

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

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

By ARÍSTIDES A. MOLL

Secretary, Pan American Sanitary Bureau

I. ANTECEDENTS

Epidemics.—Disease united the countries in the Western Hemisphere long before its opposite, Prevention, was considered an inter-American possibility.

The first of colonial epidemics, that of smallpox in 1515 in Hispaniola, spread first to neighboring islands and finally to the mainland, its toll being counted in the hundreds of thousands. Similar epidemics occurred in the following centuries. The death-dealing typhus fever outbreaks in the XVI and following centuries, almost invariably swept southward from Mexico into Central America, and farther south the pestilences developing in any of the Spanish colonies seldom failed to embrace the entire Plata region. Yellow fever was imported into one country after another, apparently from the West Indies, the trading and free-booting center for the Americas at that time. It spread about the middle of the XVII century from the French Antilles to Cuba and other Caribbean areas, until it made its way to Brazil in 1685, United States in 1692, Venezuela in 1694, Colombia in 1729, Panama and Ecuador in 1740, and Peru, Chile, Uruguay and Argentina, much later. Throughout the XVII and XVIII centuries measles marched triumphantly from Buenos Aires to Ecuador. Epidemics which may have been of scarlet fever crawled all the way south from Colombia to Argentina in 1587-89, and a similar synchronization was observed from Lima all the way around the Horn to Central America in 1803-1854. A dengue epidemic spread in 1789 from the United States to the West Indies and another in 1825 to Mexico and Venezuela in 1828. Influenza outbreaks took a heavy toll during the XVIII century from Chile to Quito and from Mexico to Buenos Aires. In the early XIX century, rabies extended down from Lima, Peru in 1803 to Ica and Arequipa in 1806-7, Chile in 1809 and Argentina in 1810. Cholera likewise ravaged practically the whole continent in its 1831-33, 1849, 1854 and 1867 devastating appearances. The history of plague in America since its introduction in 1899-1900, with its subsequent spread north and south and far inland, is very much to the point.

Quarantine.—Because of these inroads of disease, quarantine soon received citizenship papers in the Americas. The first American quarantine was established at Hispaniola in 1519. Ever since that time, inter-colonial restrictive measures became a regular procedure whenever news got abroad regarding the prevalence of smallpox, yellow fever, measles, or any other disease. For instance, Peru quarantined against Panama in 1622 and 1637; Chile against Peru in 1589, 1649, 1759, 1772 and 1785, and in 1622 and 1659 against Argentina; Buenos Aires, in 1660, refused admittance to the Chilean troops who came to defend her; Martinique in 1686 and 1708, Cuba in 1715, and Haiti in 1725, 1751 and 1766 quarantined against slave ships from Africa; Costa Rica stopped commerce with other parts

of Central America in 1816 and again in 1837; and finally, Massachusetts in 1648 and New York in 1655, and other English colonies at later dates, quarantined against the West Indies,¹ as well as other foreign places. This annoying situation subsisted in a constantly aggravated form to modern times, especially after the irruptions of cholera and plague in the XIX century. It also forced the organization of quarantine services, at first sporadically in the main ports, for instance, Rio in 1810 and 1828, San Juan in 1818, Buenos Aires in 1822, Valparaiso in 1828, Montevideo in 1829, New Orleans in 1855, and later on a national scale both in these countries and elsewhere.

Commercial ties.—The Independence of the different Republics, with the abandonment of trade restrictions imposed by the colonial regime, as well as identity of interests, brought about closer relations among American countries, while the development of steam navigation about the middle of the XIX century furthered enormously this purpose and shortened distances. The cholera and yellow fever epidemics, succeeding each other as menacing tides, compelled practically every country to look to its defenses and arrange for protection against importation of disease without dislocating trade altogether, with the subsequent disastrous consequences unavoidably involved in such a course.

Remedial measures.—The era of conferences and discussion was at hand.² Need was seen everywhere of a permanent system which would replace the arbitrary and usually severe shotgun quarantines imposed whenever epidemics actually threatened, or worse still, when they seemed to threaten.

Montevideo meeting.—The advisability of uniformity and efficiency in enforcing regulations governing inter-American traffic received first formal recognition at a meeting held in Montevideo in 1873.³ This Montevideo meeting is entitled to some attention since it was the first attempt on the part of the American Republics to agree on an international program of maritime defense against disease. Credit for this initiative belongs to Argentina, the prime movers being two far-sighted physicians—the statesman, Dr. Eduardo Wilde, and the historian, Dr. Pedro Mallo—one, both at an earlier and a later period, and the other, at the time, a member of the Buenos Aires Board of Health. Both had been impressed with the necessity of reaching an understanding on quarantine with the two neighboring countries and especially as to standardization of measures between Buenos Aires and Montevideo, since incoming ships usually stopped at both ports.⁴ Representatives of Argentina, Brazil and Uruguay attended the conference which

¹ Carter has called attention to the fact that the first quarantine placed against America in Europe (at Rochefort in 1694) aimed to guard against yellow fever, seems to have been based on a misapprehension since this disease was not present in the West Indies at the time.

