PROVINCE OF BRITISH COLUMBIA

Division of Venereal Disease Control

Department of Health and Welfare

ANNUAL REPORT

For the Year 1948

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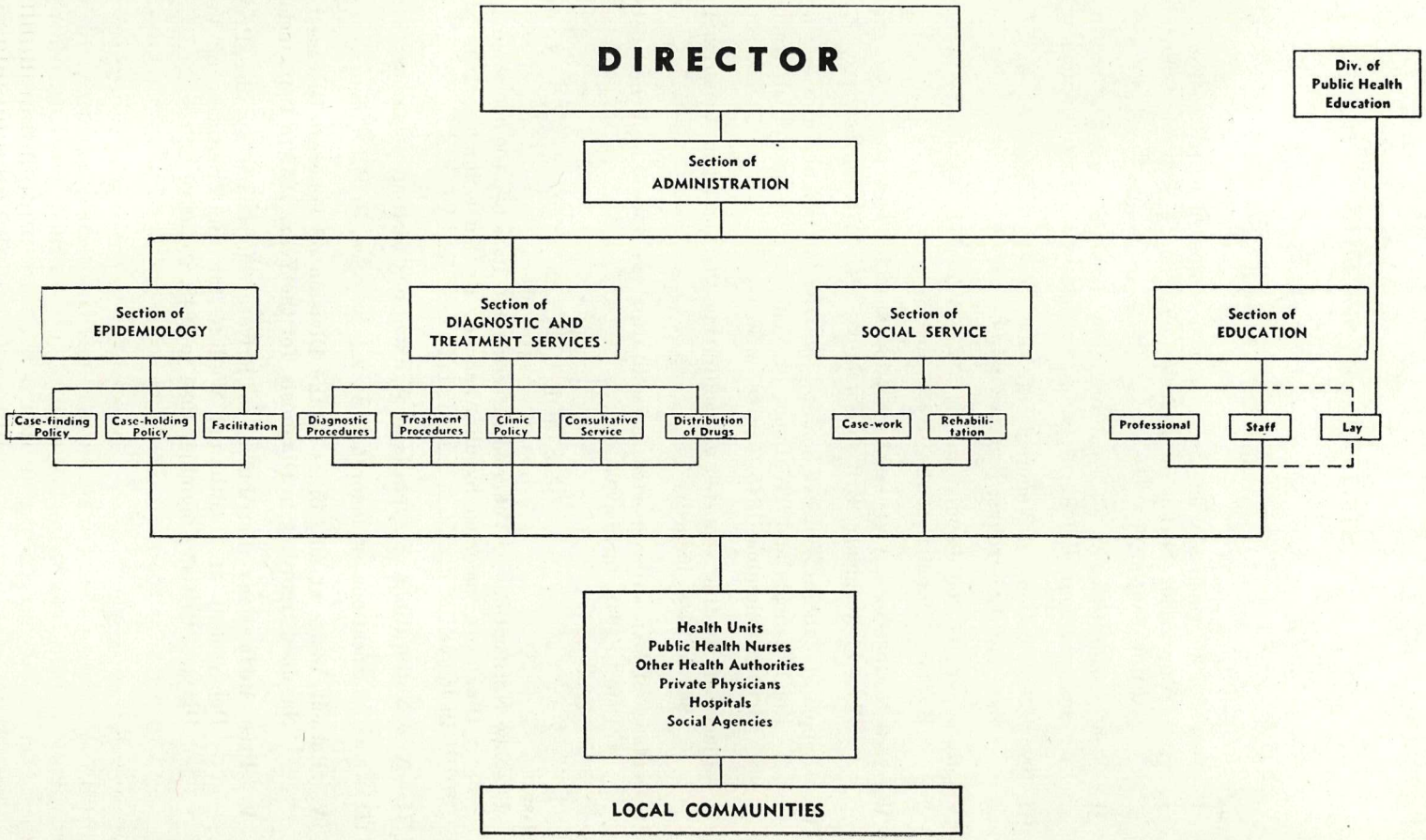
Organization Chart

DIVISION OF VENEREAL DISEASE CONTROL



DIVISION OF VENEREAL DISEASE CONTROL.

ANNUAL REPORT FOR THE YEAR 1948.

G. R. F. ELLIOT, M.D., D.P.H., DIRECTOR.

INTRODUCTION.

There would appear to be a 24-per-cent. decrease in the total cases and a decrease of 27 per cent. in the rate of venereal disease reported in British Columbia during the year 1948 as compared to 1947. This is the second consecutive year a substantial decrease has been noted in this Province, following a consistent rise since 1940. It is felt this decrease is noteworthy since the vigorous efforts on the part of the epidemiological staff to trace contacts, the new diagnostic clinic formed at the Vancouver City Police Station, and sundry other small blood-testing surveys carried out amongst mariners and other groups have done much to find previously unreported cases.

The drop in incidence, though due in part to the receding war years with its abnormal living conditions, is believed to be largely accounted for by the increased efforts made in case-finding and the earlier and more rapid treatment of cases and of contacts. Other factors concerned are the excellent co-operation of private physicians in reporting and following up cases, the assistance of health units and nurses, the ready help given by various public groups in helping to combat facilitation, and the gradual dissemination of knowledge of venereal disease among the general population.

The services of free drugs and specialist consultations to private physicians continue to be offered by this Division. These services are freely used and go far toward ensuring adequate treatment according to the most modern standards, as well as adequate after-care and supervision, and help to maintain a friendly relationship and co-operation with the private physician.

The ready and generous help and co-operation given to this Division by other Provincial divisions, as well as by the local authorities and other public services, have been very much appreciated. Again special mention in this regard should be made of the Provincial Laboratories, whose efforts for meeting the ever-increasing demands of this Division have been so successful and so understanding.

TREATMENT.

In view of the great amount of venereal-disease research being carried on throughout the world at the present time, it becomes necessary from time to time to make changes or modifications in treatment to conform with the latest views. Such changes have been evident in this Division during the past year, though there has been some reluctance to abandon completely the older and well-tried methods of treatment which have shown such a high degree of success in the past.

Penicillin has been used to an ever-increasing extent and appears to be slowly and steadily replacing the older and more prolonged methods of treatment in many stages of venereal infection. This has been a time-saving factor and has led to a marked shortening of the period of treatment. It is hoped also that it will lead ultimately to a diminution in the number of persons who disappear or cease attending before completing their full course of treatment.

The routine use of neoarsphenamine has been discontinued by the clinics of this Division, mapharsen being now almost universally employed where arsenicals are indicated. This change, besides being in accordance with modern trends, is considered to offer a wider margin of safety for the patient.

The Division has continued its policy of admitting selected cases of syphilis to the Infectious Diseases Hospital, Vancouver, for intensive penicillin treatment. The number of beds available was reduced to six during the latter half of the year owing to the extra bed requirements of the Vancouver General Hospital during rebuilding operations. In spite of this, however, there has been very little decrease in the number of patients admitted for treatment during the year.

Streptomycin has been made available for the treatment of resistant cases of gonorrhœa where treatment by ordinary methods has failed. The impression has been gained in this Division, however, that true failures are rare in the treatment of gonorrhœa with penicillin, apparent relapses being due in most instances to reinfection.

Clinics continue to be operated as before, with the one addition of a daily male diagnostic clinic at the Vancouver City Gaol. This clinic has already proved itself most useful in the detection of new cases of venereal infection, as well as in renewing contact with patients who have lapsed from treatment or surveillance.

Increasing efforts are being made toward establishing the necessity for the routine blood-testing of all women in pregnancy, and where these are found to be positive, of carrying out full anti-syphilitic treatment. It is only by this means that prenatal (congenital) syphilis can be eradicated, with a corresponding reduction in still-births, infant mortality, and child suffering.

EPIDEMIOLOGY.

The workers in the field of epidemiology continue to show most gratifying results in case-finding and case-holding. This is due in a large measure to a high standard of persistence, resourcefulness, and tact on the part of the workers. A close liaison has been maintained by the workers in this Division with the public health nurses in the field, as well as with the nurses on the staff of the Vancouver Metropolitan Health Committee and the various health units throughout the Province.

Valuable assistance has been given throughout the year by the Medical Health Officer of the City of Vancouver and by the Vancouver Police Department. Their help has been readily and freely given and has been especially valuable in locating suspected venereal cases and contacts and, where necessary, in bringing these cases in for investigation and treatment.

During the year there were held three meetings of interested parties concerned with facilitation and the control of venereal disease in the Province. Attending these meetings were authorities from the Vancouver City Police Department, the British Columbia Provincial Police, British Columbia Hotels Association, Liquor Control Board, Vancouver City Licence Inspector, representatives of the United States Armed Services, as well as the Senior Medical Health Officers of the Cities of Vancouver and Victoria.

These meetings have had as their main purpose the discussion of the various aspects of facilitation and the methods to be adopted for dealing with this problem. The friendly nature of the discussions and the very willing and active co-operation of the participants have been most helpful in developing this aspect of venereal-disease control. As a result of suggestions put forward at these meetings, many of the trouble spots in facilitation in the City of Vancouver have been markedly improved.

