

CANADA

British Columbia, Mount Assiniboine. On July 25th Andrew Killick (age 25) had successfully soloed Mt. Assiniboine and was descending the long snow chute at the base of the north face. The weather was overcast with temperatures in the 50's. Killick was kicking heel-steps when his feet slid out from under him. An ice axe arrest was unsuccessful because of the steepness of the chute and the very soft snow. He slid about 700 feet, struck a rock outcrop, slid another 350 feet, struck another outcrop, slid an additional 150 feet, and came to rest on a snowfield. Christy Clark, a friend of Killick's, and a group of climbers witnessed the fall from their camp at Lake Magog. When they arrived they found Killick suffering from a severe compound fracture of the lower right leg. He had already tied a small tourniquet to slow the blood flow. One person was sent to summon a helicopter, and two others arrived with first aid gear and a stove. Fortunately, a helicopter had just brought two campers to Lake Magog. It did not have a litter or splint, but it flew to a nearby ranger station to fetch them. Lew Krimen, a first aid instructor, splinted the leg, after which Killick was evacuated by the helicopter. (Sources: Krimen, Craig Sutter.)

Analysis: Killick was a climber of ten years' experience and he felt confident of his technique. The snow was too soft for crampons. The same chute was descended by three ropes of climbers without incident, but two days before a rope of two slipped in similar fashion. They walked away with minor scratches because they did not hit the rocks. Although Killick was in great pain, the presence of his friend Christy and continuous conversation helped prevent shock. Killick had earlier said that his boots were new and painful, especially on descent. This might have been the cause of momentary difficulty that permitted his steps to break out. A slower but safer method would have been to descend facing the slope.

British Columbia, Northern Selkirks. On August 12th Phil Koch and Christopher Winship, both of the Dartmouth Mountaineering Club, were attempting the west face of Mount Adamant. This was Winship's second attempt on the route. A week earlier he and Peter Gilbert had climbed two-thirds of the face before being stormed off. At noontime Koch and Winship were just below the high point of the previous attempt. Winship led a long, easy, unprotectable traverse, followed by a difficult inside corner (about 5.8). He took a fall of about six feet in the corner. After regaining the rock he climbed above his previous highest protection, a nut. While attempting to place a higher nut, he slipped. The nut below him failed, and he fell about seventy feet. He stopped forty feet above his belayer. After resting for half an hour, they set up a rappel and descended about 100 feet. Winship was unable to continue down because of pain in his leg. They called for help from their D.M.C. friends Brinkman, Davis, and Gierke, who appeared on the Adamant Glacier below at that time. Koch left Winship on a ledge and fixed ropes for the rescuers. Sleeping bags, clothes, food, and medication were brought up that afternoon. The leg was splinted and immobilized with tent poles. The next morning Brinkman and Koch went for help. They found a party led by William Putnam camped at Fairy Meadow, four hours and 5,000 vertical feet away. Meanwhile, Davis and Gierke started the evacuation. Winship sat in a diaper-chest harness on one man's back; they descended on rappel while belayed from above. That afternoon, as the rescuers neared the bottom of the face, they were joined by members of the Putnam party. A helicopter summoned from the Bow company arrived, and Winship was flown to Golden hospital. Pelvis and leg injuries kept

him in the hospital for a week and on crutches for a month. (Sources: D.M.C., David Jones.)

Analysis: Winship believed that the placement of the nut was extremely secure, though he supposed that a piton might be more secure. The climb had been done "clean" thus far and he wished to continue in that style. Apparently he did not check the nut after his first fall to see if its placement had been affected. If he was thinking in terms of substituting nuts for pitons, he possibly did not take into account the need to use more nuts per pitch to give the same protection as pitons. When an apparently "extremely secure" nut placement fails, the error lies more in the experience and judgment of the climber than in a shortcoming of nuts. In this situation — difficult ground, high on the mountain, far from assistance — Winship might have done better from a purely safety-minded viewpoint to resort to pitons if he was more familiar with their virtues and vices.

UNITED STATES

Alaska, Mount Sanford. On May 12th Bjarne Holm (age 22), Jurgen Kienle (34), Earl Redman (24), and Jack Solomon (20) were flown to the 7,000-foot level of Mount Sanford's Sheep Glacier, and that same afternoon they started up the glacier. They had not had much sleep the night before, but they pushed on to 9,000 feet, where they set up camp. The next day they climbed hard, skiing four miles and ascending 4,000 vertical feet to their second camp at 13,000 feet. Kienle and Solomon were exhausted by the climb, but Holm and Redman felt fine and made an excursion to the summit of the "Bump," 13,300 feet. They too were exhausted and feeling the altitude when they returned to the tent. Redman ate some dinner, Holm and Kienle had only soup, and Solomon simply crawled into a corner without eating or drinking. He had about one pint of water that day. During the night Solomon mumbled incoherently. Early the next morning he complained of dizziness. At 8 o'clock he was stuporous and could not be roused. The other three thought that it was "only" the altitude and that he would "come around" as they had the night before. They tried with limited success to get him to drink. Holm and Kienle started for the summit that evening, after 50 m.p.h. winds had abated. Five hours later they had gained 2,000 vertical feet and were very fatigued. In wind and darkness they turned around and descended to the tent. As they lit the stove to heat water Solomon perked up. He was able to drink a little before dozing off again. On the 15th attempts to assist Solomon in drinking were only partially successful. He asked for help to go out of the tent to urinate, but several times in the course of an hour he was unable to urinate. By noon he was unconscious and had gurgling sounds in his chest. Solomon was zipped into a sleeping bag and lashed to a sled made of skis, poles, and packframes. It was difficult to guide the sled down through howling wind and crevasse fields. At the 9,000-foot camp they radioed their pilot for a pickup the next day. In the morning they descended an additional 2,000 feet, and Solomon regained consciousness and was able to talk coherently. The plane arrived promptly at 10 a.m., and Solomon was taken to the hospital in Glenallen, where oxygen was administered. He was flown by Army helicopter to Anchorage, where examination showed both lungs very congested and one lung punctured and collapsed. Fortunately, surgery was not required and he was discharged after a week of hospitalization. (Sources: Holm, Redman.)

Analysis: Solomon's case shows a typical progression from fatigue to altitude