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1986 PALDOR EXPEDITION

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The medical report is also included in this cover.

EXPEDITION MEMBERS

*leader*

Nick Yardley

*treasurer*

Gareth Yardley

*medical officer*

Tony Lyons

Dave O'Dowd

John Bull

Base Camp Staff

*sirdar*

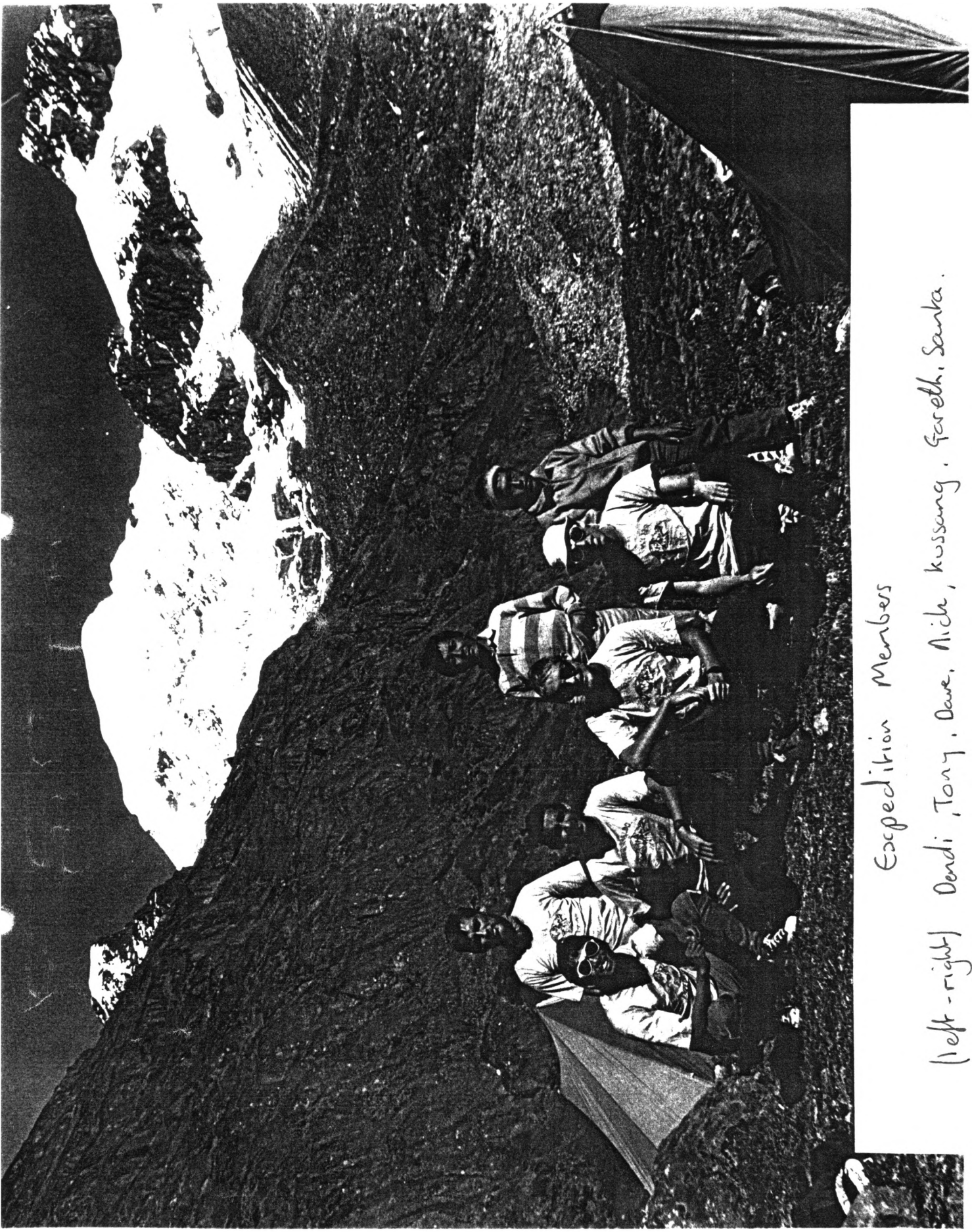
Nima Dendi Sherpa

*cook*

Kussang Sherpa

*cook boy*

Santa Bhadur Gurung



Expedition Members

(left-right) Dendi, Tony, Dave, Nick, Kussang, Gareth, Santa.

## INTRODUCTION

Paldor (5894m) is a trekking peak in the Ganesh Himal of Nepal. At the beginning of the 1986 post monsoon season three routes had been established on the mountain; the North East Ridge climbed by H.W. Tilman in 1949, the South East Ridge climbed by John Cleare in 1974 and the South West Face ascended in 1986 by Sandy Allen.

In October 1986 Nick Yardley led a team of four climbers and one medical officer to Nepal with the intention of ascending the unclimbed West Ridge in alpine style, without the use of climbing Sherpas which had been used on several earlier trips to the mountain.

This is an account of the events of that expedition. It is also hoped that this report will serve as a useful guide to help anyone interested in undertaking a similar venture.

## PREPARATIONS

The expedition was first suggested in November 1985 by Nick Yardley. He proposed climbing a small Himalayan peak in purely alpine style. He invited Dave O'bowd, a friend from Bangor Normal College, and Gareth Yardley to join him. We have known each other for several years, climbing together both in the UK and in the French Alps. Nick suggested that a climber from Bristol should be invited to make up the team. At this time however most of the University of Bristol club were tied up with courses or only interested in high standard rock climbing. Fortunately John Bull had just arrived from Leeds. Gareth and John soon became friends and John, having the necessary experience, was asked to join.

Nick contacted Sherpa Cooperative Trekking in Nepal and asked them to organise our trek. The trekking agency booked the peak for us. The fee was paid to the Nepalese Mountaineering Association through Sherpa Co-op. Sponsorship was sought through the B.M.C., the M.E.F. and the University of Bristol as well as through various equipment manufacturers. Application for sponsorship should be submitted before December of the year prior to departure. This is because companies have a set expedition budget, the allocation of which is decided at the start of each year. The Mount Everest Foundation put our name forward to Pakistan International Airways who arranged our flight to Nepal at a greatly reduced cost. The M.E.F. also put us in touch with Tony Lyons, a final year medical student from London who would be doing his elective in Kathmandu in late summer and who would be willing to act as our medical officer. Tony set about arranging our medical kit and giving us a list of injections that we should have before departure and a simple questionnaire concerning health matters.