As already mentioned, as a result of the success of the female clinic at the Vancouver City Gaol, a diagnostic clinic has been set up in the male section of the Vancouver City Gaol. The clinic is conducted by a member of the nursing staff of this Division and is concerned primarily with the detection of syphilitic infection. Sero-

logical tests are carried out on 95 per cent. of all male prisoners. The investigation has been on a voluntary basis, but in only a few instances has the blood-testing been refused. The results obtained from these examinations have well repaid the time and energies involved.

Blood-testing surveys have been carried out at the medical centre of the Shipowners' Association and on a small scale amongst the Indians at a small reserve.

SOCIAL SERVICE.

In September of this year there was clarification of the place of the social worker in venereal-disease control and a change in the programme of the Vancouver clinic medical case-worker. The social-service section formerly conducted the programme aimed at the control of premises which facilitate the spread of venereal disease. This programme has now been taken over by the epidemiology section, leaving the social worker free to make her specific contribution to combating venereal disease. An increasing number of persons is being referred to her with social problems, such as severe emotional stress, domestic difficulties, illegitimate pregnancy, and the need of financial assistance. Juveniles who are developing behaviour problems are also referred for guidance. Daily ward rounds are made at the rapid-treatment centre in an endeavour to give more intensive case-work services to this group of patients during hospitalization.

EDUCATIONAL.

General public education on venereal disease has now become the responsibility of the Division of Public Health Education, who are working in close conjunction with the Division of Venereal Disease Control.

Lectures on various aspects of venereal disease and its control have been given throughout the year to student-nurses, lay-student organizations, and to social workers.

During the year the following articles were published by members of this Division. The article "Medical Shock and Death following Neoarsphenamine Therapy for Syphilis," written by Dr. B. Kanee, consultant in syphilology at this Division, and Dr. Elliot, Director of this Division, was published in the July issue of the *Canadian Medical Association Journal.* "Pre-natal (Congenital) Syphilis with Interesting Diagnostic Findings," an article written by Dr. Kanee, was published in the November issue of the *Canadian Medical Association Journal.* The paper "Some Recent Developments in Venereal Disease Epidemiology in British Columbia" was read at the Canadian Public Health Association Conference held in Vancouver in May of this year. Reprints of all these articles have been obtained and distributed to the medical profession and other interested parties in this Province.

During the year an excellent booklet entitled "Venereal Disease Information for Nurses" was published and is being circulated for professional educational purposes.

Agreement has been reached by the Vancouver General Hospital and the Divisions of Tuberculosis Control and Venereal Disease Control for the establishment of a library for use particularly by interns, nurses, and other staff members. The contribution of this Division will ensure the inclusion of a section on venereology and the various phases of venereal-disease control, thereby making available and readily accessible adequate and up-to-date reference material on this subject.

A valuable addition in the field of professional education has been made in the decision of this Division to appoint a public health nurse as Nursing Educator. This individual will have as her responsibility the co-ordination of educational work related to the nursing and welfare personnel taking training in this Province. Groups of public health nurses, social welfare workers, and undergraduate nurses visit this Division during their training period, and it will be the Nursing Educator's responsi-

bility to assure that their education in regard to venereal disease is complete. In addition, the Nursing Educator will establish a working relationship with those nurses' training-schools throughout the Province where the students do not have the opportunity of spending time with this Division, in an attempt to carry out a similar educational programme amongst those nurses. Much time and effort has been expended in recent years on lay education regarding venereal disease; it is felt that the education of professional personnel has been neglected to some extent, and it is hoped that the above appointment will rectify this condition as it pertains to the nursing and welfare field in this Province.

GENERAL.

During the year the redecoration of the Vancouver clinic, mentioned in the 1947 Report, was completed, and the resulting improved appearance has been marked.

At the present time the study mentioned in the 1947 Report regarding the number of newly reported cases of venereal disease who are transient persons, or persons who have been diagnosed elsewhere prior to taking up residence in British Columbia, has progressed on the Dominion level, and it is hoped figures will be available for the Annual Report of this Division.

The Director attended the conference of Venereal Disease Control Directors of the Provinces held at Ottawa in March. Much valuable information and exchange of ideas were obtained at this meeting, and a further meeting is being planned for February, 1949, in Ottawa.

The shortage of full-time medical personnel remains exceedingly acute. This situation not only exists in this Division, but is also found throughout the Department of Health in this Province.

Late in the year the Director of this Division was given additional responsibilities in regard to the recent Dominion health grants, and, as a result, it has not been possible to spend the time required in this Division. The Division, however, was most fortunate in obtaining a well-qualified physician with wide clinical experience who has been placed in charge of all clinics, with headquarters at the Vancouver clinic. In addition to this, a highly qualified physician has been appointed on a part-time basis as physician in charge of the Victoria clinic. These two appointments, and particularly the former, are extremely gratifying and will do much to improve treatment procedures and establish and improve liaison with other medical authorities in this Province.

The part-time clinic physicians continue to be rotated. The calibre of these men remains high and there is no dearth of applicants.

During the year, as is normal in all such divisions to-day, staff changes occur. It is felt that the loss of Mrs. Lorna Marshall should be mentioned. Mrs. Marshall was one of the senior clinic nurses at this Division, and when she decided to leave for Eastern Canada, it was a definite loss to this Division, since her work and contributions had always been of the highest calibre.

Late in 1948 Miss Jean Gilley, branch secretary of this Division, received a well-earned promotion to the position of research assistant. The work in this new position will be primarily concerned with the recent Dominion health grants at first. Miss Gilley has made an outstanding contribution to the success of this Division, and although the loss of her direct services to this Division is regretted, it is felt she has much to contribute to the general health-administration problems of this Province, and the opportunity to use this talent is present in the new position.

The addition of the increased Federal grant has done much to add to the control of venereal disease in this Province, and this assistance has been very much appreciated.

Finally, the co-operation and understanding of the Deputy Minister of Health and all members of his staff in the central office is very much appreciated.

STATISTICAL SECTION.

CHART I.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION BY DIAGNOSIS, REPORTED BY ALL AGENCIES, BRITISH COLUMBIA, 1939 TO 1948, INCLUSIVE.

