# SUMMARY OF FOUR-YEAR REPORTS ON HEALTH CONDITIONS IN THE AMERICAS 1957-1960

PREPARED FOR

THE XVI PAN AMERICAN SANITARY CONFERENCE



Scientific Publications No. 64

July 1962

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau - Regional Office of the
WORLD HEALTH ORGANIZATION

WASHINGTON, D.C., U.S.A.

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#### PROLOGUE

A synthesis of health conditions in the Americas for the period 1957-1960 has been prepared from data provided by the Governments. This presentation includes vital and health statistics, trends of prevailing problems and the resources usually employed with special attention to personnel and investments for health services. The series of data permits understanding of the characteristics of the most prevalent diseases and the effects of the programs for their prevention and treatment. Comparison of this report with the previous ones, reveals the progress achieved or the retrogressions although it still may fail to reflect reality. The data are incomplete in quality and quantity. They are, however, a basic tool for the interpretation of the phenomena which condition health and disease and their projections in time. They represent the basis for the formulation and evaluation of the health plans and programs determining for each period what needs to be done and how it should be done.

One does not consider today collecting statistics without giving thought to their analysis and interpretation, and the resulting modifications they will bring forth, whether in preventive or curative actions, in the priorities assigned or in the methods of solution of health problems. Statistics is a highly dynamic discipline which should serve as an instrument for social progress. In order that their effects be felt in the health administrations of a country, it seems indispensable to have departments of statistics in the Ministries of Health at the national level with the necessary structure at the local level to insure the use of the information where the problems occur and are solved.

We believe that this publication will be useful to the Governments in carrying out the Ten-Year Health Plan which is a part of the Charter of Punta del Este. It permits at the same time, the extension to new communities of present programs, particularly those which are related to problems of significance for economic and social progress. In sponsoring this document the Pan American Sanitary Bureau is fulfilling the repeated resolutions of the Governments emphasizing the importance of vital and health statistics, the need of extending programs of the Organization in this fundamental field, and the intention of Governments to utilize and improve their data in quantity and quality according to the situation of each country.

Abraham Horwitz Director

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#### PREFACE

Since the health officials of the Member Governments of the Pan American Health Organization<sup>(1,2,3)</sup> have expressed their interest in the general collection and distribution of health information by the Pan American Sanitary Bureau, summary reports have been prepared for the Pan American Sanitary Conference which is held every four years. To bring the reports together into a unified summary, data have been collected through questionnaires completed in the countries and other areas of the Americas.

The first summary was presented to the XIV Conference held in 1954 in Santiago, Chile, entitled Summary of Reports on the Health Conditions in the Americas, 1950-1953. (4) Data were collected in the same way for the second report, presented to the XV Conference in 1958 in San Juan, Puerto Rico, which was entitled Summary of Four-Year Reports on Health Conditions in the Americas. (5) The information collected for this second report also served for the First Report on the World Health Situation, 1954-1956, by the World Health Organization. (6)

A Resolution of the XV Pan American Sanitary Conference in 1958 recommended that reports on health conditions of Member Countries for the XVI Conference in 1962 include statistical information in the various fields. A Resolution of the Eleventh World Health Assembly in 1958 requested the Director-General to prepare a questionnaire on public health and demographic aspects to be used as a guide in the preparation of future reports, and invited the Members of the World Health Organization to prepare a second report covering the period 1957-1960 which would be used for the Second Report on the World Health Situation for the Fifteenth World Health Assembly.

To eliminate the need for completion of two questionnaires, arrangements were made for the questionnaire from the Director-General of the World Health Organization to serve as the basic document for both purposes, namely, the Summary of Four-Year Reports on Health Conditions in the Americas, 1957-1960, prepared for the XVI Pan American Sanitary Conference, and the Second Report on the World Health Situation, 1957-1960. (7) The latter report has already been released and consists principally of individual country resumes.

The questionnaire had two parts: Part A, "General Consideration," a narrative account of important events or changes in health administrations, descriptions of any general health plansor programs for development of the overall health services, new developments in education and training of professional and auxiliary health

personnel, a brief summary of research, etc.; and Part B, "Statistical Information," a series of forms for recording vital statistics, morbidity from communicable diseases, resources in terms of health expenditures, hospitals, health centers, laboratories, health personnel, immunizations, etc. Not all health administrations completed Part A, but nearly every one completed Part B. Thus this report is primarily a summary of statistical data on vital statistics, notifiable diseases, and health resources.

In this document for the Pan American Sanitary Conference, only the regional problems and programs which can be described from material provided in the questionnaire have been highlighted. Other official reports from the countries to the Bureau, to the World Health Organization, and to the United Nations have also been used to supplement the information obtained in the Four-Year Reports. It would be desirable if each country would establish official figures to be provided to all agencies. Difficulties were encountered in obtaining statistical data in some fields on which data are needed for health planning. When data from different sources were not in agreement, efforts were made to use the most reliable figures for this report. However, this proved to be a difficult task and indicated the need for improvement of basic data. Coordination is desirable so that official figures will become available for planning of health programs and evaluation of progress in each country.

At this time, with emphasis being placed on planning for health programs in accordance with the Act of Bogota<sup>(8)</sup> and the Charter of Punta del Este, <sup>(9)</sup> inclusion of data essential for health programs of the Americas was deemed advisable. Thus, efforts have been made to assemble data regarding advances in health programs, expenditures for health, hospital facilities and services, populations provided with water supplies and sewerage systems, health personnel, new developments in education and training, in addition to usual data on vital statistics and communicable diseases. The chapter on hospital services includes new data on average lengths of stay and percentage distribution of causes of hospitalization of patients. Such data are useful for planning medical programs.

The progress in health work in the Americas can be reviewed at regular intervals through the Four-Year Reports prepared for the Conferences. To provide complete and accurate data in the many fields of health, further efforts can well be directed to improvement of collection of data needed for planning, and to development within each National Health Service of a Statistical Service responsible for analysis and use of official data in each field. Coordination of statistical activities is essential in the countries in order that data be collected and fully utilized for health planning at national and international levels.

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## EXPLANATION OF SYMBOLS

Data not available	• • •
Category not applicable	•
None	-
Less than half of unit employed	0.0

#### CHAPTER I

#### GENERAL VITAL STATISTICS

Planning and evaluation of health programs begin with a critical analysis of health conditions. Knowledge of the growth of a population, its age composition and the principal causes of death is an essential element in such planning. Statistics on population, births and

deaths are at present the most reliable indices available to define the health status of nations and to measure changes taking place. This chapter will be concerned with general vital statistics principally utilizing data received from the Member States for this report.

#### **POPULATION**

Accurate estimations of population are derived mainly from censuses. In the past, most population and housing censuses which are the source of demographic statistics for many purposes have been taken at 10-year intervals usually near the beginning of each decade. However, some delays have been encountered in censuses at the beginning of this present decade. In only 12 of the 22 countries of the Americas were censuses taken in 1960 or 1961. In four others, they are scheduled for 1962 and in five for 1963 leaving only one country in which the plans for the census are not known at present. Even in many countries in which the censuses were carried out in 1960 or 1961 final tabulations are not available at the time of preparation of this report and practically no distributions by age can be obtained. The dates of the censuses which have been taken or planned (as reported by the United Nations) are given in Table 1. In Canada the population was enumerated twice in the decade, in 1956 and 1961, and in St. Pierre and Miquelon there were censuses in both 1959 and 1962.

For this report the estimates of population which have been used are in most instances those provided by the countries to the United Nations and published by the United Nations as official estimates. Mainly they are based on previous census data and calculations using the excess of births over deaths and facts about

TABLE 1. DATES OF NATIONAL CENSUSES TAKEN OR PLANNED IN THE AMERICAS DURING
THE PERIOD 1955-1964

Area	Date	Area	Date
Argentina	30 IX 1960	Bahama Islands	1963
Bolivia		Bermuda	23 X 1960
Brazil	1 IX 1960	British Guiana	7 IV 1960
Canada	∫1 VI 1956	British	
	{1 VI 1961	Honduras	7 IV 1960
Chile	29 XI 1960	Canal Zone	1 IV 1960
Colombia	1963	Falkland Islands	1963
Costa Rica	1963	French Guiana	9 X 1961
Cuba	1963	Guadeloupe	9 X 1961
Dominican		Martinique	9 X 1961
Republic	7 VIII 1960	Netherlands	
Ecuador		Antilles	31 XII 1960
El Salvador	2 V 1961		27 VI 1960
Guatemala (a)	1963	_ =====================================	1 IV 1960
Haiti	VIII 1962	St. Pierre and	l.
Honduras	17 IV 1961	Miquelon .	15 X 1959
Mexico	8 VI 1960		III or IV 1962
Nicaragua	V 1962		
Panama	11 XII 1960		7 IV 1960
Paraguay	IX 1962	Virgin Is.(U.S.)	1 IV 1960
Peru	2 VII 1961	West Indies	
United States	1 IV 1960	Federation	7 IV 1960
Uruguay (b)	1963		
Venezuela	26 II 1961		

Source: United Nations Economic and Social Council, E/CN. 3/295, 15 Feb. 1962

<sup>(</sup>a) Personal communication. (b) Reported unofficially in May 1962 to be postponed to 1963.

TABLE 2. ESTIMATED MIDYEAR POPULATIONS FOR 1940, 1950 AND 1960 AND ANNUAL PERCENTAGE GROWTH RATES FOR DECADES 1940-1950 AND 1950-1960 IN 22 COUNTRIES AND 4 LARGE AREAS IN THE AMERICAS

<b>.</b> .	Es	stimated population	ns	Annual percenta	ge growth rates
solivia Brazil B	1940	<b>195</b> 0	1960	1940-1950	1950-1960
Argentina	14 169 000	17 189 000	20 956 000	1.95	2.00
Bolivia	2 690 000	3019000	3 454 000	1.16	1.36
Brazil	41 114 000	51976000	**70 175 000	2.37	3.05
Canada	11 682 000	13 712 000	17 814 000	1. 62	2.65
Chile	5 063 000	6 073 000	7 628 000	1.84	2, 31
Colombia	9 094 000	11 334 000	14 132 000	2.23	2.23
Costa Rica	619 000	801 000	1 171 000	2.61	3, 87
Cuba	4 566 000	5 508 000	6 797 000	1.89	2. 13
Dominican Republic	1 674 000	2 131 000	*2994000	2, 44	3, 46
Ecuador	2 466 000	3 197 000	4317000	2, 63	3,05
El Salvador	1 633 000	1 868 000	2 612 000	1, 35	3.41
Guatemala	2 201 000	2 805 000	3 765 000	2.45	2.99
Haiti	2 751 000	3 112 000	3 505 000	1,24	1, 20
Honduras	1 146 000	1 428 000	1 953 000	2.22	3, 18
Mexico	19 815 000	25 826 000	** 34 923 000	2.68	3,06
Nicaragua	825 000	1 060 000	1 477 000	2.54	3, 37
Panama	620 000	797 000	*1055000	2.54	2, 84
Paraguay	1 111 000	1 397 000	1768000	2.32	2, 38
Peru	7 033 000	8 52 1 000	10 857 000	1.94	2.45
United States (a)	132 594 000	152 264 000	* 180 670 000	1.39	1. 73
Uruguay	2 155 000	2 407 000	2 827 000	1. 11	1. 62
Venezuela	3 710 000	4 974 000	** 7 182 000	2.98	3.74
British Guiana	344 000	423 000	** 565 000	2.09	2.94
Jamaica	1 212 000	1 403 000	*1619000	1.47	1.44
Puerto Rico	1 880 000	2 207 000	*2361000	1.62	0.68
Trinidad and Tobago	476 000	632 000	** 834 000	2.88	2, 81

Source: United Nations, Demographic Yearbook 1960, Table 4 and Monthly Bulletin of Statistics, April 1962.

migration. It is recognized that the corrected estimates resulting from the 1960 censuses may differ to some extent from those available at this time, especially in countries with incomplete registration of vital events. For some countries, as indicated in Table 2, provisional or final figures from a recent census have been included. For a few others the estimates are not those published by the United Nations but are geometric interpolations based on the census results in both 1950 and 1960.

The estimated populations in 1940, 1950 and 1960 and the annual percentage growth rates in the two decades, 1940-1950 and 1950-1960 are given in Table 2 with the latter rates shown by rank order in Figure 1. Seven countries of the Americas had more than 10 million inhabitants in 1960, (the United States, 181 million; Brazil, 70 million; Mexico, 35 million; Argentina, 21 million; Canada, 18 million; Colombia, 14 million; and Peru, 11 million. Three other countries had more than 5 million (Chile, 8 million; Venezuela,

7 million; and Cuba 7 million), and populations of the other 12 were between 1 and 5 million. Puerto Rico and Jamaica also had populations over one million—2,361,000 and 1,619,000 respectively.

Growth rates calculated on the compound interest formula from these estimates in the decade 1950-1960 varied widely from the low 1.2 per cent per year for Haiti to high growth rates of at least 3.0 per year in nine countries, namely: Costa Rica, 3.9; Venezuela, 3.7; Dominican Republic, 3.5; El Salvador, 3.4; Nicaragua, 3.4; Honduras, 3.2; Mexico, 3.1; Ecuador, 3.0; and Brazil, 3.0. Of these nine countries the four in Central America and the Dominican Republic in the Caribbean had much higher growth rates than for the previous decade 1940-1950. At the other extreme growth rates were less than 2 per cent per year in four countries, namely: Haiti, 1.2; Bolivia, 1.4; Uruguay, 1.6; and the United States, 1.7. Of the four areas with populations in excess of 500,000 in 1960, British Guiana and Trinidad and Tobago had relatively

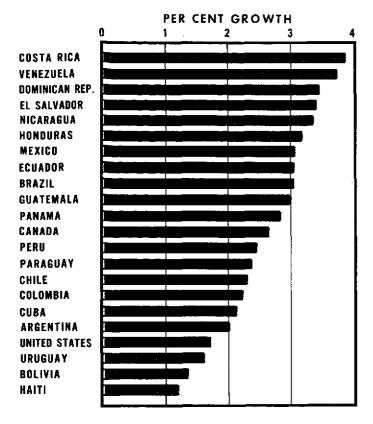
<sup>\*</sup> Also based on recent census data.

<sup>\*\*</sup> Estimates derived from recent census figures, not published by the United Nations.

<sup>(</sup>a) Including Alaska and Hawaii and armed forces overseas.

FIGURE 1

ANNUAL PERCENTAGE GROWTH RATES OF POPULATION BETWEEN 1950 AND 1960
IN COUNTRIES OF THE AMERICAS



high growth rates (2.9 and 2.8 per cent respectively) while the growth rates of Jamaica and Puerto Rico were low. The rate for Puerto Rico was only 0.7 per cent, which is in part due to emigration from the island.

The Americas and especially Latin America are in a period of rapid growth. Estimates for the three regions, Northern, Middle and South America for 1950, 1960, 1980 and 2000 (Table 3 and Figure 2) were made by the United Nations during the 1950's. The patterns of growth were taken into account, high fertility for central and tropical America and declining mortality. It was assumed that the decline in mortality would conform to a uniform pattern and that an annual gain of half a year in the expectation of life at birth would be normal in countries with expectations of life at birth ranging from 30 to 55 years. Continuing high levels of fertility were postulated.

By the year 2000 the population in Northern America, as estimated, will be 312 million, while in the rest of the Americas it may be nearly twice as great, 592 million. Estimates such as these are continually subject to revision as new census data become available. As changes occur in birth and death rates which are not in accord with the assumptions used,

TABLE 3. ESTIMATED POPULATIONS (IN MILLIONS) IN THE THREE REGIONS OF THE AMERICAS IN 1950, 1960, 1980 AND 2000 WITH AVERAGE ANNUAL PERCENTAGE GROWTH, 1950-1960

	GIVO.		1000	-1000	<b>,</b>	
Region (a)	1950	1960	1980	2000	Increase 1950-1960	Annual per cent growth (b) 1950-1960
Total	330	405	603	904	75	2.1
Northern America Middle America South America	167 51 112	199 66 140	254 115 234	312 198 394	15	1.8 2.6 2.3

Source: United Nations.

(a) Northern America: Bermuda, Canada, St. Pierre and

Miquelon and United States.

Middle America: Caribbean Islands, Central America,

Mexico and Panama.
South America: Continent of South America and

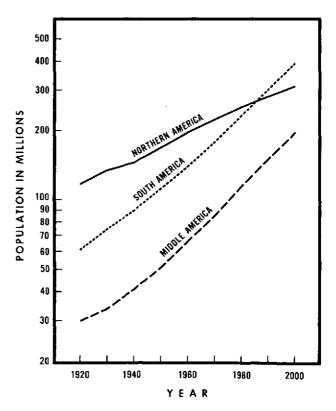
Falkland Islands.

(b) Annual percentage growth on compound interest formula.

revision will be made. For predictions of population growth which are so necessary for program planning in health, census data as well as complete registration of births and deaths are essential.

FIGURE 2

GROWTH OF POPULATION IN THREE REGIONS OF THE AMERICAS,
1920-1950, AND ESTIMATED GROWTH, 1950-2000



Source: United Nations, Statistical Yearbook, 1958
United Nations, ST/SOA/Series A/28

The estimated populations which are used as the basis for rates in this report are given in Table 4 for the four years, 1957-1960. Throughout this report population and other data for Alaska and Hawaii have been added when possible to those for the United States since these areas became states of the United States during this period.

TABLE 4. ESTIMATED MIDYEAR POPULATION IN THE AMERICAS, 1957-1960

Area	1957	1958	1959	1960
Argentina	19 873 000	20 248 000	20 614 000	20 956 000
Bolivia	3 317 000	3 361 000	3 408 000	3 454 000
Brazil	64 132 000	66 087 000	68 101 000	70 177 000
Canada	16 589 000	17048000	17 442 000	17 814 000
Chile	7121000	7 298 000	7 465 000	7 628 000
Colombia	13 227 000	13 522 000	13 824 000	14 132 000
Costa Rica	1033000	1076000	1 126 000	1 171 000
Cuba	6 388 000	6 523 000	6 661 000	6 797 000
Dominican Republic	2 704 000	2 797 000	2 894 000	2 994 000
Ecuador	3 929 000	4 049 000	4 188 000	4317000
El Salvador	2 350 000	2 434 000	2 520 000	2 612 000
Guatemala	3 451 000	3 546 000	3 652 000	3 765 000
Haiti	3 384 000	3 424 000	3 464 000	3 505 000
Honduras	1769000	1828000	1887000	1 953 000
Mexico	31 426 000	32 348 000	33 304 000	34 923 000
Nicaragua	1 332 000	1378000	1 424 000	1477000
Panama	973 000	1 000 000	1027000	1 055 000
Paraguay	1 648 000	1 687 000	1728000	1768000
Peru	9 923 000	10213000	10 524 000	
United States	<b>171 108 000</b> :			
Uruguay	2723000	2 758 000	2 792 000	2 827 000
Venezuela	6 426 000	6 669 000	6921000	7 182 000
Bahama Islands	98 000	101 000	103 000	105 000
Bermuda	41 000	41 000	42 000	42 000
British Guiana	518 000	533 000	549 000	565 000
British Honduras	83 000	86 000	88 000	91 000
Canal Zone	52 000	43 000	42 000	42 000
Falkland Islands	2 000	2 000	2 000	2 000
French Guiana	30 000	31000	31 000	31000
Guadeloupe	251000	257000	264 000	270 000
Martinique	258 000	264 000	271 000	
Netherlands Antilles		187000	188 000	
Puerto Rico	2 260 000	2299000	2322 000	
St.Pierre-Miquelon	5 000	5000	5 000	
Surinam	238 000	248 000	l	<i>t</i>
Virgin Is. (U.K.)	7 000	7000		7
Virgin Is. (U.S.)	29 000	30 000	31000	33 000
West Indies Fed.		,		
Antigua.	52 000	53 000	54 000	
Barbados	224 000	227000	230 000	
Dominica	57000	58000	59 00 <b>0</b>	
Grenada	85 000	86000	88 000	
Jamaica	1558000	1578000		
Montserrat	13 000	13 000	12 000	12 000
St.Kitts-Nevis-	l .	1	l	l <u>-</u>
Anguila	54000	55 000	56 000	
St. Lucia	83 000	84 000		
St. Vincent	76 000	77000		
Trinidad-Tobago	766 000	788000	811 000	834 000

Source: United Nations, Monthly Bulletin of Statistics, April 1962.
U. S. Current Population Reports, Series P-25, No.229, Estimates include Alaska and Hawaii but exclude armed forces overseas.

Note: For Brazil, Venezuela and most territories of United Kingdom, geometric intercensal estimates were used.

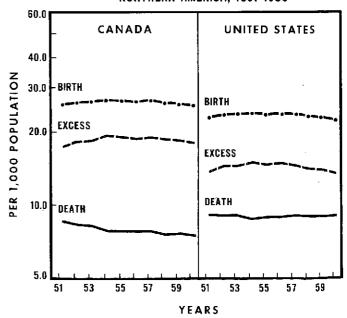
#### **NATALITY**

The completeness of birth registration varies widely among the countries of the Americas and within the countries. Definitions established by law for a live birth and the procedures for registration have not been the same in all areas. However, progress toward uniformity is being made. The WHO definitions (1) of a live birth and of a fetal death are being recognized as the standards to be used by all Member States. The Principles for a Vital Statistics System of the United Nations (2) established standardized procedures which are gradually being accepted and followed. Correct interpretation of birth rates is dependent on an understanding of definitions and procedures in use in the countries, and thus persons utilizing the data need to be aware of the limitations. However, analyses of these data are valuable for planning programs in the field of health as well as in other fields, such as education.

The numbers of live births with rates per 1,000 population are given in Table 5. These data were available for most areas with the exception of Cuba, Haiti and Brazil. The information presented for Brazil pertains only to the State of Guanabara and the capitals of other states with a few exceptions.

FIGURE 3

BIRTHS, DEATHS AND EXCESS OF BIRTHS OVER DEATHS
PER 1,000 POPULATION IN TWO COUNTRIES OF
NORTHERN AMERICA, 1951-1960



<sup>1/</sup> Second Report of Expert Committee on Health Statistics - WHO Technical Report Series No. 25, 1950.

<sup>2/</sup> Annex 2, Handbook of Vital Statistics Methods, UN Series F, No. 7, 1955.

TABLE 5. NUMBER OF LIVE BIRTHS WITH RATES PER 1,000 POPULATION IN THE AMERICAS, 1957-1960

		Nur	nber			Rai	te	<u> </u>
Area	(a)	1959	1960	1957	1958	1959	1960	
Argentina			472 379	467 269	24.0	23.4	22.9	22.3
Bolivia			96 969	85 230	25.1	27.6	28.5	24.7
Brazil (a)			304 999		35.5	33.7	34.7	
Canada			479275	478 551	28.3	27.6	27.5	26.9
Chile			249 799	256 674	34.4	33.8	33.5	33.6
Colombia			608 670	595 305	42.6	43.3	44.0	42.1
Costa Rica (b)	48 766	49341	53 521	*50214	47.2	45.9	47.5	*42.9
Cuba			•••	l:::: i			_:::	
Dominican Republic				110 102	40.8	41.3	39.8	36.8
Ecuador					48,5	45.9	47.6	
El Salvador				121 350	48.9	47.3	45.9	46.5
Guatemala	170 381	172 745	181 740	!	49.4	48.7	49.8	
Haiti				• • • •	.: • :		***	
Honduras				• • • •	43.1	43.0	41.8	
Mexico				20.005	47.3	44.7	47.7	46.5
Nicaragua				60 235	43.0	41.4	44.5	40.8
Panama	I I			41 434	38.8	37.7	39.2	39.3
Paraguay				*44 525	25.3	25.8	27.4	* 25.2
Peru				*367862	33.0	34.0	34.9	* 33.9
United States			4261896	*4257850	24.9	24.2	24.0	*23.6
Uruguay			***	504100	20.1	20.4	45.0	45, <b>1</b>
Venezuela	280 539	282 762	313 565	324 132	43.7	42.4	45.3	45,1
Bahama Islands			3 154		31.9	30.0	30.6	
Bermuda					26.6	25.4	28.2	
British Guiana					44.3	44.4	44.6	• • •
British Honduras					43.6	46.4	45,6	10.0
Canal Zone				769	19.8	19.0	18.2	18.3
Falkland Islands			41	54	19.5	23.0	20.5	27.0
French Guiana				1042	33.1	30.5	32.7	33.6
Guadeloupe				10 474	37. 7	38.5	37.2	38.8
Martinique				10 400	40.7 35.6	39.0	38.5	37.5
					33.7	35.0	34.4	• • • •
Puerto Rico				98	22.4	33.2 20.4	32.0 $21.2$	19.6
				12 250	44.4	45. 9	45.4	45, 4
Surinam					45.3	45. 9 45. 0	43.7	
				• • • • • • • • • • • • • • • • • • • •	35.8	37.6	35.0	
	1 1000	1100	1000		00.0	J1.0	50.0	• • • •
Antigua	1 764	1.818	1 831	<b></b> i	33.9	34.3	33.9	
Barbados					32.7	31.3	30. 9	
Dominica	2 557	2725	2 770	2 815	44.9	47.0	46.9	46.9
Grenada	4664	4 253	4 115		54.9	49.5	46.8	10.0
Jamaica	60 770	62 077	64 806	69 192	39.0	39, 3	40.5	42.7
Montserrat	373	377	391		28.7	29,0	32.6	1
St. Kitts-Nevis-Anguilla	2 697	2 520	2512		49.9	45.8	44.9	
St. Lucia	3 924	3 952	4 108		47.3	47.0	48.3	l :::
St. Vincent	4261	3 930	4051		56.1	51.0	51.3	
Trinidad and Tobago	28 848	29 667	30 592		37.7	37.6	37. 7	
Northern America	4 749 978	4 698 841	4 742 459		25.3	24.6	24.4	l
Middle America (c)	2 329 957	2 304 443	2 470 655		45.5	43.7	45.6	:::
South America (d)	2 297 173	2 349 661	2 392 934		33.3	33.3	34.4	```
DO CONTINUE TO A								<u> </u>

<sup>(</sup>a) Data for State of Guanabara and capitals of other States, excluding Goiania in 1957, Salvador in 1958 and Recife and Salvador in 1959. (b) By year of occurrence. (c) Excludes Cuba and Haiti. (d) Excludes Brazil 1957-1959 and Uruguay, 1959.

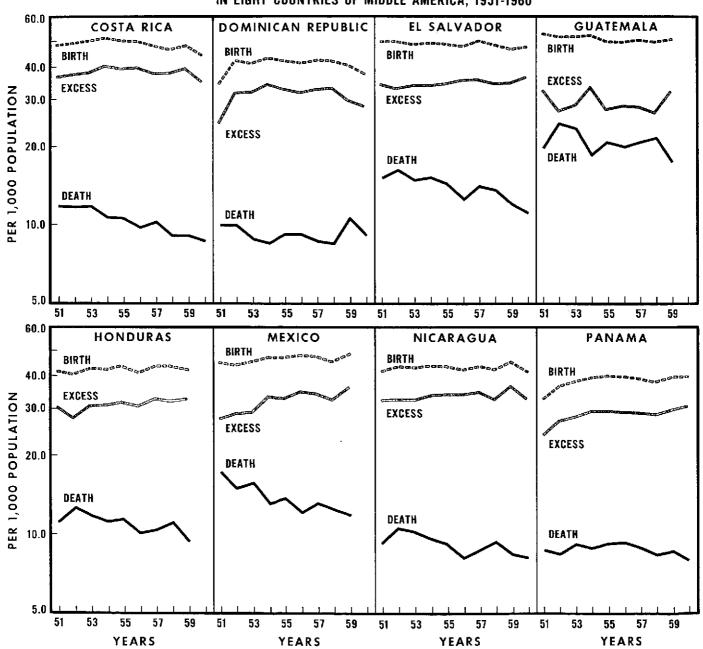
In general the birth rates were high; and for 1960 or for the most recent year with data available, they were in excess of 40 per 1,000 population in nine countries. Usually the rates were low in the countries with the highest proportions of population in the older age groups: Argentina, Canada, the United States, and Uruguay. In other areas of the Americas, the birth rates were generally high and in 10 of the 25 areas listed were in excess of 40 per 1,000 population.

The summary by regions indicates that the highest birth rates occurred in Middle America where the birth rate for the region was 45.6 per 1,000 in 1959.

For consideration of trends of natality, birth rates for the 10-year period are shown in Figures 3, 4 and 5 for all countries in Northern, Middle and South America except Brazil, Cuba, Haiti and Paraguay. Of the two countries in Northern America, Canada and the United States, Canada had the higher birth rate

FIGURE 4

BIRTHS, DEATHS AND EXCESS OF BIRTHS OVER DEATHS PER 1,000 POPULATION
IN EIGHT COUNTRIES OF MIDDLE AMERICA, 1951-1960

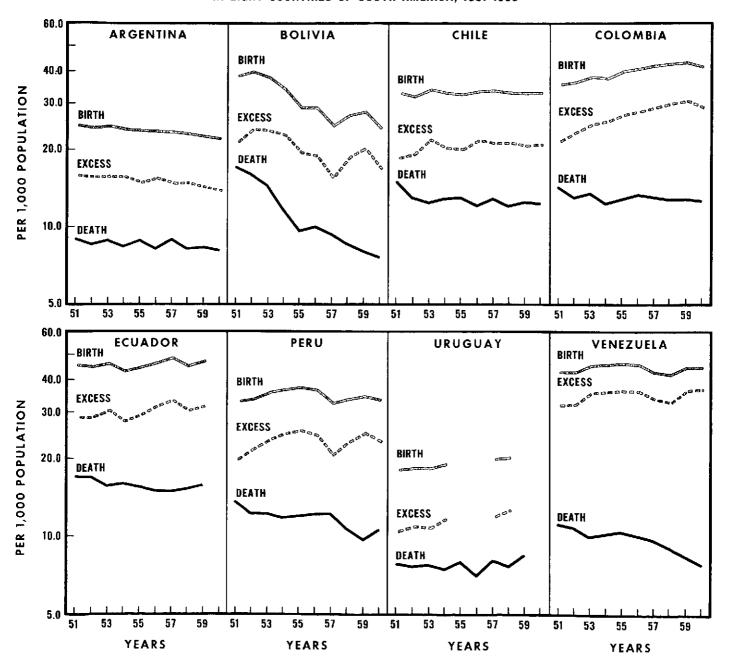


(Figure 3). In both countries slight increases occurred during the decade, but the birth rates at the end of the period were practically the same as in 1951.

The countries of Middle America (excluding Haiti and Cuba) (Figure 4) had high birth rates in the 10-year period with rates remaining at a relatively high level. For South America, birth rates are shown in Figure 5 for eight countries (data were incomplete for Brazil and Paraguay). In several of these it is difficult

to evaluate the trends in the decade since improvement of registration may have contributed to an apparent increase in birth rates and in others registration may at the end of the decade still be incomplete. By the end of the period the birth rates were the highest in Ecuador, Venezuela and Colombia and the lowest in Uruguay and Argentina. In Argentina, a slight downward trend was noted in the birth rate.

FIGURE 5
BIRTHS, DEATHS AND EXCESS OF BIRTHS OVER DEATHS PER 1,000 POPULATION
IN EIGHT COUNTRIES OF SOUTH AMERICA, 1951-1960



The magnitude of the total death rate is dependent on many factors among which an important one is the age distribution of the population. Data on the age distribution of a population are usually obtained from a census. Since recent census data are not yet available, estimates of age distribution are still being derived from the 1950 census data which were provided in the first Summary of Reports on the Health Conditions in the Americas. (3) Because of the lack of current data on age at this time, only total death rates unadjusted for age—often termed crude death rates—are presented.

Death registration is usually incomplete in the same countries and areas where birth registration is also unsatisfactory. Even when data are available for a country, registration may nevertheless be incomplete in rural areas. Thus in many of the countries of the Americas, the crude death rates are probably lower than they would be if all deaths were registered. In spite of limitations, the material on mortality in the Americas is useful in studying health conditions and in reviewing trends.

The numbers of deaths with rates per 1,000 population are contained in Table 6 for the 4 years 1957-1963. From the summary of death rates for the three regions, the rate for Middle America exclusive of Haiti appears to be the highest, followed in order by South America and Northern America. Death rates for the 10-year period are shown in Figures 3, 4 and 5 for the countries of Northern, Middle and South America. The marked downward trends are clear in several countries such as Costa Rica, El Salvador, and Mexico in Middle America and Peru and Venezuela in South America indicating progress in the reduction from the high mortality rates of the past.

In the same three figures the natural increase in population which is the excess of the birth rate over the death rate is also shown by country. In several an upward trend of the natural increase is clearly evident in this 10-year period, for example in Middle America for Mexico, and in South America for Colombia. In several others the apparent changes may be due to improvement in the registration of births. In others such as the United States the natural increases have remained nearly constant. In a few, for

example in Argentina, the natural increase declined in the 10-year period. Since the growth of population is due to the excess of births over deaths together with migration, these data are closely related to those presented earlier in Figure 1.

Data on causes of death are available for 21 countries and 23 other areas of the Americas for 1960 or an earlier year. Causes of death were given usually in accordance with a slight expansion of the abbreviated list (B list) of the International Classification of Diseases (4). However, complete data were not supplied by all areas for this expanded list. Whenever possible the data were supplemented from other sources. The numbers of deaths from these specific causes are given in Table 7 and the death rates per 100,000 population in Table 8. For assessing health problems, understanding of the usefulness of these data as well as their limitations is important. Careful analysis of this material supports the need of coordinated efforts for improvement of medical certification in the Americas.

In order to point out the leading causes of mortality as part of the study of health conditions in the region of the Americas, the five principal causes of death have been determined for each country and four large areas providing information (Table 9). The method of selection of the principal causes is that recommended by Curiel(5). Residual groups of diseases or the group, senility, ill-defined and unknown causes, are not included in designating principal causes of death. For Haiti, incomplete data on causes of deaths in hospitals are presented in order to give some idea of the leading causes.

The five leading causes are shown in Figure 6 for countries of North America (excluding Haiti) and in Figure 7 for countries of South America (excluding Bolivia). The causes, which are communicable diseases or are in large part due to communicable diseases (such as gastritis, enteritis, etc.), are designated in color, while other causes are in black or shaded with black.

Several different patterns of mortality are evident in these countries. In five countries: namely, Canada, the United States, Cuba, Uruguay and Argentina, the

Summary of Reports on the Health Conditions in the Americas 1950-1953. Scientific Publication No. 25, Pan American Sanitary Bureau, 1956.

<sup>4/</sup> International Classification of Diseases, Injuries and Causes of Death, WHO, Geneva, 1957.

Curiel, D., Causas Principales de Muerte, Boletín de la Oficina Sanitaria Panamericana, Vol. XL, No. 3, Marzo 1956.

TABLE 6. NUMBER OF DEATHS WITH RATES PER 1,000 POPULATION IN THE AMERICAS, 1957-1960

	-	Nur	nber			Rat	.e	
Area	1957	1958	1959	1960	1957	1958	1959	1960
Argentina	176 756	165 601	170 301	169 692	8.9	8.2	8.3	8.1
Bolivia	30 871	28 863	27 133	26 283	9.3	8.6	8.0	7.6
Brazil (a)	142 134	144 538	140 356		14.6	14.4	14.0	
Canada	136 579	135 201	139 913	139 693	8.2	7.9	8.0	7.8
Chile	91 073	88 611	93 292	93 625	12.8	12.1	12.5	12.3
Colombia	173 873	173 681	176 834	177 581	13.1	12.8	12.8	12.6
Costa Rica	10 471	9 692	10 176	10 063	10.1	9.0	9.0	8.6
Cuba	39 964	41 959	43 423	57.005	6.3	6.4	6.5	•••
Dominican Republic	23 210	23 592	30 288	27 025	8.6	8.4	10.5	9.0
Ecuador El Salvador	57 885	60 950	65 314	90 885	14.7	15.1	15.6	41.0
Guatemala	32 893 70 933	32 831	30 038 63 010	28 775	14.0	13.5	11.9	11.0
Haiti		75 634		• • • •	20.6	21.3	17.3	• • •
Honduras	18 434	20 272	17 815	••••	10.4	11.1	9.4	• • • •
Mexico	414 545	404 529	397 372	411 277	13.2	12.5	11.9	11.8
Nicaragua	11 552	12 879	11 911	11 935	8.7	9.3	8.4	8.1
Panama	8 656	8 364	8 959	8 427	8.9	8.4	8.7	8.0
Paraguay (b)	7 875	9 118	9 096	9 467	10.3	11.5	10.7	10.5
Peru	120 538	109 798	101 519	114 044	12.1	10.7	9.6	10.5
United States	1 637 796	1 652 235	1 660 187	*1 711 983	9.6	9.5	9.4	*9.5
Uruguay	21 722	20 983	23 523	1 /11 000	8.0	7.6	8.4	
Venezuela	61 814	59 766	57 260	55 019	9.6	9.0	8.3	7.7
Bahama Islands	764	1 046	1 095		7.8	10.4	10.6	•••
Bermuda	347	359	376	379	8.5	8.8	9.0	9.0
British Guiana	5 955	5 463	5 590		11.5	10.2	10.2	
British Honduras	932	795	730	717	11.2	9.2	8.3	7.9
Canal Zone	134	127	135	130	2.6	3.0	3.2	3.1
Falkland Islands	22	21	28	32	11.0	10.5	14.0	16.0
French Guiana	468 2 920	379	448 2 427	454	15.6	12.2	14.5	14.6
Guadeloupe Martinique	2 533	2 540 2 754	2 353	2 721 2 432	11.6 9.8	9.9 10.4	9.2 8.7	10.1
Netherlands Antilles	2 933 966	940	2 393 998	1	5.2	5.0		8.8
Puerto Rico	15 978	16 074	15 818	•••	7.1	7.0	5.3 6.8	• • •
St. Pierre-Miquelon	44	29	32	38	8.8	5.8	6.4	7 <b>.</b> 6
Surinam	2 276	1 989	2 177	2 200	9.6	8.0	8.4	8.1
Virgin Islands (U.K.)	106	93	84	67	15.1	13.3	12.0	9.6
Virgin Islands (U.S.)	324	340	320		11.2	11.3	10.3	•••
West Indies Federation	[			• • • •	~		10.0	• • • •
Antigua	512	551	517	538	9.8	10.4	9.6	9.8
Barbados	2 469	2 298	2 084	2 127	11.0	10.1	9.1	9.1
Dominica	870	929	826	922	15.3	16.0	14.0	15.4
Grenada	908	973	919	1 032	10.7	11.3	10.4	11.6
Jamaica	14 482	14 320	16 702	14 347	9.3	9.1	10.4	8.9
Montserrat	162	172	184	141	12.5	13.2	15.3	11.8
St. Kitts-Nevis-Anguilla	749	822	670	764	13.9	14.9	12.0	13.4
St. Lucia	1 270	1 269	1 297	1 272	15.3	15.1	15.3	14.8
St. Vincent	985	1 223	1 141		13.0	15.9	14.4	
Trinidad and Tobago	7 283	7 288	7 476	6 6 <b>0</b> 8	9.5	9.2	9.2	7.9
Northern America	1 774 766	1 787 824	1 800 508		9.5	9.4	9.3	•••
Middle America (c)	685 005	684 306	668 768	• • •	11.9	11.6	11.0	• • •
South America (d)	751 128	725 223	732 515		11.0	10.4	10.3	

<sup>\*</sup> Provisional.

 <sup>(</sup>a) Data for State of Guanabara and capitals of other States. For 1957 and 1958 data exclude Boa Vista and Porto Velho and for 1959, Manaus, Goiania, Rio Branco, Boa Vista and Porto Velho. (b) Data for Area of Information only.
 (c) Excludes Haiti. (d) Excludes Brazil.

TABLE 7. NUMBER OF DEATHS FROM SPECIFIC CAUSES IN THE AMERICAS, RECENT YEARS

TABLE 7. NOMBER OF DEATHS FROM SPECIFIC CROSSS IN THE AMERICAS, RECENT TEARS											
Cause	Argen- tina 1956	Brazil 1959 (a)	Canada 1960	Chile 1960	Colom- bia 1959	Costa Rica 1960	Cuba 1959	Domini- can Re- public 1959	Ecuador 1958	El Salvador 1960	Guate- mala 1959
Total deaths	157 169	140 356	139 693	93 625	176 834	10 063	43 423	30288	60 950	28 775	63 010
Tuberculosis, all forms 001-019	3 844	8 434	823	4 032	3841	151	1146		1454	408	
Syphilis and its sequelæ020-029	324	1 152	172	175	267	12	111	105	65	81	8
Typhoid fever	133	269	4	196	675	12	58	138	872	50	377
Salmonella infections041,042	-		5	12	83	3	8		46	-	12
Dysentery, all forms 045-048	73	1 765	32	87	1169	64	39	258	511	78	1803
Scarlet fever and streptococcal sore throat	12	5	22	18	30	_	1	_	9		25
Diphtheria	100	55 <b>0</b>	7	405	472	39	62	67	144	19	
Whooping cough	208		71	362	2 833		83		3021	307	
Meningococcal infections	26	123	63 -	19	28	5	3	_	13 15		4 -
Leprosy 060	-	48	_	_	121	5	29		9	2	_
Tetanus	-	1347	5	57	1385	255	274		876	484	133
Yaws	595	130	83	101	62	22	32	12	22	6	34
Smallpox	Б	72	-	-	169	-	_	_	156	-	1
Measles	156	702	53	2 116	1788 23	131	38	30	3 390	552	1379
Yellow fever	] [	37	_	7	26 26	-	7	_	11	4	8
Typhus and other rickett. diseases . 100-108	18	_	-	7	686	1	1	11	41		4
Malaria 110-117	3	70	2	-	1308	15	27	950	898	444	124
All other infective and parasitic diseases	1 198	3 3 1 8	361	592	4350	352	348	1 023	706	417	9 160
Malignant neoplasms, etc 140-205	23 473	10518	23 181	7618	6437	863	5 810	633	1469	497	
Benign and unspecified	843	547	301	275	1519	33	208	26	174	59	140
neoplasms	0950	547	115	15	45	4	200		23	3	140 6
Diabetes mellitus 260	1359	1220	2 081	373	620	83	543	79	87	57	81
Avitaminoses and other metabolic			231	132	4594	85			280	376	735
diseases	335	322	320	103	2361	130	330	439	995	271	
Vascular lesions affecting central			45 400								
nervous system	12 049 1 388	6 932 674	15 428 177	4 171 565	3 692 2 056	336 52	2 761 175	380 253	659 264	335 36	259 164
Non-meningococcal meningitis	1	242	53	59	121	17	73	200 11	40	5	44
Chronic rheumatic heart	[]	004	4.554			44			100	ا	
disease		881	1 394	4.79	587	41	161	53	103	В	44
heart disease 420-422		8 738	42 439	4 555	2 469	438	3 9 1 1	164	227	114	
Other diseases of the heart 430-434 Hypertension with heart disease 440-443	32 147	6914	2 129	721	4 752	207	4 890	277	934	133	
Hypertension with heart disease. 440-443 Hypertension without mention	i I	3 429	3 222	466	1 329	46	569	10	163	16	50
of heart 444-447		1321	985	611	459	31	)	123	92	6	164
Arteriosclerosis			2 331	949	948	38	1 082	•••	86	18	201
circulatory system 451–468	IJ		1377	321	443	51			180	71	87
Influenza	155	1641	547	1548	3 651	119	354		2 762	200	3 615
Pneumonia	7 021 578	9260 747	5 360 862	16253 648	10835	636 279	1 809 456	953 767	2 928 5 325	771 685	4250 1823
Other diseases of respiratory	310	741	802	040	8 433	218	490	101	0 320	005	1020
system 470-475,510-527			1 494	1 010	1318		649		572	246	317
Ulcer of stomach and duodenum . 540, 541 Appendicitis	242 102	480 139	921 187	327 107	690 210	35 11	230 43	41 13	119 53	54 15	64 21
Intestinal obstruction and hernia 560,561,570	834		890	503	811	46	394	109	360	75	162
Gastritis, enteritis, etc. 543, 571, 572 Cirrhosis of the liver 581	2 552	19 239	974	6 613	18373	1408	2 887	5 862	5 5 1 7	1714	8518
Other diseases of digestive	921	2 301	1097	1 944	656	62	770	265	147	159	266
system Residual	<b> </b>		1 331	1 619	<b>6 1</b> 22	158	390		1 693	3 344	920
Nephritis and nephrosis 590-594 Other diseases of the	2 868	2 423	1 558	756	1896	99	826	253	375	55	273
genitourinary system 600-637	48		1 415	496	564	56	208		166	48	112
Complications of pregnancy,	1		1 110	100	UOX	00	209		100		
childbirth and puerperium 640-689 Congenital malformations 750-759	465	755	215	845	1537	74	224	125	595	210	422
Certain diseases of early	12204	1 935	2 696	695	1 198	148	180	153	178	90	155
infancy	ן ן	11 717	7 085	13 580	16536	966	1 981	5 444	3 086	5 480	6726
Senility, ill-defined, and unknown 780-795 All other diseases Residual	26 930	9 785	1357	8174	35 519	1421	1750	7 690	15 191	8 117	8776
Motor vehicle accidents E810-E835	15 954	10 865	3 231 3 700	2 146 1 264	4 612 1 182	333 63	3 803 520	2 265 130	1 181	872 165	1 446 282
All other accidents E800-E802	8006	8252				,			2 667		
E840-E962 Suicide E963, E970-E979	~~~~		5 703 1 350	4 409 559	5 034 396	351 25	1066 1065	345 49		521 297	962 117
Homicide and injury resulting E964_E965	]										
from operations of war E980-E999	ילן	)	253	530	5513	37	1038	146	)	801	322
	L							i			

<sup>(</sup>a) State of Guanabara and capitals of other states excluding Manaus, Goiania, Rio Branco, Boa Vista and Porto Velho.

TABLE 7. NUMBER OF DEATHS FROM SPECIFIC CAUSES IN THE AMERICAS, RECENT YEARS (Continued)

TABLE 7. NUMBER OF DEATHS FROM SPECIFIC CAUSES IN THE AMERICAS, RECENT YEARS (Continued)												
Cause	Haiti 1959 (a)	Hondu- ras 1959	Mexico 1960	Nicara- gua 1960	Panama 1960	Paraguay 1960 (b)	Peru 1959 (c)	United States 1959 (d)	Uruguay 1959	Vene- zuela 1960	Bahama Islands 1960 (e)	
Total deaths	8 104	17815	411277	11 935	8 427	9 467	34 337	1660187	23 523	55 019	685	
Tuberculosis, all forms 001-019	301	297	9719	123	288	292	3 182	11 474	507	1411	22	
Syphilis and its sequelae 020-029	11	5	695	2	7	25	63	3 074		196	-	
Paratyphoid fever and other	40	96	2 673	154	3	16	164	22	26	49	_	
Salmonella infections	13	136	1 126 5 599	384 34	27	9 67	137 86	72 404	3	9 556	-	
sore throat 050,051	-	1	150	-	1	3	6	130		9	-	
Diphtheria	2 6	11 312	624 5365	13 127	13 243	18 34	27 410	72 269	6 112	58 299		
Meningococcal infections 057	] -	1	49	] -	7	1	14	700	4	ii	-	
Plague 058 Leprosy 060		- 1		l ī		4	1	1 6	- 2	20	-	
Tetanus	250	51	2 5 1 7	365	202	227	275	283	28	507	8	
Yaws	3	15	222	8		8	45	454	- 4	35	_	
Smallpox         084           Measles         085	-	-	-	_	-	1	_	i -	-	100	-	
Yellow fever	_	264	6334	67 -	107	30 -	467 -	385	86	199 2		
Rabies	-	1 4	141	-		-	•••	7	-	5	-	
Malaria 110-117	113	1704	6426	731	73	- 5	1 28	13	_	3 5	-	
All other infective and parasitic diseases Residual	808	587	11372	312	193	145	417	5 092	196	611	5	
Malignant neoplasms, etc 140-205 Benign and unspecified	159	314	12 484	230	471	518	2259	260 632	4 396	3 830	62	
neoplasms	16	20 5	954 -	77	40	29 5	90	4 962 979	104 6	113 20	<u> </u>	
Diabetes mellitus 260	19	37	2 764	57	58	38	188	28 160	364	362	4	
Avitaminoses and other metabolic diseases	285	432	l	20		51		3 431	31	514	-	
Anemias	30	219	3269	150	141	79	125	3 2 5 1	76	128	14	
nervous system	137	469	6 952	263	427	385	870	191 664	2 719	1580	37	
Non-meningococcal meningitis . 340 Rheumatic fever 400-402	79 6	29 1	1 641 590	120	41 1	84 27	322 31	2 2 17 795	8 <del>6</del> 34	260 28	11	
Chronic rheumatic heart	_										_	
disease	2	2	1485	-	23	24	126	17 535	130	251	-	
heart disease 420-422	92	31	5 032	-	377	170	1363	531 010	3370	3 322	53	
Other diseases of the heart 430-434 Hypertension with heart disease. 440-443	66 65	273	15977 1237	316	104 41	155 26	233 373	24 386 68 407	359 598	693 629	24	
Hypertension without mention of heart	37	41	1 132		e s	50						
Arteriosclerosis 450	18	9		3	64	57 100	269	13 149 34 668	380 467	263 261	-	
Other diseases of the circulatory system 451-468	23	88	1	53		40		18224	43	188		
Influenza 480-483	28	197	7396	-	16	140	551	2 852	335	554	-	
Pneumonia	118 39	733 11	49388 10785	603 20	497 336	448 122	4 3 5 4 8 6 3	52 306 3 842	543 211	2 469 409	105 2	
Other diseases of respiratory		ì	20,00				300					
system	219 11	39 24	1716	136 29	26	76 11	103	20 752 10 707	260 120	309 106	1	
Appendicitis 550-553	7	15	642	13	17	14	52	1841	48	73	3	
Intestinal obstruction and hernia 560,561,570 Gastritis, enteritis, etc. 543,571,572	62 507	36 468	2 031 59 553	34 1482	64 688	88 748	339 3 685	9 120 7 780	157 517	274 4 468	30	
Cirrhosis of the liver 581 Other diseases of digestive	59	53	7 696	-	30	45	401	19284	187	473		
system Residual	705	2 160		616		110		15 434	315	351	30	
Nephritis and nephrosis 590-594 Other diseases of the	80	25	3 045	15	56	77	408	14 170	269	630	11	
genitourinary system 600-637 Complications of pregnancy,	30	50	206	60	11	61	64	15 905	182	205	4	
childbirth and puerperium 640-689 Congenital malformations 750-759	5 <u>4</u> 11	212 10	2 076 <b>4</b> 599	103 10	85. 65	90 63	300 331	1 592 21 856	69 243	353 699	8 10	
Certain diseases of early infancy	1 138	987	46 792	1282	561	588	4 623	68214	1705	5 250 [	112	
Senility, ill-defined, and unknown 780-795	2 200	5 869	45 534	2 797	1 691	3 3 6 1	1217	19 089	1788	16679	22	
All other diseases Residual Motor vehicle accidents E810-E835	41	187	37910 1074	369 } 450	810 79	268 43	3 329 606	30 342 37 999	935 136	1 107 1 217	45 }	
All other accidents E800-E802 E840-E962	187	1283	12 528		330	244	1 406	54288	807	2 000	61	
Suicide E963, E970-E979			667	13	52	22	74	18 677	305	416		
Homicide and injury resulting E964-E965 from operations of war E980-E999	27	)	11 110	292	59	175	59	8 202	120	550	J	
		<u></u>		1								

<sup>(</sup>a) Hospital deaths only. (b) Area of Information only. (c) Principal cities only. (d) For some of the above categories, deaths for Hawaii were included in residual groups. (e) General hospital only.

