PROVINCE OF BRITISH COLUMBIA

# Division of Venereal Disease Control

DEPARTMENT OF HEALTH AND WELFARE

## ANNUAL REPORT

FOR THE YEAR

1956

VICTORIA, B.C.
Printed by DON MCDIARMID, Printer to the Queen's Most Excellent Majesty
1957

VICTORIA, B.C., September 4th, 1957.

*To His Honour* FRANK MACKENZIE ROSS, C.M.G., M.C., LL.D.,
*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 1956.

ERIC MARTIN,
*Minister of Health and Welfare.*

DEPARTMENT OF HEALTH AND WELFARE (HEALTH BRANCH),
VICTORIA, B.C., September 4th, 1957.

*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, 1956.

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,
828 WEST TENTH AVENUE,
VANCOUVER 9, B.C., September 4th, 1957.

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

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Sir,
Your obedient servant,

A. A. LARSEN, B.A., M.D., D.P.H.,
*Director, Division of Venereal Disease Control.*

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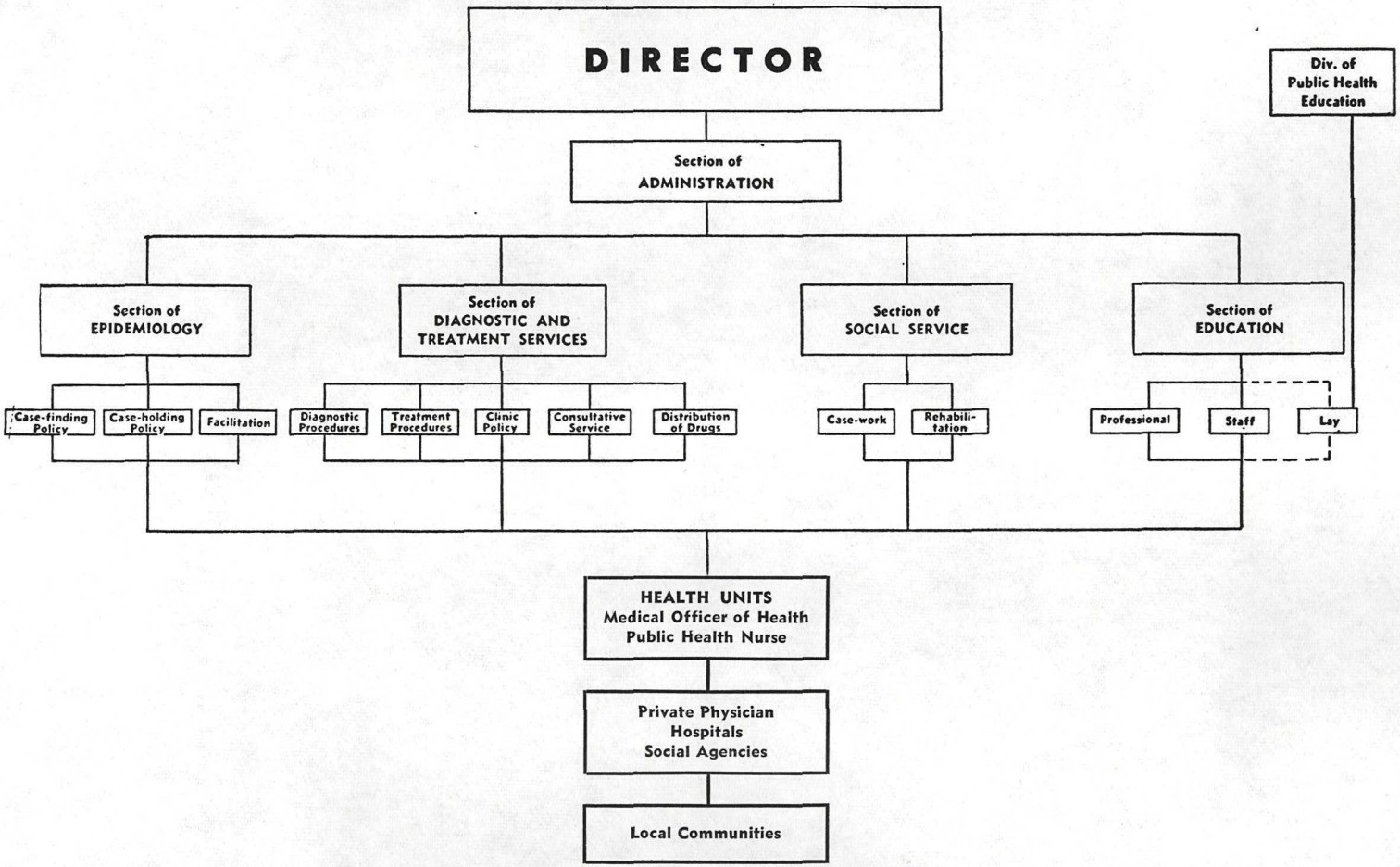
Organization Chart

DIVISION OF VENEREAL DISEASE CONTROL



## DIVISION OF VENEREAL DISEASE CONTROL

# ANNUAL REPORT FOR THE YEAR 1956

A. LARSEN, DIRECTOR

This year a marked increase in the number of venereal infections reported in British Columbia has reversed the downward trend that began in 1947. During the past few years many areas in the United States have reported an increased incidence of venereal infections. Last year three Canadian Provinces also reported that venereal diseases were becoming more prevalent. This upward trend now appears to have spread to British Columbia.

An examination of the notifications received reveals that the increase was due to 931 more cases of gonorrhœa being reported this year than in 1955. Only eight cases of infectious syphilis were discovered, which is a decrease of five from the year before, and only one case could be proven to be late congenital syphilis was reported, although it is probable that some other patients, considered to have acquired their infections as adults, were in fact born with the disease. There were 132 cases of latent or symptomless syphilis brought to light this year by routine blood testing and forty-nine new patients were reported as having one or other of the complications of late syphilis.

Venereal diseases other than gonorrhœa and syphilis reported included six cases of chancroid. Contrary to the usual experience, three of these cases were apparently contracted in the Province.

The reasons for the increase in the incidence of gonorrhœa, first noticed in the latter half of 1955, are not yet fully apparent. It is obvious from an examination of the individual reports submitted that some of the increase has come as a result of the " boom-town " conditions created by the major construction projects under way in many areas of the Province. There is some evidence that the venereal diseases are now being reported more frequently by physicians in private practice than was the case in the past. A feature of this increase which is causing concern is the growing number of young people in their mid and late teens who are coming to our clinic with infections. Invariably the diagnosis of a venereal infection in these young people has led to the discovery of several more similarly infected amongst their companions.

Another factor less clearly defined, but nevertheless apparent, is the change in attitude of many of our clinic patients to their disease. Before the advent of the sure and rapid treatment offered by penicillin, fear of acquiring a venereal disease acted as a deterrent to many of those who are now our patients. The casual admission of infection and request for treatment from this group is very revealing.

### ADMINISTRATION

Although no major changes were made in the organization of this Division in 1956, a number of operating procedures were dispensed with or modified. This should lead to increased economy of operation.

Early in the year a survey of office and recording procedures was made by a team of administrative officials from other branches of the Health Branch. A number of changes in office routine were suggested, most of which have now been put into force. A revision of our basic clinical recording system is now in the planning stage, as is a study of the statistical recording done for us by the Division of Vital Statistics. The elimination of non-productive recording and statistical compilations should result in this Division being able to operate with a minimum of administrative staff.

For the past four years the Provincial Laboratories in Ontario and the Federal Laboratory of Hygiene in Ottawa have very kindly performed approximately eighty T.P.I.

tests for the detection of latent syphilis each month for the Division, and for the private physicians in the Province. The handling and the reporting of these tests has, until this year, been done by the Division of Venereal Disease Control. In December this function was taken over by the Division of Laboratories, and at the same time the directors of the local health units throughout the Province were given the responsibility of reviewing all requests for the tests in their area in order that the best use might be made of the limited number available.

Full advantage was again taken of National health grants. Just under 40 per cent of the yearly operating costs of the Division were derived from these grants, which were used for such purposes as providing free treatment services in the rural areas of the Province and for the purchase of drugs for patients unable to afford the cost themselves. A National Health Research Grant made to the Division allowed Dr. D. K. Ford to continue his research on the etiology of non-specific urethritis at the British Columbia Medical Research Institute. A final report on this project is expected early in 1957.

The Division was again able to assist in the operation of the University Bio-Medical Library through a National health grant made for the purpose of purchasing up-to-date books and journals relating to venereal diseases for the library.

Again this year we were able to employ a second-year medical student for summer relief work at the Vancouver clinic. In addition to his duties at the clinic, the student did the initial work on two long-term projects being undertaken by the Division. The first of these is a study of the value of the standard serologic test for syphilis as a diagnostic tool in the light of the decreasing incidence of syphilis in this Province.

The second study, which it is planned will be used by the student for a graduating thesis, is a survey of the facilitation processes now in operation in Vancouver and of their importance as a factor in the spread of venereal diseases.

In May the Director of the Division attended a week-long conference of venereal-disease control directors held at the University of Washington under the sponsorship of the United States Public Health Service.

## CLINICS

Few changes have been made in the operation of our public clinics this year. The practice of rotating our staff of part-time physicians on a yearly basis has been continued in order to give as many doctors as possible in private practice an opportunity of becoming skilled in the diagnosis and treatment of venereal diseases.

The increased attendance at our clinics, held twice a week at Health Unit No. 1 on Abbott Street, mentioned in our last year's Report, has continued with some 400 more patient-visits being recorded this year. It was found necessary to transfer a physician from another clinic to help carry this heavier load, and for the latter part of the year three clinics a week have been held at Health Unit No. 1. Every effort is being made to limit the attendance there to those who cannot or will not go to our main Vancouver clinic.

With the opening of the new Vancouver City Gaol in the spring the Division was provided with very much improved quarters there through the generosity of the Police Commission and the Chief Constable. It is now possible for our staff to carry out their work at the city gaol with a great deal more privacy and with much less inconvenience to the gaol staff.

With the decreasing attendance at our Victoria clinic, a good deal of thought has been given to economies which might be effected in its operation without depriving the city of the service that still seems to be necessary. No definite conclusions as to how this might be done have as yet been reached.

The weekly clinic held in New Westminster at the Simon Fraser Health Unit by a member of our part-time staff has been discontinued. The Director of the Health Unit has undertaken to act as clinic physician and to see patients for us daily. The Division

has employed a nurse for two hours a day to assist at the clinics, to keep the patients' records and to trace all contacts named by the patients who live in the City of New Westminster.

The clinic held once weekly at the Girls' Industrial School has been temporarily reinstituted as it was found that as soon as examinations by means of cultures were stopped there, the number of new cases discovered dropped very rapidly. Ways are now being sought to make a culture service available to the medical staff of the Girls' Industrial School. When this has been done, our clinic service to this institution will again be discontinued.

The clinics held in the male section of Oakalla Prison Farm have been rearranged so that one of the part-time physicians employed there could be transferred to other duties. A regular clinic is held now only once weekly, and during the rest of the week a physician is on call, but attends only when there is a patient for him to see. A nurse from the Vancouver clinic attends daily to take blood from all newly admitted inmates. It is hoped that it will soon be possible to make arrangements with the medical staff at Oakalla to take all routine admission blood specimens and to care for their own patients with venereal diseases with the Division providing only consultative service.

