PROVINCE OF BRITISH COLUMBIA

Division of
Venereal Disease Control

Department of Health and Welfare

ANNUAL REPORT

For the Year 1954

VICTORIA, B.C.
Printed by DON MCDIARMID, Printer to the Queen's Most Excellent Majesty
1955

VICTORIA, B.C., March 31st, 1955.

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 1954.

ERIC MARTIN,
Minister of Health and Welfare.

DEPARTMENT OF HEALTH AND WELFARE (HEALTH BRANCH),
VICTORIA, B.C., March 31st, 1955.

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, 1954.

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., March 31st, 1955.

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

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Your obedient servant,

W. S. MADDIN, B.A., M.D., C.M.,
Director, Division of Venereal Disease Control.

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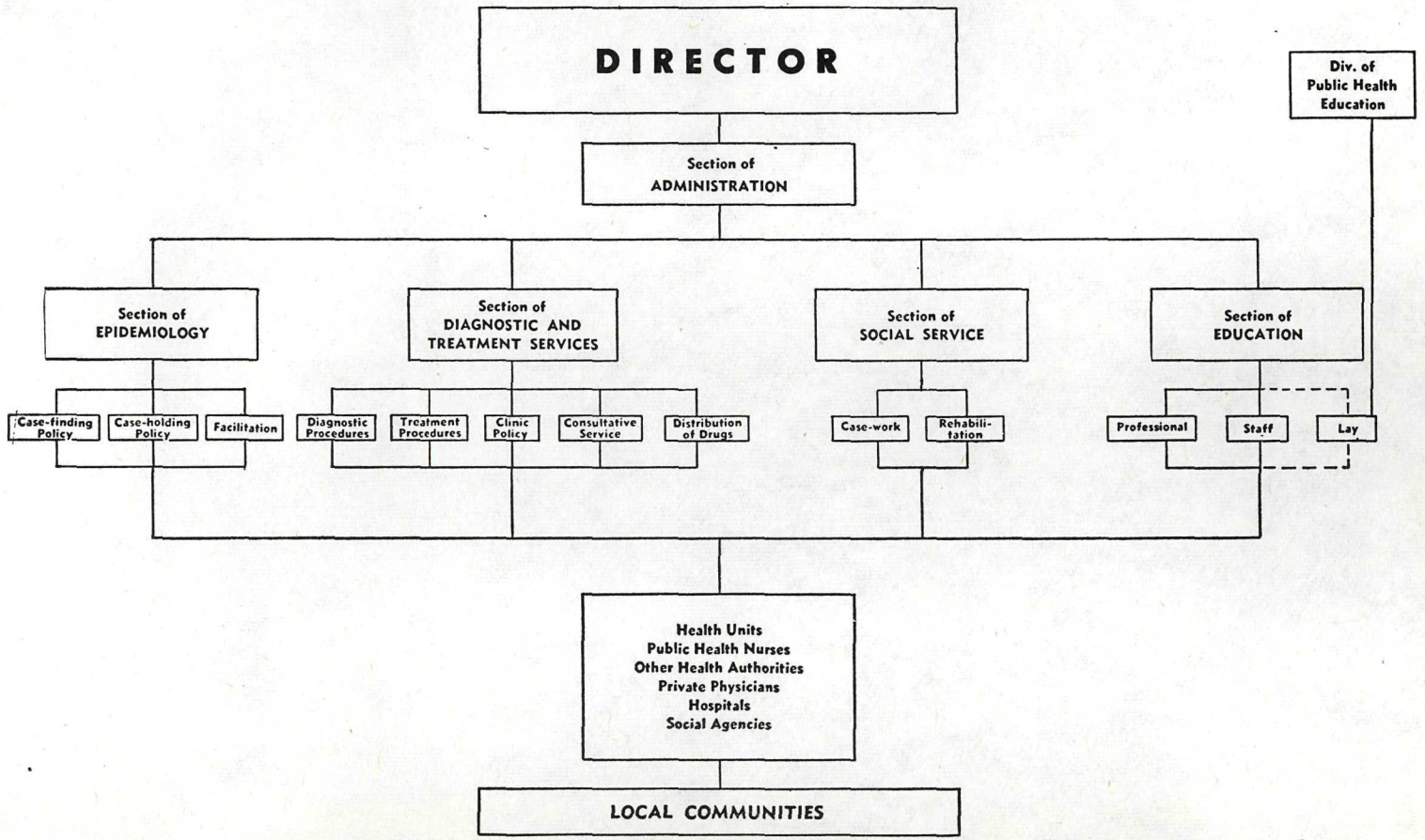
Organization Chart

DIVISION OF VENEREAL DISEASE CONTROL



DIVISION OF VENEREAL DISEASE CONTROL

ANNUAL REPORT FOR THE YEAR 1954

W. STUART MADDIN, DIRECTOR

INTRODUCTION

During this past year the total number of veneral-disease cases reported in the Province showed a decline as compared with previous years. Early syphilis, including the secondary stage, has continued to be a clinical rarity. Late syphilis and prenatal syphilis, as reported to this Division, have also shown an appreciable decline. On reviewing the other forms of venereal disease an increase was noted in the total number of reported cases of chancroid; however, these cases were found to be mainly among mariners and other persons entering the port of Vancouver.

TREATMENT

This Division continued, as in the past, to overtreat gonorrhœa patients with massive doses of penicillin, and the results to date have shown that such treatment has been successful in preventing concomitantly acquired syphilis. Prior to the adoption of this overtreatment schedule, authorities reported a small percentage (3 per cent) of patients contracted syphilis along with their gonorrhœa.

A clinical survey is now under way to determine the usefulness of a newer long-acting form of penicillin; it is hoped that with the addition of this therapeutic modality, results in the treatment of a sizeable group of promiscuous offenders will be enhanced.

After observing the decrease in the patient case loads in the New Westminster and Victoria clinics, several changes were made. The facilities of the Victoria clinic, which was previously set up as a separate treatment unit, were incorporated in July, 1954, into the Vancouver Island Chest Centre, 2345 Richmond Road, Victoria, B.C. The New Westminster clinic has now become a part of the Simon Fraser Health Unit programme in that the unit staff have assumed responsibility for case-holding and treatment of V.D. patients. The economy effected by these changes has in no way detracted from the diagnostic or treatment services offered to the public in either of those communities.

In co-operation with the Welfare Branch, the Division has continued to provide service to the Juvenile Detention Home and the Girls' Industrial School. The number of clinics at Oakalla Prison Farm has been increased in order to render a more complete and effective screening of the gaol population for venereal disease. Because of the V.D. problem which prevails both at Prince Rupert and Prince George, clinics have been continued at the city gaols in both of these centres.

Free drugs are still supplied to all private physicians for the treatment of venereal disease. A supply of drugs is made available to all health units throughout the Province in order that drugs can be dispensed locally to the private physician.

This Division has continued to receive excellent co-operation from private physicians and other agencies within the Province in regard to the matter of reporting clinical cases of venereal disease. Private physicians are continuing to avail themselves of the consultative services furnished by the Division.

EPIDEMIOLOGY

Epidemiological methods employed by the Division continue to be a most important factor in the suppression of venereal disease. With the further education of the private physician as to his place and importance in the over-all programme, it is hoped venereal disease will become a minor problem in the general health programme of the Province.

Epidemiological workers have altered some of their interviewing techniques. Greater emphasis is being placed on the initial interview, both as a means of educating the patient with venereal disease and in securing from him sufficient data to enable workers to trace the contact in the shortest possible time.

The modified programme of speed-zone epidemiology was recently reviewed by members of this Division and showed that a higher percentage of contacts could be brought in for investigation and treatment within the first seventy-two hours. This newer concept has completely revised our older and previously described method.

