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*The Constitution of the Pan American Sanitary Organization was approved by the Directing Council on October 1, 1947, in Buenos Aires.
This publication presents in a single pamphlet a reproduction of a series of articles written by Dr. A. A. Moll, Secretary of the Pan American Sanitary Bureau until January 1947, on the "History of the Bureau, its origin, developments and achievements", which appeared in several issues of our Bulletin from 1940 to 1945. This history begins with the first attempt made by the American Republics at a meeting held in Montevideo in 1873 for an international program of defense against disease, going on to the V Pan American Conference of National Directors of Health held in Washington from April 24 to 29, 1944. This period, so to speak, ends with the preparations for the XII Pan American Sanitary Conference held in Caracas, Venezuela, and which marked the beginning of a new era: the reorganization of the Bureau. The period comprised between 1944 to the present time will appear in a future publication, written by the undersigned.

Miguel E. Bustamante
Secretary General.
THE PAN AMERICAN SANITARY BUREAU:
ITS ORIGIN, DEVELOPMENT AND ACHIEVEMENTS
A REVIEW OF INTER-AMERICAN COOPERATION IN PUBLIC HEALTH,
MEDICINE AND ALLIED FIELDS

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I. ANTECEDENTS

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

The first of colonial epidemics, that of smallpox in 1515 in Hispaniola, spread first to neighboring islands and finally to the mainland, its toll being counted in the hundreds of thousands. Similar epidemics occurred in the following centuries. The death-dealing typhus fever outbreaks in the XVI and following centuries, almost invariably swept southward from Mexico into Central America, and farther south the pestilences developing in any of the Spanish colonies seldom failed to embrace the entire Plata region. Yellow fever was imported into one country after another, apparently from the West Indies, the trading and free-booting center for the Americas at that time. It spread about the middle of the XVII century from the French Antilles to Cuba and other Caribbean areas, until it made its way to Brazil in 1685, United States in 1692, Venezuela in 1694, Colombia in 1729, Panama and Ecuador in 1740, and Peru, Chile, Uruguay and Argentina, much later. Throughout the XVII and XVIII centuries measles marched triumphantly from Buenos Aires to Ecuador. Epidemics which may have been of scarlet fever crawled all the way south from Colombia to Argentina in 1587-89, and a similar synchronization was observed from Lima all the way around the Horn to Central America in 1803-1854. A dengue epidemic spread in 1789 from the United States to the West Indies and another in 1825 to Mexico in 1826 and Venezuela in 1828. Influenza outbreaks took a heavy toll during the XVIII century from Chile to Quito and from Mexico to Buenos Aires. In the early XIX century, rabies extended down from Lima, Peru in 1809 to Ica and Arequipa in 1806-7, Chile in 1809 and Argentina in 1810. Cholera likewise ravaged practically the whole continent in its 1831-33, 1849, 1854 and 1867 devastating appearances. The history of plague in America since its introduction in 1899-1900, with its subsequent spread north and south and far inland, is very much to the point.

Quarantine.—Because of these inroads of disease, quarantine soon received citizenship papers in the Americas. The first American quarantine was established at Hispaniola in 1519. Ever since that time, inter-colonial restrictive measures became a regular procedure whenever news got abroad regarding the prevalence of smallpox, yellow fever, measles, or any other disease. For instance, Peru quarantined against Panama in 1622 and 1637; Chile against Peru in 1589, 1649, 1750, 1772 and 1785, and in 1622 and 1659 against Argentina; Buenos Aires, in 1660, refused admittance to the Chilean troops who came to defend her; Martinique in 1686 and 1708, Cuba in 1715, and Haiti in 1725, 1751 and 1766 quarantined against slave ships from Africa; Costa Rica stopped commerce with other parts
of Central America in 1816 and again in 1837; and finally, Massachusetts in 1648 and New York in 1655, and other English colonies at later dates, quarantined against the West Indies, as well as other foreign places. This annoying situation subsisted in a constantly aggravated form to modern times, especially after the irruptions of cholera and plague in the XIX century. It also forced the organization of quarantine services, at first sporadically in the main ports, for instance, Rio in 1810 and 1828, San Juan in 1818, Buenos Aires in 1822, Valparaiso in 1828, Montevideo in 1829, New Orleans in 1855, and later on a national scale both in these countries and elsewhere.

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

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

Montevideo meeting. —The advisability of uniformity and efficiency in enforcing regulations governing inter-American traffic received first formal recognition at a meeting held in Montevideo in 1873. This Montevideo meeting is entitled to some attention since it was the first attempt on the part of the American Republics to agree on an international program of maritime defense against disease. Credit for this initiative belongs to Argentina, the prime movers being two far-sighted physicians—the statesman, Dr. Eduardo Wilde, and the historian, Dr. Pedro Mallo—one, both at an earlier and a later period, and the other, at the time, a member of the Buenos Aires Board of Health. Both had been impressed with the necessity of reaching an understanding on quarantine with the two neighboring countries and especially as to standardization of measures between Buenos Aires and Montevideo, since incoming ships usually stopped at both ports.

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

2 International sanitary conferences to discuss at first mainly the prevention of cholera from the near East were held at Paris, 1851, 1859; Constantinople, 1860; Vienna, 1874; Rome, 1885; Venice, 1892; Dresden, 1893; Paris, 1894; Venice, 1897; Paris, 1906; Rome, 1907; Paris, 1912, 1926, 1938.

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

4 It was obvious that if one port lowered its requirements the other would suffer, and this unavoidably lead to constant recrimination and entail danger to public health. Mallo had for some time been urging his Government to come to an agreement with Uruguay and Paraguay, to guard against Brazil where yellow fever had prevailed.
Representatives of Argentina, Brazil and Uruguay attended the conference which sat from June 14 to July 30, 1873. The convention signed on the latter date embodied progressive principles and tried to moderate and humanize treatment of ships and passengers while a supplementary convention between Argentina and Uruguay provided for the construction of international quarantine stations to cover all traffic, both outgoing and incoming, in La Plata River. These agreements remained ineffective since they were never submitted for ratification to the respective legislative bodies. The old friction endured and even became worse, going as far as in 1883 to the placing of mutual quarantines between Montevideo and Buenos Aires with the unavoidable harm to commerce.

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

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

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1. It limited to 10 days the quarantine period for cholera, yellow fever and plague, from the date of departure of the vessel or discharge or death of the last case on board and reduced it to seven days in the case of yellow fever during the non-epidemic winter period, and required bills of health according to a specified model.
2. The 1857 and 1878 yellow fever epidemics in the Plata region had been caused by Brazilian ships.
3. Brazil did not want its ships to be under disadvantages in Argentine and Uruguayan ports, and Argentina and Uruguay looked mainly to safeguarding a good market for their jerked beef. The views (1885) of the Argentine physician-statesman Rawson prepared the ground for this meeting. While aware of the lack of results of the Constantinople (1865) and Vienna (1874) Conferences, Rawson still saw possibilities for international conferences, but urged reliance on good sanitary conditions as the best defense against epidemics. A draft of a sanitary code was awaiting enactment in Argentina since 1881. The message sent by the Congress urging the passage of this measure emphasized that quarantine was not enough to guard against disease.
4. Fixing the period of quarantine at 8 days for cholera, 10 days for yellow fever, and 20 days for plague. These were the requirements in force in the Brazilian regulations.
5. Argentina had a few months before introduced this personnel which had been recommended by the Roman Conference.
6. Mutual reporting of disease was recommended but not incorporated in the Convention.
In the meanwhile an interpretative meeting on the Convention and especially on its application to beriberi was held in Buenos Aires in February 1890, and in September 1892 Argentina and Uruguay agreed on the requirement of sanitary passes for passengers previously quarantined and on standardizing treatment of ships from Europe where cholera prevailed again. A *modus vivendi* between Argentine and Uruguay was also arranged in July 1894 to avoid new conflicts and agree on quarantine procedure.

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

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

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

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

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

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

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

12 Prominent sanitarians were in attendance, as Puga Borne of Chile and Alarco of Peru. Some countries, as Argentina, Brazil, Mexico and Uruguay, frankly declined. Others accepted but failed to send delegates. To be sure, the South Atlantic countries had just met on a similar errand.
national sanitary convention and a series of technical conclusions were adopted recommending again prompt exchange of health information, weekly publication of yellow fever and cholera reports when these diseases were present, defining pestilential diseases, infected and suspected ports and ships, and the duties of ships' masters and authorities in case of epidemics, exempting passenger ships from some requirements, requiring quarantine inspection and use of bills of health, organizing a body of ships' medical inspectors, limiting the quarantine period to 20 days in the case of plague, 10 for yellow fever and 8 for cholera.

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

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

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

13 The National Board of Health was led to take this step by the difficulties experienced in trying to enforce the law of June 2, 1879, to prevent the introduction of contagious and infectious disease into the United States. The success already obtained in Europe in preventing the importation of cholera by the Mecca pilgrims inspired this demarche. By and large, the ravages of yellow fever in the Southern States precipitated the measure.
affirmative while Chile and the United States in the negative; on the establish-
ment of direct communication between the different countries on health condi-
tions, Argentina took the negative side and Chile, Haiti, Mexico, the United 
States and Spain (Cuba), the affirmative; on the organization of international 
weights to collect epidemiological data, the United States voted negatively and 
Mexico abstained from voting; on the issuance of standard bills of health, Argen-
tina dissented; on granting authority to consuls to be present at the examination 
of ships and to authenticate bills of health, the United States dissented; on the 
free issuance of bills of health, Argentina, Mexico and Spain abstained from 
voting. On the creation of a temporary commission to study yellow fever, all 
the American Republics were, however, unanimous.

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

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

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

The similar if less ambitious and mostly regional conferences called at Lima (1847–48); Santiago (1856); Washington (1856); Lima (1864); Lima (1887–89); Montevideo (1888–89) gave no consideration to health matters. The second Lima meeting (1864) adopted resolutions to expedite the dispatch of correspondence and for interchanging statistics on wealth, population, etc. The Montevideo Conference on international law (1888–89) also approved a far-reaching convention on the practice of liberal professions, including medicine. Fear, suspicion, jealousy, conflicting interests prevented all these ventures from becoming really Pan-American.

The First International Conference of the American States (Washington, 1889–90) made a far more significant attempt.

The idea of another inter-American meeting had been first launched in 1880 by Colombia, which suggested Panama, and in 1881 by the United States, especially in the latter country under Blaine's inspiration. The Colombian attempt was abandoned, apparently because of war in South America, but in the United States the idea survived even after Blaine gave up the portfolio of Secretary of State, and a commission to prepare the ground was appointed in 1885. It was before this commission that Dr. Holt, the President of the Louisiana Board of Health, and Dr. Burgess of Habana testified as to the need of international cooperation to remove barriers to steam navigation. One of the favorable reports (1886) on the Conference in the U.S. Senate referred to the desirability of providing a better and less vexatious system of quarantine. The occasion was therefore propitious for a new and substantial advance along these lines. Recognizing the importance of the subject a committee was appointed by the Washington Conference to consider the possibilities for united action in the entire field of pestilential diseases and especially yellow fever, from the standpoint of maritime transmission. However, the committee included no sanitarians and was as a whole manifestly unfamiliar with the subject. In its eagerness to do something, and lacking sufficient time and expert advice, the committee ended by recommending to the various Republics the adoption of the provisions of either the Rio or the Lima conventions, since both were in agreement on most points. This uncertainty brought some criticism, and the result was in general disappoint-

17 Only Bolivia, Chile, Colombia, Ecuador and Peru attended. The Argentine Alberdi had urged in 1844 the advisability of a general American Congress.
18 Only Chile, Ecuador and Peru attended.
19 Colombia, Costa Rica, El Salvador, Guatemala, Mexico, Peru, United States and Venezuela were represented.
20 Bolivia, Chile, Colombia, Ecuador, El Salvador, Peru and Venezuela attended.
21 Argentina, Bolivia, Chile, Costa Rica, Ecuador, Peru, Uruguay, and Venezuela.
22 Argentina, Bolivia, Brazil, Chile, Paraguay, and Peru.
23 The Dominican Republic was the only country not represented.
24 The coincidence with the 1881 Sanitary Conference is rather interesting. Fortune pulled off one of its happy coincidences on this occasion, and it fell to the lot of Blaine whose was the original idea, to preside over the meeting. As far back as 1881 Blaine had defined the foreign policy of the Garfield administration as: to bring about peace in North and South America and cultivate friendly commercial relations with all American countries. For the first object he proposed to enlist the goodwill and cooperation of all the American Republics through a congress to be held in Washington.
25 The committee included representatives of Brazil, Nicaragua, Peru, Uruguay and the United States.
ing in so far as public health was concerned. It is not surprising, therefore, that no country, with the exception of Paraguay, ever ratified the Washington recommendation regarding maritime quarantine.

A number of interesting developments took place in the meantime. The national departments of health were reorganized in Argentina (1891), Chile (1892), Colombia (1887), Cuba (1899), Mexico (1891), Paraguay (1899), United States (1893), and Uruguay (1895). Canada had just (1887) put into force an effective quarantine inspection, while in the United States comprehensive legislation was enacted (1893), leading eventually to a truly national quarantine system. Mexico followed (1894) with very complete regulations carrying into effect the recommendations of the Venice and Dresden meetings.

Bacteriology and entomology disclosed new vistas to public health. The first Pasteur Institutes and health laboratories in the Americas were also inaugurated in this period. The Spanish-American War had brought the U. S. face to face with the tropical sanitation problem and made the nation realize its continental bearings. The imminent opening of the Panama Canal also exerted marked influence.

Not the least important occurrences were the international quarantine conferences held at Venice (1892) and Dresden (1893), which for the first time agreed on and set forth a number of basic principles in international comity, including mutual compulsory notification of the appearance of pestilential diseases and immediate enforcement of control measures by the country affected with abandonment of the old arbitrary quarantine restrictions.

Three Pan-American medical congresses (Washington, 1893; Mexico City, 1896; Habana, 1901) were also held, at all of which measures and inter-American cooperation were fully reviewed. A number of wide-awake people had also looked into the matter, following in the footsteps of Rawson. Rosas had warned at the Lima conference (1888) that mere quarantine did not quite cover the situation. In the first Pan-American Medical Congress (1893) the Mexican Licéaga advanced some bases to standardize international maritime quarantine in the Americas, and the Costa Rican Ulloa mentioned the advisability of establishing such a system, while the Brazilian Lacerda suggested that the Congress might agree on the bases for an inter-American sanitary convention. The Congress even authorized the appointment of commissions to formulate quarantine regulations acceptable to all American countries and to promote afterwards an inter-American quarantine conference vested with treaty-making powers to consider and adopt the regulations. In the Second Pan-American Medical Congress (1896) Tadlock of the United States and Monjarás and Licéaga from Mexico stressed the value of prevention as against quarantine. A permanent subcommittee on quarantine and medical legislation was appointed by the Congress to promote public health measures and uniform quarantine regulations in the American countries.

The next departure placed the entire subject on a new and more promising footing. When the II International Conference of the American States met in Mexico City (October 22, 1901–January 31, 26 Guzmán, the delegate from Nicaragua and apparently the only physician on the Committee, and Trescot of the United States, were in favor of calling a sanitary conference to pass upon the respective merits of the two instruments. Another physician, Bolet-Peraa, of Venezuela, was a delegate to the Conference, but did not serve on the Committee.
1902) it was agreed to consider again the same subjects as in the previous Conference, including quarantine. The regulations of the Conference provided that one of its 19 committees should deal with Pan-American sanitary matters. As has been seen, Mexican health experts had been among the very first to visualize the scope of the problem. It is, therefore, not strange to find the Mexican delegates submitting to the Conference on October 22, 1901, a complete set of radical resolutions limiting quarantine to a minimum. The 10th Committee (on International Sanitary Policy) submitted on January 24, 1902, a draft which, while reserving to each country full liberty of action in defending its territory against epidemics, went much further, since it recommended limitation of detention of merchandise and ships, provided for reciprocal notification of disease, and ordered the calling of periodical international sanitary conventions of all the Republics and organization by the latter of a permanent International Sanitary Office in Washington to be supported by a special fund while also using for correspondence, accounting, etc., the facilities of the International Bureau of the American Republics (now Pan American Union). It is noted that of the five members of the Committee, three, the representatives of Argentina, Chile, and Mexico, opposed at first the organization of the Conference and the office, while the representatives of the United States and Uruguay favored the idea. A new and more complete text with an explanatory preamble was published on January 27 by the Committee, the Mexican delegate then joining in approval. This proposition was adopted unanimously on January 28, 1902, the delegations of Bolivia, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Peru, the United States and Uruguay, approving. As will be seen, this resolution embodied practically all the requirements for a successful organiza-

27 In its report to the President, the Delegation of the United States expressed itself on this point as follows: "The object of the conference was to make sanitation take the place of quarantine. When the ideal held in view by the conference shall have been realized the cities of the Western Hemisphere will have been put in such perfect sanitary condition that the propagation of disease germs in them will be impossible and quarantine restrictions upon travel and commerce, with their vexations and burdensome delays and expenses, will be unnecessary. Recognizing that this ideal has not yet been realized and that quarantines must still be maintained, the conference has recommended that all measures relating to international quarantine should be wholly within the control of the national Governments; that each Government establish in its ports two kinds of detention: (a) that for inspection or observation, and (b) that for disinfection; that quarantine regulations by the several Governments be so framed as to interfere no more than may be absolutely necessary with travel and commerce; that the several Governments cooperate with each other and lend every possible aid to the municipal, provincial, and local authorities within their respective limits toward securing and maintaining efficient modern sanitary conditions in their ports and territories, to the end that quarantine restrictions may be reduced to a minimum and finally abolished; that the health organizations of each country shall notify the diplomatic or consular representatives of the other Republics of the existence or progress within its territory of cholera, yellow fever, bubonic plague, smallpox, or any other serious outbreak; and that it shall be made the duty of the sanitary authorities in each port, prior to the sailing of a vessel, to note on her bill of health the transmissible diseases which may exist in such port at that time."
tion: creation of a permanent office, holding of periodic conferences to guide its operations, and provisions for a special maintenance fund.\(^{28}\)

We may as well complete here the review of the action taken on health matters in the other International Conferences of the American States.

