

## BOOKS AND REVIEWS

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**Medical assistance on the high seas** — *Panorama, ILO, Geneva, No. 20.*

Who has not known the discomfort —sometimes even the terror— of being sick far from home? Worse yet, who has not experienced the anguish of watching someone else suffer and been powerless to help?

Consider, then, the predicament of the seafarer, lying sick or injured in his bunk on a merchant vessel. There is no doctor aboard, and the next port of call, several days away, may not have a doctor who speaks the crew's language.

This situation, centuries old, is unfortunately ever new. An estimated 750,000 men now sail with the merchant navies of the world. Yet, since the vast majority of vessels carry no doctor, and since many have inadequate resources for ministering to the sick and injured, seafarers often lack full medical care when they need it most.

By tradition, or by law, if there is no doctor aboard, the master of the ship is responsible for the health of his crew. Yet he is already severely burdened with a multitude of other concerns. The peculiar microcosmic characteristics of a ship seem to demand that its master be not only all-powerful, but all-knowing.

The master has this alternative: he can either retain complete responsibility for the crew's health himself, or he can delegate it to a deck officer. In most countries, whoever performs the function has to have some kind of training in first aid or caring for the sick. Yet in many cases, this knowledge has been acquired years ago. Time has dimmed its details, and scientific progress has made some of it obsolete. Even the shipboard resources—the medical guide and medicine chest prescribed by many maritime countries—may be inadequate in an emergency. As a last resort, the officer may decide to radio for advice, only to find that his signal code lacks the necessary symbols for a really useful medical conversation.

All this, however, is about to be improved. The Joint ILO/WHO Committee on the Health of Seafarers has just unified, modernised and co-ordinated the three existing forms of nautical medical aid: the ship's medical guide, the medicine chest and, in co-operation with the Inter-Governmental Maritime Consultative Organization, the means of obtaining medical advice by radio. A mighty undertaking, five years in fulfilment, the ILO/WHO Co-ordinated Scheme for Medical Assistance to Ships at Sea can be another turning point in helping to improve the sailor's lot.

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Dr. I. J. Corbett, a former Medical Superintendent of the Peninsular and Orient (P. and O.) Group, was invited by the secretariats of the International Labour Organisation and the World Health Organisation to draft the preliminary documents. Experts on maritime medicine came from seven countries to work with Dr. Corbett on this first attempt, at the international level, to co-ordinate existing medical aids within one effective project. Shipowners' and seafarers' representatives on the Joint Maritime Commission of the ILO contributed their experience. The result : a modern three-part medical assistance scheme, to serve as a model for ships of all nations. First, the ship's Medical Guide...

The new Medical Guide is far more than the usual first-aid manual ; it gives the master (or his appointee) a basic knowledge of the broad aspects of medicine, so that he can :

- give first aid ;
- administer practical treatment over a prolonged period ;
- make a radio call to a distant doctor for help or advice.

What kind of illnesses befall the seafarer ? Exact statistics on the incidence and causes of sickness and death at sea are scanty because of the short-term service of many seamen and because of a lack of universal seafarers' medical documents. In 1958 research by WHO revealed a markedly higher frequency of accidents and invalidism in seafarers as compared with the general population. Since ancient times, the risk of a seafarer carrying infection from one port to another has been recognised. And because of his calling he is more exposed to certain illnesses than most land dwellers. With the expansion of navigation in the fifteenth and sixteenth centuries, certain diseases such as syphilis and scurvy became more prevalent and for centuries remained a scourge of seafarers. Scurvy has long since lost its terrors, but venereal diseases remain a health problem. Gastro-intestinal disorders, accidental injuries, skin diseases, mental illness, dental diseases, and in some countries tuberculosis, all have a high incidence among seafarers.

The new Medical Guide advises the latest and most reliable treatment for all these diseases, with a full recognition of the special nature of the seafarer's way of life and of the social and psychological problems inextricably bound up with it.

But since illness is no respecter of persons, and is likely to appear when least expected, the Medical Guide covers almost the entire range of human disability : headaches to leprosy, varicose veins to bubonic plague, snake bite to maternity. Each ailment is explained in straightforward, uncomplicated language that becomes even clearer with the book's many illustrations. Considerable care was given to using medical terms that are standard around the world.

