# The Review Book review

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we record our case histories we include that which the patient has told us (auditory) and that which we have seen (visual) or palpated (touch) so why not also record what we have detected with our noses?

Olfaction is possibly our most primitive sense. I believe it can provide a useful contribution to our diagnostic armoury, but first we have to learn to recognise when there is a smell present, the likely source of the smell and the clinical implication. In other words, all doctors should develop a nose for trouble.

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#### Provenance

Freely submitted; not peer reviewed.

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#### Editorial note

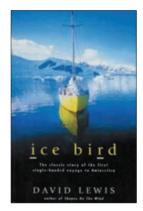
A similar article was published in the July 2012 issue, although this article was submitted and accepted for publication previously.

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## ICE BIRD: THE CLASSIC STORY OF THE FIRST SINGLE-HANDED VOYAGE TO ANTARCTICA DAVID LEWIS Adlard Coles Nautical, 2002

PB, 224 pp, £14.99, 9780713664119



David Lewis's *Ice Bird* is reprinted. Simply the most fascinating tale of sailing and adventure I have ever read. No one had ever sailed a small yacht single-handed to Antarctica before. *Ice Bird* describes how he got there.

When he left Sydney in October 1972 he was an experienced seaman. He describes himself as 'a very ordinary middle-aged man'. An understatement and a half. Even before Antarctica he was rather extraordinary. In the previous decade he had circumnavigated the globe, westabout, in an unlikely trimaran, with second wife and two preschool daughters. (His older daughter Susie, aged about 5, put it nicely: 'We like the gales, they are fun, they are the best part!).

*Ice Bird* tells a tale of the terror and occasional joy of sailing deep in the Southern Ocean. Unlike many of the sailing books written during the 1970s Lewis is not afraid of telling us his fears. He worries that he is not brave enough. We sit on the edge of our seats, and with him, in *Ice Bird*'s freezing, wet cabin as he struggles onwards towards his destination following a capsize and the loss of his mast. He is bailing and frostbitten.

Lewis's thoughts on death, which at times was imminent, and the journey towards it, shows a person familiar with seeing death at close hand. For a GP the

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book provides an opportunity to reflect how a human can cope with extreme hardship and our mortality.

Things have changed since 1972. We don't use amphetamines to keep our patients awake at night, and use 'double doses of tetracycline' as a prophylactic antibiotic for frostbitten hands. The appendix written on medication for cold weather passages contains many treatments still in use today especially for seasickness.

This is a story about human endurance, hardship, and the beauty of our world and is written with honesty and clarity. And such bravery!

#### Liz Peak,

GP, Wishaw, Lanarkshire and Yacht Pilgrim, Troon, Scotland.

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