At this Second Conference a resolution on reciprocity and the practice of liberal professions was also adopted unanimously after the peculiar position of the United States in this regard was recognized.

At the Third International American Conference (Rio de Janeiro, 1906), the Cuban delegation reviewed sanitary developments and emphasized the importance of public health to further trade and closer relations among the American Republics. A resolution adopted by the Conference urged ratification of the Washington Sanitary Convention by all the Republics, attendance by all the American Republics at the Third Sanitary Conference meeting in Mexico City in December 1907, recommended sanitation of cities and seaports and study of practical ways to make sanitary measures effective; appointment by the International Sanitary Bureau of an international sanitary reporting committee; establishment at Montevideo of an epidemiological information office; and closer relations between the Pan American Sanitary Bureau and the International Office of Public Health in Paris.

At the Fourth International Conference (Buenos Aires, 1910), health questions again occupied an important place, and a committee was appointed to deal with the subject.\(^{29}\) The Mexican, Cuban and Panamanian delegations submitted special sanitary reports, while the American delegation pointed out the progress already accomplished and the need of placing sanitary measures and quarantinable measures under national rather than local control. The Mexican report advised strict observance of the recommendations of the previous Sanitary Conference, while the Cuban report concurred in this and urged adoption of the Washington Convention and resolutions of attendance by all the Republics at the Fifth Sanitary Conference. The importance given to health subjects at the Conference may be gathered from the fact that for the first time stenographic notes of the meetings of the Committees were kept. A very important precedent was established in deciding, as upheld by the Mexican Delegation, that International Conferences should not arbitrarily change resolutions adopted at

\(^{28}\) The Delegation of the United States summarized this achievement as follows: “What was regarded by the conference as a very important feature of this resolution is the provision for the calling, by the governing board of the International Bureau of the American Republics, of a general convention of the representatives of the health organizations of the several Republics to meet in Washington, D. C., within one year from the date of the passage of the resolution, the delegates to this convention to be empowered by their respective Governments to conclude such sanitary agreements and regulations as in the judgment of the convention shall be for the best interests of all the Republics; further that this convention shall provide for holding subsequent sanitary conventions at such regular times and at such places as may be deemed best by the convention; that it shall designate a permanent executive board of not less than five members, to be known as the "International Sanitary Bureau," with permanent headquarters at Washington, D. C.; and that the Republics are to transmit to this Bureau all data of every character relating to the sanitary condition of their ports and territories, and are to furnish it every facility for a thorough and careful study and investigation of any outbreak of pestilential disease within their limits, so that the Bureau may be enabled to lend its best aid and experience as the circumstances may require. Each Government is to bear the expense of its delegate to the convention and of its member of the International Sanitary Bureau, but the office expenses of the Bureau and all expenses of translation, publication, etc., are to be apportioned among the Governments on the same basis as the expenses of the International Bureau of the American Republics are apportioned.”

\(^{29}\) Dr. Manuel Arroyo, of Guatemala, was apparently the only physician on the Committee, and also the only one sitting as a delegate.
Sanitary Conferences. The power of the Sanitary conferences to interpret previously signed sanitary conventions was also recognized.

Among the International Conferences of American States the Fifth Conference, held at Santiago de Chile in (1923), occupies an important place insofar as public health is concerned. One of the Committees (the third) dealt with hygiene. At this meeting there were adopted a number of significant resolutions which have influenced to a considerable extent public health progress in the Americas as well as cemented relations previously established in that field. Among the resolutions then and there adopted, the ones dealing with the following subjects may be noted: sanitary defense of national boundaries; principles and procedures in public health administration; creation of full-time trained public health personnel; the declaration that national health is a Government responsibility; requiring of continued recognition of hygiene and public health at Pan American conferences; uniform standards in the manufacture of foods and drugs; compulsory reporting of diseases; social problems; taking of decennial censuses; cooperation with the Gorgas Institute of Panama; medical service on ocean steamers; creation of conferences on eugenics and homiculture; measures to diminish the consumption of alcoholic beverages; organization and development of National Red Cross Societies; that a Committee on health matters should be appointed at each future Conference; change of International to Pan American in the names of the Sanitary Bureau and Sanitary Conferences; suggestions for a proposed maritime sanitary code, perhaps most important of all; and last but not least, creation of conferences of directing heads of public health services.

The Sixth International Conference of the American States (Habana, January 16-February 20, 1928) appointed a committee (the seventh) to deal with social questions and health. The resolutions approved included recommendations for ratification of the Pan American Sanitary Code by the 12 Republics which had failed to take such action; sending of technical advisers to assist the committee on hygiene at future conferences; submission of reports on health progress at future conferences; creation of corps of properly trained visiting nurses; interchange of public health workers; recommendation of biological standards by the Pan American Sanitary Bureau; publication by the Pan American Sanitary Bureau of the Spanish Edition of the U. S. Pharmacopoeia; preparation of suggestions by the Pan American Conference of National Directors of Health for the programs of Pan American Sanitary Conferences; proper training and stability of public health personnel. It was also recommended that the Pan American Sanitary Bureau and the Pan American Bureau of Eugenics and Homiculture should coordinate their activities; to invite attention to the work carried out by the Red Cross Societies; that prospective mothers in the case of employed women should be entitled to leave of absence with pay for a certain period; study of living standards and material betterment of laborers; and full recognition of Finlay as announcer of the mosquito doctrine of the transmission of yellow fever.

The Seventh Conference (Montevideo, December 3-26, 1933) failed to appoint a committee on health matters, these being referred instead to the newly-created committee on social problems. The resolutions adopted included: housing in

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30 Dr. Alejandro del Río was the only physician present, but Dr. George E. Vincent, the President of the Rockefeller Foundation, was one of the Delegates of the United States.
31 Three physicians sat as delegates: Dr. R. Gutiérrez Lee of Colombia; Dr. José Azurdia of Guatemala; and Dr. R. Lyman Wilbur of the United States.
32 Physicians among the delegates included the President of the Conference, Dr. Alberto Mañé of Uruguay, and Dr. Juan F. Cafferata of Argentina; Carlos Chega of Brazil; Manuel Arroyo of Guatemala; M. Pia Barazoa of Honduras; J. M. Puig Casaurano of Mexico; Luis Morquio of Uruguay. Various physicians and health experts also acted as technical advisers: Justo F. González, Roberto Berro, Javier Gomensoro, Heriberto Mantero, of Uruguay.
its sanitary aspects; organization and support of the Inter-American Institute for the Protection of Childhood; establishment through the Pan American Sanitary Bureau of food standards; creation of national anti-tuberculosis committees; international cooperation for leprosy control; improved control of traffic in narcotics, inviting attention to the services rendered by the Red Cross; rendering homage to Finlay; and training of experts in preventive medicine.

Outside the series of Pan American Conferences, but closely allied to them was the Inter-American Conference for the Maintenance of Peace held at Buenos Aires December 1-23, 1936. While its chief and all-inclusive purpose was that expressed in its name, a number of the resolutions approved dealt directly or indirectly with health questions. Most far-reaching of these was that adopted December 21, 1936, recognizing the value of inter-American cooperation in sanitary matters, and suggesting an extension of the activities of the Pan American Sanitary Bureau. Other resolutions recommended studies of living conditions in the different countries, and creation of an institute of animal and vegetable sanitation. A rather important Convention signed December 23, 1936, provided for the interchange of professors, teachers and students among the American countries.

The 8th International Conference (Lima, December 9-27, 1938) urged in various resolutions improvement of living conditions of women in rural districts; governmental support of scientific research and cooperation among scientific organizations in the various countries; study of the creation of a social and child welfare center in the Pan American Union; and support for Red Cross Societies; and approved the action of the Tenth Pan American Sanitary Conference in extending the activities of the Pan American Sanitary Bureau and increasing its funds.

II. PAN AMERICAN SANITARY CONFERENCES

We come now to a most important event in the field of inter-American health and medical relations, namely, the initiation of the Pan American Sanitary Conferences. These meetings, which began on a very modest scale, have steadily grown in importance, become a most useful link in the chain of health work in the Americas, and have to their credit very substantial achievements.

As stated before, the II International Conference of the American States (1901-02) had provided for meetings of the representatives of the health organizations of the several Republics to be held at regular periods. The first of these meetings took place, as agreed, in Washington December 2-4, 1902. Not the least remarkable of its features was the fact that it was the shortest Conference of its type on record.

Physicians attending as delegates included Dr. Castillo Nájera from Mexico and Dr. Debayle from Nicaragua.

Two physicians, Dr. L. López de Mesa of Colombia, and Dr. F. Castillo Nájera of Mexico, attended as delegates.

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

It lasted only three days. The delegates were apparently feeling their ground, and proceeded most cautiously in every one of their actions.

First Conference.—Only 11 Republics answered the roll call at the I Inter-American Sanitary Conference:35 Chile, Costa Rica, Cuba, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Uruguay and the United States, and a number of the delegates actually were the diplomatic representatives of their countries (Ecuador, Guatemala, Honduras, Paraguay and Uruguay) in the United States.37 However, those present included some of the outstanding figures in the health world in the Western Hemisphere: Finlay and Guiteras from Cuba; Licéaga from Mexico; Moore from Chile; Wyman, Rosenau, Souchon, Doty, Goode, Porter of the United States.

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

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

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

One of the American delegates, Rhett Goode, could well express the purposes of the meeting: “Our nations are separate in jurisdiction only. They are almost a unit in their needs and their prosperity is closely interwoven. The national boundary lines merely divide the States. There are now no real frontiers. The real frontier is the line of conquest, the place at which national demands clash. There is none such among us. The glorious century which has just passed away has been the greatest, the best, the most momentous in the world’s history, and not the least evidence of the wonderful work done within its life is the close cementing of the lives that bind the people of these great, good, and prosperous republics. This century may work the growth of that unity until all will be as

35 Dr. Walter Wyman was elected President.
37 Chirie, Cuba and Mexico were each represented by two delegates and the United States by 15. The delegates totaled 28.
38 As the first merely specified that the meeting would be governed by the resolutions adopted by the International Conference of American States in Mexico City, the resolutions actually numbered only six.
closely united in their desires, their aims, and hopes as are the different States of the United States, and yet every one preserve its freedom from government by any and all of the others."

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

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

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

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

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

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

31 Dr. Wyman presided again.

32 Honduras had adopted it December 14, 1906. Mexico withdrew its ratification in the troubled days of 1914.
Colombia (1908), El Salvador (1907) and Honduras (1905), adopted its provisions, raising the total to 15. Argentine, Paraguay and Uruguay did not join in approval but in their 1904 joint treaty with Brazil had already approved practically identical measures.

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

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

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

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

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48 See footnote No. 48.

44 No American Republic had been represented at the previous quarantine conferences in Europe. Attention at these meetings had centered on cholera, and as late as 1895 the vague etiological notions then prevailing prevented any really effective action. However, at least on five different occasions (1850, 1851, 1856, 1858, and 1860) yellow fever had been imported from Brazil into Oporto. None of these small outbreaks compared in severity with the epidemics in Lisbon in 1722 (over 6,000 deaths) and 1857 (nearly as many) and in Barcelona (1820-22, over 20,000 deaths). Yellow fever did attract a great deal of attention at the 1874 Conference at Vienna, although no agreement was reached as to measures against it. An epidemiologist of such repute as Pettenkofer could only suggest that yellow fever should be considered from the standpoint of quarantine precautions on the same footing as cholera. At the Dresden Conference it was agreed that the results of the deliberations should be transmitted to the governments of the North and South American countries.
delegates were still arguing that the danger from rats in plague had been exaggerated and that the main danger came from the human case. When Calmette recalled the role of fleas, his remarks met a rather lukewarm reception. The omission of yellow fever in the text of the Paris Convention was partly due to the stress laid by the Argentine delegate, Davel, on disinfection of fomites and a 12-day incubation period, the reluctance of some European countries to accept the full implications of the mosquito theory, and the advocacy by the U. S. delegate of unqualified acceptance of this doctrine. The delegate from Brazil took advantage of the occasion to bring out the work carried out in support of Finlay’s views in the State of São Paulo, especially by Pereira-Barretto, Barros and Silva-Rodriguez and Lutz and Ribas.

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

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

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

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

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45 Dr. Eduardo Licéaga presided.
46 All papers had to be accompanied by an abstract in English and Spanish, Portuguese or French.
47 Chile, Colombia, Cuba and Guatemala had each two delegates present, Mexico three, and the United States eight. The delegates totaled 23.
48 It was at this Conference (on December 7, 1907) that the delegates from Brazil, Colombia and Uruguay accepted and signed *ad referendum* the Washington Conference. Uruguay failed ultimately to ratify.
FIRST DIRECTING COUNCIL OF THE PAN AMERICAN SANITARY BUREAU

Dr. A. H. Doty
United States
Official Member

Dr. Juan J. Ulloa
Costa Rica
Secretary

Dr. Walter Wyman
United States
President

Dr. Eduardo Licéaga
México
Official Member

Dr. Juan Guiteras
Cuba
Official Member

Dr. Eduardo Moore
Chile
Official Member

Dr. Rhett Goode
United States
Official Member
The following delegates appear in this photograph: 1. Dr. H. L. E. Johnson (United States); 2. Dr. Juan Gutierrez (Cuba); 3. Dr. Ernesto Soza (Chile); 4. Dr. Walter Wyman (United States); 5. Dr. Eduardo Lisiega (Mexico); 6. Dr. Juan J. Ullon (Costa Rica); 7. Lic. José Algar (Mexico); 8. Dr. Ricardo Gutiérrez Lee (Colombia); 9. Dr. C. Mendiñábal (Nicaragua); 10. Dr. P. Fernández Espio (Uruguay); 11. Dr. O. González Cruz (Brasil); 12. Dr. R. H. von Eedorf (United States); 13. Dr. Rhett Goode (United States); 14. Eng. José Elguero (Mexico); 15. Dr. Hugo Roberts (Cuba); 16. Dr. P. J. Straub (United States); 17. Dr. Pedro Lautaro Ferrer (Chile); 18. Dr. J. Gaskwood (United States); 19. Dr. Salvador Ortega (Guatemala); 20. Dr. José Arzúa (Guatemala); 21. Dr. R. D. González (El Salvador); 22. Dr. Francisco J. Yasen (International Office of the American Republics); 23. Dr. J. H. Estévez (Ecuador); 24. Dr. Genaro Payán (Colombia); and 25. Dr. L. Lazo Arias (Honduras).
For the first time the number of resolutions adopted actually exceeded the number of delegates on the floor. Among the 29 resolutions, those outstanding dealt with increasing the efficiency of the Sanitary Bureau; adoption of the Washington Convention by all the American Republics and European countries having American colonies; emphasizing the importance of sanitation of ports while entrusting to the next Conference the preparation of definite recommendations on this point; recommending: compulsory vaccination against smallpox, control of malaria and cargoes and passengers in infected ports before sailing; prohibition of immigration of trachoma and beriberi patients, standardization of bills of health, centralization of health services, measures against yellow fever, study of *Aedes aegypti* distribution, treatment of organic wastes as an anti-rat measure, and immediate disinfection of feces in typhoid and cholera cases. One should note the attention given such subjects as malaria, tuberculosis, trachoma, beriberi, and meningitis, special committees being chosen to handle them. This was a departure since it showed the desire to consider health problems from a broad standpoint, and not merely from the pestilential disease angle.

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

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

The subjects on the program included reports on health developments and legislation in each country; measures for protection of passengers embarking at infected ports; measures to prevent introduction of diseases not included in the 1905 Washington Convention; standard health forms; modification of measures

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49 Chile, Colombia, Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, the United States and Venezuela. The delegates totaled 19. Costa Rica was represented by four delegates, the United States by three and Mexico and Venezuela by two each. Dr. J. J. Ulloa, who had acted as Secretary at the second and third conferences, presided.
against yellow fever, plague, malaria and other diseases in the light of new knowledge; the adoption of the Washington Convention by European countries having colonies in the Americas; and organization in each country of national health committees to cooperate with the Washington bureau.

