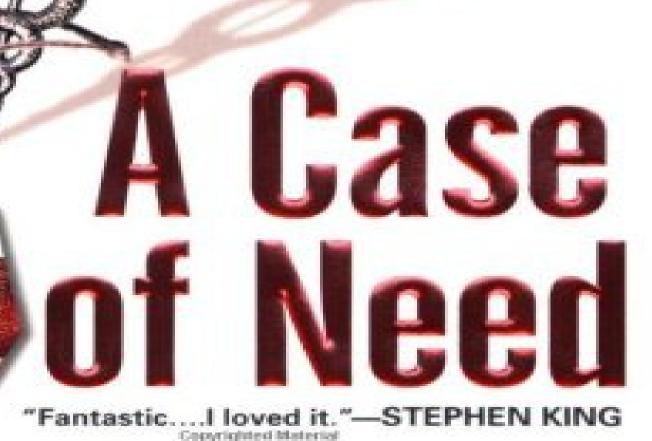
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#1 NEW YORK TIMES
BESTSELLING AUTHOR OF PREY

CHAEL CRICHTON

WRITING AS JEFFERY HUDSON



I will prescribe regimen for the good of my pa•tients, according to my judgment and ability, andnever do harm to anyone. To please no one will Iprescribe a deadly drug, nor give advice which maycause his death. Nor will I give a woman a pessaryto procure abortion. But I will preserve the purity of my life and my art. . . .

-FROM THE HIPPOCRATIC OATHDEMANDED OF THE YOUNG PHYSICIANABOUT TO ENTER UPON THE PRACTICEOF HIS PROFESSION.

There is no moral obligation to conserve DNA.

—Garrett Hardin

MONDAY

OCTOBER 10

ONE

ALL HEART SURGEONS ARE BASTARDS, and Conway is

no exception. He came storming into the path labat 8:30 in the morning, still wearing his green sur•gical gown and cap, and he was furious. WhenConway is mad he clenches his teeth and speaksthrough them in a flat monotone. His face turns red, with purple blotches at the temples.

"Morons," Conway hissed, "goddamned morons."He pounded the wall with his fist; bottles in the cabinets rattled.

We all knew what was happening. Conway does two open-heart procedures a day, beginning the firstat 6:30. When he shows up in the path lab twohours later, there's only one reason.

"Stupid clumsy bastard," Conway said. He kickedover a wastebasket. It rolled noisily across the floor.

"Beat his brains in, his goddamned brains,"Conway said, grimacing and staring up at the ceil•ing as if addressing God. God, like the rest of us,

had heard it before. The same anger, the sameclenched teeth and pounding and profanity. Conway always ran true to form, like the rerun of

a movie.

Sometimes his anger was directed against thethoracic man, sometimes against the nurses, some•times against the pump technicians. But oddlyenough, never against Conway.

"If I live to be a hundred," Conway hissedthrough his teeth, "I'll never find a decent anesman. Never. They don't exist. Stupid, shiteatingbastards, all of them."

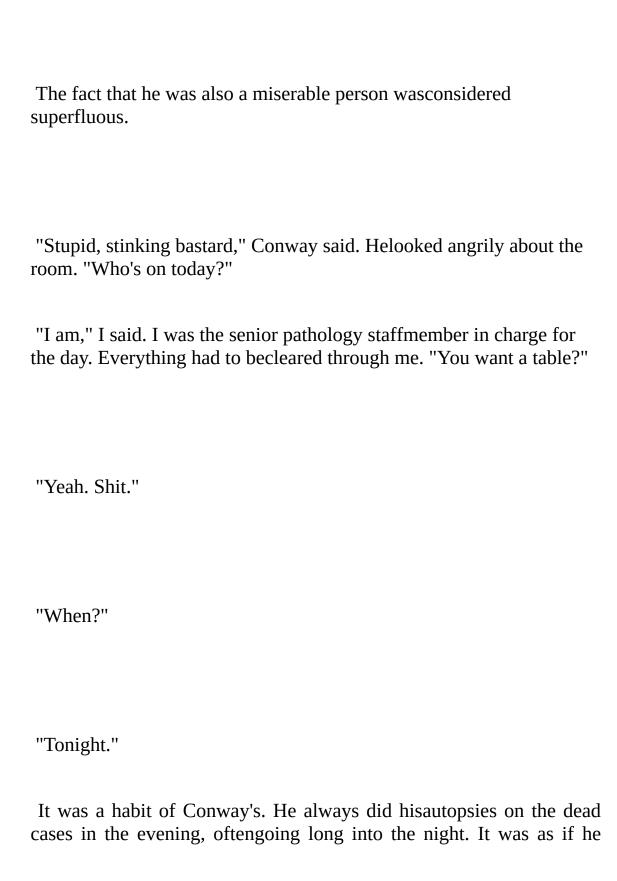
We glanced at each other: this time it wasHerbie. About four times a year the blame fell onHerbie. The rest of the time he and Conway weregood friends. Conway would praise him to the sky,call him the finest anesthesiologist in the country,better than Sonderick at the Brigham, better thanLewis at the Mayo, better than anyone.

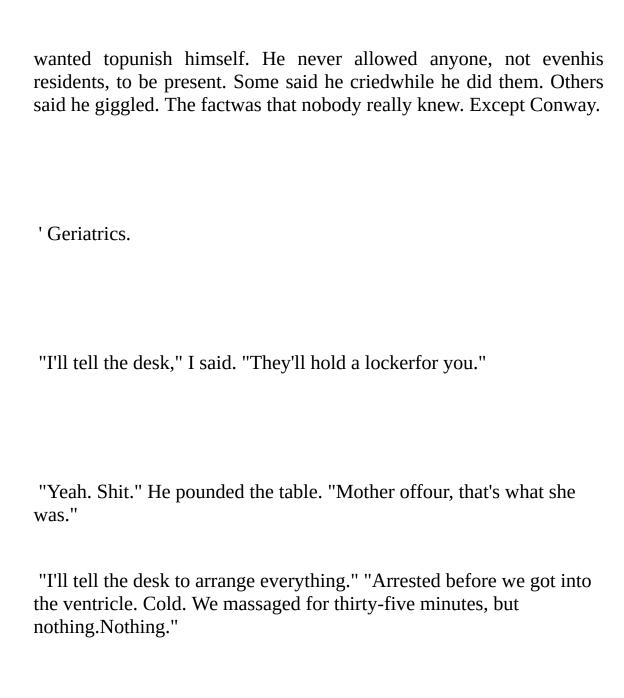
But four times a year, Herbert Landsman was re•sponsible for a DOT, the surgical slang for a deathon the table. In cardiac surgery, it happened a lot:fifteen percent for most surgeons, eight percent for man like Conway.

Because Frank Conway was good, because hewas an eight-percenter, a man with lucky hands, a man with the touch, everyone put up with his tem•per tantrums, his moments of anger and destruc•tiveness. Once he kicked over a path microscopeand did a hundred dollars' worth of damage. No-

body blinked, because Conway was an eight-percenter.

Of course, there was scuttlebutt in Boston abouthow he kept his percentage, known privately among surgeons as the "Kill rate," down. They saidConway avoided cases with complications. They said Conway avoided jerry cases.1They saidConway never innovated, never tried a new anddangerous procedure. The arguments were, ofcourse, wholly untrue. Conway kept his kill ratelow because he was a superb surgeon. It was as simple as that.





"What's the name?" I said. The desk would needthe name.

"McPherson," Conway said, "Mrs. McPherson."He turned to go and paused by the door. Heseemed to falter, his body sagging, his shouldersslumping.

"Jesus," he said, "a mother of four. What the hellam I going to tell him?"

He held his hands up, surgeon-style, palms fac•ing him, and stared at his fingers accusingly, as ifthey had betrayed him. I suppose in a sense theyhad.

"Jesus," Conway said. "I should have been a der•matologist. Nobody ever dies on a dermatologist." Then he kicked the door open and left the lab.

when we were alone, one of the first-year resi•dents, looking very pale, said to me, "Is he alwayslike that?"

"Yes," I said. "Always."

I turned away, looking out at the rush-hour traffic moving slowly through the October drizzle. It would have been easier to feel sympathy for Conway if I

didn't know that his act was purely for himself, a kindof ritual angry deceleration that he went through ev•ery time he lost a patient. I guess he needed it, butstill most of us in the lab wished he could be like Delong in Dallas, who did crossword puzzles inFrench, or Archer in Chicago, who went out and hada haircut whenever he lost someone.

Not only did Conway disrupt the lab, he put usbehind. In the mornings, that was particularly bad, because we had to do the surgical specimens andwe were usually behind schedule anyway.

I turned my back to the window and picked upthe next specimen. We have a high-speed tech•nique in the lab: the pathologists stand beforewaist-high benches and examine the biopsies. A mi•crophone hangs from the ceiling before each of us,and it's controlled by a foot pedal. This leaves yourhands free; whenever you have something to say, you step on the pedal and speak into the mike, re•cording your comments on tape. The secretaries type it up later for the charts.2

I've been trying to stop smoking for the pastweek, and this specimen helped me: it was a white lump imbedded in a slice of lung. The pink tag at tached gave the name of the patient; he was down in the OR now with his chest cut open. The sur geons were waiting for the path dx3before proceed-

2The files containing the history of treatment of patients in the hospital. Called a "chart" because the bulk of the file consists of daily charts of tem• perature, blood pressure, pulse and respiration, the so-called "vital signs."

3 Diagnosis.

ing further with the operation. If this was a benign tumor, they'd simply remove one lobe of his lung. If it was malignant, they'd take the whole lung and allhis lymph nodes.

1 stepped on the floor pedal."Patient AO—four-five-two-three-three-six. Jo•seph Magnuson, The specimen is a section of rightlung, upper lobe, measuring"—I took my foot off the pedal and measured

it—"five centimeters byseven point five centimeters. The lung tissue is pale pink in color and crepitant.4The pleural surface issmooth and glistening, with no evidence of fibrous material or adhesions. There is some hemorrhage. Within the parenchyma is an irregular mass, white in color, measuring"—

I measured the lump—"approximately two centi•meters in diameter. On cut surface, it appears whit•ish and hard. There is no apparent fibrous capsule,and there is some distortion of surrounding tissue structure. Gross impression . . . cancer of the lung, suggestive of malignancy, question mark metastatic. Period, signed, John Berry."

I cut a slice of the white lump and quick-froze it. There was only one way to be certain if the masswas benign or malignant, and that was to check itunder the microscope. Quick-freezing the tissue al•lowed a thin section to be rapidly prepared. Nor•mally, to make a microscope slide, you had to dunk

4Crepitant means it is crackly and filled with air. This is normal.

your stuff into six or seven baths; it took at least sixhours, sometimes days. The surgeons couldn't wait. When the tissue was frozen hard, I cranked out asection with the microtome, stained the slice, andtook it to the microscope. I didn't even need to go to high dry: under the low-power objective, I could seethe lacy network of lung tissue formed into delicatealveolar sacs for exchange of gas between blood andair. The white mass was something else again. I stepped on the floor button."Micro examination, frozen section. The whitish mass appears composed of undifferentiated paren•chyma cells which have invaded the normal sur•rounding tissue. The cells show many irregular, hyperchromatic nuclei and large numbers of mi•toses. There are some

multinucleate giant cells. There is no clearly defined capsule. Impression is primary malignant cancer of the lung. Note markeddegree of anthracosis in surrounding tissue."

Anthracosis is accumulation of carbon particles in the lung. Once you gulp carbon down, either as cigarette smoke or city dirt, your body never gets ridof it. It just stays in your lungs.

The telephone rang. I knew it would be Scanlondown in the OR, wetting his pants because wehadn't gotten back to him in thirty seconds flat. Scanlon is like all surgeons. If he's not cutting, he'snot happy. He hates to stand around and look at the big hole he's chopped in the guy while he waits forthe report. He never stops to think that after hetakes a biopsy and drops it into a steel dish, an or-

derly has to bring it all the way from the surgicalwing to the path labs before we can look at it. Scanlon also doesn't figure that there are elevenother operating rooms in the hospital, all going like hell between seven and eleven in the morning. We have four residents and pathologists at work duringthose hours, but biopsies get backed up. There'snothing we can do about it—unless they want torisk a misdiagnosis by us.

And they don't. They just want to bitch, likeConway. It gives them something to do. All sur•geons have persecution complexes anyway. Ask the

psychiatrists.

As I went to the phone, I stripped off one rubberglove. My hand was sweaty; I wiped it on the seat of my pants, then picked up the receiver. We are carefulabout the phone, but just to be safe it gets swabbedwith alcohol and Formalin at the end of each day. "Berry speaking."

"Berry, what's going on up there"?"After Conway, 1 felt like taking him on, but Ididn't. I just said,

[&]quot;You've got a malignancy."

"I thought so," Scanlon said as if the whole pathwork-up had been a waste of time." Yeah," I said and hung up.I wanted a cigarette badly. I'd only had one atbreakfast, and I usually have two.

Returning to my table, I saw three specimenswere waiting: a kidney, a gallbladder, and an appen•dix. I started to pull my glove back on when the in•tercom clicked.

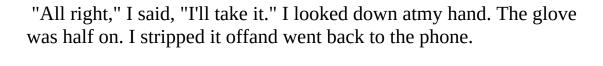
"Dr. Berry?"

"Yes?"

The intercom has a high pickup. You can speakin a normal voice anywhere in the room, and thegirl will hear you. They mount the microphone highup, near the ceiling, because the new residents usually rush over and shout into it, not knowinghow sensitive it is. That blasts the ears off the girlat the other end.

"Dr. Berry, your wife is on the telephone."

I paused. Judith and I have an understanding: nocalls in the morning. I'm always busy from seven to eleven, six days a week, sometimes seven if one ofthe staff gets sick. She's usually very good about it. She didn't even call when Johnny drove his tricycleinto the back of a truck and had to have fifteen stitches in his forehead.

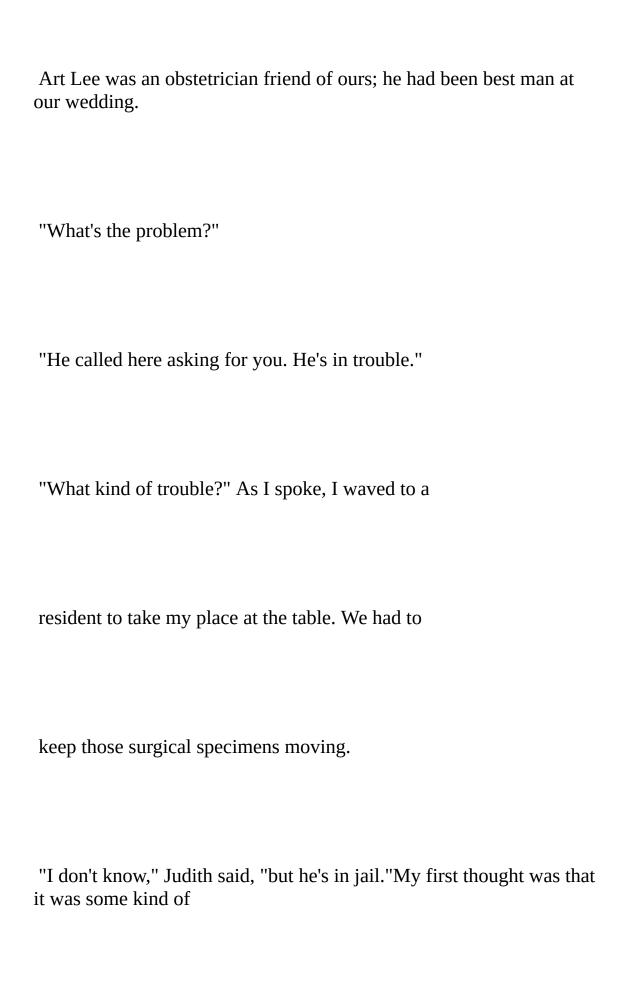


"Hello?"

