

THE PAN AMERICAN SANITARY BUREAU: ITS ORIGIN, DEVELOPMENT AND ACHIEVEMENTS

Continued

Fifth Conference.—The Fifth conference met at Santiago, Chile, November 5–11, 1911. It assumed decided importance in more than one sense. For the first time these meetings were given continental scope. As had been intended from the beginning,⁵⁰ one conference of the series was being held for the first time in the southern part of the Continent. The number of republics represented took a big jump to 18,⁵¹ and included, with one exception,⁵² all those located in South America. Argentina, Bolivia and Paraguay were represented for the first time, and only Haiti, Nicaragua and Peru failed to attend. The meeting included experts from previous conferences, such as Roberts, Ortega, Monjarás, Fernández-Espiro, Acosta-Ortiz, Razzetti, Ferrer, Moore, Vial, Soza. It also recruited new outstanding personalities, as Aráoz-Alfaro of Argentina, Sanjinés of Bolivia, A. del Río, Amunátegui, Corbalán-Melgarejo, Cádiz and Córdova of Chile. One could not, however, fail to notice the absence of the old leaders, Wyman, Liceaga, Guiteras, Ulloa, who had placed these conferences on a firm basis and guided them throughout their difficult initial period.

The provisional program included: reports from each country on health legislation, enforcement of resolutions adopted at previous conferences, vital statistics and progress in the principal cities; social hygiene; immunity to yellow fever; ship deratization; and trolley car and railway sanitation. The final program also incorporated discussion of preventive measures against plague, cholera, and yellow fever; provisions relating to tuberculosis, venereal diseases, smallpox, malaria, trachoma, leprosy and scleroma; sanitary inspection of international traffic; and immigration.

Interesting reports were again presented from Argentina, Bolivia, Braşil, Chile, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Mexico, Paraguay, United States, Uruguay, and Venezuela. The number of resolutions (26) adopted exceeded all previous records.⁵³ They dealt with the regular transmission to the Washington bureau

⁵⁰ Chile had been unable to act as host to the 2nd conference in 1905 as provided for in the first conference.

⁵¹ The membership numbered 52, 28 of them being, however, from Chile. Argentina, Brasil, Dominican Republic, Guatemala, United States, Uruguay, and Venezuela were represented by two delegates each.

⁵² An international dispute prevented Peru from attending.

⁵³ There had been only 13 resolutions approved at the 4th Conference; 23 at the 3rd; 3 at the 2nd (outside of the Washington Convention); and 6 at the 1st.

(and the Montevideo branch committee) of reports on health conditions in each country; organization in each country of courses in public health; compliance with the Washington Convention; organization of laboratories for examination of foodstuffs and drinks; enactment of legislation for leprosy control; control of prostitution in cities, and especially in seaports; establishment of national tuberculosis committees; posting of bulletins to advise ship passengers on sanitary rules in force in each country; maintenance of health physicians on board of vessels subject to quarantine measures; control over the effectiveness of disinfection; provisions on ships for isolation of contagious cases; defining immunity to yellow fever as constituted only by evidence of a previous attack of the disease; operation of water supplies and sewerage systems on an efficient non-profit basis; studies of scleroma; and reiteration of rat destruction as a basis of campaigns against plague. Cerebrospinal meningitis and poliomyelitis were singled out for consideration at the next conference.

It had not escaped attention for some time the fact that a number of countries, instead of *bona fide* delegates, appointed as their representatives non-national physicians practicing in the locality where the meeting was held, who, however their qualifications and good wishes, failed to fully understand public health problems and their continental ramifications. A resolution to prevent this practice had been adopted at the IV Conference. Another resolution to the same effect was signed at the V Conference, urging the different Governments to have as their representatives at the Sanitary Conference professional sanitarians or at least citizens of the country they represented, and at least one delegate who was a high public health official or had acted as delegate at a previous conference.

The fifth Conference, as stated before, marked the end of an epoch. No conference was to be held for nearly nine years, chiefly because of the World War. When these meetings started again, a group of new men were to assume leadership and guide the destinies of Pan-American cooperation in health matters.

