

REPORT OF THE DELEGATION OF THE
BRITISH SOCIAL HYGIENE COUNCIL, Inc
TO THE GOVERNMENT OF BOMBAY.

Report
of the
Delegation of the British Social
Hygiene Council, Inc., to the
Government of Bombay

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INTRODUCTORY

On the invitation of the Provincial Governments of Bombay, Bengal, Burma and Madras the British Social Hygiene Council despatched a delegation consisting of Mrs. Neville Rolfe and Dr. David Lees to India to confer with the Provincial Governments and other responsible bodies in these Provinces on the question of Venereal Disease.

The delegation arrived in India on Friday, November 19th, 1926, and between that date and March 12th, 1927, visited the following centres :—

- Bombay from November 19th to December 4th, 1926.
- Mysore from December 6th to December 9th, 1926.
- Madras from December 10th to December 24th, 1926.
- Burma from December 27th to January 25th, 1927.
- Bengal from January 27th to February 17th, 1927.
- Baroda from March 3rd to March 9th, 1927.
- Bombay from March 10th to March 12th, 1927.

An unofficial visit was paid to Delhi from February 21st to March 2nd, 1927.

Prior to the arrival of the delegation the local committee in each place had arranged an extensive programme of work consisting of :—

- (a) Inspection of Hospitals and other Institutions.
- (b) Courses of Lectures—medical and educational.
- (c) Lectures to the lay public.
- (d) Conferences with hospital, medical, educational and sociological bodies.
- (e) Conferences with public bodies such as Corporations, Universities, Medical Societies, Port Commissioners, and the Chambers of Commerce.

As a result of the visits of inspection and the various conferences the delegates collected considerable evidence with regard to influences tending to the spread of venereal disease, the incidence of venereal disease, and the facilities for dealing with it, both sociologically and medically. The result of these investigations is embodied in the following report.

Subsequent to carrying out the programme of work in the Province of Bombay the delegates conferred with His Excellency the Governor, and at a Conference convened by His Excellency, had an opportunity of putting before many members of the Government and responsible citizens the recommendations which are embodied in the following report.

Before the arrival of the Delegation the Programme Committee appointed by the Government had made excellent arrangements, and it is largely due to their help and co-operation that the delegates were able to obtain some insight into existing conditions and also to fulfil the extensive programme of lectures and conferences arranged.

Our sincere thanks are due to all members of the Committee, Colonel Houston, Dr. Nunan, Dr. Mulgaovkar and Dr. Bana, but most particularly to Dr. Sandilands, Medical Officer of Health, Bombay, who, as Chairman, was untiring in his efforts on behalf of the Delegation, and Dr. Noronha, the Honorary Secretary. The Corporation gave their generous support and assistance to the campaign and met the delegates in conference at the termination of their visit. We tender our warm thanks also to those who so kindly gave hospitality to the delegates and to those who loaned the cars that rendered the fulfilment of the numerous engagements possible.

SECTION I

Medical

SECTION I
MEDICAL REPORT

ON
VENEREAL DISEASE IN BOMBAY

On the invitation of the Provincial Government of Bombay Presidency, the Delegates of the British Social Hygiene Council visited Bombay from November 19th, 1926, to December 4th, 1926, and carried out an extensive programme of work. The work of the Medical Delegate included :—

- I. Visits to Medical and other Institutions.
- II. Conferences with Medical Men and Medical Societies.
- III. Conferences with the Surgeon-General and the Medical Officer of Health.
- IV. Lectures and Demonstrations to Undergraduates.
- V. Lectures and Demonstrations to Postgraduates.
- VI. Conferences with Social Organisations.
- VII. Addresses to Lay Audiences.
- VIII. Inquiry into the Maternity and Child Welfare Service.
- IX. Conference with and address to the Port Trust.
- X. General Observations on Venereal Disease and Public Health.

I. Visits to Institutions

With a view to obtaining first-hand information as to the steps which were being taken to deal with Venereal Disease in Bombay, the following Institutions and Hospitals were visited. At each Institution, information was obtained from the Staff as to the facilities which existed for dealing with Venereal Disease and as to the incidence of disease. With regard to the latter, no very accurate figures were available, but the general opinion was expressed by all that the problem of Venereal Disease was a difficult one and that the incidence of this disease was high in Bombay.

The following is a list of the Institutions and Hospitals visited :—

- (1) The J. J. Hospital and Grant Medical College.
- (2) Three Municipal Dispensaries.
- (3) Seamen's Dispensary, Frere Road.
- (4) The Cama Hospital.
- (5) The Corporation Maternity Hospital.
- (6) The Child Welfare Institute.
- (7) The Seth Gordhandass Sunderdass Medical College and King Edward Memorial Hospital.
- (8) The Haffkine Institute and Laboratory, Parel.
- (9) The Nair Hospital and National Medical College.
- (10) The Goculdas Tejpal Hospital.

- (11) St. George's European Hospital.
- (12) The Parsee General Hospital.
- (13) The Harkisondas Narottamdas Hospital.
- (14) The Massina Hospital.
- (15) The Parsee Lying-in Hospital.
- (16) The Municipal Outdoor Venereal Disease Clinic.

(1) *The J. J. Hospital and Grant Medical College*

INCIDENCE OF VENEREAL DISEASE

In this Hospital case records show that 18·7 per cent. of the indoor patients suffer from Venereal Disease, while of the outdoor patients 29·8 per cent. have evidence of Venereal Disease. In the Gynæcological Department, it is estimated that close on 50 per cent. of the patients suffer from the after-effects of Venereal Disease. In 1925, for example, there were admitted to the Hospital, which contains 320 beds, 34 severe cases of gonococcal infection and 117 cases of syphilitic infection. Many of these were cases of acute contagious disease.

In the Out-Patient Venereal Department the average number of out-patients seen per day is 35 males and 5 females. These cases all suffer from acute contagious disease. The above figures do not represent the incidence of disease in the City of Bombay, and we are informed that quite 90 per cent. of the cases of Gonorrhœa are treated by private practitioners and that it is only when a case becomes severe or complicated that the patient comes to hospital.

FACILITIES FOR DEALING WITH THE DISEASE IN THIS HOSPITAL

In the J. J. Hospital, 6 beds out of the 320 are provided for male patients suffering from Venereal Disease. No provision is made for the in-patient treatment of female patients. The Venereal Department is situated in the Surgical Out-patient Department. It is under the supervision of one of the surgical staff who delegates the actual work to one of the junior members of the staff. The premises are accessible to male patients but are not convenient for female patients, as the latter have to pass through the male Surgical Department to reach their treatment room. The facilities for treatment are limited. The irrigation room for men is badly equipped. Neither the premises nor the surroundings are such as to attract patients and consequently the attendance rate of individual patients is bad and comparatively few patients continue under treatment until they are cured. This is even more marked in the case of the female patients.

The treatment given to patients is not of a high standard and two factors contribute to this:—

- (1) The lack of training of the Medical and Nursing Staff in this special type of work, and
- (2) The fact that the treatment is costly to the out-patient because of the inability of the Hospital to supply Salvarsan and other similar drugs.

Treatment is administered to in-patients in the general wards of the Hospital and in the special wards by the various officers in charge of these

Departments. There is no co-ordination, however, between the in-patient wards and the out-patient department for treating cases of Venereal Disease. With regard to treatment given to in-patients, we find that it is only administered until the more acute symptoms have subsided and that treatment is not continued when the patient is able to be discharged from hospital. It would appear, therefore, that the chief aim with regard to treatment, is to try to cause the disappearance of the signs and symptoms of active disease and that little is being attained in the way of attaining a complete cure.

(2) *Municipal Dispensaries*

The Medical Delegate visited two of the Municipal Dispensaries and obtained the information that of the patients attending these Dispensaries from 26·7 per cent. to 30·7 per cent. showed evidence of Venereal Disease. In none of these Dispensaries is any attempt being made to treat cases of Venereal Disease on modern lines. Salvarsan is not administered in these Dispensaries and in no Dispensary which we visited was there any accommodation or equipment to enable a case of gonococcal infection to be suitably treated. We were informed that cases are advised to go to the Municipal Out-door Venereal Disease Clinic. No accurate figure of the total incidence of Venereal Disease in these Dispensaries is available, but, during 1925, in the 13 Dispensaries and the 2 Out-Patient Dispensaries for women and children, 1,294 cases of grossly contagious disease were seen. The Medical Staff are of opinion that it is very prevalent, but state that they do not look for signs of Venereal Disease as a routine part of the examination of any case.

(3) *Seamen's Dispensary, Frere Road*

This Dispensary is situated near the Alexandra Docks and is within the dock area. It is a general Dispensary provided for employees of the Port Trust and all treatment is free. The Medical Staff state that while Venereal Disease may be prevalent, employees of the Port Trust avoid coming to the Dispensary when suffering from Venereal Disease because of the stigma attached to it. The average number of cases seen is 36 per year. Cases of Venereal Disease seen at this Dispensary are referred to the Goculdas Tejpal Hospital or the European General Hospital. There are no facilities for any treatment in the Dispensary itself, and there is neither equipment nor staff to deal with cases of Venereal Disease. Although this Dispensary is close to the Docks, we are of opinion that it is neither commodious enough nor in any way suitable to be made into a Venereal Disease centre for members of the Mercantile Marine at the port.

(4) *The Cama Hospital*

This is a women and children's hospital and during the year 1925 the following cases of Venereal Disease were treated :—

(a) {	Out-patients in early stages of infection	..	380
	Out-patients in the later stages of infection	..	23

403

(b) In-patients	{	Primary Syphilis	..	..	4
		Secondary Syphilis	..	..	120
		Gonorrhœa—			
		Early	..	..	15
		Late stages	..	..	6
					<hr/>
					145

Of the obstetric complications which might be attributed to Venereal Disease there were 87 as follows:—

Abortions	..	..	..	..	53
Miscarriages	..	..	..	..	17
Still-births	..	..	..	..	17
					<hr/>
					87

Among the gynæcological complications 79 out of 239 cases of in-patients were treated for the after-effects of Gonorrhœa. In the Out-Patient Department 57 cases of congenital Syphilis were seen. It is apparent from these figures that in this Hospital, which is dealing chiefly with maternity and gynæcological work, the incidence of Venereal Disease is high.

FACILITIES FOR TREATMENT IN THIS HOSPITAL

Treatment for women is given daily in the Out-Patient Department and an attempt is made to arrange the work so that injections of Salvarsan are given once weekly at a special clinic. This Salvarsan clinic is conveniently held on the same day as the antenatal clinic for pregnant women. The amount of treatment given is limited by the cost of drugs. No beds are definitely reserved for cases of Venereal Disease in either the early or the late stages, and the accommodation for any infective cases is limited. An effort is made, however, and especially in the Maternity Department of the Hospital, to take in cases, and they are treated as in-patients both before and after labour. There are facilities for the treatment of children in the Maternity annexe to the Hospital and in 1925, 57 cases of congenital Syphilis were treated as out-patients. The newly-born babies suffering from congenital Syphilis receive treatment while they are in hospital with their mothers. There is no organised follow up work in these cases.

The treatment of Gonorrhœa in this Hospital is not so far advanced as is that of Syphilis, but an attempt is being made to attract both mothers and children to come regularly. It should be an easy matter to organise in association with this Hospital, Departments for the treatment of Venereal Disease in women and children, if the Staff and the equipment were provided for this purpose.

(5) *The Corporation Maternity Hospital*

There is no record of the actual incidence of Venereal Disease in patients treated in the Corporation Maternity Homes and at the Women's and Children's Dispensaries attached to them. The Medical Staff are of

opinion that the incidence of Venereal Disease in the Maternity Homes varies from 40 per cent. to 50 per cent. In 1925 in one of these Homes there were 18 miscarriages, 18 abortions, and 74 still-births, and Syphilis undoubtedly played a part in the causation of an appreciable number of these cases.

In none of these Municipal Maternity Homes are there any facilities either for diagnosis or treatment of Venereal Disease. In all of them the necessary equipment is lacking, and few if any of the Medical or Nursing Staff have had any training or experience in this subject. Intravenous injections of Salvarsan are not given nor is there any organised system of following up and securing the attendance of the patients for treatment subsequent to their discharge from hospital. Some of the patients on leaving the Home are referred to the Venereal Dispensary, but very few of them, we are informed, subsequently report there. In the case of children treated at the dispensaries and at the Maternity Homes there is no attempt made to give modern intensive treatment. Apart from the instillation of silver nitrate into the eyes of the children at birth, for the prevention of ophthalmia neonatorum, no special measures are taken to prevent the infection of children by their parents. In the Municipal Maternity Homes, a small amount of antenatal work is attempted, but up to now it has not proved successful.

(6) *The Child Welfare Institutes*

In addition to the Municipal Centres for Child Welfare, there are in Bombay ten Child Welfare Centres which are organised and conducted by voluntary effort. Maternity work is also carried out by this voluntary organisation. Three medical women are in charge of these ten Centres and 23 nurses are employed to conduct maternity cases in the homes of the poor. In the Centres themselves, milk is supplied to nursing mothers, clothing is issued at a very small fraction of the actual cost, and baths are given to the babies.

The Medical Staff state that in one of these Child Welfare Centres, 100 non-selected cases of children were examined for Venereal Disease and in 55 per cent. evidence of Syphilis was found by the Wassermann test. The infantile mortality among the cases seen by the outdoor nurses is extremely high and undoubtedly part of this infantile mortality is due to untreated Venereal Disease in the parents and in the children.

FACILITIES FOR TREATMENT

The work of these Welfare Centres, so far as the children are concerned, consists of supplying milk and other foods, and in attendance to minor ailments. No attempt is made to examine for or to diagnose inherited Venereal Disease, and there are no facilities of any kind for the treatment of Venereal Disease in any of the Centres. None of the Medical Staff have been trained in the diagnosis and treatment of Venereal Disease. If any case of contagious Venereal Disease is seen, it is referred to one of the hospitals, but no effort is made to make certain that the case does report to the hospital for treatment. In their out-patient work the Maternity

Nurses conduct a very large number of confinements each year and visit a large number of homes. On an average from 23,000 visits per month are paid by the 23 nurses. Practically no antenatal medical work is attempted and certainly no antenatal diagnosis or treatment of Venereal Disease. Difficult complications of labour are referred to the various Maternity Hospitals. These voluntary Child Welfare and Maternity Centres are doing good work so far as it goes, but the medical and preventive side of the work could and should be much more extensively developed. There might also, with advantage, be much more close linking up of the work of these Centres with that of the existing Maternity Hospitals.

(7) *The Seth Gordhandass Sunderdass Medical College and King Edward Memorial Hospital*

At this hospital there is a Skin and Venereal Department which makes provision for out-patients only. No in-patient accommodation has up to now been provided for cases of Venereal Disease. There are no actual figures of the incidence of Venereal Disease in the Skin Department, but the Honorary Staff state that the incidence among the general in-patients is high and in the Out-Patient Gynæcological Department it is stated that 80 per cent. of the out-patients suffer from the after-effects of Venereal Disease.

The accommodation provided for the treatment of cases of acute Venereal Disease in the Skin Department is poor. There is practically no modern equipment for the treatment of cases of Gonorrhœa, and Salvarsan is administered only to patients who can afford to pay for it. In addition, the Nursing and Medical Staff have not had any training in modern methods of diagnosis and treatment. It is found that few patients continue to attend after their symptoms have been alleviated and, as a result, in practically no cases can a cure of the disease be guaranteed. A small amount of treatment is given to relieve symptoms in the other Departments of the Hospital in cases which show evidence of Venereal Disease, but there is no co-ordination between the work of the indoor Departments and that of the Skin and Venereal Department.

(8) *The Haffkine Institute and Laboratory, Parel*

In this institution the larger part of the bacteriological and serological work for the hospitals in Bombay is carried out. The bacteriological and serological work in connection with the diagnosis of Venereal Disease is carefully carried out. It is a drawback that the hospitals are at a considerable distance from this laboratory, with the exception of the King Edward Memorial Hospital and the Wadia Hospital. We find, in addition, that the cost of having specimens taken from out-patients and examined is prohibitive because of the poverty of the average out-patient. This institution could, if the staff were increased, deal with a much larger number of tests, and it would enable the physicians, if these tests were carried out free, to diagnose many latent cases of Venereal Disease.

(9) *The Nair Hospital and National Medical College*

This institution is a teaching one for students for the minor degree of medicine. There is a large incidence of cases of Venereal Disease among both in-patients and out-patients. None of the members of the staff have had special training in diagnosis and treatment of Venereal Disease on modern lines, and the treatment which is being given at present is very far short of what is required to cure any case of Venereal Disease.

(10) *The Goculdas Tejpal Hospital*

The incidence of Venereal Disease in this hospital is stated by the Superintendent and his staff to be high. During the years 1921 to 1925 the following numbers of cases of acute infectious Venereal Disease were treated :—

				Gonococcal Infection	Syphilis primary and secondary
1921	..	..	..	237	101
1922	..	..	..	109	353
1923	..	..	..	127	341
1924	..	..	..	167	414
1925	..	..	..	205	438

These were cases of acute contagious disease and a considerable number had to be admitted to hospital. No special beds are allocated to these cases in the hospital and they are treated in the general wards. In addition, a very large percentage of the routine medical and surgical cases are found to be suffering from latent Venereal Disease.

FACILITIES FOR TREATMENT IN THIS HOSPITAL

In the Out-Patient Department there are no suitable premises for treating cases of either Gonorrhœa or Syphilis. No member of the staff has had specialised training in this work and there is no equipment for dealing with cases of Venereal Disease. Salvarsan and other drugs are not provided free and the out-patient has to pay for them. In-patients suffering from Gonorrhœa receive very little treatment beyond medicinal treatment. In-patients suffering from Syphilis are treated with Salvarsan and other drugs in so far as the funds of the hospital will allow. When a patient leaves hospital, there is no following up of the case and treatment, in the majority of cases, stops.

As this hospital is near to the Docks and is also a teaching hospital, it is important that facilities for the treatment of both in-patients and out-patients should be provided, that a good supply of drugs should be obtainable, and that some steps should be taken to ensure continuous treatment subsequent to the patients leaving hospital.

(11) *St. George's European General Hospital*

In this hospital a fair amount of Venereal Disease is seen by the staff and, during 1925, 119 cases of active Syphilis were treated as in-patients,

and 61 as out-patients; 38 seamen of European nationality were given treatment.

FACILITIES FOR TREATMENT

The in-patient department of this hospital consists of 16 beds. The accommodation is very good, so far as the building is concerned, but the staff complain that drugs are costly and can only be given to patients who can afford payment. If the patient can afford to pay, both Salvarsan and Mercury are administered. In general, however, few patients receive more than two or three injections because of the cost, the majority leave hospital then and do not return for any further treatment. The facilities for the treatment of Gonorrhœa are poor and the Out-Patient Department requires considerable extension and alteration to bring it up to modern requirements. The equipment provided is far from complete and cases of chronic gonococcal infection cannot receive the necessary instrumental treatment. Cases of Venereal Disease in this hospital are at present under the care of the radiologist, and there is no person on the staff of the hospital who has had the necessary training or experience in dealing with cases of Venereal Disease.

It is urgent that facilities should be provided in this hospital for cases of Venereal Disease, both as in-patients and out-patients, as it is the hospital which is situated most closely to the Docks and most convenient for members of the Mercantile Marine.

(12) *The Parsee General Hospital*

In this general hospital there is no special department for the treatment of Venereal Disease. As a rule all venereal patients are treated as in-patients and, during the year 1925, 44 patients were treated. In the Maternity Department of the hospital there were 4 abortions, 2 premature births and 1 still-birth during the year, but none of these had been definitely traced to the effects of Venereal Disease. In the general examination of patients, the staff do not inquire specifically into Venereal Disease, and routine Wassermann tests are not done even in doubtful cases, so that the figures given cannot be taken as absolute evidence of the incidence in this hospital.

FACILITIES FOR TREATMENT

There is no one on the staff who has been specially trained in the diagnosis and treatment of Venereal Disease. Patients are given Salvarsan when the disease is contagious, but the amount given is very small and the treatment is not continued after the patient leaves hospital. The treatment given in male and female Gonorrhœa is not, in our opinion, on modern lines and there are very few facilities in the hospital for treatment of these cases. There is no lack of accommodation in this Hospital, as it is a communal institution and the question of limitation of accommodation does not arise.

(13) *Harkisondas Narottamdas Hospital*

This is a small hospital with 13 private beds and 30 free beds. No accurate figures are kept of the incidence of Venereal Disease and no

routine tests are taken. During 1925, 28 patients were seen suffering from acute Venereal Disease, that is, about 6 per cent. of the cases admitted. There are no facilities in the Hospital for practising modern methods of either diagnosis or treatment.

(14) *The Massina Hospital*

This is a private Hospital attended chiefly by the middle and upper classes who can afford to pay fees. In a recent investigation analysing 1,000 cases, 6·4 per cent. were found to be suffering from Venereal Disease. It is admitted, however, by the staff that as practically all the patients are of the educated class, few of them would come to this Hospital suffering from venereal trouble. There is no special treatment given to cases of Venereal Disease and there is no part of the Hospital set apart for this work. None of the cases are followed up afterwards when they leave hospital. In the Maternity part of this Hospital prophylaxis against ophthalmia neonatorum is carried out at the birth of every child.

(15) *The Parsee Injuring-in Hospital*

This Hospital is situated in one of the poorer quarters of the town and conducts a total of about 450 confinements per year. The manifestations of Syphilis are not often seen, but a few cases of abortion are admitted to hospital, and last year there were 37 still births. Some of these are said to be due to Syphilis. A considerable amount of ophthalmia neonatorum is seen, estimated at 2 per cent. to 3 per cent. No treatment on modern lines is given for either Syphilis or Gonorrhœa and very little antenatal treatment is carried out in this Hospital.

