is a problem which has never been considered a true concern of public health—the chronic diseases of middle and old age.

The population of the United States is ageing. The increase of elderly persons in the population has become acutely accelerated in the last decade. Because of the victory over the diseases of childhood, more people are living to an age when they are susceptible to heart disease, high blood pressure, arthritis, diabetes, and cancer. One person in six among our population had the burden of chronic disease, permanent crippling or deformity, or serious impairment of his sight or hearing. These disabling conditions, then, are a public health problem because of their frequency among an increasing sector of the population.

The rejection of nearly half of the young men examined during the past year for military service because of physical and mental defects clearly points to the public health problem of the future. Conditions predisposing to chronic disease must be prevented wherever possible. More attention must be given to the prompt detection and treatment of tuberculosis and mental disease in their incipient stages. Disability and death rates can be sharply reduced through prevention and early treatment. And finally, the individual citizen must be educated to seek preventive treatment and must learn that health is a community as well as an individual asset.

PUBLIC HEALTH IN URUGUAY: 1901–1941

By Dr. RAFAEL SCHIAFFINO

Chief of the Division of Hygiene

Uruguay, as a result of its geographic location between the 30th and 35th parallels, of its long Atlantic coastline, and its gently rolling topography, with only mild elevations, is blessed with a temperate climate. The thermometer may vary as much as 27 degrees between the annual maximum and minimum temperatures, and shows an annual average of 17 C (62.6 F). The relative humidity is 77%. The country is subject to the influence of ocean breezes and of the warm Atlantic current. Under these favorable conditions live 2,146,000 persons, in a region of 187,000 km^2. In the northern part of the Republic they are engaged mainly in stock-raising, and below the Rio Negro which divides the country in half, in farming.

To the influences of climate and of occupation is added the racial factor. Ethnically the Uruguayan is of Caucasian origin. The native Indians were practically exterminated in 1832, and the few remaining elements became diluted in the stream of European stock. For many years the European immigration was equal to or greater than the normal increase of population. The Spanish and Italian immigrants arrived in almost equal proportions, followed by lesser numbers of other races. During the last 20 years the Central European races have predominated, with a high Semitic percentage.

The proportion of African admixture is infinitesimal, since no more negroes were introduced after the abolition of slavery in 1844, and the earlier stocks became mixed with the European population, and also decreased in numbers due to their greater susceptibility to disease, their lack of hygiene, their high rate of infant mortality, and their low rate of reproduction.

The economic prosperity of the country has permitted the expenditure of considerable amounts for social betterment during the present century, and the protection of the citizen has been sought through laws on labor and security, maternal and child protection, old age pensions, pensions for various groups of individuals, and so on.

At the beginning of the century public health was centered in the Council of Hygiene which, in addition to the regulation of the medical profession, was in charge of the sanitary condition of the country and of international health; and in the Council of Public Assistance, which administered the hospitals and polyclinics for the needy. By a law of November 7, 1910, the regional hospitals were included, so that this organization was in charge of all welfare work in the country. On October 15, 1931, the two councils were merged by law into a single Council, and then into the Ministry of Public Health. Later the Children's Council was transferred from the Ministry of Health to that of Public Instruction.

At the beginning of the present century the sewage system of Montevideo was modernized, and this was followed by the installation of water supply and sewage systems in Salto, Paysandú, and Mercedes. In 1916 the Department of Sanitary Works was founded, under the Ministry of Public Works, and since that time it has spent 20,000,000 pesos in the provision of safe water to 117 more cities and towns, and in the construction of sewage systems in 17 important cities. The paving of streets is a function of the municipalities, which have spent a great deal on such improvements.

At the present time the welfare facilities of the country include 56 hospitals with 9,800 beds. The budget of the Ministry amounts to 8,560,332 pesos, of which the preventive expenditures amount to but little over half a million, the rest going to welfare.

Public Health organization is carried out through the Division of Hygiene, which has medical health delegates in the 19 departments, and nurses who assist in their duties. The Division includes the sections of Vital Statistics, Domestic and International Sanitation; Health Education; Sex Hygiene; Rabies Prophylaxis; Preventive Clinics; Industrial Hygiene; School and Lyceum Hygiene; Hygiene of Nutrition; Control of Narcotics, and so on. The campaign against tuberculosis operates directly under the Minister.

Public health indexes have improved notably since the beginning of this century.

