

THE PAN AMERICAN SANITARY BUREAU: ITS ORIGIN, DEVELOPMENT AND ACHIEVEMENTS

A REVIEW OF INTER-AMERICAN COOPERATION IN PUBLIC HEALTH, MEDICINE AND ALLIED FIELDS

II. PAN AMERICAN SANITARY CONFERENCES³⁵ (*Continued*)

First Conference.—Only 11 Republics answered the roll call at the I Inter-American Sanitary Conference:³⁶ Chile, Costa Rica, Cuba, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Uruguay and the United States, and a number of the delegates actually were the diplomatic representatives of their countries (Ecuador, Guatemala, Honduras, Paraguay and Uruguay) in the United States.³⁷ However, those present included some of the outstanding figures in the health world in the Western Hemisphere: Finlay and Guiteras from Cuba; Licéaga from Mexico; Moore from Chile; Wyman, Rosenau, Souchon, Doty, Goode, Porter of the United States.

A number of comprehensive reports, for instance from Chile, Mexico, United States, Uruguay, were submitted. Thus, other countries were made acquainted, in some cases for the first time, with sanitary legislation and conditions in the other republics. Important papers were also presented by Finlay on the mosquito as only agent in the transmission of yellow fever, with some interesting ecological considerations; by Guiteras on basis of defense against yellow fever; by Grubbs on vessels as carriers of mosquitoes; and by Goode, Souchon and Porter on simplification of quarantine measures.

The conference also distinguished itself through its unparalleled restraint in adopting resolutions. No other subsequent meeting of this series even approached this record. Altogether, seven³⁸ resolutions were adopted. One, perhaps the most important from a long-range standpoint, prescribed the duties of the International Sanitary Bureau created by the Mexico Conference. The other resolutions had decided historical and sanitary value, as they recognized for the first time the recently discovered role of the *Aedes* mosquito in the spread of yellow fever, of rats in the spread of plague, and of alvine discharges in the spread of typhoid and cholera. A reduction was also urged in the duration of quarantine to the minimum consistent with public safety and scientific knowledge.

A most important provision specified that at the next meeting the new International Sanitary Bureau should submit a report reviewing quarantine laws in the light of recent discoveries.

One of the American delegates, Rhett Goode, could well express the purposes of the meeting: "Our nations are separate in jurisdiction only. They are almost a unit in their needs and their prosperity is closely interwoven. The national boundary lines merely divide the States. There are now no real frontiers. The real frontier is the line of conquest, the place at which national demands clash. There is none such among us. The glorious century which has just passed away has been the greatest, the best, the most momentous in the world's history, and not the least evidence of the wonderful work done within its life is the close

³⁵ It is to be recalled that the first six meetings of the series were called International Sanitary Conferences of the American Republics.

³⁶ Dr. Walter Wyman was elected President.

³⁷ Chile, Cuba and Mexico were each represented by two delegates and the United States by 15. The delegates totaled 28.

³⁸ As the first merely specified that the meeting would be governed by the resolutions adopted by the International Conference of American States in Mexico City, the resolutions actually numbered only six.

cementing of the lives that bind the people of these great, good, and prosperous republics. This century may work the growth of that unity until all will be as closely united in their desires, their aims, and hopes as are the different States of the United States, and yet every one preserve its freedom from government by any and all of the others.³²

Second Conference.—Twelve republics had delegates present at the II Inter-American Sanitary Conference held in Washington October 9–14, 1905: Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Mexico, Nicaragua, Peru, United States, Uruguay and Venezuela.³⁹ Four of them, however—Dominican Republic, Guatemala, Uruguay and Venezuela—were not represented by physicians or sanitarians, and the Uruguayan representative failed to sign the convention adopted on October 14, 1905. Those present, however, included high caliber men, some veterans of the previous convention, as Wyman, Licéaga, Guiteras, Ulloa; others, newcomers, as Lavereria of Peru; Barnet of Cuba and Alcivar of Ecuador.⁴⁰

The resolutions approved suggested that reports should be presented on the floor only in abstract form; recommended translation of the U. S. Pharmacopoeia and enlisting the interest of the International Sanitary Bureau in its publication; cited the work done in Cuba, Mexico and the Panama Canal Zone as evidence of the mosquito transmission theory in yellow fever; criticized sanitary authorities failing to report the presence of yellow fever; and favored placing in the hands of national health authorities all maritime quarantine and control of epidemics threatening neighboring territory. Again valuable reports on health conditions and developments were submitted from Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, Mexico, Peru, Uruguay and Paraguay, as well as the United States.

