

TENTH PAN AMERICAN SANITARY CONFERENCE
Bogota, Colombia
September 4 - 18, 1938

REPORT
OF THE
DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU
TO THE TENTH PAN AMERICAN SANITARY CONFERENCE

Washington
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By Surgeon General HUGH S. CUMMING (Ret.)

Again it is my pleasure to meet you as friends and colleagues from the republics of America and to submit to you a report of the activities of your Executive Body, the Pan American Sanitary Bureau.

Antecedents

For the benefit of those who are here for the first time, but more especially for those who come after us, I shall recall very briefly the development of cooperative measures among the nations of this hemisphere, particularly those relating to the public health.

Simón Bolívar called the first inter-American Congress, which met in Panama in 1826. In 1847 and 1864, inter-American Conferences were held in Lima, Peru, and in Montevideo, Uruguay, in 1888.

In 1848 France initiated the practice of stationing medical officers in her consulates in other countries in an effort to prevent vessels from cholera-infected ports from transporting this disease to ports in her own territory.

In 1881 delegates from 24 maritime European and American countries participated in a public health conference in Washington. Yellow fever was perhaps the most important, the most perplexing problem discussed by this Conference.

In 1887 the Governments of Argentina, Brazil, and Uruguay entered into an agreement at Rio de Janeiro with regard to quarantine and sanitary procedures.

In 1888 a sanitary convention was concluded in Lima by Bolivia, Chile, Ecuador, and Peru, quite similar in nature to the one entered into by Argentina, Brazil, and Uruguay.

In 1889 there assembled in Washington the First International Conference of American States, followed subsequently by six others. It was at the first of these conferences that permanent organization of Pan American cooperative activities was effected by the creation of the office known as the Bureau of American Republics, now the Pan American Union.

The Second International Conference of American States in Mexico City (1901-02), authorized the creation of the International Sanitary

Conferences and the International Sanitary Bureau. Permanent Organization of these bodies was effected at the First International Sanitary Conference of the American Republics in Washington in October, 1902.

The Sanitary Conferences

The First International Sanitary Conference provided for subsequent meetings, elected officers and members of the International Sanitary Bureau, voted an aggregate annual quota of five thousand dollars for the support of the office, and abolished all quarantine regulations for the control of yellow fever not based on mosquito transmission of the disease.

The Second International Sanitary Conference, also held in Washington, in 1905, formulated and adopted the Washington Convention, which may be regarded as the first Pan American Sanitary Code.

The Third International Sanitary Conference met in Mexico City in 1907. Among the measures recommended by it were: compulsory vaccination, exclusion of immigrants suffering from trachoma, and the centralization of public health administration in the national government. This Conference also recommended that the "International Bureau of American Republics" (now the Pan American Union), should provide an office for the Pan American Sanitary Bureau, a recommendation which was approved by the Fourth International Conference of American States in 1910.

The Fourth International Sanitary Conference met in San José, Costa Rica, in 1909-1910. Among the subjects on the agenda were plague, yellow fever, the sanitation of seaports, and measures for securing safe water and adequate sanitary disposal of sewage.

The Fifth International Sanitary Conference met in Santiago, Chile, in 1911, and recommended the revision of the "Washington Convention" adopted by the Second Conference.

The Fifth International Conference of American States, which met in Chile in 1923, went further and directed that the revision then made should constitute an International Sanitary Code. The Conference of States changed the name of the Bureau and the Sanitary Conferences to Pan American instead of International, in order to make the name more descriptive of their work and to avoid confusion with similar bodies in Europe which came into existence after the American bodies were created.

At the Six Pan American Sanitary Conference, which met in Montevideo, Uruguay, in 1920, the Pan American Sanitary Bureau was reorganized and authorized to issue a monthly bulletin devoted to sanitation, public health, and related matters. The annual quota for maintenance was raised to twenty thousand dollars. Revision of the Washington Convention was referred to the Seventh Pan American Sanitary Conference.

The Seventh Pan American Sanitary Conference, which met in Habana, Cuba, in 1924, revised and in great measure rewrote the Washington Convention, formulating and adopting the "Pan American Sanitary Code" which

has been ratified by all the American Republics. The Conference increased the annual quota for maintenance to fifty thousand dollars.

The Eighth Pan American Sanitary Conference met in Lima, Peru, in 1927. At this Conference provision was made whereby any Signatory Power might, after giving due notice, withdraw its adherence to the provisions of the Pan American Sanitary Code, if desired.

The Ninth Pan American Sanitary Conference met in Buenos Aires in 1934 and approved a number of resolutions requiring subsequent action.

Action taken on Resolutions of the Ninth Conference

Shortly after the Ninth Pan American Sanitary Conference, I wrote to all Directors of Health inviting their attention to the resolutions adopted by the Conference. The Office has aided and will continue to aid in carrying out these resolutions, many of which are of continuing value constituting a goal which we should strive to attain.

Since the meeting of the Ninth Pan American Sanitary Conference, the Pan American Sanitary Bureau, in collaboration with Committees of the United States, Cuba, Puerto Rico, Philippine Islands, and with the cooperation of the National Directors of Health of all the republics, has translated into Spanish the Eleventh Edition of the United States Pharmacopoeia. This publication has been well received and favorably commented upon throughout the Americas. The Bureau is also publishing in the Pan American Sanitary Bulletin a series of articles on "The Pharmacopoeia and the Physician". It is hoped that these may later be bound and issued in a single volume by the Board of Trustees of the United States Pharmacopoeia.

Pan American Conferences of the Directing Heads of the Public Health Services of the American Republics

These conferences, which may be conveniently called Pan American Conferences of National Directors of Health, were authorized by the Fifth International Conference of American States, at Santiago, Chile, in 1923. They are advisory in character, and meet in Washington approximately once in five years, three such meetings having been held, under the auspices of the Pan American Sanitary Bureau. Their deliberations have been extremely valuable to the Bureau and also to the Pan American Sanitary Conferences. It has been found convenient to call together the members of the Directing Council at the time these conferences meet, they being invited to sit with the Directors of Health and to participate in their deliberations.

The Second Pan American Conference of National Directors of Health rewrote in great measure the first draft of the International Sanitary Convention for Aerial Navigation, and their recommendations were accepted almost in their entirety, the Convention being completed and signed at The Hague on April 12, 1933.

The Third Pan American Conference of National Directors of Health, which met in 1936, took an active part in the preparation of the agenda for the Tenth Pan American Sanitary Conference.

Pan American Sanitary Code

All of the American Republics have ratified the Pan American Sanitary Code, Mexico with certain reservations. Inasmuch as this Code was drafted and adopted in 1924, some of its provisions are necessarily more general in character than is required by recent advances in public health. Furthermore, there are certain phraseologies that are confusing, for example, Section VI, relative to bills of health.

Notwithstanding our gratification because of its universal acceptance, we should, I think, bear in mind that, sooner or later, amendments to the code may be required.

The Pan American Sanitary Bureau: Its Activities and Future

Review

Founded in 1902 as the executive organ of the Pan American Sanitary Conferences, the Pan American Sanitary Bureau existed in name only until after its reorganization by the Sixth Pan American Sanitary Conference in 1920. It was at this Conference that I had the honor of being elected Director, an honor you have bestowed upon me at each succeeding conference, and one which I deeply appreciate.

Assistant Surgeon General Joseph H. White, United States Public Health Service, as Vice Director, inaugurated the publication of the Boletín de la Oficina Sanitaria Panamericana, continued under the able editorial direction of Dr. Bolívar J. Lloyd and Dr. Aristides A. Moll.

During the fiscal year ended June 30, 1924, Dr. Long, representing the Bureau, visited Bolivia, Chile, Cuba, Ecuador, Panama, and Peru, in the interest of its work, outlining a plan to extend its usefulness, and attending the Conference of the League of Red Cross Societies in Buenos Aires and a conference of the Quarantine Authorities of the West Coast of South America and Panama, in the City of Panama.

It was during this period that the preliminary work of revising the Washington Convention of 1905 was undertaken. This culminated in the formulation and adoption of the Pan American Sanitary Code at Habana, Cuba, in 1924.

At the Habana Conference, Dr. Long was elected Vice Director. In 1925, Assistant Surgeon General Bolívar J. Lloyd was reassigned officially to the Bureau at Washington in addition to his other duties. By November, 1928, its activities had increased until it became necessary for Dr. Lloyd to devote his entire time to its work.

In 1926 I attended a meeting in Paris of representatives of the nations of both hemispheres, joining them in signing on June 21 an international sanitary convention which replaced that of 1912. It was at this meeting I had the pleasure of forming the acquaintance of a number of colleagues from American republics other than the United States. Then it was that delegates from the American Republics manifested that solidarity of action which has characterized them in all subsequent meetings of the Office International d'Hygiène Publique of Paris.

The first executive session of the Directing Council was held in Washington, May 27 to June 9, 1929, at which regulations for the administration of the internal affairs of the Bureau were approved.

Upon the recommendation of the Directing Council, Dr. John D. Long was made Traveling Representative for duty throughout the American Republics, since which time he has conducted the field work of the Bureau.

During the fiscal year June 30, 1928 to June 30, 1929, Dr. Long visited Argentina, Bolivia, Brazil, Chile, Ecuador, Panama, Paraguay, Peru, and Uruguay, conferring with health authorities regarding their activities, and extending the cooperation of the Pan American Sanitary Bureau.

Vice Director Mario G. Lebrede was detailed for duty in Washington during parts of the years 1927 and 1928. Dr. Arístides A. Moll joined the Bureau in 1928 and has continued with it ever since.

Following the meeting of the Directing Council in 1929 Dr. Long proceeded to South America and cooperated with the Sanitary Authorities of Ecuador in preparing a draft of regulations for combating bubonic plague. He recommended that an epidemiologist be sent to Ecuador and later to other countries. Dr. Clifford R. Eskey was selected for this duty. An account of the work of Dr. Long, Dr. Eskey, and others in cooperation with the Health Authorities of the republics involved will be given under the subject of field work.

Epidemiologist Eskey left for Ecuador on June 22, 1929, to cooperate with Dr. Long and the Ecuadorian Health Authorities in anti-plague work. During the fiscal year ended June 30, 1930, Dr. Long visited Colombia, Costa Rica, Ecuador, Panama, and Venezuela.

In 1930 the Pan American Sanitary Bureau, with the cooperation of the Directors of Health, began the sanitary classification of American ports, and, by means of questionnaires, also undertook a survey of the problems of nutrition. Efforts were begun to secure the adoption of an international nomenclature of causes of death, and requests were sent out for information concerning the number and condition of hospitals of the American continent. National Departments of Health were circularized, requesting suggestions for the agenda of the Ninth Pan American Sanitary Conference. Following an outbreak of yellow fever in Socorro and Simacota, Colombia, and at the request of the Directing Council, the Sanitary Bureau addressed letters to the Health authorities of all the American Republics urging them to make careful studies of all recent and old foci of this disease.