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

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

In the closing session the President of the Conference, Ulloa, stated: "One more step have we taken in the path that will lead us in a short time to the point that we pursue, so that once there we may offer to the world the International Sanitary Code of this Continent, which will serve as a guaranty for the safety or the interests of the countries that we represent in this scientific tournament, where no literary beauties are seen, but which results in resolutions and advices whose object is the welfare and happiness of those who follow them. The three Conferences held during the last six years have already begun to produce benefits of inestimable value in the nations which have legalized the resolutions passed by their official representatives, as is abundantly proven by the victories over yellow fever, bubonic plague, smallpox, tuberculosis, etc. . . . In the Conference held in Mexico from the 2nd to 7th of December 1907, important resolutions were adopted against smallpox, tuberculosis and malaria. In the Fourth, which we are about to close, we have agreed in recommending to our Governments important measures against plague and malaria; we have interpreted in a more practical manner Article IX of the Convention of Washington; we have prepared resolutions tending to the betterment of cities, and more especially of ports; we have discussed statistical data from the different countries represented in regard to hygiene and sanitation; we have come to an agreement as to the preparation of uniform sanitary documents, and we have succeeded in establishing the difference between International Sanitary Conventions and Conferences, which will greatly facilitate our labors in the next Conference."
Fifth Conference.—The Fifth Conference met at Santiago, Chile, November 5-11, 1911. It assumed decided importance in more than one sense. For the first time these meetings were given continental scope. As had been intended from the beginning, one conference of the series was being held for the first time in the southern part of the Continent. The number of republics represented took a big jump to 18, and included, with one exception, all those located in South America. Argentina, Bolivia and Paraguay were represented for the first time, and only Haiti, Nicaragua and Peru failed to attend. The meeting included experts from previous conferences, such as Roberts, Ortega, Monjarás, Fernández-Espíro, Acosta-Ortiz, Razzetti, Ferrer, Moore, Vial, Soza. It also recruited new outstanding personalities, as Aráoz-Alfaro of Argentina, Sanjinés of Bolivia, A. del Río, Amunátegui, Corbalán-Melgarejo, Cádiz and Córdova of Chile. One could not, however, fail to notice the absence of the old leaders, Wyman, Licéaga, Guiteras, Ulloa, who had placed these conferences on a firm basis and guided them throughout their difficult initial period.

The provisional program included: reports from each country on health legislation, enforcement of resolutions adopted at previous conferences, vital statistics and progress in the principal cities; social hygiene; immunity to yellow fever; ship deratization; and trolley car and railway sanitation. The final program also incorporated discussion of preventive measures against plague, cholera, and yellow fever; provisions relating to tuberculosis, venereal diseases, smallpox, malaria, trachoma, leprosy and scleroma; sanitary inspection of international traffic; and immigration.

Interesting reports were again presented from Argentina, Bolivia, Brazil, Chile, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Mexico, Paraguay, United States, Uruguay, and Venezuela. The number of resolutions (26) adopted exceeded all previous records. They dealt with the regular transmission to the Washington bureau (and the Montevideo branch committee) of reports on health conditions in each country; organization in each country of courses in public health; compliance with the Washington Convention; organization of laboratories for examination of foodstuffs and drinks; enactment of legislation for leprosy control; control of prostitution in cities, and especially in seaports; establishment of national tuberculosis committees; posting of bulletins to advise ship passengers on sanitary rules in force in each

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* Chile had been unable to act as host to the 2nd Conference in 1905 as provided for in the First Conference.
* The membership numbered 32, 28 of them being, however, from Chile. Argentina, Brazil, Dominican Republic, Guatemala, United States, Uruguay, and Venezuela were represented by two delegates each.
* An international dispute prevented Peru from attending.
* There had been only 13 resolutions approved at the 4th Conference; 23 at the 3rd; 3 at the 2nd (outside of the Washington Convention); and 6 at the 1st.
country; maintenance of health physicians on board of vessels subject to quarantine measures; control over the effectiveness of disinfection; provisions on ships for isolation of contagious cases; defining immunity to yellow fever as constituted only by evidence of a previous attack of the disease; operation of water supplies and sewerage systems on an efficient non-profit basis; studies of scleroma; and reiteration of rat destruction as a basis of campaigns against plague. Cerebrospinal meningitis and poliomyelitis were singled out for consideration at the next conference.

It had not escaped attention for some time the fact that a number of countries, instead of bona fide delegates, appointed as their representatives non-national physicians practicing in the locality where the meeting was held, who, however their qualifications and good wishes, failed to fully understand public health problems and their continental ramifications. A resolution to prevent this practice had been adopted at the IV Conference. Another resolution to the same effect was signed at the V Conference, urging the different Governments to have as their representatives at the Sanitary Conference professional sanitarians or at least citizens of the country they represented, and at least one delegate who was a high public health official or had acted as delegate at a previous conference.

The Fifth Conference, as stated before, marked the end of an epoch. No conference was to be held for nearly nine years, chiefly because of the World War. When these meetings started again, a group of new men were to assume leadership and guide the destinies of Pan-American cooperation in health matters.

As may be seen from the above, there had been represented at all the five conferences held to this date the following countries: Chile, Costa Rica, Cuba, Guatemala, Mexico and the United States; at all but one, Honduras (the 2nd), and Ecuador and Nicaragua (the 4th); at all but two, Colombia and El Salvador (1st and 2nd), and Paraguay (3rd and 4th); at only two, Brazil (3rd and 5th), Dominican Republic and Venezuela (2nd and 5th), and Panama (4th and 5th); at only one, Argentina and Bolivia (the 5th) and Peru (the 2nd); and at none, Haiti.

The ranks of the Old Guard had been thinning of late. Moore had ceased attending after the 2nd Conference; Wyman and Ulloa, after the 4th; and Licéaga and Guiteras after the 5th. It may be well to place on record here the fact that the delegates to the conferences had included medical leaders from the whole Continent. The representatives of the United States had invariably been public health experts. Those from the other countries had also been outstanding personalities in the

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4 The Republic had been created only in 1903.
5 He was again a delegate to the Fifth Conference at Santiago.
nation's medical fields, including general medicine as well. A brief sketch of some of the individuals so far prominent in this movement will not be out of place here.

**Acosta Ortiz.**—Pablo Acosta Ortiz (1863–1914), the greatest Venezuelan surgeon of his generation, attended the 4th and 5th Pan American Sanitary Conferences as a representative of his country and served as a member of the Directing Council of the Pan American Sanitary Bureau in 1910–11.

**Azurdia.**—Jose Azurdia (1865— ) of Guatemala, member of Congress, professor in the medical school, active in the preparation of the first national sanitary code (1906), who has written on various health problems, especially on infant mortality and venereal control, attended as a delegate of his country the 4th Pan American Sanitary Conference. At a later date (1923–25) Dr. Azurdia was to be the last president of the Superior Board of Health, and first Director General (1925–27) of Public Health, in which capacity he attended the first Pan American Conference of National Directors of Health (1926).

**Cruz.**—Oswaldo Cruz (1872–1917), one of the most salient figures of American medicine and the father of public health in Brazil, attended as a representative of his country the III Pan American Sanitary Conference in Mexico City, thus initiating the valuable participation of Brazil in inter-American health work. At Mexico City he was able to report the adhesion of Brazil to the Washington Sanitary Convention, and the success obtained in the campaign waged under his direction against plague and yellow fever. Cruz was one of the outstanding examples of the happy combination in one person of the scientist and the public health administrator. He organized the Manguinhos Institute, now named after him, promoted such basic measures as water supplies and smallpox vaccination, reorganized the National Health Service and trained a scientific personnel which was to maintain and extend his work.

**Del Río.**—Alejandro del Río (1867–1939), first Minister of Health of Chile; Director General of Public Health; professor in the Santiago Medical school; was a pioneer and recognized authority in social assistance and welfare, writing many papers on these subjects; attended the 5th Pan American Sanitary Conference, acting as chairman of the Chilean delegation and President of the Conference; member of the Directing Council of the Pan American Sanitary Bureau from 1911 to 1920.

**Durán.**—Carlos Durán of Costa Rica (graduated 1874), equally known as a physician and a statesman, studied medicine in Paris and graduated in London, where he had occasion to observe the new antiseptic methods; reorganized the San Juan de Dios Hospital at San José (the largest in the country); member of Congress, minister of Government Police and Development, acting President (1890) and candidate to the Presidency (1914); organized the first clinical laboratory in the country and the first nurses' school; opened the first asylum for the insane and the first tuberculosis sanatorium, now named after him; popularized laboratory diagnosis in malaria; is credited with being the first man in Central America to diagnose beriberi (1899) and hookworm disease (1906); attended the Fourth Pan-American Sanitary Conference as a representative of his country.

**Ferrer.**—Pedro Lautaro Ferrer (1869–1937); distinguished himself in a number of fields, and especially as a sanitarian and historian; Minister of Health (1925), directed the 1905 and 1909 campaigns against plague and the 1912 preventive measures against yellow fever; president of the Chile Medical Society; and organi-
zer and director of the juvenile Red Cross; wrote many papers and books on health subjects and on medical history of his country; attended the Third and Fifth Pan American Sanitary Conferences as delegate of his country.

Finlay.—Carlos J. Finlay (1833-1915) is preeminently known through his having persistently advanced from 1881 on, the theory that a certain specific mosquito (Aedes aegypti) was the vector of yellow fever. He was also the first director of public health (1902) in the newly created Republic of Cuba. In this capacity he was one of the founders of the Pan American Sanitary Bureau and the Pan American Sanitary Conferences, attended the First Pan American Sanitary Conference held in Washington in 1902, and acted as chairman of the Committee on Organization which drafted the original Constitution of the Pan American Sanitary Bureau. Other Inter-American activities of Dr. Finlay included attendance at the International Sanitary Conference in Washington (1881) and president of the American Public Health Association (1908). In 1909 the Government of Cuba, during the second American Intervention, created for him the life position of honorary president of the National Board of Health and Welfare, with a salary.

Gulteras.—Juan Guiteras (1852-1925), as his fellow-citizen and coworker Finlay, was educated in the United States. He served as director of the Las Animas Hospital for contagious cases in Habana from 1901 to 1921, and as Director of Health since Finlay's retirement in 1909 until 1921, and as Minister of Health in 1921. Dr. Guiteras has to his credit a number of substantial pioneer contributions to tropical medicine. He attended the first three Pan American Sanitary Conferences, served as a member of the Directing Council of the Pan American Sanitary Bureau from its organization to the Habana Conference (1924) which met shortly before his death.

Lavoreria.—Daniel L. Lavoreria (1853-1931), professor in the Lima Medical School, member of the National Academy of Medicine, Assistant Director of Health of the Republic of Peru for many years, served on the committee which studied the 1903 plague epidemic (first in the country), compiled national health legislation, attended the II and VIII Pan American Sanitary Conferences, being at his death the last survivor of the signers of the Washington Sanitary Convention of 1905.

Licéaga.—Eduardo Licéaga (1839-1920), president of the Supreme Board of Health of Mexico from 1885 to 1915. At the 1890-91 convention Licéaga was most active in securing adoption of the resolution which brought about the creation of the Pan American Sanitary Code and the Pan American Sanitary Bureau. He was a member of the Directing Council of the Pan American Sanitary Bureau from its organization to his death in 1920. Dr. Licéaga represented his country at the first, second, third and fourth Pan American Sanitary Conferences, and was President of the Mexican delegation to the first and second Pan American Medical Congresses and twenty-third President (1895) of the American Public Health Association. Dr. Licéaga led a long and useful scientific life. He was one of the founders and president of the Mexican Academy of Medicine and professor and dean (1902-1911) of the National Medical School. His term of office in the National Department of Health was featured by outstanding progress including the organization of the Bacteriological Institute, the preparation of the first National Sanitary Code (1891), and the successful waging of campaigns against plague and yellow fever. His achievements have entitled him to be called Father of Mexican Public Health.

Moore.—Eduardo Moore of Chile, wrote (1897) a book on war surgery, compiled a list of doctors practicing in Chile since colonial times, was the first professor
(1905) of urology at the Santiago Medical School, attended the 1st, 2nd and 5th Pan American Sanitary Conferences, and served as a member of the Directing Council of the Pan American Sanitary Bureau from its organization to 1911.

Quiñónez*.—Alfonso Quiñónez-Molina (1873—) graduated as a physician in San Salvador in 1897, became one of the leading men in his profession and a professor in the National Medical School, director of the hospital for the insane and head of a surgical clinic in the largest hospital in El Salvador. He also made a name for himself in politics, filling the positions of Mayor of the Capital, Minister of War, Navy and Development, Vice-President (1915–23), Acting President (1915) and President (1923–1937). He represented his country at the Fourth Pan American Sanitary Conference (1909).

Razetti.—Luis Razetti (1862–1932) excelled as a surgeon and obstetrician, and especially as a medical sociologist, founded the leading medical journal of Venezuela, and was one of the founders of the National Academy of Medicine, the Caracas Medical Society and the National Medical Congresses; introduced the internship in his country; attended the 4th, 5th and 6th Pan American Sanitary Conferences, and acted as a member of the Directing Council of the Pan American Sanitary Bureau from 1911 to 1924.

Ulloa.—Juan J. Ulloa (1859–1913), was graduated (1879) in the United States; was President of the Costa Rica Medical Licensing Board, Member of Congress, organizer of local medical care for the poor, Minister of the Interior, Vice-President of Costa Rica and Consul General of his country in New York. He attended as a delegate from Costa Rica the first, second, third and fourth Pan American Sanitary Conferences, served as secretary of the first, second and third, and as president of the fourth conference, and as secretary (1902–1911) of the Pan American Sanitary Bureau from its origin and practically to his death, being one of the men who did most to place the new organization on a stable and useful basis.

Wyman.—Walter Wyman (1848–1911), entered the United States Marine Hospital Service (United States Public Health Service) in 1876, and became in 1891 Surgeon General, a position he held until his death. Among his notable achievements are the development of the United States Public Health Service, the extension of the National Quarantine system and the encouragement of scientific research in public health. Dr. Wyman was one of the founders of the Pan American Sanitary Bureau and the Pan American Sanitary Conferences. He presided over the first and the second conferences, and attended the third and the fourth. He was Director of the Pan American Sanitary Bureau since its creation in 1902 to his death in 1911. Other Inter-American activities on his part included the chairmanship of the International Quarantine Committee of the II Pan American Medical Congress (1904).

Regional Conferences.—The regional conferences had not become extinct as a result of the Pan American Sanitary Conferences. They had been especially favored in the South Atlantic countries where agreements had been reached between Argentina and Uruguay (1910, 1914—also with Brazil and Paraguay—and 1918). On December 18, 1924, the Government of Panama invited the countries from the South Pacific Coast in America to attend a conference to open in Panama City on February 25, 1924, at which the following problems were to be

*Still alive
discussed: International Uniformation of Maritime Quarantine Schedules for a Certificate of Ship Fumigation; Standardization of Quarantine statements; Prevention of International Spread of Contagious Diseases. The meeting was attended by delegates from Chile, Ecuador, Panama, Peru. The Panama Canal Zone and the Pan American Sanitary Bureau had representatives. Observers from Cuba, Jamaica and the United States were present. The Conference lasted from February 25 to February 28. A resolution recommended the organization in Panama of an International Health Board, presided over by a representative of the Pan American Sanitary Bureau. The Conference advised the improvement of sanitary conditions at seaports; the simplification of health measures so as not to delay maritime navigation; use of cyanide for ship fumigation in ballast; use of a single bill of health in the Panama Canal; and centralization of campaigns against plague.

Since then regional agreements on such special sanitary problems as poliomyelitis control, oyster importation, quarantine, have been worked out by groups of countries, for instance Argentina and Uruguay, Mexico and the United States, and Cuba and the United States.

There had evolved gradually a method of procedure for the calling and holding of the conferences. The first had been called by the Governing Board of the International Bureau of the American Republic (now Pan American Union), in accordance with a resolution of the 2nd International Conference of American States. The 2nd and 3rd conferences were called through the International Bureau of the American Republics by the Chairman of the International Sanitary Bureau, who also prepared the provisional program for the meetings. After that, joint invitations were sent by the Government of the country where the Conference met and the Chairman of the Washington Bureau. At the 5th Conference, a set of rules of procedure for the sessions came into operation.