The main and conspicuous achievement of the Conference was the signing (Oct. 14, 1905) of the Washington Convention of 1905. The chief title of this treaty to distinction consists in its being actually the first Pan-American Sanitary Code. While here and there more clear-cut and definite, its definitions and text were, however, practically identical to those in the 1903 Paris convention, with the exception of articles relating to the Red Sea, which were omitted, and the provisions on yellow fever adopted at the I International Sanitary Conference, which were incorporated.

The first country to ratify the Washington Convention was Guatemala (April 27, 1906); the last, Chile (July 15, 1907).⁴¹ The Conference actually made history. While a bare majority of the Republics (only 11) had signed the Convention and only nine ratified it (Chile, Costa Rica, Cuba, Ecuador, Guatemala, Mexico,⁴² Nicaragua, United States, Venezuela), four more, namely, Brazil (1908),

³⁹ The Conference was to convene at Santiago, Chile, March 15, 1905. A severe epidemic of yellow fever in Gulf ports of the U. S. and Mexico prevented the high health officials of these two republics from leaving their countries, and the Chilean authorities agreed to a postponement and finally to having the meeting held in Washington.

⁴⁰ Cuba and Ecuador had each two delegates, and the United States seven. The delegates numbered 20.

⁴¹ Dr. Wyman presided again.

⁴² Honduras had adopted it December 14, 1905. Mexico withdrew its ratification in the troubled days of 1914.

Colombia (1908), El Salvador (1907) and Honduras (1905), adopted its provisions, raising the total to 15.⁴³ Argentine, Paraguay and Uruguay did not join in approval but in their 1904 joint treaty with Brazil had already approved practically identical measures.

The spirit of the meeting was aptly embodied in the remarks of practically all speakers. Typical of this spirit was the address by the then representative of Cuba in Washington, Gonzalo de Quesada, one of the pioneers of Pan-Americanism: "In the past there might have been distrust in the methods pursued in various nations or a self-pride far from conducive to the high aim of scientists; today there is collaboration and friendship and the best of feeling among the distinguished physicians in whose hands is the care of the lives and interests of these free communities. Were this the only outcome of the happy idea of these conferences it would by itself constitute a glory for those who planned them and for those who have put in fruitful practice its inspirations. But more has been accomplished, the interchange of honest differences of opinion, their thorough discussion, and the subsequent publicity given your papers and transactions have undoubtedly contributed to the propagation of scientific sanitary measures and the actual adoption of prophylactic and preventive methods recommended by you."

One of the great Presidents of the United States, Theodore Roosevelt, in his address to the Delegates could well say: "I believe that we on this hemisphere are going to show to all the world, are going to teach all the world by an object lesson that separate States, separate nations, can dwell together in absolute harmony, and can unite in a common effort, as you are uniting here, for the betterment of the conditions affecting them all. . . . In medical matters, in industrial, scientific, social, artistic matters, each of our countries has something to learn from the others, . . . In the old days a plague that happened in one country was regarded as only concerning that country, until it spread over into some other helpless to defend itself against it. Now we recognize that the stamping out of disease the warfare against unhygienic conditions, must be done by the organized effort of the medical profession of all the countries joined together."

Without any attempt at disparagement, it is to be noted that in Europe practically nothing but resolutions amounting to pious wishes came out of the six international conferences held in Europe in four decades (from 1851 to 1892), the signing of the first comprehensive convention having to wait until 1903. At that, the hand of the European governments was practically forced by the encroachments of plague about the end of the century. On the other hand, the American Republics had little difficulty in reaching a practical agreement on pestilential diseases at their very first meeting (1902) and adopting a formal treaty at their second Conference (1905). Let us add that the organization of the International Bureau of Public Health at Paris already suggested at the Vienna Conference of 1874, was only carried out in 1907.

Argentina, Brazil and the United States were the only American countries represented at Paris,⁴⁴ and it was only on the insistence of the Argentine and Brazilian delegates that yellow fever was at all discussed. A number of the

⁴³ See footnote No. 48.

⁴⁴ No American Republic had been represented at the previous quarantine conferences in Europe. Attention at these meetings had centered on cholera, and as late as 1893 the vague etiological notions then prevailing prevented any really effective action. However, at least on five different occasions (1850, 1851, 1856, 1858, and 1860) yellow fever had been imported from Brazil into Porto. None of these small outbreaks compared in severity with the epidemics in Lisbon in 1723 (over 6,000 deaths) and 1857 (nearly as many) and in Barcelona (1820-22, over 20,000 deaths). Yellow fever did attract a great deal of attention at the 1874 Conference at Vienna, although no agreement was reached as to measures against it. An epidemiologist of such repute as Pettenkofer could only suggest that yellow fever should be considered from the standpoint of quarantine precautions on the same footing as cholera. At the Dresden Conference it was agreed that the results of the deliberations should be transmitted to the governments of the North and South American countries.

