

# PUBLIC HEALTH IN HONDURAS

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**History.**—Public health development in Honduras began in 1910 with the promulgation of the Sanitary Code. The Public Health Council established by this Code commenced to function in 1914.

Prior to 1910, public health was regulated by a series of provisions in the Police Law and in the Law of Municipalities, and by executives who gave facilities to the municipalities and to police authorities to order the cleaning of streets and of public and private premises, to employ the Jenner vaccine in periods when small-pox was epidemic, and for the establishment of isolation hospitals administered by welfare boards. All these measures were made public by proclamation.

In 1911 the Venereal Disease Prevention Offices were created, and in 1912 the Jenner Vaccine Institute and the Veterinary Section. In 1917 a number of amendments were made in the Sanitary Code. The Department of Health was created as a dependency of the Superior Council of Health, and the Republic was divided into five sanitary zones. The Council functioned until June 1920, when the Department of Health was given ample facilities for carrying out an effective public health program.

**Present organization.**—At the present time public health administration comes under the Ministry of Government, Justice, Health and Welfare, with its Department of Health, Secretariat of Health, and Divisions of General Prophylaxis, Tropical Diseases, Laboratories and Biologic Institute, Sanitary Engineering, Sanitary Police, and Sanitary Delegations.

**Legislation.**—The Constitution of Honduras contains the following provisions regarding public health:

Every person's home is inviolate territory, which may not be invaded except by the authorities in cases of fire, earthquake, flood, epidemic, or other similar catastrophe, and for the purposes of health inspections or visits; women are not permitted to engage in unhealthful or dangerous work or in industrial night work after six o'clock, in commercial establishments; children of less than 12 years of age may not hire out for work, and those between 12 and 16 may not work longer than 6 hours per day; large industrial enterprises are required to establish hospitals at their factories for the care of industrial accidents and sickness among their employes; it is the duty of the State to guard the public health and hygienic well-being of the nation; and finally, the family, as the foundation of society, is under the protection of the State.

**Necessities.**—The most urgent public health necessities of Honduras are an energetic campaign against malaria, intestinal parasitoses, pulmonary tuberculosis, and venereal diseases. The Department of Health has taken some steps to combat these diseases, which decimate the population, but since they are problems of such enormous extension, their solution has never been accomplished.

**Funds.**—The public health budget for the fiscal year 1921–1922, the oldest for which figures were available, amounted to 79,260 *lempiras* for activities and salaries of public health personnel. The 1941–42 budget amounts to 164,760 *lempiras*.

**Vital statistics (fiscal year 1939–40).**—General death rate, 16.38 per 1,000 population; infant mortality, 103.38 per 1,000 births; deaths from typhoid and



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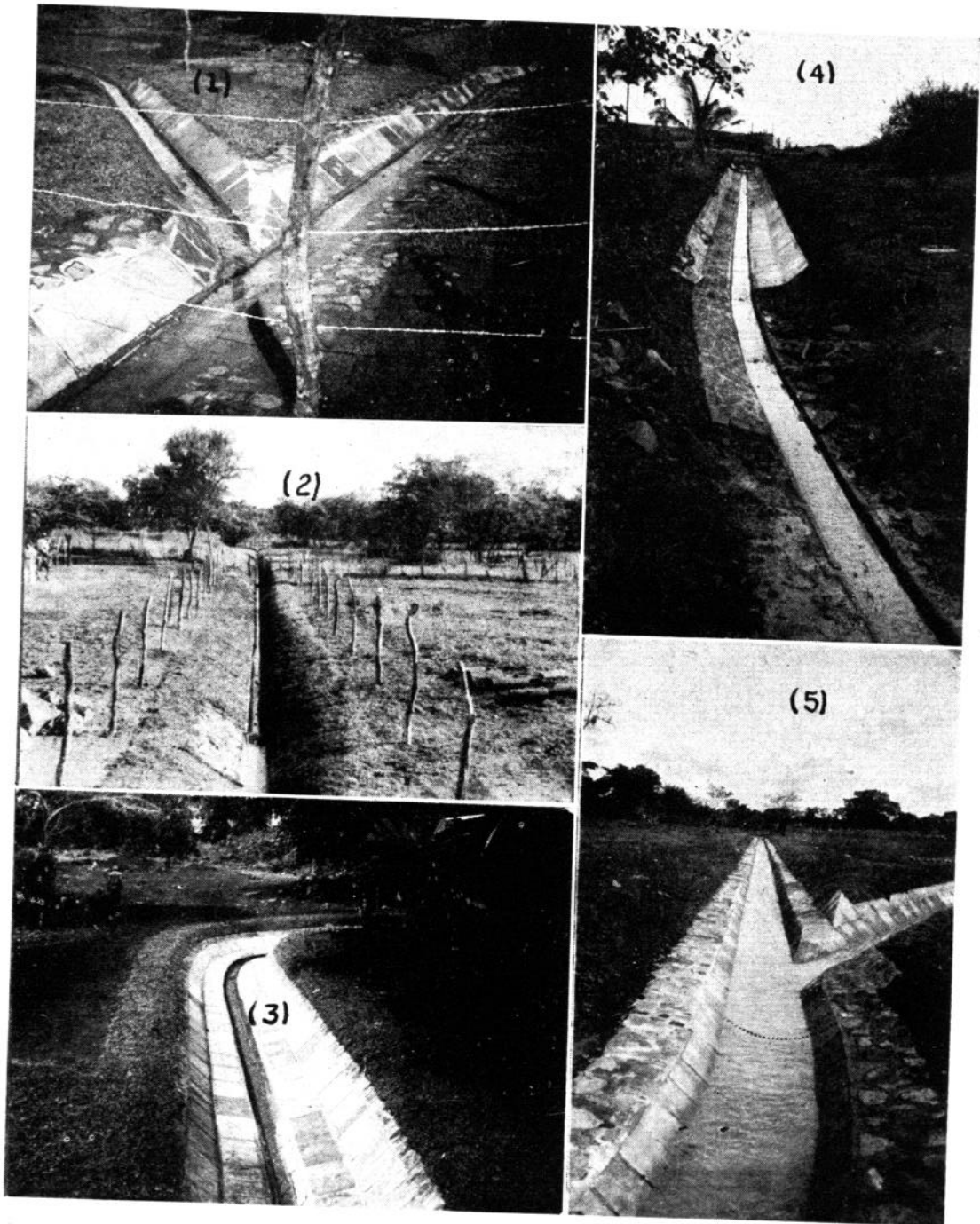
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paratyphoid, 77 (6.9 per 100,000); malaria and other fevers, 5,972 (538); pulmonary tuberculosis, 317 (28.6); intestinal parasitoses, 853 (77); diarrheas, 699 (63.1); dysenteries, 517 (46.7); pneumonia, 600 (54.2). According to the June 30, 1940 census, the population of Honduras was 1,107,859.



