

PUBLIC HEALTH IN ECUADOR

By Dr. LEOPOLDO IZQUIETA PÉREZ

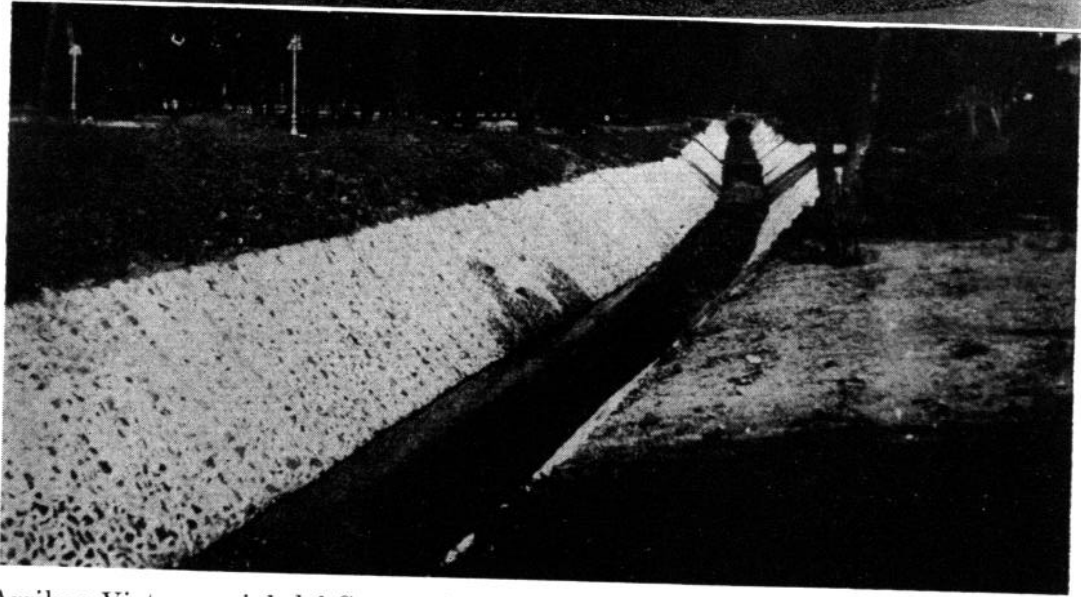
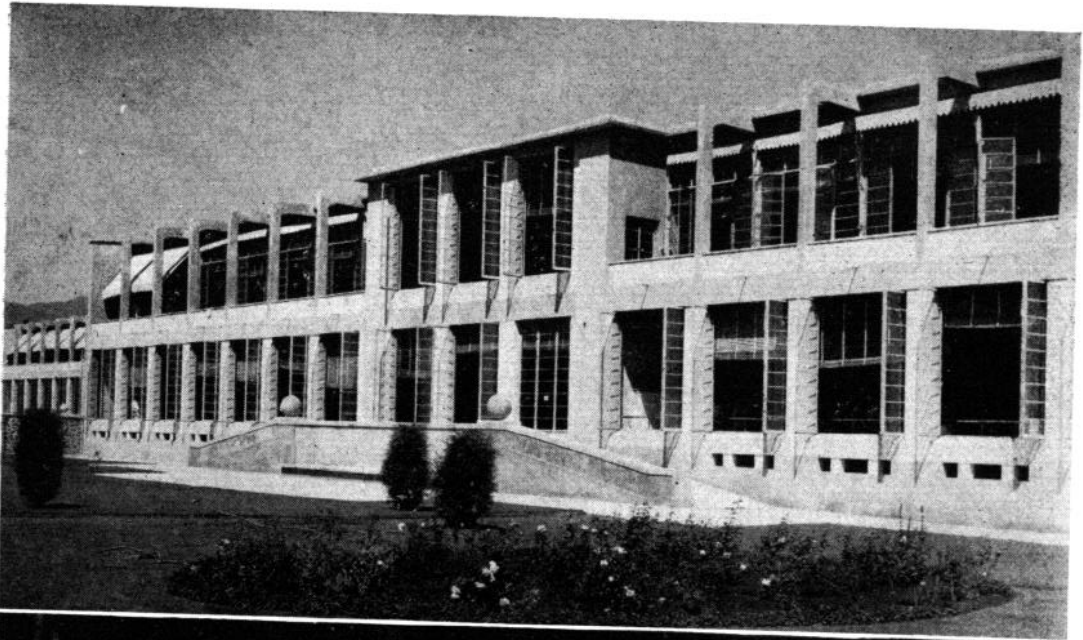
Director General of Health

