

**WILDERNESS MEDICINE WORLD CONGRESS**  
**CHATEAU WHISTLER, AUGUST 7TH TO 12TH 1999**

---

International Society for Mountain Medicine Newsletter, **10** (1): 8-9 (Jan 2000)

Whistler is a fast growing resort in the mountains about two hours drive north of Vancouver in Canada, BC. It is better known as a ski resort but has plenty to offer the summer visitor in the way of hiking, mountain biking, climbing, canoeing etc. It provided the lovely location for the World Congress on Mountain Medicine sponsored by the Wilderness Medical Society. The WMS is a 4000 strong group of Doctors drawn mainly from the US. The WMS regularly has three meetings a year at various pleasant locations around North America and the World Congress takes place every four years. A number of members are also in the ISMM including Peter Hackett who was involved with Ken Zafren in the organisation of the Congress.

The Congress attracted about 500 registrants mostly from Canada and US but 16 other countries were represented. The international flavour was helped by the fact that the UIAA medical commission met at Whistler at the same time and many of them, well know to ISMM members, were recruited to the faculty of the Congress. Your reporter was one of these.

The WMS also publishes a journal, now called "Wilderness and Environmental Medicine". The editorial board was in celebratory mode because Index Medicus had, since the last WMS meeting, decided to list the journal in its bibliography. This means that the journal should attract a high standard of papers for submission. Many ISMM members have published in this journal already and now that it is IM listed I am sure that members should consider this as a vehicle for their mountain medicine papers.

The Congress ran for four days and topics presented were wide ranging, from attacks by cougars to 101 uses for the safety pin (!) and from the organisation of Mountain Rescue to recent advances in Mountain Medicine. One feature of this congress was the "Small Group session". Two afternoons were devoted to four such sessions with up to 10 groups to choose from in each session. As with any conference when there are parallel sessions you find yourself wanting to go to two or three at the same time. In one of the four sessions I heard Frank Butler discuss, "Ocular disorders in diving and altitude". The latter was covered in an article by Tom Mader in an earlier ISMM Newsletter (Vol. 9 No1 p7). In another session I led a discussion on, "Nutrition at altitude". Most of the groups were more practical, many of them including demonstration of, for instance, rescue techniques, equipment etc. Titles included, Gourmet baking in the backcountry, Water disinfection, Basic swift water rescue (in the water!), Land navigation, and Improvisation for winter survival. There were also more didactic sessions on, for instance, Communication devices, Field Hypnosis, Case studies for trekkers in Nepal, Travel dermatology, High altitude medicine, Case studies in traveller's diarrhoea, Lightning injuries, etc. Unfortunately, none of these could I get to.

During the plenary sessions the timetable was quite relaxed with typically only two talks before coffee and two between coffee and lunch. On the Wednesday we had a

morning on altitude. Peter Hackett led off with an admirable talk on; “Recent advances in mountain medicine”. Most of the substance of this can be found in his article in the current number of Wilderness & Environmental Medicine, Vol. 10, (2) p97-109; 1999. He advanced the thesis that the symptoms of AMS as well as HACE were due to cerebral edema causing increased intra-cranial pressure. He considered the edema to be probably vasogenic rather than cytotoxic and suggests some increase in permeability of the blood brain barrier. None of this is entirely new but Peter has produced a nice review, which I can recommend to anyone interesting in the mechanisms of AMS. I had been asked to give a personal retrospective talk on “40 years research in the Himalayas” which allowed me to mix some science in a wrapping of reminiscences and mountain slides. I tried to give some idea of the varied types of research I had been involved with from the Silver Hut expedition (1960-61) to Kanchenjunga (1998).

After coffee Bruno Durer gave a gripping talk on “Mountain rescue in the Swiss Alps”. The two impressions I was left with were firstly the efficiency of the Swiss rescue service compared with the amateurism of services in most other countries and, secondly Bruno’s incredible wealth of experience of mountain rescue. Most of us, after a lifetime of mountaineering have one or two tales to tell of rescue epics. But Bruno, in the season, seems to have one before breakfast, another between morning and afternoon clinics, and another (night rescue) between saying goodnight to his children and getting to bed himself! Finally Franz Burghold told us about training of Mountain Medicine Doctors in Austria. He has been running these very successful courses for about 5 years. The course includes both theory and practical, the latter in the mountains, a week in the summer and another in the winter. Franz had been told, “It’s harder to make a mountaineer out of a Doctor than a Doctor out of a mountaineer”. However that is just what they try to do on this course. Numbers, of course, have to be limited because of the high staff: student ratio needed for the practical instruction. Students are welcome from countries outside Austria though some proficiency in German is needed. Similar courses are run in France, Germany, and Spain.

There were some 30 poster communications but no discussions sessions unfortunately. Ian Wedmore and colleagues found in a controlled trial that clonidine was effective as a prophylactic for AMS. TV Wu et al. compared Han Chinese and Japanese lowlanders with Tibetan highlanders and found that the latter had much less AMS and also that their pulmonary artery pressure (Echo) was only slightly increased whereas the lowlanders showed marked increase at altitude. Buddha Basnyat, from Kathmandu, reported a random survey of 228 Hindu pilgrims, out of 5000, at Gosainkund (4300m). They had mostly made a rapid ascent from the road head at Dumche (~2600m) and 68% had AMS, 5% had HAPE but 31% had HACE! Women had more AMS than men (odds ratio 4.34).

I had long wanted to attend a WMS meeting and Whistler was certainly a lovely place for my first. I hope it will not be my last.

Jim Milledge, Chorleywood, UK.