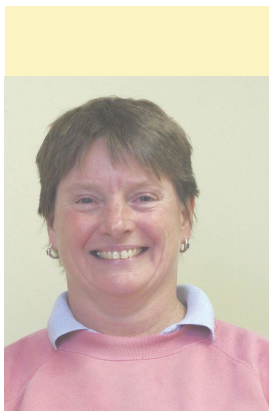


EDITOR'S COMMENT

Dealing with sneezes



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Allergies have always been common and are becoming increasingly so, as we all know. So, just about every GP will see at least one adult or child with an allergy of some kind or another just about every day. And these are often difficult patients to manage. I remember a very large and intimidating lady in Labrador. She had an equally large and intimidating set of three fat folders and a concomitant number of complaints, most of them related to her size. A non-sedating antihistamine had just been withdrawn from the market and she was beside herself because, of course, nothing else worked as well as this one did. After what felt like several hours of reviewing the possibilities, finally in desperation I suggested that she simply ignore her symptoms (you now see why I am no longer in clinical practice!). She sat up in the chair and bristled to the full extent of her enormous size and said, 'Dr, do you have allergies?' To which the answer is yes, I do, several. 'And do you ignore them?' was the response. To which I replied, very largely, yes. Well, needless to say, that was the last time I saw her as a patient, although she continued to bring her delightful elderly aunt to see me as a patient!

What I replied, was of course, not strictly true. I take medication for asthma, which is related to allergy, every day and I also occasionally use a steroid spray for allergic rhinitis. But I don't, and never have, used antihistamines regularly, because I find they simply don't agree with me. So, the normal allergy symptoms are largely ignored and I am sure that there are many other people out there who take much the same approach. The problem with allergies is that they are so all-pervasive and intrusive that sometimes dealing with them on a daily basis becomes almost as bad as the condition itself. However, as allergies have become more common so the amount of research into what causes them and how they can be treated or ameliorated has increased. Professor Paul Potter and his team of specialists have put together an excellent (as always) edition of *CME* that should help any GP deal with the most difficult allergy patient, not least by supplying a wealth of information that can be given to the despairing patient in the hope that this will help them to live with their condition.

The rest of the edition of the journal may appear to be a bit thin, although it is possible that most of you are so busy that you only really have time to read the main articles anyway. We are trying to bring you as much additional material in the form of abstracts, case reports and AIDS information as possible, but the financial constraints of commercial publishing sometimes mean that certain sections have to be cut out just before publication. In this case I hope that the quality of the specialist articles makes up for any lack of variety in the journal's content.

I must repeat my request for artists to come forward with artwork that they would like to see on the cover of *CME*. We would love to continue the tradition of using doctors' art as our cover picture.

I hope you enjoy the read.