delegates were still arguing that the danger from rats in plague had been exaggerated and that the main danger came from the human case. When Calmette recalled the role of fleas, his remarks met a rather lukewarm reception. The omission of yellow fever in the text of the Paris Convention was partly due to the stress laid by the Argentine delegate, Davel, on disinfection of fomites and a 12-day incubation period, the reluctance of some European countries to accept the full implications of the mosquito theory, and the advocacy by the U. S. delegate of unqualified acceptance of this doctrine. The delegate from Brazil took advantage of the occasion to bring out the work carried out in support of Finlay's views in the State of São Paulo, especially by Pereira-Barretto, Barros and Silva-Rodriguez and Lutz and Ribas.

Third Conference.—The Third International Sanitary Conference was called to meet in Mexico City December 2-7, 1907,⁴⁵ attendance on the part of all countries having been urged by the Third International Conference of the American States (1906).

This latter Conference had also advised consideration of the following points: practical means to put into effect previous recommendations for sanitation of cities and ports; organization in each country of a public health committee to report to Washington on health conditions; organization in Montevideo of a branch office of the Washington bureau for reporting purposes; relations to be established between the Washington Bureau and the International Bureau of Public Health, recently organized in Paris. The call also required complete reports for each country⁴⁶ on disease prevalence, health conditions at ports, health legislation, and also suggestions on how to prevent tuberculosis cases from giving the disease to fellow travelers on ships or trains; research to discover the yellow fever "germ"; possible existence of other transmission means than mosquito bites in malaria and yellow fever; and improvement in mosquito control measures.

Thirteen republics, namely, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, the United States and Uruguay sent delegates. The Nicaraguan representative was, however, a prominent local physician.⁴⁷ Brazil and Colombia made their debut at these conferences at which they were to offer in the future such notable contributions.⁴⁸

Valuable reports were once more presented at the meeting from Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Mexico, United States and Uruguay. High type men were again present, both veterans from previous conferences, as Wyman, Goode, Guiteras, Liceaga, Ulloa, and newcomers as Cruz of Brazil, Soza and Ferrer of Chile, Gutiérrez Lee of Colombia, Roberts of Cuba, Ortega and Azurdia of Guatemala, Lazo Arriaga of Honduras, Mendi-

⁴⁵ Dr. Eduardo Lioéaga presided.

⁴⁶ All papers had to be accompanied by an abstract in English and Spanish, Portuguese or French.

⁴⁷ Chile, Colombia, Cuba and Guatemala had each two delegates present, Mexico three, and the United States eight. The delegates totaled 25.

⁴⁸ It was at this Conference (on December 7, 1907) that the Delegates from Brazil, Colombia and Uruguay accepted and signed *ad referendum* the Washington Conference. Uruguay failed ultimately to ratify.

zábal of Mexico, González of El Salvador, and Fernández Espiro of Uruguay. For the first time the number of resolutions adopted actually exceeded the number of delegates on the floor. Among the 29 resolutions, those outstanding dealt with increasing the efficiency of the Sanitary Bureau; adoption of the Washington Convention by all the American Republics and European countries having American colonies; emphasizing the importance of sanitation of ports while entrusting to the next Conference the preparation of definite recommendations on this point; recommending: compulsory vaccination against smallpox, control of malaria and cargoes and passengers in infected ports before sailing; prohibition of immigration of trachoma and beriberi patients, standardization of bills of health, centralization of health services, measures against yellow fever, study of *Aedes aegypti* distribution, treatment of organic wastes as an anti-rat measure, and immediate disinfection of feces in typhoid and cholera cases. One should note the attention given such subjects as malaria, tuberculosis, trachoma, beriberi and meningitis, special committees being chosen to handle them. This was a departure since it showed the desire to consider health problems from a broad standpoint, and not merely from the pestilential disease angle.

At the closing session, the Chairman of the Conference, Liceaga, then at the height of his well-earned reputation, spoke as follows: "Common sense, which continues to be the guide of humanity at the present time, has caused purely theoretical conceptions of purely speculative ideas to pass into the realm of the practical. In former congresses, scientific as well as other kinds, the best aspirations, the most perfect ideals of humanity were discussed, but after the meetings were over, each delegate carried away the impressions of the beautiful phrases, of the lofty thoughts, of the superior intelligence of the orators, but with the hope that which had been considered could be realized at some future time . . . the only difference between the men of that time and those of today, is that the former thought properly but did not act, while the latter not only have thought but acted properly. This is not optimism nor an illusion. . . . The work we have now done can not be properly understood for some time to come, but matters which most interested all of us have been treated, and have been put into effect with great precision. An interesting fact is that all the delegates who have come here were prepared by their scientific knowledge to inform us of the results of their experience. This proves that the work is bearing fruit, and that it is easy to do when there is a will to do it. For these reasons it can be deduced in an entirely practical manner, that the union of the American nations is being effected. This lack of discrepancy in all the matters that we have treated, this simplicity in the manner of discussing them, removing from them every aspect of ostentation and vanity, this persistence in arriving at correct and practical conclusions is the most important proof of the benefits that meetings of this class bring, not only to the peoples of America but to all mankind."

