CONTINUOUS MORBIDITY REGISTRATION
SENTINEL STATIONS

THE NETHERLANDS
1983

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FOREWORD

When one sees how everywhere strong and active primary health care is being advocated, together with a strengthening of the position of the general practitioner in respect of specialist medical care, it is striking how laboriously the provision of information from primary health care proceeds and how limited the amount of information is in fact.

This is no fault of the Continuous Morbidity Registration, Sentinel Stations: now, for the fourteenth year since 1970, a number of general practitioners (46) provide a survey of various illnesses, complaints and forms of surgery in general practice on which information is currently important.

A number of data are collected year in, year out; valuable trends are visible for influenza and for various aspects of birth control (sterilization, morning-after pill, request for abortion), while also (attempted) suicide has been kept up to date within general practice for the fifth successive year now.

Related to the last subject is the new subject on the 1983 weekly return: the occurrence of depressions in general practice. Every year general practitioners number among 10 000 new patients 80 with depression concerning which they take action in some way or the other; nearly twice as many women as men; the difference between men in rural municipalities and women in the cities is even more than a factor of 3. In the case of men the peak falls in the age group between 35 and 44 years (75 per 10 000); for women 10 years later (182 per 10 000).

The descriptive epidemiology of the depressive syndrome as a phenomenon presented in general practice has been clearly enhanced by the data stated in the report. A new proof of the useful purpose served for the medicine of general practice, policy and general practice itself by this modesty conceived but consistently performed project.

Mrs. J.M. Bensing
Deputy Director of the Netherlands Institute for General Practice,
Chairman of the Sentinel Stations Counselling Committee.

INTRODUCTION

Continuous Morbidity Registration is a method of registration based on general practice. A national network of general practices, the sentinel stations, covers 1% of the Dutch population. In the composition of this network allowance has been made for a geographical spread over regions with a varying degree of urbanization (see p. 11 - 15).
The participating general practitioners, the spotter physicians, submit a form every week on which certain illnesses, occurrences and actions are reported, the weekly return. This weekly return comprises a distribution by age and where necessary a distribution by sex (see p. 96).
Every two years a census takes place of the practice populations concerned. In this way the population to which the collected data must be related is known.
On the whole frequencies are calculated according to age group per 10 000 men or women (see p. 22).
Every year the topics which are to be placed on the weekly return are selected by the Counselling Committee. Requests or suggestions from others are also taken into consideration. In order that an illness or occurrence may be placed on the weekly return, three conditions must be met:

1. a description of the importance of the subject is obligatory
2. it must be possible to formulate strict and clear criteria with respect to the disease or occurrence
3. application of these criteria may not be too time-consuming and it has to suit the practice of the general practitioner.

When a topic is included for the first time in the weekly return, some background information is given; for the "old subjects" it is necessary to consult one of the previous reports.
When considering the subjects which have been included during the years on the weekly return (see p. 20 - 21 and 97 - 98) the conclusion is reached that the name of the project, Continuous Morbidity Registration, no longer covers the entire work. After all, in part these are not diseases which are registered but actions or occurrences. The name sentinel stations is better: a watch is kept, sometimes for one year, sometimes longer or even continuously. That is why the name "Continuous Morbidity Registration, Sentinel Stations" is used.
In addition to the submission of weekly returns, a start was made in 1976 with incidental investigations. This entails the physicians being asked non-recurrent questions about diseases or occurrences which do not happen frequently.
The report gives neither an exhaustive (statistical) analysis of the collected material nor an extensive contemplation; the aim of the project is to collect basic details on certain subjects and to pass them on.

In mid 1983 a sentinel stations system also began to function in the Hague. After the Amsterdam project, which started in 1979, this is the second registration system in one of the cities which, directed by the local Municipal Medical and Health Service, takes gaugings. With 25 physicians it covers approx. 12% of the population of that city. This is a welcome addition to the national network, notably for those illnesses and occurrences that are specific to the cities. The project leader is H.G.J. Nijhuis, M.D., epidemiologist, head of the Epidemiology and Information Staff Bureau of the Municipal Medical and Health Service, The Hague.

COUNSELLING COMMITTEE

The subsidy arrangement with the Ministry of Welfare, Public Health and Culture lays down that the Counselling Committee for the implementation of the registration system consists in principle of:

1) two representatives of the Ministry of Welfare, Public Health and Culture
2) the Director of the Netherlands Institute for General Practice (Chairman)
3) one representative of the policy council of the Netherlands Institute for General Practice
4) two representatives of the Chief Medical Office of Health
5) one representative of the spotter physicians
6) one representative of the joint Institutes for General Practice of Dutch Universities
7) two members on the basis of specific expertise.

In 1983 the committee functioned in the following composition:

Dr H. Bijkerk, M.D. 4)
W.M.J. van Duyne, M.D. 7)
S. van der Kooij, M.D. 2)
H.J. van der Leen, M.D. 5)
A. Schaap 1)
H.O. Sigling, M.D. 6)
W.A. van Veen, M.D. 1)
A. Vrij, M.D. 4)
Dr J. van der Zee 3)

Project leader: *Dr Bertine J.A. Collette, M.D.*

Secretary: *Mrs. F.G. Hoeben-Schaafsma*
Mrs. M. Mijderwijk-van Valen
Mrs. C.M. van Welie-de Leeuw (substitute secretary)

This committee met three times in 1983.

MEETING OF SPOTTER CO-WORKERS

The annual meeting of co-workers on the project was held on Saturday, 23 January, in Utrecht.
In all there were 39 participants. This meeting is always held at the beginning of the calendar year, so that problems relating to new topics on the weekly return can be discussed in good time (it has meanwhile been decided to adhere to the second Saturday of the year as a fixed date). It is endeavoured to invite as speakers experts on the subjects to be registered. In this way the project acquires more substance for the co-workers.
The first speaker was Professor P.E. Treffers, Professor of Obstetrics and Gynaecology at the University of Amsterdam. His subject was "The frequency of spontaneous abortion and partus immaturus and the role of the general practitioner in the treatment thereof". The attitude of the general practitioner in these cases should perhaps occasionally be more of a wait-and-see one. However, echoscopy is often applied, which requires considerable expertise and may lead to surgery. That means curettage, usually under narcosis, i.e. with a certain risk. Adopting a waiting attitude would entail no risk, but leaves patient and physician in a state of suspense.

The second subject to be discussed was "Sterilization in the Netherlands", elucidated by Dr E. Ketting, a staff-member of Stimezo and NISSO. This subject has been on the weekly return for years. The Netherlands is sometimes known as the "contraceptive paradise" abroad. The fact that the pill is obtainable from the health insurance funds was regarded by the speaker as a very large contribution to acceptance of contraception. It is "normal" that a woman discusses these matters with her family doctor. The possibility of sterilization can also be discussed.

In the Netherlands contraception is used more effectively than anywhere else in the world. That is illustrated inter alia by the fact that the Netherlands, of all the countries liberalized on this point, has the lowest frequency of abortus provocatus. Mr Ketting considers it most desirable to continue with registration of the application of sterilization (see also the relevant chapter in this report).

In conclusion a discussion of the subjects on the weekly return took place.

DISTRIBUTION OF THE SPOTTER PHYSICIANS OVER THE NETHERLANDS

(Fig. 1, page 138)

The number of sentinel stations stayed the same in 1983 (46). A few small changes occurred, such as taking over a practice or forming a group practice, during the year; the number of general practitioners taking part increased to 62.

In the processing and discussion the following abbreviations or codes are used:

- A for the Groningen, Friesland and Drenthe (northern provinces) province group
- B for the Overijssel, Gelderland and Southern IJsselmeer Polders (eastern provinces) province group
- C for Utrecht, North Holland and South Holland (western and central provinces) province group
- D for the Zeeland, North Brabant and Limburg (southern provinces) province group
- 1 for the A_1 - A_4 urbanization group (rural municipalities)
- 2 for the B_1 - B_3, C_1 - C_4 urbanization group (urbanized rural municipalities) together with (municipalities with urban characteristics)
- 3 for the C_5 urbanization group (municipalities with a population of 100 000 or more)

Appendix 1 (page 94 - 95) gives a survey of the general practitioners who took part in the sentinel station project during 1983. In 14 sentinel stations there is cooperation between two or more general practitioners, viz 13 between 2 and 1 between 4 practitioners. In January 1983 the percentage of general practitioners cooperating throughout the Netherlands was 42, and among the spotter physicians 46 (28 out of the 61)[1]. There are 11 dispensing spotter physicians, 5 in urbanization group 1 and 6 in urbanization group 2, that is 18%. For the whole of the Netherlands the percentage is 21%[2].

The tables 1 and 2 give a distribution of the number of spotter physicians and sentinel stations per province group and urbanization group in the years 1970-1983. Adjustment to the standards applicable to the classification by degree of urbanization takes place where and when necessary.
Comparison with the number of general practitioners in the Netherlands in the various subgroups shows that the spotter physicians form a proportional representation (see 1981 report p. 13).

[1]) *The structure of the professional group of general practitioners Netherlands Institute of General Practice, Jan. 1983, p. 26, table 4, N.H.I. Publication.*
[2]) *Idem, p. 24, Table 2.*

Table 1[1]): Survey of the distribution of the spotter physicians and sentinel stations per province group in the years 1970-1983.

Province-group	A		B		C		D	
	Groningen, Friesland and Drenthe		Overijssel, Gelderland and the Southern IJsselmeer polders		Utrecht, North- and South Holland		Zeeland, North-Brabant and Limburg	
	Number GPs	Sentinel stations	Number GPs	Sentinel stations	Number GPs	Sentinel stations	Number GPs	Sentinel stations
1970	7	6	10	9	22	22	14	14
1971	7	6	10	9	23	22	13	13
1972	7	6	9	8	23	22	12	12
1973	8	6	10	9	25	22	13	12
1974	8	6	10	9	27	21	13	12
1975	8	6	9	8	28	21	14	12
1976	8	6	9	7	29	21	14	11
1977	8	6	10	7	28	20	13	11
1978	9	6	12	9	27	21	13	11
1979	10	6	12	9	27	21	12	10
1980	10	6	13	9	27	21	12	10
1981	10	6	11	9	27	21	13	10
1982	10	6	11	9	27	21	13	10
1983	10	6	11	9	27	21	14	10

[1]) *The tables indicated only by figures are text tables. The tables indicated by a combination of a figure and a letter are included in the appendices together with the figures at the back of the text. In the discussion of the various topics the latter tables are not repeatedly cited.*

Table 2: Survey of the distribution of the spotter physicians and sentinel stations per urbanization group in the years 1970-1983.

Urbanization group[1)]	1 Rural municipalities		2 Urbanized rural municipalities together with municipalities with urban characteristics		3 Municipalities with a population of 100000 or more		Netherlands	
	Number of GPs	Sentinel stations	Number of GPs	Sentinel stations	Number of GPs	Sentinel stations	Number of GPs	Sentinel stations
1970	10	9	28	27	15	15	53	51
1971	12	11	26	24	15	15	53	50
1972	11	10	25	23	15	15	51	48
1973	12	11	28	23	16	15	56	49
1974	12	11	30	23	16	14	58	48
1975	13	11	30	22	16	14	59	47
1976	14	11	30	20	16	14	60	45
1977	13	11	29	19	17	14	59	44
1978	10	8	35	25	16	14	61	47
1979	11	8	35	25	15	13	61	46
1980	11	8	36	25	15	13	62	46
1981	11	8	36	25	14	13	61	46
1982	11	8	36	25	14	13	61	46
1983	11	8	37	25	14	13	62	46

[1)] *Typology of the Dutch municipalities by degree of urbanization, 1-1-1971 (Central Bureau for Statistics).*

THE PRACTICE POPULATIONS

A complete census of the practice populations again took place in 1983; these details are used for processing with effect from 1-1-1984.
When the project was set up the aim was to take a sample of about 1% of the Dutch population. A geographical distribution (the above-mentioned province groups) was taken into account, as also a distribution of regions with various degrees of urbanization (urbanization groups). An enquiry was made as to whether this aim is still being met. This proved to be so, as the following surveys demonstrate.
Comparison with the census in 1981 (1982 report, p. 15) does, however, reveal that opposite changes have taken place: the Dutch population increased (by about 130 000 inhabitants); the sentinel station population decreased (by about 10 000). So far this has had no far-reaching consequences.

Comparison of the population of the percentages of the spotter physicians with the total population of the Netherlands may be seen in the following survey.

	Number of inhabitants of the Netherlands[1])	*Number of patients Sentinel stations*[2]) *(with percentages)*	
Province group			
A	*1.580.676*	*21.998*	*(1.4%)*
B	*2.867.109*	*28.057*	*(1.0%)*
C	*6.361.142*	*77.438*	*(1.2%)*
D	*3.529.348*	*35.133*	*(1.0%)*
Urbanization group			
1	*1.677.399*	*26.237*	*(1.6%)*
2	*9.139.229*	*99.506*	*(1.1%)*
3	*3.521.647*	*36.883*	*(1.1%)*
Sex			
Men	*7.102.598*	*79.267*	*(1.1%)*
Women	*7.236.953*	*83.359*	*(1.2%)*
Total	*14.339.551*	*162.626*	*(1.1%)*

[1]) *1-1-1983, Central Bureau for Statistics. Persons on the Central Register of Persons (CPR) are excluded.*

[2]) *Practice censuses 1983.*

Province group A (the northern provinces) and urbanization group 1 (rural municipalities) are relatively somewhat overrepresented. However, this is favourable, since these

are precisely the smallest groups for the Netherlands as a whole, while the difference is not of such a nature that the proportional representation is seriously disturbed by it.

The percentages of the men and women of the population of the Netherlands coming under the sentinel stations, per age group, province group and urbanization group, are as follows.

Age Years	Province group								Urbanization group						Netherlands	
	A		B		C		D		1		2		3			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0- 4	1.3	1.3	0.7	0.7	1.0	1.0	0.8	0.9	1.3	1.3	0.8	0.9	1.1	1.1	0.9	1.0
5- 9	1.4	1.4	0.8	0.8	1.1	1.2	0.9	1.0	1.4	1.5	1.0	1.0	1.0	1.0	1.0	1.1
10-14	1.3	1.4	0.9	0.9	1.1	1.1	1.0	1.0	1.5	1.6	1.0	1.0	0.9	1.0	1.1	1.1
15-19	1.4	1.4	1.0	1.1	1.1	1.2	1.0	1.0	1.6	1.7	1.1	1.1	0.9	1.0	1.1	1.2
20-24	1.4	1.5	1.0	1.1	1.3	1.4	1.0	1.1	1.5	1.9	1.1	1.2	1.0	1.2	1.2	1.3
25-34	1.5	1.6	0.9	0.9	1.3	1.3	1.0	1.0	1.4	1.5	1.1	1.1	1.2	1.3	1.2	1.2
35-44	1.4	1.5	0.9	1.0	1.2	1.3	1.0	1.1	1.6	1.7	1.1	1.2	1.0	1.1	1.1	1.2
45-54	1.4	1.4	1.1	1.2	1.2	1.2	1.0	1.1	1.7	1.7	1.1	1.2	1.0	1.0	1.1	1.2
55-64	1.3	1.3	1.1	1.2	1.3	1.2	1.0	0.9	1.7	1.7	1.2	1.1	1.0	1.0	1.2	1.1
⩾65	1.3	1.3	1.2	1.1	1.2	1.2	1.0	1.0	1.7	1.7	1.1	1.2	1.0	0.9	1.2	1.1
Total	1.4	1.4	1.0	1.0	1.2	1.2	1.0	1.0	1.5	1.6	1.1	1.1	1.0	1.1	1.1	1.2

With regard to the age groups a minor shift has occurred: in the youngest age groups, in comparison with the previous census, there are more subgroups with a percentage less than one; in the oldest age groups, on the other hand, such subgroups are fewer. This points to a low degree of aging of the sentinel station population; the population as it were grows along with the spotter physicians who are faithful to the project. However, care should be taken that this does not lead to a distortion.

SCOPE AND CONTINUITY OF THE REPORTING

Since 1975 the number of days reported annually per sentinel station and the number of all sentinel stations together per week have been examined and processed. In this an effort was made to follow the scope and continuity of the reporting. In general the spotter physicians state - or have someone state - whenever they cannot report (vacation, illness, personal circumstances). In the case of a weekly return not being submitted on time, telephone contact is made.

The maximum number of days which can be reported depends on the number of weeks in the year in question and the number of sentinel stations. In 1983 it was 11 960 (52 weeks × 5 days × 46 sentinel stations). Table 3 shows the absolute numbers and percentages.

Table 3: Maximum and actual number of reporting days per year.

Year	*Maximum number of days which can be reported*	*Actual number of reported days*	
		Absolute	*Percentage*
1975	*11 960*	*9 505*	*79.5 %*
1976	*11 925*	*10 095*	*84.7 %*
1977	*11 440*	*10 163*	*88.8 %*
1978	*12 090*	*10 592*	*87.6 %*
1979	*11 960*	*10 518*	*87.9 %*
1980	*12 190*	*10 618*	*87.1 %*
1981	*11 960*	*10 520*	*88.0 %*
1982	*11 960*	*10 627*	*88.8 %*
1983	*11 960*	*10 515*	*87.9 %*

The percentage of reporting days is the same as in 1979, it is a little lower than in 1982. A breakdown by province and urbanization group may be seen in the following table. No great differences prove to exist. The cities are lowest, 84.4%, the northern provinces highest, 91.4%.

Per province group

A 91.4%
B 86.5%
C 87.6%
D 87.8%

Per urbanization group

1 90.0%
2 89.1%
3 84.4%

In Fig. 2 the 1983 weekly reporting can be found. This figure clearly shows the influence of public holidays. The average number of non-reporting days per week is nearly 28 (maximum $46 \times 5 = 230$).

Table 4 gives the frequency distribution of the number of days not reported on per sentinel station.

The average number of non-reporting days per sentinel station is 31; a little higher than in 1982 and the same as in 1979 and 1981. A subdivision into single and group practices displays a clear difference here, viz 39 and 13 days respectively. If the sentinel station that became a group practice halfway through the year is removed, these figures become 39 and 10 respectively.) This tallies with the frequently voiced assertion that group practices enhance the continuity of reporting.

If one considers the percentage of group practices per subgroup, the assertion is again confirmed: in the cities (urbanization group 3) the percentage of group practices is 8 as against 37 and 40 in urbanization groups 1 and 2 respectively. For the province groups the difference is reflected less strongly: the percentages there for groups A to D are 33, 22, 29 and 40 respectively.

Table 4: Frequency distribution of the number of days *not* reported on per sentinel station.

Number of days not reported on	*Number of sentinel stations*								
	1975	*1976*	*1977*	*1978*	*1979*	*1980*	*1981*	*1982*	*1983*
0	1	0	0	1	1	2	2	1	2
1- 9	2	5	11	8	11	7	9	9	7
10-19	3	6	7	5	2	2	2	2	5
20-29	5	3	3	3	5	4	3	6	1
30-39	10	16	9	10	10	11	18	15	12
40-49	8	6	10	11	10	10	8	10	14
50-59	7	2	2	6[2])	4	8	2	3	4
60-69	3	3	0	1	2	1	1	0	1
70-79	1	0	1	0	0	0	0	0	0
80-89	2	1	0	1	0	1	1	0	0
90-99	0	1	0	0	1	0	0	0	0
>99	4	2	1	1[3])	0	0	0	0	0
	46[1])	45	44	47	46	46	46	46	46
Average	53	41	29	32	31	34	31	29	31
Mediaan	46	36	32.5	34	34.5	38	38	34.5	37

[1]) *In 1975 one physician terminated his sentinel station activities at the beginning of the year; this has not been taken into consideration in this processing.*

[2]) *One sentinel station started in February 1978.*

[3]) *One sentinel station finished in August 1978.*

Further study of this table shows a clear improvement in reporting over the years. A major failure to report, i.e. more than 50 days per sentinel station per year, hardly occurs any longer.

This is also observed when one considers the failure to report per week: in 1975 there were 15 weeks with more than 50 days' failure to report for all sentinel stations together (maximum 46 sentinel stations × 5 days = 230 days); in 1983 that was the case in 7 weeks.

THE WEEKLY RETURN (Appendix 2, p. 96)

The questions on the weekly return for 1983 were selected as follows by the Programme Committee:

1. New cases of influenza (-like illness)
2. Diabetes mellitus
3. Cervical smear
4. Parkinson's disease
5. Sterilization of the man performed
6. Sterilization of the woman performed
7. Prescription of morning-after pill
8. Spontaneous abortion or partus immaturus and partus at gravidity $\geqslant$ 28 weeks
9. Depression (treated for)
10. (Attempted) suicide
11. Penicillin, prescriptions and side effects
12. Myocardial infarction (suspicion of)
13. Accidents in the private sector
14. Traumas in sport: knee, ankle, muscle, tendon trauma; other traumas

The basis in principle was weekly reporting, which means that patients "seen" bij the locum tenens during the weekend are reported as well (influenza excluded). Diagnoses made or advice given by telephone are not entered in the weekly return in principle; here too influenza is an exception.

A survey of the questions included on the weekly return in the years 1970-1983 is given below; the questions of the current year, 1984, are also given. The subjects in alphabetical order can be found in Appendix 3 (p. 97 - 98) together with the years of registration.

Subjects on the weekly returns 1970-1984

Subject	*'70*	*'71*	*'72*	*'73*	*'74*	*'75*	*'76*	*'77*	*'78*	*'79*	*'80*	*'81*	*'82*	*'83*	*-'84*
Influenza (-like illness)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Exanthema e causa ignota	x														
Acute diarree e causa ignota	x														
Consulations for family planning	x	x	x	x	x	x	x								
Request for abortion	x	x	x	x	x	x									
(Attempted) suicide	x	x	x							x	x	x	x	x	x
Rubella (-like illness)		x													
Otitis media acuta		x													
Abortus provocatus		x	x	x	x	x	x	x	x	x					
Accidents		x													
Tonsillectomy or adenotomy		x													
Prescription of morning-after pill			x	x	x	x	x	x	x	x	x	x	x	x	x
Sterilization of the man performed			x	x	x	x	x	x	x	x	x	x	x	x	x
Prescription of tranquillizers			x	x	x										
Consulation for drug-use			x	x	x					x	x	x			
(Suspicion of) battered child syndrome				x	x										
Sterilization of the woman performed					x	x	x	x	x	x	x	x	x	x	x
Consultation with regard to addiction to smoking					x										
Measles						x	x	x	x	x					
Alcoholism						x									

Subject on the weekly returns 1970-1984 (continuation)

Subjects	*'70*	*'71*	*'72*	*'73*	*'74*	*'75*	*'76*	*'77*	*'78*	*'79*	*'80*	*'81*	*'82*	*'83*	*-'84*
Ulcus ventriculi/ duodeni						x									
Skull traumas in traffic						x	x	x							
Certificate for another dwelling issued						x									
Psoriasis							x	x							
Prescription of anti-hypertensivum or diuretic							x								
Cervical smear							x	x	x	x	x	x	x	x	x
Mononucleosis infectiosa								x	x	x					
Prescription of medicine for infection of the urinary tract								x							
Hay fever									x	x	x	x	x		
Myocardial infarction (suspicion of)									x					x	x
Traumas in sport										x	x	x	x	x	
Diabetes mellitus											x	x	x	x	
Parkinson's disease											x	x	x	x	x
Accidents in the private sector												x	x	x	
Spontaneous abortion or partus immaturus													x	x	
Partus at gravidity ⩾ 28 weeks													x	x	
Penicillin (prescriptions and side effects)													x	×	
Depression (treated for)														x	x
Malignicies															x
Trauma of the musculo-skeletal system															x
Referrals															x

PROCESSING OF THE DATA ON THE WEEKLY RETURN

This report contains the results of the weekly return for 1983. The data were processed by the Computer Centre of the Ministry of Welfare, Public Health and Culture as usual.

Three tables are produced on a routine basis:

1. The number of patients by sex and age group
2. The number of patients by sex and province group
3. The number of patients by sex and urbanization group

Tables 1, 2 and 3 are produced per week on behalf of the surveillance and per quarter and per year on behalf of the reporting. Moreover, Table 1 is also produced every quarter per sentinel station for the convenience of the participating physicians.

With the exception of the information furnished per sentinel station, the data are expressed per 10 000 of the total practice population (relative frequencies). The frequencies are given in round figures. In the case of a frequency of under 0.5 per 10 000 inhabitants, the figure is rounded off to "0". When no cases at all have been reported, this is indicated by "-". A frequency that is based on fewer than 5 reports is put between brackets.
When the frequency of new cases of a disease in a given period is concerned, one also speaks of incidence; if, on the other hand, all existing cases of that disease in a given period or at a given moment in time are concerned, that is designated as prevalence. There is also a subdivision into absolute and relative incidence or prevalence.
In this report the relative incidence or prevalence is in all cases calculated per 10 000 inhabitants or men or women. So as to be able, if desired, to calculate absolute numbers for the Netherlands, in Appendix 4 (page 99) the age structure as on 1 January 1983 is given.

When a sentinel station does not report over the whole week, (sickness, vacation, etc.), this is mentioned. The data from the physicians who have reported on 0, 1 or 2 days of the week are not processed, while the populations of these practices are not included in the calculation of the frequencies. The data from the practices that have reported on more than 2 days of the week are processed. Till 1978 a correction factor was applied to this. Consideration of the number of times that this was applied showed that the influence on the total was so small that this correction has been done away with effect from 1 January 1978. Moreover, enquiries among the spotter physicians revealed that in the case of 1 or 2 days' absence the work was simply moved to a later date.
The returns are built up from the weekly figures, the frequencies being calculated on the average population present in the quarter.

This annual report will not attempt to give a complete analysis of the material, as already mentioned in the introduction.

The following quarterly and annual tables are included here (page 100 - 135):
Tables 1a, 1b, 1c, 1d and 1e: the number of patients per 10 000 of the age group[1]).
Tables 2a, 2b, 2c, 2d and 2e: the number of patients per 10 000 of the province group.
Tables 3a, 3b, 3c, 3d and 3e: the number of patients per 10 000 of the urbanization group.

In 1982 it was decided to introduce age groups in 5-year classes. Unfortunately the computer program could not be modified in time, so that the reporting for 1983 still uses the old classification (see tables 1a - 1e).

[1]) *In this tables and the tables in the text derived from them frequencies are given in all cases per 10 000 men, women or inhabitants, unless stated otherwise.*
See also footnote on page 12.

INFLUENZA (-like illness) [1])

Influenza is the only subject to have appeared on the weekly return since the start of the sentinel station project. The data on this subject are regularly distributed and used at international level. As soon as an increase in the incidence is noted, the numbers are reported weekly to the WHO in Geneva, together with virological and serological results. In this way the Netherlands participate in an influenza surveillance that extends over a large number of countries inside and outside Europe.

Influenza 1982/1983 and 1983/1984

Table 4a and Fig. 3 (page 136 - 137 and 140) give the number of new cases, the incidence, of influenza per 10 000 inhabitants per week, per province group and per urbanization group[2]).
The progress of influenza at the beginning of 1982 was already described in the 1981 report.

In the period 1979 to 1982 inclusive so significant epidemic rises occurred in the Netherlands (see also Table 5). In both the 1982/1983 season and the 1983/1984 season the weekly incidences of influenza-like illnesses were for a certain period eight to ten times as high as is noted on average outside the influenza season. The highest incidences for the 1982/1983 season were noted in the last four weeks of 1982 and the first week of 1983, with 29, 33, 41, 42 and 36 cases for 10 000 inhabitants. For the 1983/1984 season the highest incidences were observed in the 10th to the 14th week of 1984 with 28, 52, 44, 49 and 32 cases per 10 000 inhabitants respectively (provisional data). During these epidemics of moderate extent the highest incidences (48-54) were observed in the northern and eastern provinces. In the 1983/1984 season such high incidences were observed in all province groups, with the exception of the western

[1]) *This must satisfy the following criteria (Pel, 1965):*
- *a. An acute beginning, i.e. at most a prodromal stage of three to four days (including preëxistent infections of the respiratory organs at a non-pathogenic level)*
- *b. The infection must be accompanied by a rise in rectal temperature to at least 38°*
- *c. At least one of the following symptoms must be present: cough, coryza, sore throat, frontal headache, retrosternal pain, myalgia.*

Pel, J.Z.S. (1965) Proefonderzoek naar de frequentie en de aetiologie van griepachtige ziekten in de winter 1963 - 1964 (Experimental investigation of the frequency and aetiology of influenza-like illness in the winter 1963 - 1964). Huisarts en Wetenschap 8, 321.

[2]) *Here and elsewhere in the text incidence or frequency means the frequency per 10 000 inhabitants (either men or women).*

provinces. However, in the southern provinces a peak of 110 cases per 10 000 inhabitants was attained in the 11th week of 1984. A somewhat smaller peak, 90 per 10 000 inhabitants, was noted in the eastern provinces in the 13th week.
In the 1982/1983 season almost exclusively influenza A (H3N2 and sporadically H1N1) was diagnosed. Occasionally an influenza B infection was identified. During the past season (1983/1984) influenza A virus was isolated on several occasions (but by no means as frequently as during the preceding season). In all cases H1N1 strains were concerned. Serological results also pointed to influenza A virus infections (usually H1N1; an occasional test also proved positive for H3N2). This also applies with regard to influenza B infections, which were reported at least as often as influenza A infections.

There proved to be a connection between the H1N1 isolates and the inactivated A/Brazil/11-78 virus present in the vaccine (1983/1984). With regard to the isolated influenza B strains it may be remarked that they proved to be related to the B/Singapore/222/79 strain. Also, for the first time in the Netherlands since 1965, an influenza C virus strain was isolated, in a one year-old girl with pneumonia. (National Institute for Public Health and Environment, Virology Division.)

Table 5: Number of patients with influenza (-like illness), per 10 000 inhabitants, 1970 - 1984.

Year	*1970*	*1971*	*1972*	*1973*	*1974*	*1975*	*1976*	*1977*	*1978*	*1979*	*1980*	*1981*	*1982*	*1983*	*1984*
Total per calendar year	*904*	*889*	*779*	*699*	*885*	*695*	*717*	*575*	*829*	*438*	*425*	*491*	*497*	*396*	
Total per "season"[1])		*782*	*879*	*785*	*813*	*651*	*701*	*557*	*711*	*502*	*449*	*448*	*392*	*507*	
Highest weekly incidence per "season"		*47*	*64*	*115*	*78*	*90*	*68*	*44*	*107*	*43*	*15*	*36*	*20*	*41*	*52*

[1]) *For these totals the limit of 30 June - 1 July is adhered to give a more realistic picture of the size of the epidemic than per calendar year.*

If the annual figures for 1970 to 1983 inclusive (i.e. not just the figures during an epidemic) are compared, *the year 1983*, with 396 cases per 10 000 inhabitants, proves to give the smallest number since reporting started. This is a result of the fact that the peak of the minor epidemic in the 1982/1983 season was located largely in 1982, whereas the peak of this last epidemic lay in 1984.

Age and sex distribution

During the period of registration, no difference was ever found in the frequency of influenza between men and women, so that a division is not included in the weekly return for this category.
The age distribution (table 1a - 1e) shows as in the preceding years the highest frequencies in the age group under 5 years and the lowest in the 10-14 age group. In the other groups the numbers are nearly identical.

This topic is to be maintained on the weekly return.

DIABETES MELLITUS

The disease diabetes mellitus appears on the weekly return for the fourth and last year in succession. In 1980 both new and old patients were concerned; in the following years only the new patients were reported.
The reporting is being done in consultation with Dr H.F. Dankmeijer, specialist in internal medicine and diabetes, medical adviser to the Netherlands Diabetes Society (D.V.N.).
The following criterion applies: a blood sugar level higher than 10 m mol/L (or 180 mg%) two hours after a meal with a high carbohydrate content, of course before commencement of treatment.
In addition, in order to gain more insight into the epidemiology of diabetes mellitus and the method of treatment, for each new patient a questionnaire is sent to the spotter physician about four months after reporting of the patient.

Meanwhile the criteria at international level have been changed, viz from $\geqslant$ 10.0 m mol/L or 180 mg% to $\geqslant$ 11.0 m mol/L or 200 mg%. The limit has therefore been raised, which entails that fewer people are wrongly (?) labelled as suffering from diabetes mellitus[1]). However, it is necessary to adjust to these new criteria, and therefore the registration has been amended somewhat with effect from 1 January 1981, though without impairing the value of the data already collected. By adding to the follow-up form the question how high the glucose concentration was when the diagnosis was made data can be supplied that are comparable at international level.

Table 6 states the frequencies per province and urbanization group (see also Fig. 5). The incidence has remained the same these four years, 11 to 13 per 10 000 inhabitants, which points to stable registration, since there are no reasons to expect a change in incidence in such a short time. Nor are there any significant fluctuations present in the seasonal figures.

Table 6: Number of new patients with diabetes mellitus per province and urbanization group, per 10 000 inhabitants, 1980 - 1983.

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1980	*14*	*10*	*12*	*16*	*9*	*12*	*17*	*13*
1981	*8*	*14*	*11*	*14*	*10*	*11*	*15*	*12*
1982	*14*	*10*	*13*	*10*	*9*	*10*	*18*	*12*
1983	*9*	*13*	*11*	*11*	*9*	*10*	*15*	*11*

1) *Reitsma, W.D., Terpstra, J. (1981) WHO Expert Committee on diabetes mellitus. N.T.v.G. p. 101-103.*

There proves to be no difference between the various province groups (the frequency varies around the 12 per 10 000), and in particular there is no difference between north and south. That is in contrast to what the national working party for "Epidemiology of diabetes mellitus in childhood" has observed[1]). They find a partially significant declining trend from north to south. According to the working party this would be in accordance with foreign investigations.

In the urbanization groups the relatively large difference between the rural municipalities and the cities continued to exist throughout the registration period (in the rural municipalities on average over 9, in the cities 16.5 per 10 000 inhabitants). This difference is significant (p. <0.05). The above-mentioned working party found no difference here. The data from abroad vary in this respect (according to the working party).

Age distribution

In Table 7 the frequencies per age group may be found (see also Fig. 6).

Table 7: Number of new patients with diabetes mellitus by age group, per 10 000 inhabitants, 1980 - 1983.

	Age group									
	<5	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	≥65
1980	(1)	(1)	-	(1)	4	3	8	23	26	56
1981	-	5	(3)	(1)	(1)	3	4	19	27	53
1982	-	(2)	(1)	(1)	(1)	3	10	18	26	50
1983	-	(1)	(2)	(2)	-	3	5	19	25	47

The number of new patients increase from fewer than 1 per 10 000 inhabitants at a (very) young age to about 50 in the age group older than 64 years.
The data from the above-mentioned follow-up forms have been processed for 1980 and 1982 (M.C.Z. Simoons-Hingst). The most important results are as follows.

> With reference to 1982 158 follow-up forms were processed; the last forms were received in May 1983, 4 months after reporting of the patient. The difference within the other years (1980: 176; 1981: 172) remains within the norms of Poisson's ratio.

[1]) *Vaandrager, G.J. en Veenhof, F.J. (NIPG-TNO), De incidentie van insuline-afhankelijke diabetes mellitus bij 0-19-jarigen in Nederland; 1978-1980 (NIPG-TNO, January 1984).*

In the percentages of men and women a gradual change may be observed over the three years: 1980: 38-62% - 1981: 46-54% - 1982: 53-47%.
In 1982, regarded nationally, the general practitioner diagnosed diabetes mellitus himself in 80% of the cases and then proceeded to treat 60% of the new patients. As in the earlier registration years, the specialist treats more than the national percentage in province group A in Groningen, Friesland and Drenthe and less than the national percentage in province group D in Zeeland, North-Brabant and Limburg (54%, 29% and 40% respectively). The following table shows the method of treatment.

		Diet only	*Oral medicines for lowering the blood sugar level*	*Insulin*	*Total*
General practitioner	*1980*	*52 (54 %)*	*45 (46 %)*	*- (0%)*	*97 (56%)*
	1981	*60 (62 %)*	*37 (38 %)*	*- (0%)*	*97 (57%)*
	1982	*47 (49.5%)*	*48 (50.5%)*	*- (0%)*	*95 (60%)*
Specialist	*1980*	*35 (47 %)*	*18 (24 %)*	*22 (29 %)*	*75 (44%)*
	1981	*25 (34 %)*	*27 (36 %)*	*22 (30 %)*	*74 (43%)*
	1982	*21 (33.3%)*	*21 (33.3%)*	*21 (33.3%)*	*63 (40%)*
Total	*1980*	*87 (50 %)*	*63 (37 %)*	*22 (13 %)*	
	1981	*85 (50 %)*	*64 (37 %)*	*22 (13 %)*	
	1982	*68 (43 %)*	*69 (44 %)*	*21 (13 %)*	

In the case of non-insulin-dependent patients a shift has occurred, but the percentage of insulin-dependent patients is strikingly stable in this period. On the basis of this the shift may possibly mean an indication that there is a gradual return to treatment with oral medicines for lowering the blood sugar level for non-insulin-dependent patients by both general practitioners and specialists.
The Quetelet index[1]) demonstrated overweight in more than half of all patients (38% of the men, 75% of the women).
Although the differences described this year are still small, it is interesting to see whether the shifts indicated will have continued in 1983. The number of follow-up forms from that year to be processed is of the same order of magnitude as in 1982.

