

PUBLIC HEALTH, SICKNESS, DISEASE, AND PHYSICAL DEFICIENCY

The Case of María Felix Flores

María Felix Flores, legitimate daughter of Jesús Izararaz and Anastasia Flores (both dead), was born in Irapuato in 1861. She is paralysed in both legs and one arm and the only way she can move is to drag her body along the ground. She is also blind in one eye. She impresses one as being arrogant, bad mannered, exigent, and talkative. She apparently takes real pleasure in begging and does not wish under any circumstance to give up her "profession." Although she was at one time admitted to the Beggars' Home (Asilo de Mendigos), she soon left and went back to the streets.

Her father, who was a soldier in the army of the Emperor Maximilian and a member of the Ultra-Conservative Party, lived in Irapuato until shortly after the fall of the Empire, when he was obliged to go to work as a watchman. Later he became a traveling peddler, covering the states of Puebla, Jalisco, Zamora, Morelia, Guanajuato, and Morelos, always accompanied by his family. In this last state, in the city of Cuernavaca, the family settled down for some years. In 1882 they moved to Mexico City, living in the home of a friend in Tacuba. The family ^{at that time} consisted of the parents, and the two daughters, Felix, 21 years old, and Vicenta, 8 months.

Felix' mother made rebozos (shawls) when they lived in Irapuato and what she earned she used to dress her daughter and to help with the household expenses. A short time after they moved to Mexico City, Felix' mother died; Felix does not remember the exact date. From then until 1915, Felix lived with her father and sister; but she does not say what work (if any) she did during these years.

Her sister Vicenta married, or lived with someone, about 1915 and had two daughters.

When Felix was a child, she says, she went to school for a year, but learned nothing. She was undisciplined and given to running away from home and school due to trouble with her teacher and parents. She remembers that her father told her something of history and that he was a man of ordinary education. She speaks of her impressions at the time of the shooting of Maximilian when she was six years old. She remembers nothing in particular about her travels; for, she says, they stayed only long enough in one place to sell their merchandise. In general, she says her childhood was passed in privation and misery. Only once, when she was 10 or 11 years old, she worked for some woman who paid her \$1.50 a month for helping with the household work.

In 1915 when her father died (from tuberculosis?) Felix went to live in the Mesón (cheap lodging house) de San José in Tacuba, 2a calle de Cristobal Colón 14.

Felix has lived by public charity and also probably by sexual commerce. According to reports from the Mesón, given by friends of Vicenta -- La Escopeta (the Shotgun) and la Pelona (the Baldheaded One) -- trouble arose between Felix and her sister because one of Felix' lovers beat Vicenta; the two quarreled and never had anything to do with each other after that. In the Mesón, the man in charge and Mr. González, the owner, say that they knew both Felix and Vicenta and that Felix lived with one man and had other men visiting her from time to time.

Felix says that she was married in Cuernavaca when she was 15 and that she had a son, Adán, who lived only 8 or 9 months.

Her sister, however, says she never knew of any such marriage. Moreover, the sister says that Felix' paralysis began after a drinking bout when she lived in Tacuba and not, as Felix says, at the age of 12, shortly after her marriage (?), when she took a bath too soon after eating. This statement of the sister seems to be the true one, in view of the fact that Felix was well and able to take care of Vicenta when her first daughter (now 22) was born.

According to other beggarwomen -- la Pelona and la Balloneta (bayoneta -- the Bayonet) -- Felix has at present a lover whom she supports; and this story is confirmed by the woman who rents Felix the corner where she sleeps, and who says that once a week, not on a fixed day, Felix does not sleep in her corner but comes in the next day showing signs of drinking and disorderly conduct.

On April 25, 1919, Felix was taken to the 6th District Police Station and sent the next day to the Beggars' Home. In August of that year she was sent to the General Hospital for an operation on her left eye. She remained in the Hospital three days (case 3932) and then returned to the Home when the doctors diagnosed the case as incurable cataract. On October 9, 1924, she asked to leave the Beggars' Home and since then has lived by begging.

