

The Treatment of Gonorrhoea by Uleron, Albucid,
and M. & B. 693.

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OUTLINE.

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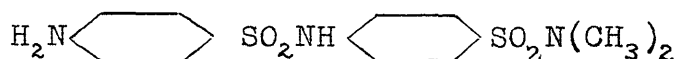
The Treatment of Gonorrhoea by Uleron, Albucid,
and M. & B. 693.

So recently as 1934 the writer of a textbook on Venereal Diseases was able to say, "It can be taken as an axiom that no drug cures Gonorrhoea". A little more than two years later the integrity of that axiom was challenged when the work of Domagk on Prontosil was made public. Since that time the derivatives of Sulphanilamide have followed each other on to the market with bewildering rapidity, and the attendant literature is rich in well authenticated claims of success (and in some cases, failure). So changed, in fact, is the position, that what was unpleasant dogmatism in 1934 would be dogmatic ignorance in 1940.

For the purposes of the clinical investigation recorded herein, three closely related drugs were employed, Uleron, Albucid, and M.& B. 693. Buttle (1939) described these compounds as "drugs of the second class of sulphanilamide derivatives, where substituents are introduced into the amide group". In this they differ from the earlier sulphanilamide derivatives, such as prontosil rubrum and proseptasine, wherein substituents were added to the amino group. It was claimed for the "second group" of derivatives not only that they possessed a lower toxicity, but that they retained their identity as active agents in the body, and did not depend for their action on the liberation of sulphanilamide. For more detailed observations the three drugs must be reviewed individually.

ULERON.

This preparation, which has the structural formula :-



and is described chemically as 4-(4'-amino-benzol-sulphonamide)-benzol-sulphon-dimethylamide, is a colourless substance, soluble with difficulty in water,

and is put up in 0.5 gramme tablets.

First reported on by Grütz (1937), who used it and allied preparations in a group of thirty-six patients, it was later the subject of investigation by Felke (1937), Fisher (1937) and many others. During 1938 approximately 160 articles appeared describing the results of using the preparation in gonorrhoea, most of them by Continental authorities. It will be sufficient to notice a few of the more important of these articles in order to estimate the general quality of results achieved on the Continent.

Mergelsberg (1938 a), using a maximum of three "Stosses" (short courses of treatment) separated by suitable intervals, and not exceeding a total of 12 grammes per three days, found that old gonorrhoea responded best, and that results were quite good in complications. His figures are interesting: sixty-nine cases of old gonorrhoea which had preliminary irrigations gave a 77 per cent. cure. W. and K. Gennerich (1938), using similar dosage and a preliminary two to three weeks' irrigation with $\frac{1}{2}$ to 1 per cent. albargin, treated sixty-four cases (fifty-eight of them male), all of whom finally passed tests of cure. Fifty-six of these responded to 1, six to 2, and two to 3 "Stosses". Fuhs and Volavsek (1938 a), using a seven-day "Stoss" (the makers of the drug consider this inadvisable because of the risk of toxic effects) obtained 90 per cent. cure in 133 men, and 97.3 per cent. in thirty-six women. In later publications Mergelsberg (1938 b) showed improvement on his original figures. He recorded 87.5 per cent. cure in a group of patients irrigated with $\frac{1}{4}$ to $\frac{1}{2}$ per cent. protargol solution four times daily whenever the first "Stoss" had failed. Later Fuhs and Volavsek (1938 b), still using their seven-day "Stoss", claimed 90 per cent. cure in 299 men and 94 per cent. in 80 women. Their

total experience of the drug amounted to 486 cases.

British literature on uleron is less copious. o'Hanlon (1938) recommended its use in cases not cured by sulphanilamide. Walsh (1938), in a preliminary article, described its effects on forty-three cases of male gonorrhoea. His judgement was favourable although his case records were rendered inconclusive by the under-treatment of at least fifteen patients. At such an early stage in the use of the drug his caution was easily to be understood. Cokkinis and McElligott (1938a) quoted their experiences in 150 cases and note that the product has no immediate toxic effects. They regard its ultimate curative value, however, as "much lower than that of sulphanilamide". Hanschell (1938a), on the other hand, referred to 200 cases treated with uleron, and believed it not only to be safer, but more effective for male gonorrhoea than sulphanilamide. Harrison (1938) dealt with the mode of application. He recommended that the administration of uleron should be delayed until at least three weeks after the onset of the attack.

Polyneuritis and uleron.

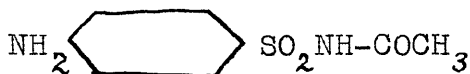
Special reference must be made to accounts of polyneuritis attributed to the action of this drug. It seems probable that the preference shown in this country for sulphanilamide and M. & B. 693 may be traced to the effect of these reports.

A leading article in the Lancet (August 13, 1938) expresses the opinion that there is no doubt of the striking efficiency of uleron as an anti-gonococcal agent, but adds "it differs from all other such compounds in causing a polyneuritis, the commonest manifestation of which is a palsy affecting the peroneal and other leg muscles". The authorities quoted for this latter statement are Freusberg (1938) and Bürger (1938). Hanschell (1938b) does not appear to have encountered polyneuritis

in 212 male cases over a period of seven months. Cokkinis and McElligott (1938b) seemed doubtful of the value of Hanschell's evidence on the ground that his patients were of the sea-going type, and could not be adequately observed for relapse or delayed complications. Valkenburg and Borne (1938) reported at length an apparent Uleron polyneuritis. The patient was a man of 63 and the condition developed after 16 grammes of the drug had been taken (for a non-gonococcal infection). Evidence of a diet deficient in Vitamin B₁ and subsequent response to the administration of Betabion Forte led Valkenburg and Borne to conclude that the predisposition in this patient might have been a Vitamin B₁ deficiency. A later report from Hanschell (1939) reported neuritis in a seaman 28 years old. This was a case of self-medication after default. Two hundred tablets (100 grammes) were taken at the rate of six a day. Hanschell stated that this was the first neuritis he had seen in 270 cases treated with uleron. Hanschell's statement is the more interesting when we remember that his patients are seafaring and, one imagines, more likely than most people to reveal Vitamin B₁ deficiency.

ALBUCID.

Albucid, the second of the group of drugs under test, has a formula



and is described as p.aminobenzenesulphonacetamide. Its production was the result of efforts to discover a form of sulphanilamide derivative of unusually low toxicity combined with maximum therapeutic effectiveness. Albucid is a white powder, weakly acid, and is prepared in 0.5 gramme tablets for oral administration. It is soluble in Hydrochloric acid and in a alkalis, and is readily absorbed by the stomach and small intestine.

The use of the drug in this country appears to have

been restricted and there is little reference to it in British literature. Considerable work, on the other hand, has been undertaken in America, but the chief source of information is Germany, and especially the original investigations of Vonkennel and Korth (1938). They found that a concentration of 1:20,000 would destroy gonococci in vitro, and that a maximum concentration of 5 mg % was obtained in the blood ^{after} a single peroral dose of 5.0 grammes of Albucid. Clinical investigation then seemed feasible, but they preferred first to test the toxicity of the drug by self administration. When their own tolerance was demonstrated they treated patients with seven-day courses, giving an individual dosage of as much as 52.5 grammes during the course.

Their observations on the practical use of Albucid were based on the treatment of 103 cases of gonorrhoea (71 male and 32 female). Of the male cases 18 were anterior and 53 posterior infections. They achieved a cure rate of 80.3 per cent. in the male cases and 89.7 in the female. 14 male cases and 3 female cases failed to respond. Pre-vaccination and local lavage with 1:4,000 potassium permanganate solution were also applied in these cases.

Later they treated 25 acute male infections, employing immediate therapy with no adjuvant treatment or preparation. Six of these failed to respond. They obtained their best results when using lavage and prevaccination.

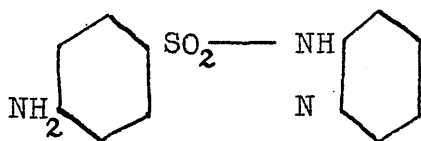
In unsuccessful male cases they frequently found a resistant focus in the prostate, gland infiltrations, or a para-urethral tract. No allergic or toxic reactions in the urine, blood, internal organs, or nervous system were observed, and no azoospermia was encountered. In two instances a transient exanthema was seen. Tests of cure were thorough.

Later Korth treated 200 cases of male gonorrhoea, adhering to the technique which had been developed. 86.5 % were discharged cured after one course, and altogether 93 % of cures was recorded after a second course had been given. The average duration of treatment was 25 days for one course, and for two courses 45 days. No secondary effects were observed.

It has been mentioned that comparatively little attention has been paid to Albucid in this country. Buttle (1939) mentioned its use and, relying on personally communicated reports, spoke of good results obtained when the drug was employed with the usual adjuvant treatment.

M & B 693.

The third drug with which we are concerned is M & B 693. This may be described as 2-(p-aminobenzenesulphonamido)-pyridine. The structural formula is



It is a white powder of slightly bitter taste and soluble in water to the extent of about 1:1000. The drug is put up in 0.5 gm tablets.

The literature which has grown around M & B 693 is formidable in extent, but most of it is concerned with the actions of the drug upon non-gonococcal infections. The history of its use in the chemotherapy of gonorrhoea is less difficult to trace. As early as June 1938, Lloyd, Erskine, and Johnson published a preliminary report in the Lancet. Their verdict was inconclusive, but hopeful. Cokkinis and McElligott (1938a) referred to the use of M & B 693, but had insufficient data to draw definite conclusions. Prebble (1938) wrote of its relatively low toxicity. He found toxic reactions less frequently than when sulphanilamide was used, but more frequently than was usual with Uleron. He recommended a dosage of six tablets daily for five days.

The bacteriostatic effect of the drug was investigated by Maegraith and Vollum (1938) and compared with those of sulphonamide-p, and soluseptasine. In the presence of leucocytes the action of M & B 693 on gonococci was superior except at very low concentrations. In "deleucocyted" blood, however, soluseptasine was found to be much more effective.

McGregor Robertson (1938) reported on the use of M & B 693 in some 300 cases of acute gonorrhoea. About

100 cases were treated at each of three Glasgow clinics and the respective results were very similar. The drug appeared somewhat less successful where no irrigation was performed. At Black Street Clinic no failures were encountered in 100 cases treated, although tests of cure and subsequent observation were not carried far enough to guarantee ultimate cure. The dosage employed was three grammes daily for five days and two grammes for a further two days (19 grammes). Treatment was started as soon as possible, (The disease was of less than four days duration in 63 % of the cases) in view of conclusions drawn from previous experience with sulphanilamide. In daily urethral smears the gonococci often disappeared, or were extracellular after 24 hours. About 45 % of the patients complained of toxic effects (headache, nausea, dizziness, dyspnoea). A rash was seen on four occasions.

Marinkovitch (1939) treated fifty male patients with a total of 42 grammes (4 tablets daily for 21 days). Daily lavage with potassium permanganate was given over the same period. This treatment produced a permanent cure rate of 86 % in the cases he investigated. Toxic effects were negligible and no complications occurred. 12 % of his cases relapsed before tests of cure were completed. Dr.D.Kathleen Brown (1939) reported on the use of the drug in 27 cases of gonococcal vulvovaginitis. The patients were children and it is doubtful whether her findings are strictly relevant to the present investigation. It will suffice to note that the results were good.

McIntosh and Whitby (1939) investigated the action of M & B 693. It is interesting to note (in view of the opinion of Maegraith & Vollum 1938 to the contrary) that they wrote, " leucocytes are not necessary to the action of the drug". They advanced the view that " the

administration of sulphonamide drugs has no stimulating action on the body defences". Nor, apparently do they affect the speed of production or the "quantity and quality of specific immune bodies". Whilst these investigators found M & B 693 active in highly virulent organisms, neither in vivo or in vitro was the action immediate. They concluded that the effect of the drug was not merely germicidal, but probably operated by neutralization of some metabolic function or enzymotic activity, in effect impeding the nourishment of the bacteria and thus inhibiting growth. This assumption, if well-founded, has important bearing upon the problem of relapse after sulphonamide treatment.

Hallam (1939) reported a case of severe ultra-violet burning in a patient who was taking M & B 693. The exposure itself was too moderate to account for the severity of the skin and general reactions, but the evidence was too slender to warrant the assumption that the predisposition was photosensitization due to M & B 693. Six grammes of the drug had been taken over a period of four days.

Bowie, Anderson, Dawson, and Mackay (1939) treated 127 cases of gonorrhoea in the male. The majority were acute infections and uncomplicated. Like McGregor Robertson (op.cit.) Bowie and his colleagues deprecate delayed drug therapy. Of 97 patients who completed the course (various dosages were tried) and attended for tests of cure, 91 (93 per cent.) were apparently cured. Toxic reactions were not severe and varied directly with dosage. Renbom (1939) treated and cured a case of gonococcal proctitis with M & B 693. Sommerville (1939) treated 152 cases of gonorrhoea in the male, of which practically all were acute. Thirteen cases defaulted and five did not respond to the drug. Early cure was obtained in 90 % of those cases which attended regularly. Eleven cases relapsed

and their relapse was attributed to alcohol. The apparent failures responded quickly to irrigation. One interesting conclusion reached by Sommerville is that a moderate dosage (one tablet four times a day) is shown by his figures to be productive of the best results. He encountered no complications and although toxic reactions were observed in 39 per cent. of the cases, these were never severe. Absé (1939) cited instances of failure in the use of the drug. He provided no data, but instanced cases where the disease had remained latent after apparently successful treatment. Browdy (1939) uttered a similar warning, but provided no clinical evidence to substantiate his point of view. Both these reports seem to be based on the incontestible fact that some general practitioners have applied M & B 693 indiscriminately to gonococcal infections, have allowed self-medication without due supervision and have omitted to insist upon thorough tests of cure. The moral is evident. Forgan, however, thought fit to underline it and pleaded for more thorough tests of cure and a closer liaison between general practitioners on the one hand, and medical officers and venereologists on the other.

Thompson (1939) described rashes (simulating measles, rubella, and scarlet fever) resulting from the administration of M & B 693. He mentioned three cases, none of which were gonococcal infections.

Buttle (1939) writing of the pharmacology of the sulphanilamide group, mentioned the potency of M & B 693 in gonococcal infections. He found that it was absorbed and excreted more slowly in animals than sulphanilamide, and reached the cerebrospinal fluid more slowly. He observed that drugs of this group "do not work very well where there is a considerable tissue breakdown due to suppuration - as in streptococcal or gonococcal cases with abscesses". The drugs are not a substitute for local surgical procedures. Discussing toxic symptoms, Buttle made occasional reference to M & B 693. He found that it

produced depression more markedly than did sulphanilamide. Of all toxic reactions he judged agranulocytosis to be the most serious condition produced by these drugs and he referred to six cases attributed to the action of M & B 693. He insists that all patients who receive drugs of the sulphanilamide group for more than 10 days should have a blood count every third day. The most troublesome symptoms with which M & B 693 was associated were nausea and vomiting.

Cokkinis and McElligott (1939) published a study of late relapses after sulphonamide cure of gonorrhoea. They analysed 1,268 male and 210 female cases, whose chemotherapy was completed from six months to two years previously and who had passed all tests of cure. In the male cases the late relapse rate was 30%. Patients treated with M & B 693 and Uleron seemed more liable to relapse than those treated with sulphanilamide. The comparative figures for the three drugs were M & B 693 18.5 per cent; Uleron 18 per cent; sulphanilamide 7.8 per cent. In the female cases Uleron was not used, but the relapse rate with sulphanilamide was considerably higher than with M & B 693. (The M & B 693 cases were only followed up for eight months at the most, whilst the sulphanilamide cases were two years old.) It should be mentioned that in the estimation of early relapses (male) the positions were reversed and M & B 693 showed only 8.6 per cent against sulphanilamide 17.7 per cent. Cokkinis and McElligott do not attach much significance to these comparative figures. They do assert, however, that delayed therapy decreases the incidence of both early and late relapse. Where chemotherapy was delayed for a week after the onset of the disease, vaccine-therapy was also given and this may account, in some measure, for the lower incidence of relapses in that group. Very few of the relapses

above mentioned could be traced to inadequate dosage. Perhaps the most signal fact emerging from this report is the failure of the exhaustive tests of cure to reveal the still present, but evidently dormant gonococci. Cokkinis and McElligott go so far as to say that "negative tests are not proofs of cure in cases treated by chemotherapy."

Commenting on the above report, Mascall (1939) reported an increase in relapses at Whitechapel after sulphonamide "cure" of gonorrhoea; he also noticed an increase in the so-called gonococcal carrier since the advent of sulphonamide treatment. Assinder and Knight (1939) criticised the rather haphazard competition of percentages in the article by Cokkinis and McElligott (1939 op.cit.). They prefer M & B 693 to Uleron and sulphaniilamide and find only 13% relapses in over a thousand cases (male and female) treated with M & B 693. Many of these cases were under observation for over a year. With reference to delayed treatment, Gardner (1939) asked whether the figures analysed by Cokkinis and McElligott referred only to randomly selected cases in which treatment was withheld until the second week, or whether they included cases which did not report before that time. He suggests that the late-comers may be patients whose infections are relatively mild, or in whom the progress of the disease is retarded by a stronger natural resistance or they may be careless people who neglect to come for treatment and may be equally careless about reporting relapse. These factors would all tend to show a decreased relapse rate for the second-week cases. Stuart (1939), quoting experience at Portsmouth (but without data) thought Cokkinis and McElligott over-estimated the probability of relapse. He recommended 10 grains of sodium bicarbonate to be given with each gramme

of M & B 693 to increase absorption and so make a smaller dose more effective. Sandes (1939) stressed the importance of the complement-fixation test being carried out in a laboratory, where the technique of the test is in regular use.

Throughout this correspondence there were references to an increase in the number of defaulters after sulphonamide chemotherapy.