(16) *The Municipal Outdoor Venereal Disease Clinic*

This is a special Dispensary at 66, Lamington Road, with a whole-time Medical Officer in charge of it. It is financed by the Bombay Municipality. A large number of cases of Venereal Disease are seen daily. It is found that 48 per cent. of the infected males are married and that 50 per cent. of the female patients who come for treatment are married women infected by their husbands; 42 per cent. of the male admissions are young unmarried men in the prime of their life, while 10 per cent. of the male admissions are young men recently married who were infected before their marriage. An attempt is made to treat patients in this Dispensary on modern lines in the case of both Syphilis and Gonorrhœa and the staff have been trained in this work. The work, however, is very much hampered by lack of accommodation, lack of equipment, and by failure to provide sufficient drugs. We are informed that the Salvarsan drug in use is chosen because it is the cheapest and not because it is the most efficient.

On the male side there is a single treatment room in which the treatment of a patient with Gonorrhœa is often being conducted at the same time as intravenous injections are being given for Syphilis. We were not surprised to learn, in the existing conditions, that patients do not continue

to attend for any length of time, because the premises are much too small, are not attractive, and because there is no possibility of privacy. The same applies to the treatment of female patients.

If the work of the staff of this Dispensary is to attain the best results, it will be necessary to increase the accommodation and to improve the equipment provided. It is unfortunate, also, that no beds are provided by the Corporation for severe cases seen at this Dispensary, and this makes it increasingly difficult for the staff to treat the complications of disease in either the male or female.

It is gratifying to note that in this Dispensary a definite effort is being made, under difficult conditions, to bring the treatment of Venereal Disease up to modern requirements, and that the patient is being impressed with the necessity of continuing treatment over long periods.

Other Institutions

We were able to obtain additional figures from other hospitals and dispensaries as follows:—

The G. I. P. Railway Infirmary during 1921 had 17·9 per cent. of venereal cases as in-patients.

The Dwarkadas Lallubhai Dispensary, which is the largest children's clinic in Bombay, found that one in every five babies brought for disease of early infancy showed signs of Congenital Syphilis. Also 23 per cent. of the female patients at this dispensary were found to be suffering from active Venereal Disease, while 5 per cent. were found to have suffered from Venereal Disease previously.

We were informed that at the Bai Motlibai and Petit Hospitals for Women, a considerable number of cases of early Syphilis and Gonorrhœa are seen. Many of these cases in the earlier stages are referred to the Venereal Dispensary, Lamington Road. Late cases are operated on at the hospital and are chiefly in the nature of chronic salpingitis and pyosalpinx. An antenatal department has been started in this hospital under the care of a lady doctor, but the number of patients availing themselves of it is as yet very small. Cases showing signs of Syphilis or Gonorrhœa, when seen in this antenatal department, receive intensive antenatal treatment.

In the Adams Wylie Hospital, which contains 69 beds, a large number of cases of Venereal Disease were treated as out-patients during 1925, and if bed accommodation was available, a certain number were admitted to hospital; 116 cases of acute contagious disease were admitted during 1925 and 284 cases of acute disease were treated as out-patients.

At the Wadia Maternity Home, we were informed that there were a large number of cases of still births and abortions—142 out of 1,191 confinements during the year 1926, and that it was possible that a considerable percentage of these was the result of Venereal Disease in the parents. This Home is making an effort to carry out antenatal care and was able to do so in 315 of the 1,100 cases confined last year. There is no special provision made as yet in this Home for the modern treatment of Syphilis and Gonorrhœa.

We were informed also that an investigation into the work of 21 practitioners showed that the percentage of cases of Venereal Disease which they treated varies from .9 per cent. to 45.9 per cent. and averages close on 14 per cent. In addition, it was ascertained from inquiry at several chemist shops that on an average over 4 per cent. of the people coming to buy patent medicines for their ailments without a prescription from a doctor, were asking for patent medicines for the treatment of Venereal Disease.

From the information gained at these various Hospitals and Institutions and from interviews with many medical men in practice, the Medical Delegate formed the impression that Venereal Disease was common in men, women and children. Among the staff of various hospitals visited, there were few medical men or women who had had any special training in this work, and in no hospital or dispensary were the accommodation, the facilities for treatment, or the equipment such as to enable modern methods of treatment to be carried out, or such as to attract the patients to come continuously to the hospitals for treatment after the disappearance of the outward signs of disease.

II. (a) Conferences with Medical Men

In addition to individual interviews, the Medical Delegate addressed a conference of close on 300 medical practitioners practising in Bombay, and placed before them the main facts regarding the effort made by the medical profession throughout the world to deal with the problem of venereal disease. An outline was given of how the work was being carried out in Britain and of the results which were being obtained by the scheme of free diagnosis and confidential treatment, which has been in operation in Great Britain for the past 8 or 9 years. Attention was specially drawn to the very marked decrease in the incidence of fresh cases of syphilis since the initiation of this scheme and to the marked decrease also in cases of congenital syphilis. The former had decreased by quite 40 per cent. to 50 per cent. since the initiation of this voluntary scheme. Both the Government and the Municipalities, it was pointed out, contributed to the scheme, and although money was paid by the authorities to the hospitals, the former did not in any way interfere with the internal management of the hospital.

The complete working of the Edinburgh Scheme was outlined, and emphasis was laid on the co-ordination of the work of the Specialist in Venereal Diseases with that of all the other specialists. The necessity of follow-up work to enable doctors to keep in touch with their patients was also emphasised and the employment of Almoners to assist in the sociological side of the work and to investigate the home conditions of patients who had difficulty in coming for treatment was an integral part of the scheme.

The Delegate drew attention to the very valuable help which Departments for the treatment of Venereal Disease could give in the teaching of undergraduates and postgraduates. It made practical undergraduate teaching of Venereal Disease possible and it enabled medical men in

practice to get an insight into all the later methods of diagnosis and treatment. The teaching of Venereal Diseases in the medical curriculum has been compulsory in Edinburgh for over six years and, during the past year, the General Medical Council of Great Britain have made it compulsory in every recognised University course. This will, in course of time, result in the production of a body of newly qualified graduates who are more or less versed in modern methods of the diagnosis and treatment of this disease. This undergraduate and postgraduate teaching should be aimed at in the Teaching Hospitals in Bombay, and it can only be attained by the establishment of well-equipped and well-staffed Clinics. In a large seaport city such as Bombay, provision must be made for dealing with adult males and females, and for dealing with pregnant women and children, and, in addition to Out-Patient Centres, a considerable number of beds are required for the more serious cases. It is essential also in a seaport town to provide good accommodation for the treatment of cases in the Mercantile Marine. To attract patients to these Centres the medical profession must play their part in the scheme, and recommend their poorer patients to take advantage of the Hospital Clinics, and there must at the same time be carried on among the general body of the population a campaign of enlightenment and education as to the dangers of Venereal Diseases and the need for their immediate treatment.

Considerable discussion ensued after the address and the Medical Delegate replied to all the questions put to him. At the end of the meeting, the President of the College of Physicians and Surgeons, who presided, put before the Conference a Resolution to the effect that "It was advisable to institute in Bombay a scheme for the free and confidential diagnosis and treatment of Venereal Diseases in men, women and children." This Resolution was carried unanimously.

II. (b) Conference with the Syndicate of Bombay University

A conference was arranged with the Syndicate of the Bombay University to give the Delegates an opportunity of laying before the Syndicate the impressions they had formed regarding the incidence of Venereal Disease and any suggestions which they had to put before the Syndicate of Bombay University with a view to that body assisting in the campaign against Venereal Disease in any of the Institutions over which they had control. The Medical Delegate, in addressing the Syndicate, appealed to them to improve the teaching facilities on the subject of Venereal Disease in the University Departments over which they had control. The University was interested in the health of the community in that they were the body who were entrusted with the undergraduate and postgraduate education of the students and of the practitioner. On this account they were vitally interested in any medical condition which affected a large proportion of the community and it was essential that the undergraduates should have practical training in the diagnosis and treatment of ailments which were common among the population. That this applied to Venereal Disease was evident from the figures in the various Hospitals which the Medical Delegate was able to quote regarding the

incidence of Venereal Disease. In the teaching hospitals of Bombay, it was pointed out that the existing conditions for teaching the subject of Venereal Disease were very inadequate. It was admitted by the Dean of the Medical College and by other medical men that there were neither sufficient staff nor accommodation to give the requisite amount of practical teaching on this subject to enable the undergraduate to get a sufficient knowledge of how to treat these conditions. An appeal was made to the Syndicate to adopt the Resolutions laid down by the General Medical Council of Great Britain which provided for, and made compulsory, practical teaching on the subject of Venereal Disease. At the end of the training an examination should be held on the subject to ascertain that the students had a requisite knowledge of the subject. The Syndicate were asked to advise the Faculty of Medicine, or other bodies controlling the teaching of undergraduates in medicine, as to the necessity of extending the present practical training on the subject of Venereal Diseases with a view to the production of graduates in medicine who would be able to handle these diseases, which, from the figures available, appeared to be affecting close on 40 per cent. of the population.

In the discussion which followed, it was pointed out that there were regulations to this effect in the University curriculum, but the medical members of the Syndicate admitted that, in the existing Hospitals, there was neither the staff, nor the equipment, nor the premises to satisfactorily carry out the existing regulations.

The Syndicate nominated a small sub-committee consisting of its medical members and asked the Medical Delegate to meet this sub-committee and discuss the matter with a view to coming to some definite finding. The medical sub-committee were given power to add to their number members of the teaching staff of the various Universities.

The Medical sub-committee appointed by the Syndicate of Bombay University, *viz.*, Dr. Nadgir, Dean, Dr. Patol, Dr. Mulgaonker, Dr. Jivraj Mehta, met Dr. Lees and discussed in full the points which Dr. Lees had brought before the Bombay University Syndicate regarding undergraduate and postgraduate teaching.

The sub-committee had the benefit of the opinions and advice of the following teachers:—Dr. Duggan, Ophthalmologist; the Dean of the Faculty of Medicine, King Edward Hospital; Colonel Hamilton, Gynæcologist, J. J. Hospital; Major Fernandez, Dermatologist, J. J. Hospital; Dr. Rebelow, Dermatologist, King Edward Hospital; Dr. Noronha, V. D. Officer, Bombay Municipality.

To enable the undergraduate and postgraduate teaching to be efficiently carried out in the Institutions affiliated to the University, the following concrete proposals were unanimously recommended to the Syndicate by the Medical sub-committee:—

- (1) That there be provided in the teaching hospitals complete Departments for dealing with Venereal Diseases in men and women.
- (2) That there be provided additional in-patient accommodation for cases of Venereal Disease. It is estimated that a total of 30 beds for such cases in the J. J. Hospital, and other hospitals according to size,

would meet the immediate situation to enable this teaching to be carried out.

- (3) That facilities be provided in the hospitals for teaching of antenatal and neonatal work through co-ordination with the existing Antenatal and Neonatal Departments.
- (4) That there be appointed a co-ordinating head to link up and organise the teaching of the subject of Venereal Diseases.
- (5) That the undergraduate teaching consist of the following course :—
 - (a) Six to eight theoretical lectures on Venereal Diseases.
 - (b) Eighteen to twenty lectures in the hospital, in which lectures the diagnosis and treatment of Venereal Diseases could be demonstrated to the student in a practical manner.
 - (c) Attendance in the Out-Patient Departments for Venereal Diseases for 14 days (one hour daily) to enable the student to see the treatment and carry it out under medical supervision.
 - (d) That at the end of this course of practical and theoretical training the student be examined by written and oral examination, as a College Examination, to see that he has attained a certain standard of knowledge and that, until he has done so, he be not allowed to proceed to his final examination.
 - (e) That the postgraduate teaching be organised by the head of the Venereal Department in one or more hospitals.

A copy of these findings was forwarded to the Secretary of the Bombay University Syndicate, and we trust the Syndicate will take action and bring these recommendations before an early meeting of the Senate for their favourable consideration and approval.

III. Conference with the Surgeon General and the Medical Officer of Health

We had the opportunity of discussing the problem of Venereal Diseases with both the Surgeon General and the Medical Officer of Health. These officials recognised the necessity of immediate steps being taken to deal with this Public Health problem. Both agreed as to the necessity of teaching the undergraduate in this work, and as to the great help which courses of postgraduate instruction would be to the medical profession, and both these officials welcomed the possibility of the appointment of a Specialist in Venereal Diseases who would assist them in their work in directing a campaign against Venereal Diseases in the community. Great assistance was obtained by the Medical Delegate from the Medical Officer of Health in advising as to the hospitals which might be utilised as Treatment Centres in different parts of the town so as to make treatment easy of access to the more populous areas in the town. As pointed out by the Medical Officer of Health, the Docks and the area of the city south of Sandhurst Road might be suitably served by Centres in the Goculdas Hospital and in the St. George's Hospital. The centre of the Island could be conveniently served by the J. J. Hospital. The north of the city could be served by the King Edward Hospital. The gap between the north and the centre might be served by moving the existing Venereal

Disease Dispensary at Lamington Road further north to the Dispensary at Souter Street. Women and children could be dealt with in the Gynæcological Departments of these various hospitals and, in addition, in the Maternity Hospitals, such as the Cama Hospital, the Wadia Hospital, and selected Child Welfare Centres throughout the city.

The assistance given to the Medical Delegate by both the Surgeon General and the Medical Officer of Health was of very great value as their intimate knowledge of the conditions in Bombay enabled them to suggest such centres of treatment as would serve the more populous areas of the town in which there were aggregated the population most likely to be suffering from Venereal Diseases.

IV. Lectures and Demonstrations to Undergraduates

Medical lectures were given to final year students on—

- (a) the diagnosis and treatment of Syphilis,
- (b) the diagnosis and treatment of chronic Gonorrhœa in the male,
- (c) the treatment of acute and subacute Gonorrhœa,
- (d) the diagnosis and treatment of Syphilis in pregnancy.

In addition, clinics and clinical lectures were held in the Nair Hospital, the Goculdas Hospital, and in the King Edward Hospital. Final year students of medicine were allowed to attend the postgraduate lectures.

V. Lectures to Postgraduates

A series of six postgraduate lectures illustrated by cinema films were given to audiences of medical men and women. Between 400 and 500 attended the lectures which were given in one of the large cinema halls. The subjects dealt with were the diagnosis and treatment of Gonorrhœa, and the diagnosis, treatment and serological tests of Syphilis. Three additional lectures were given in the J. J. Hospital on the differential diagnosis and treatment of chronic Gonorrhœa, on the diagnosis and treatment of Gonorrhœa in women, and on the skin and other manifestations of Syphilis, illustrated by lantern slides. A lecture to the Medical Staff and other outside practitioners was also given in the King Edward Hospital on the subject of neurosyphilis and its treatment, and a lecture was given to the staff of the Cama Hospital on antenatal syphilis and its treatment. A lecture illustrated by lantern slides was given to the Nursing Staff of the J. J. and allied Hospitals.

VI. Conferences with, and Lectures to, Social Organisations

Conferences on the subject of Venereal Diseases were held with the Directors of the Seamen's Institute and the Port Trust, the Society for the Protection of Children in Western India, the Management Committee of the Indian Child Welfare Centres, the Provincial Baby Week Committee, the Y. M. C. A., the Executive Committee of the Indian Merchants' Chamber of Commerce, the Social Service League and other social organisations, the Education Authorities, and the Anti-Venereal Deputation Committee. At each of these Conferences the Medical

Delegate emphasised the importance of Venereal Disease as a medical and social problem and appealed for the assistance of all social and educational organisations and all business men in the campaign against Venereal Disease. Each of the bodies addressed agreed to use their influence with those in authority to press for the establishment of Treatment Centres in the hospitals where patients of all classes could be diagnosed and treated free of cost and under confidential conditions.

VII. Addresses to Lay Audiences

Lectures on the subject of Venereal Disease, its dangers to the individual and the community, and on the importance of treatment were given to the students of the Training College and to teachers, and to a male audience of the Y. M. C. A.

Towards the end of the visit, the Mayor and Councillors of the Bombay Municipal Corporation invited the Delegation to place before them the facts which they had been able to ascertain regarding Venereal Disease in Bombay and any suggestions as to how the problem might be dealt with. After giving a rough estimate of the prevalence of these diseases as found in the Hospitals, the Medical Delegate urged on the Corporation the necessity of providing better out-patient accommodation at the King Edward Hospital than at present existed for the treatment of Venereal Disease. The urgent need of in-patient beds for severe cases of Venereal Disease in this Hospital was emphasised as was also the necessity of the provision of treatment for infected women and children in the Gynæcology Department and in the Maternity Wards.

It was pointed out that the Corporation Venereal Disease Dispensary in Lamington Road was much too small and did not give the Medical Staff the opportunity of doing as good work as they could if working under better conditions. The Dispensary was not attractive to the patients and the crowded conditions under which patients were treated did not help to induce them to attend until a cure was attained. Much more commodious and better equipped premises were badly required. The attention of the Councillors was drawn to the fact that this was the only Corporation Dispensary at which free treatment on modern lines was available and that in no Dispensary run under the auspices of the Public Health Authority was there any provision made for the diagnosis and treatment of infected children and their mothers. Considering the number of cases and the amount of infected material seen at other Corporation Dispensaries and at Corporation Maternity Homes, the Bombay Municipal Corporation would be well advised to make provision for the diagnosis and treatment of Venereal Disease in several of the other Dispensaries, and especially in association with their Maternity Centres. The Medical Delegate advised the Corporation to establish postgraduate scholarships to enable selected members of their Medical Staff to have the advantage of postgraduate teaching on the subject of Venereal Disease. If they, as a Corporation, provided good facilities for the diagnosis and treatment of Venereal Disease, and, at the same time, took steps to abolish the "tolerated area" and to educate the people on the dangers

of Venereal Disease, they would be assisting greatly in reducing the incidence of Venereal Disease and in improving the public health of the City.

VIII. Enquiry into the Maternity and Child Welfare Services

In the City of Bombay, Maternity work is carried out by (a) general practitioners, (b) Maternity Hospitals and (c) Maternity and Child Welfare organisations.

Maternity Service

The Maternity Hospital service, so far as we enquired into it, is extremely good as seen in the work of the Corporation Homes, the Government Hospitals, the Corporation Hospitals and private hospitals. The Maternity Service conducted by the Maternity and Child Welfare organisations is also doing good work and we are glad to note the strict supervision which is exercised over the work of the nurses employed by this voluntary body. In none of these organisations, however, is the antenatal or preventive side of the work being developed to its full extent.

If we were to offer any criticism, it would be in the nature of the lack of co-ordination between the larger Hospitals conducting indoor maternity work and the Nursing Staff employed by the voluntary organisations. The visiting outdoor Maternity Nurse is in the best position to come into touch with the expectant mother and, through her, these expectant mothers should be brought into touch with the Antenatal Departments of one or other of the Hospitals, so that the case may be watched in the important months prior to the delivery of the child. Few of the Hospitals, as yet, have commenced to do serious antenatal work, and we feel certain that if there were close co-operation between the outdoor nurses and the Hospitals, an Antenatal Service in the Hospitals could soon be established and popularised. Cases of Syphilis and Gonorrhœa in pregnant women would be thus brought within the range of treatment prior to their confinement, and preventive treatment could be administered for these and other antenatal conditions.

We are of opinion that, in addition to the free Maternity Service provided by the voluntary Infant Welfare Centres and the Corporation, there is need for further maternity service among the poor, and we think this could well be provided by Maternity Hospitals such as the J. J. Hospital, the Wadia Hospital, and the Cama Hospital organising an outdoor service of nurses in addition to their indoor maternity service. This would undoubtedly bring them more material, and give their nurses and students in training more opportunities for practical work. If the Government and the Corporation, or both, were to subsidise several of these Hospitals for this purpose, it would help to a great extent in antenatal work, it would reduce the infantile mortality, and it would give them a supervised Maternity Service throughout all the poorer quarters of the town.

Child Welfare Service

During our visit we examined the work in one of the ten Child Welfare Centres which are conducted by a voluntary committee in Bombay.

This voluntary organisation employs three medical women and 23 nurses. The nurses are chiefly employed on maternity work. As far as we could observe, the work of the centres consisted in supplying milk to nursing mothers, and in supplying clothing, and providing baths for children. Very little antenatal work is done by the medical staff and very little medical work in association with the visits of the children to the Child Welfare Centres. It was admitted by the staff that no treatment is given for any case of Syphilis either in the child or mother although many cases are seen of specific infection and although the results of the blood tests taken in a series of cases showed over 50 per cent. of the children to be infected.

The Child Welfare Centres are apparently popular and are well attended and it appears to us that it would be an easy matter to provide an increased medical staff, some of whom at least had had the necessary training in the diagnosis and treatment of venereal disease, to enable the staff to treat children for these and other conditions. We also noted that, in cases of serious disease where the child obviously needed hospitalisation, there is no institution for diseases of children to which those children who were actually ill could be referred for admission and necessary treatment. In this, as in maternity work, we would urge for closer linking up of the voluntary Child Welfare Service with that of the Corporation and Government Hospitals.

We are of opinion, also, that the voluntary organisations conducting Child Welfare would benefit by the appointment of Health Visitors to assist the trained Maternity Nurses in their routine work—the Maternity Staff undertaking the care of a case up to ten or twelve days after delivery and then automatically handing on the infant and the mother to the charge of the Health Visitor. Each of these employees should work in close conjunction with selected Hospitals and have facilities through the Superintendents for getting cases admitted to hospital as soon as possible if indoor treatment is required.

