PROVINCE OF BRITISH COLUMBIA

Division of Venereal Disease Control

Department of Health and Welfare

ANNUAL REPORT

For the Year 1952

VICTORIA, B.C.
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1953

VICTORIA, B.C., June 24th, 1953.

To His Honour CLARENCE WALLACE, C.B.E.,
Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Report on Venereal Disease in the Province of British Columbia for the year 1952.

ERIC MARTIN,
Minister of Health and Welfare.

DEPARTMENT OF HEALTH AND WELFARE (HEALTH BRANCH),
VICTORIA, B.C., June 24th, 1953.

The Honourable Eric Martin,
Minister of Health and Welfare, Victoria, B.C.

SIR,—I beg to submit the Annual Report on the work of the Division of Venereal Disease Control of the Department of Health and Welfare for the year January 1st to December 31st, 1952.

I have the honour to be,
Sir,
Your obedient servant,

G. F. AMYOT, M.D., D.P.H.,
Deputy Minister of Health.

DEPARTMENT OF HEALTH AND WELFARE (HEALTH BRANCH),
DIVISION OF VENEREAL DISEASE CONTROL,
2700 LAUREL STREET,
VANCOUVER 9, B.C., June 24th, 1953.

G. F. Amyot, Esq., M.D., D.P.H.,
Deputy Minister of Health, Victoria, B.C.

SIR,—I beg to submit the Annual Report on the work of the Division of Venereal Disease Control of the Department of Health and Welfare for the year January 1st to December 31st, 1952.

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Sir,
Your obedient servant,

A. JOHN NELSON, M.D., D.P.H.,
Director, Division of Venereal Disease Control
and Consultant in Epidemiology.

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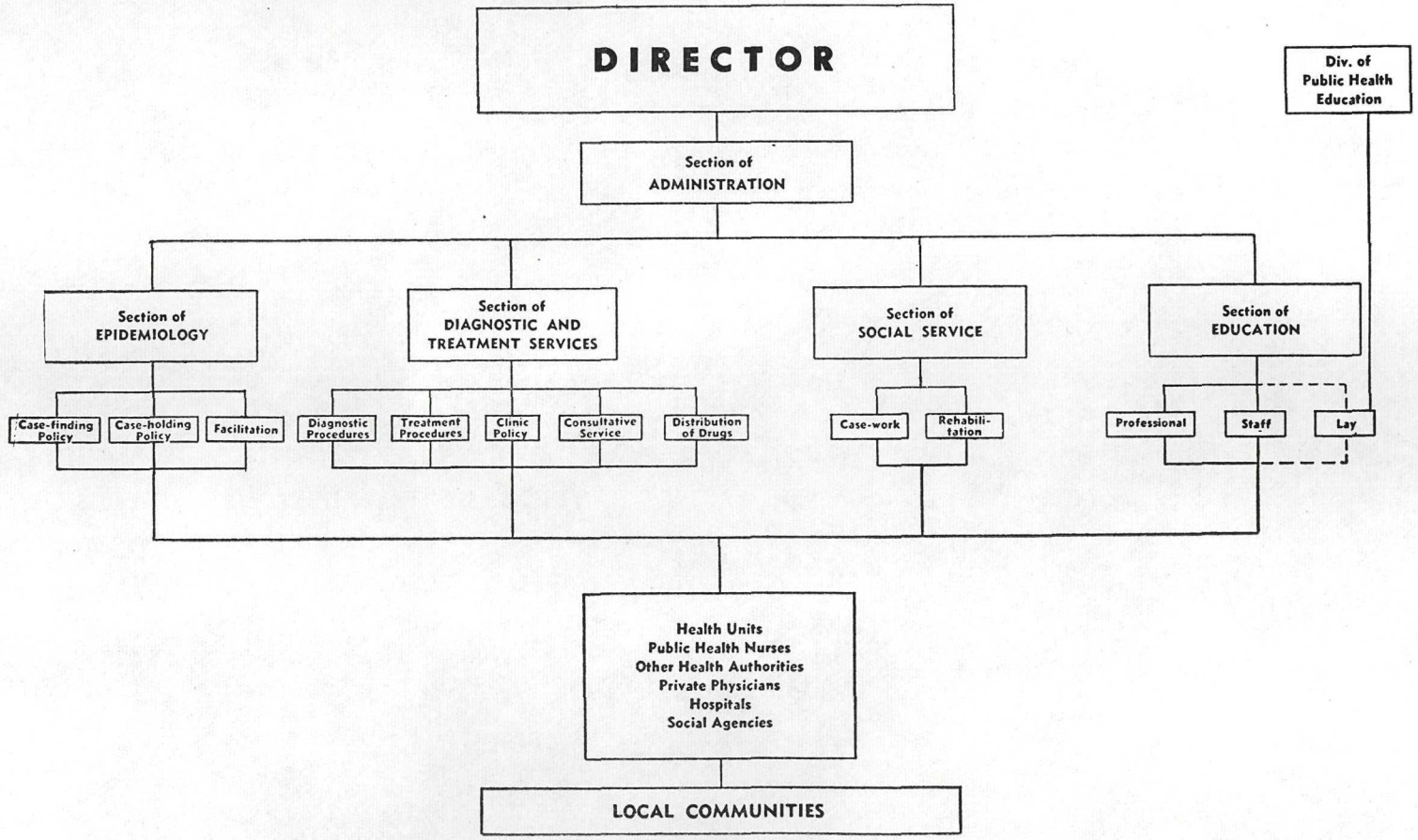
Organization Chart

DIVISION OF VENEREAL DISEASE CONTROL



DIVISION OF VENEREAL DISEASE CONTROL

ANNUAL REPORT FOR THE YEAR 1952

A. JOHN NELSON, M.B., CH.B., D.P.H., DIRECTOR, DIVISION OF VENEREAL DISEASE CONTROL AND CONSULTANT IN EPIDEMIOLOGY

INTRODUCTION

During the year the number of venereal-disease cases reported in the Province was 3,914 cases, compared with 3,916 in 1951. Infectious syphilis has now become a real clinical rarity; only 33 cases were reported as of December 31st, 1952. Late syphilis, as reported to this Division, has also shown a marked decline.

TREATMENT

This Division continued to overtreat gonorrhœa patients with massive doses of penicillin, thereby aborting any possible concomitantly acquired syphilis. This overtreatment schedule appears to be of real importance in reducing the number of new cases of syphilis in this Province, as elsewhere.

An important numerical change worthy of mention concerns the number of cases of gonorrhœa that were treated and diagnosed by the private physician and other agencies in the Province. The latter groups treated more cases of gonorrhœa than the clinics of the Division.

Prenatal syphilis continued to show a decrease in the number of new cases reported. In fact, this is the first report in which it could be stated that the number of new cases of prenatal syphilis was falling with the same rapidity with which the new cases of acquired syphilis are being reported to this Division.

Qualified specialists are still employed by the Division to act in a consultative capacity on the various problems that arise in treating venereal disease. This consultative service is extended to all physicians who need such services throughout the Province.

Due to the decrease of the patient-load in the various treatment clinics, there was a real attempt made to discontinue certain services, but at the same time not sacrifice the services to the patients.

Free drugs were again made available to private physicians. In some cases where it was necessary to alter the type of antibiotic used, because of allergic manifestations, alternate drugs were supplied. The policy of this Division was not altered with regard to supplying the directors of all health units with the drugs so that they can be dispensed locally to the private physicians.

The consultant in medicine to this Division continued to interest himself with the problem of non-specific urethritis. The number of cases falling into this category did not diminish, and as yet no satisfactory diagnostic criteria have been established to classify this troublesome condition. The treatment of non-specific urethritis still remains an unsolved problem.

The Vancouver clinic and the New Westminster clinic maintained the same hours of service as in previous years, in spite of the decrease in the number of new patients reporting. This service is still considered to be sufficiently important to allow no change at the present time.

During the year, clinic and treatment facilities continued to operate at the following centres: Victoria clinic; Vancouver City Gaol; Prince Rupert and Prince George City Gaols; Greater Vancouver Metropolitan Health Committee, Health Unit No. 1; Male and Female Oakalla Prison Farm; Girls' Industrial School; and the Juvenile Detention Home.

There was a decline in the new cases of chancroid, although a number of these were diagnosed and treated by the Division. The majority of such cases were found among mariners entering the port of Vancouver, and there was no evidence of increased spread of this infection among the general population.

EPIDEMIOLOGY

Although the greatest single factor in the control of venereal disease is penicillin, epidemioligy is the other very essential weapon for a complete armamentarium in any health programme. It is felt that such epidemiological programmes were responsible indirectly for the steady decline in the reported incidence of venereal disease, both in this Province and nationally.

Through continued efforts to find new cases, it should be possible to reduce further the rate of venereal-disease infections in this Province and maintain a steady decline in the reported incidence of the disease. The Division is now pursuing such a course.

The epidemiology section is constantly seeking new methods and tools to assist public health workers engaged in case-finding and case-holding, and thereby make their programmes more effective. The techniques used in eliciting the necessary information from contacts are undergoing certain changes which should make such measures more effective.

Consultations on epidemiology are available to all local health units through the epidemiological section of the Division. During the past year two field-visits were requested—one for the purpose of studying the problem presented by venereal disease arising from alleged bawdy-house activity and the other for consultation on epidemiological procedures.

During the year a diagnostic centre was established in the down-town Vancouver area (Metropolitan Health Unit No. 1). The establishment of such a unit proved most helpful, both in case-finding and in case-holding. This new unit provides clinic service every day from 11 a.m. to 1 p.m. for the purpose of interviewing male patients and making diagnostic tests for gonorrhœa. Treatment is offered to these patients on epidemiological grounds or clinical evidence of infection.

The epidemiology section works in close liaison with the private physician and is thus able to interview contacts and follow up patients with unsatisfactory serologic reports which appear on the confidential lists obtained from the Provincial Laboratory. This technique has been beneficial to both the private physician and the Division of Venereal Disease Control. The epidemiology worker at the Vancouver City Gaol examination centre has been particularly effective, and the services rendered have been most worth while. Through an interview on radio station CKMO (police broadcast), this worker was able to make known the activities of this centre.

The Indian Health Service is assuming the largest part of the responsibility for case-finding and follow-up of the British Columbia Indians. During the past summer many Indians were concentrated in the hop-yards, and this proved to be advantageous to this section because many former patients were located and follow-up examinations were thus possible.

This Division continued to explore the facilitating processes, maintained constant vigilance over potential community trouble spots, and made every effort to suppress the spread of venereal disease.

Vancouver was again visited by a representative of the American Social Hygiene Association, and the report made by this trained representative showed a marked improvement in the conditions existing in the city compared with the previous visit of one year ago. Much of the information obtained from such a survey was of value to the Division because it pointed up conditions which are frequently not drawn to our attention.

The Director of the Division of Venereal Disease Control was invited to attend the annual convention of the British Columbia Hotels' Association. The subject of his address to their representatives was entitled " The Facilitation Process in Hotels and Rooming-houses."

