LETTERS TO THE EDITOR

THE LATE SIR STANFORD CADE

SIR—Philip Mitchiner, whom I first met when he came to Cairo as Consultant Surgeon, Middle East Forces, would come to my office in Headquarters, British Troops in Egypt saying he had come to be cheered up! One of his stories was about Stanford Cade's early days after mobilisation in the Royal Air Force Medical Service.

Going down to the ward, sister said to him "Where's your cap?". "What do I want a cap for?". "Today's the C.O.'s inspection, you must have your cap." Eventually he agreed to go for his cap.

The Commanding Officer arrived. He turned up one of the doormats and showed much litter below. They went to the loos, the C.O. pulled one plug and it didn't work. After his departure Stanford Cade said "Now Sister, you and I will go round." All the mats were turned up—all were clean. Then in the loos, all plugs were pulled and all worked well.

"Sister" said Stanford Cade "That man has an instinct for dirt, I have an instinct for surgery."

I am, etc.,

W. K. MORRISON

11 Mayfield Terrace,
Edinburgh, EH9 1RU.

ALPINE CLUB MEETING ON HIGH ALTITUDE ILLNESS

SIR—Readers may wish to know of an informal meeting on High Altitude Illness held on 11 December 1973 at the Middlesex Hospital, under the auspices of the Alpine Club. The occasion was chaired by Mr. Michael Ward, F.R.C.S., Medical Officer on the successful 1953 descent of Mount Everest.

The main speaker, at whose suggestion this gathering was instigated, was Professor Charles Houston of the Department of Community Medicine at the University of Vermont.

Special interest centered around his current researches upon High Altitude Pulmonary Oedema, "a disease of the civilised mountaineer," in which the speed of modern travel was reckoned to be a precipitating factor, increasing as it does the abruptness of exposure to rarefied air.

There is clearly a great deal of ground to be covered in factual reporting of precise clinical observations before our understanding increases. There is much still little understood of the response of the human frame to the ill-defined mechanisms of stress due to prolonged physical activity on high mountains.

Interesting challenges were voiced. There was the school of physical fitness which expressed a view that it was a common effect amongst experienced mountaineers that cumulative acclimatisation to increasing height did occur. But does this give account of the statistical skew which would arise if no notion is accorded to many who experience
acute mountain sickness never to return to the mountains? Are we not, in the acclima-tised and experienced mountaineer dealing with a selected individual whose physiological adaption allows him to enjoy his chosen pursuit?

Great emphasis was placed upon the prevention of these hazards to parties trekking above 9,000 to 10,000 feet. This is achieved mostly by effective contingency plans for casualty extrication.

"The (Infantry Battalion) left without serious mountain accident. It seems the experience we are developing and applying is effective in preventing altitude sickness. During the past climbing season we had a total of eleven assisted descents, none of them serious or complicated. Three were recognisable as pulmonary oedema (Snyder 1973).

It is hoped that a more formal meeting would be arranged in about a year's time in the form of a London-based symposium on high altitude illness.

I am, etc.,

K. HEDGES

Headquarters 3rd Division,
Bulford Camp,
Salisbury, Wilts.

(Editor's note: Correspondence or further contributions upon the subject of high altitude illness would be warmly received in view of the increasing number of adventurous training pursuits which nowadays take place at altitude).

INVALID CHILDREN'S AID ASSOCIATION

SIR—Every year thousands of physically, mentally and emotionally handicapped children are helped by the Invalid Children's Aid Association. It is the only charity helping all kinds of handicapped children and their families. We urgently need volunteers to help with publicity and fund raising in their local areas, for example, with distributing leaflets and posters, organising coffee mornings, jumble sales, sponsored walks or swims, sponsored spells, work or sport and a variety of activities. We should be very grateful if you would publish this letter so that anyone who would like more details can contact us.

I am, etc.,

SHIRLEY AUGUSTUS

Invalid Children's Aid Association,
126 Buckingham Palace Road,
London, SW1W 9SB.