

a faint. Being a stroke neurologist, I would think of the serious vascular causes first!

I reasoned that if this man had an intracranial mass large enough to produce compression of the brain stem and a Cushing reflex, there was nothing I could do at 35 000 feet. I concluded that he had most likely fainted, so I wanted to keep him in a horizontal position. But 2 enthusiastic passengers grabbed the patient under the arms and tried to sit him up. "No, no, I want him flat," I said.

The man who had been vigorously lifting the patient by his left arm gave me a patronizing, contemptuous glare and proclaimed, "I have been certified in first aid by the St. John's Ambulance."

I refrained from making use of a rich repertoire of expletives learned in several countries in my youth. I counted to 3 —no time to count to 10 — and then said calmly, "I am a doctor." I placed the patient in the recovery position and monitored his pulse.

A woman crouched beside me. "I'm a nurse," she whispered.

"Boy, am I glad to see you!" I replied. I asked for the 2 kits that had been supplied earlier. The nurse placed the blood pressure cuff around the young man's left arm and pumped it up, but again the cuff would not deflate. "Don't worry," I said, "I think he's coming around."

At about this point, the senior flight attendant rushed up, once again exclaiming, "Doctor, doctor!" I jumped to my feet, ready to run to the young woman with the seafood allergy. But the flight attendant said, "No, no, doctor, this way." This time, I found myself at the side of a 53-year-old diabetic woman who was clutching her chest but denied any pain. After questioning and examining her, I worried that she might have had a silent myocardial infarct. I stayed by her side for the rest of the flight, except for brief visits to my other patients, both of whom appeared hale and hearty. The man was even being served a special delayed dinner. Seeing him eat reminded me how hungry I was. But how

would it look for a doctor to be eating dinner while attending to a patient who might have had a heart attack?

Although my first 2 patients appeared well, I had the pilot radio ahead for an ambulance to meet the diabetic woman. As we landed, I saw on the tarmac a scene out of television: ambulances and police cars with lights flashing, uniformed police officers and ambulance attendants, and a predictably curious crowd. I did not want my patient to be frightened by the overeager paramedics, so I slung a stethoscope around my neck, stood in the doorway and signalled that there was no need to rush. Nonetheless, when the mobile staircase was brought to the rear exit, a group of uniformed paramedics stormed the plane, shoving me aside, and rushed to clamp electrodes onto the patient's chest while holding the paddles of the defibrillator high, poised for action. I fought my way back through the crowd to the patient's seat and was relieved to see that she had nonspecific electrocardiographic findings.

This time, although I did not get food or drink, I did receive thanks from all 3 of the patients, as well as the senior flight attendant, who, as she presented me with a bottle of champagne, said that in 27 years of flying she had never seen anything like it.

A few days later, I boarded the plane back to Toronto. I was glad to see that this time several of my colleagues were on board. "If there's an emergency on this flight," I thought to myself, "let them handle it!" The flight attendant asked me what I wanted to drink. Ever the optimist, I replied, "A glass of red wine, please."

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Home Remedy

The sweet solution

A patient suffered from a chronic, indolent diabetic foot ulcer related to diabetic neuropathy, vascular deficiency and prominent metatarsal. Despite debridement, removal of the metatarsal head and the usual medical dressings, the ulcer still was not healing 8 weeks postoperatively. Granulated sugar held in place with dry dressings was then used and the ulcer healed rapidly, in only 4 weeks. Honey runs off when it reaches body temperature, but is probably useful for wounds that aren't too deep and are in areas that aren't dependent and where the dressings are easily changed. — *Dr. Michael Harrison*, retired orthopedic surgeon, Burlington, Ont.

