PROVINCE OF BRITISH COLUMBIA

Division of
Venereal Disease Control

Department of Health and Welfare

ANNUAL REPORT

For the Year 1949

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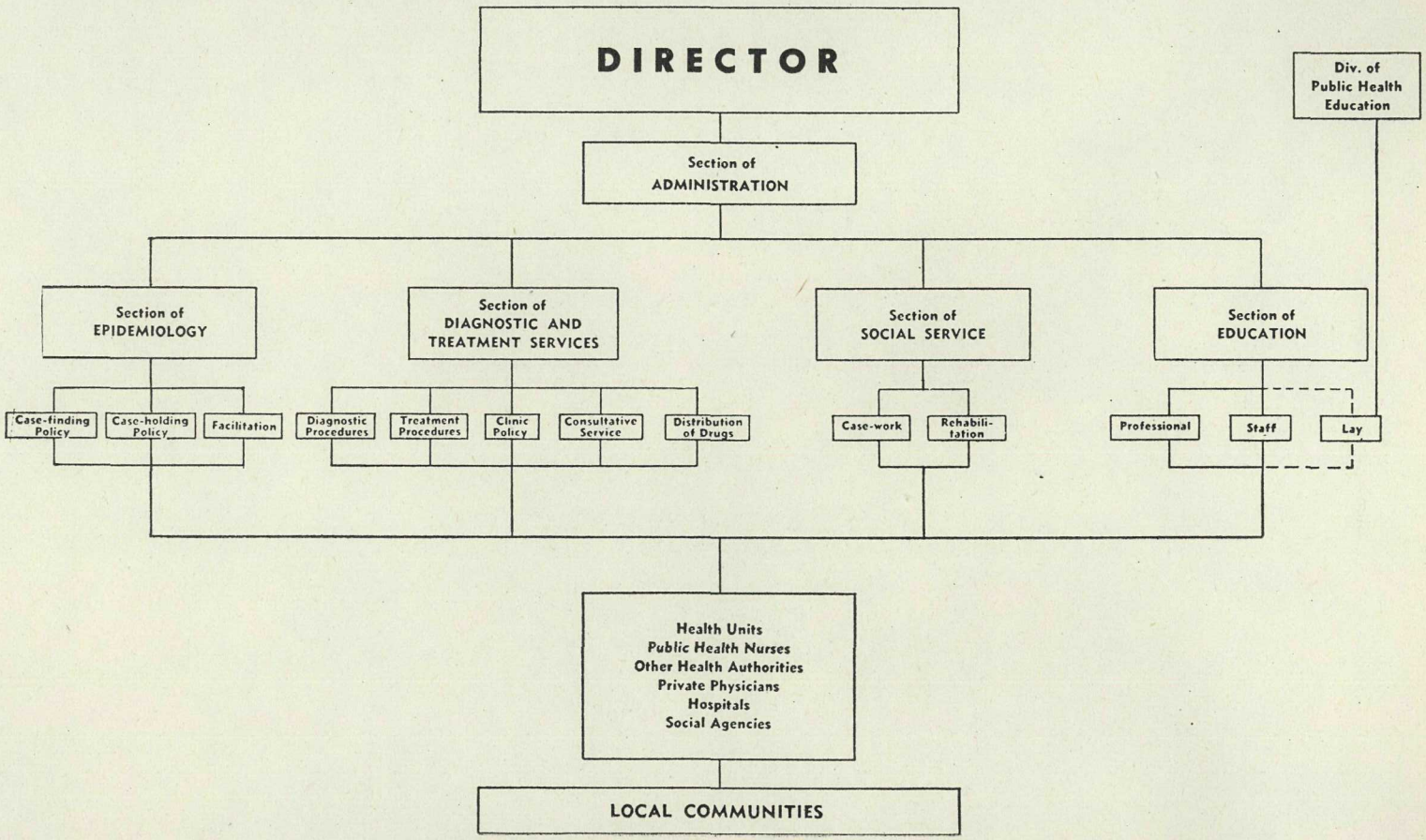
Organization Chart

DIVISION OF VENEREAL DISEASE CONTROL



DIVISION OF VENEREAL DISEASE CONTROL.

ANNUAL REPORT FOR THE YEAR 1949.

C. L. HUNT, M.D., DIRECTOR.

INTRODUCTION.

The trend in venereal diseases in general shows a slight but definite decline throughout the Province. The greatest and most gratifying improvement has been shown in relation to syphilis, early infections having shown a decline of over 50 per cent. in 1949 over 1948.

The figures for gonorrhœa have remained fairly steady. In Vancouver it has been felt that there remains a pool of infection which is difficult to eradicate, and special efforts have been made by the epidemiological section of the Division, with the co-operation of the Vancouver City Police, to bring in all suspects for examination. Many persons who are examined in this way show doubtful symptoms but lack confirmation of gonorrhœa infection. In view of the recognized difficulty in isolating the organism in many cases of chronic infection, it has been decided to treat these patients on clinical and epidemiological evidence. It was realized that this would have an adverse effect upon the statistical figures for the Province, but as a public-health measure it was felt to be justified. A certain number of these patients are now being diagnosed as "non-specific" infections, provided that extensive and repeated examinations are negative for gonorrhœa, but treatment is given nevertheless.

Free diagnostic and treatment facilities continue to be given at the various clinics of the Division, while private physicians are making use of the free consultative service provided at these clinics to an ever-increasing extent. Particularly does this apply in the Vancouver area.

Free drugs for the treatment of venereal diseases are available to all physicians throughout the Province, as well as free consultative service by letter or telephone whenever a physician requests it.

The co-operation of private physicians in notifying fresh cases of infection, as well as in carrying out procedures recommended by the Division, appears to be improving, though there are still some areas in which difficulties occur.

TREATMENT.

A new treatment schedule for syphilis was drawn up in February, 1949, and distributed to every physician and hospital in the Province.

At that time the older prolonged courses of treatment with arsenic and bismuth were discontinued. Penicillin became the drug of choice in all stages of syphilitic infection, though this was followed in most instances by a short course of arsenic and bismuth, since it was felt that in the present stage of our knowledge it was unwise to discard completely the old, well-proven remedies.

Owing to the shortage of beds during the summer months, there has been a tendency to use, to an ever-increasing extent, the ambulatory form of treatment with "delayed absorption" type of penicillin. Results with this method of treatment

appear to have been as effective as with the more inconvenient three-hourly injections of aqueous penicillin.

Admission to hospital for treatment is now used almost exclusively for cases of cardiovascular syphilis or neurosyphilis.

Treatment of gonorrhœa has undergone some modifications in the Vancouver Clinic. In view of the fact that a small percentage of patients with gonorrhœa must be considered as having been contacts also to syphilitic infection, it was felt desirable to treat all gonorrhœa cases admitted to the Vancouver Clinic with 1.2 million units of "delayed absorption" type of penicillin. It is hoped that by this means a cure will be effected in a certain number of syphilis cases in their incubation stage, thus cutting down the spread of infection.

Intensive investigation is being carried out at the Vancouver Clinic on so-called non-specific urethritis, but it will be some months before any definite conclusions are available from this study.

Vancouver Clinic attendances are showing a steady decrease, even though the number of patients brought in for investigation remains fairly constant. This reflects the greater effectiveness of modern forms of treatment for venereal diseases.

Streptomycin is being used for treatment of resistant cases of gonorrhœa, both in the clinics and by private physicians, throughout the Province.

EPIDEMIOLOGY.

The epidemiological section of the Division of Venereal Disease Control is responsible for directing and advising on problems relating to case-finding and case-holding throughout the Province. There is a growing tendency, however, to delegate an ever-increasing responsibility to health unit directors and public health nurses in the field, who have indeed rendered valuable and efficient service.

There has been most gratifying co-operation on the part of the metropolitan as well as Provincial public health authorities in all matters relating to epidemiology.

Meetings continue to be held at intervals of three to four months for discussion of outstanding problems relating to the facilitation of the spread of venereal diseases. Attendances at these meetings have been excellent and have included representatives from the Vancouver and Victoria City Police Departments, the British Columbia Provincial Police, Indian Health Services, Department of National Health and Welfare, British Columbia Hotels' Association, Liquor Control Board, and the Vancouver City Licence Inspector, as well as the senior Medical Health Officers from Vancouver and Victoria. These discussions have covered a wide field and have been most helpful to the Division, as also has been the co-operation shown throughout by the various individuals and groups concerned.

In view of the moral and social factors underlying the spread of venereal diseases, it was decided to invite to the facilitation meetings representatives of various religious denominations in an endeavour to enlist their help. The enthusiastic co-operation of the clergy in matters relating to venereal-disease control has been more than gratifying, and it is felt that much can be done by them in attacking the problem in moral and social directions.

Special mention should be made of the assistance given by the Vancouver City Police Force, headed by Chief Constable Walter Mulligan, and by Detective Sergeant Fish and his Morality Squad. Their efforts, combined with the Male and Female Diagnostic Clinics held in the Vancouver City Police Court, have been responsible for the detection of a large number of cases which had lapsed from treatment, as well as almost 8½ per cent. of all the *new* cases of venereal disease notified among females each year throughout the Province.

Two blood-testing surveys were carried out during the year, as a result of which a total number of sixty new syphilis cases were discovered out of 680 persons examined. As a result of this survey, forty-nine patients were placed on treatment.

SOCIAL SERVICE.

The role of the social service worker is assuming a place of steadily increasing importance in the venereal-disease control programme.

It is appreciated that social factors, such as unhappy homes, poverty, frustration, loneliness, and many other forms of emotional stress, play a considerable part in contributing to promiscuous sexual relationships. In view of this, every new patient reporting to the Vancouver Clinic is granted an interview with a social service worker, by whom an attempt is made to detect and assess any underlying social or psychological problem. Such problems are dealt with at this level whenever possible, but certain of the more serious problem patients, as well as habitual " repeaters," are referred to a psychiatrist for further psychological investigation and, if necessary, treatment.

It is felt that the services rendered by the social service workers have been of considerable value in many instances, while their work is affording some insight into many of the underlying problems associated with promiscuous sexual relationships, particularly in the Vancouver area.

EDUCATION.

The Division of Public Health Education is primarily responsible for general public education in venereal diseases throughout the Province. There has, however, been close liaison throughout with the Division of Venereal Disease Control, the latter Division taking most of the direct responsibility in the Vancouver area.

Much valuable assistance has been given by the Health League of Canada, under whose auspices there has been a series of radio programmes on venereal diseases broadcast from local stations throughout the Province. These programmes have consisted of recordings, made by Columbia University, dealing with venereal diseases from various aspects.

Talks and discussions have been held with small lay groups from time to time, as well as lectures to groups of students of nursing and social welfare, and to nurses engaged in industrial medicine.