The 5th Conference had opened with noble words from the Minister of Foreign Affairs of Chile, Sr. Enrique A. Rodríguez:

The scientific discussions that take place in these Conferences and the exchange of ideas among sanitary representatives, must necessarily wield a positive influence upon the hygienic measures of our Republics. Aside from their undisputed scientific merit, these meetings also realize a generous international work, free from the conventional forms of the Foreign Offices. The intercourse amongst superior men who contribute efficiently towards the direction of the intellectualty of the peoples of America, assures and strengthens fraternal sentiments; it creates special ties of friendship which concur in the realization of the ideals of peace and harmony that might tend to constitute their highest aspiration. It enables them to become familiar with each other, the social structures, the mechanism of public institutions, economic forces, and industrial, scientific and literary progress, and, in a word, everything that constitutes civilization and progress, and that characterizes the importance of these forces in the New World.
This sentiment had been echoed by the heads of various delegations, including that of the Argentine, Dr. Gregorio Araoz Alfaro:

By initiating this series of sanitary conferences, the United States proved that that great nation is not only zealous for its own material and moral progress, but also for the advancement of the whole American Continent, and it is only fitting that we should now pay that country the homage of our gratitude for having placed under its patronage this international and permanent work.

and that of Brazil:

These Conferences, happily initiated by the United States Government in Washington in 1902 and 1905, continued in Mexico in 1907 and in San José de Costa Rica in 1909-10, and now in Chile, assemble the hygienists of North, Central and South Americas to study the protection and prolongation of human life, by means of the supreme eternal and superhuman effort of medicine for the purpose of averting death and desolation. These Conferences enliven and stimulate men of science in that intellectual transfusion among men devoted to the same labors and researches, collaborating in the great task of con uniting the spirit of friendship among peoples, in that necessary and progressive international American fraternization.

The Conference also ended on a high note.

The head of the Brazilian Delegation, Dr. da Rocha, pointed out that the American eagle bears the motto *E Pluribus Unum*, meaning “one out of many,” which in a larger sense can be applied to science, to progress, to hope, and to the defense of national honor. He also emphasized the happy selection of Montevideo as the seat for the next Conference, since Uruguay was the country having the smallest death rate (15 per 1,000) in the Americas, one of whose prominent medical statesmen, Soca, had said: “Nations must learn or die.”

The President of the Conference, Dr. Alejandro Del Río, closed the sessions stating:

I do not believe that I exaggerate when I say that, on account of the number of nations here represented, and of the importance of its resolutions, this Conference has proved no less valuable than the preceding ones, and that it marks a positive progress in the history of these periodical meetings which are so beneficial for the sanitary betterment and the moral and material prosperity of the American Republics.

6th Conference.—The I World War which so dangerously shook the foundations of civilization could not fail to make its impact felt in the inter-American health field. The 6th Pan American Sanitary Conference, first planned for 1915, had to be postponed, and actually nine years elapsed between the 5th and 6th Conferences.

A number of unforeseen situations had developed between the two meetings. The President elected for the Pan American Sanitary Bureau
at the 5th Conference, Dr. Walter Wyman, the condition of whose health had prevented him from going to Santiago, died only a few days after the conference closed its sessions (November 21, 1911). The other members of the Directing Council appointed Dr. Rupert Blue, the new Surgeon General of the United States Public Health Service, to succeed him. It so happened, that Dr. Blue had completed his term of service as Surgeon General by the time the conference met, and had been replaced in the meanwhile by Dr. Hugh S. Cumming.

When the war ended, the necessary arrangements were promptly completed, and the meeting was finally held at Montevideo, as approved by the 5th Conference, December 20, 1920. The 6th Conference assumed considerable significance in more than one sense. In the first place, it reestablished the broken thread of inter-American relations in the health field. It took the meetings for the first time to the Atlantic portion of South America and thus enlisted more actively the interest of Argentina, Brazil, and Uruguay. It also drew new personalities, and some far-reaching agreements were agreed upon. The Conference had been long needed. A number of new problems loomed on the horizon and quite a series of developments and advances had occurred which came up for discussion and review.

The number of republics represented was 16, and the number of delegates 33 (including 15 from Uruguay), and among the South American group, only Ecuador failed to be represented. The other absent republics were Costa Rica, Dominican Republic, Haiti, and Nicaragua. The unsettled conditions in Mexico caused that country to entrust its representation to an Uruguayan physician.6 The Conference lasted from December 12 to 20, 1920. The President was Dr. E. Fernández Espiro, and five secretaries were elected: two from Uruguay, and one each from Argentina, the United States, and Paraguay.5

The provisional program included the following subjects: plague, typhus fever, malaria, hookworm disease, cerebrospinal meningitis, poliomyelitis, and lethargic encephalitis, leprosy, syphilis, disinfection methods, maritime quarantine, water supplies and sewage disposal, vital statistics, and street paving. In addition, and in accordance with previous practice, reports were submitted on recent health legislation and progress and compliance with regulations adopted at previous conferences. New subjects discussed were the poliomyelitis group and influenza, reflecting the recent interest in the matter, also children's diseases, which attracted much attention, and the possible spread of plague.

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6 El Salvador, Honduras and Panama were represented by lay diplomats.
5 There had been two secretaries: one English-speaking and one Spanish-speaking, at the 1st and 4th Conferences; one at the 2nd and the 3rd; 3 (one of them American) at the 5th.
5s The inclusion of this subject in the program may seem somewhat strange. However, its relation to urban sanitation and mosquito breeding explains the action.
by jute bags. The American Delegation laid much stress on typhus fever, pleading for its inclusion in the Washington Convention. This echoed the post-war alarm over the situation in Eastern Europe and the prevalence of the condition in would-be immigrants.

A number of exhaustive reports were presented from various countries, including Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Paraguay, Peru, United States, Uruguay, and Venezuela. Unfortunately, these were left out of the printed transactions, thus destroying a valuable source of information on health conditions at the time.

The number of resolutions adopted established again a new record: 54. They dealt with tuberculosis, collecting statistics on bronchitis, pneumonia, and whooping cough in plateau cities; venereal control including gonorrhea in venereal campaigns; making drugs used against syphilis duty-free; urging the Pan American Sanitary Bureau to compile and distribute data on malaria control; addition of typhus fever to the diseases listed in the Washington Convention; compulsory reporting of communicable diseases; vital statistics; plague; typhoid fever; campaign against disease vectors, including rats, flies, and mosquitoes; intestinal parasites; disease carriers; rat extermination at ports; rat-proofing; seaport sanitation; ships' physicians; creation of sanitary personnel, and health education. Other interesting recommendations were signing of agreements between neighboring countries to handle specific questions; that programs of the Pan American Sanitary Conferences should deal with internal measures mainly when these might be incorporated into national legislation and that the Conferences should meet every two years; improvement of reports to the Pan American Sanitary Bureau; that the delegates should be trained health workers; and making the national health authorities members of the Washington Bureau, through making them members ex-officio of the National Committees of the Bureau.

However, what endowed the Conference with special significance in the history of inter-American health relations was its reorganization of the Washington Bureau and the increase of its maintenance fund to $20,000 a year; and its recommendations for the preparation of a Pan American Sanitary Code to standardize and bring to date the provisions of the Washington Convention, and to the Washington Bureau to study the publication of a bulletin.

It is interesting to note that the positions of Vice-Director and Honorary Director were created for the first time.

It was unfortunate that at this Conference the old precedent of electing national committees to collaborate with the Pan American Sanitary Bureau should have been abandoned. While these committees had so far and to a large extent been ineffective, they had served as one more tie between the general med-
ical profession and health activities and incidentally establishing in each country a goodwill center holding much promise for the future.

New personalities coming to the fore at the Conference were Dr. Hugh S. Cumming, who was elected Director; Dr. Pablo García Medina, who became the first Director of Honor; J. H. White, who became the first Vice-Director; Dr. M. H. Lebredo; Dr. C. E. Paz Soldán, and Dr. J. F. González.

The change in personnel was evidenced in the tributes rendered in the opening session to delegates at previous meetings who had passed away, Wyman, Vicencio, Oswaldo Cruz, Licéaga, R. Del Río, J. B. Miranda and Enrique Deformes. A pleasant aside was the greeting to a sanitarian still living: the Argentine Coni.

A touching inter-American note was given at the closing session by one of the Argentine delegates, Dr. G. N. Martínez:

I wish to refer to our elder sister, ahead of us in area, population, culture, and progress: the United States of America. As a citizen of a nation which possibly has never been influenced by international or foreign suggestions, I feel I am freely qualified to propose without insincerity or flattery, which are far away from our minds, on behalf of the Argentine delegation, a warm applause for the sanitary organization of the United States. It constitutes the advance sentinel watching over the health of our continent, either through its own selfish vitality or through the strength irradiated by all organisms in full growth and increase, this organization has extended its watchful activity, its preventive and curative action over many points in the American Continent which are enjoying its benefits. Because of all these facts, I feel I interpret the sentiments of our country, in requesting warm applause for the official health organization and private health institutions of the United States of America.

7th Conference.—While the VI Conference recommended biennial conferences the call for the Seventh Conference was not issued until Sept. 18, 1923, and the meeting did not take place until Nov. 5–16, 1924 at Habana. Dr. Mario G. Lebredo was elected President, Dr. Francisco Ma. Fernández, Secretary General.59 Delegates numbered 30 and the countries represented again 18, only Bolivia, Ecuador and Nicaragua being absent. Costa Rica, Guatemala and Honduras were, however, represented by prominent Cuban physicians, and Colombia by its Consul at Habana, a physician.

The program was the longest on record, but all the subjects had been recommended either by the VI International Conference of American States, including tuberculosis, pneumonia and whooping cough, duty-free products against syphilis, malaria, compulsory reporting of com-

59 Assistant secretaries were appointed: two from Spanish-speaking countries, 1 from Brasil and 1 from the United States.
munifiable diseases, vital statistics, venereal diseases, leprosy, industrial higiene, fly control, intestinal parasites, maritime quarantine, disease carriers, and drafting of a standard law on food and drug control. Two things make this meeting outstanding: the change in name from International to Pan-American, both for the Bureau and the Conferences, as recommended by the V International Conference of American States, and especially the discussion and adoption of the Pan American Sanitary Code, this being an action recommended by the 6th Conference.

The by-laws governing the Conference were the most complete to that time. The Secretary of State of Cuba, in his opening address reviewed the history of Pan American cooperation and ended stating:

The atmosphere of peace and quiet investigation, of humanitarian foresight, and of noble scientific emulation which prevail in these Congresses, renders ever more repugnant the smell of powder, the wages of war, the fatal effects of ignorance and brutal rivalry which, from whatever angle they may be viewed, have no longer any place or reason of being in a society ruled by the Christian doctrine, illuminated by the genius of an Edison and a Marconi, and fortified by the teachings of the great benefactors of humanity, from Hippocrates to Pasteur, whose endeavors, abnegation, and self sacrifice are healing the ailments of the inhabitants of the earth, as it rolls onward in the infinite toward those far-away and unknown regions where worlds are dissolved and born again in the ether of immortality. In the order of purely material things, a noted scientist once exclaimed—and after all he was more or less right—that however closely he had searched, he had never found the human soul under his lancet. But it would be difficult to maintain that the American soul does not dwell in the mysterious currents of life and sympathy which ebb and flow with a generous impulse in these Conferences. In them a beautiful reality has come into being: the harmony of the American people to serve practically, an ideal which we all are seeking: the improvement of the community and of the individual through the efforts of all and everyone. The glory, the honor, the prosperity, and even the power of the State are concepts which cannot be separated from the idea of international responsibility, whose ripe fruit is the cooperation of nations, which in its turn implies the fulfillment of the most lofty duties.

In his turn, the President of the Conference, Dr. Lebredo, recalled the important duty the meeting was to perform:

This Conference is no doubt destined to be fruitful in practical results, and to reflect that one of the most important subjects—if not the most important of all—to be considered and approved is the Sanitary Maritime Code, which is to take the place of the sanitary precepts by which we have been governed since the year 1905, in point of fact, the first Pan American Sanitary Code, adopted at the Second International Conference held in Washington and ratified later by the governments of fourteen of the Republics represented at that Conference.

Experienced men who attended previous conferences; Gurgel, González, Aráoz Alfaro, Llambias, Paz Soldán, Gubetich. New men
making their debut at these assemblies were Pruneda, Cumming, Long, Roberts, Ramos. One interesting innovation was the presence of a representative of the Pan American Sanitary Bureau and an observer of the League of Nations.

The number of resolutions adopted was 29, dealing with the following subjects: campaign against alcoholism; establishment of schools of public health; carrying out child welfare campaigns and State supervision over childhood; enactment of standard food and drug laws; provision of safe water supplies for cities and towns and disinfection with chlorine; intensification of typhoid control; abandonment of terminal disinfection; repression of quack patent medicines; definition of venereal prophylaxis; promotion and increase of family life; study of disinfection of disease carriers; measures against schistosomes; continued study of tuberculosis control; development of quinine manufacture; continuance of the study of leprosy control and treatment; continuation of study of fly control measures and intensification of campaigns against intestinal parasites.

A recommendation was also made that the program of the next Conference should include the following subjects: sex hygiene and education; industrial hygiene; vital statistics; fly control; trachoma prevention; plague; intestinal parasites; and plant quarantine measures.

The far-reaching fundamental achievement of the Convention was the adoption of the Pan American Sanitary Code, which brought up to date the Washington Convention of 1905. The new treaty went much farther, however. It became more definite and specific in its stipulations, both in the case of ships and ports and quarantine periods, including aircrafts, for the first time added provisions on a number of important matters including vital statistics, increased the possibilities for inter-American cooperation in the health and allied fields, and finally defined the functions and duties of the Pan American Sanitary Bureau, and placed its finances on a solid basis.

8th Conference.—A change was again made in the form of notification, on the calling of the VIII Pan American Sanitary Conference. The invitations were issued by the Peruvian Government through the Ministry of Foreign Relations. The call was sent on September 27, 1926. Three years almost to the day after the 7th Conference, the 8th met at Lima, Peru, on October 12, 1927, the sessions continuing to October 20. Dr. Carlos Enrique Paz-Soldán was elected President, and Dr. Baltazar Caravedo, Secretary General. In addition, three secretaries were elected: one each from the United States, Brazil and Argentina. The regulations adopted for the government of the sessions were the most complete up to that time.

Out of the 21 Republics fully 18 were represented, only Chile, El
Salvador and Mexico having no delegates. The number of delegates present was 32, five being from Peru. Two countries, Argentina and United States were represented by three delegates; 6 by two delegates each, and the rest by one each. Guatemala, Haiti and Paraguay were represented by diplomatic agents, and Nicaragua by a local physician.

Those present included a number of veterans from previous conferences, such as Lavorería, Cumming, Callejas, Lebredo, González, Paz-Soldán, Long, and Sordelli. There were also in attendance for the first time in these Conferences several men who were to fill important roles in the development of inter-American health cooperation, including Alburquerque from Brazil, Aparicio from Colombia, Báez-Soler from the Dominican Republic, Cueva from Ecuador, Flores from Bolivia, Lewis from Panama, Lloyd from the United States, Lorente from Peru, Lozano from Argentina, Núñez from Costa Rica, and Rensoli from Cuba.

General reports on local health conditions in the respective countries were submitted by the delegations from Argentina, Colombia, the Dominican Republic, Guatemala, Haiti, the United States and Venezuela and reports on special subjects by the delegations from Brazil, Panama, Peru and Uruguay. For the first time also the Pan American Sanitary Bureau submitted a report on its activities.

Dr. Pedro José Rada y Gamio, Minister of Foreign Affairs of Peru, stated on opening the Conference:

It is a source of gratification for my country and its government to see all of you Delegates here, bringing with you the valuable contributions of your science, experience and patriotism, to cooperate in the common work of continental health. This magnificent cause draws all of our peoples together under its white banner; our hearts warm to each other, Pan-American energy is fused in a common effort to spread everywhere the health and life which are the foundation of all national grandeur. In place of the garrulous and nebulous discussions of metaphysicians, and the invention of social systems, the fruits of often decadent and stratified universities, there has arisen in our century the international policy of public health, as a means of uniting continents and countries without any hateful distinctions. Hygiene, as a source of preparation for and defense of life is the modern orientation of leaders. It is the universal panacea which can glorify the various attributes of States, not only in local matters of government, but also in regard to the expression of human solidarity through the union of all countries in the planet. And all this is because public health, which is universal prophylaxis, by removing deadly dangers and killing the bacilli which paralyze the spark of life, prepares the individual and social environment of life. For this reason the sphere of public health extends to all parts of the planet; it includes land and sea and tomorrow will be extended to the sky, where the aircraft in the service of this policy of the future will watch over the health of all men and peoples. If medicine requires the study of the anatomy and physiology of the human body,

1 Chile failed to attend because of its delicate relations with Peru at the time, and conditions in Mexico had not become quite stable.
itself a compendium of the wonders of the cosmos, the study of public hygiene and health requires the understanding of the anatomy and the physiology of continents whose spine is the mountains and whose valleys, rivers and watersheds represent the circulatory system, the stream of life through which flow, mysteriously and secretly, the great impulses which the Supreme Creator has given to existence on the earth.

