

## APPENDIX I.

## URUGUAY.

## (1) REPORT ON SANITARY AND QUARANTINE MATTERS IN URUGUAY.

By Dr. LUIS ALBERTO DE HERRERA.

Having received the report on the national sanitation of Uruguay, made by the Government which I have the honor of representing before this congress, and to which I made reference in previous sessions, I hasten to deliver the same to the chair, respectfully requesting, at the same time, that the whole of it be published, together with the appendices which accompany the same, in the volume containing the proceedings or deliberations of this scientific congress.

I am particularly interested, Mr. President, in its publication, because it is always an honor for nations to be able to produce irrefutable proof of their progress, especially when they do not, as Uruguay does not, pretend to excel in the countries of the world because of its navy or its army, nor because of its great enterprises. Of a different character are the achievements and merits which have already commenced to be a motive of legitimate pride to my countrymen. Uruguay is, territorially, the smallest of the South American countries, and, nevertheless, she can justly pride herself on being the first in this continental assembly in more than one respect.

I would be deviating myself from the question under discussion, Mr. President, if I should aver, in order to prove the above statement, that, proportionally, we have more schools, more railroads, more roads, a larger population, and more personal wealth than any of the Latin American countries. But I shall confine myself within the limits of said question, stating our progress in sanitary matters.

Montevideo was the first city of the continent which had a complete system of common sewers, constructed in 1867. It is now over twenty-five years since said city had a good water supply brought to it through suitable mains from a river located at a distance of 20 miles, the water coming into the capital thoroughly filtered. To the above fact we may add that at Montevideo there are sanitariums for tuberculosis patients, charity institutions, asylums for the destitute young and aged, and separate hospitals for children, women, and adults, all of which explain the reason why the mortality statistics show such an exceedingly low death rate in our capital. The death record which Dr. Joaquin de Salterain has been publishing for the last ten years, shows that less than fifteen persons per thousand die yearly. The efficient land and maritime sanitary police, as well as a strict compliance with the regulations and laws of public health, largely contribute to this result.

The national board of health, which is the supreme authority in this matter, guards with great zeal the health of the city, having issued special regulations in order to generalize certain medical knowledge of

evident usefulness, and to warn and instruct the middle and poorer classes concerning the simple and practical process which should be followed to prevent infectious or contagious diseases. To that end, as may be seen in the accompanying pamphlet, there are regulations concerning the proper treatment during epidemics of whooping cough, smallpox, the measles, typhoid fever, etc. For the prevention of each of the above diseases, plain and practical instructions and rules are given, besides a series of compulsory precautions the compliance of which is enforced by the sanitary officers.

Typhoid fever is the disease which follows a more regular and periodical course. In the department of Montevideo the months least favorable for the spread of said disease are August, September, October, and November. From the latter month cases of typhoid fever are more and more frequent, until March and April, and from August on they commence to diminish. The rural districts are those which suffer most from these diseases during the months in which the earth is in aphelion.

A successful war has been waged against said disease by requiring the whitewashing of the dairies, stables, dwelling houses, etc., and by strictly complying with the regulations in force concerning the number of persons who may dwell in convents, and the ventilation of the latter; the inspection of the washing of the clothes of individuals and private institutions, and increasing the vigilance exercised in the inspection of dung pits, ditches, springs, and cisterns. Owing to these combinations of severe measures the typhoid fever epidemic is gradually decreasing.

Formerly, when the country did not have the scientific means of defense which it at present possesses so well distributed and in such abundance, smallpox made great ravages. Public ignorance, which opposed general application of vaccine, greatly contributed to the spread of said disease. But the efficient and constant action of a wise system of public schools, established more than twenty-five years ago, and modeled after the same kind of such institutions in the United States, has given a powerful impetus in this direction, and has banished forever the prejudices of ignorance. At the present date vaccination is advocated by all the towns, and the government not only gives vaccine points free to all persons who are duly authorized to apply for them, but also renders this service to the public entirely free through physicians who are paid for that purpose. There is at Montevideo a National Conservatory of Vaccine which supplies the whole country, and I may add that its preparations have often been utilized by experts of the Brazilian State of Rio Grande del Sur, which is a bordering State of the sister republic.

Regulations have also been issued whereby both national and foreign physicians are bound to report to the proper authority, under the penalty of a fine, without any exceptions, the cases of infectious or contagious diseases which have come under their notice. If said report should relate to leprosy or tuberculosis patients, the authorities shall not make public the names or residences of the patients.

Among the appendices to which I have already made reference is the maritime sanitary regulations, the extent of which prevents me from taking it into consideration at this moment. But I should state that new clauses have recently been added thereto, whereby vaccination is declared compulsory to all the steerage passengers landing in our ports.

I take pleasure in calling your attention to the fact that in 1888, before the famous conference held at Dresden, the Republics of Uruguay, Argentina, and Brazil, agreed upon a sanitary convention which bound the three contracting parties. That convention is still in force, and the signatory powers have faithfully observed the same. This was the first international agreement concerning maritime sanitation which was ever officially and successfully put in operation in the world.

Before I finish my address, Mr. President, I want to inform this congress that I had received instructions from my Government to offer to the congress the hospitality of the city of Montevideo for holding the next continental meeting, if such an invitation should be considered opportune.

But before my turn for addressing you came, the distinguished delegates from Mexico and Chile have had that honor, and we have just heard from each of them that both Republics desire you to be their guests next year. Said priority renders out of place the cordial invitation of the Government of Uruguay, for the simple reason that there is no room for jealousy or rivalry among brothers, the essential thing being that you accept the invitation extended to you by Latin America, and when I say so, I address my remarks particularly to the delegates from the United States, in order to satisfy you once more of the sincerity of our feelings, as well as of the progressive spirit by which we are animated. The success of the reception which will be extended to you will be common to all of us, and shall fill our hearts with true gladness.

For the reason above stated I shall limit myself to request that the spontaneous initiative of my Government be recorded in the minutes of this Congress.

Being compelled, therefore, Mr. President, to select between Mexico and Santiago de Chile as the place where the next meeting of the conference will take place, since Montevideo gallantly withdraws her candidacy, I hasten to say that if I shall vote for the last-mentioned city, it will be moved by a feeling of equity, because I think that the turn of being hospitable to foreign scientists belongs now to Santiago de Chile, inasmuch as the second Pan-American conference has just been held in Mexico. A short time ago Montevideo extended its hospitality to the members of the Latin-American conference, and Buenos Ayres will also extend its hospitality to the International Medical Congress in 1905.

This sincere explanation is due to the Mexican delegation, which here represents the wisdom of a model country, and indeed a very dear one to Uruguay, and this just homage is also due to the Chilean delegation, which brings to this conference the well-earned fame of the glorious transandine Republic, which is so deservedly interesting and dear to my countrymen.

The alphabet, therefore, has been wise this time, by mere chance, in deciding that mine should be the last turn, since it is just that the least deserving should be the last in the rank and file.

What has been stated concerning myself and the nation I represent does not hurt my feelings, Mr. President; nay, the fact that my country has been left behind, owing to the tyranny of the alphabet, pleases me because, thanks to said tyranny, I have the honor of seeing my country in the good company of the United States.

[Inclosure A.]

## NATIONAL BOARD OF HEALTH OF URUGUAY.

## REGULATIONS OF MARITIME SANITATION.

MONTEVIDEO, 1902.

CHAPTER I.—*Preliminary provisions.*

ARTICLE 1. The object of the prophylactic measures contained in these regulations is to protect the territory of the Republic from the invasion of common exotic and infectious or contagious diseases that may be imported through our ports.

ART. 2. The following are the diseases which are considered as exotic: Indian cholera, yellow fever, beriberi, bubonic plague, and those which hereafter may deserve to be classified as such. Those considered as common infectious or contagious diseases, which can be transmitted and imported and, consequently, may endanger public health, are the following: Patechial typhus, smallpox, scarlet fever, diphtheria, and the measles.

ART. 3. The sanitary defense of the Republic at the ports depends upon the strict or severe provisions contained in these regulations, and they relate both to the ports and to the passengers and vessels, as well as to the latter or to the former, as the case may be.

ART. 4. The port of Montevideo is the only open port where the proper sanitary treatment may be applied to vessels coming from abroad, with the exception of the cases provided for in article 86, and no vessel shall continue its voyage to any other ports of the Republic without previously subjecting itself to the proper sanitary treatment.

ART. 5. Infected vessels touching the port of Montevideo, or which end their voyages at said port, shall never be refused entrance therein under any circumstances whatever.

CHAPTER II.—*Concerning bills of health.*

ART. 6. It shall be the duty of the captains of vessels coming from foreign ports to deliver to the sanitary officer who makes the visit, or to the assistant sanitary inspector, as the case may be, the bill of health issued at the port of departure, as well as those issued at the ports where the vessels have touched, indorsed by the respective Uruguayan consuls, as well as the bills of health issued to them by the latter.

ART. 7. Both the indorsement and the bill of health issued by the consuls to the vessels arriving at the ports by stress of weather, are dispensed with, and in such case the captains shall produce the bills of health of the ports whence they sailed.

ART. 8. The bills of health consist of two kinds, namely, foul and clean.

In the former is stated the absence of exotic diseases at the port of departure and at those where the vessels touched, and in the latter are stated the isolated cases or epidemic condition of the aforesaid diseases in the said ports.

ART. 9. The bill of health which reports the arrival at ports which are free from epidemics of infected vessels, against which the local authorities had not adopted precautionary measures, shall be considered as foul.

ART. 10. The consular indorsements shall state not only the sanitary condition of the port, but also the number of cases and deaths resulting from exotic diseases occurring at said port, even when the bill of health issued by the local authorities fails to state anything about it. The same statement shall be made in the consular bill of health.

The consular seal shall be affixed to the indorsement written on the back of the bill of health.

ART. 11. Whenever at any of the ports of departure or ports at which the vessels have to touch, there should be no Uruguayan consul, the bill of health issued by the sanitary authority in order to be valid must be indorsed by some other consuls.

ART. 12. The vessels sailing from the ports of the Republic, bound to a foreign port, must previously secure a bill of health issued by the sanitary authority of the port.

ART. 13. The bills of health henceforth issued at the ports of the Republic to vessels sailing for foreign ports, as well as those issued by Uruguayan consuls, must be in accordance with Forms No. 1 and No. 2, annexed to these regulations.

ART. 14. The bill of health shall not be valid if forty-eight hours should have elapsed from the date in which it was issued to that of the departure of the vessel. In such case the captain shall apply for a new bill of health.