The Director began to represent the Pan American Sanitary Bureau before the Permanent Committee of the Office International d'Hygiène Publique of Paris at its meeting in May 1930.

Early in 1930 I submitted to all National Directors of Health the text of a proposed International Sanitary Convention for Aerial Navigation, a document originally prepared by the Office International d'Hygiène Publique of Paris. This draft was extensively revised and approved by the Second Pan American Conference of National Directors of Health at their meeting in Washington in 1931. Immediately following this meeting Honorary Director Dr. Araújo Alfaro and I took the new draft to Paris and presented it to the members of the Office International, which body approved the revised draft with further slight changes, referring it to delegates of countries from both hemispheres, assembling at The Hague in 1933. The Hague Convention gave the document final approval on April 11 of that year, since which time the Convention has been ratified by a majority of the countries of the world.

Traveling Representatives

The Eighth Pan American Sanitary Conference in 1927 authorized the appointment of members of departments of health of the various republics as Traveling Representatives of the Pan American Sanitary Bureau, specifying that the Bureau would pay the Traveling Expenses of persons so named but that salaries should be paid by the Government employing the appointee. These appointments are made always subject to the approval of the Director of Health of the Government concerned. Following are the names of those who have served in this capacity or as officers of the Bureau:

Argentina: Dr. A. Sordelli; Dr. Enrique Savino.

Brazil: Mr. José Gomes da Costa.

Cuba: Dr. Mario G. Lebrado (Vice Director); Dr. Celestino García Morales.

Chile: Dr. Atilio Macchiavello.

Ecuador: Dr. J. Illingworth Icaza; Dr. Carlos A. Miño; Mr. Euclides Villagomez.

Perú: Dr. B. Mostajo.

United States: Dr. John D. Long; Dr. Henry Hanson; Dr. J. H. Murdock; Dr. M. A. Roe; Dr. Louis Schwartz; Dr. C. L. Williams; Sanitary Engineer William H. W. Komp; Dr. William H. Sebrell; Dr. Edward C. Ernst; Dr. Anthony Donovan; Dr. C. R. Eskey.

Uruguay: Dr. Justo F. González.

Bulletin of the Pan American Sanitary Bureau

As already stated, the Sixth Pan American Sanitary Conference authorized the publication of a monthly bulletin which was begun in May 1922. At first a very modest publication, with a somewhat indifferent circulation, the Bulletin has grown in size, value, in the number of persons reached, and in area of distribution, until it has become one of the most important activities of the Pan American Sanitary Bureau. It cannot be sent without charge to all physicians of all the American Republics because of the lack of funds. Earnest endeavor is made, however, to reach health officers, private physicians who are active in preventing disease, engineers, nurses, hospitals, teachers, pharmacists, and others who may be especially interested in the public health.

In recent years, instead of increasing the circulation of the Bulletin in the larger cities, it has been my purpose to reach the smaller towns wherever a physician, a sanitary engineer, a pharmacist, a nurse, a teacher, or other person particularly interested in public health may be found. This is done in order that the Bulletin may have as wide a geographical distribution as possible, and also to contact those who may be most in need of it. At present an aggregate of 3,590 cities and towns in Mexico, Central, and South America are reached. In addition, there is a large list of exchanges, both in this hemisphere and in Europe. Besides, there are subscribers in many parts of Europe and in some parts of Asia and Africa.

Consultations

The work of the Pan American Sanitary Bureau as a consulting agency has steadily increased until it may now be regarded as among its most important activities. In my last report, which you will find incorporated in the proceedings of the Ninth Pan American Sanitary Conference, and which is also available in English, as a separate publication, you will find concrete examples and a description of this function in some detail. It has also become the policy of the Bureau to publish these consultations in the Bulletin when deemed of general interest and of such nature as to warrant publication.

FIELD ACTIVITIES

Mention of certain early field activities has already been made elsewhere.

The field activities of the Pan American Sanitary Bureau are performed by Traveling Representatives. Excepting two Sanitary Engineers whose salaries are paid directly by the Pan American Sanitary Bureau, the Traveling Representatives now serving are medical officers of the U. S. Public Health Service, detailed by the Surgeon General of that Service, under the authority of Articles 55 and 58 of the Pan American Sanitary Code, a treaty ratified by the Governments of the 21 Republics comprising the Pan American Union. For certain special duties, representatives of the National Health Services of other republics have been appointed, there having been named to date a total of 10 from seven different countries.

The cooperation constantly maintained with the Health Services of all the Republics mentioned has been and is complete, sincere, and cordial on both sides.

A résumé of the work done by the various Traveling Representatives follows:

Argentine Republic: Several visits have been made to Argentina, the first in 1923. Nevertheless, nothing much was accomplished until 1928, when the representative of the Sanitary Bureau succeeded in obtaining the promulgation of an Executive Decree relative to fumigation of vessels to prevent the spread of bubonic plague. At that time almost all the important Argentine ports were infected with plague, and it was not an infrequent occurrence to have plague carried from them to foreign ports.

Since 1928 the plague situation has steadily improved, and all the ports have been plague-free for more than two years.

The number of cases of plague in the whole country has decreased from a maximum of 1200 to some 15 to 20 yearly, all in the interior, very remote from ports.

During various inspection trips carried out in company with the health authorities of the Republic, certain problems relative to plague, malaria, leprosy, water supply, and sewage disposal, as well as other problems, have been studied.