Dr. Solón Núñez, Delegate of Costa Rica expressed himself as follows:

An extremely deserving labor of culture and fraternization is that carried out by the countries of America through the periodic celebration of international sanitary conferences. The world is waiting today to learn the wisest course to take in order to improve the health and living conditions of its peoples as a certain means of success and progress, even of peace and the maintenance of sovereignty. Extraordinary indeed is the transformation which hygiene, born in the heat of the immortal discoveries of Pasteur, has undergone. Yesterday the weak and submissive sister of medicine, it has become its inevitable leader. Its radius of action is so large that it can no longer be held within the limits of the medical sciences; at first individualistic, then regional and today international, its place is among the social sciences. American international sanitary cooperation was born January 5, 1881, when, at the initiative of Dr. James Cabell, president of the National Board of Health of the United States, the first sanitary conference was held in Washington. One of the first Latin American nations to become interested and to make its interest felt was Peru, which in 1887 called, under the name of American Sanitary Congress, a series of meetings at which were adopted resolutions directed toward the effective prophylaxis of yellow fever. It would take too long to enumerate the benefits of all kinds which these conferences have brought to the cause of civilization. At the same time that they are working for a better understanding among the peoples of America, scientific production is stimulated, spread, and "Pan-Americanized" as each, without reservation, contributes the fruits from his home land to be mingled with those from other lands.

The program outlined was an extensive one, first place being given to consideration of suggested changes in the Pan American Sanitary Code and enforcement of this treaty. The other subjects were: narcotic addiction; creation of national ministries or departments of health; municipal contribution to funds for health activities; bubonic plague; child welfare; intestinal parasites; water supplies; plant quarantine and sanitation; disease carriers; venereal disease; sex education; tuberculosis; leprosy; industrial hygiene; vital statistics; fly control; trachoma; alastrim; sanitary control of immigration; Pan American geography of disease; malaria and quinine requirements; ratproofing of ships; public health developments in the American Republics; hospital care; and future development of the Pan American Sanitary Bureau.

A considerable portion of the discussions was devoted to the interpretation of the Pan American Sanitary Code, and led to the approval of an additional protocol to the Code. This provided that the ratifica-
SIGNERS OF THE PAN AMERICAN SANITARY CODE

Seated, left to right: Drs. Carlos Graf (Chile), Justo F. González (Uruguay), Andrés Gubetich (Paraguay), Nascimento Gurgel (Brazil), Hugh S. Cumming (United States), Carlos Manuel de Céspedes (Cuba), Mario C. Lebredo (Cuba), Gregorio Arévalo Altaro (Argentina), Carlos E. Paz Soldán (Perú), Enrique Tejera (Venezuela), Alfonso Pruneda (Mexico), J. D. Long (United States); standing: Drs. R. Pérez Cabral (Dominican Republic), Domingo F. Ramos (Cuba), Raúl Almeida Magalhães (Brazil), Manuel Márquez Sterling (Cuba), Charles Mathon (Haiti), José de Cubes (Guatemala), Antonio Smith (Venezuela), Diego Tamayo (Cuba), Richard Wilson (United States), Leopoldo Paz (El Salvador), Arístides Agramonte (Honduras), Francis D. Patterson (United States), P. D. Cronin (United States), Joaquín Liambas (Argentina), Jaime de la Guardia (Panama), Richard Creel (United States), Francisco María Fernández (Cuba).
tion of the treaty should be deposited with the Secretary of State of Cuba and that withdrawals from the pact would become effective only after giving a year’s notice. A memorandum concerning the interpretation of some provisions of the Code was also adopted, explaining and defining the scope of Articles 4, 9, 11, 29, 30, 35, 41, 44, and a resolution urged strict observance of Arts. 3, 4 and 5, dealing with the reporting of communicable diseases.

Other resolutions adopted dealt with: standard bills of health; organization of boards of diagnosis experts at seaports; ratproofing of vessels and wharves; adoption of the international nomenclature of causes of death; ship physicians; drug addiction; creation of national departments or bureaus of health; coordination of plague control activities; survey of prevalence of intestinal parasites; venereal disease, and study of premarital examination, with campaigns against commercialized prostitution; control, tuberculosis vaccination; organization of divisions of industrial hygiene in health departments; identification of alastrim with smallpox from the standpoint of control measures; safe milk; training and qualifications of health personnel and creation of schools of hygiene; alcohol addiction; compilation of data on hospitals; and school hygiene.

Resolutions of direct interest to the Pan American Sanitary Bureau recommended its acting as a regional branch of the International Bureau of Public Health of Paris for the collection and transmission of reports on communicable disease; that meetings of the Directing Council of the Sanitary Bureau should be held in Washington on call of the Director, traveling expenses to be reimbursed; creation of the position of traveling representative of the Bureau; and instructed the Bureau to collect data on various subjects including hospitals, tuberculosis vaccination, prevalence of intestinal parasites and on the selection of subjects to be considered at the next Conference. As subjects for the next program, school hygiene and milk sanitation were recommended.

The creation of the post of traveling representatives of the Pan American Sanitary Bureau assumed much importance, since it filled a longfelt need for more direct contact between the Washington Office and the health authorities of the various republics. The provisions for the meetings of the Directing Council and reimbursement of the traveling expenses of its members were also most wise and timely.

At the closing session the President of the Peruvian delegation Dr. Lorente stated:

Pan Americanism has probably not prospered as much in any other field as in that of public health cooperation which, following the imperious demand of reality, establishes the most equal and altruistic solidarity: the fight for the defense and improvement of the human species. The Pan American sanitary
conventions, coordinating methods and increasing reciprocal knowledge, stimulate less advanced and progressive peoples to reach the level of hygienic progress of those ahead of them. The example of the United States shows us our course. The great Republic of the North is the nation which has best handled and solved its medical-social problems, as proved by its rates of mortality and morbidity, and by the strength, vitality, and youthful spirit of its inhabitants, apt and ready for the most audacious enterprises. The strength and vitality of the United States are not revealed only in a desire to have the best industries, the best cities, and the best manufactures, but above and before all, in its ambition to produce the best men; the eagerness for a "record man" includes, I feel certain, his high development in a biological and eugenic sense. All the great and admirable edifice of North-American progress rests on the foundation of a new and positive concept of public health. This should not surprise us if we recall that modern hygiene is one of the typical creations of occidental civilization. Contemporary historical knowledge establishes perfectly the unquestionable primacy, the absolute superiority in this respect, of our civilization over all those which have preceded it, none of which reached an equal notion of the value of human health, and even less imagined similar means of defending and preserving it. America is the continent predestined to witness the accomplishment of the highest ideal of civilization. America, melting pot of all races, cross-roads of the world, with its great inheritance of science and ideals from Europe, has created a new human type which possesses all the virtues and none of the faults of the species.

9th Conference.—It was a little over seven years after the 8th Conference met at Lima, Perú on October 12, 1927, that the 9th Pan American Sanitary Conference was held at Buenos Aires, Argentina, the sessions continuing from November 12th to 22nd, 1934. Dr. Gregorio Aráoz Alfaro was elected President and Drs. Alberto Zwanck and Alfredo Sordelli, Secretaries General. In addition, an English-speaking (from the United States) and a Portuguese-speaking (from Brazil) Secretary were elected.

All the 21 Republics were fully represented at the 9th Conference, there being 43 delegates present, nine of them from Argentina. There were four delegates from Chile and three each from the United States, Perú and Uruguay. Brazil, Colombia, Mexico, Paraguay and the Dominican Republic sent two each and the other countries were represented by one each. Bolivia, the Dominican Republic, El Salvador, Haiti, Honduras and Nicaragua, however, appointed as their representatives members of their Diplomatic missions. The Pan American Sanitary Bureau, the International Bureau of Public Health, the Health Organization of the League of Nations and the Rockefeller Foundation also sent representatives.

Among those present were several experts who had attended a number of similar meetings: Aráoz Alfaro, Sordelli, Cumming, Lloyd, Long, Núñez, González, Ramos, Gubetich, Paz Soldán. Health leaders appearing for the first time were Sussini of Argentina, Bejarano of Colombia, Suárez of Chile and Schiaffino of Uruguay.
During the plenary session special tributes were paid to Carlos Chagas and João Pedro Albuquerque of Brazil, and Mario G. Lebredo of Cuba, all of them eminent contributors to the cause of inter-American health.

A welcomed and timesaving innovation was the decision to have only one delegate speak in the name of all the delegations at the Inaugural Session.

In part, Dr. Gregorio Aráoz Alfaro spoke as follows in his opening address:

In order to bring about the good results which we long for, we shall have to stop depending upon the gifts of nature and must learn to depend solely upon our own efforts. In combating the tendency of the Latin Americans to depend too much upon the wealth of nature, many years ago our great thinker Alberdi expressed himself as follows: "South America bases all its pride and hopes of a great destiny on the fertility of its soil and on the mildness of its climate. That is a great mistake. Poor soil makes the man strong, because its poverty obliges him to depend upon his own efforts and labor." In America portentous events offer an example of what may be accomplished when, under competent technical leadership, all necessary resources are marshalled into the struggle against sickness and death. The health achievements secured in Cuba by the immortal Gorgas, after the American Commission, headed by Reed, had confirmed the theory of that great Cuban, Finlay, the work in Panamá done by Gorgas, and that in Rio de Janeiro by the great Oswaldo Cruz, all bring honor to science and bear witness to the power of the Americans. They are also a model which all of us should ever bear in mind. The spirit of these great Americans, as well as that of their principal co-workers and emulators in other countries (Agramonte, Licéaga, Carlos Chagas, Coni, Penna), is with us at our meetings and inspires us in our work. The ideal of the great and noble Americanism which encouraged our liberators Bolivar, San Martín, and Sucre, and which later inspired Monroe, Henry Clay, James Blaine, Quintino Bocayuva, Mitre, Alberdi, Sarmiento, Ruy Barbosa and Rodó, also heartens and fortifies us in our endeavors. However, our Americanism certainly does not nourish hostility nor distrust against the Old World. On the contrary, the majority of our Latin American countries owe their scientific, literary and artistic culture to the European nations. In sanitary matters, we, the men of the whole world, strive together. Never before have we seen as today the advantages and importance of universal collaboration.

Dr. Solón Núñez, of Costa Rica, said in part:

However strong it may be, no Nation can isolate itself within its own individuality. Even though differing in detail, the road to be travelled is the same for all. It is the way that leads to the highest degree of social welfare within even the most absolute autonomy. Health is not only just a policy but it is also the most noble one. No Government could possibly view with indifference problems which are so vital to the country itself. It is at the pure fountain of health that man drinks his fill of self-confidence, his capacity to labor, his desire to serve, his devotion to his country, his infinite longing for peace and liberty.

In his address, which closed the series, Dr. Carlos Enrique Paz Soldán made the following statements:
The Pan American Sanitary Conferences may well be proud of having achieved success in their noble and fundamental endeavor. The adoption of the Pan American Sanitary Code as a substantial law of continental health is indisputable documentary evidence of assured success. Let us not forget that politics, intended as the rule of the people to guarantee peaceful living and make it possible to fulfill the happiness of each individual, is a question not only of laws but also of administration. If we really wish to bring about a Pan American sanitary policy, let us apply such principles and let us ask not only for such wise and comprehensive documents, as the above-mentioned Code, which are inspired by the most definite and modern technical conceptions and doctrines, but also an administrative organization of health matters capable of undertaking with full assurance and firm guarantees the realization of that which is prescribed as useful to the bio-social progress of the communities of the Continent. It is here that the health policy of the New World expects progress that will guarantee future victories against the disease and death which wage relentless war in the majority of our countries. It is a fine thing that the doctrines of health resulting from the able labors of many renowned experts of America who attend these Conferences may be reduced to precise texts, and be so highly coordinated that they may serve all the countries which make up the American continent. If our sincere purpose is to lay out a direct course for the good of health, however, let us not forget to indicate at the same time, by means of an administrative structure capable of giving full cooperation to such an important undertaking, how and by whom such plans of action must be carried out.

The 2nd Pan American Sanitary Conference of National Directors of Health had suggested that in addition to interpretation of such articles of the Pan American Sanitary Bureau as had given rise to reservations by various Governments, the following subjects should appear on the program: hospital care; health projects; venereal diseases; milk; vital statistics; tropical diseases; malaria; smallpox vaccination; plague; leprosy; school hygiene; rural sanitation; hookworm disease; eugenics; tuberculosis and especially anti-tuberculosis vaccination. The International Sanitary Convention for Aerial Navigation adopted in Paris in 1933 came up also for consideration. The Organizing Committee added new material amplifying some subjects already suggested at the Conference of Directors of Health. The final program included, therefore, not less than 32 subjects: the International Sanitary Convention for Aerial Navigation; Pan American Sanitary Bureau; vital statistics; health organization and coordination; hospital care and coordination with health activities; tropical medicine institutions; yellow fever; malaria; hookworm disease; rural sanitation; leprosy; plague; typhus fever, undulant fever; smallpox vaccination; snake and spider bites; eugenics; infant mortality and child and maternal welfare; school hygiene; tuberculosis and especially anti-tuberculosis vaccination; venereal diseases; narcotics; alcoholism; nutrition; milk; water supplies and sewage disposal; health education and teaching of hygienics. Still other subjects were brought up on the floor, among them being *Anopheles gambiae*, physiology of life in high altitudes; post-vaccinal encephalitis; alastrim; venereal lymphogranulomatosis and Pharmacopoeias.
A very complete set of rules for the government of the sessions was submitted by the Organizing Committee and adopted at the Conference. In addition to the usual Committee on Resolutions, Committees were appointed on the Pan American Sanitary Code and the International Sanitary Convention on Aerial Navigation; on tropical diseases; on yellow fever; on plague and on venereal diseases.

The very abundance of subjects prevented exhaustive consideration in a number of cases. A new matter which received much attention was nutrition. Most interesting discussions were raised by the accounts of jungle yellow fever and the invasion of Brazil by the Anopheles gambiae, which first focused attention on these two new problems.

General reports on health conditions in their respective countries were submitted by the delegates from Colombia, Cuba, Panamá, Paraguay, the United States, Uruguay and Venezuela. The Pan American Sanitary Bureau continued the practice initiated at Lima of submitting a report on its activities.

Resolutions adopted dealt with: interpretation of Articles IX, XVI and XLIX of the Pan American Sanitary Conference in regard to reporting cases of disease by the different countries, obviating the necessity of sending telegraphic reports in certain cases; recommending that American governments ratify and adhere to the International Sanitary Convention for Aerial Navigation (1933) and the International Sanitary Convention of Paris (1926); improving reports of vital statistics; increasing public health appropriations; recommending the establishment of medical relief services; praising various American republics for recent valuable discoveries concerning typhus and allied conditions; coordination of sanitary activities; standards for Pan American scientific institutions; measures for control and eradication of yellow fever, malaria, plague, and other diseases; code on welfare and care of children; campaigns against tuberculosis, venereal diseases, narcotic addiction; safe milk; industrial hygiene; continuing studies of food and drug standards; and public health education.

An important achievement was the approval of the Constitution and Statutes governing the Pan American Sanitary Bureau, as drawn by the Directing Council in 1929. An important change gave a seat in the Directing Council to the Chairman of the Organizing Committee of the next Conference.

At the closing session, Dr. Leopoldo Melo, Minister of the Interior of Argentina spoke as follows:

A deep and justified desire to know the results of investigations and experiments made at various and distant points on this Continent has given rise to increasing expectations from your brilliant deliberations. The subjects emphasized to insure better health conditions have been fully covered and brought up to date, from the standpoint of conclusions reached and the judgments and opinions ex-
pressed in the discussions have been coordinated and made concrete in the resolutions, which are truly commands for the communities and governments of America. During your first votes you established a principle which I consider to be of great importance to the efficiency of governmental action in regard to public health, that is, the necessity of uniting health and social welfare, both being coordinated under one technically competent head with executive ability, who can direct the campaign against sickness and death, organizing and grouping in a fair manner all activities of national and local official organizations, along with the private institutions or those which cooperate without governmental aid. This correlation of official and private endeavor is of utmost importance for the success of all social action which, even though having to depend on various sources for aid, requires that there be a mutual understanding and cooperation in order that the best results may be derived from expended efforts.

Bogotá, Colombia, was selected as the meeting place for the next Conference and Dr. Jorge Bejarano was elected Provisional President, it being tentatively agreed that the date might coincide with the Centennial of the foundation of Bogotá, if agreeable to the Government of Colombia.

When published in 1936, the printed proceedings made 431 pages.

10th Conference.—The Government of Colombia appointed the Organizing Committee and at the same time set July 24 to August 7, 1938 as the date for the 10th Pan American Sanitary Conference to be held at Bogotá, Colombia. Later on, at the suggestion of the Organizing Committee and in agreement with the Pan American Sanitary Bureau, the Government of Colombia changed the opening date of the Conference to September 4th, 1938, the sessions to extend to the 18th of that month. However, the Conference itself decided to shorten the duration of the Conference by four days, and the final session was held September 14th.

It was therefore a little less than four years after the 9th Conference was held in Buenos Aires, Argentina, November 12th to 22nd, 1934, that the 10th Pan American Sanitary Conference opened in the city of Bogotá, Colombia. Dr. Jorge Bejarano was elected President and Drs. Jorge Salcedo Salgar and Aristides A. Moll, Secretaries General. Other Secretaries elected were Drs. Raul Godinho, Rulx Léon, Edward C. Ernst and Pedro Machado.