The clinics held in the female section of Oakalla, the Juvenile Detention Home, the Prince Rupert Gaol, and the Prince George Gaol have continued unchanged and still appear to be worth while.

## EPIDEMIOLOGY

There have been a number of administrative changes affecting the members of our staff employed in patient-interviewing and contact-tracing. Recognition has been granted to these members of our staff by the Civil Service Commission, and they are now formally designated as epidemiologic workers. Provision has been made for a senior classification and for a training classification in addition to the regular staff positions. Two years in the training classification are now required for any member of this section who is not a registered nurse or does not have a university degree in an appropriate field when they are taken on staff.

The unexpected death of Edwin Southen, a member of this section, while on duty, was a shock to everyone in the Division. No appointment will be made to fill this vacant position unless the remainder of the section prove to be unable to carry the additional load.

Arrangements are under way to transfer the public health nurse seconded to the Cariboo Health Unit, Prince George, from the staff of the Division to the staff of the Cariboo Health Unit. It is still felt very necessary to have a nurse in the Cariboo Health Unit who is free to spend as much time as is necessary in the patient-interviewing and in contact-tracing.

During the year two meetings were held with representatives of the police, Liquor Control Board, and Metropolitan Health Committee in regard to the part apparently played by many hotels and rooming-houses in facilitating the spread of venereal disease. One of these meetings was also attended by the owners of the major offending hotels.

In order to determine definitely whether or not here are any establishments that are contributing significantly to the venereal-disease problem by facilitating the meeting and subsequent exposure of healthy and infected persons, a detailed study was begun this year of the facilitation processes now in operation in Vancouver. Every infected male patient and a number of infected female patients are being asked a series of carefully planned questions, which it is hoped will reveal whether a third party assisted their meeting with or exposure to the infected person who gave them their disease.

The contact indices established by a previous director have shown that our efforts to bring infected contacts to treatment have been more successful than ever before. In the latter half of the year an average of 1.6 female contacts were secured from every

infected male patient attending our clinics. For this same period about 60 per cent of these contacts were located. Of the located female contacts, 64 per cent proved infected when examined.

Similar indices relating to the contacts of patients named by private doctors revealed that no improvement over last year has taken place. Less than one female contact per infected male patient was named, and of these it was possible for our staff to locate only about 22 per cent, due to the incomplete information recorded on the reports received from private physicians.

It is a pleasure to acknowledge the assistance that has been given to us throughout the year by the Indian Health Services, the Vancouver City Police, the Metropolitan Health Committee staff, the British Columbia Hotels' Association, the Liquor Control Board, the three Canadian armed services, and the Immigration Medical Services of the Division of National Health and Welfare.

## SOCIAL SERVICES

The Social Service Section of the Division continued to function as an integral part of the treatment team in the Vancouver clinic, offering a direct casework service to patients and a consultative service to clinic physicians, as well as taking an important part in the Division's educational programme.

It has long been apparent to us that the venereal diseases which cause patients to present themselves at our clinics are seldom the major problem, but are merely symptomatic of their other difficulties. It is, therefore, not felt appropriate to carry individual patients on a casework programme for any length of time. Usually the service offered is direct and short term, giving the patients help with immediate problems, followed by a referral to an appropriate community agency.

During the year there were over 1,000 patient-interviews conducted by the clinic social worker. While many patients appeared to profit from these counselling interviews, it is our feeling that too few referrals to other community agencies resulted. The main reason for this appeared to be a reluctance or an inability on the part of the patients to recognize their problems. There also appeared to be a need for expanding the community services now available to adolescents and young adults since often there was no appropriate agency to whom our patients could be sent for the help that they needed.

During the first part of the year, social-work interviews were conducted on a routine basis and every patient attending the clinic was seen at least once. In the latter half, interviews were conducted on a selective basis, with referrals being made to the social worker by the clinic physicians when it was felt that the patient would profit from assistance. This new procedure, it is felt, has resulted in more efficient use of the social worker's time and professional skills.

As a result of the apparent increase in the numbers of young adults and adolescents attending the Vancouver clinic, which has been previously mentioned, several meetings were held with community health, educational, and welfare agencies. These meetings served as a means of exchanging information and, it is hoped, also as an incentive to action on what is essentially a community problem.

The clinic social worker was also invited to address a group of school counsellors on the topic of counselling adolescents. This provided a unique opportunity for him to interpret the function of our clinics and the needs of adolescents in general.

With the increase in effectiveness of the medical treatment and of the epidemiological control over venereal disease, it is becoming more apparent that the root cause of venereal disease lies in the patient's lack of personal or social adjustment and that whatever can be done toward alleviating those conditions, which predispose the individual toward promiscuity, will reduce significantly the total incidence of venereal disease.

## EDUCATION

Attempts at venereal-disease control through individual discussions with patients attending our clinics have been carried on for many years. It has been felt for some time that this approach was of doubtful value in many cases. For most of this year, with some few exceptions, only patients from the younger age-groups presenting with their first infection were interviewed. Improvements in our methods of handling the problems presented by these patients are still necessary, and only time will tell whether the efforts made by our staff will prevent these patients from becoming repeaters.

The education of student-nurses, public health nurses in training, and practising physicians in the control of venereal infections again took a considerable part of the time of our staff.

Throughout the year three student-nurses a week from the Vancouver General Hospital School of Nursing were given an intensive three-day course of lectures, demonstrations, and practical clinical experience, together with a limited amount of field work.

In addition, a total of thirty-two lectures were given by our Superintendent of Nurses at the Schools of Nursing at St. Paul's Hospital, Vancouver, the Royal Inland Hospital, Kamloops, the Royal Columbian Hospital, New Westminster, and the Provincial Mental Hospital, Essondale. Lectures were also given to the students taking practical nursing courses at the Vancouver Vocational Institute by the public health nurse attached to this Division from the Metropolitan Health Committee.

A number of graduate nurses taking their public health nursing diploma course at the University of British Columbia were given a full week of training. Instruction was given in the medical nursing, epidemiologic, social, and emotional aspects of the Division of Venereal Disease Control programme. In addition, a three-day seminar was held, which was attended by a group of public health nursing students who were unable to take advantage of the regular one-week course.

During the year the Director gave lectures and practical demonstrations on the handling of venereal-disease patients to the second-year medical students in the Faculty of Medicine at the University, and the Division's consultant in venereology, Dr. S. Maddin, gave didactic lectures to the third-year students on the medical aspects of venereal diseases.

The Director, the clinic social worker, and the public health nurse attached to the Division by the Metropolitan Health Committee visited each health unit in the metropolitan area during the year and spoke at staff meetings on the part that could be played by the public health nurses in venereal-disease control. An excellent new film was purchased during the year, entitled " Syphilis the Invader," and has been circulated to many city and Provincial health units, where it has been very well received.

The purchasing and distribution of all pamphlets and booklets relating to venereal disease and intended for public distribution has been transferred to the Division of Public Health Education.

A start has been made on a full revision of the manual for physicians published by the Division and distributed to all newly registered doctors in the Province.

During the year Dr. G. William Sleath published his paper on the results of his work done in the Division in 1955 on a clinical survey of the relative efficiency of various types of penicillin in the treatment of gonorrhœa.

In December of this year an arrangement was concluded with the Intern Board of the Vancouver General Hospital, whereby each first-year intern in the hospital would spend one full day at the Vancouver clinic of the Division in order to gain practical experience in the diagnosis and treatment of venereal diseases.

# STATISTICAL SECTION

## TABLE I.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION, 1942–56

| Year | Gonorrhœa[1] | | | Syphilis | | | | | | | | | Other Venereal Disease | | | Total Venereal Disease | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Primary | | | Secondary | | | Other | | | | | | | |
| | 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 | Number | Rate |
| 1942 | 2,409 | 276.9 | 70.6 | 99 | 11.4 | 2.9 | 45 | 5.2 | 1.3 | 858 | 98.6 | 25.2 | ..... | ..... | ..... | 3,411 | 392.1 |
| 1943 | 2,555 | 283.9 | 68.4 | 155 | 17.2 | 4.1 | 67 | 7.4 | 1.8 | 961 | 106.8 | 25.7 | ..... | ..... | ..... | 3,738 | 415.3 |
| 1944 | 3,358 | 360.3 | 70.9 | 254 | 27.3 | 5.4 | 126 | 13.5 | 2.6 | 999 | 107.2 | 21.1 | ..... | ..... | ..... | 4,737 | 508.3 |
| 1945 | 3,711 | 391.0 | 70.7 | 450 | 47.4 | 8.6 | 195 | 20.6 | 3.7 | 889 | 93.7 | 17.0 | ..... | ..... | ..... | 5,245 | 552.7 |
| 1946 | 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 | 6,790 | 677.0 |
| 1947 | 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 | 5,999 | 574.6 |
| 1948 | 3,608 | 333.5 | 79.6 | 162 | 15.0 | 3.6 | 77 | 7.1 | 1.7 | 657 | 60.7 | 14.5 | 30 | 2.8 | 0.6 | 4,534 | 419.0 |
| 1949 | 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 | 4,495 | 403.8 |
| 1950 | 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 | 4,240 | 372.9 |
| 1951 | 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 | 3,834 | 329.0 |
| 1952 | 3,098 | 258.6 | 90.4 | 22 | 2.3 | 0.6 | 11 | 0.9 | 0.3 | 276 | 23.0 | 8.1 | 20 | 1.7 | 0.6 | 3,427 | 286.1 |
| 1953 | 2,968 | 241.3 | 92.5 | 19 | 1.5 | 0.6 | 7 | 0.6 | 0.2 | 203 | 16.5 | 6.3 | 11 | 0.9 | 0.4 | 3,208 | 260.8 |
| 1954 | 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 | 2,892 | 228.4 |
| 1955 | 2,494 | 191.1 | 90.7 | 13 | 1.0 | 0.5 | 1 | 0.1 | (2) | 234 | 17.9 | 8.5 | 8 | 0.6 | 0.3 | 2,750 | 210.7 |
| 1956 | 3,425 | 244.9 | 94.5 | 8 | 0.6 | 0.2 | 3 | 0.2 | 0.1 | 180 | 12.9 | 5.0 | 9 | 0.6 | 0.2 | 3,625 | 259.2 |

[1] Excludes gonorrhœa epidemiological and non-gonorrhœal urethritis.
[2] Less than 0.1 per cent.

