PROVINCE OF BRITISH COLUMBIA

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# Division of
# Venereal Disease Control

Department of Health and Welfare

## ANNUAL REPORT
For the Year 1953

VICTORIA, B.C.
Printed by DON MCDIARMID, Printer to the Queen's Most Excellent Majesty
1954

# ANNUAL REPORT

## Department of Health and Welfare

## Venereal Disease Control

## Division of

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VICTORIA, B.C., March 31st, 1954.

*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 1953.

ERIC MARTIN,
*Minister of Health and Welfare.*

DEPARTMENT OF HEALTH AND WELFARE (HEALTH BRANCH),
VICTORIA, B.C., March 31st, 1954.

*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, 1953.

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

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

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DEPARTMENT OF HEALTH AND WELFARE (HEALTH BRANCH),
DIVISION OF VENEREAL DISEASE CONTROL,
2700 LAUREL STREET,
VANCOUVER 9, B.C., March 31st, 1954.

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

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

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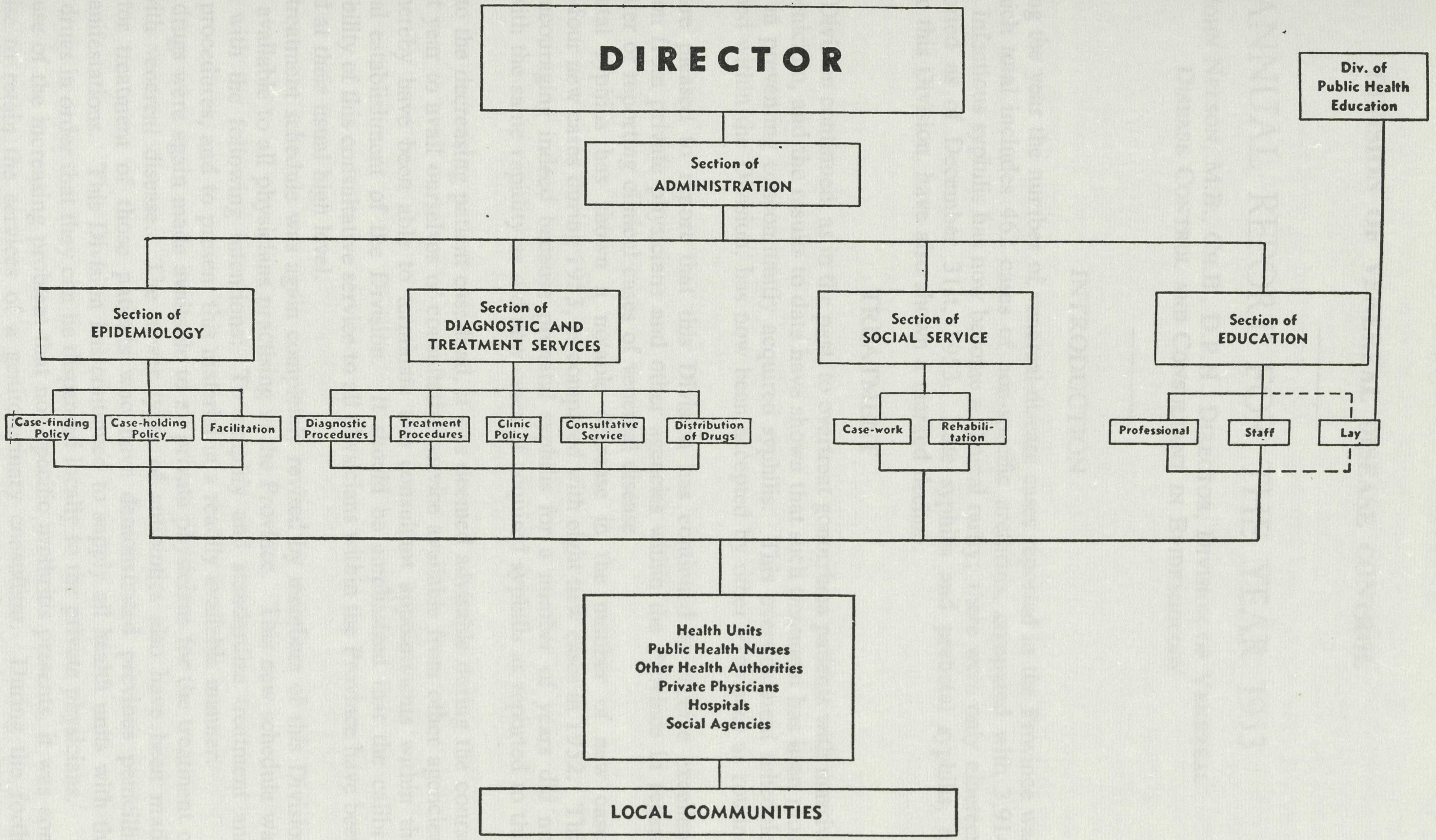
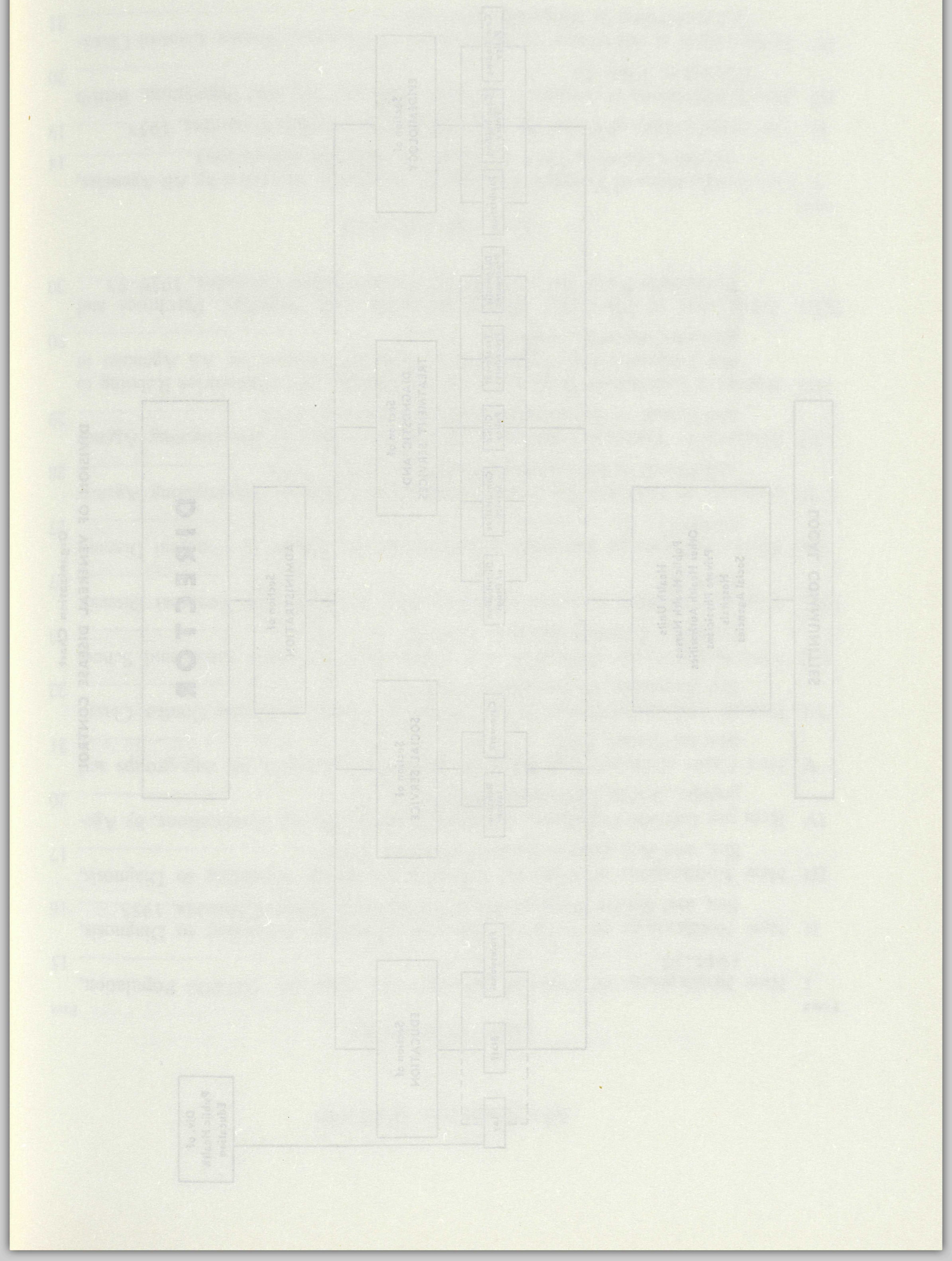
## DIVISION OF VENEREAL DISEASE CONTROL





## DIVISION OF VENEREAL DISEASE CONTROL

# ANNUAL REPORT FOR THE YEAR 1953

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

## INTRODUCTION

During the year the number of venereal-disease cases reported in the Province was 3,670, which total includes 462 cases of non-specific urethritis, compared with 3,914 in 1952. Infectious syphilis has now become a clinical rarity; there were only nineteen cases reported as of December 31st, 1953. Late syphilis and prenatal syphilis, as reported to this Division, have also shown a marked decline.

## 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 most successful in preventing concomitantly acquired syphilis. This overtreatment schedule, as developed within the Division, has now been accepted by other Provinces as routine therapy.

We are pleased to report that 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.

Prenatal syphilis has shown a notable decrease in the number of new cases reported—four new cases during 1953, as compared with eight new cases in 1952. This trend is encouraging indeed because prenatal syphilis for a number of years did not decrease with the same rapidity as did new cases of acquired syphilis as reported to this Division.

Due to the decreasing patient case-load, it was deemed advisable during the course of the past year to avail ourselves of consultative service available from other agencies, and we thereby have been able to terminate two consultant appointments within the professional establishment of the Division. It should be emphasized that the calibre and availability of this consultative service to all physicians within the Province have been maintained at their usual high level.

The treatment schedule was again completely revised by members of this Division and made available to all physicians practising in the Province. This new schedule was drawn up with the following intentions: To simplify and standardize treatment and follow-up procedures, and to present this material in a readily available manner.

Free drugs were again made available to all private physicians for the treatment of patients with venereal disease. The newer types of antibiotics also have been made available for treatment of those patients who have demonstrated previous penicillin allergic manifestations. This Division has continued to supply all health units with the necessary drugs in order that they can be dispensed locally to the private physicians.

Because of the increasing problem that non-specific urethritis presents, it was considered wise to retain the services of a genito-urinary consultant. During the forthcoming year it is hoped that the Division will be able to devise a more satisfactory schedule of diagnostic criteria and treatment for the management of this troublesome condition.

During the past year several new developments have taken place within this Division. A limited clinical assay was performed to determine whether or not the newer long-acting penicillins would be of assistance for the treatment of female repeaters who make up a goodly percentage of our problem. The consultant in epidemiology has advised that females be treated after one naming as a contact, in order that a modified type of speed-zone epidemiology could be instituted within this Division. The results of this change and of several others, although it is too early to report any accurate figures, have shown a very encouraging trend.

During the year, clinic and treatment facilities continued to operate at the following centres: Victoria clinic; Vancouver City Gaol; Prince Rupert and Prince George City Gaols; Greater Vancouver Metropolitan Health Committee, Health Unit No. 1; Male and Female Oakalla Prison Farm; Girls' Industrial School; Juvenile Detention Home; and New Westminster clinic. The Vancouver clinic no longer remains open on Saturday morning because of the marked decrease in clinic attendance.

Other forms of venereal disease, such as chancroid and lymphogranuloma venereum, encountered during the year were mainly found among mariners entering the port of Vancouver. There was no evidence of increased spread of these infections among the general population.

