

June 28 and 29, 1948 All of the patients came from the SECOND RIFLE COMPANY of the MILITARY BASE. They were all observed for one week before the experiment, with 3 cultures of the first urine specimen passed after waking up. They all had contact with women not infected with gonorrhoea. The data on the contact are given below in the indicated table. After contact, the patients were inoculated. The pus was taken from the donor via a tuberculin syringe moistened with PP #3. The first night, the pus was taken from [redacted] (donor from the 29th), who has a history of typical gonorrhoea starting on the 19th and with a history of contact 6 days before the disease appeared. The sample was taken at 7:10pm. The other donor, [redacted] was inoculated with a sulfa-resistant strain taken from [redacted] of the Insane Asylum on the 26th. The sample was taken from [redacted] at 7:20pm. The two samples were mixed for use in the inoculation. For this inoculation, swabs moistened with PP #3 were used and the same swab was used for everyone each night. With a #24 needle, a drop of pus was placed on the swab, then carefully applied to the navicular fossa of the penis with great care to not enter deeply into the urethra. This method is the same one used for all inoculations of this type previously.

The control subjects were inoculated with a swab made of a toothpick and cotton. With a #24 needle, a drop of pus was placed on the swab, and then the swab was inserted 1/2 inch into the urethra and carefully applied to the mucous membrane of the urethra. All patients abstained from urinating until immediately before the application of the prophylactic agent, at which time a urine sample to test for sulfa. After the patients urinated, with the exception of the controls, they received prophylaxis applied by the physicians.

PROPHYLAXIS: -RCA- The solution was prepared immediately prior to use with 180 grams of Mapharside, 1.2 grams of Drest and 120cc of water. With a Young urethral syringe, an intraurethral application of 4cc of this solution was administered to all of the patients that received RCA prophylactic. (25 of the patients treated with RCA received superficial inoculation and the other 10 received deep inoculation.) The time of which the solution was retained 5 min [TN: illegible]

ARGYROL: A 10% solution of Argyrol was prepared immediately prior to use. With a Young urethral syringe, a [TN: handwritten addition: 4cc] intraurethral application was administered to 10 patients, who received deep inoculation.

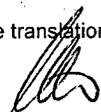
All patients retained the Argyrol or RCA solutions in the urethra for 5 minutes.

Comparison of 10% argyrol & RCA solution used as intra urethral instillation for 5 minutes

	Total	Infected	Not infected
10 [redacted] (superficial)	10	5	5
[redacted] superficial	25	0	25
[redacted]	10	6	4
[redacted]	5	5	

I, Jiri Stejskal, Ph.D., hereby certify that the above document is an accurate translation from Spanish into English.
Date: July 20, 2011

Signature:



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