Child Welfare work is essentially preventive in character and for this preventive work a Medical Staff is necessary if the early signs of disease in children and in pregnant mothers are to be detected. It would be of advantage to the Child Welfare organisations in Bombay if they, in addition, had the benefit of the advice of one or more of the Medical Officers in charge of the Maternity Hospitals as Consultants. It would be an additional advantage if the Medical Staff of these Child Welfare organisations were recruited from lady doctors who had been trained in Maternity and Child Welfare work at the Hospitals and who were still in close touch with the work of the Maternity Hospitals.

It would be advisable, at the same time, that the Provincial Government of Bombay should institute a local school of training for Health Visitors with a view to educating and training a large number of girls for this type of work in the City of Bombay.

The linking up of the work of the existing Maternity Hospitals with the Child Welfare Centres, the provision of outdoor Maternity Nurses by the existing Hospitals, and the appointment of a large number of

Health Visitors working under the Child Welfare scheme, would assist materially in combating Venereal and other disease in mother and child, and would very soon influence favourably both the maternity death-rate and the infantile mortality of the City.

IX. Conference with, and Address to, the Port Trust

In a seaport town such as Bombay, Venereal Disease is apt to be prevalent, and, in our inquiry at the Hospitals which deal with seamen, we obtained evidence that among the members of the Mercantile Marine visiting Bombay there is a considerable amount of Venereal Disease. It is estimated that 240,000 members of the Mercantile Marine visit the harbour each year, and yet there is no Hospital or Dispensary in Bombay which can offer to this large body of men facilities for the free and confidential treatment of Venereal Disease. The urgent need for this was pointed out to the members of the Port Trust and they unanimously agreed to do all in their power to influence the Government to take steps to provide facilities for the diagnosis and treatment of Venereal Disease in members of the Mercantile Marine. They, in their capacity as a Port Trust, agreed to co-operate in making known to those connected with the Port what facilities there were, and in getting Captains of ships and Shipping Companies to do similarly. They were unanimous in supporting the medical recommendations to provide venereal treatment centres for Europeans in the St. George's General Hospital, and for Lascars in the Goculdas Tejpal Hospital.

General Observations on Venereal Disease in Bombay

There is undoubted evidence in Bombay that Venereal Disease is prevalent in men, women and children. The Hospitals, with very few exceptions, are not providing facilities for treatment and the Teaching Schools are not giving the undergraduate of medicine a practical training in the methods of diagnosis and treatment of Venereal Disease. The medical profession do not, in our opinion, take a serious enough view of the situation, and not a small number of them are quite content and think their patient is cured when the signs and symptoms of disease disappear. They do not appreciate to the fullest extent the disastrous after-effects to the patient, to the future husband or wife, and to the children of such parents. Postgraduate teaching must of necessity be an essential part of any scheme for dealing with the subject of Venereal Disease.

We are of opinion, also, that the Corporation of Bombay do not view this public health problem as gravely as they should. A beginning has certainly been made to attempt to deal with the problem both in the larger Hospitals and in the Corporation Venereal Disease Clinic. Much requires still to be done if the large amount of Venereal Disease which exists in Bombay is to be controlled and finally eradicated.

It is to the members of the medical profession and to bodies like the Corporation that we look for education of the public regarding the dangers

of Venereal Disease. The Public Health Authority and the Government require all the assistance they can get from the medical profession, not only in treating Venereal Disease but in creating a sound and healthy public opinion as to the disastrous after-effects to the individual and to the race, if Venereal Diseases are not treated efficiently.

In Bombay, as elsewhere in India, there is an absolute lack of co-ordination between the General Hospitals, the Maternity Hospitals and the Child Welfare Centres. The linking up of the work of these Institutions would enable the Medical Staff to trace many cases of Venereal Disease and to follow up their treatment efficiently with a view to the prevention both of acquired and inherited disease.

We are of opinion, also, that there should be closer co-ordination between the medical work carried out by the Public Health Authority of the Bombay Corporation and the work of Government and other Hospitals so far as Venereal Disease is concerned.

RECOMMENDATIONS

There is no Hospital in Bombay in which there is any concentrated effort being made to deal with cases of Venereal Disease on modern lines. With very few exceptions, the staff allocated to this work in the Hospitals have had no special training for it. The equipment provided in the Departments dealing with Venereal Disease is generally quite inadequate and the premises allocated to the work are not such as are likely to attract patients to come for treatment or to continue with their treatment. Undoubtedly a considerable amount of treatment is being given to individual patients suffering from late venereal conditions in the different wards of the Hospitals; but these cases, when they leave hospital, are not referred to the Out-Patient Department because there is no link between the work of the general wards and the Out-Patient Department as far as Venereal Disease is concerned. The main factor responsible for this is that there is no one in the Province of Bombay on whom is laid the responsible duty of organising a campaign against Venereal Disease from the medical, the educational, and the sociological point of view.

The most important and the first recommendation which we have to make therefore is:—

- (1) That a specialist officer with expert knowledge of diagnosis and treatment of Venereal Disease be at once appointed for the Province of Bombay. The duties of this officer would be:—
 - (a) To advise the Surgeon General and the Director of Public Health as to the organisation of the Treatment Centres and as to other steps which require to be taken to combat Venereal Disease.
 - (b) To supervise the treatment of Venereal Disease in these Centres, to act in a consulting capacity to them and to take charge of the Treatment Centre in one or more of the larger hospital centres.
 - (c) To give courses of undergraduate and postgraduate instruction to students and doctors.

- (d) To co-ordinate and link up the work of the Child Welfare Centres, the Maternity Hospitals and the Teaching Hospitals as far as Venereal Disease is concerned.
- (e) To advise as to all appointments made under the Venereal Diseases Scheme, with a view to ensuring that only persons who are properly qualified are appointed to this special medical work.

We would further recommend :—

- (2) That in all teaching hospitals, whether Government or Municipal aided, there be provided adequate out-patient accommodation for the diagnosis and treatment of Venereal Disease, and that the out-patient accommodation provided for females be established in association with the existing Gynæcological Departments.
- (3) That in certain selected hospitals there be provided in-patient accommodation for both male and female patients, and for the latter preferably in the Gynæcological wards.
- (4) That in Maternity Hospitals there be established antenatal Departments for dealing with cases of venereal infection and other complications of pregnancy, and that beds be provided in these Maternity Hospitals for cases of antenatal disease.
- (5) That an increased medical service be provided at the existing Child Welfare Centres with a view to the early detection of venereal and other disease in children attending the centres, and that provision be made at these Child Welfare Centres for treating cases of inherited Venereal Disease. This medical service should, in our opinion, work in close co-operation with the Medical Staff of the various Maternity Hospitals through the agency of the Health Visitors and the Maternity Nurses.
- (6) That in any extension of the Maternity Service to the poor of the City of Bombay, the Government and the Municipality seriously consider the question of subsidising the existing Maternity Hospitals to enable them to provide an Out-door Maternity Service from the trained Hospital Staff.
- (7) That in certain Hospitals near the Docks adequate provision be made for the diagnosis and treatment of Venereal Diseases occurring in members of the Mercantile Marine and that beds be provided in these Hospitals for members of the Mercantile Marine.
- (8) That the Syndicate of the Bombay University be requested to enforce the regulations which have been approved by the General Medical Council of Great Britain regarding the compulsory teaching of Venereal Diseases to medical undergraduates. We desire to recommend that this undergraduate teaching should apply not only to candidates for the M.B. Degree but also to candidates for the subordinate Degree. This undergraduate teaching should consist of the following course :—
 - (a) Six to eight theoretical lectures on Venereal Disease.
 - (b) Eighteen to twenty clinical lectures in the hospitals so that the diagnosis and treatment of the disease can be shown to the students in a practical manner.

- (c) Attendance at the Out-Patient Department for 14 days (1 hour daily) to enable the students to have practical instruction in the carrying out of the treatment.
 - (d) At the end of this course of practical and theoretical training a written and oral examination, as a College Examination, to ascertain that the student has attained a certain standard of knowledge and that until he has done so he be not allowed to proceed to his final examination.
- (9) That courses of postgraduate instruction be provided in at least one of the Teaching Hospitals so that medical practitioners may have an opportunity of being brought up to date in the diagnosis and treatment of Venereal Disease.
- (10) That a free supply of Salvarsan be provided for the treatment of all in-patients and out-patients in hospitals carrying out this work.
- (11) That a free bacteriological service for the diagnosis of Venereal Disease be provided in Bombay to enable more accurate diagnosis of latent disease to be attained.

We have discussed the question of the making of Wassermann tests and other diagnostic methods with the Superintendent of the Parel Laboratory, and this Laboratory could undertake the additional work if trained staff were provided for this purpose.

- (12) The Medical Delegate, during his visit to Bombay, noted that dangerous drugs such as Salvarsan and Stovarsol could be obtained in the Bazaars and in chemist shops, and that there were no regulations controlling their sale. We would urge the Provincial Government of Bombay to take steps to control the supply and sale of these and similar preparations. They should not be available to members of the general public except on the production of a duly signed medical prescription.

We recognise that it is difficult to attain all these Recommendations immediately, but they should be aimed at and a commencement should be made as soon as possible to carry them out if Venereal Disease is to be efficiently dealt with in Bombay. The immediate necessities are :—

- (1) The appointment of a Specialist.
- (2) The provision of in-patient and out-patient accommodation in certain selected hospitals to serve the North, the South, and the Centre of the City.

The detailed Recommendations which we would put forward and the Hospitals in which we would recommend that Departments be formed immediately are as follows :—

- (1) The J. J. Hospital.
- (2) The King Edward Hospital.
- (3) The Wadia Maternity Hospital.
- (4) The Goculdas Tejpal Hospital.
- (5) The St. George's European Hospital.
- (6) The Corporation Dispensary, Lamington Road.
- (7) The Cama Hospital and one of the Corporation Maternity Hospitals.

(1) THE J. J. HOSPITAL

This Hospital should provide, in association with the Surgical Department, out-patient accommodation for men and in-patient beds for men, and, in the Gynæcological Department, out-patient accommodation for handling female cases of infection, and beds for infected women in wards attached to the Gynæcological Wards. There should, in addition, be established in this Hospital a certain number of antenatal beds.

(2) THE KING EDWARD HOSPITAL

Out-patient accommodation and in-patient beds for men should be provided in association with the Surgical or Dermatological Department, and out-patient and in-patient accommodation for females in association with the Gynæcological Wards.

(3) THE WADIA MATERNITY HOSPITAL

An Antenatal Out-Patient Department and antenatal beds should be provided in the Wadia Maternity Hospital which is in close proximity to the King Edward Hospital.

In all of these Hospitals, with the exception of the latter, it would entail a reorganisation of the existing Department and considerable extensions to it. It would require, at the same time, the provision of the necessary equipment and the necessary skilled staff who have specialised in this work. In the J. J. Hospital and in the King Edward Hospital it would be necessary to build additional in-patient and possibly out-patient accommodation.

(4) THE GOCULDAS TEJPAL HOSPITAL

In-patient and out-patient accommodation should be provided in the Goculdass Tejpal Hospital to deal more particularly with cases of infection in Lascar seamen. We understand that a new general Out-Patient Department is being built at this Hospital and the required premises could easily be incorporated in the new building. In this Hospital, also, a special staff would be required to carry out the work, and a complete supply of equipment.

(5) THE ST. GEORGE'S EUROPEAN HOSPITAL

In-patient and out-patient accommodation is required at this Hospital for officers and men of the Mercantile Marine. The in-patient accommodation of the Hospital for cases of Venereal Disease is at present good, and, if the Out-Patient Department were re-modelled, excellent premises could be provided for carrying out the diagnosis and treatment of Venereal Disease. A specially trained staff and new equipment are required at this Institution also.

(6) THE CORPORATION DISPENSARY, LAMINGTON ROAD

The extension and enlargement of the Corporation Dispensary at Lamington Road is urgently required. A better plan still would be to move this special Dispensary to much more commodious premises at South Street in which the staff could deal with cases more satisfactorily and obtain much better results. We understand that the Medical Officer

of Health of the City of Bombay has this latter course under consideration. In the new premises there should be provided out-patient waiting rooms, rest rooms, examination rooms for men and women, and two separate rooms for the administration of Salvarsan and other remedies. There should also be provided a doctor's and a nurse's retiring room, an office, and the necessary bath rooms and lavatory accommodation.

Treatment, if established in these six Hospitals and Dispensaries, would provide for the north, the centre and the south of the town. In course of time Centres might be established in other Hospitals throughout the town.

(7) THE CAMA HOSPITAL AND ONE OF THE MUNICIPAL MATERNITY HOSPITALS

We would recommend also that Antenatal Departments be started for the treatment of pregnant women and of children in this Hospital and in the larger of the Corporation Maternity Homes. These Maternity Hospitals will, at the same time, be able to deal with a certain number of cases of disease in married women who are not pregnant, and these Hospitals should work in very close co-operation with the voluntary agencies, carrying out Child Welfare Work.

The foregoing Recommendations were placed before representative bodies of medical men by the Medical Delegate and were approved of by them; they were placed before a sub-committee of medical teachers appointed by the Syndicate of the University and had their complete approval; they were finally placed before a Conference of representative citizens held on November 1st, 1926, under the Presidency of His Excellency the Governor of Bombay, and received the unanimous approval of the Conference. In opening the proceedings, His Excellency put before the Conference the three main lines to be followed for reducing the prevalence of Venereal Disease and the damage which they inflicted on a community. These three main lines were as follows:—

- (1) Medical and administrative measures.
- (2) Educational measures,
- (3) Co-ordination of all the assistance that can be given by the authorities concerned in medical, educational and social work.

Numerous speakers took part in the Conference and, after a full discussion of the subject, the following Resolution was moved and passed, unanimously:—

“**THAT** this Conference desires to urge on the Government of the Presidency of Bombay and on the Municipalities and appropriate voluntary Societies of the Presidency, the necessity of taking action as to the incidence of Venereal Diseases and the damage which they cause to the community, and that the Conference urges on these bodies the immediate necessity of providing adequate means for dealing with these diseases by the following measures:—

- (1) The provision of free and confidential treatment for Venereal Diseases and of facilities for the instruction of students and medical practitioners in the treatment of such diseases along the lines suggested by the Medical Delegate.

(2) The inclusion of elementary Biology, Physiology and Hygiene in the curriculum of the Training Colleges for school teachers.

(3) The formation of a Council to be known as the Bombay Social Hygiene Council on the lines suggested by the Educational Delegate.

If a beginning is made in Bombay along the lines suggested in the foregoing Recommendations, if a free supply of Salvarsan is made available for hospitals, and free bacteriological tests are provided, we are of opinion that the general public of the Province will avail themselves of the service provided.

The Specialist who is appointed cannot be expected to undertake the treatment of all cases. In a short space of time, however, he will be able to train a considerable number of the members of the hospital staffs in the practical methods of diagnosis and treatment so that they in turn can undertake the work in other hospitals. The Government and the Municipality could also with advantage institute scholarships for study leave for men in rural areas, and, in provincial towns, to enable medical men and women from those areas to learn the diagnosis and treatment of Venereal Disease. The training of these medical graduates would be one of the duties of the Specialist Officer, and, when trained, they would be able to undertake the diagnosis and treatment of Venereal Disease in these outlying areas. In this way and by undergraduate teaching there would be created in course of time throughout the Province of Bombay a considerable body of men and women who had been efficiently trained in the practical methods of diagnosis and treatment of Venereal Diseases and who were sufficiently impressed with the importance of this subject as a factor in the public health of the Province.

The education of the medical profession, no less than the education of the public, is an essential step in assisting in the stamping out of Venereal Disease from any community.

SECTION II

Mercantile Marine

SECTION II

MERCANTILE MARINE

MEDICAL

Memorandum on Medical Facilities for the Diagnosis and Treatment of Venereal Disease in Members of the Mercantile Marine in the Port of Bombay

When Venereal Disease is prevalent in the civil community of any seaport, the incidence of disease in members of the Mercantile Marine visiting that port tends to be high. There is a consensus of opinion that in the City of Bombay there is a large amount of Venereal Disease.

The Port of Bombay is one of the largest in India and is visited yearly by European, American and Asiatic ships, the latter of which are chiefly Japanese. The total number of ships visiting the port each year is 3,951, and the average crew of each vessel is about 60 per ship, so that roughly one may estimate that 240,000 members of the Mercantile Marine visit the harbour each year. In addition, there are a considerable number of native craft, estimated at about 10,000.

It is difficult to give any accurate figures of the incidence of venereal infection among these members of the Mercantile Marine, but it is known from cases seen at the St. George's Hospital, the Goculdas Hospital and the J. J. Hospital that there is a considerable amount of infection. In 1925, 230 cases of acute venereal infection in seamen were seen in these Institutions. Others undoubtedly drift to other hospitals or are seen by private medical practitioners. In considering the special problem of Venereal Disease as it affects the Mercantile Marine, two aspects of the question must be kept in view :—

(a) The provision of treatment facilities for those who have been infected.

(b) The provision of such measures as will tend to prevent cases of infection in the seaport.

The importance of both aspects is emphasised by the fact that since 1918 many nations have been considering this problem and over twenty nations have taken definite action on it and signed an International Agreement known as the Belgian Agreement. The extract of the resolutions which the Health Section of the League of Nations transmitted to these nations, and for which the Office Internationale gained the support of over twenty countries is as follows :—

Proposed arrangement relating to facilities to be afforded to merchant seamen for the treatment of Venereal Disease :—

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

The 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 beds.

Article II.—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.

Article III.—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 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.

APPENDIX I.

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

Article IV.—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 crews notices showing the places and hours of consultation.

Article V.—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.

Up to the present time the Central Government of India have not adhered to this arrangement. The Central Government of India have

been approached by the Delegates and asked to adhere to it with a view to getting common action for all the principal ports of India. Great Britain, Canada, New Zealand, and other parts of the Empire have already adhered and Australia fulfils the majority of the conditions of the Agreement. It is important and a matter of urgency that both the Central Government of India and the Provincial Government of Bombay, through them, should adhere to this Agreement at the earliest possible date.

After visiting the Port of Bombay and the hospital centres available for treatment in the City, we are of opinion that adequate facilities maintained in accordance with the most advanced standards of scientific method are not available for seamen visiting the Port of Bombay.

OBSERVATIONS ON THE TREATMENT AVAILABLE IN THE PORT OF BOMBAY IN HOSPITALS OR DISPENSARIES NEAR TO THE SEAPORT

(1) BOMBAY PORT TRUST DISPENSARY

This dispensary is provided primarily for the treatment of minor ailments and accidents among members of the Port staff. Occasional cases of Venereal Disease may report there but are generally referred, when they do so, to either the European General Hospital or to the Goculdas Tejpal Hospital. In the past few years the average number of cases of Venereal Disease seen annually in this dispensary varies between 30 and 40, and the Medical Staff are of opinion that a considerable number of cases occurring among the Port staff do not report there because of fear of being stigmatised.

In the dispensary itself there is no available accommodation for the modern treatment of Gonorrhoea or Syphilis. The Medical Staff have not been trained in this work and we do not consider this Dispensary a suitable place for the institution of an in-patient and out-patient clinic. Its only recommendation is that it is near to the docks, but there is no ground available for extending it to make of it a suitable clinic.

(2) THE ST. GEORGE'S EUROPEAN HOSPITAL

This hospital provides beds for European officers and men and there is an excellent In-Patient Department containing sufficient beds for the treatment of severe cases of Venereal Disease. The Out-Patient Department is small and would require extension. The Superintendent of this hospital has no one on his staff who has been trained in the diagnosis and treatment of Venereal Disease, and no trained male nurses. The work is at present delegated to the Radiologist as part-time work. The treatment of Syphilis is not efficient because drugs such as Salvarsan are only available to a very limited amount unless the patient can afford to pay for them, in consequence few patients receive more than two or three injections. The treatment of Gonorrhoea is poor and consists of irrigation only. There is no equipment provided to enable sub-acute and chronic cases to be instrumented and dealt with on modern lines. Cases are not followed up and very rarely continue to attend as out-patients after leaving hospital.

As this hospital is in close proximity to the docks, it could with advantage be made into a suitable in-patient and out-patient centre for European officers and men.

(3) THE GOCULDAS TEJPAL HOSPITAL

This hospital is also situated near the docks and annually deals with between five hundred and six hundred cases of acute venereal infection. The majority of cases are treated as out-patients and there are no beds available for the treatment of early cases. Severe complications are admitted to the ordinary wards of the hospital when a bed is available. In this hospital, which deals chiefly with Lascars, there is no Out-Patient Department for the treatment of Venereal Disease. No member of the staff has been specially trained in the diagnosis and treatment of Venereal Disease, and there is no equipment available for modern treatment. In the case of out-patients, Salvarsan and other drugs are only given to such patients as can afford to pay for the drugs; a limited amount of Salvarsan is available for the use of in-patients. No attempt is made to treat cases of Gonorrhœa on modern lines, the staff recognising that they have neither the facilities, the equipment nor the premises to enable them to do so.

It is apparent, therefore, that in Bombay there are no adequate facilities in any of the hospitals which are in close proximity to the docks to enable cases of acute and contagious Venereal Disease to receive modern treatment. In addition, there is no in-patient accommodation for the very large body of Lascar seamen who visit the Port.

If the Central Government of India and the Provincial Government of Bombay, through them, adhere to the Belgian Agreement, it will be necessary to provide in Bombay for the treatment of seamen:—

- (a) Trained Medical and Nursing Staff.
- (b) Suitable premises for in-patient and out-patient treatment at the St. George's European General Hospital and at the Goculdas Tejpal Hospital.
- (c) A supply of the necessary equipment to carry out treatment.
- (d) A free supply of Salvarsan, Bismuth and other drugs.
- (e) A free bacteriological service for suspected cases of Venereal Disease.

