Gas

Hector M Baillie

About the Author

Hector Baillie is a General Internist in Nanaimo, BC and the founding editor of the Canadian Journal of General Internal Medicine.

Submitted: November 7, 2019. Accepted: November 17, 2019. Published: May 1, 2020. DOI: 10.22374/cjgim.v15i2.406

Part of my training was in anaesthesia. I'd finished post-grad training in medicine, and wasn't sure of my next step. I wanted hands-on practical work. My year in anaesthesia taught me acute pathophysiology, regional neuroanatomy, airway management and quick-acting pharmacology. There was a great group of residents and teachers in Winnipeg; it was a learning curve I've always valued.

Intubation is a procedure that deserves great respect. For most of my career, I used it to secure a safe airway when respiratory collapse was imminent (the arrest, overdose, or shocked patient), but in training we took healthy people, fully conscious, and carefully led them into a pleasant oblivion. A restful passage across the Lethe (yes, the first anesthetic agent bore this name), to awaken pain-free in recovery, all systems functional. Of course, there is excitement from time to time: the crash induction, the difficult airway, hyperthermia and awareness - to name a few.

I do recall the chap with quinsy, a retro-pharyngeal abscess, who got his sedation and paralysis, but was less than accommodating with cord visualization. I lost quite a bit of weight in sweat that day, for sure. And the forceps delivery that turned out to be challenging: the heart rate of 140 didn't belong to the baby, but to the mother with the perforated uterus. From the Women's Pavilion to the ICU, through underground tunnels, was an exciting rush, with patient tubed and blood running.

My strongest memory was the 9th of November, a Friday. I was slated to be on call Sunday, but the weather forecast was for snow. Lots of it. Saturday came along, and it was a white out. Nine foot snowdrifts, buried cars, completely blocked roads. I called in to the hospital to pre-warn them of my inevitable absence. There surely would be no elective work, and me staying home would be forgiven. "Oh, no worries, we'll let the police know." This seemed a bit much, I didn't think 'weather' was an indictable offence. "Someone will drop by tomorrow," she added. I had a vision of a police snowplough coming by

in the afternoon, you know, to clear my driveway and come in for a cup of tea.

It was 5:30 am when the doorbell rang. I opened the door to a man dressed in black from head to toe, a sort of Manitoban Darth Vader - helmet, attitude and all. "Do you know who I am?" he queried in a deep menacing drawl. "The Avon Lady?" I suspect his visor concealed a wry smile. Within minutes I was dressed in greens, heavy winter boots and parka, sitting astride a snowmobile, and heading off to work. He reveled in the freedom of unchecked speed and irrelevant road-signs, blazing through powder snow, the solitary pathfinder on Academy and Sherbrooke. I arrived at Winnipeg General early, as did everyone else on-call. The night staff, on the other hand, were out of luck.

I slinked up to the OR, reminding myself that winter underwear had been invented for trips like these. I was getting over one adrenaline rush, heading for another. "There's a ruptured abdominal aneurysm coming in from Kenora." I smiled, and thought someone had an odd sense of humor. Looking out from the 7th floor windows, I saw a winter wonderland of snow forming a deep, impenetrable carpet over the cityscape. What was a snow plough doing clearing an area on the front lawn? "Don't worry," said my boss, "the helicopter will land on the roof of Seven Oaks Hospital. That should give you a few more minutes to set up your equipment."

I watched in disbelief as the 'copter landed, and the ambulance followed a plough across town to the General. The entire team was ready. After monitors were placed, I inserted a central line, gave volume, trickled in morphine, and pushed ketamine. No rush to paralyze with sux, not until Dr Franks splashed iodine on the belly and said "Cut." With loss of abdominal tone, tamponade disappeared. It turned into a pretty fast operation from there on. Aorta clamped, vitals fair, blood running, and smiles all round! The rest seemed routine; death was cheated that day. The patient spent overnight in ICU, and went home a week later.

The closest thing to a miracle I ever witnessed.