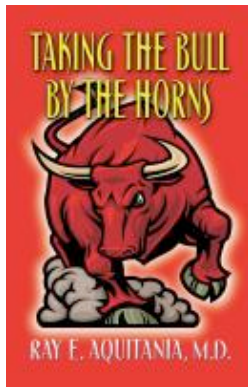


# TAKING THE BULL BY THE HORNS



RAY E. AQUITANIA, M.D.



*Ray E. Aquitania, M.D., shares some of his most memorable and unusual extracurricular adventures in different parts of the globe, outside the medical arena. The Running of the Bulls in Pamplona. His first skydiving excursion. An in-flight medical emergency. The rigorous sports disciplines of marathon and triathlon. A glacier trek in Iceland. And more. These true stories of extraordinary exploits should stir your imagination and also encourage you to take the bull by the horns!*

# TAKING THE BULL BY THE HORNS

**Order the complete book from**

**[Booklocker.com](http://www.booklocker.com)**

**<http://www.booklocker.com/p/books/6828.html?s=pdf>**

**or from your favorite neighborhood  
or online bookstore.**

**Your Free excerpt appears below. Enjoy!**





# Prologue





"I wonder if anyone has thought about what would happen if someone actually attempted to do this. It definitely wouldn't be pretty. First of all, it's highly unlikely that someone would be able to grab the horns in the first place, because they're attached to two tons of hooves, muscle, and anger management problems."

So wrote Aaron Rimstidt in *The Saturday Evening Post* in the spring of 2012. This frequent *Post* contributor was commenting on the cliché "take the bull by the horns" with some tongue-in-cheek humor.

Some contend that this famous phrase actually stems from astrology. Taurus, the bull, has a reputation for trouble and boisterous activity. So if you grab the horns of this unruly beast and bring him under control, you are



dealing forcefully and directly with a challenging situation.

But according to Robert Hendrickson in his book *The Facts on File Encyclopedia of Word and Phrase Origins*, this expression can be traced back to bullfighting. In that pastime, he relates that “Spanish *banderilleros* plant darts in the neck of the bull and tire him more by waving cloaks and seizing him by the horns, trying to hold his head down.”

Alternatively, Hendrickson thinks the idiom could have originated in North America, where “rawboned early ranchers in the American Southwest also wrestled bulls or steers in a popular sport called *bulldogging* (also called *steer wrestling*) that is still seen in rodeos.”

Today, the business world is one major arena in which this saying is widely expressed. Case in point: In her book *Take the Bull by the Horns*, Gayle Lantz, a successful leadership development consultant, promotes strategies to help people achieve what they want in their careers by facing problems directly.

Unlike Lantz, I look at this idiom beyond the business and professional worlds. To me, when one is away from the office setting, the phrase “taking the bull by the horns” signifies taking the



initiative in confronting difficult or uncertain situations not related to work. With this attitude, a person can face up to challenges and diverse problems in a direct and determined way.

Intimately related to the above concept is the ability to make the most of each day. As the Roman lyric poet Horace wrote in his Odes Book 1 in 23 B.C., "*Carpe diem, quam minimum credula postero.*" In other words, "Pluck (seize) the day, putting as little trust as possible in tomorrow."

Of course, it is never as simple as saying that we should live in the moment and disregard all consequences. If that were the case, there would be no need for financial planning and medical insurance. Nonetheless, the philosophy of Horace has motivated many to realize the importance of the present.

There is seldom a day that goes by that I don't embrace the ideas of taking the bull by the horns and *carpe diem* (seize the day). With these tools, I have addressed many of life's challenges head-on and with a sense of purpose. These experiences have involved physically and mentally demanding situations that either I sought out or that confronted me.

In the following chapters, I will share with you several true stories describing such adventures.

These personal accounts demonstrate my determination to overcome assorted challenges outside of the workplace. Based on past as well as recent events, these anecdotes transport you to unusual settings around the world and include some unexpected twists of fate.

Meant to be informative, entertaining, as well as eye-opening, *Taking the Bull by the Horns* will hopefully encourage you to take on whatever life throws at you with aplomb. And in the end, you may agree with me that much is to be gained by sometimes leaving our comfort zones and striding into unfamiliar territory.