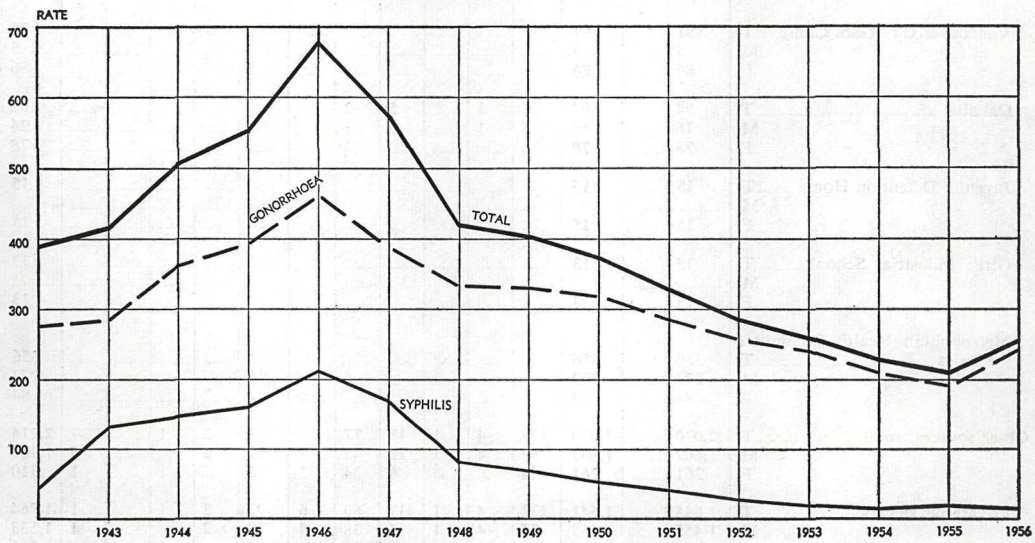
The downward trend in the number of cases of syphilis reported has continued at a satisfactory rate. This year only 11 patients were found to have the disease in an infectious stage, compared with 14 the year before and 677 ten years ago. There was also a decrease of 54 cases of latent or late symptomatic syphilis reported, which, of course, is to be expected now that so few new cases of syphilis are occurring.

For the first time in ten years there was a marked increase in both the rate and number of cases of gonorrhœ reported. We were notified of 931 more cases this year than last, which increased the rate from 191.7 to 244.9 per 100,000. This upward trend has been apparent for several years in many parts of the United States and Canada and was not unexpected here. A general tightening-up of all our control procedures appears to be called for in order to prevent the increase from getting out of hand.

Nine cases of chancroid were reported during the year, which is approximately the same number that occurred in 1955.

CHART I.—NEW NOTIFICATIONS OF VENEREAL INFECTION, BRITISH COLUMBIA, 1943–56

(Rates per 100,000 population)



## TABLE II.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO REPORTING AGENCY, SEX, AND DIAGNOSIS, BRITISH COLUMBIA, 1956.

| Reporting Agency | | Gonorrhœa | | | Syphilis | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Acquired | | | | | | | | | | |
| | | Total | Ophthalmia Neonatorum | Genito-urinary | Total | Primary | Secondary | Latent—Early | Latent—Late | Cardio-vascular | Neuro-syphilis | Other | Prenatal | Type Undetermined | Other Venereal Disease | Total |
| Totals | T. | 3,425 | — | 3,425 | 191 | 8 | 3 | 32 | 100 | 12 | 32 | 2 | 2 | — | 9 | 3,625 |
| | M. | 2,693 | — | 2,693 | 124 | 8 | 2 | 22 | 55 | 9 | 25 | 2 | 1 | — | 8 | 2,825 |
| | F. | 732 | — | 732 | 67 | — | 1 | 10 | 45 | 3 | 7 | — | 1 | — | 1 | 800 |
| Clinics, total | T. | 1,355 | — | 1,355 | 54 | 4 | 2 | 14 | 23 | 5 | 5 | — | 1 | — | 2 | 1,411 |
| | M. | 884 | — | 884 | 35 | 4 | 1 | 10 | 12 | 4 | 3 | — | 1 | — | 2 | 921 |
| | F. | 471 | — | 471 | 19 | — | 1 | 4 | 11 | 1 | 2 | — | — | — | — | 490 |
| Vancouver | T. | 734 | — | 734 | 37 | 2 | 2 | 6 | 19 | 5 | 3 | — | — | — | 2 | 773 |
| | M. | 554 | — | 554 | 20 | 2 | 1 | 3 | 8 | 4 | 2 | — | — | — | 2 | 576 |
| | F. | 180 | — | 180 | 17 | — | 1 | 3 | 11 | 1 | 1 | — | — | — | — | 197 |
| Victoria | T. | 52 | — | 52 | 9 | 1 | — | 3 | 2 | — | 2 | — | 1 | — | — | 61 |
| | M. | 37 | — | 37 | 7 | 1 | — | 2 | 2 | — | 1 | — | 1 | — | — | 44 |
| | F. | 15 | — | 15 | 2 | — | — | 1 | — | — | 1 | — | — | — | — | 17 |
| Vancouver City Gaol Clinic | T. | 91 | — | 91 | — | — | — | — | — | — | — | — | — | — | — | 91 |
| | M. | 5 | — | 5 | — | — | — | — | — | — | — | — | — | — | — | 5 |
| | F. | 86 | — | 86 | — | — | — | — | — | — | — | — | — | — | — | 86 |
| Oakalla | T. | 94 | — | 94 | 8 | 1 | — | 5 | 2 | — | — | — | — | — | — | 102 |
| | M. | 16 | — | 16 | 8 | 1 | — | 5 | 2 | — | — | — | — | — | — | 24 |
| | F. | 78 | — | 78 | — | — | — | — | — | — | — | — | — | — | — | 78 |
| Juvenile Detention Home | T. | 15 | — | 15 | — | — | — | — | — | — | — | — | — | — | — | 15 |
| | M. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F. | 15 | — | 15 | — | — | — | — | — | — | — | — | — | — | — | 15 |
| Girl's Industrial School | T. | 13 | — | 13 | — | — | — | — | — | — | — | — | — | — | — | 13 |
| | M. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F. | 13 | — | 13 | — | — | — | — | — | — | — | — | — | — | — | 13 |
| Metropolitan Health Committee Clinics | T. | 356 | — | 356 | — | — | — | — | — | — | — | — | — | — | — | 356 |
| | M. | 272 | — | 272 | — | — | — | — | — | — | — | — | — | — | — | 272 |
| | F. | 84 | — | 84 | — | — | — | — | — | — | — | — | — | — | — | 84 |
| Other sources, total | T. | 2,070 | — | 2,070 | 137 | 4 | 1 | 18 | 77 | 7 | 27 | 2 | 1 | — | 7 | 2,214 |
| | M. | 1,809 | — | 1,809 | 89 | 4 | 1 | 12 | 43 | 5 | 22 | 2 | — | — | 6 | 1,904 |
| | F. | 261 | — | 261 | 48 | — | — | 6 | 34 | 2 | 5 | — | 1 | — | 1 | 310 |
| Private physicians | T. | 1,641 | — | 1,641 | 122 | 4 | 1 | 17 | 69 | 6 | 22 | 2 | 1 | — | 1 | 1,764 |
| | M. | 1,455 | — | 1,455 | 77 | 4 | 1 | 11 | 38 | 4 | 17 | 2 | — | — | 1 | 1,533 |
| | F. | 186 | — | 186 | 45 | — | — | 6 | 31 | 2 | 5 | — | 1 | — | — | 231 |
| Indian Health Services | T. | 21 | — | 21 | 1 | — | — | — | 1 | — | — | — | — | — | — | 22 |
| | M. | 14 | — | 14 | — | — | — | — | — | — | — | — | — | — | — | 14 |
| | F. | 7 | — | 7 | 1 | — | — | — | 1 | — | — | — | — | — | — | 8 |
| Department of National Defence | T. | 70 | — | 70 | — | — | — | — | — | — | — | — | — | — | — | 70 |
| | M. | 69 | — | 69 | — | — | — | — | — | — | — | — | — | — | — | 69 |
| | F. | 1 | — | 1 | — | — | — | — | — | — | — | — | — | — | — | 1 |
| Hospitals | T. | 3 | — | 3 | 7 | — | — | — | 2 | 1 | 4 | — | — | — | — | 10 |
| | M. | 3 | — | 3 | 7 | — | — | — | 2 | 1 | 4 | — | — | — | — | 10 |
| | F. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Other | T. | 335 | — | 335 | 7 | — | — | 1 | 5 | — | 1 | — | — | — | 6 | 348 |
| | M. | 268 | — | 268 | 5 | — | — | 1 | 3 | — | 1 | — | — | — | 5 | 278 |
| | F. | 67 | — | 67 | 2 | — | — | — | 2 | — | — | — | — | — | 1 | 70 |

Each year sees more and more cases of venereal disease being diagnosed and treated by doctors in private practice as compared with cases handled by clinics of the Division. This year almost half of the newly reported cases of gonorrhœa and over 63 per cent of all cases of syphilis were first seen by doctors in private practice. This is all to the good, even though it does pose new problems to the Division in relation to contact-tracing.

Despite this trend, all the clinics operated by the Division still appear to be very productive of new cases. Our clinics operated in the various custodial institutions continue to tap sources of infection which were not available by any other means. Again this year the clinic operated at Health Unit No. 1 in down-town Vancouver showed an increase in new cases of gonorrhœa diagnosed. One hundred and twenty-nine more cases were diagnosed there than were seen the year before.

The ratio of male to female cases reported by our clinics this year is still 1.6 to 1, while the ratio reported by private physicians remains at 5.5 to 1. Females, whom we feel form the reservoir of infection, are obviously not being treated with the frequency that they should be. As a greater percentage of all venereal-disease cases are treated privately, this will become an increasing problem.

As can be seen from this table, the Department of National Defence and the Indian Health Services, too, carried out an active venereal-disease control programme.

## TABLE III. — NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO AGE-GROUPS, SEX, AND DIAGNOSIS, BRITISH COLUMBIA, 1956.

