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CLINIC PROBLEMS—CLINICAL AND ADMINISTRATIVE

I. THE DEFAULTING SEAMAN

By H. M. HANSCHELL, D.S.C., Hon. Medical Superintendent
Seamen’s Hospital, Royal Albert Docks.

MADAM PRESIDENT, LADIES AND GENTLEMEN,—By definition, defaulting seamen are those who, without notice, cease to attend the V.D. clinic at the Seamen’s Hospital, Royal Albert Dock, London, before the clinic pronounces them cured, or has transferred them to other treatment centres. They come under Items 6 and 7 in the V.D. Clinic Official Return.

In 1931, one-third of the cases of gonorrhoea defaulted; one-quarter of the cases of syphilis defaulted; and of 50 cases of chancroid 3 defaulted.

These figures are grave.
First, it is obvious that default increases directly with the clinical absence of easily detectable signs of infection, once the acute stage be over.
Most of these patients sign on for ships belonging to great Lines, and to do so must first pass the Shipping Federation Doctor, the Company’s Harbour Surgeon, or the Ship’s Surgeon.
Rashes and unhealed ulcers will not get past the doctor, while sero-positive syphilis with no other sign of infection, and gleet, get past him without very much difficulty; and the seaman gets no pay while ashore, while wages from the last voyage may last only a few weeks, and then he must go to sea again.

I owe to the Senior Laboratory Technician and Clerk of the V.D. Clinic, Mr. A. H. Walters, a careful enquiry into these defaults. Each seafarer on his first visit to the clinic was asked: “When is your ship leaving?” The answer varied. “I have paid off and need not sign again for so many weeks.” “The ship is in for so many weeks refit and I want to sign on again in her.” “The ship sails
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to-night for the Pacific, and I shall not get ashore for another three months." "The ship leaves for Liverpool to-morrow, but I'd like to get a medical certificate, to be paid off here; Liverpool is my home, and I don't want to go home till I'm cured." "No orders are through yet, I don't know when she sails."

A rule was decided on always to (1) ask on the first visit to clinic when and to where the ship was sailing; (2) if this was not known, to urge the patient to come to the clinic for advice, at any time of day, so soon as it was known; (3) if paid off, not to sign on again until he had informed the clinic of his wish to do so.

This plan has lessened default. The men in unexpected numbers have come to the clinic to give the asked-for information.

At the beginning of 1932 the following scheme was put into operation:—

(1) *Unhealed chancroids* are given a dusting powder and a duly filled in V44 (International Treatment) booklet.

(2) *Syphilis cases* are given a duly filled in V44.

(3) *Gonorrhæa cases* : Portable irrigation apparatus is feasible only for officers with cabins. Seamen, firemen, stewards live in the foc'sle and steward's bay, where privacy for any reasonable length of time is hard to come by, and haphazard. These men are therefore given syringe, lotions and acriflavine (gr. $\frac{1}{2}$) pills. (They like pills, and it is my belief, founded on observation, that their exhibition induces the men to stick to irrigation treatment.)

The lotions are in $\frac{1}{100}$ strength. The patient is instructed by practical demonstration about cleanliness, dilution of lotions and use of syringe. Supply of lotion and pills is roughly calculated to last him until he can reach the next seaport clinic.

He is also given a duly filled in V44.

In every case where a V44 is given, the patient is advised to show it to the ship's surgeon, if the ship carries one.

This scheme of operations, on which Mr. Walters keeps close and constant eye, has met with no little success.

It must have been noised abroad—V.D. is a topic of conversation at sea—for the clinic is now often asked for "something to treat myself with on board."
In 1933, for Gonorrhæa, percentage of seamen defaulters was half that in 1932, and a quarter of that in 1931.

In 1933, for Syphilis, percentage of seamen defaulters was one-quarter that in 1932, and one-eighth that in 1931.

This seems to show that the average seamen defaulted out of ignorance that anything further could be done for him on shore, when necessity forced him to sail again.

It appears to show that he is not neglectful of his illness, that he wishes to be cured, and that he wishes to continue treatment until cured.

The V44 booklet is appreciated and taken care of. More are being brought to the clinic from other seaport clinics. It is a pity and an annoyance that so many are wastefully defaced by large and small illegible scrawls and unintelligible cyphers.
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H. M. Hanschell

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