² International sanitary conferences to discuss at first mainly the prevention of cholera from the near East were held at Paris, 1851, 1859; Constantinople, 1866; Vienna, 1874; Rome, 1885; Venice, 1892; Dresden, 1893; Paris, 1894; Venice, 1897; Paris, 1903; Rome, 1907; Paris, 1912, 1926, 1938.

³ Long before, in 1834, the Argentine authorities had invited the Government of Uruguay to join in the measures adopted to prevent the introduction of cholera.

⁴ It was obvious that if one port lowered its requirements the other would suffer, and this unavoidably led to constant reiteration and entail danger to public health. Mallo had for some time been urging his Government to come to an agreement with Uruguay and Paraguay, to guard against Brazil where yellow fever had prevailed.

sat from June 14 to July 30, 1873. The convention signed on the latter date embodied progressive principles and tried to moderate and humanize treatment of ships and passengers⁵ while a supplementary convention between Argentina and Uruguay provided for the construction of international quarantine stations to cover all traffic, both outgoing and incoming, in La Plata River. These agreements remained ineffective since they were never submitted for ratification to the respective legislative bodies. The old friction endured and even became worse, going as far as in 1883 to the placing of mutual quarantines between Montevideo and Buenos Aires with the unavoidable harm to commerce.

Such clashes and the reappearance of cholera in Egypt led to an Argentine-Uruguay sanitary conference held again in Montevideo in March 1884, at which Mallo was once more the Argentine representative. The agreement signed on March 31, 1884, while less ambitious than its predecessor, carried out as a whole the previous ideas and aimed at forging an united front against the menace of yellow fever, a disease endemic at the time in Brazil.⁶ Uniform bills of health and penalties were provided. However, the 1884 convention met the same fate as its model and forerunner.

Rio conventions.—The community of interests between the three Southernmost American countries on the Atlantic Ocean and the lack of a comprehensive program for the whole Continent, compelled them to keep on searching independently for a solution to their sanitary relations. A meeting was held at Rio de Janeiro, November 1–25, 1887, this time under better auspices.⁷ The delegates from Argentina, Brazil and Uruguay had on this occasion the benefit of the discussions at the international sanitary meetings at Vienna (1876), Washington (1881), and Rome (1885). At the convention signed on November 25, 1887, a scientific attempt to determine the duration of quarantine was made,⁸ ports and ships from dangerous zones were divided into infected and suspicious, quarantine was classified into actual quarantine and surveillance, a new position, that of "ship health inspector"⁹ was created, and floating hospitals for suspicious cases were required. The convention was to bind the contracting parties for a minimum period of 4 years¹⁰ and continue in force until renounced with one year's notice by one of the three powers. This convention has considerable importance since it was the first of its nature ever ratified in the Americas, was based on broad and fair-dealing principles and contained quite complete details on the various phases of quarantine. It continued in existence until denounced by Brazil in August 1892, having in the meanwhile adhered to its provisions Chile in March 1889 and Paraguay in November 1890.

In the meanwhile an interpretative meeting on the Convention and especially

⁵ It limited to 10 days the quarantine period for cholera, yellow fever and plague, from the date of departure of the vessel or discharge or death of the last case on board and reduced it to seven days in the case of yellow fever during the non-epidemic winter period, and required bills of health according to a specified model.

⁶ The 1857 and 1873 yellow fever epidemics in the Plata region had been caused by Brazilian ships.

⁷ Brazil did not want its ships to be under disadvantages in Argentine and Uruguayan ports, and Argentina and Uruguay looked mainly to safeguarding a good market for their jerked beef. The views (1885) of the Argentine physician-statesman Rawson prepared the ground for this meeting. While aware of the lack of results of the Constantinople (1865) and Vienna (1874) Conferences, Rawson still saw possibilities for international conferences, but urged reliance on good sanitary conditions as the best defense against epidemics. A draft of a sanitary code was awaiting enactment in Argentine since 1881. The message sent by the Congress urging the passage of this measure emphasized that quarantine was not enough to guard against disease.

⁸ Fixing the period of quarantine at 8 days for cholera, 10 days for yellow fever, and 20 days for plague. These were the requirements in force in the Brazilian regulations.

⁹ Argentina had a few months before introduced this personnel which had been recommended by the Roman Conference.