TABLE 7. NUMBER OF DEATHS FROM SPECIFIC CAUSES IN THE AMERICAS, RECENT YEARS (Continued)

TABLE 7. NUMBER OF	DEATHS	FROM SE	PECIFIC C	AUSES IN	THE AM	ERICAS,	RECENT	YEARS (	Continued)		
Cause	Bermuda 1960	British Guiana 1957	British Hon- duras 1960	Canal Zone 1960	Falkland Islands 1960	French Guiana 1960	Guade- loupe 1960 (a)	Martin- ique 1960 (a)	Nether- lands Antilles 1959 (b)	Puerto Rico 1959	St.Pierre and Miquelon 1960 (c)
Total deaths	379	5 955	717	130	32	454	1980	1271	998	15 818	44
Tuberculosis, all forms 001-019	1	139	16	_	_	11	59	92	5	679	1
Syphilis and its sequelae020-029	2	20	2	1		]		-	7	54	-
Typhoid fever 040		32	1	1	-	-	5	2	-	-	-
Paratyphoid fever and other Salmonella infections041,042	_	4		-		-	_	-		1	_
Dysentery, all forms 045-048	-	92	2	-	-	5	7	-	29	-	-
Scarlet fever and streptococcal sore throat	_		_	_	_	_	1	<u> </u>	_	1	_
Diphtheria	-	11	2	_	] -	] -	i	1	_	11	-
Whooping cough	-	8	-	-	-	-	10	-	-	37	-
Meningococcal infections 057 Plague 058		1	-	_	_	<u> </u>	-	-	_	8	_
Leprosy		-		-	-	1	1	-		2	_
Tetanus		8	•••	-	-	5	14	-		61	-
Yaws	··· <u>·</u>	<u> </u>	•••	-	l -	:		23	•••	2	_
Smallpox	_		_	_	_	-		_	_	-	_
Measles	-	- '	3	1	-	-	2	-	-	33	-
Yellow fever	1		•••	-	l -	l <u>:</u>	-	-	•••	-	-
Rabies	• • • •	<u> </u>		-	] -	[		-		-	-
Malaria 110-117	-	4	3	-	-	1	13	-	-	-	-
All other infective and parasitic diseases Residual	1	48	11	2		31	18	50	11	215	_
Malignant neoplasms, etc 140-205	54	264	45	15	6	-	94	88	161	1799	7
Benign and unspecified			_				_				!
neoplasms	-	12 4	5	-	<u> </u>	_	5		11	78 6	_
Diabetes mellitus 250–254	, 9	85	··· <u>·</u>	1		1	13	-	11	218	_
Avitaminoses and other metabolic										450	
diseases	•••	102 83	5	-		- 5	- 17		 i	159 125	_
Vascular lesions affecting central		00		_	-	"					
nervous system	53	346	32	9	4		2	121	98	995	3
Non-meningococcal meningitis . 340 Rheumatic fever	1 -	11 7	3	1 -	<u> </u>	2	7 3	_	3	79 11	_
Chronic rheumatic heart		· '						1			
disease	2	15	-	2	-	-	-	-	5	73	-
Arteriosclerotic and degenerative heart disease	100	260	26	21	10		_	_	84	1877	_
Other diseases of the heart 430-434	3	214	30	4	-	34	240	389	42	331	5
Hypertension with heart disease. 440-443	11	54	<b>)</b>	4	1 -	24	-	-	} 26	294	-
Hypertension without mention of heart	2	88	} 3	1	-	_	8	_	\ \frac{1}{2}	124	-
Arteriosclerosis 450		34		-	-	18	-	-		344	-
Other diseases of the circulatory system 451-468	ľ	15		1	1					128	_
Influenza	• • • •	22	2	-	-		4	-	7	41	-
Pneumonia 490-493	31	309	51	13	1	9	41		48	742	2
Bronchitis	-	224	4	-	-	2	17	150	2	79	-
system 470-475,510-527		39	-	3	_	7	17	•••		193	1
Ulcer of stomach and duodenum . 540, 541	2	14	1	-	1	-	5	-	6	56	-
Appendicitis		12 25	- 6	- -	-	- 1	1 16	-	2 6	12 83	2
Gastritis enteritis etc. 543,571,572		556	103	lĩ	]	5	211	149	11	1 003	_
Cirrhosis of the liver 581	5	38		1	-	7	49	17		293	1
Other diseases of digestive system Residual		582	4	3	_	_	38		!	128	_
Nephritis and nephrosis 590-594	4	152	3	1		25	41		13	207	1
Other diseases of the						ا ا					
genitourinary system 600-637 Complications of pregnancy.		43	-	2	-	1	2	-	11	86	-
childbirth and puerperium 640-689		89	6	_		_ [	2	. <del>.</del>	4	60	-
Congenital malformations 750-759 Certain diseases of early	4	54	3	3	1	-	65	32	86	351	-
infancy	29	686	63	13	-	11	1	157	78	1657	4
Senility, ill-defined, and unknown 780-795	16	390	201	2	2	64	689		68	1557	12
All other diseases Residual Motor vehicle accidents E810-E835	27	503	66	3	3	157	160	-	94	429	4
All other accidents E810-E835	8	8	1 } 14	2	2	6	20	-	<b>}</b> 58	215	•
E840-E962	11	221		18	1	13	63	-		533	-
Suicide		18	-	1	-	7	10	-	-	224	-
from operations of war E980-E999		9	1	-	-	1	8	-	10	124	1
		<u> </u>	<u> </u>		<u> </u>	<u> </u>		L			<u></u>

<sup>(</sup>a) Incomplete. (b) Curacao and Aruba only. (c) Total differs from that in Table 6.

TABLE 7. NUMBER OF DEATHS FROM SPECIFIC CAUSES IN THE AMERICAS, RECENT YEARS (Continued)

	1	Virgin	Virgin	<u> </u>		We	st Indi	es Fe	derati		<del>-</del>	Im
Cause	Surinam 1960	Islands (U.K.) 1960	Islands (U.S.) 1959	Antigua 1960	Bar- bados 1960	Domi- nica 1960	Grenada 1960	Jamaica 1956	Mont- serrat 1960	St. Kitts- Nevis- Anguilla 1959	St. Lucia 1960	Trinidad and Tobago 1960
Total deaths	2 200	67	320	538	2 127	922	1 032	14 670	141	670	1272	6 608
Tuberculosis, all forms 001-019	22	2	2	3	16	29	10	323	5	14	15	95
Syphilis and its sequelae020-029	6	-	1	16	24	\ 2	8	240	-	4	6	43
Typhoid fever	4	-	-	1	-	<b>\</b> 5	1	60	-	-	4	7
Salmonella infections 041, 042	_	-	_	_	l -	)	1 -		_	-	-	
Dysentery, all forms 045-048 Scarlet fever and streptococcal		-	-	2	7	63	17	13	-	-	2	30
sore throat	_	_	_	-	] -	_	-	-	_	_	-	-
Diphtheria		-	-	-	-	-	1	6	-	1 1	-	8 8
Whooping cough		] [		1 ]	<u> </u>	4	<u> </u>	41 1		1 -	1	
Plague	-	-	] -	_	-	Ĵ	_	<u> </u>	_	_	-	-
Leprosy	5	-	-	-		-	l <u>-</u>		-	2	-	
Tetanus		i -	2	2	17	8	8	•••		4	9	
Yaws		-	]	_		_	:	3	1 -	]	_	3
Smallpox		-	-	_	_	-	-	_	-	-	-	-
Measles	-	-	-	-	-	-	1	-	-	-	-	5
Yellow fever		-	-	-	-	-		• • • •	_	_	-	• • • •
Rabies		I -		1 ]	]	_	-	•••	_	_	_	•••
Malaria		-	-	_	-	-	-	261	] -	-	-	2
All other infective and parasitic		1					۱			_		
diseases Residual		1 7	1 25	4 47	15 224	a 126 48	11 69	272 797	1 13	5 42	30 28	87 485
Malignant neoplasms, etc 140-205 Benign and unspecified	144	4	40	41	204	40	00	191	1 13	44	20	400
neoplasms	2	1	2	-	6	2	3	42	1	3	3	8
Diseases of thyroid gland 250-254		-	l -	-	1	l -	1	:::		<u>-</u>	1	1
Diabetes mellitus	22	-	8	6	34	4	16	188	1	2	13	133
Avitaminoses and other metabolic diseases	40	1 1	4	3	39	142	43		1	25	144	
Anemias		-	] -	4	2	14	4	63	2	2	10	47
Vascular lesions affecting central					604		64	7D1	25	62	51	618
nervous system		-	22 1	52	294 8	55	4	731 57	1	4	6	23
Non-meningococcal meningitis . 340 Rheumatic fever			1 -	ī	2		1	21	-	3	1	10
Chronic rheumatic heart	1 -	1		1		1	"			•	_	
disease	8	-	-	2	4	-	2	52	-	5	3	17
Arteriosclerotic and degenerative heart disease	116	5	69	25	188	73	35	703	7	80	47	807
Other diseases of the heart 430-434	1 110	5	ľ	16	53	4	24	334	8	26	32	200
Hypertension with heart disease. 440-445		1 )	27	9	52	5	l 1	246	2		l	255
Hypertension without mention	,	} 2	1 .	1.			29	151		3	<b>&gt;</b> 18	99
of heart		' -	18	11	39	4 2	15	151	_	15	/ 2	99
Other diseases of the	1		1		108	1						
circulatory system 451-468	3 4	-	2	4	ļ).	-	4		4	3	1	1 .::
Influenza		9	3 13	51	1 148		51	27 626		50	1 50	10 401
Pneumonia		2	15	2	32		12	138		4	34	148
Other diseases of respiratory	] -							I	1			
system 470-475,510-52	7 14	1	2	-	34	1 1	5		-	2	10	0.0
Ulcer of stomach and duodenum 540, 54	1 7	[	1	2 2	9	1 -	1 1	80 16		2	3 -	36 3
Appendicitis			] 3	8	13		4	129		4	10	46
Gastritis, enteritis, etc. 543, 571, 573	2 48	2	13	75	96	a	164	574	18	79	166	476
Cirrhosis of the liver 58	35	<b></b>	6	3	18			70	1			76
Other diseases of digestive system Residua	32	1	2	1	16	11	17	t	1	12	10	1
Nephritis and nephrosis 590-59	4 54		3	14	24		9	269		4	12	92
Other diseases of the		1	1 [			ł .	_		۱ .		_	1
genitourinary system 600-63	7 15	-	2	5	54	3	8		1	3	2	
Complications of pregnancy, childbirth and puerperium 640-68	9 16	_	2	10	17	7	5	141	2	5	14	43
Congenital malformations 750-75		1	4	7	14		4	80		6	-	69
Certain diseases of early		I _		1							955	
infancy		7	30	48 35	267 137		149 136	757 559		78 65	283 189	841 353
Senility, ill-defined, and unknown 780-79 All other diseases Residua		12 9	8 7	52	57		58	6 149		31	27	695
Motor vehicle accidents E810-E83	5 28	1)	7	1	8		1	82		1)	)	125
All other accidents E800-E80	2	<b>\</b> \}4	10	14	90	}4	32	296	2	15	33	139
E840-E96 Suicide E963, E970-E97		1 1 -	16	14	38		1	30		Ι΄.	1	27
Homicide and injury resulting E964-E96	5	] _	1			<b> </b> } 1	1	l	į .	1		l .
from operations of war E980-E99	9 8	-	4	-	5		-	42	2	3	-	39
-	1	1	1	I	1	1	i	ı	1		ı	1

<sup>(</sup>a) Gastritis, enteritis, etc. included under infectious diseases.

TABLE 8 DEATH RATES PER 100,000 POPULATION FROM SPECIFIC CAUSES IN THE AMERICAS, RECENT YEARS

Cause	Argen- tina 1956	Brazil 1959 (a)	Canada 1960	Chile 1960	Colom- bia 1959	Costa Rica 1960	Cuba 1959	Domini- can Re- public 1959	Beuador 1958	El Salvador 1960	Guate- mala 1959
Total deaths	806. 2	1400.8	784.2	1227. 4	1279.2	859.4	651. 9	1046. 6	1505, 3	1101.7	1725.4
Tuberculosis, all forms	19.7 1.7 0.7	84.2 11.5 2.7	4.6 1.0 0.0	52.9 2.3 2.6	27.8 1.9 4.9	12.9 1.0 1.0	17. 2 1. 7 0. 9	17. 7 3. 6 4. 8	35.9 1.6 21.5	15.6 3.1 1.9	33. 1 0. 2 10. 3
Paratyphoid fever and other Salmonella infections	0.4	 17.6	0.0 0.2	0.2 1.1	0.6 8.5	0.3 5.5	0.1 0.6	8.9	1. 1 12. 6	3.0	0.3 49.4
sore throat	0.1 0.5 1.1 0.1	0.0 5.5 3.1 1.2	0.1 0.0 0.4 0.4	0.2 5.3 4.7 0.2	0.2 3.4 20.5 0.2	3.3 11.7 0.4	0.0 0.9 1.2 0.0	2.3 2.3	0.2 3.6 74.6 0.3	0.7 11.8	0.7 1.4 111.4 0.1
Plague         .058           Leprosy         .060           Tetanus         .061	-	0.5 13.4	0.0	0.7	0.9 10.0	0.4 21.8	0.4 4.1	- 	0.4 0.2 21.6	0.1 18.5	3.6
Yaws         073           Acute poliomyelitis         080           Smallpox         084           Measles         085	3. 1 0. 0 0. 8	1.3 0.7 7.0	0.5	1.3 27.7	0.4 1.2 12.9	1.9 - 11.2	0.5	0.4	0, 5 3, 9 83, 7	0.2 - 21.1	0.9 0.0 37.8
Yellow fever       .091         Rabies       .094         Typhus and other rickett. diseases.100-108         Malaria       .110-117	0. 1 0. 0	0.4	0.0	0. 1 0. 1	0.2 0.2 5.0 9.5	0. 1 1. 3	0.1 0.0 0.4	0.4 32.8	0.3 1.0 22.2	0.2 17.0	0.2 0.1 3.4
All other infective and parasitic diseases	6. 1 120. 4	33, 1 105, 0	2.0 130.1	7.8 99.9	31.5 46.6	30. 1 73. 7	5.2 87.2	35.3 21.9	17.4 36.3	16.0 19.0	250.8 24.2
neoplasms       210-239         Diseases of thyroid gland       250-254         Diabetes mellitus       260	4.3 - 7.0	5. 5 12. 2	1.7 0.6 11.7	3.6 0.2 4.9	11.0 0.3 4.5	2.8 0.3 7.1	3.1 - 8.2	0.9 2.7	4.3 0.6 2.1	2.3 0.1 2.2	3.8 0.2 2.2
Avitaminoses and other metabolic diseases         280-289           Anemias         290-293           Vascular lesions affecting central	1.7	3.2	1.3 1.8	1.7 1.4	33.2 17.1 26.7	7.3 11.1 28.7	5.0 41.5	15. 2 13. 1	6, 9 24, 6	14.4 10.4	20.1 35.3 7.1
nervous system 330-334 Non-meningococcal meningitis 340 Rheumatic fever 400-402 Chronic rheumatic heart	61.8	69.2 6.7 2.4	86.6 1.0 0.3	54.7 7.4 0.8	14.9 0.9	4.4 1.5	2.6 1.1	8.7 0.4	6.5 1.0	1.3 0.2	4.5 1.2
disease	164.9	8,8 87,2 69,0	7.8 238.2 12.0	6.3 59.7 9.5	4.2 17.9 34.4	3.5 37.4 17.7	2. 4 58. 7 73. 4	1.8 5.7 9.6	2.5 5.6 23.1	0.3 4.4 5.1	1, 2 15, 5 9, 6
Hypertension with heart disease 440-443 Hypertension without mention of heart 444-447 Arteriosclerosis 450		34. 2 13. 2	18.1 5.5 13.1	6.1 8.0 12.4	9.6 3.3 6.9	3.9 2.6 3.2	8.5	0.3   4.3	4.0 2.3 2.1	0.6 0.2 0.7	1.4 4.5 5.5
Other diseases of the circulatory system         451-468           Influenza         480-483           Pneumonia         490-493	0.8 36.0	16. 4 92. 4	7.7 3.1 30.1	4.2 20.3 213.1	3.2 26.4 78.4	4,4 10,2 54,3	5.3 27.2	2.0 32.9	4.4 68.2 72.3	2.7 7.7 29.5 26.2	2.4 99.0 116.4 49.9
Bronchitis	3.0 1,2	7.5 4.8	4.8 8.4 5.2	8.5 13.2 4.3	61.0 9.5 5.0	23.8 6.6 3.0	6.8 9.7 3.5	26.5 1.4	131.5 14.1 2.9	9.4 2.1	8.7 1.8
Appendicitis	0.5 4.3 13.1	1.4 7.5 192.0 23.0	1.0 5.0 5.5 6.2	1.4 6.6 86.7 25.5	1.5 5.9 132.9 4.7	0.9 3.9 120.2 5.3	0.6 5.9 43.3 11.6	0.4 3.8 202.6 9.2	1.3 8.9 136.3 3.6	0.6 2.9 65.6 6.1	0.6 4.4 233.2 7.3
system Residual Nephritis and nephrosis 590-594 Other diseases of the	4.7 14.7	24.2	7.5 8.7	21.2 9.9	44.3 13.7	13, 5 8, 5	5.9 12.4	8. 7	41.8 9.3	128.0 2.1	25,2 7.5
genitourinary system 600-637 Complications of pregnancy,	0.2		7.9	6.5	4.1	4.8	3.1	•••	4.1	1.8	3.1
childbirth and puerperium 640-689 Congenital malformations 750-759 Certain diseases of early	2.4 }62.6	7.5 19.3	1.2 15.1	11. 1 9. 1	11.1 8.7	6.3 12.6	3.4 2.7	4.3 5.3	14. 7 4. 4	8. 0 3. 4	11.6 4.2
infancy 760-776 Senility, ill-defined, and unknown 780-795 All other diseases Residual Motor vehicle accidents E310-E335	138.1 81.8	116.9 97.7 108.4	39.8 7.6 18.1 20.8	178.0 107.2 28.1 16.6	119.6 ( 256.9 33.4 8.6	82.5 121.3 28.4 5.4	29.7 26.3 57.1 7.8	188.1 265.7 78.3 4.5	76.2 375.2 29.2	209. 8 310. 8 33. 5 6. 3	184.2 240.3 39.6 7.7
All other accidents		82.4	32.0 7.6	57.8 7.3	36.4 2.9	30.0 2.1	16.0 16.0	11.9 1.7	65.9	19, 9 11 <b>, 4</b>	26. 3 3. 2
from operations of war E980-E999	<u> </u>	<u>Ľ</u>	1.4	6.9	39.9	3, 2	15.6	5.0	J	30.7	8.8

<sup>(</sup>a) State of Guanabara and capitals of other states excluding Manaus, Goiania, Rio Branco, Boa Vista and Porto Velho.

TABLE 8 DEATH RATES PER 100,000 POPULATION FROM SPECIFIC CAUSES IN THE AMERICAS, RECENT YEARS (Continued)

Cause	Hondu- ras 1959	Mexico 1960	Nicara- gua 1960	Panama 1960	Paraguay 1960 (a)	Peru 1959 (b)	United States 1959 (c)	Uruguay 1959	Vene- zuela 1960	Bermuda 1960	British Guiana 1957
Total deaths	944.1	1177.7	808.1	798.8	1049.6	964.6	937.3	842, 5	766.1	902.4	1149.6
Tuberculosis, all forms	15.7 0.3	27.8 2.0	8.3 0.1	27.3 0.7	32.4 2.8	89.4 1.8	6.5 1.7	18.2 4.8	19.6 2.7	2.4 4.8	26.8 3.9 6.2
Typhoid fever	5.1	7.7	10.4	0.3	1.8	4.6	0.0	0.9	0.7	-	
Salmonella infections	7.2	3,2 16,0	26.0 2.3	2,6	1.0 7.4	3, 8 2, 4	0.0 0.2	0.1	0.1 7.7		0.8 17.8
sore throat         050,051           Diphtheria         055	0.1 0.6	0.4 1.8	0.9	0.1 1.2	0.3 2.0	0, 2 0, 8	0.1 0.0	0.2	0.1 0.8	-	2.1
Whooping cough	16.5	15.4	8.6	23.0	- 3. 8	11.5	0.2	4.0	4.2	-	1.5
Meningococcal infections	0.1	0.1	-	0.7	0.1	0.4 0.0	0.4	0.1	0.2	-	0.2
Leprosy	0.1 2.7	7.2	0.1 24.7	19. 1	0.4 25.2	7.7	0.0 0.2	0.1 1.0	0.3 7.1		- 1.5
Yaws 073	-	-	-		-	• • •	-	-	-		-
Acute poliomyelitis	0.8	0.6	0,5	0.2	0.9 0.1	1.3	0.3	0.1	0.5	] -	-
Measles	14.0	18. 1	4.5	10. 1	3.3	13. 1	0.2	3.1	2.8	-	_
Yellow fever	0.1	_	-		-	-	0.0		0.0 0.1		_
Typhus and other rickett diseases . 100-108 Malaria	0.2 90.3	0.4 18.4	- 49.5	- 6 <b>.</b> 9	0, 6	0.0 0.8	0.0 0.0	-	0. 0 0. 1		0.8
diseases	31.1 16.6	32.6 35.7	21. 1 15. 6	18.3 44.6	16.1 57.4	11.7 63.5	2.9 147.1	7.0 157.4	8.5 53.}3	2.4 128.6	9.3 51.0
Benign and unspecified neoplasms	1.1	2.7	5.2	3.8	3.2	2.5	2.8	3.7	1.6	-	2.3
Diseases of thyroid gland 250-254 Diabetes mellitus	0.3 2.0	7.9	0.1 3.9	5.5	0.6 4.2	5 <b>. 3</b>	0.6 15.9	0.2 13.0	0.3 5.0	21.4	0.8 16.4
diseases       280-289         Anemias       290-293	22.9 11.6	9.4	1.4 10.2	13.4	5.7 8.8	3.5	1.9 1.8	1.1 2.7	7.2 1.8	-	19.7 16.0
Vascular lesions affecting central nervous system 330-334	24.9	19.9	17.8	40.5	42.7	24, 4	108, 2	97.4	22.0	126.2	66.8
Non-meningococcal meningitis	1.5 0.1	4.7 1.7	8,1	3.9 0.1	9.3 3.0	9.0 0.9	1.3 0.4	3.1 1.2	3,6 0,4	2.4	2.1 1.4
Chronic rheumatic heart							9.9			4.0	
disease	0.1 1.6	4.3 14.4	-	2.2 35.7	2.7 18.8	3. 5 38. 3	299.8	4.7 120.7	3.5 46.3	4.8 238.1	2.9 50.2
Other diseases of the heart 430-434 Hypertension with heart disease, 440-443 Hypertension without mention	14.5 -	45.7 3.5	21.4	9.9 3.9	17.2 2.9	6, 5 10. 5	13, 8 38, 6	12.9 21.4	9.6 8.8	7, 2 26, 2	41.3 10.4
of heart	2.2 0.5	3.2	0. 2	6.1	6.3 11.1	7.6	7.4 19.6	13.6 16.7	3.7 3.6	4.8	17.0 6.6
Other diseases of the circulatory system	4.7 10.4	21.2	3.6	1.6	4.4 15.5	 15.5	10.3 1.6	1.5 12.0	2.6 7.7	<u>-</u>	2.9 4.2
Pneumonia	38.8 0.6	141.4 30.9	40.8 1.4	47.1 31.8	49.7 13.5	122.3 24.2	29.5 2.2	19.4 7.6	34.4 5.7	73, 8	59.7 43.2
Other diseases of respiratory			9.2		8.4		ľ	- 1	J		
system	2. 1 1. 3	4.9	2.0	2.5	1.2	2.9	11.7 6.0	9.3 4.3	4.3 1.5	4.8	7.5 2.7
Appendicitis	0.8 1.9	1.8 5.8	0.9 2.3	1.6 6.1	1.6 9.8	1.5 9.5	1.0 5.1	1.7 5.6	1.0 3.8	-	2.3 4.8
Gastritis, enteritis, etc. 543, 571, 572 Cirrhosis of the liver 581	24.8 2.8	170.5 22.0	100.3	65.2 2.8	82.9 5.0	103.5 11.3	4.4	18.5 6.7	62.2 6.6	11.9	107.3 7.3
Other diseases of digestive system	114.5 1.3	8.7	41.7 1.0	5.3	12.2 8.5	11.5	8.7 8.0	11.3 9.6	4.9 8.8	9.5	112.4 29.3
Other diseases of the genitourinary system 600-637	2.6	0.6	4.1	1.0	6.8	1,8	9.0	6.5	2,9		8, 3
Complications of pregnancy, childbirth and puerperium 640-689	11.2	5.9	7.0	8.1	10.0	8.4	0.9	2,5	4.9	-	17.2
Congenital malformations 750-759 Certain diseases of early infancy 760-776	0.5 52.3	13.2 134.0	0.7 86.8	6.2 53.2	7.0 65.2	9.3	12.3 38.5	8.7 61.1	9.7 73.1	9.5 69.0	10.4 132.4
Senility, ill-defined, and unknown 780-795	311.0	130.4	189.4	160,3	372,6	34.2	10.8	64.0	232,2	38. 1	75.3
All other diseases Residual Motor vehicle accidents E810-E835	9.9	108.6 3.1	25.0	76.8 7.5	29.7 4.8	93.5 17.0	17.1 21.5	33.5 4.9	15.4 16.9	64.3 19.0	97.1 1.5
All other accidents E800-E802 E840-E962	68.0	35.9	30.5	31.3	27.1	39.5	30.6	28.9	27.8	26, 2	42.7
Suicide E963, E970-E979 Homicide and injury resulting E964-E965		1.9	0.9	4.9	2.4	2.1	10.5	10.9	5.8	4.8	3.5
from operations of war E980-E999	J	31.8	19.8	5,6	19.4	1.7	4.6	4.3	7.7	2,4	1.7

<sup>(</sup>a) Area of Information only. (b) Principal cities only. (c) For some causes, deaths for Hawaii included in residual groups.

TABLE 8 DEATH RATES PER 100, 000			]		Nether-	l	St.Pierre		1	<del></del>
Cause	British Honduras 1960	Canal Zone 1960	Falkland Islands 1960	French Guiana 1960	lands Antilles 1959	Puerto Rico 1959	and Miquelon 1960	Surt-	Virgin Islands (UK) 1960	Virgin Islands (US) 1959
	<del> </del>				(a)		(b)	<del></del>	1000	1003
Total deaths	787.9	309.5	1600.0	1464.5	5 <b>30.</b> 9	681.2	880.0	814.8	957.1	1032.3
Tuberculosis, all forms 001-019	17.6		_	<b>35.</b> 6	2.7	29.2	20.0	8.1	28.6	6.5
Syphilis and its sequelae020-029 Typhoid fever040	2.2 1.1	2.4 2.4	-	_	3.7	2.3	_	2.2 1.5	_	3, 2
Typhoid fever 040 Paratyphoid fever and other	1	2.1						1.0		_
Salmonella infections041,042	2.2	- -		- 16. 1	 15, 4	0.0	-	0.4	-	-
Dysentery, all forms 045-048 Scarlet fever and streptococcal	4.4	-	_	10.1	10. 4	_	_	0.4	_	-
sore throat		-	-	-	-	0.0	-	-	_	-
Diphtheria	2,2	_	_	-	_	0.5 1.6		-	-	] -
Meningococcal infections 057	-	-	-	-	-	0.3	-	-	-	-
Plague         058           Leprosy         060	-	_		3. 2	_	0.1	-	1.9	-	-
Tetanus		_		16.1	• • • •	2.6		4.8	] -	6.5
Yaws 073		-	-	-	•••	-	-	-	-	-
Acute poliomyelitis		_	_	_	_	0.1		-	_	_
Smallpox         084           Measles         085	3.3	2.4	_	_	-	1.4	-	-	_	_
Yellow fever		-	-	-		-	-	-	-	-
Rabies	•••	-	]		• • • •			-	1 :	_
Typhus and other rickett. diseases. 100-108 Malaria	3. 3	-	_	3, 2	•••	-	-	1.5	-	-
All other infective and parasitic	12.1	4.8		100.0	5.9	9,3		10.7		3.2
diseases	49.5	35.7	300.0	100.0	85.6	77.5	140.0	45.9	57.1	80.6
Benign and unspecified					- A			0.77	14.9	6.5
neoplasms	5.5	<u> </u>	_		5.9	3.4 0.3	-	0.7	14.3	0.0
Diabetes mellitus	-	2.4	-	3.2	5.9	9.4	-	8.1	-	25.8
Avitaminoses and other metabolic	ļ	_	_	i _		6.8	_	14.8	14.3	12.9
diseases	5.5	-	_	16.1	0.5	5.4	_	4.1	-	-
Vascular lesions affecting central	05.0	D1 4	800.0	j	50.4	45.0	00.0	05.0	]	71.0
nervous system	35.2 3.3	21.4	200.0	6.5	52.1 1.6	42.9 3.4	60.0	35.9 3.7	_	71.0 3.2
Rheumatic fever	-	-	-	"-	-	0.5	-	1.5	-	-
Chronic rheumatic heart	_	4.8	<u> </u>		2.7	3,1	_	3.0	_	_
disease	-	4.0		-	4.1	3.1	_	3.0	_	_
heart disease 420-422	28.6	50.0	500.0	400.5	44.7	80.8	-	43.0	71.4	222.6
Other diseases of the heart 430-434 Hypertension with heart disease. 440-443	33.0	9.5 9.5	_	109.7 77.4	22.3	14.3 12.7	100.0	28.9 6.3	71.4	3.2 87.1
Hypertension without mention	3.3		ŀ	1 ''' 1	13.8		]		28.6	
of heart	۱,	2,4	-	EO 1	ار	5.3	-	6.3		19.4
Other diseases of the	-	-	-	58.1	•••	14.8	-	5.2	-	58.1
circulatory system 451-468		2.4	50.0	-	•••	5.5	-	1.5	-	6.5
Influenza		31.0	50.0	29.0	3.7 25.5	1.8 32.0	40.0	1.:1 31.5	128.6	9.7 41.9
Bronchitis 500-502			-	6.5	1.1	3.4	70.0	13.7	28.6	41.5
Other diseases of respiratory system		,, ,	[	60.0		١ , ,	,,,	E 0	,, ,	0.5
Ulcer of stomach and duodenum . 540,541	1.1	7.1	50.0	22.6	3.2	$8.3 \\ 2.4$	20.0	5.2 $2.6$	14.3 -	6.5 3.2
Appendicitis 550-553	-	-	-	-	1.1	0.5	40.0	0.7	-	-
Intestinal obstruction and hernia 560,561,570 Gastritis, enteritis, etc. 543,571,572		2.4		3.2 16.1	3.2 5.9	3.6 43.2	-	4.8 17.8	28.6	9.7 41.9
Cirrhosis of the liver 581		2.4		22.6		12.6	20,0	13.0	20.0	19.4
Other diseases of digestive	١ , ,	] ,	ļ	]				1. 0		2.5
system		7.1 2.4	] [	80.6	6.9	5.5 8.9	20.0	11.9 20.0	··· <u>-</u>	6.5 9.7
Other diseases of the		]								
genitourinary system 600-637 Complications of pregnancy,	_	4.8	-	3, 2	5.9	3.7	-	5.6	-	6.5
childbirth and puerperium 640-689		-	-	-	2.1	2.6	-	5.9	_	6.5
Congenital malformations 750-759 Certain diseases of early	3.3	7. 1	50.0	-	45.7	15.1	-	9.6	14.3	12.9
infancy		31.0	-	35.5	41.5	71.4	80.0	61.5	100.0	96.8
Senility, ill-defined, and unknown 780-795	220.9	4,8	100.0	206, 5	<b>36.</b> 2	67.1	240.0	284.4	171.4	25.8
All other diseases Residual Motor vehicle accidents E810-E835	72.5	7.1 4.8	150.0 100.0	506.5 19.4	50.0	18.5 9.3	80.0	41.1 10.4	128,6	22.6 22.6
All other accidents E800-E802	15.4			į.	30, 9		"		57.1	
E840-E962 Suicide E963, E970-E979		42.9 2.4	50,0	41.9	<b>/</b>	23.0	-	23.7	<i> </i>	51.6
Homicide and injury resulting E964-E965		4,4	-	22.6	-	9,6	-	7.4	-	9.7
from operations of war E980-E999	1, 1	-	_	3, 2	5.3	5.3	20.0	3.0	-	12.9
	1	<u> </u>	<u> </u>	<u>L</u>		L			<u>L</u>	

<sup>(</sup>a) Curacao and Aruba only. (b) Total differs from that in Table 6.

TABLE 8 DEATH RATES PER 100,000 POPULATION FROM SPECIFIC CAUSES IN THE AMERICAS, RECENT YEARS (Continued)

•	<u> </u>	[Ba=5-		est Ind	ies Fed			,	Im · · ·
Cause	Antigua 1960	Barba- dos 1960	Domí- nica 1960	Grenada 1960	Jamaica 1956	Mont- serrat 1960	St.Kitts- Nevis- Anguilla 1959	St. Lucia 1960	Trinidad and Tobago 1960
Total deaths	978.2	912.9	1536.7	1159.6	953.8	1175.0	1196,4	1479.1	792.3
Tuberculosis, all forms	5.5 29.1 1.8	6.9 10.3	48.3 3.3	11.2 9.0 1.1	21.0 15.6 3.9	41.7 - -	25.0 7.1	17.4 7.0 4.7	11.4 5.2 0.8
Paratyphoid fever and other Salmonella infections	3. 6	3.0	105.0	19,1	0.8	-	- -	- 2.3	3.6
Scarlet fever and streptococcal sore throat	-	:	-	1.1	0.4	-	1.8	-	1.0
Whooping cough	-	0.4	6.7	-	2.7 0.1	-	1.8	1.2	1.0
Plague         058           Leprosy         060           Tetanus         061	- 3.6	7.3	13.3	9,0		- - -	3.6 7.1	10 5	
Yaws	3.0		13, 3	9,0	0,2	-	-	10.5	0.4
Smallpox         084           Measles         085	-	-	-	1, 1	-	- -	-	- -	0.6
Yellow fever	-	:	-	-	•••	-	-	-	•••
Typhus and other rickett diseases, 100-108 Malaria	Ξ	-	_ _ a)	-	17.0	-	-	-	0.2
diseases	7.3 85.5	6.4 96.1	210.0 80.0	12.4 77.5	17.7 \$1.8	8,3 108.3	8.9 75.0	34,9 32.6	10.4 58.2
Benign and unspecified       210-239         neoplasms       210-239         Diseases of thyroid gland       250-254         Diabetes mellitus       260	- - 10.9	2.6 0.4 14.6	3.3 - 6.7	3.4 1.1 18.0	2.7 12.2	8.3 8.3	5.4 - 3.6	3.5 1.2 15.1	1.0 15.9
Avitaminoses and other metabolic diseases	5.5 7.3	16.7 0.9	236. 7 23. 3	48.3 4.5	4.1	8.3 16.7	44.6 3.6	167.4 11.6	5. 6
Vascular lesions affecting central nervous system	94.5 - 1.8	126. 2 3. 4 0. 9	91.7 - -	71.9 4.5 1.1	47.5 3.7 1.4	208.3 8.3	110.7 7.1 5.4	59.3 7.0 1.2	74.1 2.8 1.2
Chronic rheumatic heart disease	3.6	1.7	-	2.2	3.4	-	8.9	3.5	2.0
heart disease	45.5 29.1	80.7 22.7	121.7 6.7	39.3 27.0	45.7 21.7 16.0	58.3 66.7	142.9 46.4	54.7 37.2	96.8 24.0 30.6
Hypertension with heart disease. 440-443 Hypertension without mention of heart	20.0	22.3	8.3 6.7	32.6	9.8	16. 7 -	5.4	20,9	11.9
Arteriosclerosis	7.3	46.4	3,3	16.9 4.5	***	33,3	26.8 5.4	2.3 1.2	•••
Influenza       480-483         Pneumonia       490-493         Bronchitis       500-502         Other diseases of respiratory	92.7 3.6	0.4 63.5 13.7	3.3 138.3 26.7	4.5 57.3 13.5	1.8 40.7 9.0	50.0 -	89.3 7.1	1.2 58.1 39.5	1.2 48.1 17.7
system	3.6 3.6	14.6 3.9 1.3	1.7 1.7	5.6 1.1 1.1	5.2 1.0		3.6 3.6 1.8	11.6 3.5	4.3 0.4
Intestinal obstruction and hernia 560,561,570 Gastritis, enteritis, etc. 543,571,572 Cirrhosis of the liver 581	14. 5 136. 4 5. 5	5.6 41.2 7.7	а)	4.5 184.3	8.4 37.3 4.6	150.0 8.3	7. 1 141. 1	11.6 193.0	5.5 57.0 9.1
Other diseases of digestive system Residual Nephritis and nephrosis 590-594	1.8 25.5	6, 9 10, 3	18.3 11.7	19. i 10. 1	17.5	8.3 41.7	21.4 7.1	11.6 14.0	11.0
Other diseases of the genitourinary system 600-637 Complications of pregnancy,	9.1	23.2	5.0	9.0		8.3	5.4	2.3	
childbirth and puerperium 640-689 Congenital malformations 750-759 Certain diseases of early	18.2 12.7	7.3 6.0	11.7 10.0	5.6 4.5	9,2 5,2	16.7	8.9 10.7	16.3	5.2 8.3
infancy	87.3 63.6 94.5	114.6 58.8 24.5	110, 0 83, 3 123, 3	167.4 152.8 65.2	49.2 36.3 399.7	158, 3 25, 0 83, 3	139.3 116.1 55.4	329. 1 219. 8 31. 4	100.8 42.3 83.3
All other accidents E800-E802 E840-E962	1.8 25.5	16.3	6.7	36.0	5.3 19.2	16.7	26.8	38.4	15.0 16.7
Suicide         E963, E970-E979           Homicide and injury resulting         E964-E965           from operations of war         E980-E999	-	0.9 2.1	} 1.7	1.1	2.0 2.7	16.7	- 5. 4	1.2	3, 2 4, 7

<sup>(</sup>a) Gastritis, enteritis, etc. included under infectious diseases.

TABLE 9. FIRST FIVE PRINCIPAL CAUSES\* OF DEATH WITH RATES PER 100,000 POPULATION IN THE AMERICAS, RECENT YEARS

Area and causes of death	Number		Per cent of total deaths	Area and causes of death	Number	Rate	Per cent of total deaths
ARGENTINA (1956) - All causes	157 169	806.2	100.0	COSTA RICA (Continued)			į
Diseases of the circulatory system (a) (400-468)	32 147 23 473		20.5	Influenza and pneumonia (480-483, 490-493)	755 732		
Certain diseases of early infancy (760-776) (d)	12 204	62.6	7,8	CUBA (1959) - All causes	43 423		
Vascular lesions affecting central nervous system (330-334) Accidents, suicide and homicide (b)	12 049			Diseases of the heart (410-443) Malignant neoplasms (140-205) Gastritis, enteritis, etc. (543,571,572) .	9 531 5 810 2 887	87.2	13.4
(E800-E999)	8006	ł	İ	Vascular lesions affecting central nervous system (330-334)	2 761	41.5	6,4
BRAZIL (1959) (c) - All causes	140356			Influenza and pneumonia (480-483, 490-493)	2 163	32,5	5,0
Diseases of the heart (410-443) Gastritis, enteritis, etc. (543,571,572) . Certain diseases of early	19 962 19 239	199.2		DOMINICAN REPUBLIC (1959)			
infancy (760–776)	11,717			All causes	30 288 5 862	202.6	
(480-483, 490-493)	10 901 10 518	108.8 105.0	7.5	infancy (760-776) Influenza and pneumonia (480-483,		188,1	
CANADA (1960) - All causes	139 693		Ì	490-493)	1 010 950		
Diseases of the heart (410-443) Malignant neoplasms (140-205)	49 184 23 181		35.2	Bronchitis (500-502)	767	26.5	2,5
Vascular lesions affecting central nervous system (330-334)	15 428 9 403		6.7	ECUADOR (1958) - All causes Influenza and pneumonia (480-483, 490-493)	60 950 5 690	140,5	
infancy (760-776)	7 085	39.8	5,1	Gastritis, enteritis, etc. (543,571,572). Bronchitis (500-502)		136,3 131,5	
CHILE (1960) - All causes	93 625	1227.4	100.0	Measles (085)	3 390		
Influenza and pneumonia (480-483, 490-493) Certain diseases of early	17 801	233.4	19.0	Certain diseases of early infancy (760-776)	3 086	76.2	5.1
infancy (760-776)	13 580 7 618			EL SALVADOR (1960) - All causes	28 775	1101.7	100.0
Gastritis, enteritis, etc. (543,571,572). Diseases of the heart (410-443)	6613 6221		0.0	Certain diseases of early infancy (760-776)	5 480 1 714	209.8 65.6	
COLOMBIA (1959) - All causes	176 834	1279.2	100.0	Influenza and pneumonia (480-483, 490-493)	971	37.2	3.4
Gastritis, enteritis, etc. (543,571,572). Certain diseases of early		132.9		Homicide (E964, E980-E985) Accidents (E800-E962)	801 686	30.7	2.8
infancy. (760-776)	i	119.6		GUATEMALA (1959) - Allcauses .	63 010	1725.4	100.0
490-493)	14 486 9 137 8 433		5.2	Gastritis, enteritis, etc. (543,571,572). Influenza and pneumonia (480-483,		233.2	
COSTA RICA (1960) - All causes	10 063	ł	Į.	490–493)	]	215.4	
Gastritis, enteritis, etc. (543,571,572). Certain diseases of early	1 408	1	140	infancy (760-776)	4 068	184.2 111.4	6.5
infancy (760-776) Malignant neoplasms (140-205)	966 863			Bronchitis (500-502)	1823	49.9	2.9

<sup>\*</sup> International Statistical Classification of Diseases, Injuries, and Causes of Death, World Health Organization, Geneva, 1955.

(a) Data available only for entire section which includes group used in ranking, namely diseases of the heart (410-443).

<sup>(</sup>b) Data available only for entire group of accidents and violence which includes accidents (E800-E962).
(c) State of Guanabara and capitals of other states only, exluding Manaus, Goiania, Rio Branco, Boa Vista and Porto Velho.

<sup>(</sup>d) Includes congenital malformations.

TABLE 9. FIRST FIVE PRINCIPAL CAUSES\* OF DEATH WITH RATES PER 100,000 POPULATION IN THE AMERICAS, RECENT YEARS (Continued)

Area and causes of death	Number	Rate	Per cent of total deaths	ll l	Number	Rate	Percent of total deaths
HAITI (1959) (d) - All causes	8 104		100.0	PARAGUAY (Continued)			
Certain diseases of early				Influenza and pneumonia (480-483,			
infancy (760-776)	1 138 507	ĺ	14.0		588 518	65.2 57.4	
Tuberculosis (001-019)		}	3.7	Malignant neoplasms (140-205) Vascular lesions affecting central	210	57.4	0.0
Avitaminosis and other metabolic	1			nervous system (330-334)	385	42.7	4.1
diseases (280-289)	285 250		3.5 3.1	PERU (1959) (f) - All causes	34 337	964.6	100.0
HONDURAS (1959) - All causes		944.1	100.0	Influenza and pneumonia (480–483,			
Malaria (110-117)	Ī	90.3		490-493)	4 905	137.8	14.3
Accidents, suicide and homicide (b)	1 104	90.3	9.0	Certain diseases of early infancy (760-776)	4 623	129,9	13.5
(E800-E999)	1283	68.0	7.2	Gastritis, enteritis, etc. (543,571,572).	3 685	103.5	10.7
Certain diseases of early infancy (760-776)	987	52.3	5.5	Tuberculosis, all forms (001-019) Malignant neoplasms (140-205)	3 182 2 259	89,4 63,5	
Influenza and pneumonia (480-483,	***	02.0	J. J. J	·	2208	05,5	0,0
490-493)	930	49.3	5.2	UNITED STATES (1959) - All causes	1 660 100	097.9	100.0
Vascular lesions affecting central nervous system (330-334)	469	24.9	2.6			Ì	
•	1			Diseases of the heart (410–443) Malignant neoplasms (140–205)	641338 260632	362.1 147.1	
MEXICO (1960) - All causes	411277	1177.7	100.0	Vascular lesions affecting central		111,1	10.,
Gastritis, enteritis, etc. (543, 571, 572)	59 553	170.5	14.5	nervous system (330-334)	191664	108.2	
Influenza and pneumonia (480-483, 490-493)	56 784	162.6	13.8	Accidents (E800-E962)	92 287	52.1	5.6
Certain diseases of early	**   **			infancy (760-776)	68214	38.5	4.1
infancy (760-776)	46 792	134.0	11.4	URUGUAY (1959) - All causes	23 523	842.5	100.0
Diseases of the heart (410-443) Accidents (E800-E962)	23 731 13 602	68.0 38.9	5.8 3.3	Diseases of the heart (410-443)	4 457	159.6	
			l	Malignant neoplasms (140-205)	4 396	157.4	
NICARAGUA (1960) - All causes	11935	808.1	100.0	Vascular lesions affecting central	0.510	05.4	11.0
Gastritis, enteritis, etc. (543,571,572). Certain diseases of early	1 482	100.3	12.4	nervous system (330–334)	2 719	97.4	11.6
infancy (760-776)	1282	86.8	10.7	infancy (760-776)	1 705	61.1	
Malaria (110-117)	731	49.5	6.1	Accidents (E800-E962)	943	33.8	4.0
Influenza and pneumonia (480-483, 490-493)	603	40.8	5.1	VENEZUELA (1960) - All causes .	55 019	766.1	100.0
Accidents (E800-E962)	450	30.5		Certain diseases of early			
PANAMA (1960) - All causes	8 427	798.8	100.0	infancy (760-776)	5 250 4 895	73.1 68.2	
Gastritis, enteritis, etc. (543, 571, 572).	688	65.2		Gastritis, enteritis, etc. (543,571,572)	4 468	62.2	8,1
Certain diseases of early				Malignant neoplasms (140-205)	3 830	53.3	
infancy (760-776)	561 545	53, 2 51.7	6.7 6.5	Accidents (E800-E962)	3217	44.8	5,8
Diseases of the heart (410-443) Influenza and pneumonia (480-483,	540	51.7	0.5	BRITISH GUIANA (1957) -			
490-493)	513	48.6	6.1	All causes	5 955	1149.6	100.0
Malignant neoplasms (140-205)	471	44.6	5.6	Certain diseases of early			
PARAGUAY (1960) (e) - All causes.	9 467	1049.6	100.0	infancy (760-776)	686 556	132.4 107.3	
Gastritis, enteritis, etc. (543,571,572)	748	82.9	7.9	Diseases of the heart (410-443)	543	107.3	
Certain diseases of early infancy (760-776)	588	65.2	6.2	Vascular lesions affecting central			
	ļ			nervous system (330-334)	346	66.8	
* International Statistical Classificat (b) Data available only for entire grou (d) Deaths incomplete, mainly from he (e) Incomplete - data for Area of Infor (f) Principal cities only.	p of accid	dents ar	Injuries ad violen	s, and Causes of <u>Death</u> , World Health (ce which includes accidents (E800-E96)	Organizati 2).	on, Gen	eva, 1955

TABLE 9. FIRST FIVE PRINCIPAL CAUSES\* OF DEATH WITH RATES PER 100,000 POPULATION IN THE AMERICAS, RECENT YEARS (Continued)

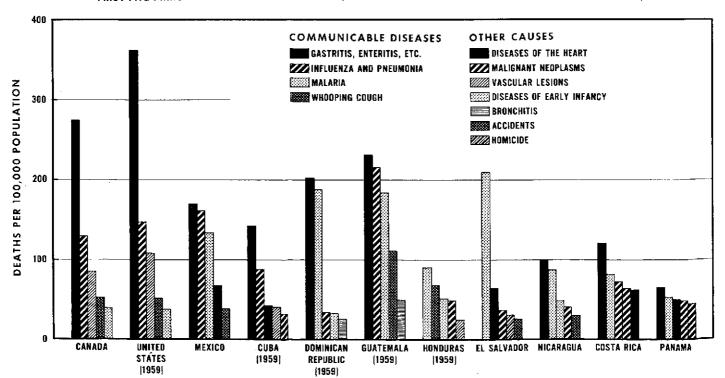
Area and causes of death	Number	Rate	Per cent of total deaths	1	Number		Per cent of total deaths
BRITISH GUIANA (Continued)				PUERTO RICO (Continued) Certain diseases of early			
Influenza and pneumonia (480-483, 490-493)	331	63.9	5.6	infancy (760-776)	1657 1003	71.4 43.2	
JAMAICA (1956) - All causes	14 670	953.8	100,0	Vascular lesions affecting central			
Diseases of the heart (410-443) Malignant neoplasms (140-205)	1 335 797	86.8 51.8	•	nervous system (330-334)	995	42.9	6.3
Certain diseases of early infancy (760-776)	757	49.2		TRINIDAD AND TOBAGO (1960) All causes	6 608	792.3	***
Vascular lesions affecting central nervous system (330-334) Influenza and pneumonia (480-483,	731	47.5	5.0	Diseases of the heart (410-443) Certain diseases of early infancy (760-776)	1279 841	153.3 100.8	,-
490–493)	653	42.5	4.5	Vascular lesions affecting central nervous system (330-334)	618	74.1	9.4
PUERTO RICO (1959) - All causes.	15 818	681.2	100.0	Malignant neoplasms (140-205)	485	58.2	
Diseases of the heart (410-443) Malignant neoplasms (140-205)	2 575 1 799	110.9 77.5	1	Gastritis, enteritis, etc. (543,571,572) .	475	57.0	7.2

<sup>\*</sup> International Statistical Classification of Diseases, Injuries, and Causes of Death, World Health Organization, Geneva, 1955.

first two principal causes are diseases of the heart and malignant neoplasms. Several of these countries had relatively high proportions of their populations in the age group 55 years and over according to the censuses around 1950 (Argentina, 10.2 per cent, Canada, 15.4 per cent, the United States, 17.0 per cent and Cuba, 9.2 per cent). A census had not been taken recently in Uruguay.

In eight countries the group, gastritis, enteritis, etc., was the leading cause of death with certain diseases of early infancy most frequently in the second place as a leading cause. Influenza and pneumonia

FIGURE 6
FIRST FIVE PRINCIPAL CAUSES OF DEATH PER 100,000 POPULATION IN ELEVEN COUNTRIES OF NORTH AMERICA, 1960



was the leading cause in three countries, certain diseases of early infancy in two, malaria in one, and diseases of the heart in the Brazilian capitals. The group, certain diseases of early infancy, includes many deaths stated to be due to toxicosis which is a term often used in Spanish-speaking countries to signify a specific clinical entity essentially the result of severe and rapid dehydration from diarrheal disease. However, according to the rules of the International Classification of Diseases when toxicosis is stated as the cause of death for children under 1 year, the cause is assigned to the group ill-defined diseases peculiar to early infancy. The inclusion of deaths due to toxicosis in the title, certain diseases of early infancy, has undoubtedly contributed to high death rates. from certain diseases of early infancy in several countries.

In Table 10 the five principal causes of death in 1952 and in 1960 in the American countries are summarized. In 1960, the group, certain diseases of early infancy, was listed as one of the principal causes in 20 out of the 21 countries. The importance of this cause is believed to be exaggerated because of the inclusion of ill-defined terms signifying diarrheal disease or nutritional deficiency states. This section of

the <u>Classification</u> was intended to relate particularly to the causes of illness and death occurring within the first 28 days of life and peculiar to early infancy, but the use of the ill-defined terms has unfortunately made it appear as an increasingly important cause. The group, gastritis, enteritis, etc., which includes the diarrheal diseases due to infectious agents such as Shigella, Salmonella, etc., was the principal cause of death in eight countries and among the four leading causes in eight others. Thus, it appears as a principal cause in all except five of these countries providing data for a recent year. Diseases of the heart and malignant neoplasms were each included in 12 of the 21 countries.

When the leading causes in 1960 (or recent year) are compared with those in 1952, the reduction in tuberculosis is evident. While it was one of the principal causes in 10 out of 18 countries in 1952, it appeared for only two out of 21 countries in 1960. Malignant neoplasms was a principal cause in 12 out of 21 in 1960 in contrast to only seven of 18 in 1952.

Health programs have been usually directed first to the prevention and control of communicable diseases and in some countries deaths from these diseases have been markedly reduced. The first section of the

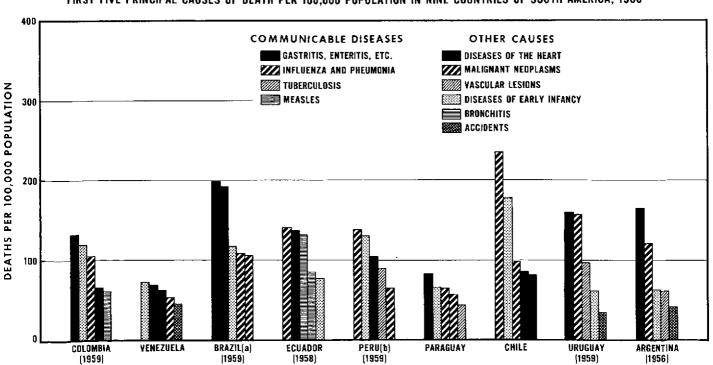


FIGURE 7
FIRST FIVE PRINCIPAL CAUSES OF DEATH PER 100,000 POPULATION IN NINE COUNTRIES OF SOUTH AMERICA, 1960

<sup>(</sup>a) Capitals only, excluding Manaus, Goiania, Rio Branco, Boa Vista and Porto Velho.

<sup>(</sup>b) Principal cities only.

TABLE 10. FIVE PRINCIPAL CAUSES OF DEATH BY RANK ORDER IN 18 AMERICAN COUNTRIES, 1952 AND IN 21 AMERICAN COUNTRIES, 1960

Cause of death		First	Second	Third	Fourth	Fifth
18 countries 1952						
Heart disease or cir- culatory system Gastritis, enteritis, etc. Influenza and pneumonia Tuberculosis	13 12 10 10	385	3 2 2 2	1 1 2 2	3 - 1 4	3 1 - 2
Certain diseases of early infancy Malignant neoplasms Bronchitis Malaria	9 7 6 6	1 - 1	3 1 3	5 2 - 1	1 1 1	3 1 4 -
Vascular lesions affect- ing central nervous system Accidents or external	5	-	-	4	-	1
causes Whooping cough Other causes (a)	4 2 6	- - -	1 1	- - -	4 1 2	- 3
21 countries in 1960 or recent year						

Certain diseases of early infancy Gastritis, enteritis, etc. Influenza and pneumonia Diseases of the heart Malignant neoplasms Accidents	20 16 15 12 12 9	3836 -	8 4 2 1 5	5 3 4 1 2	1 1 5 2 2 2	3 1 2 3 6
Vascular lesions affect-			ļ		1	
ing central nervous system	7	_	-	3	2	2
Malaria	3	1	-	1	1	-
Bronchitis	4	-	-	1	-	3
Tuberculosis	2	-	-	1	1	-
Other causes (b)	5	_	-	-	4	1

<sup>(</sup>a) Includes: Avitaminosis and anemias, dropsy, dysentery, helminths, intestinal infections, and syphilis.

International Classification of Diseases (4) entitled "Infective and Parasitic Diseases" includes most of the communicable diseases. However, deaths from infectious diseases are also assigned to other sections, for example, pneumonia and influenza to diseases of the respiratory system, and diarrheal diseases to diseases of the digestive system and diseases of early infancy when the etiologic agent is not known. Nevertheless, mortality from the infectious and parasitic diseases can be used as a gross indicator of the significance of infectious diseases (Table 11). In the countries of the Americas death rates from this group as well as the percentages of all deaths due to these

diseases vary widely. The rates range from 9.6 per 100,000 population to a rate 50 times as large, approximately 500 per 100,000 population. Since relatively high proportions of these deaths occur in childhood, countries with high death rates from the group of infectious and parasitic diseases are the ones with high death rates of children under 5 years of age. Information regarding deaths from selected infectious diseases is included in Chapter III with data on reported cases of notifiable diseases.