"John?" Her voice was trembling. I hadn't heardher sound that way in years. Not since her fatherdied.

"What is it?"

"John, Arthur Lee just called."



mistake. "Are you sure?"

"Yes. He just called. John, is it something

about----?"

"I don't know," I said. "I don't know any more than you do." I cradled the phone in my shoulderand stripped away my other glove. I threw themboth in the vinyl-lined wastebasket. "I'll go see himnow," I said. "You sit tight and don't worry. It's prob•ably a minor thing. Maybe he was drinking again.""All right," she said in a low voice."Don't worry," I repeated."All right."

"I'll speak to you soon."

I hung up, untied my apron, and placed it on thepeg by the door. Then I went down the hall to Sanderson's office. Sanderson was chief of the pathlabs. He was very dignified looking; at forty-eight, his hair was just turning gray at the temples. Hehad a jowly, thoughtful face. He also had as muchto fear as I did.

"Art's in jail," I said.

He was in the middle of reviewing an autopsycase. He shut the file. "Why?"

"I don't know. I'm going to see him." "Do you want me to come with you?" "No," I said. "It's better if I

go alone."

Call me, Sanderson said, peering over his halfframes, "when you know."

"I will."

He nodded. When I left him, he had opened thefile again, and was reading the case. If he had been upset by the news, he wasn't showing it. But thenSanderson never did.

In the hospital lobby I reached into my pocketfor my car keys, then realized I didn't know wherethey were holding Art, so I went to the informationdesk to call Judith and ask her. The girl at the deskwas Sally Planck, a good-natured blonde whose name was the subject of endless jokes among theresidents. I phoned Judith and asked where Artwas; she didn't know. It hadn't occurred to her toask. So I called Arthur's wife, Betty, a beautiful andefficient girl with a Ph.D. in biochem from Stanford. Until a few years ago, Betty had done re-search at Harvard, but she stopped when she hadher third child. She was usually very calm. The only time I had seen her upset was when George Kovacshad gotten drunk and urinated all over her patio.

Betty answered the phone in a state of stonyshock. She told me they had Arthur downtown, on Charles Street. He had been arrested in his homethat morning, just as he was leaving for the office. The kids were very upset, and she had kept them home from school that day, and now

what did shedo with them? What was she supposed to tellthem, for Pete's sake?

I told her to say it was all a mistake and hung up.

I drove my Volkswagenout of the doctors' parkinglot, past all the shiny Cadillacs. The big cars areall owned by practicing physicians; pathologists paid by the hospital and can't afford all those

glistening horses.

It was 8:45, right in the middle of rush-hour traf•fic, which in Boston means a life-and-death propo• sition. Boston has the highest accident rate in theU.S., even higher than Los Angeles, as any EW5in•tern can tell you. Or pathologists: we see a lot ofautomobile trauma at autopsy. They drive like mani•acs; like

sitting in the EW as the bodies come in, you think there's a war going on. Judith says it's be•cause they're repressed. Art has always said it wasbecause they're Catholic and think God will lookafter them as they wander across the double stripe, but Art is a cynic. Once, at a medical party, a sur•geon explained how many eye injuries occur fromplastic dashboard figurines. People get into acci•dents, pitch forward, and have their eyes put out by the six-inch Madonna. It happens a lot; Art thoughtit was the funniest thing he had ever heard.

He laughed until he was crying. "Blinded by reli•gion," he kept saying, doubled over in laughter. "Blinded by religion."

The surgeon did plastic stuff, and he didn't seethe humor. 1 guess because he'd repaired too many punched-out eyesockets. But Art was convulsed.

5 Emergency ward.

Most people at the party were surprised by hislaughter; they thought it was excessive and inrather poor taste. I suppose of all the people thereI was the only one who understood the significanceof this joke to Art. I was also the only one who knew the great strains under which he worked.

Art is my friend, and he has been ever since wewent to medical school together. He's a bright guy and a skilled doctor, and he believes in what he'sdoing. Like most practicing doctors, he tends to be a little too authoritarian, a little too autocratic. Hethinks he knows what's best, and nobody can knowthat all the time. Maybe he goes overboard, but

Ican't really knock him. He serves a very important function. After all, somebody around here has to dothe abortions.

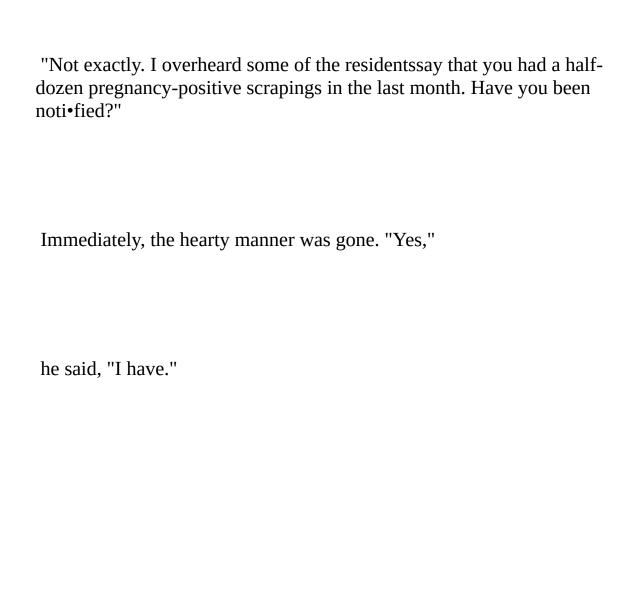
I don't know exactly when he started. I guess itwas right after he finished his gynecology residency. It's not a particularly difficult operation—a well-trained nurse can do it with no problem. There's only one small catch.

It's illegal.

I remember very well when I first found outabout it. There was some talk among some of the path residents about Lee; they were getting a lot ofD & C's that were positive. The D & C's had been ordered for a variety of complaints—menstrual ir•regularity, pain, mid-period bleeding—but quite afew were showing evidence of pregnancy in thescrapings. I got concerned because the residentswere young and loose-mouthed. I told them right

there in the lab that it wasn't funny, that they couldseriously damage a doctor's reputation by suchjokes. They sobered up quickly. Then I went to seeArthur. I found him in the hospital cafeteria."Art," I said, "something's bothering me."He was in a jovial mood, eating a doughnut andcoffee. "Not a gynecological problem, I hope." He

laughed.



"I just wanted you to know. There might be trou•ble in the tissue committee when these things

come up, and—"

He shook his head. "No trouble.""Well, you know how it looks." "Yes," he said. "It looks like I'm performing abor•tions."

His voice was low, almost dead calm. He waslooking directly at me. It gave me a strange feeling."We'd better have a talk," he said. "Are you freefor a drink about six tonight?""I guess so."

"Then meet me in the parking lot. And if you getsome free time this afternoon, why don't you have a look at a case of mine?""All right," I said, frowning.

"The name is Suzanne Black. The number is AO—two-two-one-three-six-five."

I scribbled the number on a napkin, wonderingwhy he should have remembered it. Doctors re•member a lot about their patients, but rarely thehospital number.

"Take a good look at this case," Art said, "anddon't mention it to anyone until you talk to me."

Puzzled, I went back to work in the lab. I was up for an autopsy that day, so I wasn't free until four inthe afternoon. Then I went to the record room and pulled the chart for Suzanne Black. I read it right there—it wasn't very long. She was Dr. Lee's pa•tient, first admitted at age twenty. She was a juniorat a local Boston college. Her CC6was menstrual irregularity. Upon questioning, it was revealed that she had recently suffered a bout of German mea•sles, had been very tired afterward, and had been examined by her college doctor for possible mono•nucleosis. She reported irregular spotting approxi•mately every seven to ten days, but no normal flow. This had been going on for the last two months. She was still tired and lethargic.

Physical examination was essentially normal, ex•cept that she had a mild fever. Blood tests werenormal, though hematocrit7was somewhat low.

Dr. Lee ordered a D & C to correct her irregular•ity. This was in 1956, before the advent of estrogen

6 Chief complaint, the term for the medical disorder that brings the pa• tient to seek treatment.

A test of the amount of hemoglobin, or red cells, in the blood.

therapy. The D & C was normal; no evidence of tu•mors or pregnancy. The girl seemed to respond well to this treatment. She was followed for the next three months and had normal periods.

It looked like a straightforward case. Illness oremotional stress can disrupt a woman's biological clock, and throw off her menses; the D & C resetthat clock. I couldn't understand why Art hadwanted me to look at it. I checked the path reporton the tissue. It had been done by Dr. Sanderson. The write-up was brief and simple: gross appear ance normal, micro examination normal.

I returned the chart and went back to the lab. When I got there, I still couldn't imagine what the point of the case was. I wandered around, doingodds and ends, and finally began the work-up on

my autopsy.

I don't know what made me think of the slide.Like most hospitals, the Lincoln keeps pathslides on file. We save them all; it is possible to go back twenty or thirty years and reexamine the mi•croscopic slides from a patient. They're stored inlong boxes arranged like card catalogs in a library.We had a whole room full of such boxes.

I went to the appropriate box and found slide1365. The label gave the case number and Dr.Sanderson's initials. It also said in large letters,

"D & C."

I took the slide back to the micro room, wherewe have ten microscopes in a long row. One was

free; I slipped the slide onto the stage and had alook.

I saw it immediately.

The tissue was a uterine scraping, all right. Itshowed a rather normal endometrium in the prolif•erative phase, but the stain stopped me. This slidehad been stained with Zenker-Formalin stain, givingeverything a brilliant blue or green color. It was a rather unusual stain, employed for special diagnos•tic problems.

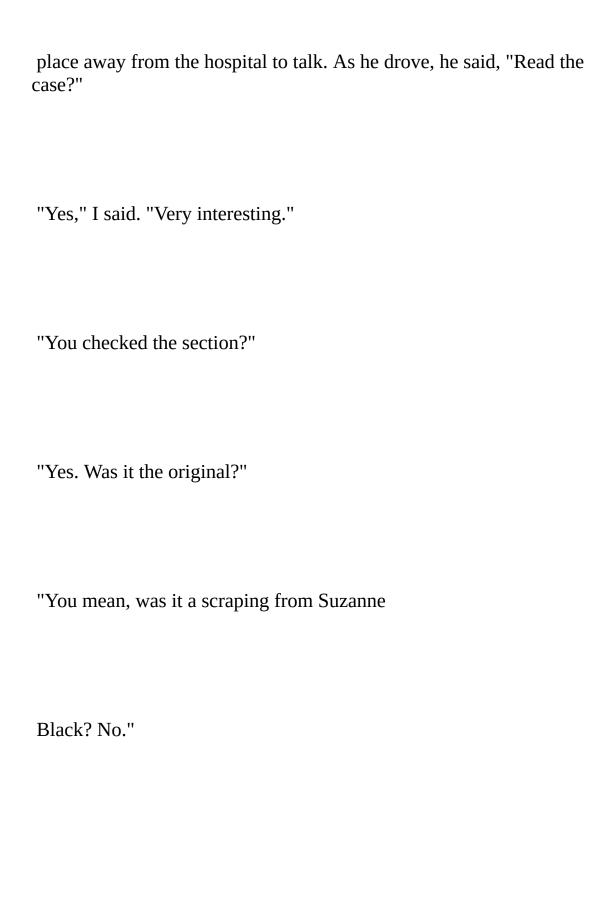
For routine work, the Hematoxylin-Eosin stain is used, producing pink and purple colors. Almost every tissue slice is stained with H & E, and if this is not the case, the reasons for the unusual stain are noted in the pathological summary.

But Dr. Sanderson had not mentioned that theslide was Zenker-Formalin.

The obvious conclusion was that the slides had been switched. I looked at the handwriting on thelabel. It was Sanderson's, no doubt about it. Whathad happened?

Almost immediately, other possibilities came to mind. Sanderson had forgotten to note in his reportthat an unusual stain was used. Or two sectionswere made, one H & E, the other Zenker-Formalin, and only the Zenker was saved. Or that there had been some legitimate mixup.

None of these alternatives was particularly con•vincing. I thought about it and waited impatientlyuntil six that evening, when I met Art in the park•ing lot and got into his car. He wanted to go some-



"You should have been more careful. The stainwas different. That kind of thing can get you intotrouble. Where did the slide come from?" Art smiled thinly. "A biological supply house.'Slide of normal endometrial scraping.' " "And who made the switch?" "Sanderson. We were new to the game, in thosedays. It was his idea to put in a phony slide and write it up as normal. Now, of course, we're muchmore refined. Every time Sanderson gets a normal scraping, he makes up a few extra slides and keepsthem around." "I don't understand," I said. "You mean Sanderson is in this with you?" "Yes," Art said. "He has been for several years." Sanderson was a very wise, very kind, and very

proper man.

"You see," Art said, "that whole chart is a lie. Thegirl was twenty, all right. And she had German measles. And she had menstrual irregularity, too,but the reason was she was pregnant. She had been knocked up on a football weekend by a guy she saidshe loved and was going to marry, but she wantedto finish college first, and a baby would get in the

way. Furthermore, she managed to get measles dur•ing the first trimester. She wasn't a terribly brightgirl, but she was bright enough to know what itmeant when you got measles. She was very worriedwhen she came to see me. She hemmed and hawed for a while, and then blurted it all out and asked foran abortion.

"I was pretty horrified. I was fresh from my res•idency, and I still had a little starry idealism in me.She was in a terrible fix; she was a wreck and actedas if the world had collapsed around her. I guessin a way it had. All she could see was her problemas a college dropout, the unwed mother of a possi• bly deformed child. She was a nice enough girl, andI felt sorry for her, but I said no. I sympathized withher, feeling rotten inside, but I explained that myhands were tied.

"So then she asked me if it was a dangerous op•eration, to have an abortion. At first I thought she was planning to try it on herself, so I said it was. Then she said she knew of a man in the North Endwho would do it for two hundred dollars. He hadbeen a medical orderly in the Marines, or some• thing. And she said that if I wouldn't do it for her, she'd go to this man. And she walked out of my of•fice."

He sighed and shook his head as he drove.

