Highlights from this issue

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Subscribers to our print journal—many but by no means all, members of the British Association for Sexual Health and HIV—will I hope have enjoyed this year's series celebrating a hundred years of the 1917 Venereal Disease Regulations in England and Wales. A great step forward in the humane care of people afflicted with sexually transmitted infections, this epoch making Act was only the beginning of a long journey. As a junior doctor in London in the late 1990s, I was shocked to meet women who had been locked up for 6 weeks in former Soviet bloc countries for the treatment of syphilis. This felt a long way off—something that could not happen here—until I remembered meeting as a medical student women in the Borocourt psychiatric asylum who had been committed following an unsanctioned pregnancy. Like unwilling nuns, fifty years on they were still shut off from the world.

This month's Editorial[1] reflects on the science and *mores* of our specialty as it appears in this journal which first appeared in 1925, and a vignette by Simms and colleagues reflects on the challenges of the pioneering days.[2] As the first established STI journal, our pages record scientific, ethical and societal developments through a period of extraordinary change. We have recently taken for granted a climate which has allowed genitourinary medicine, as we are now called in the UK, to emerge from the shadows as a specialty with all the apparatus of prestige—professors, academic departments, funded research and the like. But in the current international climate we now inhabit it is increasingly clear that we must defend the rights and needs of our patients, who are vulnerable to exclusionary politics at home, and to the vicissitudes of conflict abroad.

Medical history is a great teacher, and in the UK some great physicians have brought the lessons of the past to younger generations—among them David Oriel, and more recently James Bingham and Michael Waugh. But I want to argue that reflection on the past—its hidden stories and gaps—will remain particularly important to a specialty which serves people so vulnerable to the politics of division. This can take many forms—the young against the old, the migrant against the apparently indigenous, the taxpayer against the person who cannot work or who is on a zero hours contract and of course ethnic or national division. We must remember that while all illnesses can affect anyone, sexual ill health clusters with many forms of disadvantage and vulnerability—we must never let our commissioners and political masters forget this.

This month's editorial[1] places the current preoccupations of this journal in an interesting historical light. While we continue to publish case reports and case series, these draw on new technologies—a case in point is Davey's study of syphilitic aortitis.[3] We regularly publish educational articles addressing structural issues such as new screening pathways which go beyond the care of specific conditions.[4] Access to and provision of services beyond the badged STI clinic setting has been a growing theme for many years.[5] But perhaps the widest ranging development is our increasingly scientific preoccupation with the prediction and management of risk, whether of maternal HIV transmission,[6] HIV transmission involving HIV infected MSM,[7] or the implications of finding partners online[8] and even of one's neighbourhood[9]

Where will STI diagnosis and care go over the next century? Who can say. However it is very striking that a high proportion of sexual ill health—particularly but not only STIs—is experienced by young people. They are competing for services within a social and health service context increasingly preoccupied by the needs of the frail elderly, and for good reason. The preventative needs of the young, it could be argued, are being squeezed out by demographic change. So what can sexual health doctors do to join forces and create an alliance for young people, who may have multiple and overlapping healthcare needs but which are not life-threatening. We would love to hear from clinicians and service providers who are developing the next generation of multidisciplinary services. How are you working to address the wider determinants of sexual health including mental health, substance use and social or educational prevention programmes? Do get in touch and share letters, podcasts, educational articles and research.

Handling editor Jackie Cassell

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REFERENCES

1 Goode L. One hundred years of STIs: the expansion of venereal medicine through the pages of its journal. *Sex Transm Infect* 2017:93;533–4.
2 Simms I, Hughes G. 1917: responding to the challenge posed by venereal disease. *Sex Transm Infect* 2017;93:607.
3 Joseph Davey D, Kojima N, Konda KA, *et al*. Transient aortitis documented by positron emission tomography in a case series of men and transgender women infected with syphilis. *Sex Transm Infect* 2017:93;551–5.
4 Cook S, Lomax N. How to do it: setting up an asymptomatic screening pathway for men who have sex with men. *Sex Transm Infect* 2017:93;558–60.
5 Ong JJ, Peng M, Zhu S, *et al*. Opportunities and barriers to STI testing in community health centres in China: a nationwide survey. *Sex Transm Infect* 2017:93;566–71.
6 Sivarajah V, Venus K, Yudin MH, *et al*. Does maternal HSV-2 coinfection increase mother-to-child transmission of HIV? A systematic review. *Sex Transm Infect* 2017:93;535–42.
7 Daskalopoulou M, Rodger AJ, Phillips AN, *et al*. Condomless sex in HIV-diagnosed men who have sex with men in the UK: prevalence, correlates, and implications for HIV transmission. *Sex Transm Infect* 2017:93;590–598.
8 Cabecinha M, Mercer CH, Gravningen K, *et al*. Finding sexual partners online: prevalence and associations with sexual behaviour, STI diagnoses and other sexual health outcomes in the British population. *Sex Transm Infect* 2017:93;572–82.
9 Haley DF, Kramer MR, Adimora AA, *et al*. Relationships between neighbourhood characteristics and current STI status among HIV-infected and HIV-uninfected women living in the Southern USA: a cross-sectional multilevel analysis. *Sex Transm Infect* 2017:93;583–9.