The extent of medical facilities in a country influences the quality of mortality statistics. According to Regulations of WHO<sup>(4a)</sup>each Member State should adopt a form of medical certificate of cause of death which conforms as far as possible with the recommended international model. A copy of this form ap-

TABLE 11. DEATHS FROM INFECTIOUS AND PARASITIC DISEASES (001-138) WITH RATES PER 100,000 POPULATION IN COUNTRIES OF THE AMERICAS, RECENT YEARS

				Deaths	š	
Country	Year	Population	A11	Infec parasit	tious a ic dise	
	1041	- Oparation	causes	Number	Rate	Per cent of total deaths
Argentina	1956	19 494 000	157 169	6 695	34.3	4.3
Brăzil (a)	1959	10 020 000	140 356	18329	182.9	13.1
Canada	1960	17814000	139 693	1 703	9.6	1.2
Chile	1960	7 628 000	93 625	8 186	107.3	8.7
Colombia	1959	13 824 000	176 834	19316	139.7	10.9
Costa Rica	1960	1171000	10 063	1 204	102.8	12.0
Cuba	1959	6661000	43 423	2 267	34.0	5.2
Dominican				· ·		
Republic	1959	2 894 000	30 288	3 173	109.6	10.5
Ecuador	1958	4 049 000	60 950	12 259	302.8	20.1
El Salvador	1960	2 612 000	28 775	2 852	109.2	9.9
Guatemala	1959	3 652 000	63 010	18398	503.8	29.2
Haiti (b)	1959		8 104	1547		19.1
Honduras	1959	1887000	17815	3 486	184.7	19.6
Mexico	1960	34 923 000	411 277	53 012	151.8	12.9
Nicaragua	1960	1477 000	11 935	2 3 2 1	157.1	19.4
Panama	1960	1055000	8 427	1166	110.5	13.8
Paraguay (c)	1960	902 000	9467	885	98.1	9.3
Peru (d)	1959	3 560 000	34 337	5 323	149.5	15.5
United States	1959	177 131 000	1 660 187		12.7	1.4
Uruguay	1959	2 792 000	23 523	1 108	39.7	4.7
Venezuela	1960	7 182 000	55 019	3 985	55.5	7.2

<sup>(</sup>a) State of Guanabara and capitals of other states excluding Manaus, Goiania, Rio Branco, Boa Vista and Porto Velho.

<sup>(</sup>b) Includes: Avitaminosis and other metabolic diseases, homicide, measles, tetanus, and whooping cough.

<sup>(</sup>b) Incomplete - mainly deaths in hospitals and institutions.(c) Area of information including approximately one-half of population of country.

<sup>(</sup>d) Principal cities.

<sup>4/</sup> Op. cit. WHO, Volume I, page 3.

<sup>4</sup>a/ Op. cit. WHO, page 392 (Article 9).

TABLE 12. DEATHS FROM ILL-DEFINED AND UNKNOWN CAUSES (780-795) WITH RATES PER 100,000 POPULATION IN COUNTRIES OF THE AMERICAS, RECENT YEARS

				Death:	s		
Q.,			All	Ill-defined and unknown causes			
Country	Year	Population	causes	Number	Rate	Per cent of total deaths	
Argentina	1956	19 494 000	157 169	26930	138.1	17.1	
Brazil (a)	1959	10 020 000	140 356	9 785	97.7	7.0	
Canada	1960	17814000	139 693	1357	7.6	1.0	
Chile	1960	7 628 000	93 625	8174	107.2	8.7	
Colombia	1959	13 824 000	176 834	35 519	256.9	20.1	
Costa Rica	1960	1171000	10063	1 421	121.3	14.1	
Cuba	1959	6 661 000	43 423	1 750	26,3	4.0	
Dominican							
Republic	1959	2 894 000	30288	7 690	265.7	25.4	
Ecuador	1958	4 049 000	60 950	15 191	375.2	24.9	
El Salvador	1960	2 612 000	28 775	8117	310.8	28.2	
Guatemala	1959	3 652 000	63 010	8 776	240.3	13.9	
Haiti (b)	1959		8 104	2 200		27.1	
Honduras	1959	1887000	17815	5 869	311.0	32.9	
Mexico	1960	34 923 000	411277	45 534	130.4	11.1	
Nicaragua	1960	1477000	11 935	2 797	189.4	23.4	
Panama	1960	1055000	8 427	1691	160.3	20.1	
Paraguay (c)	1960	902 000	9467	3 361	372.6	35.5	
Peru (d)	1959	3 560 000	34 337	1217	34.2	3.5	
United States	1959	177 131 000	1 660 187	19 089	10.8	1.1	
Uruguay	1959	<b>2</b> 792 000	23 523	1 788	64.0	7.6	
Venezuela	1960	7 182 000	55 019	16 679	232,2	30.3	

- (a) State of Guanabara and capitals of other states excluding Manaus, Goiania, Rio Branco, Boa Vista and Porto Velho.
- (b) Incomplete mainly deaths in hospitals and institutions.
- (c) Area of information including approximately one-half of population of country:
- (d) Principal cities.

pears in the section on Medical Certification and Rules for Classification in the first volume of the International Classification of Diseases. It is recommended that the completion of the medical certificate should be the responsibility of the attending physician. In many rural areas in the Americas, many persons die without medical attention at the time of death and thus, the causes of death have been unknown. Deaths without specific causes stated are assigned to the ill-defined and unknown rubrics. The death rates as well as the percentages of total deaths from this group are given in Table 12 for countries of the Americas. In ten countries 20 per cent or more of all deaths were classified in this way. As a result the death rates from specific causes are not known accurately.

### Chapter II

### MATERNAL AND CHILD HEALTH

In the summaries prepared by the countries for the four-year period information was presented on total mortality in infancy and early childhood and on maternal mortality. Causes of mortality in infancy and childhood were not a part of the summaries and thus selected data from other official reports of the countries are being used to emphasize the importance of certain causes of death in early life in the Americas. The experience in some countries has already illus-

trated the excellent possibilities for reduction of mortality in childhood with the extension of health programs (including environmental health). Decline in mortality among children results in an increase in life expectancy at birth. Full understanding of the health problems affecting infants and young children is important for planning for accelerating the progress in the reduction of morbidity and mortality.

### INFANT MORTALITY

INFANT MORTALITY PER 1,000 LIVE BIRTHS IN COUNTRIES IN THE THREE REGIONS OF THE AMERICAS. 1951-1960

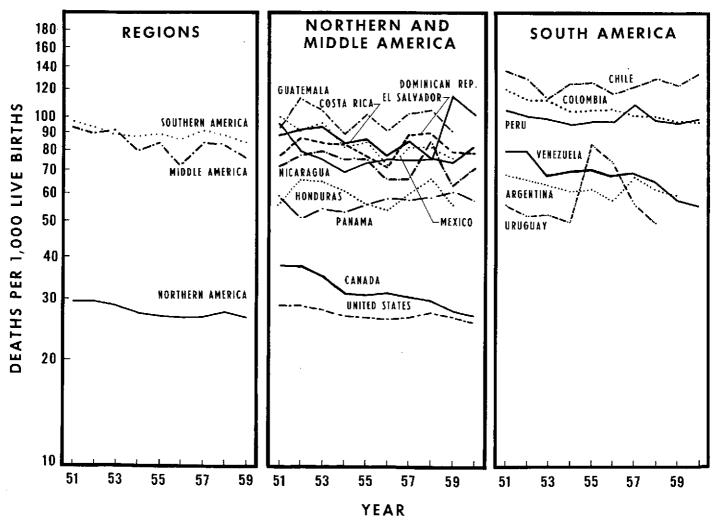


TABLE 13. NUMBER OF INFANT DEATHS WITH RATES PER 1,000 LIVE BIRTHS IN THE AMERICAS, 1957-1960

Area		Nu	mber					
**16a				Rate				
	1957	1958	1959	1960	1957	1958	1959	1960
Argentina	31781	28 931	27 663	•••	66.7	61, 2	58.6	
Bolivia Brazil (a)	45 <b>1</b> 93	47 091	40.150	•••	100.0	100.0	1000	}
Canada	45 193 14 517	14 178	42 153	19 000	130.9	137.7	107.5	27.3
Chile	30 008	31914	13 595 31 043	13 077 34 003	30.9 122.5	30.2 129.3	28. 4 124. 3	132.5
Colombia	56 554	58 553	58996	57 225	100.4	100.0	96.9	96.1
Costa Rica	4 155	3 711	3 904	4034	85.2	75.2	72.9	*80.3
Cuba	5 471	5 357	6026		,,,	10.5	1	
Dominican Republic	8 2 6 2	8 870	13 034	11 064	74.8	76.8	113.2	100.5
Ecuador	19 600	19 671			102.8	105.8		
El Salvador	9996	10216	9034	9416	87.0	88.7	78.1	77.6
Guatemala	17 115	17954	16302	• • •	100.5	103.9	89.7	J
Haiti		• • • •		• • •				
Honduras	4536	5 116	4216	• • •	59,4	65.1	53, 5	
Mexico	118 935	116 010	118 150	.111	80.1	80.1	74. 3	
Nicaragua	3 853	4 803	3974	4 269	67.3	84.2	62.8	70.9
Panama Paraquay (b)	2 129	2 186	2398	2 352	56.4	57.9	59.5	56, 8
Paraguay (b) Peru	2 222 35 431	2 388 33 731	2 444 34 918	2 496 35 997	96.0	102.0	105.9	*104.0
United States	112 801	114 448	112 418		108.1 26.4	97.2	95.0	*97.9
Uruguay	3 009	2 771	3 232	•••	55.0	27.1 49.1	26.4	1
Venezuela	19091	18 224	18 101	17 887	68.1	64.4	57.7	55.2
				1,00,				00, 5
Bahama Islands Bermuda	126 45	190 37	193	• • •	40.3	62.7	61.2	
British Guiana	1561	1 459	45 1390	• • • •	41, 5 67, 9	35.2 61.7	38,1 56.8	ļ ···
British Honduras	334	331	268	•••	92.4	83.0	66.7	
Canal Zone	20	18	17	17	19.4	22.0	22.3	22.1
Falkland Islands		2	_ [	i		43.5	22.0	18.5
French Gulana	31	45	52	65	31.2	47.5	51.3	62.4
Guadeloupe	459	456	463	493	48.5	46.1	47.1	47. 1
Martinique	512	575	472	506	48.8	55.9	45.2	48.7
Netherlands Antilles	161	115	111		24.5	17.6	17.2	
Puerto Rico	3 825	4 058	3 5 7 7		50.3	53.2	48.2	
St. Pierre and Miquelon	4	2	2	4	35.7	19.6	18.9	40.8
Surinam	447	370	476	477	42, 3	32.5	40.5	38.9
Virgin Islands (U.K.)	30 52	42 50	36	•••	94.6	133.3	117.6	
Virgin Islands (U.S.) West Indies Federation	52	ĐΟ	48	•••	50.1	44.3	44.2	
Antiqua	117	149	122		66.3	82,0	66.6	
Barbados	639	586	506		87.4	82.4	71, 2	····
Dominica	280	295	284	320	109.5	108.3	102.5	113.7
Grenada	229	316	277		49.1	74.3	67.3	
Jamaica	3 284	3 865	4 393	3 527	54.0	62.3	67.8	51.0
Montserrat	40	51	53		107.2	135.3	135.5	
St. Kitts-Nevis-Anguilla	194	285	174	• • •	71.9	113.1	69.3	
St. Lucia	375	456	457		95.6	115.4	111.2	
St. Vincent	394	606	559		92, 5	154.2	138.0	• • • •
Trinidad and Tobago	1 631	1 860	1902	• • •	56, 5	62.7	62.2	•••
Northern America	127367	128 665	126 060		26.8	27.4	26.6	•••
Middle America (c)	181 683	183 170	184 924		78.0	79.5	74.9	
South America (d)	199 735	198 059	175 083		91.0	88.5	84,5	

<sup>\*</sup> Provisional.

 <sup>(</sup>a) Data on the number of infant deaths are for State of Guanabara and capitals of other states excluding Boa Vista and Porto Velho in 1957 and 1958 and 1959 and Manaus, Goiania, and Rio Branco in 1959. However, rates also exclude other capitals for which the data on births were not available.
 (b) Area of information only.
 (c) Excluding Cuba and Haiti.
 (d) Excluding Bolivia and Brazil, 1957-1959 and Ecuador and Uruguay, 1959.

The wide variation in infant mortality in the Americas (Table 13) is due to many factors. Registration of deaths is probably more incomplete in infancy than in any other age period. In some countries death of an infant occurring before the birth is registered is not counted. The distinction between a live birth (with some evidence of life) and a fetal death is also not uniformly observed. Thus, it is probable that in many areas the infant death rate should be higher than that appearing in the official figures. Despite these limitations the data are sufficient, however, to delineate major health problems in this age period.

Trends in infant mortality in the decade 1951-1960 are difficult to interpret (Figure 8). In a few countries the death rates have declined but in many they are at

TABLE 14. DEATHS OF INFANTS UNDER 28 DAYS WITH RATES PER 1,000 LIVE BIRTHS IN THE AMERICAS, 1957-1960

<del></del>	In this manufacture, 1001-1000							
Area		Num	ber		<u> </u>	Ra	ite	
Al ea	1957	1958	1959	1960	1957	1958	1959	1960
Argentina	11 797	11448	10 404		24.8	24.2	22.0	
Canada ,	9 480	9 0 5 5				19.3	18.4	17.6
Chile	9 502			9 965		38.3	38.8	38.8
Colombia	21221	21975	22110		37.7	37.5		
Costa Rica	1 186	1159	1 3 3 4	1371	24.3	23.5	24.9	*27.3
Ecuador	6967	6810			36.6	36.6		
El Salvador	3 692				32.1			
Guatemala	5 950				34.9			
Honduras	1 171				15.3			
Mexico		41 143						
Nicaragua	930							18.4
Panama	976				25.9	24.6		
Paraguay (a)	1 263							<b>*4</b> 8.8
Peru		12912		14 002	40.0	37.2	36.8	*38.1
United States		82 274	81 102		19.1	19.5	19.0	
Uruguay	1 259				23.0			
Venezuela	7936	7 5 4 9	7944	8 441	28.3	26.7	25.3	26.0
Canal Zone				15			l	19.5
Falkland							l	
Islands	-	2	-	1	<b>-</b> '	43.5	-	18.5
French		1		Į		ļ	l	
Guiana	5	13	14	12	5.0	13.7	13.8	11.5
Guadeloupe	214	224			22.6	22.7		
Puerto Rico	1905	2008	1880		25.0	26.3		
Surinam	147	177	185	190	13.9	15.5	15.7	15.5
Virgin Is-					l i			
lands (U.S.)	28	27		•••	27.0	23.9		•••
Northern					ĺ	·		
America	91056	91 329	89 943		19.2	19.4	19.0	
Middle				***		10.7	]	
America(b)	56910	57 483	60 690		27.4	28,1	27.6	
South				'''			,.0	***
America (c)	73 188	71 580	65 146		33.7	33.2	31.8	

<sup>\*</sup> Provisional.

TABLE 15. NEONATAL AND POST-NEONATAL DEATH RATES IN THE AMERICAS, RECENT YEAR

	T	Rates	per 1,000	live births	
Country	Year	Total	Under 28 days	28 days - 11 months	Per cent under 28 days
Argentina	1959		22.0	36.6	37.6
Canada	1960		17.6	9.7	64.3
Chile	1960		38.8	93.7	29.3
Colombia	1959		36.3	60.6	37,5
Costa Rica	1959		24.9	48.0	34.2
Ecuador	1958		36,6	69.2	34.6
El Salvador	1959		28.7	49.4	36.7
Guatemala	1959			54.7	39.0
Honduras	1959		14.8	38.7	27.6
Mexico	1959		28.1	46.2	37.8
Nicaragua	1960	-	18.4	52.5	26.0
Panama	1959	4-14	26.4	33.1	44.3
Paraguay (a)*	1960	104.0	48.8	55.2	47.0
Peru *	1960	97.9	38.1	59.8	38.9
United States	1959	26.4	19.0	7.4	72.1
Uruguay	1957	55.0	23.0	32.0	41.8
Venezuela	1960	55.2	26.0	29.2	47.2
Northern America	1959	26.6	19.0	7.6	71.4
Middle America (b)	1959	73.5	27.6	45.9	27.6
South America (b)	1959	84.8	31.8	53.0	37.5

<sup>\*</sup> Provisional.

(a) Area of Information only,

the same level in 1959 or 1960 as in 1951. Incomplete registration of infant deaths in the early part of the period may have obscured inpart progress in reducing infant mortality in some countries.

Infant deaths are usually divided by age into two groups - the neonatal deaths which occur under 28 days and the post-neonatal, those occurring during the remainder of the first year of life. Deaths in the neonatal period are principally due to conditions present at birth while the deaths occurring in the latter period are usually related to environmental conditions. Neonatal death rates for the four years 1957-1960 are given in Table 14. The variation among countries in neonatal death rates is not as great as that in the postneonatal death rates. For the last year for which data are available for 17 countries the neonatal death rates vary from 14.8 to 48.8 per 1,000 live births. Some of the neonatal death rates may be low due to incomplete registration. The variation in the post-neonatal death rates for the 17 countries is from 7.4 to 93.7 per 1,000 live births (Table 15). The percentages of infant deaths in the neonatal period which are given in this table vary from 26 to 72. As environmental conditions improve the post-neonatal death rate can be reduced to a small proportion of the total infant death rate.

<sup>(</sup>a) Area of Information only.

<sup>(</sup>b) Including only countries and territories above.

<sup>(</sup>c) Including only countries and territories above with exception of Uruguay 1958-1959, and Ecuador 1959.

<sup>(</sup>b) Includes countries and territories as shown in Table 14.

### MORTALITY UNDER 5 YEARS OF AGE

That mortality in early childhood (1-4 years) can be reduced to very low rates of the order of 1 per 1,000 population has been demonstrated in several countries. In childhood as in the post-neonatal period, unfavorable environmental conditions result in high morbidity and mortality rates. The deaths and death rates in the age group 1-4 years during 1957-1960 are provided by country in Table 16. Death rates for this age group for the 10-year period 1951-1960 for these countries show that in many these death rates are declining (Figure 9). In Table 17 a summary of mortality of children under 5 years is given for a recent year. It is in the age group 1-4 years that the range of mortality by country is greatest and it is likely that in this age group reductions can be effected rapidly.

Because of the emphasis being placed on reduction of mortality in children under 5 years of age, data have been assembled from reports of the countries, either published by them or sent to the United Nations, on the principal causes of mortality in infancy and early childhood (Table 18). Data were available only from the Abbreviated List of 50 causes of the International Classification (B List). This List does not include several infectious diseases such as tetanus or avitaminosis and other deficiency states which would be principal causes in several countries if the larger list of causes shown in Table 7 could have been used. Analysis of causes of mortality serves to point out which activities may accomplish the greatest reductions in morbidity and mortality and decrease child mortality by one-half in accordance with the Charter of Punta del Este. (1) Since one of the goals of the Charter of Punta del Este is to reduce the present mortality of children under 5 years by at least onehalf in the present decade, it will be possible to use this information as a base line on which to measure progress toward this goal.

In the 15 countries for which recent information was available three groups of diseases were included in the leading causes: for children under five years of age, gastritis, enteritis, etc. (543,571,572) was the leading cause in six and among the first five in all 15; certain diseases of early infancy (760-776) was the leading cause in six and the second leading cause in nine; influenza and pneumonia was the leading cause in two and among the other leading causes in the remaining 13. In addition to these large groups of diseases, malaria was the leading cause in one country and appeared as a leading cause in two others.

Other important causes were whooping cough which was reported among the first five leading causes in eight countries, bronchitis in nine countries, congenital malformations in four, accidents in four, and measles in two. Other infectious diseases which are not given separately in the Abbreviated List of the International Classification and also avitaminosis and other deficiency states, would be leading causes if data were available.

The variation among countries in these death rates from all causes as well as the principal causes was very great. Since this variation in mortality is greater for children 1-4 years than for those under 1 year, the deaths under five years have been subdivided by leading causes to show separately the five leading causes among children under one year and in the age group 1-4 years.

TABLE 16. NUMBER OF DEATHS 1-4 YEARS OF AGE WITH RATES PER 1,000 POPULATION IN THE AMERICAS,1957-1960

	Νt	mber c	of deaths	5		Rat	e	
Area	1957	1958	1959	1960	1957	1958	1959	1960
Argentina	8 488	• • •			4.9			,
Canada	2374		2076	20.67	1.5		1.2	1.2
Chile	7833	8 288	7803	8 793	10.6	10.9	10.1	11.1
Colombia	34 534	32 758	32 942		20.0	18.6		
Costa Rica	1 548	1 3 1 4	1 2 1 9	1337	11.7	9.5	8.5	8.9
Cuba	1850	1926	2054		2.8	2.9	3.0	
Dominican	1					l		
Republic	4 710	4974	5 666	5 2 5 0	12.5	12.8	14.1	12.6
Ecuador	12896	14987			25.3	28.5		
El Salvador	7940		6512		28.5	26.6	21.8	
Guatemala	19 258				42.5	46.6	32.0	
Honduras	4 064		3 5 6 7				15.7	
Mexico	83041					19.3	20.2	
Nicaragua	1995		1944	1806	12.3	15.0	11.2	10.1
Panama	1 309		_		10.5	10.4	11.1	• • • •
Paraguay(a,b)		991	1 113					•••
Peru	25 699			23 389	21.7	18.4	18.3	18.0
United States	17312				1.1	1.1	1.1	• • • •
Uruguay (b)	351	344	451	• • •				
Venezuela	9374	8 8 13	7 147	6212	11.0	10.0	7.8	6.5
					1			
Northern								
America	19 686	19 805	19 244	• • • •	1.2	1.1	1.1	
Middle		.00 455						
America(c)	125 715	122 453	120 443		20.1	19.0	18.2	• • • •
South								
America(d)	98 824	87264	70 878	• • • •	14.6	16.9	14.9	• • •

Provisional.

<sup>(</sup>a) Area of Information only.

<sup>(</sup>b) Rates not calculated since population data not available.

<sup>(</sup>c) Includes only countries above.

<sup>(</sup>d) Includes countries above with exception of Uruguay and Paraguay 1957-1959, Argentina 1958-1959 and Ecuador 1959.

<sup>1/</sup> Alliance for Progress. OAS Official Records, OEA/Ser.H/XII.1, 1961.

TABLE 17.	DEATHS AND DEATH RATES PER 1,000 POPULATION AMONG CHILDREN UNDER
	5 YEARS OF AGE IN COUNTRIES OF THE AMERICAS, RECENT YEAR

		Nu	mber of death	S		Death rates	
Country	Year	Under 1 year	1-4 years	Under 5 years	Under 1 year (a)	1-4 years	Under 5 years
Northern America		126013	19 244	145 257	26.6	1.1	6.6
Canada	1959	13 595	2 0 7 6	15 671	28.4	1.2	7.2
United States	1959	112 418	17 168	129 586	26.4	1.1	6.5
Middle America*		169 337	119 889	295 252	75.9	18.0	35.2
Costa Rica	1959	3 904	1219	5 123	72.9	8.5	27.4
Cuba	1959	6026	2 0 5 4	8 080		3.0	9.6
Dominican Republic	1960	11064	5 250	16314	100.5	12.6	31.0
El Salvador	1959	9 0 3 4	6512	15 546	78.1	21.8	39.6
Guatemala	1959	16 302	15 380	31 682	89.7	32.0	51,5
Honduras	1959	4216	3 5 6 7	7 783	53.3	15.7	26.2
Mexico	1959	118 150	82 641	200 791	74.3	20.2	39.1
Nicaragua	1960	4 269	1806	6 0 7 5	70.9	10.1	25.7
Panama	1959	2 398	1 460	3858	59.5	11.1	<b>23.</b> 2
South America *		242 984	94811	293 146	92.2	13.3	31.8
Argentina	1957	31 781	8 488	40 269	66.7	4.9	18.0
Brazil (b)	1959	42 153	1		107.5		
Chile	1960	34 003	8 793	42 796	132.5	11.1	42.6
Colombia	1959	58 996	32 942	91938	96.9	18.3	39.9
Ecuador	1958	19 671	14 987	34 658	105.8	28.5	51.4
Paraguay (c)	1960	2 496	1 124	3 620	d) 104.0		•••
Peru	1960	35 997	23 389	59 386	e) 97.9	18.0	31.2
Venezuela	1960	17887	6212	24 099	55.2	6.5	19.9

<sup>\*</sup> Totals for deaths under one year of age in Middle America do not include Cuba. Brazil and Paraguay not included in regional totals for deaths 1-4 years and under five years of age.

(a) Rates per 1,000 live births.

(e) Provisional.

The group, certain diseases of early infancy (760-776) is the leading cause of death of children under one year of age in all 15 countries. This group is intended for deaths from causes peculiar to early infancy and according to the rules of the Classification it is restricted principally to deaths of infants under one year of age. As pointed out earlier, many deaths of infants under one year of age, due essentially to nutritional deficiency and to diarrheal diseases, are assigned because of the terminology used to categories 772, nutritional maladjustment, and to 773, illdefined diseases peculiar to early infancy. This group is responsible for from 17 to 60 per cent of the deaths of infants under one year of age. Gastritis, enteritis, etc., is usually the second leading cause in Latin American countries.

In the age period 1-4 years, gastritis, enteritis, etc., and influenza and pneumonia were leading causes in all countries, but gastritis, enteritis, etc., ranked first in 10, and the group influenza and pneumonia was

first in only two. Measles was a leading cause in 11 countries and whooping cough in nine. The fact that these communicable diseases of childhood are leading causes of death stresses the need for preventive programs. For Canada and the United States the leading five causes were the same with accidents first, followed by influenza and pneumonia, congenital malformations, malignant neoplasms, and gastritis, enteritis, etc. In other countries the diarrheal, communicable and respiratory diseases were frequently the leading causes,

In many countries gastritis, enteritis, etc., ranked among the leading causes of death for the total population, as well as for children under five years. However, it is primarily a problem among young children for a very large part of these deaths, at least 80 per cent in 11 out of 15 countries, occur in the age group under five years (Table 19). The death rates at all ages from gastritis, enteritis, etc., for the years 1957-1960 are given in Table 20 for the Americas.

<sup>(</sup>b) Data for capital cities and State of Guanabara, with certain exclusions.

<sup>(</sup>c) Data for Area of Information only.

<sup>(</sup>d) Rate given in country report.

TABLE 18. FIRST FIVE PRINCIPAL CAUSES OF DEATH AMONG CHILDREN UNDER 5 YEARS OF AGE, UNDER 1 YEAR AND 1-4 YEARS WITH RATES PER 100,000 POPULATION IN THE AMERICAS, RECENT YEARS

Country		Under 5	years			Under	1 year			1 - 4 y	ears	
Country and principal causes	Rank order	Number	Rate	Per cent	Rank order	Number	Rate (a)	Per cent	Rank order	I R la h co	Rate	Per cent
CANADA (1959) - All causes		15 671	715,9	100.0		13 595	2836,6	100.0		2 0 7 6	121.4	100,0
Certain diseases of early infancy (760-776)	1 2	7 453 2 375	340.5 108.5	47.6 15.2		7 <b>4</b> 52 2 149				1 226	0.1 13.2	0.0 10.9
490-493) Accidents (E800-E962) Gastritis, enteritis, etc. (543,571,572) Malignant neoplasms (140-205)	3 4 5	1 857 1 228 577 242	84.8 56.1 26.4 11.1		4	1 564 559 493 36	326.3 116.6 102.9 7.5	4.1	1 5	293 669 84 206	17.1 39.1 5.0 12.0	32.2 4.0
CHILE (1958)- All causes		40 202	4179.0	100.0		31914	12931.3	100.0		8288	1092.0	100.0
Influenza and pneumonia (480-483, 490-493)	1	[	1253,5	30.0		[ [	3651.6			<b>)</b> 3 047	401.4	36.8
infancy (760-776) Gastritis, enteritis, etc. (543,571,572) Measles (085) Accidents (E800-E962) Congenital malformations (750-759) Whooping cough (056)	2 3 4 5	11 328 6 877 1 520 662 634 423	1177.5 714.9 158.0 68.8 65.9 44.0	28.2 17.1 3.8 1.6 1.6	1 3 4	10 962 5 481 629 163 588 292	4441.7 2220.9 254.9 66.0 238.3 118.3	34.3 17.2 2.0 0.5 1.8 0.9	3	366 31396 891 d) 499 46 131	48.2 183.9 117.4 65.7 6.1 17.3	4.4 16.8 10.8 6.0 0.6 1,6
COLOMBIA (1959) - All causes		91938	3986.8	100.0		58 996	9692.6	100.0		32 <del>94</del> 2	1828.9	100.0
Gastritis, enteritis, etc. (543, 571, 572) Certain diseases of early infancy (760-776)	1 2	16 753 16 526	726,5 716,7	18.2 18.0	2		1639.1 2715.1	16,9 28.0	1	6 776 -	376.2	20.6
Influenza and pneumonia (480-483, 490-493)  Bronchitis (500-502)  Whooping cough (056)  Non-meningococcal meningitis (340)  Measles (085)	3 4 5 •	9 575 7 791 2 653 1 758 1 495	415.2 337.9 115.0 76.2 64.8	10.4 8.5 2.9 1.9 1.6		5 915 4 843 1 354 1 128 401	971.8 795.7 222.5 185.3 65.9	10.0 8.2 2.3 1.9 0.8	2 3 4 .5	3 660 2 948 1 299 630 1 094	203.2 163.7 72.1 35.0 60.7	11.1 8.9 3.9 1.9 3.3
COSTA RICA (1959) - All causes		5 123	2739.6	100.0		3 904	7294.3	100.0		1219	846.5	100.0
Gastritis, enteritis, etc. (543,571,572) Certain diseases of early	1	1270	679,1	24.8	2	966	1804.9	24.7	1	304	211.1	24.9
infancy (760-776) Influenza and pneumonia (480-483,	2	986	527.3	19.2	1	986	1842.3	25,2	•	-	-	-
490-493)  Bronchitis (500-502)  Congenital malformations (750-759)  Accidents (E800-E962)  Measles (085)	3 4 5 •	643 225 125 56 55	343.9 120.3 66.8 29.9 29.4	12.6 4.4 2.4 1.1	3 4 5 •	450 162 119 27 23	840.8 302.7 222.3 50.4 43.0	11.5 4.1 3.0 0.7 0.6	2 3 5 4	193 63 6 29 32	134.0 43.7 4.2 20.1 22.2	15.8 5.2 0.5 2.4 2.6
DOMINICAN REPUBLIC (1959) All causes		18 700	3673.9	100,0		13 034	1319.1	100.0		5 666	1406.0	100.0
Gastritis, enteritis, etc. (543,571,572) Certain diseases of early	1	5 556	1091.6	29.7	2	- 1	3363,4	29.7	1	1683	417.6	29.7
infancy (760-776)  Bronchitis (500-502)  Influenza and pneumonia (480-483,	2 3	5 444 655	1069.5 128.7	29.1 3.5	1 4	5 444 338	4227.7 293.5	41.8 2.6	2	317	- 78.7	5,6
490-493) Malaria (110-117) Accidents (E800-E962)	4 5 •	613 526   115	120.4 103.3 22.6	3,3 2,8 0,6	3 5	339 246 27	294.4 213.6 23.4	2.6 1.9 0.2	4 3 5	274 280 88	68.0 69.5 21.8	4.8 4.9 1.6

<sup>(</sup>a) Rate per 1,000 live births. (b) Includes total diseases of respiratory system. (c) Includes total diseases of digestive system. (d) Includes total deaths due to accidents and violence.

TABLE 18. FIRST FIVE PRINCIPAL CAUSES OF DEATH AMONG CHILDREN UNDER 5 YEARS OF AGE, UNDER 1 YEAR AND 1-4 YEARS WITH RATES PER 100,000 POPULATION IN THE AMERICAS, RECENT YEARS (continued)

		Under 5	years			Under	l year			1 - 4	years	
Country and principal causes	Rank order	Number	Rate		Rank order	Number	Rate (a)	Per cent	Rank order	Number	Rate	Per cent
EL SALVADOR (1958) - All causes.		17901	4723.2	100,0		10216	8871.6	100.0		7 685	2659.2	100.0
Certain diseases of early infancy (760-776)	1 2 3	5 745 3 507 758	1515.8 925.3 200.0	32.1 19.6 4.2	2	5 745 2 008 491	4989.0 1743.8 426.4		1	1 499 267	518.7 92.4	
490-493) Whooping cough (056) Measles (085)	4 5 -	717 530 317	189.2 139.8 83.6	4.0 3.0 1.8	5	400 235 74	347.4 204.1 64.3	3.9 2.3 0.7	2 3 5	317 295 243	109.7 102.1 84.1	3.8
GUATEMALA (1959) - All causes		31 682	5151.5	100.0		16 302	8970.0	100.0	:	15 380	3204.2	100.0
Certain diseases of early infancy (760-776)	1 2	6 726 5 558	1093.7 903.7	21.2 17.5		6 726 2 266	3700.9 1246.8	<b>41.</b> 3 13.9		3 292	- 685.8	21.4
490-493) Whooping cough (056) Bronchitis (500-502) Measles (085)	3 4 5	3 867 3 624 1 457 1 034	628.8 589.3 236.9 168.1	12.2 11.4 4.6 3.3	4 5	1 944 1 610 890 259	1069.7 885.9 489.7 142.5	11.9 9.9 5.5 1.9		1 923 2 014 567 775	400,6 419,6 118,1 161,5	13.1 3.7
HONDURAS (1958) - All causes		9757	3387.8	100.0		5 116	6511.5	100.0		4 641	2109.5	100.0
Malaria (110-117)  Certain diseases of early infancy (760-776)	1 2	914 912	317.4 316.7	9.4 9.3		408 870	519.3 1107.3	8.0 17.0		506 42	230.0 19.1	10.9
Influenza and pneumonia (480-483, 490-493)	3 4 5	729 548 508 238	253.1 190.3 176.4 82.6	7.5 5.6 5.2 2.4	<b>4</b> 5	431 302 258 66	548.6 384.4 328.4 84.0	8.4 5.9 5.0 1.3	2 4 3 5	298 246 250 172	135.5 111.8 113.6 78.2	5.3 5.4
MEXICO (1958) - All causes		192 391	3857.1	100.0		116 010	8014.1	100.0		76381	1926.4	100.0
Gastritis, enteritis, etc. (543,571,572) Certain diseases of early	1		1007.0	26.1	2	24 852				25 375	640.0	33,2
infancy (760-776)	2	42 490	851.8	22.1	1		2935.2	36.6	•	-	-	-
490-493) Bronchitis (500-502) Whooping cough (056) Malaria (110-117) Measles (085) Congenital malformations (750-759)	3 4 5	38 181 9 209 6 448 5 330 4 824 3 161	765.5 184.6 129.3 106.9 96.7 63.4	19.8 4.8 3.4 2.8 2.5 1.6	•	24 518 6 597 2 595 1 999 1 061 2 728	1693.7 455.7 179.3 138.1 73.3 188.5	21.1 5.7 2.2 1.7 0.9 2.4	3 5 4	13 663 2 612 3 853 3 331 3 763 433	344.6 65.9 97.2 84.0 94.9 10.9	3.4 5.0 4.4 4.9
NICARAGUA (1959) - All causes		5918	2595.6	100.0		3 974	6278.3	100,0		1944	1123.7	100.0
Gastritis, enteritis, etc. (543,571,572) Certain diseases of early infancy (760-776) Malaria (110-117) Influenza and pneumonia (480-483,	1 2 3	1 433 1 085 508	628,5 475.9 222.8	24.2 18.3 8,6	1	997 1 085 329	1575.1 1714.1 519.8	25.1 27.3 8.1	1	436 - 179	252.0 - 103.5	22.4 - 9.2
Whooping cough (056) Measles (085)	4 5 •	364 192 142	159.6 84.2 62.3	6.2 3.2 2.4	4 5	252 101 45	398.1 159.6 71.1	6.9 2.5 1.1	3 5 4	112 91 97	64.7 52.6 56.1	5.8 4.7 5.0

<sup>(</sup>a) Rate per 1,000 live births.

TABLE 18. FIRST FIVE PRINCIPAL CAUSES OF DEATH AMONG CHILDREN UNDER 5 YEARS OF AGE, UNDER 1 YEAR AND 1-4 YEARS WITH RATES PER 100,000 POPULATION IN THE AMERICAS, RECENT YEARS (Continued)

		Under 5	years		<u> </u>	Under	1 year			1 - 4 3	years	
Country and principal causes	Rank order	Number	Rate		Rank order	Number	Rate (a)		Rank order	Number	Rate	Per cent
PANAMA (1959) - All causes		3 858	2324.1	100.0		2398	5951.0	100.0		1460	1114.5	100.0
Gastritis, enteritis, etc. (543, 571, 572) Certain diseases of early	1	694	418,1	18.0	2	443	1099.4	18.5	1	251	191.6	17.2
infancy (760-776)	2 3	591 348	356.0 209.6	15.3 9.0		591 231		24.6 9.6		117	- 89,3	8.0
490-493)  Measles (085)  Whooping cough (056)  Congenital malformations (750-759)	4 5	328 229 108	197.6 138.0 65.1	8.5 5.9 2.8	•	182 43 54	106.7 134.0	7.9 1.8 2.3 2.7	2 5	146 186 54	111.5 142.0 41.2	12.7 3.7
PARAGUAY (1959) (e) All causes	•	70 3 557	42.2	1.8	i i	65 2 444	161.3 10590.2	1	•	5 1113	3.8	0,3
Certain diseases of early infancy (760-776)	1 2	585 469		16.4 13.2			2534.9	23.9 10.6	ll .	- 209	-	18.8
Influenza and pneumonia (480-483, 490-493) Bronchitis (500-502) Whooping cough (056) Accidents (E800-E962) Dysentery, all forms (045-048)	3 4 5	341 105 53 41 34	• • •	9.6 3.0 1.5 1.2 1.0	4 5	216 65 35 6	936.0 281.7 151.7 26.0 30.3	8.8 2.7 1.4 0.2 0.3	3 • 4	125 40 18 35 27		11.2 3.6 1.6 3.1 2.4
PERU (1959) - All causes		57904	3140.1	100.0		34918	9503.8	100.0		22 986	1825.7	100.0
Influenza and pneumonia (480-483, 490-493)  Certain diseases of early	1	14016	760.1	24.2	2	7896	2149.1	22.6	1	6 120	486.1	26.6
infancy (760-776) Gastritis, enteritis, etc. (543, 571, 572). Whooping cough (056). Bronchitis (500-502) Measles (085).	2 3 4 5	11 524 6 213 6 202 3 248 2 455	624.9 336.9 336.3 176.1 133.1	19.9 10.7 10.7 5.6 4.2		11 524 3 257 3 468 2 120 677	3136.5 886.4 943.9 577.0 184.3	33.0 9.3 9.9 6.1 1.9	2 3 5	2 956 2 734 1 128 1 778	234.8 217.2 89.6 141.2	11.9
UNITED STATES (1959) - All causes		129 586	649.0	100.0		112 418	2637.7	100.0		17 168	107.7	100.0
Certain diseases of early infancy (760-776)	1 2	68 205 17 588	341.6 88.1	52.6 13.6	1 2	68 196 15 635	1600.1 366.9	60.7 13.7	3	9 1953	0.1 12.3	0,1 11.4
490-493) Accidents (£800-£962) Gastritis,enteritis,etc.(543,571,572) Malignant neoplasms (140-205)	3 4 5	12 223 8 774 3 098 1 985	61.2 43.8 15.5 9.9	9.4 6.8 2.4 1.5	5	9 775 3 866 2 555 280	229.4 90.7 59.9 6.6	8.7 3.4 2.3 0.3		2 448 4 908 543 1 705	15.4 30.8 3.4 10.7	28.6
VENEZUELA (1959) - All causes		25248	2163.5	100.0		18101	5772.6	100.0		7147	780.2	100.0
Certain diseases of early infancy (760-776)	1 2	4760 4218	407,9 361.4	18.9 16.7		3 052	1517.4 973.3	26.3 16.9	i	2 1166	0.2 127.3	0.0 16.3
490-493) Congenital malformations (750-759) Accidents (E800-E962) Bronchitis (500-502) Whooping cough (056) Measles (085)	3 4 5	2 614 595 469 391 297 222	224.0 51.0 40.2 33.5 25.4 19.0	10.4 2.4 1.9 1.5 1.2 0.9	3 4 5	1810 546 122 265 170 67	577.2 174.1 38.9 84.5 54.2 21.4	10.0 3.0 0.7 1.5 0.9 0.4		804 49 347 126 127 155	87.8 5.3 37.9 13.8 13.9 16.9	1.8 1.8

<sup>(</sup>a) Rate per 1,000 live births. (e) Area of information only; populations under 5 year and 1-4 year not available for calculation of rates.

TABLE 18. FIRST FIVE PRINCIPAL CAUSES OF DEATH AMONG CHILDREN UNDER 5 YEARS OF AGE, UNDER 1 YEAR AND 1-4 YEARS WITH RATES PER 100,000 POPULATION IN THE AMERICAS, RECENT YEARS (Continued)

		Under 5	years			Under	1 year			1 - 4	years	
Country and principal causes	Rank order	Number	Rate		Rank order	Number	Rate a)	Per cent	Rank order	Number	Rate	Per cent
BRITISH GUIANA (1958) - All causes		2 033	2053.5	100,0		1 459	6227.6	100.0		574	726.6	100.0
Certain diseases of early infancy (760-776)	1 2	612 446	618.2 450.5	30.1 21.9			2612.3 1438.4	41.9 23.1	i	109	138.0	- 19.0
490-493) Bronchitis (500-502) Accidents (E800-E962)	3 4 5	223 108 70	225.3 109.1 70.7	11.0 5.3 3.4	4	146 74 9	623.2 315.9 38.4		4 3	77 34 61	97.5 43.0 77.2	5.9
Dysentery, all forms (045-048) Congenital malformations (750-759)	:	34 31	34.3 31.3	1.7 1.5		20 28	85.4 119.5	1.4 1.9	5	14 3	17.7 3.8	
PUERTO RICO (1958) - All causes		5 056	1412,3	100.0		4 058	5318.6	100.0		998	324.0	100.0
Certain diseases of early infancy (760-776) Gastritis,enteritis,etc.(543,571,572) Influenza and pneumonia (480-483, 490-493) Congenital malformations (750-759) Accidents (E800-E962) Bronchitis (500-502) Measles (085)	1 2 3 4 5	1 675 1 142 545 342 103 76 29	467.9 319.0 152.2 95.5 28.8 21.2 8.1	33.1 22.6 10.8 6.8 2.0 1.5 0.6	3 4 •		2194.0 1207.1 462.7 401.1 69.5 73.4 5.2	41.3 22.7 8.7 7.5 1.3 1.4 0.1	1 2 4 3	1 221 192 36 50 20 25	0.3 71.8 62.3 11.7 16.2 6.5 8.1	22.1 19.2 3.6 5.0 2.0
TRINIDAD AND TOBAGO (1959) - All causes		2 262	1639.1	100,0	:	1902	6217.3	100.0		360	330.3	100,0
Certain diseases of early infancy (760-776)	1 2	1 029 521	745.7 377.5	45.5 23.0	1 2		3350.5 1363.1	53.9 21.9		4 104	3.7 95.4	
490-493) Congenital malformations (750-759) Bronchitis (500-502) Accidents (E800-E962) Nephritis and nephrosis (590-594)	3 4 5	212 97 51 33 14	153,6 70,3 37,0 23,9 10,1	9.4 4.3 2.3 1,5 0,6	5	146 92 34 10	477.2 300.7 111.1 32.7 16.3	7.7 4.8 1.8 0.5	4 3	66 5 17 23	60.6 4.6 15.6 21.1 8.3	1.4 4.7 6.4

<sup>(</sup>a) Rate per 1,000 live births.

TABLE 19. DEATHS FROM GASTRITIS, ENTERITIS, ETC. AT ALL AGES AND UNDER 5 YEARS OF AGE IN COUNTRIES OF THE AMERICAS, RECENT YEAR

Country	Year	Numbe	r of deaths	Per cent under
	1001	All ages	Under 5 years	
Brazil (a)	1959	3 526	3 283	93.1
Canada	1959	995	577	58.0
Colombia	1959	18 373	16 753	91.2
Costa Rica	1959	1 384	1 270	91.8
Dominican Republic	1959	5 862	5 556	94.8
El Salvador	1958	4 106	3 507	85.4
Guatemala	1959	8 5 1 8	5 558	65.3
Honduras	1958	634	508	80.1
Mexico	1958	64 351	50 227	78.1
Nicaragua	1959	1 458	1443	99.0
Panama	1959	752	694	92.3
Paraguay (b)	1959	536	469	87.5
Peru	1959	6999	6213	88.8
United States	1959	7 780	3098	39.8
Venezuela	1959	4 585	4218	92.0

<sup>(</sup>a) State of Guanabara.

<sup>(</sup>b) Area of Information.

For the most recent year for which information was available, the rates for 19 countries varied from 4.4 per 100,000 to over 200 per 100,000 population. In three-fourths of the countries the rates were in excess

TABLE 20. DEATHS FROM GASTRITIS, ENTERITIS, ETC. (543,571,572) WITH RATES PER 100,000 POPULATION IN THE AMERICAS, 1957-1960

^		Num	ber			Rat	e	
Area	1957	1958	1959	1960	1957	1958	1959	1960
Brazil (a)	21 239	21 464	19 239		217.9	214.6	192.0	Γ
Canada	869		995	974	5.2		5.7	5.5
Chile	6337		6 386		89.0		85.5	86.7
Colombia		18 153				134.2		~~
Costa Rica	1582	1260	1 384			117.1		120.2
Cuba	2468	2 784	2887		38.6	42.7	43.3	120.2
Dominican	- 100	"   "	4001	•••	****	10.	10.0	1
Republic	2 399	3 3 5 1	5 8 6 2		99.7	119.8	202 B	
Ecuador	5256				133.8		202.0	
El Salvador	3963		2370		168.6		94.0	65.6
Guatemala		10056	8 518			283.6		****
Honduras		634		• • • •		34.7	24.8	:::
Mexico	68 254	1		59 553		198.9	162.9	
Nicaragua	1486	-	1 458	1 482		147.8		
Panama	606	764	752	688	62.3		73.2	65.2
Paraguay (b)	248	473	-	748	32.4	59.6		82.9
Peru (c)	1217	2876	3 685		44.7		103.4	02.0
United States	8015	7870.	7 780		4.7	4.5	4.4	
Uruguay	581	386	517		21.3	14.0	18.5	
Venezuela	5 480	5776	4 585	4 468	85.3	86.6	66.2	62.2
		2,,0				****	5515	02.3
Bermuda	1	1	5	-	2.4	2.4	·11.9	-
British								
Guiana	556	• • • • •	• • • •	• • • •	107.3			
British								
Honduras	147	111	77	103	177.1	129.1	87.5	113.2
Canal Zone	-	2	-	1	-	4.7	- 1	2.4
Falkland			!	-				1
Islands	-	-	-	-	-	-	-	-
French		_		_				
Guiana	• • •	1	8	5		3.2	29.0	16.1
Netherlands					- 4			
Antilles	10	17	11	• • •	5.4	9.1	5.9	
Puerto Rico	1173	1 258	1003	• • •	51.9	54.7	43.2	• • •
St. Pierre-					ŀ			
Miquelon	47	26	45	48	19.7	10.5	10.4	100
Surinam	47	40	40	40	19.7	10.5	17.4	17.8
Virgin Is-	10	4	5	9	142.9	57.1	71.4	28.6
lands (U.K.)	10	4	υ	4	144.5	01.1	71.4	20.0
Virgin Is-	11	8	13		37.9	26.7	41.9	
lands (U.S.) West Indies	11	O	10		37.0	20.1	41.0	•••
Federation								
Antigua	55	50	70	76	105.8	0/3	129,6	198.4
Barbados	81	90	85	96	36.2	39.6	37.0	41.2
Grenada	123	194	138			225.6		
St. Kitts-	100	104	100	104	1220	220.0	10000	104.0
Nevis-								
Anguilla	91	130	79		168.5	236.4	141 1	
St. Lucia	188	192	130			228.6		193.0
or Tucia	100	100	100	100	220.0	440.0	T05.5	100.0

<sup>(</sup>a) State of Guanabara and capitals of other States.

TABLE 21. DEATHS FROM AVITAMINOSIS AND OTHER METABOLIC DISEASES (280-289) WITH RATES PER 100,000 POPULATION IN THE AMERICAS, 1957-1960

Camatan		Num	ber			Rat	.e	
Country	1957	1958	1959	1960	1957	1958	1959	1960
Canada	179	219	233	231	1.1	1.3	1.3	1.3
Chile	720	236	194	132	10.1	3,2	2.6	1.7
Colombia (a)	3741	4 339	4 594		28.3	32.1	33,2	
Costa Rica	73	63	65	85	7.1	5.9	5.8	7.3
Ecuador	252	280	'		6.4			
El Salvador	534	702	417	376		28.8	16.5	14.4
Guatemala	934	928	735	'	27.1		20.1	
Honduras		359	432	• • • •		19.6	22.9	
Mexico	6212	5821	5 332		19.8		16.0	
Nicaragua	15	31	30	20		2.2	2.1	1.4
Paraguay (b)	15	18	32	51			3.8	5.7
United States (c)	1 3 1 4	2 270	3 431		0.8		1.9	
Uruguay (a)	31	27	31		1.1	1.0	1.1	• • •
Venezuela	893	764	599	514	13.9	11.5	8.7	7,2

<sup>(</sup>a) Avitaminosis and other nutritional deficiency states (280-286).

(b) Data for Area of Information only.

of 50 per 100,000 population. Some of the changes in the period are probably due to improvement or to changes in methods of classification of causes.

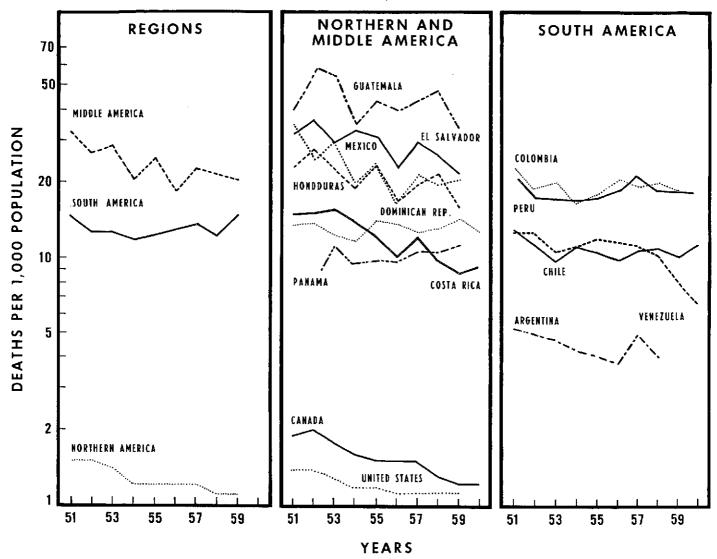
Measurement of nutritional deficiency is difficult from mortality statistics. The child suffering from a nutritional deficiency state may die from a concurrent communicable disease, from pneumonia, or on the death certificate the death may be ascribed to diarrheal disease. The number of deaths classified as due to causes in the group, avitaminosis and other nutritional deficiency states, categories 280-286 of the International Classification is small. Actually within this group deaths are usually in the category other avitaminosis and nutritional deficiency states (286). For example, in Venezuela in 1960 of the 514 deaths in the larger group, 487 or 95 per cent were classed as "286." Of these deaths 169 were specifically attributed to kwashiorkor (sindrome pluricarencial infantil). Moreover, deaths of infants due to nutritional deficiencies are often assigned to diseases of early infancy in category 772. Although presentation of the total effect of nutritional deficiency states on mortality is impossible, data in Table 21 show that even the limited information available under the present Classification procedures indicate the importance of nutritional deficiency as a health problem in several countries such as those in Central America and in tropical South America.

<sup>(</sup>b) Area of Information.

<sup>(</sup>c) Principal cities.

<sup>(</sup>c) Data for Alaska and Hawaii not available.

DEATHS 1-4 YEARS OF AGE PER 1,000 POPULATION IN COUNTRIES IN THE THREE REGIONS OF THE AMERICAS, 1951- 1960



### MATERNAL MORTALITY

Maternal deaths are those due to complications of pregnancy, childbirth and the puerperium and are classified under title numbers 640-689 of the International Classification of Diseases. Since accurate assignment of deaths to the categories 640-689 is dependent on information regarding the pregnancy or delivery, in areas with limited medical personnel and facilities, these facts may not be known. The underlying cause of a hemorrhage, septicemia or toxemia may be overlooked and thus the maternal death rates may be incomplete. The data in Table 22 indicate that in general the maternal death rates are high and are in excess of one death per 1,000 live births in Middle and South America. For these regions, the maternal death rates were five to six times the rates for Northern America.

### ACTIVITIES IN MATERNAL AND CHILD HEALTH

Measurement of activities directed to the reduction of maternal mortality and the improvement of child health is incomplete without the inclusion of those in communicable disease prevention and control and in environmental health, which contribute towards such goals. However, only information on selected activities of health centers organized for mothers and children was obtained and this is presented in Table 23. Efforts are made to give care in the prenatal period, and in one of the countries over half and in two others over 40 per cent of the mothers received such care through health centers. This proportion was estimated from the number of persons receiving prenatal care in relation to the registered number of live births. However, in other countries, health centers were available or were used for such care for only a small number. For example, in the United States where private physicians are the source of medical care for a high proportion of the population only 4.7 per cent of the live births are estimated to be to mothers receiving prenatal care through health centers.