"I went home that night feeling like hell. I hatedher: I hated her for intruding on my new practice, for intruding on my neatly planned life. I hated herfor the pressure she was putting on me. I couldn't

sleep; I kept thinking all night. I had a vision of hergoing to a smelly back room somewhere andmeeting a leering little guy who would letch herand maybe even manage to kill her. I thought aboutmy own wife and our year-old baby, and how happyit could all be. I thought about the amateur abor•tions I'd seen as an intern, when the girls came inbleeding and foaming at three in the morning. Andlet's face it, I thought

about the sweats I'd had incollege. Once with Betty, we sat around for sixweeks waiting for her period. I

knew perfectly wellthat anybody can get pregnant by accident. It's nothard, and it shouldn't be a crime."

I smoked a cigarette and said nothing."So I got up in the middle of the night andfought it out with six

cups of coffee, staring at thekitchen wall. By morning I had decided that thelaw was unfair. I had decided that a doctor couldplay God in a lot of crappy ways, but this was agood way. I had seen a patient in trouble and I hadrefused to help her when it was within my power. That was what bothered me—I had denied hertreatment. It was just as bad as denying penicillinto a sick man, just as cruel and just as foolish. Thenext morning, I went to see Sanderson. I knew he had liberal ideas about a lot of things. I explained the whole situation and told him I wanted to do aD & C. He said he would arrange to do the path examination himself, and he did. That was how it

all started."

"And you've been doing abortions ever since?"

"Yes," Art said. "When I've felt that they were warranted."

After that, we went to a bar in the North End, a simple place, filled with Italian and German labor•ers. Art was in a talkative, almost confessionalmood.

"I often wonder," he said, "about what medicinewould be like if the predominant religious feeling in this country were Christian Scientist. For most ofhistory, of course, it wouldn't have mattered; medi•cine was pretty primitive and ineffective. But sup•posing Christian Science was strong in the age of penicillin and antibiotics. Suppose there were pres•sure groups militating against the administration ofthese drugs. Suppose there were sick people insuch a society who*knew* perfectly well that they didn't have to die from their illness, that a simpledrug existed which would cure them. Wouldn'tthere be a roaring black market in these drugs?Wouldn't people die from home administration ofoverdoses, from impure, smuggled drugs? Wouldn'teverything be an unholy mess?"

"I see your analogy," I said, "but I don't buy it."

"Listen," he said. "Morality must keep up withtechnology, because if a person is faced with thechoice of being moral and dead or immoral andalive, they'll choose life every time. People todayknow that abortions are safe and easy. They know itisn't a long, tedious, dangerous operation. Theyknow it's simple and they want the personal happi•ness it can give them. They demand it. And one

way or another they get it. If they're rich, they go to Japan or Puerto Rico; if they're poor, they go to the Marine orderly. But one way or another, they getthat abortion."

"Art," I said. "It's illegal." He smiled. "I never thought you had so much re-spect for the law." That was a reference to my career. After college, I entered law school and stuck it out for a year anda half. Then I decided I hated it and quit to trymedicine. In between, I did some army time. "But this is different," I said. "If they catch you, they'll toss you in the clink and take away your li•cense. You know that." "I'm doing what I have to do." "Don't be an ass." "I believe," he said, "that what I'm doing is right."Looking at his face,

I saw he meant it. And astime went

on, I personally encountered severalcases where an abortion was the obvious, humaneanswer. Art handled them. I joined Dr. Sandersonin covering up in the path department. We fixedthings so that the tissue committee never knew. That was necessary because the tissue committeeof the Lincoln was composed of all the chiefs ofservice, as well as a rotating group of six doctors. The average age of the men on the tissue commit•tee was sixty-one, and, at any given time, at least athird were Catholic.

Of course it was not a well-kept secret. Many of the younger doctors knew what Art was doing, and

most agreed with him, because he exercised carefuljudgment in deciding his cases. Most would have performed abortions too, if they had dared.

A few didn't agree with Art and would have beentempted to turn him in if they'd had the guts. Anal retentives like Whipple and Gluck, men whose re•ligion precluded compassion and common sense.

For a long time, I worried about the Whipplesand the Glucks. Later on I ignored them, turningaway from their nasty knowing glances andpinched, disapproving faces. Perhaps that was amistake.

Because now Art was down, and if his headrolled, so would Sanderson's. And so would mine.

there was no place to parknear the police sta•tion. Finally I came to a lot four blocks away andwalked quickly back to find out why Arthur Leewas in jail.

TWO

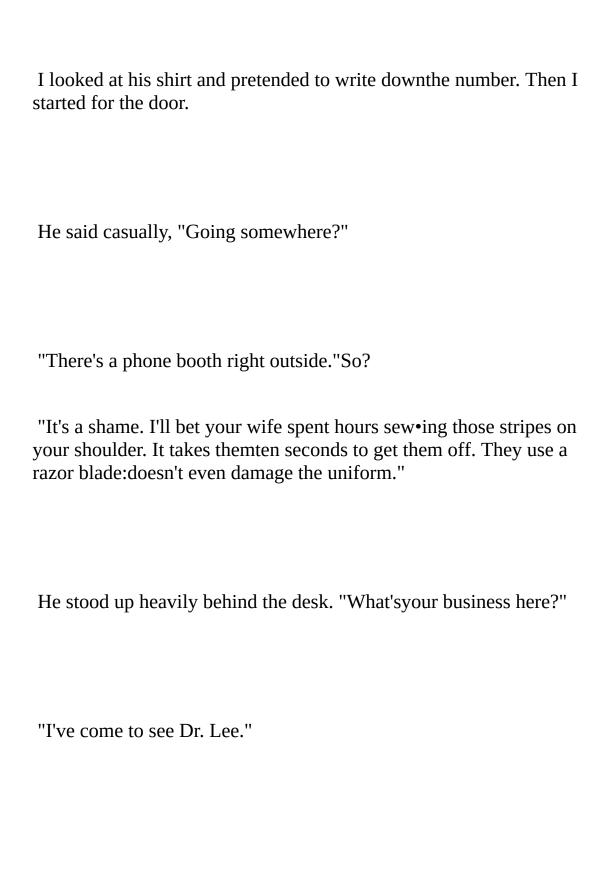
when Iwas in the armya few years back, I servedas an MP in Tokyo, and the experience taught mea lot. MP's were the most unpopular people in thecity in those days, during the last phases of the oc•cupation. In our white helmets and uniforms, we

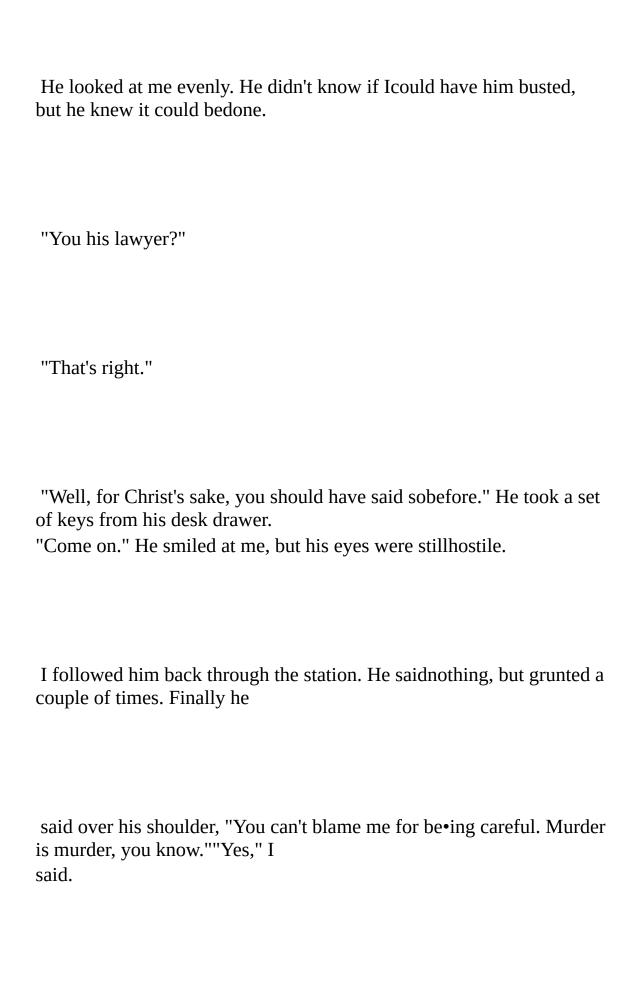
represented the final reminders of a tiresome mili•tary authority to the Japanese. To the Americans on the Ginza, drunk with sake or whiskey if they couldafford it, we represented all that was frustrating or constricting about rigid military life. We were there•fore a challenge to anyone who saw us, and morethan one of my friends ran into trouble. One wasblinded by a knife in the eye. Another was killed.Of course, we were armed. I remember when wewere first issued our guns, a hard-nosed captainsaid to us: "You have your weapons, now take myadvice: never use the gun. You shoot a rowdy drunk, even in self-defense, and you'll find out later hisuncle is a congressman or a general. Keep the gunin sight, but keep it in your holster. Period."

In effect we were ordered to bluff our waythrough everything. We learned to do it. All cops

learn to do it.
I remembered this as I faced the surly police ser•geant in the Charles Street Station. He looked up at me as if he'd enjoy breaking my skull.
"Yeah? What is it?"
"I'm here to see Dr. Lee," I said.
He smiled. "The little chink's uptight, is he? Too
bad."

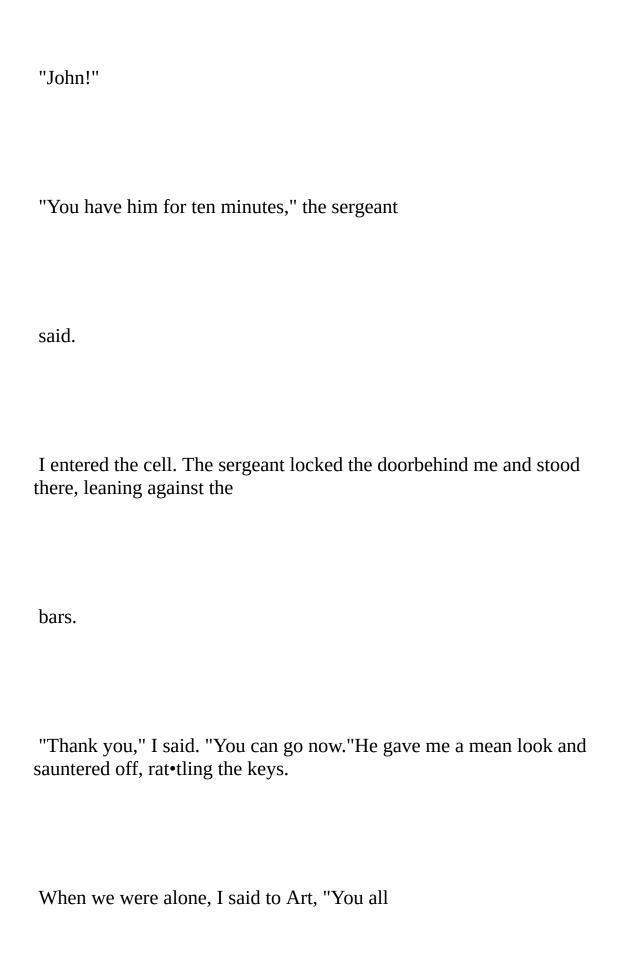






art was locked in a nice cell.It was tidy anddidn't smell much. Actually, Boston has some of thenicest cells in America. They have to: lots of fa•mous people have spent time in those cells. May•ors, public officials, people like that. You can'texpect a man to run a decent campaign for reelec•tion if he's in a lousy cell, can you? It just wouldn't look right.

Art was sitting on his bed, staring at a cigarettebetween his fingers. The stone floor was littered with butts and ash. He looked up as we came downthe hallway.



right?"

"I think so."

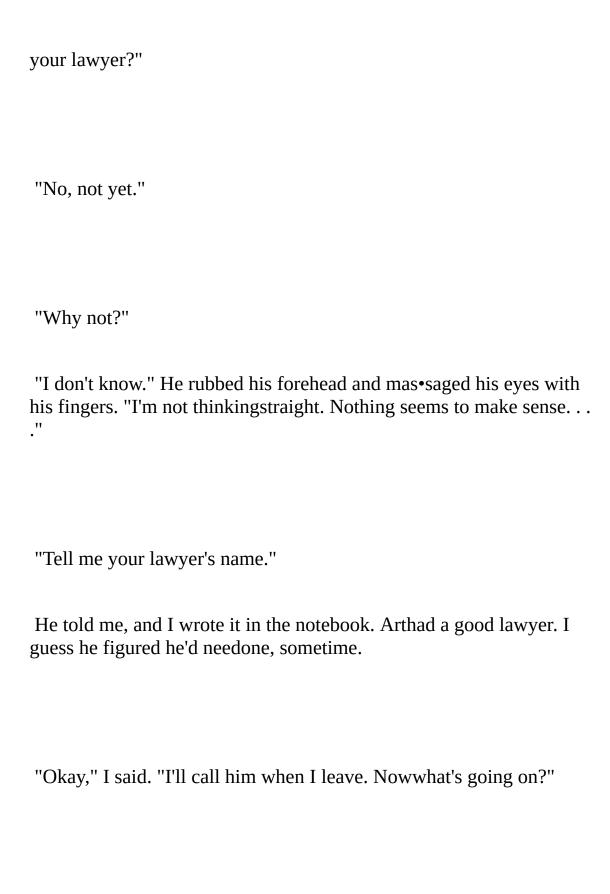
Art is a small, precise man, a fastidious dresser. Originally he's from San Francisco from a largefamily of doctors and lawyers. Apparently his

nese. His skin is more olive than yellow, his eyeslack epicanthic folds, and his hair is light brown. He is very nervous, constantly moving his hands influttering movements, and the total effect is more Latin than anything else.

He was pale now and tense. When he got up topace the cell, his movements were quick and ab•rupt.

"It was good of you to come."

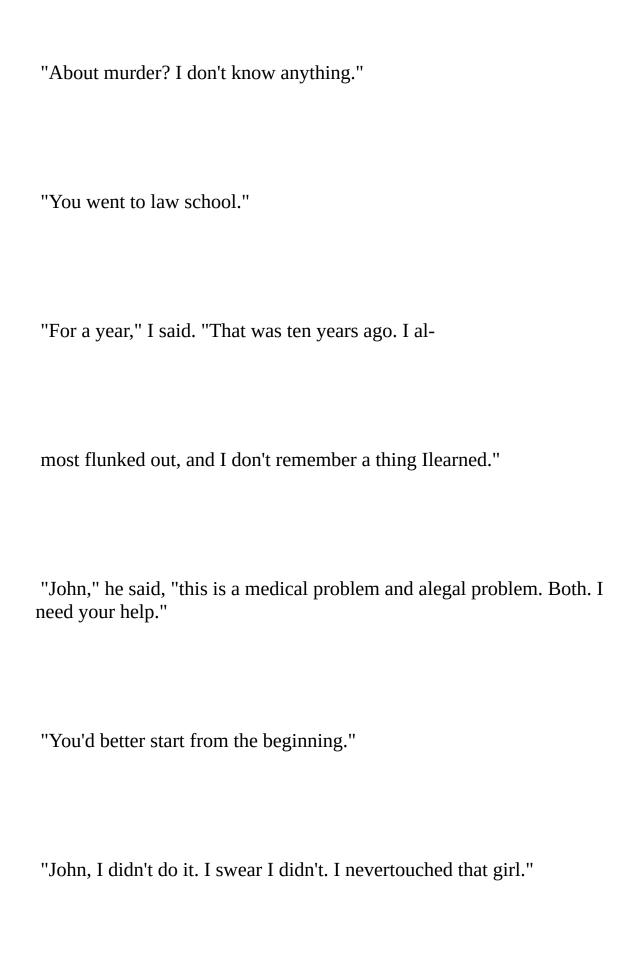
"In case there's any question, I'm the representa•tive of your lawyer. That's how I got in here." I tookout my notebook. "Have you called



"I've been arrested," Art said. "For murder."

