in foreseeing the economic, social, and political consequences of this meeting of
forces; and in indicating how from this examination the juridical treatment may
arise, so that the written standards shall be just, and shall foresee accidents,
ilnesses, fatigue, and conflicts of all kinds, and shall, above all, elevate work to
the superior rank to which it belongs: these are the horizons of this investigator,
which attract his efforts as a man versed in the knowledge of man.

The wisdom of the public health authorities of our Republics render any
further insistence on these points unnecessary. What has been expressed here
is more than enough to fulfill our pleasant and self-imposed task, of indicating,
on the Second Pan American Health Day, some objectives for the future labor of
the consecrated body known as the Pan American Sanitary Bureau.

PUBLIC HEALTH IN THE UNITED STATES

By Dr. THOMAS PARRAN

Surgeon General, U. S. Public Health Service

The most important advance in public health in the United States since the
turn of the century has been the development and strengthening of permanent,
professional health organization at Federal, State and local levels.

The Public Health Service—the first Federal agency concerned with health—
was established by Congress as the Marine Hospital Service in 1798. From an
organization concerned only with the care of American seamen, the Marine
Hospital Service developed gradually to become the U. S. Public Health Service
in 1902. Today it is concerned with the health of 130,000,000 men, women and
children.

With the passage of the Social Security Act in 1935, the Public Health Service
was enabled to play the most direct part in its history in improving the health
services of the 48 States and the Territories. The health provisions of the Act
made available Federal funds to be allotted in grants-in-aid to the States for
public health work. To become eligible for these funds, the States were required
to submit health programs for approval by the Surgeon General of the Public
Health Service according to standards set by him and the Conference of State
and Territorial Health Officers. One requirement held that the State programs
were to be carried out by full-time, professional workers. Provision was made for
the training of State personnel in qualified professional schools at Federal ex-
 pense. During the period 1936-41, a total of $47,333,000 was paid to the States
and Territories by the Federal government under Title VI of the Act, which per-
tained to public health services. So great was the stimulation of Title VI, that
the States and localities themselves budgeted $30,438,399 more for public health
in the fiscal year 1942 than they spent in 1935. The Federal contribution for
1942 indeed, amounts to only 12.4 percent of the total $97,458,330 appropriated.

The increase in full-time county health departments has been one of the most
notable effects of the Act. In 1935, only 594 of the 3,000 counties were served by
full-time health units; in 1941 the number was 1,655. More than 7,000 doctors,
nurses, engineers and laboratory technicians have received specialized training
in public health through Social Security funds.

Here was a concrete foundation for the national defense health program, now
progressing so splendidly.

In May, 1938 Congress passed the Venereal Disease Control Act—a second
major step toward a national health program. Here again Federal funds were
made available to the States through grants-in-aid under the administration of
the Public Health Service, although the Venereal Disease programs were administered by the States themselves. Under the Act, public clinics increased from 1,122 in 1938 to 3,088 in 1941. During the past five years, clinic treatments for venereal disease increased from 2,122,000 to 10,178,000. Today every State provides free anti-venereal drugs and laboratory diagnostic services to doctors. Venereal disease is now definitely decreasing under the first national control program in the United States.

Another notable advance was the founding of the National Cancer Institute, in 1937. In that year the National Cancer Act established the Institute and a National Advisory Cancer Council in the Public Health Service. Funds were provided for a comprehensive research program at the Institute and to expand research in other scientific institutions.

Here was the first, organized Federal attack on cancer. The Institute brought together the nation's best scientific thought to select and advance the most promising lines of research. The training program seeks to overcome the present shortage of cancer specialists. It provides qualified physicians and research scientists with an opportunity to specialize in cancer research and therapy. The Act also provided for the purchase of approximately 9 grams of precious radium for loan to hospitals and clinics. In these institutions the radium is used to treat patients. No charge is made to patients for the use of Federally-owned radium. Meanwhile at the National Cancer Institute more lines of cancer research are under investigation than in any other laboratory in the world.

The three programs under Title VI of the Social Security Act, the Venereal Disease Control Act and the National Cancer Act represent the most recent advances in public health in the United States. The principle of Federal cooperation with the autonomous State and Territorial health departments underlies each of these progressive programs.

There has been a beginning toward unification of Federal health and welfare activities. The U. S. Public Health Service, the Food and Drug Administration, the Social Security Board and the U. S. Office of Education were brought under one administration—the Federal Security Agency—in 1939.

The present national emergency has further extended Federal health activity in the States and Territories under the administration of the Public Health Service.