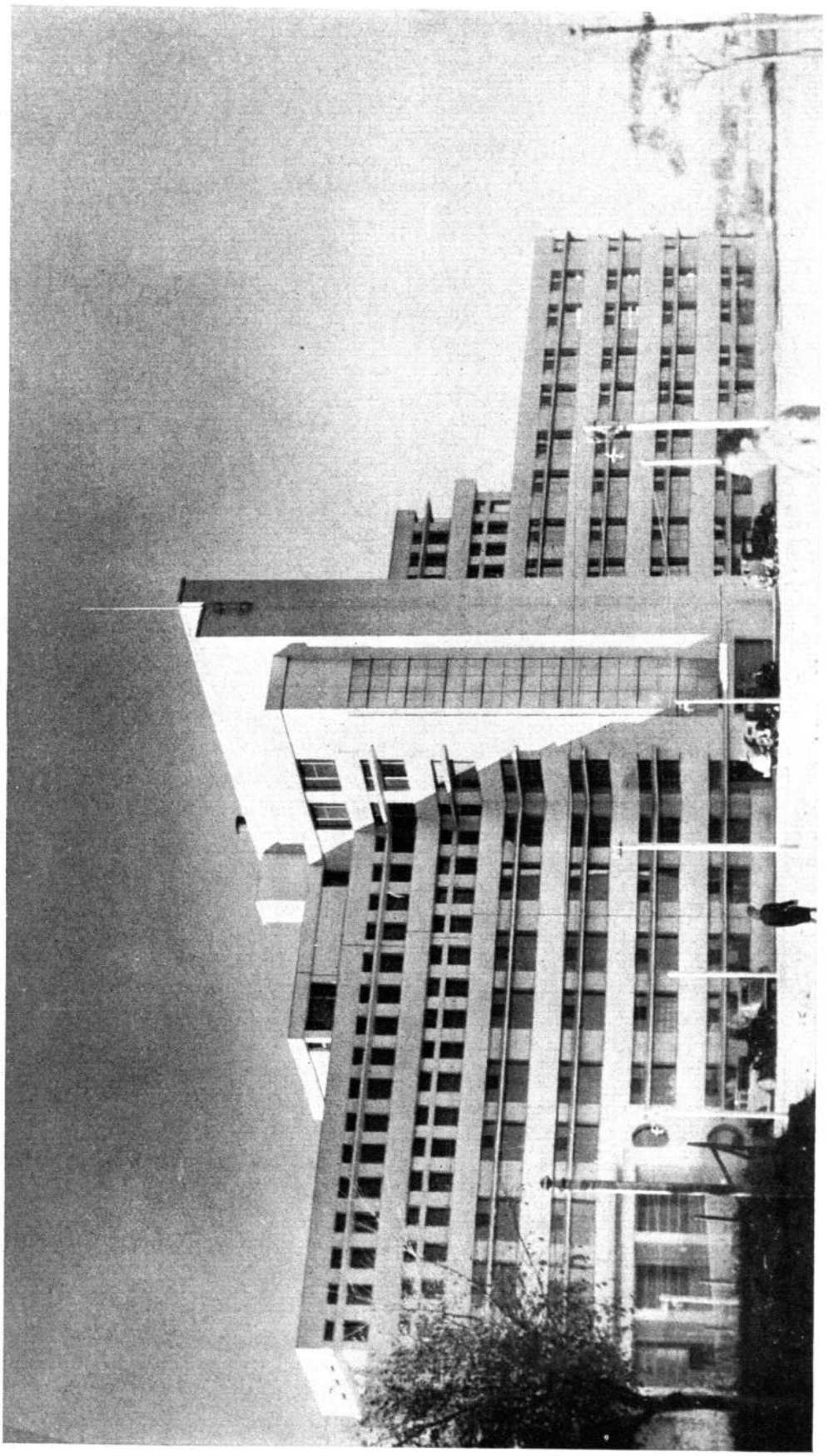
Vital statistics.—Population, 1901, 964,577; 1939, 2,146,545; births, 31,703 (32.8 per 1,000 population) and 42,862 (19.9) respectively; marriages, 4,480 (4) and 15,001 (7); general deaths, 12,504 (13) and 19,341 (9). General and infant death rates by five year periods: 1901–1905, 12.9 and 103; 1906–1910, 13.9 and 106; 1911–1915, 12.9 and 10.5; 1916–1920, 13.4 and 11.1; 1921–1925, 11.5 and 10.1; 1926–1930, 10.6 and 98; 1931–1935, 10.3 and 95; 1936–1939, 9.7 and 92. Tuberculosis mortality: 1901–1905, 113; 1936–1939, 109. Typhoid mortality: 1901–1905, 18; 1936–1939, 8.2.

Uruguay has neither malaria nor hookworm. During the present century there has been no epidemic of yellow fever or of other tropical diseases. However, in the last few years more than 100 cases of Chagas' disease have been reported, with very low mortality.

Diphtheria has been epidemic since 1919, with the following mortality: 1921–1925, 4.8 per 100,000; 1926–1930, 6.6; 1931–1935, 14.8; 1936–1939, 10.9. Cancer rates are steadily rising, due in part to more accurate diagnosis. Tetanus, anthrax, and other contagious diseases cause less than 100 deaths a year. Uruguay has 1,800 physicians, of whom 1,200 are located in the capital.

The favorable state of the public health now awaits the benefits which should result from the adoption of the Sanitary Code which, drafted in accordance with modern principles, is now pending the approval of Parliament.

In the international field, Uruguay has cooperated with the Pan American Sanitary Bureau, and has likewise taken part in the meetings of the Health Section of the League of Nations, and of the International Office of Public Health of Paris, and has adhered to the various international conventions.



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Arriba: Barrio de 400 casas construído para alojar los habitantes cuyas viviendas fueron demolidas en un antiguo barrio pantanoso e insalubre de Puerto Cabello, Venezuela. Abajo: Hospital para pequeñas poblaciones en Venezuela.

(Above: Model housing, 400 dwellings, for individuals whose insanitary homes in an old swampy and unhealthful quarter of Puerto Cabello, Venezuela, were razed. Below: Venezuelan small-town hospital.)

Gran canal de concreto prefraguado con capacidad para 25,000 lt/seg ubicado al sur de la ciudad de Maracay, Venezuela

(Canal of 25,000 liters per second capacity, lined with prefabricated concrete; located south of Maracay, Venezuela)