

HOUSING AND HOSPITAL PROJECTS OF LATIN AMERICAN SOCIAL SECURITY SYSTEMS*

Eleven Latin American countries (namely, Argentina, Bolivia, Brazil, Costa Rica, Cuba, Chile, Ecuador, Panama, Peru, Uruguay, and Venezuela) have adopted social security systems of varying scope and coverage. They range from the most extensive and oldest system—that of Chile (authorized in 1924 and established in 1925), which by now covers the risks of sickness, maternity, disability, old age, and death—to what are little more than retirement and pension systems (Argentina, Uruguay, and to some extent, Brazil). In addition to these there are systems covering certain special risks such as sickness and maternity (Cuba, April, 1934, amended December, 1937) and maternity (Argentina, authorized in 1934, in force in 1936).¹

It must be remembered that in many Latin American countries there are mutual benefit societies or other types of private organizations, which for years have furnished retirement, old age, and even sickness benefits to their members. All Latin American countries except Haiti likewise have workmen's compensation legislation. In several, attempts are now being made to incorporate this protection within the framework of social security, so that the medical and hospital facilities of the latter may be used to care for industrial accident and occupational disease cases without duplication of administration, and also to assure proper supervision of the financial reserves, so that the employer is able to pay the indemnities—which in past times has not always been the case. References to the inclusion of industrial accidents and diseases in social security legislation relate to this trend.

The introduction of social security is at present being studied by other countries, especially Mexico (where a special commission was appointed in June, 1941²), and Paraguay.³

It may be recalled that the X Pan American Sanitary Conference, in Bogotá, Colombia (1938), at which one session was devoted to the subject, recommended to the governments of the countries where social security was not yet established, the "study and consideration of installation" of this measure.⁴ The Pan American Sanitary Bureau has, on

* Prepared by Shirley Baughman O'Leary, Librarian, Pan American Sanitary Bureau.

¹ See the memorandum prepared by the Pan American Sanitary Bureau for presentation at the X Pan American Sanitary Conference, Sept., 1938, printed, with additions, in *Bull. Pan Amer. Union*, Jan. 1939, pp. 3-13; "Medical and Health Aspects of Social Security in Latin America"; that by Maurice Stack of the International Labour Office, "Los Seguros Sociales en la América Latina," reprinted, with additions, in *Bol. Inst. Nac. Prev.*, Ecuador, Sept. 1941, p. 41; and "Labor Trends and Social Welfare in Latin America, 1939-40," Division of Labor and Social Information, Pan American Union, June, 1941; and "Some Aspects of Recent Social Legislation in Latin America," *Bull. Pan Amer. Union*, p. 83, Feb. 1942.

² *Bull. Pan Amer. Union*, p. 87, Feb. 1942.

³ *Bol. Of. San. Pan.*, Dec. 1941, p. 1298. (In English.)

⁴ "Actas X Conf. San. Pan.," Bogotá, 1938, p. 786.

request, made its facilities available to assist in social security projects, as for instance, in securing the services of expert advisers in connection with hospital construction and equipment.⁵

Also very active in the social security field in Latin America has been the International Labour Office. Its advisers have studied the problems in a number of countries, presenting detailed reports and suggestions which formed the basis for the legislation adopted.⁶ On the occasion of the inauguration of the Workers' Hospital (Social Security system hospital) in Lima, Peru, in December, 1940, at which representatives from several countries were present, there was created an "Inter-American Committee of Initiatives in Social Security Matters" (*Comité Interamericano de Iniciativas en Materia de Seguridad Social*).⁷

Investments.—The policy of investment of social security funds has varied greatly among the different countries. In nearly all, at least 50% of the reserves must be invested in Government bonds. In some countries, particularly those in which the system is chiefly one of retirement and pension (Argentina, Brazil, Uruguay), part of the remaining 50% may be utilized for loans made on security (mortgage or life insurance or both) to members of the system for the purchase or construction of homes (often with restrictions on the resale or renting of such homes). Bolivia, Chile, Ecuador, Peru, and recently Uruguay, have adopted the policy of assisting in the solution of the housing problem by investing funds in the construction of workers' housing projects, the completed homes or apartments being rented or made available for long-term purchase, by affiliates of the system. Social security legislation of some other countries, such as Costa Rica, permits such investment. In Ecuador, Peru, and Cuba, due to the lack of sufficient hospital facilities which might be rented by the system, the *Cajas* (funds or systems) have invested much of the available resources in the construction of hospitals and clinics through which their medical benefits may be made effective. Chile has also made similar investments (clinics, dispensaries, tuberculosis sanatoria, children's institutes, *casas de reposo* or rest shelters, improvement of facilities in rented institutions). Panamanian law limits the use of social security funds to Government bonds and buildings (type not stated) for use of the *Caja*.

There follows a brief discussion of the investment policies of the Social Security systems of each country, so far as they concern housing, hospital and clinic construction, and similar medico-social projects.

ARGENTINA⁸

Argentina has at the present time a number of separate systems of retirement and pension, covering such groups as public, public utilities, bank, and railway employees, journalists, and maritime workers. The *Cajas* obtain their funds from regular contributions paid by the employer and employee. In the past, no governmental subsidy was given unless the government itself was the employer, but the two newest systems (retirement, pensions, and death benefits, for journalists and maritime workers) provide for governmental contributions of 5% and 2%

⁵ Peru, Ecuador, Bolivia.

⁶ For instance, in Ecuador, Venezuela.

⁷ Provisional headquarters, c/o Caja Nacional de Seguro Social, Lima.

⁸ See references in Note 1.

respectively (1939). The benefits conferred cover retirement (for age or service), disability, and death payments (or pensions to widow and children), and there are also provisions for the return of payments or for pension in the case of unemployment.

Investments.—At least 50% of the reserves must be invested in Government bonds, and part of the rest may be loaned to members (usually with a waiting period, for instance, 10 years' membership) for construction of their own homes, the loan being secured by a mortgage. There are often restrictions regarding the transfer of homes so constructed, and the borrower is usually required to take out both life and fire insurance. Some *Cajas* also make short-term personal loans to employees of five years' or more membership.⁹

It must be recalled that medical care and financial indemnity are available to Argentine workers through the workmen's compensation system.