With said officials and with the Health Committee of the National Congress, frequent conferences have been held. Everything indicates that within a short time there will be established in the country a full-time health service, the nucleus of which already exists.

Recently one of the sanitary engineers of the Sanitary Bureau made, on request, certain recommendations on methods for the purification of water which increased the efficiency of the procedure while resulting in economy in materials used.

Bolivia: The Republic was visited in 1929, when its most urgent problems were studied. The services of the Bureau have been again offered in connection with planned anti-malaria work.

Brazil: Brazil has been visited regularly since 1923. After a study of bubonic plague, suggestions were offered for the organization of an antiplague service. A severe outbreak of pneumonic plague was promptly controlled in the city of São Paulo in 1936, and plague has decreased in the country as a whole from 814 cases in 1935 to 336 in 1936, 35 in 1937, and 12 in the first four months of 1938. All the ports of the country are today free of plague.

Two representatives of the Pan American Sanitary Bureau collaborated with the Yellow Fever Service during 1937; another with the Antiplague Service from May, 1936 to April, 1937, and a sanitary engineer has made

preliminary studies of all the principal water supplies from Manáos in the north to Porto Alegre in the south, offering certain recommendations. He also advised in the construction of several leprosariums, and will return to Brazil December 1 to deliver a course of lectures on sanitary engineering. When this course is completed he will continue the study of water supplies, sewage disposal, certain sanitary features of leper colonies, and will begin work toward obtaining a wider extension of milk pasteurization.

Colombia: In several visits made to Colombia, comments were made and suggestions given regarding anti-rat and anti-mosquito work in Buenaventura; anti-mosquito work in Cartagena, Barranquilla and Puerto Colombia; yellow fever in the interior of Colombia; leprosy and certain new developments with regard to the disease; and recommendations have been made designed to eliminate certain apparently excessive quarantine restrictions that were being applied to maritime and air traffic.

Central America:* Two visits were made to Costa Rica, and a study made of an epidemic in which there was some doubt as to whether or not the disease was actually smallpox. When the diagnosis of the representative of the Sanitary Bureau, that the disease was smallpox, had been accepted, a vaccination campaign was organized, and the disease was absolutely eliminated from the country in about six months. Advice was also given regarding the anopheles breeding in the public water supply reservoir of Port Limón, resulting in the elimination of the breeding focus. The following of advice given relative to colonies of algae in the water reservoir of the city of San José was followed by improvement in the quality of the drinking water.

Other countries of Central America have been visited by the Director and other representatives of the Bureau. Since no severe epidemics of international importance have occurred in them, and because of the limited resources at hand, it has seemed more advisable to concentrate attention on other countries where more urgent situations exist, except for attending to any requests received.

Cuba: Frequent visits have been made to the Republic of Cuba, at the request of the health authorities, in order to exchange impressions on health legislation, and furthermore, a Traveling Representative was maintained there for a considerable length of time.

Chile: Continuous work was done in Chile from 1925 to 1927, inclusive, and since that time numerous visits have been made there.

In 1925 a Sanitary Code prepared by a representative of the Pan American Sanitary Bureau was put in force, after which the National Health Service was completely reorganized. Later, due to internal

* What has been said about Central America and Mexico applies equally to Haiti and the Dominican Republic, countries with which the Bureau maintains constant contact and cordial relations.

disturbances, a great deal of the work accomplished was undone, but at present true health progress is again being observed. The present sanitary legislation is based on the Sanitary Code of 1925.

With the cooperation of the Sanitary Bureau, bubonic plague was eliminated from Chile in 1930, and has not reappeared.

Slightly over one-half the population of Chile obtain their drinking water from 82 supply systems which are closely supervised, and with a few exceptions, this is all safe water. In Santiago and other large cities, pasteurized milk may already be obtained. Sewage disposal is as a general rule satisfactory enough from the mechanical standpoint, but not from the health standpoint, and a sanitary engineer from the Bureau is at present in Chile advising on these matters. Garbage disposal is satisfactory enough in the majority of cities, and collection is regular and efficient.

With the occasional cooperation of the Sanitary Bureau, an extensive nutrition program is being carried out in Chile.

Ecuador: In Ecuador continuous work has been carried on since 1929. Bubonic plague was eliminated from Guayaquil and the coastal region in 1930, and did not reappear until 1935, or 5 years later, when, due to a series of events, partly financial, and partly of an internal political nature, sanitary measures were relaxed and a rather severe outbreak occurred. Active work is still going on, and the disease has again almost disappeared.

In addition to the antiplague work, advice has been given and observations and studies made relative to malaria, yellow fever, dysenteries and infantile diarrhoeas, water supplies, sewage and garbage disposal, milk pasteurization (all the milk in Guayaquil is now being pasteurized), smallpox (a rather severe outbreak was rapidly and completely controlled), manufacture of smallpox vaccine, and active cooperation in regard to health legislation.

Mexico:* Several visits have been made to Mexico by the Director and other Representatives of the Sanitary Bureau, attending conferences, making inspection trips, and maintaining a complete and intimate cooperation in every sense of the word.

Since after the disappearance of plague and yellow fever no serious epidemics of international importance have occurred in the country, the Sanitary Bureau has not cooperated in a wide manner through its traveling representatives, although it is always ready to lend whatever assistance may be requested.

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Panamá and the Canal Zone: A number of visits have been made to Panamá and the Canal Zone. At the request of the Department of Health of the Republic, a draft of a Sanitary Code was prepared, which, due to the financial crisis, was not enacted into law, although some of its provisions have been made applicable through administrative action. During other visits sanitary activities have been inspected and comments made and advice given regarding them.