Taylor (1940) reported on 100 male cases treated with M & B 693 delayed therapy, 3 gm daily for 14 days. Lavage with mercury oxycyanide and potassium permanganate (alternate weeks) was given. If a prostatic massage three weeks after commencement of treatment produced a bead negative for pus and gonococci, it was followed by irrigation with silver nitrate. 64 per cent of cases passed all tests of cure and an additional 33 per cent were apparently cured. Analysis of a further 150 cases (no data given) showed similar results. Taylor encountered three rashes and other slight toxic reactions. Prebble (1940) reported on 305 male cases, 160 of them acute. He used a dosage of 3 gm daily for one week followed by 1.5 gm daily for a further week. Irrigations with 1 in 8000 oxycyanide of mercury were employed in almost all cases. Complications were rare and toxic reactions were observed in less than 6% of patients treated.

Pringle, Dockeray and Mitchell (1940) reported a severe case of agranulocytosis following treatment with M & B 693 (46.5 gm over a period of 18½ days) in the absence of one other apparent toxic reaction. The patient was being treated for pneumonia.

Clinical Material.

A carefully controlled clinical investigation of the three drugs Uleron, Albucid, and M & B 693 was undertaken at the Venereal Diseases Department of the Leicester Royal Infirmary. The number of cases treated was in some instances more than twice the number reported on herein. For the purpose of the investigation, however, it was considered that only those cases should be included which by reason of strictly regular attendance could be regarded as valid for statistical analysis. All male cases were acute gonococcal infections. Moreover, all the cases mentioned hereafter were supervised personally by the writer during treatment and subsequently during tests of cure. The number which fulfilled these conditions were as follows:

Uleron	-	100	(male)
Albucid	-	50	(male)
M & B 693	-	100	(male)
do	-	50	(female)

Standard of cure.

No patient was dismissed as cured until the routine tests of cure had been passed. For male patients these tests consisted of three prostatic smears (the patient not having urinated for three hours, and the glans penis cleaned thoroughly with surgical spirit), the passing of a metal sound into the bladder, urethroscopic examination, and a provocative gonococcal vaccine test. A complement fixation test was not done in all cases. These tests cover a period of some six weeks and a good interval was allowed between "apparent cure" and the tests of cure. It should be pointed out that a few cases defaulted before tests could be completed, and

these have only been included where observation was carried far enough for a reasonable conclusion to be reached. They fall mainly under the heading "probably cured", and their default is in each case indicated in the tables.

For female patients the tests of cure consisted of a post-menstrual cervical and urethral smear after three consecutive periods. The first of these tests was preceded by a provocative vaccine. A culture examination was resorted to in all doubtful cases.

TREATMENT WITH ULERON. (100 male cases of acute gonococcal infection.)
(See Table No.1.)

We come now to the details of treatment with the first of the three drugs. Uleron was given to a 100 male cases of recent gonococcal infection. All were found to have gonococci in direct urethral smears on the first attendance at the clinic and on the day immediately before the commencement of Uleron treatment. They were all clinically and pathologically acute gonococcal urethritis on the first attendance at the clinic. Seven had complications at the outset of treatment. These complications were peri-urethral abscess (one), epididymitis (two), copaiba rash (one), toxic conjunctivitis (one), retention of urine (One). Later, but before the first Uleron course, a further twelve developed complications as follows: epididymitis (five), peri-urethral abscess (two), cystitis (two), prostatitis with rheumatism (one), slight rheumatism (one), and arthritis of knees and ankles (one).

Adjuvant Treatment. Daily irrigations were given (posterior from the outset where possible) with

1 in 10,000 potassium permanganate solution. The use of the urethral syringe was not advised. Gonococcal vaccines were not administered.

ULERON - Mode of administration.

The drug was administered in short three-day courses (or Stosses) separated by varying short intervals (usually nine days). It will have been noticed in the survey of ULERON literature that the "Stoss" technique has been used fairly generally with ULERON in order to lessen the incidence of possible secondary effects. The following printed instructions were given.

1st day:- Two tablets three times after food.

2nd & 3rd days:- Two tablets four times a day
after food.

A full glass of water to be taken after each two tablets, and no eggs or salts (Glauber or Epsom) to be taken during the three days.

It is of interest to note that occasional patients have admitted neglect of the above precautions; one patient, for instance, took a daily quantity of "Epsom" salts during the treatment, but suffered no discomfort. Nevertheless, the precaution has been observed when administering any of the sulphanilamide derivatives.

It will be seen that the total dosage during one Stoss was twenty-two tablets (eleven grammes).

Delayed therapy was the rule in treatment with Uleron. Much has already been said about the advisability of allowing a short period for the development of maximum resistance; in this series of cases the average duration of urethral discharge before beginning Uleron treatment was 17.9 days. The average interval between the first and second Stosses was 9.2 days, and that between the second and third Stosses 10.8 days.

Twenty-eight cases received only one Stoss, forty-two received two Stosses, and thirty received three.

Fig.1. CLINICAL PICTURE OF 100 CASES ON COMPLETION OF ULERON TREATMENT.

	Clinical picture immediately following course(s).			Clinical picture after period of observation.		
	No sign of infection.	Less discharge.	No change.	Re-lapse.	Appar-ent cure	Appar-ent failure.
28 cases receiving ONE course only.	18	9	1	1	26	1
42 cases receiving TWO courses only.	31	9	2	4	35	3
30 cases receiving THREE courses only.	15	2	13	4	13	13
Total of 100 cases receiving ONE, TWO, or THREE courses.	64	20	16	9	74	17

Figure I shows the clinical picture of 100 cases on completion of the Uleron treatment, and Figures II, III and IV the clinical or pathological picture immediately after one, two, or three Uleron Stosses. Complete and detailed protocols of all cases treated with Uleron are to be found hereafter (p. 38.).

It is intended in Fig.I to show as clearly as possible the effect of Uleron treatment in cases which have been grouped according to the number of Stosses administered. Figure II gives, so to speak, a cross-section of the results of treatment immediately after the first course of Uleron. It therefore includes the total material of a 100 cases.

Fig.II - Clinical and Pathological Picture of 100 Cases immediately following One Uleron Course (including those who later received Further Uleron Treatment).

	No Sign of Infection	Less Discharge		No Change
		G.C. -	G.C. +	
100 cases	48	24	14	14

It was not considered necessary to give further treatment to twenty-seven of the above cases after observing them for a few days. Another case defaulted while still infected, and is recorded (see Fig.I) as an "apparent failure".

Seventy-two patients received a second course. This number includes 16 who relapsed after disappearance of discharge on the first course, fourteen who remained free of discharge but whom it was thought advisable to treat further, twenty-six who showed "less discharge" but did not relapse, and thirteen who failed to respond to the course.

Fig.III - Clinical and Pathological Picture of Seventy-two Cases immediately following Two Uleron Courses.

	No Sign of Infection	Less Discharge		No Change
		G.C.-	G.C.+	
72 cases	40	12	6	14

It was not considered necessary to give further treatment to thirty-eight (although four of these subsequently relapsed). Three were recorded as "apparent Uleron failures" after two courses.

Thirty patients received a third course. This number includes six who relapsed after disappearance of discharge following two courses, three who remained free from discharge but whom it was thought advisable to treat further, ten who showed less discharge after two courses, and eleven who failed to respond to two courses. That only eleven of the fourteen cases showing no improvement in the previous table were given a third course seems to call for explanation. The three cases which were not treated further are accounted for as follows: (1) Case 68 failed completely to respond and was given other treatment; (2) Case 95 was given other treatment; (3) Case 100 developed urticaria after the second course, and further use of the drug was thought inadvisable.

Fig.IV. - Clinical and Pathological Picture of Thirty Cases immediately following Three Uleron Courses.

	No Sign of Infection	Less Discharge		No Change
		G.C.-	G.C.+	
30 cases	15	2	0	13

Only 50 per cent. of the 30 cases treated with a third course show a distinctly favourable result (Fig.IV). This, ofcourse, is to be expected, for the group comprises

those cases which respond slowly to Uleron and those which do not respond at all.

CONTROL CASES.

For the purpose of comparison 100 consecutive cured acute cases were taken from a previous year. All had received daily irrigations and had eventually completed routine tests of cure. The average duration of discharge was fifteen weeks. Complications (mild and severe) occurred in 24 % of these cases.

DISCUSSION & CONCLUSIONS.

The analysis of one hundred cases leaves little doubt about the value of Uleron as a chemotherapeutic agent for acute gonorrhoea. It will have been noticed that delayed therapy was employed, and that irrigations were given in all cases. A number of acute cases were put on uleron at first attendance, but eventually this practice was discontinued, the results being less satisfactory. In the cases reviewed here the average duration of discharge before the commencement of Uleron treatment was nearly three weeks (17.9 days).

IRRIGATION.

As far as adjuvant treatment is concerned, irrigation seems to justify itself. This impression was strengthened by a preliminary investigation of the use of Uleron without any irrigation.

T.O.C.

Particular attention has been given to the importance of a long observation period between "apparent cure" and application of the routine T.O.C. The T.O.C. must be even more scrupulously carried out for cases treated by chemotherapy than for cases treated by the older methods.

RESULTS.

The results obtained in this series, while they testify to the worth of Uleron in the treatment of gonorrhoea, vary a little from the experience which is reflected in Uleron literature generally. In the first place they do not confirm the almost unqualified

approval of German workers; in the second place, they do not confirm the forbodings of many British writers concerning toxicity. It may be that regulated dosage and very careful supervision during treatment has induced a mode of treatment which by its moderation fails to attain the maximum cure rate but lessens the incidence of toxic complications.

After one Uleron course 26 per cent. showed an "apparent cure" and were subsequently proved to be definitely "cured". After two courses a further 35 per cent. gave a similar result, thus bringing the total up to 61 per cent. After three courses another 13 per cent. was added to the "apparent cures" (followed by successful T.O.C.), the total now reaching 74 per cent. Nine per cent. of the cases treated relapsed after a temporary clearing up of the symptoms. Seventeen per cent. were definitely unresponsive to treatment and must be classed as Uleron failures. It will be seen that these figures are somewhat less impressive than those obtained in the Continental clinics, where only about 10 per cent. of failures was admitted.

Toxic Reactions. Toxic reactions at Leicester, however, were slight. Three patients complained of slight headache, four of a slight nausea, and two developed a severe generalised urticaria (one after the second course and one after the third). The urticaria cleared up rapidly when the drug was stopped. Neither polyneuritis nor acute anaemia occurred during this series. Since polyneuritis has been particularly associated with the use of Uleron, it is of interest to note that the majority of the patients at the Leicester clinic are city workers and remain active, for the most part, during treatment. Of their diet little can be said with certainty except that they are probably better nourished than most British workpeople. The bulk of

the patients were labourers, engineers, or factory operatives. The peak age for new infections is between 25 and 35.

RELAPSES.

There is every reason to believe that the relapse rate of 9 per cent. is final for this series; no others have been reported. One of the "relapses" appeared clinically free from gonorrhoea for a period of seven weeks before relapsing. It is extremely improbable that this case was re-exposed to infection.

GONOCOCCAL COMPLICATIONS.

Gonococcal complications before and after treatment totalled 19 per cent. (in the controlled cases this total was 24 per cent.). The average duration of discharge (including the period before attending the clinic) for the "apparent Uleron cures" was thirty-five days, in contrast to fifteen weeks in the controlled cases.

RE-INFECTION.

Uleron does not appear to hinder re-infection. Two cases in the first group were re-exposed and the disease was just as acute as before. Both had been definitely cured and had past all T.O.C.

GENERAL.

The relatively low toxicity of Uleron as used in this series should not be interpreted as sanction for its indiscriminate use. Experience has shown that where Uleron is administered under inadequate medical supervision, or without medical advice at all, it can be extremely dangerous.

TREATMENT WITH ALBUCID. (50 male cases of acute gonococcal infection). See Table II.

CLINICAL MATERIAL.

Fifty acute gonococcal infections in male patients were treated with Albucid. All revealed gonococci in direct urethral smears at their first attendances and on the day immediately preceding the commencement of chemotherapeutic treatment. They were all clinically and pathologically acute gonococcal urethritis when they presented themselves at the clinic.

COMPLICATIONS.

There were seven gonococcal complications in this group, relatively more than in that treated with Uleron (7 %).

Before Albucid was administered the following conditions were noticed :- painful left inguinal gland (one), rheumatism (two), acute epididymitis (four).

ADJUVANT TREATMENT.

The same general policy was followed with regard to adjuvant treatment, all patients being subjected to lavage with 1 in 10,000 pot.permang.soln. Again no gonococcal vaccines were used.

ADMINISTRATION.

Since the precautions of "Stoss" treatment were not necessary in the case of Albucid, a course of 42 tablets in seven days (two tablets three times a day) was given. Each patient therefore had 21 grammes. For this series of cases more prompt chemotherapy was tried. The patients reported at the clinic within an average time of 4.4 days after the first appearance of the discharge. The average period allowed to elapse between the onset of the disease and the commencement of Albucid treatment was 9.1 days (as against 17.9 days in the Uleron series).

RESULTS.

Of the fifty cases, thirty passed all tests of cure and did not relapse. Ten cases showed an improved clinical picture on completion of treatment, but relapsed quickly. Ten cases altogether failed to respond. It was decided to continue treatment in the case of one of the latter category, so that it might be

seen if the complete failure to respond was due to insufficient or insufficiently protracted dosage. Accordingly case A25 was given a second and then a third course of 22 grammes. There was still no response. A few such stubborn infections were later treated with Uleron or M & B 693. Altogether, of the 10 which failed to respond to Albucid, two were cured by M & B 693 and two by Uleron. Of those which relapsed after Albucid two were cured by the agency of M & B 693. Two more Albucid failures were treated with M & B 693 but without success (cases A 46 & A 47).

Thus only 60 % of cures resulted from the use of Albucid, the figure being increased to 72 % by the aid of other chemotherapeutic agents, notably M & B 693.

TOXICITY.

Toxic reactions were confined to one severe generalised urticaria, and three instances of nausea.

CONCLUSIONS.

Albucid was found to be a drug of remarkably low toxicity. In this respect it is the most remarkable of all the sulphanilamide derivatives. It is more difficult, however, to be convinced of its high therapeutic value. Of 50 typical acute gonococcal infections only 60 % were cured. When several cases were selected for re-treatment with Albucid or other drugs, the figure was raised to 72 % (due to the action of M & B 693 and Uleron). It is possible that a longer delay before treatment would have tended to produce better results. Against this, however, it should be noticed that the Albucid failures were cases which had a discharge for an average of 8.9 days before treatment. The normal period for the series was 9.1. This does not suggest that Albucid failures were more rare when a longer delay was instituted before treatment.

TREATMENT WITH M & B 693 . (100 cases of acute gonococcal infection in the male).
See Table No.III.

CLINICAL MATERIAL.

One hundred acute gonococcal infections in male patients were treated with M & B 693. All revealed gonococci in direct urethral smears at their first attendances and on the day immediately preceding the commencement of chemotherapy. All were clinically and pathologically acute gonococcal urethritis when they presented themselves at the clinic.

COMPLICATIONS.

Thirteen patients had gonococcal complications before treatment. There were four instances of epididymitis, two of infected peri-urethral follicle, two of Tyson's abscess, one of prostatitis, one of arthritis, two instances of concurrent rheumatism and prostatitis, one of dorsal lymphangitis, and one of cystitis. For the purpose of comparison it is well to remember that against this "complication rate" of 14 % the Uleron group had 7 % and the Albucid group also 14 %. Three patients of the M & B 693 group developed further complications during treatment as follows : one epididymitis (after 30 gms), one cystitis and one arthritis of the right knee with toxic conjunctivitis. It will be remembered that in the Uleron group 12 patients developed later complications.

ADJUVANT TREATMENT.

In this series it was decided to put to the test the general principle heretofore established that from the outset posterior irrigation should be used where ever possible. Consequently fifty of the cases (cases 1 to 50) were given the drug without concurrent irrigation and fifty (cases 51 to 100) were irrigated as before with 1 in 10,000 pot. permang. solution. No gonococcal vaccines were used.

TECHNIQUE OF
ADMINISTRATION.

The normal course was 60 tablets (30 gms) and the dosage six tablets daily (two tablets three times a day). The problem of immediate or delayed therapy was complicated in this series by the inclusion of a few patients who did not present themselves at the clinic until many weeks after the onset of the disease. The problem is further complicated by the inclusion of a number of long-standing infections which had failed to respond to other methods of treatment. All these cases were still clinically and pathologically acute or sub-acute gonococcal urethritis. However, for the whole series the average duration of the discharge before attendance at the clinic was 5.7 days (the exclusion of 4 late-attending cases would lower this average to 3.9 days). The average duration of discharge before commencing treatment with M & B 693 was 22.2 days (if we disregard 13 previously treated cases referred to above, this average is drastically reduced to 6.3 days. It may be said generally that chemotherapy in this series was fairly prompt except where M & B 693 was applied to infections which had withstood other methods or in those cases where first attendance at the clinic was delayed by the patient concerned. It is generally safe to say that wherever possible M & B 693 was commenced about a week after the onset of the disease.

During treatment frequent clinical and pathological examinations were undertaken with a view to the presentation of a continuous picture of the effects of the treatment. It is not possible to discuss individual case records here, but the progress of individual patients under treatment can easily be followed from the protocols (Table III).

RESULTS.

The broad results of treatment with M & B 693 may now be set out. Sixty-six patients were able to pass

all tests of cure and were discharged from the clinic. In addition, seventeen cases defaulted either late in treatment or during tests of cure. In these cases treatment and observation had been carried far enough to warrant their classification as "probable cures". It is quite often the case that the unwilling attender loses his enthusiasm for treatment when his condition ceases to be a source of worry or discomfort. If these "probable cures" are added to the "certain" cures, a cure rate of 83 % is reached. Relapses after treatment numbered 9 (9%), and 8 (8%) of the patients failed to respond to M & B 693.

GENERAL
DISCUSSION.

In this series the average period from the onset of the discharge to the beginning of the tests of cure was 9.6 weeks. Naturally, this refers only to "cured" or "probably cured" cases. The average period from the onset of the disease to the completion of the tests of cure was 18.3 weeks. This refers only to the "cured" cases. The average duration of the urethral discharge after commencement of treatment with M & B 693 was found to be 5.1 days. This figure is obtained from the records of "cured" and "probably cured" cases. Three long standing cases which had proved unresponsive to local treatment cleared up rapidly with M & B 693. One Uleron "failure" was likewise cured.

During treatment with the drug, three gonococcal complications supervened. There was one case of epididymitis, one of cystitis, and one of arthritis of the left wrist with toxic conjunctivitis.