| Age-group | | Gonorrhœa | | | Syphilis | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Acquired | | | | | | | | | | |
| | | Total | Ophthalmia Neonatorum | Genito-urinary | Total | Primary | Secondary | Latent—Early | Latent—Late | Cardiovascular | Neurosyphilis | Other | Prenatal | Type Undetermined | Other Venereal Disease | Total |
| Totals | T. | 3,425 | | 3,425 | 191 | 8 | 3 | 32 | 100 | 12 | 32 | 2 | 2 | | 9 | 3,625 |
| | M. | 2,693 | | 2,693 | 124 | 8 | 2 | 22 | 55 | 9 | 25 | 2 | 1 | | 8 | 2,825 |
| | F. | 732 | | 732 | 67 | | 1 | 10 | 45 | 3 | 7 | | 1 | | 1 | 800 |
| Under 1 year | T. | 1 | | 1 | | | | | | | | | | | | 1 |
| | M. | 1 | | 1 | | | | | | | | | | | | 1 |
| | F. | | | | | | | | | | | | | | | |
| 1– 4 years | T. | 1 | | 1 | | | | | | | | | | | | 1 |
| | M. | | | | | | | | | | | | | | | |
| | F. | 1 | | 1 | | | | | | | | | | | | 1 |
| 5– 9 ,, | T. | 3 | | 3 | | | | | | | | | | | | 3 |
| | M. | | | | | | | | | | | | | | | |
| | F. | 3 | | 3 | | | | | | | | | | | | 3 |
| 10–14 ,, | T. | 12 | | 12 | | | | | | | | | | | | 12 |
| | M. | | | | | | | | | | | | | | | |
| | F. | 12 | | 12 | | | | | | | | | | | | 12 |
| 15–19 ,, | T. | 311 | | 311 | 2 | | | 1 | | | | | 1 | | | 313 |
| | M. | 153 | | 153 | | | | | | | | | | | | 153 |
| | F. | 158 | | 158 | 2 | | | 1 | | | | | 1 | | | 160 |
| 20–24 ,, | T. | 968 | | 968 | 9 | 2 | | 6 | 1 | | | | | | 5 | 982 |
| | M. | 756 | | 756 | 6 | 2 | | 4 | | | | | | | 4 | 766 |
| | F. | 212 | | 212 | 3 | | | 2 | 1 | | | | | | 1 | 216 |
| 25–29 ,, | T. | 806 | | 806 | 14 | 2 | | 9 | 3 | | | | | | | 820 |
| | M. | 668 | | 668 | 7 | 2 | | 4 | 1 | | | | | | | 675 |
| | F. | 138 | | 138 | 7 | | | 5 | 2 | | | | | | | 145 |
| 30–34 ,, | T. | 505 | | 505 | 14 | 3 | 2 | 5 | 3 | | 1 | | | | 1 | 520 |
| | M. | 442 | | 442 | 11 | 3 | 2 | 4 | 1 | | 1 | | | | 1 | 454 |
| | F. | 63 | | 63 | 3 | | | 1 | 2 | | | | | | | 66 |
| 35–39 ,, | T. | 265 | | 265 | 21 | | 1 | 5 | 14 | | | | 1 | | 1 | 287 |
| | M. | 230 | | 230 | 10 | | | 4 | 5 | | | | 1 | | 1 | 241 |
| | F. | 35 | | 35 | 11 | | 1 | 1 | 9 | | | | | | | 46 |
| 40–44 ,, | T. | 171 | | 171 | 14 | | | 2 | 9 | | 3 | | | | 1 | 186 |
| | M. | 138 | | 138 | 5 | | | 2 | 1 | | 2 | | | | 1 | 144 |
| | F. | 33 | | 33 | 9 | | | | 8 | | 1 | | | | | 42 |
| 45–49 ,, | T. | 98 | | 98 | 21 | | | 1 | 15 | 1 | 4 | | | | | 119 |
| | M. | 71 | | 71 | 9 | | | 1 | 5 | 1 | 2 | | | | | 80 |
| | F. | 27 | | 27 | 12 | | | | 10 | | 2 | | | | | 39 |
| 50–59 ,, | T. | 106 | | 106 | 35 | 1 | | 1 | 24 | 2 | 7 | | | | | 141 |
| | M. | 83 | | 83 | 26 | 1 | | 1 | 17 | 2 | 5 | | | | | 109 |
| | F. | 23 | | 23 | 9 | | | | 7 | | 2 | | | | | 32 |
| 60–69 ,, | T. | 14 | | 14 | 33 | | | | 17 | 6 | 8 | 2 | | | | 47 |
| | M. | 13 | | 13 | 30 | | | | 16 | 5 | 7 | 2 | | | | 43 |
| | F. | 1 | | 1 | 3 | | | | 1 | 1 | 1 | | | | | 4 |
| 70–79 ,, | T. | 4 | | 4 | 9 | | | | 3 | 2 | 4 | | | | | 13 |
| | M. | 3 | | 3 | 8 | | | | 3 | 1 | 4 | | | | | 11 |
| | F. | 1 | | 1 | 1 | | | | | 1 | | | | | | 2 |
| 80 years and over | T. | 2 | | 2 | 4 | | | | 2 | 1 | 1 | | | | | 6 |
| | M. | 2 | | 2 | 3 | | | | 2 | | 1 | | | | | 5 |
| | F. | | | | 1 | | | | | 1 | | | | | | 1 |
| Not stated | T. | 158 | | 158 | 15 | | | 2 | 9 | | 4 | | | | 1 | 174 |
| | M. | 133 | | 133 | 9 | | | 2 | 4 | | 3 | | | | 1 | 143 |
| | F. | 25 | | 25 | 6 | | | | 5 | | 1 | | | | | 31 |

In all parts of the continent the greatest number of cases of venereal disease are reported in the 20–24-year age-group, and British Columbia is no exception to this rule. This year 982 patients in that age-group were reported to us, which constituted more than one-quarter of all the patients notified. The fact that more boys and girls in their teens are being reported as having a venereal disease is of increasing concern to us. In 1955, 231 cases of gonorrhœa were reported in the 10–20-year age-group, of which 134 were in the female. This year 323 cases were reported in this age-group, of which 170 were in the female.

Only 5 per cent of all syphilis reported this year was infectious, which means that few, if any, people are being added to our reservoir of undiagnosed latent cases. The majority of the latent cases, too, were discovered in the over-50-year age-group and came from the reservoir of undiscovered cases built up before venereal-disease control services became as active as they are now. Twenty-three per cent of the new non-infectious cases of syphilis reported this year had already developed symptoms of heart or brain damage at the time they were diagnosed.

## TABLE IV.—NEW NOTIFICATIONS OF GONORRHŒA BY AGE-GROUPS AND SEX, BRITISH COLUMBIA, 1947–56

(Rates per 100,000 population.)

| Age-group | | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0– 4 years | T. | 3 | 6 | ------ | 5 | 6 | 4 | 1 | 4 | 2 | 1 |
| | M. | 4 | 5 | ------ | ------ | 2 | ------ | ------ | ------ | 1 | 1 |
| | F. | 2 | 8 | ------ | 10 | 10 | 7 | 3 | 9 | 3 | 1 |
| 5– 9 ,, | T. | 15 | 9 | 6 | 9 | 2 | 2 | 4 | 4 | 5 | 2 |
| | M. | 2 | 2 | ------ | ------ | ------ | ------ | 2 | ------ | ------ | ------ |
| | F. | 28 | 16 | 12 | 18 | 4 | 4 | 7 | 9 | 10 | 5 |
| 10–14 ,, | T. | 4 | 7 | 7 | 29 | 15 | 5 | 2 | 5 | 10 | 11 |
| | M. | 3 | 6 | 3 | 3 | 2 | ------ | ------ | 2 | ------ | ------ |
| | F. | 6 | 9 | 11 | 58 | 28 | 10 | 5 | 9 | 20 | 23 |
| 15–19 ,, | T. | 533 | 446 | 407 | 480 | 412 | 359 | 280 | 267 | 273 | 359 |
| | M. | 474 | 354 | 309 | 377 | 436 | 304 | 266 | 267 | 235 | 346 |
| | F. | 590 | 539 | 507 | 585 | 386 | 415 | 293 | 266 | 313 | 372 |
| 20–24 ,, | T. | 1,545 | 1,270 | 1,346 | 1,305 | 1,196 | 1,259 | 1,062 | 975 | 829 | 1,158 |
| | M. | 2,197 | 1,765 | 1,759 | 1,686 | 1,697 | 1,652 | 1,545 | 1,497 | 1,240 | 1,818 |
| | F. | 950 | 796 | 956 | 939 | 708 | 873 | 579 | 460 | 423 | 505 |
| 25–29 ,, | T. | 978 | 914 | 927 | 894 | 845 | 827 | 797 | 639 | 669 | 825 |
| | M. | 1,541 | 1,427 | 1,355 | 1,281 | 1,335 | 1,281 | 1,301 | 1,067 | 1,071 | 1,394 |
| | F. | 441 | 423 | 517 | 532 | 399 | 407 | 329 | 232 | 282 | 277 |
| 30–34 ,, | T. | 487 | 476 | 457 | 487 | 526 | 502 | 462 | 432 | 395 | 493 |
| | M. | 793 | 755 | 717 | 751 | 872 | 795 | 737 | 741 | 671 | 904 |
| | F. | 181 | 203 | 200 | 241 | 217 | 239 | 216 | 153 | 144 | 118 |
| 35–39 ,, | T. | 399 | 377 | 368 | 353 | 290 | 277 | 252 | 213 | 192 | 255 |
| | M. | 625 | 596 | 544 | 549 | 459 | 451 | 440 | 361 | 326 | 458 |
| | F. | 155 | 153 | 190 | 165 | 124 | 108 | 72 | 73 | 66 | 65 |
| 40–44 ,, | T. | 261 | 250 | 282 | 232 | 236 | 235 | 173 | 167 | 155 | 176 |
| | M. | 418 | 379 | 398 | 352 | 366 | 359 | 290 | 286 | 263 | 282 |
| | F. | 76 | 103 | 153 | 104 | 94 | 102 | 53 | 46 | 46 | 68 |
| 45–49 ,, | T. | 199 | 190 | 188 | 212 | 164 | 170 | 141 | 126 | 109 | 120 |
| | M. | 300 | 299 | 292 | 343 | 273 | 271 | 213 | 207 | 147 | 165 |
| | F. | 79 | 65 | 70 | 58 | 33 | 51 | 58 | 35 | 66 | 70 |
| 50–54 ,, | T. | 107 | 102 | 118 | 107 | 110 | 121 | 105 | 81 | 66 | 78 |
| | M. | 190 | 164 | 193 | 167 | 174 | 207 | 172 | 139 | 104 | 122 |
| | F. | 12 | 30 | 33 | 40 | 39 | 25 | 27 | 17 | 23 | 28 |
| 55–59 ,, | T. | 61 | 49 | 61 | 78 | 69 | 41 | 40 | 55 | 75 | 84 |
| | M. | 107 | 76 | 102 | 132 | 120 | 64 | 59 | 92 | 134 | 119 |
| | F. | 4 | 15 | 11 | 16 | 16 | 15 | 18 | 15 | 11 | 47 |
| 60–64 ,, | T. | 50 | 30 | 49 | 36 | 36 | 50 | 46 | 47 | 9 | 16 |
| | M. | 83 | 54 | 82 | 62 | 63 | 89 | 80 | 89 | 18 | 27 |
| | F. | 5 | ------ | 8 | 4 | 4 | 4 | 8 | ------ | ------ | 4 |
| 65–69 ,, | T. | 24 | 31 | 19 | 26 | 21 | 17 | 17 | 31 | 23 | 9 |
| | M. | 38 | 53 | 33 | 42 | 37 | 30 | 31 | 46 | 43 | 17 |
| | F. | 6 | ------ | ------ | 5 | ------ | ------ | ------ | 13 | ------ | ------ |
| 70 years and over | T. | 14 | 11 | 13 | 9 | 7 | 15 | 7 | 3 | 3 | 6 |
| | M. | 23 | 20 | 21 | 16 | 12 | 28 | 13 | 6 | 6 | 10 |
| | F. | 4 | ------ | 3 | ------ | ------ | ------ | ------ | ------ | ------ | 2 |
| All ages | T. | 388 | 333 | 332 | 319 | 286 | 266 | 241 | 211 | 191 | 249 |
| | M. | 539 | 458 | 435 | 416 | 412 | 368 | 356 | 325 | 283 | 378 |
| | F. | 225 | 199 | 220 | 217 | 154 | 160 | 121 | 92 | 96 | 107 |

This table shows the reversal in the rates per 100,000 population for all age-groups that occurred in 1956. It is apparent that the rate for males increased considerably more than that for females. Examination of the table shows also that there was a very marked increase in the rate this year in the 15–19-year age-group and in the 20–24-year age-group. This increase is shown in almost all other age-groups as well, though not to the same extent. Notice, too, that in the years from 10 to 20 the rates for females surpassed those for males.