## EPIDEMIOLOGY

It has continued to remain our belief that the key to the control of venereal disease lies in the vigorous and enthusiastic application of epidemiological methods. With our goal thus defined, it has been a constant and ever-increasing challenge to uncover new productive avenues of approach which might help us more rapidly to eradicate our reservoir of infection.

During this past year special studies have brought to our attention the part played by the female in the transmission of gonorrhœa from the reservoir of infection to the fresh male host. In order to deal with this, we have adopted the policy that all female contacts to gonorrhœa be treated on their first visit to the clinic. The immediate problem of bringing the contact to treatment more rapidly has resulted in a modified programme of speed-zone epidemiology aimed at bringing a high percentage of our female contacts to treatment within twenty-four or seventy-two hours following receipt of information.

The Vancouver City Gaol examination centre continued to function as a very important part of the epidemiology programme. The number of newly diagnosed gonorrhœa infections has decreased to an all-time low, and it is felt that this changing index accurately reflects the prevalence of gonorrhœa in Vancouver. Treatment in the centre is offered to all patients on epidemiological grounds or clinical evidence of infection.

The clinic at Health Unit No. 1, Metropolitan Health Committee, now operates twice weekly, 11 a.m. to 1 p.m. A public health nurse is in attendance, 2 to 4 p.m. daily, to undertake serological testing for the U.S. Immigration, down-town cafés, and industries. Persons reporting here during the above hours may receive tests for gonorrhœa, and treatment if indicated.

This year the Indian Health Services assumed almost full responsibility for the epidemiological follow-up of all Indians. Health units have established policy on a local level whereby the agency which is able to do the most rapid follow-up of the Indian handles the referred case.

The epidemiological section continued to have a very satisfactory liaison with the private physicians throughout the Province. The adequacy of contact information obtained by the physician has improved so that we have been able to investigate many more of these contacts.

New approaches to the suppression of facilitators and facilitating premises has required continuous study. Where misdemeanours occur, a greater effort has been made

to pin-point responsibility on one individual. Three meetings were held during the year—one with other interested departments and agencies, and two meetings with the managers of hotels and rooming-houses which have been community trouble-spots over a period of several years.

The American Social Hygiene Association again sent a representative to survey the facilitating processes operating in Vancouver City. These objective reports have proved helpful in giving us specific information regarding certain activities within the city.

Senior members of the Division made a total of six visits to the field staff to discuss epidemiology techniques and assist with problem cases.

This has been a year of changing emphasis for the epidemiological section of the Division. It is hoped a wise choice of activities on which to place emphasis will strengthen our programme and eliminate unproductive case-finding and case-holding effort.

## SOCIAL SERVICE

For a three-month period during the year there was no case-worker at the Vancouver clinic, and service on a part-time basis was provided by Social Service staff from the Division of Tuberculosis Control. In spite of this staff difficulty, counselling service was continued for the patients reporting to the Vancouver clinic for treatment, and there were 805 patient-interviews carried out by the Social Service Section during the year.

In addition, this Section participated in the educational programme for student-nurses, public health workers, and professional staff in allied fields undertaken by the Division of Venereal Disease Control.

In our work with the patient-group, at the termination of each interview the clinic social worker recorded her assessment of the patient and his capacity to utilize this counselling service, and the following criteria were taken as a guide:—

*Group I.*—This person is capable of taking responsibility for himself; he is functioning adequately in his life situation and his infection has been acquired as the result of an episode that is out of character with his behaviour pattern.

*Group II.*—This person has capacity to take responsibility for himself but he needs help in defining this; he also lacks knowledge about the venereal diseases and about sexual behaviour in general.

*Group III.*—This person manifests real conflict in some area of his life, and his promiscuous behaviour is symptomatic of this stress. The pressure may be external because of the life situation in which he finds himself, or it may be within the personality structure of the individual.

*Group IV.*—In all of his personal relationships this individual functions on a casual level, and his sexual behaviour follows the same pattern. His roots are shallow, and he does not want to or is not capable of assuming personal responsibilities. His goal in life is ill-defined, but he is not in conflict about himself or his situation.

*Group V.*—This is the chronic-problem person whose life is disordered and whose promiscuous behaviour is part of that way of living. He exists on the fringe of crime, and authority is his natural enemy.

In the twelve-month period under review, out of the total 805 patient-interviews, rating of the patient by the social worker was recorded in 660 cases. Of the remainder, 70 had been rated in a previous interview, 42 required no service other than referral to some other medical resource, 14 were not venereal-disease patients, and 19 were not given a rating.

Of the 660 who were rated, 104 were considered to come within Group I. For these patients the counselling interview was an opportunity for the patient to review his behaviour in the light of his goal in life, and thus the total treatment process became sex education with real meaning for the patient as a person.

There were 163 patients classified as Group II, and here again the social worker's interview was geared to make the learning process a personal experience which would enhance the patient's capacity to meet future situations in his life.

Among the 148 rated in Group III were most of the social ills, including marital conflict, personality disorders, alcoholism, adolescent revolt against parental authority, illegitimate pregnancy. With some, the basic problem was too deep-rooted for any effective help to be given in one interview, but most of these people derived some comfort from sharing their problems with the case-worker. The interview was a sorting-out process, and the patient was encouraged to utilize the resources available in the community for meeting his particular kind of need. Some of these patients continued their relationship with the clinic social worker after medical treatment was completed. It is from this group of patients that most of the referrals were made from the Social Service Section to the psychiatric consultant.

The 208 patients considered to come within the Group IV classification represented almost one-third of the total number rated. While these people represent a continuing problem in venereal-disease control because of their way of living, they can be helped to assume more responsibility in the epidemiological control of these diseases. For these patients the counselling interview was directed toward emphasizing the importance of the infected person in the control process, since he alone has the vital information about his sex partners that starts the epidemiological investigation. With this positive approach to the patient, the control programme became a combined operation of patient and staff, and this gave the patient some status. For many of them this is a rare and satisfying experience.

There were thirty-seven patients considered to fall in Group V. This number was small because most of the chronic-problem patients report to the treatment centre at the city gaol rather than to the Vancouver clinic. There is very little that counselling can do for this group, except to give these people the experience of courtesy and acceptance. Like children, they respond to kindness by co-operating to the maximum of their limited ability.

In summary, the twelve months' experience in the use of this rating scale indicates that about two-thirds of the patient-group derive benefit from the counselling service. The other one-third corresponds roughly to the proportion of the patient-group who have repeated venereal infection.

## EDUCATION

The Division of Health Education is primarily responsible for the health-education programme to lay groups, while the Division of Venereal Disease Control has accepted the responsibility for professional and staff education.

Lectures were given to student-nurses in all nursing-schools on the methods of control and the facilities available thoughout the Province. The regular course of instruction was given to the students from the Vancouver General Hospital who come to the Division for a two-week period during their training. Besides lectures, they receive a thorough grounding in the clinical aspects of venereal-disease control and also take part in the epidemiology programme. Students taking their course in public health nursing at the University also came for a one-week period, to participate in all phases of our work. Lectures were given to the psychiatric nurses at Essondale, practical nurses at the Vocational School, second- and third-year medical students at the University of British Columbia, and to various other groups.

Youth groups have requested speakers on several occasions.

Fortnightly staff meetings were held at the Division headquarters. Lectures on various aspects of syphilis and gonorrhœa were given, also a very interesting panel discussion, with the consulting specialists giving interpretations from their special fields. These were attended by the consulting staff and members of the Division.

An exhibit was again presented at the Kiwanis Annual Fair and Trade Exhibition in North Vancouver. "Corkie, the Killer" was the subject theme. Blood tests were offered to the public and literature distributed.

At the annual meeting of the Health League of Canada a small display was put on to show professional groups the continued need of an active programme for venereal-disease control. Pamphlets were obtainable and much interest was shown.

The manuals "Venereal Disease Information for Nurses" and "V.D. Control Program of the Health Branch" were revised and reprinted during the year. These manuals are widely distributed to student-nurses and other interested persons in the Province. A new pamphlet has been obtained which gives an excellent interpretation of the part played by the student-nurse in venereal-disease control during her hospital training.

The following is a list of papers given or published by members of the Division in the course of the year:—

(1) "Challenging Trends in V.D. Control," by Dr. A. John Nelson and Dr. Ben Kanee, presented before the American Academy of Dermatology and Syphilology in December, 1953.

(2) "Police and Health Department Co-operation in V.D. Control," by A. John Nelson, M.D., D.P.H., was accepted for publication in the Journal of Social Hygiene.

(3) In the January, 1953, issue of the Vancouver Medical Association bulletin a paper entitled "Prophylaxis of Ophthalmia Neonatorum," by G. R. F. Elliot, M.D.C.M., D.P.H., and A. John Nelson, M.D., D.P.H., was published.

(4) "Recent Advances in Venereal Disease Control," by A. John Nelson, M.D., D.P.H., was accepted for publication in the Canadian Nurse.

## GENERAL

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

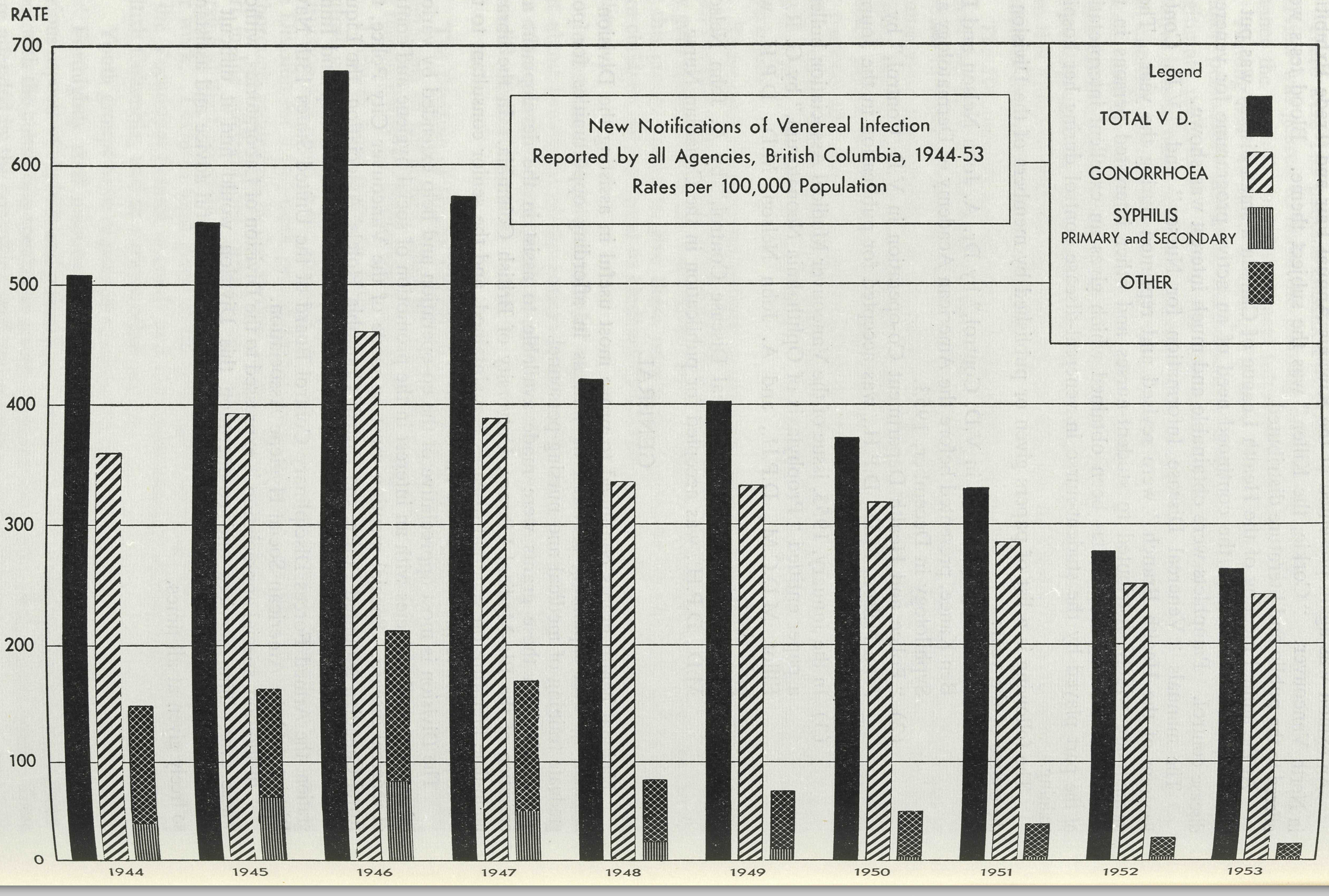
Funds from these grants were made available to assist in the development and operation of the Bio-Medical Library, University of British Columbia. In the library, up-to-date literature on venereal diseases is maintained, and the senior consultant to the Division is an active member of the management committee.