The senior epidemiology worker presented a paper on " Venereal Disease Epidemiology " to the public health nurses at the Institute held in Victoria.

SOCIAL SERVICE

The activity of the Social Service Section was curtailed during the year when the case-worker in the Vancouver clinic was given extended sick-leave, and no replacement was available for three months. During this period specific problems were dealt with on an emergency basis by social-work staff from the Division of Tuberculosis Control. However, in the first eleven months of 1952 there were 733 interviews of patients carried out by the Social Service Section.

Continued use was made of the rating scale devised in 1951 to get a general picture of the kind of people who were reporting to the Vancouver clinic for treatment. An analysis of the ratings for the twelve-month period from July, 1951, when the rating system was instituted, to June, 1952, indicated that about half the patients interviewed needed help in solving some of the more basic problems that were facing them. In this group were the older adolescents who were in conflict over sexual behaviour, and who, out of curiosity and lack of knowledge, were seeking solutions in promiscuous sexual activity. It was interesting to note the number of new immigrants in the young adult group who had not adjusted to their new environment and had become infected with a venereal disease because they were susceptible to the only kind of female companionship available to them; namely, the casual street pick-up. These patients responded well to the counselling interviews, but the lack of community resources to which they could be directed for more wholesome recreational outlets was a handicap in working with them.

In addition to those patients who could utilize personal counselling, there was a fairly large group who seemed to drift from place to place, and job to job, and whose personal relationships, including their sexual ones, were all on a casual basis. Although most of these individuals could be helped to co-operate in the treatment plan, they had no incentive to change their promiscuous behaviour pattern because it met their particular needs.

Because of lack of staff, no specific studies were undertaken by the Social Service Section during the year.

EDUCATION

The Division of Health Education has the major responsibility for health-education programmes and activities and shares this with the Division of Venereal Disease Control in the case of lay education. Education directed to professional groups remains the prime responsibility of this Division.

Members of the Division presented a total of 177 lectures during the year. Lectures on the methods of control of the venereal diseases were given to the following: Student-nurses at all the main training-schools in the Province, students at Essondale, practical-nursing students, student-barbers, and students in the foods department at the Vocational School. In addition, practical experience, as well as regular lectures, was provided to student-nurses from the Vancouver General Hospital.

Lectures were also given to students in various other fields, including medical students at the University of British Columbia Medical School and residents of the Vancouver General Hospital.

Fortnightly meetings were held in the Divisional headquarters for all attending physicians, at which time lectures were given by members of the consulting staff on various aspects of venereal disease. The consulting syphilologist presented a lecture entitled "Present Treatment Status of Syphilis and Gonorrhœa" at the Vancouver General Hospital refresher course for general practitioners held in November.

There was a continuation of the programme of talks to youth groups, which was established in 1950. Speakers were provided upon request to HI-Y groups in Vancouver schools and to youth groups at the Y.W.C.A. Groups addressed during the year were the Britannia and King Edward HI-Y's and the GAI-Y groups at the Y.W.C.A. A talk was also given at the Girls' Industrial School. As a result of a meeting with representatives from the Greater Vancouver Health League and the First Aid Attendants' Association, lectures on the venereal diseases and films on the subject are now being presented to each class of first-aid trainees.

The following is a list of articles written and published and papers presented by various members of the Division:—

Articles written and published:—

"Undiscovered Case—the Problem" (the March issue of B.C.'s Health), Dr. C. L. Hunt.

"Community Responsibility and Venereal Disease" (the First Aid Attendant, official magazine of the Industrial First Aid Attendants' Association of British Columbia), Dr. C. L. Hunt and Dr. A. John Nelson.

"Progress in Venereal Disease Control" (published in the Vancouver Medical Bulletin), Dr. A. John Nelson.

"Co-operation Key to Control in Venereal Disease" (the Tuberculosis Society's publication Your Health), Dr. C. L. Hunt and Dr. A. John Nelson.

Papers presented:—

"Some Considerations in Public Health Control of Gonorrhœa," presented by Dr. A. John Nelson to the annual meeting of the Canadian Public Health Association.

"Co-operation between Police and Health Departments in Venereal Disease Control," presented by Dr. A. John Nelson at the annual conference of the Pacific Coast International Association of Law Enforcement Officials.

"Present Status of Premarital Blood Testing," presented by Dr. A. John Nelson to the Provincial Council of Women, New Westminster group.

An exhibit was presented by the Division at the North Vancouver Kiwanis Annual Fair and Trade Exhibition. The theme was "Corky the Killer." The exhibit was well received and created interest. Literature was distributed, questions answered, and blood tests were offered to the public. Pictures of the exhibit were published in the British Columbia Tuberculosis Society's magazine Your Health.

GENERAL

The year was marked by anticipation that some clear-cut policy would be enunciated with regard to more satisfactory headquarters and clinic space for the Division; apparently plans have again met with delay. This is indeed unfortunate because it is possible that in the not too distant future the present space may become untenable due to its physical characteristics. There is also the possibility that it may soon be required by the Vancouver General Hospital for its building programme.

During the year Dr. A. John Nelson was appointed Director of the Division. Dr. Nelson had previously been with this Department and left to become associated with the

Division of Venereal Disease Control in the State of New York. Besides being Director of Venereal Disease Control, Dr. Nelson is also consultant in epidemiology to the Health Branch, and it is felt that this is a most satisfactory arrangement.

Dr. W. Stuart Maddin, following three years' postgraduate training in syphilology and dermatology, under the National health grants, returned late in the year as physician in charge of clinics. Dr. Maddin's specialized knowledge and ability will be most valuable to this Department.

Dr. C. L. Hunt, the former Director, is now employed on a part-time basis as consultant in internal medicine.

National health grants continue to prove extremely useful in assisting the Division to maintain its ever-expanding services, as well as in affording opportunities for postgraduate training of medical and nursing personnel.

Funds from these grants were made available to assist in the operation of the British Columbia Medical Centre Library, where up-to-date literature on venereal diseases is maintained. The Divisional Director is an active member of the management committee of this library.

The Division is most appreciative of the co-operation and help extended by various groups and agencies who have contributed so much to the success of the venereal-disease control programme. Special mention must be made of the Vancouver City Police, the Royal Canadian Mounted Police, the British Columbia Hotels' Association, the Liquor Control Board, and the Indian Affairs Branch of the Department of Citizenship and Immigration.

In addition, special appreciation is expressed to the Division of Laboratories, without whose ever-willing services and co-operation this Division would find it difficult to function, and also to the Division of Vital Statistics for the helpful advice and assistance so freely given at all times.

STATISTICAL SECTION

CHART 1.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION BY DIAGNOSIS, REPORTED BY ALL AGENCIES, BRITISH COLUMBIA, 1943–52

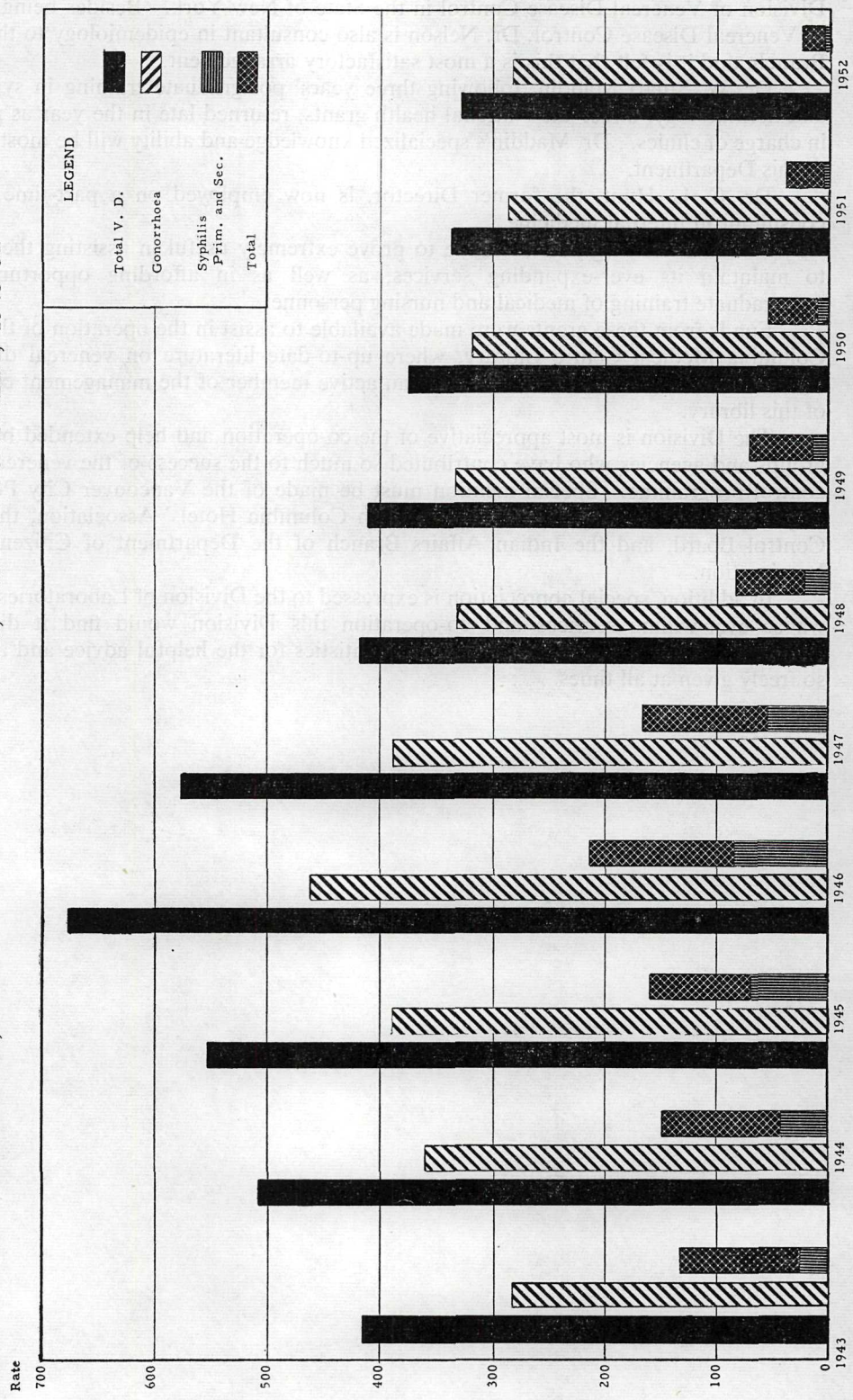


TABLE 1.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION, 1943–52

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
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
1951	3,916	336.1	3,336	286.4	85.2	27	2.3	0.7	9	0.8	0.2	445	38.2	11.4	99	8.5	2.5
1952	3,914	326.7	3,367	281.1	86.0	22	2.3	0.6	11	0.9	0.3	276	23.0	7.1	238	19.9	6.1

The total number of cases of venereal disease reported in the Province for 1952 was practically the same as that recorded for 1951. The rate per 100,000 population, however, showed a small decline to reach the lowest figure which has been obtained since the peak year of 1946.

The figures show that gonorrhœa was responsible for 86 per cent of all venereal disease reported during the year, and this disease must therefore be considered the major problem in venereal-disease control.

The situation with regard to syphilis continued favourable. Only thirty-three cases of infectious (primary and secondary) syphilis—the lowest number on record—were reported during the year. There was also a decrease of 38 per cent in the number of patients detected in the later stages of syphilis.

Reported cases of other types of venereal disease showed a marked increase during the year. This increase was almost wholly due to increased reporting of non-specific urethritis (venereal), mainly by the Divisional clinics. Whether this increased reporting represents a true increase in the presence of this clinical entity or is due to increased effort on the part of clinics to differentiate between the ill-defined group of conditions—clinical gonorrhœa, gonorrhœa treated on epidemiological grounds, and non-specific urethritis (venereal)—is a matter under study at the present time.

TABLE II.—NEW NOTIFICATIONS OF VENEREAL INFECTION COMPARED WITH REPORTED CASES OF CERTAIN OTHER NOTIFIABLE DISEASES IN CANADA, BRITISH COLUMBIA, AND GREATER VANCOUVER, 1952.

Notifiable Disease	Canada	British Columbia	Greater Vancouver
Measles	55,939	8,227	2,344
Mumps	38,393	7,088	1,727
Chicken-pox	45,780	6,266	2,145
Scarlet fever	18,890	4,163	1,284
Venereal disease	18,186	3,914	2,035
Rubella	10,103	1,986	272
Tuberculosis	10,427	1,411	568
Whooping-cough	8,492	976	125
Diphtheria	192	11	------

TABLE III.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND SOURCE OF REPORTING OF NOTIFICATIONS, BRITISH COLUMBIA, 1952.

Source of Referral		Total	Gonorrhœa					Syphilis											Other Venereal Disease	Non-specific Urethritis—Venereal
									Acquired											
		Total	Total	Ophthalmia Neonatorum	Gonorrhœa (Epidemiological)	Gonorrhœa (Clinical)	Other	Total	Primary	Secondary	Latent—Early	Latent—Late	Cardiovascular	Neurosyphilis	Other	Prenatal	Type Undetermined		
Totals	T.	3,914	3,367		269	675	2,423	309	22	11	34	126	27	67	11	9	2	20	218
	M.	2,808	2,384		32	531	1,821	191	18	5	15	74	20	47	8	3	1	16	217
	F.	1,106	983		237	144	602	118	4	6	19	52	7	20	3	6	1	4	1
Clinics, total	T.	1,801	1,576		146	166	1,264	75	3	6	10	24	8	17	2	4	1	17	133
	M.	1,182	986		14	100	872	49	3	3	5	15	8	11	2	1	1	14	133
	F.	619	590		132	66	392	26		3	5	9		6		3		3	
Vancouver	T.	1,567	1,384		132	138	1,114	51	2	4	2	17	6	14	2	3	1	14	118
	M.	1,058	898		9	81	808	31	2	1		8	6	10	2	1	1	11	118
	F.	509	486		123	57	306	20		3	2	9		4		2		3	
Victoria	T.	108	81		4	6	71	12	1	1	4	2	1	3				2	13
	M.	71	49			3	46	7	1	1	1	2	1	1				2	13
	F.	37	32		4	3	25	5			3			2					
New Westminster	T.	25	24		3	7	14												1
	M.	17	16		2	7	7												1
	F.	8	8		1		7												
Oakalla	T.	83	70		7	13	50	11		1	4	5	1					1	1
	M.	35	22		3	9	10	11		1	4	5	1					1	1
	F.	48	48		4	4	40												
Girls' Industrial School and Juvenile Detention Home	T.	18	17			2	15	1								1			
	M.	1	1				1												
	F.	17	16			2	14	1								1			
Private physicians	T.	1,734	1,526		98	440	988	192	16	5	21	80	17	39	8	5	1	1	15
	M.	1,362	1,233		15	387	831	114	12	2	8	46	11	28	5	2			15
	F.	372	293		83	53	157	78	4	3	13	34	6	11	3	3	1	1	
Institutions and Hospitals	T.	24	8		1	1	6	16	2			4	1	9					
	M.	15	3			1	2	12	2			3		7					
	F.	9	5		1		4	4				1	1	2					
Other	T.	355	257		24	68	165	26	1		3	18	1	2	1			2	70
	M.	249	162		3	43	116	16	1		2	10	1	1	1			2	69
	F.	106	95		21	25	49	10			1	8		1					1
Not stated	T.																		
	M.																		
	F.																		

In 1952 there was a marked decrease (10 per cent) in the number of cases of venereal disease reported by Divisional clinics, as compared with 1951. Inasmuch as the total number of cases reported was practically identical for the two years, the decrease in clinic reporting is balanced by a similar increase in reporting, largely of gonorrhœa, by private physicians and other reporting agencies.

The decrease in clinic case-reporting is borne exclusively by the main Vancouver clinic.

TABLE IV.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND AGE-GROUPS, BRITISH COLUMBIA, 1952.

Age-group		Total	Gonorrhœa					Syphilis											Other Venereal Disease	Non-specific Urethritis—Venereal
									Acquired											
			Total	Ophthalmia Neonatorum	Gonorrhœa (Epidemiological)	Gonorrhœa (Clinical)	Other	Total	Primary	Secondary	Latent—Early	Latent—Late	Cardiovascular	Neurosyphilis	Other	Prenatal	Type Undetermined		
Totals	T.	3,914	3,367		269	675	2,423	309	22	11	34	126	26	68	12	8	2	20	218
	M.	2,808	2,384		32	531	1,821	191	18	5	15	74	19	48	8	3	1	16	217
	F.	1,106	983		237	144	602	118	4	6	19	52	7	20	4	5	1	4	1
Under 1 year	T.	5	3				3	2								2			
	M.																		
	F.	5	3				3	2								2			
1– 4 years	T.	4	2				2	2			1					1			
	M.	2						2			1					1			
	F.	2	2				2												
5– 9 ,,	T.	3	2				2	1								1			
	M.																		
	F.	3	2				2	1								1			
10–14 ,,	T.	5	4		1	1	2	1								1			
	M.	1						1								1			
	F.	4	4		1	1	2												
15–19 ,,	T.	300	259		36	63	160	11	3	1	5	1			1			2	28
	M.	142	112		4	38	70	2	2									1	27
	F.	158	147		32	25	90	9	1	1	5	1			1			1	1
20–24 ,,	T.	1,095	989		73	193	723	21	4	2	10	3		2				7	78
	M.	740	643		11	139	493	13	3	2	5	2		1				6	78
	F.	355	346		62	54	230	8	1		5	1		1				1	
25–29 ,,	T.	826	759		63	151	545	22	4	3	8	3		2		2		1	44
	M.	620	565		6	122	437	10	3	1	3	2				1		1	44
	F.	206	194		57	29	108	12	1	2	5	1		2		1			
30–34 ,,	T.	499	462		32	95	335	19	3		7	5		3	1			3	15
	M.	373	346		3	78	265	10	2		4	1		2	1			2	15
	F.	126	116		29	17	70	9	1		3	4		1				1	
35–39 ,,	T.	302	258		22	48	188	21	1	1		17		1	1			2	21
	M.	239	207		3	43	161	10	1			9						1	21
	F.	63	51		19	5	27	11		1		8		1	1			1	
40–44 ,,	T.	223	191		16	40	135	21	1	2	1	10		7				2	9
	M.	176	151		1	34	116	14	1	2		5		6				2	9
	F.	47	40		15	6	19	7			1	5		1					
45–49 ,,	T.	150	116		4	28	84	26	1	1		12	1	9	1	1		1	7
	M.	119	100			28	72	11	1			3		6	1			1	7
	F.	31	16		4		12	15		1		9	1	3		1			
50–54 ,,	T.	116	73		2	14	57	34		1	2	17	1	13				1	8
	M.	104	66			14	52	29			2	16		11				1	8
	F.	12	7		2		5	5		1		1	1	2					
55–59 ,,	T.	51	22		2	7	13	25	2			10	7	6				1	3
	M.	38	18		1	6	11	16	2			5	6	3				1	3
	F.	13	4		1	1	2	9				5	1	3					
60–64 ,,	T.	61	27			5	22	32	1			13	5	10	3				2
	M.	52	26			5	21	24	1			9	4	7	3				2
	F.	9	1				1	8				4	1	3					
65–69 ,,	T.	34	9			1	8	25	1			12	4	5	2		1		
	M.	27	9			1	8	18	1			10	2	3	1		1		
	F.	7						7				2	2	2	1				
70–74 ,,	T.	28	7			2	5	20				10	4	4	1		1		1
	M.	24	7			2	5	16				8	3	4	1				1
	F.	4						4				2	1				1		
75–79 ,,	T.	15	4				4	10				5	2	2	1				1
	M.	11	4				4	6				2	2	1	1				1
	F.	4						4				3		1					
80 years and over	T.	4	1				1	3				1	1		1				
	M.	3	1				1	2				1	1						
	F.	1						1							1				
Not stated	T.	193	179		18	27	134	13	1			7	1	4					1
	M.	137	129		3	21	105	7	1			1	1	4					1
	F.	56	50		15	6	29	6				6							

The relative proportion of male and female cases reported during the year was in the ratio of 5:2, a figure similar to that obtained in previous years.

There has been a decrease in the number of cases of venereal disease reported in the 10–19 age-group, with an increase in that reported among the older age-groups.

No cases of ophthalmia neonatorum were reported during the year, while only 8 cases of prenatal syphilis were diagnosed, as compared with 25 cases in 1951.

Reported cases of non-specific urethritis (venereal) increased sharply during the year, from 82 cases reported last year to 218 cases reported in 1952. This increase affected all age-groups 15 to 54. The fact that this disease is diagnosed almost exclusively in males, and is presumably venereally transmitted, reflects the diagnostic difficulties encountered in the investigation of that group of patients and contacts who do not satisfy the strict bacteriological criteria for the diagnosis of gonorrhœa.