TABLE V.—NEW NOTIFICATIONS OF GONORRHŒA REPORTED IN BRITISH COLUMBIA, BY AGE-GROUPS AND MARITAL STATUS, 1956

| Age-group | Single | | Widowed and Divorced | | Married[1] | |
|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female |
| 15–19 years | 141 | 141 | ----- | 1 | 8 | 11 |
| 20–24 ,, | 682 | 146 | 1 | 1 | 57 | 60 |
| 25–34 ,, | 819 | 92 | 22 | 16 | 244 | 91 |
| 35–44 ,, | 197 | 10 | 13 | 15 | 146 | 40 |
| 45–54 ,, | 56 | 4 | 5 | 8 | 51 | 24 |
| 55–64 ,, | 22 | 1 | 4 | 3 | 20 | 10 |
| 65–69 ,, | 2 | ----- | ----- | ----- | 3 | ----- |

[1] Includes separated.

This table shows that most of the cases of gonorrhœa reported in British Columbia come from the group of single males between the ages of 20 and 34 and the group of single females between the ages of 15 and 24.

## TABLE VI.—PATIENT-VISITS AND PROCEDURES AT CLINICS OPERATED BY THE DIVISION OF VENEREAL DISEASE CONTROL, 1956

| Clinic | Total Patient-visits | Interview | | Examination | | | | | | | | | | | | | | | Treatment | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Venipuncture | | | | Smear and Culture | | Skin Tests | | | | | | | | | | | | |
| | | Epid. Worker | Social Worker | United States Immigration | Pre-marital | Pre-employment | Diagnosis or Follow-up | Male | Female | Frei | Ducrey | Dark Field | Spinal Tap | Consultation | Physical | Pelvic | Neuro-logical | Cardio | Penicillin | Strepto-mycin | Sulpha | Other |
| ***Public Clinics*** | | | | | | | | | | | | | | | | | | | | | | |
| Vancouver— | | | | | | | | | | | | | | | | | | | | | | |
| Provincial Health Building ..... M. | 4,619 | 1,977 | 411 | 441 | 12 | 1 | 1,886 | 1,639 | — | 1 | 14 | 150 | 43 | 2,357 | 35 | — | 68 | 41 | 1,004 | 358 | 314 | 42 |
| F. | 1,992 | 491 | 408 | 499 | 10 | 5 | 616 | — | 594 | 3 | 5 | 34 | 29 | 788 | 36 | 238 | 40 | 31 | 473 | 15 | 13 | 11 |
| T. | 6,611 | 2,468 | 819 | 940 | 22 | 6 | 2,502 | 2,233 | | 4 | 19 | 184 | 72 | 3,145 | 71 | 238 | 108 | 72 | 1,477 | 373 | 327 | 53 |
| Abbott Street ..... T. | 4,878 | 1,307 | 3 | 2,214 | 17 | 655 | 1,287 | 534 | 305 | 3 | 3 | 37 | 2 | 1,471 | 15 | 152 | — | — | 634 | 100 | 90 | 23 |
| New Westminster—Simon Fraser Health Unit ..... T. | 424 | 343 | — | 187 | 3 | — | 200 | 121 | 44 | — | — | — | — | — | — | 26 | — | — | 139 | 1 | 4 | — |
| Victoria—Royal Jubilee Hospital ..... T. | 1,262 | 269 | — | 292 | 2 | 221 | 357 | 89 | 64 | 1 | 1 | 8 | 15 | 416 | 18 | 16 | 17 | 4 | 170 | 28 | 11 | 19 |
| Prince George—Cariboo Health Unit ..... T. | 384 | 227 | — | 4 | 3 | 1 | 253 | 198[1] | | — | — | 16 | 6 | — | — | 9 | — | — | 189 | 27 | 17 | — |
| Prince Rupert—Skeena Health Unit ..... T. | 95 | 95 | — | — | — | — | 95 | 61[1] | | — | — | — | — | 92 | — | — | — | — | 94 | 1 | 1 | — |
| ***Special Clinics*** | | | | | | | | | | | | | | | | | | | | | | |
| Oakalla Prison ..... M. | 5,525 | 73 | — | — | — | — | 5,325 | 81 | — | — | 1 | 11 | 13 | 151 | 14 | — | 1 | — | 146 | 16 | 12 | — |
| F. | 1,146 | 45 | — | — | — | — | 386 | — | 1,086 | — | — | — | — | 609 | — | 482 | — | — | 75 | 1 | 1 | 1 |
| T. | 6,698 | 118 | — | — | — | — | 5,711 | 1,167 | | — | 1 | 11 | 13 | 760 | 14 | 482 | 1 | — | 221 | 17 | 13 | 1 |
| Juvenile Detention Home ..... T. | 855 | 11 | — | — | — | — | 558 | — | 469 | — | — | — | — | 202 | — | 110 | — | — | 13 | — | — | — |
| Girls' Indian School ..... T. | 205 | 14 | — | — | — | — | 94 | — | 195 | — | — | — | — | 194 | — | 72 | — | — | 14 | — | — | — |
| Vancouver City Gaol ..... T. | 1,671 | 1,671 | — | — | — | — | 1,618 | — | 699 | — | — | — | — | — | — | — | — | — | 296 | — | — | — |
| Prince George City Gaol ..... T. | 1,021 | — | — | — | — | — | 1,021 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Prince George Provincial Gaol ..... T. | 364 | 16 | — | — | — | — | 356 | 5 | 3 | — | — | — | 1 | — | — | — | — | — | 16 | 1 | — | — |
| Prince Rupert City Gaol ..... T. | 325 | 14 | — | — | — | — | 312 | — | — | — | — | — | — | — | — | — | — | — | 14 | — | — | — |

[1] Male and female.

This table is presented for the first time in 1956. A list of all the procedures carried out at clinics of the Division was compiled, and each clinic under the direction of the Division now records the number of each of these procedures that they carry out. A comparison of this table from year to year will allow us to adjust staff to work load with considerably greater accuracy than has been possible heretofore. The use of Table II recording new notification of disease by clinics in conjunction with this new Table VI will allow us to assess the value of each of our clinics year by year and in that way help assure maximum efficiency in our operations.

## TABLE VII.—MALE CONTACTS NAMED BY FEMALE GONORRHŒA CASES ACCORDING TO REPORTING AGENCY, 1949–56

(Rate per 100 female cases.)

| Year | Clinics of Division of Venereal Disease Control | | | | | | | Private Physicians | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | New Female Cases of Gonorrhœa | Male Contacts Named[1] | | Male Contacts Found to Be Infected[1] | | Male Contacts Brought to Treatment[1] | | New Female Cases of Gonorrhœa | Male Contacts Named[1] | | Male Contacts Found to Be Infected[1] | | Male Contacts Brought to Treatment[1] | |
| | | Number | Rate | Number | Rate | Number | Rate | | Number | Rate | Number | Rate | Number | Rate |
| 1949 | 846 | 822 | 97 | 322 | 38 | 47 | 6 | 310 | 245 | 79 | 95 | 31 | 12 | 4 |
| 1950 | 852 | 798 | 94 | 344 | 40 | 61 | 7 | 277 | 242 | 87 | 111 | 40 | 20 | 7 |
| 1951 | 594 | 709 | 119 | 290 | 49 | 40 | 7 | 256 | 255 | 100 | 130 | 51 | 17 | 7 |
| 1952 | 459 | 571 | 124 | 235 | 51 | 25 | 5 | 210 | 240 | 114 | 129 | 61 | 12 | 6 |
| 1953 | 369 | 524 | 142 | 250 | 68 | 11 | 3 | 261 | 305 | 117 | 222 | 85 | 23 | 9 |
| 1954 | 304 | 606 | 199 | 203 | 67 | 9 | 3 | 175 | 270 | 154 | 169 | 97 | 11 | 6 |
| 1955 | 336 | 356 | 106 | 116 | 34 | 3 | 1 | 148 | 264 | 178 | 171 | 116 | 7 | 5 |
| 1956 | 316 | 568 | 180 | 227 | 72 | 5 | 2 | 186 | 317 | 170 | 177 | 95 | 10 | 5 |

[1] For a definition of "contacts named," "found to be infected," and "brought to treatment," *see* narrative accompanying Tables VII and VIII.

## TABLE VIII.—FEMALE CONTACTS NAMED BY MALE GONORRHŒA CASES ACCORDING TO REPORTING AGENCY, 1949–56

(Rate per 100 male cases.)

| Year | Clinics of Division of Venereal Disease Control | | | | | | | Private Physicians | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | New Male Cases of Gonorrhœa | Female Contacts Named[1] | | Female Contacts Found to Be Infected[1] | | Female Contacts Brought to Treatment[1] | | New Male Cases of Gonorrhœa | Female Contacts Named[1] | | Female Contacts Found to Be Infected[1] | | Female Contacts Brought to Treatment[1] | |
| | | Number | Rate | Number | Rate | Number | Rate | | Number | Rate | Number | Rate | Number | Rate |
| 1949 | 1,391 | 1,397 | 100 | 520 | 37 | 294 | 21 | 1,043 | 904 | 87 | 225 | 22 | 129 | 12 |
| 1950 | 1,363 | 1,406 | 103 | 544 | 40 | 389 | 29 | 954 | 858 | 90 | 206 | 22 | 127 | 13 |
| 1951 | 1,236 | 1,385 | 112 | 515 | 42 | 384 | 31 | 1,056 | 1,000 | 95 | 278 | 26 | 175 | 17 |
| 1952 | 972 | 1,149 | 118 | 397 | 41 | 297 | 31 | 1,218 | 1,129 | 93 | 306 | 25 | 197 | 16 |
| 1953 | 868 | 1,045 | 120 | 440 | 51 | 314 | 36 | 1,184 | 1,162 | 98 | 418 | 35 | 260 | 22 |
| 1954 | 721 | 899 | 125 | 413 | 57 | 295 | 41 | 1,084 | 1,063 | 98 | 401 | 37 | 255 | 24 |
| 1955 | 549 | 799 | 146 | 355 | 65 | 247 | 45 | 980 | 882 | 90 | 316 | 32 | 212 | 22 |
| 1956 | 610 | 984 | 161 | 421 | 69 | 286 | 47 | 1,455 | 1,401 | 96 | 409 | 28 | 264 | 18 |

[1] For a definition of "contacts named," "found to be infected," and "brought to treatment," *see* narrative accompanying Tables VII and VIII.

These tables and the accompanying chart show the results obtained by interviewing patients who have been diagnosed as having gonorrhœa. The purpose of these interviews was to elicit from the patients information about the source of their infection and the names of others to whom they might have given their disease.

For each sex, indices have been derived for patients reported by private physicians and for patients reported by the clinics of the Division of Venereal Disease Control. These indices are:—

(*a*) *A contact index,* which shows the ratio between the number of cases of gonorrhœa reported and the number of contacts named by these cases (expressed in terms of the number of contacts per 100 new cases of gonorrhœa).

(*b*) *An epidemiologic index,* which shows the ratio between the number of cases of gonorrhœa and the number of contacts (new and previously known) who, when located, were found to be infected (expressed in terms of the number of infected contacts per 100 new cases of gonorrhœa).

(*c*) *A brought-to-treatment index,* which shows the ratio between the number of cases of gonorrhœa and the number of contacts (new only) who, when located, were found to be infected (expressed in terms of new infected contacts per 100 cases of gonorrhœa).

