TREATMENT OF NON-GONOCOCCAL URETHRITIS FROM 
THE POINT OF VIEW OF COST AND EFFICIENCY*†

BY

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This report is based on a series of 340 patients 
with non-gonococcal urethritis.

Material

The patients were divided into five groups:
(1) 53 patients were given Sulphatriad tablets 
5 g. daily for 5 days;
(2) 66 patients received a single injection of 
streptomycin sulphate ("Streptaquaine") 
1 g. with 25 g. Sulphatriad over 5 days;
(3) 97 patients were given five daily injections of 
streptomycin sulphate ("Streptaquaine") 
1 g.;
(4) 48 patients were given tetracycline ("Achromycin") 
1 g. daily (in four divided doses) for 
4 days, a total of 4 g.;
(5) 76 patients were given oxytetracycline ("Terramycin") in doses ranging from 5 to 7·5 g. over 5 days.

Method

The patients were kept under observation for 
3 months; they were then considered cured if they 
had no symptoms and showed no signs, the urine 
being clear, the prostatic fluid normal, and the 
serological tests for syphilis negative.

On their first attendance, all patients with urethritis 
had a scraping taken from the fossa navicularis 
which was examined for Trichomonas vaginalis; this was found to be positive in only one patient and he 
was excluded from this series.

All tests on the patients were carried out by the 
same individuals apart from a change of housemen; 
the other medical and nursing staff remained the 
same.

The cost of the course of treatment was calculated 
on the present price chargeable to a large teaching 
hospital (i.e. wholesale price, with a small reduction 
according to the amount purchased).

Results

It will be noted that the two groups with the best 
results are those in the streptomycin with Sulpha-
triad and the oxytetracycline groups (Table I), but 
the former costs only 4s. 9d. and the latter costs 
between 28s. 8d. and 43s.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage (g.)</th>
<th>No. of Cases</th>
<th>Per cent. Cured</th>
<th>Present Cost of Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulphatriad</td>
<td>25</td>
<td>53 47 19</td>
<td>60</td>
<td>3s. 3d.</td>
</tr>
<tr>
<td>Streptomycin (Streptaquaine) with Sulphatriad</td>
<td>1 25</td>
<td>66 49 11 78</td>
<td>4s. 9d.</td>
<td></td>
</tr>
<tr>
<td>Streptomycin (Streptaquaine)</td>
<td>5</td>
<td>97 91 27</td>
<td>70</td>
<td>7s. 6d.</td>
</tr>
<tr>
<td>Tetracycline (Achromycin)</td>
<td>4</td>
<td>48 42 16</td>
<td>62</td>
<td>22s. 10d.</td>
</tr>
<tr>
<td>Oxytetracycline (Terramycin)</td>
<td>5-7 5</td>
<td>76 67 16</td>
<td>77</td>
<td>28s. 8d. to 43s.</td>
</tr>
</tbody>
</table>

Comment

Comparing these results with those achieved by 
various authors, the overall impression is that they 
are closely similar and there is no significant statistical 
difference in the sulphonamide, streptomycin with sulphamide, and oxytetracycline groups. It 
seems that whatever treatment is given the results 
are much the same (see Table II opposite).

We did not introduce a control group without 
treatment into our series, but Fowler has done this 
and reported his results in a discussion at a meeting 
of the M.S.S.V.D. in Liverpool in the Autumn of 
1956. He found that, with potassium citrate mixture 
alone, 78·7 per cent. of his patients were free from 
signs and symptoms at the end of 5 weeks' observa-
tion. His figures are comparable to the above-
mentioned ones, but until we know more about the


**TREATMENT OF NON-GONOCOCCAL URETHRITIS**

### Table II

<table>
<thead>
<tr>
<th>Author</th>
<th>Date</th>
<th>Sulphatriad</th>
<th>Streptomycin + Sulphatriad</th>
<th>Streptomycin</th>
<th>Tetracycline</th>
<th>Oxy-tetracycline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harkness</td>
<td>1953</td>
<td>—</td>
<td>—</td>
<td>39</td>
<td>—</td>
<td>86</td>
</tr>
<tr>
<td>Lyall...</td>
<td>1953</td>
<td>—</td>
<td>85.4</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Willcox...</td>
<td>1956</td>
<td>60.4</td>
<td>—</td>
<td>62.1</td>
<td>83.5</td>
<td>84.1</td>
</tr>
<tr>
<td>Prebble...</td>
<td>1957</td>
<td>—</td>
<td>76</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Jelinek...</td>
<td>1957</td>
<td>60</td>
<td>78</td>
<td>70</td>
<td>62</td>
<td>77</td>
</tr>
</tbody>
</table>

Aetiology and natural history of non-gonococcal urethritis and have more statistics of the range of pathogens which cause it, we may assume that the majority of patients acquire the disorder through sexual contact. If we accept Fowler's figures, the patient with non-gonococcal urethritis may expect a spontaneous cure in almost four cases out of five, but this will take 5 weeks, during which time he may pass the infection to others; whereas, with treatment, the clinical response usually occurs in the first week.

**Summary**

Whatever initial treatment is used for non-gonococcal urethritis the results are not dissimilar. The cheaper drugs, however, particularly streptomycin combined with sulphonamide, give as satisfactory a rate of cure as the much more expensive tetracyclines. On the other hand, the tetracyclines may be of use when a relapse occurs.

**REFERENCES**

Treatment of Non-Gonococcal Urethritis from the Point of View of Cost and Efficiency

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