The summer proved to be a worrying time. Tony was now in Kathmandu, working and trying to finalise the details with the trekking agency. Tony being new to the expedition and not feeling able to make major decisions about the expedition and postal communications with England were slow (a telegram took ten days to arrive). It would have been easier if Tony had been given permission to make all necessary decisions. Tony was given considerable help

by Mike Cheney of "Treks and Expedition Services" and Anthony Titley, a fluent Nepalese speaker resident in Kathmandu. At this time the rest of the expedition members were spread out over the UK on individual climbing trips.

However we managed to meet up at Heathrow airport on 5<sup>th</sup> October with 15kg of hand luggage each even with our additional baggage allowance. Thankfully we were met by Marion Lawrence of P.I.A. who escorted us to the front of the check in queue. Finally at 2200 hours that night, after a year of preparation, we left England, not without a few misgivings as to what the following two months would bring.

## KATHMANDU

Tony met us at the airport and had a Sherpa Co-op bus waiting to take us to the hotel. Our rooms had been booked in advance by Tony. We found it very useful to have one member of the team in Kathmandu prior to the arrival of the main group. This saved a lot of time in getting to know Kathmandu. Tony had been to see Sherpa Co-op and found that they were disorganised and charging an extortionate fee as well as renegeing on the original agreement.. Tony, who by now knew Kathmandu, hired some bicycles for us and in our jet lagged and culture shocked state, gave us a lightning tour of the city. After the tour it was down to business with a visit to Mike Cheney, a British expatriate who runs a trekking agency, for advice. We eventually came to the following solution with our trekking agency. They would organise the transportation of us and all our equipment to base camp. We would then maintain the base camp staff paying for them ourselves and would arrange the return trip to Kathmandu with the help of our Sirdar.

Our departure from Kathmandu was delayed until the 14<sup>th</sup> October due partly to the incompetence of the trekking agency and partly to the Hindu festival of Desai which brings most of the country to a standstill. The delay did give us chance to rest and do some sightseeing, as well as giving us time to buy the necessary food for base camp and for most of us to develop colds. Kathmandu did get rather oppressive after a while and we were all looking forward to starting on the trek. In Kathmandu we all slept badly and suffered from stomach upsets. This understandably worried Tony. Nick, being the leader, also worried about whether we would actually get out of Kathmandu. At 6.00 on the morning of departure we were all assembled outside our hotel with half a tonne of food and equipment. The trekking agency's bus arrived at 7.00am and we were soon packed and on our way to the mountain.



## THE WALK IN

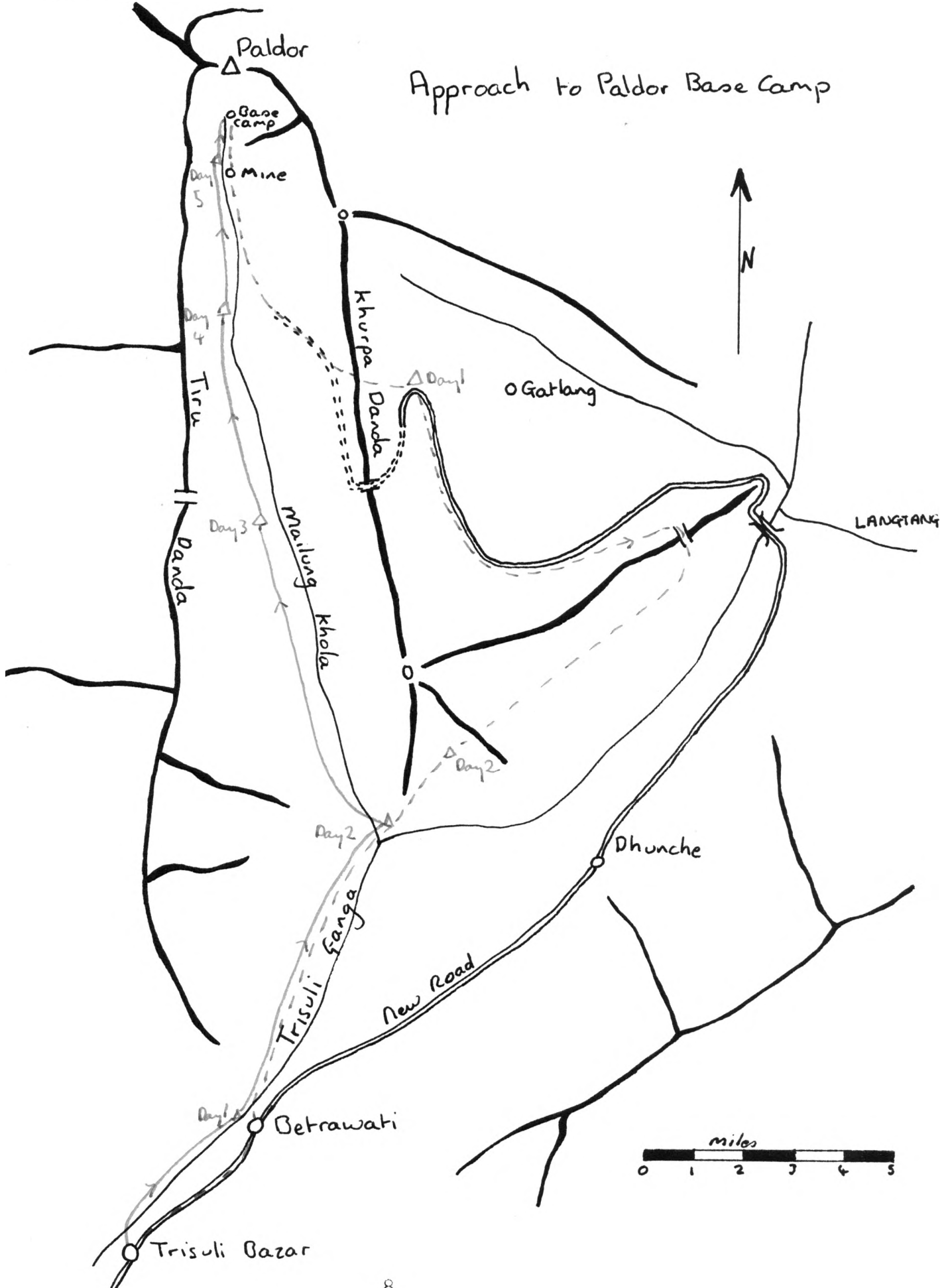
We arrived at Trisuli Bazar at midday after a four hour journey in Sherpa Cooperative's "Deluxe" bus. On the bus we had met our sirdar, Dendi, and the rest of our base camp staff. Dendi's job was to take care of the porters and to make sure nothing went wrong with the organisation of the expedition. So we left Dendi to hire the nineteen porters needed and went for some lunch. Soon the porters had their loads packed and we were on our way.