This topic has been removed from the weekly return for 1984.

[1]) *Quetelet index: weight in kg/height² in mm; ⩾120% of ideal weight is regarded as overweight, which means ⩾25 for women and ⩾27 for men.*

CERVICAL SMEAR

Taking of a cervical smear was placed on the weekly return for the first time in 1976. The aim was to obtain insight into the extent of this work outside the mass screening for cervical cancer. However, it must be well realized that the spotter physicians are *not* a random group of general practitioners, which may be of influence *here*. However, a study in which the presence or otherwise of trends is examined is most definitely meaningful.

The question is subdivided into the indication for taking a cervical smear, i.e. following complaints and/or symptoms, on "preventive" grounds at the initiative of the spotter physician or the woman, and a separate column in the case of a repeat smear, irrespective of the indication for taking the previous smear. To make comparability with the investigation subsidized by the Ministry as great as possible, *3 years* has been adhered to as the period within which a second or following smear has *to be reported as a repeat smear.* For 1981 that therefore means that a smear is reported as a repeat smear when the spotter physician himself had already taken a smear from the woman in question after 1 January 1979. This period is identical with the interval between two mass screenings.

The results of this topic will acquire greater importance in the near future, since in March 1982 the then Minister of Public Health and Environment decided to amend the policy regarding mass screening for cervical cancer[1]). Consideration is being given to entrusting the performance of this method of early detection to the general practitioner.

Table 8 gives the total number of smears taken, with a subdivision for the indication for taking the smear, including the repeat smears.

[1]) *Letter from the Minister of Public Health and Environment to the President of the Second Chamber of the States-General. Second Chamber, 1981-1982 session, 17 100 Chapter XVII, No. 63.*

Table 8: Number of smears taken by spotter physicians, by indication for taking a smear, per 10 000 women, 1976 - 1983.

	1976	*1977*	*1978*	*1979*	*1980*	*1981*	*1982*	*1983*
Complaints and/or symptoms	*87*	*86*	*80*	*80*	*62*	*57*	*57*	*65*
"Preventive", general practitioner's initiative	*282*	*268*	*218*	*198*	*168*	*184*	*171*	*174*
"Preventive", woman's initiative	*103*	*112*	*105*	*124*	*93*	*110*	*126*	*120*
Repeat smear	*31*	*55*	*120*	*143*	*148*	*159*	*170*	*168*
Total	*503*	*521*	*523*	*545*	*471*	*510*	*524*	*527*

The total number of smears (527 per 10 000 women) is nearly the same as in 1982 (524 per 10 000 women). However, allowance must be made here for the fixed period of three years within which a smear counts as a repeat smear. As a result of this, only in 1978 and following years are the subdivisions comparable. Moreover, it should be realized that the extent of the organized application of this method in the form of mass screening gradually increased after 1976. For the years 1976, 1977 and 1978 a subdivision was therefore made between sentinel stations where mass screening was organized in the area covered by the practice and where this was not the case. There then proved to be major differences that could be explained by this activity (see the 1978 report, p. 30-33). The spotter physicians were again asked whether mass screening was organized in the area covered by their practice in 1983. Whereas in 1980 and 1981 only two to three physicians had to reply in the negative, this time there were six, the same as in 1982. It therefore looks as if the above-mentioned plans have already been implemented in some places. The number, however, is still too small for the material to be divided into whether or not mass screening has been organized and to examine possible effects of not continuing with the mass screening.
In the 1984 report a statement can probably be made on this, since a number of physicians have already indicated that 1983 was the last year of subsidized mass screening.
For an analysis of the influence of mass screening in past years on the number of smears taken in general practice see the 1981 report (p. 31 et seq.).

The number of smears on account of complaints and/or symptoms displays a small increase. As regards this category, however, the arrangement to register every smear taken from one and the same woman within a certain period as a repeat smear should be borne in mind. The actual number of smears taken on medical indication will therefore be somewhat higher.

The total number of smears taken on preventive indication has remained the same, on the initiative of both the spotter physician and the women.
For the first time the category repeat smears does not display an increase. This category offers the possibility of calculating from the totals through the years the number of women who are reached by this method within primary health care. The number of women who are reached in this way at least once every three years may be seen in the total of Table 9. This table contains only the numbers of *first* smears per 10 000 women, with a subdivision for the indication for taking the smear and per province and urbanization group (cf. also Figs 7 and 8). Compared to 1982 and 1981 the total number of *first* smears has remained the same: 359, 354 and 351 per 10 000 women.

Some differences may be observed in the subgroup; however, trend is not visible.

Table 9: Number of *first* cervical smear taken per province group and urbanization group, per 10 000 women of all age groups, by indication for taking a smear and for the total, 1976 - 1983.

		Province group				Urbanization group			Nether-lands
		A	B	C	D	1	2	3	
Complaints									
and/or	1976	85	102	100	52	62	91	103	87
symptoms	1977	65	95	109	48	64	96	88	86
	1978	116	93	72	68	78	66	118	80
	1979	130	95	63	79	73	70	114	80
	1980	129	61	52	44	73	51	90	62
	1981	119	59	41	52	73	39	95	57
	1982	95	65	44	58	78	37	98	57
	1983	97	99	49	53	90	44	105	65
"Preventive",									
general	1976	139	218	302	360	228	322	257	282
practitioner's	1977	112	234	327	260	214	308	240	268
initiative	1978	170	259	230	183	325	169	269	218
	1979	170	198	214	178	248	154	280	198
	1980	121	170	207	105	186	119	306	168
	1981	159	189	223	112	239	147	247	184
	1982	157	146	183	174	203	148	212	171
	1983	162	202	175	156	237	138	226	174
"Preventive",									
woman's	1976	112	95	114	79	66	134	79	103
initiative	1977	88	79	151	68	80	146	77	112
	1978	110	85	130	64	94	115	89	105
	1979	141	112	142	82	119	125	126	124
	1980	110	83	104	66	67	92	120	93
	1981	104	112	125	80	107	113	104	110
	1982	84	129	149	98	115	117	157	126
	1983	100	130	137	88	131	111	136	120
Total	1976	336	415	516	491	356	547	439	472
	1977	265	408	587	376	358	550	405	466
	1978	396	437	432	315	497	350	476	403
	1979	441	405	419	339	440	349	520	402
	1980	360	314	363	215	326	262	516	323
	1981	382	360	389	244	419	299	446	351
	1982	336	340	376	330	396	302	467	354
	1983	359	431	361	297	458	293	467	359

Age distribution

Table 10 gives a survey of the number of *"first"* smears by age group per 10 000 women (cf. Fig. 9).

Table 10: Number of *(first)* smears taken by age group, per 10 000 women, 1976 - 1983.

		Age group							
		10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*
Total	*1976*	*(2)*	*41*	*288*	*962*	*1397*	*884*	*248*	*62*
	1977	*-*	*50*	*347*	*974*	*1276*	*880*	*248*	*70*
	1978	*-*	*43*	*334*	*835*	*1028*	*742*	*280*	*43*
	1979	*-*	*85*	*520*	*883*	*914*	*634*	*233*	*48*
	1980	*-*	*47*	*536*	*740*	*607*	*464*	*211*	*51*
	1981	*(2)*	*72*	*548*	*879*	*602*	*473*	*225*	*47*
	1982	*-*	*64*	*565*	*859*	*651*	*455*	*207*	*43*
	1983	*-*	*63*	*543*	*797*	*724*	*515*	*233*	*42*

The increase in the 20-24 age group mentioned in preceding reports has not continued; there was even a small decrease. The latter is also the case in the 25-34 age group. In the 35-44 and 45-54 age groups, those for which mass screening is (was) organized, an increase of over 10% may be seen. This may be a sign of the effect of the ministerial order. However, there is as yet no question of an obvious trend.

Table 11 gives for 1978 and following years a breakdown by indication for taking a smear, including the repeat smear (see also Fig. 10). This table gives more information. The years 1976 and 1977 are not given here, as a result of the fact that the period that has been adhered to as the period within which a second smear from the same woman must be reported as a repeat smear had not yet lapsed then.

Table 11: Number of smears taken by spotter physicians by age group and by indication for taking the smear, per 10 000 women, 1978 - 1983.

		Age group						
		15-19	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*
Complaints and/or symptoms	*1978*	*17*	*102*	*153*	*193*	*147*	*55*	*7*
	1979	*28*	*93*	*158*	*207*	*113*	*62*	*13*
	1980	*21*	*84*	*122*	*121*	*108*	*47*	*20*
	1981	*16*	*90*	*127*	*106*	*72*	*46*	*17*
	1982	*16*	*92*	*130*	*97*	*85*	*31*	*17*
	1983	*19*	*88*	*117*	*153*	*96*	*51*	*18*
Preventive, general practitioner's initiative	*1978*	*20*	*162*	*467*	*542*	*401*	*151*	*29*
	1979	*49*	*265*	*442*	*412*	*345*	*94*	*21*
	1980	*18*	*379*	*389*	*274*	*206*	*95*	*26*
	1981	*47*	*339*	*460*	*291*	*253*	*94*	*13*
	1982	*38*	*318*	*422*	*292*	*214*	*79*	*16*
	1983	*29*	*357*	*410*	*288*	*230*	*85*	*14*
Preventive, woman's initiative	*1978*	*(6)*	*70*	*215*	*293*	*194*	*74*	*7*
	1979	*8*	*162*	*283*	*295*	*176*	*77*	*14*
	1980	*8*	*73*	*229*	*212*	*150*	*69*	*(5)*
	1981	*9*	*119*	*292*	*205*	*148*	*85*	*17*
	1982	*10*	*155*	*307*	*262*	*156*	*97*	*10*
	1983	*15*	*98*	*270*	*283*	*189*	*97*	*10*
Repeat smear	*1978*	*(5)*	*50*	*199*	*367*	*293*	*70*	*8*
	1979	*(2)*	*63*	*225*	*470*	*324*	*99*	*12*
	1980	*6*	*55*	*224*	*416*	*385*	*149*	*17*
	1981	*(6)*	*68*	*279*	*454*	*385*	*119*	*14*
	1982	*(6)*	*89*	*304*	*468*	*387*	*135*	*8*
	1983	*(3)*	*60*	*255*	*539*	*397*	*132*	*8*
Total	*1978*	*48*	*384*	*1034*	*1395*	*1035*	*350*	*51*
	1979	*87*	*583*	*1108*	*1384*	*958*	*332*	*60*
	1980	*53*	*591*	*964*	*1023*	*849*	*360*	*68*
	1981	*78*	*616*	*1158*	*1056*	*858*	*344*	*61*
	1982	*70*	*654*	*1163*	*1119*	*842*	*342*	*51*
	1983	*66*	*603*	*1052*	*1263*	*912*	*365*	*50*

The total number of smears taken on medical indication brings no new aspects to light; the numbers fluctuate somewhat. The decrease in the number of "first" smears in the 20-24 and 25-34 age groups that has already been mentioned seems to be caused by the fact that fewer smears are taken on the woman's initiative. The increase in the 35-44 and 45-54 age groups is present in practically all indications for taking a smear. As also previously mentioned, it is as yet too early to be able to say whether this increase is in fact a result of the changed policy regarding mass screening for cervical cancer.

As stated at the beginning of this chapter, the results of this topic will be of greater value when the government's plans proceed further. This topic has been maintained on the weekly return for 1984.

PARKINSON'S DISEASE

The Princess Beatrix Fund asked the sentinel stations to include Parkinson's disease as a topic in the weekly return. It started in 1980.

The definition used is as follows:
The genuine Parkinson's disease is a disorder that begins unilaterally, usually with tremors in the hand. In the course of the years these gradually spread to the other extremities. Further typical characteristics are hypokinesis and extrapyramidal hypertonicity.

Only new cases of genuine Parkinson's disease are concerned. Disorders accompanying Parkinsonism are not registered.
Since the life expectancy of patients with Parkinson's disease is below the norm, a correction has to be made for age when it is desired to calculate the prevalence with the aid of these data[1]). The data collected up to now are, however, too few in number for this calculation to be made in a responsible fashion.
When the diagnosis is made both age and sex are stated.

The "patient-control investigation" announced in the 1982 report started in mid 1983 retroactively.

So far the results as regards the feasibility of such an investigation in the sentinel stations are satisfactory, from the side of both the general practitioner and the patients. However, it is still too early to say anything about the results of the investigation.

Table 12 states the incidence per 10 000 men and women per province and urbanization group.

Table 12: Number of new cases of Parkinson's disease, per province group and urbanization group, per 10 000 inhabitants, 1980 - 1983.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1980	*12*	*11*	*4*	*(1)*	*12*	*5*	*3*	*6*
1981	*4*	*5*	*2*	*2*	*5*	*2*	*1*	*3*
1982	*3*	*6*	*1*	*2*	*5*	*2*	*(1)*	*2*
1983	*(1)*	*3*	*(1)*	*(1)*	*(2)*	*1*	*(1)*	*1*

[1]) *Hoehn en Yahr (1967) Age and death and duration of illness before death. Neurology; nr. 17, p. 427-442.*

The absolute number of reports is lower again, namely 16 as against 32, 38 and 85 respectively for 1982, 1981 and 1980. In view of the small numbers, only slight value may be attached to frequencies displayed here. However, the thought occurs that overreporting took place in 1980 as the result of confusion with "old patients". Some of the prevalent cases are registered as incidental cases, a phenomenon that must be guarded against especially in the case of chronic diseases declaring themselves slowly. The difference between 1983 and 1981 plus 1982 cannot (yet) be explained.

Age distribution

Table 13 gives the incidence per 10 000 men and women of Parkinson's disease.

Table 13: Number of new cases of Parkinson's disease by age group, per 10 000 men and women, 1980 - 1983.

		Age group					
		25-34	*35-44*	*45-54*	*55-64*	*⩾65*	*Total*
Men	*1980*	-	*(1)*	*8*	*10*	*54*	*7*
	1981	-	-	*(4)*	*8*	*28*	*4*
	1982	-	-	-	-	*19*	*2*
	1983	-	-	*(1)*	*(2)*	*10*	*1*
Women	*1980*	*(1)*	*(1)*	*(4)*	*9*	*29*	*5*
	1981	-	-	-	*4*	*10*	*2*
	1982	-	-	-	*4*	*17*	*2*
	1983	-	-	-	-	*7*	*1*
Total	*1980*	*(0)*	*(1)*	*6*	*9*	*40*	*6*
	1981	-	-	*(2)*	*6*	*17*	*3*
	1982	-	-	-	*(2)*	*18*	*2*
	1983	-	-	*(1)*	*(1)*	*9*	*1*

The incidence among men seems to be higher than among women. This manifests itself in particular above the age of 64 years. This tallies with data in the literature[1]).

The topic has been maintained in the weekly return for 1984.

[1]) *Kessler, Irving I. (1978) Parkinson's Disease in Epidemiologic Perspective, Advances in Neurology, vol. 19, p. 355-384.*

STERILIZATION OF THE MAN

Sterilization of the man has been a topic on the weekly return since 1972. The data obtained on this subject, together with those on the subjects sterilization of the woman and prescription of morning-after pill, are being used inter alia for the compilation of a Dutch contribution to the Council of Europe's report: "Country Report of the Netherlands"[1]) and for computing the trend of the population[2]).

The annually published data form a partial but as yet indispensable instrument for assessing developments in the field of birth control behaviour.

The number of sterilizations of men performed per 10 000 of all men and per province group and urbanization group is given in Table 14 (cf. Fig. 11).

Table 14: Number of sterilizations of men performed, per province group and urbanization group per 10 000 of all men, 1972 - 1983.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1972	*15*	*19*	*22*	*33*	*9*	*25*	*30*	*24*
1973	*11*	*26*	*41*	*61*	*22*	*38*	*59*	*40*
1974	*14*	*40*	*38*	*77*	*34*	*41*	*62*	*46*
1975	*18*	*38*	*44*	*69*	*58*	*44*	*37*	*46*
1976	*33*	*59*	*53*	*80*	*45*	*66*	*52*	*57*
1977	*50*	*50*	*48*	*65*	*43*	*59*	*50*	*53*
1978	*67*	*82*	*59*	*106*	*76*	*72*	*79*	*74*
1979	*86*	*101*	*85*	*139*	*97*	*106*	*82*	*99*
1980	*66*	*73*	*79*	*92*	*66*	*78*	*91*	*79*
1981	*51*	*60*	*58*	*67*	*52*	*58*	*67*	*59*
1982	*43*	*52*	*43*	*68*	*48*	*50*	*51*	*50*
1983	*40*	*60*	*37*	*58*	*68*	*41*	*43*	*46*

The fall in the number of sterilizations that became clear in 1980 seems to be drawing to a close. The fall in respect of the frequency in the past year was for the years 1980 to 1983 20%, 25%, 15% and 8%. The drop is no longer present in all subgroups.

[1]) *Ministry of Public Health and Environment, 1982.*

[2]) *Recent demographic developments in the member states of the council of Europe (CDDE (83) 26).*

Extrapolation gives 33 000 for the total population of the Netherlands.
A breakdown per quarter offers an opportunity for investigating whether a change in frequency may be a reaction to some event by which the popularity of this method may be influenced. (Table 15).

Table 15: Number of sterilizations of men performed, per quarter, per 10 000 men, 1972 - 1983[1]).

	1st quarter	*2nd quarter*	*3rd quarter*	*4th quarter*
1972	*4*	*7*	*5*	*8*
1973	*9*	*10*	*9*	*12*
1974	*10*	*12*	*12*	*12*
1975	*12*	*12*	*10*	*12*
1976	*15*	*14*	*13*	*15*
1977	*14*	*13*	*11*	*14*
1978	*20*	*29*	*16*	*18*
1979	*22*	*22*	*22*	*33*
1980	*24*	*20*	*16*	*18*
1981	*18*	*16*	*12*	*13*
1982	*14*	*11*	*10*	*14*
1983	*13*	*10*	*12*	*12*

[1]) *As a result of the rounding-off when calculating relative frequencies, small differences may have occurred in the totals.*

The frequencies per quarter in 1983 correspond to those of 1982. As has been said in the previous reports, if no other factors play a role, one may in the course of time expect a stabilization as a result of the end of a "historical catching-up effect" coming into sight.

If in 1983 some 8 000 sterilizations of men had been performed (the "replacement factor"), the percentage of men sterilized at some time would have remained the same as in 1982. Since in reality some 33 000 operations were performed, there was an additional increase of some 25 000 (E.Ketting).

In Fig. 13 the number of sterilizations per 10 000 men of all subgroups together is compared with that of women. There proves to be great agreement.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 men is given in Table 16 (cf. Fig. 14).

Table 16: Number of sterilizations of men performed, by age group, per 10 000 men, 1972 - 1983.

	Age group					
	15-19	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*
1972	-	*(3)*	*42*	*105*	*35*	-
1973	-	*16*	*79*	*179*	*40*	*(4)*
1974	-	*9*	*110*	*186*	*39*	*(4)*
1975	-	*(3)*	*95*	*196*	*53*	*(2)*
1976	-	*15*	*149*	*207*	*48*	-
1977	-	*10*	*117*	*208*	*52*	*(7)*
1978	-	*8*	*148*	*309*	*89*	*10*
1979	-	*13*	*225*	*404*	*91*	*8*
1980	-	*11*	*222*	*267*	*52*	*(6)*
1981	-	*7*	*175*	*197*	*24*	*8*
1982	-	*9*	*125*	*185*	*27*	*(3)*
1983	-	*(6)*	*119*	*159*	*33*	*(2)*

For all years the highest frequency is to be seen in the 35-44 age group. The drop that started in 1980 is also most strongly present in this group. With respect to 1979 a drop of 60% occurred as against 47% in the 25-34 age group.

A cumulative calculation shows that in the Netherlands since 1971 at least 466 000 sterilizations of men have been performed, that is on 6.5% of the total male population. If the number is related to the 20-64 age group, this being approximately the cohort that has entered into consideration for this operation since the start of registration, one arrives over 11%.
For a further study see the next section, in which the topic "sterilization of the woman" is dealt with.

The question is maintained in the 1984 weekly return.

STERILIZATION OF THE WOMAN

Sterilization of the woman performed was placed on the weekly return in 1974 (of the man performed in 1972).
The number of sterilizations of women performed per 10 000 of all women and per province group and urbanization group is given in Table 17 (cf. Fig. 12).

Table 17: Number of sterilizations of women performed, per province group and urbanization group, per 10 000 of all women, 1974 - 1983

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1974	*37*	*37*	*30*	*40*	*37*	*28*	*44*	*35*
1975	*58*	*50*	*41*	*53*	*55*	*47*	*39*	*46*
1976	*76*	*58*	*61*	*74*	*66*	*71*	*55*	*66*
1977	*61*	*54*	*67*	*68*	*52*	*68*	*67*	*64*
1978	*68*	*62*	*76*	*116*	*60*	*85*	*83*	*81*
1979	*80*	*74*	*88*	*118*	*89*	*97*	*74*	*90*
1980	*67*	*57*	*74*	*71*	*81*	*64*	*77*	*70*
1981	*37*	*49*	*44*	*55*	*40*	*47*	*48*	*46*
1982	*41*	*45*	*37*	*43*	*52*	*36*	*43*	*40*
1983	*45*	*38*	*37*	*42*	*42*	*35*	*51*	*39*

The national frequency with regard to the number of sterilizations of women performed, as observed with that of men, fell less in 1983 than was the case in 1982. One could hardly speak any more of a drop in respect of 1982 (viz approx. 2%). As in 1982, the drop is *no longer* present in all subgroups; the north of the country and the cities give higher figures than in 1982.

In Fig. 13 a comparison is given between the number of sterilizations of men and of women. The curves display a large measure of agreement.
The remarks made on the trend in the preceding chapter are also applicable here.

The number per 10 000 of all women per quarter is given in Table 18. The quarterly figures of 1983 correspond to those of 1982.

Table 18:

Number of sterilizations of women performed, per quarter and per 10 000 women, 1974 - 1983[1]).

	1st quarter	2nd quarter	3rd quarter	4th quarter
1974	6	9	10	10
1975	9	12	11	14
1976	12	17	19	18
1977	14	14	15	21
1978	18	22	19	22
1979	20	19	24	28
1980	22	18	14	16
1981	11	14	10	11
1982	10	11	9	10
1983	11	10	9	9

[1]) *As a result of the rounding-off when calculating relative frequencies, small differences may have occurred in the totals.*

The quarterly figures of 1982 correspond to those of the last two quarters of 1981.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 women is given in Table 19 (cf. Fig. 14).

Table 19: Number of sterilizations of women performed, by age group per 10 000 women, 1974 - 1983.

	Age group					
	10-14	15-19	20-24	25-34	35-44	45-54
1974	-	(3)	8	92	147	7
1975	-	-	14	132	177	25
1976	-	(2)	13	160	293	37
1977	-	-	25	174	246	40
1978	-	(3)	13	204	339	52
1979	-	-	19	239	377	44
1980	-	-	13	191	283	32
1981	(2)	-	11	154	155	10
1982	-	-	22	117	140	14
1983	-	-	7	106	156	21

Below the age of 35 years there is still a drop; above that age the frequency has returned tot the 1981 level.

A cumulative calculation shows that in the Netherlands since 1973 sterilization has been performed in total on at least 405 000 women, i.e. 5.5% of the total female population. However, it is more realistic to relate the figures solely to women of fertile age (15-49 years) and at the same time to include the sterilization pattern of the man.
In that case it proves that in 1975 the woman or the man was sterilized in some 6% of (married) couples. This percentage has since risen via approx. 18.5 in 1980 and approx. 21 in 1982 to approx. 22 in 1983. Dr E. Ketting, who made these calculations, expects that in the Netherlands a situation will come about in which about 30% of all women who reach the age of 50 in a given year will have been sterilized at some time[1]). The number of sterilizations which has then to be performed annually on the basis of this calculation to keep the total percentage stable would then be about 25 000 (men and women together).

To keep the percentage of women sterilized at some time stable, only 11 000 sterilizations were required in 1983. The number of sterilizations performed (obtained by extrapolation) is, however, 28 000; there was thus a real surplus of 17 000. In 1982 and 1981 this surplus was still 20 000 and 26 000; this declining trend may be an indication that the "historical catching-up effect" is drawing to a close.

However, in making calculations on fertility in the Netherlands, the number of hysterectomies should also be taken into account.

This question has been maintained on the weekly return for 1984.

PRESCRIPTION OF THE MORNING-AFTER PILL

In 1972 the spotter physicians were asked for the first time to report when they prescribed the morning-after pill.

Table 20 gives the frequency with regard to the prescription of the morning-after pill, per province and urbanization group (cf. Fig. 15).

Table 20: Number of prescriptions of the morning-after pill, per province group and urbanization group per 10 000 of all women, 1972 - 1983.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1972	*34*	*42*	*55*	*68*	*45*	*41*	*81*	*53*
1973	*29*	*69*	*57*	*67*	*62*	*47*	*79*	*59*
1974	*59*	*86*	*55*	*85*	*76*	*51*	*94*	*68*
1975	*54*	*77*	*55*	*61*	*76*	*54*	*57*	*60*
1976	*88*	*64*	*54*	*52*	*56*	*61*	*61*	*60*
1977	*59*	*57*	*44*	*50*	*42*	*55*	*44*	*49*
1978	*76*	*59*	*45*	*39*	*45*	*51*	*49*	*50*
1979	*60*	*54*	*46*	*50*	*46*	*50*	*53*	*50*
1980	*78*	*47*	*42*	*52*	*43*	*49*	*57*	*50*
1981	*42*	*36*	*29*	*46*	*29*	*35*	*40*	*35*
1982	*31*	*39*	*35*	*37*	*26*	*32*	*51*	*35*
1983	*25*	*39*	*27*	*36*	*28*	*29*	*36*	*30*

Compared to 1981 and 1982 a drop has again occurred (14%). This drop is present in nearly all subgroups.

The quarterly figures (Table 21) correspond closely to these for the second half of 1982.

Table 21: Number of times that the morning-after pill was prescribed, per quarter, per 10 000 women, 1978 - 1983[1]).

	1st quarter	2nd quarter	3rd quarter	4th quarter	Total
1978	11	15	10	13	49
1979	15	11	12	12	50
1980	13	11	14	12	50
1981	11	9	8	8	36
1982	9	10	8	8	35
1983	7	8	7	8	30

[1]) *As a result of rounding-off when calculating relative frequencies, small differences may have occurred in the totals.*

Age distribution

Table 22 gives the age distribution of the prescription of the morning-after pill (cf. Fig. 16).

Table 22: Number of prescriptions of the morning-after pill, by age group, per 10 000 women, 1972 - 1983.

	Age group					
	10-14	15-19	20-24	25-34	35-44	45-54
1972	(2)	148	150	117	67	7
1973	7	190	196	94	66	18
1974	(2)	266	171	104	78	34
1975	(5)	194	176	105	62	24
1976	10	204	129	102	87	21
1977	(6)	147	140	87	54	22
1978	(6)	180	156	58	60	25
1979	(2)	142	171	85	51	16
1980	-	148	134	90	67	10
1981	(2)	101	112	58	44	9
1982	(5)	109	107	56	44	(5)
1983	(6)	99	85	47	36	9

The above-mentioned drop is also observed in all age groups, with the exception of the youngest and oldest age groups qualifying for the morning-after pill.

Because a 5-year age group is too broad a classification for the younger age, it is requested that reports on those under the age of 20 state the exact age, and with effect from 1980 also for patients older than 49 years. Reports above 49 years occurred twice. In one of these cases the exact age could not be established; the age of the other woman was 50 years. The absolute numbers under 20 years are given in Table 23.

Table 23: Absolute numbers of prescription of the morning-after pill for women under 20 years, 1977 - 1983.

	1977	*1978*	*1979*	*1980*	*1981*	*1982*	*1983*
11 years	-	-	-	-	-	-	*1*
12 years	-	-	-	-	-	-	-
13 years	*1*	-	-	-	*1*	*1*	*1*
14 years	*4*	*4*	*2*	-	-	*1*	*2*
15 years	*12*	*11*	*12*	*8*	*13*	*12*	*5*
16 years	*18*	*20*	*18*	*20*	*9*	*14*	*16*
17 years	*23*	*36*	*19*	*32*	*14*	*17*	*23*
18 years	*17*	*21*	*29*	*23*	*17*	*16*	*15*
19 years	*19*	*26*	*14*	*17*	*16*	*16*	*7*
Total	*94*	*118*	*94*	*100*	*70*	*78*	*70*

In 1983, at the request of Mr M.R. van Santen (gynaecologist at the University Hospital, Rotterdam) it was requested that the kind of pill prescribed be noted. The background to this request was to investigate whether in the Netherlands, as in the surrounding countries, the "new morning-after pill" (200 mcg ethinylestradiol + 1 mg dl- normgestrel, "EE2 + Norg") has displaced the "old" one (5 mg ethinylestradiol, 5 mg "EE2" for 5 days). This proved to be the case. In 1980 5 mg EE2 was still being used in practically 100% of the cases; now that is already less than 30% according to this registration.

The question has been maintained on the 1984 weekly return, with reporting of the kind of the prescription.

SPONTANEOUS ABORTION AND PARTUS IMMATURUS

The desire to collect more data on the frequency of spontaneous abortion had already been felt for some time by the Chief Medical Office of Health, but it became pressing when reports were received in 1981 of an increased frequency of spontaneous abortion in the Westland market gardening area. A connection was suggested with the presence of methyl bromide in the drinking water. Further investigation revealed no connection. However, when there are suspicions of such "disasters" action has to be taken as quickly as possible, and a frame of reference is required for this. However, so far data from hospitals are the only ones available, which doubtless involves selection. This was why spontaneous abortion was placed on the weekly return in 1982. In addition, more information on the entire process of pregnancy was required, and therefore partus immaturus was also included.

In registration determination of the population-at-risk (the denominator of the epidemiological fraction) is a prerequisite. Here that is the total number of pregnancies. Data on the number of deliveries are therefore necessary. It seemed a sensible idea to collect these data from the sentinel stations themselves and not to use only those from the Central Bureau of Statistics. (For the number of cases of abortus provocatus the Stimezo figures can apply.)

In the decision-making contact was established with Professor P.E. Treffers, professor of obstetrics and gynaecology at Amsterdam University. The criteria were also compiled in consultation with him.

The purpose of this topic is therefore to create a frame of reference and *not* to discover an increased frequency of spontaneous abortion in a certain population.

Criteria

a. Spontaneous abortion: 6 weeks to 15 weeks inclusive after the first day of the last menstruation. Pregnancy must have been established clinically or with the aid of a pregnancy test. Observation of a pregnancy product is also sufficient.
b. Partus immaturus: 16 weeks to 27 weeks inclusive after the last menstruation.
c. Partus at gravidity: 28 weeks and more after the last menstruation, of both live births and stillbirths.

When these criteria were compiled one was aware that they are not watertight, notably as regards the assumption of 6 weeks as the lower limit. However, adopting a still lower limit would cause even greater inaccuracy.

Table 24 states the relative frequencies per province and urbanization group and for the total (see also Fig. 19). The frequencies of partus at gravidity are also included in this table.

Table 24: Number of cases of spontaneous abortion, partus immaturus and partus at gravidity per province and urbanization group, per 10 000 women, 1982 - 1983.

		Province group				*Urbanization group*			*Nether-lands*
		A	*B*	*C*	*D*	*1*	*2*	*3*	
1982	*Spontaneous abortion*	*15*	*23*	*16*	*19*	*18*	*17*	*22*	*18*
	Partus immaturus	*(2)*	*4*	*2*	*5*	*5*	*2*	*4*	*3*
	Partus at gravidity	*223*	*181*	*167*	*220*	*178*	*179*	*220*	*188*
1983	*Spontaneous abortion*	*32*	*13*	*22*	*19*	*18*	*21*	*24*	*21*
	Partus immaturus	*(2)*	*(3)*	*3*	*(1)*	*4*	*1*	*4*	*2*
	Partus at gravidity	*229*	*232*	*174*	*208*	*254*	*174*	*225*	*198*

The numbers of partus at gravidity for all sentinel stations together do not differ much in 1982 and 1983, 188 and 198 per 10 000 women respectively. Nor was this to be expected, since the numbers of births in the Netherlands in those years also remained practically the same: in 1983, as in 1982, this was over 172 000. The discrepancy stated in the 1982 report between the number of births reported by the spotter physicians and that by the Central Bureau of Statistics thus continued to exist.

Meanwhile practice censuses have also been performed. In these censuses data per year of birth are collected. The numbers of births in 1982 thus obtained have been compared per sentinel station with the numbers stated on the weekly return. The difference signalled continued to exist even now: the census yielded 1776 births and the weekly returns 1475, a difference of 17%. The numbers found by the sentinel stations have been passed on to the spotter physicians with the request to investigate what the cause of a possible discrepancy can be. In the majority of the cases the difference proved to have occurred through the non-reporting of clinical partus, through less good communication between obstetrician and general practitioner or between gynaecologist and general practitioner and through the date of the birth not coinciding with the moment of reporting by the general practitioner, as a result of which something escapes attention. Further processing is to take place.
What is observed here is no unknown phenomenon in the registration: something lying

outside the field of activities - and that is often the case with birth - easily escapes attention or is not always reported, which leads to underreporting (personal communication from the Continuous Morbidity Registration of the Nijmegen University General Practitioners Institute).
With the definition used here this means that some 9% of all pregnancies in the two years end in spontaneous abortion, and that, of the pregnancies that do not end in abortion, 1.6% end in partus immaturus and thus 98.4% in partus at 28 or more weeks. In Ligtenberg's thesis[1]) it emerged that 8.8% of all pregnancies ended in abortion. He had incidentally reasons for assuming that the real abortion percentage should be 13. This thesis dates from 1966 and relates to an investigation performed in 1960, and therefore no distinction could be made between abortus provocatus and spontaneous abortion.
When a correction is made for the fact that 17% of the partus at gravidity has not been reported, the spontaneous abortion percentage becomes 8.6 instead of 9. The partus immaturus percentage then becomes 1.4 instead of 1.6. Consequently, this correction does not yield large differences.

A study of the numbers on the various subgroups does not result in any striking differences.

Age distribution

Table 25 gives the data per age group (see also Fig. 19).

Table 25: Number of cases of spontaneous abortion, partus immaturus and partus at gravidity by age group, per 10 000 women, 1982 - 1983.

	Age group				
	15-19	*20-24*	*25-34*	*35-44*	*⩾45*
1982 Spontaneous abortion	*12*	*46*	*61*	*12*	-
Partus immaturus	-	*11*	*14*	*(2)*	-
Partus at gravidity	*61*	*584*	*686*	*93*	*(1)*
1983 Spontaneous abortion	*12*	*47*	*84*	*13*	-
Partus immaturus	*(3)*	*8*	*8*	-	-
Partus at gravidity	*51*	*464*	*802*	*119*	-

[1]) *Ligtenberg, W.J.J. Abortus in de huisartspraktijk. Thesis, Nijmegen 1966, p. 63.*

As was to be expected, the highest frequencies fall in the 20-24 and 25-34 age groups. Above the age of 44 years partus is reported in 1982 only once, viz for a woman of 47 years.

Here too the interrelations in the classes with the highest frequency do not differ much. To gain an impression of the number of cases of spontaneous abortion and partus immaturus that are treated *only* by the general practitioner, the spotter physicians were also requested to state whether patients had been examined by a gynaecologist and, if so, whether curettage took place. The results may be seen in Table 26.

Table 26: Absolute number of cases of spontaneous abortion and partus immaturus with or without referral to the gynaecologist, followed or not by curettage, per province and urbanization group and for all sentinel stations together, 1983.

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
Spontaneous abortion	*34*	*17*	*83*	*31*	*23*	*100*	*42*	*165*
- of which referred to gynaecologist	*24*	*12*	*57*	*25*	*14*	*75*	*29*	*118*
- of which curetted	*23*	*12*	*56*	*20*	*13*	*70*	*28*	*111*
Partus immaturus	*2*	*4*	*11*	*2*	*5*	*7*	*7*	*19*
- of which referred to gynaecologist	*2*	*4*	*11*	*2*	*5*	*7*	*7*	*19*
- of which curetted	*-*	*2*	*8*	*2*	*1*	*6*	*5*	*12*

This table shows that all cases of partus immaturus are treated by a gynaecologist, while 72% of the cases of spontaneous abortion were referred to the gynaecologist and then were nearly all curetted. In Ligtenberg's investigation this figure was still 52%, and an obvious increase may therefore be noted, but not all cases of spontaneous abortion in the Netherlands are treated as yet by the gynaecologist.

