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 Oriol titled The British Journal of Venereal Disease and Genitourinary Medicine: the first 70 years, the author notes on page 238 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 Genitourin Med 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.

DAVID PLUMMER
VICTOR MINCHIELLO
Edison, Venerology
Melbourne Sexual Health Centre,
Melbourne, Australia


The value of colposcopy in genito-urinary medicine

I was pleased to see the reply by Moss1 to my comments on Moss et al’s paper.2 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 study3 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 paper4 and that of Giles and colleagues.5 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 simil-