RECOMMENDATIONS FOR THE PORT OF BOMBAY WITH REFERENCE TO THE MERCANTILE MARINE

The recommendations which we have already made for facilities for treatment among the civil population will undoubtedly help in the handling of seamen. In addition, there is a pressing need in Bombay for special provision for seamen, and in this opinion we are supported by the Port Medical Officer of Health, and the Medical Officer to the Port Trust. The Superintendents also of the St. George's Hospital and the Goculdas Tejpal Hospital are strongly of opinion that facilities are required for the treatment of infected seamen.

At a Conference held with the members of the Port Trust and others interested in the welfare of seamen, the opinion was expressed that such facilities should be available, and this body agreed unanimously to try to influence the Authorities with a view to confidential treatment centres being established for members of the Mercantile Marine.

DETAILED RECOMMENDATIONS

The following recommendations have been considered by the Officer in charge of the St. George's European General Hospital and of the Goculdas Tejpal Hospital, the Medical Officer of Health, Bombay, and the Port Medical Officer, and would, in their opinion, provide the necessary Departments to deal with the situation in the Mercantile Marine :—

(1) ST. GEORGE'S EUROPEAN GENERAL HOSPITAL

(a) The appointment of a Medical Officer who has been trained in the treatment of Venereal Diseases to take charge of this work. This Medical Officer might be appointed by the Specialist whom we have recommended as Director of Venereal Diseases for Bombay, and this Medical Officer should have the advantage of the services of the Specialist as a Consultant.

(b) The extension of the Out-Patient Department so as to provide an ablution centre and treatment rooms for outdoor cases suffering from Gonorrhœa and Syphilis ; and the appointment of a male nurse under the Medical Officer to take nursing charge of this Out-Patient Department.

(c) The free supply of Salvarsan, Bismuth and other drugs required in the treatment of Venereal Disease to both officers and men.

(d) A free bacteriological service in the case of patients who are suspected to be suffering from Venereal Disease.

(e) Complete equipment for the In-Patient and Out-Patient Departments to enable modern methods of treatment to be carried out.

If these recommendations were carried out, this Hospital would provide the necessary service for European officers and men.

(2) THE GOCULDAS TEJPAL HOSPITAL

In this hospital we would recommend :—

(a) The appointment of a Medical Officer who has been trained in the treatment of Venereal Diseases to take charge of this work. This Medical Officer might be appointed by the Specialist whom we have recommended as Director of Venereal Diseases for Bombay, and this Medical Officer should have the advantage of the services of the Specialist as a Consultant.

(b) A new Out-Patient Department providing an ablution centre, examination rooms, a small operating theatre, a waiting room, and the necessary bath and lavatory accommodation.

This Out-Patient Department might be incorporated in the new Out-Patient Department which is at present being planned for this hospital,

or, alternately, when the new Out-Patient Department is built, the present Out-Patient Department should be altered and re-adapted as a centre for the out-patient treatment of Venereal Disease. There would require to be provided in this Out-Patient Department a trained male nurse to work under the Medical Officer in charge of the Clinic.

(c) The provision of from 14 to 20 beds for patients suffering from Venereal Disease and its complications.

(d) The free supply of Salvarsan, Bismuth and other drugs required in the treatment of Venereal Disease.

(e) A free bacteriological service in the case of patients who are suspected to be suffering from Venereal Disease.

(f) Complete equipment for the In-Patient and Out-Patient Departments to enable modern methods of treatment to be carried out.

This hospital, if so fitted and equipped, would serve as a suitable centre for Lascar seamen.

GENERAL RECOMMENDATIONS

In these two hospitals provision should be made, as previously mentioned, for :—

(a) Skilled Medical Staff who have been trained in the diagnosis and treatment of Venereal Disease.

(b) Trained male nurses.

(c) Free bacteriological service.

(d) Free supply of Salvarsan and other drugs.

(e) Modern equipment and instruments.

and, in addition, there should be provided for :—

(f) The issue to each patient, when he leaves the Treatment Centre, of a case record card, containing full details of all the treatment which the patient has had in that centre and of any bacteriological tests carried out and their result.

(g) The issue to the patient of any drugs necessary for him to continue treatment, until his next port of call is reached.

(h) The making known, to every member of the Mercantile Marine visiting the port, of the existence of the facilities available for the diagnosis and treatment of Venereal Disease, and the places and hours where this treatment is available. Notices or leaflets giving this information should be issued to the Captains of ships, the Port Trust, the Port Health Authorities and the Shipping Companies.

(i) That the treatment and information regarding patients should be of a confidential nature.

If a service such as this were provided and the premises in which it was conducted made attractive, it would be patronised by members of the Mercantile Marine and would make continual treatment available to them.

It would, in the course of time, lessen the amount of infection among them. It would lessen the risk of their infecting the civil population. It would, in conjunction with the steps taken to deal with Venereal Disease in the civil community, markedly reduce the incidence of Venereal Disease in the Port of Bombay and would bring Bombay into line with those other countries who have signified their willingness to carry out the terms of the Belgian Agreement.

We have addressed a Memorandum on this subject to the Central Government of India with regard to the Port of Bombay and other seaports, and, while we are aware that the Central Government have not adhered to the Belgian Agreement, we have asked them to reconsider the matter in view of our Report on the lack of existing facilities for treatment. The Central Government, prior to our visit to India, had informed the Office Internationale that provision for treatment was available in the various seaports.

In the seaports which we have visited this service does not, in our opinion, conform to Articles I, II and III of the International Agreement, which is as follows :—

Article I.—The Contracting Parties agree to create and maintain in each of their principal ports, whether on river or sea, venereological 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.

Article II.—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.

Article III.—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 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.

We would express the hope that the Provincial Government of Bombay will seriously consider the matter and co-operate with and use its influence with the Central Government of India to get provision made for a free and confidential venereological service open to all merchant seamen or boatmen without distinction of nationality for every member of the Mercantile Marine calling at the Port of Bombay.

In Bombay, as in the other Ports of India, in association with this medical service, arrangements should be made whereby the Port Trust, the Shipping Companies, the Port Health Authorities and all other interested bodies should, by posters or leaflets, be prepared to bring to the attention of the shipping population the facilities which are available for the diagnosis and treatment of Venereal Disease.

There should also be provided, in each of these Hospital Centres, transfer cards in various languages on which the treatment given in the hospital would be noted so that the patient, when he leaves hospital and proceeds to another port, would have with him a complete statement of any treatment which he had had while in Bombay. This would make for continuity of treatment in cases of infection in the Mercantile Marine and would be of very great benefit to seamen.

WELFARE MEASURES FOR THE MERCANTILE MARINE

The Welfare of the Mercantile Marine in the Port of Bombay in relation to Social Hygiene

1. The steps taken to reduce the spread of disease from country to country have included, in addition to the provision of medical facilities, an increase of recreational facilities, shore-sleeping accommodation and attention to the social conditions of the ports, with a view to preventing the contraction of disease among officers and men of the Mercantile Marine of all nations.

2. The problem is international in character and has been recognised as such. In 1920 a group of four resolutions was adopted by the International Labour Conference of the League of Nations, two of which dealt with enlightenment and recreation.

Resolution 3.—Called for "The dissemination of appropriate information on the subject (of Venereal Disease) to seafarers and especially those at training establishments."

Resolution 4.—Called for "The provision of adequate facilities for recreation at all large ports under the administration of a joint organisation representative of owners and seafarers."

Action taken under Resolution 3

3. The International Labour Office set up an Advisory Committee to study the question, with a view to preparing draft legislative rules for submission to the Conference, and issued a questionnaire to Governments asking what facilities were available in seaports for the free treatment of seafarers suffering from Venereal Disease. This information has now been published by the International Labour Office, 1927.

4. Under the aegis of the League of Red Cross Societies and of the Norwegian Red Cross Society an International Conference on the Welfare of the Mercantile Marine was held in Oslo in 1926. The Office Internationale, the International Labour Office and the Governments of the prominent maritime countries were represented, in addition to the National Red Cross organisations. Among the recommendations made were the following:—

- (1) "That Bureaux for furthering the health and general welfare of seamen be established in seaports throughout the world."
- (2) "That each Bureau be placed in a prominent position on the water-side. The chief function of such a Bureau should be to provide—
 - (a) Treatment or information as to where treatment could be secured:
 - (b) Postal facilities, etc., information as to the local recreational facilities and sleeping accommodation."
- (3) "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."

Action has already been taken by various Governments and seafaring and voluntary organisations in accordance with the international proposals. The following may be cited as examples:—

GREAT BRITAIN

5. Port Sanitary Authorities arrange for the distribution of cards or handbills in the appropriate languages to the officers and men of all incoming ships, giving particulars of facilities that exist in the port for the free and confidential treatment of Venereal Diseases.

6. The British Social Hygiene Council, with the assistance and support of the appropriate Government Departments, issued a questionnaire in 1924 to the Medical Departments of Foreign and Imperial Governments, British Consuls in foreign ports and Port Medical Officers in British ports, asking for particulars of local facilities for free treatment available to seafarers. The information checked by that obtained through the International Labour Office was issued in 1925 in "The Seafarers' Chart of Healthy Manhood" with financial assistance from the Ministry of Health. This publication, containing particulars of 300 Treatment

Centres in seaports throughout the world, has been issued throughout the British Mercantile Marine and is also supplied by the Ministry of Health to all Port Clinic Officers to enable them to refer seafaring patients to overseas ports for continuous treatment.

GERMANY

7. A handbill is issued to all German seamen warning them against the dangers of promiscuous intercourse in sea-ports and recommending early medical advice being sought.

The ports Hamburg and Bremen have issued extracts from "The Seafarers' Chart of Healthy Manhood" Clinic list, giving particulars of all Treatment Centres in ports regularly visited by German ships leaving the port.

THE UNITED STATES OF AMERICA

8. Have issued a "Seamen's Handbook," warning men against the dangers of commercialised vice in seaports, showing the dangers of Venereal Disease and giving particulars as to treatment and recreation facilities available in all ports in the United States of America and in the principal foreign ports.

Action taken under Resolution 4

9. At the sixth Session of the International Labour Conference at Geneva, June 1924, the subject of "Spare Time and Social Hygiene" was considered, and "Legislation or Private Action against the Nuisance of Alcohol, against Tuberculosis, Venereal Disease and Gambling" was recommended.

10. The Joint Maritime Commission of the International Labour Office was established by the governing body in March 1920 from representatives of ship-owners and seamen. This body appointed a sub-committee on "Seamen's Welfare in Ports," which submitted its Reports to the Conference in June 1926. The Conference (1) instructed the International Labour Office to continue to study the problem and to submit the Report to the attention of the Governments of maritime countries: (2) requested the governing body to consider the possibility of placing this question upon the Agenda of an early Session of the Conference with a view to the adoption of a recommendation. The Resolutions passed by the sub-committee are in the attached

ppendix II Appendix.

GREAT BRITAIN

11. At the meeting of the International Shipping Federation in May 1925, a Resolution was passed for communication to the National Federations commending to their attention the four Resolutions adopted by the International Labour Conference at Genoa in 1920.

The Shipping Federation and the National Union of Seamen have both recognised the importance of improving recreational facilities and social conditions in the ports.

The Shipping Federation issued a circular to all ship-owners in 1923 calling attention to the dangers of Venereal Disease among the Mercantile Marine.

Several Shipping Companies now provide recreational equipment for the use of officers and men, including libraries for men.

The National Union of Seamen are encouraging the promotion of Recreation and Social Clubs in the larger ships, the secretaries of which communicate on arrival with secretaries of Marine Welfare Committees at the ports, with a view to arranging matches and making use of such amenities as the port provides.

In the ports of London, Cardiff, Southampton, Edinburgh, etc., Marine Welfare Committees have been established during 1926-27 to co-ordinate and promote recreational facilities, to supervise lodging accommodation and to care generally for the welfare of the Mercantile Marine using the port.

Such Committees are representative of the Medical, Municipal, Social, Shipping and Seafaring interests in the towns.

*Evidence of the Effect of Recreation on the Incidence
of Venereal Disease*

12. Experience gained in the various Armies and Navies, where figures can be obtained, where men are under discipline and the results of various measures can be gauged with some certainty, has led to common recognition of the fact that a direct relationship exists between recreational facilities and the incidence of Venereal Disease. Where counter-attractions exist there is less promiscuity and, consequently, less Venereal Disease. The figures for the Armies and Navies of Great Britain and America for the last ten years prove this.

13. For example, in Great Britain the combined programme of medical and recreational provision in the Army has led to a fall in the incidence of disease from 275·4 per thousand in 1885 to 22·3 per thousand in 1925. An additional recreational programme, coupled with the policy of improving the lighting and equipment of barrack accommodation was adopted in 1904 when the incidence was 107·6. The subsequent fall has been steady and continuous, exclusive, of course, of the abnormal conditions of the War. This is also borne out by the varying incidence in the different Fleets, according to whether they are visiting ports where social conditions are good and recreational facilities are provided, or the contrary. In both British and American Navies those ships frequenting Eastern ports show the highest incidence of disease, the British official figure for 1921 being 204·04 per thousand on a station including Indian ports which was 100 per thousand higher than those of any station except China, the average figure for the total Force being 67·07 per thousand. The United States Bulletin of 1925 draws special attention to the large amount of Venereal Disease incurred by the Destroyers visiting Burma and India, the reasons adduced being the high incidence of the disease in the civil population and the lack of any recreational facilities.

If the health conditions in the Navies are compared with those of the Mercantile Marine it becomes obvious that good organisation in the ports is essential, and particularly so in India.

In the Navies doctors are carried in almost all ships, but only in the passenger and emigrant ships of the Mercantile Marine. Recreation and frequently also shore sleeping accommodation is provided or supervised in the Government Service; the Merchant Service is dependent on the conditions in the port.

It can readily be appreciated, therefore, that the incidence of Venereal Disease in the commercial service would probably be far higher than in the Navies and is a serious international problem.

14. Commercial firms have found it a sound economic investment to provide recreational facilities and decent lodging accommodation for their employees, and give further proof, by their financial statements, that money invested in recreational facilities gives a return in health and is an integral factor in preventive medicine, particularly in regard to Social Hygiene ("Venereal Disease, alcoholism, drugs addiction, etc.").

15. The seafarer is an agent in the prosperity of the port; on his behalf it is claimed that he should receive his full share of protection from the authorities and decent shore sleeping accommodation, and that his claim to recreational facilities is equal to that of the rest of the inhabitants. In the ports of India sleeping accommodation and recreational facilities are required for European officers and men, for Lascars, Chinese and Arabs. Inquiry is needed to ascertain the type of recreation required for the non-European seafarers, but a number have already adopted European games; recreation grounds and bathing facilities are a general need. It is urged that the Government should take immediate action, and that the local British commercial interests should make the necessary provision for their own nationals in promoting the establishment of Officers' Clubs and in securing opportunities for football, cricket, tennis, etc., for both officers and men.

16. In many places certain Port Dues drawn from shipping were originally allocated by law to the seafaring community; these are now used for other purposes and could well be re-allocated to contribute to the needs of the seafarer. Instances were given to the Delegation showing that the Hospital Port Dues paid by ship-owners were out of all proportion to the amount of services rendered by the hospitals to seamen, and Dues for Sunday work were being devoted to extra pay for Customs or Port officials or contributed to charities unconnected with the welfare of the Mercantile Marine.

17. It is acknowledged that Port Commissions and Harbour Boards assume the ordinary responsibilities of a Corporation as far as the Docks and Harbours are concerned. A Corporation provides roads and the necessary facilities of life to the town resident; the Port Authorities, in many cases, do not make provision for the ship-borne inhabitants of the port. It is submitted that facilities for safe transport to and from

shore and the adequate lighting of roads to the ships in dock should be the duty of the port. If such facilities were provided, they would go far towards reducing the present deterrents to men to return to their ships at night.

PRESENT CONDITIONS IN BOMBAY

18. It has not been possible for the Delegation to obtain the numbers of European officers and men and Lascar seamen using the Port of Bombay, but the estimate given to the Delegation was in the region of 240,000 of all seafarers.

The Delegation met the Port Trust on Tuesday, November 23rd, and the Educational Delegate outlined the position with regard to seamen's welfare, as outlined in the following Report.

19. *Lascar Seamen.*—There is no shore sleeping accommodation provided for Lascar seamen. Bombay is a recruiting port for Lascars and large numbers leave the ships for the interior or come into the port to embark. The slum areas of Bombay are overcrowded by large numbers of Lascars, which directly contributes to the spread of disease both among themselves and among the resident population. There is no organisation that cares in any way for the welfare of this large body of seafarers. No efforts have, as yet, been made to enlighten them as to the dangers of Venereal Disease and the urgency of seeking medical advice.

As a memorial to Indian seamen who lost their lives in the War, a fund was raised which now amounts to Rs. 77,500. The Port Trust, in 1921, offered a free gift of 2,000 square yards of land in a suitable position for a Home; the offer was confirmed in 1923. A Committee representative of the Provincial Government and of the Port Trust sat from 1923-24 and decided that this should be used for an Indian Seamen's Home. The Bombay Sailors' Home Society are negotiating (1927) the sale of the site of their property to Government for about Rs. 6 lakhs, and it is understood that they propose to allocate 1 lakh to the provision of accommodation for Lascar seamen. So far nothing has been done; the Government Committee has lapsed and no representative group exists to carry forward the work. Although the need has been recognised for some six years and a considerable proportion of the required funds are available, no constructive action has been taken.

20. It is recommended that a special Committee should be appointed by the Authorities on which the Lascar interests are represented to inquire into the conditions of the Lascar seamen, the number for whom nightly accommodation should be provided and the type of recreational facilities which will be most suitable, and that the Report of this Committee, when received, should be acted on forthwith.

20 (a). Seamen of other nations visiting Bombay may be assumed to have some knowledge of the facts, owing to Government action in European countries, but, hitherto, no special provision has been made to convey the information in a form suitable to the Asiatic seamen.

21. *European Officers and Men.*—The Delegation visited the Prince of Wales' Seamen's Institute, an excellent and well managed building run in connexion with the Missions to Seamen and erected on land provided by the Port Trust. Negotiations are proceeding with a view to amalgamation with another voluntary Institution, the Bombay Sailors' Home Society, which will result in an increase of the sleeping accommodation available. The Institute provides indoor recreation for officers and men, but is used mainly by the stewards and by a few apprentices and officers. The upper floor is reserved for officers, and the ground floor for men. The Chaplain of the Mission, Mr. Peel, is in charge of the building and has the assistance of a Ladies' Committee. The attendance at the social functions has doubled during the past year, but still only meets the needs of a fraction of the seafarers visiting the port.

Recreational facilities are insufficient. No recreation ground has been allocated for the use of the Mercantile Marine. The Secretary reports that he is already receiving applications for grounds from recreational or "social" secretaries in incoming ships. The only opportunities now available are on such grounds as the Seamen's Institute may occasionally borrow from recreational organisations in the city.

There is no Club for Officers. A certain number of those using the port regularly join the Gymkhanas, but no special facilities, we understand, are offered to Junior Officers by these Clubs.

It is recognised that until the Back Bay Reclamation scheme is completed it will probably be impossible to allocate a special ground to the Mercantile Marine.

22. The existence of the tolerated areas in the Grant Road district, Falkland Road, Sulagi Road and adjacent to the Dock gates, together with the recognised custom of special brothels catering for the seamen of particular Lines, the efficient touting organisation, both on the ships and immediately outside the Dock gates, tend to increase promiscuity and therefore to spread disease. On visiting the Sulagi Road and other tolerated areas adjacent to the Docks on November 26th, parties of seafarers were seen visiting the area as one of the sights of the town, several subsequently entering the brothels. Two of the brothels catering for the employees of special Shipping Lines were seen and corroboration obtained as to the special touting methods employed by these establishments.

Marine Welfare Committee

23. Opinion in general, both among the seafaring organisations in other countries (including Great Britain) and among those consulted locally, is that the organisation of the existing facilities of the port and the promotion of special Institutions should be under a recognised official Committee on which all interests concerned are represented, and should not be handed over to any one sectarian or religious body. The value of the Mission organisations is recognised by all, and their representation on any official Committee desired, but it is felt their particular work should continue on its specialised lines.

24. It is suggested that a Marine Welfare Committee should be appointed by, or with the approval of, the Government, with branches in Bombay and Karachi, and could well be representative of the following interests :—

The Government of India

as interested in the medical facilities available for seamen and also for the welfare policy as developed by the League of Nations.

The Provincial Government

as interested in both the medical and social aspect of the problem and responsible for the health of the Province.

The Corporations

as responsible for the general welfare of their respective towns and having accommodation and open spaces available for recreation.

The Chambers of Commerce.

The Port Commissioners.

The Shipping Interests.

The Officers.

The Stewards.

The Dock Hands.

The Lascars.

The Y. M. C. A.

The Missions to Seamen.

The Recreation Organisations.

That this Committee should endeavour to secure—

- A. Facilities for free medical treatment to the officers and men according to the terms of the Belgian Agreement and arrange that medical facilities be made available to the officers and men in all incoming ships.
- B. Opportunities for recreation, both outdoor and indoor, for all Europeans, officers and men—
 - (1) by obtaining the use of playgrounds ;
 - (2) by scheduling decent places of amusement and distributing the information to officers and men.
- C. By arranging for officers and men to leave and return to their ships in safety.
- D. By promoting the suppression of methods for the exploitation of vice directed against members of the Mercantile Marine.
- E. By establishing a Club for Officers, an Institute for Men and suitable accommodation for Lascars at Bombay.

- F. By providing a list of decent shore sleeping accommodation with fixed charges and under regular inspection while Club premises are inadequate or unavailable.
- G. To arrange for the distribution of all information as to medical facilities, sleeping accommodation and recreation to all incoming ships, and to establish Bureaux accessible to the Docks where all members of the Mercantile Marine can apply.
- H. By promoting opportunities for social intercourse between European officers and men and the British residents in the port, particularly in the case of young apprentices.
- I. That the Marine Welfare Committee should act in liaison with, or a section of, the Bombay Social Hygiene Council and should arrange for the enlightenment of all sections of the Mercantile Marine as to the dangers of Venereal Disease and the facilities for treatment provided.