Twenty of the 21 Republics were represented at this Conference, the delegates from Paraguay at the last minute not being able to attend. There were 69 delegates present, the largest representation at these Conferences up to that time. Colombia was represented by 17 delegates, the United States by 7 and Venezuela sent 6. Chile and Perú sent 4 each, Brasil 3 and the Dominican Republic, Argentina, Honduras, Mexico, Bolivia and Ecuador 2 each. Uruguay, Nicaragua, Guatemala, Cuba, Panama, Costa Rica, Haiti and El Salvador, each were represented
by one delegate. Six delegates went from the Pan American Sanitary Bureau and one each went from the Rockefeller Foundation, the Health Organization of the League of Nations and the International Labor Office. Dr. Hugh S. Cumming represented both the International Office of Public Health in Paris and the Pan American Sanitary Bureau. There were also seven special guests from these various organizations.

During the first plenary session a special tribute of one minute of silence was paid to Dr. Pablo García Medina, the founder of the public health service of Colombia, and Drs. Federico Lleras Acosta and David McCormick, who had distinguished themselves in work on leprosy and yellow fever respectively.

In his opening address, Dr. Alberto Jaramillo Sánchez, of Colombia, made the following remarks:

Due to their efficiency and the prestige which they have enjoyed, the meetings of the American hygienists have become a tradition as well as valuable assets to the Governments of the Nations which have lent them their support. Of the series, the 10th Pan American Sanitary Conference at Bogotá will mark a forward step in the victorious struggle which the men of science have been waging against sickness and calamity which destroy resources, produce suffering and cause distress.

The series of addresses at the opening session was closed by Dr. Jorge Bejarano, who spoke, in part, as follows:

America was the creator of International Defense in order to protect the health of its own population. The human element therein has, during the last decades of the nineteenth century and the first ones of the twentieth, been dedicated to the noble task of endowing Americanism with the conception of its own worth. Therefore, the Pan American Sanitary Bureau has watched over the health of the Continent and continuing its good work brought about this series of meetings which, with the one we are now attending, brings up to ten the number of sanitary conferences held thus far. The Bureau at Washington not only calls a meeting every four years of the men of science in America, but in 1922 it also launched the Pan American Sanitary Bulletin, a marvelous compilation of scientific studies and admirable report on the health conditions of the countries of this Continent, and furthermore, the Pan American Sanitary Bureau obtained at Habana, in 1924, the adherence of all those countries to the Pan American Sanitary Code, the real statute of health of the American Republics.

The program as suggested by the III Pan American Conference of National Directors of Health included 16 subjects: campaign against venereal diseases; nutrition; social security in its medical-sanitary aspects; maritime and aerial quarantine measures; pre-natal and child welfare; public health in regard to centralizing services and training of health personnel; water supplies, housing and rural hygiene; yellow fever; plague; leprosy; tuberculosis; typhus fever; virus diseases; regional diseases including malaria; vaccines and preventive sera; and disease carriers.

General reports on the health conditions in their respective countries were sub-
mitted by the Delegates from the Dominican Republic, Colombia, Chile, Ecuador, Guatemala, Mexico, Nicaragua and Perú. Besides the comprehensive report presented by Dr. Soper of the Rockefeller Foundation, the delegates from Brazil, Colombia, Cuba, Paraguay, Perú and Venezuela reported on activities in regard to yellow fever in their respective countries.

Resolutions adopted dealt with: coordination of all public health activities under a common technical administration; establishment of the sanitary career on a merit system basis, following the creation of schools of hygiene for special training of physicians and auxiliary personnel; appointment of a special committee to study bills of health; development of public health nursing staffs; inclusion of bureaus of vital statistics in public health departments; adoption of the Spanish edition of the Pharmacopoeia of the United States by those countries having no Pharmacopoeias of their own; establishment of research and training institutes; holding of exhibits at Pan American Sanitary Conferences; recognition of the benefits derived from social security; participation of health authorities in activities of community restaurants; preparation of standards for water supplies; recommending special courses in sanitary engineering; commending the progress in building of sanitary homes; suggesting the Bacteriological Institute of Buenos Aires as depository for biological standards; commending the creation of laws on maternal welfare; recommending the compulsory reporting of pregnancy as well as of births; provision of adequate training for midwives and supervision of their activities; narcotic control; granting the Nobel Prize to scientists of the Rockefeller Foundation for their work on yellow fever; making vaccination facilities available for persons residing in yellow fever infected areas; giving more consideration to amebiasis; research work on leprosy and malaria; campaigns against plague; commending the progress made in the control and prevention of typhus fever, American trypanosomiasis, tuberculosis and venereal diseases; Government supervision of the quality of laboratory services in regard to venereal diseases.

A very important action consisted in the approval of amendments to the Constitution and Statutes of the Pan American Sanitary Bureau which increased annual quotas for the Bureau, provided for election of the Directing Council, and placed on a definite schedule the Pan American Sanitary Conferences and the Pan American Conferences of National Directors of Health, and gave definite rules for their organization.

At the closing session, Dr. López de Mesa, Minister of Foreign Relations of Colombia, said, among other things, the following:

It behooves us to find out what is lacking on this Continent, and in what way we can fulfill these commitments, because the very fact of being implies sacred
duties. This Continent has not arisen on Earth in vain, for all human beings who occupy space and time, just as all nations that occupy space and time, have to justify this free gift of existence. Naturally we of the Americas have to fulfill these demands by the creation of a culture of our own, and this particular culture I have always understood to be a synthesis of the course of history and of the ethno-cultural course of humanity.

As a meeting place for the next Conference, Rio de Janeiro, Brazil, was chosen.

The printed proceedings made 766 pages. The book was so large that in order to include as much material as possible, the Government of Colombia contributed substantially to the cost of its publication.

11th Conference.—In accordance with the provisions of the Constitution and Statutes of the Pan American Sanitary Bureau, as modified by the 10th Pan American Sanitary Conference, the Government of Brazil informed, in due time, that the Organizing Committee of the 11th Conference had been appointed having as its Chairman, Dr. João de Barros Barreto, Director of the National Department of Health of Brazil, and added that invitations were being issued to the various Governments for the XI Conference, which was to be held in Rio de Janeiro. July 5–16 was tentatively set for the date of the meeting. However, after further correspondence it was agreed, at the suggestion of the Pan American Sanitary Bureau, to postpone the Conference for a few months, September 7–18 being finally adopted as the most convenient date.

It was therefore exactly four years and two days after the 10th Pan American Sanitary Conference opened in the city of Bogotá, Colombia, September 4, 1938, that the 11th Conference met in the city of Rio de Janeiro, Brazil, on September 6, 1942, in spite of the abnormal conditions brought about by the War. The sessions continued for two weeks to and including September 18. Dr. João de Barros Barreto was elected President and Drs. Aristides A. Moll and Almir Castro, Secretaries General. Other Secretaries elected were Drs. Jules Thébaud, Edward C. Ernst, Guillermo García de Paredes and Osvaldo Lopes da Costa.

All 21 Republics were represented at this Conference as well as was Canada, which for the first time sent a delegation at the special invitation of the Brazilian Government. The record number of delegates was 84, 20 of them being from Brazil. Paraguay sent 8, the United States and Chile were represented by 7 each, Haiti and Peru 4 each, and Argentina and Ecuador 3 each, while Canada, El Salvador, Guatemala, Mexico, Panama, Uruguay and Venezuela were represented by two delegates each, and 1 each was sent from Bolivia, Colombia, Costa Rica, Cuba, Dominican Republic, Honduras, and Nicaragua. The
Pan American Sanitary Bureau sent 5 representatives and the Rockefeller Foundation and the International Labor Office sent 1 each.

It was again agreed to limit the speeches in the opening session to the official welcome by a Government official and speeches by the President of the Conference and the Director of the Pan American Sanitary Bureau.

In his opening address, Dr. João de Barros Barreto made in part the following statements:

Through the patient efforts of Cumming and his co-workers in Washington, a continental sanitary consciousness is being created in America, and unity of thought, so necessary in regard to public health problems, is gradually being consolidated. Under his able command, the Bureau became an active center of interchange, of coordination of activities, of close cooperation with health organizations of the various countries. It is a constructive work, governed by patience, in which policies must agree with technical objectives; constantly expanding, it is a strenuous job, conceived by Cumming, a man of action and ideals and who will no doubt make it become even more important, more powerful and effective. These fine and effective results of Pan Americanism, which Cumming inspires and directs, have had more brilliant consequences than the mere exhibition of scientific values, than an interchange of ideas, or the report of deeds and sanitary achievements: they have given rise to a strengthened union of the American family, closely united by bonds of affection, inspired by the common ideals of progress, harmony and understanding.

This was the first time a Pan American Sanitary Conference had met in war times and the problems then confronting all the American Republics were very much in the minds of the delegates.

In his address to the Delegates, Dr. Hugh S. Cumming answered a query raised by many delegates:

There may have been in the minds of some, doubts as to the advisability of holding a Pan American Sanitary Conference at this particular moment. Had the problems to be discussed been merely routine ones, I would be inclined to agree with them. However, this is far from being the case. The first—and practically the main—subject on our program is "Continental Defense and Public Health." Entirely new problems in continental health have arisen as the result of world developments. This is a subject on which we must have a clear understanding and a constant exchange of impressions. More than ever we must foresee what difficulties may handicap our defense efforts, and what help is available or may be extended by our sister countries. These considerations more than justify the hardships to which many of the delegates have been put in coming. We will all derive fresh inspiration and new strength and conviction from this new evidence of our solidarity in health matters.

As agreed at the previous Conference the program included only eight subjects as follows: chest survey; tuberculosis and pneumoconiosis; influenza or grippe; undulant fever; typhus in America; Chagas' disease,
pinto and other American parasitoses; diarrheas (including salmonellosis); degenerative diseases (including cardiovascular diseases and cancer). In addition the Committees of the Pan American Sanitary Bureau on nutrition, malaria and model sanitary code submitted very complete reports on their work.

Due, however, to the entirely new problems in continental health which have arisen as a result of world developments, Continental Defense and Public Health was given special attention in the deliberations of the Conference, in accordance with the recommendations made at the informal meeting of National health authorities of the American Republics at Atlantic City and Washington, D. C., in October 1941.

A series of outstanding contributions were presented from various countries on these different matters. The limitation of subjects also permitted devoting more attention to those questions in which there was special interest. Two Conference Committees, namely, those on Continental Defense and Sanitary Engineering prepared special reports which served as bases for resolutions, as was also the case with reports of the Malaria and Nutrition Committees.

The resolutions and recommendations adopted at the Conference, a number of which reflected the conditions brought about by the War, dealt with: precautionary measures to be taken by the American Republics to insure public health; extraordinary preventive methods against the spreading of epidemics; protection of water supplies; adequate allocation of foodstuffs; importance of safe milk; accurate vital statistics; acceptance by the Republics of the recommendations of the Malaria Committee of the Bureau; recognition of work done toward the eradication of yellow fever, bubonic plague and typhus fever; continuation of studies regarding Chagas' disease; study of immunization processes against influenza; adoption of microfilm method of diagnosis in tuberculosis campaign; organization of the Second Pan American Leprosy Conference by the Pan American Sanitary Bureau; special measures and studies in regard to diarrheas and enteritides; inclusion of the subject of housing on the program of the 5th Pan American Conference of National Directors of Health, and that the subject of diarrheas and enteritides be again considered at the 12th Conference in the light of new studies to be undertaken by the various countries.

The satisfaction of the Conference with the work accomplished by permanent Committees previously appointed by the Pan American Sanitary Bureau was shown through its action in recommending the creation of similar new Committees on Sanitary Engineering, Typhus and Continental Defense.

Among other things, Dr. Oswaldo Aranha, Foreign Minister of Brazil, said the following at the closing session:
In this series of noble and brilliant debates, representing a period of fruitful labor in behalf of medicine and for the good of America, we find a scientific demonstration of harmony and fraternity, animated and maintained not only by the spiritual bonds of human wisdom, but also by those of continental cooperation and solidarity. I am convinced that an atmosphere of understanding and intimate moral affinity has united you in these days as you studied ways to perfect American public health work, and I am also certain that all of you were moved by the idea of coming to the relief of humanity which is unfortunately so afflicted with moral sufferings that all efforts at relieving physical pains and troubles seem feeble indeed. America, my friends, has faith in noble deeds and in science which benefit man. Thanks to you, pioneers in the work of bettering the sanitary conditions in our countries, we can look to the America of the future with hope knowing that the lives of our children will be more secure, healthier, finer and happier.

The Government of Brazil volunteered to assume charge of the publication of the Proceedings of the Conference. This generous offer was accepted by the Pan American Sanitary Bureau, this being the first time this course was adopted.

Among the International Conferences of American States the Fifth Conference, held at Santiago, Chile in 1923, occupies an especially important place insofar as public health is concerned. At this meeting there were adopted a number of significant resolutions which have to a considerable extent influenced public health progress in the Americas, as well as cemented relations previously established in that field. Among them was the following:

The fifth International Conference of American States, RESOLVES: To recommend to the Governments of America that in the intervals between Pan American Sanitary Conferences, and not less frequently than once in five years, the Directing Heads of Public Health Services or accredited representatives who shall be responsible officials of the Health Services, be sent to Washington, for conference upon such date as may be mutually arranged through the Pan American Sanitary Bureau.

This move was apparently due to a belief that too long intervals separated the Pan American Sanitary Conferences and that it might be worth while to bring together the health executives of the American republics and the officials of the Pan American Sanitary Bureau more frequently and at a place where they might have an opportunity to inspect at first hand the latest sanitary developments. In accordance with the Santiago resolution, Pan American Conferences of Directors of Health have since been held in Washington in 1926, 1931, 1936 and 1940. As may be observed, these conferences were originally held every five years. However, the schedule was changed by a resolution of the X Pan American Sanitary Conference, providing that they should be
DIRECTING COUNCIL OF THE PAN AMERICAN SANITARY BUREAU 1940

Top row, left to right: Dr. João de Barros Barreto (Brazil), Vice Director; Drs. A. Peña Chavarría (Costa Rica) and Miguel Sussini (Argentina), Advisors; second, third and fourth rows: Drs. A. L. Briceno Rossi (Venezuela), Luis Manuel Debayle (Nicaragua), Dagoberto E. González (Peru), Pedro Machado (Cuba), Attilio Macchiavello (Chile), Manuel Martínez Ríos (Mexico), and Juan Antonio Montalván (Ecuador), Official Members; fifth row: Dr. Jorge Bejarano (Colombia), Honorary President; Drs. Luis Gaitán (Guatemala), Justo P. González (Uruguay), and Carlos Enrique Paz Soldán (Peru), Honorary Members.
held every four years, alternating with the Pan American Sanitary Conferences. Thus the health authorities of the American Republics will meet every two years and exchange opinions on pressing health questions at regular and not overlong intervals. The Conferences of Directors of Health have shown an increasing importance both in attendance and in the character and scope of the reports presented and the resolutions adopted.

**First Conference.**—The First Pan American Conference of National Directors of Health was called by the Director of the Pan American Sanitary Bureau on March 25, 1926 and was held in Washington from September 28th to 29th, 1926. There were 16 countries represented and 24 delegates present, four of them from the United States. Cuba was represented by three, Bolivia and Haiti by two, and Brazil, Chile, Colombia, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru and Venezuela sent one each. The Pan American Sanitary Bureau was represented by one delegate. Dr. Hugh S. Cumming was elected Chairman, Dr. Alfonso Pruneda, Vice-Chairman and Dr. Sebastián Lorente, Secretary-General of the Conference. Four Committees were appointed: Resolutions, Pan American Sanitary Code, Permanent Organizing Committee, and Public Health and Sanitation Administration.

At the opening session Dr. Lucas Sierra, of Chile, spoke in part, as follows:

One may well say that next to the glorious struggle for our liberty and independence, there is no other campaign of more vital importance than that of educating our people and inducing them to abandon all unsanitary and medieval customs and practices as well as those traditionally unhealthy habits which can only be detrimental to the development of our culture and of the immense natural resources to be found in South America.

Dr. Pablo García Medina, of Colombia, made the following statements:

The physical and moral welfare of man, and not material wealth alone, represents the very basis of the existence of nations. For many years this view has inspired the sanitary policies which are improving conditions in the American nations, whose future depends upon the efforts which we all are making in order to bring about this ideal. Since 1902, the Sanitary Conferences have labored and have overcome great difficulties, and have met at the initiative of patriots of the United States and of the institutions which today are receiving us with demonstrations of sincere understanding which our Governments acknowledge and appreciate.

Dr. Ramón Báez Jr., of the Dominican Republic, expressed himself as follows:

*It is with the greatest patriotic joy that I speak at this meeting, in order to*
congratulate warmly the Directors of the Pan American Sanitary Bureau for their fortunate initiative in holding this Conference. Besides the many advantages derived from this interchange of scientific ideas aimed at the welfare and happiness of the peoples of this Continent by means of sanitary improvement and progress, this Bureau has collaborated in a notable way in the defense of the health of the inhabitants of the New World, a worthy cause indeed.

