TREATMENT OF MALE GONORRHOEA WITH A CHLORTETRACYCLINE-SULPHONAMIDE COMBINATION*

BY

G. M. THOMSON

Social Hygiene Specialist, Medical Department, Hong Kong

It is believed that there are many practitioners and public health officers who would now employ a reasonably efficient oral therapy in gonorrhoea in preference to penicillin by injection, even though penicillin rates highly on the score of cost. It may well be that after 10 years the chance of an untoward penicillin reaction will become much greater, even in places where such reactions are now few. The justification for oral therapy is possibly greater in under-developed countries.

In choosing antibiotics for the oral therapy of gonorrhoea, there should be a wide safety margin to allow for overdosage occasioned by misguided efforts at self-treatment, or from frequently repeated courses of the drug consequent on multiple re-infection. Horne (1950) found in Edinburgh that it was important for the success of oral therapy in the clinic to prescribe not more than two doses of the medicament, for clinic patients could very seldom be trusted to take more than the one dose at the stipulated time-interval. Thomson (1956), using tablets of aureomycin-triple sulpha claimed a 91·3 per cent. cure rate with two doses each of four tablets.

Although the new oral penicillins are stated to be effective in the treatment of gonorrhoea, there is a tendency to avoid penicillin if other satisfactory oral therapy is available because of the reported rise in the incidence of penicillin reactions. The safety of aureomycin over a long term is generally acknowledged. The sulphonamide used is sulphamethoxy-pyridazine (Lederkyn) in 0·5-g. tablets.

Clinical Material

Consequent on widespread knowledge of the symptoms of gonorrhoea, male patients in Hong Kong report early to the clinics and complications of gonorrhoea, in the male, are very rare. The diagnosis is based on history, clinical appearances, and a Gram-stained film of the urethral discharge.

The patients' ages ranged from 21 to 46 years. All were of the social status normally attending clinics, and all had acquired their infection from prostitutes.

Treatment

At the clinic the patient was given and was seen to swallow two capsules of 250 mg. aureomycin plus 0·5 g. Lederkyn. He was given a further two capsules of aureomycin with instructions to take them 8 hours later.

Results

The clinical and bacteriological examinations were repeated 2 days and 7 days later, and those passing the two examinations were considered to be cured. The results are shown in Table I:

TABLE I

Number of Patients	Number of Defaulters	Number of Cures	Percentage	Failures and Relapses
138	29	101	92·6	8

Discussion

With a disease of known epidemiology, in which the response to treatment has been established on

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many previous occasions, it was considered unnecessary to have a control series.

All defaulters were followed-up both by letter and by visit. Unsuccessful visits were recorded as shown in Table II:

TABLE II

Reason	No. of Patients	Percentage
No such address	11	38
No such person	16	55
Moved away	2	5

No patient complained of untoward reactions to the therapy. Only two patients showed at later examinations any evidence of non-gonococcal urethritis, which might have been acquired concomitantly with the gonorrhoea.

The costs of treatment, if purchased locally, would be approximately 8.20 Hong Kong dollars (10s.). For routine clinical practice, the cost of this system of medication appears to be its greatest drawback.

Summary

A method of treatment for acute male gonorrhoea is described, using 1.0 g. aureomycin plus 0.5 g. sulphamethoxypyridazine (Lederkyn). A cure rate of 92.6 per cent. is claimed.

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