# **CHAPTER III:**

## **Night Flight**





**S**cenic Budapest on the Danube River is a charming destination and a modern city of contrasts. The geographically flat and lively half of this metropolis, Pest, lies across the water from the more leafy and traditional half, Buda, which stands on a vast hill. Pest is home to St. Stephen's Basilica, Parliament, and much of the city's commerce. Buda boasts the historic and magnificent Buda Castle (also known as the Royal Palace and Royal Castle) and the Fisherman's Bastion, from which one can take in panoramic views of the city.

In St. Stephen's Basilica lies the unique attraction of the gruesome mummified fist of Hungary's first king, Stephen I. Grand lion statues guard the two ends of the historic Chain Bridge that traverses the Danube to connect Buda and Pest. And from Gellért Hill, where a massive statue of Bishop Gellért faces the Danube, one

beholds an awesome vista of the city and famous river.

After a busy but enjoyable one-week vacation in this attractive capital city, my girlfriend Sienna and I felt refreshed and enlightened. We knew, however, that a long journey home would follow, consisting of a lengthy transatlantic ride to Chicago O'Hare International Airport and then a shorter domestic trip to San Diego, California.

We arrived about two hours before our scheduled flight at the Budapest Ferenc Liszt International Airport, a modern facility that offers Wi-Fi technology, a post office, and a chapel. Before the long trip to Chicago, Sienna and I sat down at an airport restaurant and enjoyed a tasty final helping of Hungarian cuisine: *csirkepaprikás* (spicy chicken) with some domestic beer. Our flight was on time, and we were soon airborne without incident.

Our travel across Europe and then the Atlantic went relatively smoothly. A couple of films, two reasonably flavorsome meals, and some games on the personal airline monitors were pleasant enough. On board, Sienna and I casually reviewed some of the digital photos taken by us all over Budapest.



Once we reached Chicago O'Hare at around 7 p.m., electronic displays showed our connecting flight to San Diego to be about two hours away. We knew, though, that this airport was notorious for flight delays, not unusual since it is the fourth busiest airport in the world.

Strolling around the terminal, my girlfriend and I admired some of the artwork at the airport, which is named after "Butch" O'Hare, the United States Navy's first fighter ace in World War II. He received the Medal of Honor from President Franklin Roosevelt for shooting down five Japanese bombers in 1942. We purchased some souvenirs at a gift shop, and we eventually arrived at the gate area for our flight home.

To our surprise, an announcement that our flight was on time sounded overhead. Weary due to the day of travel and the evening hour, Sienna and I ambled to the gate and then into the airliner before finding our assigned seats. We turned off our cell phones and awaited the flight attendant's safety demonstration.

Once her speech was over, cabin lights were dimmed and the 767 aircraft was ready for takeoff. The engines grumbled as the plane gained speed on the runway before we were officially in the air. Sienna fell asleep seconds

later. I drifted into a dreamless nothingness in my comfortable seat.

The pleasant but firm voice of a stewardess abruptly tore me out of a seemingly brief slumber (in actuality, we had already been flying 30,000 feet above ground level for over two hours). Her tone on the public address system relayed a sense of urgency.

The message was a summons to any willing passenger who was qualified to treat a medical emergency. Battling my desire to return to sleep, I nonetheless opted to lay my finger on the lighted overhead button. Within seconds, flight attendant Amy appeared. To me, she bore a resemblance to a blonde Sela Ward.

"Good evening, sir. Can I help you?"

I told Amy that I was a physician and asked her to give me the skinny on the medical situation. She first requested identification, after which I pulled out the wallet copy of my medical license and my passport. Meanwhile, Sienna continued her apparently deep sleep, not awakened by the sounds around her.

Grinning as she perused my papers, Amy asked me to follow her. Overhead lights were now illuminated in the cabin as I heard mumbling among the passengers. In addition, personal

overhead lights were turned on in an area a few rows down.

The cabin crew member stopped at the brightly lit row and introduced me to the couple of Greta and Max, both in their 60's. Greta was clearly in some mild respiratory distress while Max was anxiously able to shake my hand. He said hello with a thick German accent.

