

took bottles of 100 mg Darvon capsules a day, 50 to a 100 capsules handful at times, not really keeping count. This made me busy going from pharmacy to pharmacy, writing prescriptions for myself and my wife. My wife was in a lot of pain as was I, so I had to have a lot of Darvon. I also may have lifted pills from the hospital while I was on duty, thoughtlessly depriving patients of their pain relief perhaps. I can still recall swallowing gobs of pills and draining bottles of them.

My first sponsor in Alcoholics Anonymous, a physician himself, said he had never seen anyone, patient or addict, take so many pills at a time, and did not understand how I could still be alive. He said I was the sickest person he had ever seen in AA. I told him it was easy, just become addicted, prescribe to myself as a physician, and work long hours as a resident. I explained I could make it to class and the hospital intoxicated on pills, and it was a lot harder, if not impossible, to do that drinking as much alcohol as I did. After all, I didn't want to get caught, and could not predict how much I would drink but I knew I would drink, or what I would say or do intoxicated on alcohol. Although I knew I could think on drugs, it was still noticeable to others. Alcohol intoxication was too obvious, smelled, so I looked worse intoxicated on alcohol than drugs, if you can believe that.

I forgot to mention at the beginning of this morbid story, I was not new to suicide attempts, as I had tried on other occasions. Besides living a life of slowly progressive death in mind and body due to alcohol and drugs, I once tried to end my life more abruptly. While on a date with a nurse I had met in the hospital, I cut my wrists with a kitchen knife. I was never interested in surgery as a medical student or resident so I happened to miss the radial artery in my attempt. You should know the radial nerve runs close to the radial artery, and because

I didn't attempt suicide under anesthesia other than alcohol, it hurt like hell when I hit the nerve. The pain stopped further dissection, and the bleeding probably obscured my surgical field,

not to mention my alcohol intoxication.

Surprisingly, I never saw my suicide coming, I didn't plan it that night, I just up and did it. Like my use of alcohol, my suicide attempt was compulsive and unpredictable. I don't think my date and I even had a fight, not sure what provoked it other than alcohol and fatigue, as I'm sure I had been on call without sleep during my medical internship. Maybe I got upset because she declined my sexual advances, I don't remember, as usual.

I was rushed to the University of Michigan Hospital, where I woke up on the Orthopedic Floor with a broken mind, not fractured bones. My Chairman of Medicine, a wonderful man, wanted to spare me the embarrassment of being a spectacle on a medical floor where I worked as medical resident, and after all a cut wrist was surgical, and not medical. The next morning during rounds he said, "You have a disease, like a broken bone, and we will treat it as doctors." I wish I had heard him then, but I was not the least bit interested in admitting I had an addictive disease. How do you figure I would not agree with him, sitting in a bed in my hospital gown, where I am a resident, looking pretty sick with a bandage on my poorly self-inflicted Injury?

Another spuriously proud part of my story is that I was arrested for drunk driving four times within six months after arriving in Ann Arbor to serve my internship. I rationalized I suffered from a lack of sleep, though I had a blood alcohol level of 0.22, almost three times the legal limit in Michigan. Here I was, at the zenith of my aspirations, a young medical resident in a prestigious program, waking up in the County jail. I assure you I

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didn't plan on facing the judge in the morning in my day old clothes after a night's sleep in jail; unshaven, shaking, and tremulous from alcohol withdrawal. Worse, I was supposed to be on rounds in the hospital, something an intern never missed no matter what, under no circumstances, ever! Patients were sick, and dying, and I was supposed to care for them as the frontline doctor. The intern in a medical residency is the linchpin, the doctor closest to the patient, most responsible and

knowledgeable, and accountable. Not being there was a disgrace and a blow to my pride, let alone compromising patient care. The judge didn't really take pity on my insolence, but did release me to the catch up with my medical team in the afternoon. Just another blip from my helpless and humiliating alcoholism. I repeated this embarrassing debacle three more times. Not too smart for a medical intern.