Intimate contact is maintained with the Health Department of the Canal Zone, and various cooperative activities have been carried out such as fumigation of vessels for rat destruction; vaccination of flying personnel against yellow fever; fumigation of airplanes to destroy mosquitoes; inspection of passengers and personnel on airplanes; and mutual interchange of sanitary information.

Paraguay: This Republic was visited in 1929 because of an outbreak of pneumonic plague, and at the request of the authorities, a review of the health problems of the country was presented. A Traveling Representative lent his services in the country in 1937, in connection with the yellow fever and malaria services.

Perú: Cooperation with Perú has been maintained since 1930, and even before, in matters relative to health organization, certain changes having been brought about in maritime quarantine procedure which made possible more rapid steamer schedules and caused a series of onerous charges to be abolished. These same changes, when applied later to air traffic, have made possible the present speedy airplane itineraries.

Cooperation in the preparation of Executive Decrees made possible the creation and maintenance of the National Antiplague Service, in consequence of which bubonic plague has decreased from an average of 700 cases annually during a period of 30 years to an average of 100 cases annually during a period of six years, or a reduction of 85.7 per cent. Formerly, some 17 ports of the country were more or less constantly infected with plague, whereas today they are free from plague and there is no danger whatever of the international spread of the disease by commerce. Formerly, over a period of 30 years, some 630 different localities were infected with plague. To date in 1938 (January to June), there has been plague in only 15 sites, with a total of 28 cases, compared with 74 and 99 in the corresponding periods of 1936 and 1937, or decreases of 62 and 72 per cent respectively.

In addition to the antiplague work, constant effort has been made to stimulate the improvement of water and milk supplies and to establish a full-time health service. The city of Lima now has chlorinated water and pasteurized milk, and in Piura, Paita, Callao, and Chiclayo, new water supply plants are being constructed or old ones improved. In Trujillo a new water supply of purified water was installed recently. In several cities improvements in sewage disposal are also under way.

The National Antiplague Service and the new Institute of Health now constitute the nucleus of a full-time health service, and the principle will be extended to the whole National Health Service as soon as funds permit.

In Lima and adjoining cities, new garbage incinerators are being constructed, in which work one of the sanitary engineers of the Sanitary Bureau has collaborated. Also, with the advice of the same engineer, extensive improvements are being made in Iquitos, in water supply, sewage and garbage disposal, and in the leper colony. In Trujillo and Chiclayo, as well as in other cities, it is planned to construct new garbage incinerators shortly.

Assistance was also given in the study of an outbreak of sylvatic (jungle) yellow fever in the Interandine region of Perú, and a representative of the Sanitary Bureau at present acts as technical advisor to the Yellow Fever Service.

Sanitary progress in Perú during the last few years has been really remarkable and rapid.

Uruguay: A number of visits and numerous sanitary inspections have been made in Uruguay. In 1932 there was prepared, at the request of the Minister of Health, a draft of a Health Law, which has in great part been incorporated into the health legislation now in force. Advice has also been offered regarding certain problems such as water supply, sewage disposal, port sanitation, milk pasteurization, venereal disease campaigns, organization of an antiplague service, certain immigration problems, deratization of vessels, and health organization. A representative of the Sanitary Bureau will visit the country this year or the beginning of next year to discuss the proposed full-time National Health Service. With the cooperation of the Bureau, bubonic plague was eliminated from Uruguay in 1951. Uruguay has a lower general death rate than any other country in the Western Hemisphere.

Venezuela: Venezuela was visited in 1930, and a rather complete study of the health services made. On request, the Director General of Health and the representative of the Bureau prepared a joint memorandum on the needs of the health service and possible improvements. A competent sanitary engineer, formerly of the Canal Zone, has been employed by the Venezuelan Government to make studies of water supplies and supervise the construction or improvement of water works, remaining in the country to the end of 1939. The Sanitary Bureau keeps in contact with this officer and his work.

There has been also an exchange of opinion regarding the prevention of the introduction of bubonic plague into the ports of the country, in which the disease has not existed for years. The Director of the Bureau recently made a visit to this country.

International Activities of Traveling Representatives of
the Pan American Sanitary Bureau

In addition to the duties performed, advice given, and studies and investigations made, as outlined briefly above, the following has been accomplished:

(1) Maritime quarantine procedures have been standardized and are now uniform in all ports of Latin America, except for minor details that necessarily had to be varied slightly in order to conform to administrative practice. Vaccination and fumigation certificates of any of the countries are now recognized and given credence in the other countries.

The procedures now used are substantially in accord with the Pan American Sanitary Code.

(2) Air quarantine procedures are also standardized and uniform. This has made possible the maintenance of rapid and regular itineraries.

When the threat of yellow fever occurred last year, the Sanitary Bureau devised, and, through cooperation with National Health Services and airplane companies, obtained the application of certain measures which afforded protection and prevented interference with airplane schedules. These measures consist in (a) vaccination of flying and airport personnel against yellow fever; (b) fumigation of airplanes at overnight stops to destroy mosquitoes; and (c) the requirement of certificates of origin for intending passengers to show where they have been for the six days prior to embarkation, via airplane, for another country. So far as known, no case of yellow fever has been carried on an airplane.

(3) Upon recommendation of the traveling representatives, ten representatives from seven different countries have been detailed by the Pan American Sanitary Bureau to visit other countries for inspection of public health methods and measures. This has served to establish mutual confidence, complete understanding, full cooperation, and excellent relations among the health services concerned.

