PROVINCE OF BRITISH COLUMBIA

Division of
Venereal Disease Control

Department of Health and Welfare

ANNUAL REPORT

For the Year 1950

VICTORIA, B.C.
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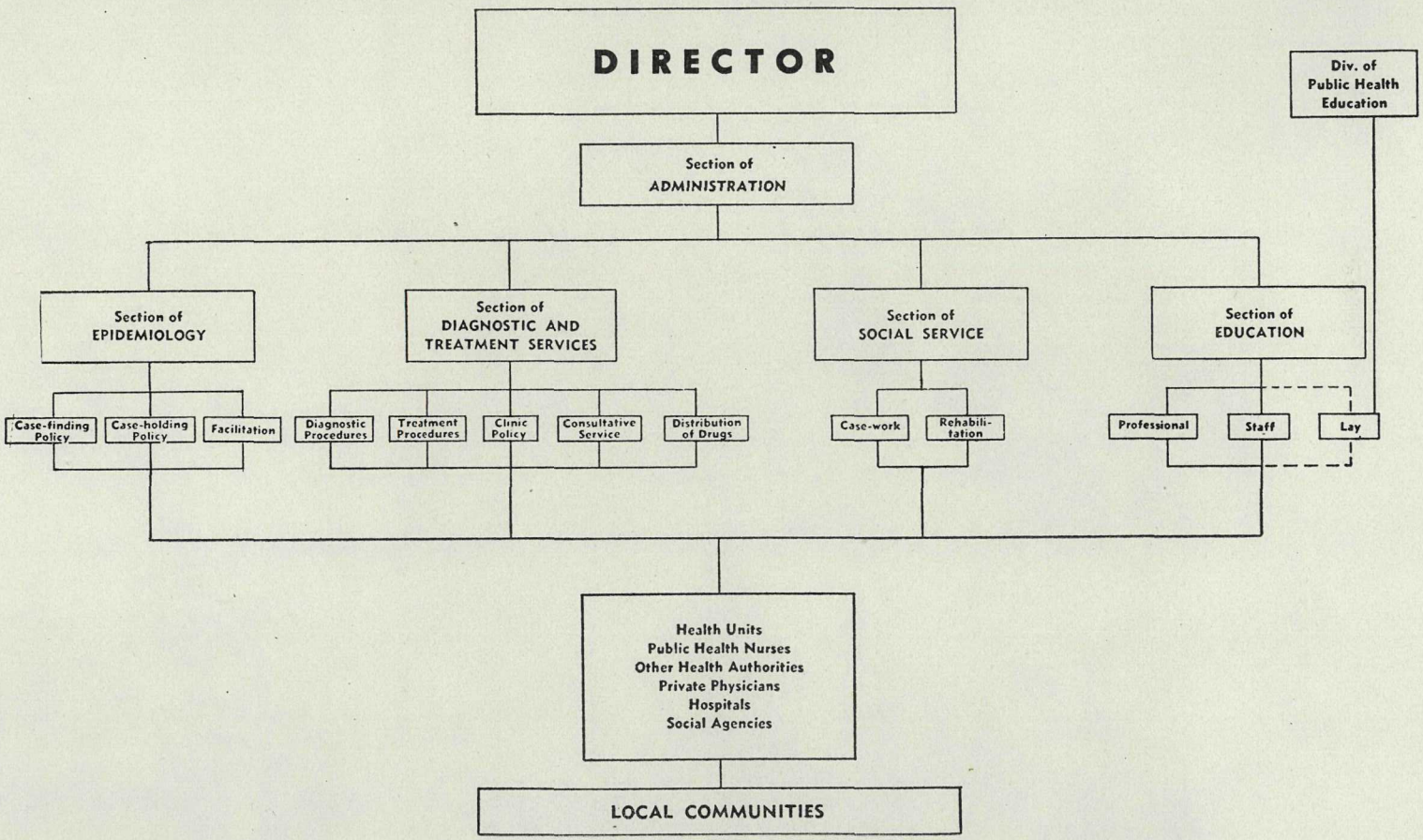
Organization Chart

DIVISION OF VENEREAL DISEASE CONTROL



DIVISION OF VENEREAL DISEASE CONTROL

ANNUAL REPORT FOR THE YEAR 1950

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

INTRODUCTION

There has been very little change in the over-all picture of venereal disease during the year 1950, although the number of cases of early infectious (primary and secondary) syphilis has fallen to the lowest figure ever recorded. This latter figure has shown a reduction of over 55 per cent over that for 1949. This figure of sixty-one cases for the year, in a Province where almost half of the total population lives in or around a major seaport, must now have fallen almost to its absolute minimum.

This reduction is particularly interesting in view of the deliberate policy of the Division of recommending that all cases of gonorrhœa be overtreated, with a view to eliminating any concomitantly acquired syphilis.

Since a high proportion of sexually promiscuous persons will ultimately require treatment for gonorrhœa, this seemed—as has indeed been shown—to be a feasible method of attacking the spread of syphilis.

In carrying out this vigorous campaign against the more dangerous syphilitic infections, there has been a somewhat over-liberal tendency to treat many patients merely on clinically suggestive evidence of gonorrhœa, even though the diagnosis could not be confirmed by the laboratory. This policy explains to some extent the insignificant reduction in the number of gonorrhœa cases notified in 1950 as compared with 1949.

Penicillin has indeed proved the wonder drug for the treatment of both syphilis and gonorrhœa and is steadily and surely replacing all the older forms of therapy. It is highly effective, relatively harmless, and more rapid in action than any other known form of therapy. In spite of this, however, large numbers of venereal infections (chiefly gonorrhœa) continue to occur. This serves to illustrate very forcibly that effective treatment alone is not in itself sufficient to combat the spread of venereal disease. Epidemiology has an extremely important part to play in any effective programme, and it is becoming increasingly evident that it is in this field that our future energies must be primarily directed.

Penicillin continues to be issued free of charge to private physicians for the treatment of notified cases of venereal infection. The recommendation that all cases of gonorrhœa be treated with 1.2 to 1.5 million units of penicillin has resulted in a considerable increase in the amount of penicillin distributed.

Consultative service to private physicians is also being given to an ever-increasing extent. The fact that such services are being requested is a measure of the confidence in which this Division is held by the medical profession as a whole.

The Division employs consulting physicians in many of the major specialties. These consultants are all of the highest calibre and recognized as outstanding in their own fields of medicine.

It is of interest to note that although a comparatively small number of Divisional clinics is operating in the Province, these clinics are responsible for reporting 57.5 per cent of all venereal-disease cases. The main Vancouver clinic alone was responsible

for notifying approximately 50 per cent of all reported cases. This serves to illustrate the important part being played by these clinics in the over-all venereal-disease control programme of this Province.

TREATMENT

The general treatment schedule for syphilis was fully revised in February, 1950, and copies of the new schedule were distributed to every practising physician in the Province, as well as to hospitals and public-health personnel.

Minor changes have since been made in the recommendations for the treatment of cardiovascular syphilis and neurosyphilis.

As has already been indicated, penicillin is now being recommended almost exclusively for most stages of syphilis, though a short course of bismuth is still being employed in some instances as a preparatory procedure before commencing penicillin treatment. Arsenic has been almost entirely superseded in the treatment of syphilis.

Aureomycin has proved to be an effective agent for the treatment of all types of venereal disease, though its use is likely to be strictly limited as long as its cost remains at the present high level. Furthermore, penicillin appears still to be slightly superior to aureomycin in the treatment of syphilis and gonorrhœa.

Streptomycin and the sulpha drugs are being used in the treatment of chancroid, and in certain cases of gonorrhœa and non-specific urethritis of venereal origin which have not responded to treatment with penicillin. It has been shown in a recent study of clinic cases, however, that approximately 96 per cent of all patients with gonorrhœa are cured by a single injection of penicillin.

The clinics of the Division continue to be used very extensively by the public, approximately 32,000 patient-visits to all clinics being made during 1950, of which 23,000 were made to the main Vancouver clinic alone.

In September, 1950, extensive investigation into the follow-up requirements of persons treated for gonorrhœa resulted in a change of policy in this regard. In view of the acknowledged effectiveness of penicillin in the treatment of gonorrhœa, one negative test of cure is now considered to be adequate in these instances, thereby diminishing very considerably the amount of time and work involved.

EPIDEMIOLOGY

The past year's experience with a highly effective treatment agent such as penicillin has served to throw into still greater relief the importance of epidemiology in controlling the spread of venereal disease. Effective treatment alone is not enough.

It was with this in mind that increased efforts have been made to improve and strengthen the Divisional epidemiological programme during the past year.

The workers in epidemiology are constantly alert to improved methods of case-finding and case-holding. Greater emphasis is being placed on the interview, both as a means of giving information about the venereal diseases to persons attending the clinics and as an exhaustive search for every contact. A patient who gives an incomplete contact history is reinterviewed on his second visit. The results obtained from the reinterview have been most gratifying. An increasing number of patients are being asked to bring their own contacts to the clinic for examination.

The diagnostic centre at the Vancouver City Gaol continues to be a valuable asset to the epidemiology programme. The incidence of infection found in this group of persons has remained at approximately the same high level since the inauguration of this examination centre during 1947. In this regard it is of interest to note that, during 1950, examinations carried out at the Vancouver City Gaol numbered approximately 2,800, of which 5.5 per cent were found to have previously undiscovered venereal-disease infections.

The above centre has proved to be so helpful in our Vancouver programme that it was felt it would be a definite advantage to extend the service to include gaols in other city centres in British Columbia for the purpose of examining those groups of anti-social personalities who have been shown to present the greatest problem in spreading venereal disease.

The Prince Rupert City Gaol diagnostic centre commenced operation in November, 1949. This was closely followed by the opening of a similar centre at Prince George in July, 1950. The Provincial health unit in each area provides the staff who are responsible for the examination of the inmates. Persons found to be infected are referred to a local physician for treatment. In each instance the success of these centres is in large part due to the extremely high degree of co-operation that exists between the local health department and the local police detachment.

Health units have been brought more into the picture from the point of view of case-finding, case-holding, and contact-tracing. Health Unit No. 1 in the Vancouver metropolitan area has instituted a full-time blood-testing service, which is operated by a member of the nursing staff of this Division. The number of blood tests taken at the health unit has increased steadily each month. Not only does this centre provide a method of case-finding in an industrial area of Vancouver, but it also provides a conveniently located centre in the down-town area where clinic patients may report for follow-up tests.

In addition to this, arrangements have been made for penicillin injections to be given at that health unit, as well as at the New Westminster Health Unit, for the convenience of certain patients whose treatment has been previously outlined at the Divisional clinics.

It remains to be seen how far this service can be extended in the future.

A blood-testing survey among Indians employed in canneries in the Prince Rupert area was completed in August. This was accomplished in co-operation with the Indian Department and the local health unit. The number of persons brought to treatment as a result of the survey proves that this method of case-finding among selected groups of the population is well worth the time and effort spent.