The Division is most appreciative of the co-operation and help extended by various other groups and agencies with an interest in the promotion of social hygiene and control of venereal disease. Special mention must be made of the Vancouver City Police, the Royal Canadian Mounted Police, the British Columbia Hotels' Association, the Liquor Control Board, the 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.

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

## STATISTICAL SECTION

### CHART I.—NEW NOTIFICATIONS OF VENEREAL INFECTION BY DIAGNOSIS, REPORTED BY ALL AGENCIES, BRITISH COLUMBIA, 1944–53 (RATE PER 100,000 POPULATION)



# TABLE I.—NEW NOTIFICATIONS OF VENEREAL INFECTION AND RATE PER 100,000 POPULATION, 1944–53

| 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 |
| 1944 | 4,737 | 508.3 | 3,358 | 360.3 | 70.9 | 254 | 27.3 | 5.4 | 126 | 13.5 | 2.7 | 999 | 107.2 | 21.1 | ----- | ----- | ----- |
| 1945 | 5,245 | 552.7 | 3,711 | 391.0 | 70.8 | 450 | 47.4 | 8.6 | 195 | 20.6 | 3.7 | 889 | 93.7 | 17.0 | ----- | ----- | ----- |
| 1946 | 6,790 | 677.0 | 4,618 | 460.4 | 68.0 | 628 | 62.6 | 9.3 | 206 | 20.5 | 3.0 | 1,292 | 128.8 | 19.0 | 46 | 4.6 | 0.7 |
| 1947 | 5,999 | 574.6 | 4,056 | 388.6 | 67.6 | 408 | 39.1 | 6.8 | 167 | 16.0 | 2.8 | 1,195 | 114.5 | 19.9 | 173 | 16.6 | 2.9 |
| 1948 | 4,534 | 419.0 | 3,608 | 333.5 | 79.6 | 162 | 15.0 | 3.6 | 77 | 7.1 | 1.7 | 657 | 60.7 | 14.5 | 30 | 2.8 | 0.7 |
| 1949 | 4,495 | 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 |

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

The total number of cases of venereal disease reported in the Province for 1953 showed a 6-per-cent decrease over the corresponding figure for 1952. The rate per 100,000 population also showed a further decline to reach a point which is now well below the pre-war (1939) rate of 329.9 per 100,000 population.

Gonorrhœa was responsible for 92.5 per cent of all venereal disease reported during the year. As previously, this disease must be considered the major problem facing our Venereal Disease Control programme.

There were only 26 cases of infectious syphilis reported during the year—the lowest number on record. In addition, the number of patients detected in the later stages of syphilis decreased by 26 per cent.

## TABLE II.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND SOURCE OF REPORTING OF NOTIFICATION, BRITISH COLUMBIA, 1953.

| Source of Referral | | 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. | 3,208 | 2,968 | 1 | 874 | 2,093 | 229 | 19 | 7 | 27 | 101 | 20 | 41 | 5 | 2 | 2 | 5 | 11 |
| | M. | 2,400 | 2,239 | — | 630 | 1,609 | 151 | 18 | 3 | 14 | 64 | 17 | 28 | 3 | 1 | 1 | 2 | 10 |
| | F. | 808 | 729 | 1 | 244 | 484 | 78 | 1 | 4 | 13 | 37 | 3 | 13 | 2 | 1 | 1 | 3 | 1 |
| Clinics, total | T. | 1,436 | 1,349 | — | 239 | 1,110 | 77 | 7 | 1 | 14 | 31 | 9 | 9 | 2 | — | 1 | 3 | 10 |
| | M. | 983 | 919 | — | 133 | 786 | 55 | 6 | 1 | 9 | 24 | 6 | 6 | 2 | — | — | 1 | 9 |
| | F. | 453 | 430 | — | 106 | 324 | 22 | 1 | — | 5 | 7 | 3 | 3 | — | — | 1 | 2 | 1 |
| Vancouver | T. | 1,152 | 1,078 | — | 158 | 920 | 65 | 6 | 1 | 12 | 24 | 9 | 7 | 2 | — | 1 | 3 | 9 |
| | M. | 830 | 778 | — | 88 | 690 | 44 | 5 | 1 | 7 | 17 | 6 | 5 | 2 | — | — | 1 | 8 |
| | F. | 322 | 300 | — | 70 | 230 | 21 | 1 | — | 5 | 7 | 3 | 2 | — | — | 1 | 2 | 1 |
| Victoria | T. | 96 | 90 | — | 8 | 82 | 6 | 1 | — | — | 3 | — | 2 | — | — | — | — | — |
| | M. | 66 | 61 | — | 6 | 55 | 5 | 1 | — | — | 3 | — | 1 | — | — | — | — | — |
| | F. | 30 | 29 | — | 2 | 27 | 1 | — | — | — | — | — | 1 | — | — | — | — | — |
| New Westminster | T. | 16 | 16 | — | 13 | 3 | — | — | — | — | — | — | — | — | — | — | — | — |
| | M. | 10 | 10 | — | 9 | 1 | — | — | — | — | — | — | — | — | — | — | — | — |
| | F. | 6 | 6 | — | 4 | 2 | — | — | — | — | — | — | — | — | — | — | — | — |
| Oakalla | T. | 61 | 56 | — | 17 | 39 | 4 | — | — | 1 | 3 | — | — | — | — | — | — | 1 |
| | M. | 24 | 19 | — | 10 | 9 | 4 | — | — | 1 | 3 | — | — | — | — | — | — | 1 |
| | F. | 37 | 37 | — | 7 | 30 | — | — | — | — | — | — | — | — | — | — | — | — |
| Girls' Industrial School and Juvenile Detention Home | T. | 9 | 9 | — | — | 9 | — | — | — | — | — | — | — | — | — | — | — | — |
| | M. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F. | 9 | 9 | — | — | 9 | — | — | — | — | — | — | — | — | — | — | — | — |
| Metropolitan Health Committee Clinics | T. | 102 | 100 | — | 43 | 57 | 2 | — | — | 1 | 1 | — | — | — | — | — | — | — |
| | M. | 53 | 51 | — | 20 | 31 | 2 | — | — | 1 | 1 | — | — | — | — | — | — | — |
| | F. | 49 | 49 | — | 23 | 26 | — | — | — | — | — | — | — | — | — | — | — | — |
| Other sources | T. | 1,772 | 1,619 | 1 | 635 | 983 | 152 | 12 | 6 | 13 | 70 | 11 | 32 | 3 | 2 | 1 | 2 | 1 |
| | M. | 1,417 | 1,320 | — | 497 | 823 | 96 | 12 | 2 | 5 | 40 | 11 | 22 | 1 | 1 | 1 | 1 | 1 |
| | F. | 355 | 299 | 1 | 138 | 160 | 56 | — | 4 | 8 | 30 | — | 10 | 2 | 1 | — | 1 | — |
| Private physicians | T. | 1,575 | 1,445 | 1 | 569 | 875 | 129 | 9 | 6 | 12 | 58 | 9 | 28 | 3 | 1 | 1 | 2 | 1 |
| | M. | 1,262 | 1,184 | — | 456 | 728 | 77 | 9 | 2 | 4 | 32 | 9 | 18 | 1 | — | 1 | 1 | 1 |
| | F. | 313 | 261 | 1 | 113 | 147 | 52 | — | 4 | 8 | 26 | — | 10 | 2 | 1 | — | 1 | — |
| Indian Health Services | T. | 25 | 23 | — | 18 | 5 | 2 | — | — | 1 | 1 | — | — | — | — | — | — | — |
| | M. | 10 | 9 | — | 8 | 1 | 1 | — | — | 1 | — | — | — | — | — | — | — | — |
| | F. | 15 | 14 | — | 10 | 4 | 1 | — | — | — | 1 | — | — | — | — | — | — | — |
| Department of National Defence | T. | 88 | 85 | — | 5 | 80 | 3 | 2 | — | — | 1 | — | — | — | — | — | — | — |
| | M. | 88 | 85 | — | 5 | 80 | 3 | 2 | — | — | 1 | — | — | — | — | — | — | — |
| | F. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Hospitals | T. | 14 | 4 | — | 1 | 3 | 10 | 1 | — | — | 5 | 2 | 1 | — | 1 | — | — | — |
| | M. | 12 | 3 | — | — | 3 | 9 | 1 | — | — | 4 | 2 | 1 | — | 1 | — | — | — |
| | F. | 2 | 1 | — | 1 | — | 1 | — | — | — | 1 | — | — | — | — | — | — | — |
| Other[1] | T. | 70 | 62 | — | 42 | 20 | 8 | — | — | — | 5 | — | 3 | — | — | — | — | — |
| | M. | 45 | 39 | — | 28 | 11 | 6 | — | — | — | 3 | — | 3 | — | — | — | — | — |
| | F. | 25 | 23 | — | 14 | 9 | 2 | — | — | — | 2 | — | — | — | — | — | — | — |

[1] Includes one male gonorrhœa (clinical) case, source of referral not stated.

In 1953 there was a decrease of 6 per cent in the total number of cases of venereal disease reported by Divisional clinics as compared with the previous year. Reporting by private practitioners over the same period showed only a 3-per-cent decrease. The net result of these changes is that private practitioners are now reporting more cases of venereal disease than the combined total of all Divisional clinics—a complete reversal of the picture which obtained a few years ago.

So far as individual clinics are concerned, the main Vancouver clinic of the Division continued to bear the greatest load in connection with the diagnosis and treatment of venereal disease in this Province (approximately one-third of all reported cases). By contrast, the much-reduced case-finding activities of the clinics at New Westminster and the Girls' Industrial School, Vancouver, raise the question as to the advisability of retaining these clinic services.

A noteworthy feature in the above table is the ratio of male to female cases reported by clinics and private physicians. For cases reported by all sources, this ratio is 2.97, as compared with a ratio of 2.17 reported by Divisional clinics, and 4.03 for private physicians. These sex-differentials indicate that females are not being brought to treatment in the number that they should, a fact which 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 devised a " speed-zone epidemiology " project.

