

Hammy and Hector

During his career as a rural GP, Dr Haynes referred many difficult orthopaedic cases to the expert care of Dr Hammy Boucher and Dr Hector Gillespie at VGH, including a patient badly injured in a remote plane crash in 1961.

Sterling Haynes, MD

Though Hammy Boucher and his partner Hector Gillespie were both superb orthopaedic surgeons, they were the antithesis of each other. Hammy was a hard man, stern and sometimes distant. He ate up interns and residents at Vancouver General Hospital and Shaughnessy Veteran Hospital every morning for breakfast, at rounds, and later in the day as a nightly snack. Hec was an affable, chunky man with a great bedside manner, a good teacher, and the football doc for the BC Lions professional football club. Hammy was a tall, powerfully built man as well, but to him orthopaedic surgery was no joking matter. Both men had perfected the no-touch technique while in the surgical theatre—tissue and bone were handled only with sterile instruments during all procedures. This method was very difficult to learn by junior residents who didn't have powerful hands. Jokesters say an orthopaedic surgeon has to be as strong as an ox... and twice as smart. Both these men were strong but they were very smart medically as well. Hammy, in 1959, devised and perfected a procedure called the "Boucher fusion," which was a translumbar screw fixation of

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the pedicles of the lumbar and sacral spine. The procedure was innovative and hastened early recovery when a back fusion was necessary. It is still being used today.

As a GP in Williams Lake, I referred most of my difficult cases to Hammy or Hec. In 1961, on a Tuesday (my day off) in May, I was called to go to One-Eyed Lake in the Chilcotin region, a few miles from the Puntzi US Air Force Base. A light plane had crashed with three people aboard,

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and Cappy Lloyd, the radio-telephone operator at the One-Eyed Lake Lodge, asked me to go to the wreck immediately. I gathered my bag, Thomas splints, yards of bandaging and dressings, and 10 litres of IV fluids, and soon I was at the dock by Colonel Joe's float plane on Williams Lake. Joe, a southerner, had been a US fighter pilot on the Burma Road in the Second World War. Joe was getting ready for the trip and was gassing up his Cessna 180 by hand from a 45 gallon drum of high octane fuel when I arrived.

"What do ya know good Doc?

Don't want to hear no troubles—jist give me the positives," said Joe. "Here, I'll help load your stuff in the back of my plane. Then we'll be off like a dirty shirt to One-Eyed Lake."

Once we were in the air Joe asked me to find the section of the maps that showed One-Eyed Lake. I searched the back of the plane but that topographical map section was gone. In the hazy smoke from forest fires we searched, flying at 300 feet west of the Puntzi Mountain US Air Force Base until we heard and saw a man on a small lake firing shotgun shells. It was Cappy. He waved us in and we landed on One-Eyed Lake.

With the US sergeant medic, a PFC soldier from Puntzi Mountain, and two young Native lads, we set down the trail with Cappy in the lead. We walked about half a mile and heard screaming, and then we saw the front end and the prop buried in the mud. I was the first one there and the boys followed with all the medical equipment. The sergeant carried the Thomas splints and mesh metal stretcher. I managed to pry open the door and found Jack, the pilot, dead. Kenny Huston was still strapped in the co-pilot's seat and Jack's teenage son was sitting on sleeping bags at the back of the plane nursing his ankle. Kenny's scalp was on the dashboard. I remember throwing Kenny's bagged tomato sandwich on the floor and stuffing his scalp in the brown bag and putting it in my pocket. All five of us managed

to gently get Kenny onto the padded metal wire stretcher, and I placed one leg in a Thomas splint for his badly fractured femur. Then I threaded two intra-catheters into each broken arm's veins. The two young men carried the bottles of saline. Cappy assisted the young lad out of the plane and helped him hobble back to the lodge. A few hundred yards along the trail Kenny stopped breathing and I intubated him on the muddy path. Then his sterterous breathing reassured me as we carried Kenny along the swampy lakeshore.

While we were away Colonel Joe had gassed up the plane in anticipation of flying the injured back to Williams Lake.

"Doc, what say we strap Kenny to one of the pontoons? We don't have room in my plane."

"Colonel Joe, are you out of your mind? I'll get the RCMP's large Beaver aircraft to fly down from Prince George. When you get back to Williams Lake notify the hospital matron, Doreen Campbell, of our problems and we'll be back in three or four hours."

"OK, Doc."

We had a great trip back in the Beaver. My partner, John Hunt, and I in the War Memorial hospital splinted some of the 43 fractures and transfused Kenny with six units of blood. I retrieved the scalp from my brown sandwich bag and re-attached it with many stitches. At dawn the next day Kenny was transferred by an Air-Sea Rescue Grumman flying boat to the Richmond docks and then to VGH under the care of Hammy. Kenny was to remain a patient in VGH for three years. Kenny returned to town with no crutches, and after a long 40 months, married Doreen Campbell, the hospital matron. Ken's recovery was due to the great treatment provided by Hammy and Hec and the resident staff of VGH. **BCMJ**

Health Canada allows 10 000 unproven remedies onto shelves

Recent industry concerns over Health Canada's backlog of roughly 10 000 so-called natural remedies awaiting pre-market review¹ have not gone unheeded by Health Canada. In a move reminiscent of a Kafka novel, the nation's foremost health protection agency has decided to address the bottleneck posed by an already woefully lax screening process by simply exempting products from such review altogether for at least a couple of years.

For more than a decade, products such as herbal, homeopathic, and similar remedies have been granted special regulatory status as natural health products (NHPs). Manufacturers are permitted to market these NHPs using claims that they produce health benefits. Currently, the standard proof of safety and effectiveness that applies to this class of products is far lower than those that apply to regular medications. Furthermore, once proper testing is done, almost all of these products fail to show compelling proof of efficacy, including products already on the market. Indeed, even after claims of health benefits are disproved, the products continue to be sold.

The problem of inadequate standards is compounded by the lack of resources at Health Canada to review and process a backlog of marketing applications.

This is not to say that unapproved natural products aren't on the shelves. They are, but producers are concerned that Health Canada might demand that unapproved products be removed from the marketplace. Although such a move might seem to be common sense to those concerned about consumer protection, Health Canada appears to have taken a different approach.

The current NHP regulations came into force in 2004 at which time Health Canada had an estimated 40 000 natural health product applications to review and provide licences for, and manufacturers had 6 years to meet Health Canada's requirements. Health Canada now says it will not be enforcing the now-passed 1 April 2010 deadline. The agency states that about 60% of applications it received have been processed. For the remaining 11 000 NHP applications received but not yet assessed, Health Canada on 4 August introduced the Natural Health Products (Unprocessed Product Licence Applications) Regulations. These state that these products can remain for sale to Canadians during the 2½ years the agency believes it will take to apply the existing weak review standards for safety, efficacy, and quality. The benefits of this exemption will be huge—as far as producers are concerned. Health Canada recently estimated the retail value of the unapproved natural health products at between \$200 to \$930 million.²

The bottom line is that thousands of products remain unapproved by Health Canada but are still openly sold to unsuspecting Canadians, who might well believe that Health Canada wouldn't allow anything into stores unless it truly was safe and effective. At the end of 2009, pharmacy regulators concerned for patient health and safety instructed pharmacies across the county to stop selling unapproved natural health products. Health Canada's maneuver appears to sidestep the concerns by neatly declaring those same products "approved pending review."

The proposal to defer the weak review process that exists within Health

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