As this month’s Thorax drops onto your door mat, you may be packing your bags and heading off on your holidays. Whether you are sipping cocktails in St. Tropez or eating chips in Skegness, the July issue of Thorax has something for you. So, next to your sunglasses and bikini (or speedos), don’t forget to pack Thorax! In this ‘Summer Special’ edition of Airwaves, we bring you some holiday highlights.

**SPA THERAPY TO PHAGE THERAPY**
If your holiday hotel is posh enough, you may be offered spa ‘therapies’ ranging from Hopi ear candles to colonic irrigation (Take care with that one!). However, you are unlikely to be offered phage therapy, in spite of the promising data reported in this month’s issue (see page 666). Bacteriophages are viruses which target bacteria. Phage therapy may offer a treatment option for individuals with antibiotic resistant bacterial infection such as Pseudomonas lung infection in cystic fibrosis (CF). Waters and colleagues describe the use of a bacteriophage directed against the Liverpool Epidemic Strain of Pseudomonas, in a murine model of infection which mimics lung infection in CF. Complete clearance of Pseudomonas was achieved when the phage was administered 2–3 days after bacterial infection, with 70% clearance at 6 days. The authors suggest more work should be done, looking at phage cocktails. Hotel bar anyone…?

**ACTIVITY HOLIDAYS?**
Those of you with a more sporting disposition may be on an activity holiday. Dowman et al, describe randomised controlled trial of an exercise training programme for people with interstitial lung disease (Editors’ choice, see page 610). An 8 week programme of supervised exercise led to a significant improvement in the primary outcome—the 6 min walk test. The effects were particularly evident in individuals with asbestosis and idiopathic pulmonary fibrosis (IPF)—where other treatment options are limited. The expanding applications of exercise training are something to ponder, whether you are hiking in Machu Picchu or taking a constitutional along the prom at Margate…

**RHINITIS – MORE THAN A SUMMER AFFLICTION**
This is the time of year for seasonal rhinitis. If you are a sufferer, make sure you have packed your antihistamines. Chronic rhinosinusitis, in contrast, is a more difficult beast. Kim and colleagues suggest a role for interleukin-33 in the pathogenesis of chronic rhinosinusitis (see page 635).

**OCCUPATIONAL HAZARDS**
As we relax, away from the pressure of work, we may reflect on the occupational hazards we have faced in the last year: cyber-attacks, misguided politicians and corridor consultations, to name but a few. However, we can garner some reassurance from the article by Davidson et al on the risk of tuberculosis in healthcare workers (see page 654).

**REST AND REVIVE YOURSELF…**
After your spell in the ICU, you may want to consider 6 week rehabilitation programme so you can REVIVE yourself. That is exactly what Kathryn McDowell and colleagues thought and delivered this as an RCT to 60 post ICU survivors (see page 600). Indeed, the 30 patients in the treatment arm received a personalised exercise programme with a personal trainer although it was in the hospital not a health spa. Although the treatment group improved with personalised training, they did not improve more than the natural trajectory of recovery in the control group in terms of self-reported physical function. These data will though ‘help inform future studies’.

**WHAT’S MY CHOLESTEROL DOC?**
If you thought cholesterol was just a problem for coronary arteries, think again. On page 671 of the journal, Drury et al describe an unusual mediastinal mass.

**LIGHT READING FOR THE PLANE JOURNEY HOME…**
You can read all about last December’s British Thoracic Society Winter Meeting (see page 660)…
Highlights from this issue

The Triumvirate

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