Argentina also has a system of maternity insurance (Law 11,933 of 1934, which went into effect in 1936). (There had previously been legislation dating back to *Ley* 5291 of 1907, providing for maternity leave without loss of position, and a 1938 law requires the allowing of nursing rest periods for nursing mothers.¹⁰) This insurance is compulsory for all women employed in industry and commerce, and the benefits include medical care and money subsidies, with provisions for maternity leave. The funds come from equal quotas paid by the insured, the employer, and the State.¹¹ By 1940 there were 258,813 members (employees) and 14,507 employers were contributing; by the end of 1939, 9,225 persons had received benefits amounting to 2,467,362 pesos.¹²

BOLIVIA

Bolivia's social security system has incorporated and replaced the older provisions for workmen's compensation (1924) and workmen's compulsory savings (1924), and at present is constituted by the *Caja de Seguro y Ahorro Obrero* (created May 22, 1935), which had in 1939 some 140 enterprises (43 of these have gone out of business) and about 70,000 workers affiliated. Its principal activities at first were the administration of workmen's compensation and savings, but it gradually extended its service to include health examinations of new workers. It contemplates extending coverage to the risks of non-occupational diseases, maternity, old age, and disability, as soon as a practicable basis can be found.¹³ Oswald Stein, of the International Labour Office, recently made a study of Bolivian social security problems. Bolivia's labor code provides for maternity and sick leave.¹⁴

Investments.—The *Caja* has in the past made loans to affiliates for the construction of homes (for instance, in its first two years it aided in the building of 32 houses, sheltering approximately 60 families), but it plans to aid in construction on a much more extensive scale. A Supreme Decree of June 10, 1939, with regulations of June 28, set up various sources of income for the improvement of workers' housing, and the administration of these funds was to be in the hands of the

⁹ Flores A., Marcos: "Instituciones de Previsión Social de Buenos Aires," *Rev. Trim. Inst. Jubilaciones y Pensiones*, Uruguay, p. 30, July 1, 1939.

¹⁰ Moragues Bernat, J.: *Prensa Méd. Arg.*, p. 459, Feb. 19, 1941.

¹¹ Aladar Metall, R.: "L'Assurance-Maternité en Amérique Latine," *Bol. Inst. Int. Amer. Prot. Inf.*, Apr. 1941, p. 545.

¹² Div. Labor and Soc. Inf., Pan Amer. Union: "Labor Trends and Social Welfare in Latin America, 1939-40," p. 6.

¹³ Ministerio de Trabajo, Salubridad y Previsión Social; "Memoria, 1941," La Paz, p. 15. See also Note 1.

¹⁴ Div. Labor and Soc. Inf., Pan Amer. Union: "Labor Trends, etc.," *supra*, pp. 1-13.

Caja.¹⁵ Another, of Mar. 29, 1941, authorized the *Caja de Seguro y Ahorro Obrero* to invest up to 50% of the savings reserves and 80% of the insurance reserves of factory workers, in the building of a Hospital in La Paz,¹⁵ and work on this is now under way.¹⁶ Other projects under consideration include the establishment of rehabilitation camps (agricultural farms under the supervision of agronomists, physicians, and teachers) to which workers may go, not only during their vacation, but also when medical examination reveals that they should have a change to this more healthful type of work. About 60,000 workers would benefit by such a program, which would alleviate the deteriorating effects of mining.¹⁷

BRAZIL

Brazil has a number of retirement and pension systems covering railway, port, and public utility employees (established 1923, expanded 1931), commercial, bank, and store employees, sailors, and stevedores. In 1938 their total membership was 1,787,290, and the number of dependents of these members was 5,361,870. 1939 statistics showed that there were 102 *Caixas* or systems, of which 16 were in the Federal District and 20 in São Paulo.¹⁸ The benefits provided include pensions for incapacity and old age, and death payments, as well as loans during illness, but they vary considerably, and a committee was appointed in 1939 by the Ministry of Labor to survey the various social insurance organizations with a view to standardizing accounting procedures and equalizing benefits. A Law (No. 2204) of February 7, 1940, made it possible for members who lost their jobs or transferred, to retain their benefits in the fund to which they had been contributing. The National Labor Board (*Conselho Nacional do Trabalho*, reorganized by decree of June 15, 1939) has a social welfare board which regulates the social insurance funds.¹⁹ Other recent legislation affecting the *Caixas* includes Decree-Law No. 3,200 of April 19, 1941, (*Diário Of.* 19-IV-41), authorizing *Caixas* and Pension Institutes to grant marriage loans to workers (purchase of trousseau, house furnishings, etc.), who are required to first pass a health examination;²⁰ Decree-Law No. 3070, of Feb. 20, 1941 (*Diário Of.* 22-II-41) regulating public service employees, who are not to suffer any loss of salary during treatment of long diseases (tuberculosis, insanity, cancer, blindness, leprosy, paralysis, occupational diseases); and Decree-Law No. 3138 of Mar. 24, 1941 (*Diário Of.* 25-III-41) stating that the *Instituto* or *Caixa* of retirement and pensions is to provide medical care in an institution for as long as one year for mental cases; if they cannot be cured in a year, they are to be retired.²¹

Both the Brazilian Constitution of 1934 and the present one, adopted Nov. 10, 1937, contain the provision that labor legislation shall observe, among others, principles including (f) compensation proportionate to years of service when dismissed without cause; (h) minimum wage; (i) eight hour day; (k) prohibition of child labor; (l) medical and hygienic assistance for the worker and pregnant mother, with paid leave for the latter; (m) institution of old age, invalidity, and life insurance, and of insurance for industrial accidents (Art. 137).²²

¹⁵ *Noticias*, Div. Labor and Soc. Inf., Pan Amer. Union, p. 19, Apr. 1941.

¹⁶ The Pan American Sanitary Bureau has been aiding in securing equipment.

¹⁷ See Note 13.

¹⁸ See Note 14; and references in Note 1.

¹⁹ Div. Labor and Soc. Inf., Pan Amer. Union, "Labor trends, etc.," *supra*.

²⁰ *Noticias*, p. 11, Apr. 1941. One of several provisions to promote family welfare.

²¹ *Noticias*, pp. 19, 20, Apr. 1941.

²² Departamento Nacional de Propaganda: "The New Constitution of the United States of Brazil," 1938, pp. 78-81; and Serviço de Publicidade da Imprensa Nacional: "Constituição da Republica," Rio, 1934.