The Vancouver City Gaol clinic continues to function as a most important part of our programme. Treatment at this clinic is offered to all patients who present clinical evidence of disease or who are known to be promiscuous.

The Indian Health Service, Department of National Health and Welfare, reorganized its staff in the field, which has enabled them to accept increased responsibility toward their V.D. patients. In the month of June a serologic survey was made among Indians employed in the Sardis hop-yards, with a member of our staff assisting in this work. A statistical analysis of this survey will be completed in the near future.

Due to increased case-reporting in certain areas of the Province, this Division has found it necessary to supply, temporarily, a specially trained epidemiological worker to augment the existing services at the local health-unit level.

SOCIAL SERVICE

Counselling on a casework basis continued to be given by the social worker at the Vancouver clinic, and during the year 778 patients were interviewed as part of their treatment for a venereal disease. This was a decrease from the previous year in the number of patients interviewed. Again this year the department was without social-work staff for a three months' period.

The clinic social worker's evaluation of the capacity of individual patients to modify promiscuous behaviour showed much the same pattern as in the previous year. Approximately two-thirds of the patients interviewed were people who utilized the discussion with the social worker to gain some insight into their difficulties. The remainder were patients with repeated infections whose promiscuity was a reflection of their casual way of life. In the current year there was an increase in the proportion of patients whose behaviour was symptomatic of some more basic personality problem, 29 per cent being so classified this year, as against 22 per cent in the previous year. For those patients the counselling interview was an opportunity to sort out their problems and make a start at seeking some solution to them.

In addition to the routine interviewing of patients following treatment, the clinic social worker participated in a study project undertaken in the Division to investigate the problem of recidivism in venereal disease. A detailed sociological analysis was made of the case-histories of seventy-seven patients treated at the Vancouver clinic between February and July, 1953, who came within the definition of a repeater patient. Information for the case-histories was obtained by the clinic social worker in an interview with each of the patients included in the study. Although the interview appeared to the patient to be spontaneous, it had been carefully standardized by the author of the study in co-operation with the clinic social worker and the Provincial Supervisor of the Social Service Department of the Division, in order to give specific information about the life of the repeater patient. The social worker experienced very little difficulty in enlisting the co-operation of the patients in the study project, and each interview lasted about one hour.

As in previous years, the clinic social worker took part in the training programme in venereal-disease control, arranged for the student-nurses, public health nursing students, social-work students, and other professional personnel.

EDUCATION

The policy with regard to public health education has continued to function as in previous years. On occasion we have been called upon to assist other branches of the Government in the matter of venereal-disease education.

Lectures by members of the staff of the Division of Venereal Disease Control have been given to student-nurses at Vancouver General, St. Paul's, Royal Columbian, and Essondale Hospitals, as well as to the fourth-year medical students at the University of British Columbia. In addition to this, practical experience is provided by the Vancouver clinics to undergraduate nurses of the Vancouver General Hospital. A similar and more concentrated programme is provided for students taking the public health nursing course at the University of British Columbia. Certain members of the nursing staff of the Indian Health Service were afforded an orientation period at the Division during the year.

The following articles were written and published during the course of the year:—

(1) " Challenging Trends in Venereal Disease Control," by Drs. Ben Kanee and A. John Nelson. Published in the American Journal of Syphilis, Gonorrhœa and Venereal Diseases, September, 1954.

(2) " Observations on the Applied Epidemiology of Gonorrhœa," by Drs. A. John Nelson and D. O. Anderson. Published in the Canadian Journal of Public Health, September, 1954.

(3) " Recent Advances in Venereal Disease Control," by Dr. A. John Nelson. Published in the Canadian Nurse, March, 1954.

(4) " Syphilis Today," by Drs. W. S. Maddin and A. John Nelson. Published in the Vancouver Medical Association Bulletin, July, 1954.

GENERAL

The Federal Government has continued its grant to this Division. From this grant, funds were made available to the bio-medical library, University of British Columbia, for a proportion of the operating costs and the purchase of up-to-date literature on venereal disease.

Mr. D. O. Anderson, a University of British Columbia medical student, was attached to the Division during the summer period in the capacity of epidemiology worker. A research project undertaken by Mr. Anderson at this time was supervised by Dr. A. John Nelson, Consultant in Epidemiology to the Health Branch. This project was also used to fulfil the thesis requirements for the degree of Doctor of Medicine at the University. During this period Mr. Anderson collected data dealing with one of the major venereal-disease control problems, that of the repeater patient. The project was completed in all detail in the spring of 1954, and the final thesis will serve as a very excellent guide in the future management of the repeater problem.

Special appreciation should be extended this year to the Ontario Department of Health, Division of Venereal Disease Control and Central Laboratory, for the services they have provided this Division in respect to the *Treponema pallidum* immobilization test for selected patients.

It is our wish to express appreciation for the services and co-operation of the Division of Laboratories, Division of Vital Statistics, and Division of Public Health Education.

In addition, the Division is most appreciative of the co-operation extended by the Vancouver City Police, the Royal Canadian Mounted Police, the British Columbia Hotels Association, the Liquor Control Board, Indian Affairs Branch of the Department of Citizenship and Immigration, the Armed Forces Disciplinary Control Board of the United States, 13th Naval District, and the American Social Hygiene Association.

STATISTICAL SECTION

CHART I.—NEW NOTIFICATIONS OF VENEREAL INFECTION BY DIAGNOSIS, REPORTED BY ALL AGENCIES, BRITISH COLUMBIA, 1944–54 (RATE PER 100,000 POPULATION)