There is a regular venereal-disease instruction course for student nurses at various training hospitals throughout the Province, which, in the case of the Vancouver General Hospital, includes also an intensive period of practical work in the Vancouver Clinic.

There has been a revision of the Reference Manual for Clinic Physicians, incorporating recent developments in diagnosis and treatment, as well as a new and revised edition of the booklet " Procedures and Services in Venereal Disease Control." A copy of this latter publication has been sent to every practising physician in the Province, and gives information on criteria of diagnosis as well as the various services available to the private physician in the investigation and treatment of venereal-disease cases.

A booklet has been prepared setting forth various " Factors in Venereal Disease Control," wherein an attempt is made to show the wider moral and social implications which must be taken into consideration in any control programme, venereal diseases and promiscuity being considered as symptoms of much deeper faults in our social, moral, and educational systems.

Regular weekly clinical meetings have been held throughout the year, where lectures have been given and problems discussed by attending clinic physicians on matters relating to venereal diseases.

Papers were read by Dr. Hunt at a meeting of the Vancouver Medical Association and at the refresher course in medicine given at the Vancouver General Hospital on

" The Interpretation of Positive Blood Serology " and on " Penicillin in the Treatment of Syphilis " respectively.

One of the highlights in the educational field was the visit of Dr. John Stokes, the world-renowned authority on venereal diseases, for three days in May. He devoted the entire period of his visit to the affairs of the Division of Venereal Disease Control, giving valuable assistance and advice in diagnostic, treatment, and administrative problems, as well as lectures to the Vancouver Medical Association and at Medical Ward Rounds at the Vancouver General Hospital. His visit proved highly educative and instructive, not only to physicians employed by the Division, but also to many outside physicians and public-health personnel.

The British Columbia Medical Centre Library has now been established in the new building of the Division of Tuberculosis Control. A proportion of the necessary funds has been made available by the Division of Venereal Disease Control for its foundation and operation, the Director of the Division having been made a member of the library committee. There is thus some assurance that adequate up-to-date literature on venereal diseases is available for both medical graduates and for those in training.

The Director of the Division has made various journeys to other centres and outlying areas of the Province for the purpose of discussing with medical groups and individual practising physicians any outstanding problems relating to venereal diseases. It is felt that these visits have been particularly helpful in establishing good-will as well as in clarifying problems on both sides.

Visits have also been made by the Director and by the consulting syphilologist of this Division to other venereal-disease centres for the purpose of exchanging information in an endeavour to improve the services offered by our own Division.

Projects have also been approved and funds provided through Federal health grants for special training of medical and nursing personnel in public health and venereology at approved schools in the United States.

Mention should be made of the excellent paper read by Chief Constable Walter Mulligan, of the Vancouver City Police Force, at the Chief Constables' Convention at Windsor, Ont., in September. This paper, describing the part played by the Vancouver City Police in co-operating with the Division of Venereal Disease Control, has been widely read and approved by health authorities throughout Canada and has served as a pattern for similar efforts in other centres.

GENERAL.

The physician in charge of clinics attended the Conference of Provincial Directors of Venereal Disease Control, which was held in Ottawa in February. This conference was concerned primarily with administrative problems, with an endeavour to bring some measure of uniformity into general Provincial policies.

Figures were produced at this meeting to show that approximately 10 per cent. of new cases of venereal disease notified in British Columbia were transient persons or persons who had been diagnosed elsewhere prior to taking up residence in British Columbia.

The need for new and more convenient quarters for the Division is becoming ever more urgent, frequent minor repairs being needed to keep the present premises fit and safe for occupation.

Owing to difficulties engendered by the poliomyelitis epidemic during the summer, all beds normally placed at the disposal of this Division for the treatment of venereal-disease cases were unavoidably surrendered for the emergency period.

There have been some changes in personnel in all branches of the Division, notably the transfer of Dr. G. R. F. Elliot from the position of Director to that of Assistant Provincial Health Officer. Every good wish goes with him to his new fields, which

fortunately at present are not far removed. His inimitable driving personality, as well as his wise counsel and advice, will be sadly missed but will fortunately still be available to the Division when the need arises.

The Division has been fortunate in adding to the full-time medical staff a well-qualified physician who holds his diploma in public health, and who has taken over the duties of physician in charge of clinics, the previous holder of that title having now assumed the directorship following Dr. Elliott's transfer.

Following upon the resignation of Miss Jean Gilley, Miss Dryden has been appointed branch secretary to the Division. Her wide knowledge and experience should prove valuable to the Division.

Miss Beattie, senior epidemiologist, has been given a year's leave of absence in order to take up her studies for a higher degree in public health nursing at Washington State University.

Miss Wyness, senior social service worker with the Division, has returned from the university at Portland, Ore., where she has been engaged in a postgraduate course in social studies.

Federal grants, which have made many of these educational projects possible, have done much to augment and improve the efficiency of the venereal-disease control programme in this Province.

Finally, an expression of deep appreciation is due especially to all those in other divisions and departments whose generous and unstinted co-operation has been responsible for the successful operation of this Division, especial mention being made of the Deputy Minister of Health, whose generous help and understanding have ever been a constant source of encouragement.

STATISTICAL SECTION.

CHART I.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION BY DIAGNOSIS, REPORTED BY ALL AGENCIES, BRITISH COLUMBIA, 1940 TO 1949, INCLUSIVE.

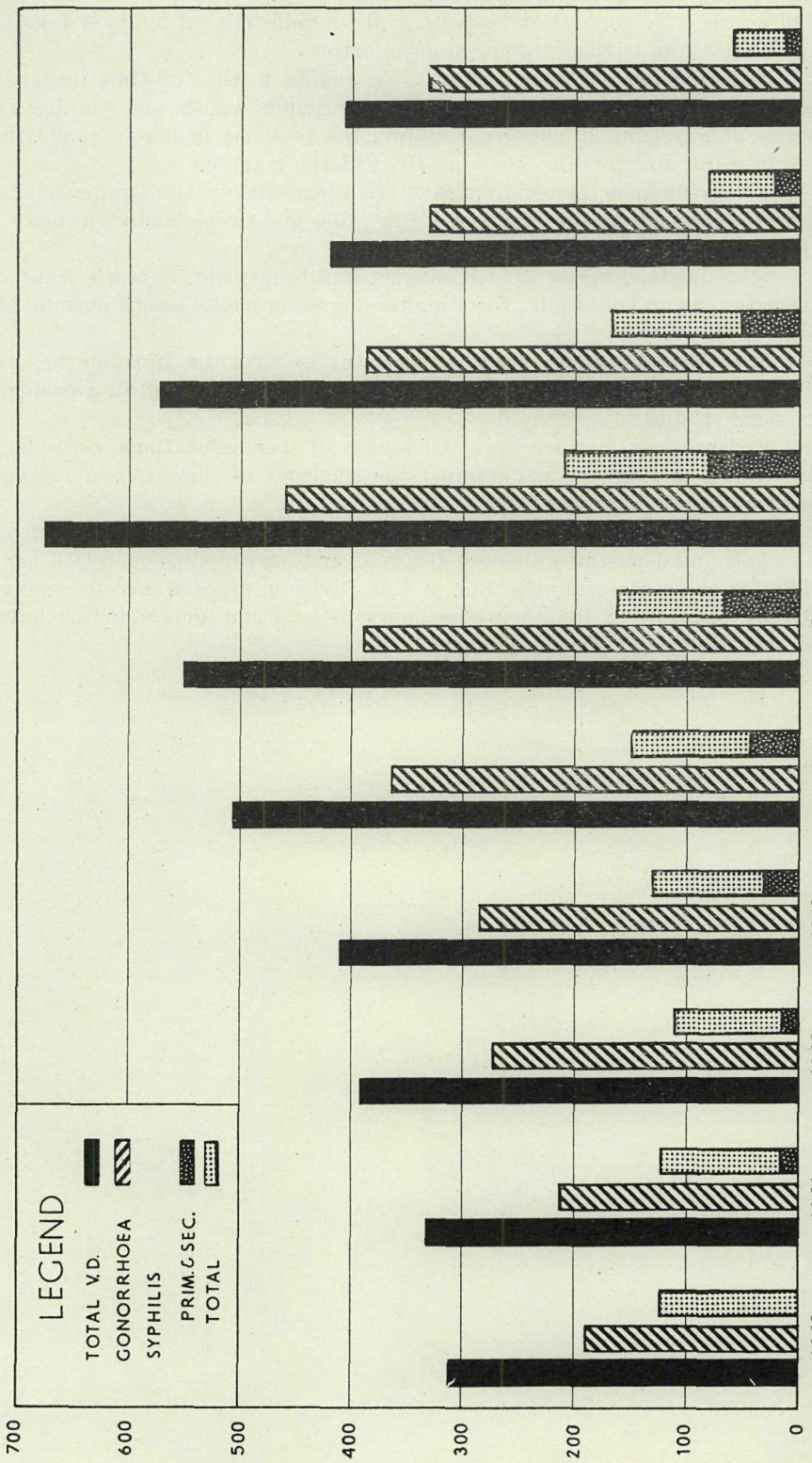


TABLE I.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION, 1940 TO 1949, INCLUSIVE.

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.
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	388.6	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
1949	4,524	406.1	3,694	331.6	81.7	100	9.0	2.2	39	3.5	0.9	632	56.7	14.0	59	5.3	1.3

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

The figures for total venereal-disease cases reported in this Province for 1949 show no appreciable change over the preceding year. This is considered to be due to the special efforts made in case-finding during this period, as well as to the policy of treating as suspected gonorrhœa many cases in whom the infection could not be definitely proved.

Treatment is inexpensive, harmless, simple, and effective, and where reasonable suspicion exists, its use is felt to be justified as a public-health measure. This policy has resulted in an increase of 2.4 per cent. in the total number of cases of gonorrhœa reported, though the rate per 100,000 has fallen slightly.

The figures for infectious early syphilis (primary and secondary) show a gratifying decrease of 41.8 per cent. over 1948, only 139 cases being reported in all.

Blood-testing surveys have been carried out among comparatively large, selected groups. This has led to the detection of approximately fifty freshly diagnosed cases of syphilis in its later forms. In spite of this, there has been a slight decrease in the figures for late (other) syphilis reported during the year.

It is hoped that with a maintenance of our present efforts at case-finding, and the effective treatment of early infection, the late crippling forms of syphilis, with their considerable expense to the community, will ultimately be almost eradicated in this Province.

A slight increase in reported cases of " other venereal diseases " is noted. This is due to a temporary arrangement at the Vancouver Clinic, whereby non-specific urethritis is being investigated and treated as a venereal disease. This is being done in order to determine the predominating causative factors and the most effective means of treating these conditions.