THE PROBLEM OF
ADJUVANT TREATMENT.

Some comparison may be attempted of the results of treatment with or without local antiseptics. The following is a summary of the results obtained in group one (not irrigated) and group two (irrigated).

	<u>Group ONE</u>		<u>Group TWO</u>
	(Not irrigated)		(Irrigated)
	(Cases 1-50)		(Cases 51-100)
CURED.....	31	.....	35
PROBABLY CURED	9	.....	8
FAILED.....	4	.....	4
RELAPSED.....	6	.....	3
 GONOCOCCAL COMPLICATIONS AFTER STARTING TREATMENT.....			
	1	.....	2

These figures are suggestive, but alone they are not quite conclusive. They do indicate in favour of local antiseptic treatment, however, and especially is this true of the "relapses". A more striking contrast, however, is to be found in the average duration of urethral discharge in the two groups (after commencing chemotherapy). The figures are as follows :-

Non-irrigated group 5.5 days.

Irrigated group..... 4.4 days.

There is concrete evidence here that M & B 693 is more rapidly effective when the infection is being dealt with locally.

Toxicity.

In 41 of a hundred male cases treated with M & B 693 some toxic effects were apparent. Generally these were neither severe nor of long duration. Headache (often frontal and severe) was common, and nausea, giddiness, and vomiting were complained of by several patients. Four toxic rashes were seen, two macular (general), one erythematous (severe), and one urticarial. Other signs or symptoms attributed to the action of the drug were abdominal pain, lack of energy, backache (?), and "bumpy Heart".

TREATMENT WITH M & B 693. (50 cases of acute gonococcal infections in the female).
See Table IV.

CLINICAL
MATERIAL.

M & B 693 was given to fifty cases of acute or sub-acute gonococcal infection in the female. On first attendance cervical and urethral smears were examined and, where necessary, a complement fixation test was done. All the patients were found to have gonococci either in a urethral or cervical smear, or in both. The cases were varied and typical, presenting the usual local and general complications of gonorrhoea in the female. Abdominal pain was encountered (5 cases) and in most cases there was cervical or urethral discharge, or both. Painful and frequent micturition was reported in half a dozen cases; erosion of the cervix was apparent in ten cases; arthritis of wrist, knee, ankle, and shoulder, urethral haemorrhage, vulvar inflammation, and vomiting were also present. There were three cases of salpingitis (one severe), and one of Bartholin's abscess. One patient had a secondary syphilitic rash.

ADJUVANT
TREATMENT.

Local treatment of the infected parts was given either daily or on alternate days, the discharge being removed with sodium bicarbonate solution.

TECHNIQUE OF
ADMINISTRATION.

In this series the normal course was 21 grammes (2 tablets three times daily for a week). Where advisable this course was prolonged until 30 grammes had been administered. In seven cases it was found necessary to give a second course of treatment. Only two patients defaulted before the completion of the initial course.

The average interval between first attendance and the commencement of treatment with M & B 693 was

31.3 days. It should be pointed out that, as in the group of male patients treated with M & B 693, this average is increased considerably by the inclusion of several cases which had proved resistant to other methods of treatment. If ten such cases are left out of the count the average is lowered to 9.5 days. This is a fairer picture of the general procedure in this group.

RESULTS.

Twenty-six cases passed all T.O.C. and were discharged as cured (52 per cent.). We may add to this twelve more cases classed as "probably cured". These were cases who defaulted, or who for some reason were not subjected to thorough tests. In this series there was little early default, and a certain amount of confidence can be felt even in these somewhat dubious cases. Adding these probable successes to the "cures" we obtain a maximum success rate of 76 %. Only two cases relapsed after treatment: ten patients responded erratically or not at all -- they are regarded as M & B failures.

DISCUSSION.

Further classification of these results is necessary in view of the fact that more than the normal course of 21 grammes was frequently given, and in one or two cases the dosage was less than 21 grammes. One case (No.F 32) was cured after 26 tablets. Two patients defaulted after having 30 and 36 tablets respectively. In one instance the patient was a gonorrhoeal contact with a slight infection which cleared rapidly; the other experienced a rapid recovery but encountered nausea due to the drug. These are both classed as probable cures (their protocols may be examined on Table IV

Patients F 2 and F 48). Of those who received 42 tablets only, 13 were cured, 8 probably cured, 2 relapsed, and 3 failed to respond and were treated by other methods. Fourteen patients had a course of 60 tablets, eight being cured and two probably cured. Four still failed to respond. Finally seven patients were given a second course of the drug ; four were cured, and three remained unresponsive.

During treatment a clinical and pathological examination was carried out as frequently as possible (in many cases daily) and the record of these examinations will be found in Table IV. In the 38 cases which responded favourably, gonococci were absent after about three days treatment. Where discharges did cease, they ceased rapidly. Urethral discharges in 33 cases cleared up in an average time of 3.4 days. Cervical discharges were more persistent, but in 18 cases they ceased in 5.7 days.

Tests of cure have already been described. The average period between the first attendance and final T.O.C. was 30.8 weeks.

It is noticeable in the protocols of these cases that where M & B 693 succeeds it does so with remarkable dispatch. On the other hand, it seems that where it is unsuccessful its failure is not to be eradicated merely by persistence. In this connection, it must be remembered that consideration for the comfort of the patient often precludes a too-persistent application of the drug.

In the present group of cases M & B 693 proved a powerful therapeutic agent for gonorrhoea in the female. Local foci of infection responded well to antiseptic measures, and indeed seemed more amenable to treatment whilst the blood was impregnated with the drug.

TOXIC
REACTIONS.

It has been the experience of some clinicians that women are treated with difficulty by sulphanilamide chemotherapy on account of their unwillingness to suffer the attendant discomforts which are often to be sustained during treatment. Some of the cases here described complained of headache, others of nausea, vomiting, giddiness, debility, "rigor", and dyspnoea. An erythematous and an urticarial rash were seen, together with seven other rashes of varying severity. In all, 29 patients, or 58 % of the cases treated, suffered in some fashion from secondary effects of M & B 693. There was no reason to suppose, however, that the great majority did not persevere with the recommended dosage. It is probable that very frequent examination and reassurance, wherever possible, will overcome this difficulty.

SUMMARY OF RESULTS OBTAINED WITH ULERON, ALBUCID,
AND M & B 693 IN THE TREATMENT OF ACUTE GONORRHOEA
OF THE MALE.

	<u>ULERON</u> (100 cases)		<u>ALBUCID</u> (50 cases)		<u>M & B 693</u> (100 cases)
CURED.....	59 %	} 74 %	60 %	} 60 %	66 %
PROBABLY CURED...	15 %		-		17 %	83 %
RELAPSED.....	9 %	} 26 %	20 %	} 40 %	9 %
FAILED.....	17 %		20 %		8 %	17 %
TOXIC EFFECTS RESULTING FROM .. USE OF DRUG	9 %		8 %		41 %
DRUG RASHES (Included in above)	2 %		1 %		4 %

With reference to the toxicity of the respective drugs, it should be pointed out again that a special technique of administration was adopted in the case of ULERON with a view to diminishing secondary reactions. Whether this should be done in the case of M & B 693 is debatable. The high percentage of toxic reactions seems to favour such a course. On the other hand, the intensive treatment seems justified by its therapeutic effect, and the toxic conditions encountered were not generally so severe as to prove an obstacle to treatment.

SUMMARY OF RESULTS OBTAINED WITH M & B 693 IN THE
TREATMENT OF ACUTE GONORRHOEA OF THE FEMALE.

	<u>M & B 693</u>	
	<u>(50 cases)</u>	
CURED	52 %	} 76 %
PROBABLY CURED.....	24 %	
RELAPSED.....	4 %	} 24 %
FAILED.....	20 %	
TOXIC EFFECTS.....	58 %	
DRUG RASHES.....	18 %	
(Included in above).		

These results compare quite favourably with those obtained in the treatment of male cases with M & B 693. The percentage of patients suffering from toxic effects, especially from skin eruptions due to the action of the drug, is much higher.

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Abbreviations used in the TABLES.

CL = Urine clear.
Ts = Urine threads.
Sps = Urine specks.
H = Urine hazy.

Oc = Occasional. (e.g. Oc Ts = Occasional urine threads)

F = Few.

G.l. = Acute gonorrhoea.

D = Discharge.

CD = Cervical discharge.

UD = Urethral discharge.

PC = Pus cells.

EC = Epithelial cells.

Os = Organisms (Not including gonococci)

GC = Gonococci.

C = Cervix

U = Urethra.

T.O.C. = "Routine tests of cure in a gonorrhoeal case"

When referring to a "Discharge" ++ = profuse
+ = moderate
± = slight
- = none

When referring to "Organisms or Cells" ++ = very many
+ = many
± = few
- = none

N.V.D. = Not Venereal Disease (Non-venereal)

N.A.D. = No apparent disease.

"ULERON"

TABLE I

PLEASE TURN THIS MARGINAL
INDEX OUT WHEN READING
TABLE I.

WHEN NOT CONSULTING TABLE I
PLEASE TURN THIS MARGINAL INDEX
OVER PAGE 38.

(i.e.) Over first page of this TABLE.

TABLE I . One hundred MALE cases treated with "ULERON".

Patient's serial number.	U1	U2
Duration (in days) of urethral discharge before attending clinic.	7	6
Clinical picture (including complications) on first attendance at the clinic.	G.I. LYMPHANGITIS PERI-URETH.AB.	G.I.
Gonococcal complications after first attendance but before 1st Uleron Course.	-	-
Duration of discharge (in days) before commencing 1st Uleron Course.	19	15
Clinical picture immediately before commencing 1st Uleron Course.	D++	D++
Urines 1 & 2 before commencing 1st Course.	Ts.Sps./CL.	Sps.H./FSps.
Clinical picture immediately after 1st Uleron Course.	D-	D+
Urines 1 & 2 after 1st Uleron Course.	Oc.SP. / CL.	Sps. / Sps.
Direct urethral smear (if obtainable) on day after cessation of 1st Uleron Course.	-	PC+ Ost Gc+
Complications following 1st Course.NOTES.	AGAIN D+	
Interval(days) between 1st & 2nd Courses.	6	8
Clinical picture immediately before commencing 2nd Uleron Course.	D±	D±
Urines 1 & 2 before commencing 2nd Course.	F.Sps. / CL.	Oc.SP. / CL.
Clinical picture immediately after 2nd Uleron Course.	D-	D-
Urines 1 & 2 after 2nd Uleron Course.	CL. / CL.	CL. / CL.
Direct urethral smear (if obtainable) on day after cessation of 2nd Uleron Course.	-	-
Complications following 2nd Course.NOTES.		
Interval(days) between 2nd & 3rd Courses.		
Clinical picture immediately before commencing 3rd Uleron Course.		
Urines 1 & 2 before commencing 3rd Course.		
Clinical picture immediately after 3rd Uleron Course.		
Urines 1 & 2 after 3rd Uleron Course.		
Direct urethral smear (if obtainable) on day after cessation of 3rd Uleron Course.		
Complications following 3rd Course.NOTES.		
Time (in weeks) from onset of discharge to beginning of 'Tests of Cure' (T.O.C.).	16	14
Time (in weeks) from onset of discharge to dismissal as 'Cured'.	24	30
Duration (in days) of urethral discharge.	31	29
NOTES.		

"CURED"

"CURED"

U3	U4	U5	U6	U7	U8
3	5	14	1	3	3
G.I.	G.I.	G.I.	G.I.	G.I.	G.I.
-	-	-	-	-	PERI-URETHRAL ABSCESS.
11	28	34	18	14	14
D+	D++	D++	D++	D+	D++
Ts.H / SPS	Ts.H. / SPS	Ts.Sps. / CL	SPS. / CL.	SPS. / CL.	SPS / SPS
D±	D-	D±	D±	D-	D±
OC.SP / CL	SPS. / CL.	SPS. / CL.	SPS. / CL.	CL / CL	OC.SP / CL
Debris only	-	PC+ Os- GC+	PC± Os- GC-	-	PC+ Os- GC-
PROSTATITIS	D++ again		D± STOPPED BEFORE 2ND COURSE.		
5	8	8	14	5	8
D±	D++	D±	D-	D-	D±
CL / CL.	Ts.SpsH. / CL.	SPS / CL	CL / CL	CL / CL	F.SPS. / CL.
D-	D-	D-	D-	D-	D-
CL / CL	CL. / CL.	SPS. / CL.	CL / CL	CL / CL	F.SPS. / CL
-	-	-	-	-	-
	RELAPSED FOR 1wk & THEN CLEARED UP.				RELAPSED
/	/	11	/	/	8
/	/	D+	/	/	D+
/	/	SPS. / CL.	/	/	F.SPS. / CL.
/	/	D-	/	/	D±
/	/	CL / CL.	/	/	F.SPS / CL
/	/	-	/	/	PC+ Os- GC-
					URTICARIA (SEVERE)
15	10	10	8	8	STILL ON TREATMENT.
DEFAULTED BEFORE FINAL SMEAR	16	14	RE-EXPOSED TO FRESH G.C. INFECTION	DEFAULTED BEFORE FINAL SMEAR	-
22	43	62.	31	20	-
					ULERON FAILURE

"CURED"

"CURED"

"CURED"

"Probably CURED"

"Probably CURED"

"Complete FAILURE"

U9	U10	U11	U12	U13	U14
3	4	5	4	2	5
G.I.	G.I.	G.I.	G.I.	G.I.	G.I.
16	13	14	12	25	35
D++	D++	D+	D++	D+	D+
Ts.H. / CL.	H.Sps.Ts / Sps.H.	Sps.H / Sps.H.	Sps.H / CL.	Ts. / CL.	Ts.Sps. / CL.
D±	D-	D-	D+	D-	D±
Ts. / CL.	Sps. / CL.	Sps. / CL.	Ts.Sps. / Sps.	Oc.Sps. / CL.	Oc.Sps. / CL.
PC+ Os-GC+	-	-	PC+ GC-	-	PC+ Os-GC+
		D+ again			
14	6	7	5		5
D++	D-	D±	D-		D+
Sps. / CL.	Sps. / CL.	F.Sps. / CL.	F.Sps. / CL.		Ts. / CL.
D±	D-	D-	D-		D±
Ts / CL.	Ts.Sps. / CL.	CL. / CL.	CL. / CL.		Ts. / CL.
DEBRIS ONLY.	-	-	-		PC+ Os-GC-
	RELAPSED 2 WKS LATER WITH RT. EPIDIDYMITIS		RELAPSED.		
11			11		
D+			D++		
F.Sps. / CL.			Ts.Sps.H / H		
D±			D+		
Sps. / CL.			Ts.H. / H.		
DEBRIS ONLY.			PC++ Os-GC+		
12	16	7	16	13	14
20	22	15	22.	21	24
64	80	24	84	28	100
	ULERON FAILURE AFTER TWO COURSES.		LE URON FAILURE		

"CURED"

"CURED"

"CURED"

"CURED"

"Complete FAILURE"

"Complete FAILURE"

U15	U16	U17	U18	U19	U20
6	3	2	5	2	2
G.I.	G.I.	G.I.	G.I.	G.I.	G.I.
		EPIDIDYMITIS (LEFT SIDE)			
14	10	11	19	14	14
D++	D++	D++	D++	D++	D++
SPS. H / CL.	SPS. H / CL.	SPS. H / CL.	SPS. H / CL.	SPS. H. / CL.	SPS. H. / F. SPS.
D±	D+	D±	D+	D±	D±
OC. SPS. / CL.	SPS. / CL.	SPS. / CL.	TS / CL.	SPS. / CL.	F. SPS. / CL.
PC± Os- GC-	PC+ Os- GC±	PC++ Os- GC+	PC+ Os- GC+	PC+ Os± GC-	PC± Os- GC±
					EPIDIDYMITIS (BOTH SIDES)
4	4	5	10	8	8
D±	D+	D±	D+	D±	D++
OC. SP. / CL.	SPS. / CL.	SPS. / CL.	SPS / CL.	F. SPS. / CL.	SPS. / F. SPS.
D-	D±	D-	D±	D-	D++
CL. / CL.	SPS. / CL.	CL / CL.	SPS. / CL.	CL / CL.	SPS. / CL.
-	PC+ GC-	-	PC± Os- GC-	-	PC++ Os- GC+
			DEFAULTED.		
/	14	/	/	/	12.
/	D+	/	/	/	D++
/	SPS. TS / CL.	/	/	/	SPS. / CL.
/	D±	/	/	/	D+
/	SPS. / CL.	/	/	/	SPS. / CL.
/	PC+ Os- GC±	/	/	/	PC+ Os- GC+
					NO RESPONSE TO A 4TH ULERON COURSE.
8	-	8	-	9	21
					STILL ON TESTS.
24	-	22.	-	28	-
	ULERON FAILURE				ULERON FAILURE

"CURED"

"CURED"

"Probably
CURED"

"CURED"

"Complete
FAILURE"

"Complete
FAILURE"

U 21	U 22	U 23	U 24	U 25	U 26
5	1	1	3	1	4
G1	G1.	G1.	G1.	G1.	G1. VERY ACUTE
EPIDIDYMITIS (LEFT SIDE).					
26	15	12	14	10	16
D++	D++	D±	D+	D++	D++
SPS. TS. / CL.	SPS. / CL.	SPS. / CL.	SPS. / CL.	TS. SPS. / CL.	SPS. TS. / SPS.
D-	D+	D-	D-	D++	D±
F. SPS. / CL.	SPS. / CL.	CL / CL.	CL / -	H / H.	SPS. / CL.
-	PC++ Os- GC-	-	-	PC++ Os+ GC+	PC+ Os- GC-
D++ AGAIN			D+ AGAIN		D- IN A FEW DAYS.
10	14	/	11	8	/
D++	D+	/	D++	D++	/
TS. SPS. / CL.	SPS / CL.	/	SPS. H. / CL.	SPS. H. / H	/
D-	D-	/	D+	D±	/
F. SPS. / CL.	F. SPS / CL.	/	SPS. H / CL.	SPS. / CL.	/
-	-	/	PC+ Os- GC+	PC+ Os- GC+	/
RELAPSED D++					
14	/	/	14	4	/
D++	/	/	D+	D+	/
SPS. H. / H	/	/	SPS/CL	SPS/CL.	/
D++	/	/	D±	D-	/
SPS. / CL.	/	/	SPS / CL.	CL/CL.	/
PC+ Os- GC±	/	/	PC± Os± GC-	-	/
				RELAPSED	
STILL ON TREATMENT	12	5	10	NOT YET	7
	21	13	STILL ON T.O.C.		15
-	32	15	52		23
ULERON FAILURE				ULERON FAILURE	