Investments.—While 50% of the funds must generally be invested in Government bonds, some of the systems have permitted loans to affiliates (secured by mortgages), for home building, and in some cases short-term personal loans. At present insurance institutions with reserves of at least 500,000,000 have been authorized to use up to 50% of their capital for housing loans, and the industrial workers' insurance fund may utilize up to 70% of its funds for this purpose. Loans may be made for remodelling, repair, or refunding obligations, and for the purchase of dwellings not over 5 years old. They must be repaid in 10 years, in the case of purchases, and secured by mortgages, life insurance, and fire insurance. Preference is to be given to large families. In São Paulo, one social insurance fund has approved loans for 4,500 dwellings.²³

Social insurance organizations have also been authorized to serve low-cost meals for their respective occupational groups, and to establish centers for the study of nutritional problems. Each *Caixa* may set up its own restaurants. A special bureau in the Ministry of Labor, Commerce, and Industry, will be in charge of constructing buildings for this purpose, its working capital to be derived from participating insurance institutions. These appropriations will be guaranteed a 6% return (underwritten by the government), and conversely, the *Caixas* are to assign to the government any surplus above 6%. (Deficits will be made up with government bonds.)²³

Brazil's workmen's compensation applies to more than 2,000,000 persons. The establishment of national social security against illness, and to cover maternity risks, is under study.²⁴

CHILE

Chile has 30 social security systems,²⁵ ranging from *Cajas de Ahorro* (savings systems) to the *Caja de Seguro Obrero Obligatorio* (Workmen's Compulsory Sickness, Invalidity and Old-Age Insurance Fund), and all workers and employees are covered by some one of these systems.

More than 95% of the workers are covered by one of six systems: the *Caja de Seguro Obligatorio* (1,200,000 members); the *Caja de Previsión de los Empleados Particulares* (private employees, 220,000 members); *Caja Nacional de Empleados Públicos y Periódicos* (public employees and journalists, 60,000); *Caja de Previsión de los Carabineros de Chile* (National Police); *Caja de Retiro y Montepío de la Defensa Nacional* (Army, Navy, Air Force, 30,000); and the *Caja de Retiro y Previsión de los Ferrocarriles del Estado* (state railway employees, 20,000). The private employees and railway systems are largely retirement and savings, although these employees receive certain medical and other benefits which the employer is required by law to furnish. The other *Cajas* mentioned cover to a varied extent the risks of disability (*invalidéz*), sickness, and death. However, Law No. 6,174 of Jan. 31, 1938, requires all *Cajas de Previsión, Ahorro, etc.*, to establish medical services, including preventive medical services (health examination, compulsory free treatment of venereal disease, care of tuberculosis, etc.)

The largest of the Chilean *Cajas* is the *Caja de Seguro Obligatorio*, (see above), created by Law 4054 of September 8, 1924. The benefits conferred include medical, surgical, and pharmaceutical care, dental care within limits, hospitalization, money subsidies, maternity care, care of children of the insured until two years of age, death payments, sickness-disability pension, retirement pension, health examinations, treatment for syphilis, preventive rest, and special care in the case

²³ Div. Labor and Soc. Inf., Pan Amer. Union: "Labor trends, etc.," *supra*, pp. 14, 16.

²⁴ *Rev. Trim. Inst. Jub. y Pens.*, Montevideo, pp. 26, 45, July-Nov. 1938. See also Note I, and the report by G. H. de Paula Souza to the X Pan American Sanitary Conference ("Actas," p. 512.)

²⁵ Allende, Salvador: "Social Medicine in Chile," *Int. Labour Rev.*, Jan. 1942, pp. 25-43. Earlier reports have stated 44 systems, but some of these may have been consolidated.

of tuberculosis patients. The medical, obstetrical and pharmaceutical benefits may be extended to the family upon payment by the insured of an additional quota.²⁶

Investments.—The *Caja* is required by law to invest 50% of its funds in Government bonds (it is proposed to reduce this percentage, see below). The rest of the reserve may be invested in a number of ways. Past ventures have included buildings and equipment for the *Caja* (tuberculosis sanatoria, dispensaries, offices), workers' housing (see below), agricultural and stock-raising land, a milk pasteurizing plant, a pharmaceutical laboratory, clothing stores (an unsuccessful attempt to provide clothing cheaply), and fishing industries.²⁷

Hospital care for members of the *Caja* has been obtained largely through the renting of beds in hospitals maintained by the *Beneficencia* or Welfare Department. The *Caja* sometimes aids in equipping or improving such hospitals. It has several categories of clinics, the larger ones having complete specialized diagnostic services including laboratory and X-ray, and so forth. In 1941 the *Caja* was reported as operating through 190 clinics and polyclinics, 364 *postas* or posts (in remote rural areas, with a nurse, midwife, or *practicante*, i. e., intern, in charge, and visited periodically by a physician from the nearest clinic), some 142 rural medical stations (in villages or plantations of less than 200 inhabitants; with no resident staff, but regularly visited by a physician and *practicante*), two tuberculosis sanatoria, an emergency hospital, two *casas de reposo* (rest houses providing food and shelter for incipient tuberculosis cases who cannot be properly cared for at home, and for arrested cases who can work with medical supervision); and two *Institutos de Madre y Niño* (mother and child institutes, with maternity home, family placement center, nursery, and canteen).²⁸ Some clinics are maintained in cooperation with the industry concerned,²⁹ others, apparently, with the *Beneficencia*, while the rest belong entirely to the *Caja*.

The *Caja* has invested considerable sums in building low-cost, healthful homes for its affiliates. In some instances the homes are to be rented to the employer, who then takes charge of the administration, but who is not to exact from the worker more than a stipulated rent. In other cases, provision is made for the employee to buy his home, for instance, if he has rented it for two years and has shown a willingness and ability to maintain it in good sanitary condition. On October 18, 1936, Law No. 5,960 was passed setting up the *Caja de la Habitación Popular*, or Popular Housing Fund, and instructing the *Caja de Seguro Obligatorio* to turn over 30,000,000 *pesos* yearly to the former for building purposes. This proved financially impossible, so that by another decree (No. 308, subsequently confirmed by Law No. 6172 of February 22, 1938) the *Caja de Seguro* was authorized to increase the employer's contribution by 1% and to assign these additional receipts as well as any annual surplus, to the *Caja de Habitación*. The *Caja de Seguro*, however, is to retain title in the homes to be built, as a safeguard against monetary fluctuations. In 1939 the contribution of the *Caja de Seguro* to the *Caja de Habitación* amounted to some 16,000,000 *pesos*, and the Government contributed an additional 25,000,000.

²⁶ See Note 1, and also the report by C. Maldonado Boggiano at the X Pan American Sanitary Conference ("Actas," p. 487).

²⁷ *Acción Social*, pp. 25-29, Mar. 1941, has an article on the improvement of Chilean milk cattle through the buying of 320 cows and 50 bulls of prize quality by the *Caja*. (Baraibar, Carlos de: "La ganadería lechera de alta calidad se está revolucionando en Chile.") See also the *Memorias Anuales* for results of investments.

²⁸ Palma C., J.: "Nota editorial," *Bol. Méd. Soc. Caja Seg. Oblig.*, p. 379, July-Aug. 1941.

²⁹ *Caja de Seguro Obligatorio*; Dirección de Servicios Médicos: "Memoria Anual, 1939," *Bol. Méd. Soc. Caja Seg. Soc. Oblig.*, pp. 410, 414, July-Aug. 1941.