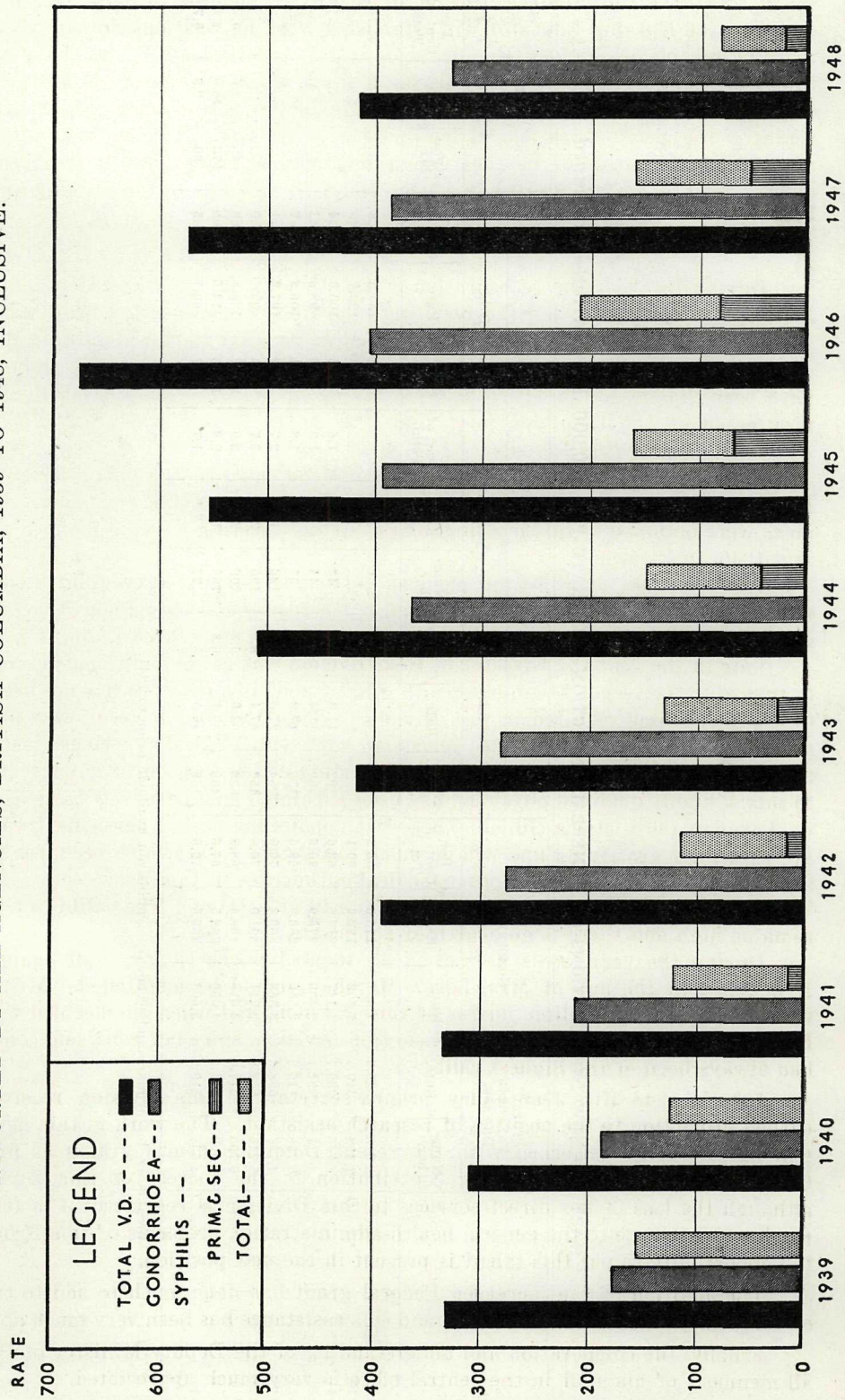


CHART I.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION—*Continued.*

Year.	Total Venereal Disease.		Gonorrhœa.			Syphilis.									Other Venereal Disease.		
						Primary.			Secondary.			Other.					
	Number.	Rate.	Number.	Rate.	Per Cent. of Total.	Number.	Rate.	Per Cent. of Total.	Number.	Rate.	Per Cent. of Total.	Number.	Rate.	Per Cent. of Total.	Number.	Rate.	Per Cent. of Total.
1939	2,613	329.9	1,391	175.6	53.2	.....	.....	.....	.....	.....	.....	1,222*	154.3	46.8	.....	.....	.....
1940	2,498	310.3	1,502	186.6	60.1	.....	.....	.....	.....	.....	.....	996*	123.7	39.9	.....	.....	.....
1941	2,745	335.7	1,747	213.6	63.6	92	11.3	3.4	43	5.3	1.6	863	105.5	31.4	.....	.....	.....
1942	3,411	392.1	2,409	276.9	70.6	99	11.4	2.9	45	5.2	1.3	858	98.6	25.2	.....	.....	.....
1943	3,738	415.3	2,555	283.9	68.4	155	17.2	4.2	67	7.4	1.8	961	106.8	25.7	.....	.....	.....
1944	4,737	508.3	3,358	360.3	70.9	254	27.3	5.4	126	13.5	2.7	999	107.2	21.1	.....	.....	.....
1945	5,245	552.7	3,711	391.0	70.8	450	47.4	8.6	195	20.6	3.7	889	93.7	17.0	.....	.....	.....
1946	6,790	677.0	4,618	460.4	68.0	628	62.6	9.3	206	20.5	3.0	1,292	128.8	19.0	46	4.6	0.7
1947	5,999	574.6	4,056	388.5	67.6	408	39.1	6.8	167	16.0	2.8	1,195	114.5	19.9	173	16.6	2.9
1948	4,534	419.0	3,608	333.5	79.6	162	15.0	3.6	77	7.1	1.7	657	60.7	14.5	30	2.8	0.7

* Total syphilis—breakdown for primary and secondary syphilis not available prior to 1941.

This table is of considerable interest, for it shows a very marked reduction in all forms of venereal disease in British Columbia during 1948, the figures for the incidence of which are the lowest recorded since 1943. This is in spite of the still greater efforts being made by the epidemiological staff to track down new cases and contacts and the excellent co-operation shown by private physicians in notifying cases.

The incidence and rate of gonorrhœa have shown a relatively small but steady drop since 1946, but the most significant and gratifying figures are those in relation to syphilis—particularly early cases as represented by primary and secondary infection, the figures for which show a decrease of 60.3 per cent. and 53.9 per cent. respectively. This is considered to be due in large measure to the intensifying of the over-all programme of venereal disease control. An important additional factor, however, is believed to be the more rapid and effective methods of modern treatment, whereby the patient is more rapidly rendered non-infective.

Other forms of syphilis, which are essentially cases of longer standing, also show a very marked decrease in incidence. This is more an indication of the success of past efforts and policy in the Division. It will be observed that the figures are the lowest recorded in the past ten years.

Other forms of venereal disease also show a marked drop in total incidence and in rate for the year.

TABLE I.—NEW NOTIFICATIONS OF VENEREAL INFECTION COMPARED WITH REPORTED CASES OF CERTAIN OTHER NOTIFIABLE DISEASES IN CANADA, BRITISH COLUMBIA, AND GREATER VANCOUVER, 1948.

Notifiable Disease.	Canada.	British Columbia.	Greater Vancouver.
Chicken-pox	41,595	6,087	2,437
Venereal disease	27,358	4,534	2,682
Measles	65,845	4,137	1,979
Tuberculosis	12,213	2,178	653
Mumps	24,574	1,008	162
Scarlet fever	7,526	383	119
Whooping-cough	7,015	285	26
Diphtheria	898	35	16

TABLE II.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND SOURCE OF REPORTING OF NOTIFICATIONS, BRITISH COLUMBIA, 1948.

Source of Referral.	Sex.	Total.	Gonorrhœa.			Syphilis.									Other Venereal Disease.
			Total.	Ophthalmia Neonatorum.	Other.	Total.	Acquired.						Prenatal.	Type Undetermined.	
							Primary.	Secondary.	Latent.	Cardio-vascular.	Neuro-syphilis.	Other.			
Totals	T.	4,534	3,608	1	3,607	896	161	77	464	34	100	29	23	8	30
	M.	3,147	2,575	1	2,574	547	119	36	256	28	81	16	8	3	25
	F.	1,387	1,033	....	1,033	349	42	41	208	6	19	13	15	5	5
Clinics, total	T.	2,389	2,045	....	2,045	319	79	30	162	11	30	2	5	....	25
	M.	1,570	1,350	....	1,350	200	59	18	88	9	24	2	....	....	20
	F.	819	695	....	695	119	20	12	74	2	6	....	5	....	5
Vancouver	T.	2,042	1,783	....	1,783	235	61	20	120	8	22	1	3	....	24
	M.	1,373	1,214	....	1,214	140	46	11	58	7	17	1	....	....	19
	F.	669	569	....	569	95	15	9	62	1	5	....	3	....	5
Victoria	T.	146	114	....	114	31	11	4	10	1	3	1	1	....	1
	M.	107	84	....	84	22	8	3	6	1	3	1	....	....	1
	F.	39	30	....	30	9	3	1	4	....	.....	....	1	....	.....
New Westminster	T.	55	44	....	44	11	2	1	4	2	1	....	1	....	.....
	M.	28	23	....	23	5	1	.....	3	1	.....	....	....	....	.....
	F.	27	21	....	21	6	1	1	1	1	1	....	1	....	.....
Oakalla	T.	116	79	....	79	37	1	4	28	....	4	....	....	....	.....
	M.	55	25	....	25	30	1	4	21	....	4	....	....	....	.....
	F.	61	54	....	54	7	.....	.....	7	....	.....	....	....	....	.....
Peace River	T.	10	5	....	5	5	4	1	.....	....	.....	....	....	....	.....
	M.	6	3	....	3	3	3	.....	.....	....	.....	....	....	....	.....
	F.	4	2	....	2	2	1	1	.....	....	.....	....	....	....	.....
Girls' Industrial School and Juvenile Detention Home	T.	20	20	....	20	.....	.....	.....	.....	....	.....	....	....	....	.....
	M.	1	1	....	1	.....	.....	.....	.....	....	.....	....	....	....	.....
	F.	19	19	....	19	.....	.....	.....	.....	....	.....	....	....	....	.....
Private physicians	T.	1,992	1,480	1	1,479	507	78	47	262	21	52	23	18	6	5
	M.	1,458	1,155	1	1,154	298	57	18	141	17	43	12	8	2	5
	F.	534	325	....	325	209	21	29	121	4	9	11	10	4	.....
Institutions and hospitals	T.	55	6	....	6	49	.....	.....	26	2	17	2	....	2	.....
	M.	44	5	....	5	39	.....	.....	22	2	13	1	....	1	.....
	F.	11	1	....	1	10	.....	.....	4	....	4	1	....	1	.....
Other	T.	98	77	....	77	21	4	.....	14	....	1	2	....	....	.....
	M.	75	65	....	65	10	3	.....	5	....	1	1	....	....	.....
	F.	23	12	....	12	11	1	.....	9	....	.....	1	....	....	.....

Source: Notifications of Venereal Infection, Form N. 1.

The drop in the number of reported cases of venereal disease appears to be shared equally by clinics and by private physicians, their percentage of notifications being 52.7 per cent. and 44 per cent. respectively, practically the same figures as those reported in 1947.

One case only of ophthalmia neonatorum was notified during the year.

There has been a very marked decrease in all forms of syphilitic infection. Total syphilis has shown a decrease of almost 50 per cent., cardiovascular syphilis 48 per cent., and neurosyphilis 34 per cent. These latter conditions, being the later manifestations of syphilitic infection, are an indication to some extent of the success of past efforts on the part of the Division and also on the part of the private physicians of the Province. It is to be hoped, furthermore, that the reservoir of such late cases among the general population is gradually running dry.