From information in the questionnaire, the number of infants who received care through health centers and the corresponding proportions of the live births have been obtained. The ratios of the number receiving pre-school care to the number receiving care in in-

TABLE 22. NUMBER OF MATERNAL DEATHS WITH RATES PER 1,000 LIVE BIRTHS IN THE AMERICAS, 1957-1960

- PER 1,000 LIV	E DIK.		**-**	AME.	LT(N)			0V
Area	<u></u>	Num	ber			Ra	te	
	1957	1958	1959	1960	1957	1958	1959	1960
Brazil (a) Canada Chile Colombia Costa Rica Dominican	897 255 767 1645 100	263 824 1 684	263 799	215	3.1 2.9 2.1	0.6 3.3	0.5 3.2	0.4 3.3
Republic Ecuador El Salvador Guatemala Honduras Mexico Nicaragua Panama Paraguay (b) Peru United States Uruguay Venezuela	106 88 109 361	555 209 432 223 2 997 122 79 109 308 1 587	188 422 212 3 115 111 97 99	210 2076 103 90 353	3.6 1.8 2.8 1.9 2.3 4.7	0.8 3.0 1.8 2.5 2.1 2.1 4.6 0.9 0.4 1.3 1.4	1.3 1.6 2.3 2.7 2.0 1.8 2.4 4.3 	1.2 1.7  1.7 3.8 
Bermuda British Guiana British Honduras Canal Zone Falkland Islands French Guiana Martinique	3 89 10 -	2 4 	2 8 4 3	- 6 1 - 3 4	2.8 3.9 2.8 	1.9 1.0  3.2 0.9	1.7 2.0 3.9 0.3	1.3 2.9 0.4
Netherlands Antilles Puerto Rico St. Pierre -	8 69	4 62	4 60		1.2 0.9	0.6 0.8	0.6	
Miquelon Surinam Virgin Islands(US) West Indies Fed.	1 16 1	18 1	10 2	16 	8.9 1.5 1.0	1.6 0.9	0.8 1.8	1.3
Antigua Barbados Grenada St.Kitts-Nevis-	8 16 12	8 21 5	7 16 5	10 17 5	4.5 2.2 2.6	4.4 3.0 1.2	3.8 2.3 1.2	5.0 2.2
Anguilla St. Lucia Trinidad and Tobago	10 8 56	4 4 65	5 10 51	14	3.7 2.0	1.6 1.0	2.0 2.4	3.3
Northern America Middle America(c) South America (c)	2011 4511	- 1	1 857 4 539	43	1.9 0.4 2.1 2.4	2.2 0.4 2.0 2.3	1.7 0.4 1.9 2.3	

<sup>(</sup>a) State of Guanabara and capitals of other states with exceptions.

fancy have also been calculated. Since in some areas children in this age group, as well as in infancy, suffer excessive morbidity and mortality, their care is an important activity of health services.

<sup>(</sup>b) Area of information only.

<sup>(</sup>c) Including countries and territories above except in specific years those with no information available.

TABLE 23. ACTIVITIES IN MATERNAL AND CHILD HEALTH IN HEALTH CENTERS IN THE AMERICAS, 1960

						Nu	mb	er receiv	ing care			
			Live		Prenatal	care	Γ	Infant	care	]	Pre-scho	ol care
Area	Centers		pirths	N	umber	Per 100 live births	1	Number	Per 100 live births	N	Jumber	Ratio to infant care
Bolivia	15		85 230		3 659	4.3		8280	9.7		25 550	3.1
Chile	607		256 674				İ			l	450445	1
Colombia (a)	797	į.	595 305		150 680	25.3	l	98 998	16.6	1	120 115	1.2
Costa Rica	68	b)	53 521		21672	40.5		16 713	31.2		25 028	1.5
Cuba	46							• • •			•••	•••
Dominican Republic	2	١.,	110 102	1	48 986	44.5	1	• • •	***	ļ	• • •	•••
Ecuador	20		199 500		19746	9.9		:		ŀ		
El Salvador	66		121 350		28 094	23.2	l l	23 833	19.6	l	12 959	0.5
Guatemala	58	¥ '	181.740		4 883	2.7	l	2 379	1.3		2361	1.0
Honduras	12	b)	78 874	}	4208	5.3	Ι.	•••		Ι.	:::	
Mexico	1 186	b)1	589 606		231290	14.6	(c)	47079	3.0	1	050361	22.3
Nicaragua	37		60 235	ļ	5 736	9.5	l				29 558	
Panama	13	ļ	41 434	l	11047	26.7	l	8 4 1 3	20.3	l	14008	1.7
Paraguay	56	İ	44525		24014	53.9	l	16 619	37.3		24391	1.5
Peru	94		367 862		33 661	9,2	l	104 338	28.4		117872	1.1
United States (b)			261 896	l	200 254	4.7	l	613 201	14.4	1	856 500	1.4
Venezuela	524		324 132		115 652	35.7		83 418	25.7		26438	0.3
Bahama Islands	2	ы	3 154		1877	59.5	l		•••		• • •	
Bermuda	10	(b)	1182		238	20,1					606	
British Guiana	130	b)	24 458		10 660	43.6		12 009	49.1		15 551	1.3
British Honduras	24	b)	4016	F	3291	81.9	1	3 395	84,5	l		
Falkland Islands	1	1	54		54	100.0	l					
French Guiana	1 1	l	1042		430	41.3			,	l		
Guadeloupe	35		10 474		1820	17.4	l	1872	17,9			
Martinique	55		10 400	ŀ	9212	88,6	l	10 629	102.2		5 060	0.5
Puerto Rico		d)	76298	ъ)	49 686	65.1	b	23214	30.4	b)		1.1
St. Pierre and Miquelon	-	1	98	ļ	104	106.1	1	168	171.4		202	1.2
Virgin Islands (U.S.) (b)		1	1 085		1 1 1 1 0	102.3	l	844	77.8		1365	1.6
West Indies Federation			<b>₽</b>	1	'		1		l	1		1
Antigua	11	b)	1 831	Ī	711	38,8	ļ	1099	60.0			
Barbados	3	b)	7 110		1387	19,5	1	2 565	36.1			
Dominica.	3		2 815		1076	38.2	1					
St. Kitts-Nevis-Anguilla (b)	24		2 512		2 115	84.2	1			(e)	8751	
St. Lucia (b)	15		4 108		3 194	77.8		• • •	• • •	f)	1663	

<sup>(</sup>a) Agencies of public health administrations and hospitals.(b) 1959.(c) Data of 589 establishments.(d) 1958.(e) Under 4 years of age.

### COMMUNICABLE DISEASES

The principal causes of death and the proportions of deaths due to infectious diseases in Chapter I indicate the continuing loss of life from communicable diseases in many areas of the Americas. In addition to mortality statistics, reports of notifiable diseases are useful in considering the progress of control or eradication programs. Detailed data regarding notifiable diseases are given in publications of the Organization(1,2) which contain descriptions of reporting areas and analysis and interpretation of trends of reported cases. Since the National Health Services were the sources of data for these reports and for this document, the information already published is being used here. Only data for selected diseases for the fouryear period, with trends of mortality and morbidity as revealed by reported cases, are presented.

Completeness of reporting depends on many factors, including availability of medical facilities and health services and severity of the disease. With the development of eradication and control programs, case-finding procedures are extended and as a result reporting is usually improved. Thus, data should be interpreted only in relation to local situations.

### **DIPHTHERIA**

Diphtheria continues to produce many cases and deaths in the Americas. The number of reported cases and deaths in the four-year period indicate that in general no marked reduction is occurring in South and Middle American countries (Table 24). In a few, as Chile, an increase occurred in the four-year period, from a case rate of 14.4 per 100,000 population in 1957 to 38.9 in 1960. The death rate in 1960 of 5.3 per 100,000 population is indicative of a problem requiring attention in Chile and also in other areas. As seen in a later table, immunizations against diphtheria in Chile increased from 120,000 in 1957 to 470,000 in 1960. In Argentina a slight increase in the reported case rate occurred; the number of immunizations more than doubled in 1960.

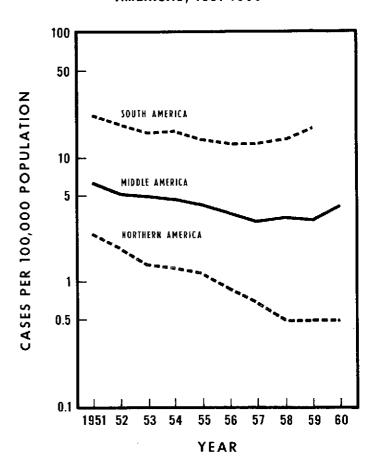
The trend of rates of reported cases of diphtheria for Northern, Middle, and South America for the tenyear period is seen in Table 25 and Figure 10. The slight upward trend in South and Middle America in

FIGURE 10

REPORTED CASES OF DIPHTHERIA PER 100,000

POPULATION, IN THREE REGIONS OF THE

AMERICAS. 1951-1960



NOTE: EXCLUDING AREAS WITHOUT DATA

the last few years requires constant awareness of the problem of diphtheria throughout the Region and extension of the immunization program.

Information regarding diphtheria deaths was not available for all of the areas throughout the ten-year period. However, rates have been obtained for five countries of South America (Chile, Colombia, Peru,

<sup>1/</sup> Reported Cases of Notifiable Diseases in the Americas, 1949-1958, Scientific Publications No. 48, PASB, 1960.

<sup>2/</sup> Reported Cases of Notifiable Diseases in the Americas, 1959-1960, Scientific Publications No. 58, PAHO, 1962.

TABLE 24. NUMBER OF REPORTED CASES AND DEATHS FROM DIPHTHERIA WITH RATES PER 100,000 POPULATION IN THE AMERICAS, 1957-1960

			,		ses					1001-1		Dea	ths	<u> </u>		
Area		Nun	nber			Ra	te		-	Num	ber			R	ate	
	1957	1958	1959	1960	1957	1958	1959	1960	1957	1958	1959	1960	1957	1958	1959	1960
Total	12 275	12 999	15 675	13 934	,											† <del></del>
Argentina		2 181	2 4 4 6			10.8		13.6								
Bolivia	16		12	5	0.5	0.2	0.4	0.1		405						• • •
Brazil (a)		3 3 2 4	5 367			33.9		19.3	298	425	550	• • • •	3.1	4.2	5.5	• • •
Canada (b)	142		38	53	0, 9	0.4	0.2	0.3	20	7	-	7	0, 1	0.0		0.0
Chile		1209	2 009			16.6		38.9	155	210	326	405	2.2	2.9	4.4	5.3
Colombia (c)	1724		1536	1321		15.8		9.8	461	562	472	482	3,5	4.2	3, 4	3.4
Costa Rica	165		124	136		14.1		11.6	21	21 37	23 62	39	2.0	2.0	2.0	3.3
Cuba	224		316	551		2.4		8.1 15.0	41 68	88	67		0.6 2.5	0.6	0.9	• • •
Dominican Republic	320		371 354	449 351		21.1	12.8 8.5	8.1	117	144		* * 4	3.0	3.1 3.6	2.3	•••
Ecuador El Salvador (c)	441 85		113	138		10,7 8.3	8.6	9.4	26	26	24	19	1.1	1.1	1.0	0.7
Guatemala	44		38		1.3	0.6	1.0	1.5	53	78	51	43	1.5	2.2	1.4	1.1
Haiti	15		55	65	0.4	1.8	1.6	1.9	t I					1		1
Honduras	19	į.	1	5	•	1.0	0.1	0.3	6	9	11	10	0.3	0.5	0.6	0.5
Mexico	700	635	679	767	2,2	2.0	2.0	2.2	447	425	446	624	1, 4	1.3	1.3	1.8
Nicaragua	34		64	126		3.4	4.5	8.5	'	8	8	13		0.6	0.6	0.9
Panama	28		28	33	2.9	2.9		3.1	13	8	11	13	1.3	0.8	1. 1	1.2
Paraguay (c,d)	43		62	66		2.6		3.7	11	15	29	18	1.4	1.9	3.4	2.0
Peru (c, e)	199		161	84	4.2	2.9	3.0	1.5	22	26	27		0.8	0.8	0.8	
United States	1217		936	918		0,5	0.5	0.5	82	74	72		0.0	0.0	0.0	.,,
Uruguay	55		84	68	2.0	1,5	3.0	2.4	4	5	6	·	0.1	0,2	0.2	
Venezuela (c)	653	641	615	661		17.2		16.5	72	70	54	58	1.1	1.0	0.8	0.8
					1				!							
Bahama Islands	[ 1	[ -	[ -	-	1.0	-	[ -	-	-	-	-		-	-	-	
Bermuda		-	_		_	_	-	-	-	-	_	-		-	-	-
British Guiana	23		23	11	4.4	13, 9		1.9	11	16	٠٠.		2.1	3.0	: - :	
British Honduras	1		12	15		7.0	13.6	16.5	1	1	5	2	1,2	1.2	5.7	2.2
Canal Zone	-	10	-	4	- 1	23.3	-	9.5		-	~	-	-	_	-	-
Falkland Islands	· -	-	-		-	-	\   -	-	-	-	_	-	-	- 1	-	-
French Guiana	9	_	2	2	3,6	-	0.8	0.7	-	-	2	1	_	-	0.8	0.4
Guadeloupe	8	9	12	ا ا	,	3,4	4.4	0.7	-	- ,	4	1	_	-	1.5	0.4
Martinique Netherlands	-	"	14	_	-	3, 4	4.4	_	-	-	4	1	_	_	1. 0	0.2
Antilles	3	4	10	8	1.6	2.1	5.3	4.2	_ !	_ '	_		_	· _ ˈ	_	1
Puerto Rico	62		74	142	2.7	2.4	3.2	6.0	11	- 5	11		0.5	0.2	0.5	1 :::
St. Pierre and	~	"	'-	* 120	'		"."	"."	**	ľ			۷. ۵	"."	0.0	'''
Miquelon	l _	<b>!</b>	_:	_	_	_	_	_	_	_	_	_	_		_	
Surinam	62	17	11	4	26.1	6.9	4.2	1.5	6	_ '	2	_ '	2,5	<b>-</b>	0.8	' -
Virgin Islands (U.K.)	i -		_	_	_	_	_	-	_	_	_	_	-	_	-	-
Virgin Islands (U.S.)	1 -	_	-	_	_	-	-	<b>!</b>	_	_	_	-	_	_	_	-
West Indies Fed.	ļ															ļ
Antigua.	! -	-	:	_:	_	-	-	-	_	_	-	-	-		-	-
Barbados	8		-	-	3.6	0.9		-	4	] 1	-		1.8	0.4	-	_
Dominica	-	3	-	-	-	5.2	-	-	-	1	-	-	_	1.7	-	1 -
Grenada	34	-	-	1	_	-	-	1.1	-	-	-	1	-	-	-	1.1
Jamaica	34	38	22	77	2,2	2.4	1.4	4.8	!						• • •	
Montserrat						•••				-		-	• • •	-		-
St. Kitts-Nevis-	_							1		_	_	]				
Anguilla	1	1 "	2	1	1.9	7.3	3.6	1.8	-	1	1	-	-	1.8	1.8	1 -
St. Lucia St. Vincent	-	-	-	-	-	-	_	-	-	-	-	-	<u> </u>	-	-	l -
St. Vincent Trinidad and	, -	1 -	-	-	-	-	-	-	-	-	-	-	-	-	-	i -
Trinidad and Tobago	83	66		0.4	10.0		12.1	111 0	5	5	7	8	0.7	0.6	0.9	1.0
Topago	L 60	1 00	98	94	10.8	0.4	14.1	111.3	<u> </u>	<u>.</u>	<u> </u>	L	0. (	.U. U	φ. σ	1

<sup>(</sup>a) State of Guanabara and capitals of other states, with exceptions. Data of reported cases incomplete for 1960.(b) Excluding Northwest Territories 1957 and 1958, for case data.(c) Reporting area, for case data.(d) Area of Information, for death data.(e) Principal cities, for death data.

TABLE 25. NUMBER OF REPORTED CASES OF DIPHTHERIA WITH RATES PER 100,000 POPULATION IN THREE REGIONS OF THE AMERICAS, 1951-1960 (a)

77		ber of ca	ses		Rate	
Year	Northern			Northern America		South America
1951 1952 1953 1954 1955 1956 1957 1958 1959 1960	4240 3277 2493 2251 2123 1710 1359 984 974	3 210 2 670 2 602 2 505 2 306 2 022 1 817 1 993 2 021 2 670	12 721 10 871 9 764 10 103 9 104 8 885 9 099 10 022 12 680 b)	2.5 1.9 1.4 1.3 1.2 0.9 0.7 0.5 0.5	6.4 5.2 5.0 4.7 4.2 3.6 3.1 3.3 3.2 4.1	22.3 18.9 16.1 16.8 14.1 13.2 13.2 14.3 17.4

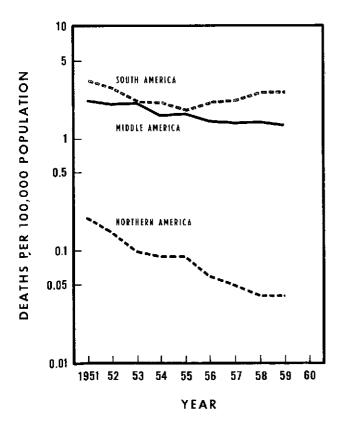
<sup>(</sup>a) Excluding areas without data.

(b) Incomplete for Brazil.

Uruguay, and Venezuela), for countries of Middle America, excluding Cuba and Haiti, and for the two countries of Northern America. From death rates for

FIGURE 11

DEATHS FROM DIPHTHERIA PER 100,000 POPULATION,
IN COUNTRIES OF THREE REGIONS OF THE AMERICAS,
1951-1960



NOTE: EXCLUDING 2 COUNTRIES OF MIDDLE AMERICA AND 5 OF SOUTH AMERICA

the three regions, on the basis of data from these 15 countries, it is clear that the rate for Northern America has declined to a very low level; in Middle America, the decline has been at a relatively high level; while in South America, the decline occurred in the first five years to a low in 1955 which was followed by a slight increase (Figure 11). From a low in 1954-1955, increases in death rates occurred in Chile and Colombia.

The number of persons immunized against diphtheria in the four-year period are shown in Table 26. In many of these countries persons were given diphtheria immunization in combination with tetanus, pertussis or typhoid and paratyphoid vaccine. In several countries immunizations against diphtheria apparently increased in the four-year period.

TABLE 26. PERSONS IMMUNIZED AGAINST DIPHTHERIA IN THE AMERICAS. 1957-1960

	r vmerri	100,	-1900	
Area	1957	1958	1959	1960
Argentina	l		244 207	634 226
Brazil (a)	l	39 937	34889	27 405
Canada	1 103 300	1 209 200	1628300	1203000
Chile	120 099	182 004	222 906	469 823
Colombia	127 318	268 760	342 120	340 474
Costa Rica	2 827	4 696	4261	9 344
Cuba				80 017
Dominican Republic	30 794	126	9	131
Ecuador	5 388	8 436	16 452	11 381
El Salvador	16914	13 503	16219	15 147
Guatemala	47 240	40 682	30 063	28 837
Haiti	581	210	596	596
Honduras		5 281	20843	20 636
Mexico	344 320	326 703	337 129	416 324
Nicaragua	2244	2 876	4291	28 713
Panama			1 009	1 651
Paraguay	2 797	5077	5731	3 329
Peru	33 074	117 298	3042	82 727
United States (b)	2920585	3 121 328	3 882 810	• • •
Vene zuela	114248	71997	138 <b>4</b> 50	263 713
Bermuda (b)	205	970	1045	1 345
British Guiana	115	7	71	32
British Honduras	6547	7 222	7 875	8 420
Canal Zone				4206
Falkland Islands	17	19	36	24
French Guiana	484	781	682	1009
Guadeloupe	9 400	9 500	15 870	20 156
Martinique	10 630	14947	14 132	8952
Puerto Rico (b)	45 844	59 277	62 721	,,,
St.Pierre and Miquelon	80	178	130	160
Surinam				3 750
Virgin Islands (U.K.)		1 223	211	55
Virgin Islands (U.S.)(b)	510	794	741	•••
West Indies Fed.				
Antigua	1		4 4 6 6	2 181
Barbados (b)	1937	2 237	4 466	5 2 1 8
Jamaica	•••	•••	• • •	37 757

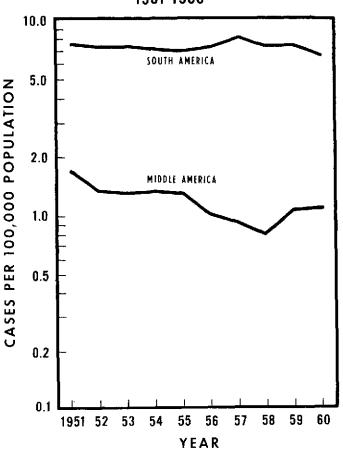
<sup>(</sup>a) Data for 13 cities in 1958; 10 in 1959 and 1960.

<sup>(</sup>b) Governmental only.

# REPORTED CASES OF LEPROSY PER 100,000 POPULATION IN MIDDLE AND SOUTH AMERICA, 1951-1960

### LEPROSY

Cases of leprosy continue to be reported each year in nearly every area of the Americas. The total number of newly-diagnosed cases reported per year has varied from 8,522 in 1951 to 10,304 in 1957. Although some variation occurs from year to year, probably due in part to extent of case-finding activities, in general it is evident that the number of reported cases per 100,000 population remains relatively constant for Middle and South America (Figure 12). The number of reported cases for the four-year period, with rates per 100,000 population, are given in Table 27. Rates based on reported cases have usually been 10.0 or more per 100,000 population in Brazil, Paraguay, Venezuela, British Guiana, French Guiana, Guadeloupe, Martinique, and Surinam.



NOTE: EXCLUDING AREAS WITHOUT DATA

TABLE 27. NUMBER OF REPORTED CASES OF LEPROSY WITH RATES PER 100,000 POPULATION IN COUNTRIES OF THE AMERICAS, 1957-1960

	Nu	mber	of cas	es		Ra	ate			Nur	nber	of ca	ses		Rat	e	
Area	1957	1958	1959	1960	1957	1958	1959	1960	Area	1957	1958	1959	1960	1957	1958	1959	1960
Argentina	<b>45</b> 5	356	438	442	2.3	1,8	2.1	2.1	British Guiana	121	76		.,.	23.4	14.3		
Bolivia	4	12	109	33		0.4	3.2	1.0	British Honduras	<b>-</b>	-	-	-	-	-	-	-
Brazil	7 068	7 129	7 468	6 696	11.0			9.5	Canal Zone	1	-	-	1	1.9	-	-	2.4
Canada (a)	3	2	_	2	0.0	0.0		0.0	Falkland Islands	-	-	-	_	-	-	<b>) -</b>	<del>.</del>
Chile	_	-	18	16	_	_	0.2	0.2	French Guiana	38	41	38			132.3		
Colombia (b)	825	7 <b>4</b> 0	594	526	6,9	6.1	4.7	3.9	Guadeloupe	74	54	60	41				15.2
Costa Rica	44	34	35	57	4.3	3.2	3.1	4.9	Martinique	110		75					19.1
Cuba	32	27	190	134	0.5	0.4	2.9	2.0	Netherlands Antilles	3	7	3	2		3.7	1,6	1.1
Dominican Republic	9	78	40	42	0,3	2.8	1.4	1.4	Puerto Rico	2	1	<b>-</b>	2	0.1	0.0	-	0.1
Ecuador	l								St. Pierre and	Į.		•		ı			1
El Salvador (b)	25	8	50	10	2.2	0.6	3.8	0.7		-	-	-	i <del>-</del>	-		l	
Guatemala	3		4	1 9	0.1		0.1	0.0	Surinam	271	139	112	119	113.9	56.0	43.2	44.1
Haiti	5	1	6	9	0.1	0,0	0.2		Virgin Islands (U.K.)		-	-	-		-	<u> </u>	-
Honduras	l -	-	-	2	-	- (	-		Virgin Islands (U.S.)	[ 1	-	2	-	3.4	-	6.5	l -
Mexico	119	71	111	115					West Indies Fed.		١.	_	l _			l	
Nicaragua	11	13	12	138		0,9	0.8	9,3		[ 1	2						
Panama	7	3	-	4	0.7	0.3	-	0.4		3	_	2	-	1.3		0.9	_
Paraguay (b)	404		221	285	39.6					3	-	l <u>-</u>	<b> </b>	5,3	-	۔ ا	
Peru (b)	97	75	63								•••	5		1 :::		5.7	
United States	49	57							=	34	23	28	16	2,2	1.5	1.8	1.0
Uruguay	12	10							<del></del>		]	• • •	• • •		•••	•••	) ···
Venezuela (b)	392	263	408	403	10,9	7.1	10.6	10.1			ł	l		l			
	Į.			ļ	ļ		1		Anguilla	2	-	5				8,9	-
	l	l	l	1			Ι.		St. Lucia	2	2	3		2.4			
Bahama Islands	1	-	1	-	1.0	-	1.0	-	7	$\begin{bmatrix} 1 \\ -\frac{1}{2} \end{bmatrix}$		1 -1	2				
Bermuda	1 -	-	- 1	-	i -	-	-	-	Trinidad and Tobago	76	38	56	109	9,9	4.8	6.9	13.1

<sup>(</sup>a) Excluding Northwest Territories, 1957 and 1958. (b) Reporting area.

### MALARIA

An account of the malaria eradication program in the Americas is contained in a separate document. (3) The extent of case-finding programs in each country and the number of laboratory confirmations of malaria from examination of blood smears appear in that report, by single years, since initiation of the malaria eradication program.

Official data on notifiable diseases are the source of information on the numbers of reported cases of malaria in countries; official vital statistics provide data on malaria certified as the cause of death. These official statistics on malaria will be used for this report. In several countries, laboratory confirmation is required for reporting of cases of malaria. However, often the statement of the certifier as to cause of death is accepted without laboratory evidence of the disease. Thus, it is possible that many cases and deaths are reported as malaria without sufficient confirmation of the diagnosis.

To obtain accurate data on morbidity and mortality from malaria, coordination of activities in the program of malaria eradication, with reporting of notifiable diseases and registration of deaths will be needed. When the number of cases and deaths have been drastically reduced, investigations can be carried out to ensure that all cases reported as malariahave been confirmed by laboratory examination and that the diagnosis of malaria is justified for all deaths certified as due to this disease.

In the surveillance phase of a malaria eradication program and after eradication is completed, personnel employed in case reporting and death registration systems must be constantly alert to the importance of a newly-reported case or death from malaria which would require immediate investigation.

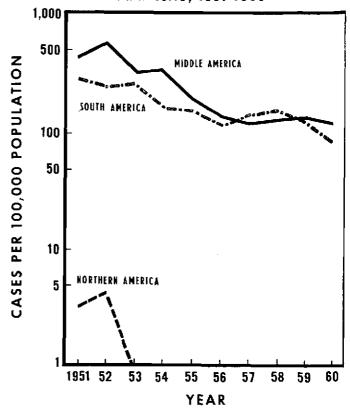
Inaccuracies in official case-reporting systems, due to incompleteness of reporting because of lack of medical facilities and health services, are continuing problems which necessitate introduction of special case-finding procedures in malaria eradication programs.

Irrespective of deficiencies in data of deaths attributed to malaria as well as of case reports, information available from these two systems serves a valuable function. The importance of improving the systems will become increasingly evident as the malaria eradication program enters its final phases.

The number of reported cases and deaths for the four-year period, with rates per 100,000 population,

FIGURE 13

# REPORTED CASES OF MALARIA PER 100,000 POPULATION, IN THREE REGIONS OF THE AMERICAS, 1951-1960



NOTE: EXCLUDING BRAZIL AND AREAS WITHOUT DATA

are shown in Table 28. Interpretation of changes in each country or area is dependent in large part on understanding the activities in the malaria eradication program. Notwithstanding extension of case-finding, declines have occurred in many areas which are reflected in case and death rates. Although comparisons are difficult, for the reasons explained, the total number of reported cases of malaria in the Americas has declined; the total for 1960 was 169,339.

Case rates calculated for the three regions of the Americas are shown in Table 29 and Figures 13 and 14. The decline in Northern America was from 3.4 to 0.04 per 100,000 population. By the end of the period the rates were negligible in this region. The reported case rate for Middle America decreased from approximately 464 to 124 per 100,000 population, while in South America it fell from 289 to 81 per 100,000

Report on the Status of Malaria Eradication in the Americas, X Report, CSP16/20. XVI Pan American Sanitary Conference, PAHO, 1962.

TABLE 28. NUMBER OF REPORTED CASES AND DEATHS FROM MALARIA WITH RATES PER 100,000 POPULATION IN THE AMERICAS, 1957-1960

		RATES	PER IO	<del></del>	ses	.11011	TA TITE	, MIVILLI	womb,	1001-			aths		—–	
		λT:122	shon			D	ato.			Mur	nher	7	1	ъ.		<del></del> -
Area	Number         Rate         Number           1957         1958         1959         1960 <t< td=""><td>1960</td><td>1957</td><td></td><td>1959</td><td>1060</td></t<>						1960	1957		1959	1060					
	1957	1928	1999	1860	1957	TA28	1909	1900	1997	1900	1909	1900	1991	1900	1999	1900
Total	183 518	205 446	213 168	169 339												
Argentina	791	1096	5351	1975	4.0	5.4	26.0	9.4						•••		
Bolivia	740	1774	943	614	22.3	52.8	27.7	17.8		•••						
Brazil (a)	b)18 488	<b>b)</b> 22 906	c)42 072	c)30960	b)28.8	b)34.7	c)61.8	c)44.1	154	123	70	ايا	1,6	1,2	0.7	• • •
Canada (d)	1	2	-	5	0.0	0.0	_	0,0	1	_	-	2	0.0	-	-	0.0
Chile	70500	70 E E 4	60 <b>4</b> 59	37273	600 0	650 <b>.</b> 8	400.4	275 <b>.</b> 8	1576	1 /02	1308	1224	11.9	11.0	9.5	8.7
Colombia (e) Costa Rica	76 596 1 699	79 5 5 4		c) 1995	164.5	236.4	-100.4 -1168.7	ci 70.4	98	24	31	15	9.5	2.2	2.8	1.3
Cuba Cuba	270			f) 1290		2.0	2.1	19.0	15	26			0.2	0,4	0.4	
Dominican Republic	1533	2 676	c) 4491	c) 5548	56.7	95.7	c1155.2	c)185.3	1 162	949	950		43.0	33,9	32.8	
Ecuador	1655			c) 9 337				0216.3		898		ارزز ا	27.7	22.2		1,: ;
El Salvador (b)	6 6 6 1	9 351				384.2		385.4	719	704	530 16225		30.6 190.4	28.9		17.0
Guatemala	11 066 15 219			c) 3 387 38 586		372.9   757.7.		c)90.0 1100.9			1	1 1	190.4	  Β,εγτ	<b>1</b> 1.4-Ω*T	
Haiti Honduras	4856								1839	2 009	1704	727	104.0	109.9	90.3	37.2
Mexico	20 333					21.9	4.3	7.8	16653			6 426		45.1	28.2	18.4
Nicaragua (c)	746	1 .				83.7			779	844		731	58,5	61.2		49.5
Panama	7 130			c) 4463				<b>c)4</b> 23.0		106		73	19.1	10.6	8.2	
Paraguay (e,g)	461				45.2	15.0			13 22	14 28			1.7 0.8	1.8 0.9	0.5	
Peru (e, h)	8 874 138				186.0 0.1	172 <b>.</b> 8 0 <b>.</b> 0	I			6		1	0.0	0.0	0.0	
United States Uruguay	1 790	- 00	-	- (4	V. <u> </u>	V.U	0,5			_	Į	· · · -	°. <u>°</u>	۱ -	-	-
Venezuela	782	816	911	1674	12.2	12.2	13.2	23.3	12	3		5	0.2	0.0	0.0	0.1
	1								l		į		•			
Bahama Islands	-	-	-	- ·	] -	-	] -	<b>i</b> -	-	-	-	• • • •	-	-	ì -	•••
Bermuda	- 4	114	175	676	0.8	21.4	31.9	119.6	4	4	-	[ ]	0.8	0.8		1
British Guiana British Honduras	234		c) 1017				CI155.7	c)215.4	7	7	1 4	3		8.1	4.5	3.3
Canal Zone	70	1							<b>1</b> -	-	\ <b>-</b>	_	<b>i</b> -	-	-	-
Falkland Islands	_		_	-	_	-	-	-	-	-	-	-	! -	_	-	-
French Guiana	23					19.4	19.4					1 1	10 5	9.7	9.1	3,2
Guadeloupe	-	3	<b> </b>	2	_	1.2	-	0.7	32	25	24	13	12,7	5.1	9,1	4.8
Martinique Netherlands Antilles	- ~	_	-		_		-	] _		l <u> </u>	:  <u> </u>		I -			] [
Puerto Rico	1 1	]	1 ]	] _	0.0	\	-	.\ _	_	_ ا	.		I -	۱ -		.\
St. Pierre and Miquelon	_		_	.  _	-	-			_	-			-	-	-	-
Surinam	288	146	c) 2 703	c) 997	121.0	58.9	c1043.6	c)369.3	13	5	1	4	5.5	2.0	0.4	1.5
Virgin Islands (U.K.)	] -	.] -	-	·) -	] -	-	-	-	-	1 -	·] -	-	1 -	-	] -	·] -
Virgin Islands (U.S.)	ļ -	·  -	-	·  -	-	-	-		-	-	-	-	-	-	-	-
West Indies Federation	4	i) 2			_	j) 3,8	_	_	] _	_			I _	_	Ι.	
Antigua Barbados	1 ]	j) 2		] _	]	37 0,0	]	] _		\ _	_			-	١.	.\ _
Dominica	55	71	c) 46	c) 7	64.7	122,4	c)78.0	c)11.7	_	1		-	1 -	1.7	5.1	
Grenada			(c) 2	<u>}</u>	l	٠	c) 2.3	3 -	. 1	2	:  <b>-</b>	·  -	1.2	2.3	-	·  -
Jamaica	4 239		2 420	761	272.1	188.0	151,3	47.0	• • • •	• • •	• • • •		• • • •	•••	•••	
Montserrat	-	1 -	-	-	-	-	•	1 -	-	-	1 -	-	1 -	-	'	1 -
St. Kitts-Nevis Anquilla				_						_		.  _		_	\	
St. Lucia	295	67	c) 3	3 -	355.4	79.8	c) 3.5	sl -	16	4	Į 1	.  -	19,3	4.8	1,2	2 -
St. Vincent	"	] -	.  -				.  -	-		i -	.  -	.  -	.  -	-		
Trinidad and Tobago	270	138	c) 97	c) 13	35.2	17.5	c)12.0	c) 1,6	6	4	-	2	0.8	0.5	<u>L.</u> :	0.2

<sup>(</sup>a) Case data refer to whole country, death data to State of Guanabara and capitals of other states, with exception. Data are incomplete for 1960. (b) Positive slides, for case data. (c) Confirmed cases. (d) Excluding Northwest Territories 1957 and 1958, for case data. (e) Reporting area, for case data. (f) Reports of 1625 positive slides were received from the National Malaria Eradication Service for 1960. (g) Area of information, for death data. (h) Principal cities, for death data. (l) Deaths not medically certified (5101) were included to provide comparable data. (j) Imported.

TABLE 29. NUMBER OF REPORTED CASES OF MALARIA WITH RATES PER 100,000 POPULATION, IN THREE REGIONS OF THE AMERICAS, 1951-1960 (a)

		Number			Rate	
Year	Northern			Northern America	Middle America	South America
1951 1952 1953 1954 1955 1956 1957 1958 1959 1960	5 658 7 138 1 421 723 525 242 139 88 72 77	236 302 270 677 172 512 192 643 109 977 80 624 74 677 85 332 89 700 82 874	139 481 117 784 134 866 95 865 94 879 82 907 90 214 97 120 81 324 55 428	3.37 4.18 0.82 0.41 0.29 0.13 0.07 0.05 0.04	464. 4 518. 7 332. 2 351. 6 195. 8 139. 9 122. 6 136. 4 139. 4 124. 2	289. 3 245. 4 261. 2 176. 9 163. 5 137. 4 145. 5 153. 2 123. 4 81. 4

(a) Excluding Brazil; excluding areas for which data were not available, for certain years.

population. Data for Brazil have been excluded since the change from reporting all cases to only confirmed cases resulted in a drop from over 383,000 in 1955 to 18,000 in 1956.

FIGURE 14

REPORTED CASES OF MALARIA PER 100,000
POPULATION IN NORTHERN AMERICA,
1951-1960

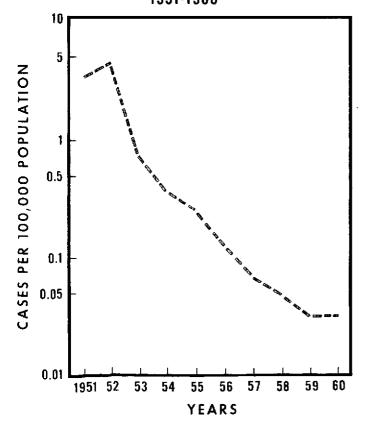
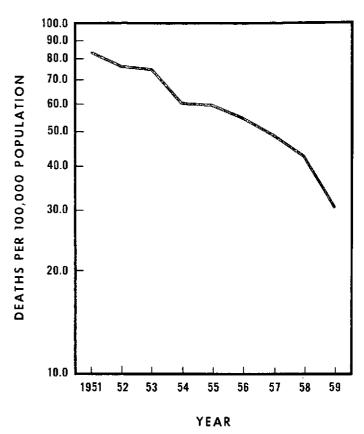


FIGURE 15

DEATHS FROM MALARIA PER 100,000 POPULATION
IN EIGHT COUNTRIES OF LATIN AMERICA, 1951-1959



Presentation of data on mortality from malaria for the decade is difficult because of lack of information from several countries with large malaria problems, such as Brazil, Ecuador, Haiti, and Peru. Although data were available for Chile, Uruguay, and Venezuela, the disease was already eradicated from Chile, and never was present in Uruguay, and only a few deaths from malaria occur each year in Venezuela. Thus, the numbers of deaths from malaria were added for seven countries in Middle America and for Colombia in South America for study of the trend of mortality in countries with malaria. All of these countries now have programs for eradication of the disease under way. The trend of malaria mortality in the eight countries for 1951-1959 is shown in Figure 15. The death rate for this area decreased from approximately 85 deaths per 100,000 population in 1951 to 31 per 100,000 population in 1959, a decline of more than 60 per cent in eight years.

TABLE 30. NUMBER OF REPORTED CASES AND DEATHS FROM MEASLES WITH RATES PER 100,000 POPULATION IN THE AMERICAS, 1957-1960

		Ca	ses				ICAS,		-1860	Dea	ths		··	
Area Num	her			D	ate			Nhim	nber		_	Rate  957 1958 1959 19  5.9 7.2 7.0 8 0.7 0.5 0.5 0 9.5 21.6 15.4 27 14.3 11.9 12.9 14 8.0 3.8 5.5 13 0.2 0.4 0.6 . 0.1 0.6 1.0 . 11.4 83.7 39.4 14.5 29.9 21 39.4 14.5 29.9 21 34.2 102.6 37.8 48 11.6 16.6 14.0 20 39.0 17.9 18.2 18 24.2 33.4 11.1 4 9.1 13.8 33.7 10 4.1 1.1 0.8 3 1.5 4 13.9 13.1 . 0.2 0.3 0.2 . 0.9 0.7 3.1 . 2.7 5.4 3.7 2		
1957 1958	1959	1960	1957	1958	1959	1960	1957	1958		1960	1957			1960
Total 747 599 977 826	589 057	655 171												
Argentina 66 419 13 855	18 122	29978		68,4		143.1			•••					•••
Bolivia 479 801	416	413	14.4	23.8	12.2	12.0		***	***	:::				
Brazil (a) 4 335 5 093	4 142	2707	45.4	51,9	40.7	27.5 *	575	717	702	539				8.0
Canada (b) 49 612 35 531 Chile 12 588 28 320	14 596	32720	299,4 176.8	208.7 338.1	,	428,9	108 677	93	84 1147	53				0.3
Colombia (c) 33 198 38 201	39 393	38226		312.5	313.0		1890			1985				27.7 14.0
Costa Rica 1696 1350	1600	2220		125.5	142.1	189.6	83	41	62	131				11.2
Cuba 184 681	684	728	2.9	10.4	10.3	10.7	10	28	38	, ,				
Dominican Republic 881 1722	2631	2701	32.6	61.6	90.9	90.2	ı̈́3	18	30					•••
Ecuador	* * *			02.0	•••		_	3 390		:::	41.4		_	• • •
El Salvador (c) 4206 3002	5011	4371	367.0	237.9		298.2	925	354	753	552	39.4			21.1
Guatemala 1238 387	522	1630	35.9	10,9	14.3	43.3	1 182		1379	1828	34.2			48.6
Haiti 361 242	917	876	10.7	7.1	26.5	25.0	<b>l</b> ]							•••
Honduras 233		1585	13.2			81.2	205	304	264	396	11.6	16.6	14.0	20.3
Mexico 48 373 40 524	38 019	47367	153.9	125.3	114.2	136.8		5 801	6 060	6 334	29.0	17.9	18.2	18.1
Nicaragua 550 662	453	186	41.3	48.0	31.8	12.6	322	460	158	67	24.2	33.4	11.1	4.5
Panama 649 1204	1976	835	66.7	120.4	192.4	79.1	89	138	346	107			33.7	10.1
Paraguay (c,d) 2 248 832	977		220.2	74.2	56.5	96.4	31	9	7	30				3.3
Peru (c, e) 9 539 12 684	13 126	17860		260.7	244.9		419	438	467		15.4			
United States 492 339 764 965 4				439.5	231.9		391	559	385					•••
Uruguay 1631 1514	6344	467	59.9	54.9	227.2	16.5	25	19	86	:::	0.9			• • •
Venezuela (c)   10 104   18 449	21807	20710	280.7	495.4	564.9	517.0	176	360	255	199	2.7	5.4	3.7	2,8
Bahama Islands 30 305	8	68	30.6	302.0	7.8	64.8		_	_		_	-	_	
Bermuda 6 35	68	404	14.6	85.4	161.9	961.9	-	_	_	_	_	-	-	_
British Guiana 186 1641	*	*	35.9	307.9	*	*	-	9			_	1.7		
British Honduras 435 23	57	534		26.7		586.8	l -	-	-	3	-	-	-	3.3
Canal Zone 46 142	166	155	88.5	330.2	395.2	369,0	-	-	-	1	-	-	_	2.4
Falkland Islands	-	-		_	-	-	-	-	-	-	_	-	-	
French Guiana 3 176	•••	150	10.0	567.7		483.9	-	-	-	-	-	-	-	
Guadeloupe 11 -	9	15	4.4	-	3.4	5.6	-	-	-	2	-	-	-	0.7
Martinique 3 108		104	1.2	40.9	-	37.5	_	-	-	-		-	<b></b> .	-
Netherlands Antilles * *	*	*	*	*	*	*	2	32	-		1.1			• • •
Puerto Rico 2 455 3 347 St.Pierre and Miquelon -	2 331	1411	108.6	145.6	100.4	59.8	26	32	33	•••	1.2	1.4	1.4	•••
Surinam * *	-1	7	*	*	-	- 1	-	-  1	_	-	_	0.4	-	-
Virgin Islands (U.K.)	• • •	•••	T .		* • •	•••	-	Τ,	-	_	-	0.4	_	<u> </u>
Virgin Islands (U.S.) 88 -		~	1257.1	_	_	42.9	1	_		-	3.4	-		_
West Indies Federation		v	1240,161	_	-	42.5	-	_	_	•••	0.4	_	· -	•••
Antigua 42 928	52	8	80.8	1750.9	96.3	14.5	_	!	1	_	_	_	1.9	_
Barbados * *	*	*	*	*	*	*	6	_	_		2.7		1.0	_
Dominica 95 443	56	36	166.7	763.8	94.9	60.0		3.	_	_	"-	5.2	_	_
Grenada	4	-			4.5		[ _l		_	1	_		:	1.1
Jamaica 41 304	4316	290		19.3	269.9	17.9	l		i			<u> </u>		
Montserrat 14 6		•••	107.7	46.2	•••			-		_		-		_
St. Kitts-Nevis-														
Anguilla 596 157	90		1103.7	285.5	160.7	1247.4	4	_	~	-	7.4	-	_	-
St. Lucia 2 325 -	-		2801, 2	_	_	_	-	_	-	-	-	-	_	-
St. Vincent - 171	242	263	-	222.1	306.3						• • •			4.4.
Trinidad and Tobago 360 21	97	2031	47.0	2.7	12.0	243.5	5	-	-	5	0.7	l -		0.6

<sup>(</sup>a) State of Guanabara and capitals of other states, with exceptions. Data of reported cases incomplete for 1960. (b) Excluding Northwest Territories 1957 and 1958, for case data. (c) Reporting area, for case data. (d) Area of information, for death data. (e) Principal cities, for death data.

\* Disease not notifiable.

### MEASLES

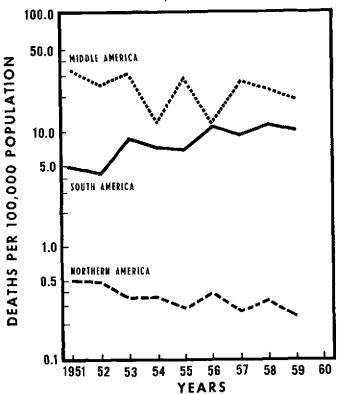
Measles, an important communicable disease of childhood, deserves careful consideration in a program for prevention of mortality in children under 5 years of age. Although it is expected that around 95 per cent of the population will have measles during childhood, fatality is usually thought to be low when the disease occurs in children from 3 to 10 years of age. Emphasis has been placed on the seriousness of the disease in the infant and very young child. Table 30 provides data on reported cases and deaths from measles for the four-year period 1957-1960.

High rates are noted even though reporting of cases is incomplete in many areas. In many countries, including several in Middle America and Chile, Ecuador, and Colombia in South America, death rates from measles are excessive and indicate that this common disease contributes to excessive mortality of children. Although information on mortality is not available for all countries, in 1958 nearly 20,000 deaths from measles were recorded.

Age distribution of reported cases appears to vary by countries in the Americas. In Table 31, the distribution of cases by age is given for several countries of the three regions in 1960. In Canada, only 4.6 per cent of the cases were of children under one year of age, while 29.3 per cent were of children 1-4 years of age, and over half (63.7 per cent) of school age children 5-14 years of age. The same type of distribution was noted for the three-year period 1956-1958

FIGURE 16

DEATHS FROM MEASLES PER 100,000 POPULATION
IN COUNTRIES OF THREE REGIONS OF THE
AMERICAS, 1951-1960



NOTE: EXCLUDING THREE COUNTRIES OF MIDDLE AMERICA AND FIVE OF SOUTH AMERICA

TABLE 31. NUMBER OF REPORTED CASES OF MEASLES BY AGE GROUP FOR SELECTED COUNTRIES IN THREE REGIONS OF THE AMERICAS, 1960

		<b>.</b>										
			Numbe	r					Per cen	t		
Region and country	All ages(a)	Under 1 year	1-4 years	5-9 years	10-14 years	15 years and over		Under 1 year	1-4 years	5-9 years	10-14 years	15 years and over
Northern America	8 341	383	2 441	5 <b>3</b> :	12 	205	100	4.6	29,3	63	.7	2.5
Middle America Costa Rica Mexico (d) Panama	2 183 12 805 823	292 1882 55	1 198 8 040 348	54 1 <b>42</b> 2 238	 	105 662 100	100 100 100	13.4 14.7 6.7	54.9 62.8 42.3	26 11.1 28.9	.9 6.2 10.0	4.8 5.2 12.1
South America Argentina Bolivia Chile Colombia (b) Paraguay Peru (b, e) Venezuela (f)	6 616 409 31 563 37 486 1 705 12 584 4 542	770 42 6543 24 271 1729 598	3 375 258 19 386 175 787 7826 2 908	1 592 55 3 846 11 0 298 2 249 774	428 22 919 659 3 464 138	32 869 1652 49 316	100 100 100 100 100 100 100	11.6 10.3 20.7 64 15.9 13.7 13.2	51.0 63.1 61.4 .5 46.2 62.2 64.0	24.1 13.4 12.2 31 17.5 17.9 17.0	6.5 5.4 2.9 1.1 2 3.7 3.0	6.8 7.8 2.8 4.4 0.5 2.5 2.7

<sup>(</sup>a) Cases with age known. (b) Reporting area. (e) Year 1958. (d) Year 1956. (e) Year 1959.

(f) Organized Reporting Area.

TABLE 32. AVERAGE ANNUAL DEATHS FROM MEASLES PER 100,000 POPULATION BY AGE FOR SELECTED COUNTRIES IN THREE REGIONS OF THE AMERICAS, 1957-1959

Region	All ages	Under 1 year		5-9 years	10-14 years	15-19 years	
Northern America (U.S.)	0.3	2.2	1.4	0.5	0.1	0,1	0.0
Middle America (a)	24.5	104.5	125.8	19.6	5.0	2,0	0.9
South America (b)	10.9	78,2	52.5	6,4	1,5	0,3	0.2

- (a) Costa Rica, Dominican Republic, Guatemala, Mexico Nicaragua and Panama.
- (b) Chile, Colombia and Venezuela.

for Canada when only 3.3 per cent of cases of measles were of children under 1 year of age. Although data for the United States as a whole were not available, the same pattern of age distribution was observed in a state in the southern part (Tennessee), with the maximum frequency of cases in children six years of age.

In contrast, in Latin American countries a much higher percentage of cases occurred in infants under one year and in children 1-4 years of age. In Chile, for example, 82 per cent of the reported cases were of children under five years of age while in Canada the comparable percentage was 34 for 1960.

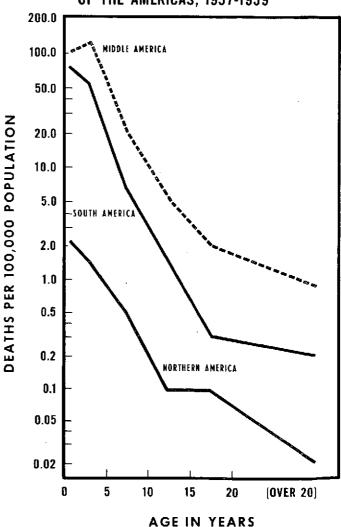
Using data for 15 countries of the Americas, death rates from measles have been calculated for the regions for the nine-year period 1951-1959 (Figure 16). in Northern America the death rates are low and have declined. In Middle America, however, they were very high and showed variation from year to year but not a definite decline. Likewise for South America, the rates were high and appeared to increase in the period. This increase may be due in part to improvement in the statement of underlying cause of death. For example, deaths might formerly have been certified as due to pneumonia, which is a complication of measles. According to the principles of medical certification, the underlying cause of death which initiated the train of morbid events leading to death should be stated and used for tabulation of cause of death. The underlying cause of some deaths due to pneumonia is measles. The international form of medical certificate of cause of death was designed to elicit the underlying cause of death when two or more causes are known.

Data were available for calculation of death rates by age group for 10 countries of the three regions of the Americas for 1957-1959. The measles death rate for five countries of Middle America was nearly 100 times the rate for the United States, and the death rate for South America was over 40 times that in the

United States. Although mortality from measles is excessive in infancy in both Middle and South America. it is mortality of children in the period 1-4 years of age that shows the greatest difference between the regions (Figure 17). In Middle America, the measles death rate for children 1-4 years of age was higher than for infants. In some areas a relatively high proportion of children in the age period 1-4 years suffer from protein deficiency, and the relationship between nutritional deficiency and infectious diseases is under study. Other factors which may be responsible for the younger age distribution of reported cases and the excessive mortality also deserve study in order to understand the epidemiology of measles in Latin America. The high death rates from measles indicate that prevention of mortality from this infectious disease is an important problem in many areas of the Americas.

FIGURE 17

AVERAGE ANNUAL DEATHS FROM MEASLES PER
100,000 POPULATION BY AGE IN THREE REGIONS
OF THE AMERICAS, 1957-1959



### PLAGUE

During the ten-year period 1951-1960, cases of plague were reported in seven countries of the Americas (Table 33). However, the problem was centered principally in Bolivia, Brazil, Ecuador, and Peru, with only two cases reported in Argentina, nine in the United States, and 12 in Venezuela.

TABLE 33. REPORTED CASES OF PLAGUE IN THE AMERICAS. 1951-1960

Country	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960		
Total	95	191	264	171	87	115	154	97	93	258		
Argentina	-	1	_	-	_	- 1	-	1	-	_		
Bolivia	10	55	-	9	45	3	-	_	-	12		
Brazil	20	65	10	6	27	4	37 :	25	16	28		
Ecuador	33	44	90	81	7	80	79	22	40	77		
Peru	23	26	163	75	8	24	37	49	33	139		
United												
States	1	-	-	-	-	1	1	-	4	2		
Venezuela	8	-	1	-	-	3	- :	-	-	-		

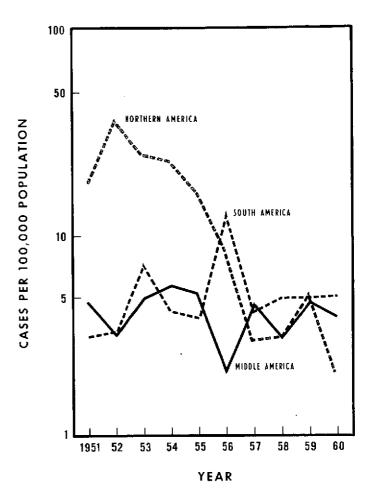
### **POLIOMYELITIS**

Understanding of the incidence of poliomyelitis in the Americas is difficult, partly because of the increasing attention placed on the disease as vaccines have become available. There is no doubt that reporting has been improved; larger numbers of cases of poliomyelitis have been diagnosed and cases of non-paralytic poliomyelitis may now be diagnosed and reported. Epidemics have occurred. Thus interpretation of the situation requires consideration of all these factors. For the four-year period 1957-1960, the number of reported cases and deaths with rates per 100,000 population are given in Table 34. These data indicate great variation in case and death rates from year to year, both in countries and in other areas of the Americas.