"So I gathered. Why did you call me?"

"Because you know about these things."



He was pacing faster and faster. I gripped hisarm and stopped him. "Sit down," I said, "and start from the beginning. Very slowly."

He shook his head and stubbed out his cigarette.Immediately he lit another, then said, "They pickedme up at home this morning, about seven. Brought me in and started questioning me. At first they saidit was routine, whatever that means. Then they turned nasty."

"How many were there?"

"Two. Sometimes three."

"Did they get rough? Slap you around? Brightlights?"

"No, nothing like that."

"Did they say you could call a lawyer?"

"Yes. But that was later. When they advised me of my constitutional rights." He smiled that sad,cynical smile of his. "At first, you see, it was just forroutine questioning, so it never occurred to me tocall one. I had done nothing wrong. They talked tome for an hour before they even mentioned thegirl."

"What girl?"

"Karen Randall."

"You don't meanthe Karen—"

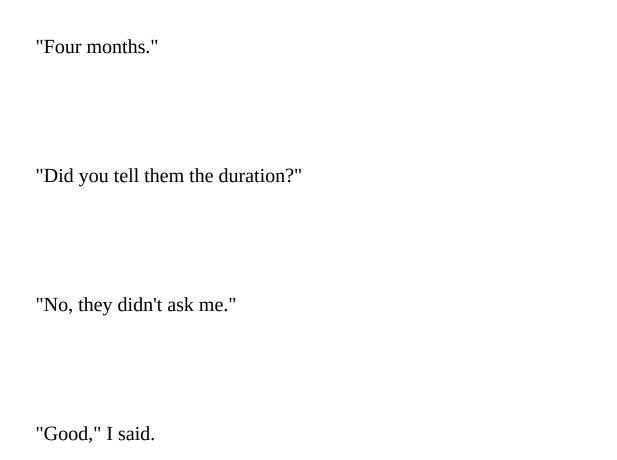
He nodded. "J. D. Randall's daughter."

"Jesus."

"They began by asking me what 1 knew abouther, and whether I'd ever seen her as a patient. Things like that. I said yes, that she had

come tome a week ago for consultation. Chief complaint of amenorrhea."

"What duration?"



"They wanted to know other details about hervisit. They wanted to know if that was her onlyproblem, they wanted to know how she had acted.I wouldn't tell them. I said that the patient had spo•ken in confidence. So then they switched tacks:they wanted to know where I was last night. I toldthem I had made evening rounds at the Lincolnand then taken a walk in the park. They asked meif I had gone back to my office. I said no. Theyasked me if anyone had seen me in the park thatnight. I said I couldn't remember anyone, certainly nobody I knew."

Art sucked deeply on his cigarette. His handswere trembling. "Then they started to hammer atme. Was 1 sure I hadn't returned to my office? What had I done after making rounds? Was I sureI hadn't seen Karen since last week? I didn't under•stand the point of the questions."

"And what was the point?"

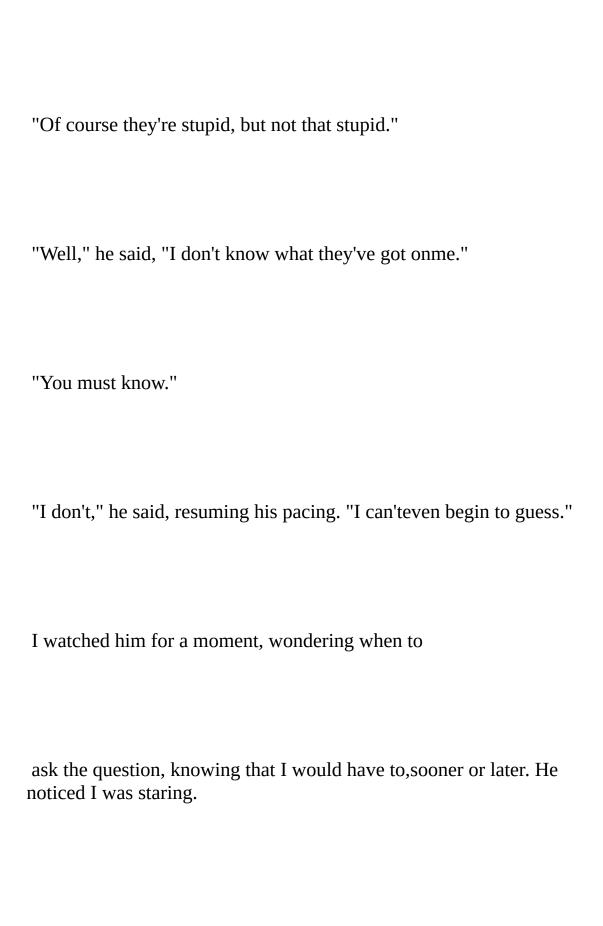
"Karen Randall was brought to the Mem EW atfour this morning by her mother. She was bleeding profusely—exsanguinating actually—and was in a tate of hemorrhagic shock when she arrived. Idon't know what treatment they gave her, but any•way she died. The police think I aborted her lastnight."

I frowned. It just didn't make sense. "How canthey be so sure?"

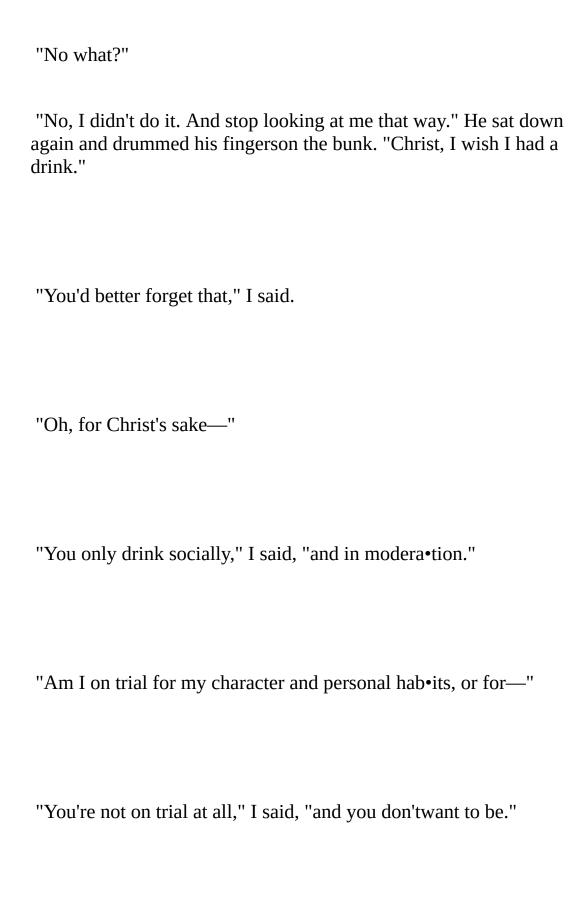
"They wouldn't say. I kept asking. Maybe the kidwas delirious and mentioned my name at the Mem.I don't know."

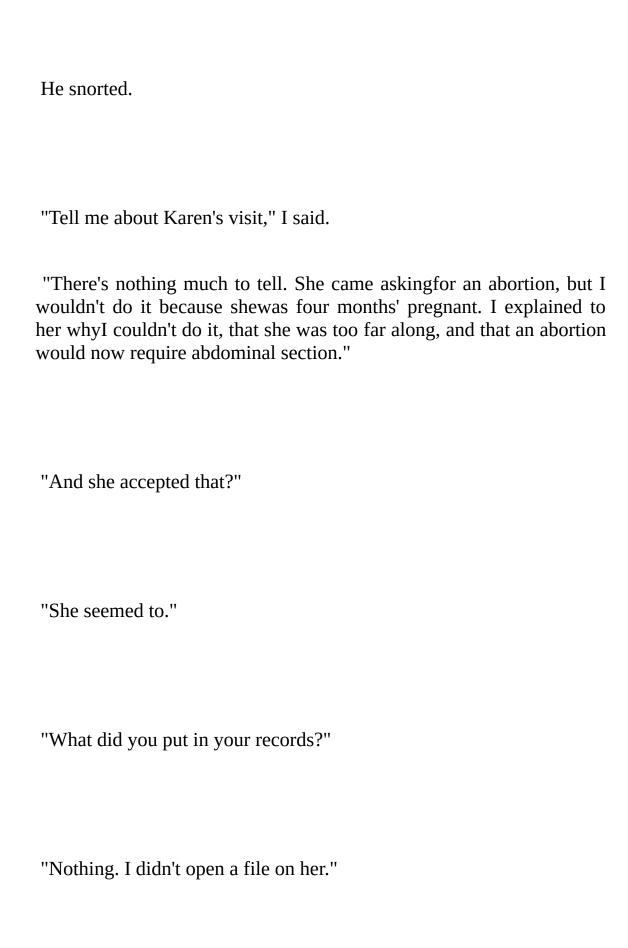
I shook my head. "Art, cops fear false arrest likethey fear the plague. If they arrest you and can'tmake it stick, a lot of people are going to lose theirjobs. You're a respected member of the professional community, not some drunken bum without apenny or a friend in the world. You have recourse to good legal advice, and they know you'll get it. Theywouldn't dare charge you unless they had a strongcase."

Art waved his hand irritably. "Maybe they're juststupid."



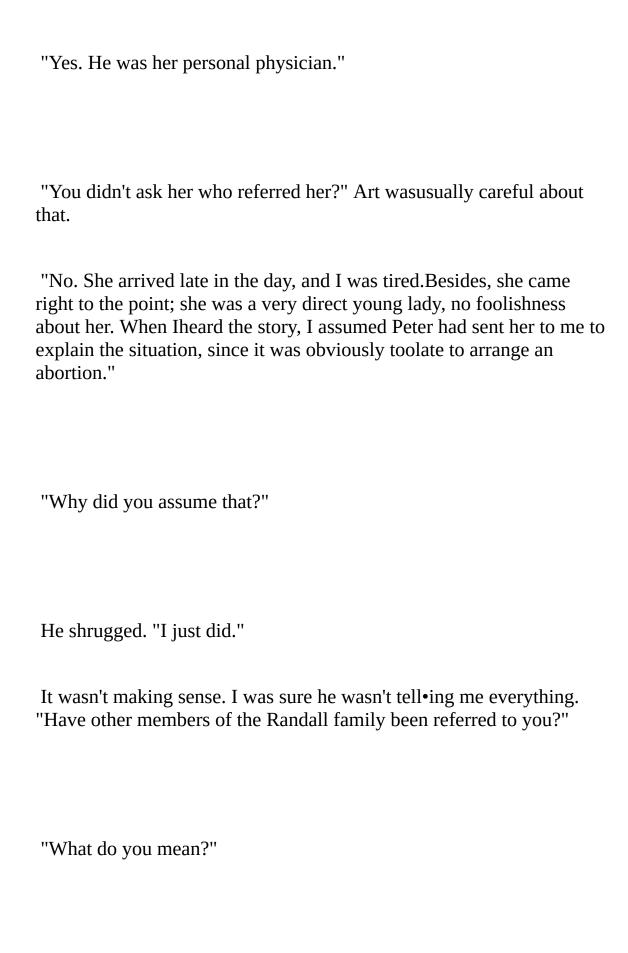
"No," he said.

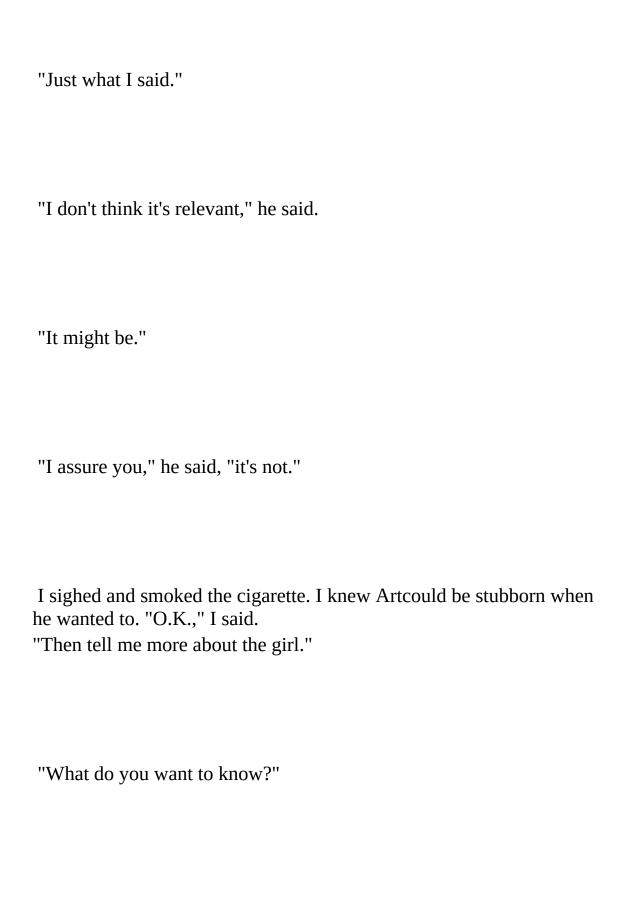


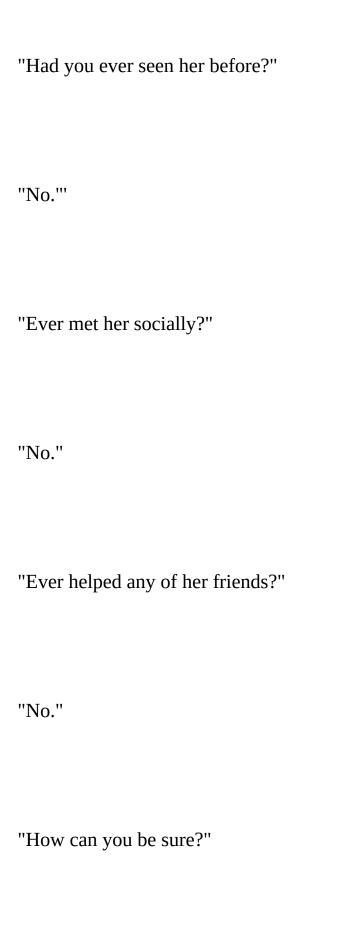


I sighed. "That," I said, "could be bad. Whydidn't you?" "Because she wasn't coming to me for treatment, she wasn't becoming my patient. I knew I'd neversee her again, so I didn't open a file." "How are you going to explain that to the police?" "Look," he said, "if I'd known that she was goingto get me arrested, I might have done lots of things differently." I lit a cigarette and leaned back, feeling the coldstone against my neck. I could already see that itwas a messy situation. And the small details, inno•cent in another context, could now assume greatweight and importance. "Who referred her to you?" "Karen? I assumed Peter."