TABLE III.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND AGE-GROUPS, BRITISH COLUMBIA, 1953.

| 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. | 3,208 | 2,968 | 1 | 874 | 2,093 | 229 | 19 | 7 | 27 | 101 | 20 | 41 | 5 | 2 | 2 | 5 | 11 |
| | M. | 2,400 | 2,239 | — | 630 | 1,609 | 151 | 18 | 3 | 14 | 64 | 17 | 28 | 3 | 1 | 1 | 2 | 10 |
| | F. | 808 | 729 | 1 | 244 | 484 | 78 | 1 | 4 | 13 | 37 | 3 | 13 | 2 | 1 | 1 | 3 | 1 |
| Under 1 year | T. | 2 | 1 | 1 | — | — | 1 | — | — | — | — | — | — | — | 1 | — | — | — |
| | M. | 1 | — | — | — | — | 1 | — | — | — | — | — | — | — | 1 | — | — | — |
| | F. | 1 | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 1- 4 years | T. | 2 | 1 | — | — | 1 | 1 | — | — | — | — | — | — | — | 1 | — | — | — |
| | M. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F. | 2 | 1 | — | — | 1 | 1 | — | — | — | — | — | — | — | 1 | — | — | — |
| 5- 9 ,, | T. | 5 | 5 | — | — | 5 | — | — | — | — | — | — | — | — | — | — | — | — |
| | M. | 1 | 1 | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — |
| | F. | 4 | 4 | — | — | 4 | — | — | — | — | — | — | — | — | — | — | — | — |
| 10–14 ,, | T. | 5 | 2 | — | 1 | 1 | 3 | — | — | 1 | — | — | — | — | — | 2 | — | — |
| | M. | 1 | — | — | — | — | 1 | — | — | — | — | — | — | — | — | 1 | — | — |
| | F. | 4 | 2 | — | 1 | 1 | 2 | — | — | 1 | — | — | — | — | — | 1 | — | — |
| 15–19 ,, | T. | 215 | 208 | — | 74 | 134 | 6 | 2 | — | 2 | — | — | — | — | — | — | 2 | 1 |
| | M. | 106 | 102 | — | 34 | 68 | 3 | 2 | — | — | — | — | — | — | — | — | 1 | 1 |
| | F. | 109 | 106 | — | 40 | 66 | 3 | — | — | 2 | — | — | — | — | — | — | 1 | — |

# TABLE III.—NEW NOTIFICATIONS OF VENEREAL INFECTION CLASSIFIED ACCORDING TO DIAGNOSIS, SEX, AND AGE-GROUPS, BRITISH COLUMBIA, 1953—*Continued*.

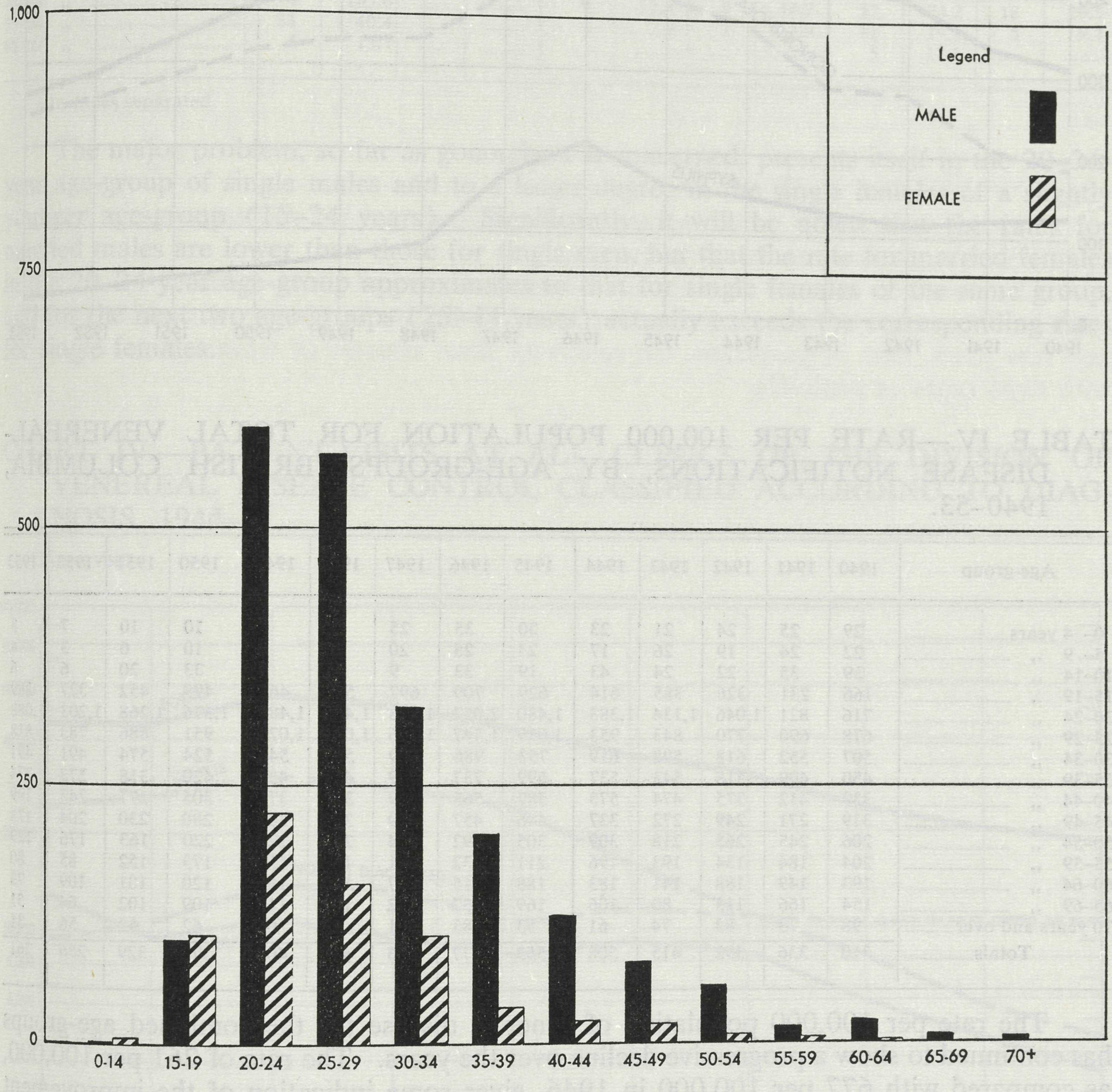
| Age-group | | Total | Gonorrhœa | | | | Syphilis | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Total | Ophthalmia Neonatorum | Gonorrhœa (Clinical) | Other | Total | Acquired | | | | | | | | Pre-natal | | Type Undetermined | Other Venereal Disease |
| | | | | | | | | Primary | Secondary | Latent—Early | Latent—Late | Cardiovascular | Neurosyphilis | Other | Early | Late | | |
| 20–24 ,, | T. | 843 | 823 | ---- | 234 | 589 | 19 | 8 | ---- | 8 | 2 | ---- | ---- | ---- | ---- | ---- | 1 | 1 |
| | M. | 611 | 598 | ---- | 160 | 438 | 13 | 7 | ---- | 5 | 1 | ---- | ---- | ---- | ---- | ---- | ---- | ---- |
| | F. | 232 | 225 | ---- | 74 | 151 | 6 | 1 | ---- | 3 | 1 | ---- | ---- | ---- | ---- | ---- | 1 | 1 |
| 25–29 ,, | T. | 744 | 725 | ---- | 211 | 514 | 12 | 1 | ---- | 6 | 5 | ---- | ---- | ---- | ---- | ---- | ---- | 7 |
| | M. | 585 | 570 | ---- | 157 | 413 | 8 | 1 | ---- | 4 | 3 | ---- | ---- | ---- | ---- | ---- | ---- | 7 |
| | F. | 159 | 155 | ---- | 54 | 101 | 4 | ---- | ---- | 2 | 2 | ---- | ---- | ---- | ---- | ---- | ---- | ---- |
| 30–34 ,, | T. | 456 | 429 | ---- | 129 | 300 | 25 | 3 | 1 | 3 | 13 | 1 | 3 | ---- | ---- | ---- | 1 | 2 |
| | M. | 333 | 323 | ---- | 101 | 222 | 8 | 3 | ---- | 1 | 4 | ---- | ---- | ---- | ---- | ---- | ---- | 2 |
| | F. | 123 | 106 | ---- | 28 | 78 | 17 | ---- | 1 | 2 | 9 | 1 | 3 | ---- | ---- | ---- | 1 | ---- |
| 35–39 ,, | T. | 259 | 238 | ---- | 74 | 164 | 21 | 1 | 1 | 3 | 11 | 2 | 3 | ---- | ---- | ---- | ---- | ---- |
| | M. | 214 | 203 | ---- | 59 | 144 | 11 | 1 | 1 | 1 | 6 | 1 | 1 | ---- | ---- | ---- | ---- | ---- |
| | F. | 45 | 35 | ---- | 15 | 20 | 10 | ---- | ---- | 2 | 5 | 1 | 2 | ---- | ---- | ---- | ---- | ---- |
| 40–44 ,, | T. | 169 | 148 | ---- | 50 | 98 | 21 | 1 | 1 | ---- | 9 | 1 | 7 | 1 | ---- | ---- | 1 | ---- |
| | M. | 136 | 126 | ---- | 40 | 86 | 10 | 1 | ---- | ---- | 3 | 1 | 3 | 1 | ---- | ---- | 1 | ---- |
| | F. | 33 | 22 | ---- | 10 | 12 | 11 | ---- | 1 | ---- | 6 | ---- | 4 | ---- | ---- | ---- | ---- | ---- |
| 45–49 ,, | T. | 121 | 99 | ---- | 18 | 81 | 22 | 2 | 2 | ---- | 10 | 1 | 6 | 1 | ---- | ---- | ---- | ---- |
| | M. | 95 | 80 | ---- | 12 | 68 | 15 | 2 | 1 | ---- | 6 | 1 | 4 | 1 | ---- | ---- | ---- | ---- |
| | F. | 26 | 19 | ---- | 6 | 13 | 7 | ---- | 1 | ---- | 4 | ---- | 2 | ---- | ---- | ---- | ---- | ---- |
| 50–59 ,, | T. | 123 | 86 | ---- | 27 | 59 | 37 | ---- | 1 | 1 | 23 | 3 | 9 | ---- | ---- | ---- | ---- | ---- |
| | M. | 104 | 73 | ---- | 23 | 50 | 31 | ---- | 1 | 1 | 18 | 2 | 9 | ---- | ---- | ---- | ---- | ---- |
| | F. | 19 | 13 | ---- | 4 | 9 | 6 | ---- | ---- | ---- | 5 | 1 | ---- | ---- | ---- | ---- | ---- | ---- |
| 60–69 ,, | T. | 66 | 34 | ---- | 5 | 29 | 32 | ---- | ---- | 1 | 16 | 7 | 7 | 1 | ---- | ---- | ---- | ---- |
| | M. | 58 | 32 | ---- | 5 | 27 | 26 | ---- | ---- | 1 | 12 | 7 | 6 | ---- | ---- | ---- | ---- | ---- |
| | F. | 8 | 2 | ---- | ---- | 2 | 6 | ---- | ---- | ---- | 4 | ---- | 1 | 1 | ---- | ---- | ---- | ---- |
| 70–79 ,, | T. | 23 | 5 | ---- | 3 | 2 | 18 | 1 | ---- | ---- | 8 | 5 | 3 | 1 | ---- | ---- | ---- | ---- |
| | M. | 22 | 5 | ---- | 3 | 2 | 17 | 1 | ---- | ---- | 8 | 5 | 3 | ---- | ---- | ---- | ---- | ---- |
| | F. | 1 | ---- | ---- | ---- | ---- | 1 | ---- | ---- | ---- | ---- | ---- | ---- | 1 | ---- | ---- | ---- | ---- |
| 80 years and over | T. | 3 | 1 | ---- | ---- | 1 | 2 | ---- | ---- | ---- | 1 | ---- | ---- | 1 | ---- | ---- | ---- | ---- |
| | M. | 3 | 1 | ---- | ---- | 1 | 2 | ---- | ---- | ---- | 1 | ---- | ---- | 1 | ---- | ---- | ---- | ---- |
| | F. | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- |
| Not stated | T. | 172 | 163 | ---- | 48 | 115 | 9 | ---- | 1 | 2 | 3 | ---- | 3 | ---- | ---- | ---- | ---- | ---- |
| | M. | 130 | 125 | ---- | 36 | 89 | 5 | ---- | ---- | 1 | 2 | ---- | 2 | ---- | ---- | ---- | ---- | ---- |
| | F. | 42 | 38 | ---- | 12 | 26 | 4 | ---- | 1 | 1 | 1 | ---- | 1 | ---- | ---- | ---- | ---- | ---- |

The relative proportion of male and female cases reported during the year was in the ratio of 2.97, a figure similar to that obtained in previous years.

