Their cargoes are equally varied, ranging from precious stones to "...sweet white wine". Similarly different topographies of the lung (from the subpleural tissue to the airway) carry differing "cargoes" of micro-organisms. In this month's journal, Valenzi and colleagues (page 239) use 16s rRNA sequencing to characterise microbial communities in the lungs explanted from patients with idiopathic pulmonary fibrosis (IPF). In IPF they find a higher bacterial load in the airways (compared with subpleural tissue). The authors suggest there is a distinct subgroup of patients with IPF with higher bacterial load and worse clinical outcomes. Sadly, the clinical outcome for John Masefield was a gangrenous infection which was ultimately fatal. He is buried in Poets’ Corner in Westminster Abbey.

**MAD MARCH HARE SPORTIVE**

Less cultured members of the Editorial team were concerned that March madness might elude them, but as luck would have it March is often when cyclists test their reliability after a winter of, well, wintery weather. Early season rides are used to assess reliability, responsiveness and difference in form from the previous season. They tend to lack objectivity, and therefore is of little generalisable value, although a great way to start the cycling year.

It is not just cyclists who understand the importance of activity, Pulmonary Rehab for patients with COPD has highlighted the importance of activity in people with lung disease, but objective assessment can be a challenge in determining the value of Minimally Important Differences. In this issue of *Thorax* (page 228) Garcia-Aymerich and colleagues describe the detailed assessment of two activity tools, the Daily-PROactive and Clinical visit-PROactive Physical Activity (D-PPA and C-PPA) instruments, that combine questionnaires and activity monitors. They found that the activity scores were a reliable and valid across a range of COPD populations and could measure clinically relevant changes following both pharmacological and non-pharmacological interventions. Maybe, these should be used to assess the effect of winter training, rather than putting yourself through the pain and suffering of a reliability ride. If you are not convinced sign up for the Mad March Hare ride instead!

**REMEMBER, ALL THINGS WILL DIE**

Two wonderful poems summarise the inevitability of the human condition. Tennyson’s classic All Things Will Die (https://genius.com/Alfred-lord-tennyson-all-things-will-die-annotated) describes the paradox that is the wonder of life mixed with the pain of death and Remember is a beautiful poem by Christina Rossetti helping loved ones come to terms with loss (https://www.poetryfoundation.org/poems/45000/remember-56d224509b7ae).

The role of an ILD specialist is not only to prolong life but also to facilitate a good death. However, as Koyauchi et al (page 248) show in this issue of *Thorax*, patients with ILD had a lower quality of dying and death with poorer access to palliative care and decision-making than patients with lung cancer.

Given the predictability of both the human condition and the disease trajectory of Interstitial Lung Disease, especially pulmonary fibrosis, it is saddening to read these results. Maybe the ILD community should heed Dylan Thomas’ advice and should ‘not go gentle into that good night, Old age should burn and rave at close of day; Rage, rage against the dying of the light. It’s time to take a stand to ensure our patients get a ‘good’ death.

**FROM MASEFIELD TO SHAKESPEARE**

Our teaser image is from the case based discussion from McDill and colleagues (page 313) and evokes Shakespeare rather than Masefield “To drain or not to drain?”