TABLE II.—NEW NOTIFICATIONS OF VENEREAL INFECTION COMPARED WITH REPORTED CASES OF CERTAIN OTHER NOTIFIABLE DISEASES IN CANADA, BRITISH COLUMBIA, AND GREATER VANCOUVER, 1949.

Notifiable Disease.	Canada.	British Columbia.	Greater Vancouver.
Measles	59,908	10,765	2,186
Chicken-pox	49,080	7,370	3,360
Venereal disease	25,941	4,683	2,795
Mumps	25,676	4,314	923
Tuberculosis	13,276	2,202	689
Scarlet fever	9,088	491	136
Whooping-cough	8,222	214	27
Diphtheria	876	12	1

TABLE III.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND SOURCE OF REPORTING OF NOTIFICATIONS, BRITISH COLUMBIA, 1949.

Source of Referral.	Sex.	Total.	Gonorrhœa.			Syphilis.										Other Venereal Disease.	Non-specific Urethritis—Venereal.
							Acquired.										
			Total.	Ophthalmia Neonatorum.	Other.	Total.	Primary.	Secondary.	Latent—Early.	Latent—Late.	Cardio-vascular.	Neuro-syphilis.	Other.	Prenatal.	Type Undetermined.		
Totals	T.	4,524	3,694	.....	3,694	771	100	39	110	293	52	119	21	22	15	30	29
	M.	3,019	2,513	.....	2,513	451	75	19	50	156	39	80	16	10	6	26	29
	F.	1,505	1,181	.....	1,181	320	25	20	60	137	13	39	5	12	9	4	.....
Clinics, total	T.	2,555	2,237	.....	2,237	262	45	21	60	58	21	43	3	9	2	27	29
	M.	1,605	1,389	.....	1,389	164	34	10	29	39	16	31	3	2	.....	23	29
	F.	950	848	.....	848	98	11	11	31	19	5	12	.....	7	2	4	.....
Vancouver	T.	2,211	1,952	.....	1,952	205	36	16	47	43	18	34	2	7	2	26	28
	M.	1,429	1,254	.....	1,254	125	28	7	19	31	13	24	2	1	.....	22	28
	F.	782	698	.....	698	80	8	9	28	12	5	10	.....	6	2	4	.....
Victoria	T.	129	107	.....	107	21	3	1	2	9	.....	4	.....	2	.....	1	.....
	M.	85	72	.....	72	12	3	1	1	4	.....	2	.....	1	.....	1	.....
	F.	44	35	.....	35	9	.....	.....	1	5	.....	2	.....	1	.....	.....	.....
New Westminster	T.	45	40	.....	40	4	.....	.....	1	1	1	.....	1	.....	.....	.....	1
	M.	25	22	.....	22	2	.....	.....	.....	.....	1	.....	1	.....	.....	.....	1
	F.	20	18	.....	18	2	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....
Oakalla	T.	127	105	.....	105	22	1	1	10	4	1	5	.....	.....	.....	.....	.....
	M.	44	25	.....	25	19	.....	.....	9	4	1	5	.....	.....	.....	.....	.....
	F.	83	80	.....	80	3	1	1	1	.....	.....	.....	.....	.....	.....	.....	.....
Peace River	T.	34	24	.....	24	10	5	3	.....	1	1	.....	.....	.....	.....	.....	.....
	M.	22	16	.....	16	6	3	2	.....	.....	1	.....	.....	.....	.....	.....	.....
	F.	12	8	.....	8	4	2	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Girls' Industrial School and Juvenile Detention Home	T.	9	9	.....	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	M.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	F.	9	9	.....	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Private physicians	T.	1,786	1,353	.....	1,353	431	49	18	47	191	28	57	18	11	12	2	.....
	M.	1,280	1,041	.....	1,041	237	35	9	20	95	20	34	13	6	5	2	.....
	F.	506	312	.....	312	194	14	9	27	96	8	23	5	5	7	.....	.....
Institutions and hospitals	T.	39	5	.....	5	34	.....	.....	1	12	3	18	.....	.....	.....	.....	.....
	M.	32	5	.....	5	27	.....	.....	1	9	3	14	.....	.....	.....	.....	.....
	F.	7	.....	.....	.....	7	.....	.....	.....	3	.....	4	.....	.....	.....	.....	.....
Other	T.	144	99	.....	99	44	6	.....	2	32	.....	1	.....	2	1	1	.....
	M.	102	78	.....	78	23	6	.....	.....	13	.....	1	.....	2	1	1	.....
	F.	42	21	.....	21	21	.....	.....	2	19	.....	.....	.....	.....	.....	.....	.....

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

A decrease of 10 per cent. is shown in the number of cases of venereal disease reported by private physicians. On the other hand, cases reported by the clinics have shown an increase of nearly 7 per cent., almost all of which increase was reported from the Vancouver Clinic. This is a measure of the blood-testing survey results and extra-investigative procedures being carried out at this clinic during the past year.

In view of these figures, it will be observed that there has been a change in the relative proportion of cases notified by clinics and by private physicians, the figures being 56.5 per cent. and 39.5 per cent. respectively. It is not felt that there has been any falling-off of notifications of venereal disease by private physicians.

There has been an over-all decrease of 14 per cent. in the total number of syphilis cases reported. It will be noted, however, that there has been a slight increase in both cardiovascular syphilis and neurosyphilis. This increase is evident in the figures reported by both clinics and private physicians, and may be due partly to an improvement in the use of diagnostic facilities.

Treatment given early in the course of cardiovascular syphilis is generally considered to be effective in arresting the progress of the disease, while its results are disappointing in those cases where extensive structural damage has occurred. In view of this, special efforts are being made to detect and treat the condition in its early stages.

Neurosyphilis is also being discovered to an increasing extent in its asymptomatic (early) stages by the greater frequency with which physicians are carrying out examination of the cerebrospinal fluid.

The incidence of prenatal syphilis has not materially changed, and efforts are being made to encourage the carrying-out of prenatal blood tests on all women in pregnancy.

No cases of ophthalmia neonatorum were reported in 1949.

TABLE IV.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND AGE-GROUPS, BRITISH COLUMBIA, 1949.

Age-groups.	Sex.	Total.	Gonorrhœa.			Syphilis.										Other Venereal Disease.	Non-specific Urethritis—Venereal.
			Total.	Ophthalmia Neonatorum.	Other.	Total.	Acquired.							Prenatal.	Type Undetermined.		
							Primary.	Secondary.	Latent—Early.	Latent—Late.	Cardio-vascular.	Neuro-syphilis.	Other.				
Totals	T.	4,524	3,694	....	3,694	771	100	39	110	293	52	119	21	22	15	30	29
	M.	3,019	2,513	....	2,513	451	75	19	50	156	39	80	16	10	6	26	29
	F.	1,505	1,181	....	1,181	320	25	20	60	137	13	39	5	12	9	4	....
Under 1 year	T.	4	.....	....	.....	4	....	....	....	....	....	....	....	4	....	....	....
	M.	3	.....	....	.....	3	....	....	....	....	....	....	....	3	....	....	....
	F.	1	.....	....	.....	1	....	....	....	....	....	....	....	1	....	....	....
1–4 years	T.	6	.....	....	.....	6	....	....	....	....	....	....	....	6	....	....	....
	M.	4	.....	....	.....	4	....	....	....	....	....	....	....	4	....	....	....
	F.	2	.....	....	.....	2	....	....	....	....	....	....	....	2	....	....	....
5–9 years	T.	7	5	....	5	2	....	....	....	....	....	....	....	2	....	....	....
	M.	.....	.....	....	.....	.....	....	....	....	....	....	....	....	....	....	....	....
	F.	7	5	....	5	2	....	....	....	....	....	....	....	2	....	....	....
10–14 years	T.	7	5	....	5	2	....	....	1	....	....	....	....	1	....	....	....
	M.	1	1	....	1	.....	....	....	....	....	....	....	....	....	....	....	....
	F.	6	4	....	4	2	....	....	1	....	....	....	....	1	....	....	....
15–19 years	T.	338	300	....	300	35	11	3	14	2	....	....	....	4	1	1	2
	M.	128	115	....	115	10	3	....	5	1	....	....	....	....	1	1	2
	F.	210	185	....	185	25	8	3	9	1	....	....	....	4	....	....	....
20–24 years	T.	1,281	1,189	....	1,189	80	26	4	28	16	....	3	....	....	3	7	5
	M.	802	753	....	753	38	18	1	11	5	....	3	....	....	....	6	5
	F.	479	436	....	436	42	8	3	17	11	....	....	....	....	3	1	....
25–29 years	T.	943	864	....	864	72	17	9	24	18	....	4	....	....	....	....	7
	M.	661	618	....	618	36	15	4	9	7	....	1	....	....	....	....	7
	F.	282	246	....	246	36	2	5	15	11	....	3	....	....	....	....	....
30–34 years	T.	492	415	....	415	65	19	7	12	19	1	4	1	1	1	6	6
	M.	376	324	....	324	40	17	6	6	7	1	2	1	....	....	6	6
	F.	116	91	....	91	25	2	1	6	12	....	2	....	1	1	....	....
35–39 years	T.	360	292	....	292	63	4	2	10	26	1	13	....	2	5	2	3
	M.	254	217	....	217	33	3	1	5	12	....	9	....	2	1	1	3
	F.	106	75	....	75	30	1	1	5	14	1	4	....	....	4	1	....
40–44 years	T.	267	199	....	199	61	3	5	2	27	2	18	2	1	1	3	4
	M.	189	148	....	148	34	3	3	1	12	2	11	1	1	....	3	4
	F.	78	51	....	51	27	....	2	1	15	....	7	1	....	1	....	....
45–49 years	T.	189	116	....	116	65	4	1	8	31	4	16	1	....	....	6	2
	M.	143	96	....	96	40	3	1	4	19	3	10	....	....	....	5	2
	F.	46	20	....	20	25	1	....	4	12	1	6	1	....	....	1	....
50–54 years	T.	134	69	....	69	61	4	1	1	33	4	15	2	....	1	4	....
	M.	101	60	....	60	38	4	....	1	20	3	8	1	....	1	3	....
	F.	33	9	....	9	23	....	1	....	13	1	7	1	....	....	1	....
55–59 years	T.	88	36	....	36	51	1	1	1	24	8	12	3	....	1	1	....
	M.	67	33	....	33	33	1	....	1	14	2	11	3	....	1	1	....
	F.	21	3	....	3	18	....	1	....	10	6	1	....	....	....	....	....
60–64 years	T.	92	28	....	28	64	3	1	2	26	13	16	3	....	....	....	....
	M.	72	26	....	26	46	2	1	2	15	12	12	2	....	....	....	....
	F.	20	2	....	2	18	1	....	....	11	1	4	1	....	....	....	....
65–69 years	T.	52	9	....	9	43	....	....	1	27	8	5	2	....	....	....	....
	M.	41	9	....	9	32	....	....	1	18	6	5	2	....	....	....	....
	F.	11	.....	....	.....	11	....	....	....	9	2	....	....	....	....	....	....
70–74 years	T.	26	5	....	5	21	....	1	....	11	3	4	2	....	....	....	....
	M.	24	4	....	4	20	....	1	....	11	3	3	2	....	....	....	....
	F.	2	1	....	1	1	....	....	....	....	....	1	....	....	....	....	....
75–79 years	T.	13	2	....	2	11	1	....	....	5	4	....	1	....	....	....	....
	M.	13	2	....	2	11	1	....	....	5	4	....	1	....	....	....	....
	F.	.....	.....	....	.....	.....	....	....	....	....	....	....	....	....	....	....	....
80 and over	T.	4	2	....	2	2	....	....	....	....	....	....	2	....	....	....	....
	M.	4	2	....	2	2	....	....	....	....	....	....	2	....	....	....	....
	F.	.....	.....	....	.....	.....	....	....	....	....	....	....	....	....	....	....	....
Not stated	T.	221	158	....	158	63	7	4	6	28	4	9	2	1	2	....	....
	M.	136	105	....	105	31	5	1	4	10	3	5	1	....	2	....	....
	F.	85	53	....	53	32	2	3	2	18	1	4	1	1	....	....	....