The afternoon's walk proved to be a relaxing change after the noise and squalor of Kathmandu. At the campsite we were greeted with tea and biscuits and when we had pitched our tents a three course meal was waiting for us. This sort of treatment at first seemed rather decadent but we soon got used to it. At last it seemed that every thing was going well. However this was not to be, Dendi explained that Sherpa Cooperative had "mistakenly" given him only half the amount of money needed to pay the porters. We decided to carry on, paying for the porters with our own money and to attempt to reclaim the money later. Tony had to return to the UK in November, and on arrival in Kathmandu "sorted out" Sherpa Co-op management. It is essential to persevere when dealing with Nepalese businessmen and not to give up if you feel that you are right. The full excess amount was repaid and sent back with the sirdar to base camp.

The next day was spent walking up the Trisuli Ganga to the confluence with the Mailung Khola. After three hours walk through paddy fields we came to a clearing by the river where our lunch had been laid out. After two hours sunbathing we resumed our walk. We usually woke at six and walked from 7.30am until 4.30pm with a two hour lunch break. The next two days were harder, climbing about 7000ft. The first day we only just reached the campsite before a late monsoon storm caught us. The second day proved equally as long, walking from the rain forest of the previous night through pine forests into open scrub land. It felt like walking from summer to winter in a day. We were however rewarded with our first view of the mountain. Tony was by now holding morning and evening "surgeries" for our porters who had realized that medical care was available. The fifth day of the trek was a short one although we did ascend about 4000ft. We had to start late due to the cold but reached our campsite at

GANESH

# Approach to Paldor Base Camp



about 2:30pm. The site was just above a mine ( which must rank along with Bethesda in North Wales as places not to visit ) where our permits were checked. Paldor could now be seen clearly at the head of the valley.

That night eight porters decided that there was too much snow higher up the valley and left. We had to lend most of our warm clothing to the rest to keep them on. The next day the porters had to carry in excess of 30kg to make up for the missing porters. It was a tiring day guiding porters across snow fields. Several porters developed snow blindness and we handed out our spare sunglasses. We had paid Sherpa Co-op \$100 to equip the porters with glasses and clothes but it bought nothing. Half a mile from base camp we came to a complete halt. The route was blocked by a series of cliffs, after an hour we had managed to find a tricky route through the cliffs but the porters refused to move. Three porters, who we had nicknamed the "ethnics", eventually decided to give it a go and the rest soon followed. Without the "ethnics" we doubt whether the rest the porters would have moved. We then pushed and pulled the porters up the cliff, not an easy task at 14,500ft. After a struggle through thigh deep snow we eventually reached base camp. Tony quickly treated the porters for snow blindness, blister and superficial wounds whilst Gareth paid them. Next snow had to be cleared and base camp established. Soon base camp was taking shape. We had arrived at last.

Details of other routes for the walk in are mentioned in H.G.Nicol's "Paldor, a short guide".

## BASE CAMP AND ABOVE

A routine was soon established at base camp, dictated mostly by the short days and exceptionally cold nights. Santa, the cook boy, brought us a cup of tea at 8:30am, after which we had breakfast in the cook tent. Lunch arrived at one thirty and was eaten outside in the sun. At four thirty the sun went down and it was back to the sleeping bags for an hour to wait for the evening meal. This was again eaten in the cook tent. At about seven we retired to our tents to read and sleep. A great many books were read on the expedition. During the three weeks spent at base camp most of the snow melted from around the tents and the weather remained fine and settled.