As may be seen from the above, there had been represented at all the five conferences held to this date the following countries: Chile, Costa Rica, Cuba, Guatemala, Mexico and the United States; at all but one, Honduras (the 2nd), and Ecuador and Nicaragua (the 4th); at all but two, Colombia and El Salvador (1st and 2nd), and Paraguay (3rd and 4th); at only two, Brasil (3rd and 5th), Dominican Republic and Venezuela (2nd and 5th), and Panama (4th and 5th);⁵⁴ at only one, Argentina and Bolivia (the 5th) and Peru (the 2nd); and at none, Haiti.

The ranks of the Old Guard had been thinning of late. Moore had ceased attending after the 2nd Conference⁵⁵; Wyman and Ulloa, after the

⁵⁴ The Republic had been created only in 1903.

⁵⁵ He was again a delegate to the Fifth Conference at Santiago.

4th; and Licéaga and Guiteras after the 5th. It may be well to place on record here the fact that the delegates to the conferences had included medical leaders from the whole Continent. The representatives of the United States had invariably been public health experts. Those from the other countries had also been outstanding personalities in the nation's medical fields, including general medicine as well. A brief sketch of some of the individuals so far prominent in this movement will not be out of place here.

Acosta Ortiz.—Pablo Acosta Ortiz (1863–1914), the greatest Venezuelan surgeon of his generation, attended the 4th and 5th Pan American Sanitary Conferences as a representative of his country and served as a member of the Directing Council of the Pan American Sanitary Bureau in 1910–11.

Azurdia.—Jose Azurdia (1865–) of Guatemala, member of Congress, professor in the medical school, active in the preparation of the first national sanitary code (1906), who has written on various health problems, especially on infant mortality and venereal control, attended as a delegate of his country the 4th Pan American Sanitary Conference. At a later date (1923–25) Dr. Azurdia was to be the last president of the Superior Board of Health, and first Director General (1925–27) of Public Health, in which capacity he attended the first Pan American Conference of National Directors of Health (1926).

Cruz.—Oswaldo Cruz (1872–1917), one of the most salient figures of American medicine and the father of public health in Brazil, attended as a representative of his country the III Pan American Sanitary Conference in Mexico City, thus initiating the valuable participation of Brazil in inter-American health work. At Mexico City he was able to report the adhesion of Brazil to the Washington Sanitary Convention, and the success obtained in the campaign waged under his direction against plague and yellow fever. Cruz was one of the outstanding examples of the happy combination in one person of the scientist and the public health administrator. He organized the Manguinhos Institute, now named after him, promoted such basic measures as water supplies and smallpox vaccination, reorganized the National Health Service and trained a scientific personnel which was to maintain and extend his work.

Del Rfo.—Alejandro del Rfo (1867–1939), first Minister of Health of Chile; Director General of Public Health; professor in the Santiago Medical school; was a pioneer and recognized authority in social assistance and welfare, writing many papers on these subjects; attended the 5th Pan American Sanitary Conference, acting as chairman of the Chilean delegation and President of the Conference; member of the Directing Council of the Pan American Sanitary Bureau from 1911 to 1920.

Durán.—Carlos Durán of Costa Rica (graduated 1874), equally known as a physician and a statesman, studied medicine in Paris and graduated in London, where he had occasion to observe the new antiseptic methods; reorganized the San Juan de Dios Hospital at San José (the largest in the country); member of Congress, minister of Government Police and Development, acting President (1890) and candidate to the Presidency (1914); organized the first clinical laboratory in the country and the first nurses' school; opened the first asylum for the insane and the first tuberculosis sanatorium, now named after him; popularized laboratory diagnosis in malaria; is credited with being the first man in Central America to diagnose beriberi (1899) and hookworm disease (1906); attended the Fourth Pan-American Sanitary Conference as a representative of his country.

Ferrer.—Pedro Lautaro Ferrer (1869–1937); distinguished himself in a number

of fields, and especially as a sanitarian and historian; Minister of Health (1925), directed the 1905 and 1909 campaigns against plague and the 1912 preventive measures against yellow fever; president of the Chile Medical Society; and organizer and director of the juvenile Red Cross; wrote many papers and books on health subjects and on medical history of his country; attended the Third and Fifth Pan American Sanitary Conferences as delegate of his country.