The following description of a day's activities may be taken as more or less typical of Felix' usual procedure:

She leaves the house at 7:30 in the morning. On the corner of Tacuba and Isabel la Católica she asks a porter to put her on the Reyes streetcar (or on any other tram that passes by the Alameda, a centrally located park); paralysed in the legs as she is, she cannot get up alone into the streetcar. When she reaches the

Alameda she gets off -- sometimes she gets off at the Correo (central postoffice building) and sometimes on the corner of 16 of September. Saturday is her best day: She got off at the postoffice, then crossed through the Alameda and stopped at the home of a Spaniard in Dolores street, number 5. While she was at this place, a young man of some twenty years gave her \$2.00 (pesos). Then she went to see the Red Cross doctors, where each week she receives \$1.50 or \$1.00. Then she came through la Palma and San Francisco streets, stopping every three or four meters. Various people along the way gave her from 1 to 10 centavos. In front of la Profesa church, she stopped about a quarter of an hour; at the San Felipe and San Francisco churches she stopped, too, resting. She went on to San Juan street, turning then into 16 de Septiembre avenue and turning back again from the Light and Power building corner to San Juan; where at number 12, in front of a tobacco store, she lit a cigarette. She then went along San Juan to 5 de Mayo street where she waited until 3:30, when she took a Santiago streetcar, paying a porter to put her on and accompany her to the corner of Paraguay street. Here she got off and went home to Paraguay 15. When the case worker asked Felix if she would like to be helped to her house she replied that she was very tired and would go to bed as soon as she reached the house; for, as she said, her buttocks were very sore and probably bleeding.

While Felix is in the street, she does not ask for money; people give to her without her asking. When they bend over to give her the money, she puts out her hand and hides what is given her in a pocketbook which she carries under her skirts.

Data regarding the life of Felix was gathered from personal interviews and from her friends at the Mesón de San José, which is located at 2a calle de Cristóbal Colón, Tacuba, 14. Some data was obtained from the records of the Beggars' Home and the General Hospital books. Felix' sister lives at México 15-8, Tacuba; she works as a cook.

Felix seems to have come from the lower middle class; she shows signs of decency in spite of her condition and way of life. She does not appear to be an habitual drinker. Her mind is somewhat unbalanced and there is a marked lack of coordination in her mental processes. She prefers to live in her present difficult situation rather than suffer the loss of freedom involved in living in an institution.

It has long been a commonplace of students of social problems that sickness, ill health, and physical deficiency bear a most intimate relationship to such socially pathological phenomena as poverty, crime, and family disorganization. It is not surprising therefore to find this same causal factor of ill health and physical deficiency contributing to the production of the particular form of behavior which is the subject of the present study.

In almost every one of the case histories of beggars presented in this investigation, ill health, disease, and physical deficiency of one type or another figure largely in the story of the disorganization of the individual in question. In the case of María Felix Flores, although other factors such as drunkenness, and (probably) mental deficiency, undoubtedly must be considered in any effort to explain her present mode of life, it is perfectly

clear that the most important and significant feature of her case is the fact that she is paralysed and half blind. Unfitted by her physical deficiency to take her place as a normal citizen in the community, without relatives or family to take care of her, she has only two alternatives: to be taken care of by the state in some institution, or to beg on the streets. Far from being an unusual case, as the statistical investigations presented in the foregoing pages show (see page 5 + 6.), María offers an illustration of a very large class of beggars. Some are blind, some have tuberculosis, some are lame, some are syphilitic and some are paralysed, but all have in common their ill health and physical deficiencies, and in a very real sense all are beggars because of their ill health and physical deficiencies. (According to the census of 1921, there are in the Republic of Mexico 16,251 blind; 14,985 deaf; 5,902 dumb; 3,539 deaf and dumb; 18,969 crippled; 10,278 armless or one-handed; and 10,267 paralysed.) See also Tables I and II.

In view of the causal relationship here indicated between sickness, physical deficiency, and personality disorganization of the type which often leads to begging, it is appropriate to present such data as may be available with reference to the general state of public health in Mexico.

The two most significant indices of public health (or the lack of it) in a given city or country are those of the coefficient of general mortality and the coefficient of infant mortality. Although unfortunately definite scientific studies of mortality in Mexico City are not available, two sets of statistics have been compiled which give a fairly adequate picture of the death rate and the principal causes thereof.