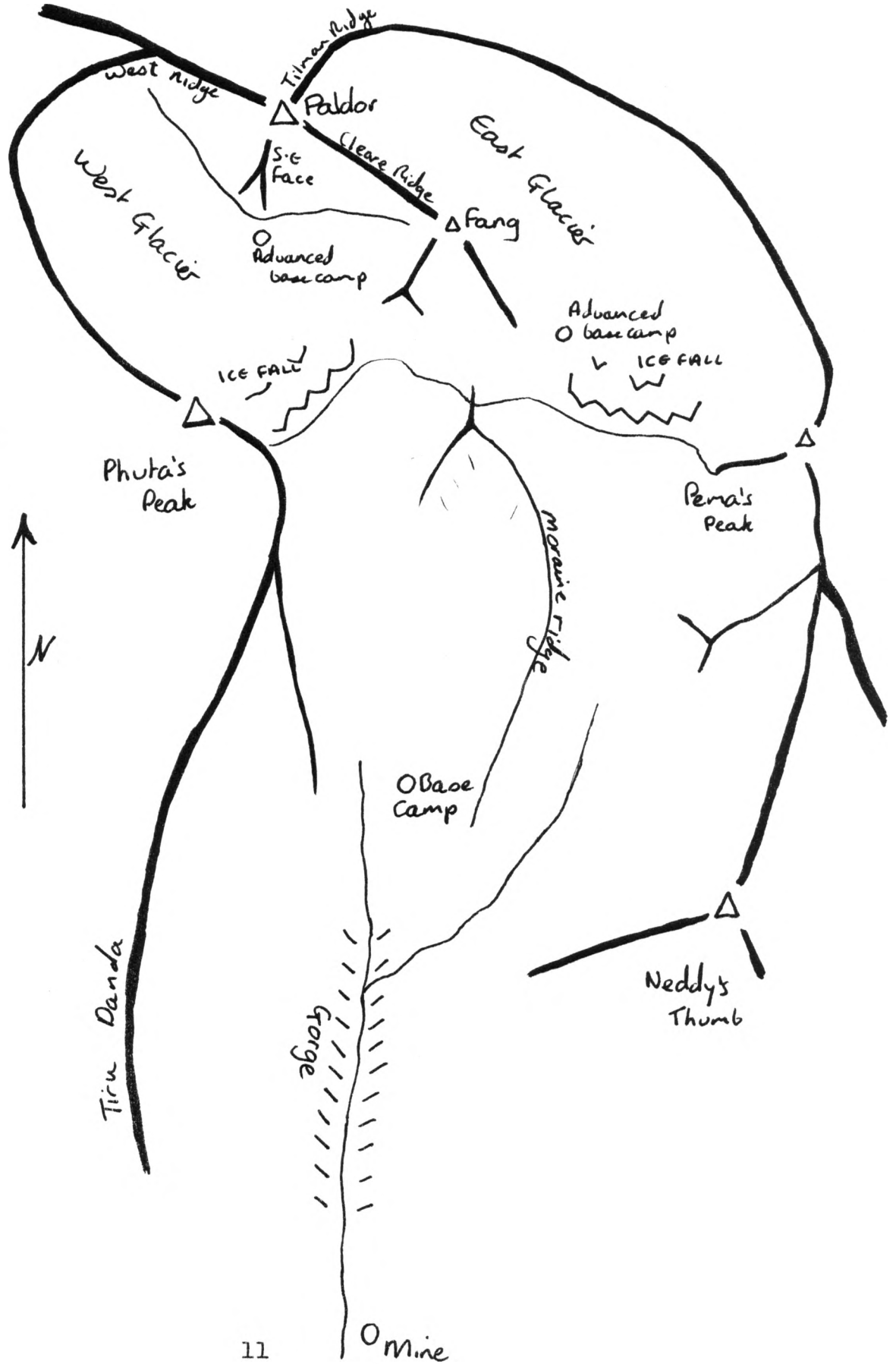
This routine was shattered after only two days at base camp. John, who had climbed a small hill (15,500ft) during the day, left the cook tent during the evening meal complaining of feeling ill. Tony took matters in hand and examined him. He soon realized that John had pulmonary and cerebral oedema and possibly a small stroke. John was very ill, but was walked down during the night to 9000ft, not without difficulty. He felt better with the loss of altitude. After a day of rest, John was much improved but in the night became ill again. The next morning John and Tony climbed up to a pass at 12,300ft which enabled them to descend quickly to 7000ft. Here he began to recover and Tony returned to base camp whilst John travelled alone to Kathmandu.

At this time Nick (who had returned to base camp after the night's walk to 9000ft) and Dave, climbed Pema's peak (17,500ft) by a variation on the "Pema's peak west glacier route" ( PD ) which was first climbed during H.G.Nicol's expedition in 1984. After Tony and Gareth's return to base camp we all climbed Neddy's Thumb (16,200ft) again by an existing route, the south ridge which was first climbed by Nicol's expedition.

On the 28<sup>th</sup> October Tony had to return to Kathmandu with Dendi whilst Nick, Dave and Gareth climbed the Fang (18,000ft?). An advanced base camp was set up on the glacier below the south ridge. It was reached in two hours from base camp by following a moraine ridge and then heading up snow gullies and rock steps to a flat area beneath the east glacier. We left the tent at 6:00am the next morning, walking onto the East glacier then up snow slopes to the

# Paldor and Base Camp

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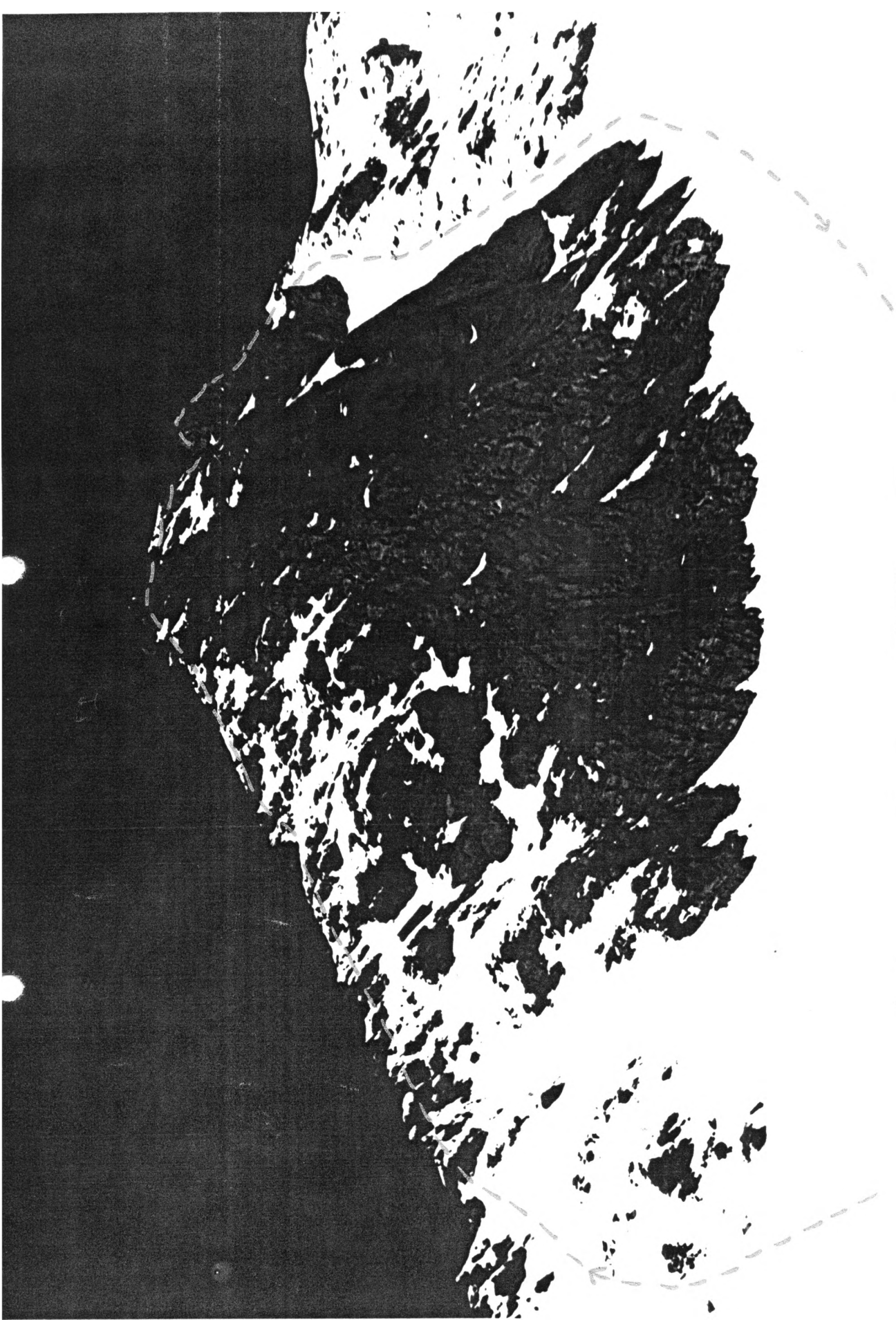