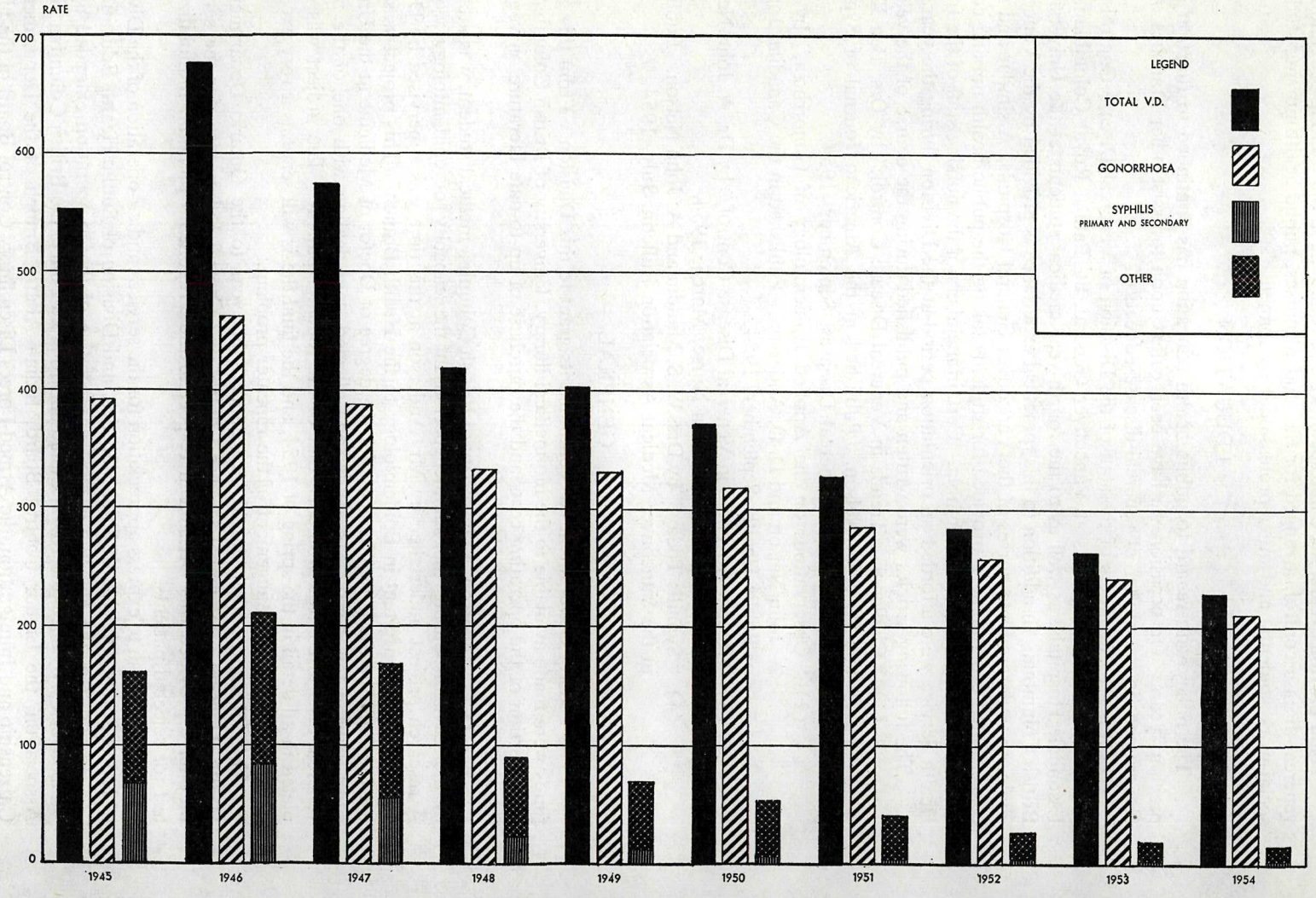


TABLE I.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION, 1945–54

Year	Total Venereal Disease		Gonorrhœa[1]			Syphilis									*Other Venereal Disease*[1]		
						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
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	4,495	403.8	3,694	331.6	82.1	100	9.0	2.2	39	3.5	0.9	632	56.7	14.1	30	2.7	0.7
1950	4,240	372.9	3,627	318.7	85.5	42	3.7	1.0	19	1.6	0.5	541	47.5	12.7	11	1.0	0.3
1951	3,834	329.0	3,336	286.4	87.1	27	2.3	0.7	9	0.8	0.2	445	38.2	11.6	17	1.5	0.4
1952	3,427	286.1	3,098	258.6	90.4	22	2.3	0.7	11	0.9	0.3	276	23.0	8.3	20	1.7	0.6
1953	3,208	260.8	2,968	241.3	92.5	19	1.5	0.6	7	0.6	0.2	203	16.5	6.3	11	0.9	0.3
1954	2,892	228.4	2,668	210.7	92.3	14	1.1	0.5	3	0.2	0.1	171	13.5	5.9	36	2.8	1.2

[1] Excludes gonorrhœa epidemiological and non-specific urethritis.

A downward trend in the total number of reported venereal-disease cases since the peak year of 1946 has continued throughout 1954. Table I shows a 10-per-cent decrease in 1954 as compared with 1953. The rate per 100,000 population has continued to decline, and it is now well below the pre-war (1939) rate of 329.9 per 100,000 population.

Gonorrhœa has continued to be the main venereal-disease problem, as it accounted for 92 per cent of all cases reported during the year.

The most striking conquest in the control of venereal disease in this Province has been with syphilis. During the period 1946–54 there has been a 91-per-cent reduction in the number of reported cases. In 1946 there were 2,126 cases of syphilis reported, whereas in 1954 there were only 188 cases reported, of which only 17 could be classified as early or infectious syphilis.

TABLE II.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND SOURCE OF REPORTING OF NOTIFICATION, BRITISH COLUMBIA, 1954.

Source of Referral		Total	Gonorrhœa				Syphilis											Other Venereal Disease
			Total	Ophthalmia Neonatorum	Gonorrhœa (Clinical)	Other	Total	Acquired						Prenatal		Type Undetermined		
								Primary	Secondary	Latent—Early	Latent—Late	Cardiovascular	Neurosyphilis	Other	Early	Late		
Totals	T.	2,892	2,668	—	727	1,941	188	14	3	11	92	20	40	1	—	5	2	36
	M.	2,248	2,096	—	617	1,479	120	13	3	5	48	15	32	1	—	1	2	32
	F.	644	572	—	110	462	68	1	—	6	44	5	8	—	—	4	—	4
Clinics, total	T.	1,272	1,179	—	60	1,119	59	8	—	4	22	7	16	1	—	—	1	34
	M.	890	816	—	38	778	44	7	—	1	15	5	14	1	—	—	1	30
	F.	382	363	—	22	341	15	1	—	3	7	2	2	—	—	—	—	4
Vancouver	T.	996	916	—	23	893	46	7	—	2	17	7	11	1	—	—	1	34
	M.	727	662	—	17	645	35	7	—	—	11	5	10	1	—	—	1	30
	F.	269	254	—	6	248	11	—	—	2	6	2	1	—	—	—	—	4
Victoria	T.	59	53	—	8	45	6	—	—	—	3	—	3	—	—	—	—	—
	M.	43	38	—	4	34	5	—	—	—	2	—	3	—	—	—	—	—
	F.	16	15	—	4	11	1	—	—	—	1	—	—	—	—	—	—	—
New Westminster	T.	9	9	—	2	7	—	—	—	—	—	—	—	—	—	—	—	—
	M.	7	7	—	2	5	—	—	—	—	—	—	—	—	—	—	—	—
	F.	2	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Oakalla	T.	45	39	—	4	35	6	—	—	2	2	—	2	—	—	—	—	—
	M.	17	13	—	4	9	4	—	—	1	2	—	1	—	—	—	—	—
	F.	28	26	—	—	26	2	—	—	1	—	—	1	—	—	—	—	—
Girls' Industrial School and Juvenile Detention Home	T.	9	9	—	3	6	—	—	—	—	—	—	—	—	—	—	—	—
	M.	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	8	8	—	2	6	—	—	—	—	—	—	—	—	—	—	—	—
Metropolitan Health Committee Clinics	T.	154	153	—	20	133	1	1	—	—	—	—	—	—	—	—	—	—
	M.	95	95	—	10	85	—	—	—	—	—	—	—	—	—	—	—	—
	F.	59	58	—	10	48	1	1	—	—	—	—	—	—	—	—	—	—
Other sources	T.	1,620	1,489	—	667	822	129	6	3	7	70	13	24	—	—	5	1	2
	M.	1,358	1,280	—	579	701	76	6	3	4	33	10	18	—	—	1	1	2
	F.	262	209	—	88	121	53	—	—	3	37	3	6	—	—	4	—	—
Private physicians	T.	1,364	1,260	—	554	706	102	4	3	7	57	10	16	—	—	4	1	2
	M.	1,143	1,085	—	491	594	56	4	3	4	25	8	10	—	—	1	1	2
	F.	221	175	—	63	112	46	—	—	3	32	2	6	—	—	3	—	—
Indian Health Services	T.	34	33	—	22	11	1	—	—	—	1	—	—	—	—	—	—	—
	M.	29	29	—	22	7	—	—	—	—	—	—	—	—	—	—	—	—
	F.	5	4	—	—	4	1	—	—	—	1	—	—	—	—	—	—	—
Department of National Defence	T.	104	101	—	16	85	3	2	—	—	1	—	—	—	—	—	—	—
	M.	101	98	—	14	84	3	2	—	—	1	—	—	—	—	—	—	—
	F.	3	3	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Hospitals	T.	12	6	—	4	2	6	—	—	—	2	2	2	—	—	—	—	—
	M.	8	3	—	2	1	5	—	—	—	2	1	2	—	—	—	—	—
	F.	4	3	—	2	1	1	—	—	—	—	1	—	—	—	—	—	—
Other	T.	106	89	—	71	18	17	—	—	—	9	1	6	—	—	1	—	—
	M.	77	65	—	50	15	12	—	—	—	5	1	6	—	—	—	—	—
	F.	29	24	—	21	3	5	—	—	—	4	—	—	—	—	1	—	—

In 1954 the Vancouver clinic and private physicians reported 367 fewer cases in that year as compared with 1953. The three other main reporting agencies—Metropolitan Health Committee, Department of National Defence, and Indian Health Services—reported more cases in 1954 as compared with the year previous. The Metropolitan Health Committee reported 51 per cent more during the past year compared with 1953.

