

Night Blindness

Category: The Middle of the Night
written by Molly Murray | March 7, 2018

Five o'clock a.m. is an almost holy time for overnight ER staff. An eerie calm blankets the air, and the promise of sunrise fuels us to finish the last two hours of another marathon shift. Medicated patients have drifted into a deep slumber, and the parade of stretchers from the ambulance bay has finally come to a halt.

So it was on one muggy dawn in August as we sat huddled around the blue glow of our computer screens, sipping room-temperature coffee. No one expected any new action for another hour, and certainly no one expected a thin, pale, soaking-wet young man to come staggering in through the waiting room bellowing "Help!" before vomiting onto the floor.

A nearby nurse gestured for him to rest on an empty stretcher, and he collapsed onto it gratefully, mumbling "I don't feel good," before losing consciousness, never to regain it. Instantaneously, he was swarmed by eight nurses and technicians, performing in a well-rehearsed symphony conducted by the doctor. IV lines were inserted, machines attached, clothing cut open to reveal his shivering body. An EKG showed normal heart rhythm, vital signs were within normal limits, and our glance at a bedside chest x-ray revealed no obvious pneumonia. While en route to getting a CT scan of his brain, he went into cardiac arrest on the elevator. An hour of hard-fought resuscitation later, a physician gave in: "Time of death, 6:28 a.m."

It wasn't until morgue technicians rolled the patient to a new gurney that they saw a pool of blood that had leaked from a bullet hole just below his right shoulder blade. Shot in the back, he had stumbled four blocks, through two sets of sprinklers, to get to the hospital. There was no exit wound and minimal external bleeding.

Every layperson who has since seen the initial chest x-ray points to the tiny pellet nestled between two ribs and asks, "What is this shiny thing?" Yet that night, ten separate practitioners did not notice the bullet that killed our patient just as the first morning birds had begun to chirp. How can we explain such mortal myopia to the family, to the hospital, to peers, but, most importantly, to ourselves?

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