The duration of the pregnancy in weeks was also stated. The results, in absolute numbers, are as follows:

Duration of pregnancy in weeks

Number of weeks	*?*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*
1982	-	*9*	*12*	*19*	*13*	*19*	*20*	*23*	*6*	*3*	*3*
1983	*2*	*17*	*13*	*29*	*19*	*25*	*17*	*26*	*9*	*6*	*2*

Number of weeks	*16*	*17*	*18*	*19*	*20*	*21*	*22*	*23*	*24*	*25*	*26*	*27*	*28*
1982	*5*	*1*	-	*1*	*3*	*1*	*2*	*2*	*1*	*1*	*1*	-	-
1983	*2*	*3*	*1*	-	*2*	*2*	*3*	-	-	-	*3*	*3*	-

It is the question whether, in the case of the reports in weeks 16 and 17, one could speak of a number of cases of "missed abortions" which were born *after* 15 weeks but whose foetus had died long before then. No statement can be made on this with this procedure.

This topic has been removed from the weekly return for 1984.

DEPRESSION (treated for)

Little is known about depression (depressive syndrome) as a medical problem for the general practitioner. For the psychiatrist it is one of the large groups of illnesses that form a major part of polyclinical and clinical morbidity.
On the other hand, a depressed state of mind is often designated as a variation of mood forming part of normal life and experienced from time to time by very many people. In such a mental state one is inclined to take a more sombre view of things, to interpret harmless physical defects more darkly and, possibly as a result of this, to visit the general practitioner sooner or later.
In many of those cases the physical problem and not the depressed state of mind will be to the fore. At that moment there is thus no question (as yet) of depression as a medical problem.
Few if any objective criteria are available for making a clear distinction between a depressed mood as a general human state of mind and a depressive syndrome as a problem calling for a specific medical approach. In fact one cannot speak of depression as a medical problem until the general practitioner and patient (or the latter's family) call it a problem.
In the discussion whether or not to include depression on the weekly return, one was well aware of the probability of an "interdoctor variation" with regard to using this diagnosis. It was therefore decided forthwith that an investigation would be made into this. Because action by the spotter physician could be influenced, it was agreed not to perform that investigation until the second year of registration. At present only the observed frequencies are being reported.

Criteria:

By depressive syndrome is meant a syndrome recognized as such by the general practitioner in which the sombre negative state of mind occupies a central position.
Registration was not to take place until the seriousness of the depression led the physician to take some form of action, viz:
- antidepressive medicatction, viz:
  - antidepressive medication
- treatment by discussion with the patient
- follow-up contacts (i.e. repeat consultations or visits)
- referral for (co-)treatment (social worker, psychologist, psychiatrist and the like).

Only the first contact with a patient is reported. A breakdown in accordance with sex is made.
The criteria were drawn up by colleague H.O. Sigling, a former spotter physician who is

at present a member of the medicine of general practice subject group of the Free University, Amsterdam. He will also perform the further investigation mentioned above.

Table 27 states the frequencies of the actions per provinces and urbanization group, subdivided by sex (see also Fig. 17.)

Table 27: Number of new patients "treated" for a depressive syndrome, by province and urbanization group, per 10 000 men and women, 1983.

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
Men	*75*	*57*	*40*	*75*	*56*	*46*	*81*	*55*
Women	*148*	*74*	*87*	*138*	*75*	*84*	*182*	*104*
Total	*112*	*65*	*64*	*107*	*65*	*65*	*133*	*80*

There proves to be a considerable difference between the province groups.
The spotter physicians in the northern and southern provinces,province groups A and D, give nearly twice as high frequencies (112 and 107 per 10 000 inhabitants respectively) than those in the west, centre and east of the country, province groups B and C (65 and 64 per 10 000 inhabitants respectively). There are also differences in the urbanization groups. The spotter physicians in cities demonstrate twice as high a frequency as those in rural minicipalities with urban characteristics together with urbanized rural municipalities (133 and 65 per 10 000 inhabitants respectively). In all subgroups there proves to be a great difference between men and women. For the Netherlands as a whole the man-woman ratio is nearly 2:1 (104 and 55 per 10 000 respectively); in the subgroups that varies from 1.3 to 2.2.
In the urbanization groups there is a clear trend present in the ratio: in the rural municipalities this is the lowest (1:3), and in the cities the highest (2:2).

Age distribution

Table 28 gives the frequencies per age group and per sex (see also Fig. 18).

Table 28: Number of new patients "treated" for a depressive syndrome by age group, per 10 000 inhabitants, 1983

	Age group							
	10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*54-65*	*⩾65*
Men	*(2)*	*10*	*33*	*75*	*112*	*93*	*94*	*54*
Women	*6*	*67*	*103*	*140*	*173*	*182*	*129*	*99*
Total	*(4)*	*39*	*69*	*108*	*142*	*138*	*112*	*81*

Below the age of 15 years the physician hardly ever takes any action on account of a depressive syndrome; above that age this rises quickly, with a maximum of 142 times per 10 000 inhabitants of the 35-44 age group. Per year above that group a gradual decline occurs, ending with a frequency of 81 per 10 000 at an age greater than 64 years. The above-mentioned difference per sex is present in all age groups, with the proviso that the woman-man ratio in the case of patients younger than 25 years is greater than 3; above that age it fluctuates somewhat around 1.5. As already stated, further analysis will take place with due observance of possible interdoctor variation.

This topic has been maintained on the weekly return for 1984.

(ATTEMPTED) SUICIDE

In 1970-1972 attempted suicide, successful and unsuccessful, appeared on the weekly return. In consultation with the Chief Medical Office for Mental Health the Programme Committee decided to repeat this gauging in 1979.
In other fields too (hospitals), research into suicide is being performed at present. In this way it is being attempted to get an insight into the extent, the trend and other aspects of the problem. The name of the topic is the definition.
The Chief Office also requested that more data be collected on the cases reported. For this purpose a questionnaire has been compiled in co-operation with Professor R.F.W. Diekstra, clinical psychologist, Leiden. On this form the question whether the attempt was successful or not and how the attempt was made also appears. At the same time questions are asked about contacts with the medical sector prior to the (attempted) suicide.
However, the essential aspect here is not whether the attempt was successful; the primary concern is the patient's intention, with the possibility that suicide is a consequence of the action.

The absolute number of *reports* (which is *not* equal to the number of patients, since recidivists are not uncommon) was 106, 98, 95, 116 and 148 in 1979-1983.
The number of reports in 1983 proves to be the largest in comparison with those of the preceding years and of the period 1970 - 1972, when 109, 135 and 110 cases respectively were reported in a population of practically the same size. To what extent this is attributable to oscillations occuring, or whether the increase noted in the number of suicide attempts in data registered elsewhere is now also reflected in the sentinel station data, is for the time being not clear (see 1982 report, p. 54).

The number of attempts per province and urbanization group per 10 000 inhabitants may be found in Table 29. The breakdown into subgroups is of limited value, because of the relatively small frequencies.

Table 29: Number of reports of (attempted) suicide per province and urbanization group, per 10 000 inhabitants, 1979 - 1983.

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1979	*8*	*6*	*8*	*5*	*5*	*7*	*9*	*7*
1980	*9*	*4*	*8*	*5*	*4*	*7*	*9*	*7*
1981	*6*	*4*	*7*	*7*	*3*	*7*	*7*	*6*
1982	*10*	*5*	*9*	*6*	*2*	*6*	*15*	*8*
1983	*16*	*5*	*11*	*8*	*4*	*8*	*16*	*10*

The above-mentioned rise is present in practically all subgroups. In this table the relatively high number in the northern province group is striking. In the whole reporting period the number has been the highest in the cities and the lowest in the rural municipalities.
Urbanization group 2, municipalities with urban characteristics together with urbanized rural municipalities, occupies an intermediate position.

Age distribution

Table 30 gives the frequency of (attempted) suicide per 10 000 inhabitants per age group (see also Fig. 20).

Table 30: Number of reports of (attempted) suicide by age group, per 10 000 inhabitants, 1979 - 1983.

	Age group							
	10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*
1979	*(1)*	*5*	*7*	*12*	*11*	*11*	*9*	*7*
1980	-	*5*	*14*	*7*	*12*	*7*	*6*	*10*
1981	*(2)*	*4*	*12*	*11*	*8*	*6*	*5*	*6*
1982	-	*9*	*18*	*11*	*10*	*7*	*7*	*7*
1983	-	*8*	*15*	*15*	*16*	*12*	*9*	*8*

With regard to age groups too the breakdown is of limited value on account of the small absolute numbers and the ease with which oscillations can occur. A striking aspect is that the increase has occurred among persons older than 24. Comparison with the SMR

data on admissions to general hospitals on account of attempted suicide shows that over the periode 1980 - 1982 the rise noted in the number in this respect likewise occurs chiefly in the age groups older than 24 years.

The highest frequencies are to be found in the 20-44 age groups.

Seasonal influences

In contrast to what is occasionally asserted, there proves to be no connection between the number of suicides or attempts and the seasons. This was likewise found by the Rotterdam Municipal Medical and Health Service in the periode 1954 - 1981[1]).

This topic has been maintained on the weekly return for 1984.

[1]) *Zelfdoding in Rotterdam, Municipal Medical and Health Service, Information Bureau, Rotterdam 1983.*

PENICILLIN, PRESCRIPTIONS AND SIDE EFFECTS

The subject "hypersensitivity to penicillin" was placed on the weekly return in 1982. Therapeutic administration of penicillin may cause an allergic reaction. This reaction may be of an immunological or non-immunological, toxic or pseudoallergic nature. In the case of people who are hypersensitive to penicillin, non-therapeutic contact with penicillin may also lead to hypersensitivity reactions. This non-therapeutic contact could come about through small amounts of penicillin in food[1]). Residues of penicillin may remain in foodstuffs of animal origin after a treatment of the producing animal with this antibiotic. These residues could in this way form a risk for the consumer who is hypersensitive to penicillin. Partly on account of this, milk and meat are intensively checked on penicillin residues. The Utrecht Food Inspection Service (Mrs J.H. van der Stroom-Kruyswijk) now came forward with the question how large the group that could be at risk is. In other words, how large the group of people hypersensitive to penicillin is in the Netherlands. Since the Bureau for Side Effects of Medicines cannot answer this question, the problem was submitted to the Continuous Morbidity Registration, Sentinel Stations.
The procedure and a list of the preparations to be registered (penicillin and cephalosporin preparations) have been compiled in consultation with the late Professor G.L. Kalsbeek (at the time professor at Utrecht University) and Dr P. de Haan (staff-member of the dermatology department of the Free University, Amsterdam).

The topic consists of three columns: penicillin prescribed (or administered) for the first time in 1983, repeated in 1983 and reactions to this medicament. The physician is requested to note on the patients' card all side effects that occurred within 14 days. At a later stage these data will be asked for and processed. One was aware that in this way a return is not obtained of all patients with a penicillin allergy, since another medicine will be chosen for the patients for whom this is known. However, this drawback is less applicable to young children. Therefore, the physicians were asked to state for children younger than 5 years whether this therapy was or was not being given for the first time in their lives.
Use of penicillin not prescribed by the general practitioner falls outside this registration. No distinction by sex was made for the registration.

In Table 31 the frequencies per province and urbanization group, per 10 000 inhabitants, are given (see also Fig. 21).

[1]) *Boonk, W.J., Ketel, W.G., Chronische urticara, penicilline-allergie en melkprodukten in de voeding. Ned. T. Geneesk. 124, No. 42, 1980, 1771-1773.*

Table 31: The number of patients for whom penicillin was prescribed for the first time in the year of registration by the spotter physician per province and urbanization group, per 10 000 inhabitants, stating the number of repeat prescriptions and the number of reactions to penicillin, 1982 - 1983[1]).

		Province group				*Urbanization group*			*Nether-lands*
		A	*B*	*C*	*D*	*1*	*2*	*3*	
Penicillin prescribed for the first time in	*1982*	*731*	*501*	*499*	*698*	*557*	*547*	*662*	*574*
	1983	*719*	*713*	*551*	*719*	*793*	*594*	*641*	*638*
Repeated	*1982*	*223*	*151*	*78*	*175*	*189*	*110*	*146*	*131*
	1983	*184*	*476*	*137*	*157*	*526*	*125*	*187*	*206*
Reactions to use of penicillin									
	1982	*12*	*7*	*10*	*10*	*6*	*11*	*9*	*10*
	1983	*7*	*9*	*10*	*9*	*7*	*8*	*13*	*9*

[1]) *Consult the text as well.*

A study of this table soon reveals a discrepancy: in province group B the number of repeat prescriptions has increased by a factor of 3; the same applies to urbanization group 1 as well, unlike the other subgroups. Closer inspection of the data per sentinel station yields the information that this increase is caused by only one sentinel station. This station, with 2.2% of the total population, supplied 6.7% of the number of first prescriptions, 27.5% of the repeat prescriptions and 0.7% of the number of reactions to penicillin.
Removal of the reports by this sentinel station from the subgroups gives the following relative frequencies:

Penicillin prescribed	*Province group B*	*Urbanization group 1*	*Netherlands*
for the first time in 1983	*523*	*617*	*610*
repeated in 1983	*165*	*217*	*153*
reactions to use of penicillin	*9*	*7*	*9*

The prescribing pattern in this subgroups is now more like it was in 1982. For the total the removal from the number of first prescriptions in 1983 makes less of a difference (5%), which is understandable, having regard to the large numbers. With the repeats a drop of 27% is observed.

(Information from the sentinel station in question: "It's correct that I "was higher" in 1983 than in 1982. In 1982 I was too low. I hadn't properly understood the instructions. I'm not surprised that "I'm high" compared to the others, the health insurance funds also say that I prescribe a lot of penicillin (preparations)".)

This occurrence again emphasizes the caution with which processing of the material must be undertaken, notably with regard to the data of the relatively small subgroups. Removal in such a case is the correct procedure only when a registration error is detected and not when an exceptional case is concerned. Here it is therefore both a registration error, namely in 1982, and an "exceptional" case. The uncorrected figures for the total in 1983 thus approximate reality more closely. To make it possible to compare the data with those for 1982 the corrected figures are also given.

A study of the corrected figures yields the following: for 1 out of 16.5 patients a penicillin preparation was prescribed in 1983: in 1982 that was the case for 1 out of 17.5. Of all prescriptions, 20% were for repeats, in 1982 19%. The number of reactions, as in 1982, is relatively low, 1 to 2% of the number of prescriptions. In view of the above it does not seem wise to make a statement here on the subgroups.

Age distribution

In Table 32 the data are related to age (see also Fig. 22).

Table 32: The number of patients for whom penicillin was prescribed for the first time in the year of registration by the spotter physician per age group, per 10 000 inhabitants, stating the number of repeat prescriptions and the number of reactions to penicillin, 1982 - 1983.

		Age group									
		<5	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*
Penicillin prescribed for the first time in	*1982*	*1628*	*922*	*465*	*429*	*462*	*459*	*457*	*433*	*404*	*686*
	1983	*1647*	*1000*	*461*	*498*	*503*	*564*	*552*	*493*	*539*	*669*
Repeated	*1982*	*583*	*216*	*77*	*72*	*66*	*62*	*79*	*70*	*118*	*227*
	1983	*847*	*280*	*128*	*116*	*128*	*136*	*152*	*147*	*181*	*299*
Reactions to use of penicillin	*1982*	*32*	*9*	*7*	*9*	*6*	*8*	*4*	*7*	*10*	*17*
	1983	*13*	*9*	*5*	*8*	*6*	*11*	*6*	*9*	*14*	*9*

In the processing of the data per age group one comes across the question whether a correction for the above-mentioned sentinel station must be made here as well. There is no reason to assume that there is any question here of an age-specific event.
The statements made on the strength of the registration in 1982 continue to apply. For children younger than 5 years penicillin is prescribed nearly twice as frequently as for children in the 5-9 age group. Above the age of 9 years the frequency declines quickly, remains constant for many years and then increases again above the age of 64 years. However, the level of that for children is not attained.

As regards the repeat prescriptions, one can certainly think of a correction, in view of the percentage that that one sentinel station contributes to this (27.5%). However, the relation between te age groups will not have been "affected". After correction the statement made in the 1982 report can be maintained: at an early age and in old age twice as many repeat prescriptions are given as in the intermediate age groups.

Side effects

The number of side effects to use of penicillin does not display any great differences, neither in the age groups nor in the province and urbanization groups. Related to the number of first prescriptions it is around 1 to 2%. The question whether it was for the first time in the child's life that penicillin was prescribed can give an insight here into the real percentage of hypersensitive patients. This will be evaluated (Mrs. J.H. van der Stroom-Kruyswijk).

Seasonal influences

It is to be expected that there are differences between the various quarters. Table 33 shows this. However, the size of the differences is not very great; in the summer too penicillin is also prescribed fairly frequently.

Table 33: The number of patients for whom penicillin was prescribed for the first time in the year of registration by the spotter physician per quarter, per 10 000 inhabitants, stating the number of repeat prescriptions and the number of reactions to penicillin, 1982 - 1983[1]).

		1st quarter	*2nd quarter*	*3rd quarter*	*4th quarter*
Penicillin prescribed for					
the first time in	*1982*	*177*	*130*	*118*	*147*
	1983	*187*	*166*	*142*	*142*
Repeated	*1982*	*13*	*29*	*33*	*56*
	1983	*32*	*57*	*54*	*64*
Reactions to					
use of penicillin	*1982*	*3*	*2*	*2*	*2*
	1983	*2*	*2*	*2*	*2*

[1]) *As a result of rounding-off when calculating relative frequencies, small differences may have occurred in the totals.*

The number of repeat prescriptions is higher at the end of the year; this too was to be expected, in view of the fact that the chance of prescribing penicillin more than once for the same patient grows with the increase in the time of registration.
Further analysis will take place.

This topic has been removed from the weekly return for 1984.

MYOCARDIAL INFARCTION (suspicion of)

In 1978 the topic "myocardial infarction (suspicion of)" was included in the weekly return. This was because the number of myocardial infarctions in the Netherlands was still not declining; there was nothing yet to be seen of the drop noted in the USA.
Knowledge of the number of cases of myocardial infarction is important for adapting policy with regard to both health care and scientific research.

There was a desire to gain insight into the number of cases in which the physician *acts* as if an *acute* myocardial infarction is concerned. What is meant by this is that the diagnosis "infarction" - both a primary and a recurrent infarction - is considered so probable that the usual measures for this are taken. This refers to the administration of antiarrhythmic agents and agents for combating pain and shock, possible resuscitation and reanimation, or (acute) admission to hospital.
Partly in connection with publications[1]) pointing to favourable experience with home nursing, even compared with the coronary care units, there was increasing interest in the question of how frequently suspicion of myocardial infarction led to admission. The question whether the diagnosis is verified or not is not important.
In the just instance such a verification can be obtained from other sources.

When recording the data for 1978 the desire was expressed to repeat the investigation five years later, with the idea of then doing further research into confirmation of the diagnosis made and the further course of the disease in the various subgroups. That was the reason why it was decided in 1983 to reintroduce this topic and to do so in unchanged form, for the sake of comparability with the 1978 data.
Two questions were formulated:

1. In how many cases did you take measures this week as if a myocardial infarction were concerned? (Both a primary and a recurrent infarction, even if a report on one and the same patient is concerned.)
2. How often did this lead to admission to hospital? (Within 48 hours).

For both questions a breakdown by sex was made. Since this was a question about the physician's action, mors subita was kept outside the registration.

[1]) *Myocardial infarction: a comparison between home and hospital care for patients. H.G. Mather c.s., British Medical Journal, 17 april 1976, p. 925-929.*
A randomised trial of home-versus-hospital management for patients with suspected myocardial infarction. J.D. Hill c.s., The Lancet, Saturday 22 april 1978, vol. I p. 837-841.

Dr F.H. Bonjer, secretary/coordinator of the former committee for the coordination of research into heart and vascular diseases, is acting as adviser for this topic.

Table 34 gives the frequencies of (suspicion of) myocardial infarction per province and urbanization group and for the Netherlands (see also Figs. 23 and 24).

Table 34: Number of cases in which the spotter physician acts as if an acute myocardial infarction is concerned, per province and urbanization group, per 10 000 men or women, and by admission or non-admission to hospital within 48 hours, 1978 and 1983.

		Province group				Urbanization group			Nether-lands
		A	B	C	D	1	2	3	
Clinical	M 1978	38	43	26	31	39	22	51	32
	1983	28	40	30	19	37	26	33	29
	F 1978	14	20	14	12	13	13	20	15
	1983	12	14	13	11	7	13	17	13
Total	1978	26	31	20	22	26	17	35	23
	1983	20	27	21	15	22	19	24	21
Non-clinical	M 1978	11	11	7	8	8	6	15	9
	1983	9	11	6	8	9	6	10	8
	F 1978	8	7	4	6	(3)	5	7	5
	1983	9	9	5	3	(2)	6	7	6
Total	1978	9	9	6	7	6	6	11	7
	1983	9	10	5	6	6	6	8	7
Clinical and non-clinical	M 1978	49	54	33	39	47	28	66	41
	1983	37	51	36	27	46	32	43	37
	F 1978	22	27	18	18	16	18	27	20
	1983	21	23	18	14	9	19	24	19
Total	1978	35	40	26	29	32	23	46	30
	1983	29	37	26	21	28	25	32	28

If 1978 and 1983 are compared as regards the figures for the Netherlands as a whole, the total frequency proves to have fallen somewhat for both men and women (41 and 37 per 10 000 men respectively and 20 and 19 per 10 000 women respectively). This drop is present in three of the four province groups: the west and centre of the country

displays no drop. In the urbanization groups no drop is present in urbanization group 2, municipalities with urban characteristics together with urbanized rural municipalities.
The differences signalled in 1978 between the province and urbanization groups have largely disappeared. Men in the east of the country and in rural municipalities head the list in 1983 as regards myocardial infarction (suspicion of) (52 and 45 per 10 000 respectively). In the case of women the frequency is highest in the cities (25 per 10 000). The frequency among men is about twice as high as that among women; this ratio may be found in practically all subgroups.
Subdivision into admission and non-admission to hospital shows that relatively more women remain at home than men. Further research is being performed into this.

The quarterly figures display no differences.

Age distribution

In Table 35 the frequencies per age group are given (see also Figs. 25 and 26).

The observation that for men myocardial infarction is clearly occurring at a younger age still applies. Here the fact that women in general become older should be taken into account, but, partly in view of the difference in relative frequencies, this cannot entirely explain the above-mentioned difference.

The number of patients nursed at home with (suspicion of) myocardial infarction proves as in 1978 to be not inconsiderable: in 1983 24%, in 1978 23%; for women it is somewhat higher than for men in 1983, 31% and 21% respectively; in 1978 that was 27% and 21% respectively.

The difference can be largely explained by the large percentage of women above the age of 64 years nursed at home: in 1983 37% for women as against 27% for men. In 1978 this was 36% for women as against 16% for men. A further analysis may perhaps bring to light other factors which influence this decision. The Netherlands Heart Foundation has given a subsidy for this. It will also be attempted to gain insight into the severity of the disorder and the follow-up in the various groups of patients. This research will be performed by J. Fracheboud, general practitioner, under the supervision of Dr J. Berkel, specialist in internal medicine, and Dr F.H. Bonjer, cardiologist.

Table 35: Number of cases in which the physician acts as if an acute myocardial infarction is concerned, by age group, per 10 000 men or women and by admission or non-admission to hospital within 48 hours, 1978 and 1983.

		Age group					
		20-24	25-34	35-44	45-54	55-64	⩾65
Clinical	M 1978	(2)	(3)	13	51	106	169
	1983	-	(2)	15	51	106	132
	F 1978	-	-	(4)	12	44	80
	1983	-	-	(4)	12	28	66
Total	1978	(1)	(2)	9	31	74	118
	1983	-	(1)	10	31	66	93
Non-clinical	M 1978	-	-	(7)	12	40	33
	1983	-	-	2	6	26	48
	F 1978	-	-	(1)	(2)	(2)	44
	1983	-	(1)	-	(2)	(4)	39
Total	1978	-	-	4	7	20	39
	1983	-	(0)	(1)	4	15	43
Clinical and non-clinical	M 1978	(2)	(3)	20	63	146	202
	1983	-	(1)	17	57	132	180
	F 1978	-	-	5	14	46	124
	1983	-	(1)	4	14	32	105
Total	1978	(1)	(2)	13	38	94	157
	1983	-	(1)	11	35	81	136

This topic has been maintained on the weekly return for 1984.

(N.B. In the collecting of the follow-up data per patient it proves that a number of spotter physicians have registered mors subita as "non-clinical myocardial infarction". To what extent this will affect the statements made here cannot get be seen.)

ACCIDENTS IN THE PRIVATE SECTOR

In 1981 "accidents in the private sector" appeared for the first time on the weekly return, at the request of Dr W.H.J. Rogmans of formerly the Safety in the Private Sector Division of the Safety Institute, now the Consumer Safety Institute.

Criteria: by an accident is meant a sudden "unintended, unforeseen event resulting in recognizable harm to physical well-being". This definition is derived from a WHO publication[1]) and is considered to be universally accepted.
With regard to the concept "private sector" an "exclusive" definition is taken as the basis: all those accidents occurring neither during participation in traffic on the public highway, nor during practice of employment.
A subdivision is made for sex. In 1981 the spotter physician reported whether the patient had been referred or not in the *first* instance to a specialist, along the lines of the reporting of traumas in sport in 1979. In 1982 they were asked briefly to state how the accident happened, in order to investigate whether preventive measures could be taken.
In 1983 the emphasis was placed on other possible factors that played a part in the occurrence of the accident. A recently published investigation[2]) shows that, in accidents in the home of which adults are the victim, in about half of the cases excessive consumption of medicine and/or alcohol played a part, whereas in over two thirds of the accidents to the elderly a physical disease was the principal cause.
The investigation related to fatal accidents, but it is assumed that notably alcohol and medicines also have a major accident-increasing effect on non-fatal accidents. It was therefore requested that for every report a check be made to see whether one of the following circumstances was present: physical aberration, mental aberration, consumption of alcohol and consumption of medicines.
In the case of diseases a distinction was made between acute and chronic.

The results of this additional question have not yet been processed. They will be made known in due course by Dr Rogmans.
No distinction was made between home visits or consultations.

Table 36 gives the number of consultations for an accident in the private sector per 10 000 men and women per province and urbanization group (see also Fig. 27).

[1]) *Accidents in Childhood, Rep. Ser. 118, Genève 1957.*
[2]) *Setekleiv, J., BØ, O., J., Wickstrøm, E., Enoksen, Å., Hasvold, I. and Sakhaug, J. 1980 J. Traffic Med. 8, p. 26-30.*

Table 36: Number of (first) consultations for an accident in the private sector per province and urbanization group, per 10 000 inhabitants, 1981 - 1983.

		Province group				*Urbanization group*			*Nether-lands*
		A	*B*	*C*	*D*	*1*	*2*	*3*	
Men	*1981*	*572*	*418*	*240*	*347*	*334*	*353*	*311*	*340*
	1982	*302*	*301*	*183*	*415*	*263*	*271*	*278*	*271*
	1983	*250*	*220*	*165*	*322*	*179*	*209*	*289*	*221*
Women	*1981*	*410*	*270*	*218*	*280*	*213*	*276*	*280*	*267*
	1982	*194*	*236*	*168*	*324*	*226*	*193*	*279*	*217*
	1983	*229*	*187*	*206*	*337*	*162*	*221*	*322*	*234*
Total	*1981*	*489*	*343*	*228*	*313*	*274*	*313*	*295*	*303*
	1982	*246*	*269*	*176*	*369*	*245*	*231*	*278*	*244*
	1983	*239*	*203*	*186*	*330*	*171*	*215*	*306*	*227*

The number of reports in 1983 is almost the same as in 1982, 227 and 244 per 10 000 inhabitants respectively. The larger number in 1981 (303 per 10 000) is not equalled. It is not impossible that this is a registration phenomenon: in 1981 no additional question was put, unlike the situation in 1982 and 1983. Extra effort could have a restraining influence here. However, an investigation has never been made into this within the sentinel stations project. It thus remains an assumption and not an explanation.
A further possibility is the following: in 1981 a subdivision was made between treatment by the general practitioner and referral to a specialist. The difference between the total number of reports in 1982 and 1983 could have been caused by the fact that in 1982 reports were made only when the general practitioner himself performed the treatment. When the occasion arises an attempt will be made to gain insight into this difference that has been found.
However, the above implies that care should be taken with the interpretation and extrapolation of the data.

The numbers per subgroup display some fluctuations. The only striking aspect here is province group C (the west and centre of the country), which displays the lowest relative frequencies in all years.

Age distribution

In Table 37 the numbers per age group may be found (see also Fig. 28).

Table 37: Number of (first) consultations for an accident in the private sector by age group, per 10 000 inhabitants, 1981 - 1983.

		Age group									
		<5	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*≥65*
Men	*1981*	*605*	*458*	*485*	*453*	*475*	*281*	*241*	*224*	*192*	*188*
	1982	*759*	*499*	*383*	*330*	*258*	*167*	*192*	*177*	*142*	*168*
	1983	*687*	*376*	*324*	*217*	*189*	*156*	*162*	*142*	*146*	*166*
Women	*1981*	*408*	*286*	*326*	*367*	*279*	*190*	*194*	*216*	*259*	*285*
	1982	*469*	*228*	*263*	*223*	*171*	*145*	*194*	*156*	*212*	*274*
	1983	*461*	*243*	*280*	*221*	*179*	*178*	*203*	*191*	*224*	*316*
Total	*1981*	*506*	*372*	*407*	*410*	*373*	*236*	*218*	*220*	*225*	*244*
	1982	*616*	*365*	*323*	*277*	*213*	*156*	*193*	*166*	*178*	*231*
	1983	*574*	*310*	*302*	*219*	*184*	*167*	*182*	*167*	*187*	*254*

The year 1981 displays the highest frequencies in practically all age groups. The difference mentioned above from the registration in 1982 and 1983 is quite apparent. The years 1982 and 1983 do not differ in the separate age groups to a noteworthy extent.

The age-dependence signalled in previous years is present again: among men there is an almost continuous drop with the exception of the highest age group; among women an increase may be noted around the age of 40 years. In the oldest age groups the incidence among women is even higher than that among men, in contrast to the younger age groups.

If the data of the sentinel stations are compared with those of the "Private Accident Registration System" (PORS 83/2) a number of differences come to light. It is striking that in the PORS registration the turning point of more women than men instead of the other way round lies in the 55-59 age group, whereas in the sentinel stations in 1983 this lies in the 25-34 age group. In 1981 and 1982 the turning point for the sentinel stations is, however, also in the 55-64 age group.

A second difference between the results of the two registrations is that registration in the hospitals does *not* display a continuous decrease in incidence by age: this increases from 107 in the 0-4 age group to 149 and 159 in the 10-14 and 15-19 age groups, after which a steady drop occurs up to the 70-74 age group.

In the further processing of the data it will be endeavoured to find an explanation for these differences. It is certain that the behaviour and experience of both the general practitioner and the parents and patients play a part in this.

This topic has been removed from the weekly return for 1984.

TRAUMAS IN SPORT

Traumas in sport were placed on the weekly return in 1979[1]). The criteria were established as follows: all first contacts in connection with a sport injury, irrespective of whether this is acute or not. Thus the consequence of both a non-recurrent effect of violence and a chronic overload is concerned.
No distinction is made in registration between the sexes nor between consultations, house calls or aid on the spot. To gain an impression of the severity of the occurrence a subdivision was made in 1979 for referral or otherwise to a specialist at the time of the first contact.
As a second subdivision membership or otherwise of a sports club was adhered to. Membership for at least one year was regarded as a criterion of "regular engagement in sport".

For 1980 the questions were changed (in consultation with Dr G.P.H. Hermans, vice-chairman of the Association of Sport Medicine). By making a distinction between indoor and field sports and in the second instance between individual sport and team sport, it is being endeavoured to gain insight into the nature of the injury. The injury mechanism is influenced by the size and nature of the area on which the sport is practised. In the case of indoor sports the area is relatively small and the flooring artificial; in the case of field sports the area is larger and usually natural.
Team sports present the possibility of (involuntary) contact with another sportsman. The definition used here was: team sports are sports that can be practised exclusively with a number of persons.

For 1981 a classification by various forms of sport was made. Those branches were chosen with a high membership. In this way handball, hockey, "korfball" and football were arrived at. Initially it was thought that it would be possible to calculate the number of traumas caused by other sports by means of subtraction. At the time of that decision it was not felt that there were factors that would influence the total frequency. However, these did in fact prove to exist: the frequencies of the corresponding quarters differed very clearly. It was therefore decided with effect from 1 July 1981 to replace the category "korfball" - the one with the lowest frequency - by "other sports". This has had a quite definite influence on the number of reports of consultations for a sport trauma.

In 1982 it was endeavoured to gain an impression of the nature of the trauma and also whether or not it was a "recurrence".
The nature of the trauma: is it an accident or an overstrain injury? The answer to this

[1]) *In this chapter it continuously concerns the consultations and house calls on account of a trauma in sport.*

question is important in connection with the possibility of taking preventive measures. Accidents have in general an exogenous cause and therefore need external preventive measures.

Overstrain traumas, on the other hand, have a more endogenous origin and need more "internal" prevention in the sense of recommendations regarding the load during training, forms of training, etc.
Knowledge of the incidence of "recurrences" is necessary to be able to build up optimum treatment and counselling.
The criteria were determined as sharply as possible: an accident is any acute trauma that occurs during engagement in sport either directly or indirectly in connection therewith. An overstrain injury, on the other hand, occurs gradually, such as "tennis elbow".
If complaints occurred again within the period of one year, that was counted as a recurrence.

For 1983 yet another classification was made. There was a desire to gain an impression of the frequency of the localization of the trauma and to some extent of the nature of the injury. The choice fell on separate registration of knee traumas and ankle traumas, of muscle and tendon traumas together and, as fourth possibility, *all* other traumas that are a consequence of engagement in sport. If a patient had more than one trauma, the trauma for which the patient sought the physician's aid, or was most troubled by, was reported.

In 1982 a questionnaire was again circulated to examine the effect of the Sport Medical Advisory Centres on the practice of the spotter physicians. As in 1979 the number of patients who approach such a centre directly seems negligible. The intention of this topic is not to gain an impression of the total extent of the problem, but to find out how heavily the general practitioner is burdened with it and how the interrelations are. The data of the past years are being processed by and in collaboration with H. Inklaar and Dr. F. Kessel, sport physicians with the Royal Netherlands Football Association, and Mr. P.J.S. Boon, a statistician with Nijmegen University, in close cooperation with colleague Dr. G.P.H. Hermans. A grant given by the then Ministry of Culture, Recreation and Social Work makes this possible. It is being reported on elsewhere. The data presented here contain only a simple representation of the results. As in previous years, only traumas for which the general practitioner is consulted are reported. Consultations in an out-patient clinic without the intermediary of the general practitioner, or assistance given at first aid posts only, are not recorded.

Table 38 gives the frequencies per province and urbanization group in the various subgroups stated (see also Fig. 29).

Table 38: Number of consultations of the general practitioner for a trauma in sport, per province and urbanization group, per 10 000 inhabitants, 1979 - 1983.

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1979	*170*	*167*	*100*	*127*	*160*	*115*	*120*	*126*
1980	*211*	*183*	*117*	*175*	*197*	*142*	*155*	*155*
1981	*152*	*152*	*121*	*196*	*136*	*139*	*173*	*146*
1982	*218*	*196*	*133*	*200*	*191*	*161*	*180*	*171*
1983	*258*	*250*	*152*	*205*	*250*	*180*	*195*	*195*

The total frequency (195 per 10 000 inhabitants) was higher in 1983 than in previous years; this applies to all subgroups.

The year 1981, as the year in which the registration of all injury consultations in the first two quarters did not proceed properly, may possibly ultimately display an underreporting of the number of injury consultations. If that year is not taken into account, a steady increase in the number of injury consultations may be noted, varying from 23% in the second year in respect of the first year to 13% in the fifth year in respect of the fourth year. In total the number of injury consultations in this registration has risen in five years by 53%.

Explanations of this are not simple but will certainly have to do with an increase in engagement in sport by the Dutch population, with patterns of engagement in sport, with a constantly changing injury behaviour, possibly also economically determined as a result of which one is more easily inclined to get in touch with the family doctor, with an improvement in the quality of the reception and counselling by the general practitioners etc. etc. In any case the growth of the membership within organized sport is definitely not as spectacular as the increase in the number of injury consultations.

When considering the numbers and when making a comparison with other investigations ons should be aware of registration differences, as other criteria. This is above all the case with extrapolation.

Comparison of the subgroups shows that at all times the lowest frequencies are in province group C (the centre and west of the country).

Seasonal influences

Table 39 gives the frequencies per quarter.

Table 39: Number of consultations of the general practitioner for a trauma in sport, per quarter, per 10 000 inhabitants, 1979 - 1983[1]).

	1st quarter	2nd quarter	3rd quarter	4th quarter
1979	27	32	26	41
1980	44	40	33	39
1981[2])	(24)	(34)	31	36
1982	57	43	34	36
1983	51	55	39	48

[1]) *As a result of rounding-off when calculating relative frequencies, small differences may have occurred in the totals.*

[2]) *For further information on the 1st and 2nd quarter see the 1981 report (p. 60 et seq.).*

Viewed relatively, the 3rd quarter is always the lowest, which can be satisfactorily explained by the summer holidays. The 1st quarter of 1982, with 57 traumas per 10 000 inhabitants, is nearly equalled by the 2nd quarter of 1983 (55 per 10 000 inhabitants). This can be explained by climatic conditions and the related changes in the pattern of engagement in sport.