General Mortality Rates

The most complete and thorough study which has been made of public health in Mexico is that of Albert J. Pani in his book Hygiene in Mexico -- a Study of Sanitary and Educational Problems published in 1916 (1). Pani presents in this book a comparative mortality statistics in the year 1911 for thirty-one cities of Europe, America, Asia, and Africa, each with a population more or less comparable to that of Mexico City (see table XIII). A study of this data leads him to the conclusion:

"1. That the coefficient of mortality of Mexico City (42.3) is nearly three times the average mortality coefficient of American cities having (16.1) similar populations;

"2. That it is nearly two and a half times greater than the average coefficient of mortality of European cities (17.53) of comparable population; and

"3. That it is even greater than the mortality coefficients of the Asiatic and African cities of Madras and Cairo (39.51 and 40.15 respectively) even though in these cities cholera morbus is endemic." (2)

A second table in which the coefficient of mortality of Mexico is compared with that of various other capital cities in the world, irrespective of whether or not they are comparable in number of inhabitants, again shows Mexico City with the highest number of deaths per year per thousand inhabitants (see table XIV). On the basis of these statistics, indicating for example such interesting facts as that Mexico City had in the year 1911 a coefficient of mortality nearly three times greater than that of Constantinople even though the population of the latter city is

TABLE XIII

COMPARISON OF MORTALITY REGISTERED IN 1911 ^{1/}
IN VARIOUS CITIES HAVING A POPULATION OF 400,000 TO 700,000

<u>Country</u>	<u>City</u>	<u>Population</u>	<u>Annual Mortality</u>	<u>Annual Mortality per 1,000</u>
Germany	Breslau	516,407	10,052	19.4
	Cologne	516,167	9,344	18.1
	Dresden	545,749	8,009	14.7
	Frankfort	415,600	5,052	12.1
	Leipzig	585,743	9,508	16.2
	Munich	597,000	9,541	16.0
Austria- Hungary	Prague and suburbs	508,310	9,613	18.9
Denmark	Copenhagen	460,000	6,852	14.9
Spain	Madrid	613,436	14,050	23.0
France	Lyons	472,114	8,958	19.0
	Marseilles	491,161	11,581	23.0
Holland	Amsterdam	573,984	7,146	12.4
	Rotterdam	422,950	5,230	12.4
England	Dublin	407,057	9,118	22.4
	Leeds	498,027	7,279	14.6
	Sheffield	486,639	7,427	15.3
Italy	Rome	551,749	11,145	22.1
Russia	Odessa	546,000	11,202	20.5
Canada	Montreal	450,000	9,156	20.35
United States	Baltimore	558,485	10,344	18.52
	Boston	670,585	11,737	17.50
	Cleveland	560,683	7,915	14.12
	Pittsburg	533,905	8,175	15.31
	St. Louis	687,029	11,379	16.56
	Detroit	465,766	7,134	15.32
	Buffalo	423,715	6,888	16.26
	San Francisco	416,912	6,394	15.34
	Mexico City	471,086	19,956	42.30
Mexico	Mexico City	471,086	19,956	42.30
India	Madras	550,000	21,728	39.51
Turkey	Smyrna	400,000	4,333	10.83
Egypt	Cairo	682,953	27,417	40.15

Average, European cities 17.53

Average, American cities 16.1

^{1/}

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TABLE XIV

COMPARISON OF MORTALITY REGISTERED IN THE YEARS
INDICATED IN THE CAPITALS OF VARIOUS NATIONS 1/

<u>Country</u>	<u>City</u>	<u>Year</u>	<u>Population</u>	<u>Annual Mortality</u>	<u>Annual per 1000</u>
Germany	Berlin	1911	2,060,294	30,213	14.70
Austria	Vienna	1911	2,030,834	33,305	16.40
Belgium	Brussels	1911	705,295	9,827	13.90
Denmark	Copenhagen	1911	460,000	6,852	14.90
Spain	Madrid	1911	613,436	14,050	23.00
France	Paris	1911	2,846,986	48,368	17.00
Holland	The Hague	1911	280,626	3,771	13.40
Hungary	Budapest	1911	838,950	17,190	20.50
England	London	1911	4,912,054	67,850	13.80
Italy	Rome	1911	551,749	11,145	22.10
Norway	Christiana	1911	240,178	3,267	13.60
Rumania	Bucarest	1910	297,849	7,742	25.99
Russia	St.Petersburg	1911	1,639,161	38,098	23.20
Sweden	Stockholm	1911	343,832	4,355	12.60
Switzerland	Berne	1911	85,264	1,822	12.00
Turkey	Constantinople	1911	1,000,000	15,087	15.09
Canada	Otowa	1911	850,000	1,712	19.91
United States	Washington	1911	331,069	6,294	19.01
Mexico	Mexico City	1911	471,086	19,956	42.30
Costa Rica	San José	1910	30,854	493	16.98
Guatemala	Guatemala City	1911	125,000	4,367	34.94
Honduras	Tegucigalpa	1909	22,137	351	15.86
Nicaragua	Managua	1910	40,000	1,200	30.00
El Salvador	San Salvador	1909	60,000	1,606	26.77
Argentina	Buenos Aires	1908	1,185,000	18,139	15.31
Brasil	Río de Janeiro	1911	921,987	18,832	20.43
Chile	Santiago	1910	353,687	14,288	40.40
Colomia	Bogotá	1911	122,000	1,800	14.75
Panamá	Panamá City	1911	37,505	1,540	41.06
Uruguay	Montevideo	1911	308,710	5,829	18.82
Venezuela	Caracas	1911	72,429	2,613	36.08
Cuba	Habana	1911	297,159	6,227	20.96
Egypt	Cairo	1911	682,953	27,417	40.15