Facilitation processes have continued to be explored and observed from every possible angle, and in this respect special mention should be made of the great co-operation and assistance given to the Division by the Provincial and Vancouver City Police Forces, the British Columbia Hotels' Association, the Liquor Control Board, and, indeed, by every group of public citizens which has been approached.

SOCIAL SERVICE

Much excellent work has been done by the social service workers in the Division over the past year. All patients with new infections are interviewed at least once when the social service worker, besides giving help in personal problems, often finds it possible to discover further information which may prove helpful epidemiologically.

Because of the relationship between promiscuity and the acquisition of a venereal disease, the Social Service Section has continued to focus its attention on the behaviour problems behind the venereal-disease incidence in British Columbia. In an effort to treat some of the basic personality disorders that are manifested by the people who are acquiring venereal disease, personal counselling of each patient individually is an integral part of the treatment process at the Vancouver clinic. The effectiveness of this individual approach, to control the spread of venereal disease by means of the self-control of the infected person, is dependent on the capacity of the individual to change. Among the venereal-disease population, this capacity varies widely.

Patients whose problems appear to be beyond the scope of the social worker are referred to the consulting psychiatrist for further attention.

Many instances of psychological rehabilitation have occurred as a result of this system. In addition, much interesting and valuable information has been obtained with regard to the social habits and behaviour patterns of those reporting with repeated venereal infections. A recent study carried out by the Social Service Section of the Division has shown, among other things, that one out of every three new patients treated at the Vancouver clinic had suffered from more than one infection.

A sociological analysis was made of 150 consecutive patients in the younger age-group attending the Vancouver clinic and the results recorded by Miss Joan Morris and Miss E. A. Johnson in a paper entitled "A Sociological Measurement of the Venereal Disease Problem."

A further investigation was made of the female patient group examined by this Division at the Vancouver City Gaol in 1949. In this analysis it was shown that two-thirds of these women had a previous venereal-disease history or a police record.

During the year the Social Service Section has directed some attention to the problem of homosexuality and the spread of venereal disease. For the first eleven months of 1950, 15 per cent of the total early syphilis diagnosed at the Vancouver clinic was acquired as the result of homosexual behaviour. Every effort has been made to give these patients the benefit of psychiatric consultation.

Special attention has been given to the problem of juveniles (under 18) who become infected with a venereal disease. A meeting was held with the Youth Detail of the Vancouver Police Department when a policy of close co-operation was evolved for the handling of these cases and of the circumstances giving rise to them.

EDUCATION

The policy governing general public-health education on venereal diseases dictates that prime responsibility for this field lies with the Division of Public Health Education. There is, however, a close liaison between the aforementioned Division and the Division of Venereal Disease Control, the latter carrying the greater portion of responsibility in the programme for the Vancouver area.

Lay education has consisted in lectures to small groups such as young peoples' societies and University students. A talk was also given to the members of the British Columbia Hotels' Association at its annual conference in Vancouver in September.

A booklet, "Decent Living—the Story of Your Personal Problems," by Albert H. Crombie (published by Youth Problems, Inc., Columbus, Ohio), has been approved by the Department of Education for use in schools as a reference in the new Effective Living Programme. A copy of the booklet is being placed at the disposal of each teacher in junior-senior high schools.

Arrangements have been made for talks on venereal disease to be given from time to time by members of this Division, or by other members of the Health Department, to P.-T.A. groups, both in Vancouver and throughout the Province. It is felt that the new course for schools on Effective Living is likely to be more effective if some supplementary instruction is given to the parents.

Further lay education is directed at specific groups of employees. With the co-operation of the Barbers' Association of British Columbia, specific literature is being sent to each barber in the Province with a twofold purpose in mind: that of giving information to the barber himself, and of making available to him such information as he may be asked for in his line of duty.

Considerably greater distribution of literature pertaining to the venereal diseases has been made possible through the medium of stationary and travelling display-stands, a service of the British Columbia Tuberculosis Society, in Vancouver.

Professional education has been maintained and to some extent augmented during the past year.

Regular venereal-disease instruction courses for student nurses have now been extended to cover all schools of nursing in British Columbia, and plans are being made to include a period of practical experience at one of the clinics for all nurses-in-training. In addition to these regular courses of lectures and those presented to lay students and to social workers, lectures and films have been given to the practical-nursing students at the Vancouver Vocational Institute, and plans are being made to include other groups of this school in the same lecture-film service.

Complete revision has been made of the manual "Venereal Disease Information for Nurses," incorporating new policies, current treatment of infections, and extension of services; for example, more attention is given to the emotional reactions of venereal-disease patients through social-service treatment.

A supply of a pamphlet entitled "Some Practical Considerations in the Diagnosis and treatment of Syphilis," by Pasquale J. Pesare, Dr.P.H., M.D., and Mario Mollari, M.D., Dr.L.M., has been obtained by this Division for use in the professional education programme. This is an excellent publication wherein the subject is discussed in a manner closely following our own teaching.

During the year, visits were made by Dr. Charles Gould, consulting neurologist to the Division, and by the Director to various large teaching centres in the Eastern United States for the purpose of discussing and observing latest methods and developments in the management and control of venereal disease. These visits proved highly stimulating and instructive, and resulted in a few minor changes in policy in this Division.

In December Dr. Ben Kanee, consulting syphilologist to the Division, attended the Conference of the American Academy of Dermatology and Syphilology at Chicago for the purpose of studying recent developments in the diagnosis and management of syphilis.

Talks have been given to groups of practising physicians and to interns, while at the fortnightly physicians' conferences at the Divisional headquarters regular lectures have been given by members of the consulting staff on various medical and epidemiological aspects of venereal-disease control.

Some members of the nursing staff attended work conferences held at the annual convention of the Canadian Nurses' Association, reports of which were presented at epidemiology meetings held at the Vancouver clinic.

GENERAL

The Fifth Western Regional Conference of Directors of Venereal Disease Control was held in Vancouver in February, 1950. Dr. G. F. Amyot, Deputy Minister of Health for the Province of British Columbia, welcomed the members of the Conference and gave the opening address. Besides representatives from the four Western Provinces, the meeting was attended by Dr. Layton and Dr. Laroche, from the Division of Venereal Disease Control, Department of National Health and Welfare, Ottawa, and by Dr. Hatfield, Director of the Division of Venereal Disease Control, New Brunswick.

The Conference, at which many outstanding problems relating to venereal-disease control were discussed, was a pronounced success.

The following medical papers were published during the year by members on the staff of the Division: "The Treatment of Syphilis," by Dr. Ben Kanee, in the Journal of the Canadian Medical Association, and "Interpretations of Serology in the Diagnosis of Syphilis," by Dr. C. L. Hunt, in the Vancouver Medical Bulletin.

Papers were also given by Dr. C. L. Hunt before a meeting of the British Columbia Society of Internal Medicine in September on "The Primitive in Medicine," and before the Canadian Public Health Association at its annual meeting in June at Toronto on the "Role of Epidemiology in Venereal Disease Control." A paper was read by Dr. C. L. Hunt before the British Columbia Public Health Institute in April, entitled "Local Health Services in the Arthritis Programme."

Owing to the steadily diminishing numbers of cardiovascular- and neuro-syphilis cases reported in the Vancouver clinic, there has been a diminishing demand for beds for the treatment of these cases in the Vancouver General Hospital. Two beds only are now available to this Division for the treatment of such cases.

Changes in personnel continue to occur. Dr. A. J. Nelson, Physician in Charge of Clinics, has left the Division to take up the duties of Assistant Director of Venereal Disease Control for New York State. His loss will be felt keenly by the Division, where his pleasing personality was much appreciated and his work of a very high order.

It is also announced with regret that Miss A. Beattie, who successfully completed a postgraduate course at the Washington State University during the summer of 1950, has left the Division to take up field service as Supervisor of the West Kootenay Health Unit.

A further loss was sustained when Miss E. A. Johnson, a social service worker with the Division, was transferred to the Vancouver Child Guidance Clinic.

The present premises of the Division continue to deteriorate. Little has been done in the way of repairs beyond what is necessary for bare safety, since there is a nebulous promise of new premises when—and if—new buildings can be provided. The need for new premises continues to become ever more urgent.

Federal health grants have afforded many opportunities to our medical and nursing personnel for acquiring special postgraduate training.

The British Columbia Medical Centre Library continues to receive certain funds from this Division toward its operation. All up-to-date literature on venereal disease is available to medical graduates and those in training. The Director of the Division is a member of the committee in charge of its management.

Special appreciation is expressed to the Division of Laboratories for its great and unstinted co-operation with this Division at all times, and also to the Division of Vital Statistics, whose assistance and advice have always been so helpful and so readily given.

Acknowledgments are due to Dr. Amyot, Deputy Minister of Health, and to Dr. G. R. F. Elliot for their constant help and encouragement, and also to all the other branches and divisions of the Health Department, to health-unit directors and their staffs, and to public health nurses in rural areas for their generous co-operation with this Division at all times.

STATISTICAL SECTION

CHART I.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION BY DIAGNOSIS, REPORTED BY ALL AGENCIES, BRITISH COLUMBIA, 1941 TO 1950, INCLUSIVE