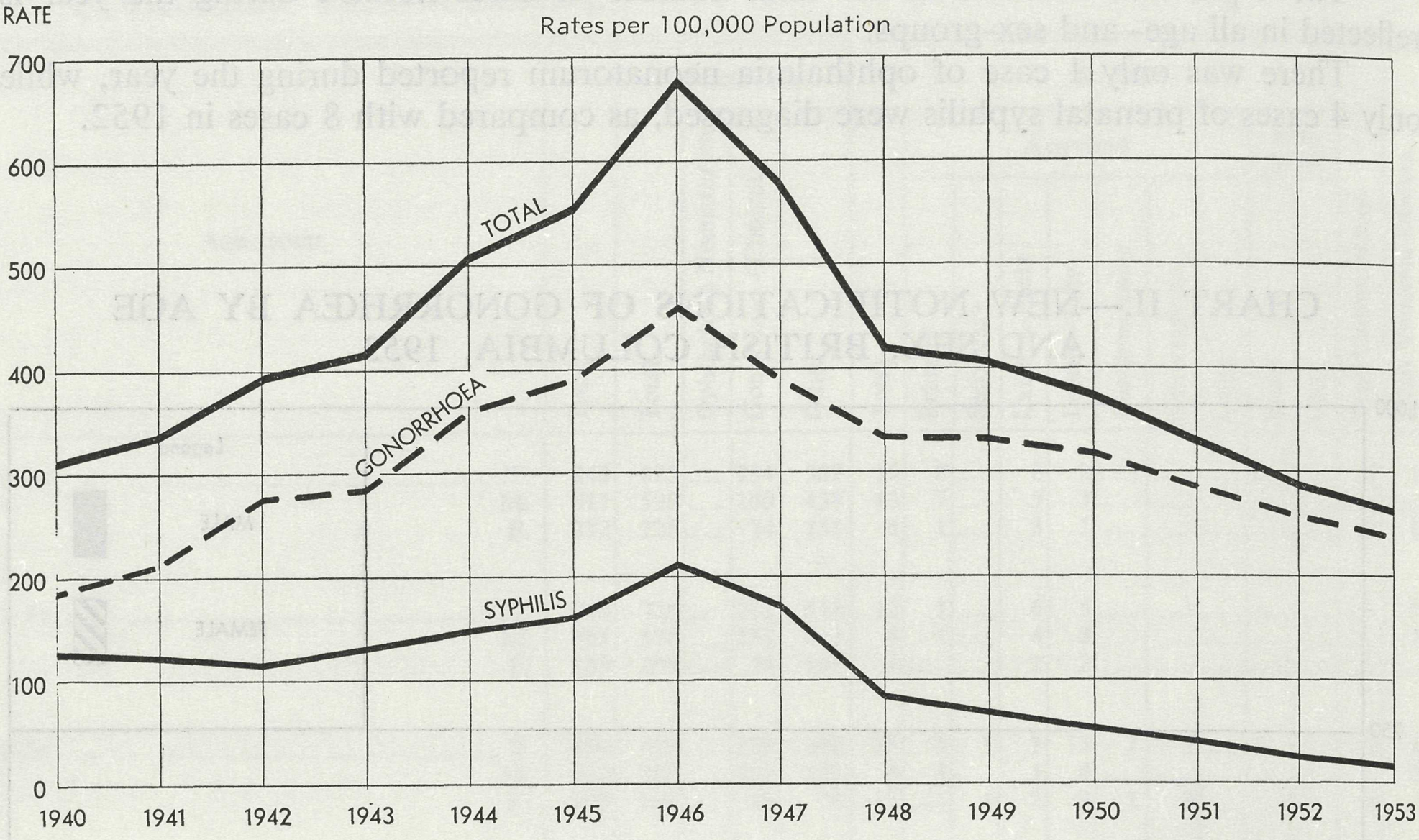
The 6-per-cent decrease in the total number of cases notified during the year is reflected in all age- and sex-groups.

There was only 1 case of ophthalmia neonatorum reported during the year, while only 4 cases of prenatal syphilis were diagnosed, as compared with 8 cases in 1952.

## CHART II.—NEW NOTIFICATIONS OF GONORRHŒA BY AGE AND SEX, BRITISH COLUMBIA, 1953



## CHART III.—NEW NOTIFICATIONS OF VENEREAL INFECTION, RATES PER 100,000 POPULATION, BRITISH COLUMBIA, 1940–53




## TABLE IV.—RATE PER 100,000 POPULATION FOR TOTAL VENEREAL-DISEASE NOTIFICATIONS, BY AGE-GROUPS, BRITISH COLUMBIA, 1940–53.

| Age-group | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0– 4 years | 29 | 25 | 24 | 21 | 23 | 30 | 35 | 25 | 16 | 9 | 10 | 10 | 7 | 3 |
| 5– 9 ,, | 22 | 24 | 19 | 26 | 17 | 23 | 25 | 20 | 10 | 8 | 10 | 6 | 3 | 4 |
| 10–14 ,, | 39 | 35 | 22 | 24 | 43 | 19 | 33 | 9 | 11 | 9 | 33 | 20 | 6 | 6 |
| 15–19 ,, | 166 | 231 | 326 | 385 | 614 | 629 | 709 | 697 | 533 | 465 | 499 | 452 | 327 | 289 |
| 20–24 ,, | 716 | 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 |
| 25–29 ,, | 678 | 690 | 770 | 843 | 953 | 1,039 | 1,547 | 1,306 | 1,044 | 1,021 | 951 | 886 | 783 | 818 |
| 30–34 ,, | 507 | 552 | 618 | 598 | 619 | 753 | 986 | 689 | 555 | 544 | 524 | 574 | 491 | 491 |
| 35–39 ,, | 450 | 499 | 518 | 543 | 537 | 699 | 737 | 609 | 481 | 438 | 420 | 318 | 278 | 274 |
| 40–44 ,, | 339 | 412 | 375 | 474 | 573 | 587 | 565 | 479 | 361 | 371 | 305 | 277 | 243 | 199 |
| 45–49 ,, | 319 | 271 | 249 | 272 | 337 | 446 | 457 | 439 | 308 | 305 | 280 | 230 | 204 | 173 |
| 50–54 ,, | 206 | 245 | 265 | 218 | 309 | 305 | 292 | 324 | 240 | 229 | 220 | 163 | 176 | 129 |
| 55–59 ,, | 204 | 184 | 134 | 193 | 196 | 211 | 232 | 231 | 124 | 156 | 173 | 152 | 85 | 80 |
| 60–64 ,, | 193 | 149 | 188 | 141 | 183 | 188 | 215 | 207 | 120 | 163 | 120 | 101 | 109 | 73 |
| 65–69 ,, | 154 | 166 | 113 | 80 | 106 | 169 | 157 | 172 | 101 | 110 | 109 | 102 | 64 | 51 |
| 70 years and over | 98 | 73 | 83 | 74 | 61 | 53 | 83 | 81 | 62 | 64 | 62 | 52 | 56 | 31 |
| Totals | 310 | 336 | 392 | 415 | 508 | 553 | 677 | 575 | 419 | 404 | 373 | 329 | 286 | 261 |

The rate per 100,000 population of venereal disease for the combined age-groups has continued to show a progressive decline over the years. The rate of 261 per 100,000, as compared with 677 per 100,000 in 1946, gives some indication of the improvement attained. This declining trend is evident in all the age-specific rates. The 20–29-year age-group still represents the major portion of our venereal-disease control problem.

## TABLE V.—NEW CASES OF GONORRHŒA REPORTED IN BRITISH COLUMBIA, BY AGE-GROUPS AND MARITAL STATUS, 1953

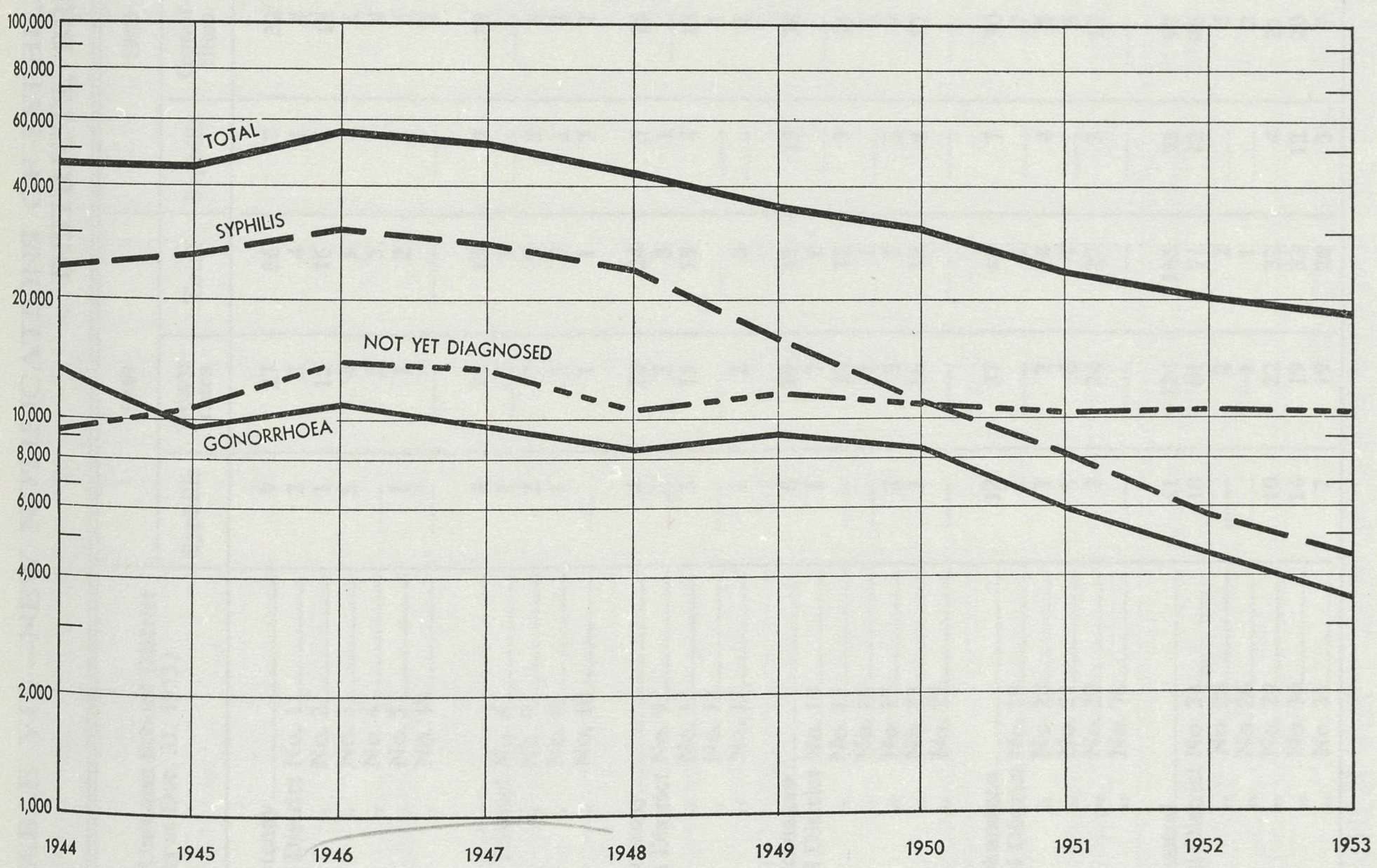
(Age-specific rates per 100,000 population.)

| 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 | 99 | 258.5 | 100 | 277.0 | 1 | 2.6 | --- | ------- | 1 | 2.6 | 6 | 16.6 |
| 20–24 ,, | 539 | 1,392.8 | 127 | 327.3 | 1 | 2.6 | 4 | 10.3 | 52 | 134.4 | 89 | 229.4 |
| 25–34 ,, | 677 | 772.8 | 93 | 96.8 | 10 | 11.4 | 21 | 21.9 | 195 | 222.6 | 140 | 145.7 |
| 35–44 ,, | 193 | 215.9 | 5 | 5.5 | 15 | 16.8 | 11 | 12.2 | 116 | 129.8 | 39 | 43.2 |
| 45–54 ,, | 74 | 105.6 | --- | ------- | 9 | 12.8 | 9 | 14.7 | 52 | 74.2 | 18 | 29.5 |
| 55–64 ,, | 23 | 40.4 | --- | ------- | 4 | 7.0 | 1 | 1.9 | 11 | 19.3 | 5 | 9.7 |
| 65–69 ,, | 4 | 13.7 | --- | ------- | --- | ------- | --- | ------- | 5 | 17.1 | --- | ------- |

[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). Significantly, it will be noted that the rates for married males are lower than those for single men, but that the rate for married females in the 20–24-year age-group approximates to that for single females of the same group, and for the next two age-groups (25–44 years) actually exceeds the corresponding rates for single females.