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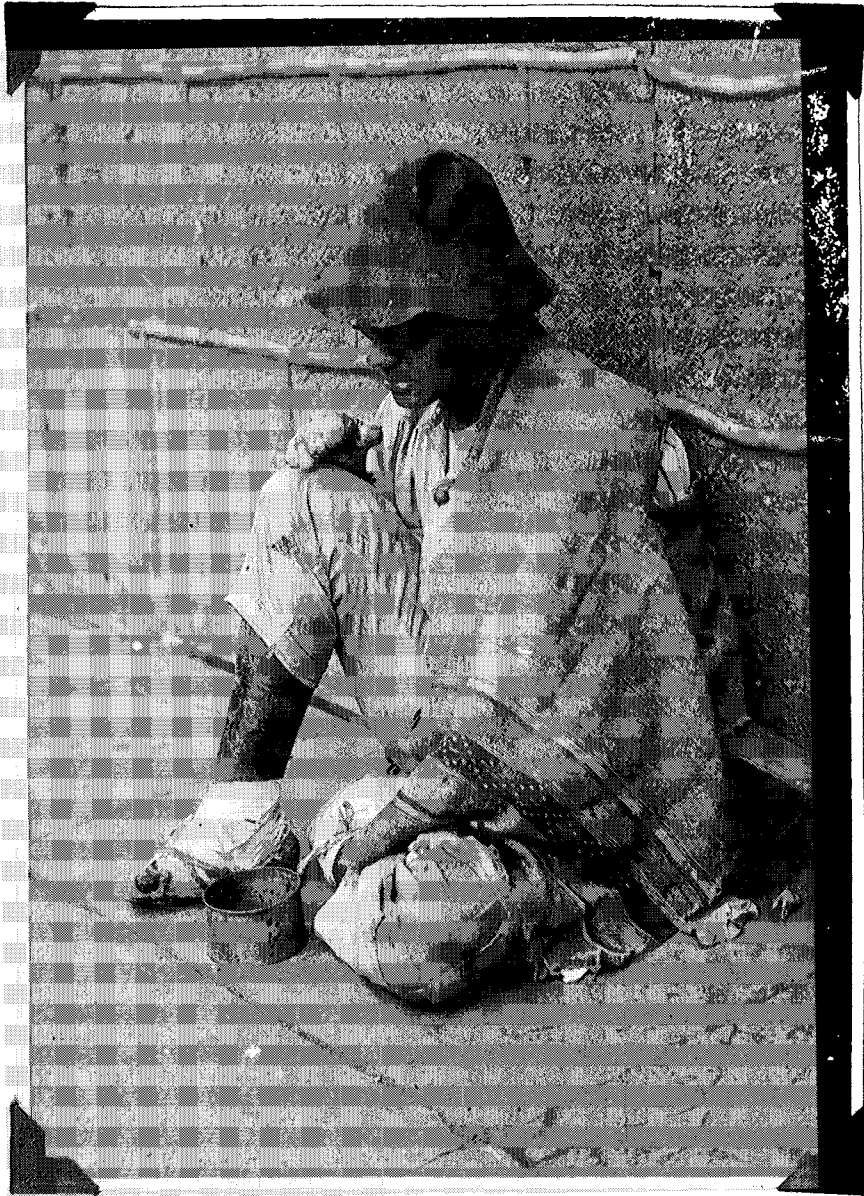
Pani, Alberto J. -- Hygiene in Mexico, p.4

double that of Mexico City and is constantly threatened by cholera morbus and bubonic plague, Pani comes to the startling conclusion that the capital of the Mexican Republic is probably one of the most unhealthful cities of the whole world. (3)

It will be noted that the above cited statistics are for the year 1911 and hence may not represent the state of affairs in Mexico City with reference to the mortality rate at the present time, nearly twenty years later. Unfortunately, comparable figures for the current year (1930) are not available to prove or disprove the contention that the coefficient of mortality is now lower than it was in 1911. However, it is believed that certain statistics presented by Ernest Gruening in his book Mexico and its Heritage with reference to the mortality rates for various diseases in Mexico City for the year 1926, as compared with the average mortality rate for the eight-year period 1904-12 may throw some light on the question (4).