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

The highest age incidence of venereal infection still remains in the 20–29 age-group, with a slight preponderance between the ages of 20 and 24.

The proportion of males to females infected in each age-group remains almost identical through the years and reveals an interesting pattern:—

Before the age of 20, females exceed males in the proportion of approximately 2:1.

After the age of 20, this ratio is reversed, with males predominating, the proportion gradually increasing in later years to 3:1 or more.

The figures for early infectious syphilis appear to follow this same trend, while in the latent stages, females show a slight preponderance throughout, thus reflecting the fact that early syphilis is more difficult to diagnose, and may therefore pass undetected, in the female.

This difficulty in diagnosis may also be a factor in the apparently lower incidence of gonorrhœa in the female after the age of 20, and raises the question as to whether this may be responsible for maintaining the high incidence of infection in males.

If this is so, it might be considered desirable to treat all females on suspicion, as well as known contacts, even though no bacterial evidence is forthcoming.

Tertiary syphilis still remains predominantly a male complication in the later age-groups.

The figures for prenatal syphilis remain approximately the same as for 1948, though there appears to be a tendency for a greater number of the cases to be diagnosed within the first nine years of life than previously.

CHART II.—NEW NOTIFICATIONS OF SYPHILIS BY AGE AND SEX, BRITISH COLUMBIA, 1949.

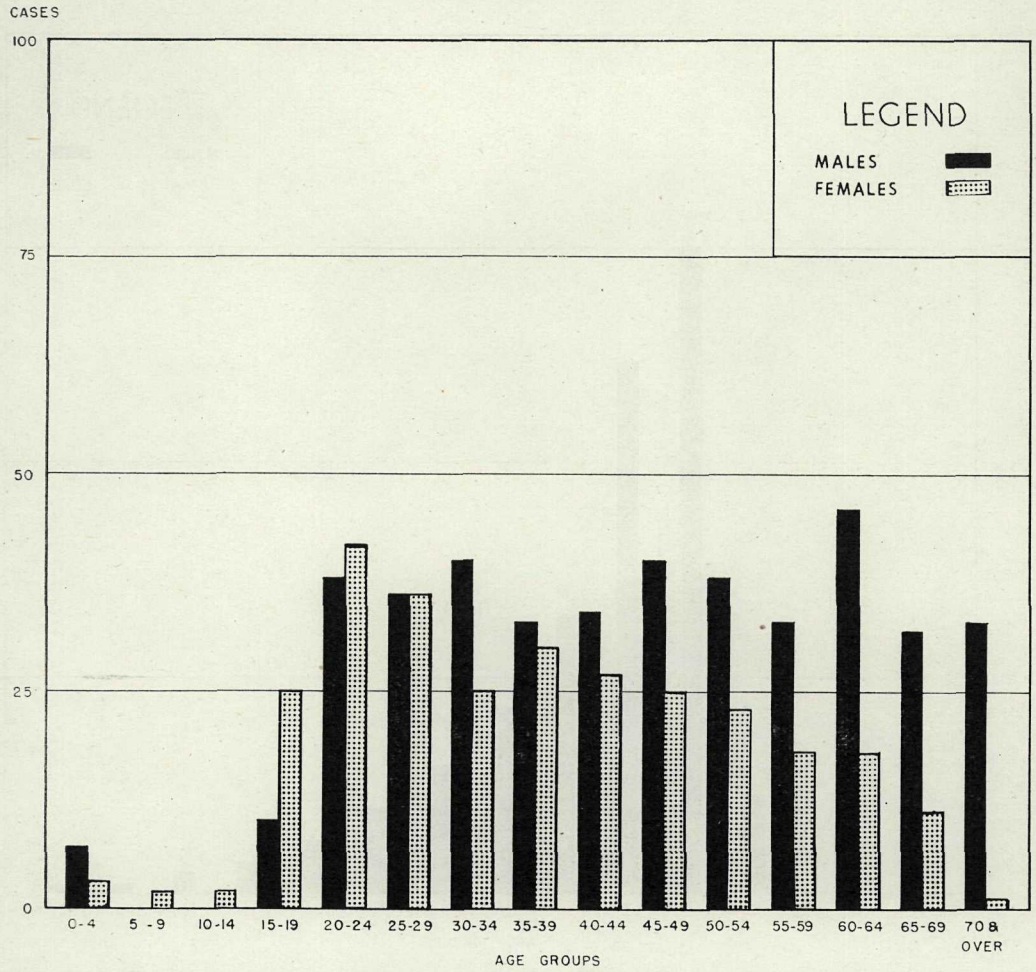


TABLE V.—NEW NOTIFICATIONS OF SYPHILIS BY AGE AND SEX, BRITISH COLUMBIA, 1949.

Age-group.	Male.	Female.	Age-group.	Male.	Female.
Totals	451	320	35–39 years	33	30
			40–44 years	34	27
Under 1 year	3	1	45–49 years	40	25
1– 4 years	4	2	50–54 years	38	23
5– 9 years	.....	2	55–59 years	33	18
10–14 years	.....	2	60–64 years	46	18
15–19 years	10	25	65–69 years	32	11
20–24 years	38	42	70 and over	33	1
25–29 years	36	36	Not stated	31	32
30–34 years	40	25			

The preponderance of males over females suffering from all forms of syphilis is steadily declining. The ratio was 2.4:1 in 1947, 1.57:1 in 1948, and 1.2:1 in 1949.

There is still a slight preponderance of females in the earlier age-groups (up to 25 years), but this is offset in the total figures by the larger number of males showing late manifestations of syphilis in the older age-groups.

CHART III.—NEW NOTIFICATIONS OF GONORRHŒA BY AGE AND SEX, BRITISH COLUMBIA, 1949.

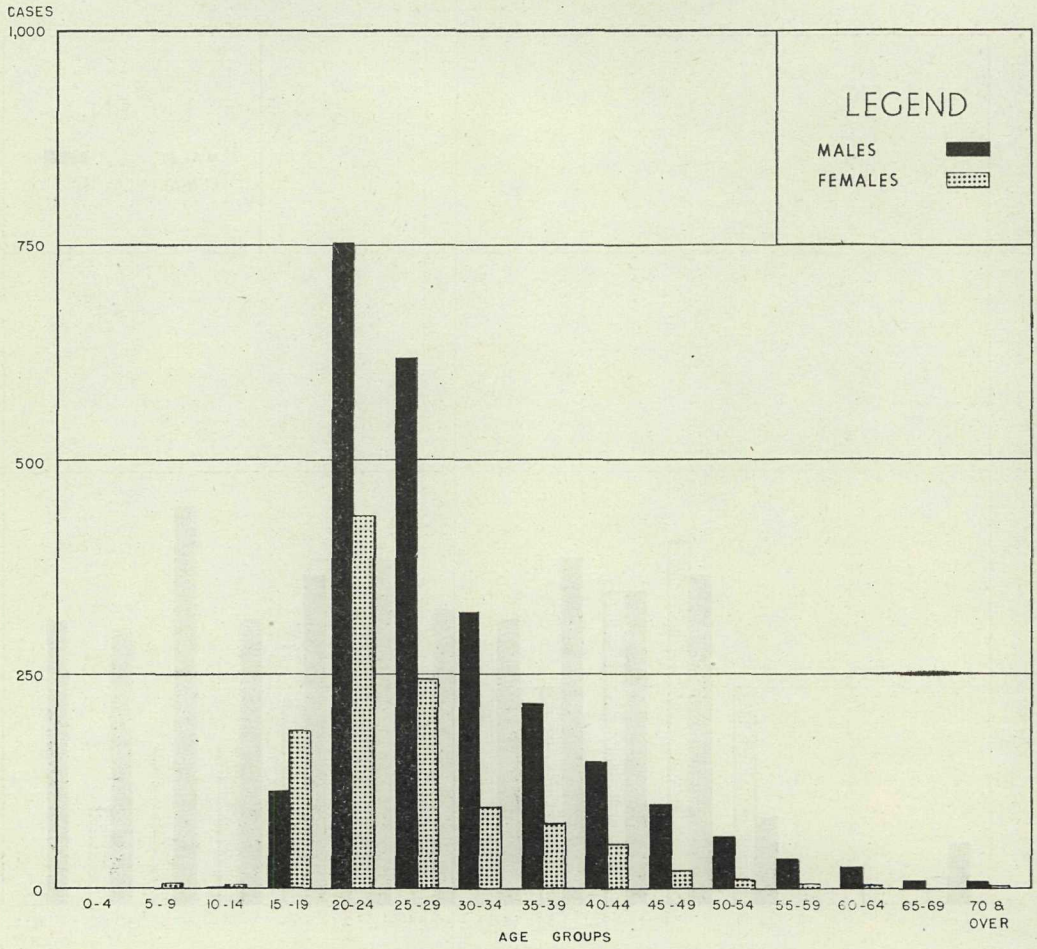


TABLE VI.—NEW NOTIFICATIONS OF GONORRHŒA BY AGE AND SEX, BRITISH COLUMBIA, 1949.

