TREATMENT OF NON-GONOCOCCAL URETHRITIS*

A FURTHER REPORT ON ITS EFFICIENCY AND COST

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Two years ago I reported on five groups of patients suffering from non-gonococcal urethritis who had been treated with Sulphatriad, streptomycin, combined streptomycin with Sulphatriad, tetracycline, and oxy-tetracycline (Jelinek, 1957). Since then we have had the opportunity at the Special Treatment Centre of St. Bartholomew's Hospital to use Lederkyn and Achromycin "V" and compare the results with those in our previous series.

Lederkyn belongs to the group of sulphamethoxy-pyridazines and is a low-dosage, long acting sulphamide.

Achromycin "V" is tetracycline, buffered with either citric acid or sodium metaphosphate; it is claimed to provide greater and more rapid absorption from the intestinal tract.

Material

In this study 167 male patients with non-gonococcal urethritis were treated in one of the following ways:

- (1) 56 patients were given a single injection of 1 g. streptomycin sulphate ("Streptaquine") with one tablet (0.5 g.) of Lederkyn twice daily for 5 days, a total of 5 g.
- (2) 79 patients received a single injection of 1 g. streptomycin sulphate ("Streptaquine") with only one tablet (0.5 g.) of Lederkyn daily for 5 days.
- (3) 32 patients were given 1 g. Achromycin daily (in four divided doses) for 4 days, a total of 4 g.

Results

As before, the patients were kept under observation for up to 3 months. They were then considered cured if, at the end of this period, they were free from signs and symptoms (urine clear, prostatic fluid, and serology normal) and no additional treatment was

given. Table I shows that there were defaulters in all three groups, and that the default-rate was higher in the last two groups.

TABLE I
CURE-RATE AND COST OF TREATMENT OF
PRESENT SERIES

Drug	Total Dosage (g.)	Total Cases	Defaulters		No. Followed Up	Cure-Rate (per cent.)	Cost
			No.	Per cent.			
Streptomycin sulphate ...	1	56	5	8.9	51	82.3	6s. 10d.
Lederkyn 0.5 g. twice daily ...	5						
Streptomycin sulphate ...	1	79	14	17.7	65	75.3	4s. 2d.
Lederkyn 0.5 g. once daily ...	2.5						
Achromycin "V" 250 mg. x 16	4	32	6	18.7	26	61.5	23s. 0d.

Table I also shows the cost of each treatment schedule. The group of patients treated with streptomycin and ten Lederkyn tablets shows the highest cure-rate, next comes streptomycin with only one daily Lederkyn tablet, and last Achromycin "V". No patient in any of the three groups had any toxic reaction.

The cost of the treatment is calculated on the present price to a large teaching hospital, *i.e.* wholesale price with a small reduction for bulk purchase.

Discussion

The two groups given streptomycin with Lederkyn compare well with the groups previously given streptomycin with Sulphatriad, both in cost and cure-rate (Table II). They have the added advantage of reduced dosage and a simplified timetable for patients

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TABLE II
COST AND CURE-RATE OF PRESENT COMPARED
WITH PREVIOUS SERIES

Drug	No. Followed Up	Cure- Rate (per cent.)	Cost
Streptomycin 1 g. with ten tablets Lederkyn	51	82.3	6s. 10d.
Streptomycin 1 g. with Sul- phatriad 25 g.	49	78	5s. 7d.
Streptomycin 1 g. with five tablets Lederkyn	65	75.3	4s. 2d.
Achromycin 4 g.	42	62	23s. 0d.
Achromycin "V" 4 g. ..	26	61.5	23s. 0d.

who in the past often forgot the correct number of Sulphatriad tablets and the time at which they were to be taken. Some patients sometimes found it difficult to carry tablets about with them and to take them surreptitiously in office or workshop.

The statistician to St. Bartholomew's Hospital, whom I consulted, does not think these figures suggest any definite statistical difference. He was not prepared to say more in view of the high default rate,

the use of consecutive rather than alternate patients and the absence of a blind control series. These ideal conditions, however, would be difficult to satisfy in the St. Bartholomew's clinic, in view of the relatively small number of patients, the inevitability of a certain number of defaulters, and the different dates of introduction of the new drugs.

Summary

It is not claimed that any particular method of treatment of non-gonococcal urethritis is much better than any other. However, a cheap, safe, simple, and apparently satisfactory drug combination should be used initially, reserving more expensive drugs for re-treatment.

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REFERENCE

Jelinek, G. (1957). *Brit. J. vener. Dis.*, 33, 156.