(4) Scholarships in Foundations have been obtained for representatives of National Health Services, and, as a result, two medical officers of Latin America graduated from Harvard University with the degree of Doctor of Public Health. One of them is now Director General of Health of his country, and the other is Chief of the Laboratory of Plague and Infectious Diseases.

(5) A representative of another country was brought to the United States by the Sanitary Bureau and given instruction in modern methods of steamer fumigation. As a result, efficient fumigation is now being done.

Cooperation among National Health Services Stimulated by the
Pan American Sanitary Bureau

Regional agreements were negotiated between the Argentine and Uruguay relative to measures to be mutually applied to control infantile paralysis, smallpox, and regarding fumigation of steamers.

Similar agreements were also made between the United States, Brazil, Uruguay, and the Argentine relative to reporting to each other the efficiency of fumigation of steamers to destroy rats.

Agreements were made between Ecuador and Perú, and between Ecuador, Perú, and Chile relative to antiplague measures.

Agreements were also made between Ecuador and Colombia relative to the modification of certain quarantine procedures designed to prevent the spread of plague.

Cuba and the United States have agreed on certain measures relative to treatment of vessels in port.

The Republic of Mexico and the United States made a joint survey of conditions involving international shipments of shellfish, and have made an agreement in connection with international exchange of reports on venereal disease cases and their alleged source of infection.

During the severe outbreak of smallpox in Guayaquil, Ecuador, in 1937, the Health Departments of the Argentine, Chile, Perú, and Colombia, supplied a number of hundreds of thousands of units of smallpox vaccine, for the reason that the Ecuadorian vaccine production facilities were overtaxed and became insufficient to meet the emergency. The vaccine was sent in thermos containers, by airplane, and the larger part of it was supplied gratis except for the airplane express charges. The airplane companies conceded generous discounts in the amounts of the express charges.

Chile has on several occasions supplied other countries, generously, with a number of sera and vaccines. Colombia has done the same. Through the medium of the Pan American Sanitary Bureau, several institutes in Latin America have secured from the United States standard biological products and bacterial cultures. These gifts or donations are termed "Expressions of Pan American friendship and cooperation".

Measures against Bubonic Plague

An important, if difficult, field activity of the Sanitary Bureau is its work in combating bubonic plague.

On September 18, 1929, measures to combat bubonic plague in Ecuador were begun by Dr. John D. Long in cooperation with the Ecuadorian authorities. Dr. Clifford R. Eskey was detailed to assist him. On September 5, 1930, a campaign similar to the one in Ecuador was inaugurated in Perú. Dr. Long has also cooperated with the health authorities of Argentina, Brazil, and Chile in combating plague, principally in an advisory capacity.

The measure chiefly relied on for the extermination of the disease in Ecuador and Perú has been campaigns of intensive poisoning of rats. This measure appeared to be quite successful in both countries, especially in Guayaquil, where the disease which had formerly been endemic disappeared for more than five years.

In addition to the Republics just named, plague is known to exist in Bolivia and the United States.

In Argentina, Bolivia, Brazil, Ecuador, Perú, and the United States, past incidence and present conditions indicate, in my opinion, that plague is endemic and may remain so in some or all of these indefinitely. It remains an interesting epidemiological problem why it has disappeared or has been eradicated from some countries with comparative ease and has proved so persistent in other countries in this Hemisphere.

Summarizing plague conditions since the first appearance of the disease on the West Coast of South America, to the end of the calendar year 1934, Dr. Long says in part:

Chile: From the discovery of the first case of plague in Chile in 1903 until the date of the last case in January, 1930, a total of 5,200 human cases has occurred. All of the principal Chilean ports have had the disease, including the larger ports of Valparaiso, Antofagasta, and Iquique. The last human case occurred in the port of Antofagasta in January, 1930, and the last plague-infected rats discovered were trapped in the city of Antofagasta in August, 1932.

Ecuador: Since the discovery of the first cases of plague in Guayaquil in 1908, a total of 10,469 cases has occurred in the Republic of Ecuador to December 31, 1934. From Guayaquil the disease spread, via the Guayaquil and Quito Railroad, to the interior towns and villages along and in the vicinity of the right-of-way of the line, and to the Indian villages and towns in the interandine region.

Through the coastwise maritime traffic the disease reached the ports on the Pacific coast, as well as certain towns and villages adjacent to them, and via the river traffic, a number of localities on the Babahoyo, Daule, and Guayas rivers. The last cases of the disease in the coast region occurred in the City of Guayaquil on March 26, 1930. It persisted in certain Indian villages of the interandine region until the occurrence of the last cases in the village of Savilla near the railroad town of Alausi in June, 1934. Cases were reported as suspected plague from the province of Loja in December, 1934.

Perú: Since the first appearance of plague in Perú in April, 1903, a total of 20,582 cases has occurred in approximately 630 different localities to December 31, 1934."

In my annual report for the Pan American Sanitary Bureau for the fiscal year ended June 30, 1936, I took occasion to say, in part:

"The reappearance of plague in Guayaquil and other places in Ecuador during the fiscal year 1935-1936 and its increase in Perú during the same period, its more or less continuous presence in Argentina, Brazil, and the United States, in spite of the best efforts at control, illustrate how difficult this disease is to eradicate, and the necessity for health authorities to be ever on the alert. At the same time it is necessary that commercial relations between infected ports be maintained, in spite of the existence of the disease and that quarantine measures be limited to a minimum of restrictions compatible with the public health." I wish to add that I desire to repeat and emphasize this statement at the present time.

