

came, my father mentioned that I had climbed Mont Blanc. Well, Sir Martin insisted in hearing all about it—it got to be quite embarrassing, holding up that whole line of distinguished authors for maybe five minutes. The fourth one in line behind me was Andrew Carnegie—so, if I've accomplished nothing else in life, at least I made Andrew Carnegie wait in line for five minutes. Sir Martin asked me to be sure to let him know the next time I was in London, so I called and spent a wonderful afternoon at his place in Kensington. Once, in Grindelwald, I called on W. A. B. Coolidge and had a nice visit with him. My father and General Adolphus Greely were intimate friends. It was Father who persuaded his friend President Hayes to send General Greely to the Arctic. He and Greely helped organize the Explorers Club—I was an Associate Member for a number of years—knew Fred Dellenbaugh, Grinnell, Palmer, Bryant, Peary, Fred Cook, Stefansson—a grand bunch.

I went back to my class reunion (50th) at New Haven in '53. In New York I dropped in at the Club and your charming secretary was good enough to suggest that I renew my membership. I'd love to, but would better not do so, at least for a while—we're not in the money—but give me a little time and I'll be off that first million and onto the second—and then, if permitted, I'll become one of you in actuality instead of just in spirit.

1000 S.W. Vista Avenue
Portland, Oregon,
3 January 1959

A REQUEST FOR CASE HISTORIES OF HIGH MOUNTAIN ILLNESSES

On December 30, 1958, a healthy experienced and excellently trained 21-year old skier became acutely ill in the mountains near Snowmass Lake at an altitude of approximately 10,000 feet. I participated in the rescue expedition which brought him to the hospital on January 1, and at that time had an opportunity to study his case carefully. It presents some unusual features which may have important bearing on some of the cases of high altitude pneumonia which have been reported on Himalayan and South American expeditions, and for this reason I am calling his case to your attention and asking your help.

The boy was highly trained, and in superb physical condition, well experienced in this type of mountaineering. He became ill on the third day of a rather rugged cross-country ski-trip passing over a 12,000-foot pass, and traveling for several hours in temperatures of 30 below zero. Prior to

the trip he was in excellent health, and his past history reveals no evidence whatsoever of heart or lung disease, with one important exception noted below. On the third day he became very short of breath and tired, and was unable to proceed further because of cough and shortness of breath. He was left in camp while his companion came for help. When I reached him my initial diagnosis was bronchial pneumonia, but when he arrived at the hospital, examination showed that he had congestive heart failure. This diagnosis was confirmed by x-ray and electrocardiographic tracings, and by his dramatic improvement in the next 36 hours. Apart from moderately severe frostbite of his feet he left the hospital perfectly well 10 days after admission.

The only item of possible significance in his past is that in December of 1957, while making a similar trip at similar altitudes, he had an episode very much resembling the present one, but was able to ski down to his car, drive back to Boulder, and return to his classes after one day in bed. He did not consult a physician. He was, however, sufficiently serious about his climbing to consult a doctor prior to this trip in 1958, and was given a medical clearance although no cardiogram or chest x-ray was done. An electrocardiogram taken in December of 1957, prior to the first episode, as a matter of routine only, was normal.

For some years I have had the sneaking impression that some of the cases of high altitude pneumonia reported in the Himalayas and in South America have in reality been due to this type of congestive heart failure in previously healthy young men. If this could be demonstrated to be the case, then treatment would be entirely different than that which is given to patients with pneumonia, and might result in saving some of the lives of these young men.

I am trying to accumulate as much data on this subject as possible. Naturally I would like as much scientific information as is available in any case that you may know of, but I will be content with any descriptions of symptoms, course, treatment, and other relevant data which you may care to send me. I am trying to collect enough information on this subject to publish a medical paper in coöperation with another physician in Denver who has one or two similar cases. I will be very much interested in your reaction to the above report and any comments that you care to send me.

Sincerely yours,
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