ART. 15. The bills of health for war vessels shall be issued free of charge.

ART. 16. Vessels arriving at ports for the sole object of taking or leaving a harbor pilot, are not obliged to provide themselves with the bill of health issued by the office of sanitary inspection.

ART. 17. Vessels sailing between national ports shall not carry bills of health, but they shall carry a certificate which the office of sanitary inspection in Montevideo shall deliver to the captains or masters of said vessels, free of charge, and at the other ports of the Republic said certificate shall be issued by the respective departmental board of health. Said certificate, which shall be issued in accordance with Form No. 3, must be presented at the office of sanitary inspection and at the departmental boards of health, as soon as the vessels arrive, and shall be signed by the president of the national board of health and by the chief inspector of maritime sanitation, whenever said certificate is issued at Montevideo, and must bear the signature of the president of the departmental board of health as well as that of the sanitary officer or physician, in the other cases.

### CHAPTER III.—*Concerning the sanitary visit.*

ART. 18. All vessels coming from abroad arriving at a port, shall be visited by the sanitary officer of the service, in order to obtain free pratique.

ART. 19. Vessels arriving at a port for the sole purpose of taking on the harbor pilot, shall be exempted from the above requisite. This operation shall be carried out while the vessel is isolated and under the vigilance of a sanitary guard, and then said vessel shall at once continue its voyage to the ports to which she is bound.

ART. 20. Vessels coming from the Argentine Republic, Paraguay, and Matto Grosso, shall be subjected to the provision contained in article 18, whenever the national board of health shall so order it.

ART. 21. The sanitary visit shall be made from sunrise to sunset, and shall be discontinued or suspended from 12 a. m. to 1 p. m.

ART. 22. Vessels arriving in a port after sunset, shall only be allowed to take on or leave off the harbor pilot, except in extraordinary cases, which shall be decided by the national board of health.

ART. 23. In order to make the sanitary visit, the physician on duty shall be accompanied by an assistant of the service of sanitary inspection of the port and by the interpreter, whenever the services of the latter employee are required. As soon as the physician arrives alongside the vessel, he shall ask the captain and physician of the same the questions prescribed in the book on sanitary visits. Once his questions have been answered, he shall take the bills of health and the sanitary journal and shall examine them in order to verify the truth of said answers.

He shall then make the visit proper, entering the vessel and proceeding to the hospital, and may make any inquiry which he may deem necessary in order to grant or deny free pratique to the vessel.

ART. 24. If, from the questions asked to the captain and the physician, it should appear that the vessel is not in a proper or suitable condition to be admitted into free pratique, he shall order the captain to keep the yellow flag hoisted up and to prevent all direct or indirect communication with other ships at the port, until the proper decision on the matter has been rendered.

ART. 25. While the sanitary officer is on board, no vessel shall be allowed to locate itself at a distance of less than 500 meters from the vessel which has been visited, and those persons violating this rule or provision shall suffer the penalty stated in article 96, of Chapter XVIII.

ART. 26. As soon as the sanitary officer shall declare that he has finished his mission, and when the landing inspector of the immigration office and the assistant officer of the port shall declare that they have also fulfilled their duties, said inspector shall admit the vessel to free pratique, and shall order the captain thereof to hoist the yellow flag.

ART. 27. Whenever the officers of the board of health make visits to vessels which are in bad sanitary condition, although the health of the passengers and crew may be good, they shall immediately order the captains to adopt cleaning measures, fixing a proper period of time within which they shall be carried out. While said measures are being carried out, the loading and unloading operations shall not be allowed, though the landing of the passengers will be permitted.

An officer sent by the office of sanitary inspection of the port shall see to it that the instructions given by the physician who has made the visit are complied with.

ART. 28. The registry or entry in the journal of sanitary visits, shall be signed by the captain of the vessel, by the physician or medical officer of said vessel, and by the board of health officer who makes the visit.

ART. 29. Both the clinical journal and that of prescriptions which are kept on board, shall be indorsed and sealed by the medical officer who makes the visit after he has finished the same. Said seal shall bear the following inscription: "Sanitary service of the port of Montevideo."

CHAPTER IV.—*Classification of ports.*

ART. 30. Any port where there exists an epidemic of any of the exotic diseases set forth in article 2, shall be considered as an infected port.

ART. 31. The following shall be considered as suspicious ports:

- (a) The port where isolated cases or exotic diseases occur.
- (b) The port which has easy and frequent communication with infected ports, both by sea or by land, and is not sufficiently protected against said infected ports.
- (c) The port which, being far away from infected ports, does not adopt any precautionary measures against them.

ART. 32. The port where there does not exist any exotic disease shall be considered as noninfected.

CHAPTER V.—*Classification of vessels.*

ART. 33. The following shall be regarded as infected vessels:

- (a) The vessel on which there has occurred during its voyage one or more cases of cholera or yellow fever, whenever there have not elapsed seven days from the date of the last disinfection after the recovery or death of the patients, to its arrival at the port, in the case of the former disease, and eight days in the case of the latter.
- (b) The vessel having on board one or more patients of cholera or yellow fever on its arrival at the port or during its stay in the latter.
- (c) The vessel which on its arrival at the port should have on board an epidemic of any of the infectious or contagious diseases referred to in articles 2.
- (d) The vessel having on board one or more patients of beriberi.

ART. 34. The following shall be regarded as suspicious vessels:

- (a) The vessel on board of which there has occurred during its voyage one or more cases of cholera or yellow fever, whenever there have not elapsed seven days from the date of the last disinfection after the recovery or death of the patients to its arrival at the port, in the case of the former diseases, and eight days in the case of the latter.
- (b) The vessel which has had communication with another vessel infected with cholera or yellow fever, whenever there has not elapsed seven or eight days from the date of said communication to the arrival of the vessel at the port.
- (c) The vessel having on board or which has had on board, during the voyage, isolated cases of the aforesaid infectious or contagious diseases.
- (d) The vessel coming in good sanitary condition from infected or suspicious ports, and the voyage of which shall have lasted less than seven or eight days.
- (e) The vessel which has no bill of health issued at the port of departure, at the ports where it has touched, or which produces no bill of health issued by the Uruguayan consuls.

ART. 35. The following shall be regarded as noninfected vessels:

- (a) The vessel coming from ports enjoying perfect sanitary conditions.
- (b) The vessel coming from ports infected or suspected of being infected with cholera or yellow fever and which shall have made a voyage of more than seven or eight days and the sanitary and hygienic conditions of which are considered perfect.

CHAPTER VI.—*Concerning the sanitary treatment of cholera-infected vessels.*

ART. 36. Cholera-infected vessels shall be subjected to the following treatment:

- (a) A medical visit in order to make a thorough inspection at the lazaretto located in the Isla de Flores.
- (b) The landing and sanitary vigilance of the passengers in said lazaretto during the period fixed by the national board of health.
- (c) The disinfection of the baggages.
- (d) A sanitary passport in order that passengers may be watched on land during a period to be fixed by the national board of health.
- (e) The cargo and the mail shall be landed without any restrictions whatever, except the postal bags, which shall be disinfected.
- (f) The vessels shall carry out their operations at the place of anchorage designated by the office of sanitary inspection of the port.

ART. 37. The vessels referred to in the preceding article, when bound to Uruguayan ports, shall be thoroughly disinfected at the lazaretto, after landing all their cargoes,

and shall be furnished with potable water to replace the water they may have in their tanks. If, after the expiration of the sanitary vigilance term, it should be proved that there were not cases of any disease among the crew, the vessel shall be admitted to free pratique.

ART. 38. Should there occur any cases of cholera among the passengers landed at the lazaretto, the sanitary vigilance shall begin from the very moment in which the patient or patients are transferred to the foul lazaretto.

ART. 39. If the cases of cholera should occur among the crew, and should the vessel be bound to an Uruguayan port, the patient or patients shall be directly transferred to the foul lazaretto, and the vessel, as well as its contents, shall be thoroughly disinfected, in accordance with article 37, and the sanitary vigilance shall commence after said disinfection has been carried out.

ART. 40. The cholera patients who have recovered shall not be allowed to leave the lazaretto until a period of time equal to that of the vigilance established shall have elapsed.

CHAPTER VII.—*Concerning the sanitary treatment of vessels suspected of being infected with cholera.*

ART. 41. Vessels suspected of being infected with cholera shall be subjected to the following treatment:

(a) To a medical visit and a severe medical vigilance in the lazaretto at the Isla de Flores.

(b) The landing and sanitary vigilance of the passengers at the lazaretto during the term fixed by the national board of health.

(c) The disinfection of baggages.

(d) A sanitary passport in order that passengers may be watched on land during the time specified or fixed by the national board of health.

(e) Both the cargo and mail shall be landed without any restrictions whatever.

(f) The thorough disinfection of the vessel in case the same was bound to any Uruguayan port.

ART. 42. When vessels are in the condition referred to in the letter *b*, article 34, and the sanitary condition of said vessel should be considered satisfactory, the proper authority shall order the disinfection of the clothes of the passengers and the crew, in the stoves destined for said operation, in the presence of two deputies of the sanitary authorities, and in the absence of said stove, said disinfection shall be made in the stoves in the lazaretto. A sanitary passport shall be furnished to each passenger in order that they be properly watched on land during the period fixed by the national board of health.

ART. 43. The vessels to which reference is made in the letter *d*, of article 34, shall be subjected to the provisions of article 41.

ART. 44. The vessels referred to in the letter *e*, of article 34, shall remain isolated or without communication during forty-eight hours.

CHAPTER VIII.—*Concerning the sanitary treatment of vessels infected or suspected of being infected with yellow fever.*

ART. 45. Vessels infected with yellow fever, or which are suspected of being the transmitter of said disease, shall be subjected to the same treatment to which vessels suspected of being infected with cholera are subjected, with the exception of the period fixed for the sanitary vigilance in either case. The convalescents shall be subjected to the provisions contained in article 40.

ART. 46. The cargo and mail shall be landed without any restrictions whatever, except the postal bags which shall be duly disinfected.

CHAPTER IX.—*Concerning the sanitary treatment of vessels infected with beriberi.*

ART. 47. Vessels infected with beriberi shall be subjected to the following sanitary treatment:

(a) The landing of the patient or patients at the lazaretto for the purpose of subjecting them to the proper treatment, which latter shall be carried out in an isolated place.