In order to summarize the incidence of plague from the beginning of the calendar year 1935 to the end (approximately) of the fiscal year (June 30), 1938, I may add that the following cases have been reported to the Bureau:

Argentina: January 1, 1935, to December 31, 1937, 69 cases, 37 deaths; January to June, 1938, 4 cases, 1 death.

Bolivia: January 1, 1935 to December 31, 1937, 28 cases. January to June, 1938, 174 cases, 52 deaths. It should be noted that there were more cases during the January 1935-December 1937 period, but the exact number is not known.

Brazil: January, 1935, to December 31, 1937, 1186 cases. January to June, 1938, 12 cases, 6 deaths.

Ecuador: January 1, 1935, to December 31, 1937, 477 cases, 181 deaths; January to June, 1938, 37 cases, 19 deaths.

The United States: January 1, 1935 to December 31, 1937, 6 cases, 1 death; January-June 1938, no cases, no deaths. Rodent plague is present in several species of rodents in eight western states of the United States, confined at present to rural districts.

Perú: January 1, 1935 to December 31, 1937, 396 cases, 205 deaths; January-June 1938, 28 cases, 15 deaths.

Finances of the Pan American Sanitary Bureau

Under the terms of Article 60 of the Sanitary Treaty known as the Pan American Sanitary Code, the signatory countries have agreed to pay annual quotas which shall not be less than a total of \$50,000 per year. These quotas are paid on a basis of 21-1/2 cents U. S. currency per 1,000 population.

The present annual budget of the Sanitary Bureau is prepared on a basis of \$100,000 per year, due to the constantly increasing requests for advice and assistance, and the fact that some overdue quotas recently paid have made a temporary increase possible.

As will be seen, even with such economies as it may be possible to effect in the budget as estimated, the Sanitary Bureau will not be able to continue at the present rate for a much longer period. Moreover, the work as carried on in recent years would not have been possible had it not been for the cooperation of the United States Public Health Service in detailing certain of its officers to the Sanitary Bureau as Traveling Representatives and in other capacities.

There are many sanitary problems still to be studied; many that are now under way will need to be followed to completion to maintain efficiency; requests are becoming more frequent and insistent, for advice in connection with perfecting health organization; in problems of sanitary engineering; in drafting Health Laws, Regulations, and Executive Decrees, and in assisting in the procurement of larger and better balanced appropriations for health work. Finally, traveling representatives, and two more sanitary engineers will be required to respond with any reasonable degree of promptness to the demands now in sight.

A point which should be emphasized is the importance shown by sanitary engineering in the solution of many of the most important problems confronting the American Republics, among them, water supplies, distribution systems, sewage disposal, anti-malaria work, etc. The Bureau will continue to forward as much as possible efforts designed to make services of this nature more generally available, including the preparation and training of civil engineers for sanitary work.

Future of the Bureau

The Conference for the Consolidation of Peace, held in Buenos Aires, November 3, 1936, approved the following resolutions:

"1. To take note of the progress already made and the plans for future action of the Pan American Sanitary Bureau, particularly with regard to the betterment of the health and well-being of the American peoples, of their progress in matters of municipal and rural hygiene, nutrition, housing water supply and drainage services, and control of infectious and occupational diseases.

2. To recognize that the work of effective cooperation between the American Nations in sanitary matters, facilitates their mutual and intelligent intercommunications and avoids delays and obstacles to international commerce, and that in this respect considerable results have already been obtained.

3. To suggest the propriety of extending even further the activities of the Pan American Sanitary Bureau, as soon as possible, to which end this resolution shall be transmitted to the Pan American Sanitary Conference, to be held in Bogotá, Colombia, in 1938."

The sphere of action of the Sanitary Bureau, duly oriented, may be expanded almost indefinitely with advantage to all the people of all the

American Republics, always and whenever there are funds available for it, and provided that the Governments of the different Republics are disposed to accept its aid and to cooperate in carrying out the recommended sanitary works.

In order to function satisfactorily, the Bureau should have sufficient space for administrative purposes. Since it was organized, the personnel of the Bureau in Washington have occupied a single office in the building of the Pan American Union, and this space is already occupied by 11 persons, including the Director.

If the Bureau should be transferred to a building other than that occupied by the Pan American Union, it should be given the privilege of franking mail on its own account, in order to be able to distribute its correspondence and publications, since today it enjoys this privilege only by the courtesy of the Pan American Union.

With regard to the formulating of concrete propositions for new activities, I do not believe that it is worth the trouble to make suggestions, unless the Bureau receives more funds. If these are available, the Director and the Directing Council may be relied upon to formulate a constructive, practicable and economic plan of activity in conjunction with the sanitary authorities of all our Republics.

ADDRESS DELIVERED AT THE INAUGURAL SESSION
OF THE TENTH PAN AMERICAN SANITARY CONFERENCE

By Dr. H. S. Cumming

Director, Pan American Sanitary Bureau

It has been my privilege during a rather long career to attend many international meetings, and I do not flatter those present in saying frankly, that it seems to me the most important and successful have been those held on our own continent. And now I have only to glance around me to see that Colombia, thanks to its high authorities and the efforts of the active Organizing Committee so ably headed by my old friend, Dr. Jorge Bejarano, is fully maintaining this notable record.