Dr. José Azurdia, of Guatemala, said:

This harmonious and peaceful meeting is a great accomplishment, from which does not emerge, nor could possibly emerge, the slightest international friction, not the least fear nor trace of rancor or suspicion among the peoples; rather, it will bring about complete well-being and prosperity for all, as we have come here, armed for battle in the name of health and sanitation, to wage war, it is true, but against sickness and death, all for the maintenance of health and the prolongation of life.

The following remarks were made by Dr. Bernardo J. Gastélum, of Mexico:

It is due to a feeling of friendship that the more fortunate peoples gather together to organize themselves, in order to serve those who have not as yet reached a state of such complete development. We are commencing, therefore, to better serve the interests of humanity when we begin to forget the artificial barriers which divide the peoples just because some of them act differently from the others. This is particularly so when all the peoples aspire to find or to seek equal rights for their sister republics. It would be ideal to foster the foundation of a new culture that will be above the mere idea of nationality and which will be a challenge to certain savage traditions from which the Western civilization has not been able as yet to free itself.

Dr. Carlos J. Bello, of Venezuela, addressed the assembly as follows:

The Delegation of Venezuela wholeheartedly and with a feeling of deep emotion supports this Conference. Sufficient cause for such a feeling may be found in the very fact of attending a meeting with such great personalities, on whom depend the lives of individuals as well as the security of nations. It would also be sufficient to be a guest in this beautiful capital of the United States, the cradle of George Washington as well as of Right and Liberty. Sufficient also is the remembrance of this surge of comradeship which brought about in America the recent centennial celebration of the Pan American Congress of 1826, at which our own Liberator Bolívar once again demonstrated his noble American character as well as the scope of his ideas and deeds.

No set program had been arranged in advance for the Conference, but the following subjects came up for discussion: Pan American Sanitary Code, and organization of public health administration in the different countries. The Pan American Sanitary Code preempted to a great extent the deliberations of the Conference. Because of certain objections and changes desired by some of the Republics, it had not been signed by all. Various suggestions for the revision of the Code were
(DELEGATES TO THE FIRST PAN AMERICAN CONFERENCE OF NATIONAL DIRECTORS OF HEALTH, 1928)

Front row, left to right: Drs. Sebastián Lorente (Peru), Mario G. Lebredo (Cuba), Pablo García Medina (Colombia), Alfonso Pruneda (Mexico), Hugh S. Cumming (United States) Lucas Sierra (Chile), Guillermo G. de Parades (Panama), and Mr. Pablo García de la Parra (Colombia); second row: Drs. Raúl Leitão da Cunha (Brazil), Andrés Gubetich (Paraguay) and José Azurdia (Guatemala); third row: Drs. Fernando Rentaí (Cuba), Antonio Vidal M. (Honduras), B. J. Lloyd (United States), Carlos J. Bello (Venezuela), O. S. Butler, and M. Raoul Lissière (Haiti); fifth row: Drs. Ramón Biedes hijo (Dominican Republic), Cheomede Blanco Galindo (Bolivia), Manuel M. Villarroya (Bolivia), Pablo A. Suárez (Ecuador); S. B. Grubbs (United States), and César Muxo (Cuba); back row: Dr. L. S. Rowe, Director General of the Pan American Union.
DELEGATES TO THE IV PAN AMERICAN CONFERENCE OF NATIONAL DIRECTORS OF HEALTH, 1940
made in the resolutions which received attention at the VIII Pan American Sanitary Conference, it being agreed that this treaty could be signed with reservations by the countries wishing to do so.

In other resolutions the following subjects were stressed: campaign against drug addiction; international control of sale of drugs; Government care of drug addicts; placing of all health and social welfare work under Ministries or Departments of Health; contribution of a certain percentage of municipal revenues to the support of health services; intensified work on child welfare; improvement of water supplies; adequate regulations for plant quarantine; discovery and treatment of disease carriers; better control measures for bubonic plague, alastrim, intestinal parasites, venereal diseases, tuberculosis and leprosy; sex hygiene and education; industrial hygiene; vital statistics; fly eradication; trachoma prevention; control of immigration from standpoint of health; organization in each country of a permanent committee for the study and control of malaria; organization of Pan American medical geography from the point of view of epidemiology; sending of all official health reports to the Pan American Sanitary Bureau; recommendation to the various Governments of the establishment of ministries of health, social welfare and labor; development of cinchona cultivation in the various republics; making by the Pan American Sanitary Bureau of films covering health subjects for educational use; studies and classification of rodent fleas to be made in each country and the results forwarded to the Pan American Sanitary Bureau; Conference of Directors of Public Health to meet every five years, unless the Pan American Sanitary Bureau should believe that it should meet before; and appointment of a committee for study of the measures taken by the city of New York against plague, to serve as a basis for standardization of procedures in all the countries of the Pan American Union. Special homage was paid to the memory of the great sanitarians Drs. W. C. Gorgas, Carlos J. Finlay and Henry R. Carter.

Some suggestions were also given for the subjects to appear on the program of the VIII Pan American Sanitary Conference, to be held at Lima. This established a precedent which was to be continued and extended in the future. An interesting proposal was to the effect that efforts be made by the Pan American Sanitary Bureau to secure the adherence of European countries having colonies or territories in America to the provisions of the Pan American Sanitary Code.

At the closing session Dr. Alfonso Pruneda said:

Permit me to ask the delegates to pay particular attention to a resolution adopted at the International Conference of American States at Habana. I suggest that in Article LVI of the Sanitary Code, along with other functions of the Pan American Sanitary Bureau, be included the distribution to the various Ameri-
can Governments of all kinds of publications, and reference lists of books and journals on health. You well know the importance of bibliographic data for reference and information. Sanitary problems develop daily and each country not only could but should send to the Pan American Sanitary Bureau all such publications. Aside from the Pan American Sanitary Bulletin, this recommendation has not been carried out and for a reason easily explained,—just because we do not send in our publications. Allow me to beg of you to take this request back to your governments in order that this portion of the recommendation be complied with and that copies of every health publication be sent for distribution to the Pan American Sanitary Bureau.

Dr. Hugh S. Cumming in the final address of the meeting made the following statements:

Most certainly the Bureau will attain such importance and prestige as you may desire. We find ourselves in the same fix as did the bricklayer. If you do not furnish the bricks and mortar, it is not possible for us to construct the building. I have seen the Paris Bureau function in such a lethargic manner that now and then it was necessary to prick it with a pin to see if it were still alive. For some time this Bureau was in the same condition, but I believe that it has now undergone a change. We now remember the old saying that *noblesse oblige*. We have the standing and with it the responsibility, the obligation of converting this Bureau into a useful organization for each and every one of us. I take, therefore, the liberty of begging you not only to help us but that you bring about the realization of this ideal because it is our duty to send out statistical data and other information and also to ask you that you do likewise.

When finally compiled, the Proceedings of the Conference made a volume of 137 pages.

**Second Conference.**—At the invitation of Dr. Hugh S. Cumming, Director of the Pan American Sanitary Bureau, sent on July 31, 1930, the Second Pan American Conference of National Directors of Health was held in Washington from April 20th to 28th, 1931, a little more than four and a half years after the First Conference, which met from September 27th to 29th, 1926. There were 13 countries represented with 23 delegates present, six of them from the United States. Chile and Cuba were represented by two each and Argentina, Brazil, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico and Venezuela by one each. Three delegates represented the Pan American Sanitary Bureau. There were 11 special guests at the Conference, including the Director General of the Pan American Union and representatives of the Rockefeller Foundation and the U. S. Public Health Service. Dr. Hugh S. Cumming was elected Chairman, Dr. Gregório Aráoz Alfaro, Vice-Chairman, Dr. Waldemar E. Coutts, Secretary-General and Dr. Aristides A. Moll, Executive-Secretary. The following Committees were appointed: Credentials, Regulations, Resolutions, Aerial navigation, and Program for the IX Pan American Sanitary Conference.
At the opening meeting of the Conference, Dr. G. Aráoz Alfaro, in his address, spoke as follows:

We possess the most beautiful, the most fertile and the richest land in the whole world. The science of disease prevention has reached a high degree of technical development. All we need, therefore, is to apply its principles and rules everywhere with wisdom and faith and without regard to cost, as it is always well repaid, in order that we may develop healthy and strong children and thus create in this New World a better, more vigorous and happier generation making progress in welfare work under the steady guidance of justice and peace.

Dr. João Pedro de Albuquerque, of Brazil, made the following remarks:

All our countries have sanitary problems peculiar to each; but a great number of health problems in general still defy solution even by the most able specialists. There are, for example, tuberculosis, venereal diseases, and above all cancer, that grave and difficult condition which becomes more important daily and which demands careful study. Cancer is becoming more serious year by year and has reached an alarming condition in some of our countries and therefore more profound research must be carried out. And what about all the other questions attending social hygiene? And how important is the problem of rural sanitation to us, the South Americans! I do not think it necessary to call attention to that question at this time because everywhere there is being preached the doctrine of "back to the fields" as a solution of the difficulties under which people are laboring as inhabitants of large cities.

Dr. Waldemar E. Coutts said the following:

Science nowadays is not all that we need for bettering sanitary conditions in our countries. It is a well-known fact that a good and complete knowledge of the social welfare and sociological factors that underlie every one of these sanitary problems is the basis for the solution of these problems. We have observed in our country that laws used with good results in other American countries have failed absolutely in ours, because precisely the same problems have been studied only from an epidemiological point of view, or from an exclusively scientific point of view. A sociological study made in each country is the necessary basis on which we can combat communicable diseases.

In his address Dr. Miguel E. Bustamante, of Mexico, said in part:

For all of us, fundamental sanitary problems can be reduced essentially to the basis of education. Health education is a necessary factor in all Latin American countries, as much for those in the humble walks of life as for the privileged classes. The delegate from Costa Rica spoke in a rather discouraged way of the terrible and tremendous incomprehension of those who strive for public health without the necessary official support. One may say that all of us have had this same experience and for that reason we in Mexico have directed the problem towards health education, endeavoring first to reach the municipal authorities, who represent the basis of our social organization, and from them taking it to the State authorities, and finally reaching the Federal authorities.
The program of the Conference included discussion of the following subjects: regulations to prevent the spread of communicable diseases by airplane; water supplies; disinfection; sanitary control of production and distribution of milk; inspection of herds and dairies, tuberculin tests; interpretation of Bill of Health according to the Pan American Sanitary Code; prevention of blindness including ophthalmia neonatorum, trachoma and ocular lesions in onchocerciasis; standardization of biological products; creation and operation of social hygiene organizations; control of plague, pellagra; yellow fever; typhus vaccination; tularemia; undulant fever; post-vaccination encephalitis; diphtheria; typhus; spotted fever; industrial hygiene; infant mortality; national control of narcotics; tuberculosis, especially from standpoint of vaccination; child welfare; rural hygiene; nutrition; control of prostitution and venereal disease and parasitosis. The Conference also suggested a program for the IX Pan American Sanitary Conference.

The resolutions approved by the Conference dealt with: air navigation; control of communicable diseases; standards for biological products; educational hygiene; yellow fever; leprosy; snake-bites; hookworm disease; onchocerciasis; trachoma; plague; malaria; tuberculosis; conjunctivitis neonatorum; smallpox vaccination; venereal diseases; eugenics; vital statistics; water supply; nutrition and food; milk; narcotics; sanitary organization; sanitary budgets; hospitals; child and maternal welfare; social hygiene.

A special vote of thanks was extended to the President of the United States, the Hon. Herbert Hoover, for his cordial welcome to the Conference. In his letter to the Chairman of the Conference, the President said in part:

It is pleasant to recall that, during the last thirty years, through advances made in the science of medicine and through the cooperation of the health authorities of all the American Republics, as manifested in your Pan American Sanitary Conferences, in the activities of the Pan American Sanitary Bureau and in your conferences of Directors of Health, the ravages of the major quarantinable diseases, such as yellow fever, plague, cholera, smallpox and typhus fever, diseases which formerly often decimated whole cities, have nearly ceased. These pestilences are now almost entirely robbed of their power for harm. This being the case, you are able to turn your attention to the combating of other diseases and other unhealthful conditions which still interfere with the happiness and comfort of our people.

A vote of sympathy was extended to the Governments of Santo Domingo and Nicaragua because of the disastrous earthquakes suffered by those countries.

When finally compiled, the Proceedings of the Conference made a volume of 241 pages, which was issued as Publication No. 60 of the Pan American Sanitary Bureau.
Third Conference.—On November 27, 1935, Dr. Hugh S. Cumming, Director of the Pan American Sanitary Bureau, issued invitations to the various American Republics for the Third Pan American Conference of National Directors of Health. The Conference was held in Washington from April 4th to April 15th, 1936. This was a few days under five years since the Second Conference, which met on April 20th, 1931.

There were 30 delegates from 12 of the American Republics present at the meeting, 12 being from the United States. Mexico sent three, Costa Rica and Chile two each and Argentina, Brazil, Colombia, Cuba, Dominican Republic, Guatemala, Haiti, Nicaragua, Peru, Uruguay and Venezuela were represented by one delegate each. Dr. Hugh S. Cumming was elected President of the Conference; and Dr. Miguel Sussini; General José Siurob; Dr. Solón Núñez; and Dr. Emigdio Lola, Vice-Presidents; Dr. João de Barros Barreto, Secretary-General; and Dr. Aristides A. Moll, Executive Secretary. The following Committees were appointed: Credentials, Regulations, Program, Resolutions, Program for the X Pan American Sanitary Conference, and Execution of the Recommendations of the IX Pan American Sanitary Conference, held in November, 1934. There were nine special guests, from the National Departments of Health of Chile and Mexico, the Peruvian Embassy, the Rockefeller Foundation, the Army Medical Library, the U. S. Public Health Service, and Georgetown University.

General José Siurob, of Mexico, said during his address at the opening meeting of the Conference:

I believe that this is the time to express the appreciation of this Assembly, by acknowledging the accomplishments of the Government and people of this great country, for the timely aid rendered on different occasions to the cause of public health in our countries, and we wish to stress these deeds as legitimate reasons for pride as well as for the sincere gratitude of our peoples towards their brothers in the United States, because they represent a real manifestation of Pan-Americanism which only the blind could fail to see. Because of these deeds you have a very special place in our hearts. We shall never forget Morton, Welch, Walter Reed, Gorgas, Theobald Smith and Carroll, and it pleases me to tell you that various laboratories and hospitals in our countries bear some of these names, because, like yourselves, we wish to make them immortal as well as to bear witness to the fact that your great nation can add to its material greatness the most noble virtues, the most brilliant talents, all for the cause of humanity. In order to attain the same objectives, fortunately, we can count upon energetic and wise men in our own countries, who are worthy emulators of you and who are disposed to dedicate all of their energies along with you towards obtaining victory in this great battle which constitutes the work of sanitation. These men are the followers of Finlay, Agramonete, Lieégaga, Robles, Oswaldo Cruz, Da Rocha Lima, Chagas, Unanue, Lemos Monteiro and García Medina, the illustrious masters, who left to us good seed, the fruits of their will and self-abnegation.
The following subjects were included on the program of the Conference: coordination of the policies and work of the federal, state and municipal departments of health; health appropriations and distribution of funds; notification of communicable diseases; health problems connected with life in high altitudes; rural health; child welfare; pharmacopeia; prevention of the spread of yellow fever; tuberculosis campaign; venereal disease campaign; industrial hygiene; narcotics; nutrition; use of vaccination in prevention of smallpox, scarlet fever, measles, typhoid, diphtheria, whooping cough, typhus, bacillary dysenteries, rabies and cholera; use of serums in the treatment of scarlet fever, measles, diphtheria, bacillary dysenteries and cholera; plague; poliomyelitis; trachoma; onchocerciasis; pinto; leprosy; and malaria. Other subjects had been placed on the program but at the last minute they had to be left off through lack of time.

The Conference placed itself on record as approving the modern tendencies noted throughout the various American Republics in regard to centralizing and developing sanitary work. The increase in the number of health centers in urban as well as rural districts was commended and it was urged that all such work be done by full-time trained personnel. All of the Directors of Health who presented reports on health work in their respective countries were congratulated and it was recommended that the various American governments prepare similar reports for presentation at the X Pan American Sanitary Conference.

Other resolutions adopted dealt with: industrial hygiene; prenatal hygiene; health education of women; life in high altitudes; food and nutrition; narcotics; amebiasis; leprosy; poliomyelitis; trachoma; venereal diseases; malaria; tricentennial of discovery of cinchona; disease carriers; continued study of vaccines; and vital statistics. A series of subjects for the program for the X Pan American Sanitary Conference were suggested.

The Rockefeller Foundation and the Pan American Sanitary Bureau were congratulated on their work in fostering and aiding the sanitary programs throughout the American Republics. The latter group was especially lauded for the publication of its monthly Bulletin, which is distributed among all the Pan American nations. The closing meeting of the actual Conference was held April 11, 1936, the delegates remaining to attend other public health meetings in progress in Washington at the time.

The Proceedings of the Conference were issued as Publication No. 121 of the Pan American Sanitary Bureau, and made a volume of 396 pages.