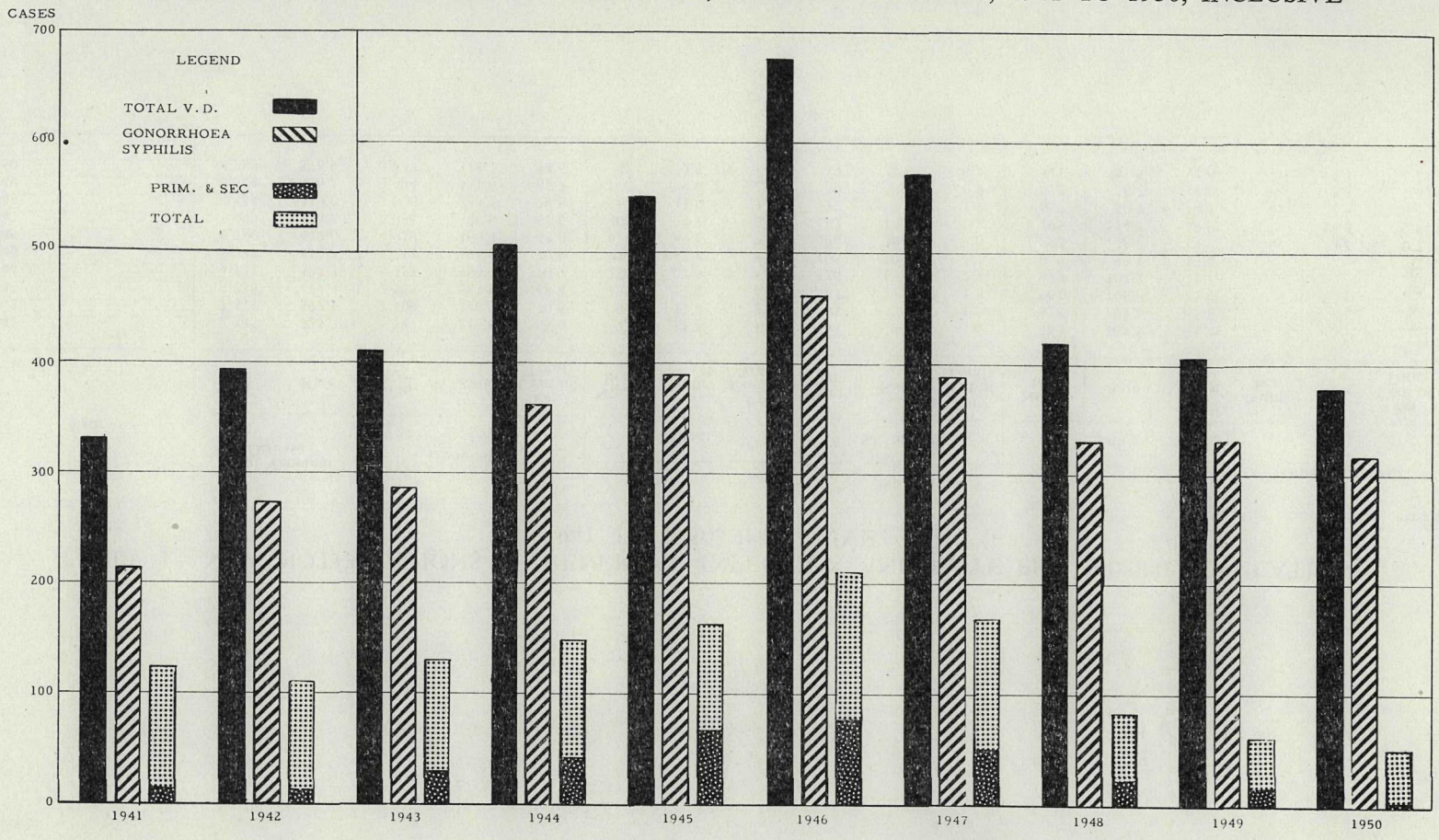


TABLE I.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION, 1941 TO 1950, INCLUSIVE

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
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
1950	4,289	376.9	3,627	318.7	84.6	42	3.7	1.0	19	1.6	0.4	541	47.5	12.6	60	5.3	1.4

The total number of venereal-disease cases notified in 1950 has again shown a small but definite decline over previous years. This is particularly satisfactory in view of the renewed efforts which have been made to detect new cases.

The rate per 100,000 population is the lowest recorded since 1941.

The incidence of gonorrhœa has shown a slight but probably insignificant decrease, although the rate per 100,000 population has shown a definite decline to the lowest figure since 1943. This is particularly gratifying in view of the policy of treating (and diagnosing) an ever-increasing number of persons on purely epidemiological grounds (that is, contact to infection), even though investigation may have failed to confirm the diagnosis. This has been done primarily with a view to reducing the spread of infection among promiscuous individuals.

The incidence of early infectious (primary and secondary) syphilis is the lowest ever recorded in this Province. The same is true for other stages of syphilis, which are largely discovered as a result of blood tests. Reference to Table XIII will show that blood tests carried out by the Provincial Laboratories during 1950 exceeded those of any previous year.

It would appear, therefore, that the " well of late syphilis " in this Province is slowly but surely running dry.

TABLE II.—NEW NOTIFICATIONS OF VENEREAL INFECTION COMPARED WITH REPORTED CASES OF CERTAIN OTHER NOTIFIABLE DISEASES IN CANADA, BRITISH COLUMBIA, AND GREATER VANCOUVER, 1950.

Notifiable Disease	Canada	British Columbia	Greater Vancouver
Mumps	43,636	8,634	4,212
Rubella	37,684	7,935	4,125
Measles	55,077	5,648	1,734
Chicken-pox	35,547	5,001	1,372
Venereal disease	21,754	4,289	2,644
Tuberculosis	12,255	1,828	525
Whooping-cough	12,096	1,740	501
Scarlet fever	8,745	871	253
Diphtheria	364	63	2

TABLE III.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND SOURCE OF REPORTING OF NOTIFICATIONS, BRITISH COLUMBIA, 1950.

Source of Referral	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	Cardiovascular	Neurosyphilis	Other				
Totals	T.	4,289	3,627	1	3,626	602	42	19	69	266	41	111	19	22	13	11	49
	M.	2,860	2,428	—	2,428	376	35	13	33	156	36	74	14	10	5	7	49
	F.	1,429	1,199	1	1,198	226	7	6	36	110	5	37	5	12	8	4	—
Clinics, total	T.	2,431	2,223	—	2,223	173	13	8	26	55	16	42	3	9	1	10	25
	M.	1,523	1,367	—	1,367	125	11	6	21	32	15	32	3	4	1	6	25
	F.	908	856	—	856	48	2	2	5	23	1	10	—	5	—	4	—
Vancouver	T.	2,119	1,970	—	1,970	126	9	5	16	40	13	33	3	6	1	10	13
	M.	1,384	1,275	—	1,275	90	8	4	13	23	12	25	3	1	1	6	13
	F.	735	695	—	695	36	1	1	3	17	1	8	—	5	—	4	—
Victoria	T.	97	59	—	59	26	2	3	3	9	3	3	—	3	—	—	12
	M.	66	37	—	37	17	1	2	2	4	3	2	—	3	—	—	12
	F.	31	22	—	22	9	1	1	1	5	—	1	—	—	—	—	—
New Westminster	T.	41	38	—	38	3	—	—	—	1	—	2	—	—	—	—	—
	M.	22	20	—	20	2	—	—	—	1	—	1	—	—	—	—	—
	F.	19	18	—	18	1	—	—	—	—	—	1	—	—	—	—	—
Oakalla	T.	114	96	—	96	18	2	—	7	5	—	4	—	—	—	—	—
	M.	28	12	—	12	16	2	—	6	4	—	4	—	—	—	—	—
	F.	86	84	—	84	2	—	—	1	1	—	—	—	—	—	—	—
Peace River	T.	33	33	—	33	—	—	—	—	—	—	—	—	—	—	—	—
	M.	19	19	—	19	—	—	—	—	—	—	—	—	—	—	—	—
	F.	14	14	—	14	—	—	—	—	—	—	—	—	—	—	—	—
Girls' Industrial School and Juvenile Detention Home	T.	27	27	—	27	—	—	—	—	—	—	—	—	—	—	—	—
	M.	4	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—
	F.	23	23	—	23	—	—	—	—	—	—	—	—	—	—	—	—
Private physicians	T.	1,594	1,232	1	1,231	354	26	10	37	173	19	53	13	11	12	1	7
	M.	1,168	955	—	955	205	21	6	9	104	15	32	9	5	4	1	7
	F.	426	277	1	276	149	5	4	28	69	4	21	4	6	8	—	—
Institutions and hospitals	T.	40	5	—	5	35	—	—	—	18	3	12	2	—	—	—	—
	M.	24	—	—	—	24	—	—	—	12	3	8	1	—	—	—	—
	F.	16	5	—	5	11	—	—	—	6	—	4	1	—	—	—	—
Other	T.	223	166	—	166	40	3	1	6	20	3	4	1	2	—	—	17
	M.	144	105	—	105	22	3	1	3	8	3	2	1	1	—	—	17
	F.	79	61	—	61	18	—	—	3	12	—	2	—	1	—	—	—
Not stated	T.	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
	M.	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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

The figures for gonorrhœa cases notified by the various agencies in 1950 bear a striking resemblance to those for 1949. This applies not only to the number of cases notified by the various agencies, but also to the proportion of males to females reported.

One case of gonorrhœal ophthalmia neonatorum was reported during the year. This baby was rapidly cured by penicillin.

The figures relating to prenatal syphilis remain unchanged—an indication that the blood-testing of women during pregnancy is still not being carried out as widely as could be desired.

There has been a slight decrease in the reported cases of cardiovascular syphilis and neurosyphilis, which is in accordance with the general decline of syphilis as a whole.

TABLE IV.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND AGE-GROUPS, BRITISH COLUMBIA, 1950.

Age-groups	Sex	Total	Gonorrhœa			Syphilis											Non-specific Urethritis—Venereal
			Total	Ophthalmia Neonatorum	Other	Total	Acquired							Prenatal	Type Undetermined	Other Venereal Disease	
							Primary	Secondary	Latent—Early	Latent—Late	Cardiovascular	Neurosyphilis	Other				
Totals	T.	4,289	3,627	1	3,626	602	42	19	69	266	41	111	19	22	13	11	49
	M.	2,860	2,428	....	2,428	376	35	13	33	156	36	74	14	10	5	7	49
	F.	1,429	1,199	1	1,198	226	7	6	36	110	5	37	5	12	8	4	....
Under 1 year	T.	4	1	1	....	3	....	....	....	....	....	....	....	2	1	....	....
	M.	2	....	....	....	2	....	....	....	....	....	....	....	2	....	....	....
	F.	2	1	1	....	1	....	....	....	....	....	....	....	....	1	....	....
1– 4 years	T.	8	5	....	5	3	....	....	....	....	....	....	....	3	....	....	....
	M.	3	....	....	....	3	....	....	....	....	....	....	....	3	....	....	....
	F.	5	5	....	5	....	....	....	....	....	....	....	....	....	....	....	....
5– 9 years	T.	9	8	....	8	1	....	....	....	....	....	....	....	1	....	....	....
	M.	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F.	9	8	....	8	1	....	....	....	....	....	....	....	1	....	....	....
10–14 years	T.	25	23	....	23	2	....	1	....	1	....	....	....	....	....	....	....
	M.	1	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....
	F.	24	22	....	22	2	....	1	....	1	....	....	....	....	....	....	....
15–19 years	T.	360	343	....	343	7	2	1	3	1	....	....	....	5	1	1	3
	M.	144	137	....	137	2	....	1	1	....	....	....	....	2	....	....	3
	F.	216	206	....	206	5	2	....	2	1	....	....	....	3	1	1	....
20–24 years	T.	1,161	1,087	....	1,087	56	15	6	25	2	....	3	1	2	2	3	15
	M.	736	688	....	688	30	13	4	10	....	....	3	....	....	....	3	10
	F.	425	399	....	399	26	2	2	15	2	....	....	1	2	2	....	....
25–29 years	T.	886	823	....	823	51	7	3	11	22	....	4	....	4	....	2	10
	M.	602	570	....	570	22	6	1	5	7	....	2	....	1	....	....	10
	F.	284	253	....	253	29	1	2	6	15	....	2	....	3	....	2	....
30–34 years	T.	491	439	....	439	43	3	2	9	21	....	6	....	1	1	1	8
	M.	354	326	....	326	20	2	2	5	8	....	3	....	....	....	....	8
	F.	137	113	....	113	23	1	....	4	13	....	3	....	1	1	1	....
35–39 years	T.	365	303	....	303	57	4	3	7	25	1	14	2	1	....	....	5
	M.	264	231	....	231	28	4	3	4	12	1	4	....	....	....	....	5
	F.	101	72	....	72	29	....	....	3	13	....	10	2	1	....	....	....
40–44 years	T.	228	172	....	172	52	3	....	8	21	4	15	....	....	1	2	2
	M.	171	135	....	135	32	3	....	4	14	3	8	....	....	....	2	2
	F.	57	37	....	37	20	....	....	4	7	1	7	....	....	1	....	....
45–49 years	T.	178	134	....	134	43	1	....	3	22	3	10	2	....	2	....	1
	M.	145	117	....	117	27	1	....	2	12	2	8	1	....	1	....	1
	F.	33	17	....	17	16	....	....	1	10	1	2	1	....	1	....	....
50–54 years	T.	130	63	....	63	64	4	2	....	33	6	15	3	....	1	2	1
	M.	100	52	....	52	45	4	2	....	20	4	12	2	....	1	2	1
	F.	30	11	....	11	19	....	....	....	13	2	3	1	....	....	....	....
55–59 years	T.	96	43	....	43	52	1	....	1	31	5	11	1	1	1	....	1
	M.	85	39	....	39	45	1	....	1	25	5	11	1	....	1	....	1
	F.	11	4	....	4	7	....	....	....	6	....	....	....	1	....	....	....
60–64 years	T.	67	20	....	20	47	....	....	1	23	7	14	1	1	....	....	....
	M.	50	19	....	19	31	....	....	1	13	6	9	1	1	....	....	....
	F.	17	1	....	1	16	....	....	....	10	1	5	....	....	....	....	....
65–69 years	T.	54	13	....	13	41	1	....	....	24	8	6	2	....	....	....	....
	M.	47	12	....	12	35	1	....	....	19	8	5	2	....	....	....	....
	F.	7	1	....	1	6	....	....	....	5	....	1	....	....	....	....	....
70–74 years	T.	28	5	....	5	23	....	....	....	11	4	3	3	1	1	....	....
	M.	25	5	....	5	20	....	....	....	8	4	3	3	1	1	....	....
	F.	3	....	....	....	3	....	....	....	3	....	....	....	....	....	....	....
75–79 years	T.	9	1	....	1	8	....	....	....	5	1	1	1	....	....	....	....
	M.	9	1	....	1	8	....	....	....	5	1	1	1	....	....	....	....
	F.	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
80 and over	T.	8	....	....	....	8	....	....	....	4	....	3	1	....	....	....	....
	M.	5	....	....	....	5	....	....	....	2	....	2	1	....	....	....	....
	F.	3	....	....	....	3	....	....	....	2	....	1	....	....	....	....	....
Not stated	T.	182	144	....	144	35	1	1	1	20	2	6	2	....	2	....	3
	M.	117	95	....	95	19	....	....	....	11	2	3	2	....	1	....	3
	F.	65	49	....	49	16	1	1	1	9	....	3	....	....	1	....	....

