

PERSONALITY STUDIES AND  
SOCIAL CHARACTERISTICS  
OF MEN SUFFERING FROM  
NON-SPECIFIC URETHRITIS.

A clinical study of the descriptive epidemiology of non-specific urethritis, with particular reference to the impact of social and psycho-sexual factors; conducted at the Venereal Diseases Control Centre, Adelaide, South Australia.

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## SUMMARY OF THESIS AND CONTRIBUTION TO KNOWLEDGE

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### PART ONE: Introduction - Urethral infection in Man.

Infection of the anterior urethra has been known to occur in man from ancient times. This thesis commences with a brief historical review of urethral infection and its treatment through the ages. This is followed by epidemiological surveys of the extent of urethritis throughout the world today.

Statistics show that in the human male, urethral infections are the most common sexually transmitted diseases (STD's). However the true proportions of the main divisions, gonococcal and non-gonococcal urethritis, have only been measured relatively recently. The capability to differentiate did not exist before the discovery of the gonococcus by Albert Neisser in 1879 and its successful culture in 1882 by Leistikow and in 1885 by Bumm. Even then, it was only after the advent of penicillin and improved facilities for the diagnosis and treatment of gonorrhoea that non-gonococcal urethritis (NGU) became recognized as a major entity (Morton, 1972).



Where statistics for the two conditions are collected conjointly as in the United Kingdom, it is clear that NGU is being reported at a greater rate than gonorrhoea. This is supported by the statistical research undertaken by the author at the Venereal Diseases Control Centre (VDCC) in Adelaide, South Australia.

At the VDCC, the term non-specific urethritis (NSU) has always been used instead of NGU. The diagnostic criteria as used by the author to define NSU in this study were:

1. Clinical: Dysuria, in the presence of overt urethral discharge, meatitis or history of urethral discharge.
2. Laboratory: A Gram-stained smear showing 10 or more polymorphs per high power field with no evidence of N. gonorrhoeae on smear and culture and no other specific cause such as Trichomonas vaginalis being detected.

A comparison is made of the clinical presentation of gonococcal urethritis and NSU in the male, and the laboratory techniques necessary for diagnosis are outlined. The current concept of NSU is then described. Etiology remains disputed as is illustrated by the extensive review of recent advances in the microbiology of NSU. The most widely accepted view is that

Chlamydia trachomatis is the infective agent in up to 50 per cent of cases (Oriel, 1978). Other possible causes are mentioned to support the case that NSU may well be a clinical syndrome of different etiologies.

Finally, a review of antibiotic treatments in NSU and its complications is presented, leading to the conclusion that the management of persistent and recurrent NSU is at present unsatisfactory (Bowie, 1978).