As every master knows, contagious disease can rapidly incapacitate a crew. The new Medical Guide, consequently, gives specific and essential advice on the isolation and care of communicable diseases. More importantly, it puts a great emphasis on preventive medicine and explains the necessity on board ship of personal cleanliness and hygienic surroundings. The kitchen crew, for example, is given advice on testing the freshness of foods before use. (A tin should be rejected as having lost its vacuum if its ends are wobbly and can be pressed in and out with the fingers. A dubious tin may be pierced and immersed in water; if gas escapes from the hole, the contents have decomposed.)

A reference book of this size, however, would be ineffective without a corresponding supply of drugs and appliances. Therefore, every page of the book takes into account the contents of the new standard Medicine Chest...

In making the recommendations for the ship's Medicine Chest, the Committee on the Health of Seafarers began with the chest recommended in 1958 by the ILO for ships of all nations not carrying a doctor. The Committee added to it new essential medicines, instruments, appliances, dressings and general medical equipment. The contents of the chest, especially the drugs, had to be available in standard formulas and be suitable for administration by a layman. This last specification was met by including in the lists mainly standard drugs with only a small number of special drugs to be used either for a specific emergency or under instruction by radio. The amount of drugs and appliances recommended naturally varies according to the size of the ship's crew and the length of the voyage.

The Committee envisages, of course, that both the Guide and the Chest will be revised at periodic intervals to keep pace with the march of science. However, no matter how thorough the precautions, there are times when there is absolutely no substitute for a doctor's help...

The International Code of Signals was in even more drastic need of revision. The medical part of the Code, first published in 1931, provided only one-way service. One could communicate certain symptoms, but a code for treatment and recovery advice did not exist. This became all the more frustrating with the development of services provided by the International Radio-Medical Centre in Rome and the Atlantic Merchant Vessel Report System. Under these programmes, hundreds of coastal radio stations are authorised to receive medical requests from merchant ships. The radio station then telephones the requests to the resident doctor at the nearest hospital. Unfortunately, the decoded messages often left the ship's question in doubt or else the doctor's reply could not be properly coded. Ship or shore, could also, of course, communicate verbally, but in many cases they did not share a common language.

When the Inter-Governmental Maritime Consultative Organization was asked to revise the International Code of Signals, the opportunity

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was taken by the ILO and WHO to assist IMCO in bringing up to date and greatly expanding the Medical Section of the Code. The new Medical Section of the International Code of Signals, which also forms the final part of the Co-ordinated Scheme, has 600 different sentences. They are grouped for finger-tip reference in three sections: one for the ship's master, one for the replying doctor, and one with phrases common to both. The transmission of messages in cipher remains the quickest and most practical method, since a 100-word message can be transmitted in a few cipher groups. And, of course, ciphered messages totally overcome language barriers.

It remains, then, only for the seagoing nations of the world to adopt the proposals for improved medical resources. The model International Medical Guide can be accepted as a whole or it can be used to revise and expand existing guides. Great care was exercised to describe diseases and treatment in terms readily translatable into all languages. The Medicine Chest can serve as every ship's basic check list. The improved medical code of signals should be the easiest to implement, and it is hoped that copies will be sent to every radio room without delay.

Four centuries ago, a British master wrote in his account of a distant voyage:

"The said unknown sickness began to spread itself amongst us after the strangest sort that ever was either heard of or seen, inasmuch as some did lose all their strength, and could not stand on their feet, ten did their legges swell, their sinnowes shrink as black as any coal. Others also had all their skins spotted with spots of blood... With such infection did this sickness spread itself in our three ships, that about the middle of February, of a hundred and tenne persons that we were, there were not ten whole, so that one could not help the other, a most horrible and pitifull case... There were already eight dead, and more than fifty sick, and as we thought, past all hope of recovery..."

In the past, the seafarer was largely ignored as a member of the community. His prolonged absences were certainly a factor in this. But he was also apt to be regarded, when thought of at all, as a potential disturber of the peace and as a possible carrier of strange and frightening maladies such as the one described above.

The situation is vastly different today. Now the seafarer is recognised as belonging to a large and vital industry, uniquely international in character, and a great deal has been done to improve his health and welfare. The ILO in particular has applied itself unremittingly to this problem over the years. The Co-ordinated Scheme for Medical Assistance to Ships at Sea therefore marks a new advance in a wide and continuing effort to provide the seafarer with conditions of life and work as close as possible to those enjoyed by workers in industries on shore.