

Real Doctors Don't Sleep

By Melvin Konner

ONCE DURING MEDICAL school I actually fell asleep for a moment or so in the emergency room while holding a retractor during surgery on a knife wound. I knew instantly that I could never be a real doctor. Never mind that I hadn't been allowed a wink of sleep in 30 hours. Never mind that holding a retractor — a diabolical device ostensibly used to pry open a surgical wound so that the surgeon can see what he is doing, but actually used, from its other end, for torturing medical students into permanent submission — is one of the most tedious tasks carried on inside a hospital. Never mind that I hadn't nodded off long enough for either the surgeon or the fully-awake patient — both gazing deeply into the excavated forearm — to notice. Never mind. It was over. I was just not up to snuff.

Now snuff is something a real doctor would never indulge in, but clichés are something else again. I could hear my immediate boss — an intern who, it was said on good authority, scarfed down a bowl of scalpel blades for breakfast — saying, "You're just not up to snuff."

"O.K., Dr. Kildare," I would mutter under my breath. "O.K.," I would say. "I'm sorry, but..."

"No buts, fella. If you can't take the heat, get out of the kitchen." I was ready to bolt at a moment's notice, but I was still holding the handle of the frying pan. Young Dr. Kildare was diving into the arm wound like a kamikaze. "Fix it up good, Doc," the owner of the arm was saying. "You'll need the practice. 'Cause the guy who cut me is gonna be in here tomorrow with a lot worse than this."

"I'll be ready," the doctor replied. He was deftly sewing together two ends of a tendon that would soon exert leverage on a switchblade button or the trigger of a .38. We were getting the Saturday Night Knife and Gun Club on Wednesday now. But heck, were weekends sacred? Our emergency room was open seven nights, 52 weeks a year.

Kildare knew all about snuff and heat because he had been an English major before going to medical school.

Melvin Konner, an anthropologist at Emory University, somehow managed to graduate from a leading medical school.



ILLUSTRATION BY GEORGE THOMPSON

"In the fell clutch of circumstance," he would often intone during emergency ops, "I have not winced nor cried aloud; Under the bludgeonings of chance, My head is bloody, but unbowed." Patients would frequently wince — was it the pain or the verse? — but never Dr. K. He'd whistle if he couldn't find an appropriate quatrain. "I love this!" he yelled into the wound, eyes blazing.

Sleep was a pet peeve of his. He didn't believe in it. His two alarm clocks, each placed alongside one ear, were set to trumpet damnation if he ever slept as late as five — the time when, on the occasional nights when he slept, he had to get up. "Sleep is for woossies!" he would grunt in contempt, and then, like as not, let loose another couplet.

He got his inspiration from another great man, Top Surge, chief surgical

resident, the boss of bosses in the emergency room. Once Top Surge came sauntering down the hall looking like one giant wrinkle, having been roused by a fearless battle-ax of a nurse. "Up an' at 'em!" she'd screeched. "We got us a live one!" "Aaaaarrggghh!" Surge had said.

Thirty seconds later he was on his feet with his eyes more or less open, shouting orders to six doctors, nurses and medical students, trying to keep another gentleman from depositing his entire blood volume on the emergency room floor. As he did this, I rushed a few tubes of blood past a tough policeman with 20 years on the force who stood slack-jawed in the doorway, dumbfounded at the sheer quantity of blood. "Two minutes ago, this guy was asleep," I said to the policeman, a little slack-jawed myself. "Now he's making split-second

decisions on this poor slob's life." "Better the slob than me," said the officer.

"Sorry I woke you," the nurse told Surge when it was over.

"Woke me?" he replied in annoyance. "I wasn't sleeping, I was resting my eyes." He rolled his big shoulders.

Emotions of disbelief, dejection and delight passed in quick succession over Dr. Kildare's face as he watched his hero respond to this calamity. "Beautiful work," he said.

"It had to be fast."

"A stitch in time saves nine. You are the captain of your soul. Say, you didn't sleep, didya, Surge?"

"Course not. Sleep is for woossles."

SINCE THEN, TOP SURGE and Dr. Kildare seem to have been proved right, scientifically. That is, in the view of a study published in The Journal of the American Medical Association that showed conclusively (what possible use would an inconclusive study be?) that real doctors don't need sleep. By objective assessment, their minds work as well after 24 hours without sleep as they do after a good night's rest. "But," you ask, "don't some patients die?" Let's not get sentimental here. Patients always die. Doctors can't be held responsible just because a patient dies. Besides, death is not an objective measure.

Speaking of which, everyone has his own vision of the pearly gates. In mine they're not pearly. They're oak-paneled, and indoors. Like an old New England men's club. St. Peter — Dr. Peter Fisher, to be precise — is sitting in an enormous, crimson leather armchair. He is tall, thin, old — very old — and incredibly distinguished looking, with a craggy, creased face and a white mustache, sipping genteelly at his meerschaum pipe. He has a starched white shirt on, and a red bow tie not even slightly askew. Out of the right-hand pocket of his brown Harris tweed jacket — so subtly that only another doctor would notice — peek the ears of a well-worn stethoscope.

"Son," he says in a kind but firm and gravelly voice. "Did you even think of going to sleep at any time during your medical training?" ■