Fourth Conference.—The IV Inter-American Sanitary Conference met at San Jose, Costa Rica, December 25, 1909–January 3, 1910. Twelve countries attended,⁴⁹ one of them, Panama, for the first time.

The subjects on the program included reports on health developments and legislation in each country; measures for protection of passengers embarking at infected ports; measures to prevent introduction of diseases not included in the 1905 Washington Convention; standard health forms; modification of measures against yellow fever, plague, malaria and other diseases in the light of new knowledge; the adoption of the Washington Convention by European countries having

⁴⁹ Chile, Colombia, Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, the United States and Venezuela. The delegates totaled 19. Costa Rica was represented by four delegates, the United States by three and Mexico and Venezuela by two each. Dr. J. J. Ulloa, who had acted as Secretary at the second and third conferences, presided.

colonies in the Americas; and organization in each country of national health committees to cooperate with the Washington bureau.

The delegates present included the old standbys as Ulloa, Wyman, Liceaga, Roberts and prominent figures in the medical world, as Vial of Chile, Durán of Costa Rica, Quiñones of El Salvador, Toledo of Guatemala, Acosta-Ortiz and Razetti of Venezuela, some of whom were to rise to the highest political positions. The only layman was also a future president, Dr. Belisario Porras of Panama. Extensive reports were submitted from Costa Rica, Chile, El Salvador, United States and Venezuela, and briefer ones from the other countries.

The resolutions numbered 13, and several of their provisions were later to be incorporated in the Pan American Sanitary Code. Effective sanitation of ports was emphasized with stress on water supplies, sewage disposal, rat-proof construction, use of safety cans for garbage, periodical examinations, anti-mosquito measures, vital statistics registration and organization of well-equipped health departments; compulsory rat-proofing and periodical fumigation of ships; school teaching of elementary health rules; forbidding embarkation of patients with quarantinable diseases, including among others scarlet fever, measles and diphtheria, and considering as incubation period five days in the case of cholera, 12 days for typhus fever, seven days for plague, and six days for yellow fever, and requiring for smallpox contacts, vaccination or evidence of immunity. It was also recommended to have the different governments issue educational material on malaria and tuberculosis; adoption of standard bills of health; improvement of the teaching of parasitology and pathology in tropical countries; organization of laboratories at seaports; that at future conferences the delegates should be members of previous conferences of health officials. To the fifth conference was entrusted the duty of determining what constituted immunity to yellow fever. The Conference also asserted for the first time the authority to interpret articles of Conventions previously adopted, doing this in the case of Art. 9 of the Washington Convention in the sense that the period during which an area might be considered as infected as defined in the Convention might be extended against those countries where the isolation and disinfection and mosquito destruction measures were neglected.

In the closing session the President of the Conference, Ulloa, stated: "One more step have we taken in the path that will lead us in a short time to the point that we pursue, so that once there we may offer to the world the International Sanitary Code of this Continent, which will serve as a guaranty for the safety of the interests of the countries that we represent in this scientific tournament, where no literary beauties are seen, but which results in resolutions and advices whose object is the welfare and happiness of those who follow them. The three Conferences held during the last six years have already begun to produce benefits of inestimable value in the nations which have legalized the resolutions passed by their official representatives, as is abundantly proven by the victories over yellow fever, bubonic plague, smallpox, tuberculosis, etc. . . . In the Conference held in Mexico from the 2nd to 7th of December 1907, important resolutions were adopted against smallpox, tuberculosis and malaria. In the Fourth, which we are about to close, we have agreed in recommending to our Governments important measures against plague and malaria; we have interpreted in a more practical manner Article IX of the Convention of Washington; we have prepared resolutions tending to the betterment of cities, and more especially of ports; we have discussed statistical data from the different countries represented in regard to hygiene and sanitation; we have come to an agreement as to the preparation of uniform sanitary documents, and we have succeeded in establishing the difference between International Sanitary Conventions and Conferences, which will greatly facilitate our labors in the next Conference."

(To be continued)