<u>Disease</u>	<u>Average 1904-12</u>	<u>1926</u>
Cancer.....	242.2	363.
Cerebro-Spinal Meningitis.....	23.9	36.
Diarroeha and Enteritis (2 yrs. and older)	2130.3	1570.
Diarroeha and Enteritis (under 2 years) ..	2190.1	2506.
Diphtheria.....	79.7	24.
Dysentery.....	48.7	60.
Erysipelas.....	112.1	71.
Influenza.....	100.8	48.
Leprosy.....	5.9	5.
Malaria.....	35.7	51.
Measles.....	136.8	16.
Pneumonia.....	2452.2	2536.
Puerperal Infection.....	82.7	92.
Scarlet Fever.....	124.2	10.
Smallpox.....	345.4	16.
Syphilis.....	148.4	355.
Tuberculosis (Pulmonary).....	1170.8	1009.
Typhoid.....	32.4	51.
Typhus.....	642.	28.
Whooping Cough.....	133.7	100.

(See footnote to following table, p. 62.)



As Gruening points out, with reference to the statistics presented in the above quoted table, despite the fact that during the last twenty years medical science has made vast strides, in Mexico City there has been a decrease in the mortality rate of only two significant diseases -- smallpox and typhus. (The decrease in scarlet fever mortality and mortality due to measles in the period indicated is not significant due to the fact that these are diseases whose incidence runs an irregular curve with sudden "highs" brought about by epidemics. The mortality rate in Mexico City from scarlet fever, for example, was as low as 8 in 1905.) On the other hand in 1926 there was a definite increase over the period 1904-12 in the mortality rates of cancer, spinal meningitis, diarrhoea, and enteritis (under two years), dysentery, malaria, pneumonia, puerperal infection, syphilis, and typhoid.

These figures for 1926 become even more significant when they are compared with similar figures for such American cities as, for example, St. Louis and Washington and for the United States as a whole (5).

Deaths in Mexico City from the commoner diseases -- 1926
(Figures indicate deaths per 100,000)

Disease	Mexico City ----	United States (1924)	St. Louis (1924)	Washington (1924)
Cancer.....	60.5	91.9	133.3	115.2
Cerebro-Spinal Meningitis.....	6.	.8	not recorded	
Diarrhoea and Enteritis (2 yrs. and older).....	261.7	7.	not recorded	
Diarrhoea and Enteritis (under 2 yrs.).....	417.7	27.8	23.5	25.5
Diphtheria.....	4.	9.4	9.7	6.
Dysentery.....	10.	3.	not recorded	
Erysipelas.....	11.8	2.5	not recorded	
Influenza.....	8.	19.5	12.8	12.5
Leprosy.....	.83	.0000015	0.0	0.0

Disease	Mexico City ----	United States (1924)	St. Louis (1924)	Washington (1924)
Malaria.....	8.5	2.5	1.1	0.2
Measles.....	2.7	8.6	2.6	0.4
Pneumonia.....	422.8	57.2	153.8	118.7
Puerperal Infection	16.3	5.8	not recorded	
Scarlet Fever.....	1.7	3.1	9.5	6.0
Smallpox.....	2.7	1.3	0.0	0.0
Syphilis.....	59.1	8.3	not recorded	
Tuberculosis (Pulmonary).....	168.2	78.7	71.0	106.8
Typhoid.....	8.5	6.7	3.7	3.9
Typhus.....	4.7	.0000009	0.0	0.0
Whooping Cough.....	16.7	8.3	4.3	3.1

The Mexican figures were arrived at from the mortality tables in the last three trimensual numbers of 1926 and the first of 1927 of the Boletín del Departamento de Salubridad, adding the totals of deaths for each disease in each quarterly period. The rate per hundred thousand is calculated on a population of 600,000, a generous estimate, since the department's statistics are for the municipality of Mexico, and do not include the adjacent municipalities of the Federal District. The population of Mexico City was 471,000 in 1911. (La Higiene en México, A.J. Pani, Cuad. I.) The Mexican mortality per 100,000 errs therefore on the side of understatement. The U.S. data are derived from the 1924 report of the U.S. Census Bureau. The figures for the country at large are based on the "registration area" which in 1924 included 88.5 per cent. of the total population.