By December, 1939, the *Caja de Habitación* had built or nearly completed 2,858 houses in 26 towns, providing shelter for 16,250 persons.³⁰ Another statement shows that by December 31, 1940, the *Caja de Seguro Obligatorio* had built 16 "towns" (*poblaciones*) in various regions of the country at a cost of 77,241,324.01 pesos, with a capacity of 9,598 persons; as well as six *colectivos* (apartment houses?) valued at 36,753,217.03 pesos, with a capacity of 1,496 persons. During 1941, five new *colectivos* were to be completed, with a value of 42,164,646.31 pesos, and a capacity of 1,496 persons.³¹ It is not clear whether these include or are exclusive of those built for the *Caja de Seguro* by the *Caja de Habitación*, but presumably they are included.³²

Future plans for the development of the *Caja* include the establishment of additional facilities for tuberculosis control (it was hoped to have available 30 clinics and 1,600 beds by the end of 1941). A recent trend has been a gradual decentralization of the administration of the *Caja*, with the formation of local councils (composed of an official, an employer representative, and an employee representative, supervised by the medical chief and the administrative chief) for the decision of local problems.³³ In accordance with a survey of urgent Chilean needs,³⁴ a draft of an amendment to the Social Security Law (No. 4054) was prepared and submitted to Congress (signed by the President of Chile and the Minister of Health) in July 1941. It included unemployment and accidents of work among the risks for which insurance is compulsory, declared that at least 50% of accumulated capital must be invested in rural and urban real estate for rental and not over 20% in bonds, with investment in workers' housing still permitted, and embodied a number of other reforms.³⁵ At present attempts are being made to bring about as close as possible cooperation of the social security system with the Department of Welfare and the Ministry of Health, in order to obtain the maximum benefit from existing facilities without duplication. A trial cooperative organization of the three services functioned very effectively in the 1939 earthquake zone.

COLOMBIA

Colombia has had a number of legislative provisions for workmen's compensation and retirement, and for improvement of housing, maternity protection, such as Law 57 of 1915, on industrial accidents; Law 37 of 1921, Law 32 of 1922, and Law 133 of 1931, and parts of Law 13, 1929, regarding compensation; Law 61 of Mar. 28, 1936, amending article 7 of Law 46 of 1918 and regulating workers housing at nationally owned mines and *salinas* (salt works); Decree 652 of April 6, 1935, regulating Law 10 of 1934, on rights of private employees (paid vacation, aid in illness or accident, unemployment assistance); Law 1 of 1932 and Decree 1471 of 1932, on retirement of railway employees; Laws 53 and 197 of 1938 and Decrees 1632, 2350 of 1938 and 953 of 1939, providing maternity protection (compensation in case of

³⁰ Allende, Salvador: "La Realidad Médico-Social Chilena," Santiago, 1939, p. 62.

³¹ Palma C., J., *supra* (Note 28).

³² *Acción Social*, for May, 1941, p. 91, gives a description of 90 workers' houses in Arturo Prat, Punta Arenas, which were built by the *Caja de Habitación Popular* for the *Caja de Seguro Obligatorio*. They were intended for families with at least two children, and consisted of two small bedrooms and a good-sized dining room-kitchen. All were equipped with stoves, hot water, shower baths, complete hygienic services, wood shed, coal shed, and laundry. They had a patio about 80 meters square, sunny and well-ventilated. If the inhabitants take good care of the house, they are entitled to begin purchasing it after two years, the rent payments being applied on the purchase.

³³ *Caja de Seguro Obligatorio*: "14^a Memoria Anual, jul. 1937-jun. 1938," p. 6.

³⁴ See Allende's book: "La Realidad Médico-Social, etc.," *supra*.

³⁵ Text given in *Acción Social*, pp. 26-42, July 1941. A representative of the International Labour Office assisted in the study of amendments.

dismissal because of pregnancy, in addition to other benefits to which the woman is entitled; paid leave in the case of pregnancy or miscarriage; nursing period every 3 hours when working outside of home, employer to either install a nursery or provide for care of child in other nurseries, etc.)

A law (No. 66 of Mar. 31, 1936) was passed establishing compulsory savings for public and private employees, creating a *Sección de Ahorro y Previsión Social* (Social Savings and Insurance Section) in the *Caja Colombiana de Ahorros* (Colombian Savings Fund), but never went into effect.³⁶ About 1938 a social security law was passed by Congress, but the President did not approve it, feeling that it was not sound financially. The project is still under study, and it has been stated that it is planned to develop social security in Colombia to cover, in the following order, the risks of sickness and maternity, life insurance, unemployment, and old age.³⁷

COSTA RICA

The National Congress of Costa Rica passed a Social Insurance Act (November 1, 1941), to provide for sickness, invalidity, old-age and survivors' insurance, and maternity, family, and widows' and orphans' benefits.

Investments.—The financial reserves of the Fund are by preference to be invested in the construction and installation of buildings for assistance purposes, for improving the assistance given to insured persons and health conditions in general, for workers' housing, for the prevention of social diseases, for social assistance and welfare institutions, for the acquisition of land for the establishment of rural settlements for workers, and in real property, mortgages, and fixed-term deposits in banks. It may grant loans in cash to insured persons (public and private employees) to enable them to buy real property and build houses.

The first forms of insurance to be introduced are old-age and maternity insurance, where this is most practicable, but all branches are to be in operation within not more than two years.³⁸

CUBA

Cuba's law establishing sickness and maternity insurance was passed in April, 1934, and amended in December, 1937.³⁹ The *Caja Nacional del Seguro de Salud y Maternidad*, which by 1939 had *Delegaciones* (delegations or branches) in the Provinces of Habana, Camagüey, Matanzas, Oriente, Pinar del Rio, and Santa Clara, at first secured accommodations in existing hospitals or furnished home care for its insured, but it is rapidly expanding its own dispensary and hospital-polyclinic facilities. Membership is compulsory for all workers, and the benefits include prenatal and obstetrical attention to *obreras* (working women) and wives and *compañeras* (common-law wives) of workers, and care of the children up to two years of age.

Investment.—The first new service to be opened by the Caja was a large dispensary (June, 1937) for the Province of Habana, which by June 1940 had regis-

³⁶ Rodrigues Piñerers, Eduardo: "Constitución y Leyes Usuales de Colombia," 6a. ed., 1939. Also, Ministerio de Trabajo, Higiene y Previsión Social: "Pub. Núm. 4, Depto. Nac. del Trabajo, Protección de la Maternidad," Bogotá, 22 pp.