Although we are far from pretending that Ecuador has attained to a complete degree of public health advancement, we can say that it has progressed to the point from which the future may be regarded without anxiety. In former times there was full justification for the apprehension felt by foreigners and also by the inhabitants of the interior of the country, on arriving in Guayaquil, since thousands of persons in both categories perished there of yellow fever. And, as if yellow fever were not enough, there came another pestilence of terrifying proportions: bubonic plague, which appeared in 1908 and found a favorable atmosphere for its propagation in Guayaquil and in the rest of Ecuador.

In those days there was in Guayaquil a so-called Board of Health, composed of heterogenous elements, many of whom were amateurs in medicine and in their knowledge of hygiene. This Board met from time to time to issue regulations of more or less effectiveness. In 1908, on the heels of the bubonic plague invasion, the National Government appointed as the first Director General of Health the North-American physician, Dr. Bolivar J. Lloyd. Dr. Lloyd immediately proceeded to organize the sanitary defense of the country. He was succeeded in his task by Dr. Luis Felipe Cornejo Gómez, who carried the work forward, as did his successor, Dr. León Becerra. The latter administration saw the visit of the famous North American commission composed of Drs. W. C. Gorgas, Juan Guiteras, and R. Carter, in 1916, and of a later Commission including Drs. Rendall, Lebrede, Eliot, Redembourg, and Noguchi. Dr. Becerra was followed by Dr. Wenceslao Pareja, and he by Dr. Luis Mariano Cueva, who died in 1931. Dr. Sayago occupied the post for a short time, when he was succeeded by Dr. Leopoldo Izquieta Pérez, the present Director.

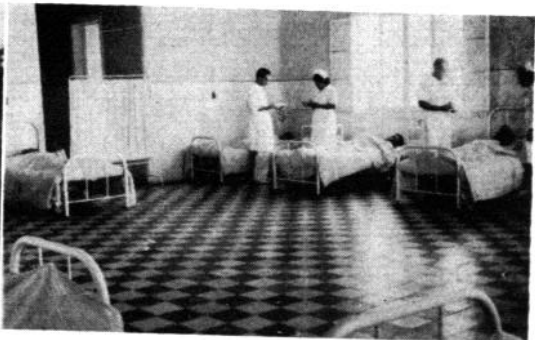
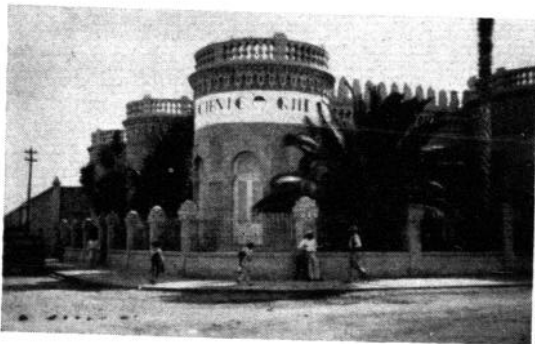
The public health movement in Ecuador, then, really began in the twentieth century (in 1908). The establishment of the contagious disease hospital; the active anti-rat campaigns; the urban and maritime disinfections and the memorable fight against yellow fever with the aid of the Rockefeller Foundation, were accomplishments of the dawn of this period. The development of our public health work has been a rapid one: it has seen the founding of new institutions; the struggle against our extremely high disease rate; and the execution of the necessary hygienic measures to these ends. There is still much to be done, and one of the most important problems is that of providing safe drinking water in sufficient quantities for Quito and Guayaquil. Another urgent need of Guayaquil, chief port of the Republic, is the leveling of its terrain, since the present irregularities permit the collection of stagnant water and the consequent breeding of mosquitoes.