The number of cases of prenatal syphilis reported in 1948, as compared with 1947, is almost halved. It still shows twenty-three cases in excess of the ideal, however, and strenuous efforts will continue to be made to reduce this figure still further. In view of the great effectiveness of modern preventive treatment, it is felt that, with adequate co-operation from the private physician, prenatal syphilis should ultimately become almost unknown in this Province or in any civilized community.

It will be noted that cardiovascular syphilis in females is 1.7 per cent. of total female syphilis, while in males it is 5.1 per cent. of the total. Neurosyphilis in females is 5.4 per cent. of total female syphilis, while in males it is 14.8 per cent. of the total. This brings out the fact that syphilis runs a more severe course in men than in women.

TABLE III.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND AGE-GROUPS, BRITISH COLUMBIA, 1948.

Age-groups.	Sex.	Total.	Gonorrhœa.			Syphilis.									Other Venereal Disease.
			Total.	Ophthalmia Neonatorum.	Other.	Total.	Acquired.						Prenatal.	Type Undetermined.	
							Primary.	Secondary.	Latent.	Cardio-vascular.	Neuro-syphilis.	Other.			
Totals	T.	4,534	3,608	1	3,607	896	161	77	464	34	100	29	23	8	30
	M.	3,147	2,575	1	2,574	547	119	36	256	28	81	16	8	3	25
	F.	1,387	1,033	..	1,033	349	42	41	208	6	19	13	15	5	5
Under 1 year	T.	5	1	..	1	4	....	....	....	....	....	....	4	....	....
	M.	3	1	..	1	2	....	....	....	....	....	....	2	....	....
	F.	2	.....	..	.....	2	....	....	....	....	....	....	2	....	....
1–4 years	T.	12	6	1	5	6	....	1	....	....	....	....	5	....	....
	M.	3	2	1	1	1	....	....	....	....	....	....	1	....	....
	F.	9	4	..	4	5	....	1	....	....	....	....	4	....	....
5–9 years	T.	8	7	..	7	1	....	....	1	....	....	....	....	....	....
	M.	1	1	..	1	.....	....	....	....	....	....	....	....	....	....
	F.	7	6	..	6	1	....	....	1	....	....	....	....	....	....
10–14 years	T.	8	5	..	5	3	2	....	....	....	....	....	1	....	....
	M.	3	2	..	2	1	1	....	....	....	....	....	....	....	....
	F.	5	3	..	3	2	1	....	....	....	....	....	1	....	....
15–19 years	T.	386	329	..	329	55	15	9	26	....	....	....	5	....	2
	M.	145	133	..	133	11	6	1	3	....	....	....	1	....	1
	F.	241	196	..	196	44	9	8	23	....	....	....	4	....	1
20–24 years	T.	1,272	1,143	..	1,143	124	38	15	64	....	2	....	3	2	5
	M.	841	777	..	777	60	27	8	21	....	1	....	2	1	4
	F.	431	366	..	366	64	11	7	43	....	1	....	1	1	1
25–29 years	T.	953	841	..	841	105	28	11	62	....	....	....	1	3	7
	M.	697	642	..	642	51	22	4	23	....	....	....	1	1	4
	F.	256	199	..	199	54	6	7	39	....	....	....	....	2	3
30–34 years	T.	494	424	..	424	68	24	8	30	....	3	1	1	1	2
	M.	375	333	..	333	40	20	4	11	....	3	....	1	1	2
	F.	119	91	..	91	28	4	4	19	....	....	1	....	....	....
35–39 years	T.	373	284	..	284	87	15	8	46	....	12	2	2	2	2
	M.	284	227	..	227	55	12	5	30	....	7	1	....	....	2
	F.	89	57	..	57	32	3	3	16	....	5	1	2	2	....
40–44 years	T.	247	171	..	171	73	9	6	40	1	15	2	....	....	3
	M.	186	138	..	138	45	8	2	23	....	11	1	....	....	3
	F.	61	33	..	33	28	1	4	17	1	4	1	....	....	....
45–49 years	T.	183	113	..	113	66	6	3	36	1	12	8	....	....	4
	M.	147	95	..	95	48	6	2	25	1	10	4	....	....	4
	F.	36	18	..	18	18	....	1	11	....	2	4	....	....	....
50–54 years	T.	136	58	..	58	74	6	4	38	5	16	5	....	....	4
	M.	108	50	..	50	54	5	2	26	3	13	5	....	....	4
	F.	28	8	..	8	20	1	2	12	2	3	....	....	....	....
55–59 years	T.	84	29	..	29	54	4	....	32	5	12	1	....	....	1
	M.	72	25	..	25	46	4	....	27	5	10	....	....	....	1
	F.	12	4	..	4	8	....	....	5	....	2	1	....	....	....
60–64 years	T.	67	17	..	17	50	3	2	24	9	8	4	....	....	....
	M.	60	17	..	17	43	3	2	21	8	7	2	....	....	....
	F.	7	.....	..	.....	7	....	....	3	1	1	2	....	....	....
65–69 years	T.	45	14	..	14	31	....	1	15	7	6	2	....	....	....
	M.	40	14	..	14	26	....	1	11	6	6	2	....	....	....
	F.	5	.....	..	.....	5	....	....	4	1	....	....	....	....	....
70–74 years	T.	23	6	..	6	17	2	....	7	2	4	2	....	....	....
	M.	21	6	..	6	15	2	....	7	2	4	....	....	....	....
	F.	2	.....	..	.....	2	....	....	....	....	....	2	....	....	....
75–79 years	T.	12	1	..	1	11	....	....	9	1	....	1	....	....	....
	M.	9	1	..	1	8	....	....	8	....	....	....	....	....	....
	F.	3	.....	..	.....	3	....	....	1	1	....	1	....	....	....
80 and over	T.	3	.....	..	.....	3	....	....	2	....	1	....	....	....	....
	M.	3	.....	..	.....	3	....	....	2	....	1	....	....	....	....
	F.	.....	.....	..	.....	.....	....	....	....	....	....	....	....	....	....
Not stated	T.	223	159	..	159	64	9	9	32	3	9	1	1	....	....
	M.	149	111	..	111	38	3	5	18	3	8	1	....	....	....
	F.	74	48	..	48	26	6	4	14	....	1	....	1	....	....

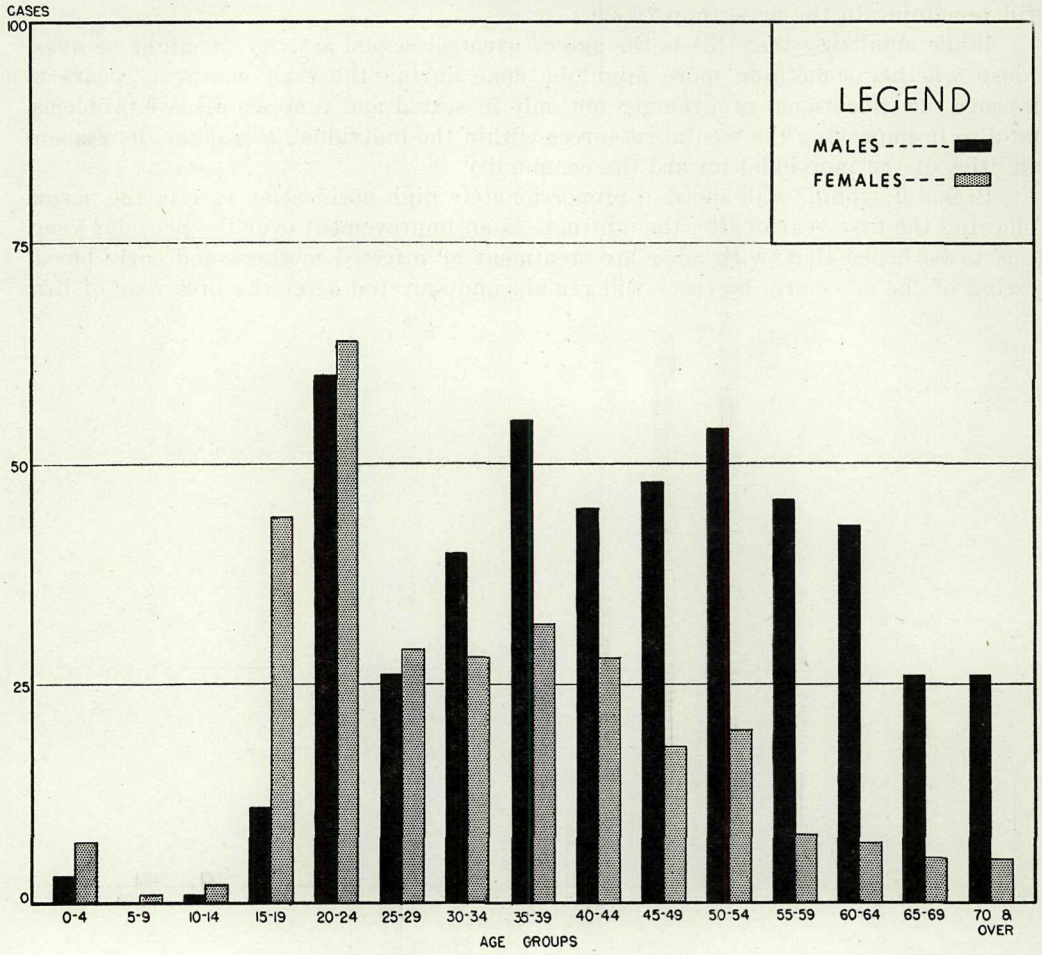
Source: Notifications of Venereal Infection, Form N. 1.