The Mexican data for "broncho-pneumonia" and "pneumonia" were combined for comparison as the U.S. data lump all pneumonia deaths. The Mexican data were lacking for the first quarter of 1926 and were averaged from the remaining three quarters.

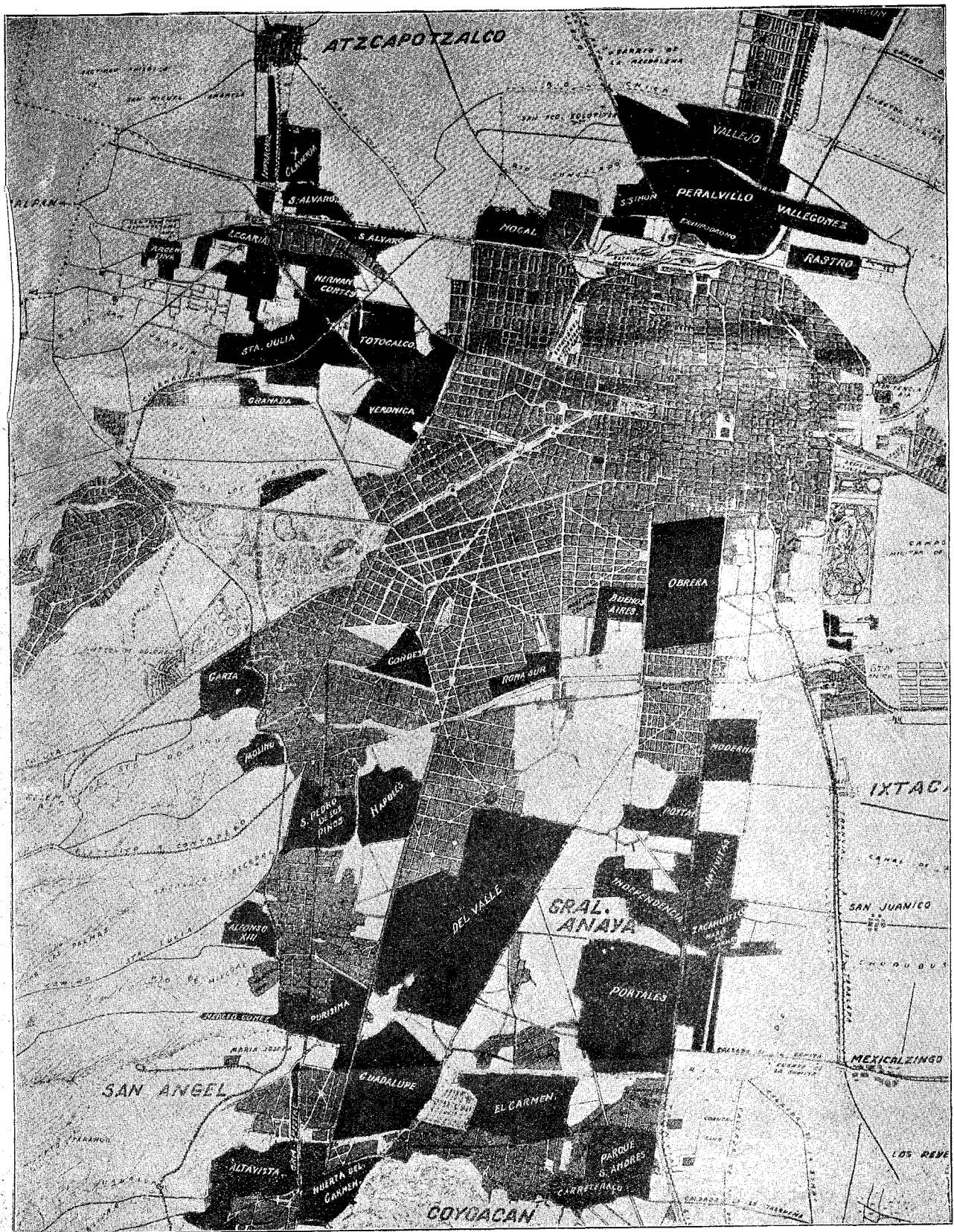
Typhoid includes paratyphoid.