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

Reference to Table IV reveals a startling increase in venereal disease occurring in the 10–14 age-group—only seven cases having been notified in 1949, whereas twenty-five (of which twenty-three were gonorrhœa) were notified in 1950. It will be noted, moreover, that twenty-four of these cases occurred in girls, suggesting an early drift of school-age girls into promiscuous sexual relationship, if not into frank prostitution. Is this the effect of a declining home and parental influence and the advocating of a greater freedom for the self-expression of youth?

It is also noted that there has been a 7-per-cent increase in the number of cases reported in the 15–19 age-group.

Although the age of highest incidence remains in the 20–29 age-group, this preponderance is slightly less marked than in previous years.

There is a very marked preponderance of female cases up to the age of 20, after which males outnumber females in gradually increasing proportions over the ensuing years.

The infectious stages of syphilis (primary, secondary, and possibly early latent) follow much the same age distribution as gonorrhœa, which is to be expected. Later stages of syphilitic infection, however, have a more even distribution throughout the later years of life. The present figures bring out these facts in a striking manner.

The additional fact that male patients are more liable to develop cardiovascular syphilis and neurosyphilis than females is fairly well illustrated in this table.

CHART II.—NEW NOTIFICATIONS OF SYPHILIS BY AGE AND SEX, BRITISH COLUMBIA, 1950

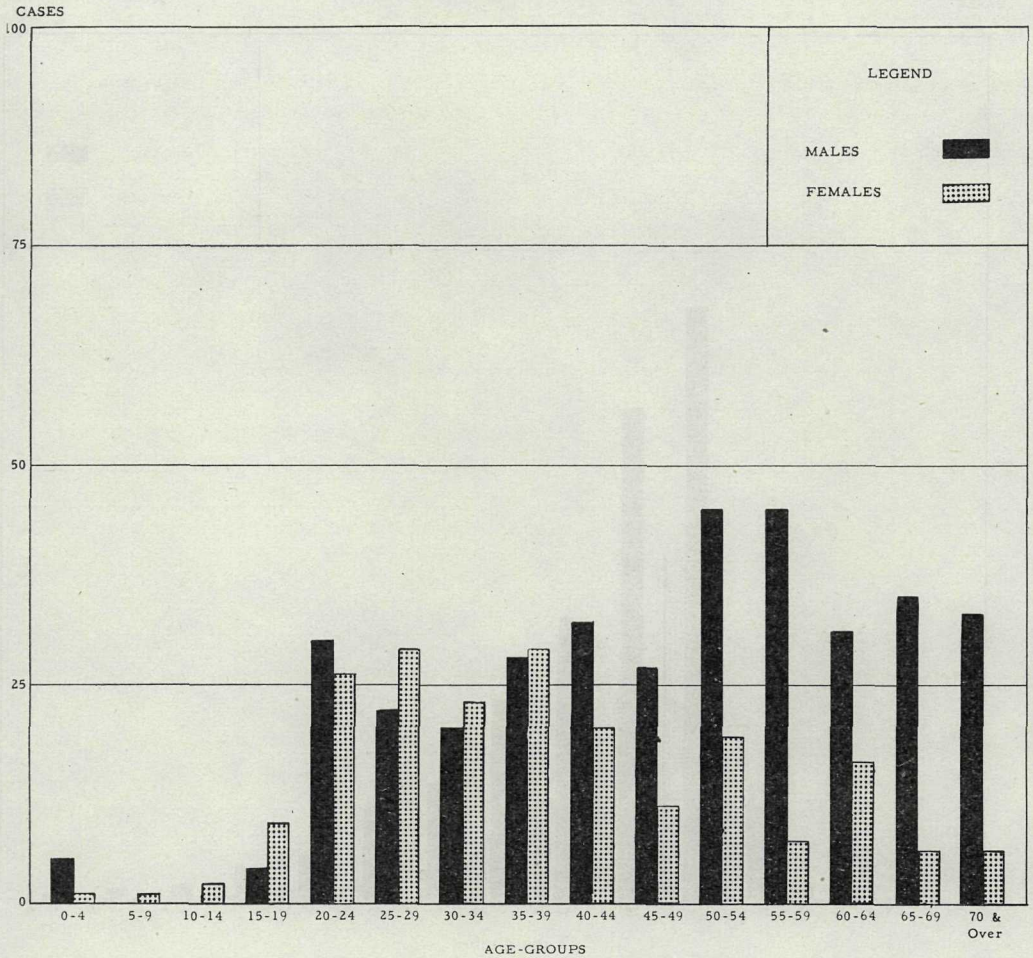


TABLE V.—NEW NOTIFICATIONS OF SYPHILIS BY AGE AND SEX, BRITISH COLUMBIA, 1950

Age-group	Male	Female	Age-group	Male	Female
Totals	376	226	35–39 years	28	29
			40–44 years	32	20
Under 1 year	2	1	45–49 years	27	16
1– 4 years	3	----	50–54 years	45	19
5– 9 years	----	1	55–59 years	45	7
10–14 years	----	2	60–64 years	31	16
15–19 years	4	9	65–69 years	35	6
20–24 years	30	26	70 and over	33	6
25–29 years	22	29	Not stated	19	16
30–34 years	20	23			

There is again a preponderance of males over females notified as suffering from syphilis during the year. This preponderance is due largely to the greater number of men in the later age-groups who were found to be suffering from the late complications of untreated or inadequately treated syphilis.

In the early and early-middle age-groups it will be observed that infections are fairly evenly distributed between the sexes.

CHART III.—NEW NOTIFICATIONS OF GONORRHŒA BY AGE AND SEX, BRITISH COLUMBIA, 1950

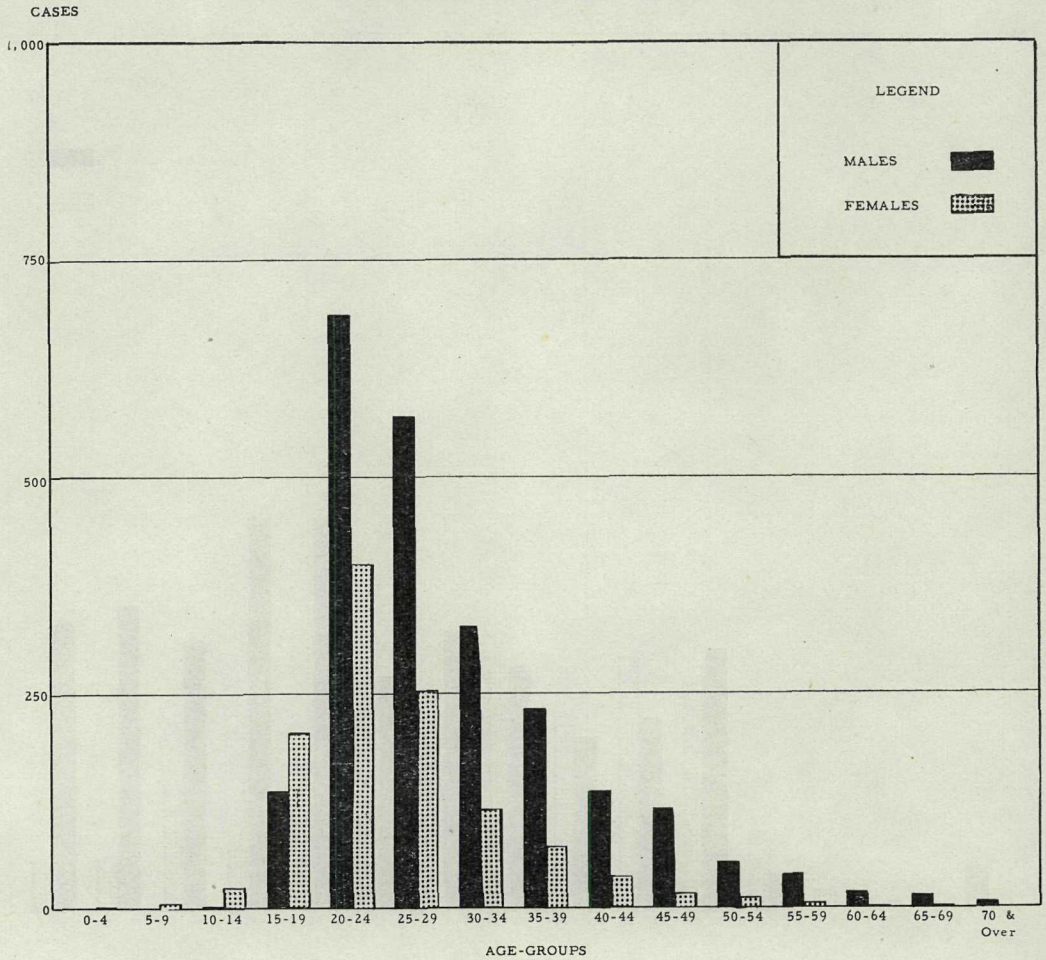


TABLE VI.—NEW NOTIFICATIONS OF GONORRHŒA BY AGE AND SEX, BRITISH COLUMBIA, 1950

Age-group	Male	Female	Age-group	Male	Female
Totals	2,428	1,199	35–39 years	231	72
			40–44 years	135	37
Under 1 year	.....	1	45–49 years	117	17
1– 4 years	.....	5	50–54 years	52	11
5– 9 years	.....	8	55–59 years	39	4
10–14 years	1	22	60–64 years	19	1
15–19 years	137	206	65–69 years	12	1
20–24 years	688	399	70 and over	6	.....
25–29 years	570	253	Not stated	95	49
30–34 years	326	113			

The preponderance of females infected with gonorrhœa before the age of 20 is probably due, in part, to the earlier maturing age of women. After this age the relative proportion of males infected becomes progressively larger through the years.