Age-group.	Male.	Female.	Age-group.	Male.	Female.
Totals	2,513	1,181	35–39 years	217	75
			40–44 years	148	51
Under 1 year	.....	.....	45–49 years	96	20
1– 4 years	.....	.....	50–54 years	60	9
5– 9 years	.....	5	55–59 years	33	3
10–14 years	1	4	60–64 years	26	2
15–19 years	115	185	65–69 years	9	.....
20–24 years	753	436	70 and over	8	1
25–29 years	618	246	Not stated	105	53
30–34 years	324	91			

This table shows the preponderance of males over females suffering from gonorrhœal infections in all ages, with the exception of the ages 15–19 when females predominate.

The ratio of males to females has diminished slightly over the past year, being now 2.1:1 as against 2.6:1 in 1948. This has been due in some measure to a slight increase in the number of female infections reported.

TABLE VII.—RATE PER 100,000 POPULATION FOR TOTAL VENEREAL DISEASE BY AGE-GROUPS, BRITISH COLUMBIA, 1941 TO 1949, INCLUSIVE.

Age-group.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
0– 4 years	25	24	21	23	29	35	25	16	9
5– 9 years	24	19	26	17	23	24	20	10	8
10–14 years	35	23	24	43	19	33	9	12	10
15–19 years	231	326	385	616	637	709	697	523	459
20–24 years	821	1,046	1,133	1,383	1,525	2,069	1,921	1,413	1,451
25–29 years	690	770	843	953	1,039	1,547	1,306	1,036	1,012
30–34 years	552	619	598	619	751	986	689	555	542
35–39 years	499	518	543	534	699	737	607	495	454
40–44 years	412	375	474	573	586	565	474	361	379
45–49 years	271	249	272	337	446	457	438	308	307
50–54 years	246	265	218	309	307	292	325	238	230
55–59 years	184	133	193	196	211	232	234	141	148
60–64 years	149	188	141	183	188	215	208	119	162
65–69 years	166	113	80	106	169	157	172	100	111
70 and over	73	83	74	61	53	83	81	62	64
All ages	336	392	415	508	553	677	575	419	406

There is a remarkable similarity between the rates in the various age-groups in 1948 and 1949. This is true for all age-groups.

The peak rates lie between the ages of 20 and 30, as noted in previous years. A hitherto unrecorded analysis of these figures indicates that this is largely accounted for by the high incidence of *new* infections—principally gonorrhœa—acquired at this time of life.

A reference to Table VIII indicates that infections in this group predominate extensively in males who are not bound down by the marriage tie. Moreover, this is the age of greatest sexual activity in the majority of individuals. These two factors are probably largely responsible for the preponderance of venereal infection in this age-group.

There is a marked influence upon the rate of infection in single persons where the figures are included for widowed, divorced, and separated individuals.

TABLE VIII.—NEW CASES OF SYPHILIS REPORTED IN BRITISH COLUMBIA BY AGE-GROUPS AND MARITAL STATUS, 1949.

Age-group.	Single.				Unmarried.*				Married.			
	Male.		Female.		Male.		Female.		Male.		Female.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
15–19	7	18.9	22	64.5	7	18.9	22	64.3	2	1,000.0	3	130.4
20–24	28	79.5	21	82.0	28	79.3	25	95.8	10	133.0	15	77.3
25–29	24	113.2	12	91.6	26	119.3	17	118.9	7	29.4	19	57.1
30–34	18	141.7	4	52.6	21	155.6	10	105.3	19	59.9	14	38.8
35–39	14	152.2	3	63.8	16	155.3	8	109.6	16	54.1	22	68.5
40–44	12	164.4	1	32.3	16	181.8	8	133.3	18	63.6	17	62.3
45–49	11	193.0	2	90.9	15	205.5	11	189.7	24	93.8	14	61.1
50–54	4	76.9	....	.....	9	126.8	8	129.0	27	112.5	15	71.8
55–59	9	160.7	....	.....	16	195.1	5	68.5	16	65.8	11	55.8
60–64	12	214.3	1	55.6	22	244.4	7	83.3	19	84.1	11	65.5
65–69	6	120.0	....	.....	12	133.3	4	47.1	16	88.4	6	53.1

* Includes single, widowed, divorced, and separated.

TABLE IX.—TOTAL PRIMARY AND SECONDARY SYPHILIS, BRITISH COLUMBIA, 1948.

(Age specific rates per 100,000.)

Age-group.	Male.		Female.	
	Number.	Rate.	Number.	Rate.
15–19	7	18.7	17	46.8
20–24	35	79.5	18	39.1
25–29	26	59.1	13	27.7
30–34	24	54.4	8	17.8
35–39	17	44.6	6	16.1
40–44	10	27.5	5	15.6
45–49	8	25.2	1	3.6
50–54	7	23.0	3	11.2
55–59	4	12.2	....	.....
60–64	5	15.8	....	.....
65–69	1	3.8	....	.....
70 and over	2	5.7	....	.....

TABLE X.—TOTAL PRIMARY AND SECONDARY SYPHILIS, BRITISH COLUMBIA, 1949.

(Age specific rates per 100,000.)

Age-group.	Male.		Female.	
	Number.	Rate.	Number.	Rate.
15–19	3	8.1	11	30.1
20–24	19	44.4	11	24.2
25–29	19	41.7	7	14.7
30–34	23	50.9	3	6.6
35–39	4	10.0	2	5.1
40–44	6	16.2	2	6.0
45–49	4	12.2	1	3.5
50–54	4	12.9	1	3.7
55–59	1	3.1	1	3.7
60–64	3	9.5	1	4.0
65–69	....	.....	....	.....

These tables well illustrate the over-all reduction in the primary and secondary syphilis rates. Particularly marked is the reduction in the two age-sex groups which formerly showed the highest susceptibility to early infection—namely, males between 20 and 24 years in whom the rate is reduced from 79.5 to 44.4, and females between 15 and 19 years with a reduction from 46.8 to 30.1. This marked reduction in primary and secondary syphilis rates is the result of concentrated effort aimed at diminishing the reservoir of early syphilitic infection.

TABLE XI.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1946 TO 1949, INCLUSIVE.

Place of Residence.	1946.				1947.				1948.				1949.			
	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.
Total	6,790	2,126	4,618	46	5,999	1,770	4,056	173	4,534	896	3,608	30	4,524	771	3,694	59
Area No. 1a	4	.....	4	.....	6	3	3	.....	12	1	11	.....	7	.....	7	.....
Unorganized parts	4	.....	4	.....	6	3	3	.....	12	1	11	.....	7	.....	7	.....
Area No. 1b	75	17	58	.....	35	16	19	.....	38	3	35	.....	25	6	19	.....
Cranbrook	39	8	31	.....	19	11	8	.....	27	2	25	.....	15	.....	15	.....
Kimberley	31	7	24	.....	10	4	6	.....	6	1	5	.....	6	2	4	.....
Unorganized parts	5	2	3	.....	6	1	5	.....	5	.....	5	.....	4	4	.....	.....
Area No. 1c	11	8	3	.....	12	9	3	.....	7	1	6	.....	3	2	1	.....
Fernie	6	5	1	.....	7	5	2	.....	5	1	4	.....	1	.....	1	.....
Unorganized parts	5	3	2	.....	5	4	1	.....	2	.....	2	.....	2	2	.....	.....
Area No. 2a	6	1	5	.....	7	3	4	.....	4	.....	4	.....	3	1	2	.....
Revelstoke	6	1	5	.....	7	3	4	.....	4	.....	4	.....	1	1	.....	.....
Unorganized parts	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....
Area No. 2b	80	27	53	.....	46	24	22	.....	32	7	25	.....	24	4	20	.....
Castlegar	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	2	.....	2	.....
Rossland	12	6	6	.....	3	2	1	.....	4	2	2	.....	1	.....	1	.....
Salmo	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....
Trail	48	15	33	.....	32	18	14	.....	18	3	15	.....	17	3	14	.....
Unorganized parts	20	6	14	.....	11	4	7	.....	8	2	6	.....	4	1	3	.....
Area No. 2c	83	36	46	1	49	17	31	1	23	4	19	.....	13	4	9	.....
Creston	4	2	2	.....	9	3	6	.....	1	.....	1	.....	1	.....	1	.....
Kaslo	3	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....
Nelson	34	10	23	1	22	8	13	1	15	3	12	.....	6	1	5	.....
New Denver	2	1	1	.....	2	1	1	.....	.....	.....	.....	.....	1	1	.....	.....
Silverton	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	1	.....	1	.....
Slocan City	10	10	.....	.....	1	1	.....	.....	2	.....	2	.....	.....	.....	.....	.....
Unorganized parts	30	11	19	.....	15	4	11	.....	4	1	3	.....	3	1	2	.....

TABLE XI.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1946 TO 1949, INCLUSIVE—*Continued.*

Place of Residence.	1946.				1947.				1948.				1949.			
	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.
Area No. 3a	160	42	114	4	105	33	72	.....	74	15	59	.....	57	7	50	.....
Armstrong	5	1	4	.....	5	2	3	.....	2	.....	2	.....	3	1	2	.....
Enderby	9	4	5	.....	9	2	7	.....	7	.....	7	.....	4	.....	4	.....
Kelowna	38	13	24	1	33	15	18	.....	24	7	17	.....	14	2	12	.....
Peachland	1	.....	1	.....	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Summerland	10	2	6	2	1	.....	1	.....	.....	.....	.....	.....	1	.....	1	.....
Vernon	75	20	54	1	34	9	25	.....	25	3	22	.....	25	3	22	.....
Unorganized parts	22	2	20	.....	21	5	16	.....	16	5	11	.....	10	1	9	.....
Area No. 3b	92	32	60	.....	78	21	57	.....	45	9	36	.....	23	3	20	.....
Oliver	10	3	7	.....	9	4	5	.....	6	1	5	.....	6	1	5	.....
Osoyoos	9	4	5	.....	3	.....	3	.....	6	5	1	.....	2	.....	2	.....
Penticton	36	9	27	.....	40	11	29	.....	14	1	13	.....	8	.....	8	.....
Unorganized parts	37	16	21	.....	26	6	20	.....	19	2	17	.....	7	2	5	.....
Area No. 3c	12	8	4	.....	8	3	5	.....	5	1	4	.....	3	1	2	.....
Grand Forks	6	6	.....	.....	4	2	2	.....	2	.....	2	.....	.....	.....	.....	.....
Greenwood	1	1	.....	.....	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	5	1	4	.....	2	1	1	.....	3	1	2	.....	3	1	2	.....
Area No. 4a	464	189	271	4	341	118	216	7	287	57	230	.....	310	61	242	7
Abbotsford	18	5	13	.....	17	4	12	1	12	1	11	.....	15	9	5	1
Chilliwack City	22	4	17	1	13	7	6	.....	8	3	5	.....	10	.....	10	.....
Chilliwhack District	23	6	17	.....	17	11	6	.....	9	3	6	.....	21	1	20	.....
Coquitlam	15	6	9	.....	9	1	8	.....	6	.....	6	.....	6	.....	6	.....
Delta	16	6	10	.....	3	.....	3	.....	4	1	3	.....	8	1	7	.....
Hope	17	5	12	.....	10	1	8	1	18	.....	18	.....	15	1	14	.....
Kent	13	4	9	.....	18	5	13	.....	22	4	18	.....	12	2	10	.....
Langley	20	10	9	1	18	8	10	.....	11	2	9	.....	11	.....	10	1
Maple Ridge	7	2	5	.....	6	3	3	.....	4	.....	4	.....	6	.....	6	.....
Matsqui	.....	.....	.....	.....	2	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mission Village	13	6	7	.....	15	4	10	1	8	1	7	.....	7	1	6	.....
Mission District	3	1	2	.....	6	.....	6	.....	.....	.....	.....	.....	2	2	.....	.....
New Westminster	199	91	106	2	118	43	74	1	107	24	83	.....	123	29	90	4
Pitt Meadows	1	.....	1	.....	1	.....	1	.....	1	.....	1	.....	3	.....	3	.....
Port Coquitlam	6	4	2	.....	8	3	5	.....	4	.....	4	.....	7	1	6	.....