The private physician was responsible for reporting 47 per cent of all new notifications for gonorrhœa and the clinics were responsible for 44 per cent of new notifications of this disease during 1954.

The private physician reported 54 per cent of the reported cases of syphilis; 152 or 81 per cent were either latent or late symptomatic syphilis. Of these, 55 per cent were reported by private physician and 30 per cent by the clinics.

The ratio of male to female cases reported by clinics and private physicians has increased from 2.97 to 3.49 for all cases of venereal disease reported. This compares with a ratio of 2.33 reported by Divisional clinics and 5.17 for private physicians. As pointed out in previous Reports, these sex differentials indicate that females are not being brought to treatment in the number that they should, a fact that probably explains the continuing high incidence of gonorrhœa in the Province. The Division, in an attempt to bring more female contacts to treatment speedily, has continued to implement speed-zone epidemiology. This Division is also attempting to obtain special interviewing techniques which will further reduce this problem.

TABLE III.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND AGE-GROUPS, BRITISH COLUMBIA, 1954.

Age-group		Total	Gonorrhœa				Syphilis											Other Venereal Disease
			Total	Ophthalmia Neonatorum	Gonorrhœa (Clinical)	Other	Total	Acquired						Pre-natal		Type Undetermined		
								Primary	Secondary	Latent—Early	Latent—Late	Cardiovascular	Neurosyphilis	Other	Early	Late		
Totals	T.	2,892	2,668	—	727	1,941	188	14	3	11	92	20	40	1	—	5	2	36
	M.	2,248	2,096	—	617	1,479	120	13	3	5	48	15	32	1	—	1	2	32
	F.	644	572	—	110	462	68	1	—	6	44	5	8	—	—	4	—	4
Under 1 year	T.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1– 4 years	T.	6	6	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	6	6	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
5– 9 ,,	T.	5	5	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—
	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	5	5	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—
10–14 ,,	T.	5	5	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—
	M.	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	4	4	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—
15–19 ,,	T.	210	208	—	61	147	2	2	—	—	—	—	—	—	—	—	—	—
	M.	109	107	—	38	69	2	2	—	—	—	—	—	—	—	—	—	—
	F.	101	101	—	23	78	—	—	—	—	—	—	—	—	—	—	—	—
20–24 ,,	T.	768	748	—	215	533	11	5	—	3	2	—	—	—	—	—	1	9
	M.	585	572	—	184	387	7	5	—	1	—	—	—	—	—	—	1	7
	F.	183	177	—	31	146	4	—	—	2	2	—	—	—	—	—	—	2
25–29 ,,	T.	609	585	—	141	444	16	3	1	2	8	—	1	—	—	1	—	8
	M.	496	476	—	126	350	12	3	1	1	6	—	1	—	—	—	—	8
	F.	113	109	—	15	94	4	—	—	1	2	—	—	—	—	1	—	—
30–34 ,,	T.	427	408	—	98	310	14	—	1	3	8	—	—	—	—	2	—	5
	M.	344	332	—	83	249	8	—	1	1	5	—	—	—	—	1	—	4
	F.	83	76	—	15	61	6	—	—	2	3	—	—	—	—	1	—	1
35–39 ,,	T.	220	204	—	59	145	14	—	—	1	8	1	4	—	—	—	—	2
	M.	175	168	—	48	120	5	—	—	—	1	1	3	—	—	—	—	2
	F.	45	36	—	11	25	9	—	—	1	7	—	1	—	—	—	—	—
40–44 ,,	T.	166	147	—	43	104	16	2	1	1	7	2	3	—	—	—	—	3
	M.	140	127	—	41	86	10	2	1	1	3	2	1	—	—	—	—	3
	F.	26	20	—	2	18	6	—	—	—	4	—	2	—	—	—	—	—
45–49 ,,	T.	117	92	—	27	65	20	1	—	—	10	2	6	—	—	1	—	5
	M.	95	80	—	21	59	11	1	—	—	4	2	4	—	—	—	—	4
	F.	22	12	—	6	6	9	—	—	—	6	—	2	—	—	1	—	1
50–59 ,,	T.	122	82	—	21	61	39	1	—	—	18	6	12	1	—	1	—	1
	M.	100	73	—	20	53	26	—	—	—	10	4	11	1	—	—	—	1
	F.	22	9	—	1	8	13	1	—	—	8	2	1	—	—	1	—	—
60–69 ,,	T.	78	41	—	14	27	35	—	—	—	22	4	8	—	—	—	1	2
	M.	63	38	—	14	24	23	—	—	—	13	3	6	—	—	—	1	2
	F.	15	3	—	—	3	12	—	—	—	9	1	2	—	—	—	—	—
70–79 ,,	T.	20	3	—	1	2	16	—	—	—	8	2	6	—	—	—	—	1
	M.	16	3	—	1	2	12	—	—	—	6	—	6	—	—	—	—	1
	F.	4	—	—	—	—	4	—	—	—	2	2	—	—	—	—	—	—
80 years and over	T.	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—
	M.	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Not stated	T.	138	134	—	44	90	4	—	—	1	1	2	—	—	—	—	—	—
	M.	123	120	—	40	80	3	—	—	1	—	2	—	—	—	—	—	—
	F.	15	14	—	4	10	1	—	—	—	1	—	—	—	—	—	—	—

The relative proportion of male and female cases reported during the year was very similar to the figures obtained in previous years.

Sixty-eight per cent of all cases of gonorrhœa of females reported to this Division occurred between the ages of 15 and 29 years of age. Sixty-six per cent of all cases of gonorrhœa of males reported to this Division occurred between the ages of 20 and 34 years of age.

Eighty-one per cent of all syphilis reported to this Division was diagnosed as late latent or late symptomatic syphilis. However, 127 cases or 68 per cent of syphilis reported to this Division occurred in the age-group over 40 years.

