that has already suffered much, but the present arrangements are not working to the satisfaction of anybody. No doubt there would be many drawbacks and difficulties to such an arrangement, but is it not at least worth considering?

A K THould
Royal Cornwall Hospital (City), Truro

Manpower
Sir,—On behalf of the disabled doctors in the UK I express pleasure in the decision to approve the intermediate level service grade at the hospital junior staff conference (3 January, p 66).

Contrary to Dr Audrey Bristow’s view that approval implies that 10% of medical students are substantively seconded, it does acknowledge that some 10% will become suboptimal during their careers, by virtue of physical or mental disability, for social reasons, or through bad luck.

National policy at the moment is to discard disabled doctors to the tip, and the implementation of the proposal would be a major step forward in securing not just better conditions of service for them but also the opportunity of serving.

DAVID HARTLEY
Member, Committee for the Employment of Disabled People
Bridlington Y01 3PN

Scott: 75 years on
Sir,—One can agree with much of what Dr Michael Stroud says about Scott’s expedition to the South Pole (20-27 December, p 1652), but that does not mean that the criticisms which have been made of his leadership are not valid. Nor does it mean that critics regard him as “a weak willed fool.” Nobody could deny that he and his officers were part of the polar party were heroes, though tragic ones. The tragedy is all the greater when we remember how much of it was due to deficiencies of planning, organisation, supplies, and equipment.

The police story is well known, familiar to everyone, is that so obscured the story of the greatest British Antarctic explorer, Ernest Shackleton. It was Shackleton who discovered the Beardmore Glacier route to the pole, led to a point only 90 miles from the pole. It is a measure of his judgment and strength of character that he recognised that he must turn back at this point and so brought his party safely back to base. When Scott followed Shackleton’s route three years later he carried Shackleton’s journal as his main guide.

The differences which arose between Scott and Shackleton during their expedition of 1903 can be understood in the light of their very different characters and backgrounds. It was these very differences which made Shackleton so much greater as an expedition leader than Scott.

The crowning glory of Shackleton’s career is still had by the British public, mainly because it occurred during the first world war. This was the Weddell Sea expedition of 1914-7. His ship Endurance, commanded by F A Worsley, was crushed in the Weddell Sea ice and sank, leaving the party of 28 men on the ice with three boats. They lived for six months through the winter, encamped on the ice, and then as the ice began to break up in the spring the party took to the boats and made a hazardous five day voyage through gales and icefloes to reach Elephant Island in the South Orkneys. There they used two upturned boats to build huts on the narrow beach, and most of the party lived there through the next winter.

Shackleton and Worsley, with four companions, made a heroic 800 mile boat journey through the autumn gales in latitudes 60-65° S to reach the uninhabited southernmost settlement, Grytviken. Three of the crew, the most severely affected by the terrible sea voyage, were left to shelter in a boat-hut while Shackleton, Crean, and Worsley made an incredible climb over the mountainous interior, near the British public, with no other transport than a cut down carpenter’s adze, a small pocket compass, 90 feet of alpine rope, and some cooking gear.

They completed the climb in 36 hours to reach Stromness whaling station on the north east coast. After three attempts, first from South Georgia and subsequently from South America, all frustrated by sea ice, at the fourth attempt they reached Elephant Island and rescued the rest of the party. Not a single man was lost in the whole expedition.

Shackleton died in South Georgia in 1922, on his last expedition. He is buried at Grytviken, not far from Stromness.

I sailed in a ship following almost exactly the course taken by Shackleton’s boat voyage from Elephant Island to South Georgia. I have seen the mountains of the Allardyce Range in South Georgia from a coastal peak. I have spoken to one of the men named in the Norwegian expedition in the North Georgia when Shackleton, Crean, and Worsley arrived at Stromness. The Norwegians’ knowledge and admiration for Shackleton seem to be greater than among the general public of his own country.

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A L JACOBS

Points
Urinary frequency and urgency
MESSRS P J O’BOYLE, G N LUMB, AND S VSEY (Taunton and Somerset Hospital, Taunton) write: Ms Linda Cardozo (29 November, p 1419) is to be congratulated on producing a useful and logical pattern of investigation of urinary frequency and urgency. We share her enthusiasm for urodynamic studies and regret that her statement “Urodynamic investigations are not available in every district general hospital” is unfortunately true. There can, however, be little excuse for the absence of a urinary flowmeter and basic urodynamic in any clinic who claims to offer a service for lower urinary tract problems. In our practice a simple bladder ultrasound examination before and after voiding in a patient with a flow rate is used routinely. This effectively shows both the clinician and the patient the true bladder function. These simple non-invasive investigations can be performed by the clinician and take little more time than is required to write a standard x ray referral form. From a urological point of view we do not think that the concept of the “simple bladder papilloma” had been fully laid to rest. Well differentiated non-invasive transitional cell carcinoma should be managed by an adequately trained endoscopic surgeon. Long term endoscopic review will normally be required.

Prescribing hypnotic benzodiazepines
Dr M W P CARNEY (Northwick Park Hospital, Harrow HA1 3UJ) and PETER ELLIS (South Harrow, Middlesex) write: By failing to define more closely the circumstances when a benzodiazepine hypnotic may be prescribed for “transient insomnia,” Professor Malcolm Lader (25 October, p 1048) runs the risk of not being understood and his argument being lost by being too general. Surely the point is that the stress must be extraordinary and overwhelming? In fact, in view of the unwanted effects and the severe risk of dependence after even short term use, it is hard to see a case for prescribing benzodiazepines in everyday practice except in exceptional circumstances and in the treatment of epilepsy. Safer, non-addictive alternatives are available, and he largely ignored the use of non-drug strategies like discussing changes in lifestyle, exploration and modification (if feasible) of underlying problems, and the prescription of relaxation and physical recreation.


Vaginal discharge
Dr PETER TOMSON (Abbots Langley, Herts WD5 6AL) writes: Vaginal discharge is common in patients in general practice and it would be logically impossible, as well as clinically undesirable, for all cases to be referred to a sexually transmitted disease clinic (22 November, p 1357). The difficulty for the general practitioner is in knowing when to be suspicious of Neisseria gonorrhoea and Chlamydia trachomatis, the diagnosis of which involves extra swabs (cervical, vaginal, and possibly the rapid and the rapid transmission of swabs in the appropriate transport media to the laboratory. The nodal point in the algorithm that decides this course of action seems to be: “Is there endocervicitis?” In the text it is admitted that the cervix may appear normal and yet harbour gonorrhoea and chlamydia. There perhaps ought to be an arrow from “Is the sexually active?” straight to the box “Consider gonococcal and chlamydial infection”; otherwise our threshold of suspicion will be too low.

Correction
Orchidectomy versus oestrogen for prostatic cancer
We regret that an error occurred in this letter by Drs Peter Henriksson and Olof Edhag (25 October 1986, p 1100). The p value given at the end of the second paragraph should have read p=0·5, not 0·05.