(b) The disinfection of the clothes of passengers and crew in the disinfecting stoves on board the vessel, in the presence of two representatives or deputies of the sanitary authority, or in the presence of those in authority at the lazaretto, according to circumstances.

(c) As soon as the disinfection of the vessel is carried out, said vessel shall be admitted to free pratique.

ART. 48. If the infected vessel should end its voyage in Uruguayan ports, it shall be disinfected before admitting the same to free pratique. When the contrary is the case, said vessel shall be cleared in an isolated place, stating this fact in the bill of health.

ART. 49. As soon as the existence of beriberi on board the vessel anchored at the port and admitted to free pratique is verified, the sanitary authorities shall proceed to isolate said vessel, subjecting the same to the provisions contained in article 47.

CHAPTER V.—*Concerning the sanitary treatment of vessels infected with smallpox, scarlet fever, exanthematic typhus, diphtheria, and the measles.*

ART. 50. Vessels infected with the aforesaid diseases shall be subjected to the following treatment:

(a) The landing of the patient or patients at the lazaretto when such diseases do not prevail in the city. If the contrary is the case, the patients may land at the port and shall be removed or transferred to their residences or to the isolation house, according to circumstances.

(b) The disinfection of the baggage of the passengers in the stoves in the lazaretto.

(c) The vaccination of the passengers bound to Montevideo, in case the vessel should be infected with smallpox.

ART. 51. Vessels which have been classified as suspicious in accordance with the provisions of the letter c of article 34, on their arrival at the port shall be subjected to the necessary detention in order that the proper authorities may cause the baggage of the passengers to be thoroughly disinfected.

ART. 52. Vessels which are in the condition referred to in articles 50 and 51, and which end their voyages in Uruguayan ports, shall be admitted to free pratique after the measures of disinfection shall have been carried out. When such is not the case, they shall be cleared in the manner specified in article 48, and in either case they shall carry out the operations of loading and unloading, keeping the yellow flag on the bow mast of the ship.

CHAPTER XI.—*Concerning the sanitary treatment of noninfected vessels.*

ART. 53. Vessels which are regarded as noninfected on account of having spent more than seven or eight days in their voyages from ports infected, or which are suspected of being infected, and the sanitary conditions of which are considered good, shall remain subject to the proper disinfection in order to be admitted to free pratique. The clothes of the passengers and crew shall be disinfected in the stoves of the lazaretto.

CHAPTER XII.—*Concerning the sanitary treatment of sailing vessels.*

ART. 54. Sailing vessels which spend more than seven or eight days in their voyages from ports infected or suspected of being infected of cholera or yellow fever, to the port of Montevideo, and on board of which there have occurred no cases of said diseases, shall be subjected to a thorough disinfection, and the clothes of the crew shall likewise be disinfected, and after this operation shall have been carried out, said vessel shall be admitted to free pratique.

ART. 55. Should the vessels be infected, they shall be kept isolated during a period of time which shall be fixed by the national board of health.

The absence of a regular medical officer on board and the lack of disinfection, shall justify the authorities in regarding said vessel as infected, although there may have elapsed more than seven or eight days from the date when the last case of the disease occurred to the arrival of the vessel at the port.

ART. 56. In the case of the appearance of common infections or contagious diseases, the sanitary authorities shall act in accordance with the provisions contained in Chapters IX, X.

CHAPTER XIII.—*Concerning the clinical journal and the certificate issued by the physicians on board.*

ART. 57. It shall be the duty of the physicians of the steamers arriving at the port to deliver to the medical officer who makes the visit to the vessel, a clinical journal in which there shall be stated with clearness and accuracy, all the data relating to the



beginning, course, and the end of the diseases which may have developed on board, whatever may be the character thereof.

ART. 58. The physicians of the steamers shall make an extract of the principal data contained in the aforesaid journal, in order to copy them in the certificate which they shall deliver to the medical officer of the port who makes the visit. This document shall be signed by the captain and the physician of the steamer. The clinical journal and the certificate shall be in accord with forms 4 and 5, annexed to these regulations.

#### CHAPTER XIV.—*Concerning the sanitary passport.*

ART. 59. Passengers landing at the lazaretto from vessels suspected of being infected or which are infected with cholera or yellow fever, shall be furnished with a sanitary passport in order that they may appear with the same before the chief office of sanitation, within the first twenty-four hours after their arrival at Montevideo. The aforesaid office shall submit said passengers to the proper vigilance during a period which the national board of health shall fix in each individual case.

ART. 60. For the proper compliance with the final part of the preceding article, the national board of health shall forward to the chief office of sanitation a list of the aforesaid passengers, accompanied by the data stated in the sanitary passport, in order that said chief office may exercise the proper control.

ART. 61. The passengers who should desire to be transferred to the localities where the departmental board of health operate or to other principal town, shall appear before the national board of health to report said removal in order that said board of health may forward to said departmental board of health or to the auxiliary sanitary officer, as the case may be, a list of the names of said passengers, to the end that they may be watched from the moment they produce the passport, which they shall do immediately after their arrival, and in accordance with the instructions they may receive from the national board of health.

ART. 62. The requisite of appearing before the chief office of sanitation shall be in force if the going away from the capital is effected after twenty-four hours shall have elapsed of the arrival thereto.

ART. 63. Whenever passengers residing at Montevideo should change their residences while they are subjected to the vigilance of the chief office of sanitation, they shall immediately notify the aforesaid office concerning their new residences.

ART. 64. The sanitary passport shall be signed by the chief sanitary officer of the lazaretto of the Isla de Flores, and said passport shall be issued in accordance with form number 5, annexed to these regulations.

#### CHAPTER XV.—*Concerning the duties of the captains of vessels.*

ART. 65. In accordance with the provisions contained in the final part of article 74, it shall be the duty of the captains of vessels arriving from foreign ports to order that a yellow flag be hoisted on the bow mast of the vessel.

ART. 66. It shall be the duty of the captains, while a vessel is kept isolated, to prevent direct or indirect communication of the same with other ships.

ART. 67. They (the captains) shall obey and comply with all the sanitary instructions which they may receive from the proper authority, and shall truthfully answer all the questions which said authority shall ask of them.

ART. 68. They (the captains) are likewise bound to report to the sanitary officer who makes the visit all the patients that there may be on board, whatever may be the character of the disease.

ART. 69. The captains shall have no right to land any patient without the previous examination of the same by the sanitary officer on duty and the proper permit of the office of the sanitary inspection, except in cases of fractures, wounds, and accidents in general which demand immediate attendance.

#### CHAPTER XVI.—*Concerning the privileges of steamers.*

ART. 70. Every application filed by the agents of steamers at the war and navy departments requesting the privileges of steamers, shall be reported by the national board of health, which shall state whether the requisites contained in the following article have been complied with:

ART. 71. The privileges of mail steamers shall be accorded to steamers the agent of which shall declare:

(a) That the same are provided with regularly graduated physicians.

(b) That they have disinfecting stoves which operate by water steam under pressure.

(c) Those having medicine chests and a sufficient supply of medicines and disinfectants.

(d) Those which keep a clinical journal in accordance with form No. 3, a prescription book, and a book to keep a record of the medicines and the amount of same in stock.

ART. 72. Every time that the privilege of the mail steamer is applied for, in favor of steamers carrying 60 or more persons, counting both the crew and the passengers, the compliance with the provisions of the preceding article shall be demanded.

#### CHAPTER XVII.—*General rules.*

ART. 73. The sanitary authorities are the only persons who have the right to communicate with the vessels before the sanitary visit is made.

ART. 74. The yellow flag hoisted on the bow mast shall be considered as the sign of isolation imposed to vessels by the sanitary authorities, and also as the sign which shall distinguish them from all the other vessels on entering the port, in order that said authorities may know which vessels shall be visited by the sanitary officer on duty.

ART. 75. Only the sanitary authorities shall have the right to suspend or discontinue the isolation imposed on vessels, and it shall be the duty of both the port authorities and the custom-house to respect or honor said isolation, and they shall apply for a permit to the chief officer of sanitary inspection whenever they may need to reach the side of the vessels isolated.

ART. 76. The sanitary vigilance and the disinfecting measures imposed to merchant ships shall apply also to war vessels. The written declaration for the commanders and physician of the latter, made under their word of honor, shall constitute the documents or voucher to which the sanitary authorities shall give full credit.

ART. 77. The assistant officers of the service of sanitary inspection of the port shall allow vessels to enter the port in normal times, provided the national board of health has not otherwise decided.

ART. 78. Whenever any physicians visit any vessel for the purpose of attending or examining patients, they shall immediately report to the inspector of marine sanitation, in order that the latter official shall have knowledge of the true or probable diagnosis and decide the matter as he may deem convenient.

This rule shall not be put in force in cases of traumatic accidents.

ART. 79. In cases of death on board of vessels anchored in the port, the sanitary officer on duty shall proceed to examine the body, and shall issue the proper certificate in order that the same may be buried, except in the cases in which authorized physicians have attended the patient.

If the regular sanitary officer should entertain any doubt concerning the cause of death, he shall report the fact to the inspector of maritime sanitation, in order that he may, if possible, request the police headquarters to order the coroner to interfere in the matter, in order that said coroner may make the proper autopsy and authorize the burial.

ART. 80. In the death certificate, whether the same be issued by the regular sanitary officer or by the attending physician, the former shall state whether there is any objection, from a sanitary point of view, to the landing of the body.

It shall be the duty of the office of sanitary inspection at Montevideo, and the coroner at the other ports, to make a written report of these circumstances without delay to the chief sanitary office or to the departmental board of health, respectively.

ART. 81. The place of anchorage reserved for the vessels which shall be visited by the regular sanitary officer, shall be indicated by a line of buoys painted in yellow.

Those vessels anchored outside of said radium, shall not be visited.

ART. 82. Sailing vessels which can not arrive to the place of anchorage referred to in article 81, for lack of wind, may be tugged to said place, provided the consignee or parties interested in said vessels comply with the requisite of application for permission at the office of sanitary inspection, and in such case an officer from said office shall go on board of the tugboat in order to watch the communication or isolation of said vessels.

The agents of steamers which, owing to any circumstance, may have to be tugged to the place of anchorage where the sanitary visit is made, shall follow the same process.

ART. 83. Steamers carrying on board 60 or more persons, counting or including passengers and crew, whether having or not the privileges of mail steamers, are bound to have a regularly graduated physician on board.