Port Moody	10	3	7	.....	8	3	5	.....	4	.....	4	.....	3	1	2	.....
Sumas	1	1	.....	.....	1	.....	1	.....	1	1	.....	.....	.....	.....	.....	.....
Surrey	35	18	17	.....	25	7	16	2	25	8	17	.....	19	4	15	.....
Unorganized parts	45	17	28	.....	46	17	28	1	43	9	34	.....	42	9	32	1
Area No. 4b	3,884	1,223	2,630	31	3,653	993	2,506	154	2,754	485	2,244	25	2,847	417	2,382	48
Burnaby	89	35	54	.....	34	11	21	2	21	7	14	.....	33	10	23	.....
Gibsons Landing	1	1	.....	.....	1	1	.....	.....	1	.....	1	.....	.....	.....	.....	.....
North Vancouver City	68	15	52	1	42	20	21	1	42	9	33	.....	66	14	52	.....
North Vancouver District	8	3	5	.....	23	8	14	1	11	3	8	.....	10	3	7	.....
Richmond	68	24	44	.....	50	14	33	3	42	8	33	1	46	11	34	1
Vancouver	3,581	1,124	2,428	29	3,432	922	2,365	145	2,560	433	2,103	24	2,614	363	2,207	44
West Vancouver	13	5	8	.....	17	6	11	.....	7	4	3	.....	14	5	9	.....
Unorganized parts	56	16	39	1	54	11	41	2	70	21	49	.....	64	11	50	3
Area No. 5a	613	190	420	3	552	194	356	2	307	75	230	2	292	75	214	3
Chemainus	7	4	3	.....	16	12	4	.....	6	.....	6	.....	1	.....	1	.....
Cowichan Lake	2	.....	2	.....	2	1	1	.....	.....	.....	.....	.....	1	.....	1	.....
Duncan	30	13	17	.....	24	7	17	.....	9	3	6	.....	18	3	15	.....
Esquimalt	81	9	71	1	64	13	50	1	8	.....	8	.....	8	.....	8	.....
Ladysmith	6	3	3	.....	8	6	2	.....	5	1	4	.....	3	2	1	.....
Nanaimo	57	13	44	.....	49	24	25	.....	29	7	22	.....	24	6	18	.....
Oak Bay	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Saanich	15	6	9	.....	24	12	12	.....	14	6	8	.....	10	1	9	.....
Victoria	360	124	235	1	283	86	197	.....	177	49	126	2	140	47	92	1
Unorganized parts	54	18	35	1	82	33	48	1	59	9	50	.....	87	16	69	2
Area No. 5b	4	.....	4	.....	11	5	6	.....	7	1	6	.....	5	.....	5	.....
Unorganized parts	4	.....	4	.....	11	5	6	.....	7	1	6	.....	5	.....	5	.....
Area No. 5c	57	20	37	.....	47	19	27	1	39	15	22	2	43	7	36	.....
Alberni	4	1	3	.....	3	3	.....	.....	11	5	6	.....	15	3	12	.....
Parksville	1	.....	1	.....	2	1	1	.....	1	.....	1	.....	1	.....	1	.....
Port Alberni	41	18	23	.....	28	11	17	.....	12	7	3	2	16	3	13	.....
Qualicum Beach	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Unorganized parts	11	1	10	.....	14	4	9	1	14	2	12	.....	11	1	10	.....
Area No. 5d	33	10	22	1	25	8	16	1	36	9	27	.....	20	4	16	.....
Campbell River	.....	.....	.....	.....	1	.....	1	.....	17	7	10	.....	1	.....	1	.....
Comox	2	1	1	.....	1	1	.....	.....	.....	.....	.....	.....	3	1	2	.....
Courtenay	3	1	2	.....	2	2	.....	.....	2	.....	2	.....	2	1	1	.....
Cumberland	2	2	.....	.....	1	1	.....	.....	2	.....	2	.....	.....	.....	.....	.....
Unorganized parts	26	6	19	1	20	4	15	1	15	2	13	.....	14	2	12	.....

TABLE XI.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1946 TO 1949, INCLUSIVE—*Continued.*

Place of Residence.	1946.				1947.				1948.				1949.			
	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.
Area No. 5e	26	13	13	.....	18	4	14	.....	10	4	6	.....	21	6	15	.....
Tofino	11	6	5	.....	2	1	1	.....	2	.....	2	.....	3	2	1	.....
Unorganized parts	15	7	8	.....	16	3	13	.....	8	4	4	.....	18	4	14	.....
Area No. 5f	26	7	19	.....	41	9	31	1	37	11	26	.....	30	5	25	.....
Alert Bay	5	2	3	.....	23	1	22	.....	14	5	9	.....	9	1	8	.....
Unorganized parts	21	5	16	.....	18	8	9	1	23	6	17	.....	21	4	17	.....
Area No. 6a	9	3	6	.....	10	5	5	.....	3	1	2	.....	7	.....	7	.....
Unorganized parts	9	3	6	.....	10	5	5	.....	3	1	2	.....	7	.....	7	.....
Area No. 6b	52	25	27	.....	38	19	19	.....	27	9	18	.....	22	8	14	.....
Salmon Arm City	10	4	6	.....	16	8	8	.....	7	3	4	.....	6	3	3	.....
Salmon Arm District	5	3	2	.....	3	1	2	.....	2	.....	2	.....	.....	.....	.....	.....
Unorganized parts	37	18	19	.....	19	10	9	.....	18	6	12	.....	16	5	11	.....
Area No. 6c	173	65	108	.....	116	43	73	.....	119	37	82	.....	112	30	82	.....
Kamloops	86	25	61	.....	48	15	33	.....	58	11	47	.....	48	6	42	.....
Lytton	.....	.....	.....	.....	.....	.....	.....	.....	12	6	6	.....	14	8	6	.....
Merritt	4	3	1	.....	7	3	4	.....	4	3	1	.....	10	1	9	.....
Unorganized parts	83	37	46	.....	61	25	36	.....	45	17	28	.....	40	15	25	.....
Area No. 6d	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	1	1	.....
Unorganized parts	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	1	1	.....
Area No. 6e	4	1	3	.....	9	1	8	.....	7	.....	7	.....	3	.....	3	.....
Unorganized parts	4	1	3	.....	9	1	8	.....	7	.....	7	.....	3	.....	3	.....
Area No. 6f	51	21	30	.....	62	35	27	.....	50	9	41	.....	33	11	22	.....
Lillooet	.....	.....	.....	.....	4	3	1	.....	18	3	15	.....	15	3	12	.....
Unorganized parts	51	21	30	.....	58	32	26	.....	32	6	26	.....	18	8	10	.....
Area No. 7a	46	13	33	.....	47	16	30	1	46	9	36	1	19	5	14	.....
Unorganized parts	46	13	33	.....	47	16	30	1	46	9	36	1	19	5	14	.....
Area No. 7b	8	2	6	.....	15	.....	14	1	11	1	10	.....	4	.....	4	.....
Unorganized parts	8	2	6	.....	15	.....	14	1	11	1	10	.....	4	.....	4	.....

Area No. 7c	29	16	13	.....	29	10	19	.....	33	14	19	.....	10	4	6	.....
Westview	2	1	1	.....	1	.....	1	.....	.....	.....	.....	.....	1	.....	1	.....
Unorganized parts	27	15	12	.....	28	10	18	.....	33	14	19	.....	9	4	5	.....
Area No. 8a	83	18	65	.....	73	16	56	1	70	10	60	.....	133	14	118	1
Prince George	68	15	53	.....	68	13	54	1	67	9	58	.....	122	14	107	1
Unorganized parts	15	3	12	.....	5	3	2	.....	3	1	2	.....	11	.....	11	.....
Area No. 8b	3	.....	3	.....	12	7	5	.....	5	.....	5	.....	5	2	3	.....
McBride	3	.....	3	.....	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	.....	.....	.....	.....	10	7	3	.....	5	.....	5	.....	5	2	3	.....
Area No. 8c	3	.....	3	.....	4	.....	4	.....	1	.....	1	.....	2	.....	2	.....
Unorganized parts	3	.....	3	.....	4	.....	4	.....	1	.....	1	.....	2	.....	2	.....
Area No. 8d	25	9	16	.....	37	8	29	.....	33	4	29	.....	31	3	28	.....
Quesnel	5	2	3	.....	13	3	10	.....	7	1	6	.....	9	2	7	.....
Williams Lake	11	2	9	.....	17	4	13	.....	20	3	17	.....	12	1	11	.....
Unorganized parts	9	5	4	.....	7	1	6	.....	6	.....	6	.....	10	.....	10	.....
Area No. 8e	44	12	32	.....	69	17	52	.....	46	3	43	.....	65	15	50	.....
Smithers	16	4	12	.....	21	11	10	.....	13	2	11	.....	14	1	13	.....
Unorganized parts	28	8	20	.....	48	6	42	.....	33	1	32	.....	51	14	37	.....
Area No. 8f	10	1	9	.....	18	4	14	.....	15	2	13	.....	15	.....	15	.....
Burns Lake	3	.....	3	.....	7	2	5	.....	8	1	7	.....	7	.....	7	.....
Vanderhoof	5	1	4	.....	5	1	4	.....	2	1	1	.....	4	.....	4	.....
Unorganized parts	2	.....	2	.....	6	1	5	.....	5	.....	5	.....	4	.....	4	.....
Area No. 8g	6	.....	6	.....	7	1	6	.....	7	.....	7	.....	6	3	3	.....
Unorganized parts	6	.....	6	.....	7	1	6	.....	7	.....	7	.....	6	3	3	.....
Area No. 9a	.....	.....	.....	.....	2	.....	2	.....	4	.....	4	.....	4	.....	4	.....
Unorganized parts	.....	.....	.....	.....	2	.....	2	.....	4	.....	4	.....	4	.....	4	.....
Area No. 9b	7	.....	7	.....	.....	.....	.....	.....	6	2	4	.....	5	.....	5	.....
Unorganized parts	7	.....	7	.....	.....	.....	.....	.....	6	2	4	.....	5	.....	5	.....
Area No. 9c	10	4	6	.....	13	3	10	.....	12	3	9	.....	19	2	17	.....
Stewart	2	2	.....	.....	3	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	8	2	6	.....	10	3	7	.....	12	3	9	.....	19	2	17	.....