³⁷ Santos, Eduardo: "Mensaje al Congreso Nacional en sus Sesiones de 1939," Imp. Nac., Bogotá, 1939, 88 p.; and Memoria del Ministerio de Trabajo, Higiene y Previsión Social, al Congreso de 1939, Imp. Nac. 1939, 139 pp. and Posada Zárate, Francisco: "Sentido y realización de una política social," 1939 (Ministerio de Trabajo, Higiene y Previsión Social: Report of the Labor Department).

³⁸ Int. Labour Rev., p. 95, Jan. 1942. (Text of law in *La Gaceta*, Nov. 4, 1941.)

³⁹ See Note 1.

tered 8,981 *obreras* and wives or *compañeras* of workers, and 3,571 children; it had given 47,364 consultations to pregnant women and 20,742 to children. From January to June, 1940, 235 *obreras* were delivered at the clinic, and 281 in homes, and 742 *compañeras* and wives were attended at birth, mostly at home.⁴⁰ By July, 1941, the Habana Province *Caja* had 12,614 contributors.⁴¹

On September 20, 1941, the 190 bed *Clínica Provincial de Maternidad Obrera* (Workers' Maternity Clinic of the Province) of Habana was formally opened.⁴² It was the third "Clinic" or Maternity Hospital to be inaugurated, being preceded by those of Pinar del Río (January, 1939),⁴³ and Camagüey (May 11, 1941).⁴⁴ Plans for the Oriente *Clínica* have been approved, and it will be followed by one in Santa Clara. By 1939 the *Caja* had spent 2,500,000 pesos in obstetrical care, had a reserve fund of 1,500,000 pesos, and had invested more than one million in the construction of dispensaries and maternity hospitals.⁴⁵

The establishment of other forms of Social Security in Cuba is also planned, to cover (for all workers) the risks of illness and accidents not connected with the occupation, retirement, disability, widows' and orphans' pensions, etc.⁴⁶ Article 65 of the 1940 Constitution declares that "social security is established as an irrenunciabile and non-proscribable right of the worker, to have the equitable support of the State, the employer, and the workers themselves, to protect the last-named against disability, old age, unemployment, and other contingencies of labor, as the Law may determine." The rights of retirement for length of service (*antigüedad*) and of death payment are also established.⁴⁷

It must be recalled that long before the establishment of the national systems, many Cubans were receiving medical care and hospitalization through their membership in mutual welfare societies founded by immigrants from various Spanish provinces. Since 1900 these associations, at first largely cultural, have furnished an increasingly greater amount of medical and hygienic services. In 1938 there were 10 of these associations, with more than 700,000 members.⁴⁸

ECUADOR

While earlier protective legislation of various types existed, Ecuador's Social Security system began with Law No. 12, of October 2, 1935, creating the *Instituto Nacional de Previsión*, the fundamental purposes of which are declared to be: (a) to establish *Cajas* of Compulsory Social Security to cover sickness, disability, old age, accidents of work, maternity, etc., in progressive form; (b) to undertake such preventive work as will contribute most to the decrease of illness and of infant mortality, through the better organization of the home, such as inexpensive, hygienic houses for rent, with accommodations adapted to the wage; hygienic conditions in shops; workers' restaurants serving balanced meals at low cost, etc.; (c) to aid in solving the problem of irregular employment, by means of a Social Missions Service, which will furthermore carry out in rural districts urgent rural hygiene works, whether permanent or temporary, medical, maternal and infant care, health education, better commercial and technical and agricultural orientation, better education, etc. For purposes (a) and (b) are to be applied the funds

⁴⁰ *Informaciones Sociales*, Habana, Oct. 1940.

⁴¹ *Ibid.*, Sept. 1941, p. 37.

⁴² *Ibid.*, Sept. 1941, pp. 4-17, with photographs, and Mar. 1940, pp. 21-38, with plans and pictures.

⁴³ *Ibid.*, July 1940, pp. 25, 26, with pictures.

⁴⁴ *Ibid.*, Nov.-Dec. 1940, p. 35, description, and June 1941, pp. 21-28, inauguration, with photographs.

⁴⁵ Aladar Metall, Rudolf, *supra*, Note 11.

⁴⁶ *Inf. Soc.*, Oct. 1940, p. 30, drafts of laws.

⁴⁷ *Ibid.*, Aug. 1940, p. 7.

⁴⁸ Report of Dr. Pedro Machado to the X Pan American Sanitary Conference, "Actas," p. 518.

obtained from employer and employee contributions, and any additional revenues designated for that end, and for (c), some of the above funds and also some to be obtained through a collection in each district, in a manner to be decided later, for work in the district.⁴⁹

The lack of sufficient hospital, sanatorial and other facilities to handle a full-fledged treatment program necessitated an emphasis on prevention, and the first institution to be constructed was the "Social Dispensary" (*Dispensario Social*) equipped for health examinations, including X-ray and laboratory diagnosis; to assist in determining responsibility in industrial accidents and diseases; to attempt to convince the worker of the benefits of *Seguro* (social security); to carry out periodic investigations of health, housing, nutrition, and clothing conditions of its members; to facilitate early medical care; to perform pneumothorax, etc.⁵⁰ As a part of the Instituto de Previsión, in contact with other Departments, Ministries, and the Municipal Health Office, the Dispensary will be able to use available resources in the solution of medico-social problems: for instance, in Quito, it has used the facilities of the San Juan de Dios Hospital.⁵¹

About 31 Dispensaries, in various localities, have been completed, and work on a modern seven-story Clinic and hospital in Quito is well advanced. The Pan American Sanitary Bureau has been assisting in securing equipment for the clinic.⁵²

Housing projects have been sponsored by the Ecuadorian social security institutions. The *Caja de Seguro de Empleados Privados y Obreros* (Social Security Fund for Private Employees and Workers) had by December 31, 1940, invested 2,758,671.57 *suces* in construction, and the *Caja de Pensiones* (Pension Fund, founded in 1928) had invested 3,011,705.15, making a total of 5,770,376.72 *suces* invested in construction (including offices for the *Caja* and services, and workers' housing.)⁵³

Some of the projects of the *Caja de Seguro* have been a 285-house development in the *Alpahuasi* quarter of Quito, of which 136 houses have been completed,⁵⁴ 11 houses, to be built in the *Loma Grande* quarter of Quito; 40 additional houses of cement to be built in Guayaquil (number already constructed not stated), and 48 houses, to be built in Cuenca on ground donated by the city.⁵⁵ The *Caja de Pensiones* has built houses for its members in Guayaquil and Quito, including the expensive "Bolívar" development (1,253,358.35 *suces*) and the cheaper "Belisario Quevedo" houses now under construction, in Quito; existing houses belonging to the *Caja* in Quito are valued at 105,184.10 *suces*, (in addition to the Bolívar houses and to 202,636.58 *suces*' worth of houses for the *Sociedad General*).⁵⁶

The *Caja de Seguro de Empleados Privados* has also bought up large *haciendas*, and partitioned them into smaller farms for sale to the native inhabitants: thus, 192 lots of the *Chaguarpungo hacienda* in Cayambe, Pichincha, have been sold for a total of 747,868.00 *suces*. Sales of lots during 1940 amounted to 298 lots, value 508,789.67 *suces* (Pichincha province, Chaguarpungo, 39 lots, 139,152.00; Imba-

⁴⁹ Instituto Nacional de Previsión: Bol. No. 2, "Manifiesto," Quito, 1936.