In order to analyze the trend of the disease in the past decade, Table 35 and Figure 18 show changes in case rates for the three regions. The striking decline in case rates in Northern America is known to be due to extensive vaccination programs. In general, reporting of cases has appeared to vary from year to year in Middle and South America and several epidemics have occurred, such as the one in Argentina in 1956 and those in Jamaica in 1954 and 1957, which affect the totals. For the last three years, rates based

FIGURE 18

REPORTED CASES OF POLIOMYELITIS PER 100,000 POPULATION, IN THREE REGIONS OF THE AMERICAS, 1951-1960



NOTE: EXCLUDING AREAS WITHOUT DATA

on reported cases were of the same general size for the three regions.

The percentage distribution of poliomyelitis cases by age differs widely in countries of the Americas: in four countries and Puerto Rico, more than 80 per cent were of infants and children under five years of age; in four countries, between 70 and 80 per cent were of children under five; while in Canada and the United States, 36.9 and 39.1 per cent, respectively, were of children under five years (Figure 19).

TABLE 34. NUMBER OF REPORTED CASES AND DEATHS FROM POLIOMYELITIS WITH RATES PER 100,000 POPULATION IN THE AMERICAS, 1957-1960

				Cas				77101111				Dea	ths			
Area		Nu	mber			R	ate			Nux	nber			Ra	te	
	1957	1958	1959	1960	1957	1958	1959	1960	1957	1958	1959	1960	1957	1958	1959	1960
Total	11 576	11 665	16956	10 592							İ					
Argentina (a)	760	842	1030	1097	3,8	4.2	5.0	5, 2	• • • •		•••	• • • •	• • •	• • • •	• • •	• • •
Bolivia (a)	14	1032	. 875	1091	0.4 7.6	0.1 10.5	0.1 8.6	- 11. 1	89	162	130	• • • •	0.9	1.6	1.3	• • • •
Brazil (b)	722 273	323	a)1 886		1.6	10.5	a)10.8	a)5.1	26	26	182	83	0.2	0.2	1.0	0.5
Canada (c) Chile	333	328	456	546	4.7	4.5	6.1	7.2	58	78	100	101	0.8	1.1	1.3	1.3
Colombia (d)	169	230		233	1.4	1.9	1.9	1.7	59	40	62	54	0.4	0.3	0.4	0.4
Costa Rica	51	63	41	66	4.9	5.9	3.6	5.6	10	12	10	22	1.0	1.1	0.9	1.9
Cuba	96	103	288	330	1.5	1.6	4.3	4.9	8	7	32		0.1	0.1	0.5	
Dominican Republic (a	) 4	5	321	29	0.1	0.2		1.0	4	2	12		0.1	0.1	0.4	
Ecuador	42	37	43	36	1. 1	0.9	1.0	0,8	20	22			0.5	0.5		
El Salvador (a,d)	68	43	60		5.9	3.4	4.6	3.3	3	2	4	6	0.1	0.1	0.2	0.2
Guatemala	107	85			3. 1	2.4	4.4	2.1	46	37	34	29	1.3	1.0	0,9	0.8
Haiti	45	238		39	1.3	7.0	3,5	1.1	1		.::	•::		1 :::	;:;	l ;;;
Honduras	20	87	13		1.1	4.8	0.7	1,4	32	22	15	19	1.8	1.2 0.6	0.8	1.0 0.6
Mexico (a)	1 562	904	1877		5.0	2.8	5.6	3, 2 14, 3	206	178 15	224	222 8	0.7	1.1	0.7	0.5
Nicaragua (a)	68 8	255 11			5, 1 0, 8	18, 5 1, 1	1.4 2.3	$\begin{bmatrix} 14.3 \\ 2.7 \end{bmatrix}$	2	15 6	2	2	0.2	0.6	0.2	0.2
Panama	35	18			3.4	1.6	1.6	2.4	2	4	10	8	0.3	0.5	1.2	0.9
Paraguay (d, e) Peru (d, f)	291	491	435		6.1	10.1	8.1	8.1	39	58	45	ĭ	1.4	1.8	1.3	
United States	5 499	5 867			3. 2	3.4	4.8	1.8	223	230	454		0.1	0.1	0:3	
Uruguay (a)	49	162			1.8	5.9		0.5	2	8	4		0.1	0.3	0.1	<b></b>
Venezuela (d)	468	1 -				9.6		8.3	45	30	49	35	0.7	0.4	0.7	0,5
Bahama Islands	2	1	7		2.0	1.0	6,8	1.0	-	-	-	,	-	-	-	
Bermuda	a) 1	-	1 -	7	a) <sub>2.4</sub>	-	<del>.</del> . ا	16.7	-	l -	-	-	-	1	-	-
British Guiana	100		2	1	19.3		0,4	0.2	-	4		• • •	-	0.8	•••	
British Honduras	_	6	9	-	-	7.0 2.3	10, 2 2, 4	-	-	1 -	-	_	_	1.2	l <u> </u>	_
Canal Zone	-	*	4	-	_	2.3	4.4	_	_	<u> </u>				[		l <u> </u>
Falkland Islands French Guiana	-	_	[	2	_		_	6.5	] -	<u> </u>		-	_		_	-
Guadeloupe	_	1 1	1 1		-	0.4	0.4	0.0	_	_	1	_	_		0.4	_
Martinique	-	_	1 :	2	_	l ". <u> </u>	**-	0.7		1 -	1 -		-	1 -	] "-	_
Netherlands Antilles	5		_ ا	1	2.7	1.6	-	0.5	_	-	_	l l	-	-	-	
Puerto Rico	44				1.9	2.1	0.9	21.4	2	1	2		0.1	0.0	0.1	
St. Pierre and							ļ		l .	!		'		ļ	ł	
Miquelon	-		-		-	-	-	-	-	-	-	-	-	-	-	-
Surinam	-	-		-	-	-	i -	l -	-	-	-	-	-	-	-	-
Virgin Islands (U.K.)	-	-	-	·l -	-	-	-	-	-	-	-	-	-	-	-	-
Virgin Islands (U.S.)	-	-	1 -	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indies Fed.				1		1	ŀ	i				i				1 _
Antigua Danbadan	1	1 -		;  -		-	2.6	-	-	-	-	-	▮ -	]	[	1 -
Barbados Dominica	9	:  -	1 6	7 -	0.4 15.8		4.0	l -	I -	<u>-</u>	2	_			3.4	_
Grenada	31			1 [	36.5	]	1, 1		1	l -	-	[	1,2	_	"	_
Jamaica	395		18	132		5.8	1.1	8.2			<b> </b>	1		<b> </b>	l <i>.</i>	1
Montserrat			1	1			1	`	] :::	l	:::		<b> </b>	-		-
St. Kitts-Nevis-	```	1	'''	'''		1				1	'''					
Anguilla.	-	.   -	.  1	. 1	-	-	1.8	1.8	-	-	-	-	H -	_	-	-
St. Lucia	4		.  -	·  -		-	-	-	I -	-	-	-	1 -	-	-	-
St. Vincent	] -	.  -	-	- 2	-	-	- 1	2.5			]					
Trinidad and	1		1			1 .		l	I .			1 .	Ĭ			1
Tobago	300	27	15	14	39. 2	3.4	1.8	1.7	3	1	4	3	0.4	0.1	0.5	0.4

<sup>(</sup>a) Paralytic poliomyelitis for case data. (b) State of Guanabara and capitals of other states, with exceptions. Data of reported cases incomplete for 1960. (c) Excluding Northwest Territories 1957 and 1958, for case data. (d) Reporting area for case data. (e) Area of information, for death data. (f) Principal cities, for death data.

FIGURE 19
PERCENTAGE DISTRIBUTION OF POLIOMYELITIS
CASES BY AGE, 1960

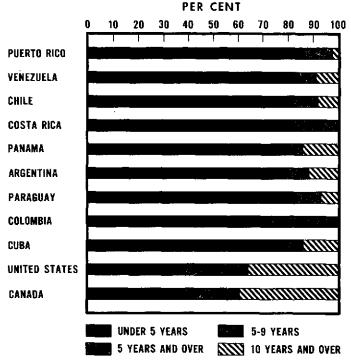


TABLE 35. REPORTED CASES OF POLIOMYELITIS WITH RATES PER 100,000 POPULATION IN THREE REGIONS OF THE AMERICAS, 1951-1960 (a)

		orted cas	95 5 <del>9</del> 5	Rate						
Year	Mormern	Middle America	South America	Northern America	Middle America	South America				
1951 1952 1953 1954 1955 1956 1957 1958 1959 1960	31 008 62 876 44 595 41 448 30 248 15 820 5 773 6 190 10 314 4 102	2 2 3 9 1 5 4 7 2 4 2 9 3 1 1 0 2 9 1 1 1 3 9 6 2 8 2 0 1 9 7 3 3 0 0 5 2 6 4 0	1842 1966 4530 2750 2598 8902 2983 3502 3637 3850	18. 4 36. 8 25. 6 23. 4 16. 7 8. 6 3. 1 3. 2 5. 3 2. 1	4.3.083447280 5.5.24.7280	3.2 3.4 7.4 4.3 4.0 13.3 4.3 5.0 5.1				

### (a) Excluding areas without data.

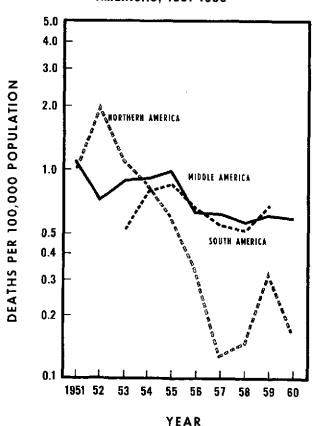
Increases in the percentage of cases in children under five years of age in Canada and the United States, as given below, are of interest because of the vaccination programs previously carried out. It is possible that the susceptible population is becoming increasingly concentrated in children under five years of age.

Percentage of cases under 5 years of age Canada United States Year 1956 23.6 31.6 27.0 30.0 1957 1958 32.5 39.1 38.1 1959 37.4 1960 36.9 39.1

Since many factors affect the reporting of cases, mortality has also been studied in the past decade to ascertain whether an increase or a decline has occurred. Data for the period were available for only 14 of the 22 countries and these have been used to calculate death rates (Figure 20). The rapid decline in mortality in Northern America from the high rate in 1952 is clear; this was followed by a slight increase in 1959 and a decline in 1960. In Middle and South America, rates have varied and are in general higher than in Northern America, thus suggesting that the problem of poliomyelitis in Latin America is greater than indicated by reporting of cases. It is probable from data available on cases and deaths from poliomyelitis that, although variations have occurred, the incidence of the disease has been greater than previously believed.

Figure 20

## DEATHS FROM POLIOMYELITIS PER 100,000 POPULATION IN COUNTRIES OF THREE REGIONS OF THE AMERICAS, 1951-1960



NOTE: EXCLUDING THREE COUNTRIES OF MIDDLE AMERICA
AND SIX OF SOUTH AMERICA

Information provided on persons immunized against poliomyelitis in the Americas shows that large programs have been carried out in several countries, with over a million persons vaccinated in Canada and Mexico in 1960, and in the United States in 1959 (Table 36). In each of several countries, such as Argentina, Colombia, Cuba, and Venezuela, over 100,000 were immunized in 1960. The type of vaccine used has varied; attenuated live virus vaccine was given in a few countries and the killed virus in Canada, the United States, and probably most of the others.

TABLE 36. PERSONS IMMUNIZED AGAINST POLIOMYELITIS IN THE AMERICAS, 1957-1960

Area	1957	1958	1959	1960
Argentina	658 273	347 800	a) 153482	a) 368743
Brazil (b)		78 112	46038	12 427
Canada	1990100	2 884 700	2 698 300	2 200 000
Chile		80 389	46 512	26 426
Colombia				c) 196 635
Costa Rica	65 250		492 735	865
Cuba	-	-	<u>-</u>	182 727
Dominican				
Republic	_		14 674	3610
Guatemala	-	d) 1496	8978	6 329
Haiti	_	4 192	12 055	200
Honduras		5 0 5 7	13 025	4 157
Mexico	223 888	183 749	387 511	1725 307
Nicaragua		e) 53561	11884	30 135
Panama			210	1 4 1 4
Paraguay	548	95	22	21
Peru	392	1976	1491	1 369
United States	11 635 880	5 096 545	5 12 1 209	
Venezuela	7 749	. 16251	124 128	264 407
Bahama Is. (f)		10 000		3000
Bermuda		345	413	10819
British Guiana				44 887
British Honduras		,,,	45	16
Canal Zone (g)	21 467	15 805	9 434	8 9 6 5
Falkland Is.	-	-	-	906
French Guiana	1	5	51	h) 22
Guadeloupe			167	157
Martinique	-	17	300	10
Puerto Rico	70914	55 140	75 573	
St. Pierre and				
Miquelon	-	603	1273	81
Virgin Is.(U.K.)				10
Virgin Is.(U.S.)	1504	196	349	
West Indies		ĺ		1
Federation	l	1		
Barbados			1	1 495
Jamaica	81 707	_		13 032

(a) Doses distributed. (b) Data for 13 cities; 10 cities in 1959 and 1960. (c) Cox Vaccine, Bogota. (d) September-December. (e) Number receiving type II vaccine; 42 950 received type I and 48 329 received type III. (f) Approximate number of children. (g) Injections. (h) Number given 3 doses; 2214 were given 1 dose.

For one country, Canada, additional information is available on cases and deaths from poliomyelitis, according to vaccination status summarized in the following table.

From this experience it is noted that over half of the cases (551) occurred in the non-vaccinated, and

TABLE 37. CASES AND DEATHS FROM POLIOMYELITIS ACCORDING TO VACCINATION STATUS, CANADA, 1960

	Total	None	1 or 2 doses	3 or more doses	Unknown
Cases	905	551	129	209	16
Deaths	74	54	9	11	_
Case fatality*	8.2	9.8	7.0	5.3	_

<sup>\*</sup> Per cent.

that of these 9.8 per cent died. The case fatality was somewhat lower in those given vaccine. Of the 551 who were not vaccinated, 195, or only 35 per cent, recovered or had minor involvement, while of the 209 with three or more doses of vaccine, 104, or 50 per cent, recovered or had minor involvement. In 1959, of the virus isolations 88.4 per cent were Type I and 11.6 per cent Type III, while in 1960 the corresponding percentages were 58.2 and 41.8.

### **SMALLPOX**

The progress made in the program for eradication of smallpox is seen in the reduction of the number of countries in which cases occurred (Table 38).

At the beginning of this ten-year period in 1951, 9,221 cases were reported in 12 countries and three other areas, while in 1960, 5,158 cases were reported in seven countries, with over 2,000 cases each in Brazil and in Ecuador (Figure 21). A marked reduction has occurred in Colombia, from 2,009 cases in 1958 to 209 cases in 1960 and 16 in 1961. The last case reported in Bolivia was in December 1960.

FIGURE 21

REPORTED CASES OF SMALLPOX IN THE AMERICAS,

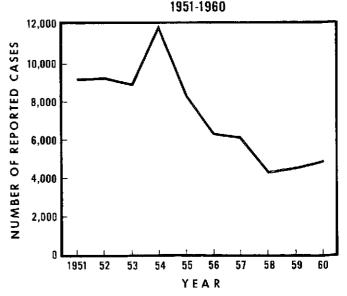


TABLE 38. REPORTED CASES OF SMALLPOX IN THE AMERICAS, 1951-1960

Area	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Total	9 22 1	9 301	8 930	11979	8 348	6389	6 220	4 343	4 763	5 158
Argentina Bolivia Brazil (a)	1 404 728 1 190	982 432 1668	309 <b>4</b> 29 923	256 62 <b>4</b> 1035	55 372 2 580	86 499 2385	335 1310 1411	27 183 1232	36 7 2629	65 1 b)2644
Chile Colombia Ecuador	3 844 174	15 3 235 665	5 526 708	7203 2516	3 404 1 831	2 572 669	2 145 913	2 009 863	950 1 140	209 2 185
Guatemala Mexico Panama	3 27 -	1 -	1 - -	-	- -	-	-	c) 8	- -	-
Paraguay Peru United States	282 1218 11	797 1360 21			d) -	132 - -	103 - a) 1	21	- - -	35 - -
Uruguay Venezuela	280	16 109	7 72	1 13	45 2		2 -	-	<u>-</u>	e) 19 -
British Guiana Martinique Netherlands Antilles	11 1 1	- - -	- - -	- - -	-	- -	- -	- - -	- - -	- - -

- (a) State of Guanabara and capitals of other states with exceptions. (b) Incomplete. (c) Including 4 imported cases.
- (d) These cases do not fulfill the generally accepted criteria for a diagnosis of smallpox. (e) Including 2 imported cases.
- (f) Clinical diagnosis not supported by epidemiological evidence.

Information was provided on the number of small-pox vaccinations for each of the four years in the questionnaires completed for this document. Since the National Health Services have also furnished information currently, data from both sources were used in order to have the information as complete as possible (Table 39). In many areas the annual number of vaccinations is large. For 1960, 20,113,132 vaccinations were reported for a population of 226,324,000, which indicates that 9 per cent of the population were vaccinated in that year. In countries such as the United States, complete information is not available because vaccinations performed by general practitioners are not reported.

### SYPHILIS

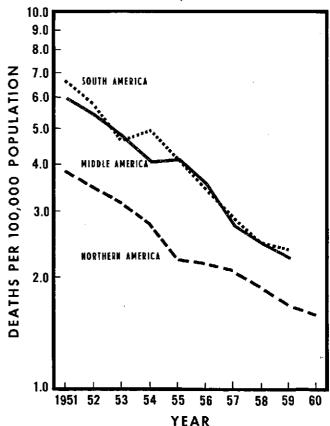
The number of reported cases of syphilis in many areas appeared to continue at the same level during the four-year period, and did not show the declines observed in several countries in the previous four-year period. The total number of reported cases for the Americas in 1960 was over 235,000. The case rates varied widely due to differences in incidence of the disease, extent of diagnostic services, stages of syphilis considered notifiable, etc. The numbers of both cases and deaths from syphilis, with rates per 100,000 population, are given in Table 40. Significant decrease was noted in mortality from syphilis in several countries.

Mortality data for syphilis have been obtained for countries of the three regions for which statistics were available throughout the period 1951-1959 (Figure 22). For this period, it is clear that mortality from

syphilis is being reduced as a result of treatment. However, case rates indicate that the problem remains large.

FIGURE 22

### DEATHS FROM SYPHILIS PER 100,000 POPULATION IN COUNTRIES OF THREE REGIONS OF THE AMERICAS, 1951-1960



NOTE: INCLUDING THREE COUNTRIES OF MIDDLE AMERICA
AND FIVE OF SOUTH AMERICA

TABLE 39. NUMBER OF SMALLPOX VACCINATIONS IN THE AMERICAS, 1957-1960

Area	19	957	1958				1959	)	1960			
Total	175	34 484	22	479	944	2	8016	587	2	0 113	132	
Argentina	32	223 863		713	659		1271	705		1990	467	
Bolivia.	a) 4	153 557	1	978	329		422	945			603	
Brazil	i		4	139 '	772		7856	294		4910	091	
Canada	10	100		208			934	000		1332	000	
Chile	12	273 506		682			2778			1276		
Colombia	28	343 532	3	899			3 584			3 195		
Costa Rica			l		395	ŀ		820			657	
Cuba	(b)	4 087		73	996		25	083	a)	38	635	
Dominican		0.000		4.1	E 4 4 .	Ì	5	000		50	ne a	
Republic	b) ,	2 838 326 221		472 ·	511			027 555			057	
Ecuador El Salvador	۱ ۱	56 498			990			279			338 373	
Guatemala	b) 1	114941	<b>7</b> .)	159		ы		696			590	
Haiti	", "			443			110	214		100	441	
Honduras	a)	3 240	ς,		328		12	824		17	843	
Mexico		245 261	2	808			5 287			3 637		
Nicaraqua	b)	10 248		10	108			521			803	
Panama	ļ `			48	610		33	108		24	835	
Paraguay	:	159 006		594	003		589	316	1	122	897	
Peru		746 364		273				055		1049	740	
United States(e)	a) 16	377 670	<b>a)</b> 2			a):	2 305					
Uruguay	١.,			102				324			360	
Venezuela	12	239 961		871	588		1 060	850	ļ	1 104	389	
Bermuda (e)		275			446			557		_	783	
British Guiana	ļ	4 368		2	487		2	506		3	165	
British		5.000	ŀ				_		1	_	000	
Honduras	l	3 392	l		491		ð	835	b)		939 528	
Canal Zone Falkland Is.		68	l		181			222	۲,	ð	128	
French Guiana	a)	1404			852	a )	1	757	a i	2	204	
Guadeloupe	ы	7676	, .		715			166			567	
Martinique	~	9 057			592	<b> </b> ~′		150	1		817	
Netherlands						1						
Antilles	1								b)	3	665	
Puerto Rico (e)	a)	37121	a)	460	689	a)	47	374				
St. Plerre and			1						l			
Miquelon	]	379			273			232	l	_	224	
Surinam		• • •		_		l		• ::	1	6	375	
Virgin Is.(U.K.)		32	l		720			41	}		44	
Virgin Is.(U.S.)	a, b)	544	a, D)		454			339			• • •	
West Indies									1			
Federation Antigua	1	1116	ł	16	213	i	4	001	ı	1	603	
Barbados (e)		6088			413 761			188	ı		564	
Dominica	ъ)	232			475	ы		. 356		TO		
Grenada	ļ ,		~		771	l~′			l	9	402	
Jamaica	İ	33 264	ĺ		763	1	60	374			973	
Montserrat			I		• • •	1					204	
St. Kitts-Nevis-		,			- • •				ſ	_		
Anguilla	i	2 575	b)	24	578	[	1	. 887	1	3	300	
St. Vincent					000	)		424	)			
Trinidad and						1			l			
Tobago	I		l	13	478	1			1	3	839	

<sup>(</sup>a) Incomplete data. (b) Primary vaccination.

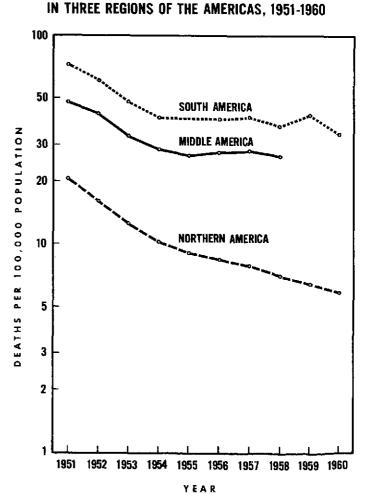
### TUBERCULOSIS

The magnitude of the tuberculosis problem is clear from the fact that nearly 200,000 cases of tuberculosis were diagnosed and reported each year in the four-year period 1957-1960 (Table 41). Although, in general, significant declines have occurred in some areas of the Americas, extension of case-finding and diagnostic facilities and improvement of reporting complicate the interpretation of trends of morbidity.

In the publication Reported Cases of Notifiable Diseases in the Americas, 1959-1960, the number of reported cases are given for the three regions. During the decade 1951-1960 an increase occurred in the number of reported cases per 100,000 population in Middle America. In Northern America, the case rate

DEATHS FROM TUBERCULOSIS PER 100,000 POPULATION,

FIGURE 23



<sup>(</sup>c) Includes data for Sept.-Dec. 1957. (d) Revaccinations.

<sup>(</sup>e) Data exclude vaccinations done by general practitioners.

TABLE 40. NUMBER OF REPORTED CASES AND DEATHS FROM SYPHILIS WITH RATES PER 100,000 POPULATION IN THE AMERICAS, 1957-1960

	Cases									Deaths							
Area	Number				Number				Rate								
	1957	1958	1959	1960	1957.	1958	1959	1960	1957	1958	1959	1960	1957	1958	1959	1960	
Total	230 669	2 <u>1</u> 1 <b>1</b> 21	231640	235 688													
Argentina	4 693	4 261	5 040	7310		21.0		34.9	• • •					<b> </b>			
Bolivia	87	58	818	215	2.6	1.7	-				. ::::						
Brazil (a)	7211	7 656	8568	12 120	74.0	76.5	84.1	122,9			1 152		15.3	14.5	11.5		
Canada (b) Chile	2213 *	2010	2 144 2 034	2 044 3 374	13.4	11.8	12.3		190	177	167	172	1.1	1.0	1.0	1.0	
Colombia (c)	8 8 2 2	10563	11504	9986	73,4	86.4	27.2 91.4	44.2 73.9	165 268	152 291	181 267	175 234	2.3	2.1	2.4 1.9	2.3 1.7	
Costa Rica	391	326	287	475		30.3		40.6	21	37	207	12	2.0 2.0	2.2 3.4	0.8	1.0	
Cuba		46	47	566		0.7	0.7	8.3	111	110	111		1.7	1.7	1.7	_	
Dominican Republic				d)6703		I	d)248.1		123	144	105	•••	4.5	5.1	3.6	:::	
Ecuador	• • • •	•••		1.0		• • • •	10,2		46	65	100		1.2	1.6			
El Salvador (c)	4 356	4 509	6070	6 359	380.1	357.2	460.9	433.8	81	104	115	81	3.4	4.3	4.6	3.1	
Guatemala	686	2 399	1605	1421	19.9	67.7	43.9	37.7	12	17	8	5	0.3	0.5	0.2	0.1	
Haiti	5 9 9 0	6 400	5 266	4849		186.9	152.0	138.3					•••		•••		
Honduras	834	1978	3 4 1 2	1728	47.1	108.2		88.5	25	9	5.	5	1.4	0.5	0.3	0.3	
Mexico	24955	22 429	22 397	23817	79.4	69.3		68.2	951	805	827	695	3.0	2.5	2.5	2.0	
Nicaragua	1783	2 2 1 9	644	1019	133.8	161.0		69.0	29	6	1.	2	2.2	0.4	0.1	0.1	
Panama	420	317	312	168	43.2	31.7	30.4	15.9	11	13	8	7	1.1	1.3	0.8	0.7	
Paraguay (c, e)	1 5 2 9	1 613	1628	1844	149.8	143.9	94.2	104.3	57	49	40	25	7.5	6.2	4.7	2,8	
Peru (c,f)	5 0 6 1	3945	3 865	3 197	106.1	81.1	72.1	57.2	78	59	63		2.9	1.9	1.8		
United States		115 349	120 806		79.6	66.3	68.2	67.8	3838		3074		2.2	2.0	1.7	<i>.</i>	
Uruguay	428	478.	184	174	15.7	17.3	6.6		149	122	134		5.5	4.4	4.8		
Venezuela (c)	10717	9 984	10614	10288	297.7	268.1	275.0	256.8	265	202	200	196	4,1	3.0	2.9	2.7	
Bahama Islands	19	24	28	32	19,4	23.8	27.2	30.5	1	_	_	-	1.0	_	-	_	
Bermuda	15	16	6	13	36.6	39.0	14.3	31.0	1	1	2	2	2.4	2.4	4.8	4,8	
British Guiana	416	371	*	*	80.3	69.6	*	*	20	14			3.9	2.6			
British Honduras	112	258	539	737	134.9	300.0	612.5	809.9	-	-	2	2	-	-	2.3	2.2	
Canal Zone	21	• • •	6	10	40.4	• • •	14.3	23.8	-		-	1	<b>i</b> -	-	-	2,4	
Falkland Islands		-	_	-	I				-	-	-	-	-	_	-	-	
French Guiana	18	43	83	80	60.0	138.7	267.7	258,1	• • •	• : : :	•••	• • •		• • •		• • •	
Guadeloupe	1 133	699	866	737		272.0		273.0	4	11	3	-	1.6	4.3	1.1	-	
Martinique	40 *	3	10	8	15,5	1.1	3.7	2.9	• • • •	•••	•••	• • •	•••	•••		•••	
Netherlands Antilles	,	724	512	749	*	387.2	272.3	394.2	7	5	7	• • •	3.8	2.7	3.7		
Puerto Rico St.Pierre and Miguelon	1 615	1 313	1 <b>1</b> 06	921	71.5	57.1	47.6	39.0	48 1	<b>4</b> 0	54	• • •	2.1	1.7	2.3	• • •	
Surinam	*	*	_	-	*	*	_	-	4	10	1 7	6	20.0	40	20.0	2.2	
Virgin Islands (U.K.)	9	-	5	3	128.6		71.4	42.9	-		í	o.	1.7	4.0	2.7 14.3	4.4	
Virgin Islands (U.S.)	226	186	205	307	779.3	620.0		930.3	2	2	1	_	6,9	6.7	3.2	_	
West Indies Federation	220	100	400	501	110.0	02.0.0	001.0	300.0	"	ا'	^	•••	0,5	0.7	۵,۵	• • •	
Antigua	346	448	284	203	665.4	845.3	525.9	369.1	11	12	9	16	21,2	22 6	16.7	29 1	
Barbados	*	*	*	*	*	*	*	*	41	37	24	24	18.3	16.3	10.4		
Dominica	26	24			45.6	41,4			2	3	3	2	3.5	5.2	5.1	3.3	
Grenada		•••	372	921		•••	422.7	1034.8	-	ĭ	ğ	8		1.2	10.2	9.0	
Jamaica	9 092	8836	11554	10017		559.9		618.7			`						
Montserrat		73	• • •		•••	561.5		• • •	1	4			7.7	30.8		_	
St. Kitts-Nevis-			' '						_ [						• • •		
Anguilla	169	75	52	37	313.0	136.4	92.9	64.9	15	4	4	_	27.8	7.3	7.1	_	
St. Ľucia	316	576	740	608	380.7	685.7	870.6	707.0	3	1	8	6	3,6	1.2	9.4	7.0	
St. Vincent	60	45	30	56	78.9	58.4	38.0	70.0									
Trinidad and Tobago	689	867	816	589	89.9	110.0	100.6	70,6	32	50	41	43	4,2	6.3	5.1	5.2	

<sup>(</sup>a) State of Guanabara and capitals of other states, with exceptions. Data of reported cases incomplete for 1960. (b) Excluding Northwest Territories, 1957 and 1958, for case data. (c) Reporting area, for case data. (d) Confirmed cases. (e) Area of information, for death data. (f) Principal cities, for death data.

\* Disease not notifiable.

TABLE 41. NUMBER OF REPORTED CASES AND DEATHS FROM TUBERCULOSIS WITH RATES PER 100,000 POPULATION IN THE AMERICAS, 1957-1960

				Cases	3				Deaths							
Area		Num	ber			Ra	te			Nun	ıber			Ra	te	
	1957	1958	1959	1960	1957	19,58	1959	1960	1957	1958	1959	1960	1957	1958	1959	1960
Total	191 344	177 758	185 753	182 538												
Argentina	19 647		17 387	18 865	98.9		84.3	90.0	• • •					<b> </b>		
Bolivia	596	522	1779	1136	18.0		52.2	32.9	0.500							
Brazil (a)	13 735	7986	14 079	9943			138.2		8 5 2 2	7973		;;;	87.4	79.7	84.2	
Canada (b,c)	7979	7 502	6 5 7 9	6345	48.2	44.1	37.7	35,6 *	1 183		959	823		6.0	5.5	4.6
Chile	13 787	14 579	13 858	14 392	111 0	119.3	110.1		4 110 3 6 1 4					51.7	54.6	52.9
Colombia (d)	605	560	649	624	58.6		57.6	53.3	217	165	3 841 163	4074		27.1	27.8	28.8
Costa Rica	1838	1177	1 849	1856			27.8	27.3	1 175			151	21.0 18.4	15.3	14.5 17.2	12.9
Cuba	2184	2 199	2 189	2 122	80.8		75.6	70.9	614	476		•••		16.5 17.0	17.7	• • •
Dominican Republic Ecuador	4 699	5463	4 692	5 2 2 3		134.9	112.0		1420				22.7 36.1	35.9		• • •
	3011	2918	3 872	5251		231.2		358.2	406	432	384	408	и -	17.7	15.2	15.6
El Salvador (d) Guatemala	1942	1 153	3 649	3 802	56.3			101.0	1272	1 306		1266		36.8	33.1	
Haiti	1188	2 278	3 0 4 8	2 860			88.5	81.6	1212	1 300	1201	1200	50.5	30.0	30,1	33.6
Honduras		1439	1 609	4 5 6 6		78.7	85.3		286	244	297	265	16.2	13.3	15.7	13.6
Mexico	10 392	11 157	11 348		33.1	34.5	34.1	35.6	9494		9 168			29.1	27.5	27.8
	1014	1 330	744	581	76.1	96.5	52.2	39.3	72	97	113	123		7.0	7.9	8.3
Nicaragua Panama	1878	1 385	1 673			138.5	162.9		267	266		288		26.6	23.2	27.3
	1381	1 206	1 126			107.6	65.2	63.0	219	220		292			28.7	32.4
Paraguay (d,e)	22 552	19 336	22 796			397.5	425.3		3 2 2 4			252	118.5	83.6	89.4	
Peru (d,f) United States (c)	67 171	63 537	57 535				32.5		13 390				7.8	7.1	6.5	• • • •
Uruguay	3164	3 134	2 134	1928		113.6	76.4	68.2	599	519	507	•••	22.0	18.8	18.2	
	7211	7 494	7 887	8722		201.2		217.7		1547		1 411				10.6
Venezuela (d)	1211	(484)	1 001	0 / 2 4	200.3	401.4	204.3	217.7	1/01	1047	1400	1411	26,9	23.2	21.2	19.6
Bahama Islands	117	107	124	187	II	105.9	120,4		13	20			13.3	19.8	11.7	
Bermuda	2	11	7	12	4.9		16.7	28.6		2	1	1	-	4.9	2.4	.2.4
British Guiana	192	202	172	186			31.3	32.9	139				26.8	14.4		
British Hondu <b>ra</b> s	56	74	38				43.2	79.1	14	14		16		16.3	23.9	17.6
Canal Zone	26	28	16				38.1	19.0	2	1	1	-	3.8	2.3	2.4	-
Falkland Is.	3	4	3	3		200.0	150.0	150.0	-	2	-	-	-	100.0	-	-
French Guiana	21	14			70.0	45.2			7	12	8	11		38.7	25.8	35.5
Guadeloupe	• • •	• • • •	459	241			173.9	89.3	73			59	0	14.8	20.8	21.9
Martinique	215	271	225	190		102.7	83.0	68.6	96		76	92		40.9	28.0	33.2
Netherlands Antilles	45	24	52	30			27.7	15.8	3	4	5		1.6	2.1	2.7	
Puerto Rico	3 120	2 800	2 487	2 137		121.8	107.1	90.5	741	667	679	• • •	32.8	29.0	29.2	
St.Pierre and Miquelon	10	15	17	9		300.0	340,0		2	3	5	1 1	40.0	60.0		20.0
Surinam	119	135	187	126	50.0	54.4	72.2	46.7	37	30	20	22		12.1	7.7	8.1
Virgin Islands (U.K.)	• • • •		2	2			28.6	28.6	1	-	-	2	14.3	-	-	28.6
Virgins Islands (U.S.)	8	9	15	6	27.6	30.0	48.4	18.2	4	3	2		13.8	10.0	6.5	
West Indies Federation			_		1	·				,				1		
Antigua	16		28				51.9		12				23.1			5,5
Barbados	79		68	43		31.7	29.6	18.5		18				7.9	7.0	6,9
Dominica	85	83			II.	143.1		• • •	27							48,3
Grenada	• • • •		34				38.6	50.6		5	7	10	21.2	5.8	8.0	11.2
Jamaica	701	574	838	629			52.4	38.9								
Montserrat	6	7			46.2	53.8		• • •	6	4			46.2	30.8		
St.Kitts-Nevis-					į								Ħ			
Anguilla	22	27	70				125.0		6		14	14				24.6
St. Lucia	118		75			142.9	88,2	77.9			39	15	57.8	48.8	45.9	17.4
St. Vincent	29		37				46.8									
Trinidad and Tobago	380	281	298	243	49.6	35.7	36.7	29.1			116	95	18.1	14.0	14.3	11.4

<sup>(</sup>a) State of Guanabara and capitals of other states with exceptions. Data of reported cases incomplete for 1960.
(b) Excluding Northwest Territories 1957 and 1958, for case data.
(c) Newly reported active cases.
(d) Reporting area for case data.
(e) Area of information, for death data.
(f) Principal cities, for death data.
Disease not notifiable.

TABLE 42. NUMBER OF REPORTED CASES AND DEATHS FROM TYPHOID FEVER WITH RATES PER 100,000 POPULATION IN THE AMERICAS, 1957-1960

		1411110	1 1110 10	<del></del>	ses	11011	N IIIE	AMINITA	Deaths							
Area		Nun	nber	•	_	Ra	 .te		<b> </b>	Nur	iber			Ra	ate	
	1957	1958	1959	1960	1957	1958	1959	1960	1957	1958	1959	1960	1957	1958	1959	1960
Total	44 314	47.009	46 828	45 307												
Argentina	2 294	1903	1593	1924	11.5	9.4	7.7	9.2					]	]	<b> </b>	
Bolivia	156	209	168	64	4.7	6.2	4.9	1,9		4:4.4					<i>.</i>	
Brazil (a, b)	4 3 1 5	3 9 7 8	3 3 1 5	2 2 5 1	45.2	40.6	32.5	22.8	294	319	269	• • •	3.0	3.2	2.7	
Canada (a, c)	279	304	544	335	1.7	1,8	3.1	1.9	12	3	3	4	0.1	0.0	0.0	
Chile	5071		a)3334	a)4548	71.2	a)64.3	a)44.7	a)59.6	169	167	195	196	2.4	2.3	2.6	
Colombia (a, d) Costa Rica	11643	12 696	12 382	13274	96.8	103.9	98.4	98,2	999	709	675	673	7.6	5.2	4,9	4.8
Cuba Cuba	194 457	220 331	192 865	128 1 191		20.4	17.1	10.9	16	29	12	12	1.5	2.7	1.1	1.0
Dominican Republic	185	574	315	376	7.2	5.1	13.0	17.5	45	27	58	•••	0.7	0.4	0.9	
Ecuador	1958	2 094	2653	2 423	6.8 49.8	20.5 51.7	10.9 63.3	12,6 56,1	106 891	84 872	138	•••	3.9 22.7	3.0 21.5	4.8	
El Salvador (d)	654	a) 771	a)1223	a)1005	57.1	a)61.1	a)92.9	a)68.6	46	46	23	50	2.0	1.9	0.9	1.9
Guatemala	410	176	839	.888	11.9	5.0	23.0	23.6	252	446	377	330		12.6	10.3	8.8
Haiti	155	944	351	271	4.6	27.6	9.6	7.7	i			1	•		1	
Honduras	• • • •	374	672	438	•••	20.5	35.6	22.4	107	113	96	107	6.0	6.2	5.1	5.5
Mexico	4683	6 004	7047	6173	14.9	18.6	21,2		3764			2 673		9.8	8.8	7.7
Nicaragua	134	351	197	352	10.1	25.5	13.8	23.8	109	151	124	154	8.2	11.0	8.7	10.4
Panama	47	116	72	41	4,8	11,6	7.0	3,9	2	8	2	3	0.2	0.8	0.2	0.3
Paraguay (a,d,e)	55	106	77	150	5.4	9.5	4.5	8,5	5	17	8	16	0.7	2.1	0.9	1.8
Peru (a, d, f)	7162	6 695	6 690	5511	150.1	137.6	124.8	98.6	199	173	164		7.3	5.5	4.6	
United States	1237	1044	861	816	0.7	0.6	0.5	0,5	34	23	22		0.0	0.0	0.0	
Uruguay	359	280	405	330	13.2	10.2	14.5	11.7	21	26	26		0.8	0.9	0.9	
Venezuela (a,d)	1 062	1250	1.102	1 029	29.5	33.6	28.6	25,7	64	70	63	49	1.0	1.0	0.9	0.7
Bahama Islands	3.	4	10	10	3.1	4.0	9,7	9.5	-	1	1		_	1.0	1.0	
Bermuda	_	~	4	-		-	9.5	-	_	_	1	• • • •	_		2.4	* • •
British Guiana	366	422	419	574	70.7	79.2	76.3	101.6	32	22			6.2	4,1		
British Honduras	37	18	49	38	44.6	20,9	55.7	41.8	4	4	1	1	4.8	4.7	1,1	1.1
Canal Zone	1	~	4	2	1.9	-!	9.5	4.8	-		-	1	-	_	-	2.4
Falkland Islands	1	~	-	-	50.0	-	-	-	-	-	-	-	-		_	_
French Guiana	32	2	3[	. 9	106.7	6.5	9.7	29.0	1	-1	-	-	3.3	-	-	-
Guadeloupe	22	42	20	29	8.8	16.3	7.6	10.7	2	9	3	5	0.8	3,5	1,1	1.9
Martinique (a)	129	240	211	354	50.0	90.9	77.9	127.8	6	12	7	2	2.3	4,5	2.6	0.7
Netherlands Antilles	24	22	.8	2	13.0	11.8	4.3	1,1	-	1	-	•••	-	0,5	-	
Puerto Rico	20	22	15	28	0.9	1.0	0.6	1,2	-	3	-	***	-	0,1	-	
St.Pierre and Miquelon Surinam	207	93	65	38	87.0	37.5	25.1	<b>14.1</b>	15	- [	•••	• • • •	2 -		1	1.5
Virgin Islands (U.K.)			1	1			14.3	14.1		2	3	4	6.3	0.8	1.2	1.5
Virgin Islands (U.S.)	***	1	2	1	3.4	3.3	6.5	3.0	1	-	-		3.4	-	-	-
West Indies Federation	_		21	-1	5.3	٠.٠١	0.5	5,0	- 1	-	- [	• • • • •	0.4	-	~	• • •
Antigua (a)	53	22	17	39	101.9	41.5	31.5	70.9	5	1	1	1	9.6	1.9	1,9	1.8
Barbados	39	9	4	10		4.0	1.7	4.3	1	2	_		0.4	0.9	1,0	1.0
Dominica (a)	89	86			156.1	148.3		• • •	9	6	3	5	15.8	10.3	5.1	8.3
Grenada			5	17	• • •		5.7	19 1	5	5	_	1	5.9	5.8	~,~	1.1
Jamaica	444	480	740	413	28.5	30.4	46.3	25.5				,. <u>-</u>	.,,		.,,	
Montserrat	10	8			76.9	61.5						_				_
St. Kitts-Nevis-						1				- 1						
Anguilla	3	20	.3	7	5,6	36.4	5.4	12.3	· -		-	-	-	-		_
St. Lucia	201	91	12	37	242.2	108.3	14.1	43.0	21	22	9	4		26,2	10.6	4.7
St. Vincent	26	7	38	13	34.2	9.1	48.1	16.2	21	22	• • • •	• • • •	27.6	28.6		
Trinidad and Tobago	96	305	301	167	12.5	38.7	37.1	20.0	12	37	25	. 7	1.6	4.7	3.1	8.0

<sup>(</sup>a) Including paratyphoid fever, for case data. (b) State of Guanabara and capitals of other states, with exceptions. Data of reported cases incomplete for 1960. (c) Excluding Northwest Territories 1957 and 1958, for case data. (d) Reporting area, for case data. (e) Area of Information, for death data. (f) Principal cities, for death data.

(newly-reported active cases) declined steadily from 56.9 per 100,000 population in 1952 to 31.3 in 1960. In South America, where the rates were very high, only a slight decrease occurred in the decade.

In several countries of the Americas, the high reported case rates indicate that cases of tuberculosis are being diagnosed and reported. For example, in El Salvador, Honduras, Peru, and Venezuela more than 200 cases were reported per 100,000 population. In five other countries, there were at least 100 cases reported per 100,000 population.

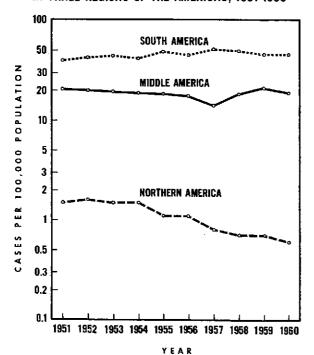
Although the apparent decrease in morbidity has been only slight in Latin America, death rates from the disease have shown rapid declines (Figure 23). In Northern America, the reduction from 1951 to 1960 was 72 per cent; in South America, 54 per cent; and in Middle America, from 1951 to 1958, 45 per cent. Of the countries of the Americas, Canada had the lowest rate in 1960 of 4.6 per 100,000 population.

#### TYPHOID FEVER

The continuing high case and death rates from typhoid fever in the Americas during the decade 1951-1960 are shown in the recent publication on notifiable diseases. The reported case rates are very high in both South and Middle America (Figure 24). Around

FIGURE 24

REPORTED CASES OF TYPHOID FEVER PER 100,000 POPULATION,
IN THREE REGIONS OF THE AMERICAS, 1951-1960



45,000 cases of typhoid fever were reported each year in the four-year period 1957-1960 (Table 42). Provision of adequate water supplies to larger proportions of the population, as well as widespread improvement in sanitation, is needed to prevent typhoid fever.

#### **TYPHUS**

During the past decade, a marked reduction has occurred in cases of louse-borne typhus (Table 43). In the early part of the decade, over 3,000 cases were reported each year, while in 1959 there were 659, and in 1960, 668 cases reported. In nearly all countries, except Ecuador, marked reductions have occurred.

TABLE 43. REPORTED CASES OF LOUSE-BORNE TYPHUS IN THE AMERICAS, 1951-1960

Area	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Total	3815	3 103	2517	3 104	1545	1089	747	818	659	668
Argentina	10	1	2	-	-	-	-	-	4.	-
Bolivia	99	85	409	1021	397	216	66	15	29	7
Chile	a <b>)</b> 656	a)261	a)238	_	7	90	9	5	6	10
Colombia	190	201	174	122	197	77	54	31	15	26
Ecuador	719	552	512	468	319	207	178	233	267	481
Guatemala(a)	38	13	16	9	14	3	1	8	_	_
Mexico	1 155	1018	762	1008	382	324	314	432	242	106
Peru	948	972	404	<b>4</b> 76	229	172	125	94	96	38

(a) Including murine and unspecified typhus.

## WHOOPING COUGH

Whooping cough, a communicable disease of infancy and early childhood, continues to cause excessive morbidity in many countries of Latin America. On the average, over 200,000 cases were reported each year. The reported cases per 100,000 population were in excess of 100 in seven countries in 1960 (Table 44). Death rates, likewise, were very high in several countries.

Data for 14 countries for which information was available have been used for calculating death rates for the three regions for the decade (Figure 25). The whooping cough death rates for both Middle and South American countries remained at a high level and failed to show the same marked downward trend as in Northern America, where the rate was very low by 1960.

TABLE 44. NUMBER OF REPORTED CASES AND DEATHS FROM WHOOPING COUGH WITH RATES PER 100,000 POPULATION IN THE AMERICAS, 1957-1960

Haiti 1407 3050 5438 1649 41.6 89.1 157.0 47.0	3.1	 0.4 4.7 29.5 11.7
Total 200 973 197 321 231 820 208 288  Argentina 48 279 13 162 18 351 38 146 242.9 65.0 89.0 182.0	3.1	0.4 4.7 29.5 11.7
Total 200 973 197 321 231 820 208 288  Argentina 48 279 13 162 18 351 38 146 242.9 65.0 89.0 182.0	3.1 0.3 7.1 20.5 8.4 1.2 2.3  13.6 111.4 66	0.4 4.7 29.5 11.7
Bolivia 837 516 1270 566 25.2 15.4 37.3 16.4	3.1 0.3 7.1 20.5 8.4 1.2 2.3  13.6 111.4 66	0.4 4.7 29.5 11.7
Bolivia 837 516 1270 566 25.2 15.4 37.3 16.4	3.1 0.3 7.1 20.5 8.4 1.2 2.3  13.6 111.4 66	0.4 4.7 29.5 11.7
Brazil (a) 7853 7604 7983 4499 82.3 77.5 78.3 45.6 306 326 307 3.1 3.3 Canada (b) 7459 6932 7259 6014 45.0 40.7 41.6 33.8 63 40 46 71 0.4 0.2 Chile 4230 12192 6348 5030 59.4 167.1 85.0 65.9 188 443 527 362 2.6 6.1 Colombia (c) 34192 34311 34546 42472 284.3 280.7 274.5 314.3 3595 2869 2833 4172 27.2 21.2 Costa Rica 1871 1540 1339 1735 181.1 143.1 118.9 148.2 127 83 95 137 12.3 7.7 Cuba 45 46 699 229 0.7 0.7 10.5 3.4 17 33 83 0.3 0.5 Dominican Republic 1907 2694 5801 6476 70.5 96.3 200.4 216.3 52 30 67 1.9 1.1 Ecuador El Salvador(c) 1577 2925 2188 1945 137.6 231.8 166.1 132.7 363 583 342 307 15.4 24.0 Guatemala 4285 3157 2310 1627 124.2 89.0 63.3 43.2 4170 4396 4068 2494120.8 124.0 Haiti 1407 3050 5438 1649 41.6 89.1 157.0 47.0	3.1 0.3 7.1 20.5 8.4 1.2 2.3  13.6 1111.4 66	0.4 4.7 29.5 11.7
Canada (b)	7.1 4 20.5 28 8.4 11 1.2 . 2.3 . 13.6 11 111.4 66	4.7 29.5 11.7
Colombia (c) 34 192 34 311 34 546 42 472 284.3 280.7 274.5 314.3 3595 2869 2833 4 172 27.2 21.2 Costa Rica 1871 1540 1339 1735 181.1 143.1 118.9 148.2 127 83 95 137 12.3 7.7 Cuba 45 46 699 229 0.7 0.7 10.5 3.4 17 33 83 0.3 0.5 Dominican Republic 1907 2694 5801 6476 70.5 96.3 200.4 216.3 52 30 67 1.9 1.1 Ecuador 3367 3021 85.7 74.6 El Salvador(c) 1577 2925 2188 1945 137.6 231.8 166.1 132.7 363 583 342 307 15.4 24.0 Guatemala 4285 3157 2310 1627 124.2 89.0 63.3 43.2 4170 4396 4068 2494120.8 124.0 Honduras 5566 1362 593 1155 314.6 74.5 31.4 59.1 1002 626 312 496 56.6 34.2 Mexico 27813 38826 39 168 24116 88.5 120.0 117.6 69.1 7121 7127 8538 5365 22.7 22.0 Nicaragua 101 749 652 611 7.6 54.4 45.8 41.4 72 222 209 127 5.4 16.1 Panama 379 378 799 301 39.0 37.8 77.8 28.5 102 58 122 243 10.5 5.8	20.5 29 8.4 11 1.2 . 2.3 . 13.6 11 111.4 66	29.5
Costa Rica   1871   1540   1339   1735   181.1   143.1   118.9   148.2   127   83   95   137   12.3   7.7   Cuba   45   46   699   229   0.7   0.7   10.5   3.4   17   33   83     0.3   0.5   Dominican Republic   1907   2694   5801   6476   70.5   96.3   200.4   216.3   52   30   67     1.9   1.1   Ecuador                       85.7   74.6   El Salvador(c)   1577   2925   2188   1945   137.6   231.8   166.1   132.7   363   342   307   15.4   24.0   Guatemala   4285   3157   2310   1627   124.2   89.0   63.3   43.2   4170   4396   4068   2494   120.8   124.0   Haiti   1407   3050   5438   1649   41.6   89.1   157.0   47.0           Honduras   5566   1362   593   1155   314.6   74.5   31.4   59.1   1002   626   312   496   56.6   34.2   Mexico   27813   38826   39168   24116   88.5   120.0   117.6   69.1   7121   7127   8538   5365   22.7   22.0   Nicaragua   101   749   652   611   7.6   54.4   45.8   41.4   72   222   209   127   5.4   16.1   Panama   379   378   799   301   39.0   37.8   77.8   28.5   102   58   122   243   10.5   5.8	8.4 11 1.2 . 2.3 . 13.6 11 111.4 66	11.7
Cuba         45         46         699         229         0.7         0.7         10.5         3.4         17         33         83          0.3         0.5           Dominican         Republic         1907         2694         5801         6476         70.5         96.3         200.4         216.3         52         30         67          1.9         1.1           Ecuador               3367         3021           85.7         74.6           El Salvador(c)         1577         2925         2188         1945         137.6         231.8         166.1         132.7         363         583         342         307         15.4         24.0           Guatemala         4285         3157         2310         1627         124.2         89.0         63.3         43.2         4170         4396         4068         2494 120.8         124.0           Haiti         1407         3050         5438         1649         41.6         89.1         157.0         47.0	1.2 2.3 13.6 111.4 66	
Dominican Republic 1907 2694 5801 6476 70.5 96.3 200.4 216.3 52 30 67 1.9 1.1 Ecuador El Salvador(c) 1577 2925 2188 1945 137.6 231.8 166.1 132.7 363 583 342 307 15.4 24.0 Guatemala 4285 3157 2310 1627 124.2 89.0 63.3 43.2 4170 4396 4068 2494120.8 124.0 Haiti 1407 3050 5438 1649 41.6 89.1 157.0 47.0 Honduras 5566 1362 593 1155 314.6 74.5 31.4 59.1 1002 626 312 496 56.6 34.2 Mexico 27813 38826 39168 24116 88.5 120.0 117.6 69.1 7121 7127 8538 5365 22.7 22.0 Nicaragua 101 749 652 611 7.6 54.4 45.8 41.4 72 222 209 127 5.4 16.1 Panama 379 378 799 301 39.0 37.8 77.8 28.5 102 58 122 243 10.5 5.8	2.3 13.6 111.4 66	
Republic       1907       2694       5801       6476       70.5       96.3       200.4       216.3       52       30       67        1.9       1.1         Ecuador              3367       3021         85.7       74.6         El Salvador(c)       1577       2925       2188       1945       137.6       231.8       166.1       132.7       363       583       342       307       15.4       24.0         Guatemala       4285       3157       2310       1627       124.2       89.0       63.3       43.2       4170       4396       4068       2494120.8       124.0         Haiti       1407       3050       5438       1649       41.6       89.1       157.0       47.0	13.6 11 111.4 66	
Ecuador                3367       3021         85.7       74.6         El Salvador(c)       1577       2925       2188       1945       137.6       231.8       166.1       132.7       363       583       342       307       15.4       24.0         Guatemala       4285       3157       2310       1627       124.2       89.0       63.3       43.2       4170       4396       4068       2494120.8       124.0         Haiti       1407       3050       5438       1649       41.6       89.1       157.0       47.0 <td>13.6 11 111.4 66</td> <td></td>	13.6 11 111.4 66	
El Salvador(c) 1577 2925 2188 1945 137.6 231.8 166.1 132.7 363 583 342 307 15.4 24.0 Guatemala 4285 3157 2310 1627 124.2 89.0 63.3 43.2 4170 4396 4068 2494120.8 124.0 Haiti 1407 3050 5438 1649 41.6 89.1 157.0 47.0	13.6 11 111.4 66	
Guatemala       4 285       3 157       2 310       1 627       124.2       89.0       63.3       43.2       4 170       4 396       4 068       2 494 120.8       124.0         Haiti       1 407       3 050       5 438       1 649       41.6       89.1       157.0       47.0	ll .	
Honduras 5 566 1 362 593 1 155 314.6 74.5 31.4 59.1 1 002 626 312 496 56.6 34.2 Mexico 27 813 38 826 39 168 24 116 88.5 120.0 117.6 69.1 7 121 7 127 8 538 5 365 22.7 22.0 Nicaragua 101 749 652 611 7.6 54.4 45.8 41.4 72 222 209 127 5.4 16.1 Panama 379 378 799 301 39.0 37.8 77.8 28.5 102 58 122 243 10.5 5.8		36.2
Mexico     27 813     38 826     39 168     24 116     88.5     120.0     117.6     69.1     7 121     7 127     8 538     5 365     22.7     22.0       Nicaragua     101     749     652     611     7.6     54.4     45.8     41.4     72     222     209     127     5.4     16.1       Panama     379     378     799     301     39.0     37.8     77.8     28.5     102     58     122     243     10.5     5.8		
Nicaragua 101 749 652 611 7.6 54.4 45.8 41.4 72 222 209 127 5.4 16.1 Panama 379 378 799 301 39.0 37.8 77.8 28.5 102 58 122 243 10.5 5.8		25.4
Panama 379 378 799 301 39.0 37.8 77.8 28.5 102 58 122 243 10.5 5.8		15.4
		8.8
		23.0
	1 44 - 1	3.8
United States 28 328 32 199 40 034 14 809 16.6 18.5 22.6 8.2 183 177 209 0.1 0.1 Uruquay 674 994 4 320 1011 24.8 36.0 154.7 35.8 21 28 112 0.8 1.0	المآبا	
Venezuela (c) 7956 6444 23666 33560 221.0 173.0 613.1 837.7 206 106 311 299 3.2 1.6		4.2
	1 - 1	
Bahama Islands 5 7 1 173 21 5.1 6.9 1138.8 20.0 6 8ermuda - 10 74 2 - 24.4 176.2 4.8	5.8 .	• • •
7 11 0 197 0 1 1 1 1 0 197 0	,  -	-
British Guiana 578 680 111.6 127.6 8 1 1.5 0.2	.	• • • •
Honduras 19 - 7 - 22.9 - 8.0 - 1 1 1 - 1.2 1.2	1.1	-
Canal Zone   1 5 - 2 1.9 11.6 - 4.8	-	-
Falkland Is.   -   212   1   -   -   10600.0   50.0   -   -   -   -   -   -   -   -	-	-
French Guiana - 1 20 6 - 3.2 64.5 19.4	-	_ =
Guadeloupe 7 16 2.7 6.1 16 22 10 - 6.2		3.7
Martinique 16 12 - 5 6.2 4.5 - 1.8 29 18 4 - 11.2 6.8	1.5	-
Netherlands		
Puerto Rico 841 739 816 265 37.2 32.1 35.1 11.2 26 28 37 1.2 1.2	1 1 22	
St.Pierre and		
Miquelon	-	-
Surinam * * * * 1 1 0.4	0.4	-
VirginIs.(U.K.) 4 57.1	1	-
Virgin Is. (U.S.) 2 119 1 - 6.9 396.7 3.2 1 3.3 West Indies	-  -	• • •
Federation Federation		
Antigua 771 1986 8 1 1482.6 3747.2 14.8 1.8 5 25 - 9.6 47.2	<u> </u>	_
Barbados   * * * * * * * * 1 1 0.4 -		0.4
Dominica 248 7 435.1 12.1 10 17.5 - Grenada 26 29.2	·  -	-
Grenada 26 29.2	-	-
Jamaica 263 2646 1109 149 16.9 167.7 69.4 9.2	•••  •	•••
Montserrat 1 855 7.7 657.7 13 100.0	′' '''	-
St. Kitts- Nevis-		
Anguilla 3 5 325 44 4 5.6 9681.8 78.6 7.0 - 128 1 - 232.7	1.8	_
St. Lucia 65 18 12 8 78.3 21.4 14.1 9.3 1 1.2 -		_
St. Vincent 17 8 49 45 22.4 10.4 62.0 56.2	.	
Trinidad and		
Tobago 79 62 116 1227 10.3 7.9 14.3 147.1 7 1 1 8 0.9 0.1	0.1	1.0

<sup>(</sup>a) State of Guanabara and capitals of other states, with exceptions. Data of reported cases incomplete for 1960.
(b) Excluding Northwest Territories 1957 and 1958, for case data.
(c) Reporting area, for case data.
(d) Area of information, for death data.
(e) Principal cities, for death data.
Disease not notifiable.

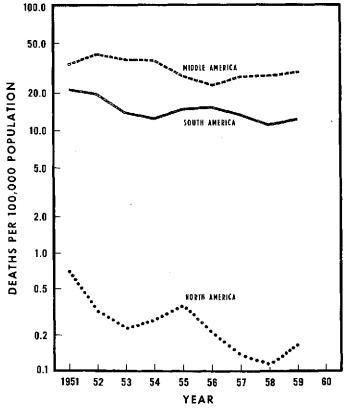
TABLE 45. NUMBER OF PERSONS IMMUNIZED AGAINST WHOOPING COUGH IN THE AMERICAS, 1957-1960

Агеа	1957	1958	1959	1960	Area	1957	1958	1959	1960
Argentina (a)	_	_	39916	165 294	Bermuda (a)	205	970	1045	1345
Bolivia	ll			5 708	British Guiana	110	5	68	24
Canada	520 600	601600	819 400	882 900	British Honduras	6547	7 2 2 2	7875	8 420
Chile	103 938	164 033	182 021	299 473	Canal Zone	***	• • • •		3742
Colombia	127 318	86 675	109 097	184 140	Falkland Islands	-	-	-	
Costa Rica	2 827 1	4,969	4261	9 344	French Guiana (a,b)	-10	-	5	92
Cuba			-		Martinique	385	180	44	<b>3</b> 5
Dominican Republic	1466	1607	2420	1826	Puerto Rico (a,b)	23 014	29943	32 416	• • •
Ecuador	17 253	21948	38734	37 735	St. Pierre and Miquelon	51	154	130	160
El Salvador (a)	16914	13 503	16219	15 147	Surinam		•••	• • •	3750
Guatemala	41707	35 722	25 034	26 240	Virgin Islands (U.K.)		-		53
Haiti	251	163	487		Virgin Islands (U.S.)	510	794	741	
Honduras		5 281	20843	20 636	West Indies Federation				
Mexico	347 392	331,222	342 075	427 860	Antigua	• • • •	•••		2 181
Nicaragua	2 244	2876	4291	28713	Barbados	1937	2 2 3 7	4466	5218
Panama			1009	1651	Dominica	• • • •		1070	701
Paraguay	2797	5077	5731	3 329	Jamaica				37757
Peru	33 074	117 298	3042	82 727	St. Kitts-Nevis-	[	]	l	
United States (a,b)	1984 149	2 248 229	2664970		Anguilla	] -	-		-
Venezuela	71969	61725	107 132	242 388	Trinidad and Tobago		•••	474	802

<sup>(</sup>a) Governmental agencies only.

FIGURE 25

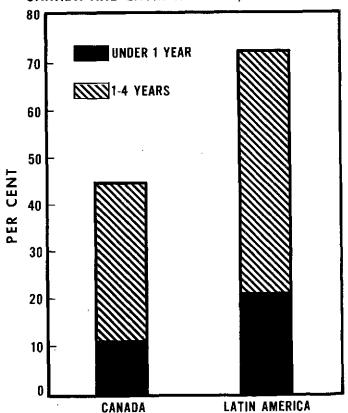
DEATHS FROM WHOOPING COUGH PER 100,000 POPULATION IN COUNTRIES OF THREE REGIONS OF THE AMERICAS, 1951-1960



NOTE: EXCLUDING THREE COUNTRIES OF MIDDLE AMERICA AND FIVE OF SOUTH AMERICA

FIGURE 26

## PERCENTAGE OF CASES OF WHOOPING COUGH UNDER 1 YEAR AND 1-4 YEARS OF AGE IN CANADA AND LATIN AMERICA, 1957-1960



<sup>(</sup>b) Incomplete data.

Case fatality from whooping cough is greatest for infants under one year of age. In Latin American countries, relatively high percentages of cases occur in infants. This is in contrast to the distribution of cases in Canada, where for the four-year period 1957-1960, 11 per cent of cases were of children under 1 year of age and 33 per cent of children 1-4 years of age. Based on available data for six Latin American countries, 21 per cent of cases were of children under one year and 51 per cent of children 1-4 years of age (Figure 26). Several factors may be responsible for differences in the age distribution of cases of whooping cough. For prevention of morbidity and mortality, immunization of infants early in life is recommended.

The number of persons immunized against whooping cough for the four-year period 1957-1960 are given in Table 45. Increases in numbers immunized are evident, but in many countries large numbers of children are still not protected and many cases continue to occur.

#### YAWS

The number of reported cases of yaws in the Americas have shown a marked decline in the past decade in many areas (Table 46). Although the number of areas providing data varies and the totals represent only the numbers reported, they point to progress toward eradication. The Governing Bodies of PAHO/ WHO have designated the eradication of yaws as one of the eradication programs to have concentrated activity for completion. Apart from Brazil, for which data were not available, 2,788 cases were reported in 1960. Eight areas reported 100 or more cases in 1960 or recent year. The situation in 1960 had improved markedly from that ten years ago. However, in a few areas, reductions have not occurred and eradication programs are needed to eliminate this disease from the Americas.

TABLE 46. REPORTED CASES OF YAWS IN THE AMERICAS, 1951-1960

Area	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Total	17 180	16 12 1	12 596	26 548	7838	6153	5 538	4.896	3910	2 788
Colombia (a)	2 547	3083	4 246	2 473	1 299	1154	1201	732	810	463
Costa Rica	4	2	-	1	1	-	1	_	-	_
Cuba	-	-	110	-	-	-			-	1
Dominican Republic (b)	6078	5471							181	303
Haiti				17249	2017	1074	1298	1 361	860	336
Panama	193	171	189	163	144	123	65	21	-	2
Peru (a)	475	390	423	163	288	181	194	184	102	
Venezuela (a)	1978	1457	1285	976	901	716	647	426	250	146
Bahama Islands	l			1	_	_	_		,	
British Guiana	81	65	45	90	90	65	11	5		
French Guiana					48				-	-
Guadeloupe	159	102	91						-	-
Surinam	806	462	312	341	269	324	644	799		
Virgin Islands (U.K.)	<b></b>	31	6	13	-	-	-	-		-
West Indies Federation										
Antigua			<b>3</b> 5	70	46	27	23	11	10	53
Dominica	275	545	403	146	348	617	225	236	223	204
Grenada	1306	1256	1933	798	178	•••	• • •	•••	-	3
Jamaica .	, <del>*</del>	* *	*	1	*	*	-) 60	*	20	275
Montserrat	000	c) 558	c) 432	c) 293	c) 108	c) 71	c) 20	6	•••	• • • •
St. Kitts-Nevis-Anguilla	806	615	574	498	239	236	98	8 71	140	-
St. Lucia	516	557	774	1 124	1010	640	270		140	64
St. Vincent	875 1081	1311 45	1 680 58	1 430 719	401 451	410 515	841	1036	73 1241	60
Trinidad and Tobago	1 1001	! <del>4</del> 5	1 90	1 /18	491	919	041	1030	1 741	878

<sup>(</sup>a) Reporting area. (b) Data for 1951 and 1952 refer to years ended on June 30 of each year.

<sup>(</sup>c) Cases treated.\* Disease not notifiable.

#### YELLOW FEVER

A few cases of jungle yellow fever are reported each year in the Americas (Table 47). The five countries which usually report one or more cases are Bolivia, Brazil, Colombia, Peru, and Venezuela. In the first part of the decade, cases were also reported from Costa Rica, Ecuador, Nicaragua, and Panama; in 1956 and 1957 a few cases were reported in Guatemala and Panama; in 1954 and 1959 cases were reported from Trinidad of which three, in 1954, were urban yellow fever.

TABLE 47. REPORTED CASES OF YELLOW FEVER IN THE AMERICAS, 1951-1960

Area	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Total	312	341	89	95	<b>3</b> 9	28	80	61	<b>3</b> 0	34
Bolivia	3	1	18	-	4	6	19	2	1	14
Brazil	50	221	39	9	8	2	10	26	4	1
Colombia	26	16	11	12	22	16	35	21	21	11
Costa Rica	180	93	5	_	_	-	-	l –		-
Ecuador	42	l -	- }	l -	_	-	_	l -		-
Guatemala	-	- 1	-	-	-	- !	3	l -	-	-
Honduras	-	l -	- 1	1	-	-	-	-	-	- 1
Nicaragua	-	7.	8	-	-	-	_	l -	-	-
Panama	3	1	l -	l -	-	1	4	۱ –	_	l –
Peru	4	1	l –	26	-	-	3	6	1	6
Venezuel <b>a</b>	4	1	8	29	5	3	6	6	1	2
Trinidad and		1	l	l		1	1	l		
Tobago	_	-	-	a) 18	-	-	-	-	2	-

(a) Jungle yellow fever, 15 cases; urban yellow fever, 3 cases. Note: All the cases reported were jungle yellow fever except three cases in Trinidad and Tobago in 1954.

TABLE 48. NUMBER OF VACCINATIONS AGAINST YELLOW FEVER IN THE AMERICAS, 1957-1960

Area	1957	1958	1959	1960
Bolivia				2 546
Canada	4 180	4010	5 630	3 500
Colombia	200 028	130 532	134 401	130 609
Cuba	186	100	110	125
El Salvador	5 028	4819	3 194	220
Guatemala	69 437	44953	3 170	541
Mexico	381 002	477 000	116 593	15 503
Nicaragua	5 293	6 3 3 5	6 286	10000
Peru	17843	46 347	26 046	44 841
Venezuela	405 704	226 496	262 459	263 358
Bermuda (a)	12	12	12	12
British Guiana	1959	11561	2090	3716
British Honduras	16577	1379	992	565
Canal Zone	l			1525
French Guiana	493	266	1007	965
Guadeloupe	l -		18	3
Martinique	144	103	222	91
Surinam	l <sup>:</sup>			262
West Indies Federation	[			
Barbados	25	53	272	89
Jamaica			120	36

(a) Approximate.

Vaccinations against yellow fever continued principally in countries in which jungle yellow fever occurs. However, in many others, vaccinations of travellers were reported (Table 48).

One of the four eradication programs under way in the Americas is to eliminate the urban vector of yellow fever, the <u>Aedes aegypti</u> mosquito. This is described in a separate document.

Report on the Status of <u>Aëdes aegypti</u> Eradication in the Americas CSP16/12, XVI Pan American Sanitary Conterence, PAHO, 1962.

## Chapter IV

### HEALTH SERVICES

Programs and responsibilities of health services at the three levels of government — national, regional and local — vary among the countries, depending on the pattern of government and the availability of private and non-profit sources for health and medical care. In view of these differences, comparisons of the extent of health services which are available to various populations are not easily made. Data on services should be interpreted only in relation to the overall medical resources of a country and to the use made of these resources by a population. In many countries complete information is not readily available.

In those in which both preventive and curative services are provided mainly by the government fairly complete data can often be obtained. In other countries in which private physicians and voluntary agencies are large contributors, the description of health activities becomes more difficult.

In the current Four-Year Reports specific questions were directed to obtaining information on expendi-

tures on health by official government agencies. Inquiry was made concerning health resources in terms of health centers, hospital clinics and other establishments for ambulatory out-patient care, clinics for specialized medical and health care and public health laboratories. Also included was a section on hospital facilities from which data are presented in Chapter V.

Many countries included in answers to the questionnaire narrative accounts of changes in organization of the health services and important events and progress in administration and in health programs. Information is used here from these sections to show the developments in health services in the Americas. Statistical data are presented whenever possible but are limited due to differences in structure of health and medical programs in the countries and lack of definitions and systems of collection of information. Many essential health activities are not individually mentioned since they are generally carried on as an integrated part of general health services.

## EXPENDITURES FOR HEALTH SERVICES

One of the fields in which the development of comparable statistical data is difficult, if not impossible, is in expenditures for health services. This is because expenditures for health services in different countries are handled in various ways, by public and private agencies or by governments either city or municipal, state or provincial, or national. Definitions and procedures for obtaining data on capital or current costs, direct or indirect, have not been developed and used for the collection and analysis of data on expenditures. Although the questionnaire for this report included defined items on official government expenditures for health, the information is best presented separately for each country. Two summary tables bring together data available for these countries.

The Fifth World Health Assembly requested WHO "to undertake joint studies with other international agencies on the relationship between public health,

medical care and social security." WHO has recently carried on a study of health expenditures, (1) in which an attempt was made to define and classify health costs in a pilot study in six countries with varying systems of financing health services and different levels of living. Selected data from the analysis for the two American countries in this pilot study are presented as a basis for interpretation of the information provided by the countries for this present report.

In the WHO pilot study the costs were divided into capital and current, and sources of funds were distinguished as general government, compulsory insurance, private insurance, voluntary subscriptions and charitable funds, grants from outside the country, and other corporate and private courses. The total amount of general government funds at all levels (national, state, etc.) corresponds to the official total

<sup>1/</sup> A Study of Health Costs, The Cost and Means of Financing Medical Care Services, WHO, Geneva, 1961 (Mimeographed report).

expenditure requested from Member States in the questionnaire for this report. Health services were defined in a broad sense to include promotion of health, prevention, diagnosis and treatment of disease—whether acute or chronic, whether physical, mental or social in origin—and rehabilitation of those incapacitated by disease or injury. The problems in determining the inclusions as health services are discussed in the report of WHO. Summary data are given for Chile and the United States, the two American countries which were included in the pilot study and which have also provided similar data in the questionnaire for this report (Table 49).

TABLE 49. GOVERNMENT EXPENDITURE ON HEALTH SERVICES AS PERCENTAGE OF TOTAL GOVERNMENT CONSUMPTION EXPENDITURE IN TWO COUNTRIES

	United States
1959	1957/58
7 298 000	174787000
Escudos	Dollars
344	2 089
365 000 000	81740000000
62 900 000	5 357 000 000
17.2	6.6
	Escudos 344 365 000 000 62 900 000

Of the total government expenditures, 17.2 per cent in Chile and 6.6 per cent in the United States were for health services. The National Health Service in Chile provides health services for the entire population and comprehensive preventive and curative medical care for the beneficiaries of the Workers' Social Insurance Fund (manual workers, their wives and children up to the age of 15 years) and for the medically indigent. This group represents between 70 and 75 per cent of the total population of the country. The high percentage of government expenditures for health in Chile indicates the important role that the government plays in the provision of health services. The pattern of health services in the United States is entirely different since most medical care is given by private physicians on a fee-for-service basis and general hospitals are usually operated by non-profit associations.

Since the content of the material received from the different governments in the Americas for this report vary widely, data are presented separately for each country. To facilitate comparisons, expenditures or budgets have been converted from national currency to U.S. dollars.

#### BOLIVIA

The budget for official health activities was given in two parts—the public health budget and the government contribution for health insurance. The total national budget was also provided. These figures in Bolivian currency and converted to U.S. dollars are as follows:

	<u>Bolivianos</u>	3	<u>U.S.</u> C	<u>ollars</u>
	Amount	Per cent	Amount	Per capita
Total national budget	425 458 105 731		35 798 000	10.36
Public he <b>a</b> lth	12 150 298 402	2.9	1 022 000	0.30
Government contri- bution to health insurance	35 280 166 993	0.0	9.060.000	0.00
HIDGE WICE	29 790 100 883	8.3	2 968 000	0.86

Of the total national budget 2.9 per cent was allocated for health and 8.3 per cent for health insurance, giving in all 11.2 per cent for these two activities in the field of health.

#### BRAZIL

Total governmental expenditures for 1960 and those for medical-health services were given at three levels, the federal, state and "municipios" as shown below:

	Cru	<u>Cruzeiros</u>				
·	Total	Medical-heal services	lth	th Medical-he services		
	government	Amount	Per cent	Amount	Per capita	
Total ·	525 800 999 000	27 030 786 000	5.1	131 768 000	1,88	
Federal State Municipios	264 631 065 000 221 616 592 000 39 553 342 000	14 756 620 000	4.0 6.7 4.6	50 987 000 71 934 000 8 846 000	0,73 1.03 0.13	

The total for medical-health services in U.S. dollars was 1.88 per capita.

## CANADA

Government expenditures for health were given by level of government for the fiscal year 1960-1961 as follows:

	Canadian <u>Dollars</u>	<u>u.s. i</u>	<u> bllars</u>
		Amount	Per capita
Total	910 568 000	914225000	51.32
Federal Provincial Municipal	326 904 000 531 250 000 52 414 000	328 217 000 533 384 000 52 624 000	18,42 29,94 2,95

Within the federal expenditures \$47,993,000 were for health grants to provinces and \$189,369,000 for hospital insurance payment to provinces. This latter expenditure was first made in 1958 and increased to

over \$189 million in 1960. Provincial expenditures for hospital care also increased from \$265 million in 1957 to \$442 million in 1960. The amount the health service received of total government funds increased from 10.4 per cent in 1957-1958 to 15.1 per cent in 1960-1961.

#### CHILE

The figure provided for all official health agencies of 64,979,797 escudos for 1960 was only slightly larger than the expenditures in the WHO Study. Based on the total general government consumption expenditure in 1959 of 365 million escudos, 17.8 per cent of the total budget was spent for health services. The health expenditures of \$8.09 per capita for 1960 were divided as follows:

	Escudos	U.S. Dollars		
		Amount	Per capita	
Total	64 979 797	61 709 000	8.09	
Health services Medical and health	2919466	2 773 000	0.36	
care	62 060 261	58 937 000	7.73	

#### COLOMBIA

Information provided for Colombia on health budgets includes monies from national, departmental, municipal and other sources such as income from charities and lotteries. In addition, income is obtained for services given in hospitals and institutions, from taxes specially designated for health, and from private donations. The total, however, does not include funds for social security and welfare, nor for the health care of the armed forces.

The following are appropriations for health services, hospitals, institutions and orphanages for the calendar year of 1960:

	Pesos	U.S. Dollars	
		Amount	Per capita
Total	252 243 000	34 888 000	2.47
National	98 273 000	13 592 000	0.96
Departmental	29 759 000	4 116 000	0.29
Municipal	16 260 000	2 249 000	0.16
Other source's	107 951 000	14 931 000	1.06

## COSTA RICA

According to the information from the questionnaires, the official cost of health activities is 60,470,685 colones for 1960 and in U.S. dollars the expenditures were \$8.38 per capita as shown below:

	Colones	U.S. Dollars	
		Amount	Per capita
Total	60 470 685	9817000	8.38
Health services Medical and health	8 738 772	1419000	1.21
care	51 731 913	8398000	7.17

#### CUBA

The budget of the Ministry of Public Health in 1960 was given as 51,200,000 pesos, which is equivalent to the same sum in U.S. dollars, and amounts to \$7.53 per capita. The budget in 1960 was practically double that in 1959.

## DOMINICAN REPUBLIC

The data provided include the costs of both the National Health Service and Social Welfare. Expenditures of official health agencies in 1960 were as follows:

	<u>Pesos</u>	U.S. Dollars	
		Amount	Per capita
Total	13289031	13 289 000	4.44
Health services	620 580	621 000	0.21
Medical and health			
care	12 588 451	12 588 000	4.20
Unspecified	80 000	80 000	0.03

These expenditures refer exclusively to the costs for health and social welfare; the budget of the Dominican Fund for Social Security is not included.

#### HAITI

The inclusions in the budgetary provisions, which were given in detail for 1958-1959, are grouped for presentation here in four sections:

	<u>Gourdes</u>	<u>U.S. Dollars</u>	
		Amount	Per capita
Total	18998415	3 800 000	1.10
Medical services	13 675 565	2 735 000	0.79
Education	997 252	199 000	0.06
Public health division	4218345	844 000	0.24
Administration	107 252	21 000	0.01

#### **HONDURAS**

In 1960, 7,760,695 lempiras were spent for health with practically one-half for health services and the other half for medical and health care. The data on the budget of the Ministry of Health and Social Welfare are as follows:

	<u>Lempiras</u>	U.S. Dollars	
		Amount	Per capita
Total	7 760 695	3 880 000	1.99
Health services	3 832 897	1916000	0.98
Medical and health care	3 848 798	1924000	0,99
International contri- butions	79 000	40 000	0.02

## MEXICO

In 1960, 12.2 per cent of the federal budget was allotted for health, welfare and social security. Of this amount approximately half was for health and hospital services, as shown below:

	Pesos		U.S. Dollars	
	Amount	Per cent	Amount	Per capita
Total federal budget	10251341000		820 107 000	23,48
Health, welfare and social security	1248939490	12.2	99 915 000	2.86
Health and hospital services	617 105 142	6,0	49368000	1,41
Welfare and social security	631 834 349	6.2	50 547 000	1.45

Contributions of the states amounted to 23,894,468 pesos or 1,912,000 U.S. dollars.

#### **NICARAGUA**

The governmental expenditures for health as given below were 13.2 per cent of expenditures for all services in the fiscal year 1960-1961 and the per capita expenditure for health was 3.05 in U. S. dollars:

	<u>Cordobas</u>	Σ	<u>U. S. D</u>	ollar <u>s</u>
	Amount	Per cent	Amount	Per capita
Total	247 552 000		34 145 000	23,12
Total health	32 701 949	13.2	4511000	3.05
Total health services	7 822 480	3,2	1079000	0.73
Medical and health care	24 879 469	10.1	3 432 000	2.32

#### PANAMA

As shown below, 10,241,335 balboas which were 17.2 per cent of the total expenditures for the Republic were provided for public health activities in 1960:

	Balboas		U.S. Dollars	
	Amount	Per cent	Amount	Per capita
Total	59 436 080		59 436 000	56.33
Public health	10 241 335	17.2	10241000	9.70

Exact figures were not available for the sum which the municipalities allot to public health, which is 5 per cent of their "entradas" and goes to a designated fund utilized by a special commission.

#### PARAGUAY

Expenditures for support of activities of the Ministry of Public Health and Social Welfare amounted to almost 162 million guaranies or 7.8 per cent of the total government budget, as given below:

	<u>Guaranies</u>	<u>Guaranies</u>		U.S. Dollars	
	Amount	Per cent	Amount	Per capita	
Total	2 083 700 000		16537000	9.35	
Health services	161 774 457	7.8	1284000	0.73	

Total funds including those of the Institute of Social Welfare, which is a part of the Ministry, were over 500 million guaranies.

#### PERU

The total general budget, as well as that for the Ministry of Public Health and Social Welfare was given. Between 1957 and 1960 the budget for the Ministry increased by 130 per cent. Health services accounted for almost a fourth of the Ministry's budget, averaging \$0.91 (U.S.) per capita:

	Soles		U.S. Dollars	
	Amount	Per cent	Amount	Per capita
Total	7 869 352 800		294 071 000	27.09
Ministry of Public Health and Welfare	1 141 306 900	14,5	42 650 000	3,93
Health services	267 036 702	3.4	9 879 000	0,91

## THE UNITED STATES

The total governmental expenditures for health in 1959 was \$5,280,749,000 which was \$29.81 per capita. Of this amount, the federal contribution was nearly 30 per cent while the remaining was divided nearly equally between state and local governments, as seen below:

	<u>U.S. Dollars</u>	Per capita
Total	5 280 749 000	29.81
Federal	1 550 865 000	8.76
State	1871610000	10.57
Local	1 858 274 000	10.49

In the expenditures for state and local governments, construction, maintenance, operation and medical care in hospitals accounted for a large proportion of the expenditures. Of the federal expenditures, \$253,345,000 was for grants to states, and \$863,000,000 for the Veterans Administration.

#### **VENEZUELA**

The budget for the Ministry of Public Health and Social Welfare was 474,791,000 bolivars for 1960-1961 and in U.S. dollars 19.88 per capita. As can be seen below, the budget of the Ministry was 8.6 per cent of the total national budget:

	<u>Bolivars</u>		U. S. Dollars				
	Amount	Per cent	Amount	Per capita			
Total national budget	5 500 000 000		641 991 000	228,60			
Budget for Ministry of Health and Social Welfare	474 791 400	8.6	141 729 000	19.88			

Estimates from partial data show that over one billion bolivars are assigned to health activities in the various Ministries and Institutes in the health field. Medical services account for over two thirds of this latter sum.

\* \* \* \* \*

For 11 countries, the total governmental expenditures, as well as those for health, were provided from which the proportions of the totals expended for health were obtained (Table 50). For these countries the variation was from 5.1 to 17.2 per cent and is related to the kinds of services rendered. In the United States, for example, most medical care is not paid for from governmental funds. In several of these Latin American countries for which information was available the percentage for health was large, for the three highest were 17.2, 17.2 and 14.5 per cent.

TABLE 50. GOVERNMENTAL EXPENDITURES FOR ALL SERVICES AND FOR HEALTH IN COUNTRIES OF THE AMERICAS PROVIDING DATA, 1960

	Total	Health	
Country	(National currency)	Amount	Per cent
Bolivia Brazil Canada (1960-1961) Chile (b) (1959) Mexico Nicaragua Panama Paraguay Peru United States (b) (1957-58) Venezuela (1960-1961)	525 800 999 000 365 000 000 10 251 341 000 247 552 000 59 436 080 2 083 700 000 7 869 352 800	910 568 000 62 900 000 a) 1248 939 490 32 701 949 10 241 335 161 774 457 a) 1141 306 900 5 357 000 000	11.2 5.1 15.1 17.2 12.2 13.2 17.2 7.8 14.5 6.6 8.6

<sup>(</sup>a) Public Health and Social Security.

From the data provided for seventeen countries, the expenditures per capita in U.S. dollars are presented in Table 51. Although the inclusions in the ex-

TABLE 51. EXPENDITURES FOR HEALTH IN LOCAL CURRENCY AND UNITED STATES DOLLARS IN 1960 FOR 17 COUNTRIES OF THE AMERICAS

Country	Local currency	United State	s dollars
Country	Locarchirency	Amount	Per capita
Bolivia (a)	47 430 465 395	3991000	1.16
Brazil	27 030 786 000	131768 000	1.88
Canada (b)	910568000	914 225 000	51.32
Chile	64 979 797	61709000	8.09
Colombia	252 243 000	34 888 000	2.47
Costa Rica	60 470 685	9817000	8.38
Cuba	51 200 000 .	51200000	7.53
Dominican Republic	13 289 031	13 289 000	4.44
Haiti (c)	<b>18 998 41</b> 5	3 800 000	1.10
Honduras	7 760 695	3 880 000	1.99
Mexico	1248939490	99915000	2.86
Nicaragua (a, b)	32 701 949	4511000	3.05
Panama	10 241 335	10 241 000	9.70
Paraguay	161774457	1284000	0.73
Peru (a)	1141306900	42 650 000	3.93
United States (d)	5 280 749 000	5 280 749 000	29.81
Venezuela (b)	474 791 400	141 729 000	19.88

<sup>(</sup>a) Public Health and Social Security. (b) 1960-61.

penditures differ considerably in these countries due to the nature of programs and services provided, the data indicate that the per capita expenditures in U.S. dollars are in general sizeable with two in excess of \$25.00 per capita, one almost \$20.00, and four others over \$7.00 per capita. The comparison of these expenditures with those provided for the previous report on health conditions (2) indicates that the amounts are much larger in nearly all countries which may be attributed in part to the provision of data in accordance with a broader definition of health services, as well as to an increase in services.

## ACTIVITIES IN GENERAL AND SPECIALIZED HEALTH SERVICES

Organized health services in communities are offered through health centers, through out-patient clinics of hospitals, dispensaries and emergency and mobile units. The information received for this report on health facilities and the service rendered in them is not strictly comparable in the countries and areas of the Americas. Definitions of the types of units vary and the amount of care provided by a specified type may differ widely. Reporting on health centers and establishments for general ambulatory out-patient care was limited in summaries for some countries to official establishments of the Ministry of Health. In other countries without centralized reporting of units within the country it was extremely difficult

to obtain complete data. However, the data, even though limited, do indicate the efforts being expended to develop health services in the Americas.

In Table 52 is shown the number of health centers in each country or area for a recent year, together with the number of persons attending, or the total number of visits made to the centers. As a rule, "health center" refers to local official health services. It usually refers to an organized center with sufficient trained personnel to offer generalized health supervision, in some instances including curative medicine. Increases in the numbers of health centers have occurred in most countries in the four-year period. For a few countries the large proportions served through

<sup>(</sup>b) A Study of Health Costs, WHO.

<sup>(</sup>c) 1958-59. (d) 1959.

<sup>2/</sup> Summary of Four Year Reports on Health Conditions in the Americas, PASB, Sc. Pub. No. 40, 1958.

TABLE 52. HEALTH CENTERS AND INSTITUTIONS FOR GENERAL OUTPATIENT CARE IN THE AMERICAS, 1960

					INICAD, 1900						
		Healt	ı ce	nters	Hospi	ital clinic	cs	Other units			
Area	Year	Number		ersons served	Number	Perso serv		Number		ersons erved	
Argentina (a)	1959	18		291610	133	166	38714	204		1 403 706	
Bolivia	1960	90	1		8			45			
Brazil	1960	b) 2303						l			
Canada	1958	c) 213	1		1127	3 5 4	17442				
Chile	1960	]	**	4 130 462				370	d)*	633 535	
Colombia	1960	757	*	4941475						• • •	
Costa Rica	1959	67	*	132 312	15			68		• • •	
Cuba	1960	126				i		44			
Dominican Republic	1960	2	e)	7418	j			178			
Ecuador	1959			• • •	63	7:	11346	69		198811	
El Salvador	1960	66		223 620	11	29	96 760	16		• • •	
Guatemala	1960	58		196 352	24	f) 2:	11824	1		18327	
Haiti	1960	14		76742	21	1′	73974	157	1	150 355	
Honduras	1960	28		129930							
Mexico	1960	g) 1388	*	4142915	456	h) 4:	16 178	483	h)	221916	
Nicaragua	1960	37		80 398	26	i) (	39 094	22			
Panama (a)	1960	35	h)	54 264	15	50	06 453		j)	271817	
Paraguay (a)	1960	56	*	430 545				99	*	152572	
Peru (a)	1960	71		• • •	<b></b>			493			
United States	1959	1 109		• • •	6 200	h,k <b>)*6</b> 500	00000		1		
Venezuela	1960	1) 398		1614446	43	34	46 586	62	h)	1 290 229	
Bahama Islands	1959	_		-	1		28 445	32	*	35 673	
Bermuda	1960	_		~-	-		-	_		-	
British Guiana	1960	130	*	102 700	f) 6		72 569	35	h)	124930	
British Honduras	1960	24			7	1	34 862	26	h)	19 859	
Canal Zone	1960	6		52 867	43	1	16 827	2		14677	
Falkland Islands	1960	-		-	_	*	3 280	2			
French Guiana	1960						• • •	24		13819	
Guadeloupe	1960	_		_	8	*	6142	41	*	61 439	
Martinique	1960		1					29		7671	
St.Pierre and Miquelon		-		-	1		9 0 7 5	1		431	
Surinam	1960	2	1		• • •		• • •	44	1		
Virgin Islands (U.K.)	1959	-		=	1	*	796	9	*	2 829	
West Indies Federation			١.						}_		
Antigua	1959	3	*	67922	1	l		16	*	44 797	
Barbados	1959	3	*	113213	1	* 1	16 351				
Dominica	1960	3	*	8 3 3 1	-		-	26			
Grenada	1960	30	-	::				9			
Jamaica	1960	64	1	253066	22	] 2!	53771	78	m)		
St. Kitts - Nevis -	1	1	l								
Anguilla	1959		1.		• • • •	Ι,	• • •	15		9 963	
St. Lucia	1959	15	*	73411	•••	m)	• • •	•••	m)	• • •	

<sup>\*\*</sup> Visits of adults only. Total visits.

<sup>(</sup>a)

Institutions of Ministry of Health only. (b) Official health services. Estimated number of health units with a full-time medical officer in 1960. (c)

No attendance figures for 353 rural posts. (e) Health center of Santo Domingo only. (d)

Year 1958. (g) Excluding Federal District. (h) Incomplete, not all units reporting on (f) attendance. (i) Year 1959. (j) Social Security. (k) Excluding Federally operated clinics; including hospital clinics and outpatient diagnostic and treatment centers.

<sup>&</sup>quot;Medicaturas rurales". (m) Included under health centers. (1)

health centers or other official health units can be easily seen. The data from the National Health Service in Chile, through which both health services and curative medicine are provided to over 70 per cent of the population and health services also to the rest, indicate that a large part of the population takes advantage of the available health services. Adults made over 4 million visits to centers or clinics during 1960. This gives a ratio of 0.9 visits per adult in Chile. The ratio of visits by children to the total child population is close to 1. No differentiation was made between health centers, hospital and other clinics.

In Colombia the numbers of health units is large (757) and the ratio of visits to total population is approximately 0.4. These 757 units are of varying types. Thirty-two pilot health centers have full-time personnel trained in public health, including a physician, nurse-midwives, supervisor of sanitation, sanitary inspectors and nursing auxiliaries. Maternal and child health services, epidemiology, environmental sanitation, dental health, statistics, auxiliary services and medical care are included in the programs of the center. In addition, ten municipalities operate their own health centers. Another 641 centers have parttime physicians and furnish basic services in maternal and child health, epidemiology, environmental sanitation, dental care and medical care for adults. In seventy-four other units only limited services are furnished by a nursing auxiliary and health inspectors, with only periodic visits by a physician.

Brazil also reported on large numbers of official health services, but without details on their activities.

For at least half of the countries, hospital outpatient clinics were reported to have an important role in supplying medical care to a population. These clinics were usually more numerous than health centers, since they serve smaller geographical areas and in some instances the attendance was sizeable. In Canada, 3.5 million persons attended hospital clinics and in the United States an estimated 65 million visits were made to 4,400 hospital clinics reporting on their services. From almost 2,000 more hospital clinics in the United States there were no data on attendance. For Argentina, reports for establishments of the Ministry of Health also indicated a large attendance at hospital clinics.

Other units supplying general health care have been included under "Other" in Table 52. These include a few polyclinics and dispensaries, first aid stations, many rural health posts and in some countries a few mobile health clinics.

A section of the questionnaire was also devoted to specialized health services. These included primarily maternal and child health, occupational health, rehabilitation, school health, mental health, dental health and tuberculosis. Data for services reported

TABLE 53. TUBERCULOSIS CONTROL ACTIVITIES IN

THE AMERICAS, 1960												
A	Number	Persons	assisted	Number	Number							
Area	of clinics	Number	Visits	of X-rays	receiving BCG							
Argentina (a) Bolivia Brazil Canada Chile Colombia Costa Rica Cuba Dominican Republic El Salvador Guatemala Honduras Mexico Nicaragua Panama Paraguay	4 168 d) 1 10 5	14 177 b)95 765 563 079 461 225	88 085 20 724	1360 560 1494 333 590 772	25 105 3 033 835 170100 143 030 c)165 418 17 567 66 845 657 063 36 721 19 723 3 212 67 194 e) 13 967 6 388							
Peru United States Venezuela	27 1191 297	f) 7966 789916	137 738	•••	g) 74 673 472 824							

- (a) For Ministry of Health only. (b) Tuberculosis cases.
- (c) Provisional. (d) Mobile unit. (e) Incomplete.

(f) New cases. (g) 1959.

in maternal and child health programs appear in Chapter II. For most other fields, little information is available. However, for three—tuberculosis, mental and dental health—data have been summarized for countries and other areas reporting on their programs.

TABLE 54. MENTAL HEALTH SERVICES IN THE AMERICAS, 1960

Ārea	Number of	Person	s treated
- Mica	clinics	Number	Visits
Brazil Canada (a) Chile Colombia Cuba Panama Paraguay United States (a) Venezuela (a)	 87  2 2 1 1009 8	*45 136 7 376   445 	130 049 293 655 50 178 110 932  2 846
Bahama Islands Bermuda British Gulana Canal Zone French Gulana (a) Guadeloupe Martinique St. Pierre and Miquelon Surinam West Indies Federation Barbados	1 1 2 1 1 2 6 1 2	88  85  12 	b) 600 500  1801 1805 2083 42 

<sup>(</sup>a) 1959.

<sup>(</sup>b) Estimated.

The tuberculosis program in many countries is integrated with general activities of health centers and units. For this reason, in some countries data may not have been included under specialized services. The information supplied on the number of clinics, persons examined, and clinic visits is shown in Table 53. Mobile X-ray units are operated in a few countries, and the numbers of X-rays taken were reported. The extent of immunization with BCG is considerable. In almost all countries a sizeable number of vaccinations were performed and in several countries with the lowest numbers of vaccinations extensive programs were carried out in the earlier years of this four-year period.

Mental health activities are known to be extremely limited in many parts of the Americas. Only nine countries included any information in their reports on numbers of clinics and visits (Table 54). In the United

TABLE 55. DENTAL HEALTH SERVICES IN THE AMERICAS, 1960

	Number	Persons	treated	Population with
Area	of clinics	Number	Visits	fluoridated water
Bolivia	6			-
Canada				1316700
Chile			2008476	208 272
Colombia (a)	345	469 349	760 257	
Costa Rica	26	48 099	76240	_
Cuba	8			-
Dominican Republic	2	4 430	8591	_
Ecuador			42 310	_
El Salvador	34	45 804	70914	c)
Guatemala	11	3872		_
Haiti	[		44915	i -
Honduras (a)		2791	<i>:.</i>	_
Mexico	120	177 828		_
Nicaragua		194		
Panama.			d) 20001	-
Paraguay	138	31703	301 008	180 372
Peru	71	114 465	187711	6 000
United States (a, e)		f)531424		• • • •
Venezuela	58	190 270	416 144	-
Bermuda	3		7328	-
British Guiana		63 622		-
British Honduras	69		1 190	
Canal Zone	2		15 104	41 891
Falkland Islands	1			-
French Guiana	1			• • •
Puerto Rico (a)	• • • •	20 0 3 8		-
St.Pierre and Miquelon	1	2 229	2 9 2 5	_
Surinam	7	19 820		-
West Indies Federation	İ			l l
Antigua	99		10100	] -
Barbados	3	f) 8263		-
Dominica	2		•••	-
Grenada	7	4000	• • •	l -
Jamaica (a)	37		116893	ĭ -
St. Kitts-Nevis-		ļ.		
Anguilla (a)	89	4215	5 484	-

<sup>(</sup>a) Year 1959. (b) Two cities with fluoridated water supplies.

TABLE 56. NUMBER OF PUBLIC HEALTH LABORATORIES AND NUMBER OF LABORATORY EXAMINATIONS IN THE AMERICAS, 1957-1960

					RICAS, 1957-1960					
Area		Numb abora			Nur	mber of e	xaminati	ons		
	1957	1958	1959	1960	1957	1958	195 <b>9</b>	1960		
Canada	38	38	38	41	5 872 182	5737717	5 929 106	6 109 485		
Chile	1	1	1		2708319					
Colombia	3	3	24		5 9 6 8					
Costa Rica	26	26	26	26						
Cuba	l				56 402					
Dominican	١	•••		٠	00 102	02012	1 ,000	110 001		
Republic	1	1	1	1	139 127	187 543	212 253	219 474		
Ecuador	23	23	23	23	303 570					
El Salvador	17	15	19	19	245 085					
Guatemala	12	12	12	12	108 708					
Haiti	15	15	15	15						
	10	10	1	ro	82 895					
Honduras	101	101	100	100	97 196					
Mexico	121	121	133	136			1 083 436			
Nicaragua	54	44	34	34	90578					
Panama	1	1	12	14	75 122	90 433				
Paraguay	1	1	1	1	84 163		1			
Peru	2	2	2	2	247991					
United States (a)	182	182	182	182			25000 000			
Venezuela	59	59	59	62	1276774	1 448 754	1 627 559	1 490 552		
Bahama Is. (b)	1	1	1	1	20519	25 685	25 505			
Bermuda	2	2	2	2			l	l		
British Guiana	7	7	7.	7	113874	134 334	158 237	180 027		
Canal Zone	2	2	2	2	95 755	453 079	474 719	404 599		
Falkland Islands	-	-	-	_	-	_	-	-		
French Guiana	1	1	1	1	23 806	20 448	22 355	24 974		
Guadeloupe	2	2	2	2	109 167	120 101	152 909	175 820		
Martinique	1	1	1	1	258 182					
Netherlands										
Antilles	2	2	2	2						
St. Pierre and	Ĭ	_	_	ا آ	'''!	•••		• • • • • • • • • • • • • • • • • • • •		
Miquelon	1	1	1	1	5 662	5 808	4 826	9 329		
Surinam		_		6	0002	5000	4020	0 020		
Virgin Is. (U.K.)	···i	···i	1	1	2 0 1 9	1578	1254	•••		
West Indies				-	2019	10.0	1201	• • • •		
Federation					1					
Antiqua	1	1	1	1	18 798	20 360	24 777	24 884		
	1	1 1	1	i						
Barbados				-	17 183	32 520	39 761	45 236		
Dominica Company	1	1	1	ī	-	-	-	-		
Grenada	1	1	4	4	• • • •	• • •	•••	•••		
St.Kitts-Nevis-	_		إرا	<u>ار</u> ا						
Anguilla (b)	1	1	1	1						
St. Lucia	2	2	2	2	13 222	14 461	23 981	• • • •		
	-				<del></del>					

<sup>(</sup>a) Number of laboratories for 1957-1959 estimated on basis of 1960 figure.

States and Canada relatively large numbers of clinics are operated, but in the Latin American countries they are very few. Clinics also were more frequently in existence in the territories of the United Kingdom and France than in Latin American countries. The small numbers are not unexpected in view of the small number of beds available for treatment of mental illness.

Dental health services were apparently more likely to be considered as specialized than those in other fields. From many countries and areas there were reports on numbers of clinics and visits (Table 55). Additional information was given on the populations supplied with fluoridated water.

Public health laboratories have many functions of which one is to assist the clinician in diagnosing disease. In public health activities laboratories help

<sup>(</sup>c) One city with fluoridated water supplies. (d) Services.

<sup>(</sup>e) Incomplete. (f) For children and maternity patients only.

<sup>(</sup>b) Hospital laboratory performing both public health and hospital examinations.

TABLE 57.	NUMBER OF EXAMINATIONS IN PUBLIC HEALTH LABORATORIES
	BY DEPARTMENT IN THE AMERICAS, 1960

Area	Total	Bacteri- ology	Chem- istry	Hema- tology	Parasi- tology	Pathol- ogy	Serology	Urology	Virology	Other
Canada	6 109 485	a)3 059 633	576 547	445 083	55 523	177 264	1 683 627		58 020	53 788
Colombia	516825	34			b)510285	2881	130		622	2873
Costa Rica	435 717	75 156	• • •	202 809	100 607		57 1 <b>4</b> 5			
Cuba	146 391	1518	609							c)144.264
Dominican Republic	219 474	8664	85 372	18 346	39 129	1947	66 0 16			
Ecuador	429 318	19 227	• • •		72 117	l	146 829			191 145
El Salvador	245 124	58 183	• • •	6450	42 797		135 987			1462
Guatemala	101077	19 569	• • •		33 454		48 054			
Haiti	125 099	43 482		35	21531		35 135	24916		
Mexico	1319904	39 390	<b>37</b> 630	205 651	191910	288	774 509	34 315		36211
Nicaragua	260 358	9 240			95979		48 384	86 090		20 665
Panama	82 372	18925	<b>4 44</b> 8	9 208	13 316		21888	14 537	• • •	50
Paraguay	47 27 1	1839	5 524		2 896		36 679		• • •	333
Peru	218758	9 2 1 9				4819	150744		• • •	53976
Venezuela	1 490 552	128 652	•••	192 242	260 786		788 640	• • •	<b>1</b> 50	120 082
British Guiana	180 027	80 197	11710	68 446	10833					8 8 4 1
French Guiana	24,974	5 867	5944	5700		148	7 315		•••	
Martinique	260 371	8 166		28 110	11 338		74 588			138 167
St. Pierre and Miquelon	9 329	704		6391	420		_			1814
Virgin Islands (U.K.)	1254	706		381		123				44
West Indies Federation		100	• • • • • • • • • • • • • • • • • • • •		'''		, , ,			
Barbados	45 236	5 639		2 671	1095		29 781	5 088		962
St. Lucia	23 981	1 423			13 480		7 056	•••	•••	2 022

(a) Includes 2,074,086 diagnostic tests and 985,547 sanitation examinations. (b) Includes 509,918 for malaria.

(c) General clinical analyses. (d) Year 1959.

to protect the individual and community from contamination of water, food and air, and impurities of drugs and medicine. In addition, examinations are performed to identify the agents responsible for communicable diseases and epidemics. Development and strengthening of laboratory services in the Americas will both improve the quality of medical care and produce more reliable information on morbidity, mortality and environmental conditions which is so urgently needed for evaluation and planning in the health field.

The Four-Year Reports from many countries contained information on the numbers of public health laboratories and on examinations performed during the period. In many countries the number of examinations increased considerably during the short span of four years. Available data are shown in Table 56 for the period 1957-1960.

For the year 1960, numbers of examinations in these laboratories are distributed in Table 57 by department. The four principal fields in which the laboratory work was performed were usually bacteriology, hematology, parasitology and serology. Bacteriological examinations included both clinical diagnostic tests and determinations of products for environmental

sanitation. In the Latin American countries large numbers of parasitological examinations were made. In Colombia almost all were for identification of malaria. In only a few countries were virus studies reported, and from relatively few was work in pathological diagnoses indicated. However, only public health laboratories were included, with the exception of a few joint hospital and public health laboratories.

Although data on general and specialized health services are difficult to obtain, they are useful in health planning. In each country, methods need to be evolved for measuring the attention required and directed to general and specific problems of health and disease. Development of centralized collection of statistics is not to be recommended for all countries because of differences in the sources of health care, whether federal, regional or local government, voluntary or private. However, in the smaller countries of the Americas, and those in which most care is offered through government sources, this may be the best method. In others, survey methods may be the advisable ones to gain knowledge of the health situation and investments in care.

## IMPORTANT EVENTS AND CHANGES IN ORGANIZATION OF NATIONAL HEALTH SERVICES

Many National Health Services reported important events and changes in organizational structure in answer to questions in Part A of the questionnaires which have been summarized.

#### **ARGENTINA**

The Ministry of Social Welfare and Public Health has delineated health programs establishing priorities compatible with actual needs and economic possibilities of the country. These programs are intended to prevent diseases, promote health and rehabilitate the handicapped. The following principal accomplishments are reported for the period 1957-1960. A Special Committee was created in order to coordinate and centralize efforts in the campaign against tuberculosis. Also, agreements were arranged with the provinces to increase knowledge of the problem and intensify treatment programs. Compulsory poliomyelitis immunization of children 2 months to 14 years of age was established. Campaigns against hydatid disease and Chagas' Mazza disease were carried out. Although only sporadic cases of smallpox occur in the country, plans are under way for vaccination of 15,600,000 persons against smallpox in six months. It is expected that Aedes aegypti eradication campaigns will be finished in 1962. The extensive program for the eradication of malaria is continuing. The National Leprosy Program was submitted to Congress for sanction into an Act. A National Plan of Maternal and Child Health was established for the country with special attention to the reduction of morbidity and mortality from gastro-intestinal diseases.

#### BRAZIL

Since its separation from the Ministry of Education in 1954, the Ministry of Health modified its structure in only one point: the creation of the National Department of Rural Endemics in 1957. The medical and health activities are under the state governments or the federal government, jointly with other institutions outside the governments. In general all, or almost all, health programs are long-term ones. At the national level, they include the development of the following campaigns: tuberculosis, leprosy, vaccination, promotion of activities of maternal and child care institutions, environmental sanitation, rural endemics including malaria eradication, to mention only a few. A short-term program for the mass vaccination against small pox is to be carried out in 1962.