"Peter Randall?"



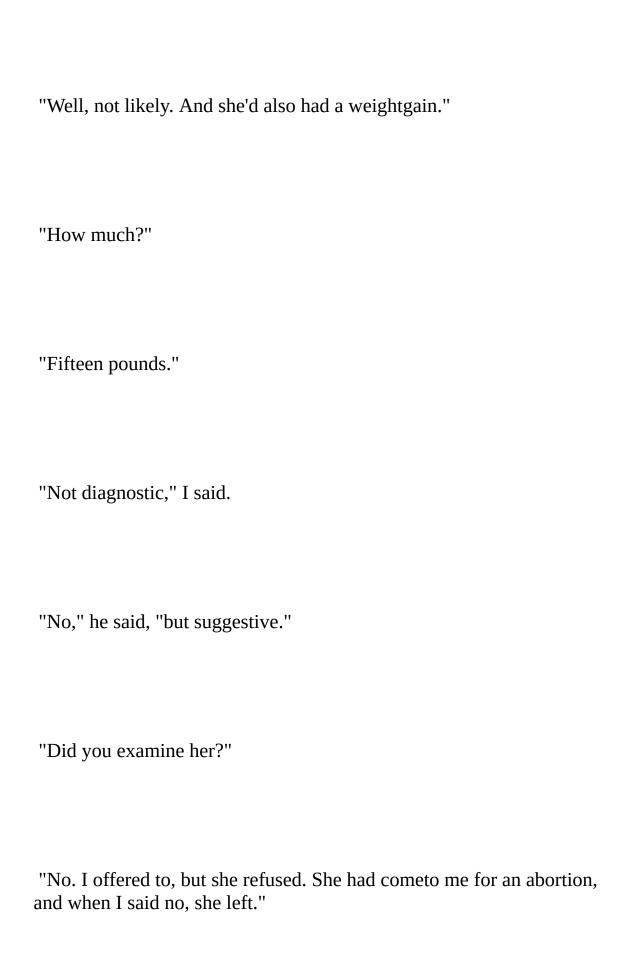


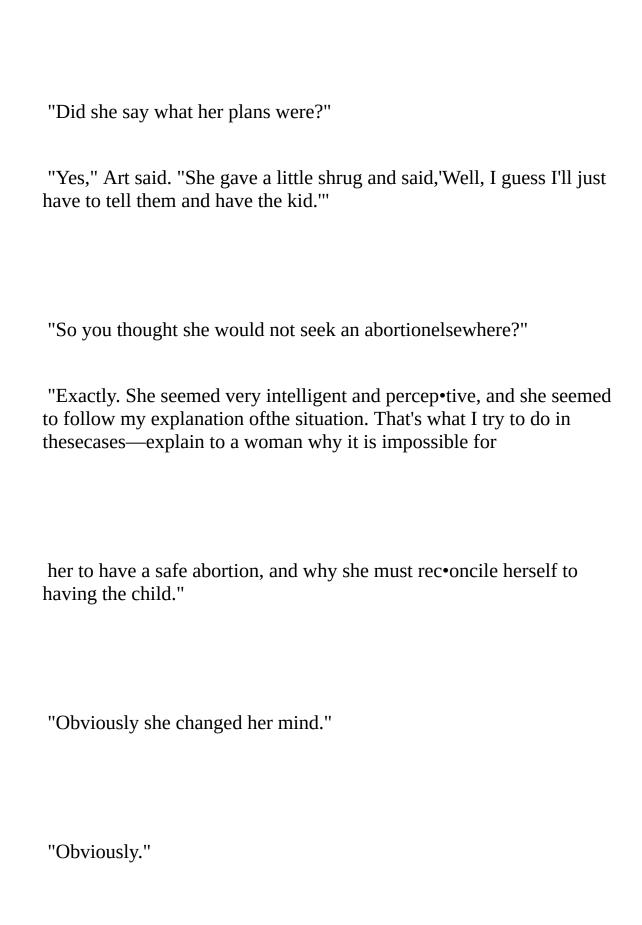


"Oh, hell," he said, "I can't be sure, but I doubtit very much. She was only eighteen."

"O.K.," I said. Art was probably right. I knew heusually aborted only married women, in their late twenties and thirties. He had often said he didn'twant to get involved with the younger ones, thoughhe did on occasion. Older women and marriedwomen were much safer, more closemouthed and realistic. But I also knew that he had recently beendoing more young girls, calling them "teeny-bopperscrapes," because he said to do only marriedwomen was discrimination. He meant that partly asa joke, and partly not.

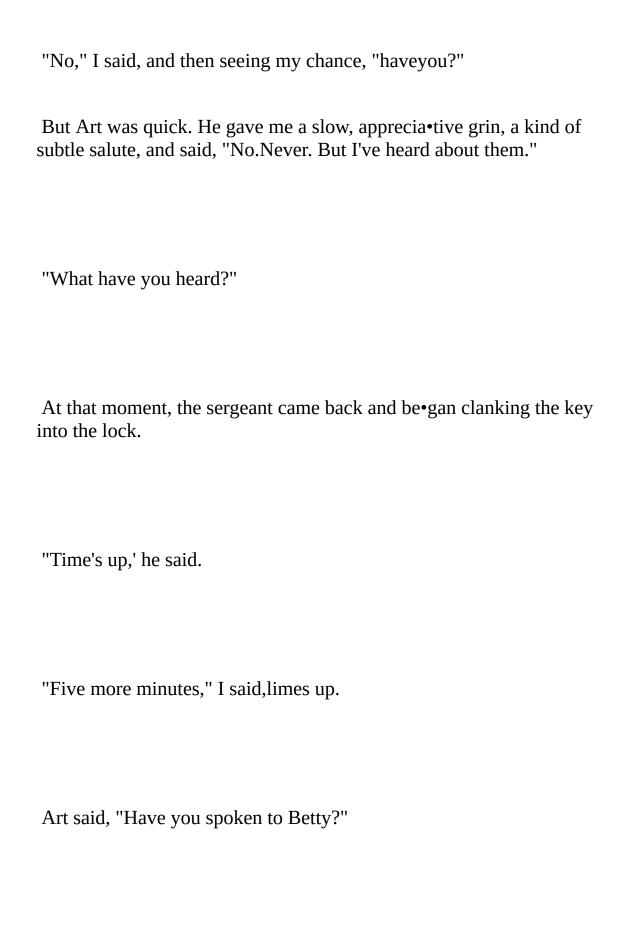
"How was she," I said, "when she came to youroffice? How would you describe her?"
"She seemed like a nice girl," Art said. "She'spretty and intelligent and well poised. Very direct, as I said before. She came into my office, satdown, folded her hands in her lap, and reeled it all off. She used medical terms too, like amenorrhea. I
suppose that comes from being in a family of doc•tors."
"Was she nervous?"
"Yes," he said, "but they all are. That's why thedifferential is so hard."
The differential diagnosis of amenorrhea, partic•ularly in young girls, must consider nervousness as a strong etiologic possibility. Women often delay ormiss their menstrual periods for psychological rea•sons.
"But four months?"

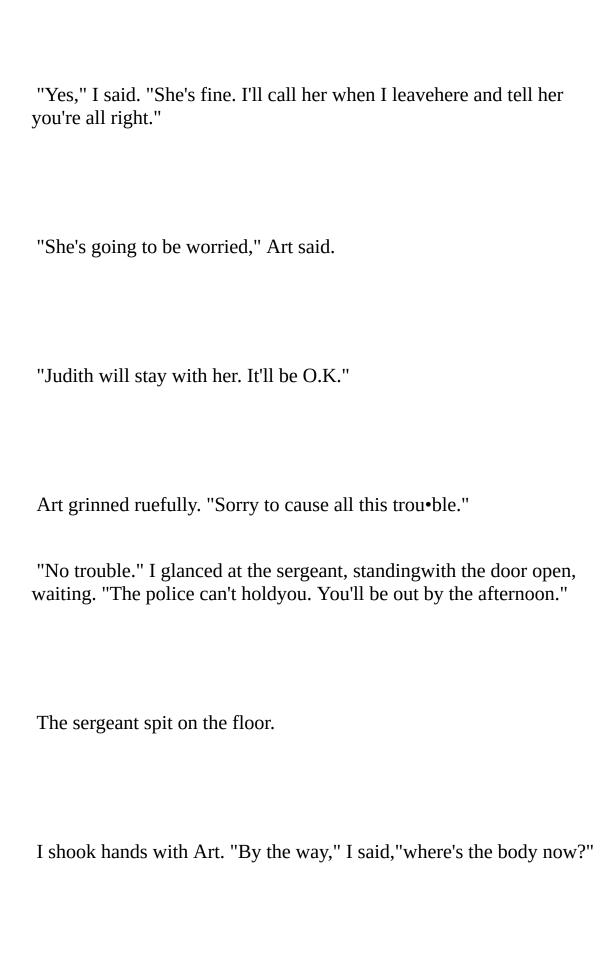




"I wonder why."

He laughed. "Ever meet her parents?"

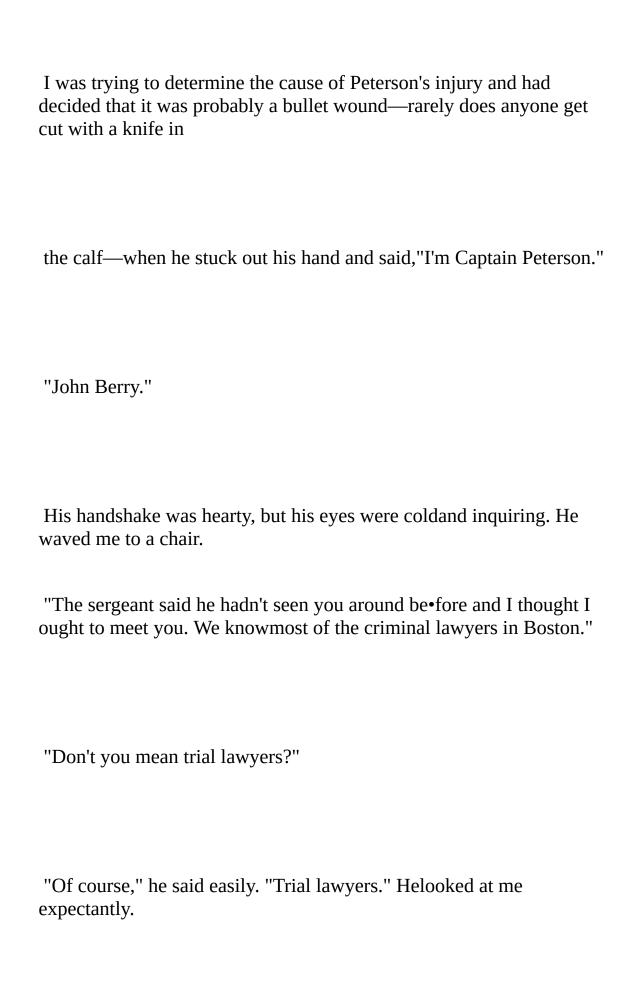


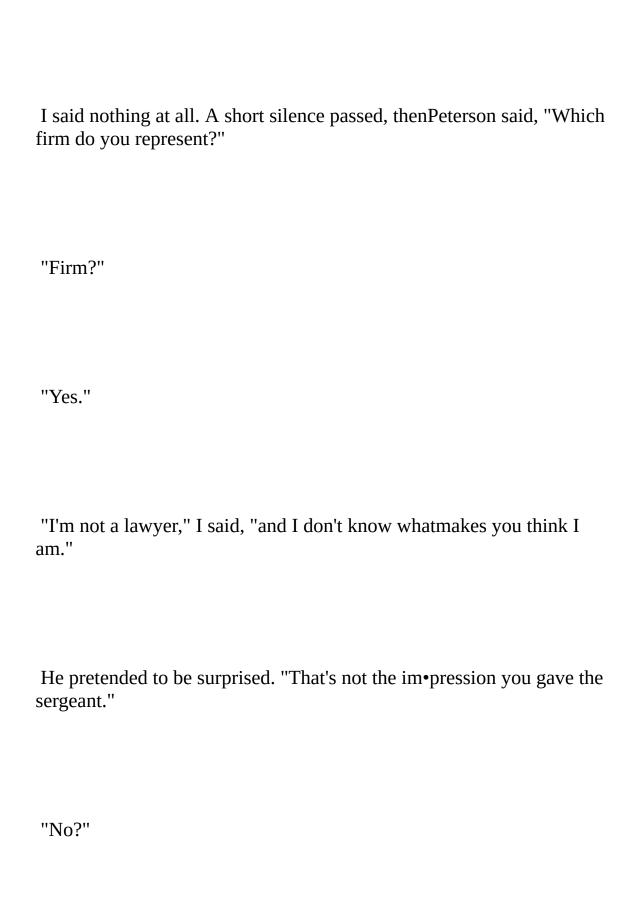


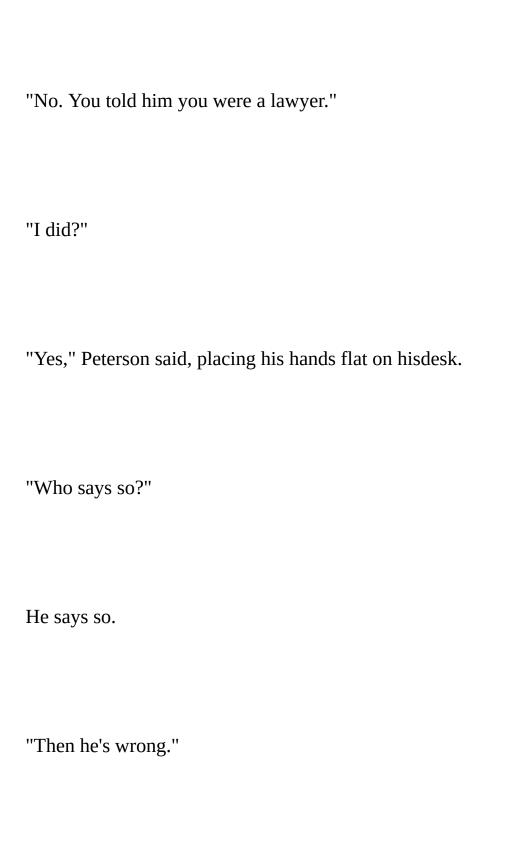
"Perhaps at the Mem. But it's probably gone tothe City by now."
"I'll check," I said. "Don't worry about a thing." Istepped out of the cell and the sergeant locked up behind me. He said nothing as he led me out, butwhen we reached the lobby, he said, "Captainwants to see you."
"All right."
"Captain's very interested in having a little talk."
"Just lead the way," I said.