TABLE XI.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1946 TO 1949, INCLUSIVE—*Continued.*

Place of Residence.	1946.				1947.				1948.				1949.			
	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.	Total.	Syphilis.	Gonorrhœa.	Other V.D.
Area No. 9d	166	23	143	.....	133	33	99	1	149	43	106	.....	135	24	111	.....
Prince Rupert	113	15	98	.....	103	25	77	1	97	24	73	.....	95	15	80	.....
Terrace	4	1	3	.....	1	.....	1	.....	6	3	3	.....	1	.....	1	.....
Unorganized parts	49	7	42	.....	29	8	21	.....	46	16	30	.....	39	9	30	.....
Area No. 9e	6	.....	6	.....	10	4	6	.....	10	4	6	.....	13	2	11	.....
Unorganized parts	6	.....	6	.....	10	4	6	.....	10	4	6	.....	13	2	11	.....
Area No. 9f	15	2	13	.....	23	1	22	.....	27	.....	27	.....	41	7	34	.....
Unorganized parts	15	2	13	.....	23	1	22	.....	27	.....	27	.....	41	7	34	.....
Area No. 10a	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	5	.....	5	.....
Unorganized parts	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	5	.....	5	.....
Area No. 10b	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Area No. 10c	16	6	10	.....	12	2	10	.....	6	1	5	.....	13	3	10	.....
Unorganized parts	16	6	10	.....	12	2	10	.....	6	1	5	.....	13	3	10	.....
Area No. 10d	20	6	14	.....	26	10	16	.....	37	25	12	.....	54	27	27	.....
Dawson Creek	17	5	12	.....	18	7	11	.....	19	7	12	.....	33	10	23	.....
Pouce Coupe	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	3	1	2	.....	7	3	4	.....	18	18	.....	.....	21	17	4	.....
Not stated	371	76	293	2	200	56	142	2	91	21	70	.....	40	7	33	.....

The figures given in this table are again indicative of the areas from which the greatest number of venereal-disease cases is notified.

Greater Vancouver (Area 4b) is responsible for about 62 per cent. of all cases notified in the Province.

There is an increase over the figures for 1948 in the number of cases notified, which increase is entirely due to the greater number of gonorrhœa cases treated in the Vancouver Clinic.

A special effort has been made to bring in and to treat all known contacts to infection, even in those cases where a definite diagnosis could not be established. This was felt to be necessary in view of the considerable pool of undiscovered infection which must still exist in certain areas, and which must be responsible for the comparatively large number of authentic cases of gonorrhœa still occurring.

This policy keeps the figures high, but should in time bring about a marked reduction in the number of infections occurring in the area.

CHART IV.—PATIENT VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS, FOR THE YEARS 1940 TO 1949, INCLUSIVE.

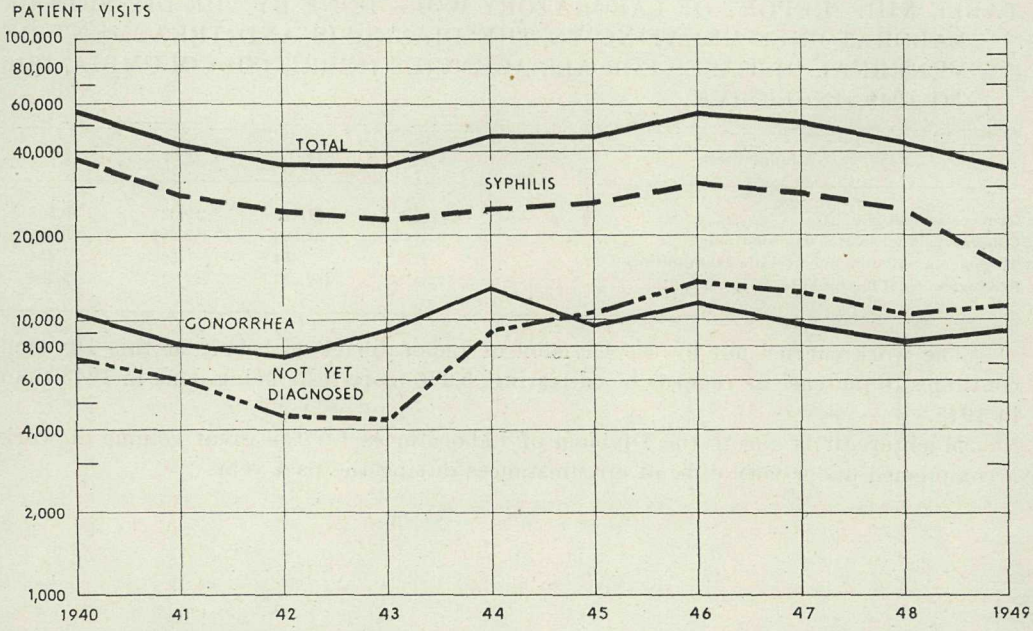


TABLE XII.—PATIENT VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS, FOR THE YEARS 1940 TO 1949, INCLUSIVE.

Year.	Total.		Syphilis.		Gonorrhœa.		Not yet diagnosed.	
	All Clinics.	Vancouver Clinic.	All Clinics.	Vancouver Clinic.	All Clinics.	Vancouver Clinic.	All Clinics.	Vancouver Clinic.
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	3,432
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
1949	36,551	27,934	16,335	13,139	9,102	7,858	11,114	6,937

The anticipated decrease in patient attendances at the clinics of this Division is well demonstrated in this table, the decrease amounting to 16.7 per cent. below the figures for 1948.

A further analysis shows the following interesting figures:—

Syphilis.—In 1948 there were 319 cases and 24,894 patient visits; that is, 78 visits per case. In 1949 there were 262 cases and 16,335 patient visits; that is, 62.3 visits per case.

These figures show in a striking manner the effect of our newer methods of treatment in cutting down the number of attendances necessary for the treatment and follow-up of syphilis cases.

Gonorrhœa.—In 1948 there were 2,045 cases and 8,480 patient visits; that is, 4 visits per case. In 1949 there were 2,237 cases and 9,102 patient visits; that is, 4 visits per case.

Since the treatment of gonorrhœa with penicillin was already well established in 1948, no appreciable change was to be anticipated. The only factor which would be likely to influence the number of patient visits for gonorrhœa in future years would be an alteration in the follow-up supervision after treatment has been given.

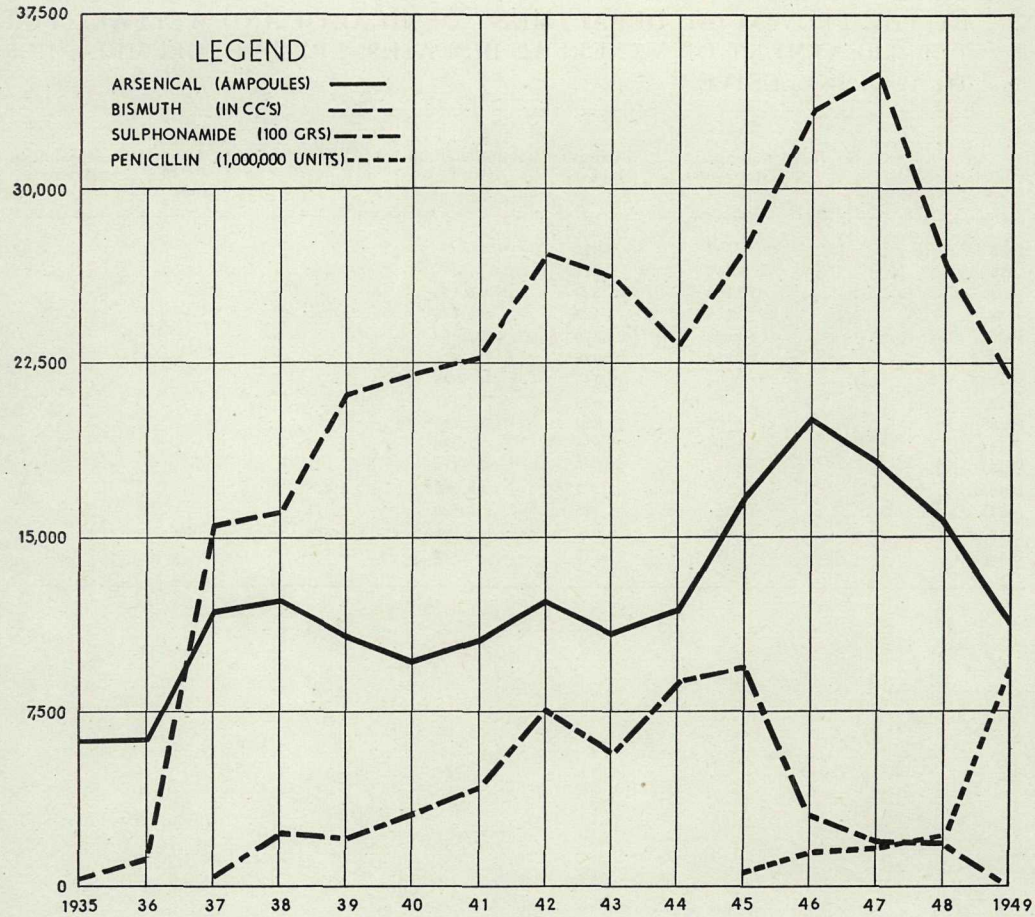
TABLE XIII.—REPORT OF LABORATORY WORK DONE BY THE DIVISION OF LABORATORIES RELATING TO THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES FOR ALL AGENCIES IN BRITISH COLUMBIA, 1946 TO 1949, INCLUSIVE.

