could be said that these organizations were pioneers of the vast international public health mechanisms that were soon to be set up on a larger scale on the continent of Europe with the creation first of the International Office of Public Health of Paris and then of the Health Organization of the League of Nations. Thus, through the teachings of hygiene, and facing the fact that in public health matters a common front was indispensable if the health of the peoples of the Americas was to be preserved, the continentalization and later the universalization of public health activities were attained. Special stress is laid on these facts because very probably it was through the weight of the importance conceded to epidemiological intelligence that these organizations were made possible. The very first words of the Pan American Sanitary Code, which by the way was the first Pan American agreement to win the ratification of all the American Republics, read as follows:

“The objects of this code are: The prevention of the international spread of communicable infections . . . ; the promotion of cooperative measures for the prevention of the introduction and spread of diseases into and from the territories of the signatory Governments . . . ; the standardization of the collection of morbidity and mortality statistics . . . ; the stimulation of the mutual interchange of information . . . etc.” Everyone of them directly connected with the field of epidemiological statistics.

It must be confessed that in daily practice, during the 20 years of existence of the Code and therefore of the obligations imposed by it on the signatory Governments, it has not always been possible to attain its full adherence. In recent years, and in view of the bigger potential menace of the international spread of diseases brought about by the present War, the Pan American Sanitary Bureau and particularly its Director, have constantly tried to correct this incomplete fulfillment which in some cases has been due to lack of epidemiological information in the countries themselves, but in others has been caused by preventable factors.

There have been very few subjects, if any, on which a larger number of resolutions has been approved at the Pan American sanitary conferences than those related to the reporting of communicable diseases

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and biostatistics. At the last one, the XI held in Rio, a resolution was adopted recommending the "constitution in the Pan American Sanitary Bureau of a committee for the standardization of biostatistical standards and for the coordination of efforts directed to the solution of biostatistical problems of general interest to the American countries." In harmony with that resolution, in August 1943 the Pan American Sanitary Bureau created the Pan American Committee on Epidemiological and Vital Statistics, the primary purposes of which are (1) to improve the international reporting of communicable diseases, and (2) contribute to the standardization of biostatistical procedures. The Committee has been provisionally formed of the following members: Dr. A. A. Moll, Secretary of the Pan American Sanitary Bureau; Dr. Selwyn D. Collins, Chief Statistician of the United States Public Health Service; Dr. Clark H. Yeager, Chief of the Medical Section of the Division of Health and Sanitation of the Office of the Coordinator of Inter-American Affairs; Dr. Elbridge Sibley, of the Division of Statistical Standards of the U. S. Budget Bureau, representing the Inter-American Statistical Institute, with Miss Clara Councell, Medical Research Officer of the Office of the Coordinator of Inter-American Affairs, acting as liaison officer, and Mr. Rafael H. Martínez, of the Pan American Sanitary Bureau, as Secretary.

The Committee met for the first time in August 1943, when it recommended a project calling for the appointment, with the approval of the National Directors of Health, of a statistical representative in each one of the National Public Health Services of the American Republics. These representatives were to be expected to send to the Pan American Sanitary Bureau, by the quickest suitable route, data on the incidence and mortality from communicable diseases and on biostatistics in general. With these representatives in Latin America, the Committee was thus to acquire a Pan American character. With the information received, the Pan American Sanitary Bureau, besides its Weekly Epidemiological Report, was to prepare a Monthly Biostatistical and Epidemiological Report with more detailed information, both of these reports for air mail distribution. The project which, thanks to the generous cooperation of the Office of the Coordinator of Inter-American Affairs, became a reality last April, also includes the translation into Spanish of a Manual for Coding Causes of Illness prepared by the National Institute of Health of the U. S. Public Health Service with the cooperation of the U. S. Census Bureau, the Hospital and School of Public Health of Johns Hopkins and the Mayo Clinic. This Manual contains thousands of terms or morbid manifestations or conditions arranged in alphabetical order with their reference code numbers in the List of Diagnosis Categories for Morbidity Tabulations also prepared by the same organization and already translated by the Pan American Sanitary Bureau (Publication No. 164). With the application of this

Manual a higher degree of uniformity will be obtained in assigning the diagnosis to the proper category in the List and a great step will have been taken toward the standardization of one of the most important phases of biostatistics. In order to obtain a text of maximum Pan American application, it has been deemed desirable to appoint a Committee of 4 or 5 of the statistical representatives of the Pan American Committee on Epidemiological and Vital Statistics to complement the Manual with nosological terms of more common usage in Latin America, which may be missing in the Manual.

Listed below are some of the practical results derived so far in the few weeks of execution of the project.