THE SIGN ON THE FLAKING GREEN DOOR SAID HOMI•CIDE, and underneath, on a

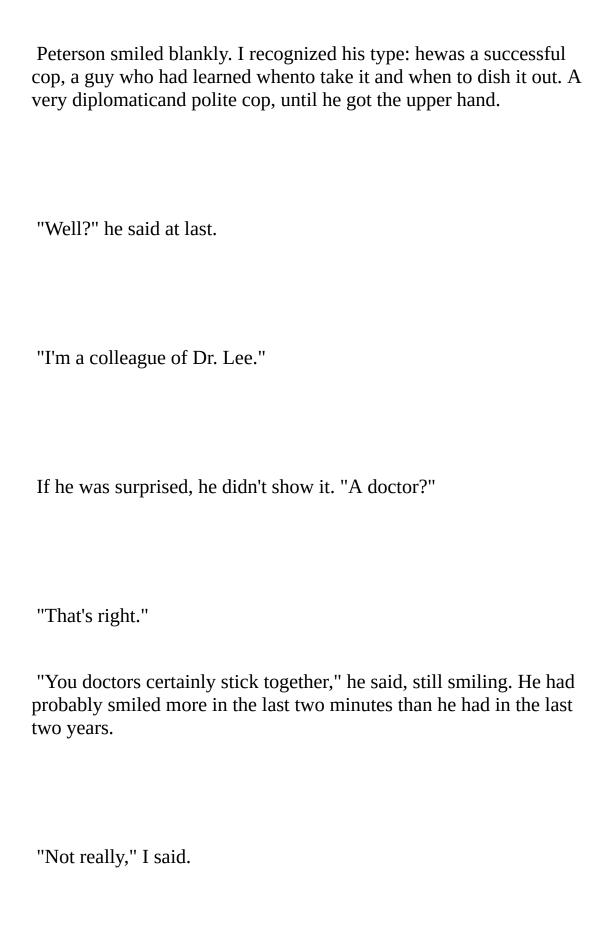
hand-printed namecard, "Captain Peterson." He turned out to be astiff, burly man with close-cropped gray hair and aterse manner. He came around the desk to shake hands with me, and I noticed he had a limp in his right leg. He made no effort to hide it; if anything,he exaggerated it, allowing his toe to scrape loudlyover the floor. Cops, like soldiers, can be proud oftheir infirmities. You knew Peterson hadn't receivedhis in an auto accident.



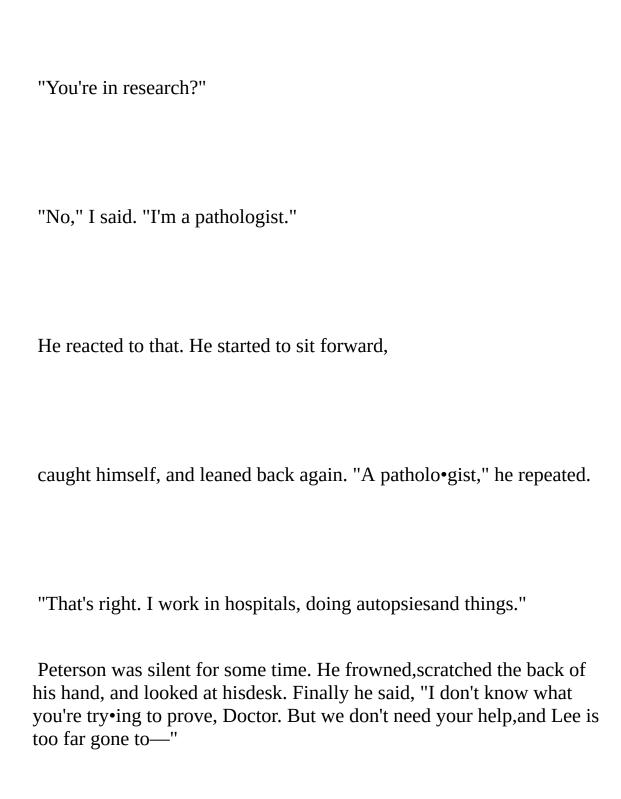


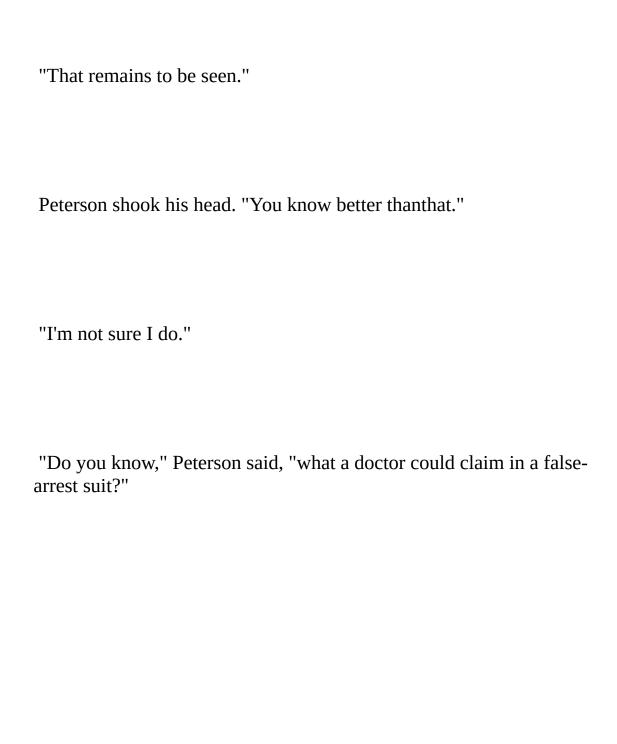


Peterson leaned back in his chair and smiled atme, a very pleasant, let's-not-get-all-excited smile.
"If we had known you weren't a lawyer, you'dnever have been allowed to see Lee."
"That's possible. On the other hand, I was not asked for my name or my occupation. Nor was Iasked to sign in as a visitor."
"The sergeant was probably confused."
"That's logical," I said, "considering the sergeant."



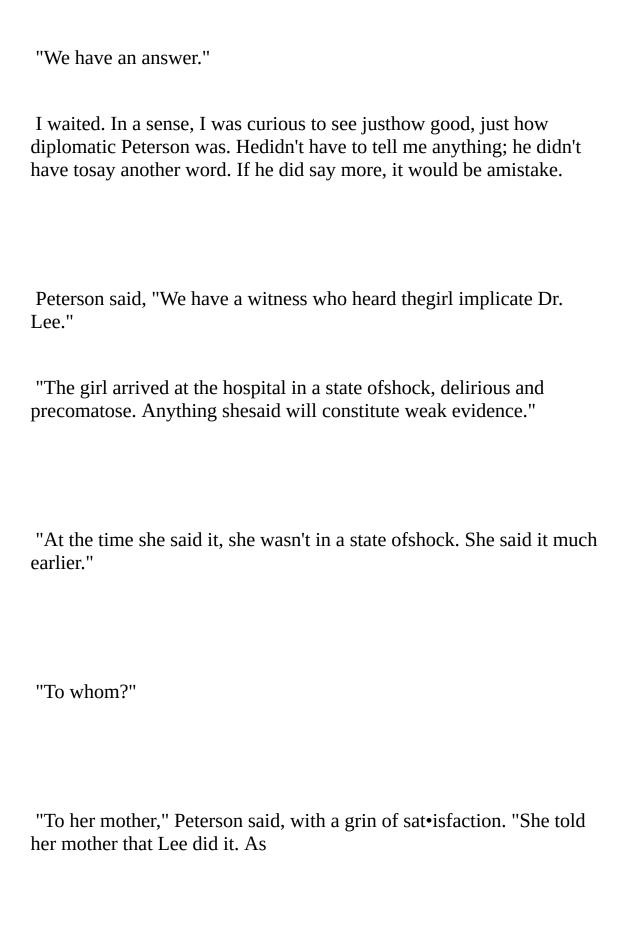
The smile began to fall, probably from fatigueand unused muscles. "If you are a doctor," Petersonsaid, "my advice to you is to stay the hell away fromLee. The publicity could kill your practice."
"What publicity?"
"The publicity from the trial."
"There's going to be a trial?"
"Yes," Peterson said. "And the publicity could killyour practice."
"I don't have a practice," I said.





"A million dollars," I said. "Well, let's say five hundred thousand. It doesn'tmatter much. The point is essentially the same." "You think you have a case." "We have a case." Peterson smiled again. "Oh,Dr. Lee can call you as a witness. We knowthat. And you can talk up a storm using the bigwords, trying to fool the jury, to impress them withyour weighty scientific evidence. But you can't getpast the central fact. You just can't get past it." "And what fact is that?" "A young girl bled to death in the Boston Memo•rial Hospital this morning, from an illegal abortion. That fact, straight and simple." "And you allege Dr. Lee did it?"

"There is some evidence," Peterson said mildly. "It had better be good," I said, "because Dr. Leeis an established and respected—" "Listen," Peterson said, showing impatience forthe first time, "what do you think this girl was, aten-dollar doxy? This was a nice girl, a hell of a nicegirl, from a good family. She was young and prettyand sweet, and she got butchered. But she didn't goto some Roxbury midwife or some North Endquack. She had too much sense and too muchmoney for that." "What makes you think Dr. Lee did it?" "That's none of your business." I shrugged. "Dr. Lee's lawyer will ask the samequestion, and then it will be his business. And ifyou don't have an answer—"



they were leaving for the hospital. And her motherwill swear to that."

FOUR

Itried to play it Peterson's way. I tried to keep myface blank. Fortunately you have a lot of practice at that in medicine; you are trained to show no sur•prise if a patient tells you they make love ten timesa night, or have dreams of stabbing their children,or drink a gallon of vodka daily. It is part of themystique of the doctor that nothing surprises him."I see," I said.

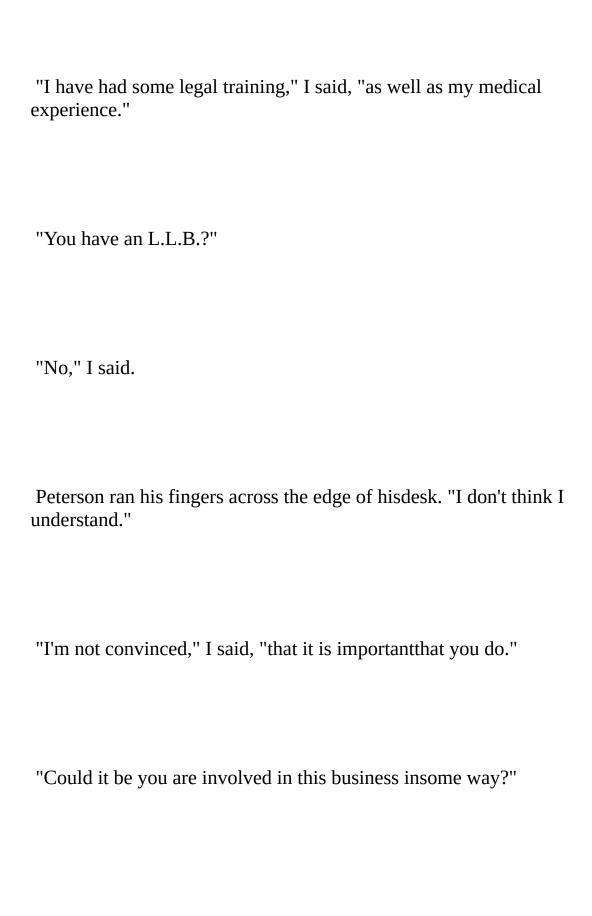
Peterson nodded. "'A reliable witness," he said. "A mature woman, stable, careful in her judg•ments. And very attractive. She will make an excel•lent impression on the jury." "Perhaps."

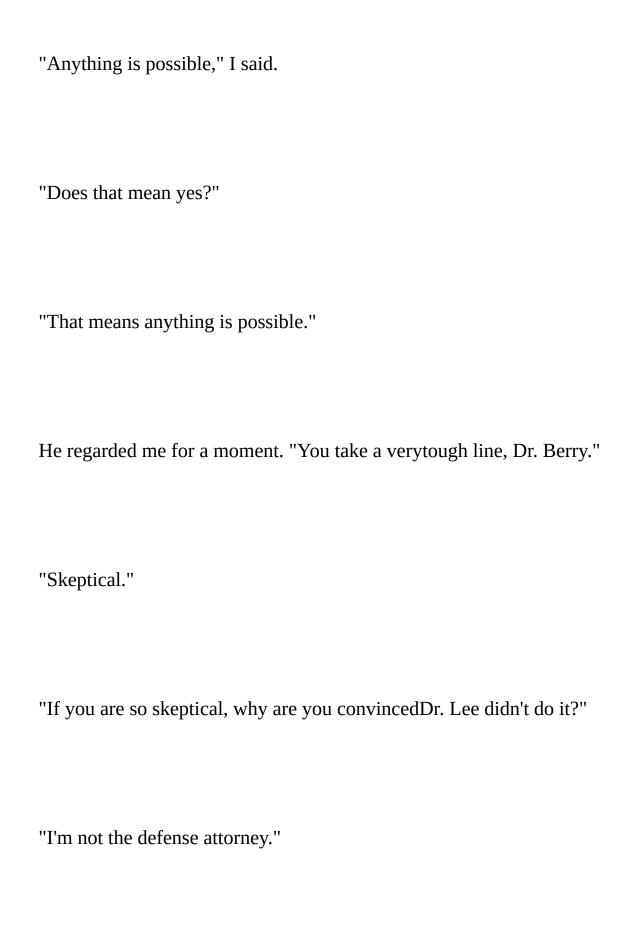
"And now that I have been so frank," Petersonsaid, "perhaps you would tell me your special inter•est in Dr. Lee."

"I have no special interest. He is my friend.""He called you before he called his lawyer." "He is allowed two telephone calls." "Yes," Peterson said, "but most people use themto call their lawyer and their wife."

"He wanted to talk to me."

"Yes," he said. "But the question is why."





"You know," Peterson said, "anyone can make amistake. Even a doctor."

when Igot outsideinto the October drizzle, I de•cided this was a hell of a time to quit smoking. Peterson had unnerved me; I smoked two cigarettesas I walked to the drugstore to buy another pack. Ihad expected him to be stupid and pointlesslytough. He was neither of those things. If what he had said was

true, then he had a case. It might notwork, but it was strong enough to protect his job.

Peterson was caught in a quandary. On the onehand, it was dangerous to arrest Dr. Lee; on theother, it was dangerous not to arrest him, if thecase seemed strong enough. Peterson was forcedinto a decision, and he had made it. Now he wouldstick by it as long as he could. And he had an es•cape: if things began to go bad, he could blame itall on Mrs. Randall. He could use the familiar lineso famous among surgeons and internists that itwas abbreviated DHJ: doing his job. That meantthat if the evidence was strong enough, you actedand did not care whether you were right or not; youwere justified in acting on the evidence.1In thatsense, Peterson's position was strengthened. He was taking no gambles: if Art was convicted,Peterson would receive no accolades. But if Art wasacquitted, Peterson was covered. Because he was doing his job.