CHART II.—NEW NOTIFICATIONS OF SYPHILIS BY AGE AND SEX, BRITISH COLUMBIA, 1952

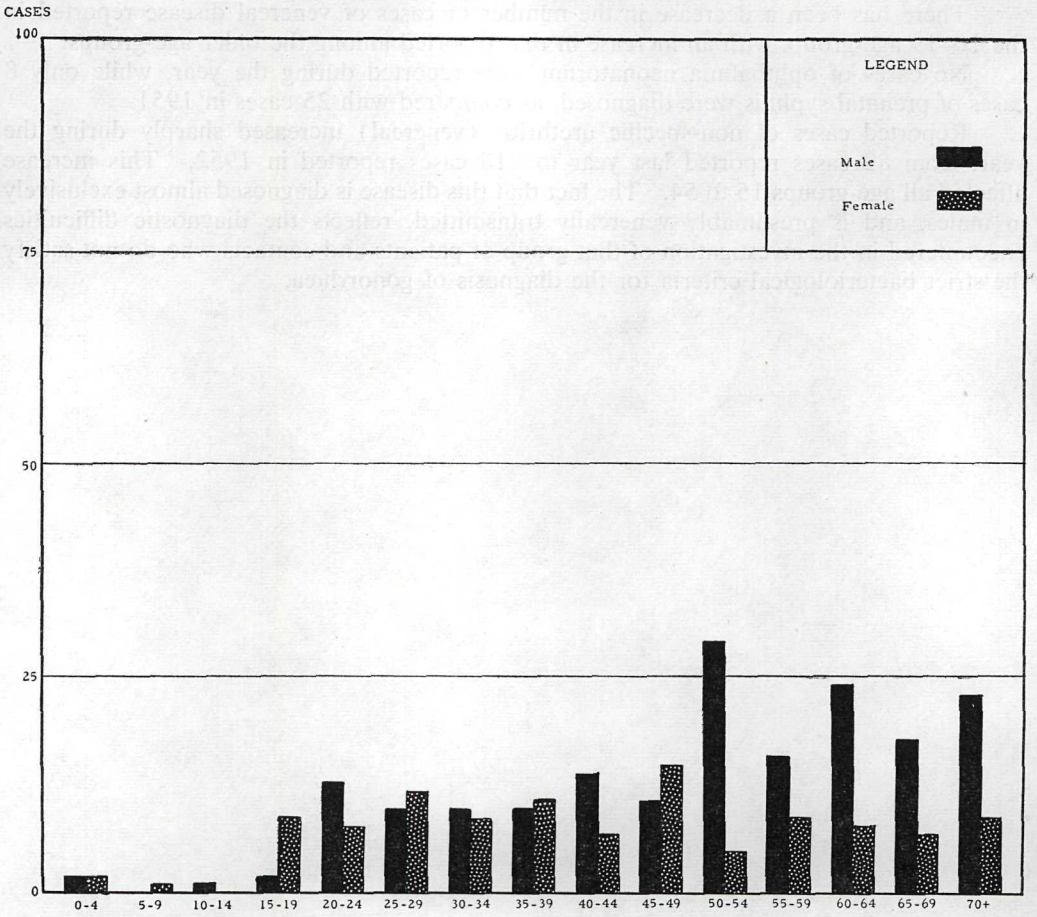


TABLE V.—NEW NOTIFICATIONS OF SYPHILIS BY AGE AND SEX, BRITISH COLUMBIA, 1952

Age-group	Male	Female	Age-group	Male	Female
Totals	191	118	35–39 years	10	11
			40–44 ,,	14	7
Under 1 year	.....	2	45–49 ,,	11	15
1– 4 years	2	.....	50–54 ,,	29	5
5– 9 ,,	.....	1	55–59 ,,	16	9
10–14 ,,	1	.....	60–64 ,,	24	8
15–19 ,,	2	9	65–69 ,,	18	7
20–24 ,,	13	8	70 years and over	24	9
25–29 ,,	10	12	Not stated	7	6
30–34 ,,	10	9			

Of the six new notifications of syphilis in the under-15 age-group, five (two males and three females) are in respect of a diagnosis of prenatal (congenital) syphilis. After the age of 15 years there is a definite preponderance of syphilis in males notified.

CHART III.—NEW NOTIFICATIONS OF GONORRHŒA BY AGE AND SEX, BRITISH COLUMBIA, 1952

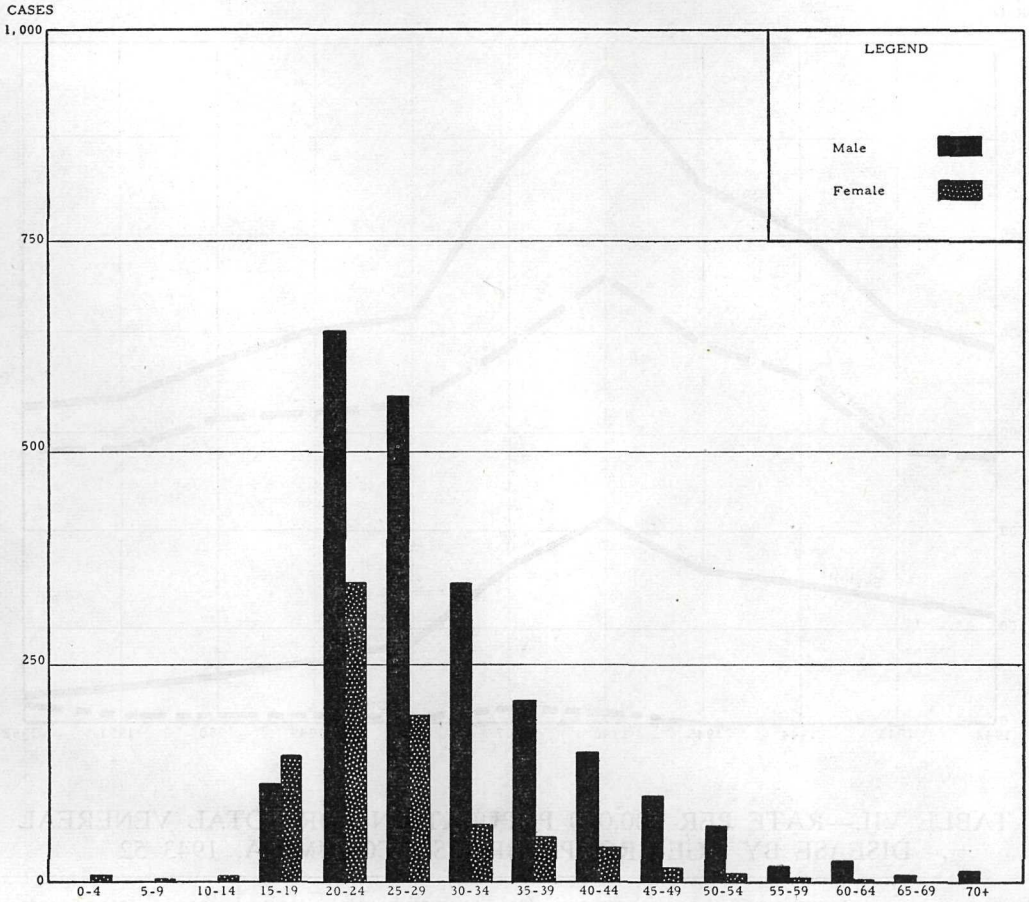


TABLE VI.—NEW NOTIFICATIONS OF GONORRHŒA BY AGE AND SEX, BRITISH COLUMBIA, 1952

Age-group	Male	Female	Age-group	Male	Female
Totals	2,384	983	35–39 years	207	51
			40–44 ,,	151	40
Under 1 year	.....	3	45–49 ,,	100	16
1– 4 years	.....	2	50–54 ,,	66	7
5– 9 ,,	.....	2	55–59 ,,	18	4
10–14 ,,	.....	4	60–64 ,,	26	1
15–19 ,,	112	147	65–69 ,,	9	.....
20–24 ,,	643	346	70 years and over	12	.....
25–29 ,,	565	194	Not stated	129	50
30–34 ,,	346	116			

These figures demonstrate the preponderance of male over female gonorrhœa infections, the ratio in this table being approximately 5:2.

This preponderance of male infections is evident in all age-groups from 20 upwards.

CHART IV.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION, BRITISH COLUMBIA, 1942–52

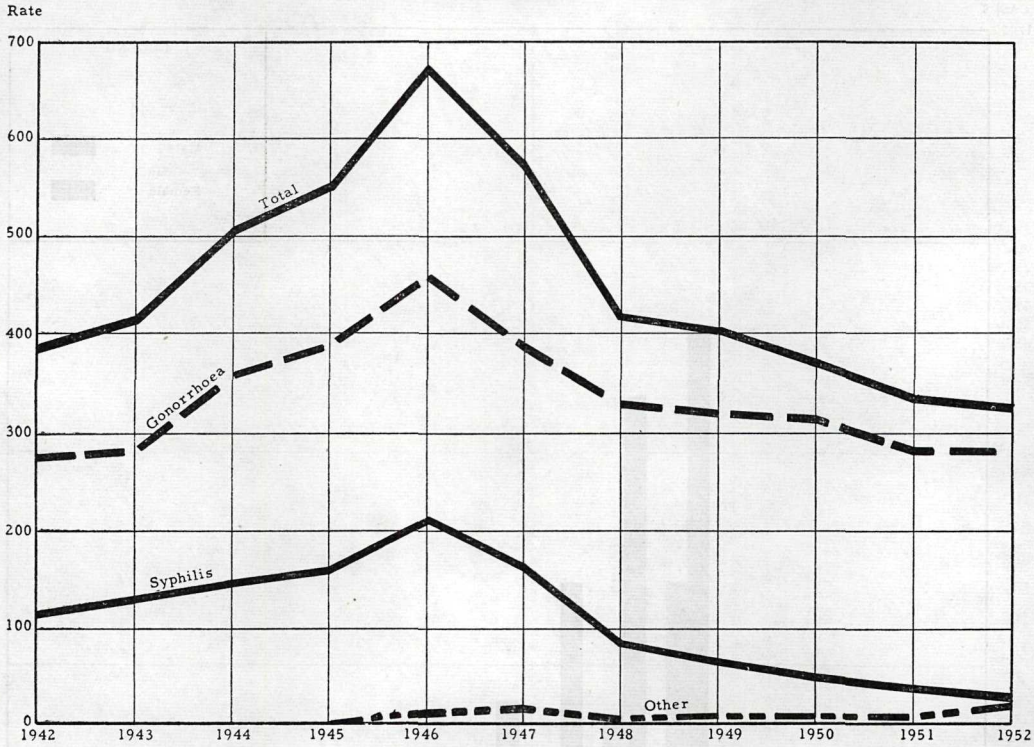


TABLE VII.—RATE PER 100,000 POPULATION FOR TOTAL VENEREAL DISEASE BY AGE-GROUPS, BRITISH COLUMBIA, 1943–52

Age-group	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
0– 4 years	21	23	29	35	25	16	9	10	10	7
5– 9 ,,	26	17	23	24	20	10	8	10	6	3
10–14 ,,	24	43	19	33	9	12	10	34	21	6
15–19 ,,	385	616	637	709	697	523	459	489	442	411
20–24 ,,	1,133	1,383	1,525	2,069	1,921	1,413	1,451	1,342	1,168	1,390
25–29 ,,	843	953	1,039	1,547	1,306	1,036	1,012	957	878	907
30–34 ,,	598	619	751	986	689	555	542	535	559	541
35–39 ,,	543	534	699	737	607	495	454	446	357	326
40–44 ,,	474	573	586	565	474	361	379	315	292	275
45–49 ,,	272	337	446	457	438	308	307	279	233	219
50–54 ,,	218	309	307	292	325	238	230	219	160	193
55–59 ,,	193	196	211	232	234	141	148	163	137	94
60–64 ,,	141	183	188	215	208	119	162	118	99	112
65–69 ,,	80	106	169	157	172	100	111	113	110	65
70 years and over	74	61	53	83	81	62	64	62	52	59
All ages	415	508	553	677	575	419	406	378	336	327

The rate per 100,000 population of venereal disease for the combined age-groups has shown a progressive decline over the years; it now stands at less than half of the figure recorded for the peak year of 1946. This declining trend is evident in all of the age-specific rates.

