

## A snowy medical adventure

A severe chest deformity, a snowstorm, and a hair-raising ride to get a newborn into the hands of the one person in BC who could save him: Dr Phil Ashmore.



**Paul M. Gelpke, MB, FRCPE, FACC**

It was Boxing Day 1971 and I was a newly minted pediatrician working in Trail, BC. There was a severe snowstorm and an urgent call came from New Denver, 50 miles to the north. A baby had been born with a severe chest deformity and would be transferred. The ambulance made its way to us with some difficulty through the snow, and when the patient finally arrived, there was the heart beating outside his chest wall. I had managed a large volume and variety of congenital heart disease as a resident in the children's cardiac unit at London's Great Ormond Street Hospital, but nothing had really prepared me for this. The heart appeared to be in sinus rhythm with normal atrioventricular sequencing. There was little, if any pericardium, no effusion, and the major vessels were concordant and disappeared into the split upper sternum. Work of breath-

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Dr Gelpke is a semi-retired pediatrician from Victoria who keeps his brain active doing locums and reminiscing.

ing appeared normal with good air entry and the infant was pink (we had no oximeters in those days). Gases were good. Any further investigation would have been supererogatory. The baby was otherwise normal.

I knew that the congenital cardiac unit I had worked in, one of the largest in the world, had never had a survivor from ectopia cordis. Furthermore, the literature mortality from this condition was 95%<sup>1</sup> and surgery described as "almost uniformly unsuccessful." This baby's only chance was to get him into the hands of Dr Philip Ashmore, then the only pediatric heart surgeon in BC. We gave some antibiotics and oxygen and wrapped the heart in warm saline packs and prepared for transport.

The snowstorm continued unabated.

Transport was not as organized as it is now, but I think even today it would have been problematic given the severe weather conditions. The helicopter got as far as Hope and was turned back by weather. We were told a fixed-wing aircraft might get into Cranbrook, but that was not much help as it meant our ambulance crossing the 6000-foot Salmo-Creston pass,

which was closed (there were no avalanche guns there then). Our finest NICU nurse and ambulance crew set off by road. The Blueberry-Paulson pass was also closed by snow, and they were forced to turn back from trying to get to Christina Lake, so they went via Spokane and freeway to Seattle and Vancouver. Not too many questions were asked at the border, I assume. Dr Ashmore got the chest closed in a two-stage procedure with a mesh and the postoperative course went well but lasted a couple of months.

On the way back our crew, now without a baby, was delayed 3 days between Vancouver and Seattle when the drive shaft malfunctioned in the ambulance. I hope they remained on the payroll for that time!

I have since been in touch with the patient who is well and active in the logging business. Unfortunately his father died from a logging accident when he was 2 weeks old.

### Reference

1. Ravitch MM. The chest wall. In: Ravitch MM, Welch KJ, Benson CD (eds). *Pediatric Surgery*. Chicago, IL: Year Book Medical; 1979.