1. Seventeen representatives have already been appointed.
2. The reports received from the representatives in the first month of operation of the project constitute the most extensive collection of such reports ever received by the Bureau in a similar length of time.
3. The quickest forms of communication were employed to transmit the reports to the Pan American Sanitary Bureau, namely the telegraph and air mail.
4. The first number of the Monthly Biostatistical and Epidemiological Report has been issued and distributed by air mail; the second report is under preparation. It is believed that with the preparation of the Monthly Report and its rapid distribution, it will be possible to place the data in the hands of the interested parties in the American countries with a saving of at least 3 months over the method previously employed—time being a primary consideration in epidemiological matters.
5. During the month of March and the first half of April, the Pan American Sanitary Bureau received epidemiological reports directly by air mail from 32 countries, and indirectly by telegraph and through the good offices of the Health Organization of the League of Nations in Switzerland, the International Office of Public Health of Paris and the Ministry of Public Health of England, from another 50 non-American countries. Not included in these figures are an additional number of countries on which the U. S. Public Health Service keeps the Pan American Sanitary Bureau informed as to serious epidemic outbreaks, the data in these cases proceeding from diplomatic sources.
6. The Weekly and Monthly reports of the Pan American Sanitary Bureau are sent by air mail to some 35 countries, and by cablegram to the League of Nations Health Organization.
7. An investigation conducted revealed that these reports are reaching destination usually in less than 12 days, and in the case of the American countries in an average of 2 to 6 days.

Special emphasis should be laid on the enthusiasm and interest that this project has stirred in the epidemiological and biostatistical services of the National Departments of Public Health, enthusiasm which may possibly rebound to the improvement of such services. In one country for example, the reporting of cases of communicable diseases from the interior of the country to the central offices is to be made by the telegraphic medium instead of regular mail; in another country steps have

already been taken to expedite and improve reporting. In several others we have been informed that measures are being considered to improve reporting. These facts, in the opinion of the Pan American Committee on Epidemiological and Vital Statistics constitute in themselves concrete proofs of the practical value of this work.

The facts herein mentioned represent only the fundamental basis on which a more robust mechanism can be erected with the cooperation of the National Health Authorities for the attainment of the desired goal in the field of international vital and epidemiological statistics, with its contributory influence in the fight against disease.

As soon as the circumstances of the present War may permit, it is planned to send out this epidemiological information and other important pertinent public health facts by radio, weekly, bi-weekly or as often as may be necessary, in what might be referred to as the "Pan American public health hour."

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**Tipos sanguíneos en el oriente ecuatoriano.**—Antonio Santiana y otros (*Prev. Soc.*, 81, sbr.-dbre. 1943.) realizaron una investigación sobre el tipo de sangre entre 934 indios del oriente del Ecuador (Cotundo, Archidona, y Tena) encontrando 915 de ellos (97.90%) del grupo 0; 18 (2.00%) del grupo A; y 1 (0.10%) al grupo B. Entre 104 mestizos y blancos en la misma región, encontraron 58 (55.77%) del grupo 0; 25 (24.03%) del grupo A y 21 (20.19%) del grupo B. Entre 1,875 indios de Imbabura, se encontraron 83.63% del grupo 0; 5.86% del grupo A; 4.10% del B; y 6.34% del grupo AB. Estas diferencias no indican razas diferentes, sino mayor pureza racial entre los indios del Oriente ecuatoriano.

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**Nuevos médicos en Estados Unidos.**—Durante el año 1943 las varias juntas de licenciatura médica de los Estados Unidos examinaron 6,427 graduados de las escuelas de medicina aprobadas, de los cuales 1.5% fracasaron. Durante el mismo período 1,184 graduados se presentaron a tomar la sección III (última) de los exámenes de la Junta Nacional de Exámenes Médicos, fracasando 1.3%. El total examinado por las juntas estatales y nacionales fué de 9,622 con 931 (9.7%) fracasos. (*Jour. Am. Med. Assn.*, 121, mayo 13, 1944.)

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**Colaboración de la enfermera con el médico.**—La enfermera, colaboradora del médico, ha de saber que su nobilísima profesión es la necesaria consecuencia de la extensión progresiva de la medicina hacia distintos campos y sobre todo hacia el campo asistencial, hospitalario. La enfermera es la colaboradora inmediata del médico en el cuidado del enfermo, cuidado que presta ella técnicamente, bien en su aspecto clínico o bien en el quirúrgico, aunque, posteriormente, surgió ese otro tipo interesantísimo de enfermera: la sanitaria, la que colabora con el facultativo no ya junto al mismo enfermo, sino junto al individuo sano, a fin de preservarlo en lo posible de peligros que acechan su salud.—JUAN FRANCISCO HERNÁNDEZ: "Religión y enfermería profesional", Caracas, 1942.