Finlay.—Carlos J. Finlay (1833–1915) is preeminently known through his having persistently advanced from 1881 on, the theory that a certain specific mosquito (*Aedes aegypti*) was the vector of yellow fever. He was also the first director of public health (1902) in the newly created Republic of Cuba. In this capacity he was one of the founders of the Pan American Sanitary Bureau and the Pan American Sanitary Conferences, attended the First Pan American Sanitary Conference held in Washington in 1902, and acted as chairman of the Committee on Organization which drafted the original Constitution of the Pan American Sanitary Bureau. Other Inter-American activities of Dr. Finlay included attendance at the International Sanitary Conference in Washington (1881) and president of the American Public Health Association (1903). In 1909 the Government of Cuba, during the second American Intervention, created for him the life position of honorary president of the National Board of Health and Welfare, with a salary.

Guiteras.—Juan Guiteras (1852–1925), as his fellow-citizen and coworker Finlay, was educated in the United States. He served as director of the Las Animas Hospital for contagious cases in Habana from 1901 to 1921, and as Director of Health since Finlay's retirement in 1909 until 1921, and as Minister of Health in 1921. Dr. Guiteras has to his credit a number of substantial pioneer contributions to tropical medicine. He attended the first three Pan American Sanitary Conferences, served as a member of the Directing Council of the Pan American Sanitary Bureau from its organization to the Habana Conference (1924) which met shortly before his death.

Lavorería.—Daniel L. Lavorería (—1931), professor in the Lima Medical School, member of the National Academy of Medicine, Assistant Director of Health of the Republic of Peru for many years, served on the committee which studied the 1903 plague epidemic (first in the country), compiled national health legislation, attended the II and VIII Pan American Sanitary Conferences, being at his death the last survivor of the signers of the Washington Sanitary Convention of 1905.

Licéaga.—Eduardo Licéaga (1839–1920), president of the Supreme Board of Health of Mexico from 1885 to 1915. At the 1890–91 convention Licéaga was most active in securing adoption of the resolution which brought about the creation of the Pan American Sanitary Code and the Pan American Sanitary Bureau. He was a member of the Directing Council of the Pan American Sanitary Bureau from its organization to his death in 1920. Dr. Licéaga represented his country at the first, second, third and fourth Pan American Sanitary Conferences, and was President of the Mexican delegation to the first and second Pan American Medical Congresses and twenty-third President (1895) of the American Public Health Association. Dr. Licéaga led a long and useful scientific life. He was one of the founders and president of the Mexican Academy of Medicine and professor and dean (1902–1911) of the National Medical School. His term of office in the National Department of Health was featured by outstanding progress including the organization of the Bacteriological Institute, the preparation of the first National Sanitary Code (1891), and the successful waging of campaigns against plague and yellow fever. His achievements have entitled him to be called Father of Mexican Public Health.

Moore.—Eduardo Moore of Chile, wrote (1897) a book on war surgery, compiled a list of doctors practicing in Chile since colonial times, was the first professor (1905) of urology at the Santiago Medical School, attended the 1st, 2nd and 5th Pan American Sanitary Conferences, and served as a member of the Directing Council of the Pan American Sanitary Bureau from its organization to 1911.

Quiñónez*.—Alfonso Quiñónez-Molina (1873-) graduated as a physician in San Salvador in 1897, became one of the leading men in his profession and a professor in the National Medical School, director of the hospital for the insane and head of a surgical clinic in the largest hospital in El Salvador. He also made a name for himself in politics, filling the positions of Mayor of the Capital, Minister of War, Navy and Development, Vice-President (1915-23), Acting President (1915) and President (1923-1937). He represented his country at the Fourth Pan American Sanitary Conference (1909).

Razetti.—Luis Razetti (1862-1932) excelled as a surgeon and obstetrician, and especially as a medical sociologist, founded the leading medical journal of Venezuela, and was one of the founders of the National Academy of Medicine, the Caracas Medical Society and the National Medical Congresses; introduced the internship in his country; attended the 4th, 5th and 6th Pan American Sanitary Conferences, and acted as a member of the Directing Council of the Pan American Sanitary Bureau from 1911 to 1924.

