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THE MERCANTILE MARINE AND THE PROBLEM OF VENEREAL DISEASE

1924

By
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Port Administration in Relation to Venereal Disease in the Mercantile Marine.

It is an unfortunate fact that, in the Mercantile Marine, the prevalence of venereal disease is very considerable. As in other sections of the community the problem of ameliorating this state of affairs must be considered under two heads—(1) the prevention of infection; (2) the provision of adequate treatment for those suffering from the disease. The special conditions in the Mercantile Marine—the continued change of venue of its members and the great opportunities and temptations for misconduct in most large seaport towns—necessitate special consideration of the problems involved.

International Measures for Continuous Treatment.

Since 1918, the Office Internationale d'Hygiene Publique has had under consideration the question of securing continuous treatment for these diseases for seafarers of all nations. In 1920, at the International Labour Conference of the League of Nations at Genoa, the whole problem was discussed at a special meeting of the delegates, convened under the auspices of the National Council for Combating Venereal Diseases. As a result of this meeting, a set of resolutions was drawn up, adopted by the Conference, and circulated to all participant Governments.

They called for-

- "1. The provision of adequate facilities for the prevention and treatment of venereal diseases at all the principal ports.
- "2. The inclusion of venereal diseases among the conditions for which free drugs and treatment are provided for members of the Mercantile Marine.

- "3. The dissemination of appropriate information on the subject to seafarers, and especially to those at training establishments.
- "4. The provision of adequate facilities for recreation at all large ports under the administration of a joint organisation representative of owners and seafarers.

"They desire, in addition, to call the special attention of the International Labour Organisation to the importance of recommendation No. 4 about facilities for recreation."

These resolutions were also transmitted to the Health Section of the League, and stimulated general interest in the whole problem, assisting the Health Section of the League and the Office Internationale to secure support for the completion of the following International agreement:—

PROPOSED ARRANGEMENT RELATING TO FACILITIES TO BE AFFORDED TO MERCHANT SEAMEN FOR THE TREATMENT OF VENEREAL DISEASES.

Art. 1. The Contracting Parties agree to create and maintain in each of their principal ports, whether on river or sea, venerological services open to all merchant seamen or boatmen, without distinction of nationality.

These services shall have a special medical staff and shall be organised and constantly maintained in accordance with the most advanced standards of scientific method. They shall be established and shall function under such conditions that persons needing them shall be able to have an easy access to them.

Their development will be in due proportion, in every port, to the volume of navigation, and they will have at their disposal a sufficient number of hospital beds.

Art. 2. Medical attention as well as medicaments will be provided free; hospital treatment will also be given free whenever it is certified to be necessary by the Medical Officer in charge of the Service.

Persons receiving treatment will also receive free of charge any medicaments necessary for continuing the treatment in the course of the voyage until the next port can be reached.

Art. 3. Each person treated will receive a strictly private "case-book" in which he will be identified only by a number, and in which the Medical Officers of the various clinics visited by him will enter:—

- (a) The diagnosis, with a brief indication of clinical details observed at the time of the examination;
- (b) The operations carried out at the clinic;
- (c) The prescriptions to be followed during the voyage;
- (d) The results of serological examinations carried out in the case of syphilis (Wassermann).

These "case-books" will be designed in accordance with the model herewith annexed. They may be modified later by administrative action.

It is desirable, in order to facilitate comparison, that Wassermann tests should be made, as far as possible according to a uniform technique.

Art. 4. The captains of ships and owners of boats shall be charged to make known to their crews the existence of the Services contemplated under the arrangements hereby made.

At the time of visiting a vessel or on the occasion of his first visit on board, the Sanitary Officer will hand to the crew notices showing the places and hours of consultation.

Art. 5. Countries which have not taken part in the present arrangement may be permitted to adhere to it on their own demand. These adhesions will be notified through the official channels to the Belgian Government, and by that Government to the other Signatory Governments.