I went into the drugstore, bought two packs of cigarettes, and made some phone calls from a payphone. First I called my lab and told them I'd begone the rest of the day. Then I called Judith andasked her to go over to the Lees' house and staywith Betty. She wanted to know if I'd seen Art, andI said I had. She asked if he was all right, and I said

This happens a lot in medicine. For example, a patient presents with fe•ver, leukocytosis—increased numbers of white cells—and pain in theright-lower quadrant of the abdomen. The obvious diagnosis is appendici•tis. The surgeon may perform an appendectomy only to find that the ap•pendix is normal. But he is vindicated, so long as he is not overhasty,because the evidence is consistent with appendicitis, and delay may be fa•tal.

everything was fine, that he'd be out in an hour orso.

I don't usually keep things from my wife. Justone or two small things, like what Cameron Jack•son did at the conference of the American Societyof Surgeons a few years back. I knew she'd be up•set for Cameron's wife, as she was when they gotdivorced last spring. The divorce was what isknown locally as an MD, a medical divorce, and ithad nothing to do with conventions. Cameron is a busy and dedicated orthopedist, and he began miss•ing meals at home, spending his life in the hospital. His wife couldn't take

it after a while. She began byresenting orthopedics and ended by resentingCameron. She got the two kids and three hundreddollars a week, but she's not happy. What she reallywants is Cameron—without medicine.

Cameron's not very happy, either. I saw him lastweek and he spoke vaguely of marrying a nurse he'd met. He knew people would talk if he did, but you could see he was thinking, "At least this one will understand—"

I often think of Cameron Jackson and the dozenpeople I know like him. Usually, I think of him lateat night, when I've been held up at the lab or whenI've been so busy I haven't had time to call homeand say I'll be late.

Art Lee and I once talked about it, and he hadthe last word, in his own cynical way. "I'm begin•ning to understand," he said, "why priests don'tmarry."

Art's own marriage has an almost stifling sort ofstability. I suppose it comes from his being Chi•nese, though that can't be the whole answer. BothArt and his wife are highly educated, and not visi•bly tied to tradition, but I think they have bothfound it difficult to shake off. Art is always guiltridden about the little time he spends with his fam•ily, and lavishes gifts on his three children; they are all spoiled silly. He

adores them, and it's often hardto stop him once he begins talking about them. His attitude toward his wife is more complex and am•biguous. At times he seems to expect her to revolvearound him like a trusting dog, and at times she seems to want this as much as he does. At othertimes she is more independent.

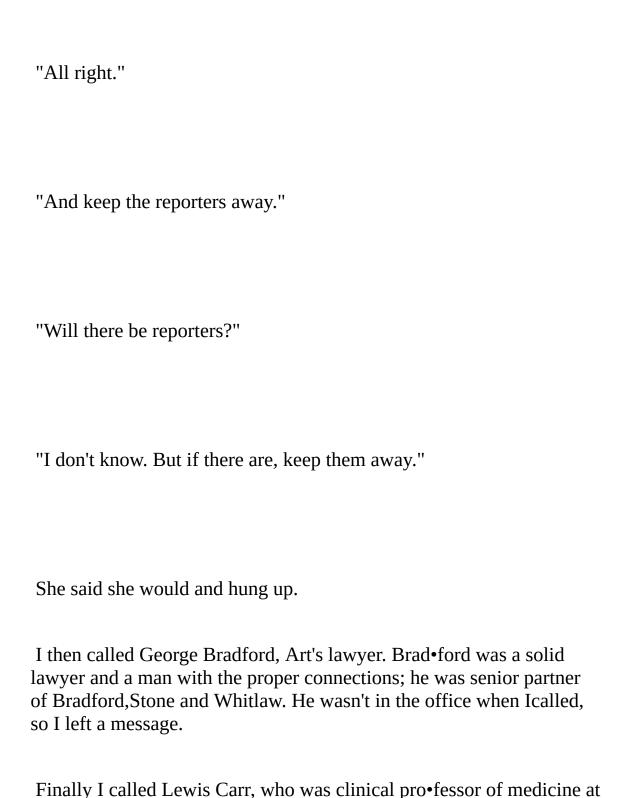
Betty Lee is one of the most beautiful womenI've ever seen. She is soft-spoken, gracious, and slender; next to her Judith seems big, loud, and al•most masculine.

Judith and I have been married eight years. We met while I was in medical school and she was asenior at Smith. Judith was raised on a farm in Ver•mont, and is hardheaded, as pretty girls go.

I said, "Take care of Betty."

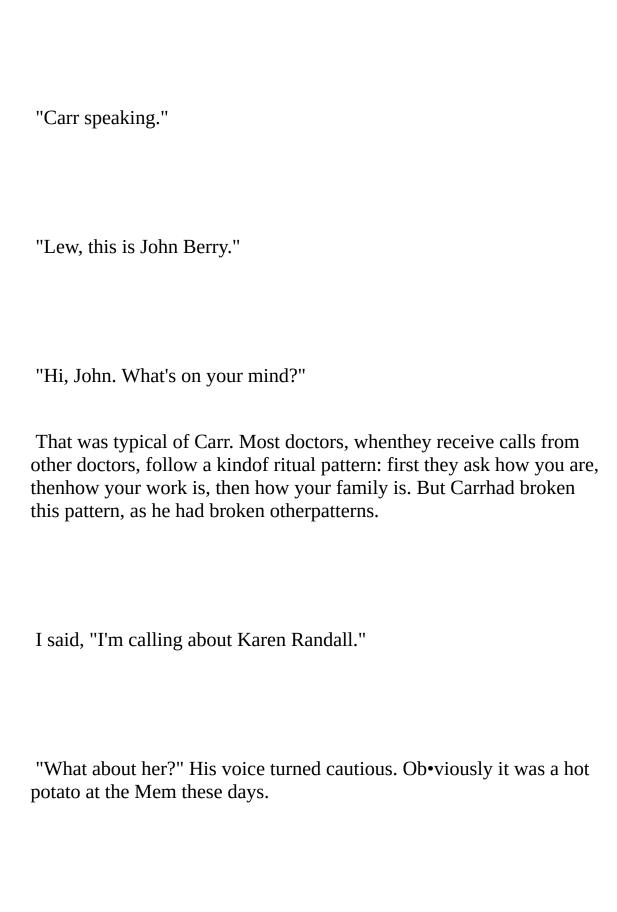
"I will."

"Keep her calm."



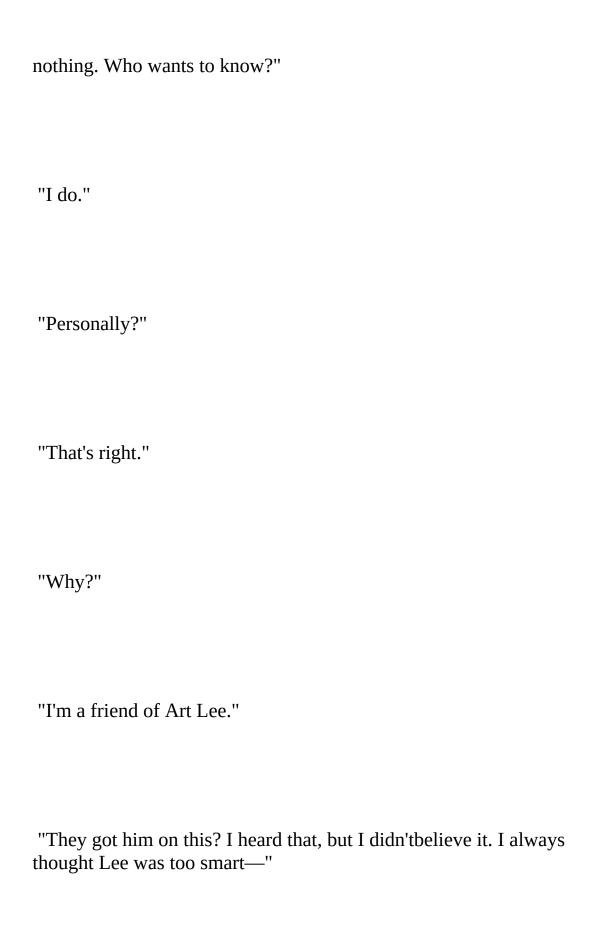
the Boston Memorial Hospi•tal. It took a while for the switchboard to

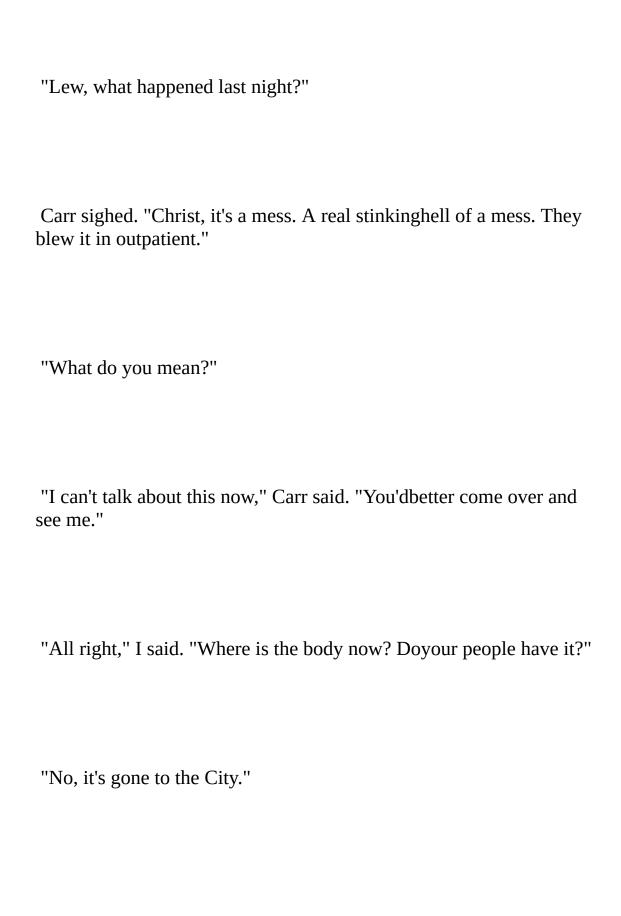
page him, and as usual he came on briskly.

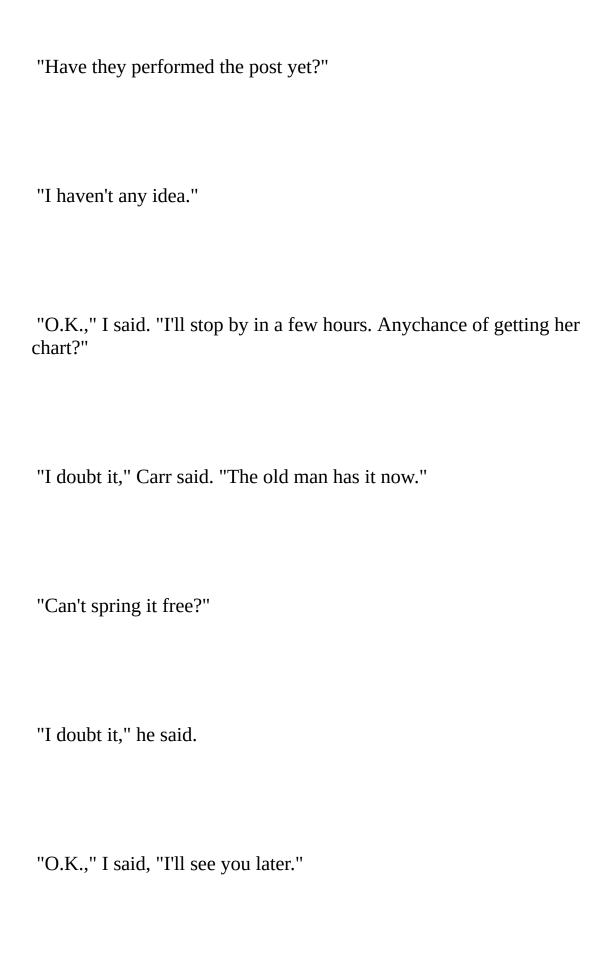


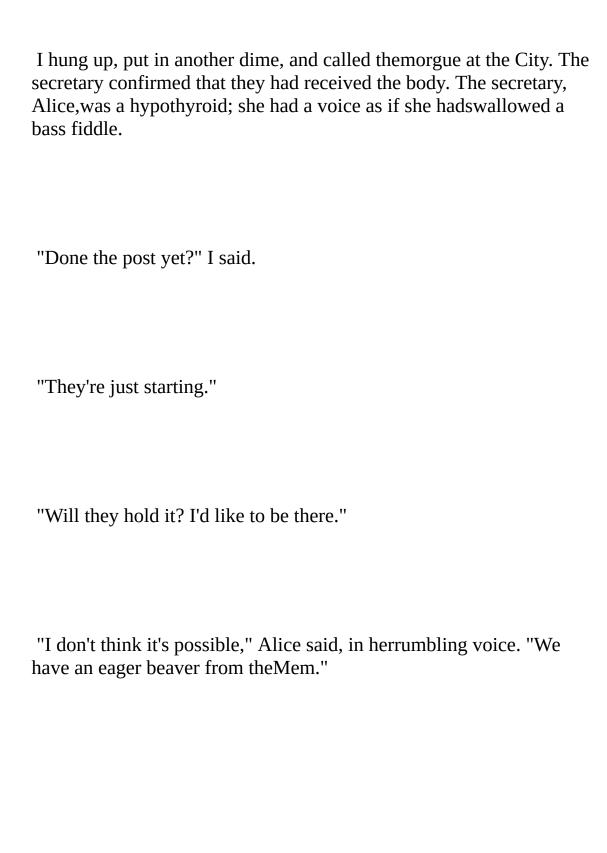
"Anything you can tell me. Anything you'veheard."

"Listen, John," he said, "her father is a big manin this hospital. I've heard everything and I've heard









She advised me to hurry down. I said I would.

FIVE

IT ISwidely believed in boston that the best med•icalcare in the world is found here. It is so univer•sally acknowledged among the citizens of the citythat there is hardly any debate.

The best hospital in Boston is, however, a ques•tion subject to hot and passionate debate. There are three major contenders: the General, the Brigham, and the Mem. Defenders of the Mem will tell you that the General is too large and the Brigham toosmall; and the General is too coldly clinical and the Brigham too coldly scientific; that the General neg• lects surgery at the expense of medicine and theBrigham the reverse. And finally, you will be toldsolemnly that the house staffs of the General andthe Brigham are simply inferior in training and in•telligence to those of the Mem.

But on anybody's list of hospitals, the BostonCity comes near the bottom. I drove toward it,passing the Prudential Center, the proudest monu•ment to what the politicians call the New Boston.It is a vast complex of skyscrapers, hotels, shops,and plazas, with lots of fountains and wastedspace, giving it a modern look. It stands within afew minutes' lustful walk of the red-light district,

which is neither modern nor new, but like the Pru•dential Center, functional in its way.