⁵⁰ *Ibid.*

⁵¹ Inst. Nac. Prev., Dept. Méd.-Soc.: "Reglamento para el Dispensario Social No. 1," Quito, 1936.

⁵² Ministro de Previsión Social y Trabajo (C. Andrade Marin): "Informe, 1941," Quito, 142 pp. During 1940, Dispensaries No. 24 and 31 were created, in Guayaquil; Dispensary No. 23 began functioning in Tulcán and No. 17, in Aneón, No. 30, in Milagro, and No. 28, in Babahoyo, were also operating (p. 86). Medical services in 1940 were given 120,548 persons, at a cost of 1,743,862.34 *suces* (p. 85).

⁵³ Min. Prev. Soc. y Trab.: "Informe, 1941, Documentos Anexos," 184 pp., pp. 47, 56, 58.

⁵⁴ Min. Prev. Soc. y Trab.: "Informe, 1941," p. 87. (Value of first house, "Type 6," 3,466.67 *suces*.)

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*, p. 92.

bura Prov., Anafo *hacienda*,⁵⁷ 60 lots, 124,937.67; Loja Prov., *haciendas* La Granja, 22 lots, 33,300.00; El Ceibo, 53 lots, 79,600.00; La Calera, 42 lots, 42,700.00; Santa Ana, 65 lots, 69,000.00; El Vergel, 17 lots, 20,100.00).⁵⁸

In April (4th), 1941, the *Instituto de Previsión* signed a contract with the *Cía. Ferrocarril del Sur* (Southern Railway Co.) for the retirement of its employes, the retirement funds to be administered by the *Caja del Seguro*. E. Schoenbaum of the International Labour Office aided the *Instituto* by studying the proposed contract.⁵⁹

Another development was the discussion of a proposed contract between the Ministry of Labor and Prevision and the *Caja del Seguro* for the construction of welfare homes, nurseries, etc., to be undertaken by the latter for the Ministry.⁶⁰

A number of reforms of the Ecuadorian social security system have been suggested, relating to extent of coverage, amount of pensions, and other benefits. The eventual extension of the program to cover long, severe illnesses and operations, is urged.⁶¹ Creation of a workman's accident insurance division in which employers will be required to take out insurance to cover compensation was envisioned in the draft of a law submitted to Congress in 1940. The movement arose as a result of employers acting alone sometimes being unable to pay indemnities.⁶²

Some of the studies of rural hygienic and social conditions which will form a basis for the work of the Social Missions proposed by the act creating the *Instituto* (item c) have already been made.⁶³

PANAMA

The Panamanian Social Security system (*Caja de Seguro Social*) created by Law No. 23 of Mar. 21, 1941, is compulsory for all private and public employees and for independent workers earning less than 3,000 *balboas*, in the Districts of Panamá and Colón, and may be extended to other classes and other areas. It covers the risks of sickness, maternity, disability (invalidity), old age, and death, and as soon as resources permit, will be amplified to cover unemployment and accidents of work. Family coverage may be contracted for by the worker. Sickness and maternity aid include medical, surgical, pharmaceutical, and hospital care, to be provided in Government institutions. Old age, invalidity, and death benefits are financial. Quotas consist of 5% of salaries, half to be paid by the employer and half by the employee. An initial appropriation of 100,000,000 *balboas* was made to put the system in operation.

Investments.—Investments may be made only in government bonds or in buildings for the *Caja de Seguro Social* or its branches and agencies (type of building not stated.)⁶⁴

PERU

Peruvian Compulsory Social Security was called for by the Constitution of 1933 (Art. 48, "The law shall establish a system of security against the economic

⁵⁷ The Anafo *hacienda* was partitioned among workers of the "Imbabura" textile factory. (*Ibid.*, p. 87).

⁵⁸ *Ibid.*, p. 87.

⁵⁹ *Ibid.*, p. 75.

⁶⁰ Min. Prev. Soc. y Trab.: "Informe, 1941, Documentos Anexos," pl. 19.

⁶¹ Schoenbaum, Emilio: "Memorandum para la discusión de las reformas que deben implantarse en el sistema actual de las Cajas de Previsión," *Bol. Inst. Nac. Prev.*, Quito, Sept. 1941, p. 69.

⁶² Min. Prev. Soc. y Trab.: "Informe, 1941," p. 73.

⁶³ For instance, Inst. Nac. Prev., Dept. Méd. Soc.: "Informe acerca de los estudios realizados en la Parroquia de Atuntaqui," Quito, 1936.

⁶⁴ Ministerio de Gobernación y Justicia: "Leyes No. 22 . . . 23, por la cual se crea la Caja de Seguro Social, y . . . con Decretos reglamentarios," Panamá, 1941, 72 pp.

consequences of unemployment, old age, sickness, disability, and death,") and was created by Laws 8,433 and 8,509, of August 12, 1936, and February 23, 1937, further regulated by a Supreme Decree of February, 1941. It is compulsory for all workers of certain classes and wage levels, voluntary for others (domestic servants, independent workers), and covers general and special medical, pharmaceutical and hospital care, risks of sickness, maternity, illness-disability, old age, and death. Unemployment is not yet covered because it is not a serious problem, does not offer a firm basis for social security, and is partly taken care of by special unemployment legislation (*Pro-desocupados*). Funds are secured from quotas (employer 3.5%, worker, 1.5%, State 1%, of salaries), fines, donations, and other sources. Family coverage (sickness and maternity) may be secured by payment of an additional 4% by the worker (and after he has been a member 150 weeks, only 1%).⁶⁵

Investments.—The *Caja* may invest in hospitals and clinics for its own use, workers' housing, social disease prevention, welfare, land for agricultural colonies (for workers), administrative offices, real estate for rental, mortgages, and bank deposits.⁶⁶ In addition to building its own hospitals, it may make loans to public institutions where it contracts accommodations, for the improvement of facilities and construction of additional wards. The loans are amortized with part of the payment made by the *Caja* for services.⁶⁷