The following countries have signified their willingness to sign the agreement:—

Argentine.	*Great Britain and	Peru.
Belgium.	Northern Ireland.	Roumania.
*Canada.	Greece.	*Spain.
Cuba.	*Italy.	*Sweden.
*Denmark.	Monaco.	Tunis.
Finland.	*New Zealand.	Uruguay.
*France.	*Netherlands.	and the same of th

Those marked with a * have already opened free treatment centres, as has also the Government of Brazil.

At the Sixth Session of the International Labour Conference, held at Geneva, June 16th to July 5th, 1924, the question of the development of facilities for the utilisation of workers'

[†] Not reproduced here.

spare time was debated Among the recommendations passed being one dealing with "Spare Time and Social Hygiene":—

"Whereas the utilisation of the workers' periods of spare time cannot be separated from the general measures adopted by the community for promoting the health and welfare of all classes of society, the Conference, without attempting to examine in detail each of the great welfare problems, the solution of which would contribute to improving the workers' status, recommends to the Members:—

"Legislative or private action against the misuse of alcohol, against tuberculosis, venereal disease and gambling."

The Union Internationale Contre le Peril Vénérien, established in conjunction with the League of Red Cross Societies, and on which 25 countries are represented, together with the Health and Labour Sections of the League of Nations, made the health of the seafarer one of their first considerations. In 1923, the Council of Direction appointed a Ports Committee, of which the representative of the National Council for Combating Venereal Disease, Mrs. Neville-Rolfe, was appointed Chairman. Arrangements are now in train to stimulate the practical application of the agreement by arranging for a small Commission of two or three experts representing the Union Internationale to visit the principal trading ports. All shipping and seafaring interests in the different countries are invited to co-operate with their National Social Hygiene or Anti-V.D. organisation in raising funds to finance the undertaking.

Previous to the International agreement the British Government had already agreed to the policy of establishing free treatment centres available for British and foreign seamen at all British ports. In some ports, however, the free treatment centres are not particularly accessible to the docks, and we should like to suggest that in all the large ports where there are several miles of docks, auxiliary centres should be established, which should be open for treatment at certain times, and for skilled disinfection at all times.

The Trevethin Committee in its report took special cognisance of the need for additional facilities of this nature. They recommended that local Health Authorities who are able to make out a special case for additional facilities should be allowed to carry out an extended scheme, and they specially mentioned in this connection the establishment "in a large seaport town of public ablution centres for disinfection in the neighbourhood of docks."

Hitherto, under the Merchant Shipping Act, the Board of Trade did not require owners to provide any facilities for treatment on board ship for the crew, as these diseases have been subject to the disadvantage of being included in the "misconduct clause" in the Merchant Shipping Act. An Amending Act was passed in 1923, which brings the treatment of venereal diseases under the same conditions as other ailments. For the future, therefore, drugs will be available on every ship, together with such disinfectants as may be required by those who have exposed themselves to the risk of infection and are unable to visit a clinic before reaching the next port. The owners of the lines plying between the British and Scandinavian ports have for the last three years undertaken to distribute leaflets, giving the times and addresses of the free clinics in the ports at which their ships called. Many Scandinavian ports have already opened treatment centres, free to all seafarers. This year (1924) Hamburg has also made excellent provision for the seafarer.

Suggestions for Administrative Measures in Home Ports.

(1) Treatment Centres.

We find from practical experience, that many seamen have a deep-rooted prejudice against visiting a foreign clinic and accepting treatment from foreign medical men. We also understand from some of the Port Clinic Officers that the cards issued to the seamen showing the stage which treatment has reached are at present by no means satisfactory, one of the difficulties being the varying standards of cure accepted in different clinics. This, however, it is hoped will be rectified in the near future by the issue of an International standard

agreed to by the Office Internationale and the Health Section of the League of Nations.

We would ask all Port Sanitary Authorities to make a rule that, when their representatives visit incoming ships, they should advise the captains to give full publicity and personal emphasis to the existence of the free clinics, urging all who need it to present themselves for treatment. There are various factors which militate against the seamen doing this; for example, the congested conditions of life on board ship have led to a very great fear of the infected seaman conveying the disease to his fellows; fear of ostracism leads seamen to be particularly prone to conceal venereal disease. It is hoped that Port Authorities will endeavour to secure conditions of secrecy at the clinics attended by seafarers.