south ridge of the Fang which was followed to the summit. The route was similar to the Cosmiques arete on the Aig. du Midi near Mt. Blanc. This, we believe, was the first ascent of the Fang. A tricky abseil led to a couloir which was followed back to the East glacier.

After a couple of days rest we moved the advanced base camp to the foot of the south west face of Paldor for an attempt on the face. The approach proved to be exceptionally hard. We had to walk through deep snow at over 16,500ft. As the sun went down everything froze instantly, Nick complaining of his fingers freezing together. However in the tent we had several hot drinks and were soon warm. We left at six the next morning. The route was technically quite easy but it had little protection to stop a falling climber. We therefore climbed unroped. As the sun came up the going became more enjoyable as views across the Himalaya opened up. There was a cold wind on the summit and we quickly descended the Cleare Ridge to the East Glacier and made our way back to base camp to be welcomed with a large mug of tea.

We felt that we were now ready to try the unclimbed west ridge. The ridge looked longer and steeper than the face with a few rock sections. The return to advanced base camp was easier than the first trip as we left earlier when the snow was still frozen and we had our tracks to follow. During the afternoon advance base camp was quite pleasant, with a huge glacier basin reflecting the sun's rays at us, we managed to sunbathe. However when the sun went down we quickly got into our sleeping bags and started cooking. We left at 6:00am and walked to the head of the West Glacier and up to a col at the base of the ridge. Again we moved unroped, picking out snow gullies between the rock steps and occasionally climbing the rock. Finally we reached the heavily corniced summit ridge and soon reached the summit. This time there was no wind and we stayed on the summit for 45 minutes. The Himalayas spread out before us with Manaslu and Ganesh to the west and Langtang to the east. Was that Everest in the distance? To the north Tibet was only five miles away and the plains of India stretched across the southern horizon. The expedition had succeeded. We reluctantly descended to the East glacier and back to base camp.

We then spent a couple of days resting before trying any of the other minor peaks in the area. However during one night we had some of our equipment



The Fang from the east glacier  
Showing the lines of ascent and descent



Paldor from base camp  
Showing the West Ridge and the South West Face



stolen. I woke to find several two foot knife cuts around the base of my tent. Nick and I had our inner boots stolen and so could do no more climbing. Dave set off alone to pick up advanced base camp whilst I went to the mine with Kussang to report the theft. Later that day Dendi returned with much needed supplies as we had been living on rice and lentils for a few days; he also brought the refund from Sherpa Cooperative. Dendi arranged for some porters from the mine and two days later we set off for Kathmandu, returning by a similar route to the one that John had been evacuated over by Tony.

## THE WALK OUT

We left base camp on 10<sup>th</sup> November and spent three days trekking back to Trisuli. Six porters arrived from the mine while we were packing up. After burning and burying our rubbish we left after one last look at the mountain. The day dawned clear and we walked quickly soon reaching the valley floor below the mine after lunch we followed the road (under construction) for a while before heading up to the top of the Khurpa Danda. The weather deteriorated and it began snowing, but the walk was very peaceful. We then dropped down to rejoin the road on the other side of the Khurpa Danda. We spent the night there and narrowly avoided being blown up by the army who were building the road.

The next morning we rose early and were soon away. We were treated to a spectacular view of Langtang Lirung rising out of the dawn mist. We travelled quickly with the porters virtually running. After walking through forests and then following the road we headed for a col which led to the right bank of the Trisuli Ganga. This side of the huge valley is rarely visited by westerners and remains quiet and tranquil. We stayed the night in a small village, sleeping on the veranda of one house. The following morning it was hard to drag ourselves away from such a peaceful place. We then dropped down to the river where we had stayed on the second night of our walk in. We then retraced our steps back to Betrawati, where the porters refused to go any further that day. Dendi hired a jeep to take us the remaining few miles to Trisuli. We managed to get the six of us and all our gear on the jeep and still be able to give a lift to three of our porters. Soon we were back in Trisuli. The expedition was over. We spent the rest of our time in Nepal trekking to Annapurna base camp and sunbathing on the lake at Pokhara.

## CONCLUSION

This expedition taught us much about the organisation of small expeditions to the Himalayas. We hope that this report will be useful to anyone organising a similar trip. We have shown that a small expedition can be run on a reasonable budget.

The 1986 Paldor expedition was successful, making the first ascent of the west ridge of Paldor and the first ascent of the Fang, a satellite peak of Paldor. Several other ascents were made during the expedition but all were by existing routes. We found the routes to be short and technically easy and would not recommend the mountain to further expeditions. However the peak is beautiful with classic snow and ice routes and can be recommended to trekking groups, with the aid of climbing Sherpas, who are looking for a challenge.

We found it extremely useful to have a medic with us, not only for emergencies but also for the minor ailments which seem to afflict most climbers in Nepal.

Further details of routes in the Paldor area are available in "Paldor, a short guide" by H.G.Nicol and from John Cleare who also kindly supplied us with maps to the area.

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## SPONSORS

We would like to thank the following for their generous sponsorship of the 1986 Paldor Expedition.

British Mountaineering Council

Mount Everest Foundation

Pakistan International Airways, with special thanks to Marion Lawrance

Helly Hansen

University of Bristol Knowlson Trust

University of Bristol Expeditions Society

University of Bristol Alumni Foundation

Stafford Borough Council

Harold Tomlinson

Sports Council

British Medical Students Trust

See also Acknowledgements in the Medical Report

## ROUTE DESCRIPTIONS FOR MAJOR ROUTES CLIMBED

PALDOR:19,450ft/5928m

West Ridge: An elegant and scenic route, possibly the best route on the mountain giving superb views of the Ganesh Himal.

Grade: D+

First ascent: Believed to be by Nick and Gareth Yardley and Dave O'Dowd. 6/11/86. Unroped.

Route description: From advanced base camp on the Paldor West Glacier the col below the ridge is gained by crossing a bergschrund. From the col a snow arete is followed until it merges with the face. Then follow steep snow gullies, 55 degrees for 200m, then weave through broken rocky outcrops to reach a final slope leading to the west shoulder. The ridge is then followed to the summit which is reached in three hours from advanced base camp. Technically straight forward but with little protection.

South West Face by Central Buttress: An enjoyable route with limited technical difficulties but with no natural protection. Danger from serac fall, despite appearance, is not great.

Grade: D

First ascent: Believed to be by Sandy Allen in the premonsoon season of 1986.

Route description: From advanced base camp ascend the right side of the buttress avoiding rock steps to reach the spur which connects the buttress to the face. Follow this (poor snow) to join the upper face (45-50 degrees) which is followed to the summit, trending rightwards to avoid a bergschrund. The summit is reached in just over two hours.

FANG: approx.18,000ft

South Ridge: A pleasant route on mixed ground with some loose rock.

Grade: AD

First ascent: Believed to be by Nick and Gareth Yardley and Dave O'Dowd 28/10/86. This was also thought to be the first ascent of the Fang.

Route description: From advanced base camp below the east glacier the plateau was reached. Snow slopes are then followed to gain the ridge above the first pinnacle. The crest of the ridge is then followed with increasing difficulties via a series of pinnacles, which are first passed on the right and then on the left. Descent is made down the east face by means of an awkward 50m abseil from the summit into a couloir. This couloir is followed back to the east glacier. The summit is reached in four hours, the descent takes one hour.

## ACCOUNTS

### Income

Members' contributions	£2654
Sponsorship	£1270
Tony's contribution	£170
TOTAL	£4094

### Expenditure

Airfare (4 tickets)	£1880
Peak fee	£104
Insurance (4 people)	£500
Trekking agency	£795
Hotels (4 people)	£90
Additional drugs	£91
Food	£213
Fresh vegetables	£15
Extra food with porter	£26
Kerosene	£6
Base camp staff	£129
Extras	£72
Refund to John	£50
Porters for walk out	£27
Transport	£11
Party	£30
Organisation in UK	£55
TOTAL	£4094

### Notes on accounts:

1. Trekking Agency: This charge was broken down into the following sections:

INCLUSIVE TREK CHARGE	\$750
\$25 per person per day to get everything to base camp.	
LOCAL TAX	\$150
\$30 per person. Includes trekking permits and insurance for staff and porters.	
ALPINE SURCHARGE	\$100
\$20 per person for clothing for porters.	
TRANSPORT	\$100
Private bus from Kathmandu to Trisuli.	
AIRPORT PICK UP	\$15
TOTAL	\$1115
TOTAL	£795

This was the best deal that we could obtain after much bargaining; even so the alpine surcharge only gave us the loan of three sweaters and three pairs of gym shoes.

We were not happy with the service provided by our trekking agency on the financial and organisational side. However the staff that they provided were first class.

2. Some sponsorship was awarded to individual members of the expedition. This has been dealt with accordingly in the accounts.

3. Tony's contribution paid for his part of the walk in and food costs. His airfare and insurance were paid for separately.

4. The cost to individual members was £663.5 excluding personal equipment, money spent on food in Kathmandu and money spent on the trek to Annapurna base camp. Meals in Kathmandu can be bought for about £1.00 and on the Annapurna trek it is possible to live on £2.50 per day.

5. Hotels: We initially paid around £2.80 per person for a hotel. However on return to Kathmandu we found equally good hotels for £1.00 each per night.

6. We have shown that a large amount of sponsorship can be raised, even for a small expedition such as this. However applications for sponsorship should be submitted at the end of the year prior to departure as companies only have a set expedition budget, the allocation of which is decided at the start of each year.

7. Food: This includes food for base camp staff and along with the extra food bought was sufficient for seven people for three weeks. Trekking agencies have lists of food usually bought by expeditions. However you should take your cook shopping with you as we grossly underestimated the food that we would need. Packets of "non-simmer" soups were taken out from England and found to be very useful at advanced base camp.

8. The food was cooked using kerosene (50 litres) which worked well. However we provided all the stoves since the trekking agency mistakenly thought that wood was available. The trekking agency usually provides stoves and all the pots and pans including a pressure cooker.

9. Base camp staff,

sirdar	Rs. 60 per day
cook	Rs. 55 per day
cook boy	Rs. 45 per day
porters	Rs. 40-45 per day
(Exchange rate £1.00 = Rs. 31.)	

10. Extras included baskets for porters, cooking pans for advanced base camp, a vacuum flask, polythene sheets, chocolate and various other small items.

11.Transport: This was for six people from Betrawati to Kathmandu and then by bus, as well as several rickshaws in Kathmandu.

12.In Kathmandu both US and sterling travellers cheques are acceptable. Changing money into Nepalese rupees is easy both at banks and on the street, although, if you do not have a trekking permit, it is necessary to change the equivalent of \$5 per day, for the duration of your stay, in a bank to be able to extend your visa. Receipts are given in banks to prevent blackmarket money changing. In high season there is little difference between the bank and street exchange rates.

13.It is necessary to confirm your return flight bookings whilst in Kathmandu and also save Rs.150 for airport tax on the return journey.

14.The British consulate in Nepal should be informed of expedition details. They also like to check insurance documents in case a rescue has to be organised.



1986 PALDOR EXPEDITION

MEDICAL REPORT

## MEDICAL REPORT

### Introduction

The brief was to provide a comprehensive emergency medical service during the trek-in and for the period spent at base camp and above, some eight weeks. The kits provided medical care for the five climbers and three base camp staff as well as the porters and the very occasional treatment of local people encountered on the walk in.

### Preparation

Each member of the expedition was briefed fully as to the vaccinations that are recommended for Nepal. Whilst none are compulsory, it was felt advisable that the following courses should have been completed and be up to date:

BCG  
tetanus  
polio  
cholera  
typhoid  
gamma globulin for hepatitis A. These were kindly provided by the teams' local general practitioners.

In addition the following were recommended if available to each member:  
meningococcal vaccine - epidemic in Nepal during October to March.  
rabies - human diploid cell vaccine. In fact, only the medic took advantage of these additional immunisations - principally as he was working in Nepal prior to the expedition. Nepal is virtually malaria free, except in the southern Terai region. However, chloroquine and 'Paludrine' were taken before, during and for a short period after, the time spent below 6000 ft.

### The Kits

Three types of kit were produced:

- (i) a large kit for use by the medic at base camp and during the trek. The aim was to provide the maximum care for a treatable condition and the maximum chance of maintaining a patient's condition during evacuation. This was the most comprehensive of the kits and contained the majority of the prescription only drugs and dressings.
- (ii) two climbing kits, packaged in small polythene boxes for use on the hill. These aimed to provide sufficient materials to enable evacuation to base camp or to treat simple problems at advance base camp and above.
- (iii) five small personal kits providing the basic items of everyday first aid, i.e. aspirins, plasters etc. This prevented continued opening of the large kit and constant badgering of the medic.

The contents of each type of kit are listed in Appendix I.

The majority of the drugs were provided free of charge by the relevant companies. For future expeditions it must be stressed that since the introduction of the Government limited list, many companies have severely

curtailed their sponsorship of expeditions, etc. However, the majority contacted were willing to supply the small quantities of drugs required, for this they have the thanks of the expedition members. When dealing with a company it is vital to explain fully the aims of the trip and the names of the major sponsors. Companies welcome progress reports and a report at the end of the trip.

Those companies kind enough to give us their support are detailed in the Acknowledgements.

Many of the drugs listed are either prescription only drugs, or are controlled drugs, i.e. they require a Home Office licence for importation and exportation. This also applies to countries in which the expedition might transit. Many drugs are available in Kathmandu usually without a prescription and at a lower price than in the U.K.

Finally, it is important to arrange referral facilities for medical treatment in Kathmandu. This was arranged with Dr. David Schlim of the CEEWAK clinic and Dr. Santosh Shrestha at the Bir Hospital.

#### Medical report

The only significant past medical history in a team member involved a case of meningitis 4 years prior to the expedition. No allergies were reported.

#### Diarrhoea

A favourite topic of conversation amongst travellers to Asia. Four team members developed acute diarrhoea and vomiting on day one of their stay in Kathmandu. This was self limiting and was treated by maintaining good personal hygiene, and a good fluid intake. Throughout the expedition, members noticed a continuous change in bowel habit. This was perfectly normal and required no treatment.

Following a tuna fish snack, the sirdar and one climber developed acute gastroenteritis. This was treated with sips of 'Rehidrat' rehydration fluid orally and a 10mg prochlorperazine 'stemetil' suppository.

Two team members contracted giardiasis during their stay in Kathmandu. This was successfully treated with a short course of metronidazole. On his return to the UK, one member had a stool culture which was positive for cysts of *Giardia lamblia*, *Entamoeba hartmanni* and *Endolimax nana*. These responded to treatment with metronidazole. All team members were recommended to have a series of three stool cultures on their return to the UK.

#### Constipation

One member spent a very uncomfortable six days during the trek and at base camp. The discomfort was eventually relieved by increasing fluid intake, and the use of a sennoside laxative, 'Sennokot'.

#### Oral Hygiene

This was stressed throughout the expedition. A member of another expedition was treated for a wisdom tooth abscess with amoxicillin 250mg tds

and 'Codis', aspirin and codeine phosphate. At one point the severe pain required buprenorphine 0.02mg ('Temgésic'). Gentle, hot, salty mouth washes two hourly provided good relief and good drainage of pus.

#### Respiratory system

Visitors to Kathmandu seem to be particularly prone to developing upper respiratory tract symptoms, partly because of the geographical situation and partly due to the persistent pollution and dust haze which hangs over the city. The team were no exception and one member progressed from a simple URTI (upper respiratory tract infection) to pronounced wheeziness and shortness of breath on exercise.

With signs of a chest infection he was managed on antiseptic gargles, salbutamol inhalers and aspirin for his pyrexia. Minimal sputum was produced and over a period of two days he improved greatly. His 'head cold' persisted for about a week. A short course of antibiotics to cover secondary infection was considered but his condition overall improved so rapidly, they were not considered necessary.

Further questioning elicited a history of 'chestiness' following URTI's and of wheeziness associated with exercise and breathing cold air. The first aid kit was therefore adapted to cater for a possible acute asthma attack.

All team members suffered at some point from either a cold or influenza-like illness with pyrexia, myalgia, sore throat and cough, lasting 24 hours. Simple treatment with aspirin proved to be effective.

#### Pulmonary and cerebral oedema

Prior to departure, all team members were briefed about the signs and symptoms of these dangerous and life threatening illnesses. The walk in was planned to involve six days trek from 3,500ft to 14,700ft, with a very gradual ascent for the last two days up to base camp. During the trek itself, there were no problems that could be linked to altitude illness, as in the main, all members ate, slept and functioned perhaps better than in the Kathmandu valley. The influenza like illness circulated throughout the team.

During day two at base camp (14,700ft), one member (a twenty-six year old male smoker) felt unwell with a non-specific 'blocked up' and 'tired' feeling. He was at this time very constipated. To 'shake off' this feeling, he therefore climbed a spur above base camp to sit in the sun and relax for the day. This involved one and a half hours of fairly strenuous scrambling to an altitude of approx 15,500ft.

On his return he said that he felt a bit better in himself, although he complained of slight myalgia. He was checked over by the medic. He was not tachypnoeic or coughing; his pulse rate was 76 per minute and there were no chest signs. Fundoscopy appeared normal. He felt as if he had the influenza illness coming on, but declined aspirin.

During the evening meal of which he ate little, he left the dining tent unsteadily. He was helped back to his tent and was noted to be very ataxic. He complained only of feeling 'spaced out' and of a mild headache. The salient features of a quick examination were as follows:

Not cyanosed, but distressed. CVE PR 135/min. Bounding heart sounds appeared normal. RS Resp rate 30/min. Exp R=L, Breath sounds: vesicular. Bilateral basal crackles. CNS Orientated in time and space. Speech slurred. Unable to calculate, or remember his UK telephone number. Ataxia and disidiadokinesia ?worse on left side. It was noted that he was falling to the left side, and that he had limb weakness on the left. Reflexes were not tested. Fundoscopy revealed bilateral papilloedema but no retinal haemorrhages. Pupils reacted to light equally.

A diagnosis of pulmonary and cerebral oedema was made and arrangements made for immediate evacuation. In addition, 8mg of dexamethasone was given intra-venously. No diuretics were given. In view of the weakness and predominant left sided signs, the possibility of a cerebral vascular accident was considered. No residual weakness was apparent in Kathmandu seven days later.

Over the next four hours, he was taken down the mountain over the glacial moraine, accompanied by the Sirdar, climbing leader and medic. Frequent halts were necessary but with help the casualty managed the descent well. His condition improved greatly with the loss of altitude. During the descent there was a marked diuresis in all members of the party.

After descending to shelter at approx 9,000ft, the party rested for what remained of the night as further descent meant initially a steep climb over a col of 12,300ft on a poor path. In the rudimentary shelter, the casualty was re-examined, and although his clinical signs were still present, his general cognition was much improved. He was given a further 4mg dexamethasone intra-muscularly and encouraged to rest in an upright position. In the morning, still showing signs of continued improvement, it was decided to rest for the day and to climb the col the next day after food and clothing had arrived from base camp. This was a major mistake, and we should have pushed on to lose more height as soon as possible.

During the night, the casualty became very unwell and began hallucinating. His clinical signs returned and he was extremely frightened. A very unpleasant four hours was spent waiting for the light. As dawn broke the evacuation continued. At the col, the altitude began to show some effects, and a speedy descent was made. Kathmandu was reached in four days. In Kathmandu, he was pronounced fit for evacuation to the UK and has since made a good and complete physical recovery. The psychological effects may be longer lasting. It was a terrifying experience for not only the patient, but also for those accompanying him. The speed at which his condition deteriorated was perhaps the most alarming factor. However, this case demonstrates clearly the dictum that the treatment for high altitude oedema is rapid descent to a safe altitude.

#### Cough

One member of base camp staff was hired having had a persistent cough for four months (a thirty-eight year old smoker). This became worse at altitude, but was helped by simple measures such as sleeping with a scarf over his mouth, and aspirin gargles. The occasional codeine phosphate tablet at night helped sleep. There was no haemoptysis. He was also encouraged to give up smoking. A chest X-ray was arranged on his return to Kathmandu.

Several climbers developed a dry, unproductive altitude cough. Friars Balsam inhalers were not terribly helpful, and codeine phosphate was occasionally resorted to. One member had four episodes of haemoptysis on the mountain, and three subsequently. A chest X-ray was negative and he made a good recovery.

#### Cuts and miscellaneous

The walk in produced its fair share of blisters and cuts in the porters. Most were old cuts and grazes that had reopened. They were treated with simple hygienic measures and yards of Elastoplast for good effect. One climber suffered a small laceration and some bruising after being hit on the head by a falling rock. The expedition had no problems with leeches - probably due to the late start. Four weeks earlier, the medic accumulated nearly twenty in the space of half an hour when walking in the Kathmandu valley. Most trekkers recommend using salt to loosen their hold on the skin.

#### Blisters

All of the team wore trainers for the walk in until snow was reached, and few problems were experienced. The use of 'Primipore' non-adherent dry dressings with the cushioning effect of wide elastoplast proved adequate for their treatment. Scrupulous attention to hygiene prevented infection.

#### Snow blindness

Because of the failure of the trekking company to supply the porters with goggles, despite having charged the expedition for them, nearly 50% of our Nepalese staff suffered from snow blindness. This was entirely unacceptable. Future expeditions must ensure that what is supposed to be provided actually turns up on the day. \$150 was made available for the purchase of goggles and jumpers. Despite goggles costing a mere \$2 in Kathmandu, they were not provided. A strong letter of complaint has been sent to the Nepalese Ministry of Tourism and to the Nepalese Mountaineering Association.

The condition was successfully treated by covering the eyes after instilling steroid eye drops.

#### Morale

It is vital to maintain good morale on an expedition especially when spending such a long period of time in a fairly inhospitable area such as Paldor base camp. During the expedition, it was noticeable that morale improved greatly once Kathmandu was left behind. It undoubtedly helps to have a good cook and good food!

## Research

With such a small sample population, meaning full research is difficult. For his own interest the medic confined himself to looking for haemorrhagic phenomena. Previous investigators have described subunual splinter haemorrhages, microscopic haematuria, widespread capillary haemorrhages and retinal haemorrhages. None of these were found in the team, even in the member with altitude oedema.

## Summary

The expedition was unfortunately marred by serious illness in one member. We would strongly recommend that a medic of some sort is a member of any party moving away from the well populated areas. He or she should be able to make a diagnosis and be able to treat minor emergencies. He or she must also be able to recognise when things are going seriously wrong. You are very much on your own when at base camp somewhere in Nepal! It is wise to be prepared for most things, bearing in mind that common things occur commonly, and many problems can be prevented by screening carefully before leaving the UK with its attendant medical backup. Work hard before the expedition, and try to keep a low profile (medically speaking) during the

Finally, being an expedition medic is actually quite hard work - YOU carry the can if something goes wrong, and it is you who sits up all night with a sick team member. However it is very rewarding and is strongly recommended!

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An appendix containing a list of the drugs and medical equipment taken is available from A.R.Lyons' home address. See the main expedition report for this address.

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