CHART II.—NEW NOTIFICATIONS OF GONORRHŒA BY AGE AND SEX, BRITISH COLUMBIA, 1954

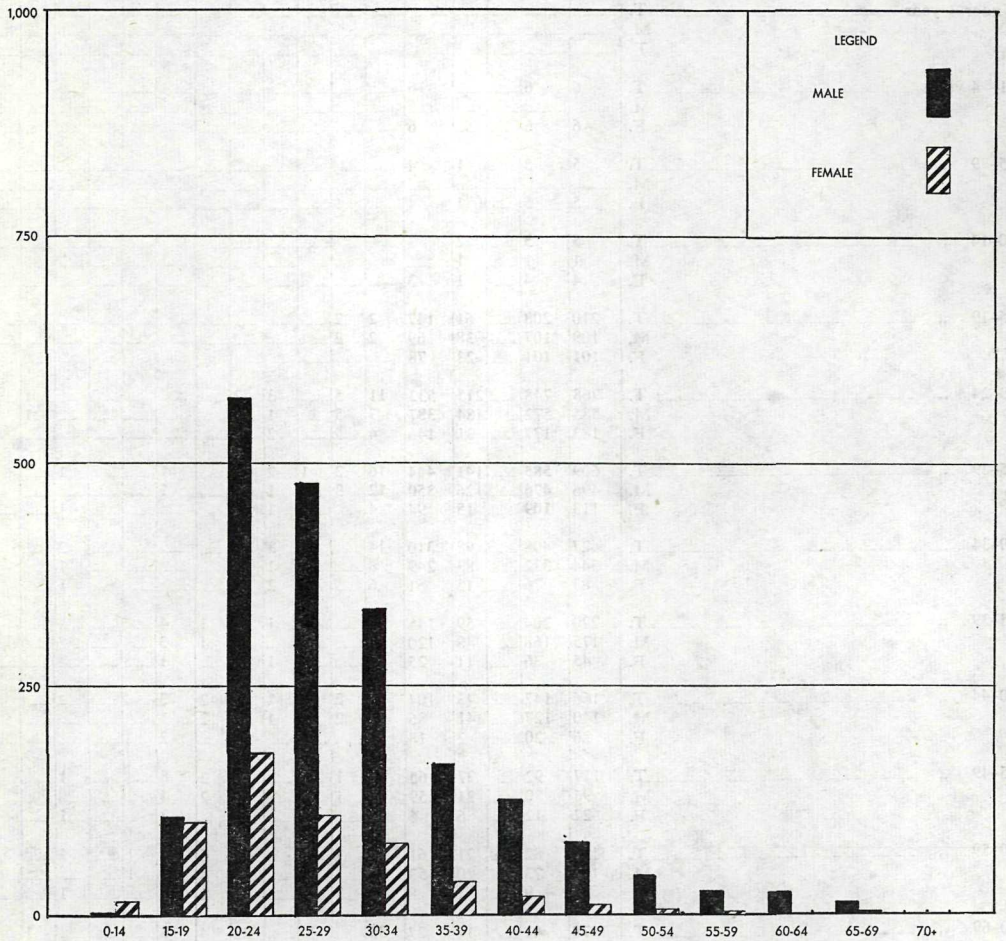


CHART III.—NEW NOTIFICATIONS OF VENEREAL INFECTION, RATES PER 100,000 POPULATION, BRITISH COLUMBIA, 1940–54

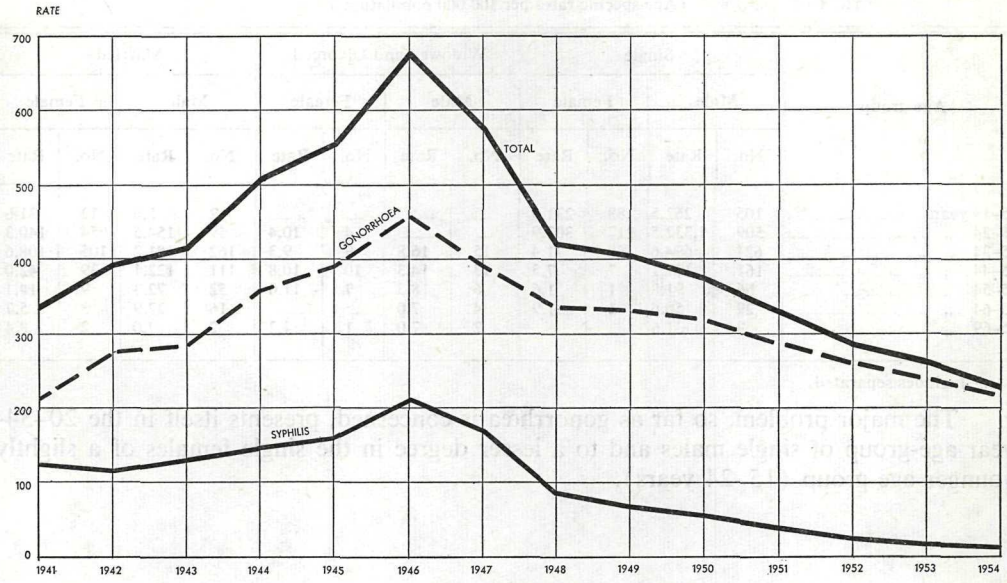


TABLE IV. — RATE PER 100,000 POPULATION FOR TOTAL VENEREAL-DISEASE NOTIFICATIONS BY AGE-GROUPS, BRITISH COLUMBIA, 1941–54.

Age-group	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
0– 4 years	25	24	21	23	30	35	25	16	9	10	10	7	3	4
5– 9 ,,	24	19	26	17	23	25	20	10	8	10	6	3	4	4
10–14 ,,	35	22	24	43	19	33	9	11	9	33	20	6	6	5
15–19 ,,	231	326	385	614	629	709	697	533	465	499	452	327	289	269
20–24 ,,	821	1,046	1,134	1,383	1,480	2,057	1,923	1,460	1,489	1,376	1,268	1,203	1,088	1,001
25–29 ,,	690	770	843	953	1,039	1,547	1,306	1,044	1,021	951	886	783	818	665
30–34 ,,	552	618	598	619	753	986	689	555	544	524	574	491	491	452
35–39 ,,	499	518	543	537	699	737	609	481	438	420	318	278	274	230
40–44 ,,	412	375	474	573	587	565	479	361	371	305	277	243	199	189
45–49 ,,	271	249	272	337	446	457	439	308	305	280	230	204	173	160
50–54 ,,	245	265	218	309	305	292	324	240	229	220	163	176	129	112
55–59 ,,	184	134	193	196	211	232	231	124	156	173	152	85	80	92
60–64 ,,	149	188	141	183	188	215	207	120	163	120	101	109	73	84
65–69 ,,	166	113	80	106	169	157	172	101	110	109	102	64	51	63
70 years and over	73	83	74	61	53	83	81	62	64	62	52	56	31	24
Totals	336	392	415	508	553	677	575	419	404	373	329	286	261	228

All age-groups had a lower case rate in 1954 as compared with 1953, except the age-groups between 55 and 69 years of age. However, the 20–24-year age-group had the largest percentage decline (8 per cent) in 1954 as compared to 1953.

The rate per 100,000 population of venereal disease for the combined age-groups has again continued to show a progressive decline over the years. The rate of 228 per 100,000 as compared with 677 per 100,000 in 1946 gives some indication of the real improvement attained.

TABLE V.—NEW CASES OF GONORRHŒA REPORTED IN BRITISH COLUMBIA, BY AGE-GROUPS AND MARITAL STATUS, 1954

(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	105	262.5	88	231.6	....	.....	....	.....	2	5.0	12	31.6
20–24 ,,	509	1,332.5	117	303.9	....	.....	4	10.4	59	154.5	54	140.3
25–34 ,,	621	694.6	69	71.4	15	16.8	9	9.3	162	181.2	105	108.6
35–44 ,,	161	177.1	7	7.5	13	14.3	10	10.8	111	122.1	39	42.0
45–54 ,,	66	91.8	1	1.6	6	8.3	7	11.0	52	72.3	9	14.1
55–64 ,,	29	50.6	1	1.9	4	7.0	....	.....	16	27.9	3	5.7
65–69 ,,	9	31.6	....	.....	2	7.0	1	4.2	2	7.0	2	8.4

[1] Includes separated.

The major problem, so far as gonorrhœa is concerned, presents itself in the 20–34-year age-group of single males and to a lesser degree in the single females of a slightly younger age-group (15–24 years).