It is imperative that Guayaquil carry out in the near future a number of sanitation projects, including the completion of street paving; construction of wharves along the river bank; drainage and drying of the swamps surrounding the city; the canalization of the *Estero Salado*; the destruction of neighboring *manglares* or mangrove swamps; and, finally, the promulgation of new laws and ordinances regulating new building construction in the city. To these measures must be added an active campaign against malaria, the establishment of tuberculosis sanatoria, and of dispensaries for the treatment of hookworm. An important influence in this work will be the newly created National Institute of Hygiene,



Arriba: Vista parcial del Sanatorio Antituberculoso de Huipulco, D. F., México
 Abajo: Canal principal de las obras antipalúdicas en Agua Azul y San Carlos,
 Guadalajara, Jal., México

(Above: Partial view of Tuberculosis Sanatorium in Huipulco, D. F., Mexico)
 (Below: Main Canal of Malaria control projects of Agua Azul and San Carlos,
 Guadalajara, Jalisco, Mexico)



Clínica Ejidal de San Pedro, Coah., México
 (Ejidal Clinic, San Pedro, Coahuila,
 Mexico)

Una de las salas de la Clínica Ejidal
 de Matamoros, Coah., México
 (Room in the Ejidal Clinic at
 Matamoros, Coah., Mexico)



Arriba: Unidad Sanitaria Local No. 1 de Nicaragua, inaugurada el 2 de diciembre de 1940 (I Día Panamericano de la Salud); abajo: concurrentes a la clinica infantil de la Unidad Sanitaria General Somoza.

(Above: Local Health Unit or Center No. 1, Nicaragua, opened December 2, 1940, on the first Pan American Health Day; below: child welfare clinic, General Somoza Health Unit.)

in Guayaquil (See the *Boletín* for Sept., 1941, p. 892), which will serve the whole Republic.

It is high time that we undertake to solve our problems, because isolation does not fit in with other civilized communities. Peoples should maintain a mutual understanding and aid each other. We hope that the efforts of all the countries who are doing their best to progress during this crucial period of history, will be crowned with success. The Continent of Peace ought indeed to outstrip in its hygienic advancement and safeguards, the other continents which are engaged in self-extermination. Great benefits await us under the firm leadership of our Governments and the discipline of our people, who will not fail us in the work of community and solidarity.

Funds.—Public health budgets have been progressively increased. The conservation and defense of human capital has been at all times and in all countries the chief concern of Governments. Despite great difficulties, the Ecuadorian health budget has finally reached 2,300,000 *suces*. While this figure does not reach the amount proposed by the Third Pan American Conference of National Directors of Health, it at least represents an earnest effort toward improving the sanitary condition of the country. The amounts appropriated for public health in Ecuador have risen from 220,000 *suces* in 1922 to 263,006 in 1925, 591,080 in 1930, 773,000 in 1935, 2,031,440 in 1940, and 2,300,000 in 1941.

General and Infant Mortality.—The general deaths have varied from 51,584 in 1928 to 44,385 in 1930, 46,193 in 1935, and 62,183 in 1940; and the infant deaths from 14,984 to 13,881, 14,361, and 18,839, respectively. In 1940 the principal causes of death were: whooping cough, 7,134; malaria, 4,847; tuberculosis, 2,263; dysentery, 1,199; measles, 814; typhoid, 405; tetanus, 207; syphilis, 80; hookworm, 65; smallpox, 42; plague, 14; and leprosy, 13.

PUBLIC HEALTH IN EL SALVADOR

By Drs. VÍCTOR ARNOLDO SUTTER and M. ZÚÑIGA IDIÁQUEZ

Director, and Secretary, respectively, National Department of Health

The Public Health Service of El Salvador came into existence at the turn of the century, with the promulgation of the first Sanitary Code, on May 30, 1900, during the Presidency of General Tomás Regalado. The distinguished physician, parliamentary orator, and author, Dr. Rubén Rivera, was at that time Minister of Government. In accordance with the Code, the first Superior Council of Health was appointed on July 23 of that year. Its members included the eminent physicians Drs. Tomás G. Palomo, surgeon; Carlos Bonilla, clinician, teacher of future generations, writer, and poet; and Francisco Guevara, physician, pharmacist, and outstanding surgeon.

Some time before this the small Office of Vaccination and Public Hygiene, composed of a medical director, a clerk, and an office boy, had been established, and it was incorporated into the new Council.

The work of the Council could not be very far-reaching when supported by budgets as low as 9,660 *colones*. But on July 24, 1920, it entered into a new phase of growth with its transformation into the Department of Health, as the result of amendments to the Sanitary Code. This was during the Presidency of Sr. Jorge Meléndez, and the Under-Secretary of Government, the distinguished lawyer, Dr. Arturo Argüello Loucel, contributed greatly to the establishment of the Health Service on an autonomous basis.