It would also be of great assistance if the Clinic Officers at Ports could have in their possession a complete list of the clinics available in Foreign ports, and would urge the men they are treating to present themselves at the clinic of the next port to be visited. Probably a direct recommendation to visit such a clinic from the doctor in his native port would do something to reduce the patient's prejudice.

A special pamphlet has been prepared by the National Council in which are printed the addresses and times of all the free clinics hitherto opened at the different home and foreign ports.

The policy adopted by the Home Government has been followed in the Dominions, and in many of the Crown Colonies. The question of making this list available in various languages and of arranging for its distribution to the Mercantile Marine of all nations is now under consideration by the Union Internationale Contre le Peril Vénérien and the Labour Office, the Office Internationale and the Health Section of the League of Nations.

The difficulty in many ports has been to secure treatment on the out-patient principle; so many of them still give only in-patient treatment for venereal diseases, and do not deal with the condition in its early stages. This policy is, however, steadily changing. The fourth resolution passed at the Genoa Conference has received hitherto but little practical application, but it is now fully realised that, however adequate are our medical facilities in relation to the prevention and treatment of venereal diseases, social conditions still remain the governing factor. The figures of the incidence of disease in the three British Armies during the last few years give an instance of this:—

Area.	Annual Ratios per 1,000 strength.			
	1919.	1920.	1921.	1922.
United Kingdom	59	48.30	40.26	33.66
British Army of the Rhine British Army in	46	188 · 64	212.34	213.53
Constantinople (Black Sea)	Secretary Designation	213.73	228.48	83.41

In each Army the medical facilities for the prevention and treatment of venereal diseases were identical. In the Army of the Black Sea, when General Harrington took over command in 1921, drastic alterations were made in the social conditions of the troops and facilities for recreation were vastly improved. The direct result of this has been a drop in the incidence of disease of over 60 per cent.

To turn to the varying social conditions in different ports, all who are conversant with the Mercantile Marine know that the problem of venereal disease is surrounded with particular difficulties, of which the following are the most striking:—

(2) Access of Women to Ships in Port.

In many ports a real danger to the health of the Mercantile Marine exists in the freedom of access of women to the ships.

Conditions vary very much from port to port and the commissions sent out under the ægis of the Colonial Office by the National Council to the various Crown Colonies had an opportunity of comparing the varying conditions in the ports within the Empire. In some cases the Port Administration had not taken into account the serious effect on the health of the Mercantile Marine of permitting women (and the commercial

interests promoting promiscuity) unrestricted access to the ships, and the task of masters of vessels wishing to keep their ships free from women was not in any way assisted by the Port Authorities.

On the other hand in certain ports, especially in Colombo, a very different attitude was taken. As far as the available evidence went, it appeared that the incidence of venereal diseases was far lower in Colombo than in any of the other ports and, from our enquiries, it appears that less venereal disease is contracted there among seamen. In 1913, the Authorities of Colombo closed all known houses of prostitution. They enforced certain sections in the Sanitary Regulations originally instituted for the purpose of protection against plague, under which no person from the shore is allowed access to any ship in the harbour except with the written permission obtained from the representatives of the harbour board. An efficient body of Water Police directly under the Port Authority enforced this regulation effectively, and the result is that the presence of native women on board ships in port is now practically unknown in Colombo.

Although conditions in British Ports are not as bad as in those of the East (other than Colombo), it is still a sufficiently serious matter to warrant careful attention from the Port Sanitary Authorities, and we wish to ask them to support the National Council in their efforts to meet this difficulty.

During the sessions of the Joint Select Committee of both Houses of Parliament, sitting to consider the Criminal Law Amendment Bill in 1920, evidence of the extent of this evil and the resulting effect of venereal diseases among the members of the Mercantile Marine, was laid before the Committee by the representatives of the Council, together with the recommendation that the brothel clause (Section (2) 13, 1885) should be extended to apply under certain conditions to ships in port.

Any suggestions as to other means by which this difficulty might be met would be welcomed by the Council.