¹⁰ Mutual reporting of disease was recommended but not incorporated in the Convention.

on its application to beriberi was held in Buenos Aires in February 1890, and in September 1892 Argentina and Uruguay agreed on the requirement of sanitary passes for passengers previously quarantined and on standardizing treatment of ships from Europe where cholera prevailed again. A *modus vivendi* between Argentine and Uruguay was also arranged in July 1894 to avoid new conflicts and agree on quarantine procedure.

The appearance of plague in Portugal in 1899 and later in South and North America, led to working agreements between Argentina and Uruguay on August 21, 1899, November 15, 1899, and September 19, 1900; and between Argentina, Brazil and Uruguay on October 26, 1899, Paraguay joining on March 5, 1901.

1904 Convention.—The demise of the 1887 convention in 1892 had put almost immediately into motion a series of efforts aimed at reviving its provisions. Both the Brazilian and Uruguayan governments tried at first unsuccessfully to call new meetings, and a draft submitted by the Brazilian authorities in 1895 met with approval on the part of Uruguay. The inroads of plague made the situation more acute, and finally in 1903 steps were taken again by Uruguay to hold another conference at which Argentina, Brazil, Paraguay and Uruguay would be represented. The delegates of the four countries met at Rio on May–June 1904, and signed a convention on June 12. It embodied the most recent knowledge on yellow fever and plague, required reciprocal notification of first cases of cholera, plague and yellow fever, and ordered a distinction between first and second class and steerage passengers.

The rerudescence of cholera in Europe in 1910 made Argentina wish to strengthen quarantine measures against the disease. Brazil and Paraguay did not join but Uruguay and Argentina signed on August 29 and December 10, 1910 new agreements to be applied to ships from Adriatic and Mediterranean ports.

When the 1904 Rio convention expired in 1912, Uruguay took the initiative in calling at Montevideo a conference of the same four countries which lasted from April 15 to April 21, 1914. A convention was signed on April 21, 1914, embodying recognized principles such as reciprocal notification of cholera, plague and yellow fever, surveillance and quarantine, and treatment of ships. The convention, however, was ratified only by Paraguay and Uruguay, so it never became effective.

Regional agreements were afterwards entered upon by Argentina and Uruguay in 1918 on influenza and in 1935 on poliomyelitis.

Lima Convention.—The same impulses behind the first Rio Conference presided over a similar effort on the other side of the South American Continent, which had recently suffered an epidemic of cholera, causing in Chile not less than 30,000 deaths.¹¹ In July 1887 the Peruvian Government sent a general invitation to the American countries to attend a conference at Lima which would put recent medical advances to practical use on behalf of commerce and public health. The opening of the meeting was delayed to January 2, 1888. Finally only representatives of the four South Pacific Republics, Bolivia, Chile, Ecuador and Peru, attended the meeting which lasted until March 12, 1888.¹² A draft of an international sanitary convention and a series of technical conclusions were adopted recommending again prompt exchange of health information, weekly publication

¹¹ This was one death per 123 inhabitants, a rate much higher than that in any other American country, although the rates for individual cities far exceeded the above, as exemplified in the figure of 1 per 100 in New York City and 1 per 12 in Quebec in the 1831–32 epidemic. The severe exclusion measures adopted at the time by most of the other Republics against Chile and Argentina, which had also been cholera-stricken, had practically paralyzed commercial intercourse through the lack of uniform quarantine regulations.

¹² Prominent sanitarians were in attendance, as Puga Borne of Chile and Alarco of Peru. Some countries, as Argentina, Brazil, Mexico and Uruguay, frankly declined. Others accepted but failed to send delegates. To be sure, the South Atlantic countries had just met on a similar errand.

of yellow fever and cholera reports when these diseases were present, defining pestilential diseases, infected and suspected ports and ships, and the duties of ships' masters and authorities in case of epidemics, exempting passenger ships from some requirements, requiring quarantine inspection and use of bills of health, organizing a body of ships' medical inspectors, limiting the quarantine period to 20 days in the case of plague, 10 for yellow fever and 8 for cholera.

These regional undertakings had not prevented more general approaches to a problem of admittedly continental scope.

Washington conference.—The pendulum in the meanwhile had swung north. This time the United States took the initiative, and a joint resolution approved by Congress¹³ May 14, 1880, at the suggestion of the National Board of Health, authorized the President to call an International Sanitary Conference to which the powers having jurisdiction in ports likely to be infected with yellow fever or cholera were invited to send delegates. The purport of the meeting was to secure an international system of notification of sanitary conditions in the different countries, and especially ports, and ships sailing therefrom, through the introduction of bills of health. The ultimate and more remote purpose was to bring about milder and more sensible quarantine measures, as once pertinent information were available, it would not be necessary to consider as infected all ports in certain latitudes, and many vessels could be exempted from detention. The Conference lasted from January 5 to March 1, 1881, the following American Republics being represented at one time or another: Argentina, Bolivia, Brazil, Chile, Colombia, Haiti, Mexico, Peru, Venezuela, and the United States, in addition to Hawaii, Japan, China and fourteen European powers. Of these, several—Denmark, France, Great Britain and Spain—had American colonies, and Spain appointed as one of her representatives a Cuban physician, the great Finlay, this leading to the most startling and important development of the meeting, the announcement of the mode of transmission of yellow fever.

