listed in the table. In contrast to the report of Hillman, the sexual orientation of only one patient was homosexual; seven were heterosexual and for two patients it was their first sexual experience. Only one patient knew his assailant prior to the assault and two patients experienced repeated assaults by previously unknown assailants over a period of months. Forced anoreceptive intercourse occurred in all cases, ororeceptive intercourse in two cases and active anal intercourse was demanded of one patient. Four patients had reported their assault to the police. The sexual orientation of only one assailant was known.

No patient had evidence of anal trauma or proctitis and investigations for syphilis, infection with Neisseria gonorrhoeae, Chlamydia trachomatis and non-gonococcal urethritis proved negative in the nine patients who were tested. Anti-HIV antibody was negative three months after the assault in all five patients who requested testing. In 1989, 36 women attended this department following rape: of these women, 11 (30%) were found to have an attributable sexually transmitted infection.

The prevalence of sexual assault of men is unknown, but the experience of "Survivors", an organisation providing care for male victims of sexual assault, confirms that this form of assault is not exceptional and usually goes unreported. GUM departments can expect involvement in the management of men who have been sexually assaulted and our experience shows a spectrum of cases very different from those reported by Hillman et al. Heterosexual "victims" comprised the major proportion of cases seen in this department but homosexual men may be more reluctant to disclose sexual assault. We found no evidence of sexually acquired infection in our patients and they were greatly relieved that their assault was not compounded by infection.

K R OGSTAD
C J BIGNELL
Department of Genito-Urinary Medicine,
City Hospital,
Nottingham NG5 1PB, UK

Hillman et al reply: We were most interested to read of the experience from Nottingham. It is very difficult to decide whether a sample of such an under-reported event as sexual assault is representative or not, and we hope that this was made clear in our article. We merely sought to provide an illustration of the different sorts of presentations which occurred to our clinic over a one year period.

The sexual orientation of male victims of sexual assault is unknown. Various reports have found that between 28%1 and 93%2 of victims are heterosexual, suggesting that this may be more a reflection of sample bias than the actual characteristics of the condition. In a recent community-based study of 100 male victims of sexual assault in the United Kingdom,3 we found that 39% regarded themselves as heterosexual following in-depth supportive counselling. Reporting the assault to the police was a rare event, possibly because of fear of an unfavourable reception4.

The lack of evidence of anal trauma in any of the men who claimed forced receptive anal intercourse to the Nottingham clinic was surprising, as our larger survey,1 in common with others5 found a high incidence of genital and non-genital trauma in such victims. Likewise we found a very high incidence of sexually transmissible infections in victims, again at variance with the Nottingham experience. The exact incidence and nature of sexual assault of men is extremely difficult to ascertain, and we welcome any further information concerning this ill-understood and infrequently reported phenomenon.

3 Hillman RJ, O’Mara N, Taylor-Robinson D, Harris JRW. Medical and social aspects of sexual assault of males: a survey of 100 victims. Br J General Practice (in press).

Choosing equipment for colposcopy in genitourinary medicine

I read Mr Hare’s article on choosing equipment for colposcopy in Genitourinary Medicine with interest.1 I wish to add two comments based on my personal experience of providing this service in a genito-urinary clinic for some years.

Video camera and television I believe have superseded the SLR/Polaroid camera attachment. Not only is it invaluable as a teaching and research tool but also in patient management. Visualisation of the abnormality or lack of it as well as subsequent diagnostic and treatment procedures where necessary, coupled with the attending doctor’s or nurse’s comments, enables the patient to understand the condition, thus dispelling many of the misconceptions women have of the disease and its treatment with great psychological advantage. This improves patient cooperation and compliance. While