

Editor's comment

Sniffles and sneezes



ENT is such a common topic in general practice that it is difficult to know where to start. I remember a particularly difficult ENT consultation, many years ago when I was a GP trainee in a small village in Scotland. At some ungodly hour of the morning a distraught parent telephoned to say that their daughter had developed a tumour in the nose. I asked if they would meet me at the surgery because all the equipment was there and lighting would be better, but in true British fashion they insisted on me going to their house. I arrived to find a tearful little girl and two anxious and very aggressive parents. The child had a small bead stuck in one nostril and was not at all interested in letting me take it out. The lighting was poor, the child was screaming and the parents were behaving as though I was carrying out major surgery without an anaesthetic! Finally, as I was suggesting that they take the child to the local paediatric emergency unit at Aberdeen's general hospital, the child sneezed and out popped the bead. I think I got back to bed at about 4 am, facing a full surgery the next day.

This was probably one of the more memorable ENT contacts during my GP career. But almost every day saw some type of ENT consultation, usually associated with viral infections of the upper respiratory tract. Having frequently had the antibiotic argument with patients and parents, I am particularly pleased to see that the inappropriate use of antibiotics is highlighted in some articles. Antibiotics are vital medications, but they have their place and will only remain effective if properly used.

Tonsillectomy is not quite as common an operation as it once was, but the two arti-

cles on the pitfalls of the procedure should be useful to rural practitioners who often have to deal with the aftermath of surgery without easy access to specialist care. Allergy is another very common presentation and results in many ENT complications. Its management is complex, but a good understanding of how the complications arise definitely helps.

This edition of *CME* should help all GPs who see too many sore throats to remember, enjoy their ENT practice and feel on top of the game.

This is the last edition of *CME* for 2003. It has been a difficult year for most doctors and GPs in particular, with changes in legislation threatening to erode their independence further. However, none of this is yet cast in stone and hopefully well-argued opposition may yet temper the wilder decisions of the Department of Health. In the meantime, may I and my team at *CME* wish all our readers a peaceful end to the year and an excellent 2004.

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