25. RECOMMENDATIONS

1. That a representative Committee be appointed by the Provincial Government for the Welfare of the members of the Mercantile Marine of all nations visiting the port.
2. That the Provincial Government should appoint a special Committee of Inquiry to ascertain the extent and type of accommodation and recreational facilities required by Lascar seamen using the Port of Bombay.
3. That, under the ægis of the Provincial Government, the existing Committees of the Seamen's Institute, the Bombay Sailors' Home and the Lascar Memorial Fund be co-ordinated by, or amalgamated with, the Marine Welfare Committee, and all funds amassed for or allocated to the Welfare of the Mercantile Marine be placed in the hands of the official Committee to be expended in carrying into effect an agreed scheme for the welfare of all sections of the service.
4. That the Government of India be asked to provide funds to enable adequate recreation grounds for the European officers and men and Lascars to be allocated from the ground reclaimed under the "Back Bay Scheme" and that, pending these grounds being available, temporary arrangements be made, *e.g.*,

For Officers—

That grants be made by the Marine Welfare Committee to existing gymkhanas and clubs to enable officers of the Mercantile Marine to be made Honorary Members while in port.

For Men—

That such spaces as are available in the port area be equipped for recreation, and existing grounds in the town hired for certain days.

5. That the allocation of funds under those sections of the Port Trust Act that provide for the welfare and medical care of seafarers be made the subject of a special inquiry by the Authorities, and that all Dues payable to Clubs, Institutions and Recreation Grounds be allocated to the Marine Welfare Committee for that purpose.
6. That the Provincial Government allocate an annual sum to the Marine Welfare Committee sufficient to cover the salary of a Secretary to the Committee and Officers' Club and a Superintendent of the Lascar Institute.
7. That the Corporation be asked to forego all rates on the Recreation Ground eventually to be allocated to the Mercantile Marine.
8. That the Corporation be asked to enforce all rules pertaining to Men's Lodging Houses with particular strictness in the Dock areas, and, if not already in existence, to authorise special Bye-Laws in regard to Seamen's Lodging Houses on the lines of those in force in other seaports. (Specimens attached.)
9. That the tolerated areas be abolished as soon as practicable and that if all are not abolished at the same time that action should be first taken in regard to the Grant Road and the Dock areas.
10. That the Solicitation Laws should be strictly enforced against rickshaw coolies and others touting among seamen.
11. That an authorised leaflet giving all information as to medical facilities, social amenities, recreation provision and sleeping accommodation should be issued to the personnel of all incoming ships immediately on arrival in the port.
12. That the Provincial Government, through the Marine Welfare Committee, should provide funds for popular medical lectures, film showings and, where suitable, the distribution of pamphlets, to enlighten Indian seamen on matters of Social Hygiene and Venereal Disease.

SECTION III

Social Hygiene in Education

SECTION III

SOCIAL AND EDUCATIONAL ASPECTS

26. The Delegation arrived in Bombay on November 19th and departed for Poona on December 3rd, leaving the Presidency on December 5th ; thus, exclusive of days of arrival, departure and travel, there remained 14 working days.

During this period courses of four lectures were given to Teachers, three to Social Workers, and single lectures to five audiences of Students, Nurses and Women—totalling approximately 820 persons.

Fourteen Conferences were held with those interested in or responsible for Education, Seamen's Welfare, Infant Welfare and the Social Conditions of the town.

Visits were paid to 30 Institutions—fifteen of a medical character, dealing wholly or in part with the diagnosis or treatment of Venereal Disease in women and children, or with antenatal or maternity work—fifteen of a social character, providing care for the destitute or delinquent.

In addition, 24 interviews were accorded to the Educational Delegate by those who were able to contribute information.

For the purposes of this Report the subject will be treated in three Sections :—

- (a) Measures calculated to prevent Venereal Disease among adolescents and to raise the standard of sex conduct, *i.e. Social Hygiene in Education.*
- (b) Measures calculated to reduce the volume of promiscuity and disease, *i.e. Social Conditions.*
- (c) Measures for popular enlightenment and for the promotion of a co-ordinated Social Hygiene policy, *i.e. The Constitution and Functions of a Bombay Social Hygiene Council.*

On the day before their departure, the Corporation invited the Delegation to present a summarised, verbal report as to the conditions in Bombay, together with an outline of their Recommendations.

The Educational Delegate gave a summarised account of conditions, as described in the following Report, and urged the Corporation to assume its financial responsibilities with reference to the Recommendations embodied in the Report, making a special plea for the Corporation to finance an adequate campaign of public enlightenment, for the provision of Almoners and Hostels, and for the suppression of the commercial interest in prostitution.

SOCIAL HYGIENE IN EDUCATION

Foreword

27. The various Royal Commissions and Government Inquiries in those countries that are endeavouring to reduce the incidence of Venereal Disease have all emphasised the importance of the educational aspect

of the problem. It is recognised that progress in public health administration must ultimately depend on public opinion—that public health is founded on personal conduct. It is, therefore, essential to include in all educational systems a grounding of the biological sciences on which to base effective teaching on personal and social Hygiene. Until man understands the effect of conduct and environment on individual health and efficiency, it is impossible for even the most enlightened administration to attain real progress. These arguments bear with particular force on the Venereal Diseases, which are largely acquired and disseminated by voluntary individual action.

28. The course advocated, and now in process of adoption in Great Britain, the Scandinavian countries and in many parts of the United States of America and Germany, appears to be giving the anticipated results. The age of first sex experience appears to be rising, the volume of acquired disease in adolescence is definitely falling, and part of the fall in the new cases of disease may rightly be attributed to changes in individual conduct based on knowledge of facts, coupled with an increased sense of personal and communal responsibility for the health both of this and of the coming generation.

29. The steps advocated are :—

- (a) That all children should be grounded in the principles of evolutionary biology, which includes the laws of life and reproduction divorced from any personal context, before the age of adolescence. A foundation is thus laid on which personal teaching on Social Hygiene can be effectively added, and the appeal to the sense of social and racial responsibility in the individual is reinforced by knowledge.
- (b) That the ideals of citizenship and public health should be presented to adolescents and should include direct information as to the dangers of venereal disease, particularly those exposed to the temptations of urban life.
- (c) That a combined effort should be made by parents and teachers to train the young in self-control in an endeavour to raise the standard of sex conduct.
- (d) That increased facilities for organised games and healthy employment for leisure should be provided.

30. When the disastrous racial effects of venereal disease were brought to light, in no country were there teachers equipped to give the desired instruction. The first effort has therefore been directed to the training of teachers and to securing the co-operation of parents.

Three-fourths of the Training Colleges in Great Britain now include in some form the scientific foundations of Social Hygiene. The recently issued Report of the Consultative Committee of the Board of Education APPENDIX IV. (enclosed herewith extract as appendix) emphasises the need of further biological education. In Sweden an extension of the teachers' curriculum to cover Social and Sex Hygiene was required by law in 1921. In the United States similar alterations in the curricula of the Normal

Schools have been made. In Great Britain to meet the need of the existing professional teacher popular courses of six or eight lectures on Social Hygiene have been arranged during the last eight years by the Social Hygiene Council with the approval of the Ministry of Health and the local Education Authorities and attended by several thousands of teachers in Elementary Schools in all parts of the country.

31. For the training of professional teachers in the interpretation of Nature Study from the standpoint of Evolutionary Biology, Summer Schools have been arranged under the ægis of the Board of Education at Aberystwyth and Cambridge Universities. In 1926 and 1927 the Social Hygiene Council also held a special School during the summer at Oxford on the general problems of Social Hygiene. Study Courses and Summer Schools have also been found a practical method of training the professional teacher by both Sweden and the U.S.A.

PROGRAMME OF DELEGATION

32. While in Bombay the Delegation had the following opportunities of discussing the educational aspects of Social Hygiene with educationists :—

(a) A Conference of Representatives from the University, the Training Colleges and the Secondary Schools.

(b) A Conference with the Syndicate of the University.

(c) Three lectures and demonstrations to Teachers.

(d) A Conference with the Bombay Teachers' Union.

(e) A Conference of Principals of Training Colleges at Poona.

(f) Consultations and discussions with individual Educationists and groups of Teachers.

(g) Discussion with officers and members of the Bombay Women's Conference on Educational Reform.

Interviews were also kindly accorded by :—

Mr. Lory, Director of Public Instruction.

Professor Hamley, Principal of the Secondary Training College.

Mr. Turner, Secretary of the Department of Health, Education and Lands.

Mr. Marzban, Headmaster.

Miss Contractor, Principal of the Girls' High School.

Rev. and Mrs. Mackenzie, Wilson College.

Miss Navalkar, Principal of the Women's Training College, Poona.

Mr. Vakil, Inspector of Schools.

and others.

PRESENT CONDITIONS IN BOMBAY

33. From the above and other sources of information the following conditions appear to obtain :—

(a) The teachers in Primary Schools receive no grounding in the biological sciences, either from the standpoint of character training or

of Public Health. There has been an elementary course of Hygiene, which admittedly did not meet the situation.

(b) The absence of any knowledge of physiology has led to the influence of the teacher in many cases being used to support a false idea that from the onset of adolescence the use of the racial functions are essential to proper physiological development, particularly in the boy.

(c) Educationists and medical practitioners acknowledge that there is a considerable amount of acquired venereal disease among the adolescent population. It is stated that the trouble is prevalent in boys of 15 and upwards.

(d) The conditions of living for the majority of the population are such that the crude facts of life are impressed on children at a very early age; the lack of any clean interpretation of these facts from the biological standpoint has a seriously deteriorating effect on the accepted standards of sex conduct.

(e) The school as a medium of character training is only now beginning to be recognised by the teacher but not yet by the parent. The courses of training for teachers have hitherto ignored the biological and psychological bases of character training and the part played by recreation in education. This omission is already in process of rectification, the syllabus in use in the Primary Training Colleges or Normal Schools being now under revision by the Department of Public Instruction.

(f) The fruitful field of active co-operation between the parent and the teacher, the home and the school, seems to have been very little explored.

(g) Certain social conditions exist in Bombay that, in the opinion of the responsible educationists, contribute materially to moral laxity among young people and also to the spread of venereal disease. At conferences with educationists the harmful suggestions conducive to moral laxity received by young people through cinema films was repeatedly cited.

(h) The continued existence of tolerated vice areas in the city provides the constant suggestion of a low standard of sex conduct to young people of school age, and the prevalence of the belief already alluded to, that the onset of adolescence is synonymous with physical maturity, leads to responsible persons favouring the initiation of young boys during early adolescence in promiscuous sex conduct.

These conditions provide strong grounds for the immediate dissemination of a sound knowledge of the facts of Social Hygiene among all parents and teachers, and induce the Delegation to lay great stress upon the need for immediate action by all Educational Authorities along lines that will equip teachers with the necessary knowledge to ensure their co-operation.

34. From enquiry it appears that teachers receiving training may be classified in the following groups :—

(a) Those studying for the degree of Bachelor of Teaching.

(b) Those studying privately, in special schools, for the Secondary Teachers' Certificate.

(c) Those in training as teachers in Primary Training Colleges.

With regard to the courses of study coming under the jurisdiction of the University the following seem to afford effective channels through which teaching in Social Hygiene could be conducted—

1. The School Leaving Examination.

2. The First Year Course.

In the School Leaving Examination the alternative subjects in Science are—

(a) Elementary Physics and Chemistry.

(b) Elementary Botany and Zoology.

(c) Elementary Psychology and Hygiene.

(d) Domestic Science (for girls only).

In the First Year's Examination the only Science subject is—

Elementary Physical Science.

It is obvious, in these circumstances, that an undue influence is exerted over the students which deters them from selecting any of the School Leaving Examination subjects except Elementary Physics and Chemistry and a very small minority at present profit by the apparent opportunity of acquiring training in (b), (c) and (d). This defect in the curriculum could be remedied by the substitution of Elementary General Science (including Biology) for group (a) and by providing alternatives drawn from the Biological Sciences in the First Year Examination. The above alterations will ensure that the teachers of the future will have a knowledge of Social Hygiene.

35. The Syndicate of the University met the Delegation in Conference on November 26th, and discussed the suggestion that more emphasis should be given to the Biological Sciences. To enable the Delegation to formulate proposals applicable to the educational system in Bombay the Conference appointed an Advisory Committee to confer with the Educational Delegate : this Committee consisting of the following :—

Professor H. R. Hamley, Secondary Training College.

Mr. Vakil, Inspector of Schools.

Mr. Marzban, Headmaster.

Miss Contractor, Headmistress.

The Committee met on November 29th, and after careful consideration and full discussion, the following resolutions were unanimously adopted

and duly transmitted to the Registrar of the University and to the Director of Public Instruction :—

1. "The Sub-Committee, appointed to meet Mrs. Rolfe by the Syndicate, ask the University

(a) To revise the course for the School Leaving Examination so as to include as a compulsory subject for all students a certain amount of Biology and Physiology as related to Social Hygiene.

(b) That in the first year course, Biology should be an optional subject in Elementary Science.

(c) That the existing syllabuses for the Bachelor of Teaching Course in Physiology and Hygiene should be so extended as to include Social Hygiene."

2. "The Sub-Committee appointed by the Syndicate of the University urge on the authorities concerned the necessity of amending the syllabus for the examination intended for Primary and Secondary Teachers so as to include a certain amount of Biology and Physiology as related to Social Hygiene."

36. As an indication that enlightened educational opinion was sympathetic to the policy advocated by the Delegation, it may be cited that at the final conference convened by His Excellency The Governor, to which all responsible authorities were invited, the following resolution, prepared by the Advisory Committee, was proposed by the Principal of the Training College and seconded by the Head Mistress of the Secondary School for Girls, and unanimously adopted :—

"That the Conference desires to urge on the Government, the Municipality and the Educational organisation of the Presidency, the desirability of inculcating the ideals of Social Hygiene in the rising generation, and, to this end, suggest that the necessary measures should be taken as soon as possible to secure the training of teachers in the foundations of Social Hygiene."

37. The introduction of elementary biology into the teaching in Primary Schools, with more advanced teaching in general Social Hygiene in Secondary Schools would in due course lead to a better appreciation of health problems and the formation of an active public opinion thereon. It is not at present suggested in the steps advocated that class teaching in Primary Schools should be given on Social or on Sex Hygiene. Such teaching could only be recommended after the support and co-operation of parents had been secured and when trained teachers were available. Although the time is not yet ripe for the introduction of Sex Hygiene into Primary Schools, class teaching in evolutionary biology is strongly recommended.

38. It is submitted that, as Primary teachers have a strong influence in directing public opinion and have special responsibilities in the moral guidance and training of children, it is essential in their own interests and that of the community that they should be equipped with the knowledge which will enable them to use such powers to the best advantage.

On these grounds it is recommended that the scientific foundations of character training, based on biology, physiology and psychology, should be included in all courses for the training of teachers. It is also recommended that all teachers should, during training, acquire a sufficient knowledge of diseases such as Hook-worm, Malaria, Venereal Diseases and Tuberculosis, to enable them to foster a sound public opinion in support of a public health policy. APPENDIX IV

39. To give the necessary equipment to the existing professional teacher, which is essential if the present generation of students is to benefit—it is suggested that short six-weeks courses should be arranged:—

(a) for Primary Teachers; by the Department of Public Instruction;

(b) for Secondary Teachers; by the Education Committee of the Social Hygiene Council, on which the University, the Education Department and the Training Colleges are represented.

(a) *Primary Teachers.*—These courses should include lectures, demonstrations and practice teaching in Nature Study from the standpoint of evolutionary biology to be acted on by the teacher in class, and a simple course of instruction on Social Hygiene and Public Health to assist the teacher in the general, moral and social influence exerted with individual pupils and as a citizen.

(b) *Secondary Teachers.*—A course of six weeks' instruction in Social Hygiene and the scientific foundations of character training. Such courses should be illustrated by the films* "The Gift of Life," "Youth and Life" or others, to present to them the general principles of Social Hygiene and the essential points with regard to physiology in adolescence, to enable them to handle the ordinary problems of school life and to give personal advice to individual pupils. Such lectures could follow the general lines of the syllabus prepared by the British Social Hygiene Council, provided the last two lectures on "Social Applications" were adapted to suit local conditions. APPENDIX IV (a).

40. It is recognised that, with the exception of the Secondary Training College in Bombay, there is at present no personnel with the requisite training to staff such "Special Courses." It is, therefore, recommended that the Government give four scholarships, two for men and two for women, to enable four suitable individuals to proceed to Europe for a year's study; on their return they would, under direction in the Training College, be able to undertake the instruction of teachers.

The Delegation undertook on their return to Great Britain to consult various Universities and to ascertain what opportunities could be offered for teachers from India taking a one year's Diploma Course. The Universities of Aberystwyth and Liverpool have now been consulted and are willing to provide the necessary opportunities. A one year Diploma course in Biology is under consideration at the University of London. Full particulars are appended. APPENDIX V.

* Adapted to Indian conditions.

41. To enable the project to be launched without delay it is also recommended that during the coming cold weather the services of eminent professors in biology and psychology be secured by the University and the Department of Public Instruction, in co-operation with similar bodies in other Provinces, who would hold the first "Special Courses" in Bombay and in Poona.

42. The prevalence of acquired disease among College students and the pressing need for securing a more enlightened opinion on all matters of public health make it desirable to present the subjects of Social Hygiene and Public Health to all college students. To this end it is recommended that six to eight popular lectures should be provided each year by the University authorities, at which the attendance of college students should be made as compulsory as possible. Such lectures would deal with general subjects of Public Health and Citizenship, but in each course there should be one on Personal and one on Social Hygiene. It is suggested that the visiting professors in biology and psychology who would initiate the first course to teachers could also give the first course of popular University lectures.

43. The Educational Delegate, in the experience gained during the very brief time spent in India—on which admittedly it would be unwise to base too much reliance—found that Conferences of Parents, convened at Schools and Colleges, were well attended and that the parents evinced considerable interest. Such conferences were illustrated by educational films, and created a considerable demand for literature in the vernacular. It is essential to obtain the co-operation or at least the acquiescence of the parents in order to secure effective character training in children, a higher standard of sex conduct, and wise guidance of juvenile leisure. Such conferences should be addressed by speakers approved by the Public Health Department, the Department of Education and the Bombay Social Hygiene Council, and could be illustrated by films or lantern slides; with literate audiences they would be the occasion for the distribution of suitable literature in the vernacular, explaining the dangers of exposure to infection and the advantages of continence. Were parents conferences made a regular feature of school life an opportunity would be given for popular adult education on pressing problems of citizenship as well as on the character training of children.

To carry the above suggestion into effect, it will be necessary for the Provincial Government to make provision for the films "Youth and Life" and "The Gift of Life" to be purchased, either by the Education Department or by the Bombay Social Hygiene Council.

44. To explain the importance to the individual and to the community of continence during adolescence, it is recommended that teachers be provided with some authoritative statement on the desirability of continence, perhaps one on similar lines to the "Statement on Continence" prepared by the Social Hygiene Committee and adopted by the Council; such a statement if issued by the Minister of Health and Education to all in the Educational Service in Bombay would do much to clarify the position and to direct teaching along sound lines.

45. To reduce promiscuity, and consequently Venereal Disease, in the schools and among young people after school life opportunity for satisfying the normal demands of adolescence must be provided in other directions. Training in leisure occupations can be given during school years and utilised later. Team games of all kinds, Junior Red Cross groups, Boy Scouts, Girl Guides, School Athletic Associations, should be fostered in the schools.

46. The Delegation were glad to note the progress made by the Scout and Guide movement in Bombay. The training provided by these organisations is of immense value, and it is suggested that young educated Indian men and women should be urged to volunteer as officers for this personal and social service. We were informed that the great deterrent to providing for those boys and girls anxious to enrol as Scouts and Guides was the lack of officers. There is, however, a serious deficiency in recreation grounds, physical training and games instruction in the majority of educational establishments. The teaching of organised games is not yet part of the school programme.

The active participation of the Education Department through the provision of a Physical Training Director for the Province and the organisation of Inter-School and College Olympic Games would have a directly beneficial effect.

The provision of adequate recreation and general interests to the adolescent is an important part of the Social Hygiene programme, and for this reason the Delegation strongly endorse the appeal for further assistance made by educationists and by the leaders of the Scout and Guide movement. A hopeful sign that the Corporation is appreciating its responsibility for providing recreational facilities is that so far they have provided two playgrounds under the management of the Y.M.C.A. which accommodate approximately 800 young people a day.

47. In view of the prevalence of congenital syphilis, and the necessity for securing early treatment of this condition if children are to be safeguarded from the later effects, it is recommended that the regulations for medical inspection should be so revised as to enable medical officers—

(a) to have sufficient time at their disposal to make an examination that will enable such conditions to be detected;

(b) to have facilities accorded by the Government for free bacteriological tests to be made in all cases where it appears desirable.

48. If school medical inspection is to prove an effective means of preventing the development of disease and of curing existing conditions further official and voluntary effort is required. Under present conditions the parent often does not appreciate the need for carrying out the instructions of the School Medical Officer, or conditions are such that the mother cannot leave home to take the child to hospital; no special arrangements exist at the hospital for the treatment of children, and many hours and even days are often spent by children waiting in out-patient

departments without any proper supervision or control. Representations were made to the Delegation that the cost of securing entry to the Medical Officer at the hospital often prohibits the parent from sending the child. It appears desirable, therefore, that special arrangements should be made to enable children to be convoyed to and from the hospital by responsible persons under whose charge they would not be subjected to the existing abuses. It is recommended that a voluntary Welfare Committee should be established in connection with each school, to work under the direction of the head of the school and of the Medical Officer. The duties of the Committee would be to visit the parents of those children who were ordered treatment and to make arrangements for the child to receive such treatment. It is recommended that School Nurses be appointed under the School Medical Service. Pending their appointment it is suggested that the services of Health Visitors, working in connection with the Infant Welfare Centres of the district, might be secured, and that the Health Visitor should arrange for the members of the Welfare Committee to take the children of each district for treatment at the hospitals.