ART. 84. The only patients who shall be allowed to land at the lazaretto in the Isla de Flores are those who come as passengers or crew in vessels which end their voyages in Uruguayan ports. Only in special cases, and after the national board of health has rendered a decision, shall patients on board of vessels bound to foreign ports be admitted in the aforesaid lazaretto.

ART. 85. It shall be the duty of the Uruguayan consuls or vice consuls to send a monthly report to the national board of health concerning the diseases and mortality or death record of the cities where they reside, which report shall be made in accordance with form No. 7.

ART. 86. Whenever an exotic disease appears in the Argentine republic, the national board of health may declare open the ports of the coast or littoral that are provided with disinfecting stations, in order to receive vessels coming from the aforesaid country, and, in accordance with the principle of prophylaxis contained in these regulations, it shall issue the precautionary measures which it may deem necessary.

ART. 87. The national board of health may apply the sanitary measures which it should deem advisable to adopt against a port infected or suspected of being infected, to the vessel that may have sailed before the date in which the said board of health may publish the proper ordinance.

DEPARTMENT OF INTERNAL AFFAIRS,  
*Montevideo, May 21, 1902.*

Whereas the executive power on the 17th of April ultimo, promulgated a law which establishes the penalties in which the violators of the regulations which the national board of health may issue on maritime sanitation will incur, be it resolved that the administrative portion of the plan of regulations of maritime sanitation be approved.

Let it be forwarded to the national board of health for the purpose set forth.

CUESTAS,  
*Eduardo Mac-Eachen.*

#### CHAPTER XVIII.—*General rules.*

ART. 88. The violations of these regulations shall be punished with a fine fixed in the following articles, which fines shall be imposed by the office of the sanitary inspection of the port.

ART. 89. The captains of vessels who on entering the ports should fail to hoist the yellow flag on the bow mast shall incur a fine of 50 pesos.

ART. 90. Captains of vessels who, on being questioned by the sanitary authority, should tell an untruth, shall incur a fine of from 50 to 500 pesos, according to the seriousness or importance of the case, in the opinion of the office of sanitary inspection of the port.

ART. 91. The captains of vessels who do not avoid the communication of their respective vessels with other ships before the regular sanitary visit is made, shall incur a fine of from 50 to 400 pesos. If the vessels should be undergoing a sanitary vigilance, said fine will amount to 800 pesos.

ART. 92. The captains of vessels who should fail to comply with the instructions communicated to them by the sanitary authority, shall incur a fine of 200 pesos.

ART. 93. If the captains of vessels should hide patients of any kind of diseases, they shall incur a fine which shall vary from 200 to 500 pesos, and shall incur a fine, which shall vary from 500 to 1,000 pesos, if they should allow the landing of said patients without the proper permission from the sanitary authority, except in cases of fractures, wounds, and other traumatic accidents in general.

ART. 94. Steamers which do not have the privileges of mail steamers and which carry 60 or more persons, including the passengers and crew, and which have no physician on board, shall render their respective agents liable to a fine of 200 pesos.

ART. 95. The ocean steamers who enjoy the privileges of mail steamers, must have the equipment specified in the regulations of maritime sanitation, and those steamers which fail to comply with the provisions of said regulations, shall incur a fine of no less than 50 and not exceeding 300 pesos, according to the importance of the violation in the opinion of the office of sanitary inspection of the port.

ART. 96. The masters of ships who, at the moment the sanitary visit is made, should situate themselves at a distance of less than 500 meters from the vessel visited, shall incur a fine of 25 pesos, and if they come alongside before the yellow flag shall have been lowered, they shall incur a fine of 50 pesos.

ART. 97. The fines referred to in the preceding article shall be imposed by the office of the sanitary inspection of the port, and they can be imposed to the captains, the agent and the owner of the vessel who shall conjointly be held responsible for

the same, without prejudice to the bringing of the proper action in order to recover the amount of said fine by the person who pays the same, against the party or person who may be legally regarded as guilty of said violation.

ART. 98. The provisions of the foregoing article shall not prejudice other legal and proper obligation, nor prevent the interested parties from presenting before the proper authority, the claim after the whole amount of the fine has been delivered or sufficiently guaranteed.

ART. 99. The present law shall not be in force, so far as the penalty it imposes is concerned, until within three months from the date of the promulgation thereof.

ART. 100. All the laws relating to the penalty, which is the subject matter of this present law, are hereby repealed.

Law promulgated on the 17th of April, 1902.

[Form No. 1.]

REPUBLIC OF URUGUAY.

BILL OF HEALTH.

PORT OF \_\_\_\_\_.

|   | Articles taken from the regulations of maritime sanitation.  | Remarks. |
|---|--|----------|
| <p>The sanitary authority of this port hereby certifies that the vessel mentioned below sails under the following conditions:</p> <p>Name of vessel, _____.</p> <p>Kind, _____.</p> <p>Flag, _____.</p> <p>Registry granted by _____</p> <p>Bound to _____.</p> <p>Name of captain, _____.</p> <p>Name of physician, _____.</p> <p>Number of passengers, _____.</p> <p>Number of crew, _____.</p> <p>Cargo, _____.</p> <p>Tonnage, _____.</p> <p>Sanitary condition of the vessel, _____.</p> <p>Sanitary condition of passengers and crew, _____.</p> <p>Sanitary condition of the port, _____.</p> <p>Sanitary condition of the city, _____.</p> <p>Prevailing exotic diseases, _____.</p> <p>Number of patients, _____.</p> <p>Number of deaths, _____.</p> <p>_____, 19____.</p> <p>Notice: Delivered to the _____.</p> | <p style="text-align: center;">CHAPTER II.—<i>Concerning bills of health.</i></p> <p>ART. 6. It shall be the duty of captains of vessels coming from foreign ports to deliver to the sanitary officer who makes the visit, or to the assistant sanitary officer from the office of sanitary inspection, as the case may be, the bill of health issued at the port of departure and those issued at the ports where the vessel has touched, indorsed by the respective Uruguayan consuls, as well as the bills of health issued by the latter.</p> <p>ART. 11. Whenever there should be no Uruguayan consul in any of the ports of departure, or in those where the vessel touches, the bill of health issued by the sanitary authority shall be indorsed by any other consul in order to render the same valid.</p> <p>ART. 12. Vessels sailing from ports of the Republic bound to a foreign port are obliged to provide themselves with the bill of health issued by the sanitary authority of the port.</p> <p>ART. 14. If forty-eight hours shall have elapsed from the date on which the bill of health was issued to the date of the departure of the vessel, said bill of health shall not be valid. In such case it shall be the duty of the captain to obtain a new bill of health.</p> <p>ART. 16. Vessels arriving at the port for the sole purpose of taking on or letting off a harbor pilot, are exempted from the duty of providing themselves with the bill of health issued by the office of sanitary inspection.</p> <p style="text-align: center;">CHAPTER XV.—<i>Concerning the duties of captains of vessels</i></p> <p>ART. 65. It shall be the duty of captains of vessels arriving from foreign ports, in accordance with the provisions contained in the final part of article 74, to order a yellow flag to be hoisted on the bow mast of the vessel.</p> <p>ART. 66. While the vessel remains incommunicated it shall be the duty of the captain to prevent direct or indirect communication of the same with other ships.</p> <p>ART. 67. The captains shall obey and comply with all the sanitary instructions transmitted to them by the proper authority, and to answer truthfully the questions which the latter may ask them.</p> <p>ART. 68. It shall likewise be the duty of captains to report to the sanitary officer who makes the visit, concerning all the patients that there may be on board, whatever the character of the disease may be.</p> <p>ART. 69. The captains shall have no right to land any patient without the previous examination made by the sanitary officer on duty, and the proper permission granted by the office of sanitary inspection, except in cases of fractures, wounds, and traumactical accidents in general, that may demand immediate attendance.</p> |          |

[Form No 2]

CONSULATE OF THE REPUBLIC OF URUGUAY.

BILL OF HEALTH.

PORT OF \_\_\_\_\_.

|  | Articles taken from the regulations of maritime sanitation.  | Remarks. |
|--|--|----------|
| <p>The _____ of the Republic, at this port, hereby certifies that the vessel mentioned below sails under the following conditions:</p> <p>Name of vessel, _____.<br/>                     Kind, _____.<br/>                     Flag, _____.<br/>                     Registry granted by _____.<br/>                     Bound to _____.<br/>                     Name of captain, _____.<br/>                     Name of physician, _____.<br/>                     Number of passengers, _____.<br/>                     Number of crew, _____.<br/>                     Cargo, _____.<br/>                     Tonnage, _____.<br/>                     Sanitary condition of the vessel, _____.<br/>                     Sanitary condition of the passengers and crew, _____.<br/>                     Sanitary condition of the port, _____.<br/>                     Sanitary condition of the city, _____.<br/>                     Prevailing diseases, _____.<br/>                     Number of patients, _____.<br/>                     Number of deaths, _____.<br/>                     _____, 19____.<br/>                     Notice: Delivered to the _____.</p> | <p style="text-align: center;">CHAPTER II.—Concerning bills of health.</p> <p>ART. 6. It shall be the duty of captains of vessels coming from foreign ports to deliver to the sanitary officer who makes the visit, or to the assistant sanitary officer from the office of sanitary inspection, as the case may be, the bill of health issued at the port of departure and those issued at the ports where the vessel has touched, indorsed by the respective Uruguayan consuls, as well as the bills of health issued by the latter</p> <p>ART. 11. Whenever there should be no Uruguayan consul in any of the ports of departure, or where the vessel touches, the bill of health issued by the sanitary authority shall be indorsed by any other consul in order to render the same valid.</p> <p>ART. 12. Vessels sailing from ports of the Republic bound to foreign ports are obliged to provide themselves with the bill of health issued by the sanitary authority of the port.</p> <p>ART. 14. If forty-eight hours shall have elapsed from the date on which the bill of health was issued, to the date of the departure of the vessel, said bill of health shall not be valid. In such case it shall be the duty of the captain to obtain a new bill of health.</p> <p>ART. 16. Vessels arriving at the port for the sole purpose of taking on or letting off a harbor pilot, are exempted from the duty of providing themselves with the bill of health issued by the office of sanitary inspection.</p> <p style="text-align: center;">CHAPTER XV.—Concerning the duties of captains of vessels.</p> <p>ART. 65. It shall be the duty of captains of vessels arriving from foreign ports, in accordance with the provisions contained in the final part of article 74, to order a yellow flag to be hoisted on the bow mast of the vessel.</p> <p>ART. 66. While the vessel remains incommunicated it shall be the duty of the captain to prevent direct or indirect communication of the same with other ships.</p> |          |

[Form No. 3.]