TABLE VII.—RATE PER 100,000 POPULATION FOR TOTAL VENEREAL DISEASE BY AGE-GROUPS, BRITISH COLUMBIA, 1941 TO 1950, INCLUSIVE.

Age-group	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
0– 4 years	25	24	21	23	29	35	25	16	9	10
5– 9 years	24	19	26	17	23	24	20	10	8	10
10–14 years	35	23	24	43	19	33	9	12	10	34
15–19 years	231	326	385	616	637	709	697	523	459	489
20–24 years	821	1,046	1,133	1,383	1,525	2,069	1,921	1,413	1,451	1,342
25–29 years	690	770	843	953	1,039	1,547	1,306	1,036	1,012	957
30–34 years	552	619	598	619	751	986	689	555	542	535
35–39 years	499	518	543	534	699	737	607	495	454	446
40–44 years	412	375	474	573	586	565	474	361	379	315
45–49 years	271	249	272	337	446	457	438	308	307	279
50–54 years	246	265	218	309	307	292	325	238	230	219
55–59 years	184	133	193	196	211	232	234	141	148	163
60–64 years	149	188	141	183	188	215	208	119	162	118
65–69 years	166	113	80	106	169	157	172	100	111	113
70 and over	73	83	74	61	53	83	81	62	64	62
All ages	336	392	415	508	553	677	575	419	406	378

The venereal-disease infection rate during 1950 has shown a general decrease in all ages, with the exception mainly of the 10–19 age-groups. There appears to have been a marked increase in the number of infections occurring in young people.

Experience in the armed services during the Second World War indicated that one of the most important factors responsible for limiting the spread of venereal disease was the maintenance of high morale, by means of discipline, education, and an active programme for the stimulation of spare-time interest, activity, and entertainment.

Where these were lacking, delinquency and the venereal-disease rate became distressingly high.

There would seem to be an urgent need in the homes, in the schools, in the church, and in the communities for the organization of a programme on similar lines for the youth of our country to-day.

TABLE VIII.—NEW CASES OF SYPHILIS REPORTED IN BRITISH COLUMBIA BY AGE-GROUPS AND MARITAL STATUS, 1950

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 years	4	11.0	7	20.3	...	.....	...	.....	...	.....	2	83.3
20–24 years	25	71.8	12	48.4	...	.....	13	62.2	5	67.6	13	68.8
25–29 years	16	76.2	7	53.4	17	79.1	8	55.9	5	23.3	21	146.9
30–34 years	8	46.5	5	64.9	8	59.3	7	72.9	10	74.1	15	156.3
35–39 years	15	157.8	3	61.2	16	150.9	8	106.7	12	113.2	20	266.7
40–44 years	6	80.0	...	.....	10	111.1	7	112.9	20	222.2	13	209.7
45–49 years	10	169.5	...	.....	12	160.0	2	33.3	14	186.7	13	216.7
50–54 years	14	269.2	...	.....	17	236.1	4	63.4	24	333.3	14	222.2
55–59 years	13	240.7	...	.....	18	225.0	2	27.4	26	325.0	5	68.5
60–64 years	8	142.9	...	.....	12	134.8	5	58.8	16	179.8	11	129.4
65–69 years	9	180.0	...	.....	14	153.8	2	2.3	18	197.8	4	46.0

* Includes single, widowed, divorced, and separated.

NOTE.—Rates shown per 100,000 population in each marital group.

It will be noted that the highest infection rate for notified syphilis occurs in the later age-groups—ages 50 to 60 in males and 35 to 45 or 50 in females. This is due to the comparatively large number of old infections discovered in later life by means of blood tests, as well as to the development at that age of the late degenerative lesions of syphilis.

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

(Age specific rates per 100,000 population.)

Age-group	Male		Female	
	Number	Rate	Number	Rate
0– 4 years	---	-----	---	-----
5– 9 years	---	-----	---	-----
10–14 years	---	-----	---	-----
15–19 years	3	8.1	11	30.1
20–24 years	19	44.4	11	24.2
25–29 years	19	41.7	7	14.7
30–34 years	23	50.9	3	6.6
35–39 years	4	10.0	2	5.1
40–44 years	6	16.2	2	6.0
45–49 years	4	12.2	1	3.5
50–54 years	4	12.9	1	3.7
55–59 years	1	3.1	1	3.7
60–64 years	3	9.5	1	4.0
65–69 years	---	-----	---	-----
70 years and over	---	-----	---	-----

TABLE X.—TOTAL PRIMARY AND SECONDARY SYPHILIS, BRITISH COLUMBIA, 1950

(Age specific rates per 100,000 population.)

Age-group	Male		Female	
	Number	Rate	Number	Rate
0– 4 years	---	-----	---	-----
5– 9 years	---	-----	---	-----
10–14 years	---	-----	1	2.7
15–19 years	1	2.7	2	5.4
20–24 years	17	40.2	4	9.0
25–29 years	7	15.6	3	6.3
30–34 years	4	8.8	1	2.2
35–39 years	7	17.0	---	-----
40–44 years	3	7.9	---	-----
45–49 years	1	2.9	---	-----
50–54 years	6	19.0	---	-----
55–59 years	1	3.0	---	-----
60–64 years	---	-----	---	-----
65–69 years	1	3.6	---	-----
70 years and over	---	-----	---	-----

Reference to these tables demonstrates the marked decline in infectious (primary and secondary) syphilis throughout all age-groups in this Province during 1950.

TABLE XI.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1946 TO 1950, INCLUSIVE

Place of Residence	1946				1947				1948				1949				1950			
	Total	Syph-ilis	Gonor-rhœa	Other V.D.	Total	Syph-ilis	Gonor-rhœa	Other V.D.	Total	Syph-ilis	Gonor-rhœa	Other V.D.	Total	Syph-ilis	Gonor-rhœa	Other V.D.	Total	Syph-ilis	Gonor-rhœa	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	4,289	602	3,627	60
Area No. 1a	4	.....	4	.....	6	3	3	.....	12	1	11	.....	7	.....	7	.....	10	1	9	.....
Unorganized parts	4	.....	4	.....	6	3	3	.....	12	1	11	.....	7	.....	7	.....	10	1	9	.....
Area No. 1b	75	17	58	.....	35	16	19	.....	38	3	35	.....	25	6	19	.....	21	2	19	.....
Cranbrook	39	8	31	.....	19	11	8	.....	27	2	25	.....	15	.....	15	.....	16	1	15	.....
Kimberley	31	7	24	.....	10	4	6	.....	6	1	5	.....	6	2	4	.....	2	1	1	.....
Unorganized parts	5	2	3	.....	6	1	5	.....	5	.....	5	.....	4	4	.....	.....	3	.....	3	.....
Area No. 1c	11	8	3	.....	12	9	3	.....	7	1	6	.....	3	2	1	.....	3	1	2	.....
Fernie	6	5	1	.....	7	5	2	.....	5	1	4	.....	1	.....	1	.....	1	1	.....	.....
Unorganized parts	5	3	2	.....	5	4	1	.....	2	.....	2	.....	2	2	.....	.....	2	.....	2	.....
Area No. 2a	6	1	5	.....	7	3	4	.....	4	.....	4	.....	3	1	2	.....	7	.....	7	.....
Revelstoke	6	1	5	.....	7	3	4	.....	4	.....	4	.....	1	1	.....	.....	4	.....	4	.....
Unorganized parts	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	3	.....	3	.....
Area No. 2b	80	27	53	.....	46	24	22	.....	32	7	25	.....	24	4	20	.....	24	8	16	.....
Castlegar	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	2	.....	2	.....	.....	.....	.....	.....
Rossland	12	6	6	.....	3	2	1	.....	4	2	2	.....	1	.....	1	.....	1	.....	1	.....
Salmo	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Trail	48	15	33	.....	32	18	14	.....	18	3	15	.....	17	3	14	.....	16	4	12	.....
Unorganized parts	20	6	14	.....	11	4	7	.....	8	2	6	.....	4	1	3	.....	7	4	3	.....
Area No. 2c	83	36	46	1	49	17	31	1	23	4	19	.....	13	4	9	.....	22	9	13	.....
Creston	4	2	2	.....	9	3	6	.....	1	.....	1	.....	1	.....	1	.....	4	2	2	.....
Kaslo	3	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Nelson	34	10	23	1	22	8	13	1	15	3	12	.....	6	1	5	.....	11	4	7	.....
New Denver	2	1	1	.....	2	1	1	.....	.....	.....	.....	.....	1	1	.....	.....	1	.....	1	.....
Silverton	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	1	.....	1	.....	.....	.....	.....	.....
Slocan City	10	10	.....	.....	1	1	.....	.....	2	.....	2	.....	.....	.....	.....	.....	1	.....	1	.....
Unorganized parts	30	11	19	.....	15	4	11	.....	4	1	3	.....	3	1	2	.....	5	3	2	.....
Area No. 3a	160	42	114	4	105	33	72	.....	74	15	59	.....	57	7	50	.....	47	11	36	.....
Armstrong	5	1	4	.....	5	2	3	.....	2	.....	2	.....	3	1	2	.....	.....	.....	.....	.....
Enderby	9	4	5	.....	9	2	7	.....	7	.....	7	.....	4	.....	4	.....	5	.....	5	.....
Glenmore	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Kelowna	38	13	24	1	33	15	18	.....	24	7	17	.....	14	2	12	.....	14	5	9	.....
Peachland	1	.....	1	.....	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Summerland	10	2	6	2	1	.....	1	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....