(3) Deficient Shore Accommodation for Seamen in Port.

Men who obtain night leave have in most places no decent shore sleeping accommodation available for them, but are encouraged to seek it in the least desirable quarters of the town.

(In saying this one does not want to belittle in any way the efforts of the Missions to Seamen and like social agencies, but the seafarer on the whole has a prejudice against either charitable or religious organisations.)

Certain of the British ports, of which London can be taken as an example, have special byelaws regulating and licensing Seamen's lodging houses. Unfortunately, abuses grow up in spite of their existence: in some places such byelaws not being as effectively enforced as they might be, and in others not existing at all. For example, the London County Council has laid it down that proper accommodation must be provided for seamen under their Seamen's Lodging Houses Regulations. Such premises are licensed and inspected. No intoxicating liquors may be sold on the premises and no women may be admitted.

On the investigation of certain cases which had been reported to the Council it was found that, in one case a lodging-house was situated between two brothels to which access was given by communicating doors from the top storey of the lodging-house.

Comment as to the disadvantages of the persistence of such an arrangement is unnecessary. When brought to the notice of the Inspectors, we understand steps were taken to close these particular premises.

In 1921 there were in the Port of London approximately 16,000 seamen ashore each night. Of these some 8,000 had homes and 4,000 were accommodated by friends, which left 4,000 to be accommodated each night. There were only 1,300 licensed beds: therefore, 2,700 were without accommodation, and often had no alternative but to go to bad houses.

During the current year, 1924, the accommodation for Seafarers in London has been considerably increased, and licences withdrawn from the less desirable lodging-houses. There are certain excellent Seamen's Homes under the supervision of the various missions and voluntary societies, and the accommodation supplied in those places is sufficient to meet the demands of those who apply to them. The following seem the chief reasons for the small proportion of the 4,000 men requiring accommodation nightly who use these homes provided for them:—

- (a) Strangers to the port do not know where decent accommodation is to be found.
- (b) They are under the impression that the Homes for Seamen are of a sectarian and charitable nature.
- (c) The efficient methods of publicity adopted by the owners of the quay-side brothels are such as to encourage seamen to visit them.

We would suggest that the representatives of a Port Sanitary Authority visiting an incoming ship should be supplied with leaflets giving the addresses and prices of accommodation offered by reputable lodging houses, hostels, or seamen's clubs; and that the existing brothel laws should be enforced with particular severity in the vicinity of the dockside, and that the present system of tolerated houses of ill-fame in dock areas should be terminated.

(4) The Need for Recreation Facilities in Ports.

Seamen live under peculiar social conditions, and in strange ports are particularly likely to expose themselves to the risk of infection. During their periods at sea their accommodation is extremely congested, and as soon as they arrive in port those who are not on duty naturally wish to be away from their ship for as long as possible.

As has been demonstrated in connection with the Army figures, when men have unemployed leisure in the middle of a highly infected community the direct result is the contraction of venereal disease. One effective method, therefore, of reducing its incidence is to supply some counter-attraction to promiscuity. At the present time there is practically no organised recreation available for members of the Mercantile

Marine; with the exception of a few reading rooms and billiard tables, no provision is made. We would suggest that it should be recognised as a part of the duty of a Municipal Authority to secure the provision of adequate facilities for recreation for the members of the Mercantile Marine visiting their port.

When this problem was placed before the Port Authorities at Singapore steps were taken to form a representative committee of the Municipal Council, the Harbour Board, Port Sanitary Authority, and certain of the local social organisations, for the purpose of providing such facilities. A special part of the ground belonging to the Harbour Board was set aside for playing fields; a building was given for use as a pavilion, arrangements made for the establishment of a canteen, and it was the intention of the committee that the whole should be placed under the direction of a Joint Committee of representatives of men's organisations, shipowners' representatives, and representatives of the Port Authorities; the local gymnastic and games instructor of the American Y.M.C.A. was to act as Executor.

It is suggested that the provision of adequate recreational facilities at ports is a matter of direct interest to the Port Sanitary Authority.