These indices, when properly interpreted, measure the effectiveness of contact-tracing as a method of control of gonorrhœa and measure also the effectiveness of the work being done by the investigating staff of the Division.

Tables VII and VIII and the accompanying charts compare the results of interviews with cases of gonorrhœa in the clinics of the Division as opposed to interviews conducted by private physicians. The arrow on the chart indicates the introduction of the speed-zone technique in the clinics as a method of increasing contact-tracing efficiency.

It can be seen that for male cases the contact index has been increasing considerably faster for the clinics than for the private physicians since the speed-zone technique was introduced. This does not hold true for female cases because the clinics have, to a degree, relaxed their efforts to locate their male contacts since it is known that most males seek treatment if they develop symptoms. In contrast, experience has shown us that many females can be infected and yet have no symptoms.

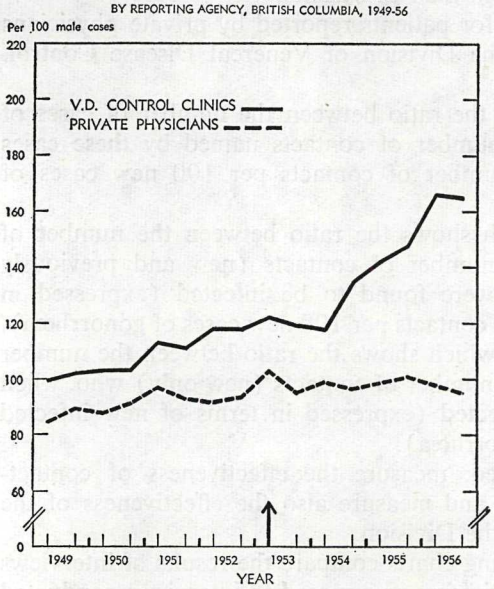
As the number of contacts named per 100 cases of gonorrhœa increases, the total number of such contacts found to be infected rises. The ratio of named contacts found to be infected to newly diagnosed cases is called by us the " epidemiologic index," and also has been rising since the introduction of speed-zone technique. This same trend is not apparent for private physicians as far as female contacts named by their male patients are concerned. However, the private physicians have far surpassed the clinics in relation to male contacts found to be infected who were named by their female patients. Because of this the Division is now endeavouring to elicit more contact information from its female cases.

The brought-to-treatment index measures the accomplishments of the Division's investigating staff, and in addition measures the adequacy of the information about the contacts supplied to them by private physicians as compared to the information that the Division is able to elicit from patients attending its own clinics. If we assume that the investigators pursue contacts named by the patients of private physicians with a zeal equal to that used for pursuing contacts of clinic patients, a comparison between the two of the number it is possible to bring to treatment will give an idea of the relative adequacy of the contact information supplied.

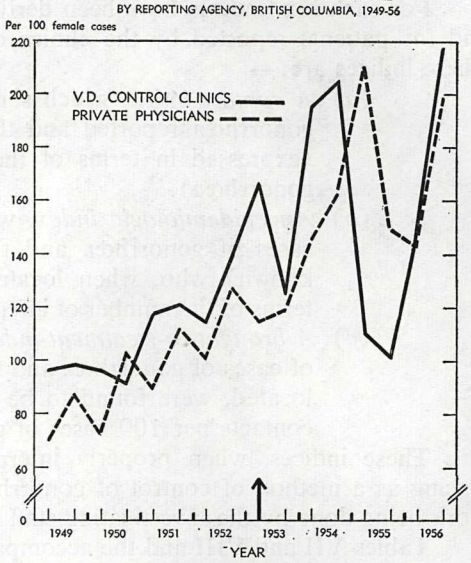
There is reassuring evidence that investigation of female contacts to male cases is continuing to be successful. Such information is important because it is a major factor in the success of the Division's control programme. It is known that a small group of infected females are responsible for a high percentage of the cases of gonorrhœa that occur. Our ability to locate these females and to treat them is a major factor in the Division's control programme.

# CHART II.—SEMI-ANNUAL GONORRHŒA INDICES BY SEX AND REPORTING AGENCY, BRITISH COLUMBIA, 1949–56

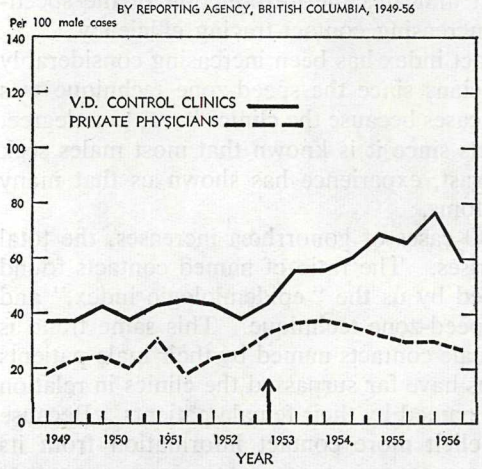
SEMI-ANNUAL GONORRHOEA CONTACT INDEX—MALE
BY REPORTING AGENCY, BRITISH COLUMBIA, 1949-56



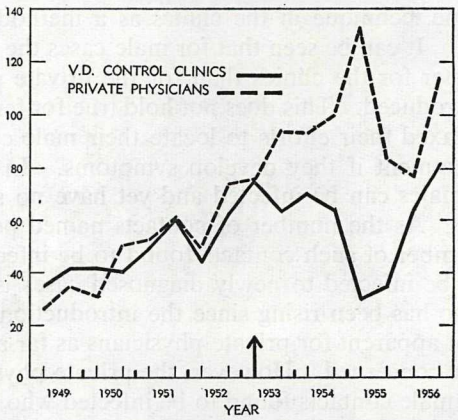

SEMI-ANNUAL GONORRHOEA CONTACT INDEX—FEMALE
BY REPORTING AGENCY, BRITISH COLUMBIA, 1949-56



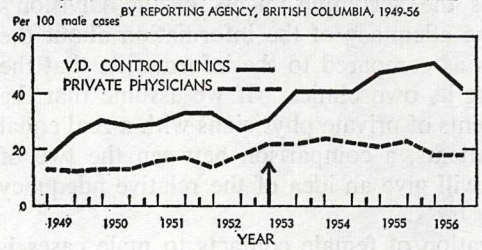

SEMI-ANNUAL GONORRHOEA EPIDEMIOLOGIC INDEX—MALE
BY REPORTING AGENCY, BRITISH COLUMBIA, 1949-56



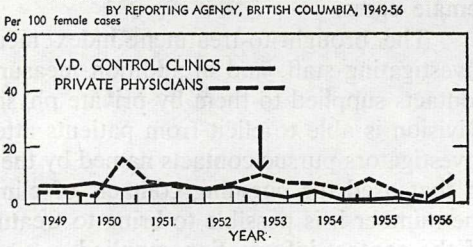

SEMI-ANNUAL GONORRHOEA EPIDEMIOLOGIC INDEX—FEMALE
BY REPORTING AGENCY, BRITISH COLUMBIA, 1949-56




SEMI-ANNUAL GONORRHOEA BROUGHT TO TREATMENT INDEX—MALE
BY REPORTING AGENCY, BRITISH COLUMBIA, 1949-56




SEMI-ANNUAL GONORRHOEA BROUGHT TO TREATMENT INDEX—FEMALE
BY REPORTING AGENCY, BRITISH COLUMBIA, 1949-56



## TABLE IX.—PLACES OF MEETING REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASE, 1951–56

| Places of Meeting | 1951 | | 1952 | | 1953 | | 1954 | | 1955 | | 1956 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | Times Named | Per Cent of Total |
| Dance-halls | 132 | 9 | 113 | 8 | 119 | 8 | 101 | 7 | 82 | 5 | 85 | 4 |
| Beer-parlours | 333 | 22 | 391 | 27 | 448 | 29 | 464 | 31 | 443 | 27 | 607 | 26 |
| Cabarets | 54 | 4 | 65 | 5 | 65 | 4 | 52 | 4 | 79 | 5 | 79 | 3 |
| Cafés | 231 | 15 | 240 | 16 | 290 | 19 | 294 | 20 | 294 | 18 | 418 | 18 |
| Hotels and rooms | 210 | 14 | 211 | 15 | 158 | 10 | 65 | 4 | 206 | 12 | 316 | 14 |
| Miscellaneous | 540 | 36 | 410 | 29 | 462 | 30 | 509 | 34 | 539 | 33 | 826 | 35 |
| Totals | 1,500 | 100 | 1,430 | 100 | 1,542 | 100 | 1,485 | 100 | 1,643 | 100 | 2,331 | 100 |

## TABLE X.—PLACES OF EXPOSURE REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASE, 1951–56

| Places of Exposure | 1951 | | 1952 | | 1953 | | 1954 | | 1955 | | 1956 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | Times Named | Per Cent of Total |
| Alleged bawdy-houses | 19 | 1 | 9 | ---- | 10 | ---- | 4 | ---- | ---- | ---- | 4 | ---- |
| Hotels and rooms | 1,491 | 60 | 1,394 | 54 | 1,454 | 54 | 1,341 | 54 | 1,273 | 52 | 1,649 | 48 |
| Miscellaneous | 980 | 39 | 1,155 | 46 | 1,207 | 46 | 1,127 | 46 | 1,156 | 48 | 1,816 | 52 |
| Totals | 2,490 | 100 | 2,558 | 100 | 2,671 | 100 | 2,474 | 100 | 2,429 | 100 | 3,469 | 100 |

The figures given in Tables IX and X show the places of meeting and places of exposure given to us by patients who are diagnosed as having a venereal infection. It is apparent that the places of meeting most often mentioned are beer-parlours, cafés, and hotels in that order. The places of exposure named most frequently are hotels and rooming houses.

During the winter of 1956 a very active campaign was begun in Vancouver in co-operation with the city police, city health authorities, Hotels' Association, Liquor Control Board officials, and city licensing officials which, we hope, should show results early in 1957. This campaign is designed to make it more difficult for infected females to find a place where they can transmit their disease to healthy males.

TABLE XI.—CONTACT TO VENEREAL INFECTION CLASSIFIED ACCORDING TO RESULT OF EXAMINATION AND REPORTING AGENCY, BRITISH COLUMBIA, 1956.

| Result of Examination | Total | Reporting Agency | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Division of Venereal Disease Control Clinic | Private Physicians | Hospitals | Canadian Armed Forces | Other in British Columbia | Health Departments of Other Canadian Provinces and Territories | United States Armed Forces | United States Health Departments |
| Infected with secondary syphilis | 1 | 1 | ------ | ------ | ------ | ------ | ------ | ------ | ------ |
| Infected with other syphilis | 13 | 6 | 7 | ------ | 1 | ------ | ------ | ------ | ------ |
| Infected with gonorrhœa | 1,624 | 713 | 562 | 6 | 49 | 236 | 12 | 37 | 9 |
| Infected with chancroid | 3 | ------ | ------ | ------ | ------ | 3 | ------ | ------ | ------ |
| Negative | 236 | 90 | 115 | 7 | 5 | 15 | ------ | 2 | 2 |
| Investigation not indicated | 2,088 | 964 | 751 | 8 | 90 | 230 | 15 | 20 | 10 |
| Infected with non-gonorrhœal urethritis | 41 | 33 | 3 | ------ | ------ | 4 | ------ | ------ | ------ |
| Not stated | 644 | 191 | 300 | 2 | 65 | 50 | 20 | 12 | 4 |
| Totals | 4,650 | 1,998 | 1,738 | 23 | 210 | 538 | 47 | 71 | 25 |

NOTE.—The above figures cover the period of October, 1955, to September, 1956. No cases of primary syphilis, lymphogranuloma venereum, or granuloma inguinale were found among contacts.