Leaving to one side, for the reasons indicated above, measles and scarlet fever, it will be noted that only with respect to cancer, diphtheria, and influenza does Mexico City show a lower mortality rate than that registered in the United States as a whole or in the cities of St. Louis and Washington, whereas on the other hand with respect to certain diseases, notably diarrhoea and enteritis, pneumonia, syphilis, and tuberculosis, the mortality

rate in Mexico City is many times that of the areas with which it is compared.

In the section dealing with the standard of living in Mexico, some attention is given to the question of unhealthy housing conditions and the inadequate and badly balanced dietary characteristic of the level of existence at which perforce most people in Mexico live. The relationship between these conditions and the ill health and corresponding high mortality rate just considered is obvious. It is not the purpose of this study to go very deeply into further considerations of the causes of the high mortality rate in Mexico City; however, a recent investigation of public services (6) published by the Government of the Federal District bears so directly upon the point here in question that the writer cannot forgo including at least a summary statement of the facts which were revealed. It was discovered that thirty-six square kilometers of Mexico City and the surrounding suburbs lack either in part or in whole the most elementary public services of adequate water supply, drainage systems, and paving. In the language of the report, "an enormous area of the city is characterized by the complete absence of, or, at the most, by primitive and insufficient hygienic services." It is estimated that the cost of providing these services in the areas indicated would be not less than one hundred million pesos. (For a graphic presentation of these facts, see Map III). The significance of these facts in connection with the high mortality rate in Mexico for tuberculosis, typhoid fever, and gastro-intestinal disorders needs no comment.

MAP SHOWING SECTIONS (SHADED) OF MEXICO CITY EITHER ENTIRELY
OR HAVING DEFICIENT PUBLIC SERVICES



Infant Mortality

As has been previously stated, the second most important index of the state of public health in a given population group is that of the coefficient of infant mortality.

There is no definite agreement in the statistics of infant mortality presented in the few studies which have been made of this subject in Mexico. The reason for this, apparently, is that, whereas the statistics of deaths are fairly accurate, due to the lack of enforcement of the laws requiring registration, only approximate figures can be obtained for the number of births in any given year. Studies made by the Department of Biological Investigations indicate that the number of deaths in Mexico at the present time of children under one year of age is about 100,000; and that under ten years of age the number is something less than 200,000 per year. It is estimated that the coefficient of infant mortality in Mexico is one of the highest in the world, i.e., in any given year, Mexico loses 40 out of every hundred children born, as compared with 10 for Norway, 14 for France, and 27 for Russia. In Mexico City, the proportion is said to be even higher, in that for every thousand deaths 500 are children less than ten years of age! (7)

Syphilis

In the previously quoted tables compiled by Gruening, attention has already been drawn to the extremely high mortality rate in Mexico City due to tuberculosis and syphilis as compared with the mortality rate for these diseases, in the United States as a whole and in the cities of Washington and St. Louis. In view of this fact and of the very great importance and significance of

these two diseases, in all countries and cities of the world, it is appropriate that some further comment with respect to these two diseases be made at this point.

According to figures which have been published by the Mexican Department of Public Health, the mortality rate due to syphilis, which in 1926 was over seven times that of the United States, has been definitely increasing during the last several decades. (See Table XV p. 62).

Dr. Bernardo J. Gastellum, in an article published in the Bulletin of the Department of Public Health for 1926, makes the following statements with regard to syphilis in Mexico (7): "In the Republic as a whole, sixty percent of the population is infected with syphilis, and in the capital city more than fifty percent of the inhabitants suffer from this disease. Of the nearly twenty thousand women engaged in prostitution, eighteen thousand are syphilitic. Thirty percent of the population in the age group 15-25 years is infected. Although our statistics with reference to syphilis are deficient, due to the fact that declaration is not obligatory, and although in our mortality statistics syphilis is only noted when it is the direct cause of death, nevertheless /it is clear that/ the number of deaths due to this disease have been definitely increasing since the year 1916... Hospital statistics in the Republic indicate that between 70 and 80 percent of the individuals presenting themselves for treatment for other diseases also suffer from syphilis. Such figures as we have from the existing insane asylums indicate that in 38 percent of the cases syphilis figures as a contributing factor, and this average would undoubtedly be higher if more care-