Relative to last year (1951), the rates for teen-agers have continued to show a favourable decrease, but increases have been noted in the specific rates for the 20–29 and some of the older age-groups.

TABLE VIII.—NEW CASES OF SYPHILIS REPORTED IN BRITISH COLUMBIA BY AGE-GROUPS AND MARITAL STATUS, 1952

(Age-specific rates per 100,000 population.)

Age-group	Single				Widowed and Divorced				Married[1]			
	Male		Female		Male		Female		Male		Female	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
15–19 years	2	5.5	5	15.4	----	------	----	------	----	------	4	117.3
20–24 ,,	11	39.1	3	17.5	----	------	----	------	2	18.2	4	17.9
25–34 ,,	9	42.5	2	15.1	----	------	----	------	11	16.7	18	22.4
35–44 ,,	4	36.6	1	13.1	4	270.3	----	------	16	21.3	15	20.1
45–54 ,,	11	112.7	----	------	5	220.5	2	31.8	24	42.1	18	36.8
55–64 ,,	6	74.0	----	------	6	164.9	3	26.8	25	54.3	14	38.0
65–69 ,,	8	176.4	----	------	3	31.9	3	16.7	7	32.2	3	21.5

[1] Includes separated.

Care is necessary in the interpretation of this table in view of the small number of cases involved. In general, it will be seen that proportionately (1) more syphilis is notified from the unmarried or single males as compared with married men; (2) syphilis among married men tends to be discovered in the latter half of life, and probably represents the late tertiary stages of infections acquired in earlier years, probably even before marriage; and (3) single females in later life have shown a striking absence of syphilis in any stage, and this may be accounted for by the fact that those women who have remained single up to and beyond the age of 45 represent a comparatively small group, and possibly one which has always indulged sparingly in sexual experience.

TABLE IX.—TOTAL PRIMARY AND SECONDARY SYPHILIS, BRITISH COLUMBIA, 1952

(Age-specific rates per 100,000 population.)

Age-group	Male		Female	
	Number	Rate	Number	Rate
0– 4 years	----	------	----	------
5– 9 ,,	----	------	----	------
10–14 ,,	----	------	----	------
15–19 ,,	2	5.4	2	5.6
20–24 ,,	5	12.8	1	2.5
25–29 ,,	4	9.1	3	6.3
30–34 ,,	2	4.6	1	2.1
35–39 ,,	1	2.2	1	2.1
40–44 ,,	3	7.2	----	------
45–49 ,,	1	2.7	1	3.2
50–54 ,,	----	------	1	3.5
55–59 ,,	2	7.1	----	------
60–64 ,,	1	3.4	----	------
65–69 ,,	1	3.4	----	------
70 years and over	----	------	----	------
Not stated	1	------	----	------
Totals	23	3.7	10	1.7

In view of the small numbers, little of statistical significance can be gleaned from this table, beyond the obvious fact that early infectious syphilis (primary and secondary) is essentially a disease acquired during the age of greatest sexual activity.

Males in this series outnumber females by 2:1, but since primary syphilis more frequently remains undetected in females than in males, these figures, particularly in view of their small numbers, should not be regarded as too significant.

TABLE X.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1948–52

Place of Residence	1948				1949				1950				1951				1952			
	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.
Total	4,534	896	3,608	30	4,524	771	3,694	59	4,289	602	3,627	60	3,916	481	3,336	99	3,914	309	3,367	238
Area No. 1a	12	1	11	.....	7	.....	7	.....	10	1	9	.....	13	.....	13	.....	24	1	20	3
Invermere	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	.....	4	.....
Unorganized parts	12	1	11	.....	7	.....	7	.....	10	1	9	.....	13	.....	13	.....	20	1	16	3
Area No. 1b	38	3	35	.....	25	6	19	.....	21	2	19	.....	38	5	33	.....	58	3	55	.....
Chapman Camp	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....
Cranbrook	27	2	25	.....	15	.....	15	.....	16	1	15	.....	25	1	24	.....	45	1	44	.....
Kimberley	6	1	5	.....	6	2	4	.....	2	1	1	.....	5	2	3	.....	7	1	6	.....
Marysville	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	1	3	.....	.....	.....	.....	.....
Unorganized parts	5	.....	5	.....	4	4	.....	.....	3	.....	3	.....	3	1	2	.....	6	1	5	.....
Area No. 1c	7	1	6	.....	3	2	1	.....	3	1	2	.....	6	1	5	.....	10	2	8	.....
Fernie	5	1	4	.....	1	.....	1	.....	1	1	.....	.....	2	1	1	.....	5	2	3	.....
Unorganized parts	2	.....	2	.....	2	2	.....	.....	2	.....	2	.....	4	.....	4	.....	5	.....	5	.....
Area No. 2a	4	.....	4	.....	3	1	2	.....	7	.....	7	.....	6	.....	5	1	4	2	2	.....
Revelstoke	4	.....	4	.....	1	1	.....	.....	4	.....	4	.....	3	.....	2	1	3	2	1	.....
Unorganized parts	.....	.....	.....	.....	2	.....	2	.....	3	.....	3	.....	3	.....	3	.....	1	.....	1	.....
Area No. 2b	32	7	25	.....	24	4	20	.....	24	8	16	.....	42	8	33	1	53	5	48	.....
Castlegar	1	.....	1	.....	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Kinnaird	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	1	.....	1	.....
Rossland	4	2	2	.....	1	.....	1	.....	1	.....	1	.....	3	1	2	.....	2	.....	2	.....
Salmo	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	15	.....	15	.....
Trail	18	3	15	.....	17	3	14	.....	16	4	12	.....	29	6	22	1	20	2	18	.....
Unorganized parts	8	2	6	.....	4	1	3	.....	7	4	3	.....	8	1	7	.....	14	3	11	.....
Area No. 2c	23	4	19	.....	13	4	9	.....	22	9	13	.....	51	12	38	1	38	1	37	.....
Creston	1	.....	1	.....	1	.....	1	.....	4	2	2	.....	6	3	3	.....	1	.....	1	.....
Kaslo	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	2	.....	2	.....	1	.....	1	.....
Nelson	15	3	12	.....	6	1	5	.....	11	4	7	.....	19	2	16	1	20	1	19	.....
New Denver	.....	.....	.....	.....	1	1	.....	.....	1	.....	1	.....	6	1	5	.....	.....	.....	.....	.....
Silverton	1	.....	1	.....	1	.....	1	.....	.....	.....	.....	.....	2	.....	2	.....	7	.....	7	.....
Slocan City	2	.....	2	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	4	1	3	.....	3	1	2	.....	5	3	2	.....	16	6	10	.....	9	.....	9	.....

Area No. 3a	74	15	59	.....	57	7	50	.....	47	11	36	.....	40	5	33	2	41	7	34	.....
Armstrong	2	.....	2	.....	3	1	2	.....	.....	.....	.....	.....	1	.....	1	.....	1	.....	1	.....
Enderby	7	.....	7	.....	4	.....	4	.....	5	.....	5	.....	9	1	8	.....	12	.....	12	.....
Glenmore	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Kelowna	24	7	17	.....	14	2	12	.....	14	5	9	.....	7	1	6	.....	7	4	3	.....
Peachland	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....
Summerland	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Vernon	25	3	22	.....	25	3	22	.....	16	3	13	.....	18	2	15	1	13	3	10	.....
Unorganized parts	16	5	11	.....	10	1	9	.....	11	3	8	.....	5	1	3	1	5	.....	5	.....
Area No. 3b	45	9	36	.....	23	3	20	.....	26	5	21	.....	25	4	21	.....	14	3	11	.....
Oliver	6	1	5	.....	6	1	5	.....	.....	.....	.....	.....	9	.....	9	.....	2	.....	2	.....
Osoyoos	6	5	1	.....	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....
Penticton	14	1	13	.....	8	.....	8	.....	13	3	10	.....	11	3	8	.....	9	3	6	.....
Unorganized parts	19	2	17	.....	7	2	5	.....	13	2	11	.....	5	1	4	.....	2	.....	2	.....
Area No. 3c	5	1	4	.....	3	1	2	.....	2	.....	2	.....	5	.....	5	.....	3	.....	3	.....
Grand Forks	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	3	.....	.....	.....	.....	.....
Greenwood	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....
Unorganized parts	3	1	2	.....	3	1	2	.....	2	.....	2	.....	1	.....	1	.....	3	.....	3	.....
Area No. 4a	287	57	230	.....	310	61	242	7	296	44	240	12	263	54	197	12	269	22	239	8
Abbotsford	12	1	11	.....	15	9	5	1	7	1	6	.....	10	.....	9	1	10	2	8	.....
Chilliwack City	8	3	5	.....	10	.....	10	.....	12	1	9	2	14	3	11	.....	26	2	23	1
Chilliwhack District	9	3	6	.....	21	1	20	.....	23	1	16	6	28	2	23	3	32	1	29	2
Coquitlam	6	.....	6	.....	6	.....	6	.....	7	1	6	.....	9	5	4	.....	2	1	1	.....
Delta	4	1	3	.....	8	1	7	.....	6	.....	6	.....	3	2	1	.....	3	1	2	.....
Harrison Hot Springs	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	1	1	.....	4	.....	4	.....
Hope	18	.....	18	.....	15	1	14	.....	13	1	12	.....	21	4	17	.....	11	.....	11	.....
Kent	22	4	18	.....	12	2	10	.....	15	6	9	.....	16	1	14	1	9	.....	9	.....
Langley	11	2	9	.....	11	.....	10	1	9	1	7	1	13	1	11	1	17	1	15	1
Maple Ridge	4	.....	4	.....	6	.....	6	.....	7	3	4	.....	4	.....	2	2	2	.....	2	.....
Matsqui	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	3	2	1	.....	5	.....	5	.....
Mission City	8	1	7	.....	7	1	6	.....	10	4	6	.....	8	3	5	.....	6	2	4	.....
Mission District	.....	.....	.....	.....	2	2	.....	.....	3	1	2	.....	1	1	.....	.....	2	.....	2	.....
New Westminster	107	24	83	.....	123	29	90	4	112	12	98	2	86	18	64	4	87	7	78	2
Pitt Meadows	1	.....	1	.....	3	.....	3	.....	2	.....	2	.....	1	.....	1	.....	.....	.....	.....	.....
Port Coquitlam	4	.....	4	.....	7	1	6	.....	6	.....	6	.....	1	.....	1	.....	1	1	.....	.....
Port Moody	4	.....	4	.....	3	1	2	.....	3	1	2	.....	4	1	3	.....	7	.....	5	2
Sumas	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Surrey	25	8	17	.....	19	4	15	.....	22	5	16	1	17	5	12	.....	14	1	13	.....
Unorganized parts	43	9	34	.....	42	9	32	1	38	6	32	.....	22	5	17	.....	31	3	28	.....
Area No. 4b	2,754	485	2,244	25	2,847	417	2,382	48	2,690	295	2,366	29	2,377	208	2,136	33	2,066	124	1,780	162
Burnaby	21	7	14	.....	33	10	23	.....	30	1	29	.....	21	4	17	.....	30	2	26	2
Gibsons Landing	1	.....	1	.....	.....	.....	.....	.....	4	1	3	.....	2	.....	1	1	1	.....	1	.....
North Vancouver City	42	9	33	.....	66	14	52	.....	56	13	42	1	30	5	24	1	34	2	31	1
North Vancouver District	11	3	8	.....	10	3	7	.....	11	.....	11	.....	9	.....	9	.....	1	.....	1	.....
Richmond	42	8	33	1	46	11	34	1	44	7	36	1	40	4	34	2	26	1	22	3
Squamish	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5	.....	5	.....	4	1	3	.....
Vancouver	2,560	433	2,103	24	2,614	363	2,207	44	2,496	266	2,203	27	2,206	178	1,999	29	1,938	113	1,671	154
West Vancouver	7	4	3	.....	14	5	9	.....	6	1	5	.....	5	2	3	.....	6	1	4	1
Unorganized parts	70	21	49	.....	64	11	50	3	43	6	37	.....	59	15	44	.....	26	4	21	1