APPENDIX
VII.

49. It is recommended that the Director of Public Instruction should arrange with the Director of Public Health for the holding of School Clinics at special hours at the appropriate hospitals; that heads of schools should be notified as to when and where such clinics are held; that children must attend either under the guidance of the School Nurse, members of the Welfare Committee, or of their parents, and must receive treatment without undue delay.

50.

RECOMMENDATIONS

1. That the University be asked:—

- (a) to revise the course for the School-leaving Examination so as to include as a compulsory subject for all students Biology and Physiology as related to Social Hygiene;
- (b) that in the First-year Course an optional alternative to Elementary Physical Science should be provided from the Biological Sciences;
- (c) that the existing syllabus for the Bachelor of Teaching course in Physiology and Hygiene should be so extended as to include Social Hygiene.

2. That the University be asked to arrange for courses of eight popular lectures each year on Health and Citizenship, two of which would deal with Personal and Social Hygiene, in order that all University graduates may have some knowledge of the elementary principles of Social Hygiene.

3. That the Education Department should be asked to amend the syllabus for the examination intended for Primary and Secondary Teachers so as to include Biology and Physiology as related to Social Hygiene.

4. That the Education Department be asked to make provision for teachers trained in Evolutionary Biology to handle the teaching of Nature Study and Botany in Primary, Middle and High Schools and to provide the Schools with the necessary equipment.
5. That direct teaching in Physiology, Personal and Social Hygiene in relation to the responsibilities of citizenship be given in all High and Middle Schools.
6. That co-operation between parents and teachers in the training of children should be fostered by the authorities.
7. That a Physical Training Director be appointed to the staff of the Government Department of Education and to the Education Department of the Corporation.
8. That the training and facilities for organised games, Scout and Guide work, and physical training be provided for adolescents both during and after school life.
9. That the Government and Corporation should develop the scheme of School Medical Inspection; that School Clinics should be held at the hospitals and social machinery provided through the establishment of Welfare Committees and the appointment of School Nurses for taking children to the hospitals, and to secure the co-operation of the parents in carrying out the instructions of the doctor.
10. That in view of the prevalence of congenital syphilis it is recommended that the regulations for School Medical Inspection should be extended to include the detection of inherited disease and that the Government and the Corporation should provide the necessary free bacteriological facilities.
11. That social measures be taken to protect youth from influences calculated to encourage promiscuous intercourse and exposure to venereal infection.

Immediate Measures

1. That intensive courses of lectures on Social Hygiene should be arranged for professional teachers.
2. That two men and two women teachers should be given Government Scholarships for a year's qualifying course on Social Hygiene at one of the English Universities.
3. That the services of a Professor of Biology and a Professor of Psychology should be secured for the winter of 1927-28, in co-operation with other Provincial Governments and Universities to visit Bombay for one month—
 - (a) To give the first of the intensive courses to professional teachers:
 - (b) To give the first two popular lectures to the students at the University.
4. That an authoritative statement on the desirability of continence, particularly among adolescents, should be issued by the Education Department to all Heads of Schools in Bombay.

SECTION IV

Social Conditions

SECTION IV

SOCIAL CONDITIONS

Foreword

51. In order to reduce the incidence of Venereal Disease it is desirable to secure social conditions under which —

- (1) Those in the community who are infected and who stand in need of treatment will willingly seek and continue treatment at the various Hospitals;
- (2) The detection and treatment of any cases of acquired or inherited disease in all children and young persons cared for by Government or philanthropic agencies can be secured;
- (3) The drift of young people into prostitution and delinquency, by the provision of social safeguards, can be prevented;
- (4) The provision of agencies which will care for and rehabilitate those who have already entered a life of prostitution, or who are in danger of so doing, will be promoted.

(1)

52. It should be borne in mind that a very large proportion of those who are infected with Syphilis and Gonorrhoea are married women and young children. The origin of the disease in these cases is not venereal. It is important, therefore, to secure that the hospital facilities provided should treat women and children as patients and that no social stigma should in any way attach to these patients in hospital administration.

53. In connection with the out-patient facilities given, it is very desirable that special sessions should be arranged for children. This has often been done with success in connection with similar sessions for married women. The extent to which women and children can be induced to follow the long course of continuous treatment necessary to cure is very largely dependent on the sympathetic reception accorded them at the hospital and on the extent to which it is possible to avoid keeping patients waiting.

54. A certain number of patients, both men and women, need continuous out-patient treatment after having received hospital treatment during the actively infective period of the disease. For this purpose hostel accommodation is required. The appointment of Almoners, with a special assistant attached to the Out-Patient Department for Venereal Disease, is an important factor in securing continuous treatment.

(2)

55. Sociological researches in various countries during recent years prove that a large number of young girls drift into prostitution and become centres for the dissemination of disease owing to the lack of special care during the adolescent period. A large proportion of girls who

have entered a life of prostitution are drawn from broken homes, have been educated in institutions, or are otherwise deprived of normal family life. Strenuous efforts are, therefore, being made to check the drift of young girls into prostitution by extending after-care work in connection with orphanages, industrial and reformatory schools and similar institutions, as well as by the establishment and development of the Probation system.

56. This aspect of the social problem is intensified in India owing to the traditional customs preventing the re-marriage of the young widow. An outstanding need appears to be the creation of opportunities for their training in wage-earning occupations. It is common knowledge that the inmates of the brothel areas of the large cities in India are largely drawn from two classes, the Hindu or Mohammedan widow and the "adopted" child.

57. In Europe and America it is widely recognised that the presence of inherited disease is often a contributory factor to delinquency and promiscuity. Endeavours are, therefore, being made to secure that all children and young persons who come under the care of philanthropic or Government agencies should be carefully examined and, if necessary, treated, for either acquired or inherited disease.

The young delinquent boy is also apt to acquire and disseminate disease; therefore social provision is required, under responsible supervision, for the young adolescent of either sex who is without normal guardianship or who comes within the reach of the law for delinquent conduct.

(3)

58. With the recognition that Syphilis and Gonorrhœa have infected the population as a whole and that the disease is not limited to the professional prostitute, medical opinion, increasingly supported by social opinion, has completely changed with reference to the administrative measures that are desirable in connection with prostitution. Methods involving the registration of women, their segregation in special areas, and the toleration of the brothel are now recognised as being inimical to securing a reduction in these diseases in the general community. In every town the registered or professional prostitutes are about one-fourth to one-fifth of all women of promiscuous habits. Special measures applied to the prostitute group only tend to deter the clandestine from seeking treatment.

59. Those countries that have experienced the greatest fall in the new cases of Syphilis during the last ten years—since the introduction of the modern methods of treatment—are those countries that have no system of regulation or segregation. The incidence in Great Britain has fallen by just over 50 per cent between 1920 and 1927, and a similar fall has been experienced in the Scandinavian countries. It is this evidence which has induced the French Ministry of Health to bring forward a Bill for the abolition of the regulation system in France. The city of Hamburg abolished the regulation system in 1926. Hungary adopted a similar policy this year, (1927). The registration and regulation of prostitution is therefore *not* recommended,

The segregation of prostitutes in special areas

(a) provides a known market to the trafficker ;

(b) stimulates promiscuity by advertising a known centre of sale.

Prostitution, being commercialised, promiscuity is influenced by the economic laws governing trade. Demand is stimulated by advertisement, and every known brothel is a standing advertisement of prostitution.

Prostitutes are a highly infected group and their segregation in special areas tends to concentrate exposures to infection on this group, with the result that more disease is disseminated. It also tends to lower the standard of sex conduct of the community as a whole.

60. In the interests of public health and to secure the early and effective abolition of the tolerated areas, it is recommended that a strenuous endeavour should be made to enlighten public opinion in India on the relationship between the regulation or toleration of prostitution and the incidence of disease.

In the four Conferences of representatives of national anti-Venereal organisations arranged by the League of Red Cross Societies in 1920-22, in Copenhagen, Prague, America and Paris, each group of medical experts passed resolutions to the effect that medical examination of prostitutes was useless as a measure for preventing the spread of Venereal Disease and might be positively harmful. Medical experience has proved that there is no effective means by which non-infectivity in an individual can be secured without clinical, bacteriological and cultural investigations over a considerable period, extending, in the majority of cases, to a period of from two to three months. The cursory examination of from fifty to one hundred individuals in a day is, from the medical view-point, useless because clinical signs are absent at many stages of both diseases and the microscopic examinations made are deprived of value, owing to the custom of women preparing and disinfecting themselves before examination. This medical opinion is that of all the leading venereologists and is supported by experimental evidence.

In various countries where tolerated areas and the regulation of prostitution have recently been abolished, a fear was expressed, before abolition, that the result might be to increase sex crimes and to lower the moral tone of the town by scattering the professional prostitute. These fears have proved groundless. In those American States that abolished the "red light" districts, sex crimes have steadily decreased since the abolition. The rendering of brothel keeping a penal offence and the abolition of tolerated areas appear to reduce the total amount of promiscuity, and, when coupled with adequate facilities for treatment of the population as a whole, certainly reduce the volume of disease.

(4)

61. Rescue and preventive work, which has been undertaken in Europe and America on a considerable scale and with increasing success during recent years, can only reach its full development after a policy of suppressing the commercial exploitation of women has been adopted. So long as brothel keeping is a tolerated occupation, in spite of legal

enactments, social pressure retains the girl in the employ of the brothel-keeper.

62. Stress must be laid on the need for providing some social machinery by which women and girls can be offered an economic alternative to a life of prostitution. One effective method is the Hostel providing free accommodation under the management of philanthropic Committee representing the various religions, giving training and occupation in commercially run work-rooms.

63. The issue of the Report of the Bombay Prostitution Committee followed in 1923 by the passage of the Bombay Prostitution Act, and the subsequent activities of the Vigilance Society and other bodies, has done much to enlighten public opinion as to the existing state of affairs. Opinion in the city was sharply divided on the social question, while considerable general ignorance prevailed as to the medical aspect of the problem of Venereal Disease.

The Delegation, with the approval of His Excellency the Governor, decided to concentrate their energies on the medical and educational aspects of Social Hygiene, in an endeavour to secure the support of the medical profession and of the Corporation for the policy of providing free diagnosis and treatment facilities for the whole population. By temporarily leaving the prostitution question in abeyance the danger would be obviated of opinion in support of a progressive medical policy in relation to venereal disease being divided on the political lines of the supporters and opponents of the Prostitution Committee's report.

The existence of an active Vigilance Society, well supported by all sections of the community and devoted entirely to the promotion of measures to eliminate commercialised vice, to disseminate knowledge and to stimulate public opinion, guaranteed that the policy of the Delegation would not endanger the neglect of this aspect of Social Hygiene.

At the final meeting held by the Delegation in Bombay an emphatic statement was made by both Delegates to the effect that the abolition of the tolerated area would be a necessary prelude to success in an effective campaign against Venereal Disease. The Delegates strongly advocated general public enlightenment as to recent experience in other countries demonstrating the relationship between commercialised prostitution and the dissemination of disease.

PROGRAMME OF DELEGATION

64. The Delegation much appreciated the hospitality accorded them by many individuals and various organisations. In addition to private Lunches and Dinners, at which the Delegates were able to meet many of those who could assist them in their work, the following functions formed an integral part of the Programme:—

Reception by the Honourable Sir Chunilal Mehta, at the Y.M.C.A.

Reception by Mr. Antia.

The Hindu Ladies' Garden Party.

Garden Party given by the Grant Medical College at the Haffkine Institute.

The Educational Delegate, besides accompanying the Medical Delegate to those Hospitals dealing with women and children and to the Infant Welfare Centres, met the Committees of Management of the following Societies and Institutions :—

Lamington Road Women's Venereal Disease Clinic.

Salvation Army Institutions: Home for Vagrant Whites and European Men's Home.

Victor Sassoon Reformatory for Boys.

David Sassoon Industrial Home.

Boys' Reformatory, Poona.

The Foundling Home.

Salvation Army Home for Women and Girls and St. Catherine's Home.

League of Mercy Home and the Presidency Council of Women Home.

The Seva Sadan.

Addresses were given to the following :—

Nursing Staff and Probationers, Masina Hospital.

Conference of Indian Ladies.

Social Workers' Conference.

The Vigilance Society.

Indian Women's Education Conference.

Two Lectures to Social Workers.

Students, Nair Hospital.

Women Students, Wilson College.

Conference of Social Service Organisations.

The Corporation of Bombay.

Final Conference convened by His Excellency the Governor.

Interviews were kindly accorded by :—

His Excellency the Governor—Sir Leslie Wilson,

Mrs. Eastley—Commissioner of Girl Guides,

Lady Cowasji Jehangir,

Indian Ladies at Bishop's House,

Sir Reginald Spence,

Commissioner of Police,

Mr. Metha,

Miss Davies,

Miss Dickenson,

Mr. Kanji Dwarkadas,

Mr. Bryant,

Mrs. Mackenzie,

and others.

COMMENTS ON INSTITUTIONS

Lamington Road Women's Venereal Disease Clinic : (Social Aspect)

65. Although the Delegation did not stress the effect of the existing vice conditions in Bombay during their campaign the detrimental effect

of a tolerated system of commercialised vice in any scheme for eliminating Venereal Disease can be gauged from the following facts :--

In connection with the existing Venereal Clinic in Lamington Road girls in a highly infective condition present themselves for treatment and are prevented from continuing treatment by the brothel-keeper, because of the time lost in their profession by so doing.

The offer of hospital accommodation for such infected girls is refused by the brothel-keeper because in hospital they cannot earn the quota required.

Apart from the amount of disease disseminated by infected girls terrible sufferings are imposed on these individuals when they are required to carry on their profession in a diseased condition.

Certain brothel-keepers have been persuaded to bring their girls periodically for examination and treatment but the majority oppose any efforts to secure the attendance of the girls.

66. The recently issued Report of the League of Nations Advisory Committee on the Traffic in Women, and Abstracts of the Reports from Governments, 1927, giving evidence of the change of responsible opinion both on social and on medical grounds are attached hereto.

It is recommended that the tolerated areas in Bombay should be abolished as soon as possible, and that measures should be taken to render it illegal for a third party to benefit from the earnings of prostitution. It is recognised that this would make the occupation of brothel-keeping illegal.

APPENDIX
VIII

The Salvation Army Institutions

The Salvation Army Home for Vagrant Whites.

The European Men's Home.

67. These institutions both come in contact with individuals suffering from venereal disease. We understand that under the present regulations such cases are refused admission to the Homes and are referred to hospital. After in-patient treatment they return to the Home, but owing to the regulations they do not continue out-patient treatment. The Superintendent and Committee report that infected men are repeatedly returning at intervals of 4-6 months for renewed spells in hospital. We would recommend that the influence of the organisation be directed to retaining patients under out-patient treatment until their cure is completed. The present rule was, we understood, adopted owing to the mistaken idea that, even after adequate in-patient treatment, other inmates of the hostel would be exposed to infection. Many of these cases are non-contagious, and other inmates can with perfect safety live beside them during the lengthy out-patient treatment. The hospital authorities will always advise those in charge of hostels as to when any individual patient can be taken. We would point out that the present policy increases the danger of spreading disease, in that patients cease treatment on leaving the hospital as an in-patient and remain in the Institutions or obtain work elsewhere until such time as the disease again becomes acute and requires further hospitalisation.

The Salvation Army would add to its splendid record of constructive social service if it would revise its hostel regulations (where this has not already been done, as in Calcutta), and would make a special effort to receive those men who need continuous out-patient treatment but who have no means of support to enable them to remain within reach of a hospital, and use their influence to retain them under treatment until declared cured by the Medical Officer in Charge.

We understand that the present unsatisfactory arrangement for "Vagrant White Women," whereby they are lodged in rooms over the Police Court without any white woman in charge, is in process of alteration. As this work is undertaken by the Salvation Army for the Government, representations have been made by them to the Government that proper accommodation is essential. The Delegation trust it will shortly be made available.

The Victor Sassoon Reformatory for Boys

68. (a) A Reformatory School for 70 boys from 8 to 18 years—vagrants and young offenders sent through the Police Courts. Maintenance costs are paid by the Provincial Government, organisation costs by the Salvation Army Headquarters in England. Boys are trained in weaving and subsequently obtain employment in the mills. Medical care is supplied by the Provincial Government through the Medical Officer of Health, Bombay. Organised games are taught and played, but the playground available is inadequate for team games.

(b) There is at present no special Home for the mentally defective, which necessitates such boys being received in the Reformatory. We trust arrangements may be made in the near future for a special Home for mental defectives, as it is obviously undesirable both for the normal and for the defective that they should be in the same institution.

(c) We understand that as soon as the Government arrange for free diagnosis facilities there will be no difficulty in arranging for a routine examination of all inmates for Congenital Syphilis and for the treatment of those requiring it.

(d) There is at present no endeavour to link those boys leaving the Reformatory for employment with any recreational clubs or organisations. We would call attention to the useful opportunity for voluntary effort afforded to the educated Indian men of good will who would undertake such after-care work.

(e) We recommend that some simple lectures on personal and social hygiene should be included in the educational curriculum, and suggest that the Bombay Social Hygiene Council might well arrange suitable film showings and lectures at regular intervals.

The David Sassoon Industrial Home

69. We would like to congratulate the Committee and the Superintendent of this Institution and to state that it more nearly approximates the ideal of an Industrial School than any similar institution visited during the tour of the Delegation. During the last year

two obvious cases of Congenital Syphilis, one of acquired Syphilis and one of acquired Gonorrhœa had been detected. We understand the Medical Officer in Charge is applying to the Committee for permission to make a routine diagnosis of all inmates with a view to giving preventive treatment where necessary. We trust that the necessary free diagnosis facilities and the provision of drugs will be included in the Government scheme.

The tone of the School is excellent, and the problems of adolescence are effectively dealt with on modern lines. Character training is the avowed object in view.

Boys' Reformatory, Poona

70. This is a Government Institution, which, we were very glad to note, had been recently handed over to the Education Department. The Reformatory is under the direction of an ex-Headmaster and is run on school rather than on prison lines. In view of the prevalence of Congenital Syphilis it is recommended that the medical inspection of the inmates of the Reformatory should be such as to include facilities for the detection and for the treatment of hereditary disease. It is also recommended that the educational curriculum should include a certain amount of Nature Study Work and Hygiene; for the elder boys, lessons on personal Hygiene should include the necessary information on Social Hygiene. It should be possible to arrange with the Bombay Social Hygiene Council for suitable illustrated lectures to be given periodically in the institution.

The Foundling Home

71. An Indian institution for the care of foundling children. Children from 3 to 8 years are received, taught, trained, and are to be given occupation.

The institution is insufficiently supported financially for the number of children under care. An attempt is made to increase resources through the sale of work done by the boys, basket work, furniture, etc. The boys are not paid for their work, and, as contracts are undertaken, hours of labour appear to be in some cases unduly extended.

Elementary education is provided, but the Committee are dependent on voluntary or part-time teachers. The only playground is a small quadrangle; physical drill is provided for the boys, but one could not ascertain that any special provision was made for the teaching or practice of organised games.

It is suggested that all philanthropic institutions undertaking the care of children of school age should be under the supervision of the Education Authority, and, where the numbers warrant it, trained teachers should be provided by the Government. It is recommended that the co-operation of the Government and the philanthropic public should be invited, in order that the institution may devote its entire energies and resources to the education and training of those in its care. We are strongly of the opinion that the cost of maintenance of the institution should not be dependent on the labour output of the children.

72. *The Salvation Army Home for Women and Girls*, and *St. Catherine's Home*, are both doing useful preventive work, caring for girls who are orphans or destitute, or young unmarried mothers. The numbers reached are not large and the majority are drawn from the Christian community, although both Homes are open to all.

73. *The League of Mercy Home*, and *the Presidency Council of Women Home*, both endeavour to train women to wage-earning occupations; the former, owing to the absence of any Poor Law provision, have their resources somewhat highly taxed to provide for destitute European and Anglo-Indian women of mature years.

The Presidency Council of Women Home provides accommodation for women and girls who have been removed from immoral surroundings and who are in danger of becoming prostitutes. As part of the programme of rescue work, the Home provides training in skilled occupations for those of the inmates who can profit by them. It is working in co-operation with the Seva Sadan workrooms.

The Delegation recommend that closer co-operation should exist between the hospitals providing in-patient accommodation for women and girls infected with venereal disease and the social organisations undertaking rescue work. Several cases were brought to our notice of difficulties that had occurred in securing in-patient accommodation and suitable out-patient treatment. We were informed that six beds had been made available at the J. J. Hospital for women suffering from venereal disease, but in the months immediately previous to the visit of the Delegation, difficulties had been experienced in obtaining such accommodation for girls requiring it. It is essential to the successful prosecution of a campaign against Venereal Disease that the medical and social organisations should work in close harmony.

It is recommended that, wherever possible, a medical woman should act as a liaison officer between the hospitals and the various Homes to guide the Homes with reference to their medical policy and to secure both in and out-patient treatment for those women and girls in the Homes who may require it.

The Seva Sadan

74. The Seva Sadan is an Indian organisation devoting itself primarily to the cause of the Indian widow.

The Delegation visited both the Training College and the Workrooms in Poona but did not have an opportunity of visiting the Workrooms in Bombay.