CHART IV. — PATIENT-VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS, 1944–54.

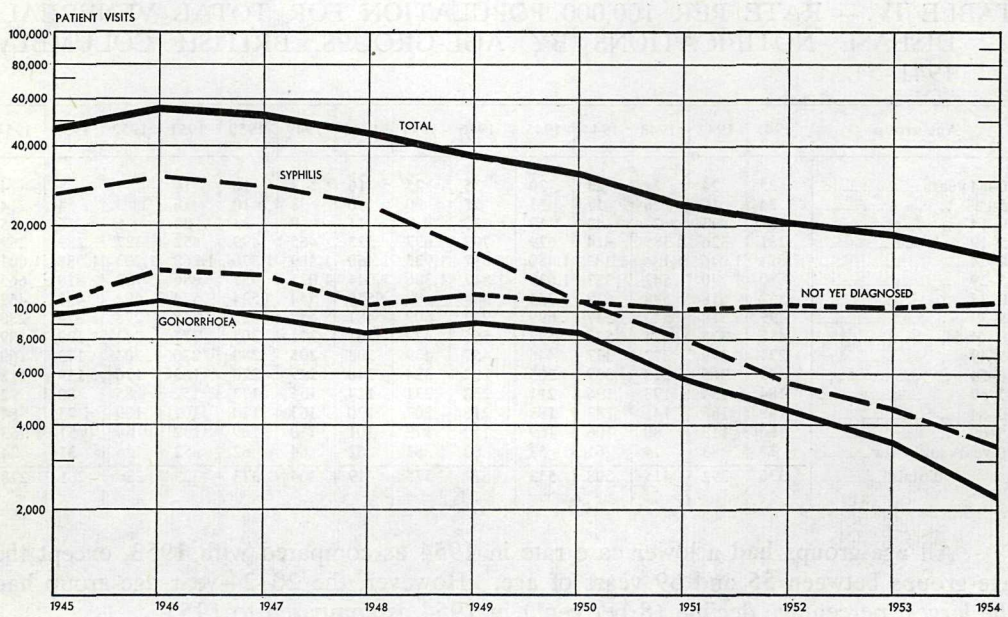


TABLE VI.—PATIENT-VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS, 1945–54.

Year	Total		Syphilis		Gonorrhœa		Other V.D.		Not Yet Diagnosed	
	All Clinics	Vancouver Clinic	All Clinics	Vancouver Clinic	All Clinics	Vancouver Clinic	All Clinics	Vancouver Clinic	All Clinics	Vancouver Clinic
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	43,897	32,495	24,894	19,166	8,480	7,014	26	23	10,497	6,292
1949	36,685	27,970	16,425	13,139	9,102	7,858	44	36	11,114	6,937
1950	31,107	21,976	11,685	9,301	8,548	7,418	43	31	10,831	5,226
1951	24,315	15,943	8,109	6,606	5,904	4,964	124	122	10,178	4,251
1952	20,721	11,798	5,754	4,314	4,511	3,606	125	114	10,331	3,764
1953	18,307	9,732	4,503	3,494	3,551	2,758	88	88	10,165	3,392
1954	16,792	8,779	3,432	2,831	2,279	1,848	121	115	10,960	3,985

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

The figures as reported in this table " not yet diagnosed " continue to remain quite high, the reason for this being that diagnosis is withheld until smear and culture results are known. Therefore, the increase as noted for the year 1954 is higher than previous report years, for the reason just given.

TABLE VII.—NEW NOTIFICATIONS OF SYPHILIS AND GONORRHŒA[1] BY HEALTH UNITS AND SCHOOL DISTRICTS, BRITISH COLUMBIA, 1950–54

Health Unit and School District (As at Dec. 31, 1954)	1950			1951			1952			1953			1954		
	Syphilis	Gonorrhœa	Total	Syphilis	Gonorrhœa	Total	Syphilis	Gonorrhœa	Total	Syphilis	Gonorrhœa	Total	Syphilis	Gonorrhœa	Total
East Kootenay	7	32	39	10	58	68	4	73	77	5	24	29	3	17	20
School District No. 1	1	4	5	1	5	6	2	7	9	.....	5	5	.....	3	3
,, ,, No. 2	1	18	19	1	24	25	1	42	43	2	7	9	1	6	7
,, ,, No. 3	1	1	2	4	9	13	1	9	10	2	4	6	.....	2	2
,, ,, No. 4	1	4	5	.....	9	9	.....	13	13	1	3	4	2	5	7
,, ,, No. 5	3	3	6	3	7	10	.....	1	1	.....	4	4	.....	1	1
,, ,, No. 18	.....	2	2	1	4	5	.....	1	1	.....	1	1	.....	.....	.....
Selkirk	9	13	22	10	34	44	2	52	54	5	22	27	.....	12	12
School District No. 6	.....	.....	.....	1	4	5	.....	2	2	.....	3	3	.....	1	1
,, ,, No. 7	5	8	13	4	20	24	1	38	39	4	14	18	.....	11	11
,, ,, No. 8	1	3	4	4	10	14	.....	11	11	1	4	5	.....	.....	.....
,, ,, No. 10	3	2	5	1	.....	1	1	1	2	.....	1	1	.....	.....	.....
West Kootenay	5	15	20	7	34	41	4	23	27	5	27	32	.....	3	3
School District No. 9	1	.....	1	.....	4	4	2	2	4	.....	3	3	.....	2	2
,, ,, No. 11	4	13	17	7	25	32	2	18	20	3	23	26	.....	1	1
,, ,, No. 12	.....	1	1	.....	3	3	.....	.....	.....	1	1	2	.....	.....	.....
,, ,, No. 13	.....	1	1	.....	2	2	.....	3	3	1	.....	1	.....	.....	.....
South Okanagan	13	38	51	6	30	36	7	17	24	2	22	24	3	17	20
School District No. 14	.....	.....	.....	.....	9	9	.....	3	3	.....	2	2	.....	1	1
,, ,, No. 15	3	11	14	3	8	11	3	8	11	2	10	12	1	3	4
,, ,, No. 16	.....	1	1	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
,, ,, No. 17	2	9	11	.....	4	4	.....	1	1	.....	1	1	.....	1	1
,, ,, No. 23	8	17	25	2	9	11	4	5	9	.....	9	9	2	12	14
,, ,, No. 77	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
North Okanagan	7	30	37	6	38	44	7	30	37	4	42	46	2	36	38
School District No. 19	.....	7	7	.....	4	4	2	1	3	.....	2	2	.....	1	1
,, ,, No. 20	4	5	9	3	9	12	2	7	9	1	12	13	.....	3	3
,, ,, No. 21	.....	5	5	1	10	11	.....	10	10	.....	.....	.....	.....	3	3
,, ,, No. 22	3	13	16	2	15	17	3	12	15	3	21	24	2	22	24
,, ,, No. 78	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7	7	.....	7	7
South Central	31	97	128	19	81	100	21	117	138	12	118	130	9	112	121
School District No. 24	12	46	58	9	35	44	14	63	77	8	74	82	4	58	62
,, ,, No. 25	.....	1	1	.....	1	1	.....	2	2	.....	5	5	.....	5	5
,, ,, No. 26	.....	2	2	.....	1	1	1	3	4	.....	1	1	.....	2	2
,, ,, No. 29	4	21	25	5	27	32	.....	30	30	2	14	16	1	18	19
,, ,, No. 30	12	20	32	4	13	17	4	13	17	.....	16	16	1	19	20
,, ,, No. 31	3	7	10	1	4	5	2	6	8	2	8	10	3	10	13