The chief age incidence of venereal infection appears to remain much the same as in previous years, with a steady rise from the post-school age—the highest incidence still remaining in the age-group 20–29.

While admitting that this is the age of greatest sexual activity, it might be questioned whether something more might be done during the early maturing years to improve the educational programme, not only in sexual and venereal-disease problems, but also in improving the mental resources within the individual, as well as the responsibilities of the individual toward the community.

Prenatal syphilis still shows a proportionately high notification rate in the period following the first year of life, though there is an improvement over the previous year. It is to be hoped that, with adequate treatment of infected mothers and early blood-testing of the new-born, no cases will remain undiscovered after the first year of life.

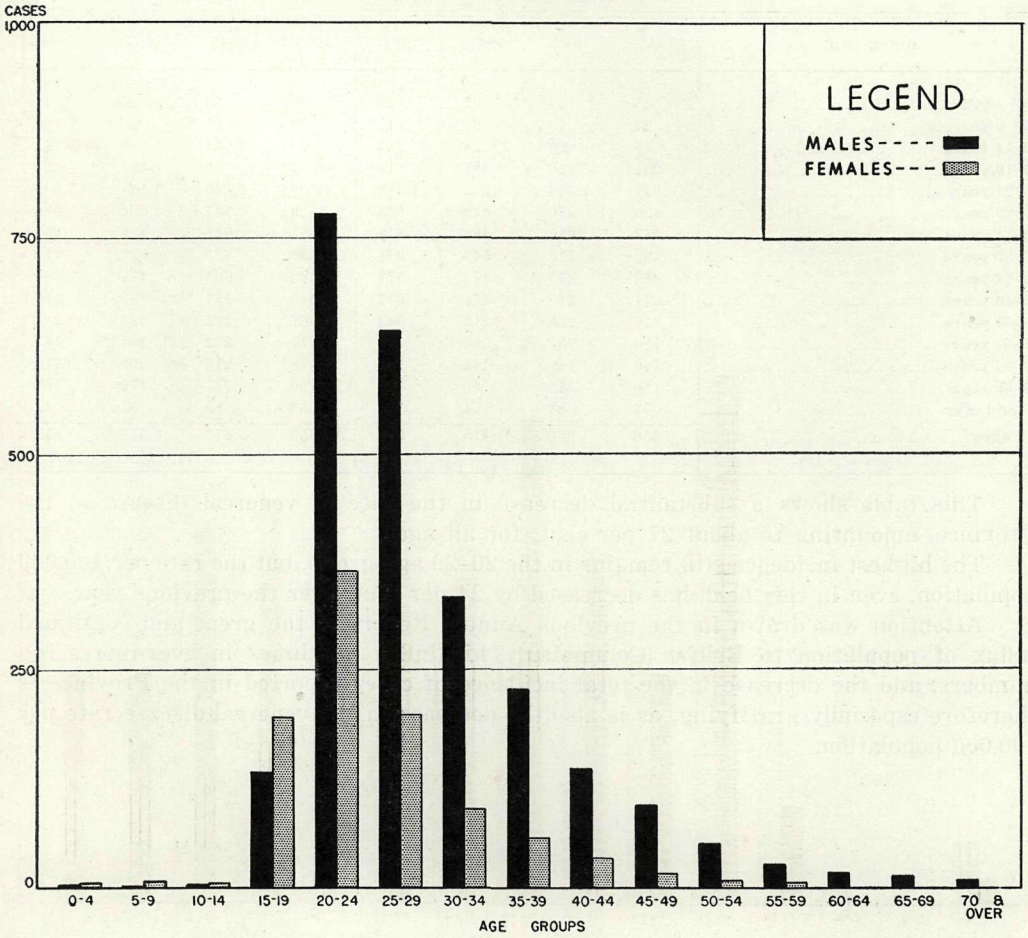
CHART II.—NEW NOTIFICATIONS OF SYPHILIS BY AGE AND SEX, BRITISH COLUMBIA, 1948.



Age-group.	Male.	Female.	Age-group.	Male.	Female.
Totals	547	349	35–39 years	55	32
			40–44 years	45	28
Under 1 year	2	2	45–49 years	48	18
1– 4 years	1	5	50–54 years	54	20
5– 9 years	.....	1	55–59 years	46	8
10–14 years	1	2	60–64 years	43	7
15–19 years	11	44	65–69 years	26	5
20–24 years	60	64	70 and over	26	5
25–29 years	51	54	Not stated	38	26
30–34 years	40	28			

It will be noted that the ratio of male to female syphilis has dropped from its previous level of 2.4:1 to 1.57:1, showing a marked levelling-off of the sexes. There is still a preponderance of women diagnosed in the 15–19 age-group, though the total number notified in this age-group has diminished slightly compared with the figures reported in 1947. Indeed the number of females notified exceeds males throughout the early age-group 15–29.

CHART III.—NEW NOTIFICATIONS OF GONORRHŒA BY AGE AND SEX, BRITISH COLUMBIA, 1948.



Age-group.	Male.	Female.	Age-group.	Male.	Female.
Totals	2,575	1,033	35–39 years	227	57
			40–44 years	138	33
Under 1 year	1	.....	45–49 years	95	18
1– 4 years	2	4	50–54 years	50	8
5– 9 years	1	6	55–59 years	25	4
10–14 years	2	3	60–64 years	17	.....
15–19 years	133	196	65–69 years	14	.....
20–24 years	777	366	70 and over	7	.....
25–29 years	642	199	Not stated	111	48
30–34 years	333	91			

There is still a preponderance of male cases of gonorrhœa over females notified during 1948, the ratio being 2.5:1 as against 2.6:1 for the previous years.

As in syphilis, there appears to be a greater number of women than men notified in the age-group 15–19. The reason for this is largely open to surmise, though the possibility that development, social and educational factors may be responsible raises the question of the need for greater efforts along social and educational lines during the terminal years of school-life.

TABLE IV.—RATE PER 100,000 POPULATION FOR TOTAL VENEREAL DISEASE BY AGE-GROUPS, BRITISH COLUMBIA, 1941 TO 1948, INCLUSIVE.

Age-group.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
0– 4 years	25	24	21	23	29	35	25	16
5– 9 years	24	19	26	17	23	24	20	10
10–14 years	35	23	24	43	19	33	9	12
15–19 years	231	326	385	616	637	709	697	523
20–24 years	821	1,046	1,133	1,383	1,525	2,069	1,921	1,413
25–29 years	690	770	843	953	1,039	1,547	1,306	1,036
30–34 years	552	619	598	619	751	986	689	555
35–39 years	499	518	543	534	699	737	607	495
40–44 years	412	375	474	573	586	565	474	361
45–49 years	271	249	272	337	446	457	438	308
50–54 years	246	265	218	309	307	292	325	238
55–59 years	184	133	193	196	211	232	234	141
60–64 years	149	188	141	183	188	215	208	119
65–69 years	166	113	80	106	169	157	172	100
70 and over	73	83	74	61	53	83	81	62
All ages	336	392	415	508	553	677	575	419

This table shows a substantial decrease in the rate of venereal disease in the Province, amounting to about 27 per cent. for all ages.

The highest incidence still remains in the 20–29 age-group, but the rate per 100,000 population, even in this field, has decreased by 24 per cent. over the previous year.

Attention was drawn in the previous Annual Report to the great and continued influx of population to British Columbia. This influx continues in ever-increasing numbers, and the decrease in the total incidence of cases reported in the Province is therefore especially gratifying, as is also the decrease in the venereal-disease rate per 100,000 population.

TABLE V.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1945 TO 1948, INCLUSIVE.