TABLE X.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, *1948–52—Continued*

Place of Residence	1948				1949				1950				1951				1952			
	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. 5a	307	75	230	2	292	75	214	3	272	92	166	14	331	72	217	42	314	52	208	54
Central Saanich	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1	5	2	3	.....
Chemainus	6	.....	6	.....	1	.....	1	.....	3	.....	2	1	.....	.....	.....	.....	.....	.....	.....	.....
Cowichan Lake	.....	.....	.....	.....	1	.....	1	.....	2	.....	2	.....	8	2	6	.....	3	.....	3	.....
Duncan	9	3	6	.....	18	3	15	.....	10	4	6	.....	13	7	6	.....	9	1	8	.....
Esquimalt	8	.....	8	.....	8	.....	8	.....	25	2	22	1	97	4	66	27	77	2	48	27
Ladysmith	5	1	4	.....	3	2	1	.....	1	1	.....	.....	4	3	1	.....	.....	.....	.....	.....
Nanaimo	29	7	22	.....	24	6	18	.....	22	9	13	.....	24	7	17	.....	15	1	14	.....
North Cowichan	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	1	1	.....	4	.....	4	.....
Oak Bay	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	1	1	.....
Saanich	14	6	8	.....	10	1	9	.....	15	6	9	.....	21	3	14	4	21	2	14	5
Victoria	177	49	126	2	140	47	92	1	131	52	68	11	112	32	70	10	144	37	85	22
Unorganized parts	59	9	50	.....	87	16	69	2	63	18	44	1	49	13	36	.....	34	6	28	.....
Area No. 5b	7	1	6	.....	5	.....	5	.....	3	.....	3	.....	6	4	2	.....	1	1	.....	.....
Unorganized parts	7	1	6	.....	5	.....	5	.....	3	.....	3	.....	6	4	2	.....	1	1	.....	.....
Area No. 5c	39	15	22	2	43	7	36	.....	51	10	40	1	44	9	35	.....	26	2	22	2
Alberni	11	5	6	.....	15	3	12	.....	25	7	17	1	11	2	9	.....	3	1	2	.....
Parksville	1	.....	1	.....	1	.....	1	.....	.....	.....	.....	.....	1	1	.....	.....	1	.....	1	.....
Port Alberni	12	7	3	2	16	3	13	.....	16	1	15	.....	20	2	18	.....	11	1	10	.....
Qualicum Beach	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	14	2	12	.....	11	1	10	.....	10	2	8	.....	12	4	8	.....	11	.....	9	2
Area No. 5d	36	9	27	.....	20	4	16	.....	46	6	40	.....	34	2	31	1	49	7	38	4
Campbell River	17	7	10	.....	1	.....	1	.....	5	1	4	.....	6	.....	6	.....	13	2	10	1
Comox	.....	.....	.....	.....	3	1	2	.....	6	1	5	.....	2	.....	2	.....	5	.....	3	2
Courtenay	2	.....	2	.....	2	1	1	.....	6	1	5	.....	5	1	4	.....	7	.....	7	.....
Cumberland	2	.....	2	.....	.....	.....	.....	.....	1	1	.....	.....	4	.....	4	.....	3	.....	2	1
Unorganized parts	15	2	13	.....	14	2	12	.....	28	2	26	.....	17	1	15	1	21	5	16	.....
Area No. 5e	10	4	6	.....	21	6	15	.....	29	4	25	.....	8	1	7	.....	14	1	13	.....
Tofino	2	.....	2	.....	3	2	1	.....	15	4	11	.....	.....	.....	.....	.....	4	.....	4	.....
Unorganized parts	8	4	4	.....	18	4	14	.....	14	.....	14	.....	8	1	7	.....	10	1	9	.....
Area No. 5f	37	11	26	.....	30	5	25	.....	21	1	19	1	29	3	26	.....	24	.....	24	.....
Alert Bay	14	5	9	.....	9	1	8	.....	6	.....	6	.....	10	1	9	.....	10	.....	10	.....
Unorganized parts	23	6	17	.....	21	4	17	.....	15	1	13	1	19	2	17	.....	14	.....	14	.....
Area No. 6a	3	1	2	.....	7	.....	7	.....	7	.....	7	.....	2	.....	2	.....	8	3	5	.....
Unorganized parts	3	1	2	.....	7	.....	7	.....	7	.....	7	.....	2	.....	2	.....	8	3	5	.....

Area No. 6b	27	9	18	.....	22	8	14	.....	18	11	7	.....	18	3	15	.....	17	2	15	.....
Salmon Arm City	7	3	4	.....	6	3	3	.....	3	2	1	.....	7	2	5	.....	6	1	5	.....
Salmon Arm District	2	.....	2	.....	.....	.....	.....	.....	1	1	.....	.....	3	1	2	.....	1	.....	1	.....
Unorganized parts	18	6	12	.....	16	5	11	.....	14	8	6	.....	8	.....	8	.....	10	1	9	.....
Area No. 6c	119	37	82	.....	112	30	82	.....	87	19	67	1	54	14	40	.....	100	18	81	1
Ashcroft	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....
Kamloops	58	11	47	.....	48	6	42	.....	42	4	37	1	28	5	23	.....	64	10	53	1
Lytton	12	6	6	.....	14	8	6	.....	11	9	2	.....	3	2	1	.....	7	2	5	.....
Merritt	4	3	1	.....	10	1	9	.....	2	1	1	.....	4	1	3	.....	3	.....	3	.....
North Kamloops	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	3	1	2	.....	2	.....	2	.....
Unorganized parts	45	17	28	.....	40	15	25	.....	30	5	25	.....	16	5	11	.....	22	6	16	.....
Area No. 6d	.....	.....	.....	.....	2	1	1	.....	.....	.....	.....	.....	3	1	2	.....	3	.....	3	.....
Unorganized parts	.....	.....	.....	.....	2	1	1	.....	.....	.....	.....	.....	3	1	2	.....	3	.....	3	.....
Area No. 6e	7	.....	7	.....	3	.....	3	.....	4	2	2	.....	6	.....	6	.....	4	1	3	.....
Unorganized parts	7	.....	7	.....	3	.....	3	.....	4	2	2	.....	6	.....	6	.....	4	1	3	.....
Area No. 6f	50	9	41	.....	33	11	22	.....	26	4	22	.....	33	5	28	.....	32	1	31	.....
Lillooet	18	3	15	.....	15	3	12	.....	10	4	6	.....	20	3	17	.....	19	.....	19	.....
Unorganized parts	32	6	26	.....	18	8	10	.....	16	.....	16	.....	13	2	11	.....	13	1	12	.....
Area No. 7a	46	9	36	1	19	5	14	.....	29	6	23	.....	27	5	22	.....	17	.....	17	.....
Unorganized parts	46	9	36	1	19	5	14	.....	29	6	23	.....	27	5	22	.....	17	.....	17	.....
Area No. 7b	11	1	10	.....	4	.....	4	.....	6	.....	6	.....	5	2	3	.....	2	.....	2	.....
Unorganized parts	11	1	10	.....	4	.....	4	.....	6	.....	6	.....	5	2	3	.....	2	.....	2	.....
Area No. 7c	33	14	19	.....	10	4	6	.....	17	3	14	.....	13	.....	13	.....	18	3	15	.....
Cranberry Lake	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	1	1	.....
Westview	.....	.....	.....	.....	1	.....	1	.....	1	.....	1	.....	2	.....	2	.....	4	1	3	.....
Unorganized parts	33	14	19	.....	9	4	5	.....	16	3	13	.....	11	.....	11	.....	12	1	11	.....
Area No. 8a	70	10	60	.....	133	14	118	1	96	11	85	.....	84	14	70	.....	148	9	139	.....
Prince George	67	9	58	.....	122	14	107	1	85	9	76	.....	79	13	66	.....	139	9	130	.....
Unorganized parts	3	1	2	.....	11	.....	11	.....	11	2	9	.....	5	1	4	.....	9	.....	9	.....
Area No. 8b	5	.....	5	.....	5	2	3	.....	7	.....	7	.....	3	1	2	.....	6	1	5	.....
McBride	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	1	.....	1	.....
Unorganized parts	5	.....	5	.....	5	2	3	.....	6	.....	6	.....	3	1	2	.....	5	1	4	.....
Area No. 8c	1	.....	1	.....	2	.....	2	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....
Unorganized parts	1	.....	1	.....	2	.....	2	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....
Area No. 8d	33	4	29	.....	31	3	28	.....	32	5	27	.....	22	2	20	.....	41	4	36	1
Quesnel	7	1	6	.....	9	2	7	.....	12	.....	12	.....	8	1	7	.....	25	1	24	.....
Williams Lake	20	3	17	.....	12	1	11	.....	8	4	4	.....	2	.....	2	.....	12	3	8	1
Unorganized parts	6	.....	6	.....	10	.....	10	.....	12	1	11	.....	12	1	11	.....	4	.....	4	.....