"CURED"

"CURED"

"Probably
CURED"

"CURED"

"Relapse
FAILURE"

"Complete
FAILURE"

U 27	U 28	U 29	U 30	U 31	U 32
1	26	3	7	7	5
G.I.	G.I.	G.I.	G.I.	G.I.	G.I.
28	41	14	21	20	17
D+	D+	D++	D+	D+	D+
SPS. / CL.	Ts / CL	Ts. SPS. / CL.	Ts. / CL.	SPS. / CL.	SPS. Ts / CL
D±	D-	D-	D-	D±	D+
Oc. SP. / CL.	Oc. SP. / CL.	Oc. SP. / CL.	Oc. SP. / CL.	Oc. SP. / CL.	Ts. SPS. / SPS.
PC± Os - GC-	-	-	-	PC± Os - GC-	PC+ Os - GC++
D- IN A FEW DAYS.		D± again		D- IN A FEW DAYS.	
/	7	8	/	/	10
/	D-	D±	/	/	D+
/	F.SPS. / CL.	Oc. SP. / CL.	/	/	SPS. H / CL.
/	D-	D±	/	/	D-
/	CL. / CL.	Oc. SP. / CL.	/	/	CL. / CL.
/	-	PC± Os - GC±	/	/	-
/	/	12	/	/	/
/	/	D±	/	/	/
/	/	F.SPS. / CL.	/	/	/
/	/	D-	/	/	/
/	/	CL. / CL.	/	/	/
11	12	10	5	9	10
23	20	21	12.	15	22.
40	54	44	24	27	33

"CURED"

"CURED"

"CURED"

"CURED"

"CURED"

"CURED"

U 33	U 34	U 35	U 36	U 37	U 38
3	2	2	7	4	28
G.I.	G.I.	G.I.	G.I.	G.I.	G.I. & EPIDIDYMITIS
			RHEUMATISM & PROSTATITIS		ARTHRITIS (KNEES & ANKLES)
11	14	17	35	16	72
D++	D++	D+	D+	D++	D+
SPS. / CL.	SPS.H. / CL.	SPS. / CL.	OC.SP. / CL.	SPS.H. / SPS.H.	SPS. / CL.
D++	D++	D-	D-	D++	D-
SPS. / CL.	SPS.H. / CL.	OC.SP. / CL.	OC.SP. / CL.	SPS. / CL.	SPS. / CL.
PC++ Os- GC+	PC++ Os- GC+	-	-	PC++ Os- GC+	-
		D+ AGAIN			
10	9	21	9	14	8
D++	D++	D+	D-	D+	D-
SPS. / CL.	SPS.H. / CL.	SPS.H. / CL.	SPS. / CL.	SPS. / CL.	SPS. / CL.
D++	D+	D-	D-	D±	D-
SPS.H. / CL.	SPS. / CL.	OC.SPS. / CL.	OC.SP. / CL.	SPS. / CL.	CL. / CL.
PC++ Os- GC+	PC++ Os- GC+	-	-	PC+ Os- GC-	-
	PERI-URETHRAL ABSCESS.			DISCHARGE CEASED RAPIDLY.	
12	10	/	10	/	7
D+	D+	/	D-	/	D-
F.SPS. / CL.	SPS. / CL.	/	OC.SP. / CL.	/	OC.SP. / CL.
D-	D+	/	D-	/	D-
OC.SP. / CL.	SPS. / CL.	/	OC.SP. / CL.	/	CL. / CL.
-	PC++ Os+ GC+	/	-	/	-
RELAPSED.					
STILL ON TREATMENT	STILL ON TREATMENT	10	NOW ON TESTS.	9	
		19		21	
		44	-	43	75
ULERON FAILURE.	ULERON FAILURE				STILL ON OBSERVATION

"CURED"

"Probably CURED"

"CURED"

"Probably CURED"

"Relapse FAILURE"

"Complete FAILURE"

U39	U40	U41	U42	U43	U44
1	3	3	5	2	1
G.I.	G.I. PLUS COPAIBA RASH	G.I.	G.I.	G.I.	G.I.
14	35	36	19	16	14
D++	D+	D++	D++	D++	D++
Sps. Ts. H. / CL.	Sps. / H	Ts. Sps. / CL.	Sps. H. / CL.	Ts. H. / CL.	Ts. Sps. / CL.
D++	D-	D-	D-	D-	D-
Ts. Sps. / CL.	Sps. / CL.	F. Ts / CL.	CL. / CL.	F. Sps. / CL.	F. Sps. / CL.
PC++ Os- GC++	-	-	-	-	-
	D+ AGAIN		DEFAULTED	DEFAULTED	
18	8				
D++	D+				
Sps. Ts. H. / CL.	Sps. / CL.				
D++	D+				
Ts. Sps. H / CL.	Sps / CL.				
PC++ Os- GC++	PC+ Os- GC-				
13					
D++					
Ts Sps. / CL.					
D++					
Sps. Ts / CL.					
PC++ Os- GC+					
STILL ON TREATMENT	14	14	-	-	6
	25	22			14
-	59	39	23	19	14
ULERON FAILURE					
	"CURED"	"CURED"	"CURED"	"CURED"	"CURED"

"Complete FAILURE"

U45	U46	U47	U48	U49	U50
2	3	3	2	3	4
G.I.	G.I.	G.I.	G.I.	G.I.	G.I.
14	14	14	19	14	18
D+	D±	D++	D+	D+	D++
Ts.H./CL.	F.Sps./CL.	H.Sps.Ts/H	H.Sps.Ts./CL.	H / CL.	Ts.H / CL.
D+	D-	D-	D-	D-	D±
Ts. / Sps.	CL / CL.	Ts / CL.	CL. / CL.	CL. / CL.	F.Sps / CL.
PC+ Os+ GC+	-	-	-	-	PC± Os± GC-
	DEFAULTED	D± AGAIN	D± AGAIN	D+ AGAIN	D- IN 2 WKS.
11	-	7	10	11	-
D++		D±	D±	D+	
Sps.Ts.H./CL.		Sps. / CL.	Oc.SP. / CL.	Oc.SP./CL	
D±		D±	D+	D±	
Sps. / CL.		Sps. / CL.	Sps. / CL.	Sps. / CL.	
PC+ Os- GC+		PC+ Os+ GC-	PC+ Os- GC+	PC+ Os+ GC+	
8	-	7	13	11	-
D±		D±	D+	D+	
F.Sps. / CL.		F.Sps / CL.	Sps. / CL.	Sps / CL.	
D-		D-	D-	D-	
CL. / CL.		F.Sps. / CL.	CL / CL.	Oc.SP./CL.	
-		-	-	-	
		RELAPSED.			
DEFAULTED	-	20	9	9	8
		ON TESTS	14	14	16
39		126	51	42	35
		ULERON FAILURE			

"Probably CURED"

"Probably CURED"

"Relapse FAILURE"

"CURED"

"CURED"

"CURED"

U 51	U 52	U 53	U 54	U 55	U 56
8	6	10	1	1	2
G.I.	G.I.	G.I.	G.I.	G.I.	G.I.
20	22	24	15	14	7
D+	D±	D+	D++	D+	D++
Sps. / CL.	Ts. H. / CL.	Ts. Sps. / CL.	Sps. Ts. / CL.	Sps. H. / CL.	H. Sps. / H. Sps.
D-	D±	D±	D++	D-	D+
Oc. Sps. / CL.	Ts. / CL.	Sps. / CL.	Sps. / CL.	Sps. / CL.	Ts. / Sps.
-	PC+ Os- GC±	PC+ Os+ GC+	PC+ Os- GC+	-	PC++ Os+ GC+
		RAPIDLY CLEARED UP AFTER THIS 1ST COURSE	DEFAULTED		
/	11	/	/	/	13
/	D±	/	/	/	D+
/	Ts. / CL.	/	/	/	Ts. / Sps.
/	D-	/	/	/	D±
/	Oc. Sps. / CL.	/	/	/	F. Sps. / CL.
/	-	/	/	/	PC+ Os- GC-
/		/	/	/	RAPIDLY CLEARED UP.
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/
9	9	9	-	18	10
14	ON TESTS	ON TESTS		26	18
23	39	34	-	14	34
			APPARENT FAILURE		

"CURED"

"Probably CURED"

"Probably CURED"

"CURED"

"CURED"

"Complete FAILURE"

U57	U58	U59	U60	U61	U62
4	3	5	3	6	4
G.I.	G.I.	G.I.	G.I.	G.I. PLUS OEDEMA	G.I.
19	14	14	14	22	15
D±	D++	D+	D++	D++	D+
SPS. / CL.	Ts. SPS / SPS.	SPS. / CL.	SPS. / CL.	Pus / Pus	SPS. / CL.
D-	D±	D-	D±	D±	D-
Oc.SP / CL.	SPS. / CL.	Oc.SP / CL.	Oc.SP. / CL.	F.SPS. / CL.	Ts / CL.
-	PC± Os-GC±	-	PC± Os-GC-	PC± Os-GC-	-
		RELAPSED BADLY 5 WKS LATER.			
7	7	/	12	13	/
D-	D+	/	D-	D-	/
SPS. / CL.	SPS. / CL.	/	F.SPS. / CL.	F.SPS. / CL.	/
D-	D±	/	D-	D-	/
SPS. / CL.	SPS. / CL.	/	Oc.SP / CL.	CL / CL	/
-	PCT Os-GCT	/	-	-	/
				DT AGAIN	
/	14	/	/	/	/
/	D+	/	/	/	/
/	SPS / CL.	/	/	/	/
/	D++	/	/	/	/
/	SPS. / CL.	/	/	/	/
/	PCT+ Os-GCT	/	/	/	/
		RELAPSED			
8	STILL ON TREATMENT	TREATMENT RESUMED.	8	STILL ON TREATMENT	8
16	-	-	15	-	16
22	-	-	29	-	18
	ULERON FAILURE	ULERON FAILURE AFTER ONE COURSE.		ULERON FAILURE AFTER 2 COURSES	-

"CURED"

"CURED"

"CURED"

"Relapse
FAILURE"

"Relapse
FAILURE"

"Complete
FAILURE"

U 63	U 64	U 65	U 66	U 67	U 68
2	2	10	7	10	4
G.I.	G.I. PLUS FREQUENCY	G.I.	G.I. & TOXIC CONJUNCTIVITIS	G.I.	G.I.
			CYSTITIS	PERI-URETHRAL INFECTED FOLLICLE	
14	14	16	14	19	21
D++	D++	D++	D++	D++	D+
Ts.H / Sps.H	Ts.Sps / Sps.	Sps. / CL.	Sps.H / Sps.H	Sps.Ts / CL.	Sps. / CL.
D±	D-	D-	D-	D++	D±
Sps. / CL.	CL. / CL.	Os.Sps. / CL.	OC.Sps. / CL.	Ts.Sps. / CL.	Sps. / CL.
PC+ Os+ GC-	-	-	-	PC+ Os- GC+	PC+ Os- GC-
			RELAPSED		
11	/	/	8	10	12
D±	/	/	D+	D++	D+
Sps. / CL.	/	/	Sps / CL.	Sps.H / CL.	Sps / CL.
D+	/	/	D+	D++	D+
F.Ts / CL.	/	/	Ts.H. / CL.	Ts. / CL.	Sps / CL.
PC+ Os+ GC±	/	/	PC+ Os± GC-	PC+ Os- GC±	PC+ Os- GC±
14	/	/	7	7	/
D+	/	/	D+	D+	/
Ts.Sps. / CL.	/	/	Ts.Sps. / CL.	Ts.Sps / CL.	/
D+	/	/	D+	D-	/
Sps. / CL.	/	/	Sps. / CL.	CL. / CL.	/
PC+ Os± GC±	/	/	PC+ Os± GC-	-	/
STILL ON TREATMENT 12 WEEKS LATER.	9	7	STILL ON TREATMENT 12 WKS. LATER.	12.	STILL ON TREATMENT 12 WKS. LATER.
-	14	15	-	20	-
-	20	19	-	45	-
ULERON FAILURE			ULERON FAILURE	-	ULERON FAILURE AFTER TWO COURSES.

"CURED"

"CURED"

"CURED"

"Complete
FAILURE"

"Complete
FAILURE"

"Complete
FAILURE"

U 69	U 70	U 71	U 72	U 73	U 74
3	2	33 TREATED	4.	5	2
G.I.	G.I.	G.I.	G.I.	G.I.	G.I.
		EPIDIDYMITIS (SLIGHT).			
13.	16	47.	14	25	28
D++	D++	D+	D++	D+	D++
SPS / CL.	SPS. / CL.	F.SPS. / CL.	SPS. / SPS.	SPS. / CL.	SPS / CL.
D-	D±	D±	D±	D±	D-
M / CL.	H.Ts / CL.	F.SPS / CL.	F.SPS. / CL.	OC.SP. / CL.	CL. / CL.
-	PC+ Os- GC-	PC+ Os- GC-	PC+ Os- GC-	PC± Os- GC-	-
		D- 3 weeks later.	DEFAULTED		
/	12	/	/	/	/
/	D±	/	/	/	/
/	SPS. / CL.	/	/	/	/
/	D-	/	/	/	/
/	SPS. / CL.	/	/	/	/
/	-	/	/	/	/
/	7	/	/	/	/
/	D-	/	/	/	/
/	SPS. / CL.	/	/	/	/
/	D-	/	/	/	/
/	CL. / CL.	/	/	/	/
/	-	/	/	/	/
8	12	13	-	10	8
16	ON TESTS	21.	-	18	16
16	34	70	-	56	31.

"CURED"

"Probably
CURED"

"CURED"

"Probably
CURED"

"CURED"

"CURED"

U 75	U 76	U 77	U 78	U 79	U 80
2	3	14	6	14	4
G.I. SLIGHT	G.I.	G.I.	G.I.	G.I.	G.I.
	ACUTE EPIDIDYMITIS		ACUTE EPIDIDYMITIS		
14	19	28	19	25	20
D++	D±	D+	D+	D++	D++
SPS. / CL.	SPS. / CL.	SPS. / CL.	SPS. / CL.	SPS. / CL.	SPS. / CL.
D+	D-	D±	D±	D±	D±
SPS. / CL.	OC. SP / CL.	OC SP / CL.	SPS. / CL.	OC. SP / CL.	F.SPS. / CL.
PC± OS- GC-	-	PC+ OS- GC±	PC+ OS- GC-	PC+ OS- GC-	PC± OS- GC±
					EPIDIDYMITIS
/	8	9	10	10	8
/	D-	D+	D-	D±	D+
/	F.SPS. / CL.	F.SPS. / CL.	CL. / CL.	F.SPS. / CL.	F.SPS. / CL.
/	D-	D±	D-	D-	D±
/	CL. / CL.	F.SPS. / CL.	CL. / CL.	CL. / CL.	F.SPS. / CL.
/	-	PC+ OS- GC-	-	-	PC± OS- GC±
	RELAPSED (ARTHRITIS & CONJUNCTIVIS)	RAPIDLY CLEARED UR			URINE CL/CL IN FEW DAYS.
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/
7	STILL ON TREATMENT	14	10	11	10
14	-	22.	17	19	ON TESTS.
35	-	50	22.	41	40
	ULERON FAILURE AFTER TWO COURSES				

"CURED"

"CURED"

"CURED"

"CURED"

"Probably
CURED"

"Relapse
FAILURE"

U 81	U 82	U 83	U 84	U 85	U 86
14	3	7	3	2	5
G.I.	G.I.	G.I. (SLIGHT)	G.I.	G.I.	G.I.
44	20	14	14	2	7
D+	D++	D±	D++	D++	D++
SPS / CL.	SPS. / CL.	Ts. SPS / CL.	Ts. SPS / CL.	SPS. H / CL.	P / CL.
D±	D-	D-	D-	D++	D-
F.SPS. / CL.	CL. / CL.	M / CL.	CL / CL.	H.SPS. / CL.	SPS / CL.
PC+ Os- G.I.	—	—	—	PC++ Os- Gct	—
		RELAPSED			TRANSFERRED TO ANOTHER CLINIC.
5	7	6	9	7	
D+	D-	D+	D-	D++	
SPS / CL.	CL. / CL.	M / CL.	CL / CL.	SPS. H / CL	
D±	D-	D±	D-	D+	
SPS / CL.	CL / CL	M / CL.	CL / CL	SPS. / CL.	
PC± Os- PC-	—	PC± Os- Gc-	—	PC+ Os- Gc-	
					SEEN AGAIN (D-)
11		11		11	
D±		D±?		D+	
F.SPS / CL.		CL / CL		SPS. H / CL.	
D-		D-		D±	
CL. / CL.		CL / CL.		SPS. / CL.	
—		—		PC+ Os- Gct	
11	8	8	8	22	24
19	14	14	16	ON TESTS	30
69	23	40	20	—	10
				ULERON FAILURE	

"CURED"

"CURED"

"CURED"

"CURED"

"CURED"

"Complete
FAILURE"

U 87	U 88	U 89	U 90	U 91	U 92
1	10	2	28	28	1
G.I.	G.I.	G.I.	G.I.	G.I. PLUS RETENTION OF URINE.	G.I.
			CYSTITIS.		
1	10	10	43	30	13
D++	D++	D+	D++	D++	D+
SPS. / CL.	SPS. / CL.	SPS. / CL.	H / H	H. SPS. / H	SPS. / CL
D+	D-	D-	D-	D-	D-
SPS. / CL.	CL / CL.	CL / CL.	SPS. / SPS.	SPS. / SPS.	CL / CL
PG+ Os- GC-	-	-	-	-	-
	RELAPSED		RELAPSED		
11	9	5	5	8	
D-	D±	D-	D++	D-	
CL. / CL	H / CL.	CL. / CL.	SPS. / SPS.	SPS. / SPS.	
D-	D-	D-	D-	D-	
SPS. / CL	CL / CL	CL / CL	CL / CL.	SPS. / SPS.	
-	-	-	-	-	
RELAPSED			RELAPSED		
			11		
			D++		
			SPS. H / H		
			D-		
			H. SPS. / CL.		
			-		
			RELAPSED AGAIN		
STILL ON TREATMENT	9	5	BEING TREATED.	28	5
	14	11		ON TESTS	10
	25	13		50	16
ULERON FAILURE			ULERON FAILURE		