Upper Island	10	59	69	4	46	50	10	51	61	4	42	46	2	31	33
School District No. 47	3	14	17	1	13	14	2	16	18	2	9	11	2	7	9
,, ,, No. 71	3	13	16	1	10	11	2	13	15	———	8	8	———	8	8
,, ,, No. 72	4	32	36	2	23	25	6	22	28	2	25	27	———	16	16
Skeena	47	199	246	38	192	230	27	301	328	9	336	345	11	216	227
School District No. 50	1	21	22	2	22	24	2	22	24	2	18	20	———	14	14
,, ,, No. 51	5	1	6	3	3	6	6	26	32	———	8	8	———	5	5
,, ,, No. 52	27	138	165	13	117	130	13	185	198	3	217	220	9	157	166
,, ,, No. 53	13	29	42	19	35	54	6	46	52	3	64	67	2	21	23
,, ,, No. 54	1	10	11	1	15	16	———	22	22	1	29	30	———	19	19
Peace River	1	48	49	2	17	19	2	18	20	4	7	11	2	35	37
School District No. 59	1	33	34	2	5	7	1	18	19	4	5	9	2	24	26
,, ,, No. 60	———	15	15	———	12	12	1	———	1	———	2	2	———	11	11
Victoria-Esquimalt Union Board of Health	57	90	147	36	136	172	39	128	167	22	128	150	16	126	142
School District No. 61[2]	57	90	147	36	136	172	39	128	167	22	128	150	16	126	142
Saanich and South Vancouver Island	17	37	54	9	28	37	8	23	31	3	15	18	———	6	6
School District No. 61[3]	4	18	22	3	18	21	2	14	16	———	4	4	———	2	2
,, ,, No. 62	3	5	8	2	3	5	3	4	7	1	4	5	———	2	2
,, ,, No. 63	10	11	21	3	5	8	2	5	7	———	7	7	———	2	2
,, ,, No. 64	———	3	3	1	2	3	1	———	1	2	———	2	———	———	———
Central Vancouver Island	29	78	107	39	83	122	6	68	74	8	73	81	4	40	44
School District No. 65	8	11	19	14	12	26	2	14	16	———	11	11	2	8	10
,, ,, No. 66	1	12	13	3	17	20	———	14	14	2	20	22	———	15	15
,, ,, No. 67	1	2	3	6	2	8	———	4	4	———	4	4	———	———	———
,, ,, No. 68	10	15	25	8	21	29	2	18	20	3	13	16	———	3	3
,, ,, No. 69	———	1	1	2	1	3	———	5	5	———	3	3	1	———	1
,, ,, No. 70	9	37	46	6	30	36	2	13	15	3	20	23	1	13	14
,, ,, No. 79	———	———	———	———	———	———	———	———	———	———	2	2	———	1	1
Cariboo	17	149	166	20	140	160	16	232	248	5	339	344	10	317	327
School District No. 27	5	8	13	1	7	8	4	10	14	1	15	16	4	20	24
,, ,, No. 28	1	17	18	2	10	12	1	24	25	1	18	19	1	40	41
,, ,, No. 55	———	13	13	1	16	17	1	28	29	1	73	74	3	23	26
,, ,, No. 56	———	16	16	1	25	26	———	32	32	———	24	24	———	17	17
,, ,, No. 57	11	92	103	14	82	96	10	137	147	2	209	211	2	214	216
,, ,, No. 58	———	3	3	1	———	1	———	1	1	———	———	———	———	3	3
Upper Fraser Valley	8	56	64	13	71	84	7	90	97	4	72	76	1	47	48
School District No. 32	4	20	24	6	24	30	2	23	25	2	22	24	1	23	24
,, ,, No. 33	3	27	30	5	36	41	3	51	54	2	33	35	———	20	20
,, ,, No. 34	1	9	10	2	11	13	2	16	18	———	17	17	———	4	4

[1] Non-specific urethritis and gonorrhœa epidemiological excluded.
[2] Includes Victoria and Esquimalt only.
[3] Excludes Victoria, Esquimalt, and Oak Bay.

TABLE VII.—NEW NOTIFICATIONS OF SYPHILIS AND GONORRHŒA[1] BY HEALTH UNITS AND SCHOOL DISTRICTS, BRITISH COLUMBIA, 1950–54—*Continued*

Health Unit and School District (As at Dec. 31, 1954)	1950			1951			1952			1953			1954		
	Syphilis	Gonorrhœa	Total	Syphilis	Gonorrhœa	Total	Syphilis	Gonorrhœa	Total	Syphilis	Gonorrhœa	Total	Syphilis	Gonorrhœa	Total
Boundary	8	33	41	8	27	35	4	26	30	4	24	28	6	20	26
School District No. 35	1	9	10	1	13	14	1	11	12	1	7	8	1	4	5
,, ,, No. 36	7	18	25	5	13	18	2	13	15	1	16	17	5	16	21
,, ,, No. 37	.....	6	6	2	1	3	1	2	3	2	1	3	.....	.....	.....
Metropolitan Health Committee	287	2,331	2,618	192	2,089	2,281	119	1,614	1,733	116	1,474	1,590	104	1,435	1,539
School District No. 38	7	38	45	4	35	39	1	21	22	3	25	28	1	16	17
,, ,, No. 39	265	2,203	2,468	177	1,999	2,176	112	1,537	1,649	101	1,406	1,507	99	1,364	1,463
,, ,, No. 41	1	30	31	4	17	21	2	25	27	4	22	26	3	14	17
,, ,, No. 44	13	54	67	5	35	40	3	28	31	6	18	24	1	34	35
,, ,, No. 45	1	6	7	2	3	5	1	3	4	2	3	5	.....	7	7
Simon Fraser	14	112	126	24	72	96	9	73	82	6	72	78	7	43	50
School District No. 40	12	98	110	18	64	82	7	67	74	5	63	68	6	36	42
,, ,, No. 43	2	14	16	6	8	14	2	6	8	1	9	10	1	7	8
North Fraser Valley	14	38	52	9	27	36	2	24	26	1	32	33	3	24	27
School District No. 42	3	17	20	1	5	6	.....	3	3	.....	3	3	.....	4	4
,, ,, No. 75	5	12	17	6	7	13	2	9	11	.....	10	10	1	8	9
,, ,, No. 76	6	9	15	2	15	17	.....	12	12	1	19	20	2	12	14
School Districts not covered by Health Units	13	82	95	22	94	116	6	59	65	4	46	50	4	85	89
School District No. 46	2	20	22	5	23	28	.....	8	8	2	8	10	.....	15	15
,, ,, No. 48	5	17	22	10	24	34	5	13	18	.....	24	24	.....	17	17
,, ,, No. 49	6	23	29	2	20	22	.....	14	14	2	9	11	1	15	16
,, ,, No. 61[4]	.....	.....	.....	.....	.....	.....	1	1	2	.....	.....	.....	.....	.....	.....
,, ,, No. 73	.....	20	20	3	16	19	.....	14	14	.....	3	3	.....	30	30
,, ,, No. 74	.....	2	2	2	11	13	.....	9	9	.....	2	2	.....	4	4
,, ,, No. 80	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	4	7
Unorganized	7	85	92	6	38	44	7	80	87	5	52	57	1	45	46
Ex-Province	1	1	2	.....	1	1	.....	.....	.....	1	1	2	.....	1	1
Unknown	.....	3	3	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	602	3,626	4,228	480	3,337	3,817	307	3,099	3,406	229	2,968	3,197	188	2,668	2,856

[1] Non-specific urethritis and gonorrhœa epidemiological excluded.
[4] Includes Oak Bay only.