TABLE XI.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1946 TO 1950, INCLUSIVE—*Continued*

Place of Residence	1946				1947				1948				1949				1950			
	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	Syphilis	Gonorrhœa	Other V.D.
Area No. 3a—*Continued*																				
Vernon	75	20	54	1	34	9	25	.....	25	3	22	.....	25	3	22	.....	16	3	13	.....
Unorganized parts	22	2	20	.....	21	5	16	.....	16	5	11	.....	10	1	9	.....	11	3	8	.....
Area No. 3b	92	32	60	.....	78	21	57	.....	45	9	36	.....	23	3	20	.....	26	5	21	.....
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	.....	13	3	10	.....
Unorganized parts	37	16	21	.....	26	6	20	.....	19	2	17	.....	7	2	5	.....	13	2	11	.....
Area No. 3c	12	8	4	.....	8	3	5	.....	5	1	4	.....	3	1	2	.....	2	.....	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	.....	2	.....	2	.....
Area No. 4a	464	189	271	4	341	118	216	7	287	57	230	.....	310	61	242	7	296	44	240	12
Abbotsford	18	5	13	.....	17	4	12	1	12	1	11	.....	15	9	5	1	7	1	6	.....
Chilliwack City	22	4	17	1	13	7	6	.....	8	3	5	.....	10	.....	10	.....	12	1	9	2
Chilliwhack District	23	6	17	.....	17	11	6	.....	9	3	6	.....	21	1	20	.....	23	1	16	6
Coquitlam	15	6	9	.....	9	1	8	.....	6	.....	6	.....	6	.....	6	.....	7	1	6	.....
Delta	16	6	10	.....	3	.....	3	.....	4	1	3	.....	8	1	7	.....	6	.....	6	.....
Hope	17	5	12	.....	10	1	8	1	18	.....	18	.....	15	1	14	.....	13	1	12	.....
Kent	13	4	9	.....	18	5	13	.....	22	4	18	.....	12	2	10	.....	15	6	9	.....
Langley	20	10	9	1	18	8	10	.....	11	2	9	.....	11	.....	10	1	9	1	7	1
Maple Ridge	7	2	5	.....	6	3	3	.....	4	.....	4	.....	6	.....	6	.....	7	3	4	.....
Matsqui	.....	.....	.....	.....	2	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Mission Village	13	6	7	.....	15	4	10	1	8	1	7	.....	7	1	6	.....	10	4	6	.....
Mission District	3	1	2	.....	6	.....	6	.....	.....	.....	.....	.....	2	2	.....	.....	3	1	2	.....
New Westminster	199	91	106	2	118	43	74	1	107	24	83	.....	123	29	90	4	112	12	98	2
Pitt Meadows	1	.....	1	.....	1	.....	1	.....	1	.....	1	.....	3	.....	3	.....	2	.....	2	.....
Port Coquitlam	6	4	2	.....	8	3	5	.....	4	.....	4	.....	7	1	6	.....	6	.....	6	.....
Port Moody	10	3	7	.....	8	3	5	.....	4	.....	4	.....	3	1	2	.....	3	1	2	.....
Sumas	1	1	.....	.....	1	.....	1	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Surrey	35	18	17	.....	25	7	16	2	25	8	17	.....	19	4	15	.....	22	5	16	1
Unorganized parts	45	17	28	.....	46	17	28	1	43	9	34	.....	42	9	32	1	38	6	32	.....
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	2,690	295	2,366	29
Burnaby	89	35	54	.....	34	11	21	2	21	7	14	.....	33	10	23	.....	30	1	29	.....
Gibsons Landing	1	1	.....	.....	1	1	.....	.....	1	.....	1	.....	.....	.....	.....	.....	4	1	3	.....
North Vancouver City	68	15	52	1	42	20	21	1	42	9	33	.....	66	14	52	.....	56	13	42	1
North Vancouver District	8	3	5	.....	23	8	14	1	11	3	8	.....	10	3	7	.....	11	.....	11	.....

Richmond	68	24	44	.....	50	14	33	3	42	8	33	1	46	11	34	1	44	7	36	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	2,496	266	2,203	27
West Vancouver	13	5	8	.....	17	6	11	.....	7	4	3	.....	14	5	9	.....	6	1	5	.....
Unorganized parts	56	16	39	1	54	11	41	2	70	21	49	.....	64	11	50	3	43	6	37	.....
Area No. 5a	613	190	420	3	522	194	356	2	307	75	230	2	292	75	214	3	272	92	166	14
Chemainus	7	4	3	.....	16	12	4	.....	6	.....	6	.....	1	.....	1	.....	3	.....	2	1
Cowichan Lake	2	.....	2	.....	2	1	1	.....	.....	.....	.....	.....	1	.....	1	.....	2	.....	2	.....
Duncan	30	13	17	.....	24	7	17	.....	9	3	6	.....	18	3	15	.....	10	4	6	.....
Esquimalt	81	9	71	1	64	13	50	1	8	.....	8	.....	8	.....	8	.....	25	2	22	1
Ladysmith	6	3	3	.....	8	6	2	.....	5	1	4	.....	3	2	1	.....	1	1	.....	.....
Nanaimo	57	13	44	.....	49	24	25	.....	29	7	22	.....	24	6	18	.....	22	9	13	.....
Oak Bay	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Saanich	15	6	9	.....	24	12	12	.....	14	6	8	.....	10	1	9	.....	15	6	9	.....
Victoria	360	124	235	1	283	86	197	.....	177	49	126	2	140	47	92	1	131	52	68	11
Unorganized parts	54	18	35	1	82	33	48	1	59	9	50	.....	87	16	69	2	63	18	44	1
Area No. 5b	4	.....	4	.....	11	5	6	.....	7	1	6	.....	5	.....	5	.....	3	.....	3	.....
Unorganized parts	4	.....	4	.....	11	5	6	.....	7	1	6	.....	5	.....	5	.....	3	.....	3	.....
Area No. 5c	57	20	37	.....	47	19	27	1	39	15	22	2	43	7	36	.....	51	10	40	1
Alberni	4	1	3	.....	3	3	.....	.....	11	5	6	.....	15	3	12	.....	25	7	17	1
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	.....	16	1	15	.....
Qualicum Beach	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	11	1	10	.....	14	4	9	1	14	2	12	.....	11	1	10	.....	10	2	8	.....
Area No. 5d	33	10	22	1	25	8	16	1	36	9	27	.....	20	4	16	.....	46	6	40	.....
Campbell River	.....	.....	.....	.....	1	.....	1	.....	17	7	10	.....	1	.....	1	.....	5	1	4	.....
Comox	2	1	1	.....	1	1	.....	.....	.....	.....	.....	.....	3	1	2	.....	6	1	5	.....
Courtenay	3	1	2	.....	2	2	.....	.....	2	.....	2	.....	2	1	1	.....	6	1	5	.....
Cumberland	2	2	.....	.....	1	1	.....	.....	2	.....	2	.....	.....	.....	.....	.....	1	1	.....	.....
Unorganized parts	26	6	19	1	20	4	15	1	15	2	13	.....	14	2	12	.....	28	2	26	.....
Area No. 5e	26	13	13	.....	18	4	14	.....	10	4	6	.....	21	6	15	.....	29	4	25	.....
Tofino	11	6	5	.....	2	1	1	.....	2	.....	2	.....	3	2	1	.....	15	4	11	.....
Unorganized parts	15	7	8	.....	16	3	13	.....	8	4	4	.....	18	4	14	.....	14	.....	14	.....
Area No. 5f	26	7	19	.....	41	9	31	1	37	11	26	.....	30	5	25	.....	21	1	19	1
Alert Bay	5	2	3	.....	23	1	22	.....	14	5	9	.....	9	1	8	.....	6	.....	6	.....
Unorganized parts	21	5	16	.....	18	8	9	1	23	6	17	.....	21	4	17	.....	15	1	13	1
Area No. 6a	9	3	6	.....	10	5	5	.....	3	1	2	.....	7	.....	7	.....	7	.....	7	.....
Unorganized parts	9	3	6	.....	10	5	5	.....	3	1	2	.....	7	.....	7	.....	7	.....	7	.....
Area No. 6b	52	25	27	.....	38	19	19	.....	27	9	18	.....	22	8	14	.....	18	11	7	.....
Salmon Arm City	10	4	6	.....	16	8	8	.....	7	3	4	.....	6	3	3	.....	3	2	1	.....
Salmon Arm District	5	3	2	.....	3	1	2	.....	2	.....	2	.....	.....	.....	.....	.....	1	1	.....	.....
Unorganized parts	37	18	19	.....	19	10	9	.....	18	6	12	.....	16	5	11	.....	14	8	6	.....

TABLE XI.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1946 TO 1950, INCLUSIVE—*Continued*

Place of Residence	1946				1947				1948				1949				1950			
	Total	Syph-ilis	Gonor-rhœa	Other V.D.	Total	Syph-ilis	Gonor-rhœa	Other V.D.	Total	Syph-ilis	Gonor-rhœa	Other V.D.	Total	Syph-ilis	Gonor-rhœa	Other V.D.	Total	Syph-ilis	Gonor-rhœa	Other V.D.
Area No. 6c	173	65	108	.....	116	43	73	.....	119	37	82	.....	112	30	82	.....	87	19	67	1
Kamloops	86	25	61	.....	48	15	33	.....	58	11	47	.....	48	6	42	.....	42	4	37	1
Lytton	.....	.....	.....	.....	.....	.....	.....	.....	12	6	6	.....	14	8	6	.....	11	9	2	.....
Merritt	4	3	1	.....	7	3	4	.....	4	3	1	.....	10	1	9	.....	2	1	1	.....
North Kamloops	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....
Unorganized parts	83	37	46	.....	61	25	36	.....	45	17	28	.....	40	15	25	.....	30	5	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	.....	4	2	2	.....
Unorganized parts	4	1	3	.....	9	1	8	.....	7	.....	7	.....	3	.....	3	.....	4	2	2	.....
Area No. 6f	51	21	30	.....	62	35	27	.....	50	9	41	.....	33	11	22	.....	26	4	22	.....
Lillooet	.....	.....	.....	.....	4	3	1	.....	18	3	15	.....	15	3	12	.....	10	4	6	.....
Unorganized parts	51	21	30	.....	58	32	26	.....	32	6	26	.....	18	8	10	.....	16	.....	16	.....
Area No. 7a	46	13	33	.....	47	16	30	1	46	9	36	1	19	5	14	.....	29	6	23	.....
Unorganized parts	46	13	33	.....	47	16	30	1	46	9	36	1	19	5	14	.....	29	6	23	.....
Area No. 7b	8	2	6	.....	15	.....	14	1	11	1	10	.....	4	.....	4	.....	6	.....	6	.....
Unorganized parts	8	2	6	.....	15	.....	14	1	11	1	10	.....	4	.....	4	.....	6	.....	6	.....
Area No. 7c	29	16	13	.....	29	10	19	.....	33	14	19	.....	10	4	6	.....	17	3	14	.....
Westview	2	1	1	.....	1	.....	1	.....	.....	.....	.....	.....	1	.....	1	.....	1	.....	1	.....
Unorganized parts	27	15	12	.....	28	10	18	.....	33	14	19	.....	9	4	5	.....	16	3	13	.....
Area No. 8a	83	18	65	.....	73	16	56	1	70	10	60	.....	133	14	118	1	96	11	85	.....
Prince George	68	15	53	.....	68	13	54	1	67	9	58	.....	122	14	107	1	85	9	76	.....
Unorganized parts	15	3	12	.....	5	3	2	.....	3	1	2	.....	11	.....	11	.....	11	2	9	.....
Area No. 8b	3	.....	3	.....	12	7	5	.....	5	.....	5	.....	5	2	3	.....	7	.....	7	.....
McBride	3	.....	3	.....	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Unorganized parts	.....	.....	.....	.....	10	7	3	.....	5	.....	5	.....	5	2	3	.....	6	.....	6	.....
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	.....	32	5	27	.....
Quesnel	5	2	3	.....	13	3	10	.....	7	1	6	.....	9	2	7	.....	12	.....	12	.....
Williams Lake	11	2	9	.....	17	4	13	.....	20	3	17	.....	12	1	11	.....	8	4	4	.....
Unorganized parts	9	5	4	.....	7	1	6	.....	6	.....	6	.....	10	.....	10	.....	12	1	11	.....