The *Caja* has undertaken to build facilities through which its medical and hospitalization services may be made effective, and present plans call for 12 hospitals, 50 polyclinics, 30 rural posts, and 10 traveling clinics.⁶⁸ Already functioning are the *Hospital Obrero* (Workers' Hospital) of Ica, inaugurated in November, 1940;⁶⁹ that of Lima (607 beds, with a complete set of clinics, eventually to have 800 beds),⁷⁰ inaugurated on December 8, 1940, and that of Huacho, opened November 16, 1941.⁷¹ Hospitals and polyclinics are under way or rapidly nearing completion in Arequipa, Callao, Cañete, Cerro de Pasco, Chiclayo, Chincha, Chochope, Huariaca, La Oroya, Pisco, Piura, and Trujillo, with an average of 80 beds each.⁷² Collection of workers' social security quotas does not begin in a given district until the *Caja* is ready to furnish the benefits guaranteed.⁷³

While studies of the housing problem have been made by the *Caja*,⁷⁴ it does not seem to have undertaken any extensive housing projects of its own as yet, except for the building of some workers' homes in Callao following the earthquake. A *Caja de Habitación* was recently created in Peru to finance 6,000 houses a year, using for the purpose 25% of the reserves built up by employers for "indemnities for length of service of employees," plus secured loans.⁷⁵ However, the Housing Department of the *Caja de Seguro* has been making inspections of existing workers'

⁶⁵ Caja Nacional de Seguro Social: "Leyes 8,433 y 8,509, cartilla de divulgación," 1937 (Lima).

⁶⁶ *Ibid.*

⁶⁷ Rebagliati, Edgardo: "Seguros de Enfermedad y Asistencia Médica en el ambiente rural," Lima, 1939.

⁶⁸ *Informaciones Sociales*, Lima, Dec. 1940, p. 1045.

⁶⁹ *Ibid.*, Dec. 1940, p. 1045.

⁷⁰ *Ibid.*, pp. 1045, 1074; July 1941, p. 555; Nov. 1941, p. 877; Caja Nac. de Seg. Soc.: "Hospital Obrero de Lima," 1940, with pictures; *Bol. Of. San. Pan.*, Mar. 1940, p. 213, "Organización de un Hospital de Seguro," by Dr. S. L. Christian, U.S.P.H.S., sent to Lima for advisory work in connection with the hospital, at the request of the Peruvian government, and through the good offices of the Pan American Sanitary Bureau.

⁷¹ *Inf. Soc.*, Lima, Nov. 1941, p. 977.

⁷² *Ibid.*

⁷³ *Ibid.*

⁷⁴ Ugarte, L. A.: "Aspectos sanitarios del problema de la vivienda obrera en el Perú," *Inf. Soc.*, Lima, Jan. 1941, p. 5, and Mar. 1941, p. 163.

⁷⁵ *Inf. Soc.*, Lima, Jan. 1941, p. 3.

homes, ordering landlords to make necessary repairs, and fining infractors of the regulations on housing.⁷⁶

By May 31, 1941, the *Caja Nacional de Seguro Social* had invested 19,091,289.67 *suces* in the construction and equipment of hospitals and clinics.⁷⁷ The amount spent for housing has not been determined.

The Department of Health of Peru was recently authorized by the Chief Executive to establish a coordinated maternal-infant welfare service with the *Caja Nacional de Seguro Social*, with the Department of Health, through its *Instituto Nacional del Niño* (National Children's Institute), taking charge of the infant services, and making use of the polyclinics and hospitals of the *Caja*.⁷⁸

Recent Social Security legislation has included the Supreme Resolution of August 13, 1940, facilitating the acquisition of houses by commercial employes through loans based on the Life Insurance policy of the worker; Law 9,169, bringing maritime employees under the accident insurance and pensions legislation (Law 4,916), and Resolution of Nov. 5, 1940, bringing cinema employees under the same jurisdiction. At present, 1017 commercial houses (Lima, Callao, and Balnerios) are under control of the Employees' Insurance section.⁷⁹

URUGUAY

The Uruguayan *Instituto de Jubilaciones y Pensiones* (Retirement and Pension Institute) includes the *Cajas de: Jubilaciones de la Industria, Comercio, y Servicios Públicos* (Industry, Commerce, and Public Utilities); *Jubilaciones y Pensiones Civiles* (Civil retirement and pensions); *Instituto Nacional de Pensiones a la Vejez* (old age pensions); and the *Caja Escolar de Jubilaciones y Pensiones* (school-teachers' retirement and pensions). It is governed by a Directorate presided over by the Minister of Public Instruction and Social Prevision.⁸⁰ A recent law (January 3, 1941), made invalidity, old age, and death insurance compulsory for *patronos* (employers) in industry, commerce, and public service.⁸¹

Investments.—The Institute is required to invest its funds in government bonds (Art. 13 of the Law of Oct. 6, 1919), but a Law passed November 5, 1937, permits the investment of up to 2 million *pesos* in the building of low-cost homes, and another (Law No. 4 of August 1933, Art. 7), permits short-term personal loans.⁸² It has not been possible to find any report of the actual amount of housing construction undertaken. The Institute recently completed its own building, for administrative use.

Drafts of a law establishing a *Caja de Seguros Rurales*, to cover the risks of disability, old age, and death, for rural workers, have been under discussion.⁸³ New legislation includes the law of Dec. 20, 1940, regulating hours of work, salaries, housing, medical services, and hygiene in rice-growing areas, and a Law of Feb. 18, 1941, extending the field of application of the accident and occupational disease

⁷⁶ Ministerio de Salud Pública, Trabajo y Previsión Social: "Memoria, dbre. 9, 1939-jul. 28, 1941," (Constantino J. Carvallo), Lima, 596 pp. P. 208.

⁷⁷ *Ibid.*, p. 23.

⁷⁸ *Reforma Méd.*, p. 679, Nov. 1941.

⁷⁹ Ministerio de Salud Púb., etc., "Memoria, 1939-41," *supra*, pp. 199, 205. The Memoria contains pictures of the Callao, Lima, Ica, and Huacho polyclinics, and of the Callao housing (pp. 208-210), as well as reports of the Lima hospital, including its out-patient home, and rural medical services.

⁸⁰ Saavedra, Andrés: "Inversión de fondos en los Instituciones de Seguros Sociales," *Rev. Trim. Inst. Jub. y Pens.*, July-Nov. 1938, pp. 17-56. See also Note 1.

⁸¹ *Bull. Pan. Amer. Union*, Feb. 1942, p. 84.

⁸² Saavedra, A., *supra*, p. 19.

