

Quoth the Captain Ne'er a Word

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Early in my residency training I was intrigued by the number of patients, and often their spouses, who were concerned about revealing secrets under the influence of truth serum (sodium pentothal). In those early days I thought that, over the years, I might amass a series of titillating tidbits in my career. Yet, after a long career in anesthesiology I have never heard one item that might fit this description—a fact attested to by my colleagues in the field.

This whole matter was elevated to a higher realm when, in Guam, I had the occasion to anesthetize the Skipper of a Nuclear Submarine for excision of a parotid tumor. I was notified by the command that, because of the Captain's supreme security clearance, a security officer would be present from the time the patient was premedicated until he was in full possession of his faculties postoperatively.

I met the Security Officer, a Lieutenant Commander, made sure he stored his side arm in a secure area, gave him the appropriate operating room attire and conveyed him to the pre-operative area. Being one with a propensity for levity, I asked him what he would do if the Skipper uttered a sensitive remark. Would he shoot him, shoot me, or both of us and even all the members of the staff who heard it? Fortunately he was not dour as many security personnel are apt to be. He told me he would merely evaluate the statement and debrief me and the staff if necessary. I was comforted to know that I faced no mortal danger in the process.

Sedation and transport to the Operating Room occurred without incident. After I had smartly induced and intubated the patient, I informed the officer that it would be unlikely that the patient could issue an intelligible remark via the endotracheal tube. He elected to leave and stay in the environs of the OR, with the promise that I would summon him prior to tracheal extubation. I cautioned him, when called, to report promptly, since I gave precise anesthesia and the extubation would occur forthwith after incisional closure.

He returned to the OR prior to extubation and accompanied us to the recovery room. He stayed there with the patient until he was convinced that the Captain was coherent enough to appropriately maintain the custody of the extensive classified information to which he was privy. Since neither I nor any member of the staff received any debriefing from the Security Officer, I must conclude that my important patient did not mutter any prohibited utterances. Indeed, he was effusive in his appreciation and for having made his job easier. "Loose lips sink ships" was in this case not a problem.