Examination.	1946.	1947.	1948.	1949.
Gonococcus cultures	12,664	11,219	10,322	10,508
Gonococcus microscopic examinations	34,743	34,589	33,990	33,851
Treponema pallidum microscopic examinations	1,093	854	605	454
Serological tests for syphilis	177,908	152,437	167,816	173,092

The work carried out by the Division of Laboratories on behalf of this Division continues to increase as regards blood-testing, 5,276 more tests being done in 1949 than in 1948.

Much credit is due to the Division of Laboratories for the great volume of work accomplished under very difficult circumstances during the past year.

CHART V.—FREE MEDICATIONS DISTRIBUTED TO PRIVATE PHYSICIANS BY THE PROVINCIAL DEPARTMENT OF HEALTH AND WELFARE FOR THE TREATMENT OF VENEREAL DISEASES, BRITISH COLUMBIA, 1935 TO 1949, INCLUSIVE.



This chart indicates in a striking manner the gradual but definite changes which have occurred in our methods of treating venereal diseases, with particular reference to syphilis.

The use of arsenicals is steadily diminishing. This is, to some extent, due to the decreasing amount of syphilis in the Province, but even more to the change-over to penicillin as the treatment preparation of choice at the present time.

It is envisaged that arsenical preparations will be used in ever-decreasing quantities in the treatment of syphilis, though certain limited indications for its use will no doubt remain for some considerable time.

The enormous decrease in the use of sulphonamides is reflected in the figures for 1949. These drugs have been almost completely superseded by penicillin in the treatment of gonorrhœa, their use being retained only for special cases or for certain other types of venereal infection.

Penicillin is being used in the treatment of all cases of gonorrhœa, as well as in all stages of syphilitic infection. This is well borne out by the great quantities of penicillin supplied to private physicians during 1949 for the treatment of venereal diseases.

Many other drugs, not shown in this table, continue to be supplied free of charge to private physicians for the treatment of venereal diseases or conditions arising from them.

TABLE XIV.—FREE MEDICATIONS DISTRIBUTED TO PRIVATE PHYSICIANS BY THE PROVINCIAL DEPARTMENT OF HEALTH AND WELFARE FOR THE TREATMENT OF VENEREAL DISEASES, BRITISH COLUMBIA, 1935 TO 1949, INCLUSIVE.

Year.	Arsenicals (Ampoules).	Bismuth (C.C.).	Sulphonamide (Grains).	Penicillin (1,000,000 Units).	Penicillin O. & W. (100,000 Units).	Streptomycin (Grams).
1935	6,332	390	.....	.....	.....	.....
1936	6,456	1,397	.....	.....	.....	.....
1937	12,192	15,539	55,485	.....	.....	.....
1938	12,666	16,125	281,745	.....	.....	.....
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	678	.....	.....
1946	20,586	33,375	308,565	1,498	.....	.....
1947	18,328	35,325	213,829	1,415	.....	.....
1948	15,601	26,625	165,195	1,580	7,059	.....
1949	11,481	21,775	2,422	9,768	.....	567

TABLE XV.—PLACES OF MEETING REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASES, 1945 TO 1949, INCLUSIVE.

Place of Meeting.	1945.		1946.		1947.		1948.		1949.	
	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	316	14	280	12	247	12	251	15	156	10
Beer-parlours	280	12	291	13	348	17	310	18	345	22
Cabarets*	.....	....	.....	....	.....	....	.....	....	41	2
Cafés	504	22	482	21	358	17	251	15	267	17
Hotels and rooms	307	14	371	16	316	15	228	13	206	13
Private homes	107	5	92	4	82	4	30	2	57	3
Streets*	.....	....	.....	....	.....	....	443	26	241	15
Miscellaneous	719	33	799	34	714	35	201	11	280	18
Totals	2,233	100	2,315	100	2,065	100	1,714	100	1,593	100

* Separate figures for cabarets unavailable prior to 1949; separate figures for streets unavailable prior to 1948.

TABLE XVI.—PLACES OF EXPOSURE REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASES, 1945 TO 1949, INCLUSIVE.

Place of Exposure.	1945.		1946.		1947.		1948.		1949.	
	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	43	2	72	3	22	1	18	1	14	0.5
Hotels and rooms	1,955	60	1,997	62	1,740	60	1,831	60	1,575	53
Private homes	393	12	274	8	249	9	230	8	258	8.5
Marital and common law	399	12	461	14	426	15	482	16	542	19
Cars*	.....	....	.....	....	.....	....	197	6	135	5
Miscellaneous	440	14	429	13	453	15	276	9	399	14
Totals	3,230	100	3,233	100	2,890	100	3,034	100	2,923	100

* Separate figures for cars unavailable prior to 1948.

Reference to these tables will give an indication of the places where meetings take place and contacts occur among those who report for the treatment of a venereal infection.

Beer-parlours and cafés still remain the most frequently named places of meeting of those contracting their disease. Dance-halls appear to have become somewhat less of a problem in facilitating the spread of venereal diseases.

Among places of exposure, hotels and rooming-houses still remain the most serious problem, though there has been a slight decrease in the frequency with which these premises have been named. This is probably largely due to the excellent co-operation and praiseworthy efforts of the British Columbia Hotels' Association in dealing with such problems when these are brought to their attention.

The co-operation of the Vancouver City Police Department has also been of the greatest assistance to this Division and has done much to assist in controlling and reducing those factors facilitating the spread of venereal diseases.

TABLE XVII.—CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF INVESTIGATION, BRITISH COLUMBIA, 1949.

Result of Investigation.	Total.	Investigated by										
		Division of Venereal Disease Control.	Metropolitan Health Committee.	Health Unit Staff.	Other Public Health Staff.	Private Physicians.	Indian Department.	Metropolitan Health Committee and Division of V.D. Control.	Other.	No Investigation—Previous Diagnosis or under Investigation.	No Investigation—Time Lapse.	No Investigation—Other Reason.
Examined by clinic	665	476	63	20	16	1	11	8	70	.....	.....	.....
Examined by private physician	401	100	16	53	35	127	58	4	7	1	.....	.....
Failed to report for examination	42	27	.....	4	2	1	4	4	.....	.....	.....	.....
Investigated, already diagnosed, or under care	32	11	1	2	5	2	2	.....	9	.....	.....	.....
Not located	588	282	25	61	63	4	19	11	123	.....	.....	.....
Still under investigation	142	59	1	20	17	1	39	.....	5	.....	.....	.....
Found to be ex-Province	10	6	.....	2	1	1	.....	.....	.....	.....	.....	.....
Investigation not indicated	2,198	.....	.....	.....	.....	.....	.....	.....	.....	887	177	1,134
Not stated	329	.....	.....	.....	.....	325	1	.....	2	.....	.....	1
Totals	4,407	961	106	162	139	462	134	27	216	888	177	1,135

NOTE.—The above figures cover the period of October, 1948, to September, 1949.

From Table XVII it will be seen that of a total of 4,407 named contacts, 2,207 were considered to need, and to have sufficient basic information to undertake, further investigation. Of these 2,207 contacts, 988 (or 45 per cent.) were investigated by the Division of Venereal Disease Control, and 541 (or 25 per cent.) by other health agencies, in many cases on the basis of information supplied by the Division. The results of these contact investigations are summarized in Table XVIII.

TABLE XVIII.—CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF EXAMINATION, BRITISH COLUMBIA, 1949.

Result of Examination and whether or not previously diagnosed.	Total.	Investigated by										
		Division of Venereal Disease Control.	Metropolitan Health Committee.	Health Unit Staff.	Other Public Health Staff.	Private Physicians.	Indian Department.	Metropolitan Health Committee and Division of V.D. Control.	Other.	No Investigation—Previous Diagnosis or under Investigation.	No Investigation—Time Lapse.	No Investigation—Other Reason.
Infected with primary syphilis—												
Previously diagnosed	29	1	.....	.....	.....	.....	.....	.....	.....	28	.....	.....
Not previously diagnosed	7	4	.....	2	.....	.....	1	.....	.....	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	36	5	.....	2	.....	.....	1	.....	.....	28	.....	.....
Infected with secondary syphilis—												
Previously diagnosed	13	.....	.....	.....	.....	.....	.....	.....	.....	13	.....	.....
Not previously diagnosed	8	4	1	.....	1	.....	.....	1	1	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	21	4	1	.....	1	.....	.....	1	1	13	.....	.....
Infected with other syphilis—												
Previously diagnosed	116	2	1	.....	3	1	.....	.....	5	103	.....	1
Not previously diagnosed	55	22	2	6	2	10	9	.....	4	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	171	24	3	6	5	11	9	.....	9	103	.....	1
Infected with gonorrhœa—												
Previously diagnosed	659	8	.....	1	1	1	1	.....	4	643	.....	.....
Not previously diagnosed	484	281	50	24	21	56	15	9	28	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	1,143	289	50	25	22	57	16	9	32	643	.....	.....
Infected with chancroid—												
Previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Infected with lymphogranuloma venereum or granuloma inguinale—												
Previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Incomplete examination—												
Previously diagnosed	3	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not stated	2	1	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Totals	5	4	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Negative—												
Previously diagnosed	98	.....	.....	1	1	.....	1	.....	1	94	.....	.....
Not previously diagnosed	496	259	25	42	26	56	43	2	40	3	.....	.....
Not stated	9	4	1	.....	1	3	.....	.....	.....	.....	.....	.....
Totals	603	263	26	43	28	59	44	2	41	97	.....	.....
Investigation not indicated—												
Previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not stated	1,315	.....	.....	.....	.....	.....	.....	.....	2	3	177	1,133
Totals	1,315	.....	.....	.....	.....	.....	.....	.....	2	3	177	1,133

NOTE.—The above figures cover the period of October, 1948, to September, 1949.

TABLE XVIII.—CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF EXAMINATION, BRITISH COLUMBIA, 1949—*Continued.*

Result of Examination and whether or not previously diagnosed.	Total.	Investigated by										
		Division of Venereal Disease Control.	Metropolitan Health Committee.	Health Unit Staff.	Other Public Health Staff.	Private Physicians.	Indian Department.	Metropolitan Health Committee and Division of V.D. Control.	Other.	No Investigation—Previous Diagnosis or under Investigation.	No Investigation—Time Lapse.	No Investigation—Other Reason.
Not stated—												
Previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not stated	1,113	372	26	86	83	335	63	15	131	1	.....	1
Totals	1,113	372	26	86	83	335	63	15	131	1	.....	1
Totals—												
Previously diagnosed	918	14	1	2	5	2	2	.....	10	881	.....	1
Not previously diagnosed	1,050	570	78	74	50	122	68	12	73	3	.....	.....
Not stated	2,439	377	27	86	84	338	64	15	133	4	177	1,134
Totals	4,407	961	106	162	139	462	134	27	216	888	177	1,135

NOTE.—The above figures cover the period of October, 1948, to September, 1949.

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