TABLE X.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS AND PLACE OF RESIDENCE, BRITISH COLUMBIA, 1948–52—*Continued*

Place of Residence	1948				1949				1950				1951				1952			
	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. 8e	46	3	43	.....	65	15	50	.....	51	13	38	.....	62	19	43	.....	66	4	62	.....
Smithers	13	2	11	.....	14	1	13	.....	5	1	4	.....	4	.....	4	.....	16	.....	16	.....
Unorganized parts	33	1	32	.....	51	14	37	.....	46	12	34	.....	58	19	39	.....	50	4	46	.....
Area No. 8f	15	2	13	.....	15	.....	15	.....	17	.....	17	.....	28	2	26	.....	54	1	53	.....
Burns Lake	8	1	7	.....	7	.....	7	.....	10	.....	10	.....	13	1	12	.....	25	1	24	.....
Vanderhoof	2	1	1	.....	4	.....	4	.....	2	.....	2	.....	7	1	6	.....	8	.....	8	.....
Unorganized parts	5	.....	5	.....	4	.....	4	.....	5	.....	5	.....	8	.....	8	.....	21	.....	21	.....
Area No. 8g	7	.....	7	.....	6	3	3	.....	12	.....	12	.....	13	.....	13	.....	34	2	32	.....
Unorganized parts	7	.....	7	.....	6	3	3	.....	12	.....	12	.....	13	.....	13	.....	34	2	32	.....
Area No. 9a	4	.....	4	.....	4	.....	4	.....	.....	.....	.....	.....	1	.....	1	.....	4	.....	4	.....
Unorganized parts	4	.....	4	.....	4	.....	4	.....	.....	.....	.....	.....	1	.....	1	.....	4	.....	4	.....
Area No. 9b	6	2	4	.....	5	.....	5	.....	43	.....	43	.....	5	.....	5	.....	.....	.....	.....	.....
Unorganized parts	6	2	4	.....	5	.....	5	.....	43	.....	43	.....	5	.....	5	.....	.....	.....	.....	.....
Area No. 9c	12	3	9	.....	19	2	17	.....	6	5	1	.....	6	3	3	.....	31	6	25	.....
Stewart	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	1	.....	1	.....	1	.....	1	.....
Unorganized parts	12	3	9	.....	19	2	17	.....	5	5	.....	.....	5	3	2	.....	30	6	24	.....
Area No. 9d	149	43	106	.....	135	24	111	.....	166	28	138	.....	141	12	127	2	212	15	195	2
Prince Rupert	97	24	73	.....	95	15	80	.....	128	18	110	.....	99	7	90	2	159	7	150	2
Terrace	6	3	3	.....	1	.....	1	.....	2	1	1	.....	10	.....	10	.....	10	2	8	.....
Unorganized parts	46	16	30	.....	39	9	30	.....	36	9	27	.....	32	5	27	.....	43	6	37	.....
Area No. 9e	10	4	6	.....	13	2	11	.....	10	.....	10	.....	20	5	15	.....	59	2	57	.....
Unorganized parts	10	4	6	.....	13	2	11	.....	10	.....	10	.....	20	5	15	.....	59	2	57	.....
Area No. 9f	27	.....	27	.....	41	7	34	.....	23	2	21	.....	22	2	20	.....	26	2	24	.....
Unorganized parts	27	.....	27	.....	41	7	34	.....	23	2	21	.....	22	2	20	.....	26	2	24	.....
Area No. 10a	2	.....	2	.....	5	.....	5	.....	8	2	5	1	5	.....	2	3	.....	.....	.....	.....
Unorganized parts	2	.....	2	.....	5	.....	5	.....	8	2	5	1	5	.....	2	3	.....	.....	.....	.....
Area No. 10b	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Area No. 10c	6	1	5	.....	13	3	10	.....	15	1	14	.....	13	.....	12	1	1	1	.....	.....
Fort St. John	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7	.....	6	1	1	1	.....	.....
Unorganized parts	6	1	5	.....	13	3	10	.....	15	1	14	.....	6	.....	6	.....	.....	.....	.....	.....
Area No. 10d	37	25	12	.....	54	27	27	.....	34	.....	33	1	7	2	5	.....	19	1	18	.....
Dawson Creek	19	7	12	.....	33	10	23	.....	26	.....	25	1	5	1	4	.....	10	.....	10	.....
Pouce Coupe	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unorganized parts	18	12	.....	.....	21	17	4	.....	5	.....	5	.....	2	1	1	.....	9	1	8	.....
Ex-Province	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1
Not stated	91	21	70	.....	40	7	33	.....	5	1	4	.....	4	1	3	.....	3	.....	3	.....

Approximately 50 per cent of all venereal disease notified in the Province is reported in the Vancouver City area. This is in accordance with previous experience and is to be attributed to the high population concentration there, plus the fact that the city, by virtue of being a large seaport, a great recreational centre, and, in addition, having a large transient and seasonal population, is a focal point for the making of those casual relationships which so frequently result in the acquisition of venereal disease.

Reported cases of gonorrhœa have shown a gratifying decline (16 per cent) in the Vancouver City area over the past year. By contrast, sharp increases in the reporting of gonorrhœa have occurred in the Prince George (100 per cent increase) and Prince Rupert (67 per cent increase) areas.

CHART V.—PATIENT-VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS, 1943–52.

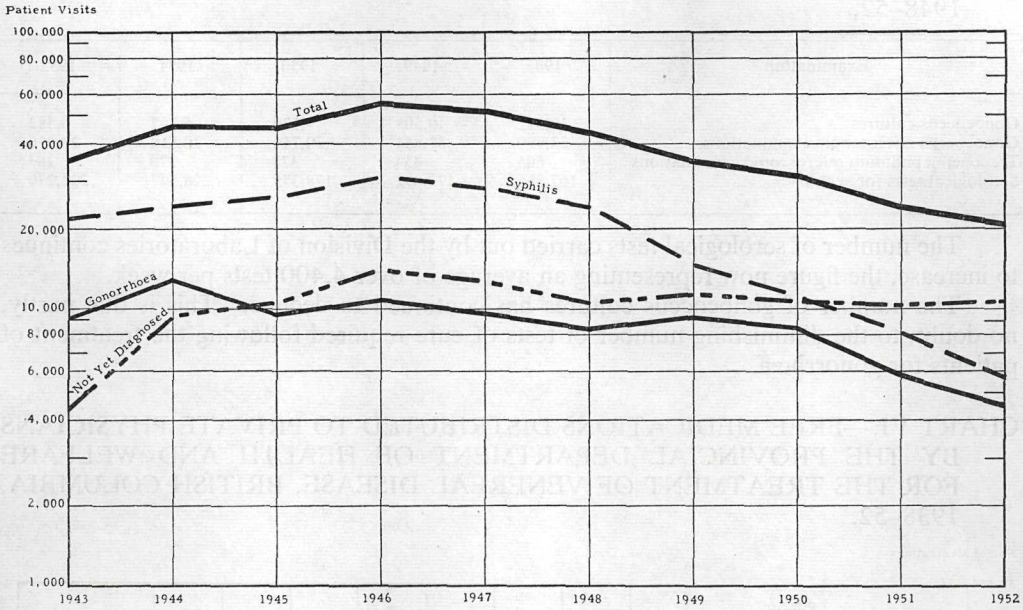


TABLE XI.—PATIENT-VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS, 1943–52.

Year	Total		Syphilis		Gonorrhœa		Not Yet Diagnosed	
	All Clinics	Vancouver Clinic	All Clinics	Vancouver Clinic	All Clinics	Vancouver Clinic	All Clinics	Vancouver Clinic
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
1951	24,372	15,953	8,109	6,606	5,904	4,964	10,178	4,251
1952	21,111	12,112	5,754	4,314	4,511	3,606	10,331	3,764

This table serves to show the steadily decreasing number of patient-visits made to the Divisional clinics over the past few years. The decrease is most obvious in the case of patient-visits made in respect of a syphilis diagnosis, because of the marked decline in the incidence of syphilis over the past few years and in particular the relatively short courses of treatment now possible with depo types of penicillin.

TABLE XII.—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, 1948–52.

Examination	1948	1949	1950	1951	1952
Gonococcus cultures	10,322	10,508	9,179	6,797	6,582
Gonococcus microscopic examinations	33,990	33,851	30,710	28,510	28,656
Treponema pallidum microscopic examinations	605	454	378	370	283
Serological tests for syphilis	167,816	173,092	178,375	228,547	232,270

The number of serological tests carried out by the Division of Laboratories continues to increase, the figure now representing an average of over 4,400 tests per week.

The number of gonococcus cultures has continued to decline. This is due partly, no doubt, to the diminishing number of tests of cure required following the treatment of patients for gonorrhœa.

CHART VI.—FREE MEDICATIONS DISTRIBUTED TO PRIVATE PHYSICIANS BY THE PROVINCIAL DEPARTMENT OF HEALTH AND WELFARE FOR THE TREATMENT OF VENEREAL DISEASE, BRITISH COLUMBIA, 1938–52.

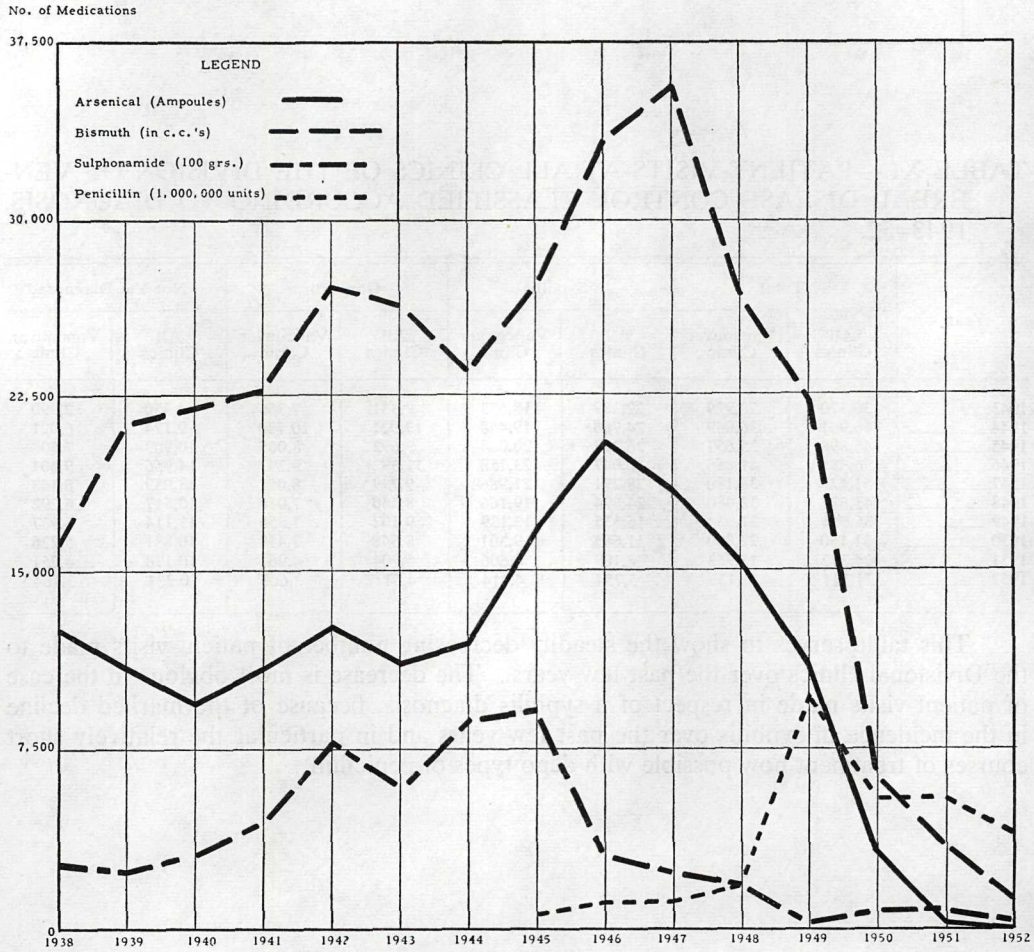


TABLE XIII.— FREE MEDICATIONS DISTRIBUTED TO PRIVATE PHYSICIANS BY THE PROVINCIAL DEPARTMENT OF HEALTH AND WELFARE FOR THE TREATMENT OF VENEREAL DISEASE, BRITISH COLUMBIA, 1938–52.