Obras antimaláricas en la República de Panamá: (1) y (2), Antón; (3), Chitré; (4) y (5), La Charca  
 (Antimalaria works in the Republic of Panama: (1) and (2), Antón; (3) Chitré; (4) and (5), La Charca)

**Institute of Biology.**—The Biologic Institute has begun to secure good results with the preparation of the typhoid and paratyphoid vaccine being used preventively in various parts of the Republic. It also manufactures smallpox and anti-rabies vaccine, and cooperates with the Health Laboratory in confirming the diagnosis of contagious diseases through bacteriological examinations and sero-

logic tests, and aids in the control of the quality of certain foods which may serve as means of transmission of disease.

**Future of public health.**—For the future improvement in public health we may have the assistance of an improvement in the economic situation. Honduras is always ready to cooperate with the Pan American Sanitary Bureau in the solution of the public health problems of the Continent.

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## SOME IMPORTANT DATA ON PUBLIC HEALTH IN MEXICO

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**Most notable developments.**—The first Public Health Council of Mexico was created in 1841, and was purely advisory in nature. On July 14, 1891, the first Sanitary Code was promulgated, granting executive authority to the Superior Council of Health. An amended Code was issued September 10, 1894, defining the jurisdictions of Federal and Local public health authority, and placing the former in the hands of the Superior Council of Health. When the new Constitution was adopted in 1917, the Department of Public Health was created on February 5, as an autonomous body, directly under the President of the Republic. The general Regulations for the Department were issued December 19, 1924, appearing in the *Diario Oficial* for January 21, 1925. Amendments to the Sanitary Code, March 6, 1926, increased the powers of the Department in public health matters; the new Code was published in the *Diario Oficial* of July 8 and 9 of that year. In 1926, the Regulations for the Council of Public Health were also adopted. January, 1927, saw the creation of the first (32) Federal Health Delegations in the States. In January, 1929, the Office of Rural Hygiene and Sanitary Services of the Interior was established, and also the Service of Visiting Sanitary (or Public Health) Nurses. In 1931, the first Coordination of Federal and Local Sanitary Services was organized to strengthen public health activity by the cooperation of Federal and Local governments, particularly the services in rural zones. In 1935, the Ejidal Public Health Services (Services in the *Ejid*os, or communal villages patterned after the old Indian system), and the Coordinated Services were expanded to include 22 States. The Cooperative Office of Health Services in the Federal District was created the same year, in order to separate the local practical work from the administrative services for the Republic as a whole. A National Housing Commission was appointed in 1938. In 1934, there were 182 Health Offices in the States, and these had been increased by 1940 to 698, of which 108 were social medicine and rural hygiene units. The number of public health nurses employed in these Health Offices rose from 383 in 1934 to 1,390 in 1940.

**Health education.**—When the National School of Medicine was organized in 1833, a course in hygiene was included with that of physiology, the first time in which hygiene was taught in Mexico. In 1867 a separate chair of hygiene was created and made compulsory for medical students; the first instructor was Dr. Ladislao de la Pascua. In 1922 the School of Public Health was founded, but its educational activities began in May, 1925. In this year, the Office of Propaganda and Health Education was created.

**Communicable Diseases.**—In 1902 a Commission on Epidemiology was added to the Superior Council of Health, and its duty was the prevention of communicable disease. In that same year Dr. Eduardo Licéaga, first President of the