Age distribution

Table 40 gives the frequencies per age group (see also Fig. 30).

Table 40: Number of first consultations of the general practitioner for a trauma in sport by age group, per 10 000 inhabitants, 1979 - 1983.

	Age group									
	<5	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	$\geqslant 65$
1979	(2)	33	187	373	331	178	83	26	13	5
1980	5	38	226	421	419	202	115	40	8	(2)
1981	(3)	32	209	411	384	215	102	20	5	(2)
1982	9	62	288	476	372	214	139	60	14	7
1983	6	56	290	469	436	288	177	70	21	5

Comparison of the years displays a fairly consistent picture. The highest frequencies occur in the 15-19 and 20-24 age groups. The increase in 1983 in the total frequency, on the other hand, is caused by a higher frequency in the 20-24, 25-34 and 35-44 age groups.

Localization and nature of the trauma

In table 41 the data for 1983 are subdivided per province and urbanization group by localization (knee, ankle) or nature (muscle, tendon) of the trauma; all other traumas have been taken together.

Table 41: Number of first consultations on account of a trauma in sport by localization or nature of the trauma, per province or urbanization group, per 10 000 inhabitants, 1983.

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
Trauma of								
knee	*50*	*52*	*28*	*36*	*53*	*31*	*40*	*37*
ankle	*78*	*78*	*39*	*51*	*90*	*49*	*40*	*54*
muscle/tendon	*50*	*48*	*35*	*44*	*43*	*39*	*47*	*41*
other traumas	*80*	*72*	*50*	*74*	*64*	*61*	*68*	*63*
Total	*258*	*250*	*152*	*205*	*250*	*180*	*195*	*195*

Of specified traumas, ankle traumas (28%) occur most frequently, followed by the knee and muscle or tendon traumas, which do not differ much from one another in number (19% and 21% respectively). The other traumas form 32% of the total. Practically the same picture may be seen in the province groups.
In the urbanization groups the relatively high frequency of ankle traumas in the rural municipalities is striking, whereas these traumas are of relatively infrequent occurrence in the cities. This could possibly be explained by the pattern of engagement in sport (relatively more football) and the ground conditions.

In Table 42 the localization and nature of the trauma per group are given.

Table 42: Number of first consultations on account of a trauma in sport by localization or nature of the trauma, per age group, per 10 000 inhabitants, 1983.

	Age group									
	<5	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*
Trauma of										
knee	*(1)*	*6*	*48*	*87*	*89*	*56*	*31*	*18*	*4*	*(1)*
ankle	*-*	*18*	*65*	*141*	*141*	*80*	*38*	*16*	*5*	*(1)*
muscle/ tendon	*(1)*	*10*	*46*	*85*	*85*	*68*	*53*	*16*	*4*	*(1)*
other traumas	*(4)*	*22*	*131*	*156*	*121*	*84*	*55*	*20*	*8*	*(2)*

Within the subdivision used the frequencies in the age 15-19 and 20-24 age groups also prove to be the highest in all cases. As regards other traumas, the frequency in the 10-14 age group is likewise relatively high. An investigation among schoolchildren (8-16 years) in Amsterdam and surrounding districts showed that during a six-week period 10% of the schoolchildren incurred a trauma in sport. In over half the cases the injury was of a slight nature. In 20% of the cases professional (para)medical aid was sought; in half of them this aid was given by the general practitioner.[1]).

Further processing, in which an attempt will be made to determine the "population-at-risk", i.e. the number of sportsmen and sportswomen, is being performed under the above-mentioned grant made to the Royal Netherlands Football Association. However, it can already be stated that in many cases clear explanations will not be forthcoming, and the results will have to be confined to speculative reasoning.
There is thus a considerable need for supplementary epidemiological research if one is to create a good preventive policy on the basis of a good insight into the mechanisms behind the occurrence of sport injuries.

This subject has been removed from the weekly return for 1984.

[1]) *Backx, F.J.G. and Erich, W.B.M. National Institute for Sport Health Care, Oosterbeek. "Sportblessures bij de Nederlandse Jeugd", "Youth, sport and health" Congress, Nov. 1983.*

EXTRAPOLATION OF FREQUENCIES FOUND TO THE DUTCH POPULATION

The following survey gives an approximate impression of the number of patients, consultations, actions and occurrences in the Netherlands, on the basis of the frequencies calculated from the results of the continuous morbidity registration by sentinel stations. As was remarked in the previous reports, it must be borne in mind, when studying the following table, that although the population of the sentinel stations is a reasonably good representation (see also p. 14 - 15) the spotter physicians are a selected group. Consequently it cannot be automatically established to what extent the results differ from the actual situation; the differences can vary depending on the nature of the question. Particular caution should be observed regarding those topics where there is intervention by a general practitioner. As an example one may think of the "cervical smear" question; it is quite feasible that the spotter physicians differ from the typical general practitioner in this respect.
In the case of the "(attempted) suicide" question there proves to be a difference in respect of registrations from elsewhere, as a result of the fact that this event is presumably not always reported to the general practitioner. With regard, too, to the registration of diseases and occurrences in itself it may be stated almost with certainty that the spotter physicians act as a select group. However, this can only be to the benefit of the project. Nevertheless, the reader is advised not only to look at the extrapolated numbers but also to consult the relevant chapters.
For a correct interpretation of the extrapolated numbers first the total Dutch population per year is given, in thousands.

Dutch population by sex in thousands, 1970 - 1983 (Central Bureau for Statistics)[1]).

Year	*Men*	*Women*	*Total*
1970	*6 507*	*6 531*	*13 038*
1971	*6 587*	*6 607*	*13 194*
1972	*6 650*	*6 679*	*13 329*
1973	*6 699*	*6 740*	*13 439*
1974	*6 747*	*6 798*	*13 545*
1975	*6 804*	*6 862*	*13 666*
1976	*6 854*	*6 920*	*13 774*
1977	*6 889*	*6 967*	*13 856*
1978	*6 907*	*6 991*	*13 898*
1979	*6 945*	*7 040*	*13 985*
1980	*6 994*	*7 097*	*14 091*
1981	*7 048*	*7 159*	*14 207*
1982	*7 082*	*7 204*	*14 286*
1983	*7 103*	*7 237*	*14 340*

[1]) *Up to and including 1977 average numbers, thereafter the numbers as on 1 January in all cases of the year in question.*

Extrapolation of frequencies found to the Dutch population.

		Frequency[1])			Netherlands[2])		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total[3])*
Influenza[4])	*1970*			*904*			*1.179.000*
	1971			*889*			*1.173.000*
	1972			*779*			*1.038.000*
	1973			*699*			*939.000*
	1974			*885*			*1.199.000*
	1975			*695*			*945.000*
	1976			*717*			*987.000*
	1977			*575*			*797.000*
	1978			*829*			*1.152.000*
	1979			*438*			*613.000*
	1980			*425*			*599.000*
	1981			*491*			*697.000*
	1982			*497*			*710.000*
	1983			*396*			*568.000*
Diabetes mellitus							
- new patients	*1980*			*13*			*18.000*
	1981			*12*			*17.000*
	1982			*12*			*17.000*
	1983			*11*			*16.000*

[1]) *Number of patients, consultations etc. per 10 000 men and/or women (sentinel station data).*

[2]) *Extrapolation of the frequencies to the Dutch population, in round thousands of the year in questions.*

[3]) *As a result of rounding-off, small differences may have occurred in the totals.*

[4]) *For influenza they are minimum numbers, since many influenza patients do not consult their family docter.*

Extrapolation of frequencies found to the Dutch population (continuation).

		Frequency[1]			*Netherlands*[2]		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total*[3]
Cervical smear							
- with complaints	*1976*		*87*			*60.000*	
and/or symptoms	*1977*		*86*			*60.000*	
	1978		*80*			*56.000*	
	1979		*80*			*56.000*	
	1980		*62*			*44.000*	
	1981		*57*			*41.000*	
	1982		*57*			*41.000*	
	1983		*65*			*47.000*	
- "preventive",	*1976*		*282*			*194.000*	
general practition-	*1977*		*268*			*186.000*	
er's initiative	*1978*		*218*			*153.000*	
	1979		*198*			*140.000*	
	1980		*168*			*119.000*	
	1981		*184*			*132.000*	
	1982		*171*			*123.000*	
	1983		*174*			*126.000*	
- "preventive", wo-	*1976*		*103*			*71.000*	
man's initiative	*1977*		*112*			*78.000*	
	1978		*105*			*73.000*	
	1979		*124*			*87.000*	
	1980		*93*			*66.000*	
	1981		*110*			*79.000*	
	1982		*126*			*91.000*	
	1983		*120*			*87.000*	
- repeat examina-	*1976*		*31*			*21.000*	
tion (within	*1977*		*55*			*38.000*	
3 years)	*1978*		*120*			*84.000*	
	1979		*143*			*101.000*	
	1980		*148*			*105.000*	
	1981		*159*			*114.000*	
	1982		*170*			*122.000*	
	1983		*168*			*121.000*	

[1]), [2]) *and* [3]) *See footnotes, page 78.*

Extrapolation of frequencies found to the Dutch population (continuation).

		Frequency[1])			Netherlands[2])		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total[3])*
Cervical smear							
Total[3])	*1976*		*503*			*346.000*	
	1977		*521*			*362.000*	
	1978		*523*			*366.000*	
	1979		*545*			*384.000*	
	1980		*471*			*334.000*	
	1981		*510*			*365.000*	
	1982		*524*			*377.000*	
	1983		*527*			*381.000*	
Parkinson's dis-	*1980*	*7*	*5*	*6*			
ease[4])	*1981*	*4*	*2*	*3*			
	1982			*2*			
	1983			*1*			
Sterilization	*1972*	*24*			*16.000*		
	1973	*40*			*27.000*		
	1974	*46*	*35*		*31.000*	*24.000*	*55.000*
	1975	*46*	*46*		*31.000*	*31.000*	*62.000*
	1976	*57*	*66*		*39.000*	*45.000*	*84.000*
	1977	*53*	*64*		*37.000*	*45.000*	*82.000*
	1978	*74*	*81*		*51.000*	*57.000*	*108.000*
	1979	*99*	*90*		*69.000*	*63.000*	*132.000*
	1980	*79*	*70*		*55.000*	*50.000*	*105.000*
	1981	*59*	*46*		*42.000*	*33.000*	*74.000*
	1982	*50*	*40*		*35.000*	*29.000*	*64.000*
	1983	*46*	*39*		*33.000*	*28.000*	*61.000*
cumulative					*466.000*	*405.000*	

[1]), [2]) *and* [3]) *See footnotes, page 78.*

[4]) *In view of the very small numbers, extrapolation has been omitted here.*

Extrapolation of frequencies found to the Dutch population (continuation).

		Frequency[1]			Netherlands[2]		
Category	Year	M	F	Total	M	F	Total[3]
Morning-after-pill prescribed	1972		53			35.000	
	1973		59			40.000	
	1974		68			46.000	
	1975		60			41.000	
	1976		60			41.000	
	1977		49			34.000	
	1978		50			35.000	
	1979		50			35.000	
	1980		50			35.000	
	1981		35			25.000	
	1982		35			25.000	
	1983		30			22.000	
Spontaneous abortion	1982		18				13.000
	1983		21				15.000
Partus immaturus	1982		3				2.000
	1983		2				1.500
Partus at gravidity[5]	1982		188				
	1983		198				
Depression (treated for)	1983	55	104		39.000	75.000	114.000
(Attempted) suicide[5]	1979			7			
	1980			7			
	1981			6			
	1982			8			
	1983			10			

[1], [2] and [3] *See footnotes, page 78.*

[4] *Not extrapolated on account of probably incomplete registration.*

[5] *In view of the very small numbers, extrapolation has been omitted here.*

Extrapolation of frequencies found to the Dutch population (continuation).

		Frequency[1]			Netherlands[2]		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total*[3]
Penicillin prescriptions							
- for the first time in	*1982*			*574*			*820.000*
	1983[4])			*610*			*875.000*
- repeat	*1982*			*131*			*187.000*
	1983[4])			*153*			*219.000*
- side effects	*1982*			*10*			*14.000*
	1983[4])			*9*			*13.000*
Myocardial infarction (suspicion of)							
- clinical	*1978*	*32*	*15*		*22.000*	*10.000*	*32.000*
	1983	*29*	*13*		*21.000*	*9.000*	*30.000*
- non-clinical	*1978*	*9*	*5*		*6.000*	*3.500*	*9.500*
	1983	*8*	*6*		*6.000*	*4.000*	*10.000*
Accidents in the private sector[5])	*1981*	*340*	*267*		*239.000*	*191.000*	*431.000*
	1982	*271*	*217*		*192.000*	*156.000*	*348.000*
	1983	*221*	*234*		*157.000*	*169.000*	*326.000*
Traumas in sport[5])	*1979*			*126*			*177.000*
	1980			*155*			*218.000*
	1981			*146*[4])			*207.000*
	1982			*171*			*244.000*
	1983			*195*			*280.000*
Trauma of the							
- knee				*37*			*53.000*
- ankle				*54*			*77.000*
- muscle or tendon				*41*			*59.000*
- other traumas				*63*			*90.000*

[1]), [2]) and [3]) *See footnotes, page 78.*

[4]) *Corrected, see relevant chapter.*

[5]) *Extrapolation here relates solely to the number for which the general practitioner is consulted.*

INCIDENTAL INVESTIGATIONS

Since 1976 the "incidental investigations" have existed as part of the Sentinel Station Project. These are investigations into relatively uncommom diseases or occurrences. For a list of the subjects thus treated see the second part of Appendix 3. Here the data accordingly collected for 1983 are reported. These data differ from the weekly return subjects in that they are asked for only once a year, right at the beginning of the following year. This makes it possible to collect retrospectively data on subjects for which registration is requested in the course of the year. However, one condition in that case is that it must be something that is firmly implanted in the physician's memory.

Euthanasia (request for application)

In 1976 attention was devoted for the first time to requests made to the general practitioner for the application of euthanasia.
The form of the investigation is retrospective. A form is sent to all spotter physicians at the end of the year with the request that they report whether the question was asked of them in the past year by a patient himself or herself for the application of active euthanasia directly or indirectly[1]) and if so, what the motive for this was. In addition, information is sought on the age, sex, current disease, place of care or nursing and the use or otherwise of an "euthanasia declaration"[2]).
The physicians are informed at the beginning of the year of the coming investigation.

[1]) *"Active euthanasia manifests itself in the deliberate application of life-shortening or life-terminating treatment. Active euthanasia can be further divided into:*

- *Indirect euthanasia: this is the deliberate application of treatment to alleviate suffering, without the intention of shortening or terminating life but with the recognition and acceptance of the risk that shortening or termination of life can occur.*

- *Direct euthanasia: this is the deliberate application of a treatment to alleviate suffering in such a way that reasonably speaking a considerable shortening or termination of life may be expected."*

Medisch Contact: 1977, 32 p. 1058.

[2]) *An euthanasia declaration is a written request for euthanasia on certain conditions.*

The results per patient can be found at the end of this section. This table does not require much explanation. There is not much difference between the numbers of requests through the years.
The number of patients with a carcinoma, as in previous years, is again large, relatively speaking; more than 70% of them have a carcinoma. Mortality from cancer, on the other hand, in the Netherlands is about 25% of total mortality. Kenter[1]) describes the *application* of euthanasia (*thus not the request*) in a single practice in the period 1976 to 1981. There too by far the most cases are cancer patients, viz 15 out of the 19 (79%). The patients with a carcinoma are younger than the other patients. Only three times was a request for indirect euthanasia made (all cancers). In the other cases the request was for application of direct euthanasia. In two cases too use was made of a written euthanasia declaration. On five occasions the patient was not nursed at home (once in hospital, three times in an old people's home and once living with children). These numbers resemble the numbers from the previous years.

The distribution by province group and urbanization group is given in Table 43.

Table 43: Absolute numbers and number per 10 000 inhabitants of requests to the general practitioner made by the patient himself or herself for the application of active euthanasia, per province and urbanization group, 1976 - 1983.

Absolute	*M*	*V*	*Province group*				*Urbanization group*			*Netherlands*
			A	*B*	*C*	*D*	*1*	*2*	*3*	
1976	*5*	*10*	*1*	*2*	*11*	*1*	*4*	*7*	*4*	*15*
1977	*6*	*3*	*1*	*2*	*5*	*1*	*3*	*2*	*4*	*9*
1978	*6*	*4*	*3*	*2*	*4*	*1*	*2*	*8*	*-*	*10*
1979	*13*	*15*	*5*	*6*	*15*	*2*	*4*	*18*	*6*	*28*
1980	*10*	*12*	*2*	*3*	*16*	*1*	*3*	*12*	*7*	*22*
1981	*20*	*10*	*4*	*4*	*13*	*9*	*3*	*20*	*7*	*30*
1982	*17*	*9*	*2*	*6*	*17*	*1*	*3*	*7*	*16*	*26*
1983	*15*	*18*	*7*	*4*	*19*	*3*	*5*	*14*	*14*	*33*
1976 - 1983										
	92	*81*	*25*	*29*	*100*	*19*	*27*	*88*	*58*	*173*
Per 10 000 inhabitants per year										
	1.4	*1.2*	*1.5*	*1.2*	*1.6*	*0.7*	*1.3*	*1.1*	*2.0*	*1.3*

[1]) *Kenter, E.G.H. Euthanasie in een huisartspraktijk, Medisch Contact: 1983, 38, p. 1179.*

In the south of the country the question was asked least often, with the exception of 1981; this is also reflected in the numbers per 10 000 inhabitants.

Age distribution

The age distribution may be found in Table 44.

Table 44: Absolute number of patients who request the general practitioner to apply active euthanasia, by age group, 1976 - 1983.

	<55	*55-64*	*65-74*	*75-84*	*⩾85*	*Total*
1976	*2*	*4*	*3*	*3*	*3*	*15*
1977	*2*	*3*	*2*	*2*	*-*	*9*
1978	*3*	*2*	*3*	*2*	*-*	*10*
1979	*3*	*7*	*12*	*2*	*4*	*28*
1980	*2*	*5*	*5*	*7*	*3*	*22*
1981	*8*	*4*	*5*	*10*	*3*	*30*
1982	*-*	*6*	*10*	*8*	*2*	*26*
1983	*3*	*10*	*9*	*9*	*2*	*33*

It is not the aim of this project to make more pronouncements on this subject.

Extrapolation of these data to the Dutch population is possible, but it should be borne closely in mind that in that case the number is being related to the total population, while this should actually be done to the number of persons in circumstances in which the possibility of the question being asked is envisaged. The latter data (morbidity) are not available, however. Moreover, *here* distortion may occur through the spotter physicians not being a random group.

Requests by the patient for active euthanasia.

Age	*Sex*	*Disease*	*Motive for the request*
41	*F*	*Carcinoma of the corpus uteri*	*Pain, invasion*
45	*F*	*Carcinoma of the colon*	*Total decay*
52	*M*	*Carcinoma of the stomach*	*Decay, does not want second childhood*
56	*M*	*Carcinoma of the lung*	*Without prospects*
58	*F*	*CVA with hemiplegia and aphasia*	*Depression*
59	*M*	*Carcinoma of the lung*	*Pain*

Requests by the patient for active euthanasia (continuation).

Age	*Sex*	*Disease*	*Motive for the request*
59	*M*	*Carcinoma of the colon*	*Cachexia*
59	*F*	*Breast cancer*	*Pain, disillusionment*
60	*F*	*Carcinoma of the lung*	*Metastases in the brain*
62	*F*	*Carcinoma of the lung*	*Pain, dyspnoea*
63	*M*	*Carcinoma of the lung*	*Dyspnoea, pain*
63	*M*	*Carcinoma of the prostate*	*Pain, cachexia*
64	*M*	*Chronic myeloid leucaemia*	*Dyspnoea*
66	*F*	*Carcinoma of the colon Parkinson's disease*	*Pain*
67	*F*	*Carcinoma of the uterus and lung*	*Dyspnoea*
68	*M*	*Carcinoma of the bladder*	*Pain, feeling miserable*
68	*F*	*Carcinoma of the sigmoid*	*Pain, vomiting, urine fistula*
68	*F*	*Carcinoma of the lung*	*Fear of losing dignity*
70	*F*	*Carcinoma of the stomach*	*Pain, cachexia*
70	*F*	*Carcinoma of the auditory canal*	*Pain*
72	*M*	*Carcinoma of the oesophagus*	*Complaints when swallowing*
74	*M*	*Carcinoma of the lung*	*Dyspnoea*
75	*F*	*Carcinoma of the stomach*	*No prospect for the future, loneliness*
75	*F*	*Angina pectoris*	*Death of husband, already bedridden for 15 years*
76	*M*	*Terminal hartfunction; severe angina pectoris, insufficientia cordis after myocardial infarctions*	*Pain, immobility*
77	*M*	*Carcinoma of the colon*	*Pain*
78	*F*	*Carcinoma of the coecum*	*Incapable of eating and drinking*
79	*M*	*CARA with severe respiratory insufficientia*	*No longer accepted by wife in illness*
81	*M*	*Carcinoma of the lung*	*Cachexia*
82	*M*	*Carcinoma of the stomach*	*Depression after death of husband*
83	*F*	*CVA, carcinoma of the colon*	*Depression, loneliness*
89	*F*	*Old age*	*Loneliness*
92	*F*	*Old age*	*Loneliness*

This investigation will be repeated over 1984.

Persons regretting sterilization

Registration of the request to have a performed sterilization reversed took place for the first time in 1980. The reporting was done in the form of an incidental investigation. The interest in figures with regard to this subject was aroused by the increasing demand on physicians and by the publicity in the lay press in 1980.

In addition to data on age and sex, a number of other data were collected in consultation with Prof. E.V. van Hall, professor of gynaecology and obstetrics at Leiden University. These relate to number of children, length of time married, reason for the request and compliance with the request. However, the number of requests reported so far is too small to be able to make pronouncements about these additional data.

The number of requests made to the spotter physicians in the successive years 1980 to 1983 inclusive was 17, 9, 15 and 15, together 56. Table 45 gives the absolute numbers per sex and per age. The number of women requesting restoration of sterilization is twice as large as the number of men requesting this, in spite of the fact that more men than women are sterilized (see p. 34 and 42 and 150).

Table 45: Absolute number of patients who made a request for restoration of sterilization, per age group, 1980 - 1983.

	25-29	*30-34*	*35-39*	*40-44*	*45-49*	*Total*
Men	*4*	*8*	*4*	*1*	*2*	*19*
Women	*4*	*18*	*13*	*2*	*-*	*37*

The average age is 34 years 4 months and 33 years 4 months respectively.

The distribution among the province and urbanization groups may be seen in Table 46.

Table 46: Absolute number of patients who made a request for restoration of sterilization per province and urbanization group, 1980 - 1983.

		Province group				Urbanization group			Netherlands
		A	B	C	D	1	2	3	
Men	1980	2	2	3	2	2	6	1	9
	1981	1	1	-	1	1	1	1	3
	1982	-	1	2	-	1	2	-	3
	1983	-	1	2	1	1	2	1	4
Women	1980	3	1	3	1	1	4	3	8
	1981	2	1	2	1	1	1	4	6
	1982	5	1	4	2	2	6	4	12
	1983	3	1	5	2	1	2	8	11
Total 1980 - 1983		16	9	21	10	10	24	22	56

When considering the absolute numbers in this table allowance must be made for the size of the different subgroups (province group C, the western provinces and the centre of the country, and urbanization group 2, municipalities with urban characteristics together with urbanized rural municipalities, are by far the largest groups). However, the calculation of relative frequencies is not yet meaningful, having regard to the small numbers.
The only conclusion that may be drawn is that this request is being made in all province and urbanization groups.

The investigation will be repeated for 1984.

Malignancies

In 1982 the question had arisen whether cancer registration based on data from the intramural sector, more specifically from the pathological-anatomical laboratories, is complete. To gain a better understanding of this the spotter physicians were asked to make a return for 1982 of the patients with regard to whom the diagnosis "cancer" was made in that year, stating the method and place of diagnosis. The results were surprising: in the case of 10% of the patients it proved that no histological examination had been performed. It was therefore immediately decided to repeat the question for 1983, again in the form of an incidental investigation but this time with a more elaborate questionnaire.

This investigation is being performed in conjunction with P.A.H. van Noord, M.D., of the Epidemiology Department of the Institute for General Health Care and Epidemiology of Utrecht State University.

The results appear in Table 47. In 1982 data from 45 sentinel stations were involved, and in 1983 from 43. The patients of the practices from which no data have been received have been removed from the population-at-risk.

Table 47: Absolute number of (new) patients with (probably) a malignancy reported by spotter physicians and number per 10 000 inhabitants, per province and urbanization group, 1982-1983.

		Province group				*Urbanization group*			*Nether-lands*
		A	*B*	*C*	*D*	*1*	*2*	*3*	
Absolute	*1982*	*46*	*65*	*189*	*72*	*53*	*207*	*112*	*372*
	1983	*59*	*58*	*250*	*88*	*46*	*271*	*137*	*455*
Per 10.000									
inhabitants	*1982*	*21*	*23*	*27*	*20*	*19*	*22*	*30*	*24*
	1983	*27*	*23*	*36*	*25*	*22*	*27*	*44*	*30*

In total 455 cases of cancer were reported for 1983; the figure for 1982 was 374. There is a small difference between the sexes (Table 48), 29 and 31 per 10 000 men and women respectively (30 per 10 000 inhabitants). In 1982 the opposite was the case: 25 per 10 000 men and 23 per 10 000 women (24 per 10 000 inhabitants).
There is a rather considerable difference between the registration in 1983 and that in 1982. This difference must not be regarded as a difference in incidence, but rather as a result of better registration. A relatively large number of physicians registered at the end of 1982 under the guidance of their memory; in 1983 a form for registration of cases for incidental investigations was added to the weekly return. The coming years will have to show what the real incidence is. Extrapolation of the registration results given here is therefore not advisable for the time being.

Comparison of the various province and urbanization groups shows in 1983 too the highest frequencies in the centre and west of the country (province group C) and in the cities (urbanization group 3), 36 and 44 respectively per 10 000 inhabitants. This tallies with the data on cancer mortality[1]). The differences cannot be explained by differences in age structure.

[1]) *Atlas van de kankersterfte in Nederland 1969-1978, Central Bureau of Statistics, p. 8.*

Age distribution

Table 48 shows how the reported cases of cancer are distributed among the various age groups.

Table 48: Absolute and relative number of (new) patients with (probably) a malignancy reported by spotter physicians and number per 10 000 men and women by age group, 1982 - 1983.

		Age group						
		<25	*35-34*	*35-44*	*45-54*	*55-64*	*⩾64*	*Total*
Men								
absolute	*1982*	*3*	*2*	*6*	*21*	*47*	*110*	*189*[1])
	1983	*5*	*2*	*8*	*20*	*53*	*129*	*217*
per 10 000	*1982*	*(1)*	*(1)*	*6*	*25*	*68*	*157*	*25*
	1983	*2*	*(1)*	*9*	*25*	*81*	*193*	*29*
Women								
absolute	*1982*	*4*	*6*	*23*	*21*	*38*	*91*	*183*[1])
	1983	*4*	*8*	*18*	*38*	*61*	*109*	*238*
per 10 000	*1982*	*(1)*	*4*	*25*	*25*	*51*	*91*	*23*
	1983	*(1)*	*6*	*20*	*47*	*87*	*114*	*31*

[1]) *Two patients had a double tumour, viz a woman with a mamma carcinoma on both sides and a man with a rectum plus prostate carcinoma.*

As was to be expected, there proves to be a strong relation with age; a low incidence at a young age and a high one at an older age. In the case of men this increase begins in both years later, viz at 45 years (in the case of women at 35 years) but on the other hand the increase continues more strongly. The remarks made above on the difference between 1983 and 1982 naturally also apply to the age groups. Comparison of the years should be made with caution.

Localization

In Table 49 a breakdown by localization may be found. In the table the ICD coding[1]), with a breakdown by decreasing frequency, has been adhered to. For the sake of clarity and in view of the relatively small numbers for some locations a number of groups have been taken together here.

[1]) *ICD (1979, 9th revision) Manual of the international statistical classification of diseases, injuries and causes of death. WHO, Geneva.*

Table 49: Absolute numbers of (new) patients with (probably) a malignancy reported by spotter physicians, by localization, with percentages, 1982 - 1983.

Localization	*ICD-code (9th revision)*	*Number 1982*	*(%)*	*Number 1983*	*(%)*
Lung	*162*	*74*	*(20)*	*74*	*(16)*
Mamma	*174*	*59*	*(16)*	*67*	*(15)*
Colon + rectum	*153, 154*	*50*	*(13)*	*52*	*(11)*
Skin	*172, 173*	*37*	*(10)*	*49*	*(11)*
Female sexual organs	*180, 182, 183*	*32*	*(9)*	*36*	*(8)*
Stomach	*151*	*20*	*(5)*	*29*	*(6)*
Male sexual organs	*185, 186*	*19*	*(5)*	*18*	*(4)*
Lymphatic and hematopoeitic tissue	*200 - 209*	*19*	*(5)*	*20*	*(4)*
Other of digestive tract	*150 - 159 excl. 151, 153, 154*	*18*	*(5)*	*21*	*(5)*
Other of urogenital tract	*188, 189*	*18*	*(5)*	*32*	*(7)*
Other codes from	*140 - 209*	*23*	*(6)*	*30*	*(7)*
Unclassifiable, including primary localization unknown		*5*	*(1)*	*27*	*(6)*
Total		*374*[1])		*455*	

[1]) *Two patients had a double tumour, viz a mamma carcinoma on both side and rectum plus prostate carcinoma.*

In this table the order of 1982 has been adhered to. A consequence of this is that in 1983 the ranking among the low frequencies does not entirely tally. No significance should be attached to this.

Lung cancer and breast cancer head the list. Together they form about a third of the total number. They are followed by localization in the colon and the rectum, the skin and the female sexual organs; these together yield also about a third.

In 1983 an attempt was made to collect more data per report. For instance, a distinction was made in accordance with the way in which the probable diagnosis was made. In 48 cases it proved that no histological slide had been made for diagnosing during life (90%). Autopsy yielded the diagnosis in 5 cases. Of the other 43 cases, leukemia was diagnosed five times on the basis of blood preparations, all cases relating to men. Of the other 38 reports, 14 concerned women and 24 men. The average age in these groups is considerably higher then in the total group, 77 years for men and 74 years for women (cf. Table 48).

The following may be said about the reports regarding which neither an autopsy was performed nor a blood preparation made. In the case of 12 men and 1 woman there was a lung carcinoma, in the case of 3 men and 2 women a space-occupying process in the brain and seven times a very acute abdominal process was involved, probably as a result of a tumour manifesting itself at a late stage. In the case of 5 reports no further diagnosis at all was made (4 men and 1 woman); these were all older than 75 years. It is the intention to perform a further investigation into this.

Of all reports made for 1983, 117 patients died in the same calendar year. In 30 of these cases the spotter physicians would have liked to have had an autopsy performed if facilities had been available[1]).

Summarizing, one may say that for 1983 too it proves that the general practitioners form an important source for obtaining (supplementary) data on the occurrence of cancer.

This material is still being further processed.

This subject has been placed as a topic on the weekly report at the beginning of 1984.

[1]) *The State Secretary of the Ministry of Public Health and Environment sought the advice of the Health Insurance Fund Council regarding the possibility of performing an autopsy on a patient who died at home or in a nursing home. On the basis of the advice, which has meanwhile been given, further consultation is taking place between the Ministry of Welfare, Public Health and Culture and the Council.*

GENERAL REMARKS

1. The questions on the weekly return for 1984 have been compiled as follows by the Counselling Committee:

   a. Influenza (-like illness)
   b. Cervical smear
   c. Parkinson's disease
   d. Sterilization of the man performed
   e. Sterilization of the woman performed
   f. Prescription of the morning-after-pill
   g. Malignancies
   h. Depression (treated for)
   i. (Attempted) suicide
   j. Myocardial infarction (suspicion of)
   k. Traumas of the muscolo-skeletal system
   l. Referrals

2. No definite decision has yet been taken about incidental investigations for 1984.

3. Suggestions relating to the questions on the weekly returns will be gladly received by the Counselling Committee and evaluated insofar as they relate to their application to this project.

4. Data from this report may be reproduced with acknowledgment of the source.

Dr Bertine J.A. Collette.

