

Editorial

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We reach this month the second anniversary of the murmurings of an impending pandemic, and *The Journal of Laryngology & Otology* continues to receive many articles in relation to coronavirus disease 2019 (Covid-19) from around the world. Our optimism in January 2021 that the pandemic would have less prominence in this editorial was somewhat misplaced, and the Oxford ‘word of the year’ is ‘vax’,¹ in relation to the terminology of vaccines (jarring examples are: ‘getting vaxxed’ and ‘being fully vaxxed’).

The effects of the pandemic on patients suffering from infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and on those with all other conditions, and the inevitable delays in diagnosis and treatment, are now well-documented. What is less well documented is the deleterious effects on ENT education for students and post-graduates, topics covered herein and previously in *The Journal*.^{2,3} This issue has an article from London that documents a survey of UK medical students, which shows that the response to the pandemic has been a widespread reduction in direct hospital contact for students, leading to a level of student satisfaction (16 per cent) that was even poorer than the pitiful situation prior to the pandemic (32 per cent).⁴ There is clearly much work to be done, not least with better e-learning, but the problem cannot be blamed on the pandemic alone. A good place to start this process is to define what is to be achieved at the undergraduate stage of ENT education, a topic which is covered in this issue’s article from various UK departments of ENT and the Centre for Medical Education.⁵ The conclusion that a solid grounding in ‘life-threatening, acute and common otolaryngology conditions’ should feature in this is a sensible, if predictable, starting point.

Esme Hadfield and Ronald Macbeth’s work in the late 1960s established a link between nasal adenocarcinoma and hardwood exposure in furniture manufacturers in the High Wycombe area of England.⁶ This town was surrounded by beech woods and was an important centre of this industry. Hadfield’s successor, John Capper, has written an update on her epidemiological work, as a result of following workers in the locality, and is our ‘paper of the month’.⁷ A decline in cases over 50 years mirrors a decline in the furniture industry, but this is probably not the whole explanation.

Topical nasal corticosteroids are a mainstay in the management of rhinitis patients that present to ENT clinics. Specialists are often sceptical about claims that one steroid spray is significantly superior to another.⁸ The fear of topical decongestants producing rhinitis medicamentosa, which can be very stubborn and debilitating, means that long-term use of decongestant agents is almost always avoided. This issue includes a paper from Honolulu that reviews evidence for combination sprays (steroid and decongestant), which tentatively supports the advantages of combination sprays (they ‘may be superior’ to single agents) and dismisses the imagined increased risk of rhinitis medicamentosa.⁹ The rhinology fraternity will need a lot of convincing on this.

To end on a positive note, the fearfulness, sickness incidence and mortality among the ENT community at the start of the pandemic, reflecting their vulnerability to infection, seem to have calmed with each successive wave. This is likely to result from a combination of vaccination, personal protective equipment and clinical practice guidelines. More recent and encouraging data from the UK national registry (established in April 2020) are reported in this issue.¹⁰

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