It is for me a great honor to participate in the inauguration of such an assembly. Thanks to your kindness, I come once more, as on former occasions, to exchange opinions with and obtain knowledge from old and new comrades in the field of public health; to share, though modestly, in their discussions of present problems, and to observe the increasingly great results achieved by their efforts in the truly arduous task of bettering health conditions in their respective countries. In other words, I come to study, to learn, to renew old friendships, and, I hope, make new ones; and also to absorb a part of the enthusiasm and vigor which youth brings to our meetings, and which contribute so much to their success. In passing, let me recall with affection those who shared our work in the past -- some unavoidably absent; others now gone to their reward after long years of service to their fellow-men.

It will not be amiss to recall that in the country today offering us her proverbial hospitality, the first Pan American Congress met more than a century ago, called by the hero of Boyacá. Lest there be any doubt as to the close relationship between Public Health and Politics, permit me to add that if the deliberations at Panamá did not at that time have more effect, it was perhaps due in part to the menace of yellow fever. Of this disease, by the way, died one of the United States delegates, en route to that famous Isthmus which while it existed united the two Americas, and when cut in two, brought them -- by one of the paradoxes of progress -- even closer together.

I believe that no one can conceive of a more ideal site for a Pan American Conference than the city founded by the illustrious Quesada; a city long consecrated by history and literature as a focus of culture and a center of progress and patriotism. There is scarcely a plaza or public place in this vicinity which does not bring us memories of that hero of all time for all America, Liberator of six Republics, and inspiration of all. Today we see taking ever more tangible and fruitful form that idea of Bolivar's genius, of uniting with eternal bonds of friendship all the countries already close in geography and in political aspirations. In no other place is this development better brought out

than in these Sanitary Conferences, since in them such noble and altruistic ideas existed from the beginning, and have been translated into clear results for the good of all our people, and indeed, for the whole world.

Proceeding, it seems to me, with consummate foresight, a group of true public health statesmen of all our countries, among them an illustrious son of Colombia, Dr. García Medina, created for our Republics these Sanitary Conferences, and the latter, in turn, an international body, the Pan American Sanitary Bureau, which, after a necessarily gradual period of development, has become what its wise initiators wished to make of it: a center for the exchange of information, of coordination, cooperation, and compenetration in public health, within the scope traced for it by the Sanitary Code and the Pan American Conferences. It is a pleasure to here record that whatever success our organization has obtained, it owes exclusively to the constant and loyal cooperation of the Health Departments of the American Republics, without exception. I do not wish to let pass this opportunity of expressing my gratitude for the immeasurable aid which all their officials have given me since I had the honor of being elected Director of the Bureau in 1920. At that time, as it is always for me a source of pride to recall, the Bureau began its truly active and fruitful life.

Each of our conferences has seen new conquests in the field of public health. Not more than 11 countries were represented at the First Conference; at the Fifth there were 17, and at the Ninth not one country was missing at this periodic meeting which honors Panamericanism and progress. We need do no more than glance around us now to see how much more complete and well-filled than ever are our ranks.

Each conference has left behind it a series of concrete accomplishments which have inevitably advanced the great cause for which we strive. The First Conference set the standard for the succeeding ones, and established the Sanitary Bureau; the Second formulated the Washington Convention, which was the first Pan American sanitary code; the Third, Fourth, and Fifth consolidated the territory gained and opened new paths for the future; the Sixth provided for the publication of the Boletín, which has come to be one of the most important activities of the Bureau; the Seventh approved the Pan American Sanitary Code, a model health charter for our Republics; the Eighth and Ninth charted new courses and expanded our functions to the magnitude they have reached, and the Tenth, I am sure, will maintain in all its fullness this glorious tradition of progress.

The cordiality, comradeship and goodwill which have invariably presided over all our meetings confirm once more an opinion I have long held, and that is that the most outstanding characteristic of these assemblies, and not the least of their assets is the intimate contact and friendship which they further, even among good friends and neighbors, as we have always been and shall continue to be.

Still water becomes stagnant. Public health is characterized by being dynamic, not static; by trying constantly to mobilize effort and resources in order to produce a better humanity; better water, better air, better soil, better dwellings, better and longer life; less suffering, less sickness, and less death.

Everything accomplished in health matters since our previous Conference: the reorganization and amplification of services; the establishment of health centers; the increase in appropriations; the sanitary improvements in seaports, water supplies, and the disposal of sewage; the fight against endemic diseases such as malaria and helminthiasis; the expansion of social security -- all these achievements speak well of the existing and crystallizing desire in all parts of America to extend to the people the benefits of preventive medicine. Public Health is on the march in all our countries.

I am sure that, with the constant aid and valuable counsel of the Directors of Health of the American Republics, the Bureau will continue to be of great utility to commerce and to humanity in the future, and in maintaining the intimate and cordial bonds which fortunately unite all America, and which have such an admirable example in the field of public health.

It is with deep satisfaction that I declare today, with more fervor and assurance than ever, what I have time after time proclaimed as a mere desire in other Conferences: namely, that there never was a better occasion to realize true and efficient Pan American health work, and to increase the services of the Pan American Sanitary Bureau. I feel sincerely that all our countries should be proud of their part in the creation and functioning of this body dedicated to cooperate in every possible sense with the authorities of the various Republics for the improvement of health in all parts of America. That was the exalted goal which inspired those great men of the past who created our Bureau, and may it be the ideal which guides us in the future. Continue, then, bringing to our Bureau the problems which confront you, with the assurance that you will be given whatever assistance is possible.

With pleasure I present anew cordial greetings in the name of the Pan American Sanitary Bureau and in my own, to the People and Government of the progressive Republic of Colombia, so worthily represented here by His Excellency Dr. Eduardo Santos, and so many other illustrious individuals, and to the Delegates of the sister countries so ably represented at this meeting.