THE INSTITUTE OF PUBLIC HEALTH AND TROPICAL DISEASES AND THE STUDY OF LEPROSY IN MEXICO.

Ana María Carrillo *

* Facultad de Medicina. Universidad Nacional Autónoma de México

Abstract

The reorganization of public health came to be seen as a fundamental element in the construction of the post-revolutionary Mexican state and the ascendance of national cohesion. A major part of this effort was the creation of the Mexican Institute of Public Health and Tropical Diseases, founded in 1938. The Institute was an agency of the Department of Health which later became the Ministry of Health and Welfare and its aims were to conduct research on topics of practical utility and prioritize diseases in which it could have an immediate impact, such as malaria, hookworm, oncocercosis, leishmaniasis, pinta, Chagas' disease, and leprosy.

The Institute integrated research teams in protozoology, helminthology, entomology, anatomical-pathology, bacteriology, pharmacology, chemistry, epidemiology and statistics. It had nine tropical medicine laboratories and fifty beds for case studies deemed ‘interesting for science’. Physicians at the Institute conducted tests on mass treatments.

This paper concentrates on the role of the Institute of Public Health and Tropical Diseases in the study of leprosy. It describes how the Institute collaborated with the campaign to control the disease and points out the existence of a network of relationships between this institution and others, in Mexico and around the world. It also recovers some of the discussions about the term “tropical diseases” that took place in Mexico.

While some researchers defined malaria, hookworm, oncocercosis, leishmaniasis, pinta, Chagas and leprosy as tropical diseases, Manuel Martínez Báez –who was the first director of the Institute of Health and Tropical Diseases– felt that economic and cultural factors like restrictions on freedom and unequal distribution of wealth were involved in the genesis of those diseases. He also held that the so-called ‘tropical’ diseases were, in essence, attributable to poor public health circumstances in underdeveloped countries as well as to poverty, ignorance, and defective social organization.