It is recognised that many of the older men in the Merchant Service would in all probability not avail themselves of such facilities, but the younger men—the young artificers, engineers and seamen would, we understand, warmly appreciate any facilities given for organised games. The N.C.C.V.D. put forward to secretaries of foreign Seamen's Unions, and British Unions in foreign ports, the desirability of organising recreation themselves for their nationals visiting the port, and the suggestion was well received.

At the present time the incoming ships form a focus for the commercial vice interests of the district, and officers and men receive invitations through many and varied channels; such invitations we know, from direct evidence, have only too often been the prelude to infection with venereal diseases.

The Trevethin Committee in its report reaffirmed the contention of the National Council that the most effective methods of combating venereal diseases are—

- (a) Treatment of disease;
- (b) Continuous education of the community in regard to the nature and dangers of venereal diseases and the importance of seeking prompt and skilled treatment; and
- (c) The elimination of those conditions of life which tend to foster promiscuous intercourse and the spread of disease.

It is felt that the programme sketched in this paper carries out this recommendation, and would go far towards the promotion of effective machinery for the prevention of venereal disease in the Mercantile Marine.

If effect is to be given to it, the active co-operation of government authorities, the ship owners and the seafaring trades unions as well as the many voluntary agencies concerned in social welfare is essential.

ADDENDUM TO SECOND EDITION.

1926.

Considerable progress has been made during the past two years. Free Treatment Centres for all seamen are now open in the principal German ports. France has given effect to her adherence to the Belgian Agreement, and is opening fresh centres at the main ports.

The British Social Hygiene Council (formerly the National Council for Combating Venereal Diseases) has issued a questionnaire to British Consuls in foreign ports and the authorities in British overseas ports to ascertain the facilities for decent shore sleeping accommodation and the opportunities for recreation. In a number of ports Recreation Secretaries are being or have been appointed, and it is hoped representative Seamen's Welfare Committees will be established. The result of these enquiries will be published in the next edition of "The Seafarers' Chart of Healthy Manhood."

Special Seamen's Welfare Committees have already been formed for London and Southampton as a result of Conferences held early in 1926, at which the Shipping Federation, the Seafarers' Joint Council, the Sailors' and Firemen's Union, the Recreational Organisations and the Local Authorities were all represented.

Similar Conferences have been arranged in the other main ports in the British Isles.

The Joint Maritime Commission have issued a report and recommendations through the Labour Office of the League of Nations, drawing the attention of Governments to the urgent need of improving port conditions.

The League of Red Cross Societies and the Norwegian Red Cross convened an international Red Cross Conference on the Welfare of the Mercantile Marine, at Oslo, in June, 1926. The Conference was attended by representatives of the Red

Cross of thirteen countries, together with delegates from the Labour and Health Sections of the League of Nations, and the following resolutions were unanimously adopted:—

The Conference desires to place on record it great appreciation of the initiative taken by the Norwegian Red Cross in the organisation of the Conference, and of the work done by that Society in establishing medical stations in Norwegian ports, and preparing a medicine chest and manual; and also its great appreciation of the general progress which has taken place in recent years in the provision made for the improvement of the health and welfare of merchant seamen in certain ports.

From evidence placed before the Conference it appears that there is in nearly all countries a need for further development in activity on behalf of the general health and welfare of seamen. During the discussions emphasis has been laid on the special dangers caused by tuberculosis, venereal diseases and tropical diseases.

Even in those parts in which medical provision for seamen is adequate, it often happens that foreign seamen find it difficult to ascertain where treatment and advice can best be obtained. A central bureau, or bureaus, under a local seamen's welfare committee, at which seamen of all nationalities could obtain information regarding such matters, as well as information regarding social and recreational facilities available, would be of the greatest benefit. Such bureaus could further be of great use as addresses to which letters from home for the seamen might be sent.

In certain circumstances—for example, in the smaller ports—medical stations and clinics for seamen might, with advantage, be attached to such bureaus.