"CURED"

"CURED"

"Probably CURED"

"CURED"

"Relapse FAILURE"

"Relapse FAILURE"

U93	U94	U95	U96	U97	U98
28	2	14	7	14	1
G.I.	G.I.	G.I.	G.I.	G.I. & EPIDIDYMITIS	G.I.
			SLIGHT RHEUMATISM		
36	14	24	33	30	15
D++	D+	D++	D++	D++	D++
H.SPS. / H	Ts.H.SPS. / H	SPS. H / CL.	SPS / CL	SPS / CL.	SPS.H. / CL.
D++	D+	D+	D-	D-	D-
SPS.H / H	SPS.Ts / H	SPS / CL.	CL / CL	SPS. / CL	CL. / CL.
PC++ Os - GC+	PC+ Os - GC+	PC++ Os - GC+	-	-	-
					RELAPSED
10	11	9	7	10	7
D++	D+	D++	D-	D-	D+
SPS.H. / H	SPS.T.H. / H	SPS. / CL.	CL / CL	CS SPS. / CL.	OC.SP / CL.
D++	D+	D++	D-	D-	D-
H.SPS. / H	H.Ts. / CL.	P / CL.	CL / CL	SP. / CL.	CL / CL
PC++ Os - GC+	PC+ Os - GC-	PC+ Os - GC+	-	-	-
		FAILURE AFTER TWO COURSES.		RELAPSED	
13				13	
D++				D++	
H.SPS / H				SPS.H / CL	
D++				D++	
H.SPS / H				SPS.H. / CL	
PC++ Os - GC+				PC++ Os - GC+	
STILL ON TREATMENT	24	STILL ON TREATMENT	14	STILL ON TREATMENT	10
-	ON TESTS		22		16
-	48		36		28
ULERON FAILURE		ULERON FAILURE AFTER TWO COURSES		ULERON FAILURE	

"CURED"

"CURED"

"Probably
CURED"

"Relapse
FAILURE"

"Complete
FAILURE"

"Complete
FAILURE"

U 99	U 100
7	4
G.I.	G.I.
21	28
D++	D++
SPS. / CL.	SPS. H / CL.
D-	D++
CL / CL.	SPS. T.S. H / H.
-	PC++ OS+ GC++
10	5
D-	D++
CL / CL	SPS. H. / SPS. H.
D-	D++
CL / CL	SPS. T.S. H / SPS. H.
-	PC++ OS- GC+
	SEVERE URTICARIA
11	20
16	ON TESTS
24	
	ULERON FAILURE AFTER TWO COURSES.

"CURED"

"Complete
FAILURE"

59
15
9
17

Patient's serial number.

Duration (in days) of urethral discharge before attending clinic.

Clinical picture (including complications) on first attendance at the clinic.

Gonococcal complications after first attendance but before 1st Uleron Course.

Duration of discharge (in days) before commencing 1st Uleron Course.

Clinical picture immediately before commencing 1st Uleron Course.

Urines 1 & 2 before commencing 1st Course.

Clinical picture immediately after 1st Uleron Course.

Urines 1 & 2 after 1st Uleron Course.

Direct urethral smear (if obtainable) on day after cessation of 1st Uleron Course.

Complications following 1st Course. NOTES.

Interval (days) between 1st & 2nd Courses.

Clinical picture immediately before commencing 2nd Uleron Course.

Urines 1 & 2 before commencing 2nd Course.

Clinical picture immediately after 2nd Uleron Course.

Urines 1 & 2 after 2nd Uleron Course.

Direct urethral smear (if obtainable) on day after cessation of 2nd Uleron Course.

Complications following 2nd Course. NOTES.

Interval (days) between 2nd & 3rd Courses.

Clinical picture immediately before commencing 3rd Uleron Course.

Urines 1 & 2 before commencing 3rd Course.

Clinical picture immediately after 3rd Uleron Course.

Urines 1 & 2 after 3rd Uleron Course.

Direct urethral smear (if obtainable) on day after cessation of 3rd Uleron Course.

Complications following 3rd Course. NOTES.

Time (in weeks) from onset of discharge to beginning of 'Tests of Cure' (T.O.C.).

Time (in weeks) from onset of discharge to dismissal as 'Cured'.

Duration (in days) of urethral discharge.

NOTES.

"ALBUCID"

TABLE II

PLEASE TURN THIS MARGINAL
INDEX OUT WHEN READING
TABLE II .

WHEN NOT CONSULTING TABLE II
PLEASE TURN THIS MARGINAL
INDEX OVER PAGE 54.
(i.e. OVER FIRST PAGE OF THIS
TABLE).

TABLE II. Fifty MALE cases treated with "ALBUCID".

Patient's serial number.	A.1.	A.2.
Duration (in days) of urethral discharge before attending clinic.	4	10
Clinical picture immediately before giving Course of 42 Albucid tablets.	D++ (G.1) <i>PAINFUL LEFT INGUINAL GAND</i>	D++ (G.1)
Whether or not irrigations were also given.	YES	YES
Duration (in days) of urethral discharge before commencing Course of Albucid.	5	14
Urines 1 & 2 after Course of 42 Albucid tablets.	Ts/ Cl	Cl/Cl
Clinical picture after Course of 42 Albucid tablets.	D± Later D++	D-
Final result.		Completed T.O.C.
NOTES.	ALBUCID FAILURE. <i>NOTE THE TEMPORARY IMPROVEMENT</i>	

A.3.	A.4.	A.5.	A.6.	A.7.	A.8.
2	4	3	5	2	4
D++ (G.1)	D++ (G.1.)	D++ (G.1)	D++ (G.1)	D++ (G.1) (RHEUMATISM)	D++ (G.1) EPIDIDYMITIS.
YES	YES	YES	YES	YES	YES
11	7	5	10	9	5
CL/CL	CL/CL	Sps/CL	Sps/CL	F. Sps/CL	CL/CL
D- Later D++	D-	D- Later D++	D- Later D++	D± Later D-	D-
	Completed T.O.C.			Completed T.O.C.	Completed T.O.C.
ALBUCID FAILURE. <i>NOTE TEMPORARY IMPROVEMENT.</i>		ALBUCID FAILURE. <i>NOTE TEMPORARY IMPROVEMENT.</i>	ALBUCID FAILURE. <i>NOTE TEMPORARY IMPROVEMENT. TREATED SUCCESSFULLY WITH M & B 693.</i>		<i>(NAUSEA).</i>

A.9.	A.10.	A.11.	A.12.	A.13.	A.14
5	3	4	1	1	3
D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)
YES	YES	YES	YES	YES	YES
10	8	11	4	8	11
Oc. Sp/CL	Sps/CL	Oc. Sp/CL	Sps/CL	CL/CL	Sps. H/Sps.
D-	D-	D-	D++	D-	D++
Completed T.O.C.	Completed T.O.C.	Completed T.O.C.		Completed T.O.C.	
			ALBUCID FAILURE		ALBUCID FAILURE

A.15.	A.16.	A.17.	A.18.	A.19.	A.20.
3	14	3	6	3	2
D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)
YES	YES	YES	YES	YES	YES
10	22	12	10	11	10
F. Sps/CL	CL/CL	Oc. Sp/CL	Sps/CL	Sps/CL	Sps/CL
D- Later D±	D-	D ± Later D++	D-	D+	D-
	Completed T.O.C.		Completed T.O.C.		Completed T.O.C.
ALBUCID FAILURE NOTE TEMPORARY IMPROVEMENT		ALBUCID FAILURE NOTE TEMPORARY IMPROVEMENT 'CURED' BY M 693		ALBUCID FAILURE	

A.21.	A.22.	A.23.	A.24.	A.25.	A.26.
4	6	6	10	10	2
D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)
YES	YES	YES	YES	YES	YES
4	12	10	11	10	15
Sps/CL	Ts.H./CL	CL/CL	Oc.Sp./CL	Sps.H./CL	Sps/CL
D-	D± Later D++	D-	D+	D++	D-
Completed T.O.C.		Completed T.O.C.			Completed T.O.C.
Note rapid response.	ALBUCID FAILURE <i>NOTE TEMPORARY IMPROVEMENT</i>		ALBUCID FAILURE <i>CURED WITH ULERON</i>	ALBUCID FAILURE <i>AFTER A 2nd & 3rd COURSE of 42 ALBUCID TABS. D=++.</i>	Completed T.O.C.

A.27.	A.28.	A.29.	A.30.	A.31.	A.32.
3	3	6	7	2	2
D++ (G.1) <i>ACUTE EPIDIDYMITIS.</i>	D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)
YES	YES	YES	YES	YES	YES
6	10	7	8	6	7
CL/CL	CL/CL	CL/CL	CL/CL	CL/CL	CL/CL
D-	D-	D-	D- Later D++	D-	D-
Completed T.O.C.	Completed T.O.C.	Completed T.O.C.		Completed T.O.C.	Completed T.O.C.
Note rapid response.			ALBUCID FAILURE <i>NOTE TEMPORARY IMPROVEMENT</i>		

A.33.	A.34.	A.35.	A.36.	A.37.	A.38.
14	4	10	3	1 .	2
D++ (G.1)	D++ (G.1) (Epididymitis)	D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1)
YES	YES	YES	YES	YES	YES
20	6	14	11	8	3
CL/CL	CL/CL	Sps.H/CL	Sps/CL	Sps/CL	CL/CL
D-	D+	D+ Later D++	D-	D++	D-
Completed T.O.C.			Completed T.O.C.		Completed T.O.C.
	ALBUCID FAILURE CURED WITH M4B 693.	ALBUCID FAILURE		ALBUCID FAILURE LATER 'CURED' BY M4B 693	

A.39.	A.40.	A.41.	A.42.	A.43.	A.44.
3	1	6	3	7	6
D++ (G.1)	D++ (G.1)	D++ (G.1) <i>EPIDIDYMITIS.</i>	D++ (G.1)	D++ (G.1)	D++ (G.1)
YES	YES	YES	YES	YES	YES
17	5	6	6	8	10
CL/CL	F. Sps/CL	CL/CL	Sps. H./CL	CL/CL	CL/CL
D-	D- Later D±	D- <i>EPIDIDYMITIS MUCH IMPROVED</i>	D-	D-	D- Later D++
Completed T.O.C.		Completed T.O.C.	COMPLETED T.O.C.	Completed T.O.C.	
	ALBUCID FAILURE <i>NOTE TEMPORARY IMPROVEMENT. NAUSEA</i>	<i>N.B. DEVELOPED A SEVERE GENERALISED URTICARIA</i>			ALBUCID FAILURE <i>NOTE TEMPORARY IMPROVEMENT</i>

A.45.	A.46.	A.47	A.48.	A.49.	A.50.
2	4	4	3	3	3
D++ (G.1)	D++ (G.1)	D++ (G.1)	D++ (G.1) (RHEUMATISM)	D++ (G.1)	D++ (G.1)
YES	YES	YES	YES	YES	YES
7	6	10	9	3	8
Sps/CL	Sps/CL	Sps. H./Sps.	CL/CL	CL/CL	Oc. Sp/CL
D-	D++	D++	D-	D-	D-
Completed T.O.C.			Completed T.O.C.	Completed T.O.C.	Completed T.O.C.
	ALBUCID FAILURE ALSO M4B 693 FAILURE.	ALBUCID FAILURE (NAUSEA) ALSO FAILURE TO M4B 693.			

Patient's serial number.

Duration (in days) of urethral discharge before attending clinic.

Clinical picture immediately before giving Course of 42 Albucid tablets.

Whether or not irrigations were also given.

Duration (in days) of urethral discharge before commencing Course of Albucid.

Urines 1 & 2 after Course of 42 Albucid tablets.

Clinical picture after Course of 42 Albucid tablets.

Final result.

NOTES.

TABLE III. One hundred MALE cases treated with M & B 693.

Patient's serial number.	M 1	M 2
Duration (in days) of urethral discharge before attending the clinic.	1	2
Clinical picture (including complications) on first attendance at the clinic.	G.I.	G.I.
Complications after 1st attendance, but before M.& B. 693 tablets commenced.	NONE	ACUTE EPIDIDYMITIS (unilateral)
Duration of discharge (in days) before M.& B. 693 commenced.	200	88
Whether or not irrigations were given concurrently with M.& B. 693 tabs. (IN CASES WHERE IRRIGATIONS WERE GIVEN THE SOLN. = $\frac{1}{10,000}$ Pot. PERMANG.)	No	No
Clinical picture immediately preceding M.& B. 693 tabs.	D++	D± EPIDIDYMITIS
Clinical picture after 12 tabs.		
24		
30	D±	
36		
42	D±	D - EPID. MUCH IMPROVED
48		
54	D -	
60	D -	D -
Two-glass urine tests after 12 tabs.		
24		
30	Oc. Sps. / CL	
36		
42	Oc SPS. / CL	CL / CL.
48		
54	CL / CL.	
60	Oc.T. / CL	CL. / CL
(If obtainable) THESE DIRECT SMEARS FORM NO PART OF THE ROUTINE TESTS OF CURE (T.O.C) Direct urethral smears after 12 tabs.		
24		
30	PC± Debris GC-	
36		
42	DEBRIS ONLY.	
48		
54		
60	PC± EC + GC-	DEBRIS ONLY
Any gonococcal complications after commencing M.& B. 693 tabs.	NONE	NONE
Any symptoms or signs due to the drug M.& B. 693.	NONE	NONE
Relapses after cessation of M.& B. 693.	NONE	NONE
Time (in weeks) from onset of discharge to beginning of T.O.C.	43	19
Time (in weeks) from onset of discharge to dismissal as "CURED".	51	DEFAULTED DURING T.O.C. PROBABLY CURED
Duration (in days) of urethral discharge. (1) TOTAL / (2) AFTER M.& B 693 COMMENCED.	209 / 9	95 / 4
NOTES.	NO RESPONSE TO IRRIGATIONS ONLY, BUT QUICK RESPONSE TO M&B. 693.	EPID. SHOWED QUICK RESPONSE TO M&B 693.

"CURED"

"Probably CURED"

TABLE III. (Continuation).

M3	M4	M5	M6	M7	M8
7	1	1	9	2	3
91	91	91	91	91 <small>DORSAL LYMPHANGITIS</small>	91
INFECTED PERI-URETHRAL FOLLICLE	ACUTE DOUBLE EPIDIDYMITIS	TYSON'S ABSCESS.	LEFT EPIDIDYMITIS	NONE	INFECTED PERI-URETHRAL FOLLICLE
150 <small>(INTERMITTENT)</small>	120	79	19	154	200
No	No	No	No	No	No
D++	D+ EPIDIDYMITIS	D++	PROSTATITIS, D++ CYSTITIS EPIDIDYMITIS	D++	D±
D+	D- <small>EPID. MUCH IMPROVED</small>	D-	D± <small>LESS PAIN</small>	D±	D-
D±	D-	D-		D±	
		<small>M+B STOPPED.</small>	D-		D-
D-	D-				
D-	D-		D-	D-	
D-					D-
D-					D-
D-			D-		D-
Oc. SPS. / CL.	CL. / CL.	CL. / CL.	F. SPS / CL.	Oc. SP. / CL.	Oc. SP. / CL.
Oc. SPS. / CL.	CL. / CL.	CL. / CL.		F. SP / CL.	
			Oc. SP. / CL.		Oc. SP. / CL.
CL. / CL.	CL. / CL.				
CL. / CL.	CL. / CL.		CL. / CL.	Oc. SP. / CL.	
CL. / CL.					Oc. SP. / CL.
CL. / CL.				CL. / CL.	T / CL
CL. / CL.			CL. / CL.		T / CL
				PC+ OS- GC-	
PC++ OS++ EC+ GC-			PC++ EC- OS+ GC-	PC++ OS- EC+ GC-	
PC± OS+ EC± GC-					
NONE	NONE	NONE	NONE	NONE	NONE
FRONTAL HEADACHE & SLIGHT PAIN (ABDOMINAL) 1ST 2 DAYS ONLY	NONE	VERY SEVERE HEADACHE & NAUSEA	VERY SEVERE HEADACHE 10 DAYS	NONE	SLIGHT HEADACHE & NAUSEA (1ST & 3RD WK)
NONE	RELAPSED 5 (FIVE) WKS LATER	NONE	NONE	NONE	INTERMITTENT D± (STAPH. ONLY)
26		24	9	31	STILL UNDER OBSERVATION (GC-)
APPROX. 40		32	18	40	
157/6		81/2	24/5	161/7	
NO RESPONSE TO IRRIGATIONS, BUT QUICK RESPONSE TO M+B 693			PATIENT REPORTED 3 MONTHS AFTER "CURED" NAD.	POOR RESPONSE TO IRRIGATIONS ONLY, GOOD RESPONSE TO M+B 693	THIS CASE "FAILURE" TO 3 COURSES ULERON.

"CURED" "CURED" "CURED" "CURED" "Probably CURED"
 "Relapse FAILURE"

TABLE III. (Continuation).