Appendix 1

Continuous Morbidity Registration, Sentinel Stations
Participating General Practitioners in 1983

Name:	Residence:	Province:
A.A.E.E. Brockmöller*)	't Zand	Groningen
J.Th. Ubbink	Groningen	Groningen
Y. Wapstra/K. Tanis (group practice)	Franeker	Friesland
S. Vriesinga*)	Oostermeer	Friesland
H.W. Reinking/F.M. van Soest/ R.F. Sparenburg/H.D.W.A. van Gysel (group practice)	Assen	Drenthe
H.E. Maillette de Buy Wenniger*)	Schoonoord	Drenthe
H. Nap	Gramsbergen	Overijssel
Th.J. van Dam/J.B.M. Stolte (group practice)	Swifterbant	Zuidelijke IJsselmeer-polders
E.J. van Apeldoorn	Heerde	Gelderland
Dr S. Rijpma*)	Laren	Gelderland
W. Bodegom*)	Ruurlo	Gelderland
J.H. de Boer/Dr J. van Noort (group practice)*)	Zelhem	Gelderland
F.C.M. Ummels	Velp	Gelderland
J.P. van Dam	Nijmegen	Gelderland
M.A.J. Janssen	Nijmegen	Gelderland
Mw. I.K.I. de Jongh-Kilian/F.K.A. Fokkema (group practice)	Amersfoort	Utrecht
P.J. Kromeich/J.J. Dijkstra (group practice)	Utrecht	Utrecht
W.J. van Bodegom*)	Linschoten	Utrecht
M.M. Spoor	Alkmaar	Noord-Holland
C.W. Willeboordse	Heiloo	Noord-Holland
C. den Hartoog*) (till 1-6-1983)	Broek in	
H.R. Neys (from 1-6-1983)	Waterland	Noord-Holland
D.E. Kuenen	Haarlem	Noord-Holland
Mw. P.J. Ypenburg-Visser (till 1-4-1982)		
Mw. A.M. Reijnierse (from 1-4-1982)	Amsterdam	Noord-Holland
Mw. A.J. Arbouw/J.Th. Koop (group practice)	Amstelveen	Noord-Holland
H.J. van der Leen	Hilversum	Noord-Holland

Appendix 1 (continuation)

Participating General Practitioners in 1983

J. Hoornweg/E. Hoornweg-Sleeboom (group practice)	Voorhout	Zuid-Holland
J.B. Hugenholtz/J.W. de Haan (group practice)	Oegstgeest	Zuid-Holland
Dr A.P. Oliemans	Den Haag	Zuid-Holland
Th.J. van Stockum jr.	Den Haag	Zuid-Holland
J.C.B.M. Rensing	Den Haag	Zuid-Holland
Dr B.J.M. Aulbers/J.E.G. Nieuwkamer (group practice)	Delft	Zuid-Holland
D. Pasman	Maassluis	Zuid-Holland
F.L. Reynders	Rotterdam	Zuid-Holland
G. Dorrenboom	Rotterdam	Zuid-Holland
G. van Gangelen	Sliedrecht	Zuid-Holland
A. Lagendijk	Dordrecht	Zuid-Holland
M. Reyerse	Middelburg	Zeeland
P.R.L. Vercauteren/H.J.W.A. Meijerink (group practice)	Terneuzen	Zeeland
R.J.F.M. Leijgraaf/A.F.A. van de Reepe (group practice)	Etten	Noord-Brabant
A.M.H.J.G. Sluijters/J.A.M. Keulers (group practice)*)	Ravenstein	Noord-Brabant
S.H.H.M. van der Meer	Rosmalen	Noord-Brabant
Dr J.P.C. Moors	Rosmalen	Noord-Brabant
Dr H.A.M. Hoevenaars/A. Hoevenaars (group practice from 1-11-1983)	Uden	Noord-Brabant
A.M.P. Linsen	Oirschot	Noord-Brabant
S.P.F. van Rijn	Eindhoven	Noord-Brabant
R.A.M. de Jong	Maastricht	Limburg

*) With dispensary

Weekstaat t.b.v. centrale registratie

CONTINUE MORBIDITEITSREGISTRATIE, PEILSTATIONS, 1983

Proj.no.	Regel no.	Verslagjaar	Week no.	Code peilstat.	Rapport dagen
4 0 0		8 3			
1-3	4-5	6-7	8-9	10-13	14

Regel no.	Leeftijdsgroep	Influenza (-achtig) ziektebeeld[2])	Diabetes mellitus[3])	Cervixuitstrijkje: Na 1-1-1981 voor eerste maal afgenomen op grond van[4]): Klachten/ sympt.	Cervixuitstrijkje: Louter i.v.m. eventueel overwegingen: Initiatief huisarts[5])	Cervixuitstrijkje: Louter i.v.m. eventueel overwegingen: Verzoek v.d. vrouw	Herhalingsonderzoek[6])	Ziekte van Parkinson[7])	Sterilisatie verricht[8])		Morning-after-pill voorgeschreven[9])	Spontane abortus of p. immaturus[10])	Partus bij graviditeit ≥ 28 weken[11])	"Behandeld" wegens depressie[12])		Suicide (poging)[13])	Penicilline[14]): Voorgeschreven of toegediend: Eerste maal in 1983[14])	Penicilline[14]): Voorgeschreven of toegediend: Reeds eerder in 1983	Penicilline[14]): Reactie[14])	"Hartinfarct"[17]): Klinisch		"Hartinfarct"[17]): Niet klinisch[18])		Ongevallen in de privésfeer[19]) (m.u.v. in het verkeer, sport of bedrijf)		Sportletsels[20]): Knie-letsel	Sportletsels[20]): Enkel-letsel	Sportletsels[20]): Soer- of peesletsel	Sportletsels[20]): Alle overige sportletsels	Leeftijdsgroep	Regel no.	
		M+V	M+V	V	V	V	V	M+V	M	V	V	V	V	M	V	M+V	M+V	M+V	M+V	M	V	M	V	M	V	M+V	M+V	M+V	M+V			
01	< 1																													< 1	01	
02	1-4																													1-4	02	
03	5-9																													5-9	03	
04	10-14																													10-14	04	
05	15-19																													15-19	05	
06	20-24																													20-24	06	
07	25-29																													25-29	07	
08	30-34																													30-34	08	
09	35-39																													35-39	09	
10	40-44																													40-44	10	
11	45-49																													45-49	11	
12	50-54																													50-54	12	
13	55-59																													55-59	13	
14	60-64																													60-64	14	
15	65-69																													65-69	15	
16	70-74																													70-74	16	
17	75-79																													75-79	17	
18	80-84																													80-84	18	
19	≥ 85																													≥ 85	19	
4-5		15-17	18-20	21-23	24-26	27-29	30-32	33-35	36-38	39-41	42-44	45-47	48-50	51-53	54-56	57-59	60-62	63-65	66-68	69-71	72-74	75-77	78-80	81-83	84-86	87-89	90-92	93-95	96-98			99-101

Weeknummer: _____

Opgemaakt d.d.: _____

Aantal dagen gerapporteerd (zie voetnoot 1) 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Zie ommezijde voor voetnoten

Appendix 3a

Subjects on the weekly returns in alphabetical order 1970 - 1984

Subject	
Abortion (spontaneous)	*1982 - 1983*
Abortion (request)	*1970 - 1975*
Abortus provocatus	*1971 - 1979*
Accidents	*1971*
Accidents in the private sector	*1981 - 1983*
Alcoholism	*1975*
Anti-hypertensivum or diuretic (prescription)	*1976*
Battered child syndrome (suspicion of)	*1973 - 1974*
Cervical smear	*1976 - 1984*
Diabetes mellitus	*1980 - 1983*
Diarrhoea e causa ignota (acute)	*1970*
Depression	*1983 - 1984*
Drug-use (consultation)	*1972 - 1973 and 1979 - 1981*
Dwelling (certificate for another)	*1975*
Exanthema e causa ignota	*1970*
Family planning (consultations)	*1970 - 1976*
Hay fever	*1978 - 1982*
Influenza (-like illness)	*1970 - 1984*
Malignancies	*1984*
Measles	*1975 - 1979*
Mononucleosis infectiosa	*1977 - 1979*
Morning-after-pill (prescription)	*1972 - 1984*
Musculo-skeletal system (trauma of)	*1984*
Myocardial infarction (suspicion of)	*1978 and 1983 - 1984*
Otitis media acuta	*1971*
Parkinson's disease	*1980 - 1984*
Partus immaturus	*1982 - 1983*
Partus at gravidity $\geqslant$ 28 weeks	*1982 - 1983*
Penicillin (prescriptions and side effects)	*1982 - 1983*
Psoriasis	*1976 - 1977*
Referrals	*1984*
Rubella (-like illness)	*1971*
Skull traumas in traffic	*1975 - 1977*
Smoking (consultation with regard to addiction)	*1974*
Sport (trauma)	*1979 - 1983*
Sterilization of the man performed	*1972 - 1984*

Subjects on the weekly returns in alphabetical order 1970 - 1984 (continuation)

Subject	
Sterilization of the woman performed	*1974 - 1984*
Suicide (attempted)	*1970 - 1972 and 1979 - 1984*
Tonsillectomy or adenotomy	*1971*
Tranquillizer (prescription)	*1972 - 1974*
Ulcus ventriculi/duodeni	*1975*
Urinary tract infection (prescription of medicine)	*1977*

Appendix 3b

Incidental investigations and other extra investigations, 1977-1984 (alphabetical)

Subjects	
Alternative forms of treatment (registration)	*1980*
Euthanasia (request for application)	*1977 - 1984*
Malignancies	*1982 - 1983*
Mastitis puerperalis	*1982*
Multiple sclerose	*1977 - 1982*
Serum collection	*1982*
Regretting sterilization	*1980 - 1984*

Appendix 4

Age structure of the population of the Netherlands by sex, in thousands, 1 January 1983 (C.B.S.).

Age	*Men*	*Women*	*Total* [1])
0 - 4	*452*	*432*	*884*
5 - 9	*474*	*453*	*927*
10 - 14	*609*	*583*	*1.192*
15 - 19	*640*	*610*	*1.250*
20 - 24	*632*	*610*	*1.242*
25 - 34	*1.194*	*1.139*	*2.333*
35 - 44	*1.010*	*946*	*1.956*
45 - 54	*765*	*755*	*1.520*
55 - 64	*642*	*707*	*1.349*
⩾ 65	*685*	*1.002*	*1.687*
Total	*7.103*	*7.237*	*14.340*

[1]) *As a result of rounding-off when calculating, small differences may have occurred in the totals.*

1E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE --> VERRICHT			MORN-AFTER-PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
< 1 JR	936	817	1753	177	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3618	3626	7244	235	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	5452	5348	10800	162	1	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	6712	6618	13329	128	-	-	-	-	-	-	-	-	-	2	-	-
15 - 19 JR	6978	7060	14038	157	-	9	11	4	-	-	-	-	-	28	4	11
20 - 24 JR	7102	7396	14498	181	-	23	65	28	9	-	4	-	2	16	15	110
25 - 34 JR	13749	13568	27317	182	1	30	118	71	57	-	33	31	32	8	25	179
35 - 44 JR	9656	9393	19049	233	1	42	78	80	137	-	38	44	41	9	1	31
45 - 54 JR	8116	8307	16423	197	7	26	57	63	99	-	11	5	8	1	-	-
55 - 64 JR	6707	7237	13944	187	11	12	18	37	26	-	1	-	1	-	-	-
> 64 JR	6871	9875	16746	193	15	5	2	3	1	4	-	-	-	-	-	-
TOTAAL	75897	79245	155142	186	4	18	44	35	40	0	13	11	12	7	6	46

N.B. Als gevolg van het afronden bij de berekeningen kunnen kleine verschillen in de totalen zijn ontstaan.
Voor spontane abortus, partus immaturus en partus à terme en voor penicilline, voorschriften en neven-reacties wordt naar het betreffende hoofstuk verwezen.

TABEL 1A (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			<--- DEPRESSIE ---->			SUICIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REACTIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
< 1 JR	936	817	1753	-	-	-	-	491	57	-	-	-	-	-	-	-
1 - 4 JR	3618	3626	7244	-	-	-	-	627	72	1	-	-	-	-	-	-
5 - 9 JR	5452	5348	10800	-	-	-	-	281	42	4	-	-	-	-	-	-
10 - 14 JR	6712	6618	13329	-	3	2	-	125	19	2	-	-	-	-	-	-
15 - 19 JR	6978	7060	14038	4	21	13	1	129	19	3	-	-	-	-	-	-
20 - 24 JR	7102	7396	14498	8	37	23	3	132	32	1	-	-	-	-	-	-
25 - 34 JR	13749	13568	27317	22	43	32	3	158	31	3	1	-	1	-	1	0
35 - 44 JR	9656	9393	19049	28	54	41	5	152	27	3	1	3	2	1	-	1
45 - 54 JR	8116	8307	16423	38	65	52	5	136	26	2	12	5	9	2	1	2
55 - 64 JR	6707	7237	13944	33	41	37	1	166	25	3	13	8	11	9	-	4
> 64 JR	6871	9875	16746	15	27	22	1	202	47	2	36	19	26	12	12	12
TOTAAL	75897	79245	155142	17	33	25	2	187	32	2	6	4	5	2	2	2

1E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS ------> KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
< 1 JR	936	817	1753	64	61	63	-	-	-	-
1 - 4 JR	3618	3626	7244	202	146	174	1	-	-	1
5 - 9 JR	5452	5348	10800	110	49	80	2	6	6	6
10 - 14 JR	6712	6618	13329	92	77	85	16	12	16	30
15 - 19 JR	6978	7060	14038	72	65	68	22	35	21	37
20 - 24 JR	7102	7396	14498	66	50	58	21	30	26	35
25 - 34 JR	13749	13568	27317	47	46	46	15	22	18	21
35 - 44 JR	9656	9393	19049	47	59	53	7	12	16	18
45 - 54 JR	8116	8307	16423	59	53	56	7	7	5	4
55 - 64 JR	6707	7237	13944	48	51	49	1	1	1	2
> 64 JR	6871	9875	16746	55	94	78	-	-	-	1
TOTAAL	75897	79245	155142	69	64	67	10	13	12	16

TABEL 2A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

1E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE --> VERRICHT			MORN- AFTER -PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
GR+FR+DR	10296	10816	21113	261	2	30	34	28	24	0	11	9	10	3	4	59
OV+GLD+ZYP	12983	13016	25998	202	4	22	31	37	19	1	20	9	15	8	5	53
UTR+NH+ZH	35966	38290	74256	139	4	15	52	41	60	0	8	13	10	6	8	38
ZLD+NB+LIM	16651	17123	33775	227	4	13	43	25	19	0	19	9	14	9	4	48
TOTAAL	75897	79245	155142	186	4	18	44	35	40	0	13	11	12	7	6	46

TABEL 2A (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 2

1E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
GR+FR+DR	10296	10816	21113	23	42	33	2	241	16	1	5	6	5	4	4	4
OV+GLD+ZYP	12983	13016	25998	18	23	20	2	174	108	2	13	4	8	2	2	2
UTR+NH+ZH	35966	38290	74256	10	26	18	2	163	14	3	5	4	4	2	2	2
ZLD+NB+LIM	16651	17123	33775	28	53	40	3	215	25	3	5	4	4	3	1	2
TOTAAL	75897	79245	155142	17	33	25	2	187	32	2	6	4	5	2	2	2

1E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS KNIE	ENKEL	SPIER /PEES	OVERIG ------>
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
GR+FR+DR	10296	10816	21113	93	56	74	11	18	15	20
OV+GLD+ZYP	12983	13016	25998	50	39	45	12	16	14	15
UTR+NH+ZH	35966	38290	74256	50	55	53	9	12	11	14
ZLD+NB+LIM	16651	17123	33775	112	108	110	9	13	11	20
TOTAAL	75897	79245	155142	69	64	67	10	13	12	16

TABEL 3A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

1E KWARTAAL 1983 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE --> VERRICHT			MORN-AFTER-PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
A1+A4	13073	12691	25764	159	4	20	45	34	11	1	24	14	19	6	6	67
B1-B3+C1-C4	46337	48765	95102	167	3	13	40	38	42	0	11	10	10	6	5	38
C5	16487	17788	34276	257	5	28	55	29	54	1	9	12	11	11	10	52
TOTAAL	75897	79245	155142	186	4	18	44	35	40	0	13	11	12	7	6	46

TABEL 3A (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 2

1E KWARTAAL 1983 PER 10.000

URBANISATIE GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
A1+A4	13073	12691	25764	21	29	25	1	211	114	2	12	2	7	3	1	2
B1-B3+C1-C4	46337	48765	95102	15	26	21	2	173	14	2	5	4	5	2	2	2
C5	16487	17788	34276	18	56	38	4	207	21	3	5	5	5	3	2	2
TOTAAL	75897	79245	155142	17	33	25	2	187	32	2	6	4	5	2	2	2

1E KWARTAAL 1983 PER 10.000

URBANISATIE GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS ------> KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
A1+A4	13073	12691	25764	48	41	45	13	19	13	17
B1-B3+C1-C4	46337	48765	95102	72	65	68	8	13	11	15
C5	16487	17788	34276	79	79	79	11	12	13	18
TOTAAL	75897	79245	155142	69	64	67	10	13	12	16

TABEL 1B

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

2E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE --->				ZIEK PARK	<-- STERILISATIE VERRICHT -->			MORN-AFTER-PILL	SPONT ABORT P.IMM	PART GRAV >28W
						KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ							
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
< 1 JR	917	801	1718	221	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3532	3552	7084	145	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	5359	5258	10616	54	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	6595	6497	13092	37	1	-	-	-	-	-	-	-	-	2	-	-
15 - 19 JR	6815	6890	13704	55	1	4	7	7	-	-	-	-	-	23	-	13
20 - 24 JR	6916	7132	14048	61	-	17	95	24	18	-	-	3	1	27	10	118
25 - 34 JR	13290	13149	26439	65	-	27	112	65	57	-	25	26	25	14	28	221
35 - 44 JR	9413	9198	18611	74	2	30	83	79	132	-	38	39	39	8	4	36
45 - 54 JR	7932	8126	16058	67	4	16	63	42	95	-	4	5	4	4	-	-
55 - 64 JR	6538	7045	13584	66	7	14	20	20	35	-	-	-	-	-	-	-
> 64 JR	6686	9558	16244	91	11	6	2	3	2	3	-	-	-	-	-	-
TOTAAL	73993	77206	151199	70	3	14	47	30	41	0	10	10	10	8	6	54

2E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<----- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
< 1 JR	917	801	1718	-	-	-	-	536	268	-	-	-	-	-	-	-
1 - 4 JR	3532	3552	7084	-	-	-	-	391	232	7	-	-	-	-	-	-
5 - 9 JR	5359	5258	10616	-	-	-	-	219	78	3	-	-	-	-	-	-
10 - 14 JR	6595	6497	13092	2	-	1	-	112	37	-	-	-	-	-	-	-
15 - 19 JR	6815	6890	13704	4	12	8	3	139	31	1	-	-	-	-	-	-
20 - 24 JR	6916	7132	14048	3	22	13	4	127	28	1	-	-	-	-	-	-
25 - 34 JR	13290	13149	26439	17	32	25	5	150	33	3	-	-	-	-	-	-
35 - 44 JR	9413	9198	18611	24	36	30	4	150	40	1	5	1	3	-	-	-
45 - 54 JR	7932	8126	16058	23	36	29	2	131	40	3	13	5	9	-	-	-
55 - 64 JR	6538	7045	13584	21	30	26	3	156	61	4	29	11	20	6	-	3
> 64 JR	6686	9558	16244	18	21	20	1	178	79	3	25	13	18	12	13	12
TOTAAL	73993	77206	151199	13	22	18	3	166	57	2	7	3	5	2	2	2

TABEL 1B (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS KNIE	ENKEL	SPIER /PEES	OVERIG ------>
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
< 1 JR	917	801	1718	76	62	70	-	-	-	-
1 - 4 JR	3532	3552	7084	184	104	144	-	-	-	1
5 - 9 JR	5359	5258	10616	99	84	91	3	5	2	5
10 - 14 JR	6595	6497	13092	89	88	89	11	26	11	41
15 - 19 JR	6815	6890	13704	59	57	58	26	42	18	46
20 - 24 JR	6916	7132	14048	54	41	47	23	43	23	28
25 - 34 JR	13290	13149	26439	33	44	39	20	25	13	25
35 - 44 JR	9413	9198	18611	42	53	48	9	11	15	14
45 - 54 JR	7932	8126	16058	30	53	42	5	4	4	11
55 - 64 JR	6538	7045	13584	37	78	58	1	1	1	1
> 64 JR	6686	9558	16244	42	68	57	-	-	-	1
TOTAAL	73993	77206	151199	57	62	60	11	16	10	18

TABEL 2B

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

2E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIX KLACHT /SYMPT	UITSTRIJKJE INIT ARTS	VERZ VROUW	HERH ONDZ --->	ZIEK PARK	<-- STERILISATIE VERRICHT		-->	MORN-AFTER-PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
GR+FR+DR	10377	10890	21266	110	4	14	45	25	21	-	7	8	8	7	6	58
OV+GLD+ZYP	13494	13525	27019	110	2	28	61	36	32	1	8	6	7	12	5	67
UTR+NH+ZH	33720	35936	69656	50	2	9	46	31	58	0	9	10	9	8	6	50
ZLD+NB+LIM	16403	16856	33258	56	2	13	40	27	24	0	15	14	14	7	8	49
TOTAAL	73993	77206	151199	70	3	14	47	30	41	0	10	10	10	8	6	54

TABEL 2B (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 2

2E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			<--- DEPRESSIE ---->			SUICIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REACTIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
GR+FR+DR	10377	10890	21266	12	31	22	5	187	42	2	6	3	4	1	4	2
OV+GLD+ZYP	13494	13525	27019	13	21	17	1	199	156	2	13	4	9	4	2	3
UTR+NH+ZH	33720	35936	69656	10	18	15	3	138	30	2	7	3	5	1	1	1
ZLD+NB+LIM	16403	16856	33258	19	24	22	2	183	41	4	3	3	3	2	1	2
TOTAAL	73993	77206	151199	13	22	18	3	166	57	2	7	3	5	2	2	2

TABEL 28 (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS KNIE	ENKEL	SPIER /PEES	OVERIG ------>
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
GR+FR+DR	10377	10890	21266	51	52	52	19	24	12	22
OV+GLD+ZYP	13494	13525	27019	59	61	60	13	25	9	20
UTR+NH+ZH	33720	35936	69656	42	56	49	8	11	8	16
ZLD+NB+LIM	16403	16856	33258	88	84	86	11	16	12	19
TOTAAL	73993	77206	151199	57	62	60	11	16	10	18

TABEL 3B

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

2E KWARTAAL 1983 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE --> VERRICHT			MORN-AFTER-PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
A1+A4	13808	13420	27227	83	2	22	70	37	16	0	13	5	9	9	5	72
B1-B3+C1-C4	45842	48244	94086	46	2	9	36	27	40	0	9	9	9	8	5	48
C5	14344	15542	29886	134	4	22	60	32	63	0	10	15	13	8	12	55
TOTAAL	73993	77206	151199	70	3	14	47	30	41	0	10	10	10	8	6	54

TABEL 3B (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 2

2E KWARTAAL 1983 PER 10.000

URBANISATIE GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
A1+A4	13808	13420	27227	12	18	15	1	221	163	2	10	3	7	2	-	1
B1-B3+C1-C4	45842	48244	94086	12	18	15	2	149	31	3	6	3	4	1	2	1
C5	14344	15542	29886	19	36	28	5	168	42	3	8	4	6	2	3	2
TOTAAL	73993	77206	151199	13	22	18	3	166	57	2	7	3	5	2	2	2

TABEL 3B (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1983 PER 10.000

URBANISATIE GROEP	POPULATIE			ONGEVALLEN PRIVESFEER			SPORTLETSELS KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
A1+A4	13808	13420	27227	44	42	43	15	31	8	18
B1-B3+C1-C4	45842	48244	94086	55	62	58	9	14	9	17
C5	14344	15542	29886	75	81	78	13	11	12	22
TOTAAL	73993	77206	151199	57	62	60	11	16	10	18

TABEL 1C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

3E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLUENZA	DIABMELL	<--- CERVIXUITSTRIJKJE --->				ZIEKPARK	<-- STERILISATIE -->			MORN-AFTER-PILL	SPONT ABORT P.IMM	PART GRAV >28W
						KLACHT/SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ		VERRICHT					
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
< 1 JR	861	757	1619	111	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3338	3345	6683	88	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	5033	4909	9942	31	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	6172	6080	12252	44	-	-	-	-	-	-	-	-	-	-	-	-
15 - 19 JR	6425	6498	12923	50	-	5	6	-	3	-	-	-	-	31	3	18
20 - 24 JR	6528	6865	13393	55	-	26	102	19	17	-	2	1	1	19	19	117
25 - 34 JR	12727	12538	25265	54	1	30	94	63	57	-	30	24	27	8	17	227
35 - 44 JR	8910	8625	17535	54	1	35	63	65	137	-	44	36	40	10	6	28
45 - 54 JR	7438	7638	15077	42	3	27	45	35	89	-	5	7	6	3	-	-
55 - 64 JR	6211	6724	12935	45	2	13	25	21	37	1	-	-	-	-	-	-
> 64 JR	6353	9156	15509	51	6	2	3	2	2	-	-	-	-	-	-	-
TOTAAL	69994	73137	143132	51	2	17	41	26	41	0	12	9	10	7	6	55

TABEL 1C (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS BLAD 2

3E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
< 1 JR	861	757	1619	-	-	-	-	266	130	6	-	-	-	-	-	-
1 - 4 JR	3338	3345	6683	-	-	-	-	271	217	-	-	-	-	-	-	-
5 - 9 JR	5033	4909	9942	-	-	-	-	268	75	1	-	-	-	-	-	-
10 - 14 JR	6172	6080	12252	-	2	1	-	135	42	2	-	-	-	-	-	-
15 - 19 JR	6425	6498	12923	2	17	9	2	129	33	1	-	-	-	-	-	-
20 - 24 JR	6528	6865	13393	6	16	11	7	131	37	2	-	-	-	-	-	-
25 - 34 JR	12727	12538	25265	14	23	19	3	122	32	3	-	-	-	-	-	-
35 - 44 JR	8910	8625	17535	31	38	35	5	117	39	1	6	-	3	-	-	-
45 - 54 JR	7438	7638	15077	13	30	22	3	115	40	3	16	-	8	-	1	1
55 - 64 JR	6211	6724	12935	18	24	21	2	106	44	2	35	3	19	5	3	4
> 64 JR	6353	9156	15509	14	26	21	3	136	77	3	35	14	23	13	8	10
TOTAAL	69994	73137	143132	12	20	16	3	142	54	2	9	2	5	2	1	1

3E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS KNIE	ENKEL	SPIER /PEES	OVERIG ------>
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
< 1 JR	861	757	1619	46	26	37	-	-	-	-
1 - 4 JR	3338	3345	6683	171	117	144	-	-	2	-
5 - 9 JR	5033	4909	9942	97	65	81	-	3	2	1
10 - 14 JR	6172	6080	12252	75	54	64	11	14	10	20
15 - 19 JR	6425	6498	12923	51	49	50	20	28	19	26
20 - 24 JR	6528	6865	13393	49	39	44	16	31	18	24
25 - 34 JR	12727	12538	25265	41	45	43	11	16	19	17
35 - 44 JR	8910	8625	17535	40	39	40	8	7	10	11
45 - 54 JR	7438	7638	15077	30	52	41	3	3	3	3
55 - 64 JR	6211	6724	12935	34	54	44	2	2	1	3
> 64 JR	6353	9156	15509	36	86	66	1	1	-	1
TOTAAL	69994	73137	143132	54	56	55	8	11	9	11

TABEL 2C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

3E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE --> VERRICHT			MORN- AFTER -PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
GR+FR+DR	9453	9916	19369	71	1	26	45	16	29	1	13	13	13	7	15	61
OV+GLD+ZYP	11971	12035	24005	62	2	23	52	25	32	-	15	10	13	10	4	60
UTR+NH+ZH	33847	36039	69886	35	2	14	37	32	55	-	10	8	9	7	4	48
ZLD+NB+LIM	14724	15147	29871	67	2	11	38	19	22	-	12	8	10	7	4	63
TOTAAL	69994	73137	143132	51	2	17	41	26	41	0	12	9	10	7	6	55

TABEL 2C (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 2

3E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
GR+FR+DR	9453	9916	19369	18	29	24	7	159	58	2	6	3	5	1	1	1
OV+GLD+ZYP	11971	12035	24005	12	15	13	1	187	106	2	9	2	6	3	3	3
UTR+NH+ZH	33847	36039	69886	10	18	14	3	118	39	2	10	2	6	1	1	1
ZLD+NB+LIM	14724	15147	29871	10	23	17	1	150	42	0	7	1	4	1	-	1
TOTAAL	69994	73137	143132	12	20	16	3	142	54	2	9	2	5	2	1	1

3E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS ------> KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
GR+FR+DR	9453	9916	19369	57	58	58	8	18	9	15
OV+GLD+ZYP	11971	12035	24005	56	48	52	15	19	12	14
UTR+NH+ZH	33847	36039	69886	46	52	49	5	7	7	8
ZLD+NB+LIM	14724	15147	29871	67	70	68	8	9	13	13
TOTAAL	69994	73137	143132	54	56	55	8	11	9	11

TABEL 3C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1983 PER 10.000

BLAD 1

URBANISATIE GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE --> VERRICHT			MORN-AFTER-PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
A1+A4	11547	11237	22784	37	1	20	59	29	15	-	16	10	13	10	5	65
B1-B3+C1-C4	42785	45031	87816	44	2	12	32	22	43	0	10	7	8	7	6	46
C5	15662	16869	32531	80	2	25	53	34	53	-	14	15	15	7	5	71
TOTAAL	69994	73137	143132	51	2	17	41	26	41	0	12	9	10	7	6	55

TABEL 3C (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1983 PER 10.000

BLAD 2

URBANISATIE GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
A1+A4	11547	11237	22784	13	13	13	1	202	118	1	9	1	5	2	1	1
B1-B3+C1-C4	42785	45031	87816	9	17	13	2	133	36	1	8	2	5	2	1	1
C5	15662	16869	32531	18	34	26	5	125	57	3	10	3	6	1	2	2
TOTAAL	69994	73137	143132	12	20	16	3	142	54	2	9	2	5	2	1	1

3E KWARTAAL 1983 PER 10.000

URBANISATIE GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS ------> KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
A1+A4	11547	11237	22784	54	46	50	13	20	10	11
B1-B3+C1-C4	42785	45031	87816	43	48	46	6	10	9	12
C5	15662	16869	32531	81	83	82	8	9	9	9
TOTAAL	69994	73137	143132	54	56	55	8	11	9	11

TABEL 1D

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE VERRICHT -->			MORN-AFTER-PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
< 1 JR	918	800	1718	221	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3538	3545	7082	140	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	5343	5240	10583	44	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	6580	6477	13057	41	2	-	-	-	-	-	-	-	-	3	-	-
15 - 19 JR	6838	6905	13743	62	1	1	4	3	-	-	-	-	-	17	9	9
20 - 24 JR	6947	7210	14158	80	-	22	96	26	15	-	-	3	1	24	11	119
25 - 34 JR	13397	13197	26594	94	1	29	86	71	84	-	31	25	28	17	26	175
35 - 44 JR	9422	9171	18592	101	1	46	64	58	133	-	39	37	38	10	1	24
45 - 54 JR	7957	8158	16115	88	4	26	65	48	114	1	13	5	9	1	-	-
55 - 64 JR	6623	7149	13772	72	6	11	22	18	34	-	-	-	-	-	-	-
> 64 JR	6759	9688	16448	100	15	4	6	2	3	1	-	-	-	-	-	-
TOTAAL	74322	77541	151863	84	3	17	41	29	47	0	12	9	11	8	6	44

4E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			<--- DEPRESSIE ---->			SUICIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REACTIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
< 1 JR	918	800	1718	-	-	-	-	437	134	6	-	-	-	-	-	-
1 - 4 JR	3538	3545	7082	-	-	-	-	346	330	4	-	-	-	-	-	-
5 - 9 JR	5343	5240	10583	-	-	-	-	233	86	1	-	-	-	-	-	-
10 - 14 JR	6580	6477	13057	-	2	1	-	90	31	2	-	-	-	-	-	-
15 - 19 JR	6838	6905	13743	-	17	9	2	101	33	3	-	-	-	-	-	-
20 - 24 JR	6947	7210	14158	16	28	22	1	113	32	2	-	-	-	-	-	-
25 - 34 JR	13397	13197	26594	22	42	32	4	133	41	3	-	-	-	-	-	-
35 - 44 JR	9422	9171	18592	29	44	36	2	131	46	2	3	-	2	1	-	1
45 - 54 JR	7957	8158	16115	18	50	34	2	110	42	1	10	2	6	4	-	2
55 - 64 JR	6623	7149	13772	21	34	28	3	110	52	5	29	6	17	6	1	4
> 64 JR	6759	9688	16448	7	25	18	3	151	97	1	36	20	26	12	6	9
TOTAAL	74322	77541	151863	13	28	21	2	142	64	2	7	3	5	2	1	2

TABEL 1D (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1983 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS ------> KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
< 1 JR	918	800	1718	22	50	35	-	-	-	-
1 - 4 JR	3538	3545	7082	130	93	112	-	-	-	1
5 - 9 JR	5343	5240	10583	69	46	58	1	5	1	9
10 - 14 JR	6580	6477	13057	67	60	64	11	13	9	38
15 - 19 JR	6838	6905	13743	35	49	42	19	36	27	46
20 - 24 JR	6947	7210	14158	20	49	35	29	37	18	33
25 - 34 JR	13397	13197	26594	34	44	39	11	17	19	21
35 - 44 JR	9422	9171	18592	32	51	41	8	9	12	12
45 - 54 JR	7957	8158	16115	23	33	28	2	2	3	3
55 - 64 JR	6623	7149	13772	27	42	35	-	1	1	2
> 64 JR	6759	9688	16448	33	67	53	1	-	1	-
TOTAAL	74322	77541	151863	41	51	46	8	13	10	17

TABEL 2D

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

4E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE --> VERRICHT			MORN-AFTER-PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
GR+FR+DR	10085	10570	20655	130	2	27	38	30	26	0	10	14	12	8	9	52
OV+GLD+ZYP	13177	13235	26412	95	5	26	58	31	42	0	17	13	15	8	4	52
UTR+NH+ZH	34834	37058	71891	72	3	11	39	32	61	0	10	6	8	6	7	38
ZLD+NB+LIM	16226	16678	32904	74	3	15	35	17	34	-	13	10	12	12	4	49
TOTAAL	74322	77541	151863	84	3	17	41	29	47	0	12	9	11	8	6	44

TABEL 2D (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 2

4E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
GR+FR+DR	10085	10570	20655	22	45	34	2	129	71	1	11	1	6	3	-	1
OV+GLD+ZYP	13177	13235	26412	14	15	14	1	154	104	3	5	3	4	3	2	3
UTR+NH+ZH	34834	37058	71891	9	24	17	3	130	54	3	9	4	6	2	1	1
ZLD+NB+LIM	16226	16678	32904	17	37	27	2	167	50	2	4	3	4	2	1	1
TOTAAL	74322	77541	151863	13	28	21	2	142	64	2	7	3	5	2	1	2

TABEL 2D (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1983 PER 10.000

PROVINCIE GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS ------> KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
GR+FR+DR	10085	10570	20655	48	62	55	12	17	14	22
OV+GLD+ZyP	13177	13235	26412	55	39	47	12	18	13	22
UTR+NH+ZH	34834	37058	71891	27	42	35	6	9	9	12
ZLD+NB+LIM	16226	16678	32904	54	73	64	9	13	8	21
TOTAAL	74322	77541	151863	41	51	46	8	13	10	17

TABEL 3D

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

4E KWARTAAL 1983 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE --> VERRICHT			MORN-AFTER -PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
A1+A4	12979	12627	25607	49	2	28	63	30	22	0	16	13	14	4	7	49
B1-B3+C1-C4	45438	47753	93191	69	3	9	29	23	46	0	11	9	10	8	5	42
C5	15904	17161	33065	155	5	29	59	42	67	-	10	8	9	10	8	47
TOTAAL	74322	77541	151863	84	3	17	41	29	47	0	12	9	11	8	6	44

TABEL 3D (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 2

4E KWARTAAL 1983 PER 10.000

URBANISATIE GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
A1+A4	12979	12627	25607	10	14	12	1	157	128	2	5	2	4	2	-	1
B1-B3+C1-C4	45438	47753	93191	10	22	16	2	139	45	2	7	3	5	2	1	2
C5	15904	17161	33065	26	55	41	2	140	68	4	10	5	7	3	1	2
TOTAAL	74322	77541	151863	13	28	21	2	142	64	2	7	3	5	2	1	2

TABEL 3D (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1983 PER 10.000

URBANISATIE GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS ------> KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
A1+A4	12979	12627	25607	34	33	34	12	19	11	17
B1-B3+C1-C4	45438	47753	93191	38	46	42	8	12	9	16
C5	15904	17161	33065	54	79	67	8	9	12	19
TOTAAL	74322	77541	151863	41	51	46	8	13	10	17

TABEL IE

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

1983 TOTAAL PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE VERRICHT -->			MORN-AFTER-PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
< 1 JR	908	794	1702	734	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3506	3517	7023	614	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	5297	5188	10485	296	1	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	6514	6418	12933	254	2	-	-	-	-	-	-	-	-	6	-	-
15 - 19 JR	6764	6838	13602	328	2	19	29	15	3	-	-	-	-	99	16	51
20 - 24 JR	6873	7151	14024	381	-	88	357	98	60	-	6	7	6	85	55	463
25 - 34 JR	13291	13113	26404	400	3	117	410	270	255	-	119	106	112	47	96	800
35 - 44 JR	9350	9097	18447	468	5	153	288	283	539	-	159	156	158	36	12	119
45 - 54 JR	7861	8057	15918	400	19	96	230	189	397	1	33	21	27	9	-	-
55 - 64 JR	6520	7039	13559	375	25	51	85	97	132	1	2	-	1	-	-	-
> 64 JR	6667	9569	16237	441	47	18	14	10	8	9	-	-	-	-	-	-
TOTAAL	73552	76782	150334	396	11	65	174	120	168	1	46	39	43	30	24	198

TABEL 1E (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1983 TOTAAL PER 10.000

LEEFTIJDS-GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
< 1 JR	908	794	1702	-	-	-	-	1739	588	12	-	-	-	-	-	-
1 - 4 JR	3506	3517	7023	-	-	-	-	1647	847	13	-	-	-	-	-	-
5 - 9 JR	5297	5188	10485	-	-	-	-	1000	280	9	-	-	-	-	-	-
10 - 14 JR	6514	6418	12933	2	6	4	-	461	128	5	-	-	-	-	-	-
15 - 19 JR	6764	6838	13602	10	67	39	9	498	116	8	-	-	-	-	-	-
20 - 24 JR	6873	7151	14024	33	103	69	14	503	128	6	-	-	-	-	-	-
25 - 34 JR	13291	13113	26404	75	140	108	16	564	136	11	2	-	1	-	1	0
35 - 44 JR	9350	9097	18447	112	173	142	16	552	152	6	15	4	10	2	-	1
45 - 54 JR	7861	8057	15918	93	182	138	12	493	147	9	51	12	31	6	2	4
55 - 64 JR	6520	7039	13559	94	129	112	10	539	181	14	106	28	66	26	4	15
> 64 JR	6667	9569	16237	54	99	81	8	669	299	9	132	66	93	48	39	43
TOTAAL	73552	76782	150334	55	104	80	10	638	206	9	29	13	21	8	6	7

1983 TOTAAL PER 10.000

LEEFTIJDS-GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS ------> KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
< 1 JR	908	794	1702	209	202	206	-	-	-	-
1 - 4 JR	3506	3517	7023	687	461	574	1	-	1	4
5 - 9 JR	5297	5188	10485	376	243	310	6	18	10	22
10 - 14 JR	6514	6418	12933	324	280	302	48	65	46	131
15 - 19 JR	6764	6838	13602	217	221	219	87	141	85	156
20 - 24 JR	6873	7151	14024	189	179	184	89	141	85	121
25 - 34 JR	13291	13113	26404	156	178	167	56	80	68	84
35 - 44 JR	9350	9097	18447	162	203	182	31	38	53	55
45 - 54 JR	7861	8057	15918	142	191	167	18	16	16	20
55 - 64 JR	6520	7039	13559	146	224	187	4	5	4	8
> 64 JR	6667	9569	16237	166	316	254	1	1	1	2
TOTAAL	73552	76782	150334	221	234	227	37	54	41	63

TABEL 2E

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

1983 TOTAAL PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIXUITSTRIJKJE ---> KLACHT /SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEK PARK	<-- STERILISATIE --> VERRICHT			MORN-AFTER -PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
GR+FR+DR	10053	10548	20601	578	9	97	162	100	100	1	40	45	42	25	33	229
OV+GLD+ZYP	12906	12953	25859	473	13	99	202	130	125	3	60	38	49	39	18	232
UTR+NH+ZH	34592	36831	71422	300	11	49	175	137	234	1	37	37	37	27	26	174
ZLD+NB+LIM	16001	16451	32452	430	11	53	156	88	98	1	58	42	50	36	20	208
TOTAAL	73552	76782	150334	396	11	65	174	120	168	1	46	39	43	30	24	198

TABEL 2E (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 2

1983 TOTAAL PER 10.000

PROVINCIE GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
GR+FR+DR	10053	10548	20601	75	148	112	17	719	184	7	28	12	20	9	9	9
OV+GLD+ZYP	12906	12953	25859	57	74	65	4	713	476	9	40	14	27	11	9	10
UTR+NH+ZH	34592	36831	71422	40	87	64	11	551	137	10	30	13	21	6	5	5
ZLD+NB+LIM	16001	16451	32452	75	138	107	8	719	157	9	19	11	15	8	3	6
TOTAAL	73552	76782	150334	55	104	80	10	638	206	9	29	13	21	8	6	7

1983 TOTAAL PER 10.000

PROVINCIE GROEP	POPULATIE			ONGEVALLEN PRIVESFEER			SPORTLETSELS KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
GR+FR+DR	100533	105488	20601	250	229	239	50	78	50	80
OV+GLD+ZYP	12906	12953	25859	220	187	203	52	78	48	72
UTR+NH+ZH	34592	36831	71422	165	206	186	28	39	35	50
ZLD+NB+LIM	16001	16451	32452	322	337	330	36	51	44	74
TOTAAL	73552	76782	150334	221	234	227	37	54	41	63

TABEL 3E

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

1983 TOTAAL PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU ENZA	DIAB MELL	<--- CERVIX KLACHT /SYMPT	UITSTR INIT ARTS	IJKJE VERZ VROUW	---> HERH ONDZ	ZIEK PARK	<-- STERILISATIE VERRICHT -->			MORN- AFTER -PILL	SPONT ABORT P.IMM	PART GRAV >28W
	M	V	T	M+V	M+V	V	V	V	V	M+V	M	V	T	V	V	V
A1+A4	12852	12494	25346	334	9	90	237	131	64	2	68	42	55	28	24	254
B1-B3+C1-C4	45101	47448	92549	330	10	44	138	111	171	1	41	35	38	29	21	174
C5	15599	16840	32440	634	15	105	226	136	236	1	43	51	47	36	35	225
TOTAAL	73552	76782	150334	396	11	65	174	120	168	1	46	39	43	30	24	198

TABEL 3E (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 2

1983 TOTAAL PER 10.000

URBANISATIE GROEP	POPULATIE			<--- DEPRESSIE ---->			SUI CIDE POGING	<--- PENICILLINE --> EERST KEER	VOLG KEER	REAC TIE	<---------- HARTINFARCT ----------> KLINISCH			NIET-KLINISCH		
	M	V	T	M	V	T	M+V	M+V	M+V	M+V	M	V	T	M	V	T
A1+A4	12852	12494	25346	56	75	65	4	793	526	7	37	7	22	9	2	6
B1-B3+C1-C4	45101	47448	92549	46	84	65	9	594	125	8	26	13	19	6	6	6
C5	15599	16840	32440	81	182	133	16	641	187	13	33	17	24	10	7	8
TOTAAL	73552	76782	150334	55	104	80	10	638	206	9	29	13	21	8	6	7

1983 TOTAAL PER 10.000

URBANISATIE GROEP	POPULATIE			<---- ONGEVALLEN PRIVESFEER --->			<----- SPORTLETSELS ------> KNIE	ENKEL	SPIER /PEES	OVERIG
	M	V	T	M	V	T	M+V	M+V	M+V	M+V
A1+A4	12852	12494	25346	179	162	171	53	90	43	64
B1-B3+C1-C4	45101	47448	92549	209	221	215	31	49	39	61
C5	15599	16840	32440	289	322	306	40	40	47	68
TOTAAL	73552	76782	150334	221	234	227	37	54	41	63

Tabel 4a

Continue morbiditeitsregistratie peilstations

Aantal patiënten met influenza(-achtig ziektebeeld), per week, per 10.000 inwoners, 1983 - 1984 (t/m 17e week).