## CHART IV.—PATIENT-VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS, 1944–53.



# TABLE VI.—PATIENT-VISITS AT ALL CLINICS OF THE DIVISION OF VENEREAL DISEASE CONTROL CLASSIFIED ACCORDING TO DIAGNOSIS,[1] 1944–53.

| 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 |
| 1944 | 46,961 | 36,069 | 24,766 | 19,468 | 13,021 | 10,580 | ---------- | ---------- | 9,174 | 6,021 |
| 1945 | 46,898 | 35,657 | 26,297 | 20,084 | 9,692 | 8,065 | ---------- | ---------- | 10,909 | 7,508 |
| 1946 | 56,385 | 41,856 | 30,047 | 23,158 | 11,382 | 9,297 | ---------- | ---------- | 14,956 | 9,401 |
| 1947 | 51,129 | 38,180 | 28,291 | 21,986 | 9,799 | 8,051 | ---------- | ---------- | 13,039 | 8,143 |
| 1948 | 43,897 | 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 |

[1] Includes gonorrhœa epidemiological.

This table serves to show the steadily decreasing number of patient-visits made to the Divisional clinics over the past few years.

The decrease is most obvious in the case of patient-visits made in respect of a syphilis diagnosis, because of the marked decline in the incidence of syphilis over the past few years, and, in particular, the relatively short courses of treatment now possible with depo types of penicillin.

## TABLE VII.—NEW NOTIFICATIONS OF SYPHILIS AND GONORRHŒA[1] BY HEALTH UNITS AND SCHOOL DISTRICTS, BRITISH COLUMBIA, 1949–53

| Health Unit and School District (As at Dec. 31, 1953) | 1949 | | | 1950 | | | 1951 | | | 1952 | | | 1953 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total |
| East Kootenay | 9 | 27 | 36 | 7 | 32 | 39 | 10 | 58 | 68 | 4 | 73 | 77 | 5 | 24 | 29 |
| School District No. 1 | 2 | 2 | 4 | 1 | 4 | 5 | 1 | 5 | 6 | 2 | 7 | 9 | ----- | 5 | 5 |
| ,, ,, No. 2 | 1 | 15 | 16 | 1 | 18 | 19 | 1 | 24 | 25 | 1 | 42 | 43 | 2 | 7 | 9 |
| ,, ,, No. 3 | 5 | 4 | 9 | 1 | 1 | 2 | 4 | 9 | 13 | 1 | 9 | 10 | 2 | 4 | 6 |
| ,, ,, No. 4 | ----- | 5 | 5 | 1 | 4 | 5 | ----- | 9 | 9 | ----- | 13 | 13 | 1 | 3 | 4 |
| ,, ,, No. 5 | 1 | 1 | 2 | 3 | 3 | 6 | 3 | 7 | 10 | ----- | 1 | 1 | ----- | 4 | 4 |
| ,, ,, No. 18 | ----- | ----- | ----- | ----- | 2 | 2 | 1 | 4 | 5 | ----- | 1 | 1 | ----- | 1 | 1 |
| Selkirk | 4 | 11 | 15 | 9 | 13 | 22 | 10 | 34 | 44 | 2 | 52 | 54 | 5 | 22 | 27 |
| School District No. 6 | 1 | ----- | 1 | ----- | ----- | ----- | 1 | 4 | 5 | ----- | 2 | 2 | ----- | 3 | 3 |
| ,, ,, No. 7 | 2 | 7 | 9 | 5 | 8 | 13 | 4 | 20 | 24 | 1 | 38 | 39 | 4 | 14 | 18 |
| ,, ,, No. 8 | 1 | 3 | 4 | 1 | 3 | 4 | 4 | 10 | 14 | ----- | 11 | 11 | 1 | 4 | 5 |
| ,, ,, No. 10 | ----- | 1 | 1 | 3 | 2 | 5 | 1 | ----- | 1 | 1 | 1 | 2 | ----- | 1 | 1 |
| West Kootenay | 4 | 20 | 24 | 5 | 15 | 20 | 7 | 34 | 41 | 4 | 23 | 27 | 5 | 27 | 32 |
| School District No. 9 | ----- | 3 | 3 | 1 | ----- | 1 | ----- | 4 | 4 | 2 | 2 | 4 | ----- | 3 | 3 |
| ,, ,, No. 11 | 3 | 15 | 18 | 4 | 13 | 17 | 7 | 25 | 32 | 2 | 18 | 20 | 3 | 23 | 26 |
| ,, ,, No. 12 | ----- | ----- | ----- | ----- | 1 | 1 | ----- | 3 | 3 | ----- | ----- | ----- | 1 | 1 | 2 |
| ,, ,, No. 13 | 1 | 2 | 3 | ----- | 1 | 1 | ----- | 2 | 2 | ----- | 3 | 3 | 1 | ----- | 1 |
| South Okanagan | 6 | 39 | 45 | 13 | 38 | 51 | 6 | 30 | 36 | 7 | 17 | 24 | 2 | 22 | 24 |
| School District No. 14 | 1 | 7 | 8 | ----- | ----- | ----- | ----- | 9 | 9 | ----- | 3 | 3 | ----- | 2 | 2 |
| ,, ,, No. 15 | ----- | 12 | 12 | 3 | 11 | 14 | 3 | 8 | 11 | 3 | 8 | 11 | 2 | 10 | 12 |
| ,, ,, No. 16 | ----- | 1 | 1 | ----- | 1 | 1 | 1 | ----- | 1 | ----- | ----- | ----- | ----- | ----- | ----- |
| ,, ,, No. 17 | 2 | 3 | 5 | 2 | 9 | 11 | ----- | 4 | 4 | ----- | 1 | 1 | ----- | 1 | 1 |
| ,, ,, No. 23 | 3 | 16 | 19 | 8 | 17 | 25 | 2 | 9 | 11 | 4 | 5 | 9 | ----- | 9 | 9 |
| ,, ,, No. 77 | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| North Okanagan | 12 | 37 | 49 | 7 | 30 | 37 | 6 | 38 | 44 | 7 | 30 | 37 | 4 | 42 | 46 |
| School District No. 19 | 1 | ----- | 1 | ----- | 7 | 7 | ----- | 4 | 4 | 2 | 1 | 3 | ----- | 2 | 2 |
| ,, ,, No. 20 | 7 | 7 | 14 | 4 | 5 | 9 | 3 | 9 | 12 | 2 | 7 | 9 | 1 | 12 | 13 |
| ,, ,, No. 21 | 1 | 6 | 7 | ----- | 5 | 5 | 1 | 10 | 11 | ----- | 10 | 10 | ----- | ----- | ----- |
| ,, ,, No. 22 | 3 | 24 | 27 | 3 | 13 | 16 | 2 | 15 | 17 | 3 | 12 | 15 | 3 | 21 | 24 |
| ,, ,, No. 78 | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | 7 | 7 |
| South Central | 41 | 124 | 165 | 31 | 97 | 128 | 19 | 81 | 100 | 21 | 117 | 138 | 12 | 118 | 130 |
| School District No. 24 | 10 | 61 | 71 | 12 | 46 | 58 | 9 | 35 | 44 | 14 | 63 | 77 | 8 | 74 | 82 |
| ,, ,, No. 25 | ----- | 2 | 2 | ----- | 1 | 1 | ----- | 1 | 1 | ----- | 2 | 2 | ----- | 5 | 5 |
| ,, ,, No. 26 | ----- | 1 | 1 | ----- | 2 | 2 | ----- | 1 | 1 | 1 | 3 | 4 | ----- | 1 | 1 |
| ,, ,, No. 29 | 10 | 22 | 32 | 4 | 21 | 25 | 5 | 27 | 32 | ----- | 30 | 30 | 2 | 14 | 16 |
| ,, ,, No. 30 | 14 | 19 | 33 | 12 | 20 | 32 | 4 | 13 | 17 | 4 | 13 | 17 | ----- | 16 | 16 |
| ,, ,, No. 31 | 7 | 19 | 26 | 3 | 7 | 23 | 1 | 4 | 5 | 2 | 6 | 8 | 2 | 8 | 10 |

## TABLE VII.—NEW NOTIFICATIONS OF SYPHILIS AND GONORRHŒA[1] BY HEALTH UNITS AND SCHOOL DISTRICTS, BRITISH COLUMBIA, 1949–53—*Continued*