#### CANADA

During 1957 some internal rearrangements took place in the Health Services Directorate. As a result. the work of the Directorate is now carried on by an administration section, by five main health sections, each of which is headed by a principal medical officer and by a number of consultant divisions covering special fields. In a broader context it may be said that just as the pattern of the social and economic organization of the country is subject to constant and progressive change, health services cannot remain static and must also undergo appropriate changes necessary to the needs of the times. With the introduction on a national scope of the Hospital Insurance Program, the setting up of the Royal Commission on Health Care took place. The Hospital Insurance and Diagnostic Services Act came into force on May 1, 1957. This act empowers the Minister of National Health and Welfare to enter into agreements with the provinces to make insured services available to all residents, to ensure maintenance of adequate standards in hospitals, to maintain adequate records and accounts, etc. In 1958, federal assistance under the Hospital Construction Grant was increased to \$2,000 per hospital bed and beginning with the fiscal year 1959-60 a redistribution and merging of certain of the health grants was expected to provide a more flexible measure of assistance and make larger amounts available where additional amounts were necessary. In the field of maternal and child health, an Advisory Committee to the Minister of National Health and Welfare was established in 1958. The Emergency Health Services Division was created as part of the Health Service Directorate in 1959 to coordinate the emergency health planning of the Department. In the field of radiation protection an expansion in departmental activities occurred in 1959.

## CHILE

Health activities continued to be promoted mainly by the National Health Service, which pursued a policy of integration. In this Service, policy making is centralized in the Public Health Department; execution is centralized in the zones, which are responsible for coordination, and in the hospital areas and their dependent services, which are responsible for both preventive and curative activities. In the matter of health legislation, Law 10,383, which established the National Health Service, was supplemented by further rules and regulations aimed at strengthening it.

The earthquake in early 1960 which affected eleven provinces and seven out of thirteen health areas, or about one third of the population, while a catastrophe, did bring about a quickening of planning for physical and administrative reorganization. This first step towards a national health plan within the framework of a development plan was recently strengthened when a Planning Board and a Planning Unit were established at the policy-making level. The Planning Unit is already working on immediate and long-range solutions.

#### **CUBA**

In recent years, new objectives are being proposed for health policies based on a technical-scientific reorganization. Plans have been made and are being implemented for re-structuring the Ministry, maintaining centralization with respect to regulations, standards, planning and specific goals. To attain these goals, administrations have been set up at the regional level to control decentralization and implementation of technical and administrative matters in the zones. During the first two years, 3,546 professional posts have been established for dentists, pharmacists, nurses and specialized technicians. The following is the most important new legislation on public health: in 1959, the incorporation of the National Organization of Children's Dispensaries in the Ministry of Health; in 1959, establishment of the Section of Nutritional and Metabolic Research; in 1960, the law to establish the technical-administrative organization of the Ministry of Health with the following programs: health promotion and protection; preventive and curative services to mother and child with special emphasis on prevention of diseases; protection of adolescents and youths and promotion of their healthy growth; regulation of medical aspects and requirements for physical education and sports; improvement of environmental sanitation both rural and urban; improvement of health conditions of workers; epidemiological control of diseases; control of food, beverages, drugs or other substances which might influence health; collection of the required statistics, promotion of education and dissemination of health materials; establishment of regulations for construction and maintenance of hospitals and health services in industrial plants; establishment of regulations for a steady development of health services incorporating the progress of science; promotion of medical research, and promotion of national drug production.

## EL SALVADOR

The Committee for Economic Planning was established in August 1959, and subsequently the Council of Ministers created the Health Planning Board. Both the Committee and the Board are cooperating agencies of the ministries. Other changes reported in administration are included in the chapter on environmental sanitation.

#### HAITI

A Department of Population was created in the Department of Public Health. The Social Aid Service, formerly under the Department of Public Health, has been abolished with the creation of a Social Welfare Service. Changes have been made in the organization and Regulations of the Public Health Department. An extensive project in rural medicine has been studied and planned to be initiated through a pilot project. The program for the eradication of yaws, which was started well before 1957, is now in the final surveillance phase.

#### HONDURAS

The main event in the public health field was the approval in 1959 of the National Plan for Public Health. When it was put into effect, it brought about changes in structure and administration. The "Dirección General de Sanidad" that was under the Ministry of Government and Justice was transferred to the Ministry of Public Health. Divisions and normative and executive departments were created.

The country was divided into seven health districts, of which two had functioning health services and one was being organized. Centers, sub-centers, health posts and maternal and child health clinics were created in the health districts. A new system of statistical information was introduced. The program of control of leprosy was started in the southern part of the country. Laws required the iodization of salt and the enrichment of wheat flour with vitamins and minerals. Projects of regulation of milk and of water supplies and sewage systems were approved.

### MEXICO

In 1958 the Ministry of Health and Social Welfare made certain changes in its structure in order to promote health activities throughout the country. It created the Department of Public Health Services with jurisdiction over all agencies of the Ministry engaged in health work. The technical activities which had previously been distributed among other executive agencies, of which the four most important were the Bureau of Coordinated Health and Welfare Services; Bureau of Rural Social Welfare; Bureau of Rural Cooperative Medical Services; and Bureau of Health in the Federal District, were transferred to this new Department.

In June, 1959, two Undersecretariats were established, one for health and the other for social welfare. The appropriate machinery for coordination was also established. The Department of Public Health Services in States and Territories coordinates and supervises the activities of the Bureaus of Coordinated Services both of Health and of Welfare, as well as the rural and cooperative medical services, and those of epidemiology and health campaigns.

There is now a medical care department, a social welfare department and a public health department in the Federal District. The Department of Public Health Education integrated with the Health Education and the School of Public Health, and has jurisdiction over all the agencies engaged in training of personnel, whether elementary, professional, or advanced. The Maternal and Child Health Department, the Department of Mental Health and Rehabilitation, which was combined from those of Neurology, Psychiatry, Mental Health, and Rehabilitation, and the Department of Nursing and Social Work have policy-making functions in their respective fields.

#### **PANAMA**

During this period, the Falk Plan on the health situation was submitted with recommendations. The plan for the three health regions was adopted in the budget. Although the directors have been named, the plan has not been implemented. Later, a commission on public health was appointed, which made recommendations. The anti-tuberculosis campaign initiated during this period will make an impact on this problem.

#### PARAGUAY

The principal activities of the Ministry of Public Health and Welfare were given in outline form and included the following: in 1957, program of control of leprosy, plans for eradication of malaria, for development and improvement of the health services and regionalization, for eradication of smallpox, anti-rabies campaign, decree creating the National Council of Nutrition, resolution creating full-time work for professional technicians (dedicación exclusiva), resolution creating the Commission for Fellowships; in 1958, decree for iodization of salt, decree establishing requirements for the profession of nursing; in 1959 decree reorganizing the National Committee of Vital and Health Statistics, decree creating a Commission with representatives of the Ministries of Public Health and Agriculture charged with planning and coordinating the work in zoonoses and control of foods.

#### PERU

The most outstanding events in health administration during the period 1957-1960 were the reorganization of the Ministry of Public Health and Social Welfare and the enactment of the following legislation: on 14 June, 1957, the Ministry was reorganized by Decree, on the following basis: technical centralization and administrative decentralization, acknowledgement of public health as a specialty and guaranteed security of tenure of staff, promotion of active community participation in health and welfare programs, and more effective coordination of central policy-making

agencies with peripheral executive agencies. Under the jurisdiction of the Department of Health are the Divisions for Health Areas, Policy-making Technical Services, Pharmacy, Administration and Nutrition. The two most important are those for Health Areas and Policy-making Technical Services. The first is responsible for creating, organizing, developing, and directing the local services and for formulating programs; and the second is responsible for establishing the policy directives that guide the activities of such local agencies. The most important plans and programs initiated, under way, or formulated between 1957 and 1960 are as follows: malaria eradication; five-year smallpox eradication plan; health education plan of the Institute of Occupational Health; hospital construction and reconstruction plan; national health plan; plan to expand tuberculosis control throughout the country.

#### THE UNITED STATES

The most significant event with respect to national health administration during the period under review was a Study of the Organization and Future Mission of the United States Public Health Service. Over the past few years the national health programs and needs have changed at an accelerated momentum. In order for a national health agency to meet the changing health needs of the the citizens, the administrative organization must be changed accordingly. In recognition of this fact, the Surgeon General, in January, 1960, appointed a Study Group to determine how the Public Health Service might better meet the changing health needs of the American people. The Study Group made an intensive review of: 1) present functions and responsibilities of the Public Health Service; 2) national trends in health problems, manpower, facilities; 3) methods available for dealing with health problems; and 4) studies by other groups of national health problems and needs.

The group sought to evaluate the major functions of the Service with reference to their probable significance in meeting the future health needs. The group identified the following areas in which increased public and private effort would be needed and most likely to occur: 1) research in biological, medical, environmental and social sciences; 2) application of present and future research findings; 3) development of health resources, in terms of manpower and facilities for all pertinent areas of research, training and service; 4) environmental health; 5) comprehensive health care, including disease control; 6) national systems of vital and health statistics and related data; 7) collection, storage, retrieval and dissemination of scientific literature in fields pertinent to health; and 8) health information and education of various publics.

Progress was reported on the following specific activities. Medical care needs of the aged resulted in

amendments to the Social Security Act in 1960 whereby federal matching grants to the states were authorized for care of the medically indigent, including payment for certain services. The continuing National Health Survey, a division of the National Center for Health Statistics, was authorized in 1956. Comprehensive statistics on health and illness are compiled for the general population of the nation through household interviews, medical examinations of a sample of the population, and special surveys.

The first National Conference on Air Pollution was held on November 18-20, 1958, and the first National Conference on Nursing Homes and Homes for the Aged in February 1958. Substantial progress has been made in the construction of general hospital beds and facilities throughout the United States, and also in health services for children during the period. Public health implications of ionizing radiation from the environment have been receiving increasing attention. Major activities in the field of radiological health include research, epidemiological studies, radiation monitoring of air, water, milk and food, training of radiological health specialists, and technical assistance to states on radiation safety measures.

#### **VENEZUELA**

When the National Health Service was organized by departments, some agencies were merged into two new departments, which was the most important change in the central organization of the Ministry in recent years. The Department of Social Affairs and Autonomous Institutes, established in August 1958, is responsible for the study of social problems that have a bearing on the health of the population, and for the preparation and execution of plans and programs. It now includes Divisions of Community Organization and Development, of Emergency Allowances, Civil Defense, and of Social Work, as well as the six autonomous Institutes attached to the Ministry. The Department of Malariology and Environmental Sanitation established on 5 December 1960, includes the Division of Malariology and the Division of Sanitary Engineering which were previously part of the Department of Public Health, as well as the Rural Housing Program, which was begun under the Department of Social Affairs. The new Department is now composed of the Division of Sanitary Engineering, Rural Endemic Diseases, Rural Water Supply, Rural Housing, and of Hookworm and Other Helminthic Diseases.

Important expansions took place in the Department of Administration with a view to modernizing and improving its systems. At the local level, the most important event was the establishment of the health region of Yaracuy State, which combines the medical and health services under a single direction.

The Central Office of Coordination and Planning (CORDIPLAN), established in May 1959 under the Office of the President, has been responsible for the studies required to formulate the National Plan for

the period 1961-1964. CORDIPLAN collects basic information for estimating the needs of services, funds, personnel, and establishing future goals. The document of this agency entitled "Four-Year Plan No. VII - Health" contains the national targets for medical and public health services.

#### **BARBADOS**

In 1959 the Local Government Act (1958) and the Public Health Act (1954) were both put into effect. The first is an Act to make better provision for social government and the second is to consolidate and amend the Acts of the Island to place responsibility for sanitation on the Local Government Councils in place of eleven Boards.

#### **BERMUDA**

Administrative and clinical services were closely linked by the consolidation of all divisions in the new Medical and Health Department.

#### BRITISH GUIANA

Progress in maternal and child health service can best be appreciated by reference to the award of the Dennis Geffen Rose Bowl by the National Baby Welfare Council of the United Kingdom.

#### BRITISH HONDURAS

The most significant health program initiated during the period was the conversion of malaria control to malaria eradication.

#### **DOMINICA**

In a ten-year development program it is proposed to build and staff a network of health centers, to double the number of hospital beds and to expand existing maternal and child welfare services to cover the whole island.

### FRENCH GUIANA, GUADELOUPE, AND MARTINIQUE

The health programs carried out in this period have emphasized the extension and improvement of hospitals and medical care, the creation of dispensaries for preventive medicine with intensification of programs against communicable diseases, mainly tuberculosis, leprosy, intestinal parasitism and reduction of infant mortality.

#### ST. LUCIA

With the introduction of the ministerial system of government, the general direction of the medical services was vested in the Minister of Social Services instead of, as previously, in the Administrator.

#### SURINAM

Legislation concerning the leprosy service, the reporting of communicable diseases, the inspection of foodhandlers and the distribution of milk was passed.

#### RESEARCH

Activities in medical and health research have been increasing in many countries of the Region, both in Ministries of Health and in private institutions. Replies from nine countries and five other areas of the Americas emphasized various aspects of their programs. Some called attention to creation of special national committees and institutes for research; others pointed out studies in progress in the years 1957-1960; and others reported on increases of funds to support research activities.

In eight of the countries special research institutes

were functioning under the direction of the Ministries of Health. These institutes were concerned with studies in microbiology, in rural endemic diseases, such as malaria, schistosomiasis, and Chagas' disease, in research on cancer and leprosy and on nutrition. Within some of the Ministries, research on administrative aspects of health services, on reduction of morbidity and mortality and on social factors was also under way. Nutrition received special emphasis in the reports and three of these nine countries reported separate research institutes for nutrition.

#### MAJOR HEALTH PROBLEMS

In the outline suggested for descriptive information in Part A, a section was devoted to "Major Health Problems." In general, replies tended to emphasize the broad problems, not usually those associated with a single disease, but rather those related to environmental, educational and socio-economic conditions.

Eleven countries listed major health problems. Given high priority in seven countries was the need for environmental sanitation. This was expressed in various ways, as the lack of environmental sanitation, lack of potable water, lack of sewerage systems or as the problem of excessive gastrointestinal infections in childhood. The nutritional status of the population was also mentioned as a major problem in six of the eleven countries.

Control of tuberculosis remains a major concern of health authorities in many countries, in spite of decreasing mortality rates. In five of the eleven countries this disease was considered as one of the five major health problems. Other diseases mentioned by two or more countries included cancer, cardiovascular diseases, respiratory diseases, mental disorders and intestinal parasitism.

Replies from those countries expressing needs only in broad terms usually included health education as a leading problem or referred to problems related to socio-economic conditions. Other situations detrimental to health which were listed included the lack of trained medical and technical personnel and the lack of medical care and health services. The uneven geographical distribution of personnel for health services was emphasized. One country placed stress mainly on need for proper planning, administration and coordination in the Health Services, together with sufficient numbers of full-time personnel and training facilities.

Among nine other areas in the Americas giving the same type of information, seven gave the same high priority to problems of environmental sanitation, four to tuberculosis and two to nutrition. Social problems of neglected children, care of the indigent, overcrowding in homes, poor socio-economic conditions, and mental health problems received more emphasis than in the countries. Diseases due to helminths, venereal diseases, leprosy, yaws, and schistosomiasis were among the problems mentioned.

## Chapter V

#### HOSPITAL SERVICES

The important function of a hospital is to provide medical attention for persons suffering from illnesses which can be treated more adequately in a hospital than in the home. The hospital serves as a center in which surgery, diagnostic techniques and other specialized procedures can best be performed. Directly or indirectly, according to its size or location, the hospital may have complementary activities in the promotion and protection of health. The hospital also has an important role in the preparation and training of medical personnel.

Data on the availability and utilization of hospitals are basic requirements for planning for medical care in a community or country and for assessing progress toward desired goals. The information presented in this report describes the number and types of facilities in the Americas with no attempt at defining standards as to the desirable numbers and types. Such standards can be determined only in relation to many factors such as the special health problems in an area, differences in medical practices, the availability and use of hospital facilities as well as socio-economic conditions.

#### HOSPITAL FACILITIES

The number of existing hospitals by type, is presented in Table 58. Hospitals for short-term illness, for pediatrics and for obstetrics have been classified as general hospitals. Thus, the total number of general hospitals includes not only those in which all types of services are rendered but also hospitals designed for specialities such as obstetrics, pediatrics and acute infectious diseases. For several countries the information pertains only to government hospitals. However, although the total is incomplete, there were reported to be 16,348 hospitals in the Americas for 1960. Of this total, 8,146 were in Northern America and 8,202 in Middle and South America. This latter figure is low due to exclusion of non-governmental hospitals in several countries and the total number of hospitals in Middle and South America is probably between 8,500 and 9,000.

For planning purposes the number of beds in hospitals in relation to population is a useful index. In Table 59 and Figure 27 are given the numbers of beds according to type of hospital and the numbers per 1,000 population. Of the 22 countries with data available, Canada reported the largest total number of beds per 1,000 population, 10.6. United States, Argentina, and Chile followed next in order with 9.1, 6.4, and 5.0 beds per 1,000 population, respectively. In two countries there was less than one bed per 1,000 population. However, in one of these two countries only beds in government hospitals were included. For several other countries, beds enumerated were also limited to those in hospitals of the government or ministry of health.

The numbers of general hospital beds ranged from 5.5 per 1,000 population in Canada to 0.4 in Paraguay.

FIGURE 27 TOTAL HOSPITAL BEDS PER 1.000 POPULATION IN THE AMERICAS, 1960 - DOMINICAN REP. 2.7 \* TRINIDAD AND TORAGO 4 F GRATEMALA 2.8 BRITISM GUIANA 4.7 SURINAM 7.0 COSTA RICA 5. FRENCH GUIANA 3.I BEDS PER 1,000 POPULATION LESS THAN 2 4 - 5.9 6 AND OVER ies beds in povernment hospitals only

TABLE 58. NUMBER OF HOSPITALS BY TYPE IN THE AMERICAS, 1960

TABLE 98. NUMBER OF HOSPITALS BY TYPE IN THE AMERICAS, 1900											
	[	ŀ			General		<b>,.</b>	[			
Area	Year	Total	Total	Pedia- trics	Mater- nity	Infec- tious diseases	Other general	Tuber- culosis	Leprosy	Mental	Other
Total		a) 16348	10 659	174	341	20	10 124	5	73	674	688
Argentina	1959	2 148	1987	30	118		1839		<b>8</b> 9	14	58
Bolivia	1960		99	1	6	1	b) 91	4.	1 2	1	1
Brazil	1959			<b></b>				l	l		<u>.</u>
Canada	1958		963		34	8	921	56	1	76	c) 205
Chile	1960	245	199	6	9		184	16	<b>l</b>	2	28
Colombia	1960	540	495	22	22	4	447	20	2	20	3
Costa Rica	1960	37	31		16		15	2	1	2	1
Cuba	1960	d) 67	50	5	3	1	41	7	2	1	7
Dominican Republic	1960		39	2	10		27	3	3	1	1
Ecuador	1959	75	58	4	3		51		14	3	-
El Salvador	1960		20	1	1	-	18	2	-	1	-
Guatemala	1960	132	126	36	33	2	55	3		1	2
Haiti	1960	31	22		1		21		4	2	3
Honduras	1960		20	1			19	2		1	
Mexico	1958						• • • •	]		• • •	• • • •
Nicaragua	1960	27	26	-	-	-	26	-	-	1	-
Panama	1960		24	1	-	-	23	1	-	1	-
Paraguay	1960		17		• • • •	1	16		l	1	1
Peru	1959	210	188	1	7		180		10	4	8
United States	1959	6 845	5 707	55	51	-	5 601	273	1 1	502	362
Uruguay	1960		54	2	2	• • •	50	10	.3 I .	2	
Venezuela	1960	293	257	6	11	1	239	16	2	18	-
Bahama Islands	1960	2		_	_	_	1	_	_	1	
Bermuda	1960	ĺί	1	_	_		1		-	_	
British Guiana	1960	27	24	_	_	_	24	1 1	1 1	1	-
British Honduras	1960		6	_	_	_	6	-	1	1	1
Canal Zone	1960		Ž	_	_	_	2	l <u>-</u>	l 1	î	
Falkland Islands	1960	ĺ	l ī	_		_	1	l _	_	_	_
French Guiana	1960	4	3	_	_	_	3		1 1	_	_
Guadeloupe	1960	21	19	1	3	_	15	-	1	1	_
Martinique	1960	15	13	_	5	_	8	1	-	1	_
Netherlands Antilles	1960	e) 7	4	-	_	_	4	1	1	1	-
Puerto Rico	1958	131	115	-	_	-	115	9	1	3	3
St.Pierre and Miquelon	1960	3	2		1	-	1	-	-	1	-
Surinam	1960	20	15	-	_	-	15	1	3	1	-
Virgin Islands (U.K.)	1960	1	1	] -	-	-	1	-	-	-	-
Virgin Islands (U.S.)	1959	3	3	-	-	-	3	-	_	-	-
West Indies Federation								1			l
Antigua	1960		1	-	_	-	1	-	1	1	1
Barbados	1960		2	-	1	_	1	-	1	1	-
Dominica	1960		4	-	-	_	4	· -	1	1	j -
Grenada	1960		5	-		2	3	1	-	1	;
Jamaica	1960		23	-	1	-	22	2	1	1	1
Montserrat	1957	f) 1	1	-	-	-	1	-	-	_	_
St. Kitts-Nevis-	1050	<u>،</u>	l ,			1	,				
Anguilla	1959		4			• • • •	4				
St. Lucia	1960		4 5	-	- 1	-	4	1	-	1	1 1
St. Vincent Trinidad and Tobago	1957 1960		2	_	1 2	_	1 19	1 3	1 1	1 1	1 1
Trinidad and Topago	TAGO	∠6	21	<u> </u>			18	3_	<u> </u>		

<sup>(</sup>a) Includes 2,622 hospitals in Brazil and 1,132 hospitals in Mexico not distributed by type. (b) Includes 42 health center hospitals. (c) Includes orthopedic, chronic, convalescent, and other special hospitals. (d) Includes only government hospitals. (e) Includes hospitals in Curação and Aruba only. (f) Data are from Annual Epidemiological and Vital Statistics, 1958, World Health Organization, Geneva, 1961.

TABLE 59. NUMBER OF HOSPITAL BEDS BY TYPE OF HOSPITAL, WITH RATES PER 1,000 POPULATION FOR TOTAL BEDS AND GENERAL HOSPITAL BEDS IN THE AMERICAS, 1960

	1	TOTAL BEDS AND GENERAL HOSPITAL BEDS IN THE AMERICAS, 1900											
	1	Tota	l.			Genera	al hospi	tals		Tuber-	Leprosy	Mental	Other
Area	Year	Number	Rate	Tota		Pedi-		Infectious	Other	culosis hospitals	hos- pitals	hos- pitals	hos- pitals
				Number	Rate	atric	nity	diseases	general	- Drouge	Prices	pressue	Prode
Total	İ	2 462 410		1268 505		32 057	33 900	4701	1 197 847	<b>1</b> 71	523	921014	101 368
Argentina	1959	131 772	6.4	93 837	4,6	3974	3 002	• • •	86 861	12	105	18 290	7 540
Bolivia	1960	6 184	1.8€	4934	1.4	.78	233	42	a) 4581		206	380	
Brazil (b)	1959	233 503	3,4	130 203	1.9	11 628		2903	96 364		20 852	45 704	11518
Canada	1958	179 893	10.6	93 268	5.5		467	581	92 220		l 12	57 425	16 170
Chile	1960	37 869	5.0	23 444	3.1	1484	154	100		c) 4 505 2 825	1 1000	3 682	6238
Colombia Costa R <b>ica(d)</b>	1960	44 696 5 746	3.2° 5.1	33278 3954	2.4 3.5	2 138	820 311	109	30 211 3 643		1230 177	7200 1065	
Cuba		e) 15611	2.3	5748	0.8	1054	240	250	4 204		750	5 000	989
Dominican Republic (f)	1960	8 024	2.7	5 0 5 4	1.7	700	527	· ·	3 827		470	1000	500
Ecuador	1959	8 803	2.1	6 443	1.5	490	483		5 470		524	836	-
El Salvador(f)		g) 5211	2.0		1.6	125	169	'''	3844		Ĭ i	400	-
Guatemala	1960	10 627	2.8	9 582	2.5			163	9 419			950	95
Haiti	1960	h) 2316	0.7	1985	0.6		86		1899		312	19	
Honduras (i)	1957	3 5 3 1	2.0	3 083	1.7	-	16	-	3 067	448	Į <b>-</b>	-	-
Mexico (b)	1958	45 844	1.4	38 804	1.2	2.697	3411	508	32 188	1	-	3 174	895
Nicaragua	1960		1.8	2,660	1.8		-	-	2 660		-		-
Panama	1960	3964	3.8	2 4 1 2	2.3	116	_		2 296		-	1236	-
Paraguay (f)	1960	1397	0.8	780	0.4	1 :::	· · · ·	30	750		550	347 1 145	901
Peru United States	1959	23 086 1 612 822	2.2 9.1	19 061 736 883	1.8 4.2	561 6231	756 2,520		17 744 728 132		559 ! 351	755293	321 56 179
Uruguay (f)	1960	11 006	3.9	5938	2.1	l		-	5 9 3 8		084	2984	1
Venezuela	1960	26 029	3.6		2.6	744	927	40	16956	1	900	3616	• • •
y 0.1.0 2.40.14	] -000	20020		20001	A.0	'**		-~	10000			]	
Bahama Islands	1960	450	4.3	250	2.4	l -	-	-	250		-	200	-
Bermuda	1960	132	3.1	132	3.1	-	-	-	132				-
British Guiana	1960	p -	4.7/	1831	3.2	! -	-		1831		•••	834	• • •
British Honduras	1960	479 972	5.3/ 23.1	344 590	3.8 14.0	-	-	55	289 590		120	81 262	54
Canal Zone Falkland Islands	1960	32	16.0	32	16.0	[ <u>-</u>	_	-	32		120	202	_
French Guiana	1960	961	31.0		27.6	- -		}	856		105	\ <u> </u>	_
Guadaloupe	1960	2 302	8.5	1858	6.9	37	138	₩.	1683		114	330	
Martinique	1960	3 309	11.9	2574	9.3	] -	93	_	2 481	170	115	450	i -
Netherlands Antilles	1	1) 1410	7.4	920	4.8	l -	ا ا	_	920	60	30	400	-
Puerto Rico	1958	12 170	5.3	6 822	3.0	- ا	_	-	6822	2817	93	2 269	169
St.Pierre and Miquelon	1960	92	18.4	87	17.4	-	11	<b>-</b>	76		-	5	-
Surinam	1960	1888	7.0	1250	4.6	l -	-	-	1250		226	360	ļ <b>-</b>
Virgin Islands (U.K.)	1960	39	5,6	39	5.6	-	-	-	39	1	-	-	-
Virgin Islands (U.S.)	1959	199	6.0	199	6.0	-	-	-	199	-	-	_	-
West Indies Federation Antiqua	1960	570	10.4	180	3.3	_	_	_	180	_	40	200	150
Anugua Barbados	1960	1 445		473		_	20	[	453		175	797	
Dominica	1960	274			3.7	_		_	222		22	30	1
Grenada	1957	527	6.2	311	3.7	_	_	20	291		_	148	
Jamaica	1960	6753				- -	164		2771		185	3 1 1 5	116
Montserrat (1)	1957	69		69	5.3	-	-	_	69		_	-	-
St. Kitts-Nevis		[							[	l	1		1
Anguilla	1959	182	3.3	182	3.3	-	-	-	182		-	-	-
St. Lucia	1960	490	5.7*	180		-		-	180		-	140	
St. Vincent (i)	1957	435		150		-	16	-	134		20	100	125
Trinidad and Tobago	1960	3971	4.84	1863	2,2		28		1835	488	73	1547	<u> </u>

<sup>(</sup>a) Include beds in 42 health center hospitals. (b) Total beds distributed by type of hospital service. Data not available by type of hospital. (c) Includes beds in venereal and infectious diseases hospitals. (d) Data are from Anuario Estadistico de Costa Rica, 1959, Ministerio de Economia y Hacienda, Direccion General de Estadistica y Censos, San Jose, 1960. (e) Does not include beds in hospitals under the direction of universities, municipalities, or other autonomous organizations. (f) Includes beds in government hospitals only. (g) Does not include 500 beds in social security, military and private hospitals not distributed by type. (h) Does not include beds in "other" hospitals. (i) Data are from Annual Epidemiological and Vital Statistics, 1958, World Health Organization, Geneva, 1961. (j) Number of beds in mental hospital unknown. (k) Does not include beds in tuberculosis and leprosy hospitals. (1) Includes beds in hospitals in Curação and Aruba only.

In Argentina, the United States, and Chile the rates were 4.6, 4.2, and 3.1. In most countries there have been increases in the numbers of general hospital beds during the four-year period, 1957-1960, but in only a few has the ratio of beds to population increased. However, this does not imply that hospital services have

not been strengthened. Changes in medical practices may have decreased the number of beds required for treatment of some diseases and for others changes may have resulted in a reduction of the length of time during which hospital care is necessary.

## LENGTH OF STAY AND OCCUPANCY RATES

Maximum utilization of existing facilities is of great importance and offers the best method for increasing hospital efficiency. An appraisal must take into account changes in proportion of beds occupied, in admissions, and in types of conditions treated. Also changes in the average length of stay for both general and specialized hospitals may be evaluated. Knowledge of average lengths of stay is useful for administrative purposes such as the evaluation of the use of existing facilities as well as the assessment of administrative and treatment procedures.

From data available in the summary reports of countries on annual admissions and occupancy rates, approximations to average length of stay figures have been obtained for short-term hospitals (general hospitals). The range of the average length of stay in countries with data available was from 17.4 to 8.2 days with a median stay of 12.6 days (Figure 28 and Table 60). Average lengths of stay in general hospitals have already been decreased in some countries but in many there is still apparently need for reduction.

The average length of stay is shown separately for different types of hospitals included in the general

TABLE 60. AVERAGE LENGTH OF STAY IN DAYS BY TYPE OF GENERAL HOSPITAL FOR 14 COUNTRIES, 1960

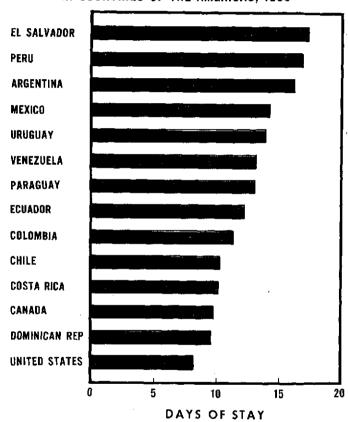
				,						
~ .	Total	Type of hospital								
Country	general hospitals	Maternity	Pediatrics	Other general	Infectious					
Argentina (a) Canada (b)	16.4 c) 9.8	15.9 7.9	22.7	15.5 9.8	18.7					
Chile (d) Colombia	10.5 11.6	5.3 4.9	18.3 22.8	10.2 11.7	4.0					
Costa Rica (e) Dominican	10.3	4,2	• • • •	11.0	-					
Republic (f) Ecuador (d)	9.6 12.2	6.2 4.2	10.0 20.2	10.4 13.9	~					
El Salvador (f) Mexico (a)	17.4 14.0	3.3 5.5	30.3 10.4	20.1 15.0	-					
Paraguay Peru (d)	13.0 16.9	5.5	19.7	13.0 18.5	-					
United States(d) Uruguay (f)		6.1	7.0	8,2	-					
Venezuela (f)	13.1	-	18.6	13.9 13.1	10.1					

<sup>(</sup>a) For Ministry of Health hospitals only.(b) 1958.(c) For "public" hospitals only (i.e. not private and not

federal). (d) 1959. (e) Source: <u>Anuario Estadistico de Costa Rica</u>, 1959. (f) Government hospitals only.

FIGURE 28

AVERAGE LENGTH OF STAY FOR GENERAL HOSPITALS
IN COUNTRIES OF THE AMERICAS, 1960

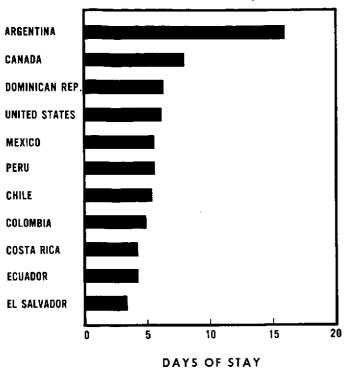


hospital groups. Lengths of stays in maternity hospitals (Figure 29) were much shorter than in general hospitals and thus average stays in general hospitals with large maternity services will be affected by the proportion of admissions to maternity services. In general, averages of length of stays in pediatric hospitals (Figure 30) were longer than the averages in other types of general hospitals.

Occupancy rates in general hospitals varied from 52 per cent in one country, to over 100 in another. In over half of the countries bed occupancy rates were between 70 and 89 per cent, while in four countries they were below 70 and in two over 90. The latter

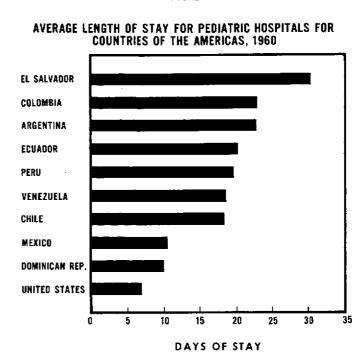
FIGURE 29

# AVERAGE LENGTH OF STAY FOR MATERNITY HOSPITALS IN COUNTRIES OF THE AMERICAS, 1960



high rates would suggest that the demand for hospital beds often was beyond the capacity of the hospital facilities.

FIGURE 30



#### SPECIALIZED HOSPITALS

Long-term hospitals in most countries are mainly for treatment of tuberculosis or leprosy, and mental diseases. In a few countries there are also orthopaedic hospitals, chronic disease institutions, etc. Table 61 gives the proportions of total beds which are in tuberculosis hospitals and the proportions in psychiatric hospitals. Not included in these proportions are the beds allotted to these services in general hospitals, which in most places are relatively few.

The proportions of total beds which were in tuberculosis hospitals (Figure 31) ranged from 4 per cent in the United States to 20 per cent in Cuba. Nearly 20 per cent of all beds were in tuberculosis hospitals in the Dominican Republic, Ecuador, Paraguay, and Uruguay. Seven countries reported that from 10 to 15 per cent of all beds were in such facilities, and 7 countries reported less than 10 per cent in such facilities. The number of beds in tuberculosis hospitals per 1,000 population varied from 0.8 per 1,000 population in Canada to 0.1 in Haiti. The countries devoting a larger proportion of beds to tuberculosis were not necessarily those with the highest ratio of beds for treatment of tuberculosis on a population basis.

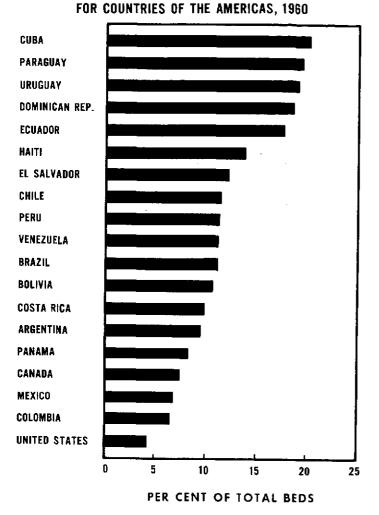
Relatively large proportions of total hospital beds were allocated to the care of mental illness in only a few countries. The proportions of beds in hospitals

TABLE 61. NUMBER OF BEDS IN TUBERCULOSIS AND MENTAL HOSPITALS, RATES PER 1,000 POPULATION AND PROPORTION OF TOTAL HOSPITAL BEDS, FOR COUNTRIES IN THE AMERICAS, 1960

	Total	Tuber	culos	sis	Mental		
Country	beds	Number I		Per cent	Number	Rate	Per cent
Argentina (a) Bolivia Brazil (a) Canada (c) Chile Colombia Costa Rica (d) Cuba Dominican Republic (e) Ecuador (a) El Salvador (e) Guatemala Haiti Honduras (f) Mexico (c) Nicaragua Panama Paraguay (e) Peru (a)	131 772 6 184 233 503 179 893 37 869 44 696 5 746 15 611 8 024 8 803 5 211 10 627 2 316 3 531 45 844 2 660 3 964 1 397 2 3086	(b) 12 105 638 25 226 13 018 4 505 2 825 550 3 124 (b) 1 470 (b) 1 524 673  (b) 312 2 971  2 971 	0.2 0.4 0.8 0.6 0.2 0.5 0.5 0.4 0.3  0.1	9.2 10.3 10.8 7.2 11.9 6.3 9.8 20.0 18.3 17.3 12.9  6.5  8.0	18 290 380 45 704 57 425 3 682 7 200 1 065 5 000 1 000 8 36 4 00 9 50 1 9 1 1 2 36 3 4 7	0.9 0.1 0.7 3.4 0.5 0.9 0.7 0.2 0.2 0.3 0.0 	13.9 6.1 19.6 31.9 9.7 16.1 18.5 32.0 12.5 9.5 7.7 8.9 0.8  6.9 31.2 24.8
United States(a) Uruguay (e) Venezuela		64 116 2 084 2 846	0.4 0.7	11.1 4.0 18.9 10.9	1145 755293 2984 3616	0.1 4.3 1.1 0.5	5.0 46.8 27.1 13.9

(a) 1959. (b) Includes leprosy beds. (c) 1958.(d)Source: <u>Anuario</u> Estadístico de Costa Rica, 1959. (e) Includes beds in government hospitals only. (f) 1957.

PROPORTION OF TOTAL BEDS IN TUBERCULOSIS HOSPITALS



for mental diseases (Figure 32) ranged from less than one per cent in Haiti to 47 per cent in the United States. Canada, Cuba, and Panama each had more than 30 per cent of total beds in mental disease hospitals and Paraguay and Uruguay had 25 per cent and 27 per cent of total beds in psychiatric facilities. In eight countries less than ten per cent of all beds were in these hospitals. In only four countries were there provisions for at least one bed for mental illness per 1,000 population — United States 4.3, Canada 3.4, Panama 1.2, and Uruguay 1.1. The numbers of beds in mental hospitals were less than 0.2 per 1,000 population in seven countries.

Changes in the methods of treating mental illness, tuberculosis and other chronic diseases have already reduced the time required for hospitalization. Introduction of new drugs has made domiciliary care practical for many cases. Thus, in some countries reductions in the numbers of beds may be possible. However, there are many countries which have not had adequate facilities for treatment and in these countries advances in therapeutic procedures combined with shorter periods of hospitalization or with domiciliary care may make it possible to serve more adequately the needs for these chronic diseases.

FIGURE 32

PROPORTION OF TOTAL BEDS IN MENTAL HOSPITALS FOR COUNTRIES OF THE AMERICAS, 1960

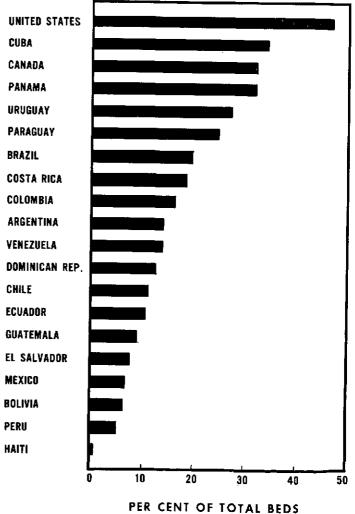


TABLE 62. CAUSES OF HOSPITALIZATION BY GROUPS OF DISEASES IN NINE COUNTRIES OF THE AMERICAS, RECENT YEARS

	OF THE AMERICAS, RECENT YEARS										
		Number									
	Cause of hospitalization	Canada (Saskat- chewan) 1960 (a)	Chile 1958	Colom- bia 1958	Costa Rica 1959 (b)	Guate- mala 1958	Nica- ragua 1958	Panama 1960 (c)	Peru 1958	Vene- zuela 1960 (d)	
All c	auses	192276	531 843	527 959	14 116	110455	47049	32 285	*248611	58 009	
ī.	Infective and parasitic diseases (001-138)	3 2 4 4	40 366	60 327	720	24937	5 874	1 810	29 872 .	1.945	
17	Tuberculosis (001-019)	(122)	(17500)	(6924)	()	(4 802)	(492)	(676)	(12 933)	(252)	
п.	Neoplasms (140-239) Malignant neoplasms (140-205).	8 858 (4 908)	13961	15 033	,494	2:878	1 2 3 5	1598	7634	1 376	
	Benign and unspecified (210-239)	(3950)	(7894) (6067)	(6 444) (8 589)		(1707) (1171)	(445) (790)		(3 333) (4 301)	(533) (843)	
П,	Allergic, endocrine system, metabolic, and	` `	}			,/		(000)	(1002,	(010)	
IV.	nutritional diseases (240-289)	5 0 3 4	• • •	12496	383	10 672	762	574	2606	1 501	
	organs (290-299)	816	·	8412	187	100/4	1 150	232	1967	1761	
V.	Mental, psychoneurotic, and personality										
VI.	disorders (300-326)	2969	10446	7 864	399	3 360	218	1 434	3417	135	
٧1.	organs (330-398)	6 325		14 522	406	4 489	769	1 178	5921	1321	
VII.	Diseases of the circulatory system (400-468)	11700	18603	11 458	564	2697	492	1 819	4 825	1575	
VIII.	Diseases of the respiratory system (470-527)	37010	50 0 38	40 224	1 389	8634	2 189	1 193	22 352	3 483	
IX. X.	Diseases of the digestive system (530-587) Diseases of the genito-urinary system (590-637).	26 338 9 859	76 176 21 231	67 021 25 830	2 295 982	14 984 4 927	6964	2 5 2 8	34 312	7.240	
XI.	Deliveries and complications of pregnancy.	8008	21231	20 000	802	4941	1871	2 195	8131	2 374	
	childbirth, and the puerperium (640-689)	32591	198577	155 862	3716	7 122	14 173	14 769	72998	29773	
XII.	Diseases of the skin and cellular tissue (690-716) Diseases of the bones and organs of movement	4 095	12572	13584	307	F 400	701	235	5717	1.000	
AIII.	(720-749)	6965		6911	400	5 402	924	212	5 464	1003	
XIV.	Congenital malformations (750-759)			1603	64	273	-	95	782	115	
XV.	Certain diseases of early infancy (760-776)	2 628	13440	1739	236	617	583	110	2 276	296	
XVI.	Symptoms, senility, and ill-defined conditions (780-795)	17957	e) 39 4 19	50,000	140	4040	0044		10 451	541	
XVII.	Accidents, poisonings and violence (E800-E999)	15510	37014	22923 62092	143 948	4 840 14 623	8 644 500	646 1657	19 471 20 864	541 4 132	
	ther conditions and observations	377	-	58	483	-	-	-	-	939	
				l Pé	ercenta ercenta	ge dist:	ا ributio	n l			
All c	auses	100,0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
I.	Infective and parasitic diseases (001-138)	1.7	7.6	11.4	5.1	22,6	12.5	5.6	12.0	3.4	
<del></del>	Tuberculosis (001-019)	(0.1)	(3.3)	(1.3)	()	(4.3)	(1.0)	(2.1)	(5.2)	(0.4)	
п.	Neoplasms (140-239)	4.6	2.6	2.8	3.5	2.6	2.6	5,0	8.1	2.4	
	Malignant neoplasms (140-205)	(2.5) (2.1)	(1.5)	(1,2) (1,6)	···}	(1.5)	(0.9)	(2.8)	(1.4)	(0.9)	
Ш,	Alergic, endocrine system, metabolic and	(4,1)	(1,1)	(1.01	()	(1,1)	(1,7)	(2.2)	(1.7)	(1.5)	
	nutritional diseases (240-289)	2.6		2.4	2.7	9.7	1.6	1,8	1.0		
IV.	Diseases of the blood and blood-forming organs (290-299)	0.4		1 0	1.0	V. 1		Λ.		3.1	
v.	Mental, psychoneurotic, and personality	0.4	• • • •	1.6	1,3		2.4	0.7	0.8		
	disorders (300-326)	1,5	2.0	1.5	2.8	3.0	0.5	4.4	1.4	0.2	
VI.	Diseases of the nervous system and sense	2.0					٠, ١				
VII.	organs (330-398)	3.3 6.1	3.5	2,8 2,2	2.9 4.0	4.1 2.4	1.6 1.0	3,7 5,6	2.4 1.9	2,3 2,7	
VIII.	Diseases of the respiratory system (470-527)	19.3	9.4	7.6	9.8	7.8	4.7	3.7	9.0	6.0	
IX.	Diseases of the digestive system (530-587)	13,7	14.3	12.7	16.3	13.6	14.8	7.8	13.8	12,5	
х.	Diseases of the genito-urinary system (590-637).	5.1	4.0	4.9	7.0	4.5	4.0	6.8	3.3	4.1	
XI,	Deliveries and complications of pregnancy, child birth and the puerperium (640-689)	17.0	37.3	29.5	26.3	6.4	30.1	45.8	29.4	51.3	
XII.	Diseases of the skin and cellular tissue (690-716)	2.1	2.4	2.6	2.2	0.1	1.5	0.7	2,3	01.0	
XIII.	Diseases of the bones and organs of					4.9			Į.	1.7	
7777	movement (720-749)	3.6	• • • •	1.3	2.8	201	2.0	0.7	2.2	• • •	
XV.	Congenital malformations (750-759) Certain diseases of early infancy (760-776)	1.4	2.5	0.3 0.3	0.5 1.7	0.2 0.6	1.2	0.3	0.3	0.2 0.5	
	Symptoms, senility, and ill-defined				'		l	5.5	0.0	V.0	
	conditions (780-795)		e) 7.4	4.3	1.0	4.4	18.4	2.0	7.8	0.9	
XVII.	Accidents, poisoning and violence (E800-E999). ther conditions and observations	8.1 0.2	7.0	11.8 0.0	6.7 3.4	13.2	1.1	5.1	8.4	7.1 1.6	
	THE COMMISSION WAS CONSTRUCTED		1								

<sup>(</sup>a) Data for the population covered by the Saskatchewan Hospital Service Plan amounting to 899 648 in 1960 or 98.9 per cent of the total population of Saskatchewan. (b) Data for 2 hospitals. (c) Data for 3 general hospitals, 1 psychiatric hospital and 1 tuberculosis hospital; 4 736 discharges from Hospital del Niño, not classified by cause are excluded. (d) Data for 23 government hospitals. (e) Including sections III, IV, VI and XIII which are not available separately.

Sources: Chile, Nicaragua and Peru, WHO, Annual Epidemiological and Vital Statistics, 1958.

Colombia: Dirección Administrativa Nacional de Estadística, Anuario General de Estadística, 1958.

Costa Rica Caja Costarricense de Seguro Social, Informes Estadísticos, Hospital Central, Hospital Turrialba, Dispensarios, 1959.

Guatemala: Dirección General de Estadística, Estadísticas Hospitalarias, 1954-1958.

Panama: Dirección de Estadística y Censo, Demografía, 1960.

Venezuela: Ministerio de Sanidad y Asistencia Social, Anuario de Epidemiología y Estadística Vital, Tomo I, 1960.

\* Provisional.

<sup>\*</sup> Provisional.

#### HOSPITAL MORBIDITY

Data concerning the causes of hospitalization are valuable both as a source of morbidity statistics for assessing the health status of the population and as a source of information for planning and administrating the medical care program. Information on the causes of hospitalization may serve as one measure of the distribution of illnesses for which medical care is needed and may also be useful in appraising the need for preventive health programs.

Data are available on the causes of hospitalization of persons discharged from hospitals in 9 countries (Table 62). For Colombia, Guatemala, and Peru the hospital data presented refer to the entire hospitalized population and for Chile the data are for patients in government hospitals. However, for some countries the data pertain only to general hospitals or to a few selected hospitals. Thus, data for specific diagnoses could not be expressed as rates on a population basis. The percentage distribution by cause of hospitalization is presented instead.

Usually, the largest proportions of discharges in all countries were of persons hospitalized for deliveries and complications of pregnancy, childbirth, and the puerperium. The proportion of persons discharged who were hospitalized for this cause ranged from 6 per cent in Guatemala to 51 per cent in Venezuela and was over 25 per cent in the material presented for seven of the nine countries.

Diseases of the digestive system were important causes of hospitalization in many countries. The proportion of discharges of persons hospitalized for diseases of the digestive system ranged from 6 per cent in Panama to 16 per cent in Costa Rica. In 8 countries the percentage of discharges of persons hospitalized for this cause was between 12 and 15 per cent. Among these diseases, gastritis, enteritis, etc., are important as a cause of hospitalization. For example, approximately 46 per cent of all persons hospitalized in Guatemala for treatment of diseases of the digestive system were diagnosed as having gastritis, enteritis, etc. In Colombia, and Venezuela 21 and 34 per cent of patients with diseases of the digestive system were treated for this cause.

Infectious and parasitic diseases are also leading causes of illness requiring hospitalization. The proportions of persons discharged who were hospitalized for diseases in this group varied from 2 per cent in Canada to 23 per cent in Guatemala. In Colombia, Nicaragua, and Peru the proportion of discharges of persons who were hospitalized for infectious and parasitic diseases was approximately 12 percent. Included among the important diseases requiring hospital care were tuberculosis, malaria, typhoid, dysentery, and diseases due to helminths. In the countries for which data are available the per cent of all patients hospitalized for tuberculosis varied from 4 to 37 per cent of the total patients with infectious or parasitic diseases. The proportion hospitalized for malaria of those hospitalized for infectious or parasitic diseases ranged from none to more than 69 per cent in one country.

It is possible, using methods now available, to prevent a large proportion of diseases of the digestive system—that is, the group of gastritis and enteritis—as well as infectious and parasitic diseases in the Americas. Programs for the eradication of diseases such as malaria, environmental sanitation, and vaccination programs are important in preventing many of these diseases. Alternative methods of medical care and prevention of diseases may prove less expensive in both economic and social terms than hospital care.

The large numbers of patients whose illness was included in the group of ill-defined causes indicates the need for improvement in diagnostic procedures and the recording of admission and discharge diagnosis. An important problem which affects the evaluation of hospital facilities and services, as well as health planning, is to effect improvement of the recording and reporting of data regarding hospital patients and causes of illness. Such data are valuable for the administration of the hospital and are also useful on a community, regional or national basis for assessing the utilization and needs for hospital beds. Efforts can well be directed to improvement of the accuracy and completeness of hospital statistics in order to provide administrators with the data necessary for planning.

## Chapter VI

## ENVIRONMENTAL SANITATION

The increasing emphasis which was already being focused on environmental health programs in the Americas, in particular on construction and improvement of water supply and sewerage systems, was accelerated by the Charter of Punta del Este in 1961. Goals were established of providing potable water supplies and sewerage services to at least 70 per cent of the urban population and to 50 per cent of the rural in each country in the next decade. Large numbers of people are without adequate facilities at present and the rapid increase in population in the Americas, especially in cities, has made an acute situation which without immediate remedies will grow worse.

It is well accepted that construction programs for water supply and sewerage systems will have maximum health benefits, will directly affect social and economic progress and materially improve the standard of living of the population. It is for these reasons that environmental sanitation projects will normally carry high priority both in the national health plans and in national development plans. Each of the International Banks has agreed that water and sewerage projects are eligible for loan funds.

Adequate housing is not available to meet the rapid growth in population in the cities of Latin America, and housing programs are now being developed in many areas. Other environmental health problems related to industrialization and urbanization are also the concern of the Ministries of Health in the Americas. These include industrial waste disposal, control of stream pollution, garbage and refuse disposal, occupational health, radiation protection, air pollution, vector control, and food and milk sanitation.

#### WATER SUPPLIES .

During the four-year period covered by this report, progress has been made in the construction of water supply systems in urban areas. Plans for construction and extension of systems have been drawn up in several countries and, in most, better information has been assembled on the status of water supply systems. Agencies have been established with responsibilities for surveys, design, and methods of financing new construction and extensions. Beginnings have been made in improving administrative and financial management of water companies in order that the water supply programs will become self-financing and sustaining. Loan funds from both international and national sources are becoming available at low interest rates for initiation of construction programs.

The magnitude of the problem in the Americas can be seen from the data in Table 63 and Figure 33. The information for this table was taken from several sources. Whenever possible the data supplied in the Four-Year Reports from the countries were used. Often, however, because of differences in definitions of water services or urban areas it was not possible to use the information presented. Sometimes data

recently received by the Pan American Health Organization from the countries for estimating construction costs in the next decade were substituted. When information from neither of these sources was available for a country, data already published (1) were included.

The proportion of the urban population with water service in their homes from a piped community supply ranged from almost 98 per cent in one country to 25 per cent in another. The percentages based on the total urban and rural population of the countries varied from 78 to 2 per cent. For only a few countries was piped community water service available to any sizeable part of the rural population. However, due to differences in defining populations as urban or rural, the data are not strictly comparable. For example, in the United States "urban" as used for this purpose includes the total population excluding only rural farm population. The latter, of course, would not be served from community water supplies. Also, community supplies and distribution systems would not be accessible to part of the rural non-farm population included as "urban." Thus, the proportions served in the urban group and in the rural group are both lower than if

Wolman, A., Technical, Financial and Administrative Aspects of Water Supply in the Urban Environment in the Americas. Technical Discussions, Directing Council of PAHO, 1959.

the definition of "urban" of localities of 2,000 or more inhabitants had been used. In both urban and rural areas, in addition to those with community water services in their homes, many people obtain water from public fountains and from private and individual wells. Data on the numbers served through the latter services are very limited.

The summary by regions indicates that 88 per cent of the urban population in Northern America is served by piped community water supplies, as compared to 63 and 61 per cent in Middle and South America.

