BOLETIN DE INFORMACION DEMOGRAFICA DE PUERTO RICO

DEPARTAMENTO DE SANIDAD, NEGOCIADO DE ESTADISTICA DEMOGRAFICA

Funciones de los Dispensarios de Tuberculosis en Puerto Rico

El dispensario de tuberculosis es uno de los agentes de mayor valor en la lucha antituberculosa. Sirve de eslabón entre el público y el Sanatorio; descubre los casos incipientes y es factor importantísimo en la campaña educativa.

Los fines principales del dispensario de tuberculosis son los siguientes:

1. Localizar todos los casos de tuberculosis en la comunidad, ratificar su diagnóstico, e instruir los pacientes en cuanto al régimen de tratamiento y las precauciones que deben seguir para proteger a sus familiares del contagio.

En los casos en que las circunstancias de vida del paciente así lo exijan, gestionar su ingreso en un hospital o sanatorio antituberculoso. Cuando no sea posible conseguir el ingreso del paciente en una institución, proporcionarle tratamiento en el hogar, mediante la visita de la enfermera y el consejo del médico.

2. Instruir a los familiares del paciente con respecto a las medidas que deben tomarse para evitar contagios: la necesidad de que el enfermo duerma solo, que tenga sus cubiertos, vajilla y otros objetos de uso personal separados de los del resto de la familia; de que sus ropas se laven y desinfecten con frecuencia, etc.

3. Examinar a todas aquellas personas que viven o han vivido con tuberculosos (contactos); mantenerlas bajo observación e instruirlas debidamente en cuanto a la profilaxis de la tuberculosis, para evitar en ellas el desarrollo de la enfermedad.

4. Educar al público en los principios básicos de la profilaxis de la tuberculosis, por medio de conferencias en las escuelas, talleres, teatros, iglesias y clubs, repartición de panfletos y cartelones, etc.

5. Cooperar con las sociedades antituberculosas de la localidad para impulsar con la mayor eficiencia posible la cam-

paña antituberculosa. Llamar la atención de estas sociedades, y de todas las personas influyentes de la localidad, hacia los distintos aspectos del problema de la tuberculosis, y los métodos que podrían utilizarse para combatir la alta mortalidad tuberculosa.

6. Practicar "surveys" y preparar estadísticas que demuestren la gravedad del problema de la tuberculosis en la comunidad, para utilizar los datos así adquiridos en conseguir de las autoridades municipales que afronten el problema local.

7. Conseguir de los médicos que informen semanalmente sus casos de tuberculosis, para así poder tener estadísticas exactas sobre morbilidad, que permitan una apreciación correcta de la seriedad del problema.

VITAL STATISTICS OF PUERTO RICO

From the Government of Puerto Rico, Department of Health. Bureau of Vital Statistics

MORTALITY FROM TUBERCULOSIS (ALL FORMS)

Year	Rate per 100,000 Population
1611	19).4
1912	149.8
1913	139.6
1914	139.5
1915	173.3
1916	193.6
1917	16.0
1918	211.8
1919	185.4
1920	202.2
1921	202.9
1922	199.1
1923	199.1
1924	203.8
1925	226.3
1926	248.7
1927	252.6
1928	261.3 (*)
1929	301.4
1930	263.2
1931	275.5
1932 (preliminary)	293.7 (**)

* San Felipe Hurricane ** San Ciprián Hurricane

N. B. According to the fourth revision (which we began to use in 1931) of the International List of Causes of Death, a large number of diagnoses: bronchorrhagia, calculus of lung, hemoptysis, hemorrhage of lung, organic lesion

of lung, pneumorrhagia, etc., that were formerly classified otherwise, are now classified as "pulmonary tuberculosis", which necessarily has influenced the increase.

The mortality from tuberculosis begins to augment with variations in 1915, and from 1917 and 1918, due to the War and the Influenza epidemic, the increase is steady up to the year 1932, with an excessive increase in 1928 on account of the San Felipe hurricane. Disregarding the artificial increase produced by the new classification, we could state that the rate seems to be lower at present, or at least, at the same pace as in 1915.

The truth is that against the problem of tuberculosis in Puerto Rico, so closely associated with the economic situation, the density of population, the problem of unemployment, etc., we are practically unarmed. Estimates as to the number of tuberculous persons in the Island vary. We have available room for the isolation of 760 patients, and it is estimated that there are not fewer than 20,000 and perhaps nearly 40,000. Two years ago we had room for the isolation of only 572 and, thanks to our efforts, the Sanatorium has increased its capacity with 60 beds, while the municipalities have added 72 beds to their hospitals. Even if we could isolate 40,000 in any given year, thus preventing all possible contagion and the beginning of new cases, the effects on the mortality, due to the slow development of the disease, could only be appreciated in the course of eight or ten years, when the number of cases remaining to die would be much reduced, and when most of the persons already infected and belonging to the aforementioned 40,000, would have disappeared.

The appropriation of the Department of Health for the control of tuberculosis, including the Sanatorium, is $188,000. To isolate 20,000, 30,000 or 40,000 cases—not taking into account the construction of buildings which would cost a huge amount in proportion to our means—would need a maintenance budget of not less than $6,000,000 or perhaps $12,000,000 annually; and the hospitalization would not be the only necessary measure; we could not accomplish much without dispensaries, visiting nurses, preventoria, camps, etc.

Philanthropic institutions of the United States that have co-operated with us, had expressed their purpose to obtain four million dollars for this object, but it has proved impossible, due to the economic depression.