M 9	M 10	M 11	M 12	M 13	M 14
5	1	1	1	2	5
G1	G1	G1	G1	G1	G1
PROSTATITIS	TYSON'S ABSCESS	NONE	NONE	NONE	NONE
34	21	2	2	2	5
No	No	No	No	No	No
D++	D++	D++	D+	D++	D++
	D±	D±	D±	D±	
D±	D±		D±	D-	D±
		D±	D±		
D-	D-	D±	D±	D-	D-
	D-	D±	D-	D-	D-
D-	D-	D± (LATER D++)	D-	D-	D-
	Oc.SP / CL.	Oc.SP / CL.	Oc.SP / CL.	Oc.SP / CL.	
Oc.SP / CL.	Oc.SP / CL.		Oc.SP / CL.	Oc.SP / CL.	Oc.SP / CL.
		Oc.SP / CL.	Oc.SP / CL.		
CL / CL.	Oc.SP / CL.	M / CL.	CL / CL.	CL. / CL.	CL. / CL.
				CL. / CL.	
	CL. / CL.	CL. / CL.	CL. / CL.	CL. / CL.	CL. / CL.
CL / CL.	CL / CL.	Os.SP / CL	CL. / CL.	CL / CL.	CL. / CL
	PC++ GC++	PC++ EC++ GC++	PC+ EC++ Os± GC-	PC+ Os+ GC-	
	PC++ GC++		PC+ EC± Os± GC-		PC+ Os++ GC-
		PC+ Os+ EC+ GC-	PC+ Os± GC-		
	PC+ GC-	PC+ Os+ EC+ GC-			
		DEBRIS ONLY			
		PC± Os+ EC+ GC-			
NONE	NONE	NONE	NONE	NONE	NONE
NONE	NAUSEA & SLIGHT HEADACHE	FRONTAL HEADACHE	NONE	SEVERE HEADACHE "FELT WEAK"	NONE
NONE	NONE	YES D++ (GC++) 7 DAYS LATER	NONE	NONE	NONE
15	4	12	4	5	5
24	15	22	12	20	14
ALSO SEEN 3 MONTHS LATER (N.V.D.)	ALSO SEEN 3 MONTHS LATER (N.V.D.)				
44/7	28/4	60/	11/9	7/5	12/7
	TYSON'S ABSCESS QUICKLY RESPONDED.	POT ON IRRIGATIONS AFTER RELAPSE			

"CURED" "CURED" "Relapse FAILURE" "CURED" "CURED" "CURED"

TABLE III. (Continuation).

M 15	M 16	M 14	M 18	M 19	M 20
2	1	7	1	1	7
G1	G1	G1	G1	G1	G1
NONE	EPIDIDYMITIS	NONE	NONE	NONE	NONE
3	13	8	2	2	8
No	No	No	No	No	No
D++	D++ EPIDIDYMITIS	D++	D++	D++	D++
D-	D± (EPID.)		D±	D+	D±
D-	D± "		D±	D±	D-
	D- "		D±	D-	D-
D±				D-	D-
D-	D-			D-	D-
D-	D-	D-	D±	D-	
D±	D-	D±	D-	D-	
D+	D-	D-	D-	D-	
CL / CL	Sps. / CL		F.Sps / CL	Sps / CL	Sps / CL
CL / CL	Sps / CL		M / CL	Sps / CL	OcSP / CL
	OcSP. / CL.		F.Sps / F.Sps.	CL / CL	CL / CL
Oc.SP. / CL				CL / CL	CL / CL
CL / CL	CL. / CL.			CL / CL	CL / CL
CL / CL	CL / CL.	CL / CL.	Oc.SP / CL.	CL / CL	
Sps. / CL.	CL / CL	CL / CL	Oc.SP / CL.	CL / CL	
Sps / CL.	CL / CL.	CL / CL	CL / CL.	CL / CL	
	PC+ Os+ GC+			PC+ GC±	PC± EC± GC-
	DEBRIS ONLY			DEBRIS ONLY	
PC++ GC+					
PC++ GC+					
EPIDIDYMITIS (AFTER 60 TABS)		NONE	NONE	NONE	NONE
SEVERE PERSISTANT HEADACHE	NONE	NONE	HEADACHE, "FELT GIDDY" "NO ENERGY"	FREQUENT HEADACHES & SICKNESS	NONE
EPIDIDYMITIS	D++ (2nd COURSE GIVEN)	NONE	NONE	YES AFTER PROVOCATIVE VACCINE IN T.O.C.	NONE
	20	4	6	12	5
	28	16	DEFAULTED DURING T.O.C.		13.
		18/10	10/8		12/4
FAILURE TO COURSE OF 60 TABS.	FAILURE TO 1ST COURSE.			NOTE RELAPSE IN T.O.C.	

"Complete FAILURE" "Relapse FAILURE" "CURED" "CURED" "Relapse FAILURE" "CURED"

TABLE III. (Continuation).

M 21	M 22	M 23	M 24	M 25	M 26
2	25	6	5	21	4
G1	G1	G1	G1	G1. EPIDIDYMITIS	G1
NONE	NONE	NONE	NONE	NONE	NONE
2	26	7	5	21	4
No	No	No	No	No	No
D+	D++	D++	D++	D±	D++
D-	D±	D±	D±	D-	D+
D-	D±	D±	D±	D-	D±
D-	D±		D-	D-	
D-	D±	D-	D-	D-	D-
D-	D±	D-	D-	D-	D-
(TABS. STOPPED)	D±	D-	D-	D-	
	D±	D-	D-	D-	D-
CL / CL	SPS.H. / H	Ts. / CL.	SPS / CL	SPS / CL	SPS / CL
SPS / CL	SPS / SPS	SPS.Ts / CL.	Ts / CL	SPS / CL	SPS / CL
SPS / CL	Ts / CL		OC.SP / CL	OC.SP / CL	
		SPS.T / CL.	CL / CL	OC.SP / CL	
CL / CL	Ts /	CL / CL	CL / CL	OC.SP / CL	OC.T / CL
CL / CL	SPS / CL.	CL / CL		CL. / CL	T / CL
(TABS. STOPPED)	F.Ts. / CL.	CL / CL	CL / CL	CL / CL	
	F.Ts. / CL.	CL / CL	CL / CL	OC.SP. / CL	CL / CL
	PC++ Os+ GC±	PC++ GC±	PC++ EC+ Os+ GC-		PC++ EC- GC±
	PC++ Os+ GC±	PC++ EC± GC±	PC++ EC+ Os+ GC-		PC++ GC±
	PC+ Os+ EC+ GC-				
	PC+ Os+ EC+ GC-				
	PC++ Os+ EC+ GC±				
	PC+ Os+ GC±				
	PC+ Os+ GC±				
NONE	NONE	NONE	NONE	NONE	NONE
MARKED GENERAL MACULAR RASH AFTER 48 TABS. (DURATION 24 HRS)	SLIGHT DIZZINESS	SHARP ABDOMINAL PAINS	FRONTAL HEADACHES & NAUSEA	NONE	BACKACHE (? DUE TO 693)
NONE	YES.	NONE	NONE	NONE	NONE
6		5	6	11	7
DEFAULTED DURING T.O.C.		15	12	18	13
4 / 2		13 / 6	10 / 5	23 / 2	12 / 8
	FAILURE TO 60 TABS		REPORTED 3 MONTHS AFTER N.A.D.	EPIDIDYMITIS CLEARED UP RAPIDLY.	

"PROBABLY CURED"

"CURED"

"CURED"

"CURED"

"CURED"

"COMPLETE FAILURE"

TABLE III. (Continuation).

M 24	M 28	M 29	M 30	M 31	M 32
2	14	30	1	9	2
G1	G1	G1	G1	G1	G1
NONE	NONE	NONE	NONE	NONE	NONE
128	15	30	8	10	2
No	No	No	No	No	No
D±	D++	D++	D++	D++	D++
	D+		D±	D±	D±
D±		D+		D±	D-
D±	D-	D±			D-
			D-	D±	
D-	D-	D-	D-		
	D-	D-		D±	D-
	D-	D-	D-		
	D-	D-	D-	D±	D-
	SPS / CL		SPS / CL	SPS / CL	BLADDER NOT FULL
F.SPS / CL		OcSPT / CL		SPS / CL	"
F.SPS / CL	OcSP / CL	OcSPT / CL			OcSP / CL
			CL / CL	Oc.SP / CL	
OcSP / CL	CL / CL	OcSP / CL	Oc.SP / CL		
	CL / CL	F.Ts / CL		OcSP / CL	Oc.SP / CL
	CL / CL		CL / CL		
	CL / CL	CL / CL	CL / CL	OcSP / CL	CL / CL
	PC± GC-	PC++ Os++ GC-	PC+ DEBRIS	PC++ Os+ GC-	PC++ GC±
PC± Os+ Ec+ GC±				PC++ Os+ GC-	
PC± Ec+ GC-				PC+ Os+ GC-	
				PC++ Os++ GC-	
				PC++ Os+ GC-	
NONE	NONE	NONE	NONE	NONE	NONE
SLIGHT HEADACHE	"FELT SEEDY"	NONE	SLIGHT HEADACHE	HEADACHE	NONE
NONE	NONE	NONE	NONE	YES	NONE
21	5	DEFAULTED BEFORE T.O.C.	10	-	13
32	8		DEFAULTED DURING T.O.C.		DEFAULTED BEFORE FINAL TESTS OF T.O.C.
135/4	20/5	34/4	14/6		4/5
NO RESPONSE TO 128 DAYS OF IRRIGATIONS PRIOR TO '693.	REPORTED 3 MONTHS AFTER T.O.C. N.V.D.			D++ AFTER 60 TABS.	

"CURED"

"CURED"

"PROBABLY CURED"

"PROBABLY CURED"

"RELAPSE FAILURE"

"PROBABLY CURED"

TABLE III. (Continuation).

M 33	M 34	M 35	M 36	M 37	M 38
4	2	10	5	4	8
G1	G1	G1	G1	G1	G1
NONE	NONE	NONE	NONE	NONE	NONE
68 (ON IRRIGATIONS & "ULERON")	2	10	5	4	8
No	No	No	No	No	No
D++	D++	D+	D++	D++	D++
D±	D±			D±	D±
D-	D+	D±	D-	D-	D-
D-			D-	D-	
	D++	D-			D-
D-	D++	D-	D-	D-	
D-	D++	D-	D-	D-	D-
Ts. Sps / Sps	Sps / CL			Sps / CL	Os. Sp. / CL
Sps / CL.	H. Sps. Ts / CL	Sps. / CL.	M / CL	CL / CL	CL / CL
Oc. Sp / CL			CL / CL	CL / CL	
	H. Sps. Ts / H. Sps	Ts / CL			CL / CL
M / CL	H. Sps. Ts. / H. Sps.	M / CL	CL / CL	CL / CL	
CL / CL	H. Sps. Ts. / Sps.	CL / CL	CL / CL	CL / CL	CL / CL
Pc++ Os++ Gc-	Pc++ Gc++			Pc++ Gc-	Pc+ Gc-
	Pc++ Gc++	DEBRIS ONLY			
	Pc++ Gc++				
	Pc+ Gc++				
	Pc++ Gc++				
NONE	NONE	NONE	NONE	NONE	NONE
NONE	SICK (1st DAY)	SLIGHTLY SICK AFTER 50 TABS.	NONE	NAUSEA (1st DAY)	NONE
NONE	NO RESPONSE TO "693"	NONE	NONE	NONE	RELAPSED DURING T.O.C. (Gc++)
15	-	5	8	6	-
21	-	14	DEFAULTED DURING T.O.C.	14	-
42/4	-	14/4	-	8/4	-
A PREVIOUS "ULERON" FAILURE.					QUICK TEMPORARY RESPONSE ONLY.

"CURED"

"CURED"

"PROBABLY CURED"

"CURED"

"RELAPSE FAILURE"

"COMPLETE FAILURE"

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TABLE III .

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TABLE)

TABLE III. (Continuation).

M 39	M 40	M 41	M 42	M 43	M 44
4	1	3	1	6	2
G1	G1	G1	G1	G1	G1
NONE	NONE	NONE	NONE	NONE	NONE
5	1	3	1	6	2
No	No	No	No	No	No
D++	D+	D++	D++	D++	D+
D-	D±	D±	D+	D±	D±
	D-	D-		D±	D-
	D-	(DEFAULTED)	D±	D±	
D-	D-		D-	D-	D-
	D-		D-	D-	D-
Oc.SP / CL	Oc.SP / CL	SPS / Oc.SP.	SPS / CL	SPS / SPS.	SPS / CL
	Oc.SP / CL	CL / CL		SPS / SPS	Oc.SP / CL
	CL / CL	(DEFAULTED)	Oc.SP / CL	SPS / CL.	
CL / CL	CL / CL		CL / CL	CL / CL	CL / CL
	CL / CL		CL / CL	CL / CL	CL / CL
	Pct GC-	Pct Os- GC-	Pct+ EC+ GC±	Pct Ost+ GC-	Pct GC-
				Pct Ost+ GC-	
			Pct EC+ GC-	Pct GC-	
NONE	NONE	NONE	NONE	NONE	NONE
NONE	"BUMPY HEART"	HEADACHE	"LIGHT HEADED"	HEADACHE	NONE
NONE	NONE		NONE	NONE	DEFAULTED DURING T.O.C.
8	9	-	8	5	5
14	15	-	16	11	-
6/2	5/4		8/7	13/7	6/4
		DEFAULTED AFTER 24 "693" TABS.			
"CURED"	"CURED"	"PROBABLY CURED"	"CURED"	"CURED"	"PROBABLY CURED"

TABLE III. (Continuation).

M 45	M 46	M 47	M 48	M 49	M 50
3	1	1	5	2	3
G1 & CYSTITIS	G1	G1	G1	G1	G1
NONE	NONE	NONE	NONE	NONE	NONE
3	1	1	5	2	3
No	No	No	No	No	No
D+	D++	D++	D++	D++	D±
D+	D-	D±	D±	D-	D±
D+		D-			
D±	D-		D-		
D+		D-		D-	D-
D+	D-	D-	D-	D-	D-
SPS. H. / H	OC. SP. / CL	SPS / CL	SPS / CL	OC. SP / CL	OC SP / CL
SPS. H / H		SPS / CL			
SPS / SPS	CL / CL		CL / CL		
SPS / SPS		OC. SP / CL		OC SP / CL	CL / CL
SPS / SPS	CL / CL	CL / CL	CL / CL	CL / CL	CL / CL
PC++ Os+ GC+		PC+ GC-	PC± GC-		PC± GC-
PC++ Os++ GC+					
PC++ Os+ GC+					
PC++ GC+					
PC++ GC+					
NONE FURTHER	NONE	NONE	NONE	NONE	NONE
NONE	NONE	SLIGHT NAUSEA	NONE	NONE	NONE
NO RESPONSE TO "693"	NONE	NONE	NONE	NONE	NONE
STILL ON TREATMENT	6	5	4	5	6
-	15	11	15	11	12
-	3/2	5/4	11/6	4/2	9/6
FAILURE					

"CURED"

"CURED"

"CURED"

"CURED"

"CURED"

"COMPLETE FAILURE"

TABLE III. (Continuation).

M 51	M 52	M 53	M 54	M 55	M 56
5	3	3	10	1	2
G1	G1	G1	G1	G1	G1
NONE	NONE	NONE	NONE	NONE	NONE
7	5	5	11	2	2
YES	YES	YES	YES	YES	YES
D++	D++	D++	D++	D++	D+
D+	D-	D±	D±	D± (THIN)	
		D±	D±	D-	D-
D-		D±	D±		D-
D±		D±	D±	D-	D-
D-	D-		D±		D-
		D-			
D-	D-	D±	D-	D-	
D-	D-	D±	D-	D-	
Ts / CL	CL / CL	Ts / CL	SPS / CL	F.SPS / CL	SPS / CL
		Ts / CL	SPS / CL	CL / CL	OcSP / CL
OcSP / CL		Ts / CL	SPS / CL		CL / CL
OcSP / CL		M / CL	SPS / CL	OcSPS / CL	CL / CL
OcSP / CL	CL / CL		OcSP / CL		
		OcSP / CL			
CL / CL	CL / CL	OcSP / CL		CL / CL	
CL / CL	CL / CL	OcSP / CL		CL / CL	
PC++ Os+ GC-		PC++ GC±	PC± EC± GC-	PC± Os± EC± GC±	
		PC± EC± Os± GC±	PC± Os+ GC-		
		PC± EC± GC-	PC± DEBRIS		
PC± Os+ GC-		PC+ EC+ GC-	PC± DEBRIS		
			DEBRIS		
		PC± EC± Os± GC-			
		PC± EC+ GC-			
NONE	NONE	NONE	NONE	NONE	NONE
SLIGHT HEADACHE (1ST DAY)	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	NONE
6	5	6	7	6	5
23	15	16	16	12	13
14/7	7/2	15/10	20/9	6/4	6/4
			N.A.D. 3 MONTHS AFTER "CURED"		
"CURED"	"CURED"	"CURED"	"CURED"	"CURED"	"CURED"

ONLY 42 TABS.

TABLE III. (Continuation).