Week nr. 1983	Aantal patiënten							
	Provinciegroep				Urbanisatiegroep			Totaal
	A	B	C	D	1	2	3	
1	50	30	34	37	30	33	51	36
2	35	21	17	19	17	19	29	21
3	34	20	13	17	17	19	17	18
4	25	19	12	17	16	12	28	16
5	17	15	7	17	13	10	14	12
6	17	13	7	11	12	8	15	10
7	13	13	4	20	10	10	9	10
8	9	21	11	27	11	14	26	16
9	13	10	10	21	6	12	18	13
10	12	14	7	14	2	9	19	10
11	12	10	6	11	7	8	14	9
12	17	9	6	9	8	7	11	8
13	7	9	6	8	5	6	10	7
14	12	9	7	4	7	5	13	7
15	11	14	5	4	12	4	16	8
16	8	7	4	6	6	4	11	6
17	10	11	3	2	10	3	6	5
18	9	6	5	3	5	3	10	5
19	5	13	5	2	11	3	8	6
20	7	11	6	5	8	5	9	7
21	8	10	4	4	8	3	13	6
22	9	8	4	5	6	4	11	5
23	11	6	4	5	2	4	20	6
24	9	6	1	6	4	3	10	4
25	6	5	1	7	4	3	7	4
26	6	4	2	3	2	3	5	3
27	5	4	3	4	3	3	7	4
28	-	5	1	4	4	2	3	2
29	-	4	4	7	-	4	3	3
30	1	2	2	4	-	2	4	2
31	-	2	2	4	-	3	2	2
32	2	2	3	3	-	2	4	2
33	3	3	3	2	4	2	3	3
34	4	4	3	3	4	2	5	3

Tabel 4a (vervolg)

Week nr. 1983	Aantal patiënten							
	Provinciegroep				Urbanisatiegroep			Totaal
	A	B	C	D	1	2	3	
35	6	5	2	6	3	4	6	4
36	6	5	2	6	2	4	5	4
37	20	7	4	5	5	5	13	7
38	11	5	3	6	2	4	11	5
39	8	11	5	8	7	6	11	7
40	15	7	3	8	3	6	12	7
41	12	8	4	9	2	6	12	6
42	7	7	5	2	2	3	14	5
43	12	9	6	3	3	6	11	7
44	18	9	8	5	5	4	25	9
45	12	7	5	5	4	5	14	7
46	7	9	5	8	7	6	9	7
47	8	8	5	6	3	6	9	6
48	7	8	4	6	5	5	10	6
49	11	8	5	5	3	5	11	6
50	13	4	6	6	5	4	14	6
51	10	5	8	7	3	8	9	7
52	6	6	6	3	5	4	6	5
1984[1])								
1	11	6	7	5	4	5	13	7
2	9	7	4	7	6	5	9	6
3	11	8	5	3	5	5	8	6
4	13	6	4	2	3	4	10	5
5	15	12	5	5	5	6	14	8
6	15	7	5	5	2	6	13	7
7	17	5	5	11	2	8	13	8
8	39	6	7	13	3	13	20	13
9	45	13	11	20	11	16	26	17
10	44	25	14	50	21	27	33	28
11	38	64	23	110	57	47	61	52
12	53	44	27	67	37	40	59	44
13	44	90	39	45	60	43	54	49
14	30	43	32	21	40	32	26	32
15	27	18	23	9	19	19	21	20
16	8	8	14	8	8	11	10	11
17	11	10	8	6	11	6	12	8

[1]) *De cijfers vanaf week 1/1984 zijn voorlopig.*

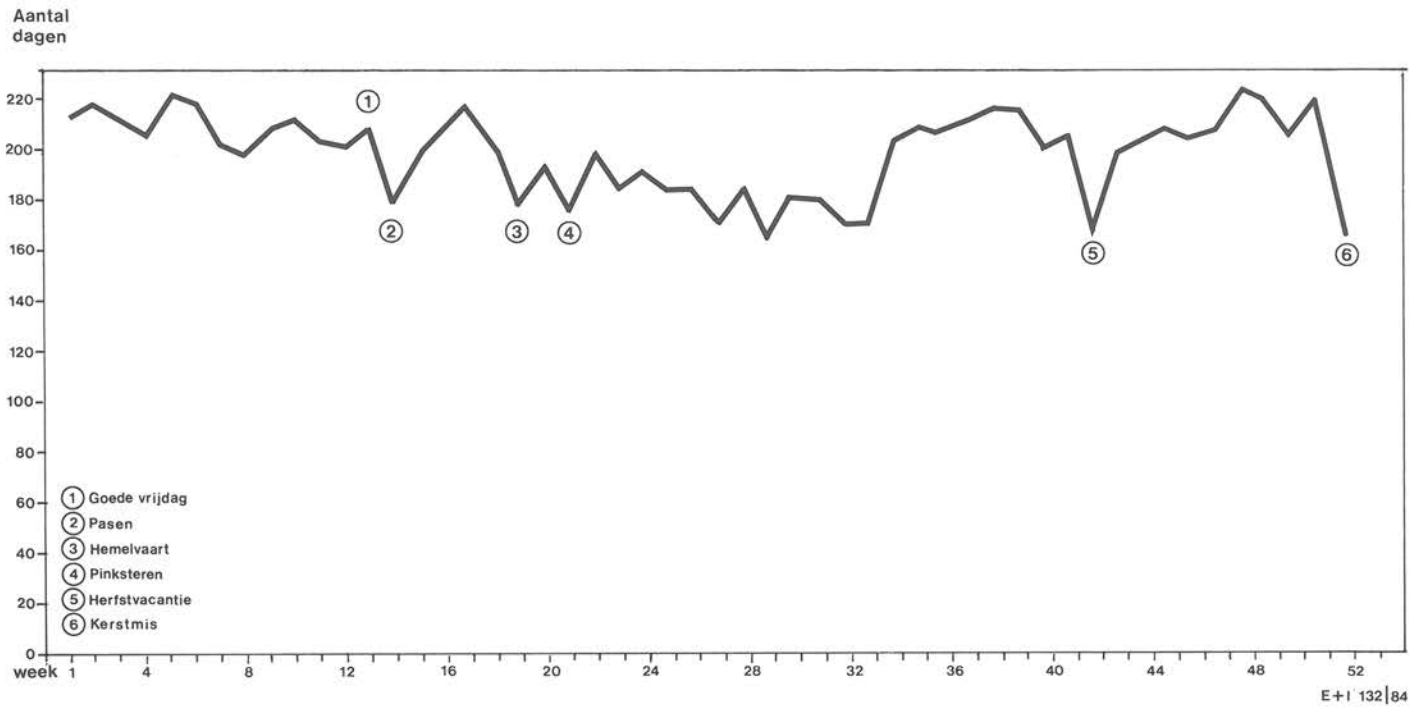
Figuur 1

PEILSTATIONS

CONTINUE MORBIDITEITS REGISTRATIE

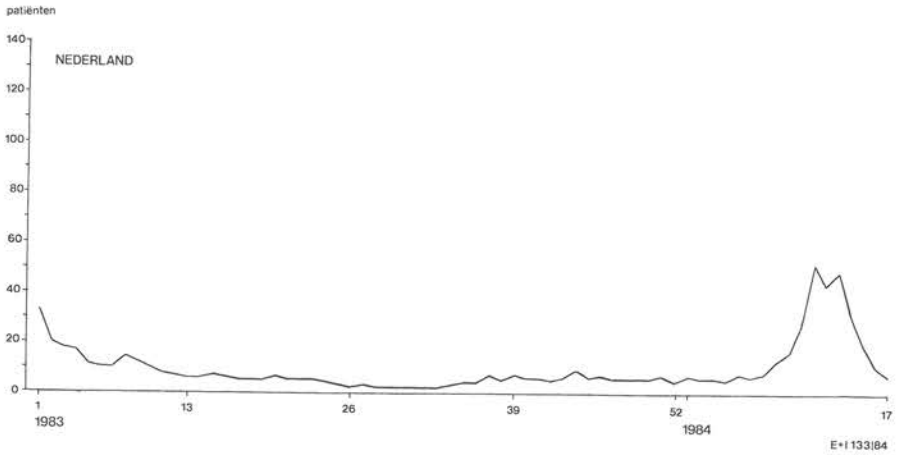
1983

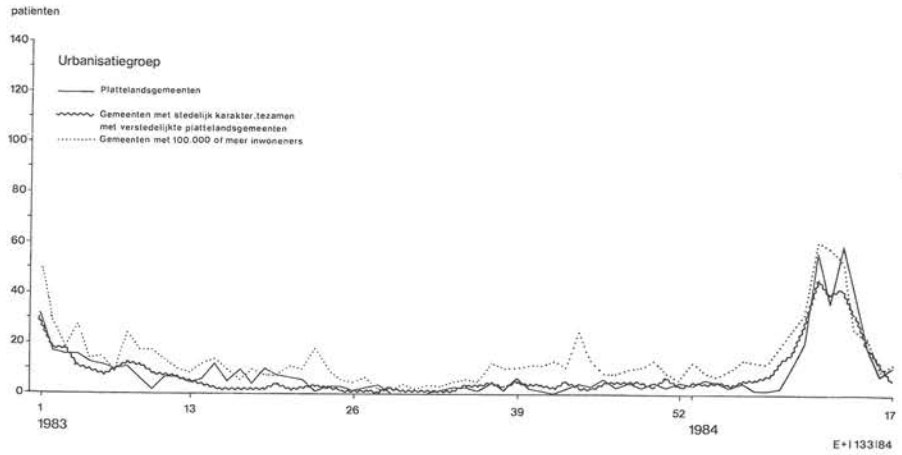
Figuur 2
Het aantal dagen, dat in 1983 per week is gerapporteerd

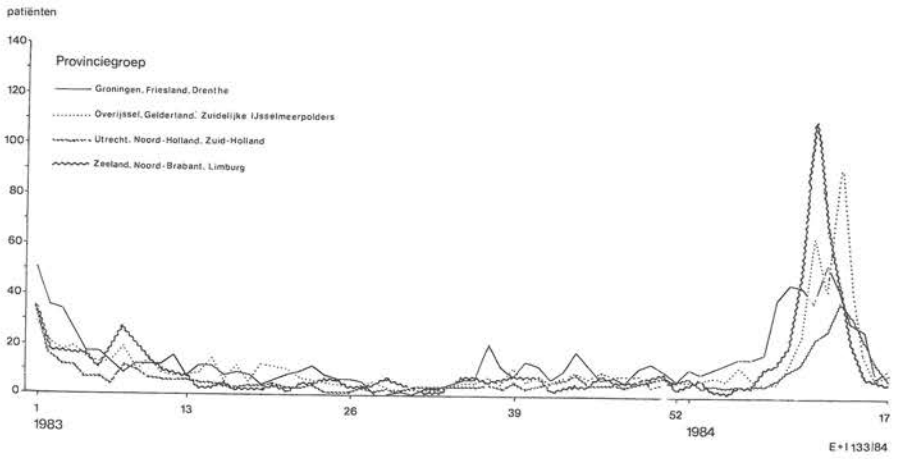


Figuur 3

Aantal patiënten met influenza(-achtig ziektebeeld) per week en per 10.000 inwoners, 1983 - 1984 (t/m 17e week)

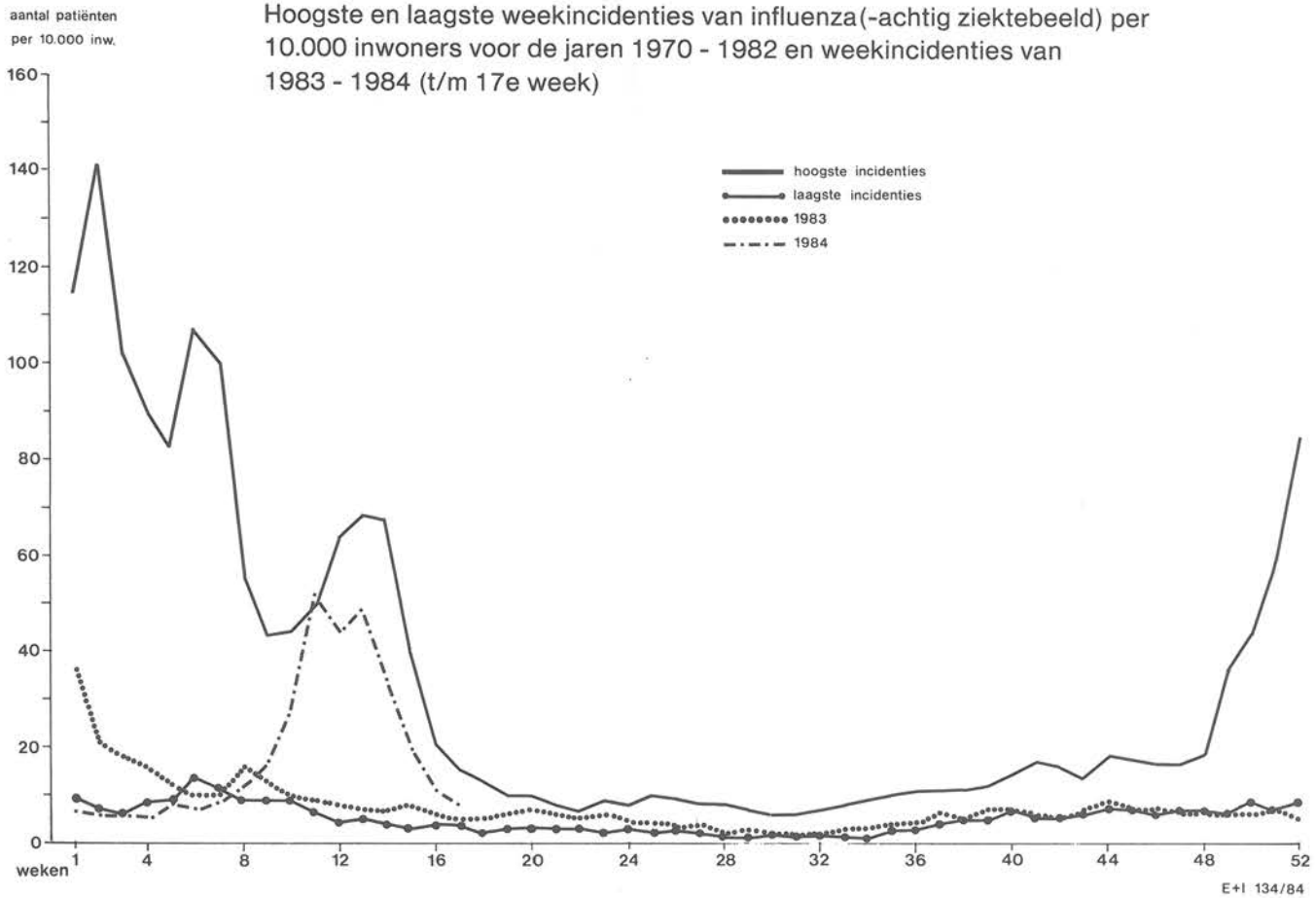






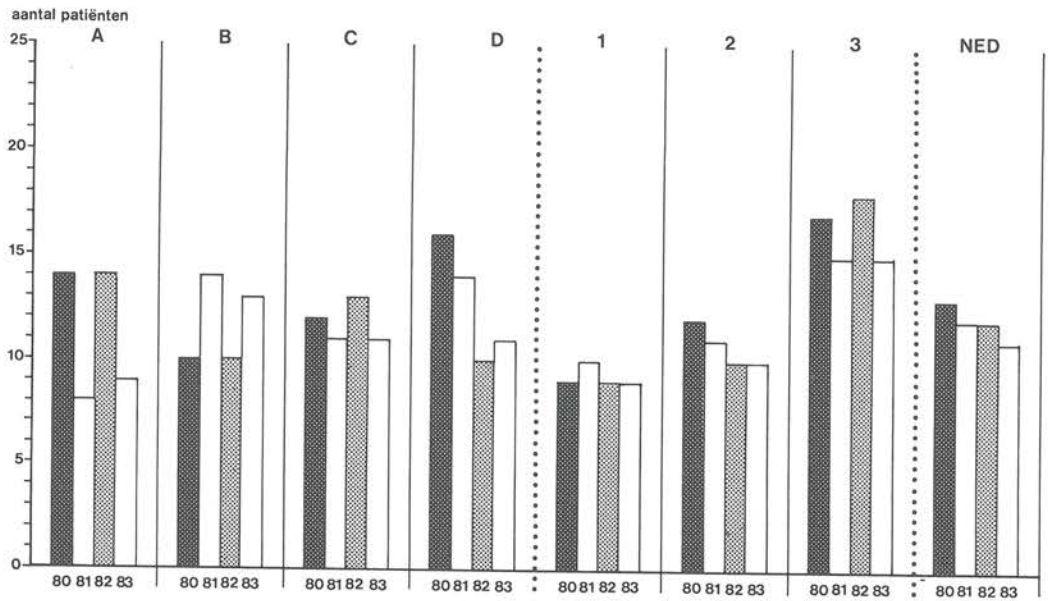
Figuur 4

Hoogste en laagste weekincidenties van influenza(-achtig ziektebeeld) per 10.000 inwoners voor de jaren 1970 - 1982 en weekincidenties van 1983 - 1984 (t/m 17e week)



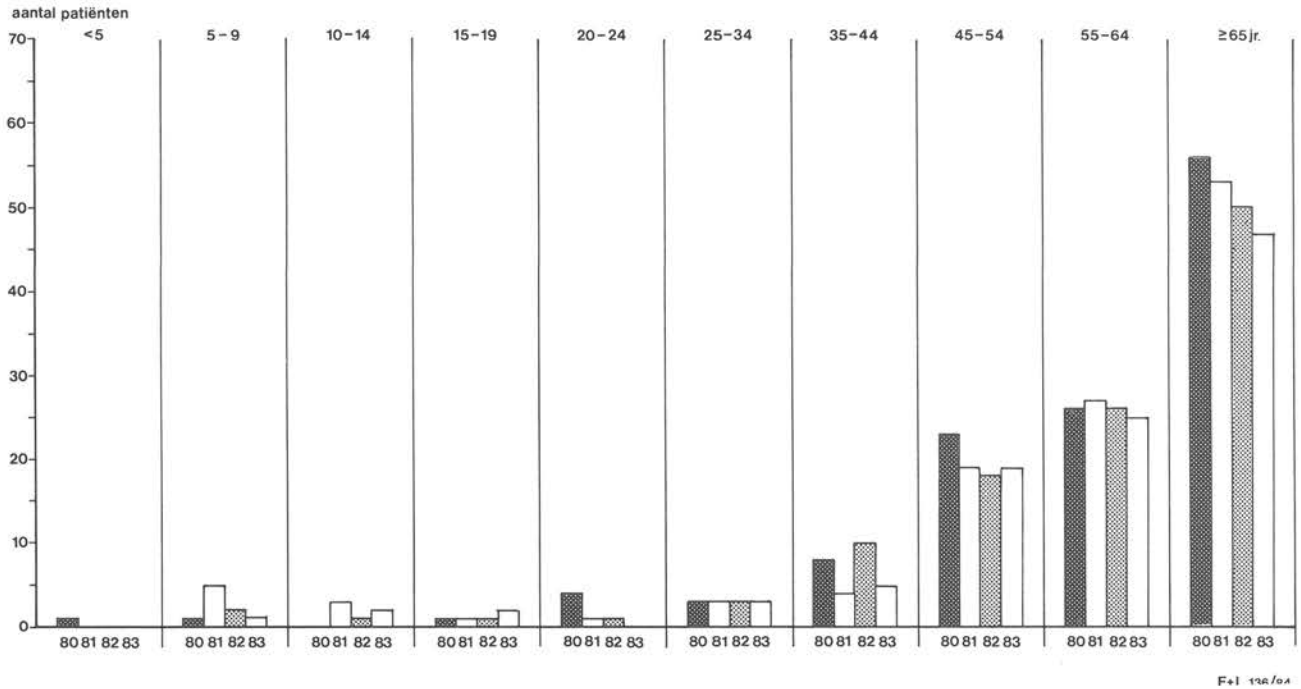
Figuur 5

Aantal nieuwe patiënten met diabetes mellitus, per provincie- en urbanisatiegroep, per 10.000 inwoners, 1980 - 1983



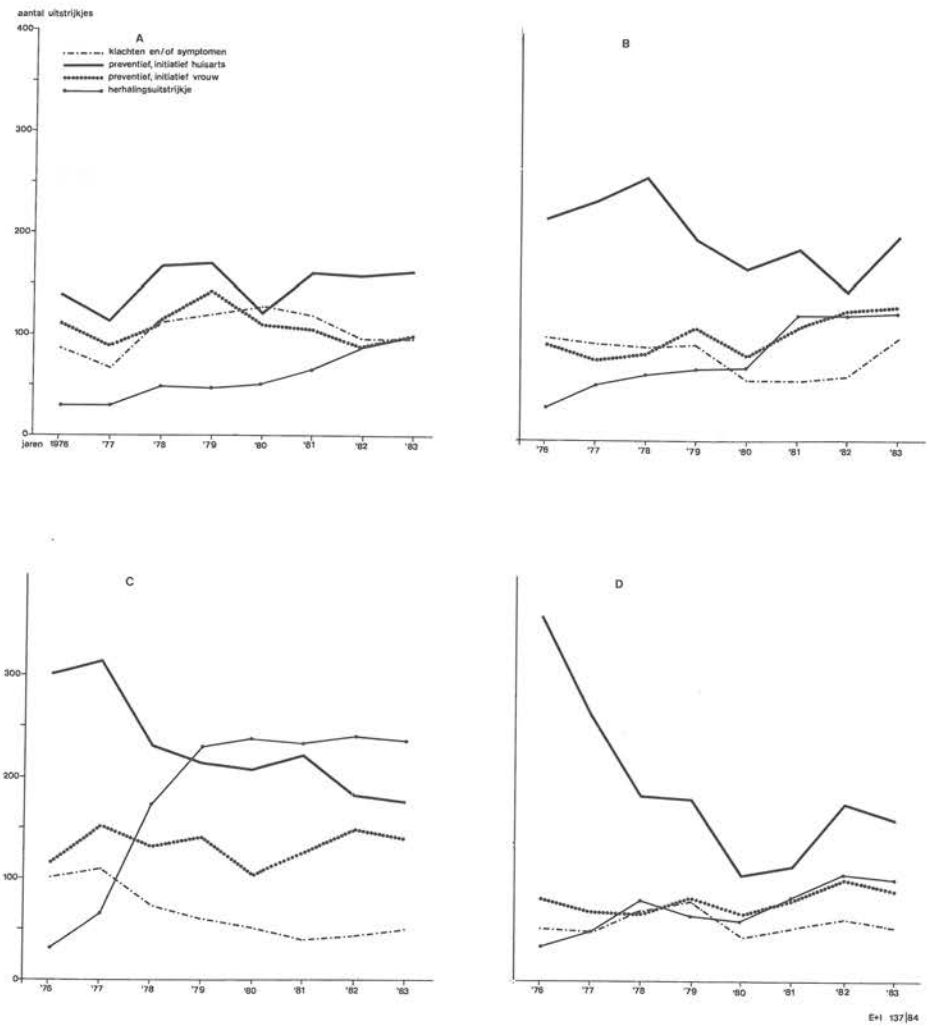
Figuur 6

Aantal nieuwe patiënten met diabetes mellitus naar leeftijdsgroep, per 10.000 inwoners, 1980 - 1983



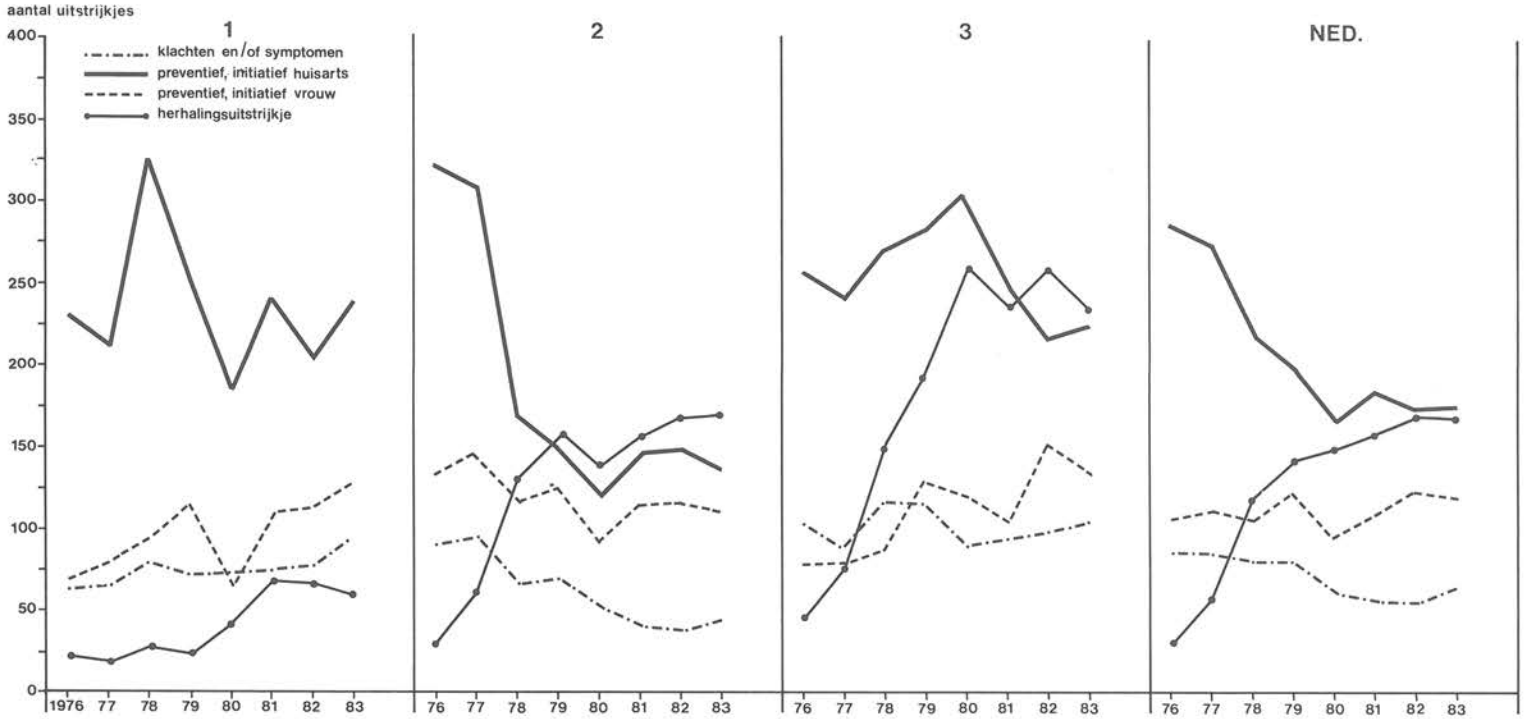
Figuur 7

Aantal uitstrijkjes gemaakt van de cervix uteri, per provinciegroep, naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1976 - 1983



Figuur 8

Aantal uitstrijkjes gemaakt van de cervix uteri, per urbanisatiegroep en voor Nederland, naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1976 - 1983

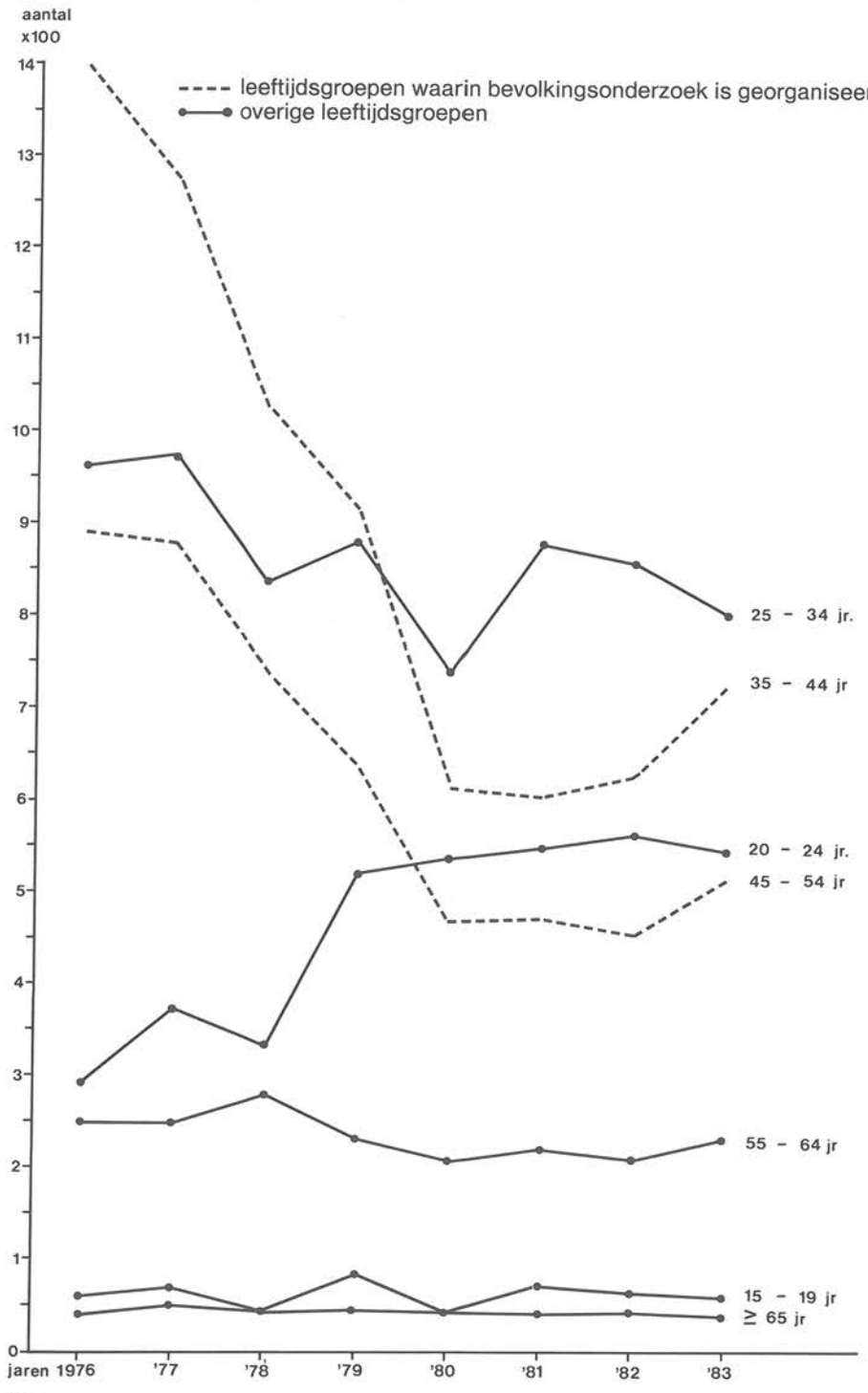


N.B. De assen van figuur 7 en 8 hebben een verschillende schaal.