BILL OF HEALTH ISSUED TO VESSELS SAILING BETWEEN NATIONAL PORTS.

PORT OF \_\_\_\_\_.

The sanitary authority hereby certifies that the \_\_\_\_\_, nationality \_\_\_\_\_, with \_\_\_\_\_, crew and \_\_\_\_\_ tons of cargo, sails from this port on this day under the command of Captain \_\_\_\_\_ in perfect sanitary condition.  
 \_\_\_\_\_, 19\_\_\_\_.

[Form No. 4.]

*Clinical journal of steamers.*

| No. | Date of beginning of the disease. | Name in full. | Port of departure. | Symptoms. | Temperature. | Diagnosis. | Treatment. | End of the disease. |
|-----|-----------------------------------|---------------|--------------------|-----------|--------------|------------|------------|---------------------|
|     |                                   |               |                    |           |              |            |            |                     |

[Signature of physician.]

[Form No. 5]

BILL OF HEALTH.

The undersigned captain and physician of steamer \_\_\_\_\_, nationality \_\_\_\_\_, coming from the port of \_\_\_\_\_, having touched at \_\_\_\_\_, hereby under oath declare that the answers made to the following questions are true:

When did the steamer \_\_\_\_\_ sail from the port of departure and from those where the same touched? \_\_\_\_\_.

Has the steamer touched any port infected or suspected of being infected with cholera, yellow fever, or the bubonic plague? \_\_\_\_\_.

Has the steamer had communication with any vessel infected with the aforesaid diseases? \_\_\_\_\_.

When did the communication take place? \_\_\_\_\_.

Have there been any patients among the passengers or crew during the voyage? \_\_\_\_\_.

How many were they, and of what diseases? \_\_\_\_\_.

Have any of the patients died? \_\_\_\_\_.

Of what disease and on what date? \_\_\_\_\_.

Port of Montevideo, \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_, *Captain.*

\_\_\_\_\_, *Physician.*

[Form No. 6.]

NATIONAL BOARD OF HEALTH.

SANITARY PASSPORT.

Mr. \_\_\_\_\_, age, \_\_\_\_\_; single or married, \_\_\_\_\_; nationality, \_\_\_\_\_; trade, \_\_\_\_\_; coming from \_\_\_\_\_; has arrived at the lazaretto on the \_\_\_\_\_ day of \_\_\_\_\_ on board the steamer \_\_\_\_\_, and has been subjected to \_\_\_\_\_ days of sanitary vigilance, he having declared that his place of residence shall be \_\_\_\_\_.

Lazaretto of the Isla de Flores, \_\_\_\_\_.

\_\_\_\_\_, *Sanitary Chief.*

NOTICE.—This passport shall be delivered within the first twenty-four hours after the arrival at Montevideo to the office of sanitary inspection, No. 358 at 25 de Mayo street, from 1 to 4 p. m.

[Form No. 7.]

CONSULATE OF THE REPUBLIC OF URUGUAY.

Data corresponding to the month \_\_\_\_\_, transmitted by the undersigned to the national board of health.

Number of inhabitants according to the census taken in the year of \_\_\_\_\_.

Number of inhabitants estimated in accordance with official data, \_\_\_\_\_.

|   | Cases. | Deaths. |
|---|--------|---------|
| Number of reported cases of:                  |        |         |
| Smallpox .....                                |        |         |
| Diphtheria .....                              |        |         |
| Scarlet fever .....                           |        |         |
| The measles .....                             |        |         |
| Exanthematic typhus .....                     |        |         |
| Typhoid fever .....                           |        |         |
| Indian cholera .....                          |        |         |
| Yellow fever .....                            |        |         |
| Bubonic plague .....                          |        |         |
| Berberi .....                                 |        |         |
| Other infectious or contagious diseases ..... |        |         |

Total number of deaths from different causes, \_\_\_\_\_.

Principal prevailing diseases, \_\_\_\_\_.

Number of vessels subjected to sanitary treatment, \_\_\_\_\_.

What kind of treatment? \_\_\_\_\_.

Ports of departure of said vessels, \_\_\_\_\_.

Causes that rendered the sanitary treatment necessary, \_\_\_\_\_.

Prevailing diseases at the port, \_\_\_\_\_.

Number of patients, \_\_\_\_\_.

Remarks, \_\_\_\_\_.

\_\_\_\_\_, 19\_\_\_\_.

[Inclosure B.]

## NATIONAL BOARD OF HEALTH.

GENERAL ORDER No. 107.

MONTEVIDEO, June 25, 1902.

Whereas the smallpox is a contagious disease and may be imported by maritime channels;

Whereas the authorities of the national board of health have in several cases been able to note that it has been imported by persons landing from ships coming from foreign ports:

Whereas vaccination and revaccination must be adopted as prophylactic measures to prevent, as far as possible, the transmission of such disease.

Now, therefore, the national board of health, duly authorized, does hereby decide:

ARTICLE 1. The physicians of the health department or of the quarantine station, as the case may be, will exact from the captains of the ships coming from outside ports, a certificate, signed by the sanitary authority of the clearing port and from those of its itinerary, duly viséed by the Uruguayan consul, setting forth which of the third-class (steerage) passengers were vaccinated or revaccinated prior to the voyage.

ART. 2. In case the vaccination or revaccination should take place during the voyage, the captains of the ships will so state it in writing, and the declaration thereof shall also be signed by the ship's physician, to be delivered to the inspecting physician, together with the list of all those who have been vaccinated or revaccinated.

ART. 3. Article 1 will be enforced even if there should not be any case of smallpox in the sailing port or in any of the ports touched during the voyage, and whether or not there has been any case of this disease during the voyage.

ART. 4. The inspecting visit of the sanitary authorities being made, all the third-class passengers who have not complied with articles 1 and 2 shall be vaccinated and revaccinated if they are to land at the port of Montevideo.

ART. 5. Passengers scheduled for other ports and wishing to land at Montevideo, may do so whenever they have complied with articles 1, 2, and 3.

ART. 6. No third-class passenger will be allowed to land who does not show a certificate of vaccination, or who does not consent to be vaccinated. Captains will be held responsible for the compliance with this article.

ART. 7. Steamers that have had cases of smallpox during the voyage or at the time of entering this port, will be subjected to the measures contained in General Order No. 27, dated September 7, 1899.

ART. 8. Vaccination and revaccination may be required of passengers coming from the Argentine Republic, Paraguay, or Matto Grosso, whenever the board of health may deem it convenient.

ART. 9. This order will be put into effect for all ships arriving after the 25th of September.

E. FERNANDEZ ESPIRO, *President*.  
ANDRES CROVETTO, *Secretary*.

[Inclosure C.]

## REGULATIONS CONCERNING COMPULSORY REPORTS OF INFECTIOUS OR CONTAGIOUS DISEASES.

ART. 1. It shall be the duty of every physician who, as such, may visit any patient, or patients, afflicted with infectious or contagious diseases, in the whole territory of the Republic, to report said cases.

ART. 2. For the purposes of the present regulations, the following are considered as infectious or contagious diseases: Yellow fever, cholera (either Asiatic or Indian), diphtheria, beriberi, smallpox, chickenpox, varioloid, measles, scarlet fever, whooping cough, typhoid fever, exanthematic typhus, puerperal fever, erysipelas, pulmonary and laryngeal tuberculosis, and leprosy.

ART. 3. Said report shall be made on printed sheets of a single form provided with a stub, approved by the national board of health, and shall be furnished to the physicians by the departmental boards of health and the public distributing officers authorized to receive the reports at the department of the capital.

ART. 4. The physicians shall make the report within twenty-four hours after verifying the character of the disease, except in the cases of cholera, yellow fever, or

diphtheria, or suspected cases of said diseases, which latter shall be immediately reported.

ART. 5. Whenever a patient has been seen by two or more physicians in consultation, the report shall be made by the family or head physician.

ART. 6. The cases which have come under the notice of the physician at his office shall be reported, stating this fact on the form on which the report is made.

ART. 7. The blank spaces reserved for the patient and the diagnosed disease, must be filled with whatever pertinent data the physician has in his possession.

ART. 8. In the department of the capital the reports may be delivered at the office of sanitary inspection, at the disinfection station, or at the office of the subcommittee of the economical and administrative board.

ART. 9. It shall be the duty of the physicians residing in the capitals of departments, to send the reports to the departmental boards of health, even when the patients are residents of towns, villages, or rural districts.

In the latter cases, the head of the family or home, should deliver without delay to the municipal authorities of the locality, or, in the absence of the latter, to the police commissioner, a duplicate of the certificate, which shall be filled by the physician and marked "Duplicate."

The subcommittee shall transmit in due time the reports received to the departmental boards of health, accompanying the original copies.

The police commissioners shall forward, as soon as possible, the reports received from the subcommittee of the jurisdiction.

ART. 10. If the reporting physicians should reside in towns, villages, or rural districts, they shall deliver the report to the subcommittee, and in case the latter is not organized, they shall deliver it to the police commissioner, who shall in turn forward the same to the departmental board of health.

ART. 11. It shall be the duty of physicians to advise the head of the family or home as to the means that may and should be put in practice in order to prevent the contagion and propagation of the diseases which said physicians may have diagnosed.

ART. 12. At the department of the capital, physicians may take charge of the disinfection of contaminated or infected places during the course of the disease; but the final disinfection, which is made on the recovery or death of the patient, shall be made officially in every individual case.

ART. 13. At the other departments the assistant physician may take charge of the application of prophylactic measures within the houses or premises until disinfecting buildings or stations are established.

ART. 14. The economical and administrative boards, after hearing the opinion or advice of the departmental board of health and the national board of health of the capital, may order the isolation of the infected residences in accordance with the legal provisions governing this matter.

ART. 15. The prophylactic measures referred to in articles 11, 12, and 13, may be under the control of the proper authorities, and whenever the application of the same should not answer or correspond to the general principles adopted by the national board of health, the latter board may order that the disinfection be made officially.

ART. 16. The economical and administrative board of the capital shall issue the proper regulations for the operation of the disinfecting station and the carrying out of said disinfection by said office, in the different cases in which the assistant physician may or may not take charge of said disinfection, during the course of the disease.

ART. 17. The regulations referred to in the preceding article shall be submitted to the national board of health for approval.

ART. 18. The present regulations shall be declared in force a month after their publication.