Place of Residence.	1945.			1946.				1947.				1948.			
	Total.	Syphilis.	Gonorrhœa.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.
Total	5,245	1,534	3,711	6,790	2,126	4,618	46	5,999	1,770	4,056	173	4,534	896	3,608	30
Area No. 1	36	16	20	90	25	65	.....	53	28	25	.....	57	5	52	.....
Cranbrook	17	5	12	39	8	31	.....	19	11	8	.....	27	2	25	.....
Fernie	9	6	3	6	5	1	.....	7	5	2	.....	5	1	4	.....
Kimberley	4	2	2	31	7	24	.....	10	4	6	.....	6	1	5	.....
Unorganized parts	6	3	3	14	5	9	.....	17	8	9	.....	19	1	18	.....
Area No. 2	130	36	94	169	64	104	1	102	44	57	1	59	12	47	.....
Castlegar	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Creston	4	4	.....	4	2	2	.....	9	3	6	.....	1	.....	1	.....
Kaslo	3	3	.....	3	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nelson	30	5	25	34	10	23	1	22	8	13	1	15	3	12	.....
New Denver	1	1	.....	2	1	1	.....	2	1	1	.....	.....	.....	.....	.....
Revelstoke	8	1	7	6	1	5	.....	7	3	4	.....	4	.....	4	.....
Rossland	15	2	13	12	6	6	.....	3	2	1	.....	4	2	2	.....
Salmo	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Silverton	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Slocan City	4	3	1	10	10	.....	.....	1	1	.....	.....	1	.....	1	.....
Trail	39	9	30	48	15	33	.....	32	18	14	.....	18	3	15	.....
Unorganized parts	24	8	16	50	17	33	.....	26	8	18	.....	13	4	9	.....
Area No. 3	123	42	81	264	82	178	4	191	57	134	.....	124	25	99	.....
Armstrong	6	2	4	5	1	4	.....	5	2	3	.....	2	.....	2	.....
Enderby	3	1	2	9	4	5	.....	9	2	7	.....	7	.....	7	.....
Grand Forks	3	.....	3	6	6	.....	.....	4	2	2	.....	2	.....	2	.....
Greenwood	3	2	1	1	1	.....	.....	2	.....	2	.....	.....	.....	.....	.....
Kelowna	16	7	9	38	13	24	1	33	15	18	.....	24	7	17	.....
Oliver	.....	.....	.....	10	3	7	.....	9	4	5	.....	6	1	5	.....
Osoyoos	.....	.....	.....	9	4	5	.....	3	.....	3	.....	6	5	1	.....
Peachland	.....	.....	.....	1	.....	1	.....	2	.....	2	.....	.....	.....	.....	.....
Penticton	18	3	15	36	9	27	.....	40	11	29	.....	14	1	13	.....
Summerland	5	2	3	10	2	6	2	1	.....	1	.....	.....	.....	.....	.....
Vernon	42	12	30	75	20	54	1	34	9	25	.....	25	3	22	.....
Unorganized parts	27	13	14	64	19	45	.....	49	12	37	.....	38	8	30	.....

TABLE V.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1945 TO 1948, INCLUSIVE—*Continued.*

Place of Residence.	1945.			1946.				1947.				1948.			
	Total.	Syphilis.	Gonorrhœa.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.
Area No. 4	3,255	1,050	2,205	4,348	1,412	2,901	35	3,994	1,111	2,722	161	3,041	542	2,474	25
Abbotsford	16	5	11	18	5	13	.....	17	4	12	1	12	1	11	.....
Burnaby	63	20	43	89	35	54	.....	34	11	21	2	21	7	14	.....
Chilliwack City	32	14	18	22	4	17	1	13	7	6	.....	8	3	5	.....
Chilliwhack District	.....	.....	.....	23	6	17	.....	17	11	6	.....	9	3	6	.....
Coquitlam	8	6	2	15	6	9	.....	9	1	8	.....	6	.....	6	.....
Delta	23	3	20	16	6	10	.....	3	.....	3	.....	4	1	3	.....
Gibsons Landing	.....	.....	.....	1	1	.....	.....	1	1	.....	.....	1	.....	1	.....
Hope	3	1	2	17	5	12	.....	10	1	8	1	18	.....	18	.....
Kent	14	4	10	13	4	9	.....	18	5	13	.....	22	4	18	.....
Langley	9	2	7	20	10	9	1	18	8	10	.....	11	2	9	.....
Maple Ridge	3	2	1	7	2	5	.....	6	3	3	.....	4	.....	4	.....
Matsqui	1	1	.....	.....	.....	.....	.....	2	1	1	.....	.....	.....	.....	.....
Mission Village	.....	.....	.....	13	6	7	.....	15	4	10	1	8	1	7	.....
Mission District	13	.....	13	3	1	2	.....	6	.....	6	.....	.....	.....	.....	.....
New Westminster	124	44	80	199	91	106	2	118	43	74	1	107	24	83	.....
North Vancouver City	43	14	29	68	15	52	1	42	20	21	1	42	9	33	.....
North Vancouver District	17	4	13	8	3	5	.....	23	8	14	1	35	3	8	24
Pitt Meadows	.....	.....	.....	1	.....	1	.....	1	.....	1	.....	1	.....	1	.....
Port Coquitlam	4	2	2	6	4	2	.....	8	3	5	.....	4	.....	4	.....
Port Moody	3	.....	3	10	3	7	.....	8	3	5	.....	4	.....	4	.....
Richmond	64	15	49	68	24	44	.....	50	14	33	3	42	8	33	1
Sumas	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	1	1	.....	.....
Surrey	16	5	11	1	1	.....	.....	25	7	16	2	25	8	17	.....
Vancouver	2,712	885	1,826	3,581	1,124	2,428	29	3,432	922	2,365	145	2,536	433	2,103	.....
West Vancouver	10	2	8	13	5	8	.....	17	6	11	.....	7	4	3	.....
Unorganized parts	78	21	57	101	33	67	1	100	28	69	3	113	30	83	.....
Area No. 5a	535	137	398	706	220	483	3	635	226	405	4	389	100	285	4
Alberni	6	2	4	4	1	3	.....	3	3	.....	.....	11	5	6	.....
Campbell River	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	17	7	10	.....
Chemainus	.....	.....	.....	7	4	3	.....	4	.....	4	.....	.....	.....	.....	.....
Comox	.....	.....	.....	2	1	1	.....	1	1	.....	.....	.....	.....	.....	.....
Courtenay	3	1	2	3	1	2	.....	2	2	.....	.....	2	.....	2	.....
Cowichan Lake	.....	.....	.....	.....	.....	.....	.....	2	1	1	.....	.....	.....	.....	.....
Cumberland	3	1	2	2	2	.....	.....	1	1	.....	.....	2	.....	2	.....
Duncan	10	5	5	30	13	17	.....	24	7	17	.....	9	3	6	.....

Esquimalt	161	16	145	81	9	71	1	64	13	50	1	8	.....	8	.....
Ladysmith	7	1	6	6	3	3	.....	8	6	2	.....	5	1	4	.....
Nanaimo	33	11	22	57	13	44	.....	49	24	25	.....	29	7	22	.....
North Cowichan	6	2	4	2	.....	2	.....	12	12	.....	.....	6	.....	6	.....
Oak Bay	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Parksville	.....	.....	.....	1	.....	1	.....	2	1	1	.....	1	.....	1	.....
Port Alberni	29	4	25	41	18	23	.....	28	11	17	.....	12	7	3	2
Qualicum	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....
Saanich	13	2	11	15	6	9	.....	24	12	12	.....	14	6	8	.....
Victoria	169	61	108	360	124	235	1	283	86	197	.....	177	49	126	2
Unorganized parts	95	31	64	94	25	68	1	127	46	78	3	95	14	81	.....
Area No. 5b	51	9	42	53	20	32	1	59	13	45	1	47	15	32	.....
Alert Bay	.....	.....	.....	5	2	3	.....	23	1	22	.....	14	5	9	.....
Tofino	11	1	10	11	6	5	.....	2	1	1	.....	2	.....	2	.....
Unorganized parts	40	8	32	37	12	24	1	34	11	22	1	31	10	21	.....
Area No. 6a	142	38	104	234	93	141	.....	164	67	97	.....	149	47	102	.....
Kamloops	73	21	52	86	25	61	.....	48	15	33	.....	58	11	47	.....
Lytton	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	12	6	6	.....
Merritt	5	2	3	4	3	1	.....	7	3	4	.....	4	3	1	.....
Salmon Arm City	8	1	7	10	4	6	.....	16	8	8	.....	7	3	4	.....
Salmon Arm District	.....	.....	.....	5	3	2	.....	3	1	2	.....	2	.....	2	.....
Unorganized parts	56	14	42	129	58	71	.....	90	40	50	.....	66	24	42	.....
Area No. 6b	25	7	18	57	22	35	.....	71	36	35	.....	57	9	48	.....
Lillooet	.....	.....	.....	.....	.....	.....	.....	4	3	1	.....	18	3	15	.....
Unorganized parts	25	7	18	57	22	35	.....	67	33	34	.....	39	6	33	.....
Area No. 7	63	14	49	83	31	52	.....	91	26	63	2	90	24	65	1
Westview	.....	.....	.....	2	1	1	.....	1	.....	1	.....	.....	.....	.....	.....
Unorganized parts	63	14	49	81	30	51	.....	90	26	62	2	90	24	65	1
Area No. 8a	42	8	34	114	27	87	.....	126	31	94	1	109	14	95	.....
McBride	2	1	1	3	.....	3	.....	2	.....	2	.....	.....	.....	.....	.....
Prince George	18	1	17	68	15	53	.....	68	13	54	1	67	9	58	.....
Quesnel	1	.....	1	5	2	3	.....	13	3	10	.....	7	1	6	.....
Williams Lake	6	2	4	11	2	9	.....	17	4	13	.....	20	3	17	.....
Unorganized parts	15	4	11	27	8	19	.....	26	11	15	.....	15	1	14	.....
Area No. 8b	50	7	43	60	13	47	.....	94	22	72	.....	68	5	63	.....
Burns Lake	1	.....	1	3	.....	3	.....	7	2	5	.....	8	1	7	.....
Smithers	1	1	.....	16	4	12	.....	21	11	10	.....	13	2	11	.....
Vanderhoof	.....	.....	.....	5	1	4	.....	5	1	4	.....	2	1	1	.....
Unorganized parts	48	6	42	36	8	28	.....	61	8	53	.....	45	1	44	.....