M 57	M 58	M 59	M 60	M 61	M 62
4	3	14	3	5	2
G1	G1	G1	G1	G1	G1
NONE	NONE	NONE	NONE	NONE	NONE
4	6	14	4	105 NO PREVIOUS RESPONSE TO 3 "ULERON" COURSES.	3
YES /	YES /	YES /	YES /	YES /	YES /
D++	D++	D++	D+	D++	D++
D±		D±	D±	D-	D±
	D-	D-		D-	D-
D± (?)			D±		
D-	D-	D-	D-		D-
D± (?)	D-	D-			
D±	D-	D-	ONLY 42 TABS.	ONLY 42 TABS.	ONLY 42 TABS.
SPS / CL		H / H	SPS / CL	F.SPS / CL	OcSP / CL
	OcSP / CL	CL / CL		CL / CL	CL / CL
SPS / CL		M / CL	SPS / CL		
SPS / CL	OcSP / CL		CL / CL		CL / CL
	T / CL	OcSP / CL			
SPS / CL	CL / CL	M / CL			
SPS / CL	CL / CL	M / CL			
PC++ Ost+ GC±		PC+ GC-	PC+ Os+ GC±		PC++ Ost+ GC-
			PC+ GC-		
PC+ Ost+ GC±					
NONE	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	SLIGHT SICKNESS.
YES D++ (G.C.)	YES DEFAULTED FOR 4 WKS. & RETURNED (GC)	NONE	YES A 2nd COURSE OF 42 TABS. GIVEN.	NONE	NONE
24		6	16	19	11
STILL UNDER OBSERVATION		12	28	28	23
		21/4		110/5	7/4
	RE-EXPOSURE DENIED.	THIS CASE HAD 3 DAYS ON '693'			

"CURED"

"CURED"

"CURED"

"RELAPSE FAILURE"

"RELAPSE FAILURE"

"COMPLETE FAILURE"

TABLE III (CONTINUATION)

M 63	M 64	M 65	M 66	M 67	M 68
2	1	4	2	4	3
G1	G1	G1	G1	G1	G1
NONE	ARTHRITIS LEFT WRIST	NONE	NONE	NONE	NONE
11	16	4	2	4	3
YES /	YES /	YES /	YES /	YES /	YES /
D++	D+	D++	DH	D+	DH
D±	D±	D± (?)	D-	D±	D-
D-	D- (WRIST BETTER)			D-	D-
D-	D-				
D-	D (WRIST NORMAL)	D±	D-	D-	D-
D-					
D-	ONLY 42 TABS.	D-	D-	ONLY 42 TABS	D-
Oc SP / CL	Ts / CL	Ts SPS / SPS	CL / CL	SPS / CL	CL / CL
CL / CL	SPS / CL			SPS / CL	CL / CL
CL / CL	O ₃ SP / CL				
CL / CL	CL / CL	Oc SP / CL	CL / CL	Oc SP / CL	CL / CL
CL / CL				CL / CL	CL / CL
CL / CL		Oc SP / CL	CL / CL		
CL / CL		CL / CL	CL / CL		CL / CL
DEBRIS ONLY	Pc++ EcH O ₃ ± G ₁ -			Pc++ O ₃ ± G ₁ (?)	
		Pc± Ec± G ₁ -			
NONE	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NAUSEA AFTER 42 '693' TABS	NONE	SEVERE ERYTHEMA RASH	ABDOMINAL PAINS AFTER 30 TABS
NONE	NONE	NONE	NONE	NONE KNOWN!	NONE
8	15	6	6	DEFAULTED BEFORE T.O.C	5
16	23	14	14		15
13/2	20/4	12/8	4/2	8/4	5/2
	NOTE ARTHRITIS QUICK RESPONSE.				
'CURED'	'CURED'	'CURED'	'CURED'	'PROBABLY CURED'	'CURED'

TABLE III. (Continuation).

M 69	M 70	M 71	M 72	M 73	M 74
120	2	2	4	1	6
	G1	G1	G1	G1	G1
↑ G1 RHEUMATISM & PROSTATITIS	NONE	NONE	NONE	NONE	NONE
122	2	5	4	1	76
YES	YES	YES	YES	YES	YES
D±	D++	D++	D++	D++	D++
	D±	D-		D-	D±
D± (?)	D±	D-	D-		D±
				D-	
	D-		D-		D-
D-	D-	D-	D-	D-	D+
	D-				D-
ONLY 42 TABS.	D-	ONLY 42 TABS.	ONLY 42 TABS.	ONLY 42 TABS.	D-
CL / CL	SPS / CL	Oc SP / CL		CL / CL	Oc SP / CL
	SPS / CL	M / CL	CL / CL		Oc SP / CL
				CL / CL	
	SPS / CL		CL / CL		Oc SP / CL
Oc SP / CL	Oc SP / CL	CL / CL	CL / CL	CL / CL	Ts / CL
	Oc SP / CL				F.Ts / CL
	CL / CL				M / CL
	Pc+ Os+ Gc±				Pc++ Os± Gc+
	Pc+ Os+ Gc-				Pc+ Os± Gc-
NONE	NONE	NONE	NONE	NONE	NONE
NONE	DIZZINESS	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	NONE
22	6	6	9	7	16
30	15	20	DEFAULTED DURING T.O.C.	19	25
129/7	8/6	5/2	8/4	3/2	85/9
"CURED"	"CURED"	"CURED"	"PROBABLY CURED"	"CURED"	"CURED"

TABLE III. (Continuation).

M 75	M 76	M 77	M 78	M 79	M 80
4	5	4	3	2	3
GI	GI	GI	GI	GI	GI
NONE	NONE	NONE	NONE	NONE	NONE
4	7	6	3	6 MONTHS PERSISTANT URETHRAL DISCHARGE	4
YES	YES	YES	YES	YES	YES
D++	D++	D++	D++	D++	D++
D±	D-	D (?)	D±	D-	D±
D-		D-	D-		D+
D-	D-	D-	D-		
D-					
D-				ONLY 24 TABS.	ONLY 24 TABS.
D-	ONLY 42 TABS	ONLY 42 TABS.	ONLY 42 TABS		
Ts Sps / CL	CL / CL	F.SPS / CL	Oc Sp / CL	Sps / CL	H / H
CL / CL		CL / CL	Oc Sp / CL	MT / CL	Ts / H
M / CL	CL / CL	CL / CL	CL / CL		
M.T. / CL					
CL / CL					
PC± EC± GC-			PC+ Os± GC-		PC+ Os+ GC+
					PC+ Os+ GC+
NONE	NONE	NONE	NONE	NONE	CYSTITIS
NONE	NONE	NONE	SLIGHT NAUSEA (AFTER 20 TABS)	NONE	SEVERE MACULAR RASH
NONE	NONE	NONE	NONE	NONE	
6	6	5	5	6 MONTHS PLUS 2 DAYS	STILL ON TREATMENT.
15	17	13	13	9 MONTHS	
9/5	9/2	11/5	7/4	1/2	
				NOTE QUICK RESPONSE TO 24 TABS	"Complete FAILURE" TO 24 TABS
"CURED"	"CURED"	"CURED"	"CURED"	"CURED"	"Complete FAILURE"

"Complete FAILURE"

TABLE III. (Continuation).

M 81	M 82	M 83	M 84	M 85	M 86
5	6	2	2	3	3
G1	G1	G1	G1	G1	G1
NONE	NONE	NONE	NONE	NONE	NONE
6	7	2	2	3	3
YES	YES	YES	YES	YES	YES
D++	D++	D++	D++	D++	D++
		D-		D-	D+
D±	D-		D±		D± (?)
		D-			
	D-			D-	
D-	D-	D-	D±	D-	D-
ONLY 42 TABS.	ONLY 42 TABS.	ONLY 42 TABS.	D++	ONLY 42 TABS.	ONLY 42 TABS.
M / CL	CL / CL	OcSP / CL	Ts / CL	OcSP / CL	Ts / CL
		CL / CL			CL / CL
	CL / CL			OcSP / CL	
CL / CL	CL / CL	CL / CL	SPS / CL	CL / CL	CL / CL
			SPS, Ts / CL		
					PC+ Os± GC±
PC+ Os+ GC-			PC++ Os+ GC+		
			PC++ Os+ GC+		
			PC++ Os+ GC+		
NONE	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NAUSEA 1st WEEK	SLIGHT GIDDINESS	NONE	SEVERE HEADACHE
NONE	NONE	NONE	No RESPONSE TO 60 TABS	NONE	NONE
5	5	4		7	8
13	15	DEFAULTED DURING T.O.C.		DEFAULTED DURING T.O.C.	DEFAULTED DURING T.O.C.
13/7	11/4	4/2		5/2	10/7
			LATER CURED BY OLDER METHODS.		

"CURED"

"CURED"

"Probably CURED"

"Complete FAILURE"

"Probably CURED"

"Probably CURED"

TABLE III. (Continuation).

M 87	M 88	M 89	M 90	M 91	M 92
3	5	7	2	15	7
G1	G1	G1	G1	G1	G1
NONE	NONE	NONE	NONE	NONE	NONE
4	5	7	2	16	7
YES	YES	YES	YES	YES	YES
D++	D++	D+	D++	D++	D++
D+			D-		D±
D± (?)		D-		D-	
D± (?)	D-		D-		
D-	D-		D-	D-	D++
ONLY 42 TABS	ONLY 42 TABS	ONLY 24 TABS	D-	ONLY 42 TABS	ONLY 42 TABS
Sps / CL			F.Ts / CL		Sps / CL
Oc SP / CL		CL / CL		CL / CL	
Oc SP / CL	M / CL		Oc T / CL		
CL / CL	CL / CL		Oc SP / CL	CL / CL	Sps / CL
			CL / CL		
PC++ EC+ GC±					PC++ Os+ GC+
					PC++ Os+ GC+
NONE	NONE	NONE	NONE	NONE	ARTHRITIS (RT. KNEE) & TOXIC CONJUNCTIVITIS.
NONE	HEADACHE ON 2nd DAY	URTICARIAL RASH	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	
6	5	7	6	7	12
14	13	15	16	19	NOW ON T.O.C.
11/7	10/5	12/5	4/2	20/4	
		N.B. ONLY 24 TABS GIVEN.			
"CURED"	"CURED"	"CURED"	"CURED"	"CURED"	"COMPLETE FAILURE"

TABLE III. (Continuation).

M 93	M 94	M 95	M 96	M 97	M 98
6	4	2	2	4	5
G1	G1	G1	G1	G1	G1
NONE	NONE	NONE	NONE	NONE	NONE
6	4	2	2	4	5
YES / / YES	YES / / YES	YES / / YES	YES / / YES	YES / / YES	YES / / YES
D++	D++	D++	D++	D+	D++
D-	D-	D-			
D-	D-		D-	D-	
D-	D-	D-			D-
D-	D-	D-	D-	D-	D-
ONLY 42 TABS	ONLY 42 TABS	ONLY 42 TABS	ONLY 42 TABS	ONLY 42 TABS	ONLY 42 TABS
Oc SP / CL	Oc SP / CL	CL / CL			
CL / CL	Oc SP / CL		CL / CL	CL / CL	
CL / CL	Oc SP / CL	CL / CL			CL / CL
CL / CL	CL / CL	CL / CL	CL / CL	CL / CL	CL / CL
NONE	NONE	NONE	NONE	NONE	NONE
SLIGHT HEADACHE	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	NONE
6	6	10	9	5	5
DEFAULTED DURING T.O.C.	16	DEFAULTED DURING T.O.C.	17	11	13
8 / 2	6 / 2		6 / 4	12 / 8	5 / 10

"PROBABLY CURED" "CURED" "PROBABLY CURED" "CURED" "CURED" "CURED"

TABLE III . (Continuation).

M 99	M 100
3	14
G1	G1
NONE	NONE
3	15
YES /	YES /
D++	D++
D++	
D++	D±
	D-
D±	D-
D-	
D±	ONLY 42 TABS.
Ts / CL	
SPS / CL	SPS / CL
	OcSP / CL
SPS / SPS	CL / CL
CL / CL	
SPS / CL	
PC++ Os+ GC+	
PC++ Os+ GC+	PC+ GC-
PC++ Os+ GC-	
PC+ Os+ GC-	
NONE	NONE
NONE	NONE
YES D++ (G.C)	NONE
	DEFAULTED BEFORE T.O.C.
	20/5

"PROBABLY CURED"

"RELAPSE FAILURE"

Patient's serial number.

Duration (in days) of urethral discharge before attending the clinic.

Clinical picture (including complications) on first attendance at the clinic.

Complications after 1st attendance, but before M. & B. 693 tablets commenced.

Duration of discharge (in days) before M. & B. 693 commenced.

Whether or not irrigations were given concurrently with M. & B. 693 tabs.

Clinical picture immediately preceding M. & B. 693 tabs.

Clinical picture after 12 tabs.

24
30
36
42
48
54
60

Two-glass urine tests after 12 tabs.

24
30
36
42
48
54
60

(If obtainable)
Direct urethral smears after 12 tabs.

24
30
36
42
48
54
60

Any gonococcal complications after commencing M. & B. 693 tabs.

Any symptoms or signs due to the drug M. & B. 693.

Relapses after cessation of M. & B. 693.

Time (in weeks) from onset of discharge to beginning of T.O.C.

Time (in weeks) from onset of discharge to dismissal as "CURED".

Duration (in days) of urethral discharge.
(1) TOTAL / (2) AFTER M. & B. 693 COMMENCED.

NOTES.

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TABLE).

TABLE IV. Fifty FEMALE cases treated with M. & B. 693.

Female patient's serial number.	F.1.					
Chief Symptoms on 1st attendance at Clinic. Signs on 1st attendance at Clinic.	"Abdominal pain" "Both sides tender" Pain on urinating"					
Pathological tests on 1st attendance. Cervical smear (C) Urethral smear (U) C.F.T. for G.C. Culture.	GC ++ GC ++ STRONGLY POSITIVE					
Interval (in days) from 1st attendance to day on which M. & B. 693 commenced	160					
Whether or not local treatment of the infected parts was also given.	Yes					
Type of local treatment. Either daily or on alternate days.	* Discharge removed with Sod. Bicarb. Soln.					
Cervical and urethral picture after M. & B. 693 tablets	6	CD	UD			
"	12					
"	18	+	+			
"	24	+	+			
"	30	±	±			
"	36	-	-			
"	42	-	-			
"	48					
"	54					
"	60					
Cervical smear (C) & Urethral smear (U) after M. & B. 693 tablets	6	(C)	PC	EC	Os	GC
"	12	(U)				
"	18	(C)	++	+	++	-
"	24	(U)	±	-	++	-
"	30	(C)	++	+	++	-
"	36	(U)	+	+	+	-
"	42	(C)	+	±	++	-
"	48	(U)	±	±	++	-
"	54	(C)				
"	60	(U)				
Whether or not a 2nd Course of tablets was given.	No					
Notes regarding response to M. & B. 693 Course(s). Symptoms etc due to the drug.	"SICK" (1st FEW DAYS)					
Whether or not complete 'Tests of Cure' (T.O.C.) were carried out.	YES					
Number of weeks which elapsed between 1st attendance & Final test of T.O.C.	60					
"CURED" "Probably CURED" "Relapse FAILURE" or "Complete FAILURE"	"CURED"					

TABLE IV. Fifty FEMALE cases treated with M & B 598.

F.2.				F.3.				F.4.			
"ABDOMINAL PAIN"				DISCHARGE				DISCHARGE			
GC ++				GC ++				GC +			
GC ++				GC -				GC -			
STRONGLY POSITIVE											
200 (APPROX.)				320 (APPROX.)				30			
YES.				YES				YES			
*				*				*			
CD		UD		CD		UD		CD		UD	
+		±		+		±		++		±	
								++		±	
+		±		++		++					
±		±		+		±		++		±	
±		±									
				-		±		++		±	
/				/				/			
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
				++	+	++	-	++	+	++	±
				±	±	±	-	+	+	++	±
								++	+	+	-
								±	+	±	-
++	+	++	-	+	+	++	-				
±	±	-	-	++	+	+	-				
				±	+	+	-	++	+	+	-
				±	+	±	-	±	+	±	-
+	+	++	-								
+	±	±	-								
				-			-	++	+	±	-
				++			-	±	+	+	-
/				/				/			
								GC LATER FOUND			
No				No				No			
NAUSEA				"FELT A BIT NERVY"				RELAPSED ("ULERON" LATER GIVEN).			
No (DEFAULTED)				YES				YES			
-				77				60			
"Probably CURED"				"CURED"				"Relapse FAILURE"			

TABLE IV. Fifty FEMALE cases treated with M & B 698.

F.5.				F.6.				F.7.			
DISCHARGE & EROSION OF CERVIX. ARTHRITIS OF WRIST.				CERVICAL DISCHARGE				URETHRAL BLEEDING CERVICAL DISCHARGE CERVICAL EROSION			
GC ++ GC - STRONGLY POSITIVE				GC + GC -				GC ++ GC ++			
60				90				7			
YES				YES				YES			
*				*				*			
CD		UD		CD		UD		CD		UD	
++		±		++		+		++		±	
±		±		++		+		+		+	
+		±		++		+		-		-	
++		±		++		+		-		-	
/				/				/			
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
								++	+	++	-
								-	±	-	-
								+	+	±	-
								-	±	±	-
+	-	++	-								
±	±	++	-								
				+	++	++	-	±	±	±	-
				±	±	++	-	±	±	±	-
+	±	±	-								
±	±	±	-								
+	+	++	-								
-	+	+	-								
+	±	+	+	+	±	++	-	+	++	-	-
+	±	±	+	±	±	++	-	+	±	-	-
/				/				/			
No				No				No			
ERYTHEMATOUS RASH				SICK (1ST FEW DAYS)				SLIGHT RASH			
No				No (FINAL TESTS NOT DONE)				YES			
-				-				34			
"Relapse FAILURE"				"Probably CURED"				"CURED"			

TABLE IV.

Fifty FEMALE cases treated with M & B 693.

F.8.				F.9.				F.10.			
BLEEDING FROM URETHRA. CERVICAL EROSION & DISCHARGE				SALPINGITIS (SEVERE)				DISCHARGE. PAIN ON URINATING.			
GC++				GC++				GC++			
GC++				GC++				GC++			
3				12				5			
YES				YES				YES			
*				*				*			
CD		UD		CD		UD		CD		UD	
++		+		++		+		+		+	
++		-		++		+		±		±	
++		-		+		-		±		-	
++		-		+		-		±		-	
++		-		+		-		±		-	
/				/				/			
				2nd Course Given.							
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
++	±	++	+	++	±	+	++	++	+	++	+
++	±	++	+	++	±	+	-	++	+	±	+
				++	±	++	±				
				++	±	++	-				
±	±	±	-	++	±	++	-	±	-	±	-
±	±	±	-	±	±	±	-	±	-	±	±(?)
++	±	++	-	++	±	++	+	+	±	+	-
±	±	±	-	+	±	++	-	±	±	++	-
				++	++	++	+				
				±	±	+	-				
				++	±	++	+				
				++	±	++	+(?)				
++	±	++	-	++	±	++	+(?)	+	±	±	-
±	±	±	-	++	±	+	-	±	±	++	±
/				/				/			
				2nd Course GIVEN.							
No				No				No			
SLIGHT RASH "SHORT OF BREATH"				2nd. COURSE GIVEN HEADACHE				No. (GC REAPPEARED IN UD)			
No. DEFAULTED BEFORE T.O.C.				YES				STILL ON TREATMENT			
-				21							
"Probably CURED"				"CURED"				"Complete FAILURE"			

TABLE IV, Fifty FEMALE cases treated with M & B 693.