ART. 19. The physicians who violate the regulations in force shall be punished by the national board of health with a fine of \$10 in the first instance, and in cases of recurrence or repetition of said violation, the national board of health, assembled as a correctional court, may impose the penalty which it may deem advisable, according to the importance and consequences of the fault committed.

ART. 20. The heads of families or homes who fail to comply with the present regulations in that portion thereof which relates to them, shall be punished with a fine of \$10 in the first instance, and with a fine of \$20 in case said violation is repeated.

ART. 21. The physicians of the official educational institutions, of prisons, and of the military headquarters or barracks, shall make the report to the offices authorized to receive the same.

The physicians of eleemosynary institutions shall make the report to the respective head office, and the latter in turn shall forward the same at once to the aforesaid offices.



NATIONAL BOARD OF HEALTH, No. 407,  
Montevideo, July 1, 1896.

To His Excellency DR. MIGUEL HERRERA Y OBES,  
*Minister of Internal Affairs.* (Gobernación.)

SIR: I have the honor to submit the inclosed plan of regulations concerning the compulsory reports of infectious or contagious diseases, which has been prepared by Dr. Gabriel Honoré, a member of the board, and approved by said board with the modifications which it has deemed convenient to make therein.

Very respectfully,

JOAQUIN CANABAL, *President.*

GABRIEL HONORÉ, *Secretary.*

OFFICE OF THE MINISTER OF INTERNAL AFFAIRS,  
Montevideo, July 4, 1896.

Let it be forwarded to the fiscal or attorney-general of the Government.

HERRERA Y OBES.

OFFICE OF THE ATTORNEY-GENERAL,  
Montevideo, July 22, 1896.

To His Excellency the MINISTER OF INTERNAL AFFAIRS.

SIR: This office has nothing to suggest concerning the proposed regulations, and therefore sees no reason why your excellency should not approve them.

JOSÉ MA. REYES.

OFFICE OF THE MINISTER OF INTERNAL AFFAIRS,  
Montevideo, July 28, 1896.

In accordance with the report of the attorney-general,  
*Be it resolved*, that the plan of regulations concerning the compulsory reports of infectious or contagious diseases, prepared by the national board of health, is hereby approved.

Let it be returned in order that it may have the desired effect.

IDLARTE BORDA.  
MIGUEL HERRERA Y OBES.

RULES OF ORDINANCE No. 6.—*Concerning the compulsory reports of infectious or contagious diseases.*

ARTICLE 1. The economical and administrative board of the capital shall furnish to the physicians residing in its department the stub book referred to in article 3 of the regulations.

The stub books to be distributed in the departments of Campaña shall be furnished to the departmental boards of health by the national board of health.

It shall be the duty of the physicians to issue a receipt for the stub books furnished them.

ART. 2. For the purpose of complying with the provisions of article 1 of the regulations, the national board of health shall send to the economical and administrative board of the capital a copy of the approved form for the reports of said diseases.

ART. 3. In issuing the report, the name, residence, and the disease of the patient, shall be stated on the stub of the stub book, and said stubs shall remain in possession of the physician.

ART. 4. The blank spaces of the sheets, on which said reports are made, shall be filled in legible writing.

ART. 5. It shall be the duty of the heads of families or homes, or of the patients themselves, to furnish to the attending physician all the necessary data which he may require for the compliance of the provisions of the ordinance and of the present regulations.

ART. 6. If the data requested by the physician are not furnished him, he shall state the fact in the blank or form on which the report is made, and if he should fail to do so, he shall be held responsible for said omission.

ART. 7. It shall be the duty of the physician to state in the forms on which said reports are to be made, whether he has taken charge of the disinfection, or else said disinfection shall be made officially.

ART. 8. In the department of Montevideo the official disinfection, whether it be the final one or the disinfection made during the course of the disease, shall be made by the disinfecting office.

ART. 9. The aforesaid blank or form may be delivered by the attending physician or by some other person, but the former will be held responsible in case it should not reach in due time the proper authority who is to receive it.

ART. 10. The reports shall be delivered at the proper office on week days and at business hours, or they may be deposited in the letter boxes which shall be placed at the office for that purpose.

ART. 11. When a patient has been seen by more than one physician, except in the cases of the consultation provided for in article 5 of the regulations, each of the physicians shall make the report which he is expected to make without taking into consideration whether one or more physicians have already made said report; but they may state in the blank or form, that they know that the case has been reported.

If the contrary is the case, no reference should be made to the physician who failed to report.

ART. 12. When, owing to any emergency, a physician should see a patient who is being attended by another physician who is to continue attending said patient during the course of the disease, the former is not compelled to report said case, unless the contagious disease has been revealed after the last visit made by the attending physician.

In such case, in the place reserved for remarks, the following should be written: "Emergency visit; patient attended by —."

ART. 13. The report referred to in the preceding article does not free or exempt the regular attending physician from making the report which he is bound to make.

ART. 14. In case of suspicious cases of diphtheria and when the diagnosis could not be determined, the attending physicians shall make known the same by writing to any of the proper offices, in order that the remarks may be amended.

When the disinfection is officially made, it will be sufficient that the written notice reach the employees charged with the execution of the same.

ART. 15. In the department of the capital, when the time for making the final disinfection arrives, the attending physician shall make the fact known to the inspector of the service, leaving a written notice at the house of the patient.

ART. 16. As soon as a patient afflicted with a contagious disease has been reported, the proper authority shall deliver to the proper person the instructions referred to in article 21 of the present regulations, except in the cases of a secret report. (See art. 17.)

ART. 17. When cases of tuberculosis or leprosy have been reported, the offices shall not publish nor make known to any person whomsoever, unless he be duly authorized, the names or residences of the patients.

ART. 18. The places occupied by poor patients suffering with contagious diseases, attended by the municipal physician, shall always be officially disinfected.

ART. 19. The general provisions concerning prophylaxis, referred to in articles 11, 12, 13, and 15 of the regulations, shall be published as they are approved by the national board of health, and shall be made known to all the proper persons and distributed in the houses where there are cases of the infectious or contagious diseases mentioned in the aforesaid articles.

ART. 20. At the capital the municipal medical inspector shall have charge or control of the preventive measures adopted by the physician who had charge of them, and in the departments they shall be under the control of the municipal or sanitary physician, the latter being officers attached to the departmental boards of health.

ART. 21. The data relating to lack of vigilance as a result of the control, shall be immediately reported to the national board of health by the head health office at Montevideo, as well as by the departmental board of health at Campaña.

ART. 22. Whenever a physician who takes charge of the adoption and enforcement of prophylactic measures in his private practice during the course of an infectious or contagious disease fails to comply with the duty imposed upon him, the national board of health shall order that the disinfection and other prophylactic measures which should be applied be carried out officially. In case of repetition, the board, acting as a correctional court, may decide that, by way of punishment, the delinquent physician shall not enjoy during a reasonable time the privileges referred to in articles 12 and 13 of the ordinance.

ART. 23. The head sanitary office of Montevideo and the departmental boards of health at Campaña, shall report to the principal of the schools, managers of factories, etc., the reported cases which may transmit the contagion to the persons attending such places, in order that the provisions in force may be properly applied.

ART. 24. The general staff of the army shall inform the national board of health of the cases of infectious or contagious diseases occurring in the navy and in the camps.

ART. 25. Whenever the existence of a case of a contagious disease in hotels, inns, boarding houses, tenement houses, or convents, is confirmed, the attending physician, besides reporting the case, shall also make known the fact to the proprietors, partners, or managers of said houses.

ART. 26. When a patient dies, the physician who issues the death certificate shall state therein the name of the primary disease, if the latter be infectious or contagious, even when the death of the patient had been the result of complication, and he shall also state the complication which had caused death.

TEMPORARY PROVISION.

As soon as the ordinance and present regulations are declared in force, the physicians who are attending persons afflicted with contagious or infectious diseases before the promulgation of said ordinance and regulations, shall report said cases, stating them in the forms where the reports are made.

MONTevideo, *October 10, 1896.*

To His Excellency Dr. MIGUEL HERRERA Y OBES,  
*Minister of Internal Affairs.*

SIR: Whereas it is considered necessary to amend the ordinance concerning the compulsory reports of infectious or contagious diseases, approved by the executive power on the 28th of July ultimo, the division of land sanitation was commissioned to prepare the respective plan or draft thereof, which plan has actually been written by Dr. Gabriel Honoré, president of said division, and was discussed and approved by the board of health at a meeting held on the 3d instant.

Now, therefore, the board of health has the honor to respectfully submit said plan to your excellency, in order that your excellency may decide on the matter as your excellency may deem advisable.

Very respectfully, yours,

JOAQUIN CANABAL, *President.*  
GABRIEL HONORÉ, *Secretary.*

DEPARTMENT OF INTERNAL AFFAIRS,  
*Montevideo, October 14, 1896.*

Let it be forwarded to the attorney-general of the Government.

HERRERA Y OBES.

OFFICE OF THE ATTORNEY-GENERAL,  
*Montevideo, October 21, 1896.*

The undersigned has carefully studied this project of regulations, and has no suggestions to make regarding the same, but thinks that your excellency should grant the approval requested.

Your excellency will wisely decide on the matter.

JOSÉ M. REYES.

DEPARTMENT OF INTERNAL AFFAIRS,  
*Montevideo, October 22, 1896.*

Together with the attorney-general of the Government, we approve the project or plan of regulations of the ordinance concerning the compulsory reports of infectious or contagious diseases prepared by the national board of health, and we hereby order that it be returned, so that it may become duly effective.

IDIARTE BORDA.  
MIGUEL HERRERA Y OBES.

*Sample of the forms for making the reports of infectious or contagious diseases, approved by the national board of health.*

Name of the patient, \_\_\_\_\_.  
 Residence, \_\_\_\_\_.  
 Diseases, \_\_\_\_\_.  
 Date of the report, \_\_\_\_\_.

REPORT OF INFECTIOUS OR CONTAGIOUS DISEASES.