TABLE XV

MORTALITY DUE TO SYPHILIS IN MEXICO CITY 1896-1923 ^{1/}

<u>Year</u>	<u>Deaths</u>	<u>Deaths per 100,000</u>	<u>Five-Year Average</u>
1896	85	24	
1897	73	21	
1898	75	21	
1899	85	23	
1900	88	24	22.6
1901	80	21	
1902	104	26	
1903	95	24	
1904	105	26	
1905	119	29	25.2
1906	157	37	
1907	125	29	
1908	138	31	
1909	164	36	
1910	148	32	33.0
1911	175	36	
1912	172	35	
1913	147	29	
1914	141	27	
1915	191	36	32.6
1916	195	36	
1917	216	39	
1918	258	45	
1919	207	35	
1920	245	41	39.2
1921	227	37	
1922	246	39	
1923	242	37	

^{1/}Boletín del Departamento de Salubridad Pública,
Nos. 1 & 2, 1926, p.111

ful investigation were made."

Dr. Gastellum also quotes the following figures with reference to the number of individuals treated for syphilis in the six public dispensaries in operation in Mexico City. "In the eighteen-month period from December 1924 to June 1926, 27,218 syphilitics were treated. In the clinics dedicated to the pre- and post-natal care of mothers, 13,122 women and 5,450 children were treated during the same period. These figures are conservative, in view of the fact that it was impossible to treat all of the individuals presenting themselves... Only honorable people - (personas honradas), i.e., no one professionally engaged in sexual commerce-~~was~~ accepted at the clinics."

Tuberculosis

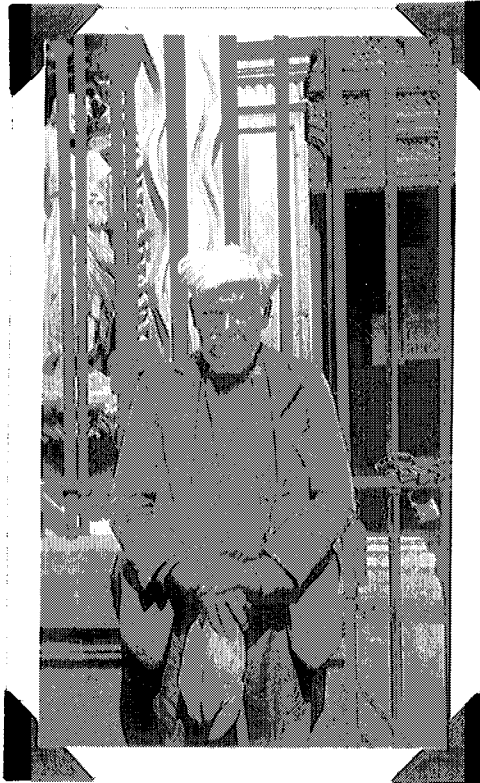
With reference to tuberculosis, as the figures in table XVI p. 6⁹ indicate, there has been a more or less steady tendency toward a decrease in the annual number of deaths per hundred thousand inhabitants in the City of Mexico. Thus in 1923 we note a coefficient of mortality of 160 as compared with 435 for the year 1896. Nevertheless, it should be noted that according to the figures presented by Gruening the death rate (168.2) due to tuberculosis in Mexico City in 1926 was over twice that of the death rate (78.7) for the United States as a whole in the same year. Furthermore, it is not without significance that although the coefficient of mortality for tuberculosis is decreasing, there has been only a relative slight decrease in the actual number of deaths, i.e., 1,170.8 average for the years 1904-12 as compared with 1,009 for 1926.

TABLE XVI

MORTALITY DUE TO TUBERCULOSIS, MEXICO CITY 1896-1923 ^{1/}

<u>Year</u>	<u>Deaths</u>	<u>Deaths per 100,000</u>	<u>Five-Year Average</u>
1896	1,518	435	
1897	1,569	441	
1898	1,510	422	
1899	1,701	467	
1900	1,846	500	453.0
1901	2,011	532	
1902	1,907	509	
1903	1,647	415	
1904	1,568	385	
1905	1,631	380	444.2
1906	1,561	357	
1907	1,691	378	
1908	1,597	347	
1909	1,469	309	
1910	1,528	315	341.2
1911	1,397	282	
1912	1,282	254	
1913	1,140	219	
1914	1,018	191	
1915	1,011	185	226.2
1916	931	168	
1917	1,122	195	
1918	877	149	
1919	1,029	168	
1920	955	155	167.0
1921	989	157	
1922	1,038	160	
1923			

^{1/} Boletín del Departamento de Salubridad Pública,
Nos. 1 & 2, 1926, p.110



MANUEL ZARGO