⁸³ *Rev. Trim. Inst. Jub. y Pens.*, p. 1, Dec. 31, 1939.

law and increasing indemnities.⁸⁴ The idea of professional risk was abandoned, and there were provisions regarding medical attention.⁸⁵

VENEZUELA

Venezuela's Social Security Law (*Ley de Seguro Obligatorio*) was promulgated July 24, 1940, and in August a committee was appointed to draw up the necessary regulations. The original law provides for the establishment of an *Instituto Central de Seguros Sociales* (Central Social Security Institute), with a *Caja Regional* (Regional Fund or *Caja*) for each State. The latter will have a certain amount of financial autonomy in regard to sickness and maternity insurance, but will be supervised by the Central Institute, and it alone will handle accidents of work and occupational diseases. There are provisions for family coverage. Benefits include care and subsidies. It is planned to extend the system in the future to cover the risks of old age, invalidity, death, and unemployment, but the sickness and maternity insurance seemed the most imperative forms and will be installed first.⁸⁶

Investments.—No provisions regarding investments appeared in the July 24 law, and apparently the Regulations of the Law, which will naturally include the financial provisions, have not yet been issued.

A law passed July 11, 1941 places the housing problem in the hands of the *Banco Obrero* (Workers' Bank), which is to acquire and build houses for workers.⁸⁷

Bibliography

In addition to the specific references given in the text, the following have been consulted:

General

Bol. Of. San. Pan.

Bull. Pan Amer. Union.

Int. Labour Rev.

X Conferencia Sanitaria Panamericana, 1938, "Actas."

Division of Labor and Social Information, Pan American Union: "Labor Trends and Social Welfare in Latin America, 1939-40," and *Noticias*.

Aladar Metall, Rudolf: "L'Assurance-Maternité en Amérique Latine," *Bol. Inst. Int. Amer. Prot. Inf.*, p. 545, Apr. 1941. (Also, in Spanish, in *Inf. Sociales*, Lima, Nov. 1941, p. 965.)

Poblete Troncoso, Moisés: "Influencia de la legislación del trabajo en las ramas tradicionales del Derecho Tendencias a la codificación de la legislación social en América Latina," *Rev. Mex. Sociol.*, III: 3, p. 53. (Discusses labor legislation.)

Saavedra, Andrés: "Inversión de Fondos en los Instituciones de Seguros Sociales," *Rev. Trim. Inst. Jub. y Pens.*, Montevideo, July-Nov. 1938, pp. 17-56. (Comments on a questionnaire sent out by the International Labour Office, with data on several countries.)

Schoenbaum, Emilio: "Memorandum para la discusión de las reformas que deben implantarse en el sistema actual de las Cajas de Previsión," *Bol. Inst. Nac. de Prev.*, Quito, Sept. 1941, p. 69. (Study made by International Labour Office. Discusses several countries.)

Stack, Maurice: "Los Seguros Sociales en la América Latina," reprinted, with additions, in *Bol. Inst. Nac. Prev.*, Quito, Sept. 1941, p. 41. (Int. Labour Office.)

Argentina

Rodríguez, Germinal: "La invalidez como un problema médico-social y su profilaxis por medio del seguro social," Buenos Aires, 1934, 215 pp. (Rodríguez is a physician of the Caja Nacional de Jubilación y Pensiones de Ferroviarios.)

⁸⁴ *Bull. Pan. Amer. Union*, Feb. 1942, p. 84.

⁸⁵ Div. Labor and Soc. Inf., Pan Amer. Union: *Noticias*, p. 3, Apr. 1941.

⁸⁶ Bengoa Lecanda, J. M.: "Medicina Social en el Medio Rural Venezolano," *Rev. San. y Asis. Soc.*, Oct. 1940, p. 993, III parte, Cap. II, p. 1171.

⁸⁷ *Bull. Pan. Amer. Union*, Feb. 1942, p. 88.

Bolivia

Protección Social, La Paz.

Chile

Acción Social, Santiago.

Bol. Med. Soc. Caja Seg. Oblig., Santiago.

Previsión Social, Santiago.

Caja Nacional del Seguro Obligatorio: "Memorias"; also, "Campaña antivenérea y defensa de la madre y el niño en la Provincia de Tarapaca, la Memoria Anual, julio 1937-mayo 1938," Iquique; and "Campaña antivenérea en la Provincia de Antofagasta, Memoria Anual, 1938," Santiago.

Dirección General de Estadística: "Informes."

Maldonado Boggiano, Carlos: "El Seguro Social en Chile en su aspecto médico-sanitario," Informe presentado a la X Conf. San. Pan., 1938.

Vizcarra, José: "Medicina de la Previsión," Valparaiso, 1933.

Cuba

Informaciones Sociales, Habana. (Continuation of *Bol. Of. Caja Seguro de Salud y Maternidad*.)

Ecuador

Bol. Inst. Nac. Prev., Quito.

Other publications of the Institute.

Peru

Informaciones Sociales, Lima. (Caja Nacional de Seguro Social.)

Other publications of the Caja; and reports of the Ministerio de Salud Pública, Trabajo, y Previsión Social.

Uruguay

Rev. Trim. Inst. Jub. & Pens., Montevideo (continuation of *Rev. Doctrina & Jurisprudencia, Inst. Jub. & Pens.*).

Medical Society Centennial.—The *Sociedade de Medicina de Pernambuco*, Brazil, founded on April 4, 1841, was, at least in the beginning, the least long-winded and least given to fine phrases of any group in Brazil—a rare thing in that day. According to Dr. José Joaquim de Moraes Sarmiento, its members met to report in simple, conversational style, the lessons of personal experience. This simplicity of expression in an era of high-flown oratory, is refreshingly manifest in the early numbers of the society's review—a journal which, in its very title, *Anais da Medicina Pernambucana* (Annals of Pernambucan Medicine), gave recognition to the need for the study of disease from a regional viewpoint. The physicians of Pernambuco—many of them educated in Europe: Portugal, France, England, Germany—finding the old remedies inadequate for the diseases coming within their experience, were opening their eyes to their surroundings. The inauguration address of Dr. Maciel Monteiro, himself European-trained, constituted a promise of objective study of the region, the prevalent diseases, and appropriate therapy. Also worthy of note is the fact that the society was not limited to physicians, surgeons, and pharmacists, but welcomed all students of scientific and regional problems. The foreword of the *Anais* declared that the society "will admit, as honorary members, persons who, although not connected with the medical sciences, are respected by all for their training and wisdom in any other branch of human knowledge. . . . The hope of this Society is to gather together a brilliant group of all individuals in this Province distinguished for their wisdom and their virtues."—J. A. GONSALVES DE MELLO: "A propósito de um centenário," *Neurobiologia*, Sept. 1941, p. 250.