Back to my coma. Months before my overdose, I had dropped from 200 to 140 lbs., with a severe loss of appetite. I regularly disimpacted my rectum with gloves due to narcotic anorexia and constipation. Not to mention how goofy I looked and sounded on these drugs. My mentors in Psychiatry Department at Hopkins were always asking questions, "Are you sure you are not taking drugs?" and, "Of course not," I responded. Another curious benefit from the narcotics was I did not have to drink alcohol nearly as much. I was able to substitute drugs for alcohol, so I could say I was not drinking. However, that would backfire, as I remember when I was administering electroconvulsive shock therapy for depression to a patient, I'd not be able to stand up, as I was under the influence of chloral hydrate, another potent sedative I sometimes took for reasons God only knows. I didn't like it too much because it caused my nose to itch and my eyes to water a noxious intoxication. And I

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had to respond to too many questions about my health, namely drug use. Surprisingly, no one actually drug tested me, though, I am sure they thought of it. Maybe they wouldn't know what to do if they found drugs. Our Psychiatry Chair was very loyal, and I'm sure he did not want to expose me or jeopardize my career or patient care.

Because you are reading this book, you know I survived and finally quit for good, drugs, and alcohol. But you don't know how I got here from there, and where there even started. Maybe Adam or Eve, or both had genes for alcoholism and drug addiction. They did show signs of compulsive behaviors, unable to resist apples and sin and all. My disease certainly looked and felt like sin, and made me do immoral things. Thus, I looked like I had a morality problem, as did Adam and Eve. I certainly did

want to use drugs and alcohol, but did not want to die, or hurt so many others, or fail at so many things like showing up. I wanted to be a contender. Where did I go wrong, what made me drink so much, and use so many drugs, so often? Did I have deep rooted psychological problems? Was I a sinner, have bad character, raised wrong, beaten, deprived, poor, rude, ugly, psychopathic, mentally ill? The answer to all these questions is yes, and no.

Addiction to drugs and alcohol is observable by an incessant preoccupation with acquiring them, continued use despite adverse consequences, and a pattern of relapse. Or, boiled down, I kept seeking and using alcohol and drugs despite continued and repeated jackpots, jails, no shows, suicides, broken promises, and failed responsibilities. As I sought alcohol, and later drugs, I went to any length to get them. Expected and repeated bad consequences followed, essentially turning me into an "ass." Although I would swear off alcohol almost daily, I

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would pursue it and become intoxicated hours later. I can recall daily trips to the liquor store, saying to myself, I will quit tomorrow. Saying it over and over again, tomorrows after tomorrows. Talk about a preoccupation; I was rarely without alcohol. Why I didn't store more alcohol than a day's supply was because I really wanted to quit, and tried to do it daily, but was carried away and compelled by the insane drive to use. So I continued, regardless of the serious and dangerous Consequences.

To this day, I am not sure why I became intoxicated, as I had little conscious awareness during it, and spent much of my inebriated years unaware, in a blackout mental state. An alcoholic blackout is life not lived, no recording of the conscious experience, no memory trace created. A blackout is less than sleeping, as sleep is still a mental experience, whereas a blackout is no mental experience. They say, insanity is doing the same thing over and over again, expecting different results. I say, if blackout drinking is not insanity, then there is no such thing as insanity. But I didn't learn or could not connect early on, that intoxication led to many disappointments, lost opportunities,

delays, harrowing near death experiences.

What is really the kicker, and whoever figures it out should win the Nobel Prize, is why I went back, why I relapsed so often. I could quit from time to time, but I could not stay quit. I always went back to the drug or drink despite having the same or worse problems, over and over and over again. I really believe I drank against my will, not because I enjoyed it, or found relief in it. I became so depressed and anxious, and had so much pain, because I used alcohol and drugs obsessively.