Area No. 8e	44	12	32	.....	69	17	52	.....	46	3	43	.....	65	15	50	.....	51	13	38	.....
Smithers	16	4	12	.....	21	11	10	.....	13	2	11	.....	14	1	13	.....	5	1	4	.....
Unorganized parts	28	8	20	.....	48	6	42	.....	33	1	32	.....	51	14	37	.....	46	12	34	.....
Area No. 8f	10	1	9	.....	18	4	14	.....	15	2	13	.....	15	.....	15	.....	17	.....	17	.....
Burns Lake	3	.....	3	.....	7	2	5	.....	8	1	7	.....	7	.....	7	.....	10	.....	10	.....
Vanderhoof	5	1	4	.....	5	1	4	.....	2	1	1	.....	4	.....	4	.....	2	.....	2	.....
Unorganized parts	2	.....	2	.....	6	1	5	.....	5	.....	5	.....	4	.....	4	.....	5	.....	5	.....
Area No. 8g	6	.....	6	.....	7	1	6	.....	7	.....	7	.....	6	3	3	.....	12	.....	12	.....
Unorganized parts	6	.....	6	.....	7	1	6	.....	7	.....	7	.....	6	3	3	.....	12	.....	12	.....
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	.....	43	.....	43	.....
Unorganized parts	7	.....	7	.....	.....	.....	.....	.....	6	2	4	.....	5	.....	5	.....	43	.....	43	.....
Area No. 9c	10	4	6	.....	13	3	10	.....	12	3	9	.....	19	2	17	.....	6	5	1	.....
Stewart	2	2	.....	.....	3	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Unorganized parts	8	2	6	.....	10	3	7	.....	12	3	9	.....	19	2	17	.....	5	5	.....	.....
Area No. 9d	166	23	143	.....	133	33	99	1	149	43	106	.....	135	24	111	.....	166	28	138	.....
Prince Rupert	113	15	98	.....	103	25	77	1	97	24	73	.....	95	15	80	.....	128	18	110	.....
Terrace	4	1	3	.....	1	.....	1	.....	6	3	3	.....	1	.....	1	.....	2	1	1	.....
Unorganized parts	49	7	42	.....	29	8	21	.....	46	16	30	.....	39	9	30	.....	36	9	27	.....
Area No. 9e	6	.....	6	.....	10	4	6	.....	10	4	6	.....	13	2	11	.....	10	.....	10	.....
Unorganized parts	6	.....	6	.....	10	4	6	.....	10	4	6	.....	13	2	11	.....	10	.....	10	.....
Area No. 9f	15	2	13	.....	23	1	22	.....	27	.....	27	.....	41	7	34	.....	23	2	21	.....
Unorganized parts	15	2	13	.....	23	1	22	.....	27	.....	27	.....	41	7	34	.....	23	2	21	.....
Area No. 10a	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	5	.....	5	.....	8	2	5	1
Unorganized parts	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	5	.....	5	.....	8	2	5	1
Area No. 10b	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Area No. 10c	16	6	10	.....	12	2	10	.....	6	1	5	.....	13	3	10	.....	15	1	14	.....
Unorganized parts	16	6	10	.....	12	2	10	.....	6	1	5	.....	13	3	10	.....	15	1	14	.....
Area No. 10d	20	6	14	.....	26	10	16	.....	37	25	12	.....	54	27	27	.....	34	.....	33	1
Dawson Creek	17	5	12	.....	18	7	11	.....	19	7	12	.....	33	10	23	.....	26	.....	25	1
Pouce Coupe	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	3	.....
Unorganized parts	3	1	2	.....	7	3	4	.....	18	18	.....	.....	21	17	4	.....	5	.....	5	.....
Not Stated	371	76	293	2	200	56	142	2	91	21	70	.....	40	7	33	.....	5	1	4	.....

It will be observed on reference to the foregoing table that Greater Vancouver (Area 4b) is still responsible for the notification of over 62 per cent of venereal disease occurring in the Province. This is largely accounted for by the high proportion of gonorrhœa notified in this area (65.2 per cent of all gonorrhœa cases notified).

On the other hand, the figures for syphilis (49 per cent) are more in accordance with the population distribution of the Province.

The high proportion of venereal disease in the infectious form (gonorrhœa) located in the Vancouver area is probably due, in part, to the very active epidemiological programme being carried out in that area, particularly as regards case-finding and contact-tracing. This area is also the most important centre in the Province for shipping and many other industries, as well as being the off-duty playground for many who are employed in industries elsewhere, such as loggers, fishermen, etc.

CHART IV.—PATIENT-VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS, FOR THE YEARS 1941 TO 1950, INCLUSIVE.

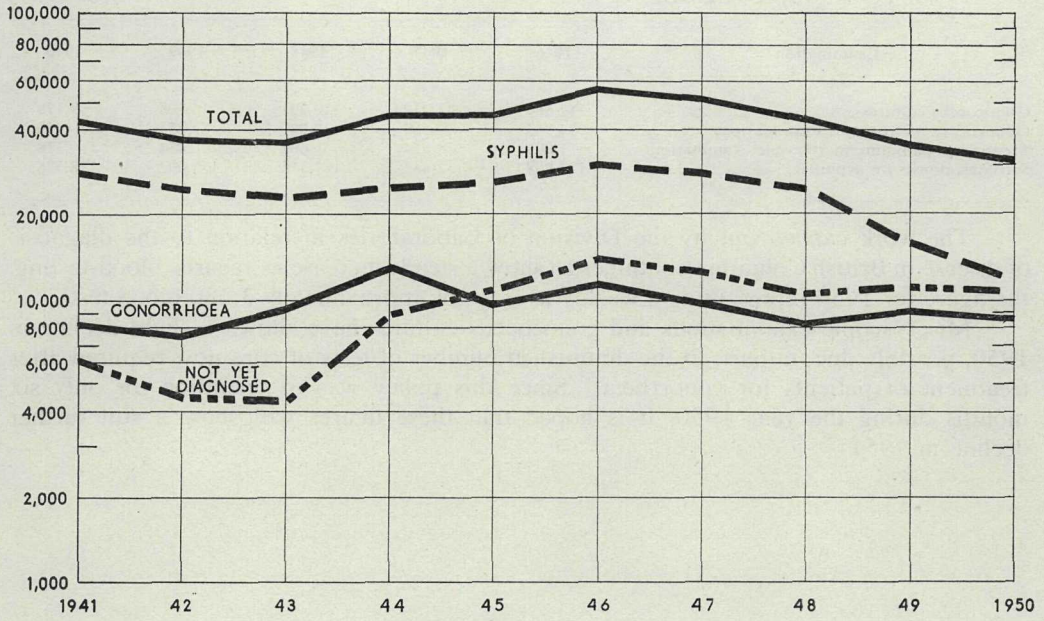


TABLE XII.—PATIENT-VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS, FOR THE YEARS 1941 TO 1950, INCLUSIVE.

Year	Total		Syphilis		Gonorrhœa		Not Yet Diagnosed	
	All Clinics	Vancouver Clinic	All Clinics	Vancouver Clinic	All Clinics	Vancouver Clinic	All Clinics	Vancouver Clinic
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
1949	36,551	27,934	16,335	13,139	9,102	7,858	11,114	6,937
1950	31,150	22,000	11,685	9,301	8,548	7,418	10,831	5,226

The number of patient-visits to all clinics operated by the Division is showing a steady annual decrease. This is due not only to the diminishing incidence of venereal disease, but also to the shorter treatment requirements in syphilis and the decreased number of tests of cure required after treatment for gonorrhœa.

TABLE XIII.—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, 1946 TO 1950, INCLUSIVE.

Examination	1946	1947	1948	1949	1950
Gonococcus cultures	12,664	11,219	10,322	10,508	9,179
Gonococcus microscopic examinations	34,743	34,589	33,990	33,851	30,710
Treponema pallidum microscopic examinations	1,093	854	605	454	378
Serological tests for syphilis	177,908	152,437	167,816	173,092	178,375

The work carried out by the Division of Laboratories in relation to the diagnosis of disease in British Columbia continues to show a steady increase as regards blood-testing, the figure for 1950 representing a weekly average of approximately 3,430 blood tests.

Miscroscopic examinations and gonococcus cultures have shown a slight decline in 1950, possibly due, in part, to the diminished number of tests of cure now required after treatment of patients for gonorrhœa. Since this policy was in operation for only six months during the year 1950, it is hoped that these figures will show a still further decline in 1951.

CHART V.—FREE MEDICATIONS DISTRIBUTED TO PRIVATE PHYSICIANS BY THE PROVINCIAL DEPARTMENT OF HEALTH AND WELFARE FOR THE TREATMENT OF VENEREAL DISEASES, BRITISH COLUMBIA, 1936 TO 1950, INCLUSIVE.