TABLE V.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1945 TO 1948, INCLUSIVE—*Continued.*

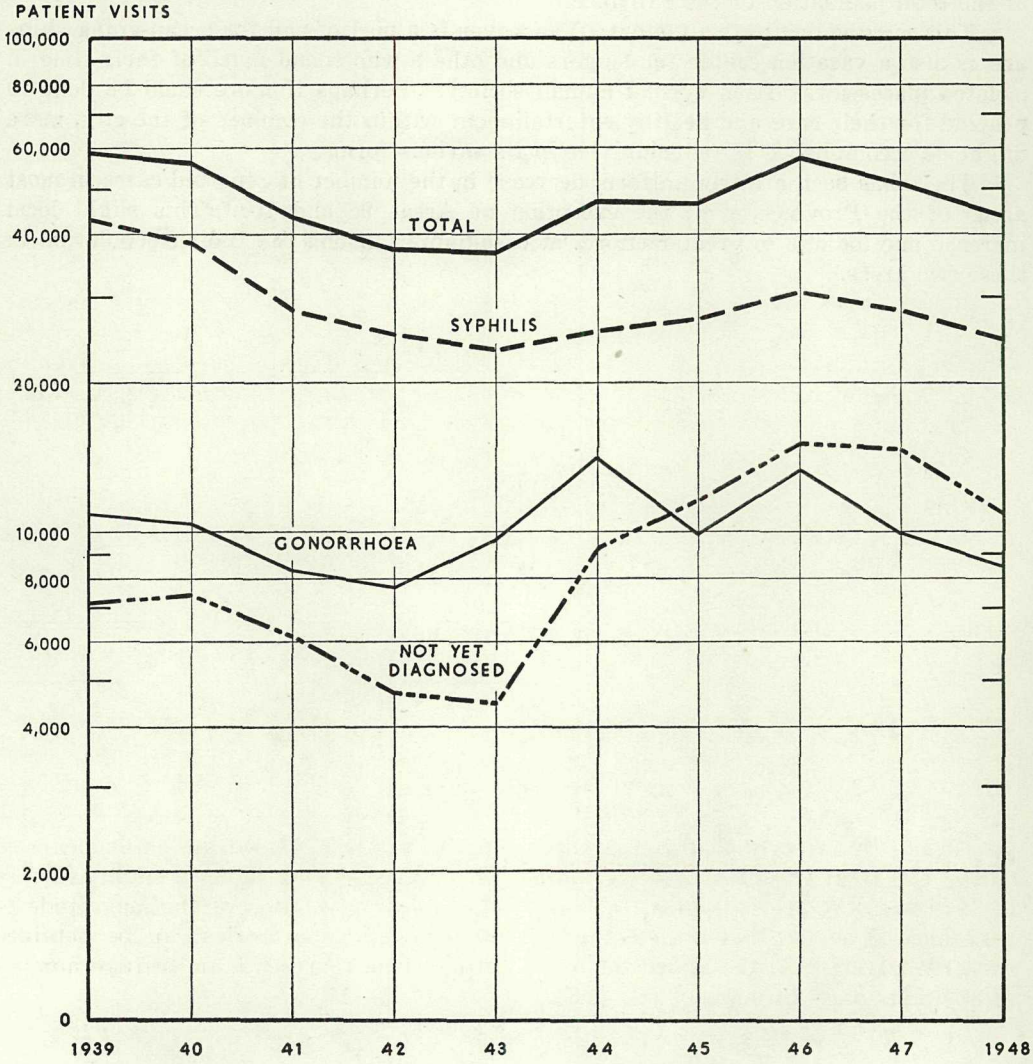
Place of Residence.	1945.			1946.				1947.				1948.			
	Total.	Syphilis.	Gonorrhœa.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.
Area No. 9a	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	4	.....	4	.....
Unorganized parts	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	4	.....	4	.....
Area No. 9b	9	.....	9	7	.....	7	.....	.....	.....	.....	.....	6	2	4	.....
Unorganized parts	9	.....	9	7	.....	7	.....	.....	.....	.....	.....	6	2	4	.....
Area No. 9c	211	60	151	182	27	155	.....	156	40	115	1	172	50	122	.....
Prince Rupert	147	39	108	113	15	98	.....	103	25	77	1	97	24	73	.....
Slocan City	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Stewart	1	1	.....	2	2	.....	.....	3	.....	3	.....	.....	.....	.....	.....
Terrace	2	1	1	4	1	3	.....	1	.....	1	.....	6	3	3	.....
Unorganized parts	61	19	42	63	9	54	.....	49	15	34	.....	68	23	45	.....
Area No. 9d	17	5	12	15	2	13	.....	23	1	22	.....	27	.....	27	.....
Unorganized parts	17	5	12	15	2	13	.....	23	1	22	.....	27	.....	27	.....
Area No. 10a	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....
Unorganized parts	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....
Area No. 10b	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Area No. 10c	35	12	23	36	12	24	.....	38	12	26	.....	43	26	17	.....
Dawson Creek	13	3	10	17	5	12	.....	18	7	11	.....	19	7	12	.....
Pouce Coupe	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....
Unorganized parts	22	9	13	19	7	12	.....	19	5	14	.....	24	19	5	.....
Not stated	520	93	427	371	76	293	2	200	56	142	2	90	20	70	.....

This table gives an indication of the areas in which most of the cases of venereal disease are notified. It will be observed that 67 per cent. of all cases notified occur in Area 4, which represents the Greater Vancouver area and contains about 40 per cent. of the total population of the Province.

This may be due to two factors: Vancouver is a port of call for ocean-going ships and is also a vacation centre for loggers and others who spend much of their time in isolated places away from normal human society. Perhaps if more could be done to provide for their care and healthy entertainment within the confines of the city, more might be accomplished in reducing vice in its various forms.

There has been a fairly uniform decrease in the number of reported cases in most areas of the Province, with the exception of Areas 9c and 10c. This slight local increase may be due to greater efforts at case-finding among the Indian population in these two areas.

CHART IV.—PATIENT VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS, FOR THE YEARS 1939 TO 1948, INCLUSIVE.



Year.	Total.		Syphilis.		Gonorrhœa.		Not yet diagnosed.	
	All Clinics.	Vancouver Clinic.	All Clinics.	Vancouver Clinic.	All Clinics.	Vancouver Clinic.	All Clinics.	Vancouver Clinic.
1939	59,588	47,964	41,948	34,379	10,577	8,993	7,063	4,592
1940	55,678	43,294	38,346	30,288	10,038	8,315	7,294	4,691
1941	42,863	32,357	28,712	21,636	8,107	6,406	6,044	4,315
1942	36,410	28,046	24,173	18,686	7,584	5,927	4,653	3,433
1943	36,170	28,929	22,389	18,573	9,331	7,366	4,450	2,990
1944	46,961	36,069	24,766	19,468	13,021	10,580	9,174	6,021
1945	46,898	35,657	26,297	20,084	9,692	8,065	10,909	7,508
1946	56,385	41,856	30,047	23,158	11,382	9,297	14,956	9,401
1947	51,129	38,180	28,291	21,986	9,799	8,051	13,039	8,143
1948	43,871	32,480	24,894	19,166	8,480	7,014	10,517	6,292

This chart shows an over-all decrease in patient attendances at the clinics of this Division. Two factors are responsible here: (1) The decrease in venereal disease, and (2) the gradual shortening of the treatment courses following the greater use of penicillin. There is a possibility that this second factor will be responsible for a steadily increasing drop in patient visits in the future, as penicillin preparations are improved and treatment becomes more effective.

Syphilis:—

In 1939 there were 549 reported cases and 41,948 visits; that is, 76 visits per case.

In 1948 there were 319 cases and 24,894 visits; that is, 78 visits per case.

Gonorrhœa:—

In 1939 there were 871 reported cases and 10,577 visits; that is, 12 visits per case.

In 1948 there were 2,045 cases and 8,480 visits; that is, 4 visits per case.