I asked if he spoke much English, to which he responded hesitantly, "Just a little."

None of the flight or cabin crew spoke German, Amy revealed. So I asked her to make an announcement to find a passenger who spoke fluent German and English. Not a soul responded. I then thought to myself that this situation would be more challenging than expected.

I had taken some German classes in high school and college, excited to use this practical knowledge in my past trips to Germany, Austria, and Switzerland. However, those excursions had occurred a few years back and my ability to apply this language skill would understandably be very rusty now.

*"Guten abend, wie geht es Ihnen? Ich bin ein Arzt, und ich versuchen zu helfen,"* I stated, asking how the couple was and introducing myself as a doctor trying to help.

Thinking I was fluent in his native tongue, Max responded in rapid German, too fast for me to understand.

I asked him to speak slowly, after which he said, "My wife...dizzy...some trouble with breathe. No help with candy I give her."

*"Welche Medikamente zu nehmen Ihrer Frau?"* (What medicines does your wife take?) I asked.

The man looked into his wife's bag but found no pills or medication list. He then told me she might have her pills in the overhead luggage.

*"Hat sie Schmerzen in Kopf oder Brust? Rauchen sie Zigaretten?"* (Does she have a headache or chest pain, and does she smoke cigarettes?)

He shook his head.

I asked Amy for a stethoscope, and she produced one within a minute. Meanwhile, another flight attendant had joined us. Jean was in her late 20's and had strawberry blonde hair.

Greta was still not speaking much, and her pulse was found to be fast at 120 and mildly faint. Her forehead did not feel warm. Placing the stethoscope on her chest, I was unable to hear any breath sounds, probably because the airplane cabin noise made it impossible.

Next, Jean brought me a blood pressure machine at my request. Still, with the ambient noise, I could not discern any reading with the stethoscope on her upper arm as I tried to use the sphygmomanometer. Fortunately, I was able to measure her systolic blood pressure by using the blood pressure cuff and taking her radial pulse. It read 100 (millimeters of mercury), not bad but not far from being low.

Further cursory examination of Greta showed equal-sized pupils, good eye movements, no facial droop, and no fever. Her face was mildly pale, but the blood pressure measurement told me she was getting enough blood flow to her brain, at least for now. However, her lightheadedness, mild trouble breathing, and elevated pulse were concerns.

Immediately, we were able to start the patient on some supplemental oxygen that was available on board. Unfortunately, her dizziness only improved by a small amount with this treatment. Also, she began to complain of mild nausea as she spoke to her husband in a very soft voice.

The cabin crew and I decided to move our patient to the relatively quiet galley area, giving me a better chance of listening to her lungs with the stethoscope. Greta was barely able to bear

weight on her legs, though, and her stout frame required three of us to transport her. In the process, we were creating quite a stir among the now awake passengers.

The noise was clearly less as she lay flat on the galley floor, but it was still too loud for me to hear Greta's lung sounds. I asked Amy if an even quieter place was available in the airplane. She hesitated for a moment, then Jean exclaimed, "What about next to the cockpit area?"

Amy nodded and Greta was on the move once again. By now, her pulse had risen to 130 and her face was a little more pale. Fortunately, her systolic blood pressure was stable. A blanket was used to cover our patient as she was now shivering. I checked her overall strength, and it was equal in all limbs. I also noted no swelling or tenderness in her legs.

Once we arrived near the cockpit, we laid Greta down. At that point, Amy executed a series of knocks on the door. I was told that since the September 11<sup>th</sup> attacks on the World Trade Center and Pentagon, cockpit doors on all American commercial flights have been locked from the inside while the plane is in the air.

After a few seconds, the copilot emerged. He spoke with Amy briefly before the door was locked

once again. They were discussing the severity of Greta's condition and if she needed to get to a hospital as soon as possible.

At last, I was able to hear some breath sounds with the stethoscope. They were normal and now easily heard, and there were no indications of fluid in the lungs. However, her heart rate had risen to 140 now.

Greta then whispered to Max, who said to me, "*Sehr schwindlig.*" He was telling me she was becoming very lightheaded.