Water purification systems, sewage and garbage disposal plants, hospitals and health centers are being built by the Federal Government in defense areas where the Service believes them necessary. Qualified professional personnel, paid by the Federal government, are sent into States and localities where needs have advanced beyond the capacity of local authorities.

An important step has been taken with the decision of the President to rehabilitate young men rejected by the military services because of correctible physical defects. Examination of the first million of these young men for venereal disease has provided the first, large scale estimate of the extent of syphilis among the general population.

Technical guidance, money and personnel expert in industrial hygiene have been provided to control hazards and promote health among workers in the great defense industries.

The science of nutrition, born only 20 years ago, has shown us that food is medicine—preventive medicine. In 1940, a national nutrition program was set in motion. If it be carried out fully, the people will attain levels of health, vigor and efficiency which have in the past seemed unattainable. The program contemplates increased research, and the production and consumption of more of the foods which provide the defensive vitamins and minerals; less of the foods which are lacking in these elements.
DIRIGENTES DE SANIDAD DE LAS REPÚBLICAS AMERICANAS
(Health Authorities of the American Republics)

Dr. Wenceslao Medrano H.
(Rep. Dominicana)

Dr. J. C. Mussio Fournier
(Uruguay)

Dr. Rafael Schiaffino
(Uruguay)

Dr. Félix Lairé Hijo
(Venezuela)

Dr. Armando Castillo Plaza
(Venezuela)
We ought perhaps now to pause for a moment of recollection before we consider the future of public health in the United States. We have seen the acute, communicable diseases virtually conquered. We have seen organization and extension of full-time public health agencies in all the States, aided by an active Federal service. An attack has begun on venereal disease. A program for better nutrition is being developed. National defense has sped health services by a decade and there is support for the rehabilitation of young men eligible for military service except for minor physical defects.

There remains, however, a large problem scarcely mentioned until now. It
is a problem which has never been considered a true concern of public health—the chronic diseases of middle and old age.

The population of the United States is ageing. The increase of elderly persons in the population has become acutely accelerated in the last decade. Because of the victory over the diseases of childhood, more people are living to an age when they are susceptible to heart disease, high blood pressure, arthritis, diabetes, and cancer. One person in six among our population had the burden of chronic disease, permanent crippling or deformity, or serious impairment of his sight or hearing. These disabling conditions, then, are a public health problem because of their frequency among an increasing sector of the population.

The rejection of nearly half of the young men examined during the past year for military service because of physical and mental defects clearly points to the public health problem of the future. Conditions predisposing to chronic disease must be prevented wherever possible. More attention must be given to the prompt detection and treatment of tuberculosis and mental disease in their incipient stages. Disability and death rates can be sharply reduced through prevention and early treatment. And finally, the individual citizen must be educated to seek preventive treatment and must learn that health is a community as well as an individual asset.

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**PUBLIC HEALTH IN URUGUAY: 1901–1941**

*By Dr. RAFAEL SCHIAFFINO*

*Chief of the Division of Hygiene*

Uruguay, as a result of its geographic location between the 30th and 35th parallels, of its long Atlantic coastline, and its gently rolling topography, with only mild elevations, is blessed with a temperate climate. The thermometer may vary as much as 27 degrees between the annual maximum and minimum temperatures, and shows an annual average of 17 C (62.6 F). The relative humidity is 77%. The country is subject to the influence of ocean breezes and of the warm Atlantic current. Under these favorable conditions live 2,146,000 persons, in a region of 187,000 km². In the northern part of the Republic they are engaged mainly in stock-raising, and below the Río Negro which divides the country in half, in farming.

To the influences of climate and of occupation is added the racial factor. Ethnically the Uruguayan is of Caucasian origin. The native Indians were practically exterminated in 1832, and the few remaining elements became diluted in the stream of European stock. For many years the European immigration was equal to or greater than the normal increase of population. The Spanish and Italian immigrants arrived in almost equal proportions, followed by lesser numbers of other races. During the last 20 years the Central European races have predominated, with a high Semitic percentage.

The proportion of African admixture is infinitesimal, since no more negroes were introduced after the abolition of slavery in 1844, and the earlier stocks became mixed with the European population, and also decreased in numbers due to their greater susceptibility to disease, their lack of hygiene, their high rate of infant mortality, and their low rate of reproduction.

The economic prosperity of the country has permitted the expenditure of considerable amounts for social betterment during the present century, and the protection of the citizen has been sought through laws on labor and security, maternal and child protection, old age pensions, pensions for various groups of individuals, and so on.