The outstanding need throughout all parts of India visited is for increased provision for training in skilled occupations, and workrooms where widows and destitute girls can obtain work at a living wage. There are four such workrooms in Bombay at present. It would appear that this movement could be developed if certain of the workrooms for those workers already trained were placed on a commercial basis under the direction of trained skilled workers. It is believed it would be

possible to secure a market for the goods produced by such workrooms in Bombay by export to Europe. The artificial flower-making industry and similar handicrafts would, it is felt, repay investigation with this end in view.

It is to be hoped that the philanthropic public will take steps to initiate workrooms run on commercial lines where both Hindu and Mohammedan widows can be employed.

CONSTRUCTIVE SUGGESTIONS

75. In connection with the medical facilities it will be necessary to make some provision for the care and maintenance of women and girls who need prolonged out-patient treatment for Syphilis or Gonorrhœa, but who have no means of support away from their homes or who would adopt means of livelihood which would expose others to the risk of infection. A beginning could be made by providing for infected expectant mothers, women and girls attending the out-patient departments of the hospitals, or ceasing in-patient treatment and in need of lodging and maintenance during out-patient treatment. Such hostels should be entered voluntarily.

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IX.

We recommend their establishment under Christian, Hindu and Mohammedan philanthropic agencies, where women and girls can be cared for by trained women of good character and high moral tone. For girls drifting into prostitution and for prostitutes the time spent under medical care may be used for rehabilitation, with subsequent return to their families, or training in some wage-earning occupation. Such hostels require the active personal help and support of the leading ladies of each community in order that openings for the subsequent employment of these girls may be obtained or their transfer for further training to non-medical hostels.

76. As it is in the interests of public health that such provision should be made it is recommended that the cost of maintenance should be defrayed by the Provincial Government and the Corporation as part of the medical scheme for the prevention and treatment of Venereal Disease. It is suggested that the Bombay Social Hygiene Council, the Presidency Council of Women and the Seva Sadan Society should be asked by the Government to co-operate in making the necessary arrangements.

77. Further hostels under the aegis of the Department of Public Instruction, organised by philanthropic societies and financed from philanthropic sources are required for women and girls without means of support, who would otherwise be in danger of drifting into a life of prostitution. Such hostels, in addition to giving ordinary facilities for education, would provide training in wage-earning occupations, and would have in connection with them After-Care Committees whose business would be to secure openings for the girls either through marriage or professions and occupations at the completion of their training. There is at the moment considerable difficulty in obtaining suitable openings. It is suggested that commercially run work-rooms for fine embroidery, artificial flower-making and skilled handicrafts could be established.

78. To secure effective treatment for Syphilis and Gonorrhœa among women and children after in-patient treatment or as out-patients, it is desirable that some link should exist between the medical staffs at the hospital and the patient at home. In other countries this link is the trained almoner and her assistants, working in connection with outside philanthropic agencies.

None of the hospitals visited had almoners. Few women leaving hospital after operations due to gonorrhœa ever returned as out-patients to continue treatment. Women and children who began treatment seldom continued after the first two or three visits, many ceasing to attend after the first.

Even in countries where patients are literate and more able to understand the instructions given by the medical practitioner the appointment of almoners has, it is estimated, added to the efficiency of the medical work by over one-third through securing continuous treatment and after-care, not only in connection with Venereal Disease but also in other conditions.

It is the endeavour now in Great Britain to secure a special almoner to all large Venereal Disease Treatment Centres. In India this is particularly necessary owing to the need of personal persuasion to bring the women to the hospitals. The almoner in the hospital will need the co-operation of the Health Visitors and Welfare Committees as suggested working in the district.

We would recommend the appointment of a trained Almoner, in the first instance, at each Hospital where a Venereal Disease Treatment Centre is established.

79. The appointment of trained Police Women to various Police Forces has proved an effective method of handling those problems affecting women and children. The difficulty of obtaining adequate information to enable police action to be taken in cases involving the purchase of children, children housed on immoral premises, young girls in brothels, cases of child assault, etc., can all be dealt with more easily and effectively by educated trained women. The function of the police being to prevent crime, Police Women can do much on protective lines to check juvenile delinquency.

It is recognised that the educated Indian woman would ultimately be required for this service, but in the first instance it would be necessary to secure the services of European women already trained and experienced, who could initiate the work, and, at the same time, train Indian women.

It is suggested that two trained Police Women should be obtained from England and that their duties should be:—

- (1) To train Indian women in police and protective work among women and children.
- (2) To handle police cases involving women and children.
- (3) To co-operate with voluntary agencies undertaking preventive and rescue work among women and girls.
- (4) To co-operate with Probation Officers,

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X.

Experience has shewn that it is desirable that Women Police should rank as Police Officers and only educated women enrolled. Full particulars as to the results of employing Women Police and their present status and pay are available from the official reports either from the League of Nations or from the Home Office.

APPENDIX
XI.

80. It is acknowledged that a number of abuses surround the treatment of the adopted child and that when the adopting parent is an undesirable individual the adopted child has no protection from the community. There is widespread evidence that many such children are either adopted by or sold by adopting parents to brothel-keepers. It is recognised that the practice of adoption is an age-long social custom in the East which has arisen from the conditions of life. The destitute are cared for by personal charity. This personal charity takes the form of the adoption of destitute children. The majority of adopting parents fulfil their charitable obligations with extreme generosity, but it appears essential to safeguard the system. It is therefore suggested that the community should require, in the interests of the child, a guarantee that the adopting parent is a fit and proper person to have charge of the child. The legislation now in force in the majority of civilised countries embodies the principle that adoption must be in the interests of the child, and in the majority of cases the would-be adopter must appear before a Magistrate and must be guaranteed as a fit and proper person to have charge of the child. The purchase and sale of children is already illegal in India. If, therefore, an Adoption of Children Act were introduced which required the adopting parent to apply to a Magistrate for permission to adopt, it would be a real safeguard, as the Magistrate would refuse the rights of an adopting parent to brothel-keepers and all persons whose characters did not guarantee a home suitable to the interests of the child. Such a procedure, on the other hand, would not prevent a desirable parent from exercising the same rights and privileges as at present.

In several countries the State retains powers to safeguard the interests of adopted children up to the age of sixteen and provides for their registration and inspection.

80A. It is suggested that all charities and philanthropic institutions should be registered and under Government inspection, those for children of school age being under the Education Department.

81.

SOCIAL : RECOMMENDATIONS

1. That close co-operation should be established between those responsible (the Government Venereal Disease Officer and specialists at treatment centres) for the hospital facilities for in- and out-patient treatment for Venereal Disease and the social organisations responsible for the management of Homes and Institutions, in order that all individuals in need of treatment coming under the care of rescue and preventive agencies, orphanages, reformatory institutions, etc., should have facilities for diagnosis and treatment as required, free of charge.

2. That the Government and the Corporation should make financial provision for the maintenance of suitable hostels for those persons needing continuous out-patient treatment for Syphilis or Gonorrhoea but who are without means of support : Such hostels should be under the supervision and management of voluntary committees representing the Christian, Hindu and Mohammedan sections of the community, and should be entered voluntarily.
3. That the Provincial Government and the Corporation of Bombay should authorise the appointment of trained almoners in their respective hospitals, particularly in those providing treatment for venereal disease.
4. That recent experience and information as to the interdependence of Venereal Disease and commercialised prostitution should be widely disseminated.
5. That as soon as practicable it should be made illegal for any third party to benefit from the proceeds of prostitution, thereby making brothel-keeping an illegal offence.
6. That legislation should be introduced to safeguard the interests of the adopted child.
7. That two trained Police Women should be added to the staff of the Commissioner of Police—
 - (a) To train Police Women in Bombay.
 - (b) To deal with cases involving women and children.
 - (c) To investigate in conjunction with others the conditions of child adoption leading to prostitution.
 - (d) To co-operate with voluntary agencies undertaking preventive and rescue work among women and girls.
 - (e) To co-operate with Probation Officers.
8. That the voluntary effort of Indian men and women should be extended and increased efforts made to rescue young girls who are in danger or have already been drawn into a life of prostitution and to place them in small Homes under good influence where after re-education, they can be returned to their homes or trained in wage-earning occupation and rehabilitated in the community. Such Homes should be under the aegis of the Director of Public Instruction.
9. That provision should be made for the certification of mental defectives and for their accommodation in separate institutions.
10. That all charitable and philanthropic Homes and Institutions should be registered and inspected by the Government.
11. That in co-operation with the University, arrangements should be made for an adequate course of training for Indian Social workers.
12. That the existing voluntary organisations that are responsible for workrooms for the training of women and girls should co-operate in an endeavour to open workrooms run on a self-supporting basis.

13. That the Salvation Army Institutions for men in Bombay should be invited to revise their regulations to enable them to offer accommodation to men in need of continuous out-patient treatment at the hospitals.

82.

PUBLIC ENLIGHTENMENT

During the visit of the Delegation, steps were taken to form a Bombay Social Hygiene Council. Under the Presidency of His Excellency the Governor, a Conference of representatives of Government Departments and Medical, Educational and Social Organisations met at the Town Hall on December 1st, 1926. The following were Vice-Presidents of the Conference :—

Sir Temulji Nariman (President, Bombay Medical Association).

Professor H. R. Hamley, M.A. (Principal, Secondary Training College).

Mr. W. H. Neilson, O.B.E. (Chairman, Port Commission).

Lady Cowasji Jehangir (President, Child Welfare Society).

Mr. F. B. P. Lory, M.A. (Director of Public Instruction and Vice-Chancellor of the University).

The Honourable Sir Chunilal Mehta (Finance Member of Council and President, Bombay Vigilance Association).

Mr. R. M. Chinoy, J.P. (Municipal Corporation).

Mr. N. M. Joshi, B.A. (Social Worker).

Mr. Lalji Naranji (Indian Merchants' Chamber).

The Delegates gave a summary of the medical, educational and social position in Bombay, together with their recommendations as to the action that could be taken. It appeared that these recommendations received the general support of the responsible and representative persons attending the Conference, in that the following resolutions were adopted unanimously :—

- (1) "That this Conference desires to urge on the Government of the Presidency of Bombay and on the Municipalities and Voluntary societies of the Presidency the necessity of taking action as to the incidence of Venereal Diseases and the damage which they cause to the community and that for this purpose the Conference urges on these bodies the immediate necessity of providing adequate means for dealing with these diseases by the following measures :—
- (i) The provision of free and confidential medical treatment for Venereal Diseases and the provision of instruction for students and medical practitioners in the treatment of such diseases on the lines, as far as may be practicable, suggested by Dr. David Lees.
 - (ii) The formation of a Council to be known as the Bombay Social Hygiene Council on the lines, as far as may be practicable, suggested by Mrs. Neville Rolfe."

Moved by Sir Temulji Nariman and seconded by Dr. J. Cairns. Major-General A. Hooton, Medical Director General for Bombay, who succeeded His Excellency The Governor as President of the meeting, spoke strongly in general support.

- (2) "That this Conference is of the opinion that the inclusion of elementary biology, physiology and hygiene in the curriculum in Training Colleges for School Teachers should be one of the measures adopted."

Moved by Professor H. R. Hamley, seconded by Miss Contractor, and supported by Rev. J. Mackenzie (of Wilson College).

- (3) "That the Committee nominated by Government to receive and assist the Delegates be appointed by the Conference to take the necessary preliminary steps for giving effect to the Resolutions which the Conference has passed and be authorised to co-opt additional members."

This Resolution was supported by those representative of the various sections of the work, was moved from the Chair, and carried unanimously.

Temporary Executive Committee

- Chairman* .. Dr. J. E. Sandilands, M.C., M.A., M.D., D.P.H., Health Officer of Bombay.
 Lieut.-Colonel W. M. Houston, I.M.S., Port Health Officer of Bombay.
 Dr. W. Nunan, M.D., Police Surgeon, Bombay.
 Dr. S. R. Mulgaovkar, F.R.C.S., Surgeon, J. J. Hospital.
 Dr. F. D. Bana, M.B., M.R.C.S., D.P., D.T.M. & H., Medical Officer, Port Trust.
- Secretary* .. Dr. Socrates Noronha, B.Hy., L.M. & S., Medical Officer, Venereal Department, Bombay Municipality.

83. The Delegation have learned with great satisfaction that Resolution 3 has already been carried into effect. Before their departure from India on March 12th they learned on their return to Bombay that the Executive Committee had convened a representative public meeting at the Sanitary Institute, Bombay, on Monday, March 7th, over which the Medical Director General had presided and at which the Bombay Social Hygiene Council was officially constituted. The Aims and Objects of the Council were defined as follows:—

- (1) "To work towards securing adequate facilities for the diagnosis and treatment for Venereal Diseases for the whole population of the Presidency."
- (2) "To work towards securing adequate facilities for undergraduate and post-graduate medical instruction in the diagnosis and treatment of venereal diseases."
- (3) "To work towards securing facilities for the graduate and post-graduate training of teachers in the foundations of social hygiene."
- (4) "To undertake the enlightenment of all sections of the public in the problem of social hygiene."
- (5) "To promote further facilities for recreation and good sleeping accommodation for the men of the Mercantile Marine and other migrant workers."

* (6) "To arouse public opinion regarding the evils of prostitution and the necessity for the removal of the tolerated areas."

APPENDIX
XII.

We understand that the proposed Constitution, as suggested by the Delegates and appended to the Report, was adopted. The above Aims and Objects are analogous to those adopted by the British Social Hygiene Council, to which the Bombay Council will be affiliated.

84. We recommend—

- (1) that the Provincial Government should authorise the Medical, Education and Home Departments to be represented on the Social Hygiene Council to assist in the direction of its policy and to facilitate close co-operation between the Council and the Government :
- (2) that the Corporation should be represented on the Council in view of the responsibilities assumed by the Corporation in connection with various sections of the work of the Council :
- (3) that the University should be represented, particularly on the Education Committee of the Council, in order that close co-operation may exist in providing facilities for special courses in the biological sciences :
- (4) that the Government in any scheme that is adopted for providing facilities for the free diagnosis and treatment of disease will include financial provision—
 - (a) for the general popular enlightenment of the various sections of the public ;
 - (b) for hostel accommodation and maintenance during out-patient treatment of destitute and other infective persons, who, in the interests of public health, may require such assistance ;
 - (c) for lectures and their illustration by films to teachers, midwives, nurses, social workers and others.

WORK OF THE SOCIAL HYGIENE COUNCIL

85. The British Social Hygiene Council and its affiliated Councils in the Dominions and Colonies are constituted as voluntary organisations, recognised by the Governments with representation from the Government Departments acting either as Executive or Consultative members of the Council, and co-operating with the Government by providing public enlightenment and by organising social effort along lines which support and amplify the medical facilities for treatment provided through official sources. For this purpose a definite financial grant is made—

- (a) by the Ministry of Health in England :
- (b) by the Canadian Government :
- (c) by the Government of the Union of South Africa and the Provincial Governments :
- (d) by the Colonial Office and Governments of the Colonies.

*N.B.—This Object was added at the public meeting at which the Bombay Council was constituted and is in accordance with the policy of the British Council.

86. The details of the arrangements between the Social Hygiene Council and the Government vary slightly in the different parts of the Empire, but the principles of co-operation between the Government and the Council and the recognition that public enlightenment is a task that can best be undertaken through a representative voluntary organisation and that the Council therefore is a competent body to receive financial grants from the Government for this purpose are common to all. In Great Britain the Council submits a programme of work with an estimate of the expenditure involved to the Ministry of Health and to the Local Authorities (Provincial Governments) each year. The Ministry of Health makes financial provision for all equipment used throughout the country for the purposes of public enlightenment, *e.g.*, films, literature, projectors, operators, etc. Local Authorities pay for the services of skilled lecturers and organisers for carrying out suitable campaigns in the various localities with the use of the equipment provided by the central Council with the assistance of the Ministry of Health.

87. In support of the above policy it may be stated that the British Government are satisfied that the public enlightenment carried out during the last ten years by the British Social Hygiene Council has proved for them a sound economic investment. Its utility is demonstrated by the fact that those areas of Great Britain in which intensive popular campaigns and steady educational work have been in force are those areas in which the infected members of the public have most readily sought treatment and continued under medical care until discharged as non-infective, and for this reason it is those areas which during the past two or three years have shewn most convincingly the fall in venereal disease.*

88. The British Council only recognise as affiliated Councils those bodies that are working with similar Aims and Objects that have received the recognition and approval of their own Governments. Affiliation, which carries with it no financial obligation, entitles Councils to use and adapt to local needs the material issued by the British Social Hygiene Council. Such adaptation of material must, however, have the approval of the Government in the area in which the affiliated Council works.

Strict regulations exist in all Social Hygiene Councils governing the placing of the names of lecturers on the approved panel. It is recognised that public enlightenment on the various aspects of Social Hygiene must only be undertaken by those thoroughly conversant with the aspect of the subject they are to handle and with considerable experience in speaking.

89. It is suggested that in Bombay the Provincial Government should make a grant that would cover the cost of the purchase of films, projectors, slides, posters, literature, etc., and should cover the salary of an organising secretary and one lecturer; that the Corporation of

* It may be noted that the standard grant recommended in the initial stages of the campaign to Local Authorities with the approval of the Ministry of Health for purposes of public enlightenment was £1 per thousand head of population.

Bombay should each year make financial provision for a programme of public enlightenment to be carried out within the city; and that the various Corporations and District Councils in the Mofussil should make similar provision.

90. It is suggested that in the first instance the Provincial Government should make provision for the initial campaigns of public enlightenment in the Mofussil, in order to create a public opinion which would enable the local governing bodies in the future to make provision for their own localities.

90A.

RECOMMENDATIONS

1. That a Bombay Social Hygiene Council should be established, supported by financial grants from the Provincial Government and the Corporation of Bombay, to undertake an intensive campaign of public enlightenment in order to bring before the responsible citizens and all parents the serious conditions obtaining as to Venereal Disease and the social measures essential to its amelioration :
 - (a) That the Provincial Government should authorise the Medical, Educational and Home Departments to be represented on the Social Hygiene Council to assist in the direction of its policy and to facilitate close co-operation between the Council and the Government :
 - (b) That the Corporation should be represented on the Council in view of the responsibilities assumed by the Corporation in connection with various sections of the work of the Council :
 - (c) That the University should be represented, particularly on the Education Committee of the Council, in order that close co-operation may exist in providing facilities for special courses in the biological sciences :
 - (d) That the Government in any scheme that is adopted for providing facilities for the free diagnosis and treatment of disease will include financial provision—
 - (i) for the general popular enlightenment of the various sections of the public ;
 - (ii) for hostel accommodation and maintenance during out-patient treatment of infective destitute and other persons, who, in the interests of public health, may require such assistance ;
 - (iii) for lectures and their illustration by films to teachers, midwives, nurses, social workers and others.

SECTION V

The Cinema

The Delegation believe that the subject of cinema control can best be dealt with by the Central Government supported by the Provincial and State Governments.

A Memorandum on identical lines to this Section of the Report has therefore been submitted to the Secretary to the Government of India and to the Secretaries of the Provincial Governments of Bengal, Madras and Burma.

SECTION V

THE CINEMA

91. In every Province and State visited by the Delegation the evil influence of the Cinema was cited by educationists and the representative citizens as one of the major factors in lowering the standard of sex conduct, and thereby tending to increase the dissemination of disease.

The suggestive influence of the Cinema on the adolescent has been experienced in all countries, and its dangers are recognised. As a channel for healthy recreation and popular enlightenment, particularly in a largely illiterate community, it may be of immense value, but can equally serve to stimulate crime and sensuality.

92. The commercial interests involved in the film industry are great. Films are produced in large numbers in America, each film representing a large investment of capital. Educationists and others in Europe and America are making determined efforts to check the circulation of the suggestive film; openings are therefore sought for them where public opinion is uninstructed or unorganised. While in India, the Delegation found films that had been rejected, owing to their generally suggestive nature, by large cities in England, were, or had recently been, in circulation in India and Burma. Films depicting stories of crime and immorality in European and American settings have an evil influence on the youth of those countries; the influence is far more pernicious when the ordinary habits of life, the traditions and social customs of the West are interpreted in the light of the traditions and social customs of the East.

93. The publicity material, handbills and posters used in connection with films are, in many cases, more indecent and suggestive than the films. In one case it was pointed out that the scene depicted in the handbill had been eliminated from the film. A large proportion of young people form the audiences and illustrated handbills are distributed largely in schools and Colleges. It is desirable that all publicity material used should be viewed and certified by the censor in connection with the film, and that the issue of uncertified material should be a punishable offence.

94. The Delegation are aware that they have the most thoughtful of Indian opinion with them in urging the Provincial Governments to take immediate and drastic measures to check this serious menace to the character and standards of the youth of India.

95. Legal powers were transferred to the Provincial Governments in 1920. There is no definition of the word "suitable" which governs the administration of the Act. The tendency in censorship administration in each Province is to omit certain blatantly indecent scenes, but not to question the general "suitability" of the ordinary dramatic film for circulation in India.

96. We would submit that general suggestiveness of a most undesirable kind may pervade a whole film without any one scene being within the meaning of the term "obscenity" if Western standards are used for films in Western settings, although in the atmosphere of the different social customs of the East the whole film appears obscene and is suggestive of gross moral laxity to an Indian audience.

Films of beauty, interest and entertainment that are not open to such criticisms are available in increasing numbers.

97. The present laxity of the censorship in India attracts those films recognised as undesirable, and a larger proportion of the undesirable appear to be in circulation than in Great Britain.

If firm measures were taken to exclude the film "unsuitable to India" it is believed that commercial interests would soon adjust themselves to the altered conditions, but so long as unauthorised methods of securing the circulation of the suggestive and the unsuitable Western film are tolerated, so long will it pay the commercial interests involved to exploit the Indian market.