In view of the above considerations, the Conference recommends :-

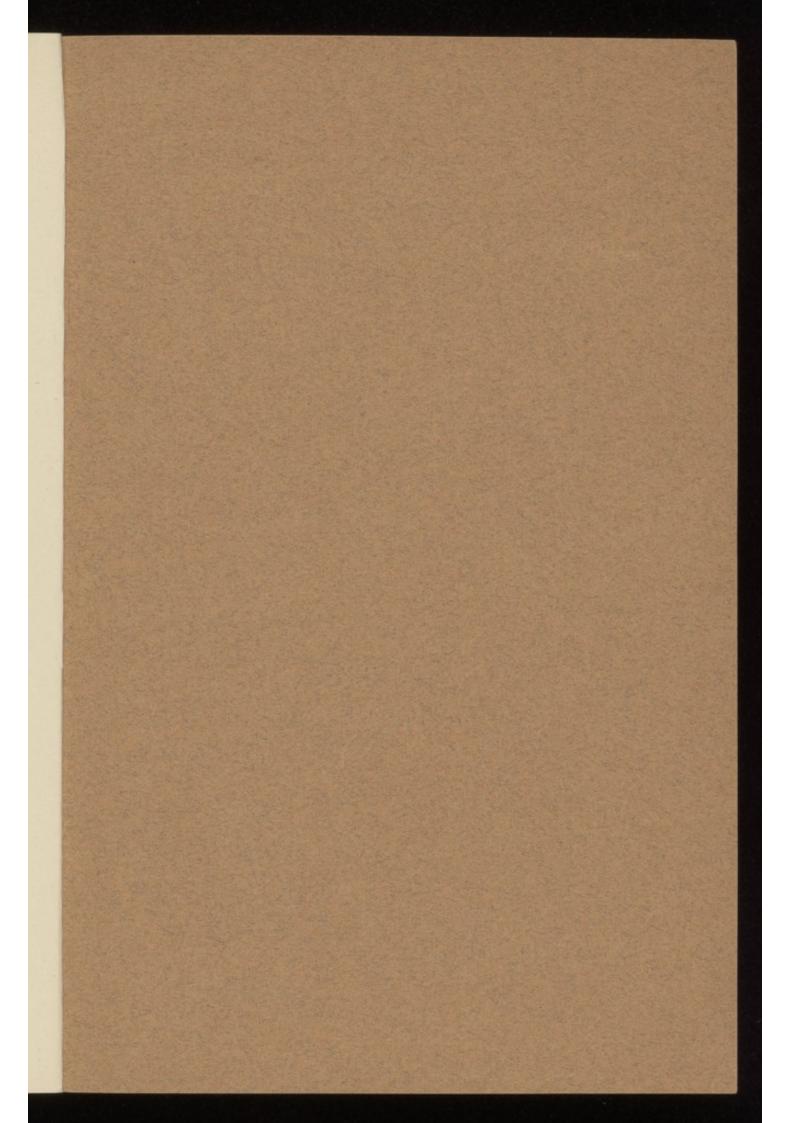
- (1) That bureaus for furthering the health and general welfare of seamen be established in seaports throughout the world, in close liaison with, and as a further development of, such national and international action in this field as has already been taken.
- (2) That each bureau be placed in a prominent position at the water side. The chief function of these bureaus would be to furnish (a) treatment or information as to where appropriate medical advice and treatment can be secured; (b) postal facilities as outlined above; and (c) information as to the local recreational and social facilities and sleeping accommodation.
- (3) That such seamen's bureaus should be distinguished by a common badge of world-wide application.
- (4) That the League of Red Cross Societies should invite the national Red Cross Societies of maritime countries in the first instance to take the initiative in the establishment of these bureaus, in consultation with shipping and other organisations interested.