Altogether, eight resolutions were adopted, none of which received unanimous approval, and the Final Act was not signed by the Bolivian, Brazilian and Peruvian delegates. In the light of future events, it is almost amusing to recall the attitude assumed by the several powers on the propositions submitted. On the recommendations that each country should have a national service capable of keeping itself fully informed on sanitary conditions and on the publication of weekly health bulletins, Argentina, Haiti, Mexico and Spain (Cuba) voted in the affirmative while Chile and the United States in the negative; on the establishment of direct communication between the different countries on health conditions, Argentina took the negative side and Chile, Haiti, Mexico, the United States and Spain (Cuba), the affirmative; on the organization of international

¹³ The National Board of Health was led to take this step by the difficulties experienced in trying to enforce the law of June 2, 1879, to prevent the introduction of contagious and infectious disease into the United States. The success already obtained in Europe in preventing the importation of cholera by the Mecca pilgrims inspired this demarche. By and large, the ravages of yellow fever in the Southern States precipitated the measure.

bodies to collect epidemiological data, the United States voted negatively and Mexico abstained from voting; on the issuance of standard bills of health, Argentina dissented; on granting authority to consuls to be present at the examination of ships and to authenticate bills of health, the United States dissented; on the free issuance of bills of health, Argentina, Mexico and Spain abstained from voting. On the creation of a temporary commission to study yellow fever, all the American Republics were, however, unanimous.

Perhaps because of the lack of agreement on most of the questions, and also for being a little ahead of the times, the Washington Conference failed in its immediate purpose, although it paved the way for future understandings and left behind a trail of practical suggestions. The proposed international health agencies at Vienna and Habana were never organized, the model international bill of health was never adopted, the Yellow Fever Commission never became a fact, and the proposal¹⁴ that 22 international posts for the study of yellow fever be created and annual conferences of the men in charge held, remained in the realm of unattained wishes.

Pan American conferences.—The matter received then attention on a broader front, coming up for consideration in the Inter-American general Conferences. It may be well to review the subject from a historical standpoint.