| Health Unit and School District (As at Dec. 31, 1953) | 1949 | | | 1950 | | | 1951 | | | 1952 | | | 1953 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total | Syphilis | Gonorrhœa | Total |
| Upper Island | 8 | 30 | 38 | 10 | 59 | 69 | 4 | 46 | 50 | 10 | 51 | 61 | 4 | 42 | 46 |
| School District No. 47 | 2 | 11 | 13 | 3 | 14 | 17 | 1 | 13 | 14 | 2 | 16 | 18 | 2 | 9 | 11 |
| ,, ,, No. 71 | 3 | 5 | 8 | 3 | 13 | 16 | 1 | 10 | 11 | 2 | 13 | 15 | ------ | 8 | 8 |
| ,, ,, No. 72 | 3 | 14 | 17 | 4 | 32 | 36 | 2 | 23 | 25 | 6 | 22 | 28 | 2 | 25 | 27 |
| Skeena | 48 | 214 | 262 | 47 | 199 | 246 | 38 | 192 | 230 | 27 | 301 | 328 | 9 | 336 | 345 |
| School District No. 50 | 8 | 34 | 42 | 1 | 21 | 22 | 2 | 22 | 24 | 2 | 22 | 24 | 2 | 18 | 20 |
| ,, ,, No. 51 | 2 | 17 | 19 | 5 | 1 | 6 | 3 | 3 | 6 | 6 | 26 | 32 | ------ | 8 | 8 |
| ,, ,, No. 52 | 24 | 114 | 138 | 27 | 138 | 165 | 13 | 117 | 130 | 13 | 185 | 198 | 3 | 217 | 220 |
| ,, ,, No. 53 | 12 | 35 | 47 | 13 | 29 | 42 | 19 | 35 | 54 | 6 | 46 | 52 | 3 | 64 | 67 |
| ,, ,, No. 54 | 2 | 14 | 16 | 1 | 10 | 11 | 1 | 15 | 16 | ------ | 22 | 22 | 1 | 29 | 30 |
| Peace River | 30 | 39 | 69 | 1 | 48 | 49 | 2 | 17 | 19 | 2 | 18 | 20 | 4 | 7 | 11 |
| School District No. 59 | 29 | 28 | 57 | 1 | 33 | 34 | 2 | 5 | 7 | 1 | 18 | 19 | 4 | 5 | 9 |
| ,, ,, No. 60 | 1 | 11 | 12 | ------ | 15 | 15 | ------ | 12 | 12 | 1 | ------ | 1 | ------ | 2 | 2 |
| Victoria-Esquimalt Union Board of Health | 47 | 99 | 146 | 57 | 90 | 147 | 36 | 136 | 172 | 39 | 128 | 167 | 22 | 128 | 150 |
| School District No. 61[2] | 47 | 99 | 146 | 57 | 90 | 147 | 36 | 136 | 172 | 39 | 128 | 167 | 22 | 128 | 150 |
| Saanich and South Vancouver Island | 10 | 55 | 65 | 17 | 37 | 54 | 9 | 28 | 37 | 8 | 23 | 31 | 3 | 15 | 18 |
| School District No. 61[3] | 3 | 29 | 32 | 4 | 18 | 22 | 3 | 18 | 21 | 2 | 14 | 16 | ------ | 4 | 4 |
| ,, ,, No. 62 | 1 | 4 | 5 | 3 | 5 | 8 | 2 | 3 | 5 | 3 | 4 | 7 | 1 | 4 | 5 |
| ,, ,, No. 63 | 6 | 19 | 25 | 10 | 11 | 21 | 3 | 5 | 8 | 2 | 5 | 7 | ------ | 7 | 7 |
| ,, ,, No. 64 | ------ | 3 | 3 | ------ | 3 | 3 | 1 | 2 | 3 | 1 | ------ | 1 | 2 | ------ | 2 |
| Central Vancouver Island | 26 | 88 | 114 | 29 | 78 | 107 | 39 | 83 | 122 | 6 | 68 | 74 | 8 | 73 | 81 |
| School District No. 65 | 7 | 26 | 33 | 8 | 11 | 19 | 14 | 12 | 26 | 2 | 14 | 16 | ------ | 11 | 11 |
| ,, ,, No. 66 | 2 | 9 | 11 | 1 | 12 | 13 | 3 | 17 | 20 | ------ | 14 | 14 | 2 | 20 | 22 |
| ,, ,, No. 67 | 2 | 2 | 4 | 1 | 2 | 3 | 6 | 2 | 8 | ------ | 4 | 4 | ------ | 4 | 4 |
| ,, ,, No. 68 | 6 | 19 | 25 | 10 | 15 | 25 | 8 | 21 | 29 | 2 | 18 | 20 | 3 | 13 | 16 |
| ,, ,, No. 69 | ------ | 2 | 2 | ------ | 1 | 1 | 2 | 1 | 3 | ------ | 5 | 5 | ------ | 3 | 3 |
| ,, ,, No. 70 | 9 | 30 | 39 | 9 | 37 | 46 | 6 | 30 | 36 | 2 | 13 | 15 | 3 | 20 | 23 |
| ,, ,, No. 79 | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | 2 | 2 |
| Cariboo | 23 | 172 | 195 | 17 | 149 | 166 | 20 | 140 | 160 | 16 | 232 | 248 | 5 | 339 | 344 |
| School District No. 27 | 2 | 14 | 16 | 5 | 8 | 13 | 1 | 7 | 8 | 4 | 10 | 14 | 1 | 15 | 16 |
| ,, ,, No. 28 | 2 | 11 | 13 | 1 | 17 | 18 | 2 | 10 | 12 | 1 | 24 | 25 | 1 | 18 | 19 |
| ,, ,, No. 55 | 1 | 15 | 16 | ------ | 13 | 13 | 1 | 16 | 17 | 1 | 28 | 29 | 1 | 73 | 74 |
| ,, ,, No. 56 | 2 | 9 | 11 | ------ | 16 | 16 | 1 | 25 | 26 | ------ | 32 | 32 | ------ | 24 | 24 |
| ,, ,, No. 57 | 16 | 122 | 138 | 11 | 92 | 103 | 14 | 82 | 96 | 10 | 137 | 147 | 2 | 209 | 211 |
| ,, ,, No. 58 | ------ | 1 | 1 | ------ | 3 | 3 | 1 | ------ | 1 | ------ | 1 | 1 | ------ | ------ | ------ |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Upper Fraser Valley | 14 | 59 | 73 | 8 | 56 | 64 | 13 | 71 | 84 | 7 | 90 | 87 | 4 | 72 | 76 |
| School District No. 32 | 4 | 25 | 29 | 4 | 20 | 24 | 6 | 24 | 30 | 2 | 23 | 25 | 2 | 22 | 24 |
| ,, ,, No. 33 | 10 | 29 | 39 | 3 | 27 | 30 | 5 | 36 | 41 | 3 | 51 | 54 | 2 | 33 | 35 |
| ,, ,, No. 34 | ------ | 5 | 5 | 1 | 9 | 10 | 2 | 11 | 13 | 2 | 16 | 18 | ------ | 17 | 17 |
| Boundary | 6 | 33 | 39 | 8 | 33 | 41 | 8 | 27 | 35 | 4 | 26 | 30 | 4 | 24 | 28 |
| School District No. 35 | ------ | 10 | 10 | 1 | 9 | 10 | 1 | 13 | 14 | 1 | 11 | 12 | 1 | 7 | 8 |
| ,, ,, No. 36 | 5 | 16 | 21 | 7 | 18 | 25 | 5 | 13 | 18 | 2 | 13 | 15 | 1 | 16 | 17 |
| ,, ,, No. 37 | 1 | 7 | 8 | ------ | 6 | 6 | 2 | 1 | 3 | 1 | 2 | 3 | 2 | 1 | 3 |
| Metropolitan Health Committee | 411 | 2,338 | 2,549 | 287 | 2,331 | 2,618 | 192 | 2,089 | 2,281 | 119 | 1,614 | 1,733 | 116 | 1,474 | 1,590 |
| School District No. 38 | 11 | 35 | 46 | 7 | 38 | 45 | 4 | 35 | 39 | 1 | 21 | 22 | 3 | 25 | 28 |
| ,, ,, No. 39 | 364 | 2,207 | 2,371 | 265 | 2,203 | 2,468 | 177 | 1,999 | 2,176 | 112 | 1,537 | 1,649 | 101 | 1,406 | 1,507 |
| ,, ,, No. 41 | 12 | 24 | 36 | 1 | 30 | 31 | 4 | 17 | 21 | 2 | 25 | 27 | 4 | 22 | 26 |
| ,, ,, No. 44 | 18 | 62 | 80 | 13 | 54 | 67 | 5 | 35 | 40 | 3 | 28 | 31 | 6 | 18 | 24 |
| ,, ,, No. 45 | 6 | 10 | 16 | 1 | 6 | 7 | 2 | 3 | 5 | 1 | 3 | 4 | 2 | 3 | 5 |
| Simon Fraser | 32 | 107 | 139 | 14 | 112 | 126 | 24 | 72 | 96 | 9 | 73 | 82 | 6 | 72 | 78 |
| School District No. 40 | 29 | 90 | 119 | 12 | 98 | 110 | 18 | 64 | 82 | 7 | 67 | 74 | 5 | 63 | 68 |
| ,, ,, No. 43 | 3 | 17 | 20 | 2 | 14 | 16 | 6 | 8 | 14 | 2 | 6 | 8 | 1 | 9 | 10 |
| North Fraser Valley | 7 | 40 | 47 | 14 | 38 | 52 | 9 | 27 | 36 | 2 | 24 | 26 | 1 | 32 | 33 |
| School District No. 42 | 2 | 15 | 17 | 3 | 17 | 20 | 1 | 5 | 6 | ------ | 3 | 3 | ------ | 3 | 3 |
| ,, ,, No. 75 | 2 | 12 | 14 | 5 | 12 | 17 | 6 | 7 | 13 | 2 | 9 | 11 | ------ | 10 | 10 |
| ,, ,, No. 76 | 3 | 13 | 16 | 6 | 9 | 15 | 2 | 15 | 17 | ------ | 12 | 12 | 1 | 19 | 20 |
| School Districts not covered by Health Units | 16 | 84 | 100 | 13 | 82 | 95 | 22 | 94 | 116 | 6 | 59 | 65 | 4 | 46 | 50 |
| School District No. 46 | 2 | 16 | 18 | 2 | 20 | 22 | 5 | 23 | 28 | ------ | 8 | 8 | 2 | 8 | 10 |
| ,, ,, No. 48 | 7 | 31 | 38 | 5 | 17 | 22 | 10 | 24 | 34 | 5 | 13 | 18 | ------ | 24 | 24 |
| ,, ,, No. 49 | 5 | 12 | 17 | 6 | 23 | 29 | 2 | 20 | 22 | ------ | 14 | 14 | 2 | 9 | 11 |
| ,, ,, No. 73 | 1 | 23 | 24 | ------ | 20 | 20 | 3 | 16 | 19 | ------ | 14 | 14 | ------ | 3 | 3 |
| ,, ,, No. 74 | 1 | 2 | 3 | ------ | 2 | 2 | 2 | 11 | 13 | ------ | 9 | 9 | ------ | 2 | 2 |
| ,, ,, No. 61[4] | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | 1 | 1 | 2 | ------ | ------ | ------ |
| Unorganized | 12 | 52 | 64 | 7 | 85 | 92 | 6 | 38 | 44 | 7 | 80 | 87 | 5 | 52 | 57 |
| Ex-Province | 2 | ------ | 2 | 1 | 1 | 2 | ------ | 1 | 1 | ------ | ------ | ------ | 1 | 1 | 2 |
| Unknown | 4 | 30 | 34 | ------ | 3 | 3 | ------ | 1 | 1 | ------ | ------ | ------ | ------ | ------ | ------ |
| Totals | 772 | 3,694 | 4,466 | 602 | 3,626 | 4,228 | 480 | 3,337 | 3,817 | 307 | 3,099 | 3,406 | 229 | 2,968 | 3,197 |

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

As in previous years, the bulk of new notifications were received from the Vancouver City area (47 per cent). The two other health jurisdictions which continue to present control problems are the Cariboo and Skeena Health Unit areas, which were equally and jointly responsible for 22 per cent of all new notifications received. In summary, these three areas were responsible for nearly 70 per cent of all new notifications of venereal disease received in 1953.

Reported cases of gonorrhœa have shown a further gratifying decline (8 per cent) in the Vancouver City area over the past year. The Cariboo Health Unit on the other hand has shown a 47-per-cent increase in the number of new notifications received in 1953 as compared with 1952. Gonorrhœa reporting from the Skeena Health Unit area showed a 12-per-cent increase over the same period. It is apparent, therefore, that the control programme, particularly against gonorrhœa, is not having the same success in the northernmost areas of the Province as has been attained in the Vancouver area.