APPENDIX
XIII

98. The Cinema Act No. II of 1918 and the subsequent amendments transfer the responsibility of censorship to the Provinces. Under the existing regulations every Province is responsible for its own censorship arrangements. To administer the Act effectively each Province must define what is "suitable" for its own population, and take steps to secure that each film before release for display in the Province is viewed by the local Censor.

99. The Delegation found that an impression existed that if a film had received a certificate from the Bombay or Calcutta censorship authority this conferred on the cinema proprietor a legal right to show the film in any part of India, and films having received a certificate at one of the ports were automatically passed elsewhere without review. The general laxity of censorship, the absence of any effective regulations interpreting "suitability" except on grounds of obscenity, the ease with which undesirable films receive a certificate—all contribute to bring about the present undesirable conditions.

100. We would point out that the film production industry in India is in its infancy, and that the producing centres at present are Bombay and Calcutta. The ports through which films for circulation throughout India enter the country are Bombay, Calcutta and Rangoon. The decision as to what is "suitable" for India as a whole could be defined and the definition applied on uniform lines with the minimum of financial outlay if the responsibility were resumed by the Government of India. (Certain films which might be admitted for display in large cosmopolitan centres such as Bombay and Calcutta are obviously "unsuitable" for circulation in the Mofussil, and it would be desirable to keep this in mind in drafting the regulations to govern the interpretation of "suitability.") This could be done by the appointment of three whole-time Censors by the Department of Health, Education and Lands, one each for Bombay, Calcutta and Rangoon, with advisers representing the views

of the Hindu, Mohammedan and Buddhist communities. The Censors, being responsible officials of the Government of India, would be entirely removed from the financial interests of film production and distribution and in a position to enforce a censorship in accordance with the best interests of the country as a whole.

101. Unless or until the Central Government assume responsibility and appoint whole-time responsible European officials at the major ports it is recommended—

- (1) That each Province and State obtain powers to act under Section 7 and appoint a censorship authority.
- (2) That instructions as to the interpretation of "suitability" be issued by each authority that would allow of films being rejected on general grounds of "unsuitability for display in India."
- (3) That each Province and State ask the Directors of Public Health and Instruction to appoint officials of the Health and Education Departments, together with Indian advisers, to view each film before release for circulation in the Province or State, together with all publicity material used therewith.
- (4) That the Indian as well as the European conception of "indecent" and "suggestiveness" be included in the interpretation of the suitability of a film. It is recognised that adequate censorship requires not only the expert knowledge of the departmental officials suggested as Censors, but that they, together with their advisers, should represent the diverse views of the Hindu, Mohammedan and Christian communities so that the traditions and standards of all groups may be protected.
- (5) That the difference between a Mofussil and an industrial seaport audience be clearly recognised, and, while certain dramatic films may be suitable for the cosmopolitan city, few, if any, dramatic films could without misinterpretation be shown in the Mofussil.

101a. There are two Indian Censors appointed by the Provincial Government and working under the Commissioner of Police. From personal experience the Delegation found that there was no difficulty in obtaining a certificate of censorship even without the Censors having viewed the film. They were informed that their experience was not uncommon.

RECOMMENDATIONS

1. That the Central Government should resume responsibility for the censorship and should appoint whole-time censors with an advisory committee composed of representatives of each of the religious communities in the principal ports.
2. That the Cinema Act should be amended and the word "suitable" should be altered to "suitable for display in India," or alternatively that regulations should be issued defining the word "suitable" in this sense.

3. Unless or until the Central Government assume responsibility and appoint whole-time responsible European officials at the major ports it is recommended—

- (a) That each Province and State obtain powers to act under Section 7 and appoint a censorship authority.
- (b) That instructions as to the interpretation of "suitability" be issued by each authority that would allow of films being rejected on general grounds of "unsuitability" for display in Bombay.
- (c) That the Provincial Government instruct the Directors of Public Health and Instruction to appoint officials of the Health and Education Departments, together with Indian advisers, to view each film before being released for circulation in the Province, together with all publicity material used therewith.
- (d) That the Indian as well as the European conception of "indecentcy" and "suggestiveness" be included in the interpretation of the suitability of a film. It is recognised that adequate censorship requires not only the expert knowledge of the departmental officials suggested as Censors but that they, together with their advisers, should represent the diverse views of the Hindu, Mohammedan and Christian communities that the traditions and standards of all groups may be protected.
- (e) That the difference between a Mofussil and an industrial seaport audience be clearly recognised, and, while certain dramatic films may be suitable for the cosmopolitan city, few, if any, dramatic films could without misinterpretation be shown elsewhere in Bombay.

SECTION VI

Summary of Recommendations

SECTION VI

SUMMARY OF RECOMMENDATIONS

I

MEDICAL

1. That a specialist officer with expert knowledge of the diagnosis and treatment of venereal disease be at once appointed for the Province of Bombay. The duties of this officer would be :—
 - (a) To advise the Surgeon General and the Director of Public Health as to the organisation of the treatment centres and as to other steps which require to be taken to combat venereal disease.
 - (b) To supervise the treatment of venereal disease in these centres, to act in a consulting capacity to them and to take charge of the treatment centre in one or more of the larger hospital centres.
 - (c) To give courses of undergraduate and post-graduate instruction to students and doctors.
 - (d) To co-ordinate and link up the work of the child welfare centres, the maternity hospitals, and the teaching hospitals as far as venereal disease is concerned.
 - (e) To advise as to all appointments made under the Venereal Diseases Scheme, with a view to ensuring that only persons who are properly qualified are appointed to this special medical work.
2. That in all teaching hospitals, whether Government or Municipal aided, there be provided adequate out-patient accommodation for the diagnosis and treatment of venereal disease, and that the out-patient accommodation provided for females be established in association with the existing gynaecological departments.
3. That in certain selected hospitals there be provided in-patient accommodation for both male and female patients, and for the latter preferably in the gynaecological wards.
4. That in maternity hospitals there be established antenatal departments for dealing with cases of venereal infection and other complications of pregnancy, and that beds be provided in these maternity hospitals for cases of antenatal disease.
5. That an increased medical service be provided at the existing child welfare centres with a view to the early detection of venereal and other diseases in children attending the centres, and that provision be made at these child welfare centres for treating cases of inherited venereal disease. This medical service should, in our opinion, work in close co-operation with the medical staff of the various maternity hospitals through the agency of the health visitors and the maternity nurses.

6. That in any extension of the maternity service to the poor of the City of Bombay, the Government and the Municipality seriously consider the question of subsidising the existing maternity hospitals to enable them to provide an outdoor maternity service from the trained hospital staff.
7. That in certain hospitals near the docks, adequate provision be made for the diagnosis and treatment of venereal disease occurring in Members of the Mercantile Marine and that beds be provided in these hospitals for members of the Mercantile Marine.
8. That the Syndicate of the Bombay University be requested to enforce the regulations which have been approved by the General Medical Council of Great Britain regarding the compulsory teaching of venereal diseases to medical undergraduates. We desire to recommend that this undergraduate teaching should apply not only to candidates for the M.B. degree but also to candidates for the subordinate degree. This undergraduate teaching should consist of the following course:—
 - (a) Six to eight theoretical lectures on venereal disease.
 - (b) Eighteen to twenty clinical lectures in the hospitals so that the diagnosis and treatment of the disease can be shewn to the students in a practical manner.
 - (c) Attendance at the out-patient department for 14 days (1 hour daily) to enable the students to have practical instruction in the carrying out of the treatment.
 - (d) At the end of this course of practical and theoretical training a written and oral examination, as a college examination, to ascertain that the student has attained a certain standard of knowledge and that until he has done so he be not allowed to proceed to his final examination.
9. That courses of post-graduate instruction be provided in at least one of the teaching hospitals so that medical practitioners may have an opportunity of being brought up-to-date in the diagnosis and treatment of venereal disease.
10. That a free supply of Salvarsan be provided for the treatment of all in-patients and out-patients in hospitals carrying out this work.
11. That a free bacteriological service for the diagnosis of venereal disease be provided in Bombay to enable more accurate diagnosis of latent disease to be attained.

We have discussed the question of the making of Wassermann tests and other diagnostic methods with the Superintendent of the Parel Laboratory, and this laboratory could undertake the additional work if trained staff were provided for this purpose.
12. The Medical Delegate during his visit to Bombay noted that dangerous drugs such as Salvarsan and Stovarsol could be obtained in the Bazaars and in chemist shops, and that there were no

regulations controlling their sale. We would urge the Provincial Government of Bombay to take steps to control the supply and sale of these and similar preparations. They should not be available to members of the general public except on the production of a duly signed medical prescription.

II

MERCANTILE MARINE

Medical

If the Central Government of India and the Provincial Government of Bombay through them adhere to the Belgian Agreement it will be necessary to provide in Bombay for the treatment of seamen :—

- (a) Trained Medical and nursing staff.
- (b) Suitable premises for in-patient and out-patient treatment at the St. George's European General Hospital and at the Goculdas Tejpal Hospital.*
- (c) A supply of the necessary equipment to carry out treatment.
- (d) A free supply of Salvarsan, Bismuth and other drugs.
- (e) A free bacteriological service for suspected cases of venereal disease.
- (f) The issue to each patient, when he leaves the treatment centre, of a case record card, containing full details of all the treatment which the patient has had in that centre and of any bacteriological tests carried out and their result.
- (g) The issue to the patient of any drugs necessary for him to continue treatment, until his next port of call is reached.
- (h) The making known, to every member of the Mercantile Marine visiting the port, of the existence of the facilities available for the diagnosis and treatment of venereal disease, and the places and hours where this treatment is available. Notices or leaflets giving this information should be issued to the Captains of Ships. The Port Trust, The Port Health Authorities, and the Shipping Companies.
- (i) That the treatment and information regarding patients should be of a confidential nature.

Welfare

1. That a representative Committee be appointed by the Provincial Government for the Welfare of the members of the Mercantile Marine of all nations visiting the Port. (*Paras. 2, 5, 11, 23, 24.*)
2. That the Provincial Government should appoint a special Committee of Inquiry to ascertain the extent and type of accommodation and recreational facilities required by Lascar seamen using the Port of Bombay. (*Paras. 19, 20.*)

*(For detailed recommendations see pages 33 and 34.)

3. That under the aegis of the Provincial Government the existing Committees of the Seamen's Institute, the Bombay Sailors' Home and the Lascar Memorial Fund be co-ordinated by, or amalgamated with, the Marine Welfare Committee, and all funds amassed for or allocated to the Welfare of the Mercantile Marine be placed in the hands of the official Committee to be expended in carrying into effect an agreed scheme for the welfare of all sections of the Service. (*Paras. 18, 19, 24.*)

4. That the Government of India be asked to provide funds to enable adequate recreation grounds for the European officers and men and Lascars to be allocated from the ground reclaimed under the "Back Bay Scheme," and that pending these grounds being available temporary arrangements be made. (*Para. 7.*)

e.g. *For officers—*

That grants be made by the Marine Welfare Committee to existing gymkhanas and clubs to enable officers of the Mercantile Marine to be made Honorary Members while in port.

For men—

That such spaces as are available in Port area be equipped for recreation and existing grounds in the town hired for certain days.

(*Paras. 12-15, 21.*)

5. That the allocation of funds under those sections of the Port Trust Act that provide for the Welfare and Medical Care of Seafarers be made the subject of a Special Enquiry by the Authorities, and that all Dues payable to Clubs, Institutions and Recreation Grounds be allocated to the Marine Welfare Committee for that purpose. (*Para. 16.*)

6. That the Provincial Government allocate an annual sum to the Marine Welfare Committee sufficient to cover the salary of a Secretary to the Committee and Officers' Club and a Superintendent of the Lascar Institute. (*Paras. 20, 21, 24.*)

7. That the Corporation be asked to forego all rates on the Recreation Ground eventually to be allocated to the Mercantile Marine. (*Paras. 17, 21.*)

8. That the Corporation be asked to enforce all rules pertaining to Men's Lodging Houses with particular strictness in the Dock areas, and, if not already in existence, to authorise special bye-laws in regard to Seamen's Lodging Houses on the lines of those in force in other seaports. (Specimens attached.) (*Para. 19.*)

9. That the Tolerated Areas be abolished as soon as practicable and that if all are not abolished at the same time that action should be first taken to the Grant Road and the Dock Areas. (*Para. 22.*)

10. That the Solicitation Laws should be strictly enforced against rickshaw coolies and others touting among seamen. (*Para. 22.*)

11. That an authorised leaflet giving all information as to medical facilities, social amenities, recreation provision and sleeping accommodation should be issued to the personnel of all incoming ships immediately on arrival in the Port. (*Paras. 5-8.*)
12. That the Provincial Government, through the Marine Welfare Committee, should provide funds for popular medical lectures, film showings and where suitable, the distribution of pamphlets, to enlighten Indian seamen on matters of Social Hygiene and venereal disease.

III

EDUCATIONAL

1. That the University be asked—
 - (a) to revise the course for the School-Leaving Examination so as to include as a compulsory subject for all students Biology and Physiology as related to Social Hygiene.
 - (b) that in the first year Course an optional alternative to Elementary Physical Science should be provided from the Biological Sciences.
 - (c) That the existing syllabus for the Bachelor of Teaching course in Physiology and Hygiene should be so extended as to include Social Hygiene.

[*Paras. 33 (b) (e), 34, 35, 36, 38.*]

2. That the University be asked to arrange for courses of eight popular lectures each year on Health and Citizenship, two of which should deal with Personal and Social Hygiene, in order that all University graduates may have some knowledge of the elementary principles of Social Hygiene. (*Paras. 41, 42.*)
3. That the Education Department should be asked to amend the syllabus for the examination intended for Primary and Secondary Teachers so as to include Biology and Physiology as related to Social Hygiene. [*Paras. 33 (b) (e), 35, 36, 37, 38.*]
4. That the Education Department be asked to make provision for teachers trained in Evolutionary Biology to handle the teaching of Nature Study and Botany in Primary, Middle and High Schools and to provide the Schools with the necessary equipment. [*Paras. 33 (a), 35 (2), 36, 37, 38, 39.*]
5. That direct teaching in Physiology, Personal and Social Hygiene in relation to the responsibilities of citizenship be given in all High and Middle Schools. (*Paras. 35, 36, 37, 38.*)
6. That co-operation between parents and teachers in the training of children should be fostered by the authorities. (*Paras. 37, 43.*)
7. That a Physical Training Director be appointed to the staff of the Government Department of Education and to the Education Department of the Corporation. (*Para. 46.*)

8. That the training in and facilities for organised games, Scout and Guide work, and physical training be provided for adolescents both during and after school life. (*Paras. 45, 46.*)
9. That the Government and Corporation should develop the scheme of School Medical Inspection; that School Clinics should be held at the hospitals and social machinery provided through the establishment of Welfare Committees and the appointment of School Nurses for taking children to the hospitals, and to secure the co-operation of the parents in carrying out the instructions of the doctor. (*Paras. 48, 49.*)
10. That in view of the prevalence of congenital syphilis it is recommended that the regulations for School Medical Inspection should be extended to include the detection of inherited disease and that the Government and the Corporation should provide the necessary free bacteriological facilities. (*Para. 47.*)
11. That social measures be taken to protect youth from influences calculated to encourage promiscuous intercourse and exposure to venereal infection. (*Para. 43.*)

Immediate Measures

1. That intensive courses of lectures on Social Hygiene should be arranged for professional teachers. (*Paras. 30, 39.*)
2. That two men and two women teachers should be given Government Scholarships for a year's qualifying course on Social Hygiene at one of the English Universities. (*Para. 40.*)
3. That the services of a Professor of Biology and a Professor of Physiology should be secured for the winter of 1927-28, in co-operation with other Provincial Governments and Universities to visit Bombay for one month—
 - (a) To give the first of the intensive courses to professional teachers;
 - (b) To give the first two popular lectures to the students at the University. (*Paras. 41, 42.*)
4. That an authoritative statement on the desirability of continence, particularly among adolescents, should be issued by the Education Department to all heads of Schools in Bombay. (*Paras. 43, 44.*)

IV

SOCIAL

1. That close co-operation should be established between those responsible (the Government Venereal Disease Officer and specialists at treatment centres) for the hospital facilities for in- and out-patient treatment for venereal disease and the social organisations responsible for the management of Homes and Institutions, in order that all individuals in need of treatment coming under the care of rescue and preventive agencies, orphanages, reformatory institutions, etc., should have facilities for diagnosis and treatment as required, free of charge. (*Paras. 54, 58, 65, 68 (c), 69, 70, 73.*)

2. That the Government and the Corporation should make financial provision for the maintenance of suitable hostels for those persons needing continuous out-patient treatment for Syphilis or Gonorrhœa but who are without means of support: such hostels should be under the supervision and management of voluntary Committees representing the Christian, Hindu and Mohammedan sections of the community, and should be entered voluntarily. (*Paras. 55, 65, 67, 73, 75, 76.*)
3. That the Provincial Government and the Corporation of Bombay should authorise the appointment of trained almoners in their respective hospitals, particularly in those providing treatment for venereal disease. (*Para. 73.*)
4. That recent experience and information as to the interdependence of venereal disease and commercialised prostitution should be widely disseminated. (*Paras. 59, 60, 61.*)
5. That as soon as practicable it should be made illegal for any third party to benefit from the proceeds of prostitution, thereby making brothel-keeping an illegal offence. (*Paras. 65, 66.*)
6. That legislation should be introduced to safeguard the interests of the adopted child. (*Para. 80.*)
7. That two trained Police Women should be added to the staff of the Commissioner of Police—
 - (a) To train Police Women in Bombay.
 - (b) To deal with cases involving women and children.
 - (c) To investigate in conjunction with others the conditions of child adoption leading to prostitution.
 - (d) To co-operate with voluntary agencies undertaking preventive and rescue work among women and girls.
 - (e) To co-operate with Probation Officers. (*Para. 79.*)
8. That the voluntary effort of Indian men and women should be extended and increased efforts made to rescue young girls who are in danger or have already been drawn into a life of prostitution and to place them in small Homes under good influence where, after re-education, they can be returned to their homes or trained in wage-earning occupation and rehabilitated in the community. Such Homes should be under the aegis of the Director of Public Instruction. (*Paras. 62, 77.*)
9. That provision should be made for the certification of mental defectives and for their accommodation in separate institutions. [*Para. 68 (b).*]
10. That all charitable and philanthropic Homes and Institutions should be registered and inspected by the Government. (*Para. 71.*)
11. That in co-operation with the University arrangements should be made for an adequate course of training for Indian social workers. (*Paras. 46, 68, 79.*)

12. That the existing voluntary organisations that are responsible for work-rooms for the training of women and girls should co-operate in an endeavour to open work-rooms run on a self-supporting basis. (*Paras. 62, 74, 77.*)
13. That the Salvation Army Institutions for men in Bombay should be invited to revise their regulations to enable them to offer accommodation to men in need of continuous out-patient treatment at the hospitals. (*Para. 67.*)

PUBLIC ENLIGHTENMENT

1. That a Bombay Social Hygiene Council should be established, supported by financial grants from the Provincial Government and the Corporation of Bombay, to undertake an intensive campaign of public enlightenment in order to bring before the responsible citizens and all parents the serious conditions obtaining as to venereal disease and the social measures essential to its amelioration :
 - (a) That the Provincial Government should authorise the Medical, Educational and Home Departments to be represented on the Social Hygiene Council to assist in the direction of its policy and to facilitate close co-operation between the Council and the Government ;
 - (b) That the Corporation should be represented on the Council in view of the responsibilities assumed by the Corporation in connection with various sections of the work of the Council ;
 - (c) That the University should be represented, particularly on the Education Committee of the Council, in order that close co-operation may exist in providing facilities for special courses in the biological sciences ;
 - (d) That the Government in any scheme that is adopted for providing facilities for the free diagnosis and treatment of disease will include financial provision—
 - (i) for the general popular enlightenment of the various sections of the public :
 - (ii) for hostel accommodation and maintenance during out-patient treatment of infective destitute and other persons, who, in the interests of public health, may require such assistance :
 - (iii) for lectures and their illustration by films to teachers, midwives, nurses, social workers and others. [*Paras. 43, 68 (e), 70, 76, 82-90.*]

IV

CINEMA

1. That the Central Government should resume responsibility for the censorship and should appoint whole-time censors with an advisory committee composed of representatives of each of the religious communities in the principal ports. (*Paras. 99, 100.*)

2. That the Cinema Act should be amended and the word "suitable" should be altered to "suitable for display in India," or alternatively that regulations should be issued defining the word "suitable" in this sense.
3. Unless or until the Central Government assume responsibility and appoint whole-time responsible European officials at the major ports it is recommended—
 - (a) That each Province and State obtain powers to act under section 7 and appoint a censorship authority. (*Para. 98.*)
 - (b) That instructions as to the interpretation of "suitability" should be issued by each authority that would allow of films being rejected on general grounds of "unsuitability" for display in Bombay. (*Paras. 95, 96, 97.*)
 - (c) That the Provincial Government instruct the Directors of Public Health and Instruction to appoint officials of the Health and Education Departments, together with Indian advisers, to view each film before being released for circulation in the Province, together with all publicity material used therewith. (*Paras. 92, 93.*)
 - (d) That the Indian as well as the European conception of "indecent" and "suggestiveness" be included in the interpretation of the suitability of a film. It is recognised that adequate censorship requires not only the expert knowledge of the departmental officials suggested as Censors but that they, together with their advisers, should represent the diverse views of the Hindu, Mohammedan and Christian communities that the traditions and standards of all groups may be protected. (*Para. 96.*)
 - (e) That the difference between a Mofussil and an industrial seaport audience be clearly recognised, and, while certain dramatic films may be suitable for the cosmopolitan city, few, if any, dramatic films could without misinterpretation be shown elsewhere in Bombay. (*Para. 100.*)