

# PUBLIC HEALTH IN PARAGUAY IN THE TWENTIETH CENTURY

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The Municipal Medical Office, which was headed by a single physician and provided free treatment to the needy, was the only Public Health Department in Asunción until 1889. In that year the Chief Executive appointed a Council of Medicine, which was composed of the majority of physicians then in practice (Flaviano García Rubio, Juan Vallori, Francisco Morra, Manuel Porras Pardo and Silvio Andreuzzi). The appearance of Bubonic Plague in 1889 (one of its victims was Doctor Benjamín Aceval) brought about the creation of the National Council of Hygiene, composed of four physicians and two pharmacists. This body was in charge of river and domestic sanitary administration, and prepared the necessary regulations which were approved in January, 1900. It also regulated the practice of medicine and related branches. Its first president was Dr. Guillermo Stewart.

The increase in population and new problems were responsible for the creation on January 14, 1915, of the National Commission of Public Assistance and Social Welfare. It was given authority to centralize all the public health organizations, both official and private. Although a dependency of the Ministry of the Interior, it had a certain autonomy because of having its own budget. The National Council of Hygiene was still retained. Its duties were defined in regulations of September 15, 1915. After that date it was known as the National Department of Hygiene, and carried on the preventive health work. Curative activities were the function of the National Commission of Public Assistance. However, the 1917 budget law combined the two under the name of Department of Hygiene and Public Assistance. This arrangement lasted until the creation of the Ministry of Health on January 15, 1936.

During this period the medical profession of Paraguay in cooperation with the health authorities founded the following institutions: National Vaccine Conservatory (organized by Professor David Lofruscio); National Institute of Bacteriology (Elmassian, followed by Migone, Urizar and Schenone); the Leprosy Colony (Ricardo Odriosola, at that time Dean of the School of Medicine); the *Gota de Leche* or Milk Station (Manuel Peña); Clinical Hospital (Damas de Caridad, or Ladies' Charitable Society); and the Maternity Hospital (J. P. Montero). The first campaign against hookworm was carried out under the direction of Doctor Juan Francisco Recalde during the administration of Professor Benigno Escobar as Director of Public Assistance. Doctor Escobar succeeded in securing the cooperation of a Rockefeller mission for a five year campaign against intestinal parasites.

The Medical Syndicate of Paraguay brought about compulsory medical service in industries; the National Red Cross is the work of Doctor Andrés Barbero; the First Aid Service was created while Professor Cayetano Masi was Director of the Department of Health; the health centers, various regional hospitals, the rural health posts, the School of Public Health Nursing, and other institutions are the work of the present Ministry.

Technical and economic difficulties have not permitted the complete organization of the services and functions of the Ministry of Public Health, created in 1936, which since 1937 has carried out its program of public health work as effectively as possible within the limits of its budget. The Ministry has been headed by Drs. Pedro Duarte Ortellado, Gerardo Buongermini P., Alejandro Dávalos, Ricardo Odriosola, and the second of these again occupies the post.

Adequate regulations have been adopted by the five Departments into which the public health functions are divided. Among the legislation of a public health nature are the laws requiring compulsory reporting of contagious diseases, and compulsory pre-marital certificates; and new regulations on the practice of pharmacy and related professions. The river, air and railway sanitary services have been modified and enlarged, the Tuberculosis Prevention Service created and an Epidemiology Service organized to carry out vaccination, disinfection, deratization, and control of malaria and yellow fever. Construction of a new building for the Laboratory is almost finished. A campaign against blindness and trachoma in the schools has been undertaken, as has one against malaria which has become a problem since about two years ago. Typhoid and small-pox vaccination are also carried on.

The Child Welfare Department regulates the functions of the School Medical Service, has reorganized the Milk Station Service, created the School of Visiting Nurses and Midwives and a Laboratory attached to the *Gota de Leche*, and, under the auspices of the International Institute of Child Welfare, it has organized a study of infant mortality.

The Dental Department has services in the Capital and also in the interior, the latter attached to the regional hospitals, health units and sanitary posts, as dependencies of the Department of Rural Hygiene. It has organized the Dental Supply Service and will continue new rural services as finances permit.

The Department of Public Assistance is in charge of the Permanent Medical Service, the Emergency Surgery and Traumatology Service, and the Venereal Disease Dispensary, and has suburban services in the Hospital of the Workers' Quarter.