Ulloa.—Juan J. Ulloa (1859-1913), was graduated (1879) in the United States; was President of the Costa Rica Medical Licensing Board, Member of Congress, organizer of local medical care for the poor, Minister of the Interior, Vice-President of Costa Rica and Consul General of his country in New York. He attended as a delegate from Costa Rica the first, second, third and fourth Pan American Sanitary Conferences, served as secretary of the first, second and third, and as president of the fourth conference, and as secretary (1902-1911) of the Pan American Sanitary Bureau from its origin and practically to his death, being one of the men who did most to place the new organization on a stable and useful basis.

Wyman.—Walter Wyman (1848-1911), entered the United States Marine Hospital Service (United States Public Health Service) in 1876, and became in 1891 Surgeon General, a position he held until his death. Among his notable achievements are the development of the United States Public Health Service, the extension of the National Quarantine system and the encouragement of scientific research in public health. Dr. Wyman was one of the founders of the Pan American Sanitary Bureau and the Pan American Sanitary Conferences. He presided over the first and the second conferences, and attended the third and the fourth. He was Director of the Pan American Sanitary Bureau since its creation in 1902 to his death in 1911. Other Inter-American activities on his part included the chairmanship of the International Quarantine Committee of the II Pan American Medical Congress (1904).

Regional Conferences.—The regional conferences had not become extinct as a result of the Pan American Sanitary Conferences. They had been especially favored in the South Atlantic countries where agreements had been reached between Argentina and Uruguay (1910, 1914—also with Brazil and Paraguay—and 1918). On December 18, 1924, the Government of Panama invited the countries from the South Pacific Coast in America to attend a conference to open in Panama City on February 25, 1924, at which the following problems were to be

* Still alive.

discussed: International Uniformation of Maritime Quarantine Schedules for a Certificate of Ship Fumigation; Standardization of Quarantine statements; Prevention of International Spread of Contagious Diseases. The meeting was attended by delegates from Chile, Ecuador, Panama, Peru. The Panama Canal Zone and the Pan American Sanitary Bureau had representatives. Observers from Cuba, Jamaica and the United States were present. The Conference lasted from February 25 to February 28. A resolution recommended the organization in Panama of an International Health Board, presided over by a representative of the Pan American Sanitary Bureau. The Conference advised the improvement of sanitary conditions at seaports; the simplification of health measures so as not to delay maritime navigation; use of cyanide for ship fumigation in ballast; use of a single bill of health in the Panama Canal; and centralization of campaigns against plague.

Since then regional agreements on such special sanitary problems as poliomyelitis control, oyster importation, quarantine, have been worked out by groups of countries, for instance Argentina and Uruguay, Mexico and the United States, and Cuba and the United States.

(To be continued)

ESTUDIO ELEMENTAL DE LOS PRINCIPIOS DE LA ODONTOLOGÍA PREVENTIVA

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En mi reciente colaboración que con tono divulgatorio y bajo el título de "Bases fundamentales para la futura campaña de odontología sanitaria," publicó el importante rotativo habanero *El Mundo*, sin salirnos de la armonía familiar y divulgatoria indispensables para que el contacto con el gran público fuese íntimo y a la vez útil y asequible, condensábamos y resumíamos en tres fundamentales puntos o bases, toda la extensa actuación preventiva y profiláctica de la odontología sanitaria. Allí decíamos que, tres factores de índole diversa en apariencia, pero estrechamente ligados entre sí, eran los reguladores del amplio y complejo problema de la odontología preventiva: científico, profesional y social. Y terminábamos reconociendo que este amplio y complejo problema no podía reducirse a simples tanteos terapéuticos por muy perfectos que aquéllos fuesen.

Si pretendemos recoger el hilo de aquellas ideas, si queremos continuar el estudio, ya en nuestro terreno, de las normas, bases, fundamentos y conductas a seguir para que la especialidad odontológica llegue a ocupar y llenar el espacio, el lugar y la misión que le corresponden, es indispensable tener fe en la esencia que encierra la feliz expresión del ilustre maestro español Dr. Landete Arago de que "pocas especialidades pueden ostentar tan orgullosamente como la nuestra una bandera con cuatro colores: prevenir, curar, extirpar y substituir." Y hay que reconocer que, llevándose a cabo este lema, que es realidad, la odontología preventiva es, de todas las especialidades, la que más próxima está de coronar la cima del triunfo profiláctico.

Indispensable es, también, estar firmemente convencidos de que la terapéutica