Eruptions in the sky

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I'm a frequent flyer. Living on the other side of the world can do that to you. The trip from Canada to Zimbabwe is like two night shifts in a row, without a sleep in between. International travel is so incredibly exciting and glamorous.

The 10-hour flight to southern Africa is the worst part of the adventure. Your clothes are sticky, your body is imbued with a special human fragrance, your limbs are wobbly and your mind gelatinous. At the end of 10 hours welded into an economy class seat, your shoes no longer fit and you can sense the platelets in your calves clutching one another tightly and whispering amongst themselves, "Why aren't we moving?"

Two hours into one of my flights, after dinner, a glass of good wine and a bad movie, I settled in for a fitful snooze. Ear plugs in, blinder over my eyes, pillow arranged, I had achieved gluteal anesthesia and was drifting off, when a commotion penetrated the foam in my ear canals. One of the flight crew was calling out "Is there a

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doctor on board?" I was semiconscious, semi-comfortable and decided to let another doctor save the day. Then followed loud cries of human misery and the sweet smell of emesis drifting through the cabin. Now fully awake, I unplugged, dis-

turbed my row mates and answered the call.

Projectile vomiting
in a middle seat
of a crowded
aircraft is not
a pretty sight.
The flight crew
extricated the
patient from her

seat. None of her seat mates objected.

She was from Italy, but we were able to communicate in bits of French. She was at the start of a trip that had begun in Rome, through London to Harare, Lusaka and on to Kinshasa in the DRC. No wonder she felt sick. Her abdominal exam was benign, and she denied any pain. Then she rushed back to the washroom. Muted sounds of explosive diarrhea confirmed the diagnosis.

During this interlude, the flight crew chief brought out an emergency kit and asked if there was anything I needed. This British Airways kit had obviously been designed by a very switched-on A & E colleague — there was a defibrillator, advanced airway equipment and a box-load of

IV fluids and appropriate emergency drugs. This airplane was better equipped than my teaching hospital's casualty department in Harare.

The flight crew suggested my patient might feel better lying down. We went up to the first-class cabin, which had only one other passenger. (Being jaded by living here, I assumed he was probably a cabinet minister from some poor African country with a GDP approaching that of Baffin Island.) Each first-class seat extends completely horizontally into a bed.

We tucked in our patient, who now only wanted to sleep. "Doctor, would you mind staying here, in case I need you again?" "Great," I said, even before she had finished asking. I slept, on my stomach, for a wonderful 6 hours. When I awoke, my patient was up and feeling fine. I was invited to stay for the 4-course breakfast, served with linen and fine silver. No wonder Jerry Hoffman demands first-class tickets to come to your conference and talk at you!

There have been many remedies suggested for countering jet lag. Some suggest melatonin or benzodiazepines. In my opinion, none of these work very well. I recommend first-class accommodation and a little ipecac to get you there.

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