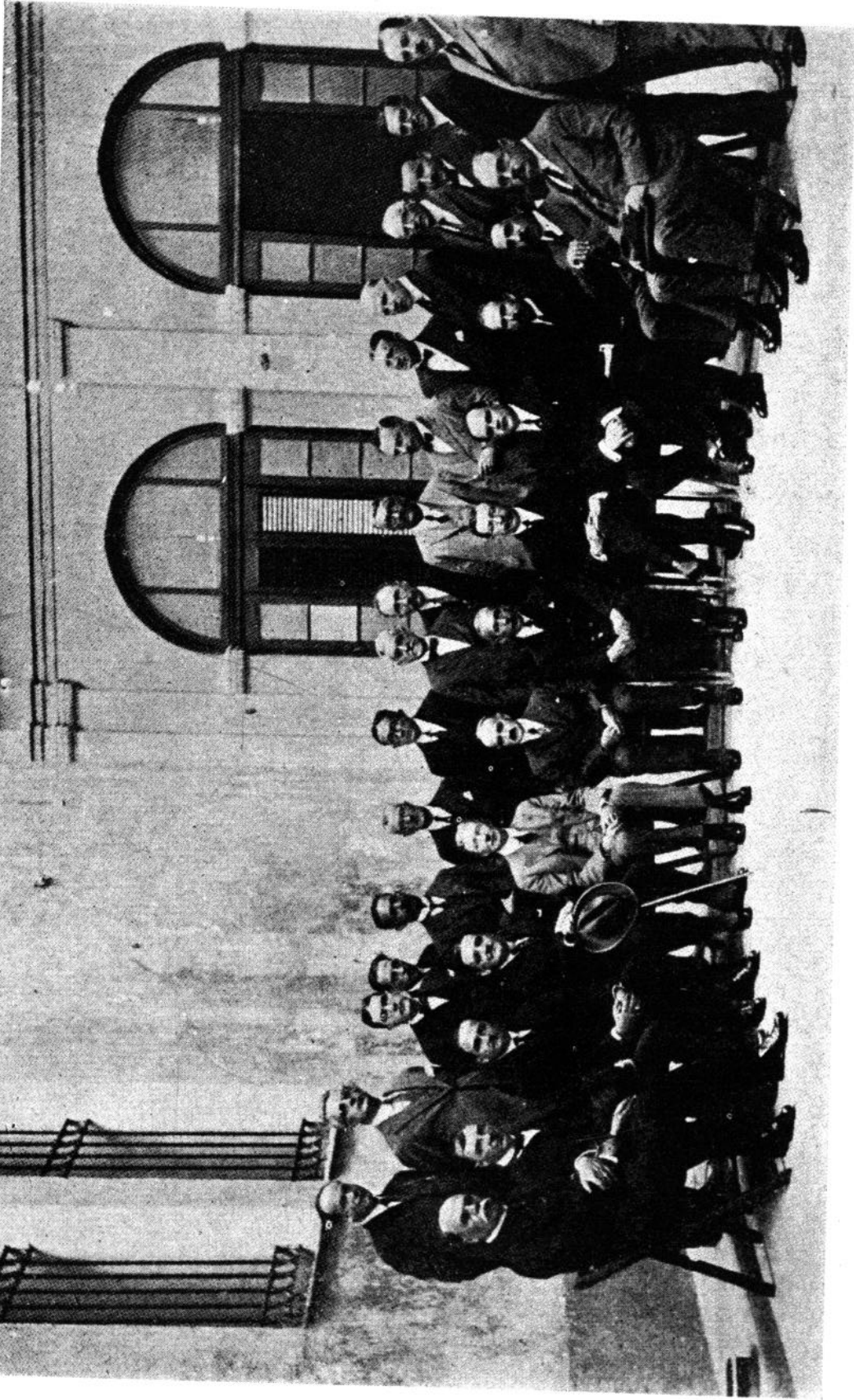
The Panama Congress, called by Bolívar¹⁵ in 1826 with so much foresight as well as grandiloquent language, had been naturally more concerned with war and defense than other subjects. The instructions to the American delegates had indeed mentioned as one of the purposes of the Congress the establishment of general principles applicable to commerce and navigation. No notice whatever was taken of health, as neither Governments nor delegations recognized the relation of disease to commerce.¹⁶ Its relation to conferences was, however, forcibly impressed on them. Practically all the members of the Congress took sick at one time or another, two young secretaries of the British mission died, one of the American delegates fell a prey to yellow fever on his way to the meeting, and fear of epidemics was one of the influential factors in bringing about the adjournment—which proved *sine die*—of the Conference to Mexico.

(To be continued)

¹⁴ This was mainly favored by the medical delegates, Finlay of Cuba, Cervera of Spain, Alvarado of Mexico, Turner and Cabell of the United States, van Leent of the Netherlands and Amado of Portugal.