The Department of Rural Hygiene, which is directly under the Minister, has devoted the greatest possible attention to rural sanitation. It has built several regional hospitals, organized sanitary posts in more than 100 towns and colonies, amplified the services in the principal cities, and so on. In addition to treatment and preventive work, the rural services are in charge of death registration and local vital statistics information, and also supervise the medical and pharmaceutical services of industrial establishments. The Ministry functions in connection with services of a medical-legal nature and with the Vital Statistics Department, and a central office coordinates the operation of its different departments through daily and monthly reports.

The Public Health Council, composed of the Directors of Departments and other high authorities of certain institutions in the country, assists in the solution of problems submitted to its consideration at meetings presided over by the Minister.

The program for the future includes the following projects, some of which have already been carried out: surcharge of postage and telegraph stamps, to help finance the malaria control campaign; compulsory social security, now under study; reorganization of the Child Welfare Department; creation of hospital committees in all rural localities, these to have the support of 15% of the municipal revenues; creation of an Allergy Center; organization of the Department of Nutrition and Sanitary Engineering; and an additional tax on cigars and cigarettes for the creation of an Institute of Cancer.

**Funds.**—1913, 394,560 pesos (*curso legal* or ordinary legal tender); 1915, 427,280; 1921, 5,160,000 pesos *curso legal* and 48,000 pesos sealed gold; 1925, 6,380,600 and 69,504; 1930, 6,712,680 and 27,400; 1935, 6,439,080 and 21,600; 1940, 43,775,400 and 45,500.

**Vital Statistics.**—Births: 1905, 22.8; 1910, 27.4; 1915, 31.9; 1920, 32.5; 1925, 34.7; 1930, 41.1; 1935, 34.6; 1939, 32.6; 1940, 39.9; General death rate: 1905, 12.9; 1910, 16.7; 1915, 14.1; 1920, 25.4; 1925, 19.1; 1930, 16.6; 1935, 23.8; 1939, 13.9; 1940, 16. Infant death rate: 1914, 136.4; 1920, 202.4; 1925, 151.5; 1930, 109.5; 1935, 102.9; 1939, 76.4; 1940, 85.6.

**Causes of death.**—Dysentery: 1905, 14; 1910, 6; 1915, 15; 1920, 22; 1925, 31; 1930, 7; 1935, 330; 1939, 71; 1940, 51; tuberculosis: 1905, 103; 1910, 103; 1915, 128; 1920, 128; 1925, 201; 1930, 190; 1935, 261; 1939, 202; 1940, 197; typhoid and paratyphoid: 1905, 44; 1910, 28; 1915, 19; 1920, 38; 1925, 51; 1930, 32; 1935, 58; 1939, 79; 1940, 63.

## NEW OBJECTIVES FOR THE COORDINATIVE WORK OF THE PAN AMERICAN SANITARY BUREAU, WASHINGTON

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An imperative duty of taking part in the celebrations of the Pan American Sanitary Bureau rests upon those of us who have been ideologically serving it for almost two decades, who have watched, year after year, its uninterrupted progress and its growing influence on the public health of this hemisphere, and who look upon as our own the events which it commemorates and its triumphs, which are so closely bound up with the devotion of the workers in Washington who, under the wise leadership of Dr. Hugh S. Cumming, have strengthened it and made it the Pole Star of American bio-social policy. It is not surprising therefore, that on Pan American Health Day we should say something about the new objectives awaiting this institution which is representative of America's will to live; which is at the same time her conscience and her light in everything related to human health throughout the vast extent of the New World.

There are two tasks calling upon its coordinating and orientating activity, in these hours of destruction through which Humanity is passing: to define succinctly the Pan American concept of Public Health Law; and to present a panoramic picture of the biosocial conditions of labor in this continent.

**American Public Health Law.**—The definition of American Public Health Law, which is already in progress thanks to the initiative of the IV Pan American Conference of National Directors of Health, is not a tiresome undertaking, but rather a labor which will give new splendor to the biosocial policies of the Continent. It is an attempt to surpass the Pan American Sanitary Code, which has done so much for the progress of our peoples. And this achievement would be sought through giving all our countries a model Sanitary Code, capable of serving as a reference for daily public health activities. In this respect, a magnificent precedent and an unsurpassable lesson was the work of the American Public Health Association in setting forth in October 1940 the "minimum functions desirable and the principles of organization for public health work."

But the drafting of this model Code requires preliminary studies which should be carried forward without delay: the review of the public health history of our