Name of the physician, \_\_\_\_\_.  
 Diseases, \_\_\_\_\_.  
 Name of the patient, \_\_\_\_\_.  
 Age, \_\_\_\_\_; nationality, \_\_\_\_\_.  
 Single or married, \_\_\_\_\_; trade or profession, \_\_\_\_\_.  
 Race, \_\_\_\_\_.  
 Residence, \_\_\_\_\_.  
 Has the patient been vaccinated? \_\_\_\_\_.  
 Has the patient been afflicted with smallpox before? \_\_\_\_\_.  
 Did the patient have the smallpox before or after vaccination? \_\_\_\_\_.  
 How many scars from vaccination does he show? \_\_\_\_\_.  
 How long since he was last vaccinated? \_\_\_\_\_.  
 What nurse attended the lady? \_\_\_\_\_.  
 The true or probable origin of the contagion? \_\_\_\_\_.  
 Does he attend any school, factory, or place where persons are crowded? \_\_\_\_\_.  
 General remarks, \_\_\_\_\_.  
 Date, \_\_\_\_\_.

(2) REPORT ON THE QUESTIONS TO BE DISCUSSED AT THE  
 SANITARY CONVENTION TO BE HELD AT WASHINGTON.

The regulations of maritime sanitation recently promulgated contain the provisions adopted by the national board of health in order to prevent the importation of the exotic diseases, as well as the infectious or contagious common diseases. Among the former are included yellow fever, the plague, cholera, and beriberi, and among the latter are included smallpox, scarlet fever, diphtheria, exanthematic typhus, and the measles. The measures applied against the ports infected with the bubonic plague are comprised in the sanitary agreement entered into between the national Argentine health department and the national board of health of Uruguay.

When said disease broke out in Oporto, in 1899, the present regulations had already been written and approved by said board, and inasmuch as said regulations did not contain any clause relating to the prophylaxis of the plague, it became necessary to study at once and to enter into an agreement with the Argentine sanitary authorities as to the most convenient measures to guard the ports on the Rio de la Plata from a possible invasion of said disease.

This is the origin of the first sanitary agreement, which was later on amended and substituted with the one now in force.

For the reasons above set forth, the treatment to which vessels coming from ports infected with the plague, or which have had patients of said disease on board, are subjected, has not been included in the regulations of maritime sanitation. But the aforesaid agreement should be considered as an appendix to our regulations of maritime sanitation, in which the plague is considered as an exotic disease.

The fact that rats play an important part in the transmission of the plague, has stimulated the board to complete the plan of sanitary defense and to adopt precautionary internal measures.

Among said measures there is included, in the first place, one which requires the custom-house to furnish proper deposit for the exclusive reception of the cargoes coming from ports infected with the plague.

The chief of said department should immediately report to the experimental institute of hygiene whether there are dead rats in said

deposit or in any other deposits, in order that the director of said office shall cause the same to be removed with the proper and necessary precautions to subject said dead rats to the proper bacteriological investigation.

This provision may facilitate in acquiring the necessary knowledge of the diagnosis of the plague in said rats and, consequently, the application of the proper measures to prevent the spread of said disease.

In short, the measures of defense in order to prevent the importation and development of the plague comprise, first, the sanitary vigilance of the passengers in the lazaretto located on the Isla de Flores; second, the disinfection of the passengers' clothes; third, the disinfection of the vessels; fourth, the storage of the cargo coming from an infected port in places destined exclusively for that purpose; and, fifth, the vigilance of said cargo, and the bacteriological examination of dead rats.

As above stated, all the other provisions relating to the other exotic and infectious or contagious common diseases are contained in the maritime sanitary regulations, accompanied by the law which specifies the fines which shall be imposed whenever the provisions of some of their articles are not complied with.

The national board of health, organized by virtue of the law of 31st of October, 1895, is the supreme authority in land and maritime sanitary matters. The departmental boards of health, the sanitary inspection of the port, and the lazaretto at the Isla de Flores, are under its control.

The departmental boards of health cooperate with the national board of health in their respective jurisdictions. Their duties are set forth in article 9 of the general regulations of said boards.

The principal object of the sanitary inspection of the port is to cause the personnel, the sanitary officers, their assistants and guards, to comply with the provisions issued by the national board of health.

The vigilance service in the isolated vessels is in charge of the body of sanitary guards, composed of persons who have passed a competitive examination, and who, after a course of six months of studies, have acquired general knowledge concerning the prophylaxis of exotic and common infectious or contagious diseases, on medical geography, disinfecting processes, maritime sanitation, the manipulation of the thermometer, and the analysis of the urine in order to examine the albumen.

At present the sanitary administration has a force of sanitary guards whose knowledge and experience are superior to that which in times gone by fulfilled these duties, and who did not have the technical preparation which the sanitary regulations now require.

The only sanitary station which we have is the lazaretto at the Isla de Flores, situated at a distance of 15 miles from the port of Montevideo.

Said establishment comprises the vigilance lazaretto installed in the first island; the vigilance hospital located in the second island; and the isolation hospital, called the foul lazaretto, in the third island.

The passengers who are subjected to the proper sanitary vigilance land in the first island. The cabin passengers are housed in the rooms of the upper floor, second-class passengers are placed in the lower floor, and third-class passengers are placed in rooms separated from all the others.

The rooms are clean, properly furnished, and are provided with washstands, bathrooms, supplied with fresh running water and waste pipes.

In each section of the station (there are three sections) there is a complete water-closet and bath service. First-class passengers have shower and inverted baths, and second-class passengers are only provided with the former.

The water used for said service is salt water, and comes from the Rio de la Plata. By means of windmills, the water is raised up into two reservoirs, which have a storage capacity of 23,000 liters. Thence the water is carried and distributed to the bathrooms and water-closets.

The disinfection of the baggage is made in the first island by water-steam under pressure, and from the normal to the gaseous state. In order to render this service, the lazaretto is provided with four large stoves and a building specially constructed for disinfecting, by means of said agent, the articles which are destroyed by heat.

The supply of potable water is abundant. There is a cistern which receives the water for that purpose, and which can not be used for any other purpose. The water used in the bathrooms comes from other cisterns entirely independent of the former.

At the second island there is only one hospital for patients who present suspicious symptoms of contagious diseases. These are held under vigilance in said hospital, until the true character of the disease is proved. If it should come out that it is a case of contagious disease, the patient or patients are removed to the isolation hospital located in the third island, under the charge of a physician and an assistant, aided by the necessary personnel of the service.

This hospital, which was constructed in 1900, has room for accommodating 22 persons of both sexes. It is divided into two halls, there being an intermediate room to accommodate patients who are critically ill. There are rooms for patients, as well as the necessary water-closets and bath-rooms for the patients, and also for the personnel. The chief physician, assistant, and the laborers, have rooms separated from the hospital.

The third island is separated from the first and second, and the transfer or removal of the sick is effected by means of small ships.

The technical management of the station is intrusted to a physician, who is called the sanitary chief. Another physician renders service at the third island, whenever it is necessary, and in the first island when there are no patients in the former. Both physicians make the sanitary visits to the vessels which arrive at the lazaretto. There are three assistants, one of which is in charge of the drug store. There are other employees, called watchmen, who take care of the baggage of the passengers, and supply the passengers with everything they may need during their stay.

The boarding service of the passengers subjected to quarantine, which is rendered by the supply or purveying office, is under the control and inspection of an officer called auditor (interventor), whose duty it is to see that the food supply be of good quality and that the passengers be supplied with everything they are entitled to ask for.

The landing of the passengers and of their baggage is quickly effected by means of a small steamer anchored opposite to the lazaretto, during the period of sanitary vigilance.

Besides the sanitary personnel, there is in said station a military force, the object of which is the maintenance of order and to render services to the small vessels stationed there.

Improvements have been made in our lazaretto in recent years, and, although the necessary works are not yet finished, it might be said without exaggeration, that said lazaretto can properly accommodate passengers, and is able to render important service to the sanitation of the country.

The exotic diseases developed in the country have been the following: Cholera and yellow fever, the importation of which at different times has been made through different ports.

The first cholera epidemic took place in 1866 to 1867, and, according to the most accurate accounts and reports which it has been possible to secure, it came from Europe through the passengers of the schooner or bark *Sensovia*, which sailed from Genoa in the month of September of the year 1866, when said disease was prevailing in said Italian city. There were sick passengers and a member of the crew on board of said vessel who presented symptoms identical to those of cholera. Some of these patients died. After the termination of the quarantine to which the vessel was subjected, the first cases of cholera occurred on land, in the month of December, the last cases of said disease having occurred in the month of May. During the above period there occurred 128 deaths.

The second epidemic, which was deservedly considered the most ravaging one, commenced in the month of December, 1867, and ended in April of 1868.

The number of deaths amounted to 2,955. The disease was imported from Buenos Ayres by a passenger of the steamer *Edward Everett*. At that time the disease spread itself considerably through other departments, and especially through Soriano, Paysandu, and Rio Negro.

In 1886, a new epidemic broke out which had been imported, like the previous one, from Buenos Ayres. Said epidemic began in the month of November and ceased in the month of March.

From the department of Montevideo the epidemic spread to San José, Canelones, Soriano, Colonia, Paysandu, Florida, and Rio Negro, causing 535 deaths out of a total of 1,317 cases which occurred during the aforesaid period.

The fourth epidemic took place in 1895. It began in January and disappeared in May. Said epidemic was also imported from the Argentine Republic, and caused 107 deaths.

Since the above date, the country has not again been visited by cholera.

Yellow fever made its first appearance in Buenos Ayres in 1857, and prevailed there from February until June. During that period there occurred about 1,000 deaths.

The first cases of this latter epidemic occurred among sailors who had clandestinely put themselves in communication with infected vessels arrived from Rio de Janeiro, and which were subjected to the proper quarantine.

Yellow fever, therefore, was imported from Brazil.

The second epidemic of this disease appeared in 1872, having lasted only a short time, that is to say, from March to May, causing 142 deaths.

In the month of January, 1873, yellow fever reappeared and prevailed until May, having caused 329 deaths during said period. On both occasions the disease was imported from Brazil.

A further and last imported epidemic appeared in February of 1878, and disappeared in May, after having caused approximately 40 deaths.

The infected vessel that brought the germ of yellow fever this time, was the Spanish brig *Premiat*, from Rio de Janeiro.

There has been no more epidemic of yellow fever in the country since 1878. However, year after year, many yellow fever patients have landed at the lazaretto, and other patients had been detained some time in the port on board the vessels which usually end their voyages at Buenos Ayres.

It is to the greater sanitary vigilance and the improvements in the disinfecting processes, that we are undoubtedly indebted for the absence of new epidemics of yellow fever during twenty-four years, specially when we take into consideration the fact that the focus of said disease is at Rio de Janeiro, and that the voyage from said place to our port can be made in three days.