This table shows the results of examinations of alleged contacts to venereal disease. There has been an increase of 629 contacts examined at our request over the previous year.

Although private physicians reported more cases of venereal disease than did the clinics of the Division (Table II), an examination of the contacts named by patients revealed more venereal disease in clinic patients. This represents a 13-per-cent increase. With the increase in the number of cases of venereal disease reported, more contacts have, of course, also been reported. However, the Division has also stepped up its programme of contact-locating. This is reflected in the increase noted above. No more patients infected with primary syphilis were located by means of contact-tracing than were found the year before, the main increase, as can be seen, being in cases of gonorrhœa located by our investigators. Although physicians in private practice reported over half the number of cases of gonorrhœa that were notified this year, far less than half the contacts reported by them were found to be infected when they were located and examined.

TABLE XII.—LABORATORY EXAMINATIONS RELATING TO THE DIAGNOSIS OR TREATMENT OF VENEREAL DISEASE IN BRITISH COLUMBIA, 1952–56.

| Agency and Examination | 1952 | 1953 | 1954 | 1955 | 1956 |
|---|---|---|---|---|---|
| *Provincial Laboratories (Including Victoria and Nelson Branch Laboratories)* | | | | | |
| Gonorrhœa— | | | | | |
| Microscopic examination of smears | 28,656 | 27,349 | 26,005 | 25,445 | 28,073 |
| Cultural examination of smears | 6,582 | 7,080 | 8,228 | 8,563 | 9,151 |
| Syphilis— | | | | | |
| Dark-field microscopic examinations | 283 | 257 | 448 | 319 | 297 |
| Blood specimens examined by standard serological tests | (1) | (1) | (1) | (1) | 165,190 |
| Blood specimens examined by *Treponema pallidum* immobilization test[2] | (1) | (1) | (1) | (1) | 341 |
| Spinal-fluid specimens examined | 3,433 | 3,211 | 2,881 | 2,748 | 2,714 |
| *Canadian Red Cross* | | | | | |
| Syphilis—Blood specimens examined by standard serological test (V.D.R.L. only) | (1) | (1) | (1) | (1) | 53,782 |
| *Provincial Mental Health Services* | | | | | |
| Gonorrhœa—Microscopic examination of smears | (1) | (1) | (1) | (1) | 39 |
| Syphilis— | | | | | |
| Blood specimens examined by standard serological tests | (1) | (1) | (1) | (1) | 3,242 |
| Spinal-fluid examinations | (1) | (1) | (1) | (1) | 346 |

[1] Data not available.
[2] *Treponema pallidum* immobilization tests are carried out for the Provincial Laboratories by the Ontario Department of Health Laboratories and the Federal Laboratory of Hygiene.

This year, for the first time, laboratory examinations for venereal disease done by agencies other than the Provincial Laboratories are included in our figures in order to give a more accurate picture of the case-finding efforts that are in existence in the Province at this time. In addition, the base-line for the reporting of serologic tests for syphilis has been altered. Previously the number of tests done on all the bloods submitted to the Laboratories has been the basis of our annual figure. This year and in the future the base-line will be the number of blood specimens submitted for examination.

It is hoped that in future it will be possible to correlate this revised table with the number of cases of the various types of venereal disease that are found and in that manner determine the efficiency of blood tests as a case-finding method in latent syphilis.

## TABLE XIII.—NEW NOTIFICATIONS OF SYPHILIS AND GONORRHŒA[1] BY HEALTH UNITS AND SCHOOL DISTRICTS, BRITISH COLUMBIA, 1952–56

| Health Unit and School District (as at Dec. 31, 1956) | 1952 | | | 1953 | | | 1954 | | | 1955 | | | 1956 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total |
| East Kootenay | 4 | 73 | 77 | 5 | 24 | 29 | 3 | 17 | 20 | 3 | 28 | 31 | 4 | 32 | 36 |
| School District No. 1 | 2 | 7 | 9 | — | 5 | 5 | — | 3 | 3 | — | 1 | 1 | 1 | — | 1 |
| School District No. 2 | 1 | 42 | 43 | 2 | 7 | 9 | 1 | 6 | 7 | 1 | 14 | 15 | 1 | 8 | 9 |
| School District No. 3 | 1 | 9 | 10 | 2 | 4 | 6 | — | 2 | 2 | — | 1 | 1 | 1 | 2 | 3 |
| School District No. 4 | — | 13 | 13 | 1 | 3 | 4 | 2 | 5 | 7 | 2 | 11 | 13 | — | 13 | 13 |
| School District No. 5 | — | 1 | 1 | — | 4 | 4 | — | 1 | 1 | — | 1 | 1 | 1 | — | 1 |
| School District No. 18 | — | 1 | 1 | — | 1 | 1 | — | — | — | — | — | — | — | 9 | 9 |
| Selkirk | 2 | 52 | 54 | 5 | 22 | 27 | — | 12 | 12 | 2 | 15 | 17 | 1 | 13 | 14 |
| School District No. 6 | — | 2 | 2 | — | 3 | 3 | — | 1 | 1 | — | 1 | 1 | — | 2 | 2 |
| School District No. 7 | 1 | 38 | 39 | 4 | 14 | 18 | — | 11 | 11 | — | 13 | 13 | 1 | 8 | 9 |
| School District No. 8 | — | 11 | 11 | 1 | 4 | 5 | — | — | — | 2 | 1 | 3 | — | 2 | 2 |
| School District No. 10 | 1 | 1 | 2 | — | 1 | 1 | — | — | — | — | — | — | — | 1 | 1 |
| West Kootenay | 4 | 23 | 27 | 5 | 27 | 32 | — | 3 | 3 | 1 | 8 | 9 | 2 | 10 | 12 |
| School District No. 9 | 2 | 2 | 4 | — | 3 | 3 | — | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 3 |
| School District No. 11 | 2 | 18 | 20 | 3 | 23 | 26 | — | 1 | 1 | — | 6 | 6 | 1 | 7 | 8 |
| School District No. 12 | — | — | — | 1 | 1 | 2 | — | — | — | — | — | — | — | 1 | 1 |
| School District No. 13 | — | 3 | 3 | 1 | — | 1 | — | — | — | — | — | — | — | — | — |
| South Okanagan | 7 | 17 | 24 | 2 | 22 | 24 | 3 | 17 | 20 | 4 | 26 | 30 | 5 | 19 | 24 |
| School District No. 14 | — | 3 | 3 | — | 2 | 2 | — | 1 | 1 | 1 | 3 | 4 | — | 2 | 2 |
| School District No. 15 | 3 | 8 | 11 | 2 | 10 | 12 | 1 | 3 | 4 | 1 | 4 | 5 | 1 | 2 | 3 |
| School District No. 16 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| School District No. 17 | — | 1 | 1 | — | 1 | 1 | — | 1 | 1 | — | 3 | 3 | — | 2 | 2 |
| School District No. 23 | 4 | 5 | 9 | — | 9 | 9 | 2 | 12 | 14 | 2 | 15 | 17 | 3 | 13 | 16 |
| School District No. 77 | — | — | — | — | — | — | — | — | — | — | 1 | 1 | 1 | — | 1 |
| North Okanagan | 7 | 30 | 37 | 4 | 42 | 46 | 2 | 36 | 38 | 2 | 28 | 30 | 1 | 34 | 35 |
| School District No. 19 | 2 | 1 | 3 | — | 2 | 2 | — | 1 | 1 | — | 2 | 2 | — | 4 | 4 |
| School District No. 20 | 2 | 7 | 9 | 1 | 12 | 13 | — | 3 | 3 | — | 5 | 5 | 1 | 9 | 10 |
| School District No. 21 | — | 10 | 10 | — | — | — | — | 3 | 3 | — | — | — | — | — | — |
| School District No. 22 | 3 | 12 | 15 | 3 | 21 | 24 | 2 | 22 | 24 | 1 | 15 | 16 | — | 14 | 14 |
| School District No. 78[2] | — | — | — | — | 7 | 7 | — | 7 | 7 | 1 | 6 | 7 | — | 7 | 7 |
| South Central | 21 | 117 | 138 | 12 | 118 | 130 | 9 | 112 | 121 | 10 | 133 | 143 | 9 | 196 | 205 |
| School District No. 24 | 14 | 63 | 77 | 8 | 74 | 82 | 4 | 58 | 62 | 7 | 49 | 56 | 4 | 90 | 94 |
| School District No. 25 | — | 2 | 2 | — | 5 | 5 | — | 5 | 5 | — | 4 | 4 | — | 5 | 5 |
| School District No. 26 | 1 | 3 | 4 | — | 1 | 1 | — | 2 | 2 | — | 4 | 4 | — | 3 | 3 |
| School District No. 29 | — | 30 | 30 | 2 | 14 | 16 | 1 | 18 | 19 | 1 | 22 | 23 | — | 12 | 12 |
| School District No. 30 | 4 | 13 | 17 | — | 16 | 16 | 1 | 19 | 20 | 2 | 36 | 38 | 1 | 58 | 59 |
| School District No. 31 | 2 | 6 | 8 | 2 | 8 | 10 | 3 | 10 | 13 | — | 18 | 18 | 4 | 28 | 32 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Upper Island | 10 | 51 | 61 | 4 | 42 | 46 | 2 | 31 | 33 | 10 | 60 | 70 | 3 | 90 | 93 |
| School District No. 47 | 2 | 16 | 18 | 2 | 9 | 11 | 2 | 7 | 9 | 5 | 27 | 32 | 1 | 29 | 30 |
| School District No. 71 | 2 | 13 | 15 | — | 8 | 8 | — | 8 | 8 | 2 | 10 | 12 | 1 | 9 | 10 |
| School District No. 72 | 6 | 22 | 28 | 2 | 25 | 27 | — | 16 | 16 | 3 | 23 | 26 | 1 | 52 | 53 |
| Skeena | 27 | 301 | 328 | 9 | 336 | 345 | 11 | 216 | 227 | 20 | 151 | 171 | 6 | 196 | 202 |
| School District No. 50 | 2 | 22 | 24 | 2 | 18 | 20 | — | 14 | 14 | 1 | 13 | 14 | — | 22 | 22 |
| School District No. 51 | 6 | 26 | 32 | — | 8 | 8 | — | 5 | 5 | — | 4 | 4 | 1 | 8 | 9 |
| School District No. 52 | 13 | 185 | 198 | 3 | 217 | 220 | 9 | 157 | 166 | 10 | 94 | 104 | 4 | 127 | 131 |
| School District No. 53 | 6 | 46 | 52 | 3 | 64 | 67 | 2 | 21 | 23 | 8 | 25 | 33 | 1 | 31 | 32 |
| School District No. 54 | — | 22 | 22 | 1 | 29 | 30 | — | 19 | 19 | 1 | 15 | 16 | — | 8 | 8 |
| Peace River | 2 | 18 | 20 | 4 | 7 | 11 | 2 | 35 | 37 | 4 | 34 | 38 | 1 | 97 | 98 |
| School District No. 59 | 1 | 18 | 19 | 4 | 5 | 9 | 2 | 24 | 26 | 3 | 22 | 25 | 1 | 60 | 61 |
| School District No. 60 | 1 | — | 1 | — | 2 | 2 | — | 11 | 11 | 1 | 9 | 10 | — | 28 | 28 |
| School District No. 81 | — | — | — | — | — | — | — | — | — | — | 3 | 3 | — | 9 | 9 |
| Victoria-Equimalt Union Board of Health | 39 | 128 | 167 | 22 | 128 | 150 | 16 | 126 | 142 | 19 | 75 | 94 | 25 | 108 | 133 |
| School District No. 61[3] | 39 | 128 | 167 | 22 | 128 | 150 | 16 | 126 | 142 | 19 | 75 | 94 | 25 | 108 | 133 |
| Saanich and South Vancouver Island | 8 | 23 | 31 | 3 | 15 | 18 | — | 6 | 6 | 3 | 16 | 19 | 4 | 16 | 20 |
| School District No. 61[4] | 2 | 14 | 16 | — | 4 | 4 | — | 2 | 2 | 2 | 5 | 7 | — | 2 | 2 |
| School District No. 62 | 3 | 4 | 7 | 1 | 4 | 5 | — | 2 | 2 | — | 1 | 1 | 2 | 4 | 6 |
| School District No. 63 | 2 | 5 | 7 | — | 7 | 7 | — | 2 | 2 | 1 | 7 | 8 | 2 | 5 | 7 |
| School District No. 64 | 1 | — | 1 | 2 | — | 2 | — | — | — | — | 3 | 3 | — | 5 | 5 |
| Central Vancouver Island | 6 | 68 | 74 | 8 | 73 | 81 | 4 | 40 | 44 | 9 | 38 | 47 | 11 | 87 | 98 |
| School District No. 65 | 2 | 14 | 16 | — | 11 | 11 | 2 | 8 | 10 | 1 | 8 | 9 | 1 | 23 | 24 |
| School District No. 66 | — | 14 | 14 | 2 | 20 | 22 | — | 15 | 15 | — | 7 | 7 | 1 | 25 | 26 |
| School District No. 67 | — | 4 | 4 | — | 4 | 4 | — | — | — | — | 2 | 2 | 2 | 8 | 10 |
| School District No. 68 | 2 | 18 | 20 | 3 | 13 | 16 | — | 3 | 3 | 1 | 7 | 8 | 2 | 15 | 17 |
| School District No. 69 | — | 5 | 5 | — | 3 | 3 | 1 | — | 1 | 1 | — | 1 | 2 | 1 | 3 |
| School District No. 70 | 2 | 13 | 15 | 3 | 20 | 23 | 1 | 13 | 14 | 4 | 13 | 17 | 2 | 13 | 15 |
| School District No. 79 | — | — | — | — | 2 | 2 | — | 1 | 1 | 2 | 1 | 3 | 1 | 2 | 3 |
| Cariboo | 16 | 232 | 248 | 5 | 339 | 344 | 10 | 317 | 327 | 4 | 303 | 307 | 2 | 420 | 422 |
| School District No. 27 | 4 | 10 | 14 | 1 | 15 | 16 | 4 | 20 | 24 | — | 35 | 35 | — | 85 | 85 |
| School District No. 28 | 1 | 24 | 25 | 1 | 18 | 19 | 1 | 40 | 41 | — | 33 | 33 | — | 59 | 59 |
| School District No. 55 | 1 | 28 | 29 | 1 | 73 | 74 | 3 | 23 | 26 | — | 16 | 16 | — | 16 | 16 |
| School District No. 56 | — | 32 | 32 | — | 24 | 24 | — | 17 | 17 | 1 | 28 | 29 | — | 21 | 21 |
| School District No. 57 | 10 | 137 | 147 | 2 | 209 | 211 | 2 | 214 | 216 | 3 | 189 | 192 | 2 | 238 | 240 |
| School District No. 58 | — | 1 | 1 | — | — | — | — | 3 | 3 | — | 2 | 2 | — | 1 | 1 |
| School District No. 82[5] | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |

[1] Non-gonorrhœal urethritis and gonorrhœa epidemiological excluded.
[2] Part of School District No. 21 until January 21st, 1953.
[3] Includes Victoria, Esquimalt, and unorganized territory in School District No. 61.
[4] Excludes Victoria, Esquimalt, and Oak Bay.
[5] Organized as a school district on August 26th, 1955.

## TABLE XIII.—NEW NOTIFICATIONS OF SYPHILIS AND GONORRHŒA[1] BY HEALTH UNITS AND SCHOOL DISTRICTS, BRITISH COLUMBIA, 1952–56—*Continued*

| Health Unit and School District (as at Dec. 31, 1956) | 1952 | | | 1953 | | | 1954 | | | 1955 | | | 1956 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total |
| Upper Fraser Valley | 7 | 90 | 97 | 4 | 72 | 76 | 1 | 47 | 48 | 7 | 29 | 36 | 2 | 48 | 50 |
| School District No. 32 | 2 | 23 | 25 | 2 | 22 | 24 | 1 | 23 | 24 | 1 | 13 | 14 | ..... | 13 | 13 |
| School District No. 33 | 3 | 51 | 54 | 2 | 33 | 35 | ..... | 20 | 20 | 5 | 12 | 17 | 2 | 32 | 34 |
| School District No. 34 | 2 | 16 | 18 | ..... | 17 | 17 | ..... | 4 | 4 | 1 | 4 | 5 | ..... | 3 | 3 |
| Boundary | 4 | 26 | 30 | 4 | 24 | 28 | 6 | 20 | 26 | 4 | 21 | 25 | 4 | 35 | 39 |
| School District No. 35 | 1 | 11 | 12 | 1 | 7 | 8 | 1 | 4 | 5 | 1 | 5 | 6 | 1 | 5 | 6 |
| School District No. 36 | 2 | 13 | 15 | 1 | 16 | 17 | 5 | 16 | 21 | 2 | 15 | 17 | 3 | 25 | 28 |
| School District No. 37 | 1 | 2 | 3 | 2 | 1 | 3 | ..... | ..... | ..... | 1 | 1 | 2 | ..... | 5 | 5 |
| Metropolitan Health Committee | 119 | 1,614 | 1,733 | 116 | 1,474 | 1,590 | 104 | 1,435 | 1,539 | 120 | 1,357 | 1,477 | 86 | 1,641 | 1,727 |
| School District No. 38 | 1 | 21 | 22 | 3 | 25 | 28 | 1 | 16 | 17 | 2 | 13 | 15 | ..... | 12 | 12 |
| School District No. 39 | 112 | 1,537 | 1,649 | 101 | 1,406 | 1,507 | 99 | 1,364 | 1,463 | 110 | 1,287 | 1,397 | 79 | 1,526 | 1,605 |
| School District No. 41 | 2 | 25 | 27 | 4 | 22 | 26 | 3 | 14 | 17 | 4 | 30 | 34 | 3 | 37 | 40 |
| School District No. 44 | 3 | 28 | 31 | 6 | 18 | 24 | 1 | 34 | 35 | 3 | 24 | 27 | 4 | 59 | 63 |
| School District No. 45 | 1 | 3 | 4 | 2 | 3 | 5 | ..... | 7 | 7 | 1 | 3 | 4 | ..... | 7 | 7 |
| Simon Fraser | 9 | 73 | 82 | 6 | 72 | 78 | 7 | 43 | 50 | 14 | 40 | 54 | 12 | 123 | 135 |
| School District No. 40 | 7 | 67 | 74 | 5 | 63 | 68 | 6 | 36 | 42 | 12 | 35 | 47 | 12 | 113 | 125 |
| School District No. 43 | 2 | 6 | 8 | 1 | 9 | 10 | 1 | 7 | 8 | 2 | 5 | 7 | ..... | 10 | 10 |
| North Fraser | 2 | 24 | 26 | 1 | 32 | 33 | 3 | 24 | 27 | 1 | 13 | 14 | ..... | 26 | 26 |
| School District No. 42 | ..... | 3 | 3 | ..... | 3 | 3 | ..... | 4 | 4 | ..... | 3 | 3 | ..... | 11 | 11 |
| School District No. 75 | 2 | 9 | 11 | ..... | 10 | 10 | 1 | 8 | 9 | 1 | 5 | 6 | ..... | 12 | 12 |
| School District No. 76 | ..... | 12 | 12 | 1 | 19 | 20 | 2 | 12 | 14 | ..... | 5 | 5 | ..... | 3 | 3 |
| School districts not covered by health units | 6 | 59 | 65 | 4 | 46 | 50 | 4 | 85 | 89 | 9 | 101 | 110 | 12 | 195 | 207 |
| School District No. 46 | ..... | 8 | 8 | 2 | 8 | 10 | ..... | 15 | 15 | 1 | 10 | 11 | ..... | 12 | 12 |
| School District No. 48 | 5 | 13 | 18 | ..... | 24 | 24 | ..... | 17 | 17 | 3 | 24 | 27 | 2 | 34 | 36 |
| School District No. 49 | ..... | 14 | 14 | 2 | 9 | 11 | 1 | 15 | 16 | 2 | 10 | 12 | 1 | 14 | 15 |
| School District No. 61[6] | 1 | 1 | 2 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| School District No. 73 | ..... | 14 | 14 | ..... | 3 | 3 | ..... | 30 | 30 | 1 | 29 | 30 | 1 | 59 | 60 |
| School District No. 74 | ..... | 9 | 9 | ..... | 2 | 2 | ..... | 4 | 4 | 1 | 8 | 9 | ..... | 4 | 4 |
| School District No. 80 | ..... | ..... | ..... | ..... | ..... | ..... | 3 | 4 | 7 | 1 | 20 | 21 | 8 | 72 | 80 |
| Unorganized | 7 | 80 | 87 | 5 | 52 | 57 | 1 | 45 | 46 | 2 | 18 | 20 | 1 | 39 | 40 |
| Ex-Province | ..... | ..... | ..... | 1 | 1 | 2 | ..... | 1 | 1 | ..... | ..... | ..... | ..... | ..... | ..... |
| Unknown | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Totals | 307 | 3,099 | 3,406 | 229 | 2,968 | 3,197 | 188 | 2,668 | 2,856 | 248 | 2,494 | 2,742 | 191 | 3,425 | 3,616 |

[6] Includes Oak Bay only.

A review of this table will show the areas in the Province by health units and school districts where the venereal diseases present the greatest problem. As in past years, most new notifications were from the Greater Vancouver area. It is of interest to note, however, that while in other years more than half of the venereal disease reported in the Province came from the Vancouver area, this year only 49 per cent of all cases were from the metropolitan area.

With but one or two minor exceptions, there is no health unit area in British Columbia which has not shown at least a slight increase in the number of venereal diseases reported. The areas from which relatively large numbers of cases came this year are the South Central Health Unit, the Skeena Health Unit, and the Cariboo Health Unit. The amount of venereal disease being reported in these three areas is quite out of proportion to the population of the area.

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