E+I 138/84

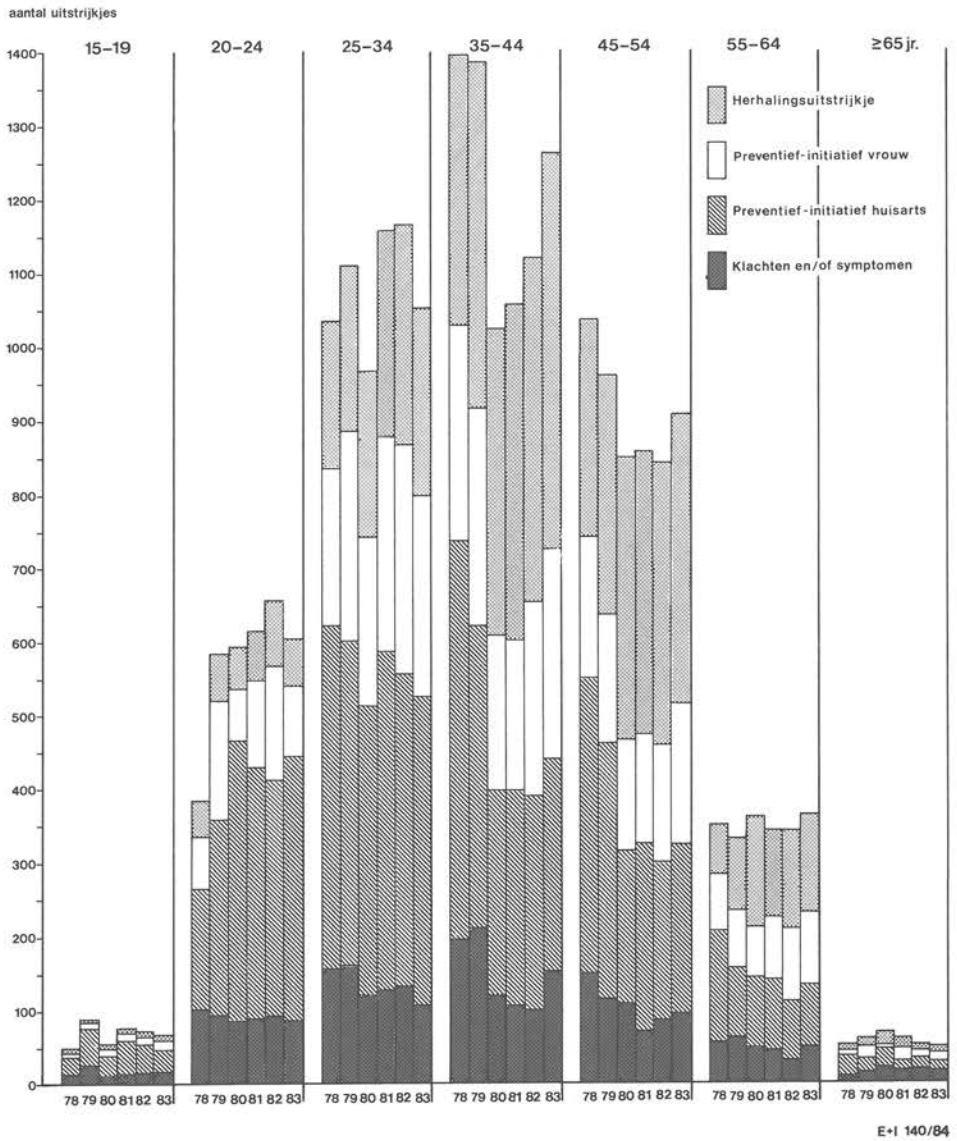
Figuur 9

Aantal "eerste" uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep, per 10.000 vrouwen, 1976 - 1983



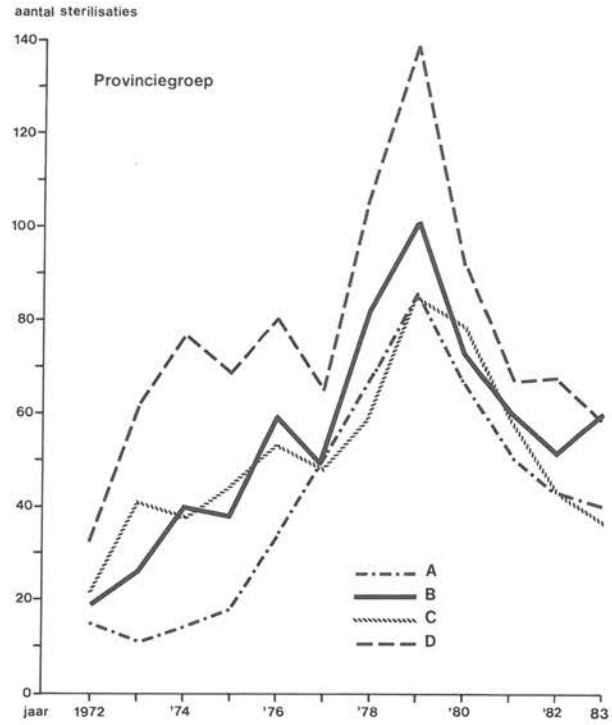
Figuur 10

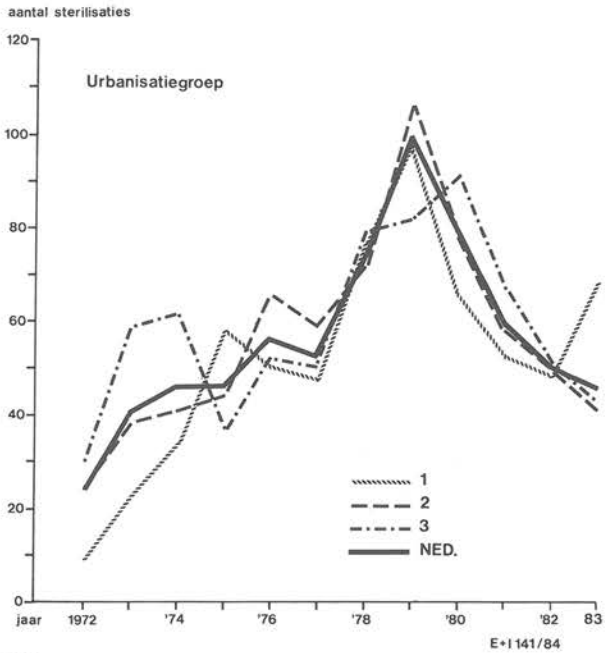
Aantal uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep en naar indicatie tot het maken van het uitstrijkje, per 10.000 vrouwen, 1978 - 1983



Figuur 11

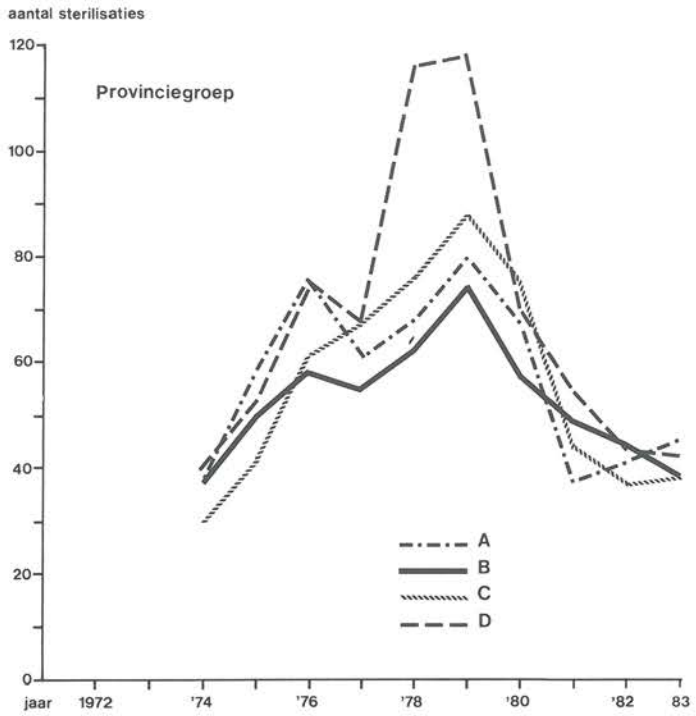
Aantal bij mannen verrichte sterilisaties, per provincie- en urbanisatiegroep, per 10.000 mannen, 1972 - 1983

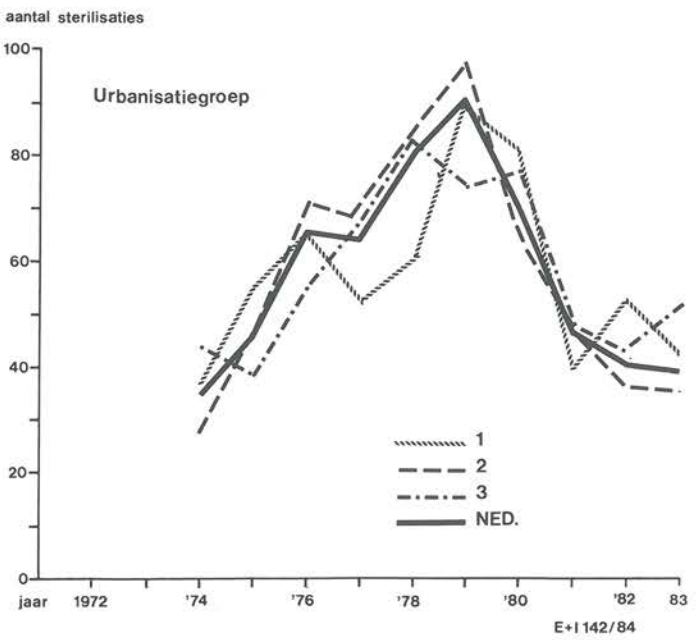




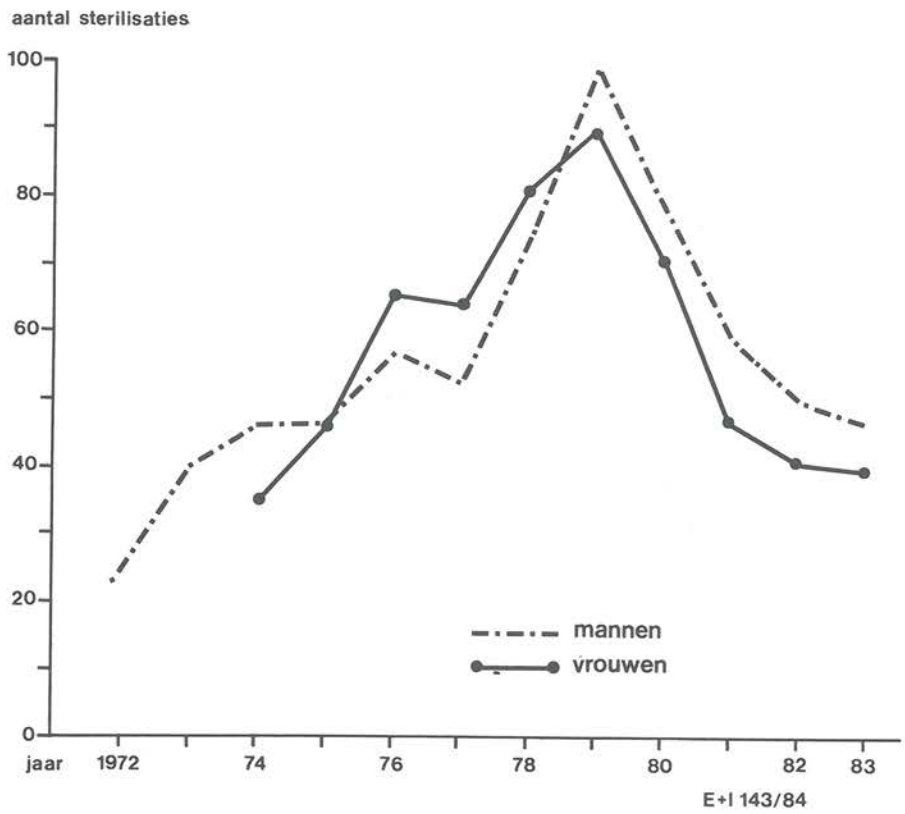
Figuur 12

Aantal bij vrouwen verrichte sterilisaties, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1974 - 1983



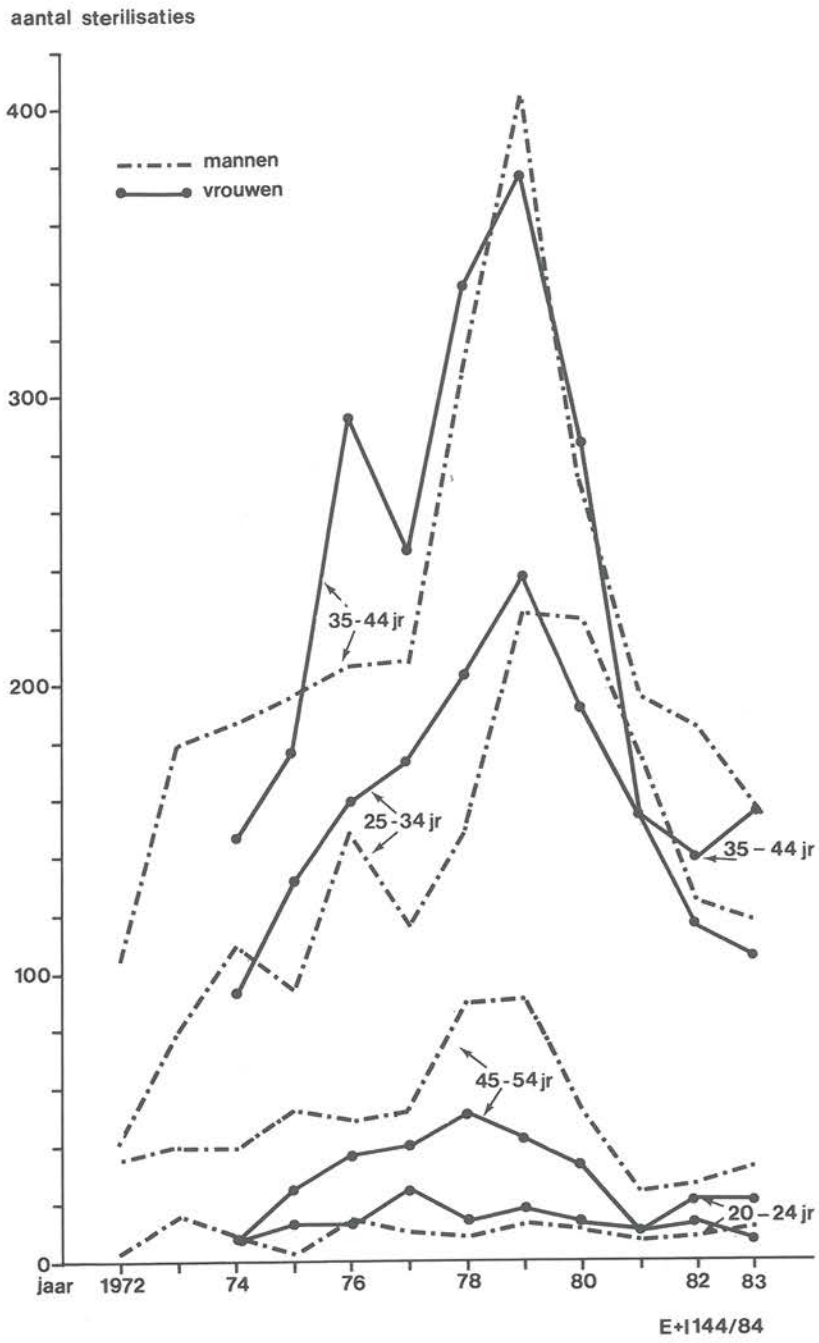


Figuur 13
Aantal verrichte sterilisaties per 10.000 mannen resp. vrouwen, 1972 - 1983



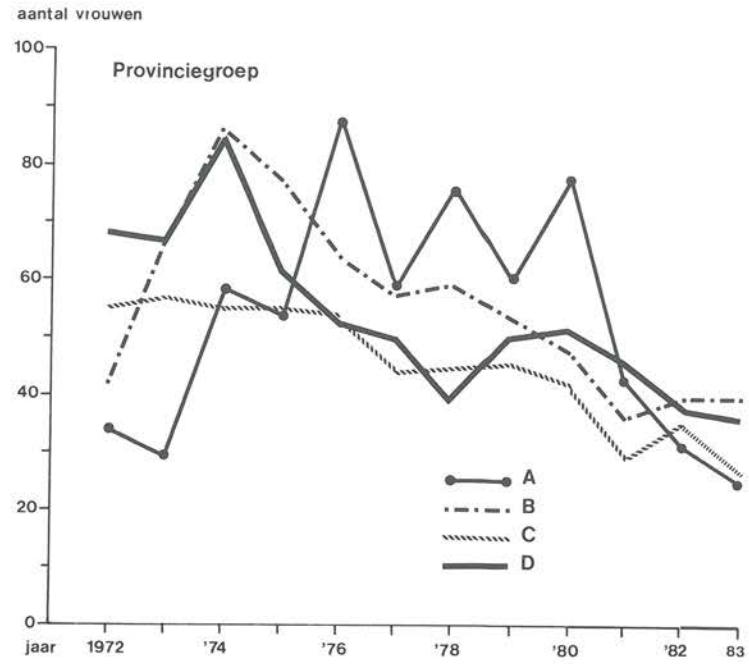
Figuur 14

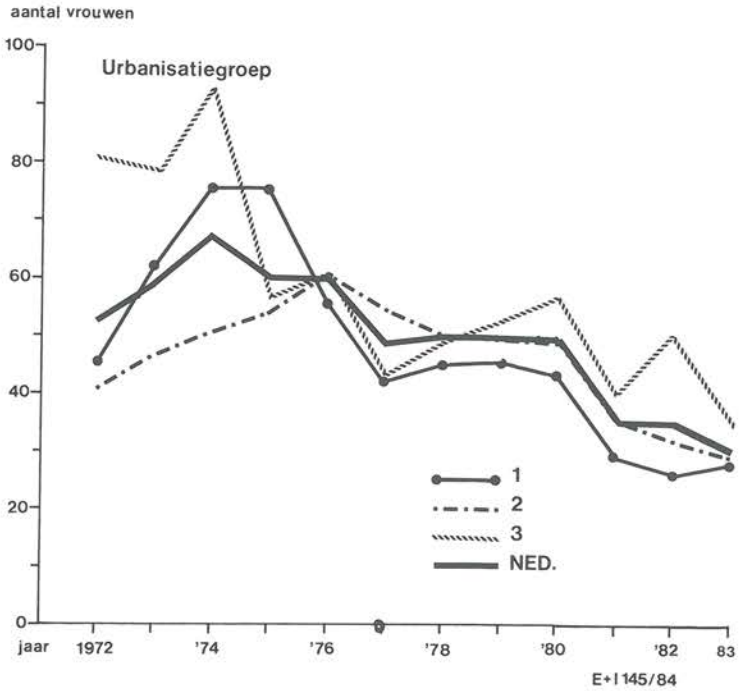
Aantal verrichte sterilisaties naar leeftijdsgroep, per 10.000 mannen resp. vrouwen, 1972 - 1983



Figuur 15

Aantal malen dat de morning-after pil is voorgeschreven, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1972 - 1983





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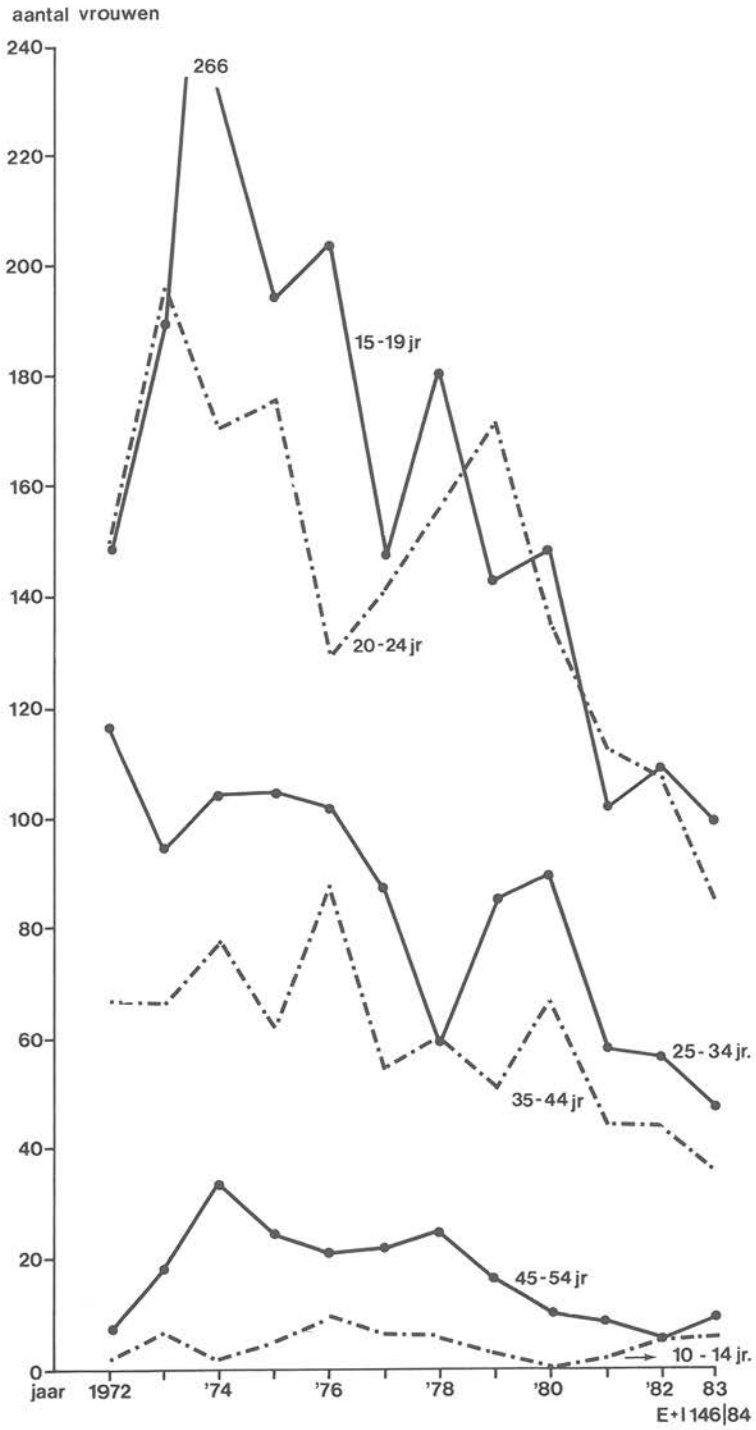
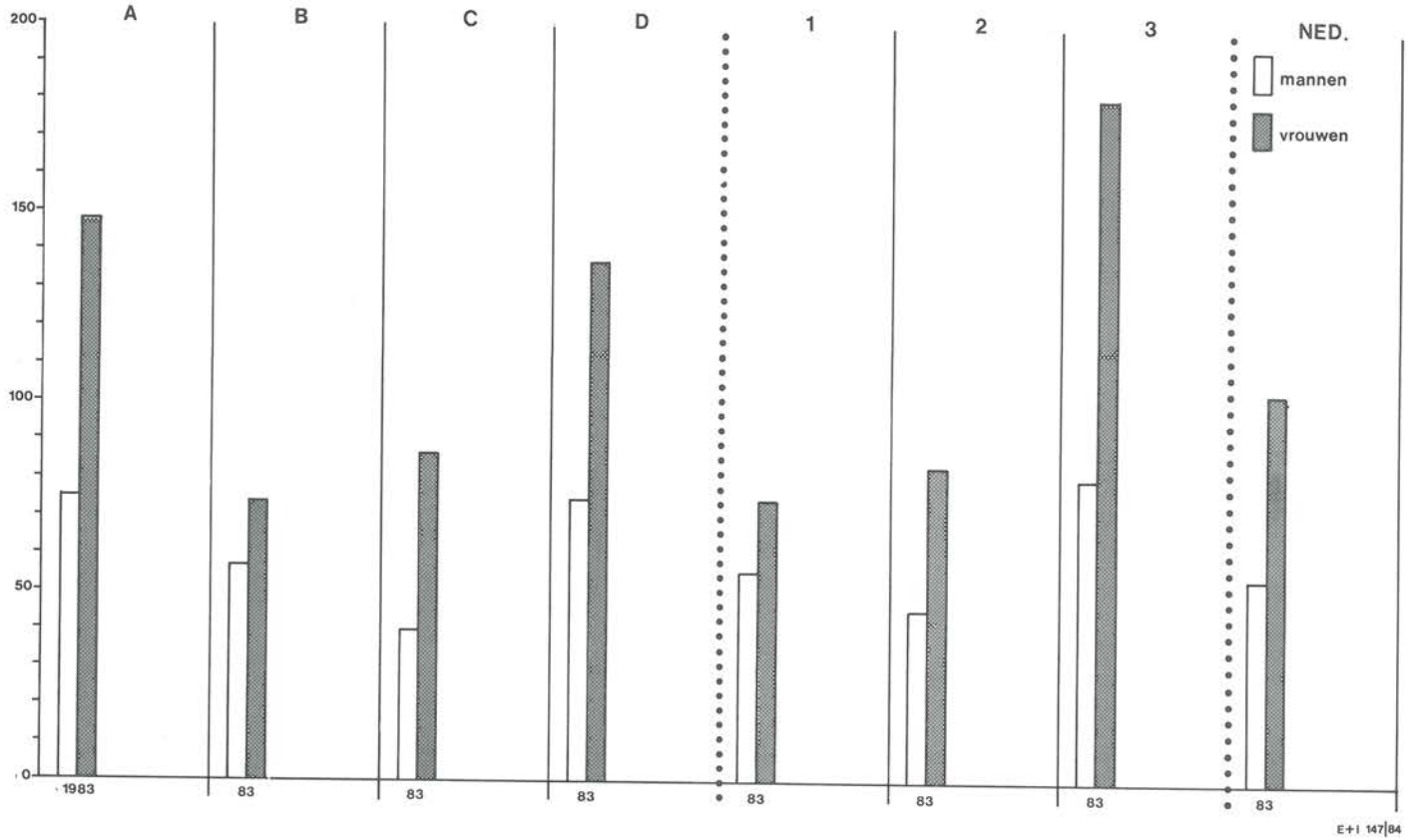
Figuur 16

Aantal malen dat de morning-after pil is voorgeschreven naar leeftijdsgroep, per 10.000 vrouwen, 1972 - 1983



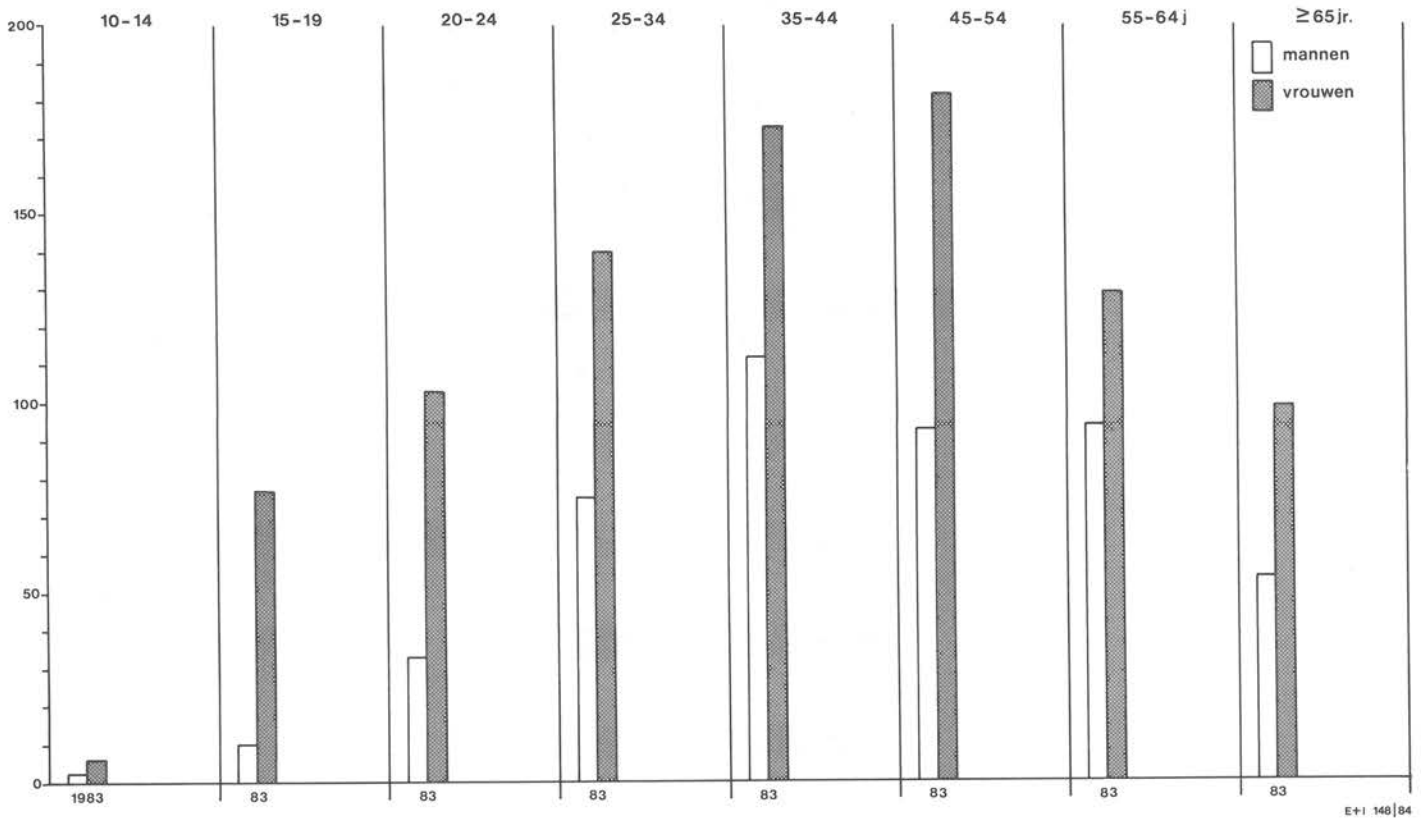
Figuur 17

Aantal nieuwe patiënten ''in behandeling'' voor een depressief syndroom, per provincie- en urbanisatiegroep, per 10.000 mannen resp. vrouwen, 1983



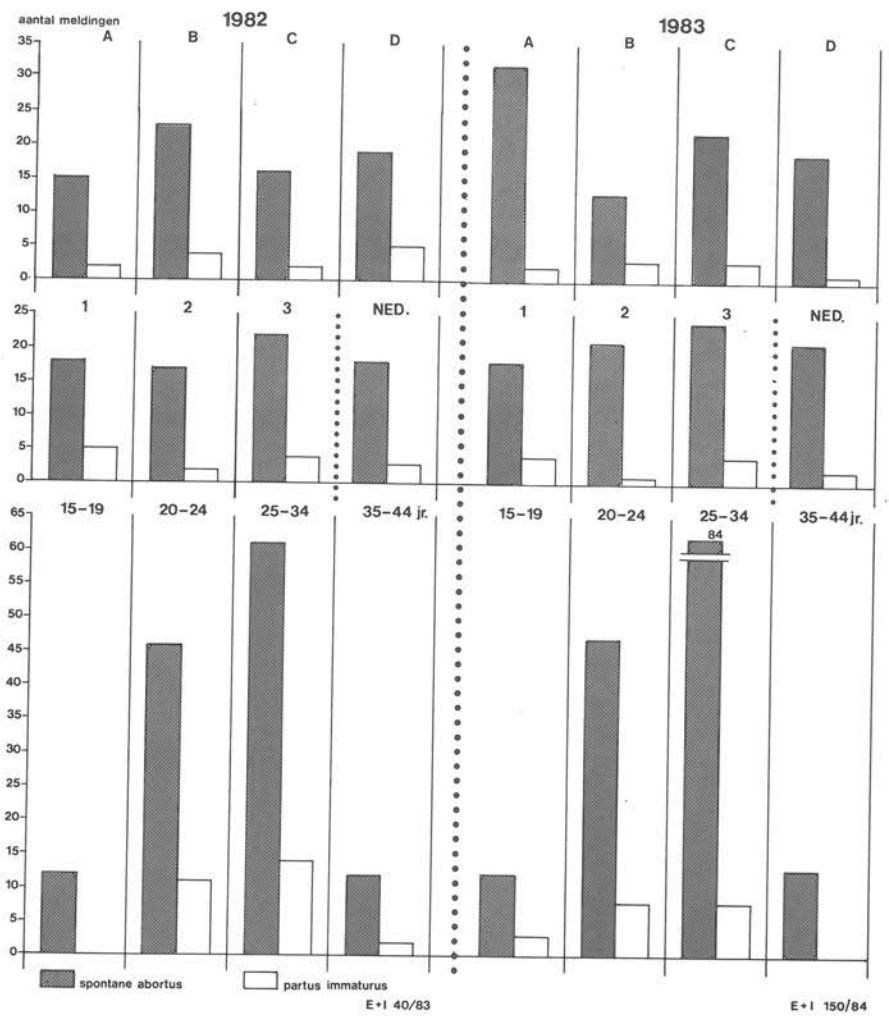
Figuur 18

Aantal nieuwe patiënten ''in behandeling'' voor een depressief syndroom naar leeftijdsgroep, per 10.000 mannen resp. vrouwen, 1983



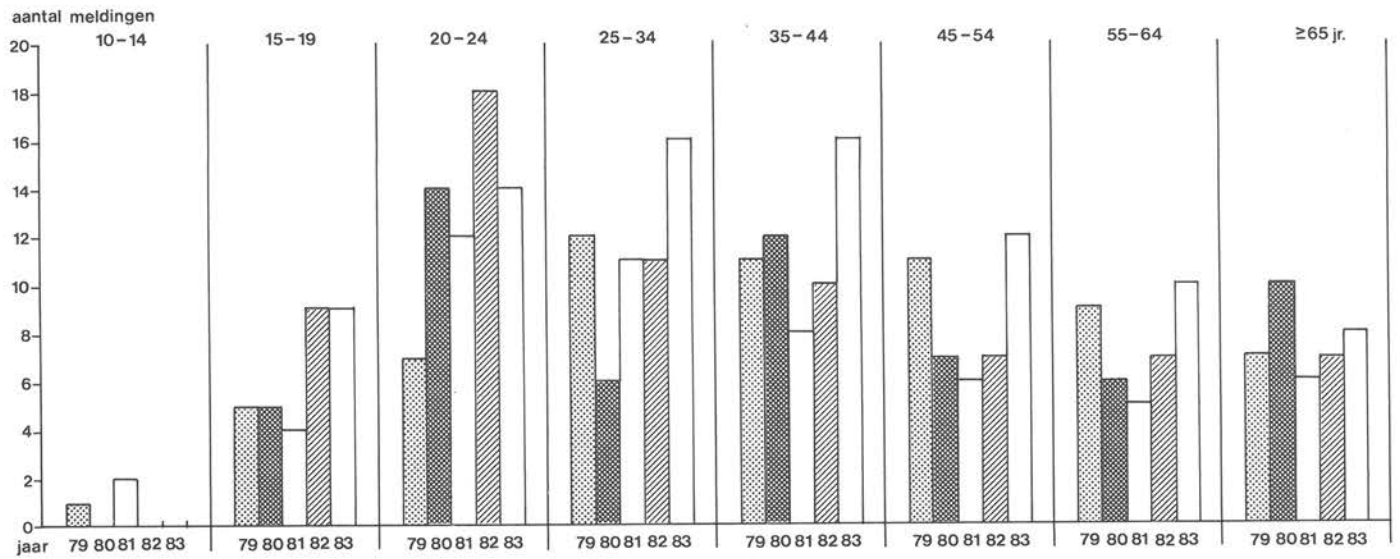
Figuur 19

Aantal meldingen van spontane abortus en partus immaturus per 10.000 vrouwen, per provincie- en urbanisatiegroep en naar leeftijdsgroep, 1982 - 1983



Figuur 20

Aantal meldingen van een suicide(poging) naar leeftijdsgroep, per 10.000 inwoners, 1979 - 1983



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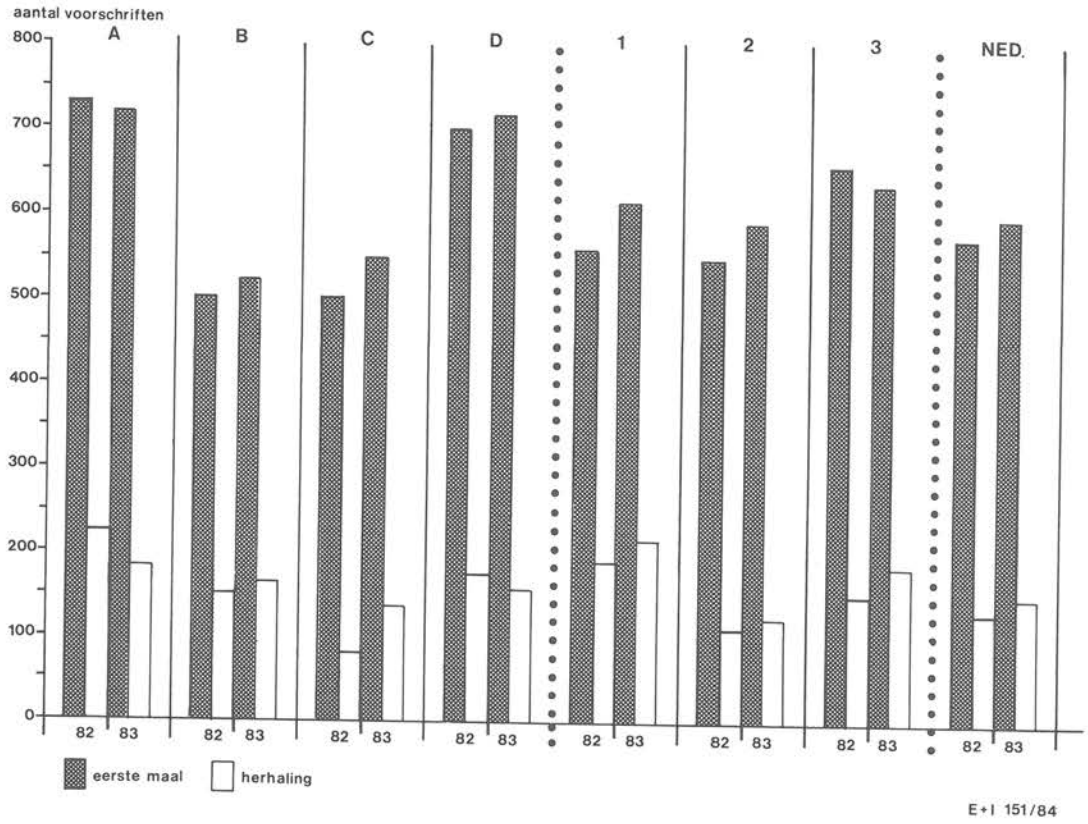
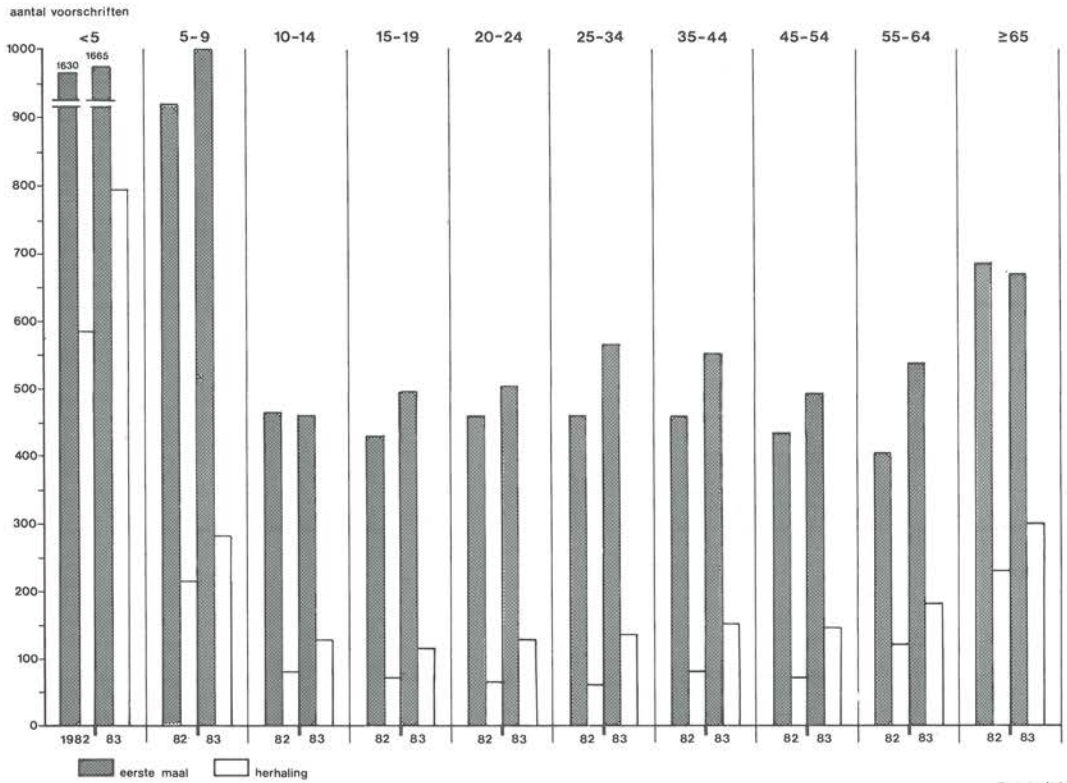
Figuur 21

