Miscellaneous

A FURTHER REQUEST FOR CASE HISTORIES OF HIGH MOUNTAIN ILLNESSES

The 22 year old, healthy young man who was rescued from the Snowmass area in Aspen on January 1, 1959, started an interesting train of events. Initially the impression was that he had a fairly classical case of bronchial pneumonia, but subsequent investigation revealed that he had congestive heart failure. Serial electrocardiograms and chest x-rays confirmed this diagnosis. He was, however, an extremely healthy, unusually well trained college student with no history whatever suggestive of heart disease. Several consultants who evaluated him personally and who examined his record were unable clearly to diagnose the type of heart failure that had occurred. One thing was, however, abundantly clear: without hospital studies it would have been called bronchial pneumonia, and at a higher altitude he might very well have died. Antibiotics would have been unavailing. In all probability his death would have been ascribed to the pneumonia of high altitude.

Since his recovery, which took only seven days, he has increased his activities, has climbed extensively in the Alps, and has continued to remain healthy. It is now believed that his congestive heart failure was due to the combination of extreme cold, moderate altitude, and heavy work.

The writer has conducted an extensive correspondence with doctors and mountaineers throughout the world, and as a result has unearthed a number of other interesting bits of information which contribute to the total picture. The medical aspects of this condition will be reported in the appropriate Medical Journals, but the following summary may be helpful to mountain expeditions, and particularly to the medical personnel responsible for their care.

A previously healthy individual who develops shortness of breath, cough, and fever, and whose illness proceeds very rapidly, should be suspected of either or both of two conditions—bronchial pneumonia and heart failure. Both conditions may be rapidly fatal at altitudes above 15,000 or 16,000 feet, and both should be treated. Massive doses of penicillin and broad spectrum antibiotics should be given at once, particularly if the role of

infection seems dominant. At the same time, however, diuretics and oxygen if available should be administered. Rapid digitalis administration should also be given, but only under the supervision of a physician familiar with this drug. In general, the higher the altitude, the more rapid will be the course of either disease, but the failure to respond to antibiotics is strong evidence against the presence of pneumonia.

The writer would be very pleased to hear from others, climbers or physicians, who may have information on this subject.

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EQUIPMENT

Ice Screws. The first successful use of the newly developed *ice screw* was made by Gary Rose and Dick McGowan on the second ascent of the Nisqually Icefall this summer. The party reported that their use was highly advantageous on a 200-foot, nearly vertical wall of ice at about 11,500 feet.

This, briefly, is their history. While in Switzerland on my way back from Pakistan in 1958, I went climbing with Hans Flachsmann of Zürich. He told me of an ice screw that Arnold Glatthard, head of the Rosenlaui School of Mountaineering, had developed. Glatthard and his friends had tested them in the ice tunnels of the Aletsch Glacier by screwing them straight up into the ice and standing in slings. Three men standing on one screw failed to pull it out. According to Flachsmann, the Swiss Army has them and has been testing them for some time. Not having an ice screw, Flachsmann pulled a lag screw from his pack and screwed it into the ice, using a wrench on the square head. He said that the ice screw was similar except that it had an eye on the top for a carabiner. I was unable to pull it out. Impressed, I brought it to New York, where Oscar Dorfmann made me a small ice screw with an eye-loop welded to it. I told Pete Schoening abount it at the annual dinner of the American Alpine Club in 1958. Since the Northwest climbers were the logical ones to test this, I gave him Oscar's prototype. Pete had Lloyd Anderson ask Fritsch in Zürich to make several kinds using the old piton stock as the basis for the screw. He got about five different kinds, which Pete, McGowan and I tested on the Nisqually. All held while all ice pitons came out. We selected the design that would be most convenient to use and they were ordered.

NICK CLINCH