Smallpox is one of the contagious diseases which has spread itself most in Uruguay. From 1891 to 1900, said disease caused 1,122 deaths throughout the Republic.

The epidemic of 1891, which lasted until 1893, may be considered the most serious of those which have appeared since that time. During that year, the number of deaths amounted to 692. Since then it has been decreasing in a remarkable way, to such an extent, that in the years of 1898, 1899, and 1900, only 2, 3, and 1 deaths occurred, respectively.

This disease has generally been imported from Europe, the Argentine Republic, and Brazil.

The origin of some of these epidemics has been thoroughly investigated, and is well known by our sanitary authorities.

At the present time the epidemic, which commenced in the month of May of the year 1901, is diminishing.

After three years of comparative cessation of the disease (namely, 1898, 1899, and 1900), the development of the same commenced in the above-mentioned time, and it was impossible to check it at the beginning thereof.

From the department of Montevideo it spread itself to Campaña, its focuses being at Artigas, Florida, Flores, and Maldonado. In these departments, it was limited after a short time, owing to the isolation measures, to the vaccination of the people, and to disinfection.

In the other departments there have been sporadic cases which have not been reproduced or repeated, thanks to the proper action of the sanitary authorities.

This time the disease was imported from Buenos Ayres by a person who visited said city and stopped at a house where there was a patient of smallpox. When he arrived in Montevideo, he transmitted the disease to his family, the contagion being transmitted directly, since said person did not himself contract the disease.

In the year 1901, there occurred 158 deaths from smallpox throughout the Republic, 131 of which occurred in the department of Montevideo, and 27 in Campaña.

The vaccinations and revaccinations in 1901, as well as the first month of this year, have surpassed those effected in other periods.

This prophylactic service had never been rendered with greater facility. There has been less opposition to overcome both in the capi-



tal and in Campaña, and for this reason the sanitary authorities, through their vaccinators, and with the efficient aid of physicians, have been able to generalize the vaccination without great difficulties.

During the year of 1901, 22,780 persons were vaccinated, 33,356 were revaccinated, and 516 were vaccinated after having been afflicted with smallpox.

From January to the 30th of September of the current year, the above figures represented 3,097 vaccinated persons, 2,692 revaccinated, and 357 who were vaccinated after having been afflicted with smallpox.

In order to prevent the importation of the smallpox through our ports, the accompanying regulations prescribe the vaccination of those steerage passengers who have not complied with this requisite before sailing or during the voyage.

Tuberculosis is another of the contagious diseases which is quite common at present in our country.

The pulmonary and laryngeal forms are the most frequent. Physicians have been reporting this disease to the sanitary authorities since 1896. This declaration is secret; that is to say, neither the name nor the residence of the patient is published.

The clothes of the tuberculosis patients are thoroughly disinfected, and also their residences in case the patients are removed or transferred to a hospital. They are removed to the isolation house whenever it is possible to do so.

The provision of the municipal regulation concerning the disinfection of the clothes and furniture belonging to secondhand and pawn stores, shall soon commence to be enforced.

Another measure relating to the prophylaxis of said disease is the one where the service of the tuberculization of the cows which furnish the milk to the population of Montevideo is subjected to the proper regulations.

The provisions recommended by the national board of health, in order to prevent the contagion and spread of tuberculosis, are contained in the annexed sheet.

It is naturally to be hoped that all the above measures may contribute to diminish the number of tuberculosis patients, and, therefore, the high coefficient of mortality from said cause.

Typhoid fever is an endemic disease in Uruguay.

Exantematic typhus, as well as malaria, are exotic diseases in our country. There are no focuses of malaria fever in the country. The malaria patients in the hospitals, as well as the private cases of said disease, come from abroad, and generally from Italy, the Argentine Republic, and Paraguay.

Typhus is not altogether unknown in Uruguay.

The constant prevalence of yellow fever in Rio de Janeiro, and its increase during the summer months, constitutes a great danger to our country on account of the shortness of the voyages (three days generally) and its increasing frequency. It is on account of this danger that we are compelled to keep the lazaretto open every year for vessels coming from the port of Rio de Janeiro.

Fortunately, the sanitary-vigilance service in that station, as well as in the vessels, the vigilance of the passengers, and the disinfecting measures, have greatly contributed, as above stated, to prevent in many cases the importation of yellow fever to Montevideo. It would be impossible to tell how many epidemics we might have had if our prophylaxis would have been limited to resist or prevent impersonal

contagion only by means of disinfection, overlooking the danger which passengers afford as a transmitting medium of the disease.

Besides yellow fever, there has prevailed at Rio de Janeiro the bubonic plague, ever since 1900, and this latter is another exotic disease from which we must protect ourselves, since its final extinction at said capital is rather problematic, while its recurrence with greater violence is periodical.

These are the two diseases which at present are most liable to be imported from Brazil.

However, in case of the prevalence of a cholera epidemic in Rio or in any other port, the aforesaid country would constitute an imminent danger for us and probably a very difficult one to prevent.

But this is not the only direction from which we should fear an invasion of contagious diseases, since the latter can also be imported by fluvial navigation by crossing in a few hours the river which separates our country from the Argentine Republic. Consequently, any contagious disease which is imported to this latter country, may affect Uruguay. These instances, however, are not frequent, because there are no endemic exotic diseases in the Argentine, but they make their appearance not only during the prevalence of cholera epidemics, but also on account of the development of smallpox and scarlet fever.

Therefore, the sanitary measures must be applied with greater frequency to the vessels coming from Brazil and, accidentally, to those coming from the Argentine Republic. Through them contagious disease, whether exotic or otherwise, may be imported into our country.

From the above facts the following conclusions may be drawn:

1. All the provisions now in force concerning maritime sanitation, are included in the respective regulations, with the exception of those relating to the bubonic plague which are comprised in the sanitary agreement entered into between the national sanitary department of the Argentine Republic and the national board of health of Uruguay, and which have been completed by the addition of other measures of an internal character.

2. The maritime and land sanitary service are under the control of the national board of health. The sanitary inspection of the ports, the departmental boards of health, and the lazaretos of the Isla de Flores, are also under the control of the national board of health.

3. The lazaretto is the only sanitary station that we have in Uruguay.

4. The exotic contagious diseases which have been developed in the country, have been cholera and yellow fever. Both diseases have been imported through our ports; sometimes from Brazil, and other times from the Argentine Republic, and from Europe.

5. Ever since 1878, yellow fever has not been imported again into our country, notwithstanding the proximity of its permanent focus, namely, Rio de Janeiro.

6. Smallpox, tuberculosis, and typhoid fever, are the diseases which have spread themselves most.

7. Exanthematic typhus is unknown to us. Malaria should be included in the number of exotic diseases. The cases which have come under our notice were persons coming from abroad.

8. Our proximity to Brazil often constitutes an imminent danger, because of the endemic diseases prevailing in that country.

9. The development of exotic diseases and of contagious diseases, generally threatens the health of our cities.

MONTEVIDEO, *November 3, 1902.*

*Sanitary agreement entered into between the national board of health and the national department of health of the Argentine Republic.*

BUBONIC PLAGUE.

Bases agreed upon between Dr. Ernesto Fernandez Espiro, president of the national board of health of the oriental Republic of Uruguay, and Dr. Carlos G. Malbran, president of the national department of health of the Argentine Republic, in order to celebrate an agreement concerning the treatment to which vessels coming from ports infected or suspected of being infected with the bubonic plague shall be subjected, in both countries:

At the city of Buenos Ayres, on the 19th day of September of the year 1900, Dr. Ernesto Fernandez Espiro, president of the national board of health of the oriental Republic of Uruguay, and Dr. Carlos G. Malbran, president of the national department of health of the Argentine Republic, being duly assembled for the purpose of rendering more efficient the guaranties afforded by the sanitary treatment, granting to navigation and commerce in general, all those facilities consistent with said guaranties, have agreed upon the following bases concerning the treatment which shall be applied to the vessels coming from ports infected with or suspected of being infected with the bubonic plague:

1. To request of the respective governments the repeal of the regulations in force, in accordance with the agreement of the 15th of November, 1899.

2. The sanitary vigilance shall commence from the day in which the vessel sails from a port infected or suspected of being infected with the plague; whenever the vessels have a sanitary inspector on board, and when said inspector has made the medical inspection of the passengers and crew as well as the disinfection of all the baggage on board, which operation shall be repeated, together with the disinfection of the vessel in the port of arrival.

Said vigilance shall last five and four days, respectively, in vessels coming from infected or suspected ports.

3. Vessels which have no sanitary inspector on board, shall be subjected to vigilance during five or four days, according to the place from which they come, from the day in which the medical inspection and the disinfection were made, upon the arrival of the vessels.

4. Vessels which are infected because of having cases of sickness among the passengers and crew, or epizooty in the rats on board, shall be subjected to a vigilance of ten days, counting from the disinfection made upon their arrival.

5. The baggage of passengers and crew, postal bags, as well as all articles of personal or domestic use, and the rags, in whatever condition they may be, shall be subjected to a thorough disinfection.

6. Articles belonging to the baggage of the passengers, or which in the opinion of the sanitary authorities may transmit the contagion or germ, and which can not be disinfected, shall not be allowed to land.

7. The mail and the cargo shall be allowed to land without any restrictions whatever.

8. Whenever a vessel arrives and declares it has had no cases of sickness on board, but which, owing to special circumstances, is considered suspicious, the same shall be subjected to the sanitary treatment which both boards may agree upon as the result of the investigation made in each individual case.

9. The provisions contained in this agreement may be modified whenever a substantial change takes place in the sanitary condition of the countries to the vessels of which they shall be applied.

10. The measures set forth shall be applied from the date of the promulgation of the regulations which shall be jointly issued by the two boards.

11. These bases shall be submitted to the respective Governments for approval.

ADDITIONAL ARTICLE. In case of the appearance of any exotic diseases (the plague, yellow fever, or cholera) in any of the two countries, the Uruguayan and Argentine sanitary authorities shall put in practice the disinfection of the vessels bound to the country where there is no epidemic, as well as the baggage of its passengers and crew at the ports infected or suspected of being infected.

This operation, which shall be under the control of sanitary delegates from the country which takes the precautions, shall constitute the basis of the sanitary treatment which the latter shall apply, without prejudice to the supplementary measures concerning vigilance, which may be stipulated for each of the aforesaid diseases, and the provisions relating to the foregoing agreement shall be put in practice in case of the appearance of the plague.

CARLOS MALBRAN.  
E. FERNANDEZ ESPIRO.