At present there are approximately 57 million inhabitants in urban areas in Latin America with water service in their homes and 35 million living in houses without water available. Estimates have been made that, in addition to those without water now, through population growth alone there will be almost 50 million more in cities in the countries of Latin America who will need water by 1971. To reach the goal established by the Charter of Punta del Este (i.e., water service in the homes for 70 per cent) water supplies must be constructed for an average of 4.2 million persons per year, over the ten-year period. For the 110 million inhabitants in rural areas of Latin

America water supplies are less adequate than in the cities.

In Chapters I and II data have already been presented on mortality from diarrheal diseases, typhoid fever and other diseases which are associated with lack of easily available and potable water. These mortality rates were shown to be many times higher than the corresponding rates in the countries with high proportions of the population served by water supplies.

Progress was reported in several countries on surveys and plans being made in order that the provision of water service keep pace with the rapid population growth of urban areas. The problems created by growth and urbanization in Venezuela can be readily seen from the following increase in population in 17 years.

		Urban population								
Year	Cities with over 5,000 population	Total	With water service	Without water service						
1943 1960	39 157	983,000 4,371,000	404,000 2,382,000	579,000 1,989,000						

TABLE 63. NUMBER AND PER CENT OF POPULATION LIVING IN HOUSES CONNECTED TO COMMUNITY PIPED WATER SUPPLY SYSTEMS IN URBAN AND RURAL AREAS IN THE AMERICAS, RECENT YEARS

			Total			Urban b)			Rural		
Area	Year		Total c)	With wa	ter	Total	With water		Total	With water	
		data a)	population	Number	Per cent	population	Number	Per cent	population	Number	Per cent
Argentina	1961	2	21 101 000	10 221 000	48.4	15 531 000	10 146 000	65.3	5 570 000	75 000	1,3
Bolivia	1960	3	3 454 000					(55.8)			
Brazil	1960	3	70 177 000		•••	l ::::		(54.7)	• • • • • • • • • • • • • • • • • • • •	***	• • • •
Canada	1960	1	17814000	11 157 000	62.6	12 292 000		90.8	5 522 000	•••	•••
Chile (c)	1961	2	7 360 000	3 989 000	54.2	4 874 000			2 486 000		16.1
Colombia (d)	1960	1	14 132 000	6576000	46.5	5 932 000				1902 000	
Costa Rica	1961	2	1 187 000	691 000	58.2	421 000		97.9	766 000		
Cuba	1961	2	6976000		38.1	3 855 000		56.6	3 121 000		15.2
Dominican Republic	1960	3	3014000			918 000		(63.0)	2 096 000		
Ecuador	1960	2	4 317 000	i		1248000			3 069 000		
El Salvador	1960	1	2 612 000		20.1	962 000		50.2	1650000		2.6
Guatemala (c)	1961	2	3 678 000	703 000	19.1	865 000	366 000	42.3	2813000	337 000	12.0
Haiti (c)	1961	2	4 102 000		2.5	402 000	101 000	25.1	3 700 000		
Honduras	1961	2	1991000		15.8	618 000		34.3	1373 000		7.5
Mexico	1959	1	33 304 000	18 468 000	55.5	16 885 000	11401000	67.5	16 419 000		
Nicaragua (c)	1961	2	1732000		12.6	568 000		37.9	1 164 000	3 000	0.3
Panama (c)	1960	3, 4	1076000			446,000		(84.2)	630 000		(26.3)
Paraguay	1960	2	1770 000		9.7	624 000		27.6	1 146 000		
Peru (c)	1960	1	10 365 000		28.0	4878 000	2900000		5 487 000	_	_
United States (c)	1958	1	171 500 000	133 100 000	77.6	e)151200000		88.0	e)20 300 000	_	_
Uruguay (c)	1961	2	2 370 000		55.1	1750 000		73.7	620 000	15 000	2.4
Venezuela (c, d)	1960	1	7 288 000	2 845 000	39.0	4371000		54.5	2917000	461 000	15.8

<sup>(</sup>a) Source of data: 1 - Four-Year Report from country. 2 - Estimate received from country through Environmental Sanitation Division. 3 - Country data from Wolman. 4 - Other. (b) Urban usually refers to cities with 2,000 or more inhabitants. (c) Populations may differ from those in Table 4 since it was advisable to use data from source supplying information on water services. (d) Urban includes only cities of 5,000 or more inhabitants. (e) All but rural farm population included as urban in this table.

Thus, in spite of the work of the "Instituto Nacional de Obras Sanitarias" created in 1943 and in charge of water supplies in cities of 5,000 population and over, the rapid increase in urban population has resulted in an increase in the deficit of water service.

The Central Office of Coordination and Planning (CORDIPLAN) created in 1959 has been in charge of preparing a plan for Venezuela for 1961-1964. This quadriennial plan contains a project for water supplies in cities of more than 10,000 inhabitants to serve an additional 1.6 million people or 74.1 per cent more than the population served at present. This will bring the total urban population with water to approximately 4,000,000.

In Canada the number of water systems and population served both increased by 12 per cent between 1957 and 1960. Administrative changes took place in two provinces with respect to water supplies. Responsibility for administration, financing and construction of water works was transferred from the Health Departments to a Water Resources Commission or to a Water Authority.

In 1960 the "Instituto Nacional de Fomento Municipal" in Colombia carried out a survey covering 841 "cabeceras municipales" and 422 "corregimientos" with a total population of 7,517,000. This survey included 199 urban localities of 5,000 or more inhabitants with population of 5,932,000 and 1,064 smaller localities with 1,585,000 inhabitants. Twenty-seven of the 199 urban localities surveyed did not have a system, and 106 of the 172 with water supply systems did not have treatment facilities. Of the 1,064 rural communities surveyed, half had no systems and 90 per cent of the systems had no treatment facilities. In addition there were 2,266 rural communities with a population of 2,750,000 which were not included in the survey. Thus, this survey indicated the magnitude of the problem of providing water services.

The National Government in Peru issued a decree in 1959 creating a National Committee on Public Works to coordinate the activities of the different government agencies participating in water supply programs. The Committee was also to prepare general regulations for development and carrying out of the National Program for Water Supply, previously under the Ministry of Health.

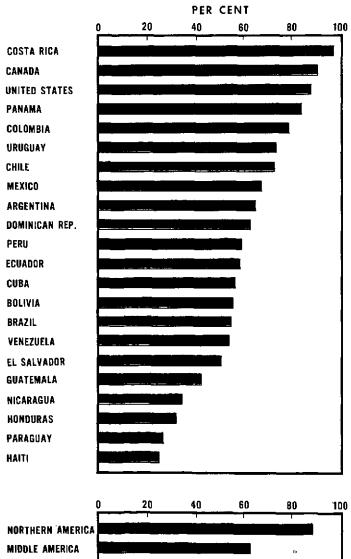
Two studies were prepared by the Division of Sanitary Engineering in relation to both water supplies and sewage disposal. One was to evaluate national needs and estimate costs of new services as well as improvement of those already existing.

The second was to plan for extension and improvement of the potable water and sewerage systems of Metropolitan Lima. In August 1960 the Division of Sanitary Engineering merged with its counterpart in SCISP and started activities in a new field, construction of water supply and sewerage systems in urban and rural communities.

In 1959 a Subcommittee was appointed by the Committee for Economic Planning for El Salvador to be in charge of the Potable Water Supply Plan for all localities of the country. In 1961 a National Water Authority known as "ANDA" was created, which is to be responsible for all urban water and sewer works in the country. The Rural Sanitation Program continued in its efforts to provide the rural communities with potable water. In 1957 water in six of the principal cities of the country was chlorinated and by the end of 1960 chlorination was being carried out on water supplies in 14 towns.

The means for supplying water service in the Caribbean Islands differ from those in the large countries. For example, stand pipes and rain water catchment and storage systems were reported in use in the Bahama Islands, Bermuda and Barbados. Construction to extend water service was reported in French Guiana and Surinam.

FIGURE 33
PER CENT OF URBAN POPULATION WITH WATER SERVICE IN THEIR HOMES IN COUNTRIES OF THE AMERICAS, 1960



SOUTH AMERICA

#### SEWERAGE SYSTEMS

The Charter of Punta del Este included goals at the same level for sewage disposal as for water supplies, that is, to make available sewerage facilities for 70 per cent of the urban population and 50 per cent of the rural. The solution of this problem in Latin America presents greater difficulties than that of water supplies. Most cities in Latin America do not have adequate systems, and in rural areas many houses do not have any kind of excreta disposal facilities. The proportion of the urban population living in houses connected to sewerage systems is much smaller in Middle and South America than the proportions in houses connected to community piped water systems. Moreover, establishing methods for financing construction and improvement of sewerage systems with repayment is more difficult than for water, especially in rural areas. However, plans are being prepared in many countries in coordination with those for construction and improvement of water systems.

In Table 64 and Figure 34 are shown the percentages of the population living in homes connected to sewerage systems in countries for which data were made available. Two sources were used for this information—the Four-Year Reports prepared in the countries and estimates received by the Pan American

Health Organization through Environmental Sanitation Divisions in the countries.

By country, the range in the per cent of the urban population with installations was from 0 to 76 per cent in the 16 countries with data available. For total population, urban and rural, the range was from 0 to 58 per cent. Only three countries reported any installations in rural areas, which is of course affected by definitions used for urban and rural. For example, in Colombia all communities with less than 5,000 population are included as rural, and it is reasonable to expect some of the larger ones in this group to have sewerage systems. On the other hand, in the United States only rural farm population is included as rural in this tabulation, and thus none would be connected to community systems. In general, no recent accurate figures are assembled on facilities in rural areas. In Middle and South America only 17 and 47 per cent, respectively, of the urban population lived in homes connected with sewerage systems. In Northern America over two-thirds of the urban population was served by systems.

A few examples may help to describe activities under way in this field. In Canada, in 1960 the National Housing Act was amended to provide authority to grant

SYSTEMS IN URBAN AND RURAL AREAS IN THE AMERICAS, RECENT YEARS											
Area		Source	Total			Urban (b)			Rural		
	Year		Total (c)	Withinstal	lations	J - · · · · -	With install	ations	Total	With install	lations
		data a)	population	Number	Per cent	population	Number	Per cent	population	Number	Per cent
Argentina	1961	2	21 101 000	6 534 000	31.0	15 531 000	6 534 000	42.1	5 570 000	_	-
Canada	1960		17814000	9 379 000	52.6	12 292 000	9 3 7 9 0 0 0	76.3	5 522 000	_	! -
Chile (c)	1961		7 360 000	2 899 000	39.4	4874000	2899000	59.5	2 486 000	-	-
Colombia (d)	1960	1	14 132 000	4 838 000	34.2	5 9 3 2 0 0 0	3 645 000	61,4	8 200 000	1 193 000	14.5
Costa Rica	1961	2	1 187 000	121 000	10.2	421 000	121000	28.7	766 000		
Dominican Republic	1960	1	301 400			918 000	158 000	17.2	2 096 000		1
Ecuador	1960	2	4317000		l	1248000	664 000	53.2	3 069 000		
Guatemala (c)	1961	2	3 678 000		7.0	865 000	255 000	29.5	2813000	,	0.0
Haiti (c)	1961	2	4 102 000	-	-	402 000	-	-	3 700 000		-
Honduras	1961	2	1991000	126 000	6.3	618 000	126 000	20.4	1373000		-
Nicaragua (c)	1961	2	1 732 000	92 000	5.3	568 000	92 000	16.2	1164000	-	l -
Paraguay	1960	2	1 770 000	150 000	8.5	624 000	150 000	24.0	1 146 000		_
Peru (c)	1960	1	10 365 000	2 500 000	24.1	4 878 000	2 500 000	51.3	5 487 000		l -
United States (c)	1957	1	168 100 000	98 400 000	58.5	e)147 900 000	98 400 000		e)20 200 000		-
Uruguay (c)	1961	2	2 370 000	889 000	37.5	1 750 000		50.8	620 000		-
Venezuela (c, d)	1960	1	7 288 000	1 385 000	19.0	4 371 000		30.2	2917000		2.3

TABLE 64. NUMBER AND PER CENT OF POPULATION SERVED BY SEWERAGE SYSTEMS IN URBAN AND RURAL AREAS IN THE AMERICAS, RECENT YEARS

<sup>(</sup>a) Source of data: 1 - Four-Year Report from country. 2 - Estimates received from countries through Environmental Sanitation Division.

<sup>(</sup>b) Urban usually refers to cities with 2,000 or more inhabitants.

<sup>(</sup>c) Populations may differ from those in Table 4 since it was advisable to use data from source supplying information on sanitation services.

<sup>(</sup>d) Urban includes cities of 5,000 or more inhabitants.

<sup>(</sup>e) All but rural farm population included as urban.

loans to municipalities to construct or expand existing sewage treatment works in order to eliminate or prevent water and soil pollution. A survey in Colombia of 199 urban localities of over 5,000 inhabitants showed that 57, or over a fourth, did not have sewerage systems and that in cities with systems approximately two thirds of the population was served. Of the 1,064 rural communities surveyed, 30 per cent had systems and in those communities with systems two thirds of the population was served. In El Salvador in 1959-1960 the "Instituto de Vivienda Urbana" undertook the construction of a treatment plant for sewage disposal for selected urban sections and large buildings, which was to serve as a pilot plant. During 1957-1960 latrines were constructed and distributed. They are sold to the public for 10 colons and donated to public institutions. In Venezuela plans for the four years 1961-1964 were drawn up to provide 1.5 million people with sewerage systems, an increase of 72.7 per cent in relation to population served in 1960.

In the other areas of the Americas very small proportions are served by sewerage systems. For example, in the Bahamas only 10 per cent of the population is served by community systems. In British Honduras there is no conventional system and private systems range from septic tank installations to the various types of latrines. In Surinam the open sewer system in the capital city is being converted to a closed system.

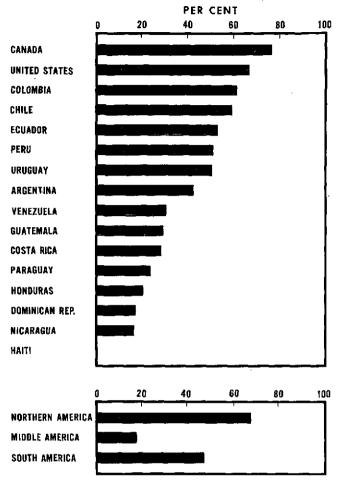
## HOUSING

Accompanying urbanization and industrialization is the demand for more and better housing. The rapid growth of population in Latin America, together with the movement of large numbers of the rural population to urban areas has created many problems in housing. Programs are being activated in a number of countries in both urban and rural areas with the creation of a gencies to plan for construction, financing, and management of units. It is necessary to ensure that proper plans are made to meet the health requirements including services such as potable water supply, sewage disposal and garbage disposal.

Limited surveys in some countries have revealed that in rural areas most dwellings are poorly constructed; they lack water supplies, latrines, baths and electricity and are over-crowded. In many countries housing censuses were taken for the first time around 1950. Most countries integrated with the population censuses selected questions on housing, but others carried out separate censuses of housing.

In the population censuses recently taken or planned for the near future, housing questions have been included in most countries. Nine countries had housing censuses around 1950 and twelve have already taken housing censuses in 1960 or 1961, as seen in Table 65. These censuses will be the best overall source of data in both urban and rural areas. For the most part, tabulations are not yet available for censuses

PER CENT OF URBAN POPULATION SERVED BY SEWAGE DISPOSAL SYSTEMS IN COUNTRIES OF THE AMERICAS, 1960



taken at this time, but based on censuses around 1950, deficits at that time in housing units amounted to well over 10 million in Latin America.

TABLE 65. COUNTRIES WITH SEPARATE HOUSING CENSUSES AROUND 1950 AND 1960

Dates								
Countries	Ta	ken	Planned					
Argentina Brazil Canada Chile Colombia Costa Rica (a) Dominican Republic Ecuador El Salvador (a) Guatemala (a) Honduras Mexico Panama Paraguay Peru	1947 - 1951 1951 1949 - 1950 1949 1949	1960 1960 1961 1960 1960 1961 1960 1960	1963 - 1962					
United States Venezuela (a)	1950 1950	1960 1961						

Sources: Inter American Statistical Institute, Censos de Habitacion, PAU, Washington, 1953.
United Nations Economic and Social Council, Progress Report on 1960 World Population and Housing Census Program, February 1962.

(a) Urban areas only.

## Chapter VII

## MEDICAL AND HEALTH PERSONNEL

Advancement in health depends on resources of medical and health personnel, taking into account both quality and quantity. Adequate numbers of physicians, nurses, sanitary engineers, dentists and other technical staff members are essential to meet the day to day requirements for medical care of a population and to build programs for prevention of disease and improvement of the health status. Most countries today do not have sufficient and adequately trained personnel for health and medical services of their population. They must prepare many more to handle the health problems of rapidly growing populations. In planning for health high priority is attached today to education and training of technical staff. Returns on investments in educational programs are expected to be excellent. Educational opportunities will have to be increased at every level from primary and secondary education through university and professional training.

For planning of sound health programs, both immediate and long range, a first step is to obtain information on numbers of physicians, nurses and other health workers rendering service in a country. The size of these groups indicates what immediate program can be successfully undertaken and to what extent education and training should be increased. For these reasons the questionnaires for the Four-Year Reports included sections on present resources in medical and health personnel and on the existing facilities for professional and technical education. As in other parts of the world the nomenclature applied to certain professional groups in the Americas does not always have the same meaning in terms of education and the capacity of the individuals to carry out specialized professional responsibilities. Thus as might be expected, the data are not always comparable. However, this latest information provided by the countries is shown except in instances when no information was supplied or other data appeared to describe more adequately the resources in a country. Under these circumstances, data previously published by the Pan American Health Organization or the World Health Organization were used.

## PHYSIC IANS

The adequacy of the ratio of number of physicians to population can be assessed only in relation to the health problems of a country, its medical care system, and the numbers of nursing and ancillary personnel also participating in serving the health needs of the people. It cannot be determined on the basis of a single fixed ratio.

In 1960 there were over 370,000 physicians in the Americas of which approximately 257,000 or almost 70 per cent were in Northern America, 33,000 in Middle America and 81,000 in South America (Table 66). In all three regions the ratios of numbers of physicians to population increased slightly from 1957 to 1960. For Northern America in 1960 (or most recent year) there were 13.2 physicians per 10,000 population as compared to 12.9 in 1957. For Middle America this ratio was 5.2 in 1960 instead of 5.0 in 1957; and for South America the increase had been to 5.7 per 10,000 population from 5.3.

By country the ratios ranged from 13.4 per 10,000 population to 1.8. Of the 21 countries for which data were available four had more than 10 physicians per 10,000 population (Argentina, Canada, United States and Uruguay) and at the other end of the scale five had fewer than 3 per 10,000 population. A few countries may have in fact more physicians than shown, for some reports enumerated only those employed in ministries of health or by the government. Whenever possible, however, total figures have been presented, even if referring to an earlier year.

Distribution of physicians geographically in relation to population is uneven in most countries. Information in this report was insufficient to analyze this factor, but in general physicians are concentrated in cities, and in rural areas the ratios of physicians on a population basis are far less than those shown for the country as a whole.

The numbers of physicians in government or

ministries of health are relatively large proportions of the totals in some countries. They are shown in Table 67 with numbers of government or public health personnel in other health specialties. In some countries these groups—particularly physicians—in govern-

TABLE 66. NUMBER OF PHYSICIANS, SCHOOLS OF MEDICINE AND MEDICAL GRADUATES PER YEAR WITH RATES OF PHYSICIANS PER 10,000 POPULATION IN THE AMERICAS, 1960

	Ph	ysicians	Medica:	Medical schools		
Area	Numbe	er Rate	e Number	Graduates per year		
Argentina (a) Bolivia Brazil (a) Canada Chile Colombia Costa Rica Cuba Dominican Republic Ecuador El Salvador Guatemala Haiti Honduras Mexico Nicaragua Panama Paraguay Peru United States Uruguay Venezuela	b) c) 27 199 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	898   13. 657   b) 1. 1111   c) 4. 700   11. 728   6. 042   4. 458   3. 8609   9. 442   b) 1. 325   e) 3. 483   1. 730   d) 2. 120   5227   5. 524   401   3. 889   d) 5. 061   4. 8889   d) 5. 061   4. 8889   d) 1. 065   7.	9 3 0 31 1 12 3 8 9 1 1 7 5 1 1 3 8 1 1 1 1 1 1 1 1 1 1 1 1 1 8 1 1 1 1 1	281 # 24 d) 1578 863 218 408 152 26 59 34 f) 568 23 13 51 67 7081 255		
Bahama Islands Bermuda British Guiana British Honduras (a) Canal Zone Falkland Islands French Guiana Guadaloupe Martinique Netherlands Antilles Puerto Rico (a) St. Pierre and Miquelon Surinam Virgin Islands (U.K.) Virgin Islands (U.S.) West Indies Federation Antigua Barbados Dominica Grenada Jamaica Montserrat St. Kitts-Nevis-Anguilla St. Lucia St. Vincent Trinidad and Tobago	d) c) a)	56 5. 37 8. 145 2. 2. 107 25. 420. 23 7. 112 113 137 7. 059 4. 8. 149 5. 22 24 7. 15 2. 77 3. 149 149 149 15. 15 2. 77 3. 149 149 15. 15 2. 77 3. 149 15 15 2. 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	8 6 5 5 5 6 4 1 1 1 2 2 6 0 5 9 9 7 7 3 3 6 2 . 6 4 . 2			
Northern America Middle America South America		559 13. 833 5. 191 5.	2 32 7 66	7944		

(a) 1959.(b) Government only.(c) Hospitals and health services.(d) 1958.(e) 1957.(f) Data for 12 schools.

ment service may only be employed part-time in their official health activities.

In 1960 there were 194 schools of medicine in the Americas. Of these 96 were in Northern America, 32 in Middle America and 66 in South America. There is at least one school in every country and in addition one each in Jamaica, Puerto Rico and Surinam. In Latin America the largest numbers of schools were in Brazil, Mexico, Argentina and Colombia (31, 21, 8) and 8 respectively). The numbers of graduates from medical schools per year are also shown in Table 66. No total has been obtained for the regions since by country the numbers are incomplete. The number in Northern America was 7,944 for 1960. However, it has been previously estimated that approximately 7,700 physicians are graduated in Northern America each year and almost 7,000 in Latin America. Data on medical education in the Four-Year Reports was incomplete and has not been summarized for this document. There are indications, however, from the numbers of students enrolled, that of those admitted to medical schools, a large proportion fail to complete the course.

The data on physicians and their education indicate that a major health need in the Americas is to increase the numbers of physicians through full utilization and improvement of facilities for their education and training.

## NURSES AND NURSING AUXILIARIES

Nurses, midwives and nursing auxiliaries work in the Americas in both hospitals and health services. In both services the numbers at present are far less than the minimum recommended for acceptable care. In Table 68 are presented data on numbers of nurses, midwives and nursing auxiliaries in countries and other areas in 1960 or in the most recent years for which data were available.

Qualifications, requisites and education for nurses vary among the countries. In the nursing field it is more difficult to develop comparable data on resources than in many other fields. The information shown is for the most part based on classifications of nursing personnel provided by the countries.

In Northern America there are over 570,000 graduate nurses, in Middle America approximately 16,000 and in South America 21,000. The total of 37,000 in Middle and South America is for a population greater than that of Northern America. On a population basis, there are at least ten times as many graduate nurses in Northern America as in either Middle or South America (28.9 per 10,000 population as compared to 2.4 and 1.5 in the latter two regions).

<sup>\*</sup> Incomplete, one school only.

TABLE 67. MEDICAL PERSONNEL IN GOVERNMENT SERVICES, RECENT YEAR

	LADI	E U1. MEDIC		100011	141717	11 4	, v 101	MT 4 TAT	7214.7	DLIV	A IOTO	, 100	<b>OD1</b>						
Area.	Year	Services	Physicians	Dentists	Pharmacists	Sanitary engineers	Veterinarians	Other university	Medical assistants	Health assistants	Nurses	Mid-wives	Laboratory technicians	X-ray technicians	Physiotherapists	Nursing auxiliaries	Sanitary auxiliaries	Dental auxiliaries	Other
Argentina Bolivia Brazil Chile Colombia Costa Rica Dominican Republic (a) Ecuador El Salvador Guatemala Honduras Mexico Nicaragua Panama Paraguay (a) Peru (a) United States (c) Uruguay Venezuela (a)	1959 1960 1959 1960 1958 1960 1960 1960 1960 1960 1960 1960 1960	Official Health Official Health Official Health Official Health Government Official Official Health Health Health Health Health Health	18 797 657 5 205 2 886 1 377 455 442 5 510 97 154 3 824 1 108 19 601 1 164 2 059	59 7852 95 21 53 34 24 309 58 156 6812 d)112	1 253 54 380 20 5 60 122 14 4 2 7 116 8 17 32 65 39	12 6 38 1925	20 11 4 3 1	4 21 8 	100 842 1	89 254 10 3  1 637	240 1 438 1 094 120 350 350 350 93 4 407  424 37 576 45 396	46	128 86 72 91 145 34 55	22 27 52 52 12 41  20 22	18	582 5 433 8 512 1 820 1 050 563 18 943 199 531 203 158 826	235  1516 - 194  992 131  49 132 9 705		33 441 41 16 599 3 201 1 844  423 141 117 4  400  714 4 009 
West Indies Federation Antigua Barbados Dominica Grenada Jamaica St. Kitts-Nevis-	1960 1960 1960 1960 1960 1960	Government Government Government Government Government	28 6 82 d) 16 102 4 20 16 73 41 4 74 2 14 36 8 12 	35 - 82 5 . 12 2	10 23	1 2,	4 1 1 5 1 1 5 3 2 3 3 1 1	1 3	32	6	e) 292 21 325 165 209 3 63 168 177  10 550 187 55	3 - 99 - 94 - 94 - 15 - 29 8 17	21 -9 -3 20 1 39 37	3 1 1 6 1 1	33-55	326 7 20 - -	19 67 		14 2  584 - 5 47 - 10 
Anguila St. Lucia	1960 1960	Government Government	7 11	1 1	6 7	1	1			-	110 88	19	2 4	1 1		_	-	_	1 

<sup>(</sup>a) Health and Social Welfare. (b) Positions. (c) State and local health, federal. (d) 1959. (e) Including student nurses.

TABLE 68. NUMBER OF NURSES, MIDWIVES AND NURSING AUXILIARIES
WITH RATES DEB 10 000 DODIN ATTOM IN THE AMERICAS, 1020

WITH RATE	SPE	R 10,000 I		ION IN TH	E AMERI	CAS, 1960	)
			Number		[	Rate	
Area	Year	Nurses	Midwives	Nursing auxil- jaries	Nurses	Midwives	Nursing auxil- iaries
Argentina	1957	10 273	3 5 6 0	16 527	5.2	1,8	B, 3
Bolivia	1960			582	0.7	0,2	1.7
Brazil (a)	1957			38 039	0.6		5.9
Canada	1960			ъ) 28 608	38.5	•••	14.9
Chile	1960		642	8712	2.1	ò.á	11.4
Colombia	1960			c) 1820	0.7		1.3
Costa Rica (d)	1960			1050	4.5		9.0
Cuba	1957		1 885		4.5	3.0	
Dominican Republic (f)	1960	431	46	563	1.4		1.9
Ecuador	1957	194	183		0.5	0.5	
El Salvador (f)	1960	350	246	943	1.3	0.9	3,6
Guatemala	1957	543			1,6		
Honduras	1960	93		531	0.5		2.7
Mexico	1960	4 407	204	203	1,3	0.1	0.1
Nicaragua	1960			158	1.8		1.1
Panama	1960		87	958	4.6	0,8	9,1
Paraguay	1957		358	579	0,5	2,2	3,5
Peru	1960			g) 2736			2,5
United States	1960		6 000	625 000	28,0	0.3	34.7
Uruguay	1957	420	834		1.5	3,1	
Venezuela	1957	2027	-	5 020	3.2	-	7.8
Bahama Islands	1960	h) 347		46	33.0		4.4
Bermuda	1959	63	32	15	15.0	7.6	3.6
British Gulana	1960	d) 325			5.8	411	
British Honduras	1960	165	227		18.1	24,9	
Canal Zone	1960	209		326	49.8		77.6
Falkland Islands	1960			7	15.0		35.0
French Guiana	1960	63	13	20	20.3	4.2	6.5
Guadaloupe	1960	210	77	-	7.8	2.9	-
Martinique	1960	205	63		7.4	2,3	
Netherlands Antilles							
Puerto Rico	1960	787	1 023		3,3	4.3	
St. Pierre and Miquelon	1960	10	1	-	20,0	2.0	-
Surinam	1960	700	50		25.9	1.9	
Virgin Islands (U.K.)	1960	16	9		22.9	12.9	
Virgin Islands (U.S.)	1960	19	17		5.8	5.2	
West Indies Federation							
Antigua	1960	1) 98 187	29	949	17.8	5.3	.:::
Barbados	1960		.8	262	8.0	0.3	11.2
Dominica Grenada	1960 1957	55 75	17 46	48	9.2	2.8	6 0
Jamaica	1957		1	1 585	8.8	5.4	5.6
Montserrat	1958		10		11.9 15.4	2.5	10.2
St.Kitts-Nevis-Anguilla		110	19	• • • •	19,6	7.7 3.4	
St. Lucia	1960			• • • •	10.7		• • • •
St. Vincent	1957	74	96	32	9.7	12.6	4.2
Trinidad and Tobago	1960	1 254	1 186		15.0	14.2	1,2
,	1000						
Northern America		572 575	6 033	651 623	28.9	0.3	32,9
Middle America		15 761	5 295	6705	2.4	0,8	1.0
South America		21 046	5 706	74 042	1.5	0.4	5.3

(a) From report of Brazilian Nurses' Association on Survey of Nursing Needs and Resources. Graduate midwives included with nurses. (b) Data for 1958 including psychiatric nurses who were not graduate nurses. (c) Year 1958, (d) Government only, (e) Midwives included with nurses. (f) Ministry of Health only, (g) Not specified as graduate nurses or auxiliaries. (h) Including student nurses, (i) Including auxiliaries.

By country the number of graduate nurses per 10,000 population varied from 38.5 to 0.5. In all but one country in Latin America there were fewer than 5 graduate nurses per 10,000 population and in 12 countries there were less than 2 per 10,000 population.

In all regions of the Americas nursing auxiliaries work under supervision of nurses or physicians in

rendering nursing services. In Northern America they are employed mainly in hospital care but in Latin America they have functions in health services in addition to those in hospitals. Nursing auxiliaries are also in far greater supply in Northern America than in either Middle or South America. There were over 651,000 auxiliaries or 32.9 per 10,000 population in the United States and Canada and less than 81,000 combined in the other two regions. In South American countries ratios of nursing auxiliaries to graduate nurses were usually high. Six Latin American countries had more than 5 nursing auxiliaries per 10,000 population and the range in auxiliaries per 10,000 population was from 11.4 to 0.1.

Midwives, some of whom also are graduate nurses, also render service in the Americas. There were reported to be an estimated 6,000 in Northern America and 11,000 in Middle and South America. The ratio was greatest in Middle America (0.8 per 10,000 population) followed by South America (0.4) and Northern America (0.3). From only a limited number of countries were there data on the numbers of auxiliary midwives, and thus tabulations have not been included in this report.

A large part of nursing personnel in Middle and South America are employed in official government services, both hospital and public health. In the United States and Canada the largest numbers work in non-profit hospitals. The numbers in government services in the countries are shown in Table 67.

The responsibilities given to graduate nurses and nursing auxiliaries in Latin America, particularly in rural areas where physicians are not available, are great. The small numbers of graduate nurses and auxiliary nursing personnel points to many problems in the Americas in addition to the deficiencies in numbers, such as lack of secondary education for preparation of young women to enter the nursing field, the need for strengthening professional nursing education because of the greater responsibilities placed on nurses in terms of supervisory and teaching functions and the lack of adequate preparation for nursing auxiliaries.

## OTHER HEALTH PERSONNEL

Among the professional and technical specialties in the health field there are several groups which are needed in large numbers for the maintenance of basic health services. These include dentists, sanitary engineers and sanitary inspectors.

Development of dentistry is at different stages in the various countries of the Americas. This is directly related to the availability of dentists in relation to population which also has a wide range in the Region. As seen in Table 69 there were in 1960 or recent year over 100,000 dentists in Northern America, a ratio of 5.6 dentists per 10,000 population. In Middle America there are 5,203 dentists or 0.8 per 10,000 population and in South America almost 36,000 dentists or 2.8 per 10,000 population. Of the countries Uruguay had the highest ratio of dentists to population,

6.1 per 10,000 population, and the values ranged down to 0.1 per 10,000 population. Only 5 countries of Latin America had 2 or more dentists per 10,000 population. The numbers employed in government health services are included in Table 67.

All countries except one have at least one dental school, and in addition there is a school in Puerto Rico. In Northern America in 1960 there were 52 dental schools, in Middle America 19 and in South America 58. Thirty-six of these schools were located in Brazil, and 10 in Mexico. In general schools have

TABLE 69. NUMBER OF DENTISTS, SCHOOLS OF DENTISTRY AND GRADUATES PER YEAR WITH RATES OF DENTISTS PER 10,000 POPULATION IN THE AMERICAS. 1960

· · · · · · · · · · · · · · · · · · ·		Den	tists	Schools o	f dentistry
Area	Year	Number	Rate	Number	Graduates per year
Argentina Bolivia Brazil Canada Chile Colombia Costa Rica Cuba Dominican Republic Ecuador El Salvador Guatemala Haiti Honduras Mexico Nicaragua Panama Paraguay Peru United States Uruguay	1957 1960 1959 1960 1960 1960 1967 1967 1957 1957 1957 1957 1960 1968 1969 1959	10 083 500 15 532 5 780 2 504 1 719 148 2 100 c) 21 500 161 130 52 63 1 601 c) 93 88 277 1 630 103 581 1 650	0.8 1.6 1.5 5.8 6.1	3 36 6 3 4 1 1 1 1 10 1 1 46 1	a) 442 a) 11 b) 1294 215 124 a) 110 27 4 2 d) 13 2 10 125 3253
Venezuela  Bahama Islands Bermuda British Guiana British Honduras Canal Zone Falkland Islands French Guiana Guadaloupe Martinique Netherlands Antilles Puerto Rico St. Pierre and Miquelon Surinam Virgin Islands (U.K.) Virgin Islands (U.S.) West Indies Federation Antigua Barbados Dominica Grenada Jamatca Montserrat St. Kitts-Nevis-Anguilla St. Lucia St. Vincent Trinidad and Tobago	1960 1960 1960 1960 1960 1960 1960 1960	1400 6 26 32 7 16 2 5 38 56 31 363 1 18 2 10 3 9 97 	1.4	3	143
Northern America Middle America South America		109 388 5 203 35 852	5.6 0.8 2.8	52 19 58	3 468 48 2 259

<sup>(</sup>a) 1959. (b) 1958. (c) Government service only.

small enrollments and a large proportion of students admitted do not complete their courses. With the dentists available at present current requirements for dental care and preventive measures can not be met, and the need for expansion in the educational program to prepare dentists is pressing.

Sanitary engineering personnel including both saniitary engineers and sanitary inspectors are basic to the development of programs in environmental health which are receiving great emphasis at the present time. Inventories of resources in personnel are not easily obtained. The number of sanitary engineers employed directly in health departments is small; many others are staff members of other ministries, institutes, banks or private companies concerned with construction of water supplies and sewerage systems. Estimates have been made that there are about 5,000 sanitary engineers in the United States and Canada and 2,000 in Middle and South America. However, reports from these latter countries indicate that the numbers known to be working in Latin America exclusive of Argentina and Brazil is in the neighborhood of 350, and this group is principally in health services. In sanitary engineering, as in other fields, there is need for a registry system to determine the numbers of trained personnel outside the government service. The numbers reported by the countries are shown in Table 70, with other health personnel and the numbers in government services are given in Table 67. In view of the acceleration of programs to extend systems for water supplies and sewerage systems to larger proportions of the population, many more engineers will need education and training in this field.

Sanitary inspectors are employed in large numbers in the Americas, for the most part in health services. The numbers per 10,000 population are higher in both Middle and South America than in Northern America. Special short courses are usually provided for their training.

The data for other technical personnel employed in the health field in the Americas appear in Table 70. These include veterinarians, health educators, statisticians, pharmacists, laboratory technicians, physiotherapists, X-ray technicians and dental auxiliaries. Some of these groups such as veterinarians, health educators and statisticians are now being trained in schools of public health and other university facilities. For all fields increases in numbers are essential. Other types of personnel mentioned above are prepared in special courses and for each there is an increased demand in order to adequately staff health services and hospitals in the Americas.

<sup>(</sup>d) Data from 4 schools.

TABLE 70. PERSONNEL FOR MEDICAL AND HEALTH SERVICES IN THE AMERICAS, RECENT YEARS

Area	Sanitary engi- neers	Sanitary inspec- tors	Veteri- narians	Health edu- cator	Statis- ticians	Phar- macists	Labora- tory tech- nicians	X-ray techni- cians	Dental auxil- iaries	Physio- thera- pists	Social workers	Otros
Argentina (a) Bolivia (a) Brazil (b) Canada Chile Colombia (d) Costa Rica Cuba Dominican Republic (d) Ecuador (a) El Salvador (d) Guatemala (a) Honduras (a) Mexico (a) Nicaragua Panama (d) Paraguay (d)	75 25 47 10 8 8 2 12 1 5 76 12 12 6	235 950 1516  194  992 131	1775 48 300 18 661 4 3 1	5  27 13 	5	1 641 54 788 c)5 382 380 20 422  60 12 14 2 7 116 240 10 17	60 1 301 3 209 205 86  72 91 145 34 55 287 46 106 21	22 1161 2117  27 52  12 41  20 22	4271 29 6 3 25	530 30  2 4	13 509 530 570 62 89  22	b)42 577 18 27 761 3 884 2 584 1 469  832 177 205 4 2 906  1 1116
Peru United States	104 5 000	132 10 000	391 20 000	6 1000	5 000	1 786 120 000	78 000	75 000	114500	8 000	272 11 700	405
Uruguay (d) Venezuela (d)	24	402	21	• • •	• • •	65 39	219	78	5	6	• • •	842
Bahama Islands Bermuda British Guiana   British Honduras Canal Zone Falkland Islands French Guiana Guadeloupe Martinique Netherlands Antilles Puerto Rico St. Pierre and Miquelon Surinam Virgin Islands (U.K.) Virgin Islands (U.S.) West Indies Federation Antigua Barbados Dominica		24 19 67  6 13  64 	6 1 7 1 5 3 3 3 3  29	1 . 1		1 17 125 29 9 - 8 41 54 21 	7 4 35 21 9 - 3 36 1	64629	4	2 3 5 5	 5  33 	15 5 6 32 584 -  80  3 
Grenada	1 2	***	~	-	-	23	7	1	_	-	•••	• • •
Jamaica St. Kitts-Nevis- Anguilla St. Lucia Trinidad and Tobago	1 -	•••	1 1 13	-		607 14 19 380	2 4	1 1	- - -	-	•••	1

<sup>(</sup>a) Government only. (b) Technical assistants. (c) Minimum estimate. (d) Ministry of Health only.

## EDUCATION AND TRAINING

Each country establishes its own standards for both undergraduate and post-graduate professional education. Information on certain aspects of these standards was provided by many countries together with enrollment data. Since prerequisites for admission, curriculum, and the proportion completing the prescribed courses of study vary no attempt is made to present such data. In Table 71 is summarized the number of schools in certain specialties meeting nationally accepted criteria.

TABLE 71. EDUCATIONAL FACILITIES, SCHOOLS AND GENTERS FOR MEDICAL AND HEALTH PERSONNEL IN THE AMERICAS, 1900

						_	_			_					7		
Country	Medicine	Public Health	Dentists	Pharmacists	Santrary Engineers	Veterinarians	Nurses	Midwives	Nursing Auxiliaries	Social Workers	Sanitary Inspectors	Dental Hygtenists	Laboratory Technicians	X-ray Technicians	Medical Record Librariens	Diericians	Physio- therapists
Argentina	В	2	3 -	a)	•	al	a)	a)	a)	a)	á)		a)	а),	-	a)	
Bolivia	3		3	1						١	۱	١					
Brazil (b)	31	8	36	23	c)	В	37		44	28	۱						
Canada	12	2	6	8	el	5	188		179		l	1	100	١.,, ا	9	16	5
Chile	3	lī	3	2	1	2	5	1	10				1		.,,		
Colombia (d)	Ě	ī	4	4		2	5			3			6			1	
Cuba	Ιĩ	l	l ī	1			ا ا		a)		1	4	a)	۱'		1	
Dominican Republic	í		1	3	-	1	1	-	1		-		-	-			-
El Salvador	ĺ	-	1	1	_	-	9	-	- 6		10	-	11	-	ا ا		-
Guatemala	1 1	-	1	1	1	1	a)	1	3	1	- 1	-	1	-			1
[Jaiti	1 1	١ -		1	' - ا	۱'	۱'			١,,,'	١						
Honduras	1	-	1	1	-	-	1				l						
Mexico	21	1	10	17		1	76		,		l		1				
Nicaragua	1	-	i	1	-	-	4	-	1	1	i						
Panama	1	-	-	1	-	-			1		· · · ·	1					
Paraguay	1 1	- 1	1	1	1	1	1	1	1	1	1		1				
Peru	3	-	1	2	1	1	13	1		4						1	
United States	e)84	10	46	76	75	18	1129	,	602	55		37	732		f) 40	65	g) 67
Venezuela	4	1	3	.4		_1	7	-	1	_ 2	2	1	2		1	1	

(a) Information on enrollments but number of schools not stated. (b) 1958. (c) included in Engineering Schools or in School of Public Health. (d) 1959. (e) in addition 6 schools of esteopathy. (f) includes medical record technician. (g) Occupational therapy 28; physiotherapy 39.

Several comments given in the narratives of Part A of the Report from countries indicate the great progress made in education and training programs. These have been summarized for inclusion in this report. Emphasis has been placed in many countries on training of public health workers in schools of public health and in special courses arranged by the ministries of health.

In July 1959 the Ministry of Social Welfare and Public Health in Argentina established the National School of Public Health to train both professional and auxiliary personnel in health subjects. The establishment of this institution was aimed at overcoming the shortage of specialized personnel and to have sufficient personnel available to undertake health activities employing the most up-to-date procedures for the promotion, protection, and restoration of health, by providing specialists in hospital organization and administration, epidemiology, statistics, and so forth.

In Brazil, the most outstanding event in the matter of training public health personnel was the establishment of the National School of Public Health in Rio de Janeiro, which began to operate regularly in 1959. At the federal level, training courses for health personnel are conducted by the National Department of Health,

chiefly for auxiliary personnel, by the National Children's Bureau, and by the Institute Oswaldo Cruz. However, it is hoped to eventually have all courses in the School of Public Health. There are five additional schools providing training in public health in Brazil, one in each of the following states: Sao Paulo, Minas Gerais, Bahia, Pernambuco, and Parana. By the Law of 10 July 1958 the profession of sanitary engineer was given legal recognition. One national agency that has contributed fellowships for training in the country or abroad is CAPES (Committee for Advanced Training of Personnel).

There were 12 medical schools in Canada at the beginning of the period as well as auxiliary training facilities. The following additions were made: the University of Sherbrooke, Sherbrooke, Province of Quebec, established a faculty of medicine with first medical year in 1961. The University of Manitoba opened a dental school in 1958-1959 and established a school of physiotherapy and occupational therapy. Beginning in 1960 the University of Alberta offered three-year courses on physical therapy and occupational therapy. The Faculty of Medicine of the University of British Columbia has plans for a three-year course for therapists in rehabilitation. The School of Hygiene of the University of Toronto established a Diploma in Bacteriology in a course for laboratory personnel, veterinarians, dentists, and pharmacists. Thirteen hospitals are approved for three-year training courses, and nine hospitals for one or two-year courses for post-graduate training in opthalmology. Faculties of Dentistry of the Universities of Alberta and Manitoba approved establishment of two-year diploma courses for dental hygienists. The University of Toronto School of Hygiene has instituted a diploma course in nutrition, and a master's degree in nutrition. In 1960, a new Institute of Industrial Hygiene and Air Pollution was established at the University of Montreal. In 1960, there were 110 laboratories in hospitals approved by the Canadian Medical Association for the training of laboratory technicans, four public health laboratories, and three educational institutions giving courses leading to certification as a "Registered Technician." From 1957 to 1960, 788 mental health personnel were trained in formal academic courses and 384 in short courses. To illustrate the scope and variety of postgraduate training facilities, the Royal College of Physicians and Surgeons publishes annually a list of Canadian Hospitals approved for advanced training. Graduate training and degree courses are available in the medical schools. In the nursing profession several universities offer courses leading to a Baccalaureate in Nursing with specialization in public health nursing, nursing education and administration.

The Seminar on Medical Education held in Santiago, Chile, 20-24 September 1960 dealt with medical education in detail, as well as with the changes in the curriculum of the School of Public Health, aimed at achieving a better coordination between public health and medical care activities, from which it is hoped to attain fruitful results. The discussions were of importance not only for programming, organization, administration, training and guidance, but also for research.

The Health School of the Ministry of Public Health in Cuba has been given the necessary stimulus to enable it to develop intensive training of professional and technical personnel, as well as the necessary resources for that purpose. During the period 1958-1960 courses were given in health and hospital administration, in nursing to both nurses and auxiliaries, in occupational health and in other fields for sanitary inspectors, laboratory assistants, and X-ray technicians. Participating in these courses were 254 students and 39 teachers in 1958; 117 students and 47 teachers in 1959; and 685 students and 100 teachers in 1960.

In 1958 the School of Medicine in El Salvador founded the School of Medical Technology which is now in operation.

At the School of Medicine in Haiti three departments have been established, each directed by a head who is at the same time chief of service at the General Hospital. Clinical in-service training is compulsory after the third year of study. As early as the second year of study, medical students visit the wards for instruction in symptomatology. A third school for male nurses has been set up in Cayes.

The reorganization of the School of Medicine in Honduras has begun with a plan of reform that will extend over seven years. The following has been accomplished to date: a system for selecting applicants was instituted with a limit of 35 admissions per year; students admitted must have previously completed a year of basic training in mathematics, physics, biology, chemistry, etc.; elinical training was divided into surgical and medical, there being a chair for each with a director, assistant professors, and instructors; seminars by faculty members and students were instituted; the university has awarded fellowships to professors for study abroad; new biochemistry, bacteriology, and physiology laboratories, and surgical and experimental wards have been installed; specialists in medical education have arrived from abroad. In accordance with the National Health Plan, the Training Center for Nursing Auxiliaries and Sanitary Inspectors began in March 1957; 68 auxiliaries and 56 inspectors have already completed their training.

The Ministry of Health and Welfare in Mexico gave the necessary attention to professional education and training, in order to gain the best results from its budgetary allocations and taxes. The National Government offered its support to universities and other professional training schools by increasing the subsidies awarded, but without interfering with their freedom to choose their curricula. In the schools for medical and allied training it achieved the introduction of important concepts in keeping with the advances made in the health and medical sciences. The School of Public Health was successful in fostering international relations by means of round tables, seminars, etc. The first School of Nursing of the Ministry of Health and Welfare was inaugurated in April 1960 with 30 students. It operates under the Public Health Education Department and conducts its activities at the Medical Center of Mexico City. The School of Social Workers was established in Tlaxcala under the Public Health Department of the States and Territories and under the technical direction of the School of Public Health. The School of Public Health gave four courses for the Master of Public Health Degree with 141 students, four courses for Master of Nursing in Public Health with 55 students, and ten other courses were given to laboratory technicians, nursing auxiliaries, sanitarians, nutritionists, social workers, with a total of 102. In addition to these courses at the School of Public Health there were three short courses for nursing auxiliaries, and four courses in hospital administration and organization. A course in hospital administration was established with six specialties. The first course of two years' duration was attended by 15 students of whom 14 were physicians and one a nurse. To raise the level of training, the following activities were organized: a round table on health education; an International Meeting of Directors of Schools of Public Health; an International Conference on Nutrition and Dietary Habits; a Seminar on Health Education Applied to Sanitation Programs: a Seminar on Training and the Latest Methods in Tuberculosis; a Latin American Seminar on Microbiology; a Seminar on Prothesis and Orthopedic Appliances; a round table on personnel training and organization; and other meetings.

During this period in Panama there was an increase in the number of professional health educators and public health physicians, and the first veterinarians were trained. Training included fellowships for study abroad (especially in Latin American countries), inservice training, seminars, etc.

The principal activities in education of the Ministry of Public Health and Social Welfare in Paraguay were reflected in a series of agreements, decrees and resolutions. Resolutions of 1957 pertained to the first short course in public health for heads of rural units,

second training course for inspectors, a course for health educators and a short course in sanitation for hook-worm control campaign. Similar resolutions in 1958 were for courses for nursing auxiliaries and for rural-medical officers; in 1959 for seminars on child and family nutrition and on hospital administration, and in 1960 for a course for inspectors and seminars on nursing education and hospital administration. Also, an agreement in 1960 was for a plan to improve the curricula and educational facilities of the "Dr. Andres Barbero" Institute.

In Peru changes were introduced between 1957 and 1960 in the basic education and training of professional personnel engaged in public health activities and of auxiliary health personnel. Two schools of medicine were established in the most important cities in the north and the south of the country. The curricula of the schools are modern and the faculty has undergone pedagogical training. A Department of Post-Graduate Training was established at the School of Medicine in Lima, and organized short courses and lectures throughout the country. It also established residencies for specialist training. In addition, the course in hygiene, which was given in the sixth year of studies, has been changed into a course in preventive medicine, hygiene, and social medicine so as to integrate preventive and social security concepts with the classical welfare concepts. It will extend over the second to the sixth year of study. A new curriculum adopted in 1960 reduces the medical course to 6 years and increases the actual number of hours of study by 25 per cent. There have been changes in the number of professors in schools of dentistry with increases from 91 in 1957 to 129 in 1960; in the budget, which increased by more than 50 per cent; and in training, by the addition of further training courses.

The most outstanding changes in education in sanitary engineering in Peru were the transformation of the School of Sanitary Engineering into a Faculty of the National University of Engineering in 1958; the institution of further training courses for sanitary engineers, the purchase of equipment, and the construction of three assembly rooms. A course in public health was established in 1957 for students of veterinary medicine in their last year of studies, and the Faculty of Veterinary Medicine was installed in its new premises during this four-year period. Courses in sociology were introduced at the Institute of Anthropology of the Greater National University of San Marcos, and an Institute of Anthropology was founded at the University of San Cristobal in Huamanga. In 1960 two Social Service Schools were established in the mountainous region of Peru, one in the city of Puno and the other in Ayacucho.

The major occurrences in the nursing field in Peru were: the introduction of a standard curriculum in the 12 nursing schools; the establishment of the Higher Council of Nurses and of the Post-Graduate Nursing Institute; the reopening in 1957 of the School for Male Nurses of the Government Health Services and the Police; the establishment of nursing schools of the Salaried Workers Social Security Fund; the establishment of the Tacna Regional Hospital, of the Peruvian Naval Center and of the School of Nursing and Obstetrics at the University of San Cristobal in Huamanga in 1960.

Ministerial agencies in Peru assisted in the basic training of medical and health personnel, in public health training and orientation for graduates, and in specialized training in various branches of public health. The following agencies collaborated: the National Institutes of Health; the Institute of Occupational Health; the Institute of Nutrition; the Biostatistics Program; the Division of Health Education which trains health educators, and several others.

To maintain the present ratio of 141 physicians and 56 dentists per 100,000 population in the United States the number of physicians graduated annually must be increased from 7,400 to 11,000 and the number of dentists from 3,000 to 6,200 by 1975. To reach these goals, an estimated 20 to 24 medical schools and 20 new dental schools will be required, as well as the expansion and replacement of the facilities of present schools. Three recent laws provide some educational aid for medical and allied personnel: (1) the National Defense Education Act of 1958 authorizes long-term low-cost loans for students, some of whom are medical and dental students; (2) the Practical Nurse Training Extension Act authorizes a yearly grant of \$5 million for an 8-year period (1957-65) to States for training of practical nurses; and (3) an amendment to the Public Health Service Act authorizes grants of \$2 million annually for a 5-year period for graduate traineeships in schools of public health, nursing and engineering. During the 4-year period, 2,306 awards were made in the latter program with the largest number, 1,242, to nurses. In 1958, the 85th Congress amended Section 314(c) of the Public Health Service Act to authorize the Surgeon General to make grants-in-aid to accredited schools of public health. One of the primary purposes of these grants is to support the provision of comprehensive professional public health training in such schools. Under a legislative ceiling of \$1,000,000 the Congress appropriated for this purpose \$459,000 for fiscal year 1959 and \$1,000,000 for each of fiscal years 1960 and 1961.

In Venezuela the most notable progress in education was the large increase in the number of personnel trained abroad and in the country through fellowships of the Ministry of Health and Welfare. The total fellowships increased from 84 in 1958 to 254 in 1959 to 353 in 1960. In nursing the important events were the establishment of "Bachillerato" as a requirement for admission to one school, the increases to four years of the course in other schools and the of-

ficial establishment of the course for nursing auxiliaries. In the field of social service the most important progress was the approval of the "Bachillerato en Humanidades con Mención en Servicio Social" and the creation of the School of Social Work in the Central University of Venezuela. A great change occurred in the relations of the Ministry and the National Universities with the celebration of the First Seminar on Medical Education in Venezuela. The Venezuelan

School of Public Health in the Faculty of Medicine of the Central University was created in 1958 with teaching at two levels with one course of four months' and the other of ten months' duration. Various post-graduate courses in other medical specialties, cardiology, anatomy, pathology, internal medicine, pediatrics, anesthesiology, etc., were initiated. During the period 1957-1960, four courses were given at the Nuclear Energy Institute on the use of radioisotopes.

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