As in previous years, the majority (54 per cent) of new notifications were received within the Vancouver City area. The two other health jurisdictions which continue to present control problems are the Cariboo and Skeena Health Unit areas. In summary, these three areas were responsible for 73 per cent of all new notifications of venereal disease received in 1954. Because of this continuing high incidence of venereal disease in the Cariboo Health Unit area, the Division of Venereal Disease Control has already made arrangements to establish a venereal disease treatment centre in Prince George in order that more stringent control and treatment measures can be effected. The Skeena Health Unit area has shown a 34-per-cent decline in the number of new cases reported during the past year. There is a large reduction in the number of new cases reported to this Division throughout all the other health-unit areas.

TABLE VIII.—PLACES OF MEETING REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASE, 1950–54

Place of Meeting	1950		1951		1952		1953		1954	
	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	143	10	132	9	113	8	119	8	101	7
Beer-parlours	301	22	333	22	391	27	448	29	464	31
Cabarets	41	3	54	4	65	5	65	4	52	4
Cafés	219	16	231	15	240	16	290	19	294	20
Hotels and rooms	195	14	210	14	211	15	158	10	65	4
Miscellaneous	487	35	540	36	410	29	462	30	509	34
Totals	1,386	100	1,500	100	1,430	100	1,542	100	1,485	100

TABLE IX.—PLACES OF EXPOSURE REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASE, 1950–54

Place of Exposure	1950		1951		1952		1953		1954	
	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	8	----	19	1	9	----	10	----	4	----
Hotels and rooms	1,516	57	1,491	60	1,394	54	1,454	54	1,341	54
Miscellaneous	1,148	43	980	39	1,155	46	1,207	46	1,127	46
Totals	2,672	100	2,490	100	2,558	100	2,671	100	2,472	100

The figures given in Tables VIII and IX represent all places of meeting and exposure named by persons reporting with a venereal infection. The premises most often named as facilitating the spread of venereal disease are beer-parlours and hotels and rooms, and they continue to be responsible for the largest percentage of namings, chiefly in the Vancouver area. We have attempted to control the facilitation process through such premises by meeting with their proprietors and managers in an attempt to secure their co-operation in this phase of the control programme.

TABLE X.—CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF INVESTIGATION, BRITISH COLUMBIA, 1954.

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	539	481	2	3	.....	1	1	1	50	.....	.....	.....
Examined by private physician	563	80	1	206	1	82	123	.....	68	2	.....	.....
Failed to report for examination	26	12	1	10	.....	1	2	.....	.....	.....	.....	.....
Investigated, already diagnosed or under care	89	54	.....	18	1	1	10	.....	5	.....	.....	.....
Not located	617	227	.....	206	1	.....	50	.....	133	.....	.....	.....
Still under investigation	48	8	.....	27	1	.....	9	.....	3	.....	.....	.....
Found to be ex-Province	5	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Investigation not indicated	2,534	.....	.....	.....	.....	.....	.....	.....	.....	1,036	435	1,063
Not stated	129	.....	.....	2	.....	110	2	.....	15	.....	.....	.....
Totals	4,550	867	4	472	4	195	197	1	274	1,038	435	1,063

TABLE XI.—CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF EXAMINATION, BRITISH COLUMBIA, 1954.

Result of Examination and Whether or Not Previously Diagnosed	Total	Investigated by—										
		Division of Venereal Disease Control	Metropolitan Health Committee	Health Unit Staff	Other Public Health Staff	Private Physicians	Indian Department	Metropolitan Health Committee and Division of V.D. Control	Other	No Investigation—Previous Diagnosis or under Investigation	No Investigation—Time Lapse	No Investigation—Other Reason
Infected with primary syphilis—												
Previously diagnosed	3	.....	.....	.....	.....	.....	1	.....	.....	2	.....	.....
Not previously diagnosed	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	4	1	.....	.....	.....	.....	1	.....	.....	2	.....	.....
Infected with secondary syphilis—												
Previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Infected with other syphilis—												
Previously diagnosed	19	.....	.....	1	.....	.....	2	.....	.....	16	.....	.....
Not previously diagnosed	10	2	.....	1	.....	4	2	.....	1	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	29	2	.....	2	.....	4	4	.....	1	16	.....	.....
Infected with gonorrhœa—												
Previously diagnosed	850	36	.....	9	.....	.....	3	.....	5	797	.....	.....
Not previously diagnosed	794	431	1	165	1	32	71	1	90	2	.....	.....
Not stated	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Totals	1,645	467	1	175	1	32	74	1	95	799	.....	.....
Infected with chancroid—												
Previously diagnosed	2	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....
Not previously diagnosed	2	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	4	1	.....	.....	.....	.....	.....	.....	1	2	.....	.....
Incomplete examination—												
Previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Negative—												
Previously diagnosed	70	12	.....	7	.....	1	3	.....	.....	47	.....	.....
Not previously diagnosed	287	118	2	42	.....	47	51	.....	.....	1	.....	.....
Not stated	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	358	131	2	49	.....	48	54	.....	26	48	.....	.....
Investigation not indicated—												
Previously diagnosed	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....
Not previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not stated	1,601	.....	.....	.....	.....	.....	.....	.....	.....	104	434	1,063
Totals	1,602	.....	.....	.....	.....	.....	.....	.....	.....	104	435	1,063
Infected with non-specific urethritis—venereal—												
Previously diagnosed	65	.....	.....	.....	.....	.....	.....	.....	.....	65	.....	.....
Not previously diagnosed	5	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals	70	5	.....	.....	.....	.....	.....	.....	.....	65	.....	.....
Not stated—												
Previously diagnosed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not previously diagnosed	2	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Not stated	836	259	1	246	3	110	64	.....	151	2	.....	.....
Totals	838	260	1	246	3	111	64	.....	151	2	.....	.....
Totals—												
Previously diagnosed	1,010	48	.....	17	.....	1	9	.....	5	929	1	.....
Not previously diagnosed	1,101	559	3	208	1	84	124	1	118	3	.....	.....
Not stated	2,439	260	1	247	3	110	64	.....	151	106	434	1,063
Totals	4,550	867	4	472	4	195	197	1	274	1,038	435	1,063

These tables represent our efforts to study the efficacy of contact-tracing as a method of finding new cases of venereal disease. The contact-tracing index in 1954 was increased to 1.57 to 1, as compared with 1.39 to 1 in 1953. There was a 10-per-cent decrease in the number of contacts investigated in 1954 as compared with 1953, the reason for this being that more emphasis was placed during 1954 on the speed-zone technique of tracing as compared with previous years prior to the introduction of this concept.

Public health and Indian Department personnel investigated 77 per cent of these contacts, the remainder being investigated by public health or Indian Department workers; 1,056 or 68 per cent were located as compared with previous years prior to the introduction of this concept.

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 or Indian Department workers, 1,056 or 68 per cent were located as compared with 61 per cent the previous year.

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, 1950–54.

Examination	1950	1951	1952	1953	1954
Gonococcus cultures	9,179	6,797	6,582	7,080	8,228
Gonococcus microscopic examinations	30,710	28,510	28,656	27,349	26,005
Treponema pallidum microscopic examinations	378	370	283	257	448
Serological tests for syphilis	178,375	228,547	232,270	253,756	211,634

During the past year there was a slight reduction in the number of specimens examined microscopically for *N. gonorrhœa* by the Division of Laboratories. There was an increase in the number of examinations of gonococcus cultures and of *Treponema pallidum* microscopic examinations as compared with the previous year. There was a moderate decrease in the number of serologic tests done for syphilis during this past year. During 1954 the venereal-disease research laboratory serologic test (V.D.R.L.) replaced the Kahn test as a standard serologic test.

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