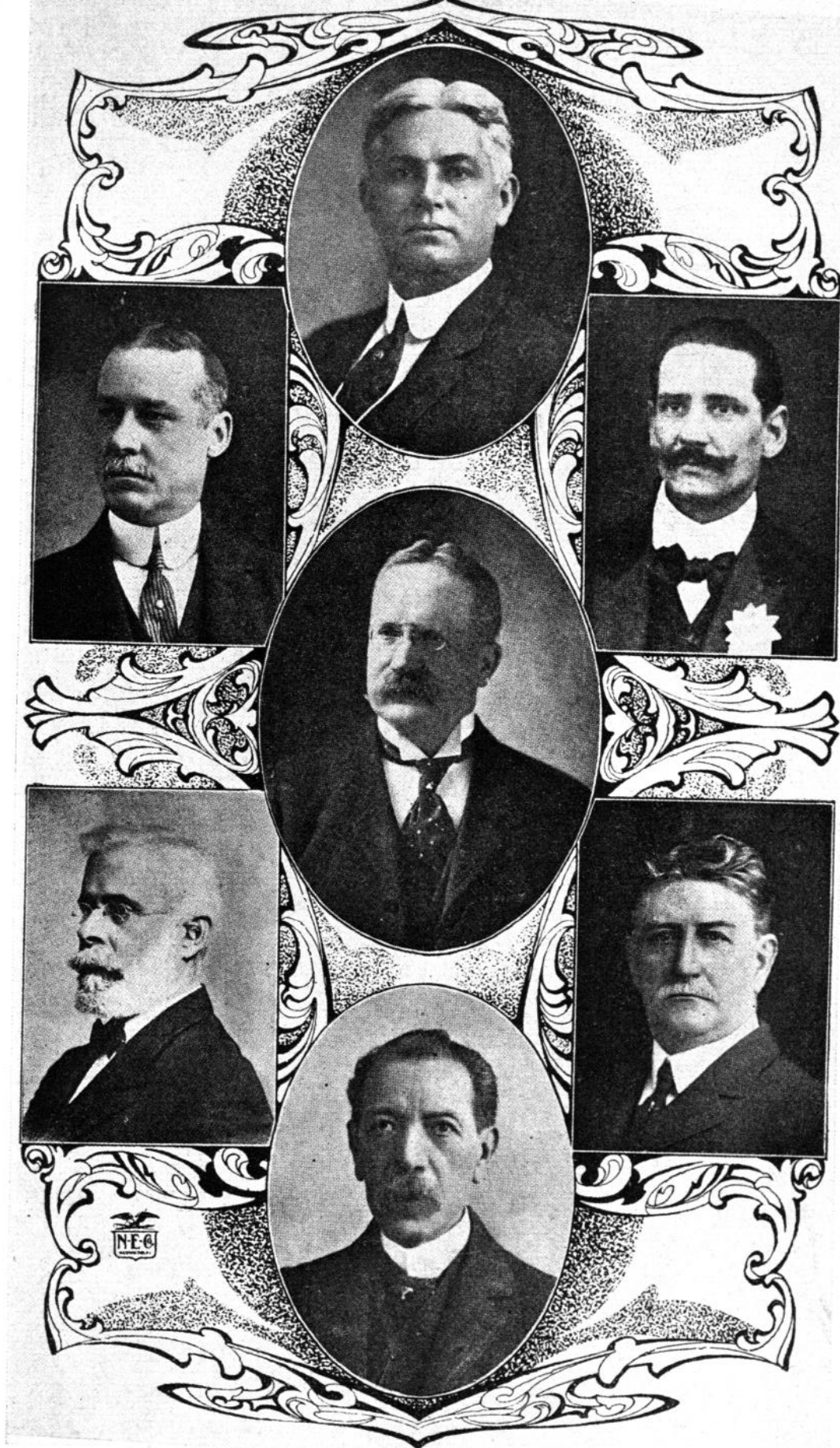
¹⁵ While this was the first tangible evidence, the idea of Pan-American cooperation had long been floating in the atmosphere: first perhaps, with Espejo (1736); Miranda, 1792-1808 (especially since the meeting of representatives of various Spanish colonies in Paris in December 1797); Martínez de Rosas (1810); Egafía (1810); Monteagudo; Thornton's outlines of a Constitution for United North and South Colombia (1815); O'Higgins (1818); and of course, Bolívar himself, more definitely after 1815. Mexico also had started a call to an inter-American meeting practically at the same time as Bolívar. The important part played by two physicians, Espejo and Thornton, is to be noted. It may not be amiss to recall here Miranda's fondness for close contacts with physicians and scientists, and his friendship with Rush, Waterhouse, Jas. Lloyd, Thornton, Lavater, Pietet.

¹⁶ Central America, at the learned Valle's suggestion, submitted to the Conference a proposal, not acted upon, for the organization of a scientific expedition which would include naturalists as well as geographers and astronomers.