F.11.				F.12.				F.13.			
PROFUSE DISCHARGE (C & U) SEVERE CERVICAL EROSION				ABDOMINAL PAIN & VOMITING, CERVICAL EROSION				PROFUSE DISCHARGE (C & U)			
GC ++				GC +				GC ++			
GC ++				GC +				GC ++			
3				3				2.			
YES				YES				YES			
*				*				*			
CD		UD		CD		UD		CD		UD	
				++		+					
				++		+		++		++	
+		+		+		+					
+		±		+		+		++		+	
+		±		+		+		++		±	
+		+		+		+		++		±	
+		+						++		±	
2nd COURSE GIVEN				2nd COURSE GIVEN				2nd COURSE GIVEN			
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
				+	+	±	+				
				+	+	+	+				
				+	±	±	±	++	±	±	+
				+	+	±	+	++	±	±	+
+	+	±	-	+	+	+	-				
+	+	++	-	+	±	++	-				
+	+	+	-	+	+	++	-	+	+	+	+
+	+	++	-	+	±	+	-	++	±	±	+
+	+	++	-	+	+	++	± (?)	++	±	±	±
++	+	++	-	+	+	++	-	++	±	±	±
+	+	++	-	+	±	++	-	++	±	+	±
+	+	++	-	+	+	++	-	++	±	±	±
+	+	++	±	+	+	++	-	++	±	+	±
+	+	++	±	+	+	++	-	++	±	±	±
2nd COURSE GIVEN				2nd COURSE GIVEN				2nd COURSE GIVEN			
YES				YES				YES (FAILURE TO 2 COURSES)			
RESPONDED TO 2nd COURSE SLIGHT NAUSEA				RESPONDED TO 2 COURSES VOMITING, SLIGHT RASH ; HEADACHE				RASH AFTER 40 TABS.			
YES				YES				STILL ATTENDING.			
20				24				-			
"CURED"				"CURED"				"Complete FAILURE"			

TABLE IV, Fifty FEMALE cases treated with M & B 693.

F.14.				F.15				F.16.			
DISCHARGE				CERVICAL DISCHARGE & EROSION RT. WRIST SWOLLEN				NONE. CONTACT OF MALE G.C. CASE			
GC ++				GC ±				GC ±			
GC +				GC -				GC +			
				STRONGLY POSITIVE							
2				92				7			
YES				YES				YES			
*				*				*			
CD		UD		CD ±		UD -		CD		UD	
								±		+	
								±		+	
+		-						-		+	
±		-									
-		-						-		-	
/				/				/			
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
				++	++	++	-				
				±	±	±	-				
								++	++	++	-
				±	±	±	-	++	±	++	-
				-	±	±	-	++	++	+	-
++	+	++	-					++	±	+	-
±	±	++	-					++	++	++	-
++	+	++	-					±	+	++	-
±	±	++	-								
+	±	++	-	±	±	±	-	++	+	++	-
±	±	++	-	-	±	±	-	±	+	++	-
/				/				/			
								±			
								-			
								+			
								±			
								-			
No				No				No			
RASH (ARMS, LEGS, FACE) SICK				SLIGHT NAUSEA				-			
YES				YES				YES			
30				26				23			
"CURED"				"CURED"				"CURED"			

TABLE IV. Fifty FEMALE cases treated with M & B 593.

F.17.				F.18.				F.19.			
"DISCHARGE"				"SCALDING ON PASSING URINE" "LUMP IN GROIN" "DISCHARGE"				URETHRAL ORIFICE RED. CERVIX EROSION.			
GC ±				GC ++				GC ++			
GC -				GC ++				GC -			
30				2				30			
YES				YES				YES			
*				*				*			
CD		UD		CD		UD		CD		UD	
								±		-	
++		-		++		±					
++		-		++		-		±		-	
+		-									
±		-		-		-		±		-	
2nd COURSE GIVEN				2nd COURSE GIVEN				±		-	
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
								++	+	++	-
								-	+	++	-
++	±	++	-	+	±	+	-				
±	++	++	-	++	+	++	-				
++	++	++	-	+	+	+	-	-	-	±	-
±	++	++	-	±	+	±	-	-	±	±	-
++	+	++	±								
±	±	±	-								
++	+	++	+	+	+	+	-	±	±	+	-
±	±	±	-	+	+	+	-	±	+	±	-
2nd COURSE GIVEN				2nd COURSE GIVEN				±		±	
2nd COURSE GIVEN				2nd COURSE GIVEN				±		+	
YES (GC PRESENT AFTER 2nd COURSE)				YES				No.			
SLIGHT RASH AFTER 40 TABS.											
STILL ON TREATMENT				YES				YES			
				28				23			
				"CURED"				"CURED"			
"Complete FAILURE"											

TABLE IV. . Fifty Female cases treated with M & B 693.

F.20.				F.21.				F.22.			
CLINICALLY ACUTE CERVICAL GONORRHOEA.				"INFLAMMATION" AROUND VULVA.				NONE. CONTACT OF MALE G.C. CASE			
GC ++ GC ++				GC + GC +				GC ± GC -			
4				/				/			
YES				YES				YES			
*				*				*			
GD		UD		GD		UD		GD		UD	
++		+									
++		+		+		+		±		-	
++		±		+		+		-		-	
+		-		2nd COURSE GIVEN				2nd COURSE GIVEN			
+		-		2nd COURSE GIVEN				2nd COURSE GIVEN			
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
++	+	+	±								
++	+	+	±								
++	+	+	±	+	+	±	-				
++	+	+	±	+	+	-	-				
								++	±	++	±
								-	-	±	-
++	+	++	±(?)	++	±	++	±	±	+	+	-
-	±	+	-	++	+	++	±	±	+	+	-
++	+	++	-	2nd COURSE GIVEN				2nd COURSE GIVEN			
++	+	+	-	2nd COURSE GIVEN				2nd COURSE GIVEN			
++	+	+	+	2nd COURSE GIVEN				2nd COURSE GIVEN			
+	+	+	+	2nd COURSE GIVEN				2nd COURSE GIVEN			
YES (2 COURSES OF TABS GIVEN).				YES				No			
FAILURE TO 1ST COURSE. RESPONDED TO 2nd COURSE. SLIGHT HEADACHE				G.C. PRESENT AFTER 2nd COURSE				GOOD RESPONSE			
YES				YES (After other methods of treatment)				YES			
35				33				24			
"CURED"				"Complete FAILURE"				"CURED"			

TABLE IV . Fifty PELALD cases treated with h & B 698.

F.23.				F.24.				F.25.							
Baby has G.C. (O.N.) Mother salpingitis. Cervical erosion.				Husband has G.C. Pus at urethra.				None. Husband has G.C.							
GC				GC				GC							
GC				GC				GC							
Strongly positive.															
3				3				12							
YES				YES				YES							
*				*				*							
CD		UD		CD		UD		CD		UD					
±		-		++		++		±		-					
				++		++									
+		-		+		±		±		-					
				+		+		+		-					
PC EC Os GC				PC EC Os GC				PC EC Os GC							
++		±		++		-		±		±		-			
+		±		+		-		-		+		±		-	
+		++		+		-		±		±		±		-	
±		++		+		-		-		+		±		-	
								±		±		+		-	
								-		±		+		-	
								±		±		±		-	
								-		±		±		-	
No				No				No							
				Slight nausea. "Breathlessness"											
No. Defaulted during Tr.				No. Defaulted during TOC.				Yes							
								26							
"Probably CURED"				"Probably CURED"				"CURED"							

TABLE IV. Fifty PIRALLI cases treated with R & B 693.

F.26.				F.27.				F.28.			
Clinically Cervicitis. Had salpingitis. Treated by own Dr.				Pain on micturition.				Clinically cervicitis.			
GC++				GC+				GC++			
GC++				GC+				GC+			
50				8				18			
YES				YES				YES			
*				*				*			
CD		UD		CD		UD		CD		UD	
+		+		+		++		++		±	
+		+		+		++		++		±	
±		-		±		+		++		± (?)	
-		-		±		+		++		±	
-		-		+		+					
				++		+		++		+	
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
++	+	++	±	±	±	±	+				
±	+	++	±	±	±	±	+				
±	+	+	-	++	+	+	-	±	±	±	-
-	±	+	-	+	+	+	-	±	±	+	-
±	±	+	-	±	±	+	-	++		+	++
±	±	±	-	±	±	±	-	++		+	-
				±	+	+	-	++	+	++	±
				±	±	±	-	+	±	+	-
				+	-	++	±				
				+	-	++	±				
				+	±	++	±	++	+	+	+
				+	-	++	±	++	+	++	+
No				No				No			
				Relapsed during tabs.				Headache.			
No				No				—			
				—				—			
"Probably CURED"				"Complete FAILURE"				"Complete FAILURE"			

TABLE IV. Fifty FEMALE cases treated with M & B 693.

F.29.				F.30.				F.31.			
Bartholins abscess.				Husband has GC.				Husband has GC.			
GC++				GC+				GC+			
GC++				GC-				GC-			
7				1				5			
YES				YES				YES			
*				*				*			
CD		UD		CD		UD		CD		UD	
++		+		+		-		+		-	
++		+		+		-		±		-	
++		+		+		-		-		-	
+		-		+		-		-		-	
+		-		+		-		-		-	
±		-		+		-		-		-	
±		-		+		-		-		-	
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
±	+	++	-	++	+	±	+	++	+	++	-
++	+	++	-	+	+	+	-	-	+	++	-
				++	+	+	±	++	+	++	±
				±	+	±	-	++	+	+	-
+	++	++	-					++	+	+	-
-	±	-	-					+	+	-	-
++	+	++	-	+	+	+	-				
±	±	±	-	±	±	++	-				
				±	+	++	-	+	+	+	-
				±	+	+	-	+	+	+	-
++	+	++	-	++	+	+	-				
+	+	+	-	-	+	±	-				
±	+	+	-	+	+	±	-				
±	+	+	-	±	±	±	-				
+	+	+	-					±	+	±	-
+	+	+	-					±	+	-	-
++	+	±	-					±	±	-	-
+	-	±	-					±	±	-	-
No				No				No			
				Severe headache. Rash.					Nausea.		
Yes				No. Defaulted during TOC.				Yes			
24				-				27			
"CURED"				"Probably CURED"				"CURED"			

TABLE IV. Fifty FEMALE cases treated with A & B 695.

F.32.				F.33.				F.34.			
Husband has GC.				Secondary syphilitic rash, plus "discharge".				"Discharge" Arthritis (Knee & shoulders).			
GC++				GC++				GC++			
GC-				GC++				GC-			
1				30				2			
YES				YES				YES			
*				*				*			
CD		UD		CD		UD		CD		UD	
+		-									
+		±		++		±					
-		-						+		-	
-		-						+		-	
-		-		++		-					
								-		-	
±				-							
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
++	+	+	+								
±	+	±	-								
++	+	+	+	±	+	+	±	++	+	++	±
++	+	+	+	-	±	±	-	±	+	+	-
++	±	+	-					±	+	+	-
-	+	±	-					±	+	±	-
+	±	±	-								
-	±	-	-								
++	++	++	-	++	+	+	-				
-	+	+	-	+	+	+	-				
±				-							
±				-							
+				+							
±				+							
No				No				No			
Sick after 26 tabs. "Rigor" described.				Headache				-			
YES				YES				YES			
17				60				30			
"CURED"				"CURED"				"CURED"			

TABLE IV . Fifty PERAL cases treated with M & B 693.

F.35.				F.36.				F.37.							
Arthritis (ankles & knees)				Cervical erosion & discharge.				GC contact.							
Husband has GC.															
GC ++				GC+				GC-							
GC ++				GC+				GC+							
7				7				50							
YES				YES				YES							
*				*				*							
CD		UD		CD		UD		CD		UD					
±		±						-		++					
±		-						-		++					
-		-		±		-		-		-					
/				/				/							
PC		EC		Os		GC		PC		EC		Os		GC	
+		+		±		-									
++		+		±		+									
++		+		±		-		+		+		+		-	
++		±		++		+		+		+		+		-	
+		+		±		+		+		+		+		-	
+		+		±		-		+		+		+		-	
						±		±		+		-			
						±		±		±		-			
++		±		+		-									
+		+		+		-									
/				/				/							
±		+		±		-		++		+		-		-	
±		+		±		-		-		+		+		-	
/				/				/							
±		+		-		-									
±		+		-		-									
No				No				No							
Headache.				Slight nausea.				Urticarial rash.							
YES				YES				YES							
15				28				17							
"CURED"				"CURED"				"CURED"							

TABLE (Y). Fifty ECMAM cases treated with I & B Sps.

F.38.				F.39.				F.40.							
"Vaginal discharge for last 2 months"				Cervical erosion & discharge.				"Discharge" "Rheumatism of right shoulder"							
GC ++				GC +				GC +							
GC ++				GC -				GC -							
3				9				60							
YES				YES				YES							
*				*				*							
CD		UD		CD		UD		CD		UD					
+		+		+		+		+		-					
+		+						+		-					
+		±		+		+									
+		+		/		/		±		-					
PC		EC						PC		EC		PC		EC	
±		++		±		-		++		+		++		±	
-		±		±		-		++		+		±		-	
±		+		+		+		++		+		+		-	
+		+		+		+		++		+		±		-	
±		±		+		±		++		+		+		-	
+		+		+		±		++		+		±		-	
+		+		+		+		++		+		±		-	
+		+		±		+		±		±		±		-	
+		+		+		+		-		±		±		-	
No				No				No							
Sickness. Giddiness.				-				-							
No				No				Defaulted.							
Still having treatment.				Still having treatment.											
"Complete FAILURE"				"Complete FAILURE"				"Probably CURED"							

TABLE IV. PREGNANT women treated with K & B 006.

F.41.				F.42.				F.43.			
"Exposed to GC infection"				"Vaginal discharge". Husband has GC.				Profuse cervical discharge.			
GC ±				GC ±				GC ++			
GC ±				GC -				GC ++			
90				84				20			
YES				YES				YES			
*				*				*			
CD		UD		CD		UD		CD		UD	
±		-		±		-		++		+	
±		-		±		-		±		±	
-		-		-		-		-		-	
-		-		-		-		±		-	
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
±	±	±	-					++	±	±	-
±	±	-	-					±	+	±	-
				+	+	±	-	++	±	±	-
				-	+	±	-	±	±	-	-
-	±	-	-								
-	±	-	-								
				+	+		-				
				±	±		-				
±	±	-	-								
-	±	-	-					+	±	±	-
									±	-	-
No				No				No			
-				Nausea & Rash.				Nausea.			
YES				YES				YES			
44				32				14			
"CURED"				"CURED"				"CURED"			

TABLE IV. PAIN: PAIN in case treated with B & B 396.

F.44.				F.45.				F.46.			
Pains in lower abdomen for last 3 wks.				Frequency of micturition.				Husband has GC.			
GC				GC				GC			
GC (?)				GC				GC			
5				7				4			
YES				YES				YES			
*				*				*			
CD	GC	UD	GC	CD	GC	UD	GC	CD	GC	UD	GC
				++		++		++		+	
+		-		++		+		++		+	
±		-		++		+		++		±	
				++		-				++	+
±		-		++		-				++	+
/				/				/			
PC	EC	Os	GC	PC	EC	Os	GC	PC	EC	Os	GC
				++	+	++	+	++	+	++	+
				+	+	++	+	++	+	++	+
±	+	-	-	+	+	+	-	++	+	+	+
±	+	+	-	-	+	±	-	+	±	+	+
								+	+	+	+
								+	+	+	+
±	±	-	-								
±	-	-	-								
/				/				/			
				++	±	±	±				
				+	±	±	-				
								++	±	+	+
								+	±	+	+
±	±	-	-	++	+	+	±				
-	-	-	-	±	±	-	-				
/				/				/			
								++	±	+	±
								+	+	+	-
								++	+	±	±
								+	+	+	±
No				No				No			
-				-				-			
YES				No				No			
10				Still under treatment.				Still under treatment.			
"CURED"				"Complete FAILURE"				"Complete FAILURE"			

TABLE IV. Fifty FEMALE cases treated with M & B 695.

F.47.	F.48.	F.49.	
"Discharge"	Contact has GC.	Contact has GC.	
GC + GC ± (?)	GC + GC -	GC + GC +	
3	5	21	
YES	YES	YES	
*	*	*	
CD UD	CD UD	CD UD	
++ -	+ -	+ ±	
	± -	± -	
+ -	DEFAULTED		
- -		- -	
/			
PC EC Os GC	PC EC Os GC	PC EC Os GC	
	± ± ± -	++ ± + ± (?)	
	± + ± -	± - ± -	
+ + + -			
- ± ± -			
	± ± ± -		
	- - ± -		
	DEFAULTED		
± ± ± -			
- ± - -			
+ ± -		+ ± -	
- ± -		± -	
/			
No	No	No	
-	-	-	
No	Defaulted after 30 tabs.	No	
Defaulted.			
"Probably CURED"	"Probably CURED"	"Probably CURED"	

TABLE IV. Fifty FEMALE cases treated with M & B 693.

F.50.			Female patient's serial number.
Husband has GC.			Chief symptoms on 1st attendance Chief signs on 1st attendance.
GC+			Pathological tests on 1st attendance. Cervical smear (C) Urethral smear (U) C.F.T. for G.C. Culture.
GC-			Interval (in days) from 1st attendance to day on which M.& B. 693 commenced.
7			Whether or not local treatment of the infected parts was also given.
YES			Type of local treatment. Either daily or on alternate days.
*			Cervical & urethral picture after M.& B. 693 tablets
GD ±	UD -		6
			12
			18
			24
			30
			36
			42
			48
			54
			60
PC ++	EC +	Os ++	Cervical smear (C) & Urethral smear (U) after M.& B. 693 tablets 6 (C)
GC +			(U)
			12 (C)
			(U)
			18 (C)
			(U)
+ +	+ +	+ -	24 (C)
± ±	+ +	- -	(U)
			30 (C)
			(U)
± ±	- -	- -	36 (C)
- ±	- -	- -	(U)
			42 (C)
			(U)
			48 (C)
			(U)
			54 (C)
			(U)
			60 (C)
			(U)
No			Whether or not a 2nd Course of tablets was given.
-			Notes regarding response to M.& B.693 Symptoms etc due to the drug.
No			Whether or not complete 'Tests of Cure' (T.O.C.) were carried out.
			Number of weeks which elapsed between 1st attendance & Final test of T.O.C.
"Probably CURED"			"CURED"
			"Probably CURED"
			"Relapse FAILURE"
			"Complete FAILURE"