## TABLE VIII.—PLACES OF MEETING REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASE, 1949–53

| Place of Meeting | 1949 | | 1950 | | 1951 | | 1952 | | 1953 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | 156 | 10 | 143 | 10 | 132 | 9 | 113 | 8 | 119 | 8 |
| Beer-parlours | 345 | 22 | 301 | 22 | 333 | 22 | 391 | 27 | 448 | 29 |
| Cabarets | 41 | 2 | 41 | 3 | 54 | 4 | 65 | 5 | 65 | 4 |
| Cafés | 267 | 17 | 219 | 16 | 231 | 15 | 240 | 16 | 290 | 19 |
| Hotels and rooms | 206 | 13 | 195 | 14 | 210 | 14 | 211 | 15 | 158 | 10 |
| Private homes | 57 | 3 | 44 | 3 | 75 | 5 | 47 | 3 | 75 | 5 |
| Streets | 241 | 15 | 226[1] | 16 | 234 | 16 | 154 | 11 | 119 | 8 |
| Miscellaneous | 280 | 18 | 217 | 16 | 231 | 15 | 209 | 15 | 268 | 17 |
| Totals | 1,593 | 100 | 1,386 | 100 | 1,500 | 100 | 1,430 | 100 | 1,542 | 100 |

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

## TABLE IX.—PLACES OF EXPOSURE REPORTED AS FACILITATING THE SPREAD OF VENEREAL DISEASE, 1949–53

| Place of Exposure | 1949 | | 1950 | | 1951 | | 1952 | | 1953 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | 14 | 1 | 8 | ---- | 19 | 1 | 9 | ---- | 10 | ---- |
| Hotels and rooms | 1,575 | 53 | 1,516 | 57 | 1,491 | 60 | 1,394 | 54 | 1,454 | 54 |
| Private homes | 258 | 8 | 190 | 7 | 222 | 9 | 248 | 10 | 254 | 10 |
| Marital and common-law | 542 | 19 | 537 | 20 | 344 | 13 | 472 | 19 | 442 | 17 |
| Cars | 135 | 5 | 140[1] | 5 | 127 | 5 | 115 | 4 | 141 | 5 |
| Miscellaneous | 399 | 14 | 281 | 11 | 287 | 12 | 320 | 13 | 370 | 14 |
| Totals | 2,923 | 100 | 2,672 | 100 | 2,490 | 100 | 2,558 | 100 | 2,671 | 100 |

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

The figures given in Tables VIII and IX represent places of meeting and places of exposure named by patients reporting with a venereal infection. It will be seen that the premises most often named as facilitating the spread of venereal disease are beer-parlours (29 per cent of all meeting-namings) and hotels and rooms (54 per cent of all exposure-namings), chiefly in the Vancouver area. We have attempted to control the facilitation process through such premises by meetings with their proprietors and managers, in an attempt to secure their co-operation in this phase of the control programme.

Tables X and XI represent our efforts to study the efficacy of contact-tracing as a method of finding new cases of venereal disease. From them it will be seen that investigation was indicated on 2,385 of a total of 4,446 contacts.

Public Health and Indian Department personnel investigated 73 per cent of these contacts, the remainder being investigated by private physicians or other agencies. Of those investigated by Public Health and Indian Department workers, 61 per cent were located, and 90 per cent of those located were examined. Of those examined, 56 per cent were found to be infected. These ratios are essentially similar to those which have obtained over the past few years.

TABLE X.—CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF INVESTIGATION, BRITISH COLUMBIA, 1953.

| 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 | 549 | 435 | 12 | 16 | 1 | 1 | 3 | 4 | 75 | 2 | ----- | ----- |
| Examined by private physician | 596 | 69 | 6 | 147 | 5 | 161 | 168 | ----- | 39 | 1 | ----- | ----- |
| Failed to report for examination | 52 | 38 | 1 | 9 | 2 | ----- | ----- | 1 | 1 | ----- | ----- | ----- |
| Investigated, already diagnosed or under care | 119 | 48 | ----- | 12 | 2 | 1 | 25 | ----- | 28 | 2 | ----- | 1 |
| Not located | 869 | 361 | ----- | 240 | 17 | 1 | 52 | 2 | 196 | ----- | ----- | ----- |
| Still under investigation | 58 | 16 | ----- | 18 | 2 | ----- | 20 | ----- | 2 | ----- | ----- | ----- |
| Found to be ex-Province | 5 | 2 | ----- | 2 | 1 | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Investigation not indicated | 2,056 | ----- | ----- | 1 | ----- | ----- | ----- | ----- | ----- | 855 | 255 | 945 |
| Not stated | 142 | ----- | ----- | 1 | ----- | 120 | ----- | ----- | 21 | ----- | ----- | ----- |
| Totals | 4,446 | 969 | 19 | 446 | 30 | 284 | 268 | 7 | 362 | 860 | 255 | 946 |

# TABLE XI.—CONTACTS TO VENEREAL INFECTION CLASSIFIED ACCORDING TO INVESTIGATING AGENCY AND RESULT OF EXAMINATION, BRITISH COLUMBIA, 1953.

| 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 | 1 | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | 1 | ----- | ----- |
| Not previously diagnosed | 1 | ----- | ----- | ----- | ----- | ----- | ----- | ----- | 1 | ----- | ----- | ----- |
| Not stated | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Totals | 2 | ----- | ----- | ----- | ----- | ----- | ----- | ----- | 1 | 1 | ----- | ----- |
| Infected with other syphilis— | | | | | | | | | | | | |
| Previously diagnosed | 26 | ----- | ----- | 1 | ----- | ----- | 3 | ----- | 1 | 21 | ----- | ----- |
| Not previously diagnosed | 10 | 1 | ----- | 3 | ----- | 2 | 2 | ----- | 2 | ----- | ----- | ----- |
| Not stated | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Totals | 36 | 1 | ----- | 4 | ----- | 2 | 5 | ----- | 3 | 21 | ----- | ----- |
| Infected with gonorrhœa— | | | | | | | | | | | | |
| Previously diagnosed | 723 | 24 | ----- | 10 | ----- | 1 | 9 | ----- | 17 | 662 | ----- | ----- |
| Not previously diagnosed | 639 | 275 | 8 | 94 | 4 | 87 | 91 | 3 | 73 | 4 | ----- | ----- |
| Not stated | 3 | ----- | ----- | 2 | ----- | ----- | ----- | ----- | ----- | 1 | ----- | ----- |
| Totals | 1,365 | 299 | 8 | 106 | 4 | 88 | 100 | 3 | 90 | 667 | ----- | ----- |
| Incomplete examination— | | | | | | | | | | | | |
| Previously diagnosed | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Not previously diagnosed | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Not stated | 1 | 1 | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Totals | 1 | 1 | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Negative— | | | | | | | | | | | | |
| Previously diagnosed | 91 | 12 | ----- | 1 | 2 | ----- | 10 | ----- | 9 | 57 | ----- | ----- |
| Not previously diagnosed | 489 | 227 | 10 | 65 | 2 | 71 | 78 | 1 | 35 | ----- | ----- | ----- |
| Not stated | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Totals | 580 | 239 | 10 | 66 | 4 | 71 | 88 | 1 | 44 | 57 | ----- | ----- |
| Investigation not indicated— | | | | | | | | | | | | |
| Previously diagnosed | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Not previously diagnosed | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Not stated | 1,303 | ----- | ----- | 1 | ----- | ----- | ----- | ----- | ----- | 102 | 255 | 945 |
| Totals | 1,303 | ----- | ----- | 1 | ----- | ----- | ----- | ----- | ----- | 102 | 255 | 945 |
| Infected with non-specific urethritis—venereal— | | | | | | | | | | | | |
| Previously diagnosed | 10 | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | 10 | ----- | ----- |
| Not previously diagnosed | 2 | 1 | ----- | 1 | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Not stated | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Totals | 12 | 1 | ----- | 1 | ----- | ----- | ----- | ----- | ----- | 10 | ----- | ----- |
| Not stated— | | | | | | | | | | | | |
| Previously diagnosed | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Not previously diagnosed | 1 | 1 | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Not stated | 1,142 | 427 | 1 | 268 | 22 | 122 | 75 | 3 | 223 | ----- | ----- | 1 |
| Totals | 1,143 | 428 | 1 | 268 | 22 | 122 | 75 | 3 | 223 | ----- | ----- | 1 |
| Totals— | | | | | | | | | | | | |
| Previously diagnosed | 854 | 36 | ----- | 12 | 2 | 1 | 22 | ----- | 28 | 753 | ----- | ----- |
| Not previously diagnosed | 1,143 | 505 | 18 | 163 | 6 | 161 | 171 | 4 | 111 | 4 | ----- | ----- |
| Not stated | 2,449 | 428 | 1 | 271 | 22 | 122 | 75 | 3 | 223 | 103 | 255 | 946 |
| Totals | 4,446 | 969 | 19 | 446 | 30 | 284 | 268 | 7 | 362 | 860 | 255 | 946 |

## 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, 1949–53.

| Examination | 1949 | 1950 | 1951 | 1952 | 1953 |
|---|---|---|---|---|---|
| Gonococcus cultures | 10,508 | 9,179 | 6,797 | 6,582 | 7,080 |
| Gonococcus microscopic examinations | 33,851 | 30,710 | 28,510 | 28,656 | 27,349 |
| Treponema pallidum microscopic examinations | 454 | 378 | 370 | 283 | 257 |
| Serological tests for syphilis | 173,092 | 178,375 | 228,547 | 232,270 | 253,756 |

During the year there was a slight reduction in the number of specimens examined microscopically for N. gonorrhœa and T. pallidum by the Division of Laboratories. However, this was counterbalanced by an increased number of specimens submitted for gonococcus culture and for the serodiagnosis of syphilis. Much of this latter increase can be related to co-operative research activities undertaken by the two Divisions into a comparative study of the Kahn and cardio-VDRL tests in the serodiagnosis of syphilis and into a new transport-medium for the cultural diagnosis of gonorrhœa.

## TABLE XIII. — ADMISSIONS TO PROVINCIAL MENTAL HOSPITALS WITH SYPHILITIC PSYCHOSES AND ADMISSION RATES PER 100,000 POPULATION, BRITISH COLUMBIA, 1929–53.

| Year | Admissions with Syphilitic Psychoses | | | Provincial Population | Admission Rates (per 100,000 Population) |
|---|---|---|---|---|---|
| | Paresis | Other C.N.S. Syphilis | Total | | |
| 1929 | 31 | 1 | 32 | 659,000 | 4.85 |
| 1930 | 42 | 1 | 43 | 676,000 | 6.36 |
| 1931 | 29 | 1 | 30 | 694,000 | 4.32 |
| 1932 | 39 | --- | 39 | 707,000 | 5.51 |
| 1933 | 36 | 1 | 37 | 717,000 | 5.16 |
| 1934 | 54 | --- | 54 | 727,000 | 7.42 |
| 1935 | 37 | 4 | 41 | 736,000 | 5.57 |
| 1936 | 36 | 5 | 41 | 745,000 | 5.50 |
| 1937 | 46 | 3 | 49 | 759,000 | 6.45 |
| 1938 | 44 | 1 | 45 | 775,000 | 5.80 |
| 1939 | 45 | 1 | 46 | 792,000 | 5.80 |
| 1940 | 37 | --- | 37 | 805,000 | 4.59 |
| 1941 | 39 | 1 | 40 | 818,000 | 4.88 |
| 1942 | 41 | --- | 41 | 870,000 | 4.71 |
| 1943 | 31 | --- | 31 | 900,000 | 3.44 |
| 1944 | 26 | --- | 26 | 932,000 | 2.78 |
| 1945 | 28 | --- | 28 | 949,000 | 2.95 |
| 1946 | 30 | 2 | 32 | 1,003,000 | 3.19 |
| 1947 | 24 | 1 | 25 | 1,044,000 | 2.39 |
| 1948 | 20 | 2 | 22 | 1,082,000 | 2.03 |
| 1949 | 24 | --- | 24 | 1,113,000 | 2.15 |
| 1950 | 22 | 1 | 23 | 1,137,000 | 2.02 |
| 1951 | 12 | 10 | 22 | 1,165,000 | 1.89 |
| 1952 | 3 | 8 | 11 | 1,198,000 | 0.92 |
| 1953 | 4 | 3 | 7 | 1,230,000 | 0.57 |

This table has been devised to study the effects of the syphilis control programme for the prevention of the late disabling effects of syphilis.

Specifically, with respect to syphilitic psychoses requiring admission to mental hospitals, it will be noted that the admission rate has fallen from 7.42 per 100,000 population in 1934 to an all-time low of 0.57 per 100,000 population for 1953.

It can therefore be seen that our venereal-disease control programme, as well as attacking the public health problem presented by infectious types of syphilis, is also producing results in terms of preventing the long-term disabling effects of that disease.

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