Fourth Conference.—At the invitation of Dr. Hugh S. Cumming, Director of the Pan American Sanitary Bureau, issued October 26, 1939, the IV Pan American Conference of National Directors of Health met
in Washington from May 1 to 8, 1940; a preliminary session was held on April 30. A period of four years had elapsed since the opening of the III Conference, which occurred on April 4th, 1936. Dr. Hugh S. Cumming was elected President by acclamation, and the following other officers were designated: Vice-Presidents, Dr. Juan Jacobo Spangenberg, Dr. Alberto Hurtado, Dr. Rafael Schiaffino and Dr. L. García Maldonado; Secretary-General, Dr. Aristides A. Moll.

The delegates from 20 of the American Republics numbered 51, 16 of them being from the United States. Cuba was represented by four, Argentina, Colombia, Guatemala, Mexico and Venezuela by three each, Costa Rica and Uruguay by two each, and Bolivia, Brazil, the Dominican Republic, Ecuador, El Salvador, Haiti, Nicaragua, Panama, Paraguay, and Peru by one each. The Pan American Sanitary Bureau was represented by four delegates. The guests of honor included Dr. R. E. Wodehouse of Canada; Dr. A. E. Wolff from Dutch Guiana (Surinam); Dr. R. Pierret of the International Office of Public Health of Paris; and Drs. John A. Ferrell, George K. Strode and Mark W. Boyd from the Rockefeller Foundation. Other prominent physicians and scientists were also present, having come to attend the VIII American Scientific Congress which was held immediately afterwards.

The sessions held from May 1 to 8 offered an excellent occasion for the interchange of impressions regarding the numerous and important problems confronting the health authorities of the various republics. The Delegations were larger than ever and all the sessions were characterized by the importance and number of the reports presented, and by the constant spirit of cooperation and Pan Americanism which invariably reigned over the deliberations.

An innovation was the presentation, for the first time at one of these Conferences, of a Health Exhibition, to which Argentina, Chile, various organizations in the United States, Mexico, and Venezuela sent valuable material, in addition to the display arranged by the Pan American Sanitary Bureau.

At the inaugural session of the IV Conference, the Honorable Adolf A. Berle, Assistant Secretary of State of the United States, spoke as follows:

There are many agencies of inter-American cooperation, but none stands higher in the affections of the United States than the Pan American Sanitary Bureau. The defense of public health must be a major concern of the American family of nations, whatever the international situation. It seems to me that defense against disease is probably the most appropriate theme for an international conference. Disease, when you stop to think, is perhaps the most international subject in the world. It knows no frontiers. It has no particular prejudices against anyone based on race, or creed, or color, or nationality, but attacks them all with an impersonal enmity. It travels without passports, and is subject to little, if any,
visa control. Its attack operates on land, at sea, and in the air; and it finds fifth columns to act as host and transmitting agents in all quarters, high and low. Its warfare can be total; and occasionally it can develop its attack with lightning speed. Against that continuous struggle there are aligned the organized forces of civilized common sense, here represented by yourselves.

Dr. Thomas Parran, Director General of the United States Public Health Service, addressed the assembly as follows:

Experience over many years has demonstrated the great value of Pan American collaboration in public health. Valuable in the past, it is urgent today. When we last met, the world was at peace. Today, all or a part of every continent of the earth is at war. Perhaps two-thirds of the world's population is engaged in the business of death and destruction. How puny seem our own efforts for human conservation in the face of mass killing, wide-spread starvation and profligate destruction of the material resources of the world!

Dr. Jorge Bejarano, of Colombia, made the following statements:

The history of the Panama Canal belongs to our own time. The most far-reaching dream of conquest of the Latin genius failed because the necessary health measures were forgotten. It was not the financial scandal which destroyed that great enterprise destined to exert an influence still unsuspected on the future of our civilization. Over that cemetery of ideals and of men, from which man and his creative spirit have fled, the gates of the sea were opened twenty years later to give free passage to culture and civilization. American genius had conquered malaria and yellow fever, and praise is due to the valiant pioneers of American science and sanitation, Finlay, Gorgas, Carter and a thousand others whose names illuminate like searchlights the destiny of our humanity and civilization. This miracle was possible thanks to science, to our science, one and distinct: the science of Public Health. To serve that science we are meeting here today in brotherly comradeship. The American world looks forward to better days and centuries of greatness as the result of our deliberations.

General José Siurob, of Mexico expressed himself as follows:

All of us, great and small, are dedicated to the colossal labor of giving to our countries citizens whose strong and healthy bodies will testify to and carry on the constructive spirit of the men of science who have gone before us. This spirit, animated by a firm will and tireless energy, will be able to face any struggle, to wrest from nature all her resources and all her secrets and make of our countries, not powerful instruments of brute force, ruined by the terrible toll of war, not veritable prisons wherein life passes in anguish and the human conscience is enslaved, but rather, homes of free beings, centers of the mutual understanding and justice whereby life achieves its highest moral and spiritual aims. Let us work as apostles of this doctrine with firm decision and with the severe discipline which we have imposed upon ourselves, at the same time educating our governing bodies and our peoples, since to us is entrusted the labor of bringing the activities of governors and governed into harmony with all the sciences relating to medicine and hygiene. In this work we must display the same self-abnegation, patience and constancy which we have so often seen in both the humble visiting nurse and the scientific research worker, who recognize no fixed hours of leisure.
In the closing speech of the Inaugural Session of the IV Pan American Conference of Directors of Health, Dr. Hugh S. Cumming, spoke thus:

How general was the feeling that the American Republics should have a center of coordination in health matters may be seen from the fact that the Pan American Sanitary Bureau had its inception in a Conference in Mexico; and that of the four signers of the draft suggesting this step, one represented Uruguay, one Chile, one Mexico, and one the United States. Without this constant and increasing cooperation and support in the past of all the American Republics, little good could have been accomplished. I myself, in the 20 years that I have headed this organization of ours, have regularly depended on the counsel and assistance of my colleagues from all countries on our continent as otherwise I would not have felt free to undertake certain steps or promote measures of undoubted usefulness, but for which no clear precedent existed. Prevention through cooperation has been throughout the last four decades the watchword of our Bureau, to a greater extent since 1920 than before, and to a much greater extent now than in 1920.

The program of the meeting included discussion of the following topics: reports on health progress made in each Republic since the X Pan American Sanitary Conference; syphilis; aerial navigation; malaria; nutrition; sanitary engineering; public health personnel; vital statistics organization from the standpoint of health; preparation of a sanitary code of general application in the American Republics; preparation of health data from the point of view of the Americas; life in urban and rural districts; typhoid fever; industrial hygiene; poliomyelitis; mental hygiene; future work of the Pan American Sanitary Bureau; Chagas' disease; and undulant fever. As last year, a few of the subjects planned for discussion had to be omitted through lack of time.

The resolutions of the IV Conference dealt with many and varied subjects and included the following: Public Health; Sanitary Code; Pan American use of centers for specialized training; teaching; public health career service; tests for the evaluation of health work; health exhibitions; Pan American Health Day; aerial navigation; sanitary engineering; water supplies; vital statistics; foods and nutrition; Pan American standards for vitaminized foods; Pan American nutrition exhibit; campaigns against leprosy, malaria, poliomyelitis; typhoid vaccination; venereal diseases; and postal franchise.

A list of suggested subjects was prepared for the guidance of the Pan American Sanitary Bureau and the Organizing Committee of the XI Pan American Sanitary Conference.

The closing session was held Wednesday, May 8, 1940, at 3:00 P.M. When compiled, the Proceedings were issued as Publication No. 192 of the Pan American Sanitary Bureau and made a volume of 564 pages, the largest to that date.

Fifth Conference.—At the invitation of Dr. Hugh S. Cumming, Director of the Pan American Sanitary Bureau, issued January 6, 1944,
the V Pan American Conference of National Directors of Health met in Washington from April 24 to 29, 1944, a preliminary session having been held April 22. Four years had elapsed since the opening of the IV Conference, which occurred on April 30, 1940. Dr. Hugh S. Cumming and Dr. Arístides A. Moll, Secretary of the Bureau, were elected by acclamation President and Secretary-General, respectively, of the Conference. The following Vice Presidents were also chosen: Dr. Manuel Martínez Báez, of Mexico; Dr. Eugenio Suárez, of Chile; Dr. César Gordillo Zuleta, of Peru; and Dr. Leopoldo Izquieta Pérez, of Ecuador.

The delegates, from 20 of the American Republics, Canada and British and Dutch Possessions of the West Indies, numbered 57, of which nine were from the United States. This represented a high water mark in attendance, especially from outside the United States. Cuba, Mexico and the United States were represented by five delegates each; Chile and the Dominican Republic by three each; from Ecuador, Haiti, Paraguay, Peru, Uruguay and Venezuela by two each; and the following countries were represented by one delegate each: Argentina, Brazil, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama. Bolivia sent no representative. The Pan American Sanitary Bureau, was represented by seven in addition to its ex-officio members of the Conference, members of its staff in addition to members of its permanent Committees. The guests of honor included representatives from Canada, British West Indies, Dutch Guiana (Surinam), Curacao, Jamaica, the Office of the Coordinator of Inter-American Affairs; the International Bureau of Labor; the U. S. Food & Drug Administration; the U. S. Bureau of Animal Industry; the Rockefeller Foundation; the Commonwealth Fund, and other agencies of the U. S. Government; and representatives of the most important commercial airlines.

The puzzling questions facing the world as a result of the war were reflected in practically all the addresses delivered at the opening session. The Honorable Adolf A. Berle, Assistant Secretary of State of the United States, greeted the assembly on behalf of the Government, as follows:

Though the task of the defense of national health is very great, you are charged with an even greater work. That is the improvement of human material upon which the statesmen and even the civilization of the future must be based. Nations are now judged not merely by their military might, but their economic ability. They are judged by the health and strength of their people. The rate of tuberculosis among children is as carefully watched as the size or equipment of its army. The ability to stamp out malaria and hookworm is a greater national asset than the modern equipment of guns, planes and parachutes. This is particularly true of the Americas. Here are adequate resources on which to found
great civilizations. But they can only be organized and developed by healthy, energetic, and industrious men. This human material is in your keeping. The time will come when the history books pay as much attention to the successes and actual operations of public health as they do to the actions and successes of politicians and generals. This is an opportunity for all of you which I personally envy. The man who is able to say at the end of his public service that he has improved the health of his country, and particularly of its children, can rest assured that he has affected history as much, if not more, than any other public servant of his time.

Dr. Thomas Parran, Surgeon General, United States Public Health Service, stated:

For 43 years the health authorities of the American Republics have demonstrated the value of mutual efforts for the improvement of health in this Hemisphere. Of even greater importance than the actual accomplishments in the field of public health has been the demonstration of practical international collaboration which I am sure has and will continue to have significance for the future in other areas of international collaboration.

-Dr. Hugh S. Cumming, Director, Pan American Sanitary Bureau said:

Nothing, I think, can show to the world so clearly our solidarity of interest in the cause of the health and welfare of all our people as this Conference, which will consider not only important problems which are always with us, but are rendered more acute by war conditions, such as malaria, typhus fever, and nutrition problems, but more particularly perhaps consideration of such changes as you may deem expedient in the existing Conventions and agreements controlling the sanitary aspects of aerial navigation, both commercial and military. This particular problem perhaps brings before us most important of all our close inter-relationships with other regions of the earth. This Conference, from this standpoint, is held at a most opportune time, as there will soon be under consideration in some part of Europe the same problem, and I shall hope from your deliberations we can arrive at a common understanding, which will enable us to present the viewpoints of the Western Hemisphere at the proper time at future meetings abroad.

In responding to the welcoming speeches, Dr. João de Barros Barreto, National Director of Health of Brazil especially emphasized the following points:

The Fifth Pan American Conference of National Directors of Health, even more than its predecessors, is destined without doubt to play a significant role in the public health of the Continent. We are entrusted with planning the objectives of public health for the countries of America both in the present moment of war against tyranny and despotism and in the post-war period. It is not necessary to emphasize the importance of the topics to be discussed by the Conference; there are many others under the same subject which could also be submitted to our consideration and could be the object of resolutions and recommendations, although it will not be possible to hold extensive debate on them nor to present full doctrinal arguments. The public health problems which confront us as a
result of the war, and which must be met with in the post-war period are indeed many and pressing. Wars themselves create many such problems, some of an importance almost equal to military ones.

In his turn, Dr. Félix Hurtado, Under-Secretary of Public Health of Cuba, answered as follows:

This is not merely a link in the chain of international happenings, but stands out because of meeting at a singularly opportune time. The last Conference of this nature, the IV Pan American Conference of Directors of Health, held in Washington from May 1 to 8, 1940, could not foresee the attack on Pearl Harbor one year later, which threw the American people into the world conflict and also brought closer continental solidarity, causing all the American Republics to join in an active campaign, which fortunately is already today winning a decisive victory for universal democracy. It has always been the primary function and serious responsibility of the State to guard the health of all its people by means of various organizations, following out the general lines laid out in that magnificent international instrument adopted in 1924 at Habana, and known as the Pan American Sanitary Code. However, if the question of safeguarding health at the time that this Code was written was a function of primary importance, and deserved the most careful attention on the part of those responsible for the development of sanitary science as representatives of the Governments, after entering the War and mobilizing great masses of people for duty on the battle fronts as well as for the many activities on the home front, this very problem has become even more of a responsibility. Stress must be placed at this time on the mechanical progress in regard to means of transportation, which today has erased all idea of distance actually reducing to a few hours' flight travel to any point of the globe.

Due to the unsettled conditions created by the world war, as well as serious problems which will undoubtedly face the health authorities during the reconstruction of the post-war period, this meeting was generally considered to assume unusual importance. The attendance established a new record and the deliberations were seriously and successfully conducted in a spirit of understanding and cooperation. Exhaustive reports were made by the various Committees on Malaria, Typhus, Nutrition, Sanitary Engineering, and Epidemiological and Vital Statistics. Addition of other Committees was recommended and it was also agreed to reorganize the Committee on Public Health Code with a smaller membership provided for a revision of the Pan American Sanitary Code the task to be entrusted to the Committee on Public Health Code, the work to be completed in time for consideration by the XII Pan American Sanitary Conference. The creation of Public Health Attachés at all Embassies in the same form and with the same prerogatives as other diplomatic attachés enjoy was advised in another resolution, which was adopted.

The following topics on the program of the meeting were discussed: improved national and international reporting of communicable dis-
cases; aerial navigation; port sanitation; quarantine measures; adoption of an international health certificate; standardization of regulations governing food and drugs, including biological products; prevention of international spread of animal diseases transmissible to man; relation of social security to public health. As usual the time proved too short to go thoroughly into some of the subjects which had been placed on the program.

As subjects for discussion at the XII Pan American Conference, to be held at Caracas, Venezuela, in 1946, the following were recommended by the V Conference: Uniformity on food and drug legislation; Organization and activities of Health Centers and Units; Epidemiology of Malaria; Epidemiology of Tuberculosis; Zoonoses in general; Health Education; Control of Venereal Diseases; and Post-War Health Problems.

Due recognition was given to the fact that the termination of the war might compel considerable revision of the program by the time the meeting was finally held.

It was also agreed that considerable time would be devoted to revision of the Pan American Sanitary Code and consideration of the reports submitted by the permanent Committees of the Pan American Sanitary Bureau.
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Actas de la Cuarta Conferencia Sanitaria Internacional de las Repúblicas Americanas. Inglés y español.
Actas de la Quinta Conferencia Sanitaria Internacional de las Repúblicas Americanas. Inglés y español.
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THE PAN AMERICAN SANITARY BUREAU is the central coordinating sanitary agency as well as the general collection and distribution center of sanitary information of the American Republics. It was created by the Second International Conference of American Republics (1901-2), and organized by the First Pan American Sanitary Conference (1902). Its functions and duties are fixed by the Pan American Sanitary Code (1924) and modified and amplified by the various international sanitary and other conferences of the American Republics. The Bureau is concerned in maintaining and improving the health, the medical care and social security of the people of the Americas and in preventing the international spread of communicable diseases. It acts as a consulting office for the national directors of health of the American Republics, prepares the programs and publishes the proceedings of the Pan American Sanitary Conferences and the Conferences of the National Directors of Health, and carries out epidemiological and other scientific studies and investigations. It also grants and obtains fellowships both from its own funds and from funds obtained from other sources for Latin American graduates in medicine and allied sciences. It also publishes in four languages a monthly Pan American Sanitary Bulletin, weekly and monthly reports on disease prevalence, and other publications on sanitary subjects, including special material for Pan American Health Day, which is celebrated annually on December 2 in all the American Republics. The Bureau is governed by the Conference and by a Directing Council on which all member states are represented. Its executive officer is a director who is elected for a four-year term by the Council. The necessary personnel is assigned or employed by the Director to attend to the various duties imposed on the Bureau by the Pan American Sanitary Code and the Pan American Sanitary Conferences. The Bureau is supported by a fund contributed by all the American Republics in proportion to their populations. Address all correspondence to the Director, Pan American Sanitary Bureau, Washington 8, D. C.