

Future articles

The next article in this series will be on “Alexander Gordon: Women’s Doctor of Aberdeen”.

Acknowledgement

The author would like to thank Dr G Williams, British Museum, London, UK for his help and advice.

Sources

- 1 *A Harlot's Progress* (also known as *The Harlot's Progress*) is a series of six paintings (1731, now lost) and engravings (1732) by William Hogarth. The series shows the story of a young woman, Mary (or Moll) Hackabout, who arrives in London from the country and becomes a prostitute. http://en.wikipedia.org/wiki/A_Harlot%27s_Progress [Accessed 10 February 2010].
- 2 http://www.artcyclopedia.com/artists/hogarth_william.html. [Accessed 10 February 2010].
- 3 The British Museum has a fantastic range of prints and paintings from the Georgian period that can also be viewed on their website (www.britishmuseum.org).

Bibliography

- 1 Stone, Lawrence. *The Family, Sex and Marriage in England 1500–1800*. First published by Weidenfeld & Nicolson, 1977. Abridged and revised edition published by Pelican Books, 1979.

- 2 Herman, Eleanor. *Sex with Kings*. London, UK: Harper Collins, 2004.
- 3 Tannahill, Reay. *Sex in History*. London, UK: Abacus, 1989.
- 4 Burford, EJ and Wotton, Joy. *Private Vices – Public Virtues*. London, UK: Robert Hale, 1995.
- 5 Pepys, Samuel. *The Dairies of Samuel Pepys*. Published and edited by RG Howarth, Penguin Books, 1933.
- 6 Hatton, R. *George I (Yale English Monarchs Series)*. New Haven, CT: Yale University Press, 2001.
- 7 Porter, Ian A. *Alexander Gordon 1752–1799*. Edinburgh, UK: Oliver & Boyd, 1958.
- 8 Abrams, Rebecca. *Touching Distance*. London, UK: Macmillan, 2008.

About the author

Lesley Smith is currently a postgraduate student in the Centre for the History of Medicine of the University of Birmingham, where she is developing a PhD in obstetrics and gynaecology in early modern Britain. She holds an honorary degree for “services to history”. She makes 200–300 public appearances a year and also works as a TV historian in the UK and abroad including the USA. Lesley is also Curator of Tutbury Castle in Staffordshire and is a member of the Society of Apothecaries of London and the Society of Medical Writers.

NEWS ROUNDUP

Phase 1 testing for herpes vaccine

A herpes vaccine has begun phase one testing at Chelsea and Westminster Hospital in London. Two healthy volunteers have been given the vaccine, in a safety trial which will involve 42 people. Simon Barton, a consultant in genitourinary medicine at Chelsea and Westminster Hospital, who is running the study, said that a genital herpes vaccine would have important benefits. “For many of the people with genital herpes I look after, the big issue is having a way of protecting their partners”, Dr Barton said. “They can reduce the risk of transmission by using condoms and taking antiviral drugs every day, but these are far from ideal and they do not reduce the risk to zero.”

BioVex, a biotechnology company, has designed the ImmunoVex HSV2 vaccine based on a live but weakened version of HSV2, which has been engineered to silence four genes that help the virus to hide from the immune system. This should allow it to generate an immune response capable of preventing infection. The initial Phase 1 trial will evaluate whether the virus is safe in healthy volunteers, and whether it generates a good immune response. If the results are positive, it will go on to be tested for efficacy on the partners of people with herpes.

Source: <http://www.timesonline.co.uk/tol/news/uk/health/article7049246.ece>

Sexual Health in Holland in the Spring

May 2010 saw the 11th Biennial Congress of the European Society of Contraception (ESC) held in The Hague, The Netherlands. Over 2000 clinicians from all over Europe and beyond, including 80 or so from the UK, came together for 3 days. Highlights included sunshine; trips to the bohemian delights of Scheveningen beach – once trams were mastered; meeting colleagues

that we only see every other year; catching up with old friends; as well as attending some interesting and informative sessions at the light and airy congress building. One session that struck a chord with many delegates was about women requesting hymen reconstruction for fear of repercussions from future spouses and families. This was particularly emotional and moving. There were a number of contributions by UK delegates including Dr Audrey Brown and her colleagues who won a prize for a free communication.

A minor, but nevertheless significant, event took place late on Friday afternoon at The General Assembly, namely the voting of representatives onto the ESC Board. Member countries are allowed one or two representatives depending on the number of ESC members they have. On this occasion Sarah Randall was stepping down as one of the two UK representatives (and as Secretary General) and Shelley Mehigan was elected as the second UK representative – the first non-doctor to be elected to the ESC Board. [NB. Shelley also serves as Nurse Representative on the *Journal of Family Planning and Reproductive Health Care*.]

Drug resistance in gonorrhoea

At the Society for General Microbiology's Spring meeting in Edinburgh, Professor Catherine Ison from the Health Protection Agency (HPA) reported growing resistance to antibiotics in gonorrhoea. Current drugs are still effective but signs of emerging resistance mean treatments may soon need to be revised with combinations of drugs. The HPA has been keeping a close watch on antibiotic resistance among strains of gonorrhoea for some time and says there is an urgent need for the development of new treatments. If left untreated, gonorrhoea can lead to pelvic inflammatory disease, and women can become infertile or have ectopic pregnancies. The

current treatment to use is either ceftriaxone or cefixime. These antibiotics are administered as a single dose.

Professor Ison said: “Choosing an effective antibiotic can be a challenge because the organism that causes gonorrhoea is very versatile and develops resistance to antibiotics very quickly. Penicillin was used for many years until it was no longer effective and a number of other agents have been used since. The current drugs of choice, ceftriaxone and cefixime, are still very effective but there are signs that resistance, particularly to cefixime, is emerging and soon these drugs may not be a good choice. If this problem isn't addressed then there is a real possibility that gonorrhoea will become a very difficult infection to treat.” The risk is that if several doses of treatment are required and patients do not finish the course, multi-resistant strains may emerge.

The HPA says there is no need to change treatment at the moment, but it is important for doctors to be vigilant. It says the high number of cases of sexually transmitted infections (STIs) such as gonorrhoea reinforces the need for people to use condoms with new and casual partners. Jason Warriner, Clinical Director at the Terrence Higgins Trust, said: “As levels of STIs continue to rise, we will see drug-resistant strains develop. This just shows how crucial it is for those who have been at risk to go for regular sexual health check-ups. We recommend people who are sexually active get checked out at least once a year. Most modern tests involve a simple urine sample or self-administered swab. They are quick, easy, and a good way to achieve peace of mind.”

Source: <http://news.bbc.co.uk/1/hi/health/8593366.stm>

Reviewed by **Henrietta Hughes**, MRCGP, DFSRH General Practitioner, London, UK

READERS' CONTRIBUTIONS INVITED ON 'A BETTER WAY OF WORKING'

The Journal publishes occasional 'A Better Way of Working' articles, the purpose of which is to disseminate service delivery suggestions likely to be of interest and relevance to the Journal's readership. Readers are invited to submit suggestions based on their own personal experience for consideration by the Journal Editor. Contributions normally should not exceed 1000 words and should be written in a standardised format responding to the following four questions (or similar): Why was change needed? How did you go about implementing change? What advice would you give to others who might be considering a similar course of action? How did you show that the change had occurred? All contributions should be submitted via the Journal's online submission system at <http://jfprhc.allentrack.net>.