Aantal patiënten aan wie voor de eerste maal in het jaar van registratie door de peilstationarts penicilline werd voorgeschreven, per provincie- en urbanisatiegroep, met opgave van het aantal herhalingsvoorschriften, per 10.000 inwoners, 1982 - 983



Figuur 22

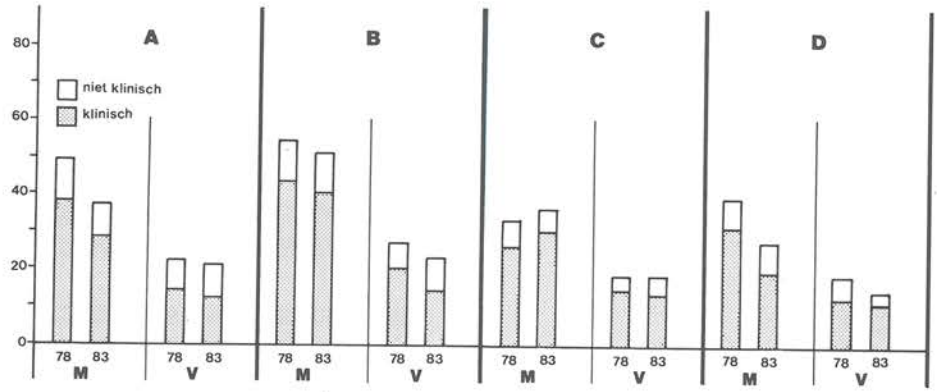
Aantal patiënten aan wie voor de eerste maal in het jaar van registratie door de peilstationarts penicilline werd voorgeschreven naar leeftijdsgroep, met opgave van het aantal herhalingsvoorschriften, per 10.000 inwoners, 1982 - 1983



Figuur 23 en 24

Aantal gevallen waarbij de peilstationarts handelt alsof het een acuut hartinfarct betreft, per provinciegroep en per urbanisatiegroep, per 10.000 mannen resp. vrouwen en naar al of geen opname in een ziekenhuis binnen 48 uur, 1978 en 1983

Aantal mannen/vrouwen



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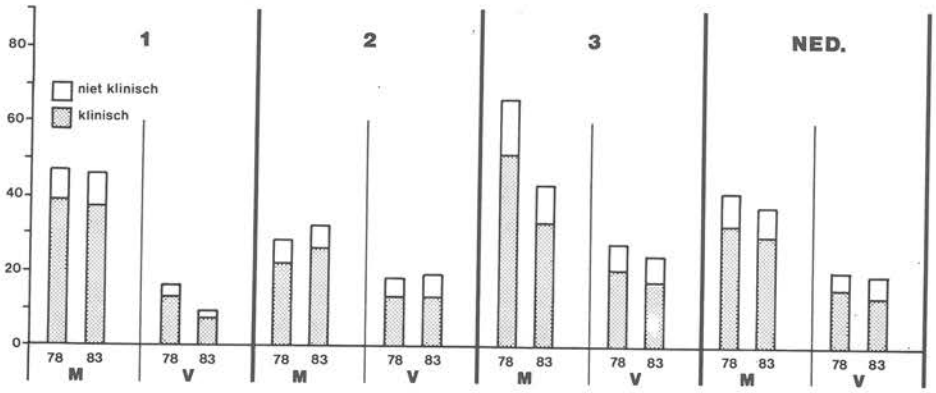
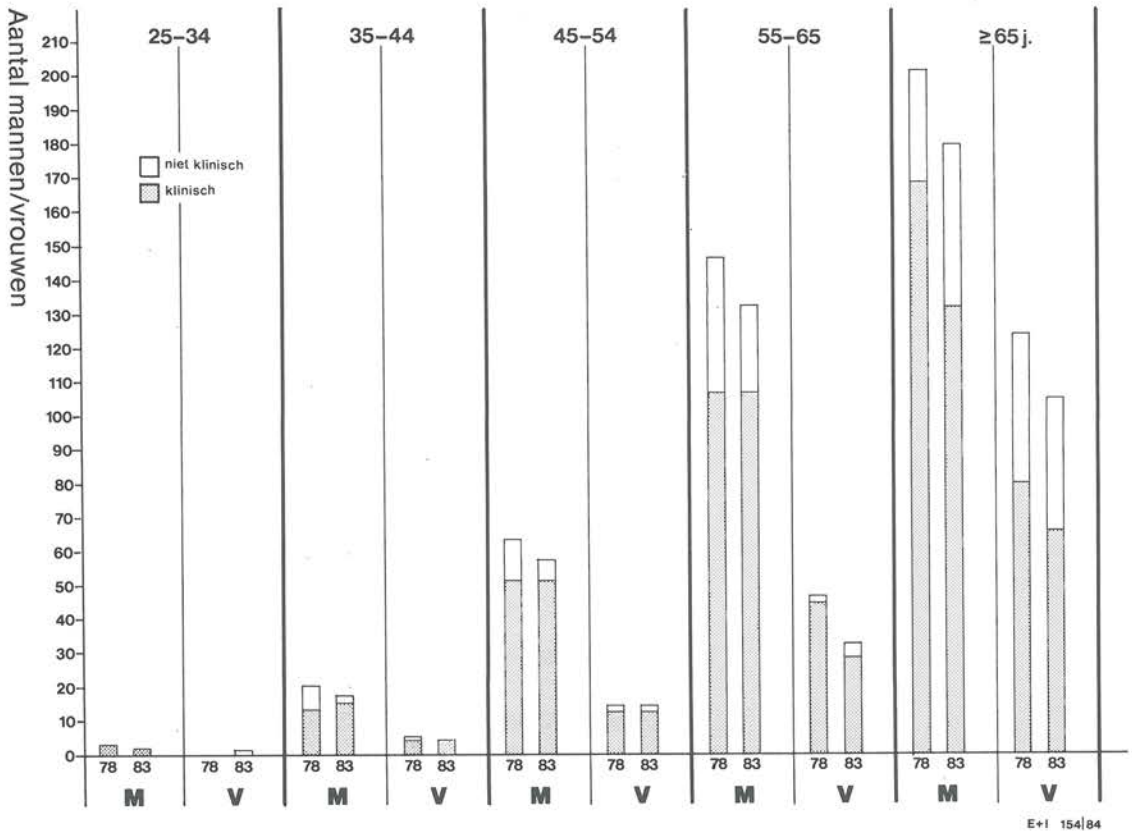
Aantal mannen/vrouwen



E+I 153/84

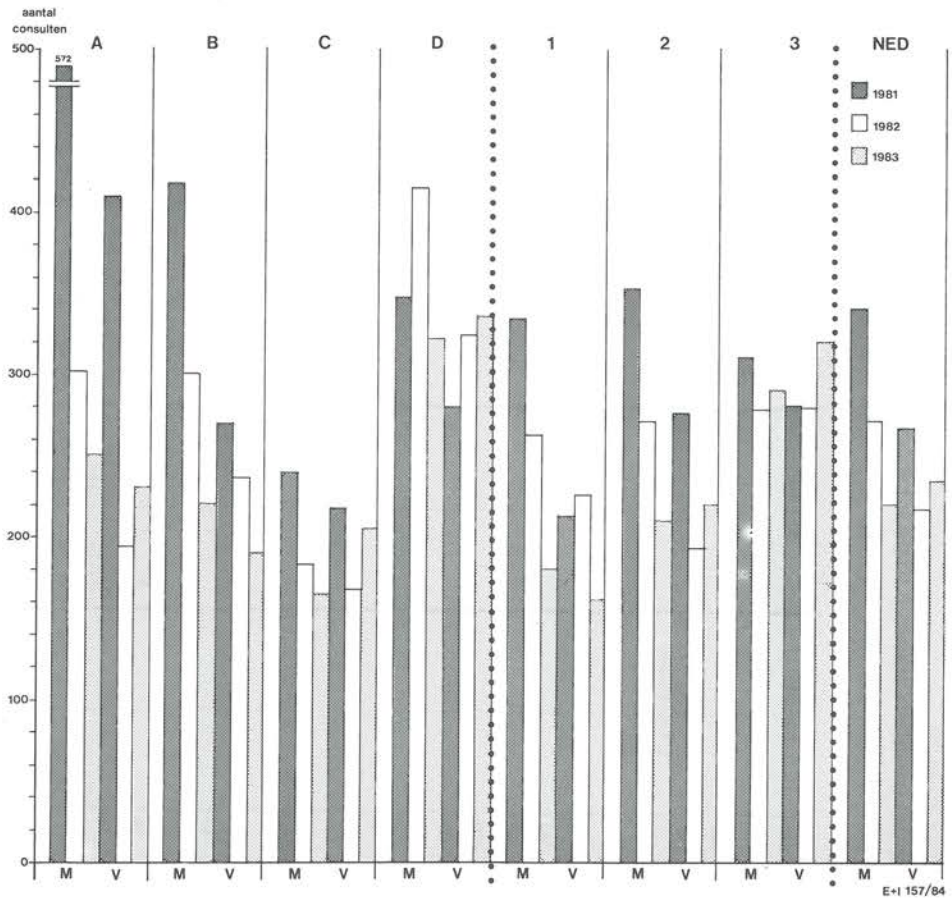
Figuur 25 en 26

Aantal gevallen waarbij de peilstationarts handelt alsof het een acuut hartinfarct betreft naar leeftijdsgroep, per 10.000 mannen resp. vrouwen en naar al of geen opname in een ziekenhuis binnen 48 uur, 1978 en 1983



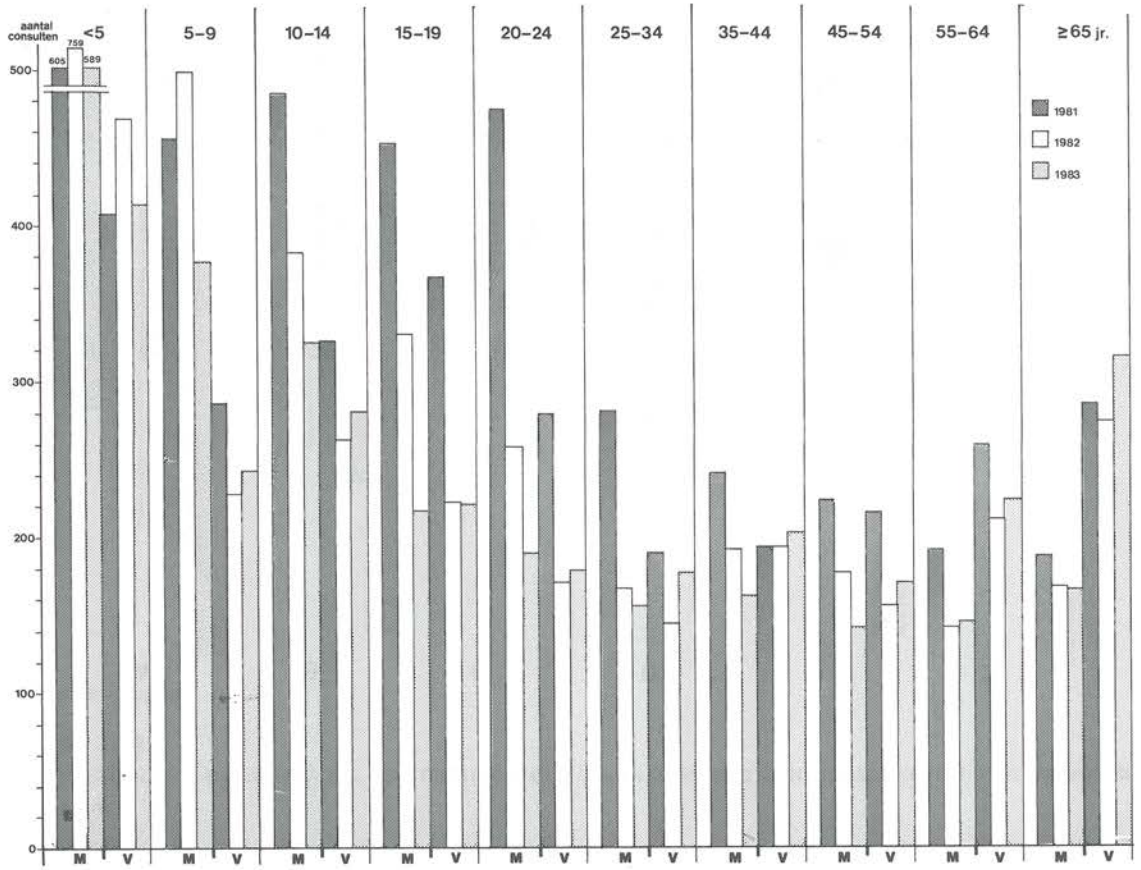
Figuur 27

Aantal eerste consulten bij de huisarts wegens een ongeval in de privé-sfeer, per provincie- en urbanisatiegroep, per 10.000 inwoners, 1981 - 1983



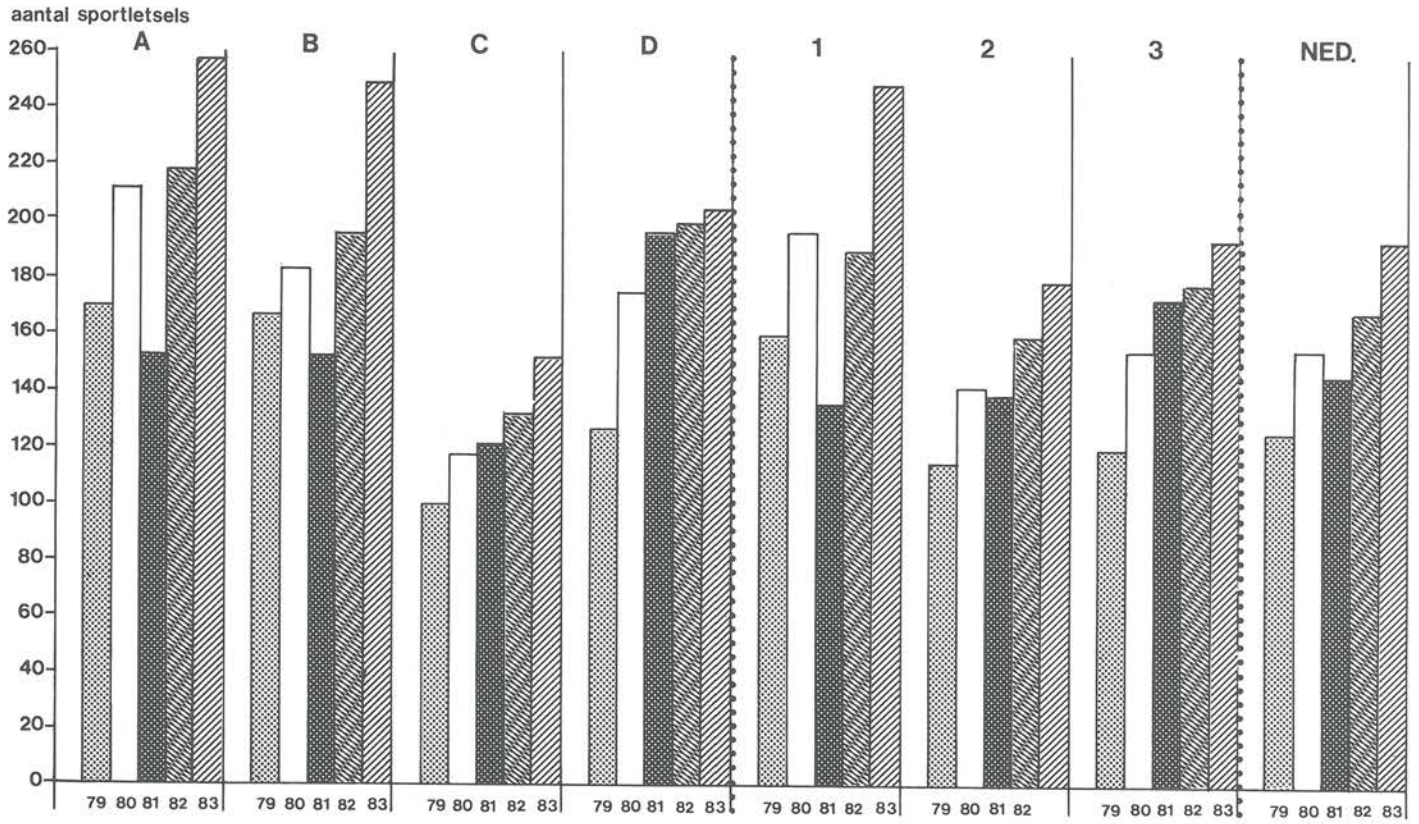
Figuur 28

Aantal eerste consulten bij de huisarts wegens een ongeval in de privé-sfeer naar leeftijdsgroep, per 10.000 inwoners, 1981 - 1983



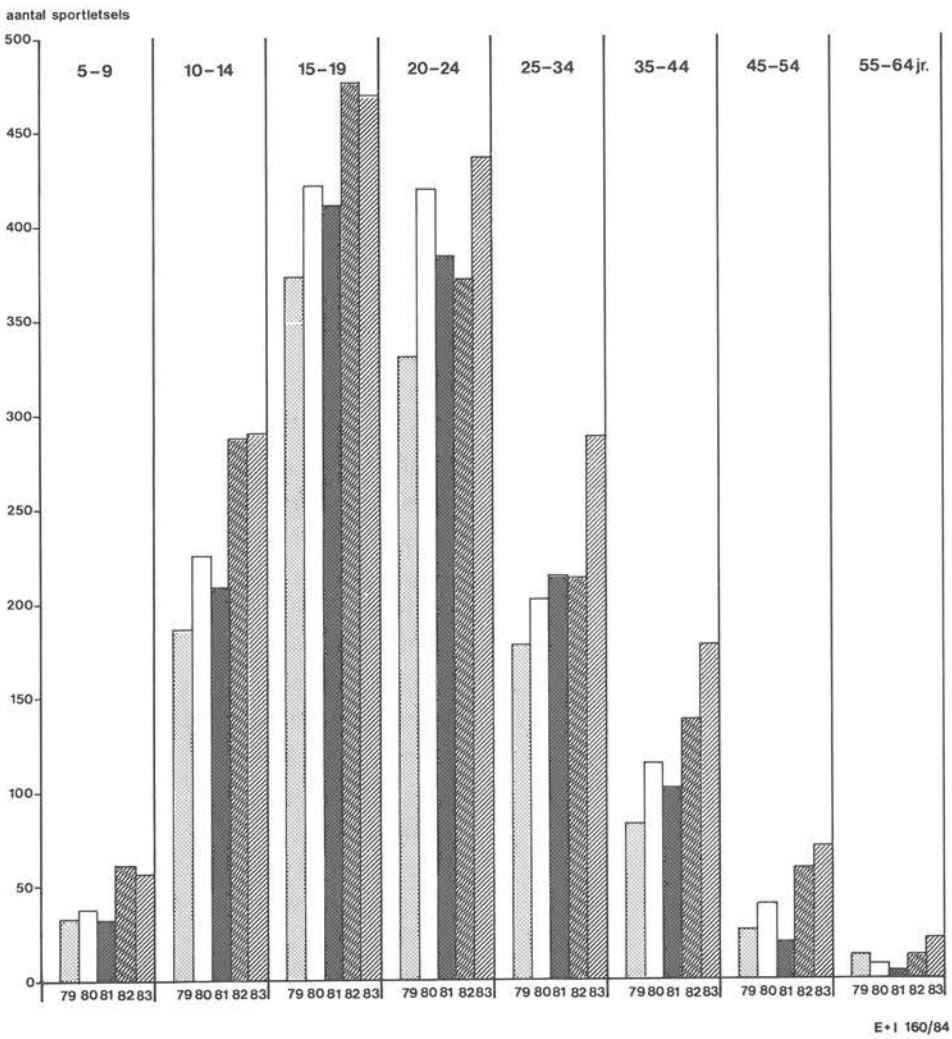
Figuur 29

Aantal sportletsels waarvoor de huisarts werd geconsulteerd, per provincie-en urbanisatiegroep, per 10.000 inwoners, 1979 - 1983



Figuur 30

Aantal sportletsels waarvoor de huisarts werd geconsulteerd naar leeftijdsgroep, per 10.000 inwoners, 1979 - 1983



Explanatory notes pertaining to:

Bijlage 1

Bijlage	– Appendix
Continue morbiditeits registratie, peilstations	– Continuous morbidity registration, sentinel stations
Deelnemende artsen	– Participating general practitioners
Naam	– Name
Plaats	– Residence
Provincie	– Province
Comb.-praktijk	– Group practice
Apotheek-houdend	– With dispensary

Bijlage 2

Bijlage	– Appendix
Weekstaat t.b.v. centrale registratie	– Weekly return for central registration
Continue morbiditeitsregistratie, peilstations	– Continuous morbidity registration, sentinel stations
Proj. no.	– Project number
Verslagjaar	– Year under review
Week no.	– Number of the week
Code peilstations	– Code number sentinel stations
Rapport. dagen	– Number of days over which reporting took place
Regel no.	– Line number
Leeftijdsgroep	– Age group
Influenza (-achtig ziektebeeld)	– Influenza (-like illness)
Diabetes mellitus	– Diabetes mellitus
Cervixuitstrijkje	– Cervical smear
Na 1-1-1981 voor de eerste maal afgenomen op grond van	– Taken for the first time after 1-1-1981 on the ground of
Klachten/symptomen	– Complaints/symptoms
Louter preventieve overwegingen	– Purely preventive considerations
Initiatief huisarts	– General practitioner's initiative
Verzoek van de vrouw	– Woman's request
Ziekte van Parkinson	– Parkinson's disease
Sterilisatie verricht	– Sterilization performed
Morning-after-pill voorgeschreven	– Prescription of morning-after-pill
Spontane abortus of partus immaturus	– Spontaneous abortion or partus immaturus
Partus bij graviditeit $\geqslant$ 28 weken	– Partus at gravidity $\geqslant$ 28 weeks
Behandeld wegens depressie	– Treated for depression

Suicide(poging)	– (Attempted) suicide
Penicilline	– Penicillin
Voorgeschreven of toegediend	– Prescribed or injected
Eerste maal in 1983	– First time in 1983
Reeds eerder in 1983	– Already before in 1983
Reactie	– Reaction
Hartinfarct klinisch niet-klinisch	– Myocardial infarction clinical non-clinical
Ongevallen in de privésfeer	– Accidents in private sector
(m.u.v. in het verkeer, sport of bedrijf)	– (excl. accidents in traffic, sport or at work)
Sportletsel	– Traumas in sport
Knieletsel	– Trauma of the knee
Enkelletsel	– Trauma of the ankle
Spier- of peesletsel	– Trauma of muscle or tendon
Alle overige letsels	– All other traumas in sport
M	– Male
V	– Female
Weeknummer	– Number of the week
Opgemaakt d.d.	– Completed on
Aantal dagen gerapporteerd	– Number of days over which reporting took place
(Zie voetnoot[1])	– (See footnote number[1])
Zie ommezijde voor voetnoot	– For footnotes see reverse

1. Door vakantie, ziekte en andere oorzaken zal deze rapportage zich echter ook over minder dan 5 dagen kunnen uitstrekken. Het wordt van belang geacht om, zo mogelijk, ook tijdens het weekeinde waargenomen patiënten te rapporteren. (M.u.v. influenzapatiënten)
2. Betreft uitsluitend nieuwe patiënten, ook telefonisch consult melden.
3. > 10 mmol/L (> 180 mg%) glucose na een koolhydraatrijke maaltijd of belasting. Code voor follow-up formulier: .....

1. As a result of vacation, sickness and other causes this reporting may extend over fewer than 5 days. It is considered to be of importance to report, if possible, patients observed during the weekend as well. (Influenzapatients excluded).
2. Relates solely to new patients. Report telephone calls as well.
3. > 10 mmol/L (> 180% mg) glucose after a high-carbohydrate meal or equivalent.
   Code for follow-up form: .....

4. Betreft rapportering van vrouwen bij wie na 1-1-1981 om welke reden dan ook een cervixuitstrijkje heeft plaatsgevonden. Indien bij een vrouw na 1-1-1981 opnieuw een cervixuitstrijkje wordt gemaakt, dient dit altijd onder de subrubriek "herhalingsonderzoek" geboekt te worden (zie ook voetnoot 6).
5. Bijvoorbeeld in het kader van pilcontrole.
6. Bijvoorbeeld wegens verdacht preparaat of wegens technische onvolkomenheden bij onderzoek vorig preparaat.
7. Betreft alleen *nieuwe* patiënten met de *echte* ziekte van Parkinson (zie ook de toelichting).
   Geslacht: .....
8. Indien het een patiënt(e) betreft uit een van de leeftijdsgroepen, waarvan het vak gerasterd is, dan tevens exacte leeftijd hierachter vermelden.
   Leeftijd: .....
9. Uitsluitend indien er een directe indicatie is. Indien een recept voor de morning-after-pill wordt afgegeven omdat de betrokkene bijvoorbeeld met vakantie naar het buitenland gaat, dient dit niet te worden gerapporteerd. (Zie ook voetnoot 8).
   Naam van de pil: .....
10. Aantal weken na de laatste menstruatie (zie ook de toelichting op de weekstaat). Door een gynaecoloog onderzocht? ja/nee.
    Curettage of digitale verwijdering van abortusresten door de specialist plaatsgevonden? ja/nee
11. Ook melden indien u niet zelf de partus hebt geleid.

4. Concerns reporting of women on whom a cervical smear was taken after 1-1-1981 for whatsoever reason. If a cervical smear was taken again of a woman after 1-1-1981 this should always be entered under the subheading "Repeat examination" (see also footnote 6).
5. For example as part of check-up for the pill.
6. For example on account of suspect preparation or technical imperfections in the examination of the preparation.
7. Concerns only *new* patients with *genuine* Parkinson's disease (see also the explanation).
   Sex: .....
8. If a patient is concerned in one of the age groups whose box is filled in, also give the exact age here.
   Age: .....
9. Solely if there is a direct indication. If a prescription for the morning-after-pill is issued because the patient is for instance going on holiday abroad, this should not be reported. (See also footnote 8).
   Name of the pill: .....
10. Number of weeks after last menstruation (see also the explanation on the weekly return).
    Examined by a gynaecologist? yes/no.
    Did curettage or digital removal of abortion remains by the specialist take place? yes/no.
11. Also to be reported if you did not conduct the partus yourself.

12. Alle eerste contacten, waarbij de huisarts wegens een depressie actie (medicatie, terugbestelling, gesprekscontact, verwijzing) onderneemt. Zie ook de toelichting op de weekstaat.
Risico op suicide (poging): n.v.t./geen/laag/middelmatig/hoog.
13. Voor de aanvullende gegevens s.v.p. een apart formuliertje invullen en bij de weekstaat voegen.
14. Betreft *alle* penicilline- en daaraan verwante preparaten (zie ook de toelichting op de weekstaat en de lijst).
15. Voor kinderen jonger dan 5 jaar: eerste maal in het leven? ja/neen
16. Noteer zoveel mogelijk gegevens op de patiëntenkaart (zie ook de toelichting op de weekstaat). Code patiënt:
17. Betreft een vermoeden op een (primair of recidief) hartinfarct, met dien verstande dat een of meer van de gebruikelijke maatregelen zijn genomen (zie ook de toelichting op de weekstaat).
18. Onder een niet-klinische patiënt wordt in dit verband verstaan een patiënt, die niet *binnen 48 uur wordt* opgenomen.
19. Onder ongeval wordt verstaan: een plotselinge, ongewilde, onvoorziene gebeurtenis, die resulteert in herkenbare schade aan fysiek welzijn. Zie ook de toelichting op de weekstaat, met name i.v.m. *exclusies.*
20. Het betreft hier alle eerste contacten wegens een (al of niet acuut) sportletsel. Zie ook de toelichting op de weekstaat.

12. All first contacts in which the general practitioner takes action on account of a depression (medication, repeat consultation, discussion with the patient, referral). See also the explanation on the weekly return.
Danger of (attempted) suicide: n.a./none/slight/moderate/great.
13. For the supplementary data please complete a separate form and attach it to the weekly return.
14. Concerns *all* penicillin and related preparations (see also the explanation on the weekly return).
15. For children younger than 5 years: first time in their lives? yes/no
16. Note as many details as possible on the patient's card. (See also the explanation on the weekly return.)
Patient's code:
17. Concerns suspicion of a primary or recurrent cardiac infarction, with the proviso that one or more of the usual measures have been taken (see also the explanation on the weekly return).
18. In this context a non-clinical patient is one who is *not* admitted to hospital *within 48 hours*.
19. By an accident is meant a sudden, unintentional, unforeseen event resulting in recognizable harm to physical well-being. See also the explanation on the weekly return, especially in connection with *exclusions.*
20. These are *all first* contacts on account of a trauma in sport (acute or otherwise). See also the explanation on the weekly return.

Ongeval in de privésfeer	Accident in the private sector
Volgnr.	Serial No.
Exacte leeftijd	Exact age
Geslacht	Sex
Factoren van invloed?	Factors of influence?
Acute ziekte? Zo ja, welke	Acute illness? If so, which
Chronische ziekte? Zo ja, welke	Chronic illness? If so, which
Geneesmiddelengebruik? Zo ja, welke	Use of medicines? If so, which
Alcoholgebruik? Ja/neen	Use of alcohol? Yes/no

Tables 1a – 3e

Continue morbiditeitsregistratie peilstations	Continuous morbidity registration sentinel stations
Kwartaal	– Quarter
Leeftijdsgroep	– Age group
Influenza (-achtig ziektebeeld)	– Influenza (-like illness)
Diabetes mellitus	– Diabetes mellitus
Cervixuitstrijkje	– Cervical smear
Klacht/symptoom	– Complaint/symptom
Initiatief huisarts	– General practitioner's initiative
Verzoek vrouw	– Woman's request
Herhalingsonderzoek	– Repeat smear
Ziekte van Parkinson	– Parkinson's disease
Sterilisatie verricht	– Sterilization performed
Depressie	– Depression
Suicide(poging)	– (Attempted) suicide
Eerste keer	– First time
Volgende keer	– Following times
Reactie	– Reaction
Hartinfarct klinisch niet-klinisch	– Myocardial infarction clinical non-clinical
Ongevallen in privésfeer	– Accidents in the private sector
Sportletsels knie enkel spier/pees overige	– Traumas in sport knee ankle muscle/tendon others
M	– Male
V	– Female
Provinciegroepen	– Province groups
Gr + Fr + Dr	– Groningen, Friesland, Drenthe

Ov + Gld + Zijp	– Overijssel, Gelderland, Southern IJsselmeer Polders
Utr + NH + ZH	– Utrecht, North Holland, South Holland
Zld + NB + Lim	– Zeeland, North Brabant, Limburg
Urbanisatiegroepen	– Urbanization groups
$A_1 - A_4$	– Rural municipalities
$B_1 - B_3 + C_1 - C_4$	– Municipalities with urban characteristics and urbanized municipalities
C_5	– Municipalities with a population of 100 000 or more
Voetnoot N.B. Als gevolg van het afronden bij het berekenen van de relatieve frequenties kunnen kleine verschillen in de totalen zijn ontstaan.	– Footnote N.B. As a result of the rounding-off when calculating relative frequencies, small differences in the totals may have occurred.
Voor abortus, partus immaturus en partus à terme wordt naar het betreffende hoofdstuk verwezen.	– For abortion, partus immaturus and partus at gravidity see the relevant chapter.

Table 4a

Aantal patiënten met influenza (-achtig ziektebeeld) per week en per 10.000 inwoners, 1983 en 1984 (t/m 17e week)	– Number of patients with influenza (-like illness) per week and per 10 000, 1983 and 1984 (up to and including the 17th week)
Weeknr.	– Number of the week
Aantal patiënten	– Number of patients
Provinciegroep	– Province group. See for explanation A, B, C and D under tables 1-3

Figures

Figure 1

Peilstations	– Sentinel stations
Continue morbiditeitsregistratie	– Continuous morbidity registration
Grenslijn provinciegroep	– Boundary of province group

Figure 2

Het percentage dagen dat in 1983 per week is gerapporteerd	– Percentage of days weekly reported in 1983
1 = Nieuwjaarsdag	– 1 = New Year's Day
2 = Pasen	2 = Easter
3 = Hemelvaartsdag	3 = Ascension Day
4 = Pinksteren	4 = Whitsun
5 = Kerstmis	5 = Christmas

Figure 3

Aantal patiënten met influenza (-achtig ziektebeeld) per week, per 10.000 inwoners, 1983-1984 (t/m 17e week)	– Number of patients with influenza (-like illness) per week, per 10 000 inhabitants, 1983-1984 (up to and including the 17th week)
Provinciegroep	– Province group
Urbanisatiegroep	– Urbanization group
Naar leeftijdsgroep en geslacht	– By age group and sex

Figure 4

Hoogste en laagste weekincidenties van influenza (-achtig ziektebeeld) per 10.000 inwoners voor de jaren 1970-1982 en weekincidenties van 1983-1984 (t/m 17e week)	– Highest and lowest weekly incidences of influenza (-like illness) for 1970-1982 and weekly incidences for 1983-1984 (until the 17th week).

Figures 5 and 6

Aantal nieuwe patiënten met diabetes mellitus	– Number of new patients with diabetes

Figures 7 - 10

Aantal cervixuitstrijkjes	– Number of cervical smears
Indicaties tot het maken van een uitstrijkje	– Indications for taking a smear
Klachten en/of symptomen	– Complaints and/or symptoms
Preventief	– Preventive
Initiatief huisarts	– On initiative of general practitioner
Initiatief vrouw	– On initiative of woman
Eerste	– First

Figures 11 and 13

Aantal bij mannen verrichte sterilisaties	– Number of sterilizations performed on

Figures 12 and 14

Aantal bij vrouwen verrichte sterilisaties	– Number of sterilizations performed on

Figures 15 and 16

Aantal malen, dat de morning-after-pill werd voorgeschreven	– Number of prescriptions of the
Geografische verdeling	– Geographical distribution
Leeftijdsgroep	– Age group

Figures 17 and 18

Aantal nieuwe patiënten "in behandeling" voor een depressief syndroom	– Number of new patients treated for

Figure 19

Aantal meldingen van spontane abortus en partus immaturus	– Number of reports of spontaneous abortion and partus immaturus.

Figure 20

Aantal meldingen van een suicide(poging)	– Number of reported (attempted) suicide

Figures 21 and 22

Aantal patiënten aan wie voor de eerste maal in 1983 door de peilstationarts penicilline werd voorgeschreven, met opgave van het aantal herhalingsvoorschriften	– Number of patients for whom penicilline was prescribed for the first time in 1983 by the spotter physician, stating the number of repeat prescriptions

Figures 23, 24, 25 and 26

Aantal patiënten waarbij de peilstationarts handelt alsof het een acuut hartinfarct betreft, per ..... en naar al of geen opname in een ziekenhuis binnen 48 uur.	– Number of cases in which the physician acts as if an acute myocardial infarction is concerned, per ..... and by admission or non-admission to hospital within 48 hours.

Figures 27 and 28

Aantal (eerste) consulten bij de huisarts wegens een ongeval in de privésfeer, met een onderverdeling naar in eerste instantie al of niet verwijzen naar een specialist.

– Number of (first) consultations of the general practitioner for an accident in the private sector, subdivided into referred or not to a specialist in the first instance.

Figures 29 and 30

Aantal sportletsels waarvoor de huisarts werd geconsulteerd.

– Number of consultations of the general practitioner for traumas in sport.