At that point, a repeat blood pressure measurement, this time possible with the machine since the ambient noise level was low, showed numbers of 90/50, a clearly low reading. With all the information available to me, I concluded she was probably dehydrated, so I elevated her legs while keeping her body flat on the ground. Less likely possibilities included pulmonary embolism (blood clot in lung) and myocardial infarction (heart attack).

Again, the copilot unlocked the cockpit door and talked with Amy. The copilot asked me if he should land the airplane prematurely to get the ill passenger to a hospital sooner than later. Looking at Greta with her worsening blood pressure, elevated pulse, lightheadedness, and mild



breathing difficulty, I was strongly considering that option. Could she have a fulminant illness?

If you are the type of person who likes the spotlight, you would have loved to be in my shoes at that instant. A crucial decision had to be made, with a life in the balance. In addition, there was the question of whether Greta's condition was serious enough to justify an early landing for the airliner to get her to a hospital. Such a diversion would impact the travel plans of all the passengers on board.

Meanwhile, Max had managed to get the pill bottles of Greta's medicines from her luggage in the overhead bin. Looking over the bottles, I realized she was taking some pills for gout and acid reflux, along with blood pressure medicines that included a diuretic.

Handling this difficult situation with aplomb was a challenge, but I maintained my mental focus thanks to the excitement of the moment. I decided to ask Jean what other medical supplies were available in the aircraft. She quickly left and returned with the in-flight medical kit.

A plan came to mind after I surveyed the medical treatments and supplies laid out in front of me. I told the cabin crew and copilot that my answer to the question of whether the 767 should

land earlier than previously scheduled will come in a few minutes.

Jean was instructed to prepare some of the materials in the kit. She opened the container of the IV saline bag as directed and connected the tubing. Elevating the bag, she was asked to be ready.

Using the alcohol swabs and gloves and tourniquet, I prepared Greta's arm and warned her before thrusting the IV catheter needle into the best vein I could find. The appearance of dark blood in the catheter's plastic applicator chamber told me that I had successfully entered a vein. Slowly, I advanced the apparatus further into the vein, simultaneously withdrawing the needle.

Once the catheter was pushed to its limit, I put pressure on the overlying skin and carefully removed the needle and then the catheter applicator. Next, the tourniquet was taken off, and the IV tubing (held by Jean) was connected to the catheter. I released the pressure on the vein and taped down the catheter-IV tubing combination. Jean adjusted the IV valve to the wide-open position and saline flowed freely into Greta's vein.

Now it was time to wait. Silence pierced the air as everyone's eyes were on our German

patient. I was checking her pulse, which initially did not change.

Soon, though, signs of clear improvement became apparent. Within a couple of minutes, Greta was beginning to talk more and her face pinked up.

She mumbled, "*Gefühl besser*" (She was feeling better).

More words were expressed by Greta, but I could not comprehend any of them. Max moved close to her and they spoke in German. He reported that she was asking why she was on the floor and what were all these people doing around her. Everyone smiled and gave a mild cheer.

Repeat measurements showed that her pulse had improved to 90 beats per minute and her blood pressure had risen to a normal 120/70. She was breathing comfortably by now and no longer dizzy. For the first time tonight, Greta asked for something to drink.

I congratulated the entire cabin crew and praised them for a job well done. Everyone had remained calm and collected during this entire in-flight emergency. But despite our patient's improvement, I asked everyone to remain alert, since she was still not completely out of the woods.

The pilot trumpeted overhead that the aircraft would be landing in San Diego within an hour as planned and that no unscheduled detour would be needed. The announcement was greeted with applause from those passengers still awake. Word eventually spread that our ill passenger was on the road to recovery.

Jean stayed with me as we continued to watch over our German patient next to the cockpit. She allowed me to sit in one of the cabin crew chairs up front as the plane began the approach to the destination airport. About twenty minutes later, Flight 924 landed uneventfully at Lindbergh Field in San Diego a little after midnight.

After the large front door of the 767 opened, paramedics rushed in and put Greta on a stretcher. I briefed them on her vital signs and medical condition and gave them my name and cell phone number just in case.

Max was beside himself with tears of joy. I wished him and Greta the best, and they shook my hand in gratitude.