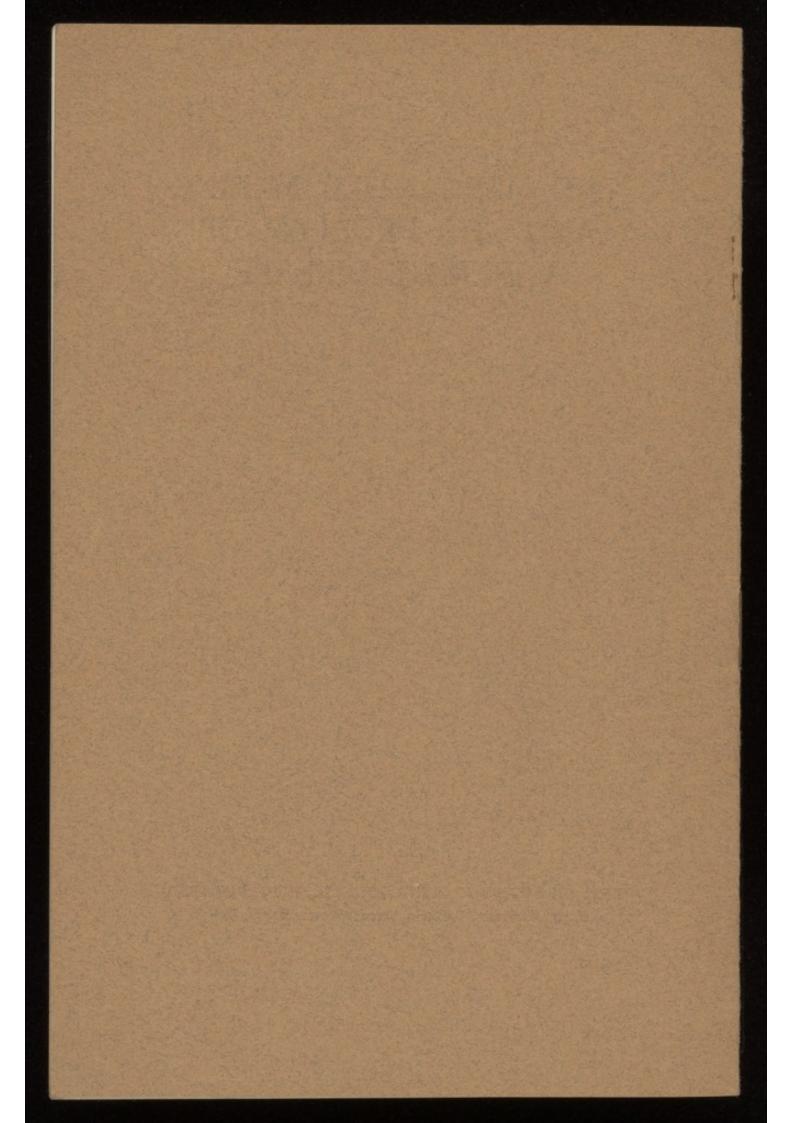
- (5) That the Shipping interests and the Seamen's organisations in each country should be invited to promote or to assist in promoting recreational facilities and welfare work among seamen. The provision of recreation and social amenities is recognised as of equal importance in maintaining the health of seamen as that of efficient medical treatment.
- (6) That the League of Red Cross Societies should invite the International Labour Office, the Health Organisation of the League of Nations, and other international organisations concerned, to co-operate in appointing a standing committee on the welfare of seamen, this committee to arrange for expert investigation of:—
 - (a) Facilities for the medical treatment of seamen (e.g., standardisation of ships' medicine chests; medical manuals; a wireless code for medical consultations at sea; education of ships' officers in first aid, and in the use of medicine chests; health propaganda among seamen, etc.).
 - (b) Welfare conditions on board and in port; the provision of recreational facilities for seamen of all nationalities; social conditions in the ports; ships' libraries; films, etc.
- (7) That the League of Red Cross Societies publish the transactions of the Conference.

The Conference expresses :-

- (a) Its high admiration for the enterprise of the Norwegian Red Cross Society in publishing a medical manual for the use of officers of the Norwegian merchant service, and particularly for the skill which Dr. Engelsen and his collaborators have displayed in its preparation. This manual, a copy of which has been presented to each delegate, should be studied in each country represented; it will be of great assistance to those responsible for the preparation of similar works in other languages.
- (b) Its gratitude to the League of Red Cross Societies and its Secretariat for their assistance, mentioning especially its Director-General, Sir Claude Hill.

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