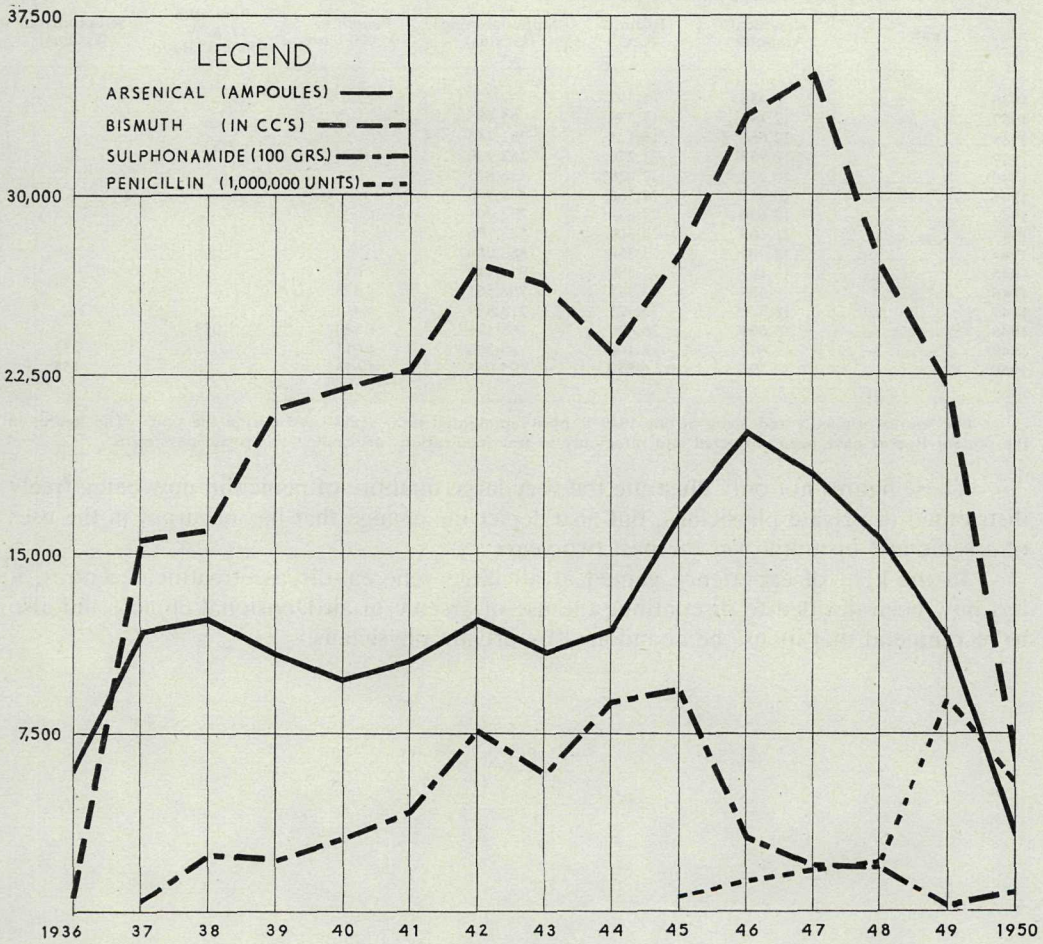


TABLE XIV.—FREE MEDICATIONS DISTRIBUTED TO PRIVATE PHYSICIANS BY THE PROVINCIAL DEPARTMENT OF HEALTH AND WELFARE FOR THE TREATMENT OF VENEREAL DISEASE, BRITISH COLUMBIA, 1936 TO 1950, INCLUSIVE.

Year	Arsenicals (Ampoules)	Bismuth (C.C.)	Sulphonamide (Grains)	Penicillin (100,000 Units)	Penicillin O. & W. (100,000 Units)	Streptomycin (Grams)
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*	6,675	14,100	83,300	4,611	.....	233
1950	2,796	6,250	95,985	5,676	.....	155

* The figures originally appearing in our 1949 Report represented total drugs used during the year. The figures in the present Report have been corrected and refer only to free medications distributed to private physicians.

These figures not only illustrate the very large quantity of penicillin now being freely distributed to private physicians, but also depict the change that has occurred in the uses of arsenic and bismuth over the past two years.

In the light of experience gained at all large venereal-disease treatment centres, it has now been decided to discontinue the use of arsenic in all Divisional clinics, and also to recommend that its use be abandoned by private physicians.

TABLE XV.—PLACES OF MEETING REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASES, 1946 TO 1950, INCLUSIVE

Place of Meeting	1946		1947		1948		1949		1950	
	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	280	12	247	12	251	15	156	10	143	10
Beer-parlours	291	13	348	17	310	18	345	22	301	22
Cabarets*	.....	.....	.....	.....	.....	.....	41	2	41	3
Cafés	482	21	358	17	251	15	267	17	219	16
Hotels and rooms	371	16	316	15	228	13	206	13	195	14
Private homes	92	4	82	4	30	2	57	3	44	3
Streets*	.....	.....	.....	.....	443	26	241	15	226†	16
Miscellaneous	799	34	714	35	201	11	280	18	217	16
Totals	2,315	100	2,065	100	1,714	100	1,593	100	1,386	100

* Separate figures for cabarets unavailable prior to 1949; separate figures for streets unavailable prior to 1948.
† City of Vancouver only.
Source: Division of Venereal Disease Control, Summary of Facilitation Reports.

TABLE XVI.—PLACES OF EXPOSURE REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASES, 1946 TO 1950, INCLUSIVE

Place of Exposure	1946		1947		1948		1949		1950	
	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	72	3	22	1	18	1	14	1	8	.....
Hotels and rooms	1,997	62	1,740	60	1,831	60	1,575	53	1,516	57
Private homes	274	8	249	9	230	8	258	8	190	7
Marital and common-law	461	14	426	15	482	16	542	19	537	20
Cars*	.....	.....	.....	.....	197	6	135	5	140†	5
Miscellaneous	429	13	453	15	276	9	399	14	281	11
Totals	3,233	100	2,890	100	3,034	100	2,923	100	2,672	100

* Separate figures for cars unavailable prior to 1948.
† City of Vancouver only.
Source: Division of Venereal Disease Control, Summary of Facilitation Reports.

The figures given in these tables represent places of meeting and places of exposure of patients reporting with a venereal infection. These figures remain essentially similar for 1950 to those for 1949.

Places of meeting are naturally difficult to control. Hotels and rooming-houses still constitute the outstanding problem as places of exposure, and much remains yet to be done in tightening the control of certain of the more constant offenders.

TABLE XVII. — CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF INVESTIGATION, BRITISH COLUMBIA, 1950.

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	843	623	83	37	17	5	17	21	40	.....	.....	.....
Examined by private physician	445	97	26	73	26	125	91	2	4	1	.....	.....
Failed to report for examination	71	57	.....	5	4	.....	2	2	.....	.....	.....	1
Investigated, already diagnosed or under care	31	3	.....	.....	1	.....	2	.....	4	21	.....	.....
Not located	538	261	15	100	39	1	27	5	88	2	.....	.....
Still under investigation	118	56	1	13	15	2	24	2	5	.....	.....	.....
Found to be ex-Province	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Investigation not indicated	2,096	3	.....	.....	.....	.....	.....	.....	.....	850	221	1,022
Not stated	237	.....	.....	.....	.....	235	1	.....	1	.....	.....	.....
Totals	4,379	1,100	125	228	102	368	164	32	142	874	221	1,023

NOTE.—The above figures cover the period of October, 1949, to September, 1950.

TABLE XVIII. — CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF EXAMINATION, BRITISH COLUMBIA, 1950.

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
Infected with primary syphilis—													
Previously diagnosed	6	-----	-----	-----	-----	-----	-----	-----	-----	6	-----	-----	-----
Not previously diagnosed	2	1	-----	1	-----	-----	-----	-----	-----	-----	-----	-----	-----
Not stated	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Totals	8	1	-----	1	-----	-----	-----	-----	-----	6	-----	-----	-----
Infected with secondary syphilis—													
Previously diagnosed	6	-----	-----	-----	-----	-----	-----	-----	-----	6	-----	-----	-----
Not previously diagnosed	4	3	-----	-----	-----	1	-----	-----	-----	-----	-----	-----	-----
Not stated	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Totals	10	3	-----	-----	-----	1	-----	-----	-----	6	-----	-----	-----
Infected with other syphilis—													
Previously diagnosed	93	4	-----	-----	-----	-----	-----	-----	1	88	-----	-----	-----
Not previously diagnosed	72	14	-----	4	2	6	6	15	25	-----	-----	-----	-----
Not stated	2	1	-----	-----	-----	-----	1	-----	-----	-----	-----	-----	-----
Totals	167	19	-----	4	2	6	7	15	26	88	-----	-----	-----
Infected with gonorrhœa—													
Previously diagnosed	670	1	-----	-----	-----	-----	3	1	-----	664	-----	1	-----
Not previously diagnosed	606	389	74	35	19	45	44	-----	-----	-----	-----	-----	-----
Not stated	1	-----	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Totals	1,277	390	75	35	19	45	47	1	-----	664	-----	1	-----
Infected with chancroid—													
Previously diagnosed	4	-----	-----	-----	-----	-----	-----	-----	3	1	-----	-----	-----
Not previously diagnosed	4	4	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Not stated	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Totals	8	4	-----	-----	-----	-----	-----	-----	3	1	-----	-----	-----
Infected with lymphogranuloma venereum or granuloma inguinale—													
Previously diagnosed	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Not previously diagnosed	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Not stated	1	-----	-----	-----	-----	-----	-----	-----	-----	1	-----	-----	-----
Totals	1	-----	-----	-----	-----	-----	-----	-----	-----	1	-----	-----	-----
Incomplete examination—													
Previously diagnosed	2	-----	-----	-----	-----	-----	-----	-----	-----	2	-----	-----	-----
Not previously diagnosed	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Not stated	7	7	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Totals	9	7	-----	-----	-----	-----	-----	-----	-----	2	-----	-----	-----
Negative—													
Previously diagnosed	65	-----	-----	-----	-----	-----	-----	-----	-----	65	-----	-----	-----
Not previously diagnosed	587	300	34	67	23	78	56	7	19	3	-----	-----	-----
Not stated	5	1	-----	3	-----	-----	-----	-----	-----	1	-----	-----	-----
Totals	657	301	34	70	23	78	56	7	19	69	-----	-----	-----
Investigation not indicated—													
Previously diagnosed	2	-----	-----	-----	-----	-----	-----	-----	-----	2	-----	-----	-----
Not previously diagnosed	2	-----	-----	-----	-----	-----	-----	-----	-----	1	-----	1	-----
Not stated	1,252	-----	-----	-----	-----	-----	-----	-----	-----	11	221	1,020	-----
Totals	1,256	-----	-----	-----	-----	-----	-----	-----	-----	14	221	1,021	-----
Not stated—													
Previously diagnosed	2	-----	-----	-----	-----	-----	-----	-----	-----	2	-----	-----	-----
Not previously diagnosed	2	1	-----	-----	-----	1	-----	-----	-----	-----	-----	-----	-----
Not stated	982	374	16	118	58	237	54	9	93	21	-----	1	1
Totals	986	375	16	118	58	238	54	9	93	23	-----	1	1
Totals—													
Previously diagnosed	850	5	-----	-----	-----	-----	3	1	4	836	-----	1	-----
Not previously diagnosed	1,279	712	108	107	44	131	106	22	44	4	-----	1	-----
Not stated	2,250	383	17	121	58	237	55	9	93	34	221	1,021	1
Totals	4,379	1,100	125	228	102	368	164	32	141	874	221	1,023	1

NOTE.—The above figures cover the period of October, 1949, to September, 1950.

Efficacy of contact-tracing as a case-finding method depends to a great extent on the adequacy of information obtained from the patient.

In 1950 the information given regarding 78 per cent of the named contacts was adequate for further investigation of the contact. During the past three years there has been a steady increase in the adequacy of information obtained. This might be explained by the fact that more cases are bringing their own contacts for examination, and cases where contact information is inadequate are being reinterviewed for further contact information. Also the adequacy of contact information received from the private physician is improving.

It will be seen from the above table that investigation was indicated on 2,261 of the 4,379 named contacts. The public-health personnel in British Columbia investigated 77 per cent of these contacts, the remainder being investigated by private physicians or agencies outside our Province. Of those investigated by the public-health personnel, 68 per cent were located, and 93 per cent of those located were examined. Of those examined, 56 per cent were found to be infected. The number of contacts located has increased by approximately 10 per cent over the past three-year period.

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