*"Viel Glück in allem!"* they said (Good luck in everything) as they were taken to the paramedics truck.

Still near the cockpit, Jean and I waited for the sleepy passengers to file out of the plane.

Some smiles and thanks came our way, in appreciation for the efforts that helped our fellow passenger.

Not seeing Sienna, I walked to the middle of the airliner and found her waiting with our bags ready. She gave me a big hug and told me what she had heard from the grapevine. There were some obvious inaccuracies (for example, Greta did NOT have a heart attack and she did NOT receive an electrical shock from a defibrillator) but the other details were on the money.

Sienna felt she missed out on some major drama during the flight and that I was some sort of a hero now. To downplay the whole hero thing, I nonchalantly said, "Just another day at the office. Only 30,000 feet up!"

To me, it was all about staying upbeat and helping in a situation with the available tools at hand. And I could not have been as effective if the flight attendants had not been so cooperative and professional.

After Sienna and I deplaned and then arrived at the terminal gate, an airline official named Charles shook my hand and said he needed to discuss some details of the in-flight events for a few minutes if I did not mind. I agreed to the

meeting, and Sienna went to freshen up in the ladies' room.

The man was a representative of the airline and had been told of the medical flight emergency. He asked me if I felt there was enough support by the airline staff while I cared for the passenger on board.

"Definitely!" I answered. "They helped me quite a bit and did all they could to assist on behalf of the sick passenger."

He was glad to hear my words.

I asked Charles, "I wonder... is there a standard medical kit used on all flights?"

The airline rep told me it was standard to have two kits on board: one for standard first aid, the other intended for more severe medical emergencies.

"You know," he continued, "there are no universal guidelines on what to do during in-flight medical emergencies."

"Most of the time," Charles said, "the flight attendants can handle the problem. But they rely on willing off-duty medical professionals on board to provide appropriate assistance when needed and when possible."

Charles went on to say that sometimes doctors on a flight fail to offer aid because of

possible liability issues. He reassured me that any doctor providing medical assistance in good faith on a domestic flight is protected under the Good Samaritan laws in this country. In 1998, the U.S. passed the Aviation Medical Assistance Act, which includes a Good Samaritan provision.

In recognition of my efforts on behalf of Greta, I was given a voucher good for any round-trip domestic flight on the airline, up to a certain dollar value. I expressed my appreciation to the airline official and caught up with Sienna.

"What did the man have to say?" she asked, not able to hide her sleepiness.

"Oh, he just wanted to clarify some particulars on the in-flight events," I replied.

The news about the voucher could wait until the next day, I thought.

We slowly walked through the almost empty airport, heading to the baggage claim area. It was almost 1 a.m. after a long travel day, and all Sienna could talk about was falling asleep in her bed.

I, on the other hand, was wide awake because of the dramatic happenings on Flight 924. I felt a great sense of satisfaction realizing that the efforts of the cabin crew and myself were rewarded with Greta's clearly improved health. At



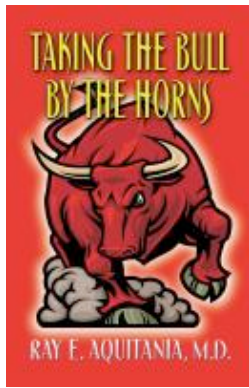
the same time, I was at one with the world as I thought back on my unexpected “house call” on this vacation night flight.





**Landing in Lindbergh Field,**  
**San Diego, California**





*Ray E. Aquitania, M.D., shares some of his most memorable and unusual extracurricular adventures in different parts of the globe, outside the medical arena. The Running of the Bulls in Pamplona. His first skydiving excursion. An in-flight medical emergency. The rigorous sports disciplines of marathon and triathlon. A glacier trek in Iceland. And more. These true stories of extraordinary exploits should stir your imagination and also encourage you to take the bull by the horns!*

# TAKING THE BULL BY THE HORNS

**Order the complete book from**

**[Booklocker.com](http://www.booklocker.com)**

**<http://www.booklocker.com/p/books/6828.html?s=pdf>**

**or from your favorite neighborhood  
or online bookstore.**