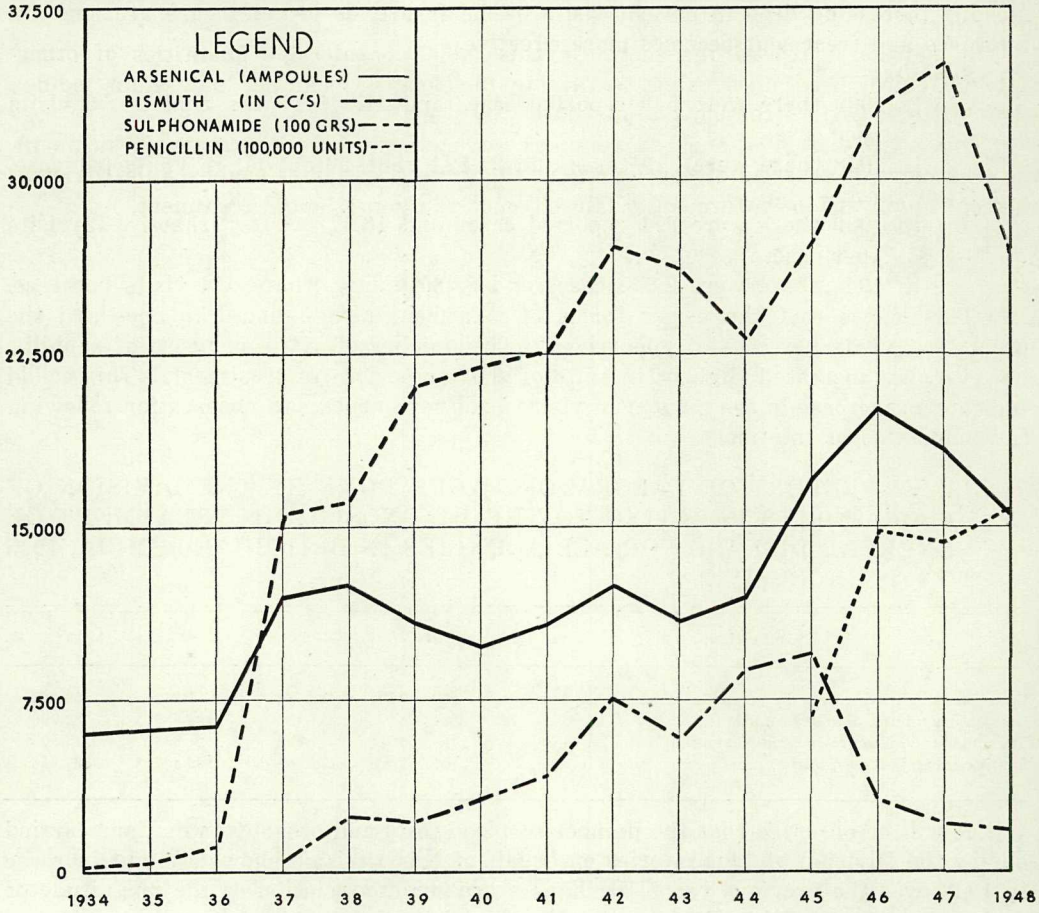
This shows that the newer forms of treatment have reduced to one-third the number of visits per case of gonorrhœa. The number of visits per case of syphilis, however, has increased slightly, in spite of shorter periods of treatment. This would indicate an increase in the number of visits made for purposes of observation following the completion of treatment.

TABLE VI.—REPORT OF LABORATORY-WORK DONE BY THE DIVISION OF LABORATORIES RELATING TO THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASE FOR ALL AGENCIES IN BRITISH COLUMBIA, 1945 TO 1948, INCLUSIVE.

Examination.	1945.	1946.	1947.	1948.
Gonococcus cultures	10,619	12,664	11,219	10,322
Gonococcus microscopic examinations	31,275	34,743	34,589	33,990
Treponema pallidum microscopic examinations	666	1,093	854	605
Serological tests for syphilis	155,053	177,908	152,437	167,816

It will be observed that the number of blood tests and other examinations carried out by the Division of Laboratories on behalf of this Division shows a slight increase in 1948 over the previous year. Perhaps a greater appreciation of the magnitude of assistance given to this Division by the Division of Laboratories can be obtained by a realization that the figure for blood-testing alone represents an average number of 460 tests daily throughout the year.

CHART V.—FREE MEDICATIONS DISTRIBUTED TO PRIVATE PHYSICIANS BY THE PROVINCIAL DEPARTMENT OF HEALTH AND WELFARE FOR THE TREATMENT OF VENEREAL DISEASE, BRITISH COLUMBIA, 1934 TO 1948, INCLUSIVE.



Year.	Arsenicals (Ampoules).	Bismuth (C.C.).	Sulphonamide (Grains).	Penicillin (100,000 Units).	Penicillin O. & W. (100,000 Units).
1939	10,933	21,270	252,930	.....	.....
1940	10,212	22,029	336,825	.....	.....
1941	10,955	22,566	469,998	.....	.....
1942	12,636	27,024	772,301	.....	.....
1943	11,162	26,300	583,786	.....	.....
1944	12,005	23,350	883,986	.....	.....
1945	17,147	27,580	950,719	6,777	.....
1946	20,586	33,375	308,565	14,983	.....
1947	18,328	35,325	213,829	14,149	.....
1948	15,601	26,625	165,195	15,803	7,059

It will be noted that the quantity of bismuth and arsenic distributed to private physicians has shown a marked decrease in 1948. At the same time penicillin distribution has increased very markedly. This is a reflection of modern trends in treatment, in which penicillin is gradually replacing arsenic and bismuth in the treatment

of syphilis. It is anticipated that this trend will be still more marked in the course of time.

It will be further noticed that sulphonamide distribution has decreased. This again reflects the greater use and effectiveness of penicillin in the treatment of gonorrhœa.

In addition to the drugs shown in this table, considerable quantities of other materials have been distributed to private physicians, including potassium iodide, silver nitrate, BAL, streptomycin, distilled water, etc.

This policy has done much to retain the co-operation of the private physician in the treatment of venereal disease, while at the same time it has enabled this Division to keep the physicians informed on latest trends in diagnosis and treatment.

TABLE VII.—PLACES OF MEETING REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASES, 1944 TO 1948, INCLUSIVE.

Place of Meeting.	1944.		1945.		1946.		1947.		1948.	
	Times named.	Per Cent. of Total.	Times named.	Per Cent. of Total.	Times named.	Per Cent. of Total.	Times named.	Per Cent. of Total.	Times named.	Per Cent. of Total.
Dance-halls	458	28	316	14	280	12	247	12	251	15
Beer-parlours	208	12	280	12	291	13	348	17	310	18
Cafés	363	22	504	22	482	21	358	17	251	15
Hotels and rooms	110	7	307	14	371	16	316	15	228	13
Private homes	37	2	107	5	92	4	82	4	30	2
Streets*	.....	....	.....	....	.....	....	.....	....	443	26
Miscellaneous	477	29	719	33	799	34	714	35	201	11
Totals	1,653	100	2,233	100	2,315	100	2,065	100	1,714	100

* Separate figures for streets unavailable prior to 1948.

TABLE VIII.—PLACES OF EXPOSURE REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASES, 1944 TO 1948, INCLUSIVE.

Place of Exposure.	1944.		1945.		1946.		1947.		1948.	
	Times named.	Per Cent. of Total.	Times named.	Per Cent. of Total.	Times named.	Per Cent. of Total.	Times named.	Per Cent. of Total.	Times named.	Per Cent. of Total.
Alleged bawdy-houses	19	1	43	2	72	3	22	1	18	1
Hotels and rooms	1,332	69	1,955	60	1,997	62	1,740	60	1,831	60
Private homes	223	11	393	12	274	8	249	9	230	8
Marital and common law	.....	....	399	12	461	14	426	15	482	16
Cars*	.....	....	.....	....	.....	....	.....	....	197	6
Miscellaneous	365	19	440	14	429	13	453	15	276	9
Totals	1,939	100	3,230	100	3,233	100	2,890	100	3,034	100

* Separate figures for cars unavailable prior to 1948.

These tables give an indication of the places where meetings take place and contacts occur.

It will be observed that dance-halls, beer-parlours, and cafés are most frequently named as places of meeting, and therefore as places for facilitating the spread of venereal disease. It is obviously not feasible to close these institutions, but with the assistance of the various authorities concerned every effort is being made to exert greater control in those premises which are most frequently named as places of meeting.

Hotels and rooming-houses remain a problem as places of exposure. Their number has increased since 1947 and, in this respect, far exceeds all other places combined. It is questionable whether any effective measure of control will be possible until adequate legislation is available to deal with the problem.

A certain measure of control is possible with the co-operation of the hotel-keepers and their employees, for where complaints have been lodged, there has occasionally followed a marked diminution in the frequency with which those premises have been named. Furthermore, some hotels have maintained a persistently good reputation, while others in the same neighbourhood have held a bad one.

EPIDEMIOLOGICAL INVESTIGATION OF PERSONS LIVING IN BRITISH COLUMBIA NAMED AS CONTACTS TO VENEREAL INFECTION IN 1948.

Since it sometimes takes several months to confirm the final disposition of these cases, the figures for 1948 are not available at the time of compiling this Report. The tables showing these figures will be included with the 1949 Annual Report.

In comparing the figures for the first nine months of 1948 with the figures for 1947, certain general observations may be made. It appears that there has been an increase of about one-third in the total number of persons reported as contacts, in spite of the decrease in reported cases. This is most gratifying, as it suggests a marked improvement in interviewing patients about their contacts. The adequacy of this contact information has improved from 74 per cent. to about 80 per cent. It is also encouraging to note a slight increase in the percentage of contacts investigated by local public-health personnel.

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