

Glacier Trek

Exploring The Ice Fields Of Glacier Peak
In The North Cascades



National Outdoor Leadership School

The North Cascade range in Washington state is the most rugged bunch of mountains in the lower forty-eight states. Awesome granite cliffs rise straight up from the valley; below the frost line, the forest grows thick as a jungle; it rains constantly—when it doesn't snow. Up near the craggy peaks, around 8,000 feet, snow builds up all year to form glaciers, glistening white patches of ice and snow as much as 800 feet thick. Sluglike, they ooze their way down the vertiginous mountaintops. The ice fields are cracked and pasty with age, like an old dinosaur's skin, but they burn sheet white at midday, yellow in the late sun. They are sprawling, off-white reptiles. They're loaded with cracks that sometimes shoot clear through the ice like gashes in a newly baked loaf of bread. Mountaineers call these crevasses man-eaters.

The ultraviolet radiation of the sun is so deadly up there that climbers have to wear black glacier goggles to keep their eyes from being fried. They must protect every inch of skin or suffer serious sunburn in a matter of hours. They must shield the inside of their nostrils because of UV rays reflected by the snow. Climbers steal

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across this barren landscape like desert tribesmen—all covered up.

It's a hell of a place up there and, despite the hazards, irresistible, like the moon. That's why I made my way to Sedro Wooley, eighty miles north of Seattle, to take part in a National Outdoor Leadership School (NOLS) course on glacier travel. We would be going up into the spreading ice fields of Glacier Peak, the massive 10,000-footer that lords it over the North Cascades.

About thirty students—mostly men, mostly in their twenties, and mostly as rugged looking as Glacier Peak itself—were milling about the onetime farmhouse that NOLS has taken over for its North Cascades operation when I arrived. (The school's headquarters are in Lander, Wyoming.) Scattered about in piles was the biggest collection of hiking gear I'd ever seen: maps, dried food, wool sweaters, wool pants, rain gear, ice axes, ropes, pots, cookers, spats (which climbers call gaiters), crampons, ice screws, sleeping bags, tents. Gradually, though, the piles disappeared into thirty Kelty packs, each one weighing a staggering seventy-five pounds. We divided up into four "patrols" to begin our assault on the glaciers. I found myself with five other male participants—a computer programmer, a part-time student, a

statistician, a Marine instructor, and a psychologist—and two instructors, both virtually professional mountaineers.

First Steps

Before we could explore the glaciers, of course, we had to get to them. For the first few days of this ten-day trip we hiked through the thick underbrush, scraggly pines, and shaggy hemlock interrupted occasionally by a colossal cedar soaring up into the clouds—together about fifteen miles gradually upward. It took me a while just to figure out how to get my pack onto my shoulders. The trick, I discovered, was to get on its level by sitting down in front of it and strapping myself in. Bound and loaded, I struggled along behind a bearish, bearded twenty-five-year-old who sang show tunes most of the way up to get his mind off his sore feet.

It had rained most of the way up to our high camp, and we were still "pretty well soaked in," as our leader, Brian, put it, when we reached what was supposed to be a scenic overview. It was not until the next afternoon that we quite realized where we were: on the shoulder of Glacier Peak itself. The clouds lifted and the monster peak rose up fat and luminous before us. My tent-mate, Jim, and I realized that the slight dip that we had

continued on page 100 →

Mellaril® (thioridazine)

Before prescribing or administering, see Sandoz literature for full product information. The following is a brief summary.

Contraindications: Severe central nervous system depression, comatose states from any cause, hypertensive or hypotensive heart disease of extreme degree.

Warnings: Administer cautiously to patients who have previously exhibited a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to phenothiazines. Phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides; carefully consider benefit versus risk in less severe disorders. During pregnancy, administer only when the potential benefits exceed the possible risks to mother and fetus.

Precautions: There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive seizures. In epileptic patients, anticonvulsant medication should also be maintained. Pigmentary retinopathy, observed primarily in patients receiving larger than recommended doses, is characterized by diminution of visual acuity, brownish coloring of vision, and impairment of night vision; the possibility of its occurrence may be reduced by remaining within recommended dosage limits. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving), and increase dosage gradually. Orthostatic hypotension is more common in females than in males. Do not use epinephrine in treating drug-induced hypotension since phenothiazines may induce a reversed epinephrine effect on occasion. Daily doses in excess of 300 mg should be used only in severe neuropsychiatric conditions.

Adverse Reactions: *Central Nervous System*—Drowsiness, especially with large doses, early in treatment; infrequently, pseudoparkinsonism and other extrapyramidal symptoms; rarely, nocturnal confusion, hyperactivity, lethargy, psychotic reactions, restlessness, and headache. *Autonomic Nervous System*—Dryness of mouth, blurred vision, constipation, nausea, vomiting, diarrhea, nasal stuffiness, and pallor. *Endocrine System*—Galactorrhea, breast engorgement, amenorrhea, inhibition of ejaculation, and peripheral edema. *Skin*—Dermatitis and skin eruptions of the urticarial type, photosensitivity. *Cardiovascular System*—ECG changes (see *Cardiovascular Effects* below). *Other*—Rare cases described as parotid swelling.

It should be noted that efficacy, indications and untoward effects have varied with the different phenothiazines. It has been reported that old age lowers the tolerance for phenothiazines; the most common neurologic side effects are parkinsonism and akathisia, and the risk of agranulocytosis and leukopenia increases. The following reactions have occurred with phenothiazines and should be considered whenever one of these drugs is used. *Autonomic Reactions*—Miosis, obstipation, anorexia, paralytic ileus. *Cutaneous Reactions*—Erythema, exfoliative dermatitis, contact dermatitis. *Blood Dyscrasias*—Agranulocytosis, leukopenia, eosinophilia, thrombocytopenia, anemia, aplastic anemia, pancytopenia. *Allergic Reactions*—Fever, laryngeal edema, angioneurotic edema, asthma. *Hepatotoxicity*—Jaundice, biliary stasis. *Cardiovascular Effects*—Changes in terminal portion of electrocardiogram, including prolongation of Q-T interval, lowering and inversion of T-wave, and appearance of a wave tentatively identified as a bifid T or a U wave have been observed with phenothiazines, including Mellaril (thioridazine); these appear to be reversible and due to altered repolarization, not myocardial damage. While there is no evidence of a causal relationship between these changes and significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients showing characteristic electrocardiographic changes while taking the drug. While proposed, periodic electrocardiograms are not regarded as predictive. Hypotension, rarely resulting in cardiac arrest. *Extrapyramidal Symptoms*—Akathisia, agitation, motor restlessness, dystonic reactions, trismus, torticollis, opisthotonus, oculogyric crises, tremor, muscular rigidity, and akinesia. *Persistent Tardive Dyskinesia*—Persistent and sometimes irreversible tardive dyskinesia, characterized by rhythmical involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements) and sometimes of extremities may occur on long-term therapy or after discontinuation of therapy, the risk being greater in elderly patients on high-dose therapy, especially females; if symptoms appear, discontinue all antipsychotic agents. Syndrome may be masked if treatment is reinstated, dosage is increased, or antipsychotic agent is switched. Fine vermicular movements of tongue may be an early sign, and syndrome may not develop if medication is stopped at that time. *Endocrine Disturbances*—Menstrual irregularities, altered libido, gynecomastia, lactation, weight gain, edema, false positive pregnancy tests. *Urinary Disturbances*—Retention, incontinence. *Others*—Hyperpyrexia; behavioral effects suggestive of a paradoxical reaction, including excitement, bizarre dreams, aggravation of psychoses, and toxic confusional states; following long-term treatment, a peculiar skin-eye syndrome marked by progressive pigmentation of skin or conjunctiva and/or accompanied by discoloration of exposed sclera and cornea; stellate or irregular opacities of anterior lens and cornea; systemic lupus erythematosus-like syndrome. SDZ 8-222



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OUTDOORS

continued from page 97



pitched our tent next to what was actually a 1,000-foot landslide, nothing but rubble all the way down to Dusty Creek, a swift and roaring stream so far below that it made only the slightest murmur from where we were. Across that broad chasm was a nasty-looking granite ridge, upthrust like so many spiny teeth. The glacier we'd come to explore was just a few hundred yards off. We were camped, though, on a lovely green meadow sprinkled with tiny wildflowers, where a few hardy pines, the last of the trees at this elevation, offered some protection from the wind. In the distance all around us, as far as we could see, were craggy gray peaks, blotched with snow fields.

We'd been having general classes on knots, nutrition, and equipment at odd moments on the trip up, and that morning we put some of that information to use in real glacier travel. The first thing we learned, once we got up onto the glacier, was how to keep from sliding all the way back down. The procedure is called "self-arrest" and is accomplished by rolling onto your belly, as you're ripping down the mountain, digging in your toes, and driving the business end of your ice axe into the snow. We practiced that until we were thoroughly soaked.

In A Man-Eater

The next day we played in the glacier. The topic for the day was crevasses: how to stay clear of them; how to climb out of them if you fall in. We took the last part first. While we

watched open-mouthed, Brian and his assistant, Kelly, chose the nastiest-looking man-eater around and, belaying themselves from a rope they'd secured around a rock on the glacier surface, lowered themselves down into it. It looked cold and dark and dirty down inside. The icy walls were nearly vertical and smooth as glass, except for occasional rocks and boulders that struck out from them. Then—and this was the hard part—our instructors climbed back up with all the apparent ease of insects, using only the front points of their crampons (sharp blades that fit onto the soles of hiking boots) and a pair of ice axes, one strapped to each wrist. It looked impossible. But before the day was over I'd done it myself three times.

Having practiced climbing out of them, we next learned how to jump over them. Strung together four to a rope, we wound our way over and around the vicious cracks of the Dusty Glacier, over four feet wide. We'd give each jumper enough slack, then go sailing over one at a time.

That night after dinner, Brian informed us that tomorrow we were going up to the top. Wake-up call would be at 3:30 a.m. Then he regaled us with classic screamer stories (a screamer is what mountaineers call a sudden plunge into a crevasse). They left us a lot to dream about.

The next morning at 3:30, we awoke, ate a quick oatmeal breakfast, and scrambled into our gear at the glacier's edge for the long haul up to the summit. The sun was just coming

up, and the whole mountain glowed like neon. Up there the world was a broad, flowing expanse of white, broken only by deep, yawning cracks and occasional granite outcroppings that reminded us that at bottom, this soft white world was made of stone. The sky was deep blue, stunning after all the rain we'd had. In the distance, jagged peaks marked the limit of the known universe.

I led a three-man rope; the two instructors pranced about by themselves to find the best course for us novices to follow. Basically, a snow and ice climb is just a matter of putting one foot in front of the other until you've run out of mountain. That's pretty much what this one was, with occasional traverses to steer clear of crevasses. But not always. I slipped off a narrow snow bridge across one crevasse. One leg dangled in oblivion while my rope-mates, bless them, fell into their self-arrest positions. The man-eater almost had me, but I managed to right myself and get across. Otherwise the going was easy and regular, each man stepping in the same staircaselike indentations of those who had gone before.

The two rope teams zigzagged their way up the wide, white slope. We stopped from time to time to nibble our fruit-and-nuts trail food or catch our breath. It did get tricky on the precipice before the final bowl that led to the top. That was very steep. We really had to slice our crampons into the crusty, icy snow to stay on top of things. It seemed like just a tiny gust of wind would blow us straight to climber's heaven. Quite a view though, when I dared to look. With the utter blue above us, the sheer white all around, and the rumpled grays of the surrounding mountains receding behind us, we seemed to be moving out of reality entirely.