Year	Arsenicals (Ampoules)	Bismuth (C.C.)	Sulphonamide (Grains)	Penicillin (1,000,000 Units)	Penicillin O. & W. (100,000 Units)	Streptomycin (Grams)
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
1950	3,528	6,250	84,735	5,676	.....	155
1951	274	3,625	76,463	5,543	.....	95
1952	.....	1,250	24,540	3,971	.....	32

This table reflects in part the changing concepts regarding treatment of venereal disease, and in latter years the amounts of medication distributed have fallen off, coincidently with the compression of treatment schedules and the declining incidence of syphilis.

TABLE XIV.—PLACES OF MEETING REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASE, 1948–52

Place of Meeting	1948		1949		1950		1951		1952	
	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	251	15	156	10	143	10	132	9	113	8
Beer-parlours	310	18	345	22	301	22	333	22	391	27
Cabarets[1]	...	.....	41	2	41	3	54	4	65	5
Cafés	251	15	267	17	219	16	231	15	240	16
Hotels and rooms	228	13	206	13	195	14	210	14	211	15
Private homes	30	2	57	3	44	3	75	5	47	3
Streets[1]	443	26	241	15	226[2]	16	234	16	154	11
Miscellaneous	201	11	280	18	217	16	231	15	209	15
Totals	1,714	100	1,593	100	1,386	100	1,500	100	1,430	100

[1] Separate figures for cabarets and streets unavailable prior to 1949.
[2] City of Vancouver only.
Source: Division of Venereal Disease Control, Summary of Facilitation Reports.

TABLE XV.—PLACES OF EXPOSURE REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASE, 1948–52

Place of Exposure	1948		1949		1950		1951		1952	
	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	18	1	14	1	8	.....	19	1	9	.....
Hotels and rooms	1,831	60	1,575	53	1,516	57	1,491	60	1,394	54
Private homes	230	8	258	8	190	7	222	9	248	10
Marital and common-law	482	16	542	19	537	20	344	13	472	19
Cars	197	6	135	5	140[1]	5	127	5	115	4
Miscellaneous	276	9	399	14	281	11	287	12	320	13
Totals	3,034	100	2,923	100	2,672	100	2,490	100	2,558	100

[1] Vancouver City only.
Source: Division of Venereal Disease Control, Summary of Facilitation Reports.

The figures given in Tables XIV and XV represent places of meeting and places of exposure named by patients reporting with a venereal infection. It will be seen that the premises most often named as facilitating the spread of venereal disease are beer-parlours (meetings) and hotels and rooms (exposures), chiefly in the Vancouver area.

Places of meeting are naturally difficult to control, but some success in the control of this phase of the facilitation process is being effected through liaison between the Division and other interested professional and Governmental organizations. Hotels and rooming-houses still constitute the outstanding problem as places of exposure, and much remains to be done in tightening the control over certain constant offenders in this regard.

TABLE XVI.—CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF INVESTIGATION, BRITISH COLUMBIA, 1952.

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	Not Stated
Examined by clinic	619	510	38	8	2	4	4	15	36	2	.....	.....	.....
Examined by private physician	511	66	4	134	21	134	137	3	10	2	.....	.....	.....
Failed to report for examination	73	50	.....	15	4	.....	3	1	.....	.....	.....	.....	.....
Investigated, already diagnosed or under care	72	27	2	17	5	2	9	1	8	1	.....	.....	.....
Not located	696	327	7	177	27	3	20	7	127	.....	.....	.....	1
Still under investigation	91	27	1	32	2	1	25	.....	3	.....	.....	.....	.....
Found to be ex-Province	42	2	1	.....	.....	.....	2	.....	36	.....	.....	1	.....
Investigation not indicated	1,891	3	.....	1	.....	2	2	.....	2	703	188	990	.....
Not stated	156	.....	.....	3	.....	145	1	.....	2	1	.....	4	.....
Totals	4,151	1,012	53	387	61	291	203	27	224	709	188	995	1

TABLE XVII.—CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF EXAMINATION, BRITISH COLUMBIA, 1952.

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	9	-----	-----	-----	-----	-----	-----	-----	-----	9	-----	-----	-----
Not previously diagnosed	4	-----	-----	2	-----	1	-----	-----	1	-----	-----	-----	-----
Not stated	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Totals	13	-----	-----	2	-----	1	-----	-----	1	9	-----	-----	-----
Infected with secondary syphilis—													
Previously diagnosed	3	-----	-----	-----	-----	-----	-----	-----	-----	3	-----	-----	-----
Not previously diagnosed	2	1	-----	-----	-----	-----	1	-----	-----	-----	-----	-----	-----
Not stated	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Totals	5	1	-----	-----	-----	-----	1	-----	-----	3	-----	-----	-----
Infected with other syphilis—													
Previously diagnosed	20	-----	-----	1	-----	1	1	-----	2	15	-----	-----	-----
Not previously diagnosed	7	2	1	-----	-----	1	-----	-----	1	2	-----	-----	-----
Not stated	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Totals	27	2	1	1	-----	2	1	-----	3	17	-----	-----	-----
Infected with gonorrhœa—													
Previously diagnosed	530	15	2	5	1	5	1	-----	5	496	-----	-----	-----
Not previously diagnosed	590	356	30	52	7	58	48	13	25	1	-----	-----	-----
Not stated	8	2	1	-----	-----	1	1	-----	1	2	-----	-----	-----
Totals	1,128	373	33	57	8	64	50	13	31	499	-----	-----	-----
Negative—													
Previously diagnosed	53	3	-----	10	4	1	9	-----	1	25	-----	-----	-----
Not previously diagnosed	520	207	9	89	16	73	92	5	28	1	-----	-----	-----
Not stated	5	2	1	-----	-----	-----	-----	-----	1	1	-----	-----	-----
Totals	578	212	10	99	20	74	101	5	30	27	-----	-----	-----
Investigation not indicated—													
Previously diagnosed	5	-----	-----	-----	-----	1	-----	-----	-----	4	-----	-----	-----
Not previously diagnosed	2	1	-----	-----	-----	-----	-----	-----	-----	1	-----	-----	-----
Not stated	1,329	2	-----	1	-----	-----	-----	-----	4	145	188	989	-----
Totals	1,336	3	-----	1	-----	1	-----	-----	4	150	188	989	-----
Infected with non-specific urethritis—venereal—													
Previously diagnosed	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Not previously diagnosed	3	3	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Not stated	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Totals	3	3	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Not stated—													
Previously diagnosed	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Not previously diagnosed	3	2	-----	-----	-----	-----	-----	-----	1	-----	-----	-----	-----
Not stated	1,058	416	9	227	33	149	50	9	154	4	-----	6	1
Totals	1,061	418	9	227	33	149	50	9	155	4	-----	6	1
Totals—													
Previously diagnosed	620	18	2	16	5	8	11	-----	8	552	-----	-----	-----
Not previously diagnosed	1,131	572	40	143	23	133	141	18	56	5	-----	-----	-----
Not stated	2,400	422	11	228	33	150	51	9	160	152	188	995	1
Totals	4,151	1,012	53	387	61	291	203	27	224	709	188	995	1

NOTE.—The above figures cover the period of October, 1951, to September, 1952.
No cases of chancroid, lymphogranuloma venereum, or granuloma inguinale found in contacts.

Tables XVI and XVII represent an attempt to study the efficacy of contact-tracing as a method of finding new cases of venereal disease. From them, it will be seen that investigation was indicated on 2,258 of a total of 4,151 contacts. Public Health and Indian Department personnel investigated 77 per cent of these contacts, the remainder being investigated by private physicians or other agencies. Of those investigated by Public Health and Indian Department personnel, 67 per cent were located, and 80 per cent of those located were examined. Of those examined, 57 per cent were found to be infected.

TABLE XVIII.—INCIDENCE AND RATE PER 100,000 POPULATION OF TOTAL VENEREAL DISEASE, GONORRHŒA, AND SYPHILIS, BY QUARTERS, BRITISH COLUMBIA, 1948–52.

Year	Total Venereal Disease		Syphilis		Gonorrhœa	
	Cases	Rate	Cases	Rate	Cases	Rate
1948—						
January to March	1,396	520.9	387	144.4	998	372.4
April to June	1,071	395.9	227	83.9	837	309.4
July to September	1,042	382.4	179	65.7	853	313.0
October to December	1,141	416.0	195	71.1	955	348.2
1949—						
January to March	1,139	411.9	211	76.3	917	331.6
April to June	1,063	381.7	208	74.7	852	305.9
July to September	1,178	420.3	197	70.3	972	346.8
October to December	1,152	408.9	161	57.1	941	334.0
1950—						
January to March	1,206	425.8	200	70.6	998	352.0
April to June	887	311.8	153	53.8	714	251.0
July to September	1,214	424.8	136	47.6	1,056	369.6
October to December	994	346.3	120	41.8	864	301.0
1951—						
January to March	1,030	353.6	134	46.0	883	303.2
April to June	1,023	351.2	127	43.6	855	293.6
July to September	996	342.0	97	33.3	874	300.1
October to December	923	316.9	131	45.0	774	265.8
1952—						
January to March	960	320.5	88	29.4	842	281.1
April to June	1,034	345.2	91	30.4	895	298.8
July to September	982	327.9	71	23.7	835	278.8
October to December	938	313.2	59	19.7	795	265.4

NOTE.—(1) Total includes all types of venereal disease.
(2) Rated on a yearly basis.

The purpose of this table was an attempt to determine whether or not there was a marked seasonal fluctuation in the venereal-disease rate of the population.

In 1949 and 1950 a definite rise in the total venereal-disease rate was noted during the first and third quarters of the year. This was thought possibly to be connected in some way with seasonal interference with working conditions; for example, interference with logging and other operations during the periods of deep snow and frost in the winter and fire hazards in the summer. In 1951 this seasonal pattern virtually disappeared, while in 1952 the seasonal upswing occurred in the second and third quarters of the year, coincident with the fire season and a prolonged strike period which affected men in certain types of employment.

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