the museum an old Russian note-book which he found in a captured trench and utilised for making careful notes of the wounded under his care. He was one of the most distinguished figures in military medicine and was the first professor of military surgery at the newly formed Army Medical School in 1860. He wrote extensively on the transport of wounded and medical military administration, was largely instrumental in starting St. John’s Ambulance classes in 1874 and represented the United Kingdom at the Geneva Conventions of 1864 and 1884.

It may be added as a footnote that the original antiseptic dressing (carbolised tow) was replaced by a gauze pad of 2 per cent by weight of double cyanide of mercury and zinc tinted with rosaniline before the Great War. “Euflavine” was substituted in 1929. A short-lived innovation was the addition of an ampoule of iodine in 1917.

In the early months of 1958 the late Mr. J. R. Elliott, chief pharmacist at St. Bartholomew’s Hospital and an acknowledged authority on the history and origins of surgical dressings and apparatus, turned his attention to the army first field dressing. We are indebted to him for permission to use much of the material he had collected in compiling this note, which will have served a useful purpose if it elicits any addition to our meagre store of knowledge on this subject. Our thanks are also due to Lieut.-Colonel W. H. J. Gillow, of the Royal Army Ordnance Corps Museum at Blackdown, for many hours spent in searching records and regulations, and to the Director of the Inspectorate of Stores and Clothing, Ministry of Supply, for much useful information.

THE TREATMENT OF NON-GONOCOCCAL URETHRITIS WITH SPIRAMYCIN (ROVAMYCIN)

BY

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The isolation of spiramycin, an antibiotic prepared from Streptomyces ambofaciens, was reported in France in 1954. Administered orally, spiramycin has been found clinically effective in infections caused by Staphylococcus aureus (including strains resistant to penicillin, streptomycin, the tetracyclines and chloramphenicol) beta-haemolytic streptococci, Streptococcus viridans, Str. faecalis and Str. pneumoniae.

Although effective in infections due to Neisseria gonorrhoeae and active in vitro against N. meningitidis, it has little or no activity against other Gram-negative organisms and consequently does not upset the normal intestinal flora. The drug has also been reported to be successful in some infections due to rickettsiae and viruses and good results have been obtained in the treatment of non-gonococcal
The Treatment of Non-Gonococcal Urethritis with Spiramycin

urethritis. In a series of 87 previously untreated cases of non-gonococcal urethritis Willcox (1957) obtained a 20 per cent failure rate in 77 cases followed up. The dosage used in his series was 10 to 20 g.

In the following series of forty-eight patients treated at the British Military Hospital, Singapore, in 1957 the dosage used was either 5 g. in five days or 7 g. in seven days. In all cases one tablet (250 mg.) was given six-hourly.

RESULTS

The treatment was considered successful in thirty-eight cases. Of these thirty were followed for twelve weeks while the remainder were followed for shorter periods as follows, remaining satisfactory: two were followed for eight weeks, two for six, two for four and two for two weeks respectively.

In ten cases the treatment failed. Of these, seven patients relapsed between the second and fourth week; one relapsed at the eighth week; one was not seen again and one was retreated after re-exposure to infection.

Omitting the patient re-exposed to infection, the percentage failure rate agrees with that found by Willcox and was approximately 19 per cent.

DISCUSSION

Effect of dosage

There were five failures and eighteen successes in the group of patients treated with 5 g. and four failures and twenty successes in the group treated with 7 g. The difference is not significant and, as is found in the treatment of non-gonococcal urethritis with aureomycin, increased dosage does not increase the cure rate—an important consideration in view of the cost of the drug.

Effects of previous treatment

Thirty-three patients had had no previous treatment. Six patients had recently been treated for gonorrhoea with penicillin and had been left with a urethritis. Three patients had been treated with 4 g. of aureomycin. One patient had been treated with penicillin, aureomycin and streptomycin. Five patients had received 7 g. of streptomycin together with 25 g. of sulphadiazine. Seven patients without previous treatment failed to respond to spiramycin. One patient previously treated with aureomycin also failed.

Severity of symptoms

The degree of pyuria was unimportant in the response to treatment.

Incubation period

The average incubation period for the series was 21 days. The stated incubation periods in seven patients failing to respond to treatment were 12, 14, 15, 30, 30, 40 and 50 days (average 27 days).
Toxicity and reaction to spiramycin

Any adverse reaction to the drug in the dosage given was very mild and was only elicited on direct questioning. Eight patients stated they had looseness of the bowels. In no case was it necessary to discontinue treatment.

CONCLUSION

In a small series of forty-eight cases of non-gonococcal urethritis, spiramycin in a dosage of 5 to 7 g. was found to be 80 per cent effective. This compares favourably with other chemotherapeutic agents. No serious drug reactions were observed.

Thanks are due to Messrs. May & Baker (Singapore) for the generous supplies of spiramycin.

REFERENCE


Correspondence

From: LIEUT.-COLONEL J. MACKAY-DICK, O.B.E., F.R.C.P.(E.), Royal Army Medical Corps

SIR,

As a former denizen of the Army Chest Centre (1952-1955) and having returned to the fold w.e.f. 9th June, 1958, I was most interested to read the article on lung resection for tuberculosis in the Army by Large et al., published in this Journal last October.*

Two officers in the Federation Army, Malaya, were placed in category P.2. 32 months and 30 months respectively after partial lung resection for pulmonary tuberculosis in the Army Chest Centre on 30th November, 1954, and 25th January, 1955, respectively. These two cases would appear to have been overlooked by these authors: but understandably so as they were doubtless referring to the British Army and not to Commonwealth Forces (Malaya became an independent self-governing sovereign state on 31st August, 1957). Both were found to have pulmonary tuberculosis whilst officer-cadets at Eaton Hall and the R.M.A. Sandhurst. One had a right apical segmental resection after 173 days’ chemotherapy and the other a right apical and posterior segmental resection after 134 days’ chemotherapy.

Both were commissioned in the Federation Army on return to Malaya in late 1955 after having had an excellent convalescence at Osborne House. They were placed in category P.7 for one year and P.3 (not P.6 for obvious reasons) for one year before being placed in category P.2 in late 1957. An extract from a letter from one of these officers dated 1st September, 1958, is as follows: