



THE DURBAN SKI-BOAT CLUB

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NEWSBREAK DSBC ---MARCH 18th

Hi All,

Been a while since I last put pen to paper----so here goes

A gaff is a lethal bit of angling equipment. What follows is sent to us by Eric Cotton who is one of our esteemed members. The story is actually written by Ian Wilmot who came so close to losing his son David who accidentally kicked a gaff-----read on and take care!

FISHERMEN BEWARE

I am writing this, in the sincere hope that it will prevent any other fishermen from going through the trauma experienced by my son David, nephew Clive and me.

On a Thursday in early December 2011 David, Clive and I were fishing at Cape Vidal on my ski boat targeting marlin. We were pulling kona's and around 11.00 am got a double strike on blue marlin. One fish was on an 80W reel and the other on a 50. Both marlin initially ran in the same direction and then in opposite directions. Fortunately the lines had not crossed and I had the boat in between the two fish. Two days prior to this David had caught a blue of around 150 kg which we'd successfully released. This time round it was my nephew's and my turn. When both fish had settled down I fought the one on the 80W, Clive had the other on the 50 and David controlled the boat.

This was stand-up fishing and I was wearing the only harness - a Black Magic - we had on board. After 45 minutes my marlin was right near the boat. It was a calm day, with clear visibility (around us and in the water), and after a good check to ensure there were no other boats near us, David came to help me release the marlin. In spite of still being beautifully lit up, full of colour and swimming strongly, the fish was pretty co-operative.

David had his gloves on, and a small gaff at hand. The hooks looked deeply embedded and because of this, together with the size of the fish (we estimated it at around 200 kg - it was BIG) we decided not to try and remove the hooks, but to rather cut the leader off as close to the mouth as possible. David leaedered the fish and pulled it in as close as he could. Using the gaff he pulled the lure up the leader and I grabbed it. David then bent down and cut the leader about half a meter from the hooks. With that the marlin turned away and glided off, still full of colour. I silently thanked that fish for not struggling a lot harder whilst boatside.

David dropped the gaff on the deck, behind the coffin hatch and helped me out of the harness. As he moved around the back of the boat, taking the harness to Clive, David kicked the gaff !! The point penetrated between the third and fourth toes of his left foot, into the foot from the front, going in about 40mm. He sat down on the coffin hatch and I got the gaff out. David said he was fine and immediately went to get the harness on to Clive. With Clive fighting the second marlin and David assisting him, I kept looking down at David's foot whilst controlling the boat. To my surprise the foot was not bleeding at all. Forty minutes later, with Clive having fought his first marlin for around an hour and a half, the fish started coming up diagonally behind the boat.

While still deep down, I noticed the marlin was belly-up and urged Clive to get the fish up as quickly as he could. As the fish broke surface, colourless and on it's side, David and I leaded it in and got the hook out. We positioned the fish upright and with the boat moving forward under slow power, towed it for a good ten minutes trying to revive it to no avail. It appeared dead when I first touched it and it just did not respond or get any colour back at all. We decided to load the fish, and after serious effort the three of us got it on board.

It was at this point that I sat David down to look at his foot. There was still no blood, just a round dark hole straight in between his toes. I and washed the wound with Savlon and thereafter squeezed Betadine into the hole and covered it up. We then returned to shore at Vidal. The fish attracted a good amount of attention and by the time we had taken some of the marlin for ourselves, given the bulk to Parks Board staff and washed the boat, it was just before 4.00 pm.

Back at our chalet David's foot was soaked in disinfectant, in very hot water for twenty minutes. The foot was then squeezed and dried, the wound again filled with Betadine and covered properly. He said the foot felt fine - no throbbing and could wiggle his toes normally. That evening around nine pm, I re-dressed the foot and we went to bed - tired and happy. At that time the foot still felt OK.

At 4.30 the next morning David called out to me, saying the foot was extremely painful. I was horrified by what I saw - it was a dark red colour, very swollen and flaming hot to the touch. David has a high pain threshold, but could hardly stand. Clive and I helped him into my vehicle and took off for Empangeni. I managed to raise one of the folks at Z-Craft, who kindly helped me straight to a waiting doctor.

The doctor immediately organised us to be seen by an orthopaedic specialist at a private hospital. By this time David's condition was deteriorating at an frightening rate. I literally watched him fade away before my eyes. This was confirmed by the specialists. I was quietly told that we were losing the battle and to expect the worst. He had gone into deep septic shock. I called my wife 800 km's away and told her where we were and why. That Friday was one of the longest I have lived through. Upon arrival at the hospital a sample of David's blood was taken and sent to the laboratory virtually next door.

Within 25 minutes the first tests were back, indicating five different types of infection. More drips and antibiotics were added to those already in him whilst he continued to slide downwards. The machines he was hooked up to, giving temperature, pulse and heartbeat was showing alarming readings. At nine pm that night, Clive and I tried to get some sleep, after leaving explicit instructions to call me on my cell if there was any change in David's condition. No call came, but upon arrival at the hospital I discovered that David's heart had

stopped at 11.00 pm the previous night and the necessary had been done to get him going again.

Naturally I was furious and extremely upset and spoke with some sombre specialists that morning, before fetching my wife at the airport. The terrifying thing is that it had taken a little under 48 hours from being stuck by the gaff for David to have gone from a healthy lad, full of life, to his heart stopping despite the antibiotic treatment. Had we been somewhere else, like in Mozambique, he'd have been dead and probably more quickly without the treatment.

Strangely when we got back to the hospital, David looked a little better and even spoke to us. Alas on Sunday he was much worse again. By now the antibiotics were affecting him adversely too. His liver was severely affected and he was absolutely yellow and still the infection worsened. His foot was round, his leg full of cellulitis and it was hugely swollen. The specialists explained that as the antibiotics killed off one type of infection, the other types got catapulted forward, making bigger inroads. To my medically layman's ears, it was a blur of gram-negative, gram-positive, multi types of infection.

On Monday the call was made to introduce through the IV drips what I was told was the strongest antibiotic in existence. I only remember that the drug began with an "R" – I'd heard of all the other antibiotics before and couldn't believe that quantity could be pumped into one body. On the Tuesday afternoon, the specialist said there was a change for the better and Tuesday night the foot burst open - it looked like a box of off-colour custard had been emptied everywhere. On Wednesday morning I saw my son smile, albeit weakly. In a few days we were driving home. It still took a while to heal.

When asking the specialists what we'd done wrong, or could've been done differently, the replies were as follows. Firstly the second fish should've been cut free immediately to return to shore and a **very** strong solution of peroxide should've been poured into the wound. Secondly an immediate course of Flagyl and Augmentin (500 mg each) should've been commenced with. Thirdly make sure you are near proper medical help. This point was raised when I mentioned we sometimes fish up the Mozambican coast.

Other points of interest – the Specialists here, as well as three I spoke to in the USA, said that fish slime on **saltwater** fish contains the deadliest bacteria there is to humans. I was asked if I ever disinfect my gaffs. The answer was no. Was there rust on the gaff - again no. We had gaffed a few 'couta with this gaff the day before David kicked it.

At the hospital where David was treated, the Specialist in charge of him told me that every year they have cases which end like ours, including amputations and the odd death - all from fish hooks and gaffs. All the Specialists maintained that his age and fitness (then 16 years old, and first team rugby) had saved him. I was told that had it been me, I would have turned my toes up!

As a matter of interest - I am certainly not knocking any specific doctors in any way - all the doctors in USA, as well as a few others in RSA said that the foot should have been properly opened up (cut) immediately upon arrival at the hospital and irrigated, in addition to all the drips, antibiotics, etc.

David made a full recovery, and shows no after or side effects that we know of.