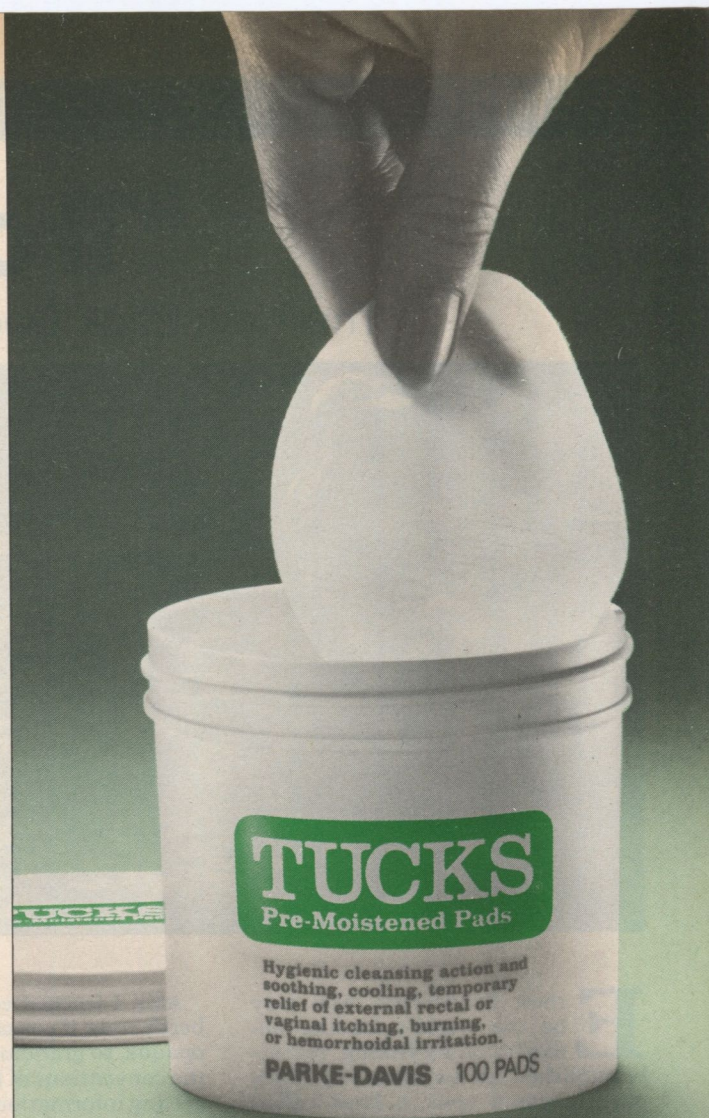
Socket In Again

Reality, however, has a way of sticking with you. The azure sky couldn't keep away the clouds forever. Silky cirrus wisps started to circle around us during our final ascent and finally snuffed us out completely at the top. We might as well have been in a closet instead of on top of the world. Socked in. After ten gloomy minutes we headed back down again.

The descent was, in fact, the most dangerous part. After a nearly ten-hour climb to the top, one is simply not as strong for the trip down. The light was bad, too. We had particular trouble on the steep headwall by the top because everyone's crampons kept balling up with the snow. Jim's broke completely. We all had to wait on the windy mountainside while they were patched back together. Finally, though, the mountain leveled off, and then our brown tents came into view in the distance. Soon we were sipping hot soup around the stove, too tired to move, but happy. By god, we bagged it!

We packed up the next day and headed back down to our resupply point. The others would return to the mountains for a fortnight more, but that was the end of the trail for me.

I think about Glacier Peak from time to time. A monster, but a kindhearted one in its own way, extending a wonderfully warming spirit to all of us who struggled on its snowy shoulders. Despite the scary heights and the cold, we all felt strangely at home up there. When we'd sit around a campfire after dinner drinking hot butterscotch-pudding mix (or some such concoction) and talk, Brian would play his harmonica. My favorite tune was *Some-where Over the Rainbow*. ■



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