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Highlights from this issue

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As memories of the festive season fade, many clinicians will recall recent patients who regret alcohol related sexual encounters. Alcohol has a complicated role in sexual cultures of the West, and perhaps an even more complicated place in settings where it is banned or hard to access. As a student visiting friends working in Norway, I was astonished to visit a home that had its own still, producing a potato liqueur behind locked cellar doors. Alcohol in the UK is relatively cheap, and home production of spirits (with the attendant risk of methanol poisoning) almost unheard of. The role of alcohol in sexual risk is complex and disputed. On the one hand, alcohol has been used through the ages to facilitate and ease planned and low risk sexual encounters. On the other, it may increase the likelihood of unprotected high risk partnerships. Evidence on the potential role of sexual health services is sparse and contradictory, as you will see if you read from Radcliffe's editorial¹ and Crawford's research². Schabath and colleagues present an interesting study on the relationship between HPV and alcohol use.³

If you look back over our pre-1982 archive, you will see that syphilis is the great pre-occupation of our forbears – a multi-system arteritis that destroyed, in the unlucky, the nervous system, bones and skin, and the cardiovascular system. While many teachers of medicine claim that the subject is at the margin between the Arts and the Sciences, a brief glance at medical text books reveals that they reflect very little on the history of the discipline compared to other fields. We are therefore

delighted to present a series of short fillers under the section called 'Special correspondence: short histories of syphilis', with an accompanying editorial,⁴ by Joseph Tucker and colleagues. This fascinating series reflects on the lessons that the history of syphilis has to offer in an age where we hope for control of the HIV epidemic.

Digital communication increasingly determines how we communicate with patients, and provides new opportunities for health intervention. This month Hickson et al explore the impact of a social marketing on HIV testing among men who have sex with men (MSM),⁵ while Mullan et al present a meta-analysis of the effect of new media interventions on sexual behaviour.⁶

A range of clinically oriented studies explore current controversies such as the optimal treatment for *Mycoplasma genitalium*,⁷ the feasibility and outcomes of antenatal chlamydia testing⁸ and STI epidemiology in swingers.⁹ The introduction of electronic health records has created different anxieties and complexities in the sexual health world from those experienced in fields dealing with less stigmatised conditions, and Pedersen *et al* provide an interesting analysis of current issues in a Canadian population.¹⁰

Competing interests None.

Provenance and peer review Commissioned; not peer reviewed.

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