MATTERS ARISING

The British Journal of Venereal Disease and Genitourinary Medicine in the first 70 years

In a recent article published in Genitourin Med by Dr Oriel1 titled The British Journal of Venereal Disease and Genitourinary Medicine: the first 70 years, the author notes on page 239 that there are now "three journals in the English language devoted to venereology". We would like to point out that, in fact, there are more than three journals in English devoted to venereology, and this, for example, includes Venerology.

Venerology (its name is derived from Venus, the goddess of love) is concerned with the interdisciplinary study of sexuality and health, including sexually transmissible diseases, and is listed in a number of medical and sociobehavioural indexes. The journal was established in Australia in 1987 and has a readership and authorship focus based in Australasia, Asia and the Pacific.

With the movement towards globalisation, it is increasingly important for those who work within the North American and European axis not to overlook the literature published elsewhere, such as Australia and the Asia-Pacific region. We would like to congratulate Genitourinary Medicine on the fine work undertaken in the last 70 years in this field. We look forward to further establishing and extending ongoing collaborations with our colleagues around the globe.

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The value of colposcopy in genito-urinary medicine

I was pleased to see the reply by Moss1 to my comments2 on Moss et al's paper.3 In his reply, Moss states that "there are at least two valid reasons for considering carefully prepared prospective primary colposcopy studies..." indeed I would hope that my own study4 would be regarded as such a study. It failed to show any value of primary colposcopy in a genitourinary medicine setting. The alleged valid reasons given are of: a correlation between some smear abnormalities and of concomitant lower genital tract infection (this might be used to justify STD screening in some groups of colposcopy clinic attenders but hardly the reverse); and "to be aware of discrepancies between cytology and histology" (such a truth can hardly be more widely accepted and proven by countless studies and anecdotes).

Moss then goes on to criticise my comments concerning my own paper5 and that of Giles and colleagues.6 His comments suggest a lack of familiarity with at least one of these papers. Rather than "arbitrarily combining two studies with different methodologies", I was seeking to highlight similarities between the results of two studies with similar methodology, but in two different populations. My paper included in the discussion a further analysis of some of Giles and colleagues' data—the accuracy of that analysis was confirmed by the senior author of Giles' paper (Walker, PG personal communication). As is well known, Giles' paper showed about three times as many patients with colposcopically detected cervical disease as did cytology in the same women (the excess being largely minor or small area disease). My further analysis of those data—using the ages of the women, as published in the original paper—showed that in young women (aged under 30 years) the discrepancy between cytology and colposcopy was even higher, again due to minor disease. This was such that it is extremely questionable whether all younger women screened by primary colposcopy (in a general practice setting) had cervical epithelial disease. This proportion being almost identical to that found in my study of women with warts and other genitourinary medicine clinic attenders. In short if you use primary colposcopy you will find a vast number of minor cervical epithelial "abnormalities", the clinical relevance of which is extremely dubious.

Moss goes on to refer to a "consensus" view on colposcopy in genitourinary medicine practice,6 this being the report of a workshop chaired by Moss. This report fails to support a role for primary colposcopy in such clinics and concludes "The concept of identifying a very high risk group within this genitourinary medicine population is attractive, but no risk factors are sufficiently strong to indicate that targeting resources to a particular group will improve the success of the National Cervical Screening Programme."

Moss and colleagues have advanced no evidence that primary colposcopy in genitourinary medicine clinics has anything to offer over routine, established, cytological screening. Until they do I would urge genitourinary physicians to refrain from primary colposcopy, except perhaps in the context of further "carefully prepared prospective research".

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NOTICE

The University of Sydney. Department of Public Health, Faculty of Medicine.

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Application forms and prospectus are available from Dr Catherine O'Connor or Professor A Mindell, Academic Unit of Sexual Health Medicine, Royal North Shore Hospital, The University of Sydney, Private Bag 3, North Sydney, NSW 2060. Tel: 02-9950 2222. Closing date: 30 November 1995.

The value of colposcopy in genitourinary medicine.

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