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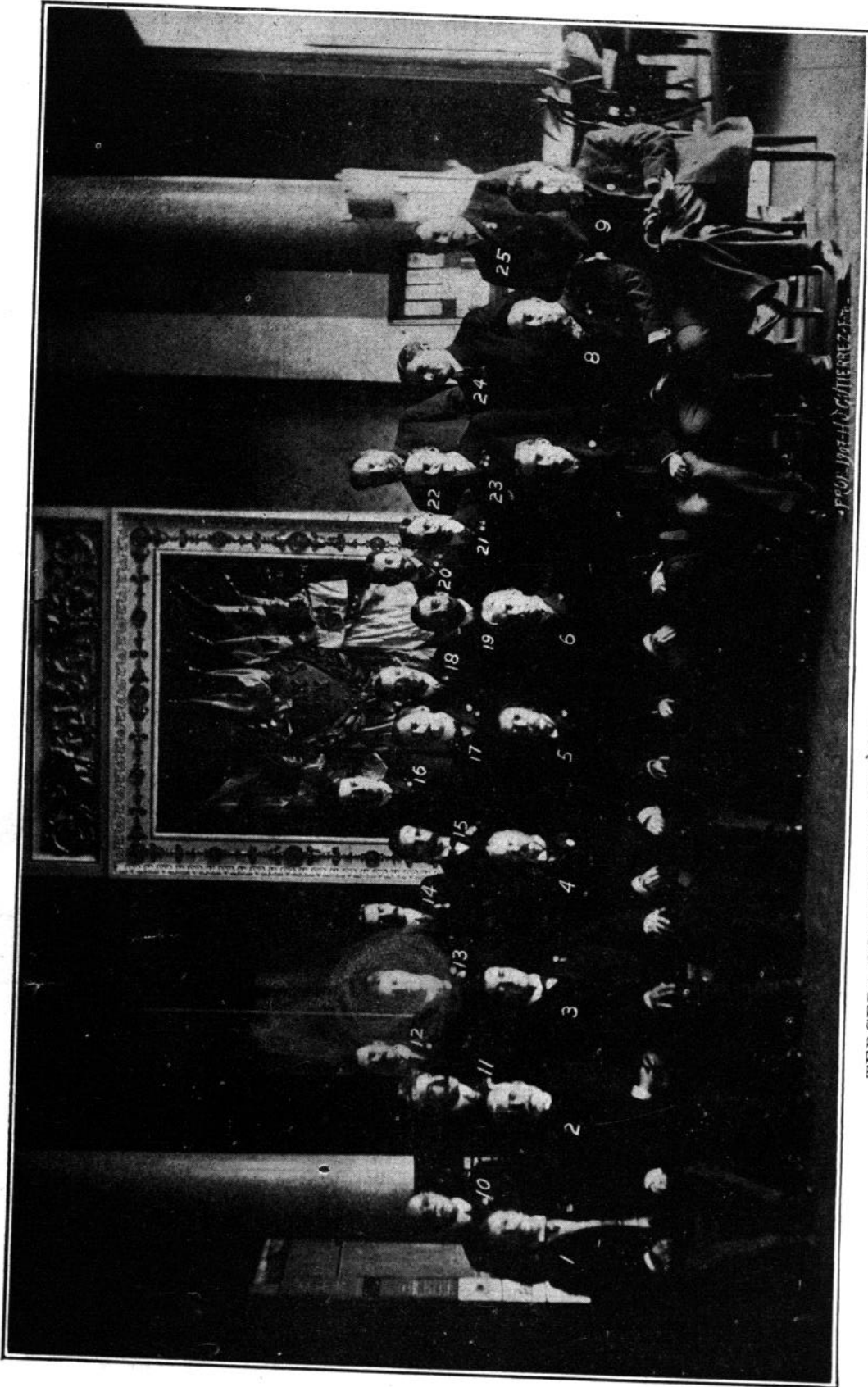
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TERCERA CONFERENCIA SANITARIA PANAMERICANA, MÉXICO, 1907
 (THIRD PAN AMERICAN SANITARY CONFERENCE, MEXICO CITY, 1907)

En la fotografía aparecen los siguientes delegados: 1, Dr. H. L. E. Johnson, de los Estados Unidos; 2, Dr. Juan Guiteras, de Cuba; 3, Dr. Ernesto Soza, de Chile; 4, Dr. Walter Wyman, de los Estados Unidos; 5, Dr. Eduardo Licéaga, de México; 6, Dr. Juan J. Ulloa, de Costa Rica; 7, Lic. José Algara, de México; 8, Dr. Ricardo Gutiérrez Lee, de Colombia; 9, Dr. G. Mendizábal, de Nicaragua; 10, Dr. E. Fernández Espiro, del Uruguay; 11, Dr. O. Gonçalves Cruz, del Brasil; 12, Dr. R. H. von Ezdorf, de los Estados Unidos; 13, Dr. Rhett Goode, de los Estados Unidos; 14, Ingeniero José Elguero, de México; 15, Dr. Hugo Roberts, de Cuba; 16, Dr. P. J. Straub, de los Estados Unidos; 17, Dr. Pedro Lautaro Ferrer, de Chile; 18, Dr. J. Gatewood, de los Estados Unidos; 19, Dr. Hugo Rob-Ortega, de Guatemala; 20, Dr. José Azurdia, de Guatemala; 21, Dr. R. D. González, de El Salvador; 22, Dr. Francisco J. Yánes, de la Oficina Internacional de las Repúblicas Americanas; 23, Dr. J. H. Estévez, del Ecuador; 24, Dr. Genaro Payán, de Colombia; y 25, Dr. L. Lazo Arriaga, de Honduras.



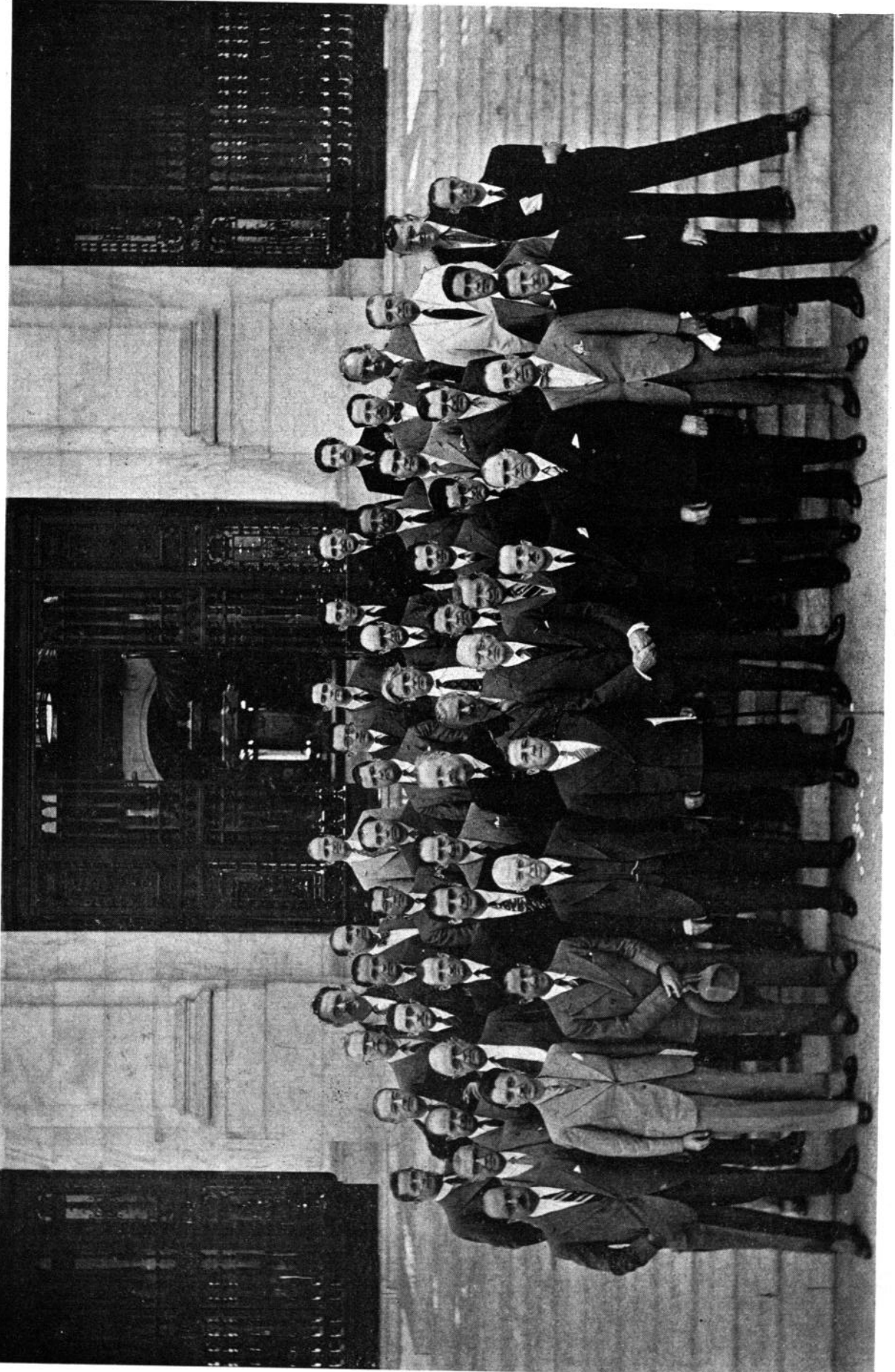
DELEGADOS A LA X CONFERENCIA SANITARIA PANAMERICANA, BOGOTÁ, COLOMBIA, 1938
(DELEGATES TO THE X PAN AMERICAN SANITARY CONFERENCE), BOGOTÁ, COLOMBIA, 1938

Una comparación con la fotografía en la página 1228 demostrará el auge que han tomado estas Conferencias en número, y esto también reza con su importancia y efectividad.



DELEGADOS A LA PRIMERA CONFERENCIA PANAMERICANA DE DIRECTORES NACIONALES DE SANIDAD, 1926
(DELEGATES TO THE FIRST PAN AMERICAN CONFERENCE OF NATIONAL DIRECTORS OF HEALTH, 1926)

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DELEGADOS A LA IV CONFERENCIA PANAMERICANA DE DIRECTORES NACIONALES DE SANIDAD, 1940
(DELEGATES TO THE IV PAN AMERICAN CONFERENCE OF NATIONAL DIRECTORS OF HEALTH, 1940)



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(Group of Holders of Scholarships of the Pan American Sanitary Bureau)

Están representados los siguientes países: Argentina, Brasil, Colombia, Costa Rica, Cuba, Ecuador, Guatemala, Honduras, y México.

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(PIONEERS IN PUBLIC HEALTH IN AMERICA)

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(1879-1934)
José Hipólito Unanue
(1755-1833)

Eduardo Licéaga
(1839-1924)

Carlos J. Finlay
(1833-1915)
Walter Wyman
(1848-1911)