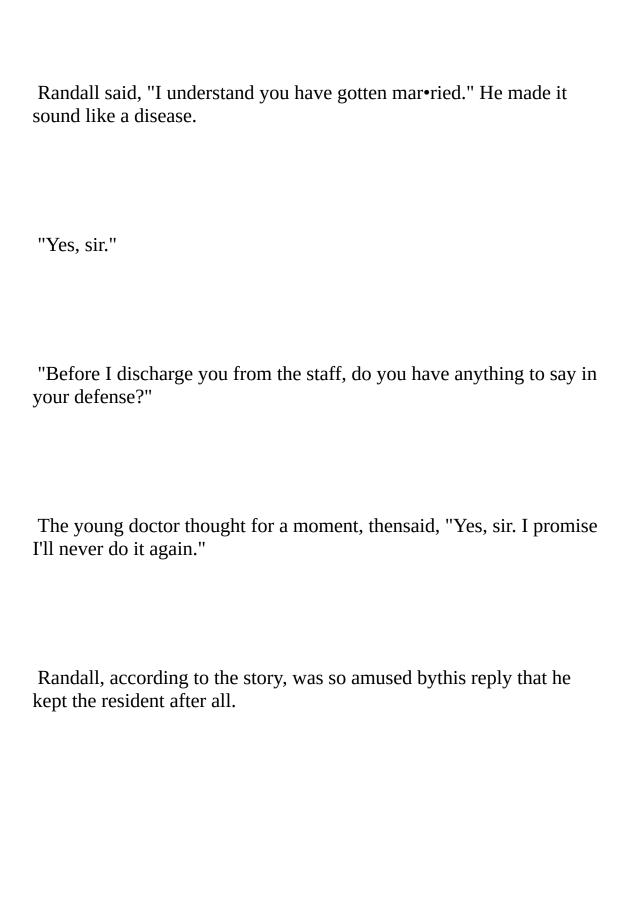
The red-light district lies on the outskirts of theNegro slums of Roxbury, as does the Boston City. I bounced along from one pothole to another andthought that I was far from Randall territory.

It was natural that the Randalls would practice at the Mem. In Boston the Randalls were known as an old family, which meant that they could claim at least one seasick Pilgrim, straight off the May•flower, contributing to the gene pool. They had been a family of doctors for hundreds of years: in 1776, Wilson Randall had died on Bunker Hill.

In more recent history, they had produced a longline of eminent physicians. Joshua Randall hadbeen a famous brain surgeon early in the century, aman who had done as much as anyone, evenGushing, to advance neurosurgery in America. Hewas a stern, dogmatic man; a famous, though apoc•ryphal, story had passed into medical tradition.

Joshua Randall, like many surgeons of his period,had a rule that no resident working under himcould marry. One resident sneaked off and did; afew months later, Randall discovered what had hap•pened and called a meeting of all his residents. He lined them up in a row and said, "Dr. Jones, pleasetake one step forward."

The guilty doctor did, trembling slightly.



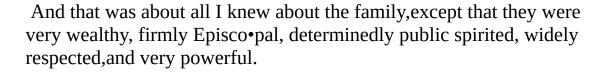
After Joshua Randall came Winthrop Randall, the thoracic surgeon. J. D. Randall, Karen's father, was a heart surgeon, specializing in valvular re•placements. I had never met him, but I'd seen himonce or twice—a fierce, patriarchal man, with thick white hair and a commanding manner. He was theterror of the surgical residents, who flocked to himfor training, but hated him.

His brother, Peter, was an internist with his of fices just off the Commons. He was very fashion able, very exclusive, and supposedly quite good, though I had no way of knowing.

J. D. had a son, Karen's brother, who was in med•ical school at Harvard. A year ago there was a ru• mor that the kid was practically flunking out, butnothing recently.

In another town, at another time, it might seemodd that a young boy with such a distinguished medical tradition would choose to try and live itdown. But not Boston: in Boston the wealthy oldfamilies had long felt only two professions wereworthy of one's attention. One was medicine andthe other was law; exceptions were made for the ac•ademic life, which was honorable enough so long asone became a professor at Harvard.

But the Randalls were not an academic family, ora legal family. They were a medical family, and any Randall who could, contrived to get himselfthrough medical school and into a house officer- ship1at the Mem. Both the medical school and theMem had, in the past, made allowances for poorgrades when it came to the Randalls, but over theyears, the family had more than repaid the trust. Inmedicine, a Randall was a good gamble.



I would have to find out more.

THREE BLOCKS FROM THE HOSPITAL, I passed through

the Combat Zone at the corner of Mass and Co•lumbus avenues. At night it teems with whores,pimps, addicts, and pushers; it got its name be•cause doctors at the City see so many stabbingsand shootings from this area they regard it as thelocation of a limited war.2

The Boston City itself is an immense complex ofbuildings sprawling over three city blocks. It hasmore than 1,350 beds, mostly filled with alcoholicsand derelicts. Within the Boston medical establish-

1Position as an intern or resident, where one is an M.D. but not licensed to practice, and still completing education.

2Formerly the most violent area in Boston was Scollay Square, but it was demolished five years ago to make way for government buildings. Some consider that an improvement; some a step backward.

ment, the City is known as the Boston Shitty be•cause of its clientele. But it is considered a good teaching hospital for residents and interns,

because one sees there many medical problems one would never see in a more affluent hospital. A good exam•ple is scurvy. Few people in modern America con•tract scurvy. To do so requires general malnutritionand a complete abstinence from fruit for five months. This is so rare that most hospitals see acase every three years; at the Boston City there area half-dozen each year, usually in the springmonths, the "scurvy season."

There are other examples: severe tuberculosis, tertiary syphilis, gunshot wounds, stabbings, acci•dents, self-abuse, and personal misfortune. What•ever the category, the City sees more of it, in amore advanced state, than any other hospital inBoston.3

THE INTERIOR OF THE CITY HOSPITAL is a maze builtby a madman. Endless corridors, above ground andbelow, connect the dozen separate buildings of thehospital. At every corner, there are large green signs

3The frequently bizarre cases mean that every doctor and surgeon has a backlog of strange stories. One surgeon is fond of telling how he was on the Accident Floor—the City's EW—when two victims of an auto acci•dent were brought in. One man had lost his leg at the knee. The other had massive crush injury to the chest, so bad that the degree of damage couldnot at first be ascertained from the heavy bleeding. On an X ray of thechest, however, it was seen that one man's foot and lower leg had been rammed into the second man's chest, where it was lodged at the time ofadmission.

pointing directions, but they don't help much; it isstill hopelessly confusing.

As I cut through the corridors and buildings, I remembered my rotation through the hospital as aresident. Small details came back.

The soap: astrange, cheap, peculiar-smelling soap that was used everywhere. The paper bags hung by each sink, one for paper towels, the other for rectalgloves. As an economy, the hospital saved usedgloves, cleaned them, and used them again. The lit•tle plastic name tags edged in black, blue, and reddepending on your service. I had spent a year inthis hospital, and during that time I had done sev•eral autopsies for the medical examiner.

THERE ARE FOUR MEDICAL SITUATIONS in which the coroner claims jurisdiction and an autopsy is re-quired by law. Every pathology resident knows the list cold:

If the patient dies under violent or unusual cir•cumstances.

If the patient is DOA.4

If he dies within twenty-four hours of admission.

If a patient dies outside the hospital while notunder a doctor's care.

Under any of these circumstances, an autopsy isperformed at the City. Like many cities, Boston has no separate police morgue. The second floor of the Mallory Building, the pathology section of the hos-

4Dead on arrival at hospital.

pital, is given over to the medical examiner's offices. In routine cases, most of the autopsies are per• formed by first-year residents from the hospital inwhich the patient died. For the residents, new tothe game and still nervous, a coroner's autopsy canbe a tense business.

You don't know what poisoning or electrocutionlooks like, for instance, and you're worried about missing something important. The solution, passeddown from resident to resident, is to do a meticu•lous PM, to take lots of pictures and notes as yougo, and to "save everything," meaning to keeppieces of tissue from all the gross organs in case there is a court action that requires reexamination of the autopsy

findings. Saving everything is, ofcourse, an expensive business. It requires extra jars, extra preservative, and more storage space in the freezers. But it is done without question in policecases.

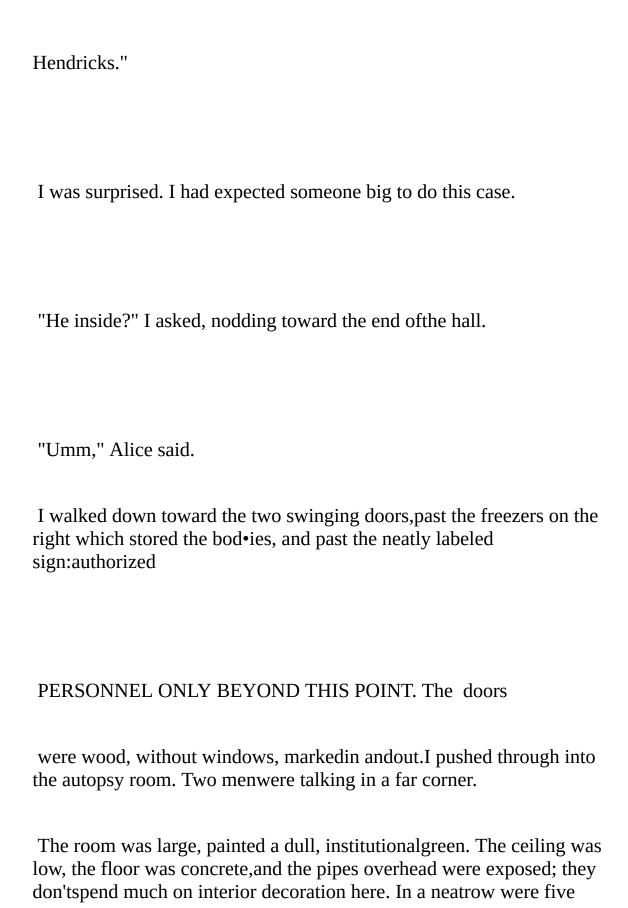
Yet even with the precautions, you worry. As youdo the post, there is always that fear, that dreadful thought at the back of your mind that the prosecu•tion or the defense will demand some piece of in• formation, some crucial bit of evidence eitherpositive or negative, that you cannot supply becauseyou did not consider all the possibilities, all the var•iables, all the differentials.for some long-forgotten reason,there are twosmall stone sphinxes just inside the doors of Mallory. Each time I see them, they bother me;

somehow sphinxes in a pathology building smack of Egyptian embalming chambers. Or something.

I went up to the second floor to talk to Alice. She was grumpy; the post hadn't been started be•cause of some delay; everything was going to hell ina wheelbarrow these days; did I know that a flu ep•idemic was expected this winter?

I said 1 did, and then asked, "Who's doing thepost on Karen Randall?"

Alice gave a disapproving frown. "They sent someone over from the Mem. His name, I believe,is



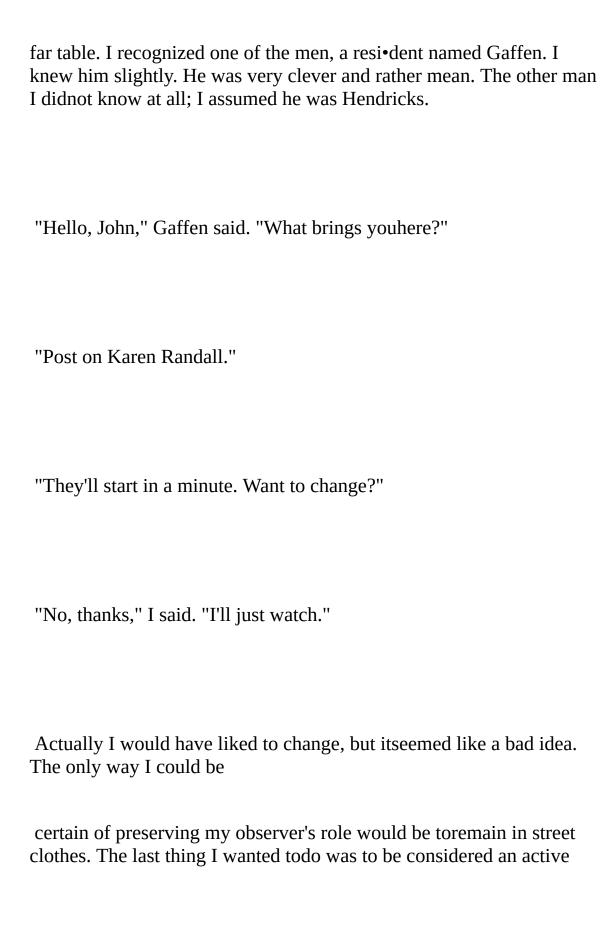
stainless-steel tables, each six feetlong. They were tilted slightly and made with a lip. Water flowed constantly down the table in a thin

sheet and emptied into a sink at the lower end. Thewater was kept running all during the autopsy, to carry away blood and bits of organic matter. Thehuge exhaust fan, three feet across and built intoone frosted-glass window, was also kept on. So wasthe small chemical unit that blew scented ersatz

air-freshener into the room, giving it a phony pine-woods odor.

Off to one side was a changing room where pa•thologists could remove their street clothes and puton surgical greens and an apron. There were fourlarge sinks in a row, the farthest with a sign thatsaidthis sink for washing hands only. The otherswere used to clean instruments and specimens. Along one wall was a row of simple cabinets con•taining gloves, bottles for specimens, preservatives, reagents, and a camera. Unusual specimens wereoften photographed in place before removal.

As I entered the room, the two men looked overat me. They had been discussing a case, a body onthe



participant in the autopsy, and therefore possibly influencing the find•ings.

I said to Hendricks, "I don't think we've met. I'mJohn Berry."

"Jack Hendricks." He smiled, but did not offer toshake hands. He was wearing gloves, and had been touching the autopsy body before them.

"I've just been showing Hendricks a few physicalfindings," Gaffen said, nodding to the body. Hestepped back so I could see. It was a young Negrogirl. She had been an attractive girl before some•body put three round holes in her chest and stom•ach.

"Hendricks here has been spending all his timeat the Mem," Gaffen said. "He hasn't seen much ofthis sort of thing. For instance, we were just dis•cussing what these little marks might represent."

Gaffen pointed to several flesh tears on the body. They were on the arms and lower legs.

Hendricks said, "I thought perhaps they were scratches from barbed wire."

Gaffen smiled sadly. "Barbed wire," he repeated.

I said nothing. I knew what they were, but I alsoknew that an inexperienced man would never beable to guess.

"When was she brought in?" I said.

Gaffen glanced at Hendricks, then said, "Fivea.m.But the time of death seems to be around midnight." To Hendricks he said, "Does that suggestanything?"

Hendricks shook his head and bit his lip. Gaffenwas giving him the business. I would have objected but this was standard procedure. Browbeating oftenpasses for teaching in medicine. Hendricks knew it.I knew it. Gaffen knew it.

"Where," Gaffen said, "do you suppose she wasfor those five hours after death?"

"I don't know," Hendricks said miserably.

"Guess."

"Lying in bed."

"Impossible. Look at the lividity.5She wasn't ly•ing*flat* anywhere. She was half seated, half rolledover on her side."

Hendricks looked at the body again, then shookhis head again.

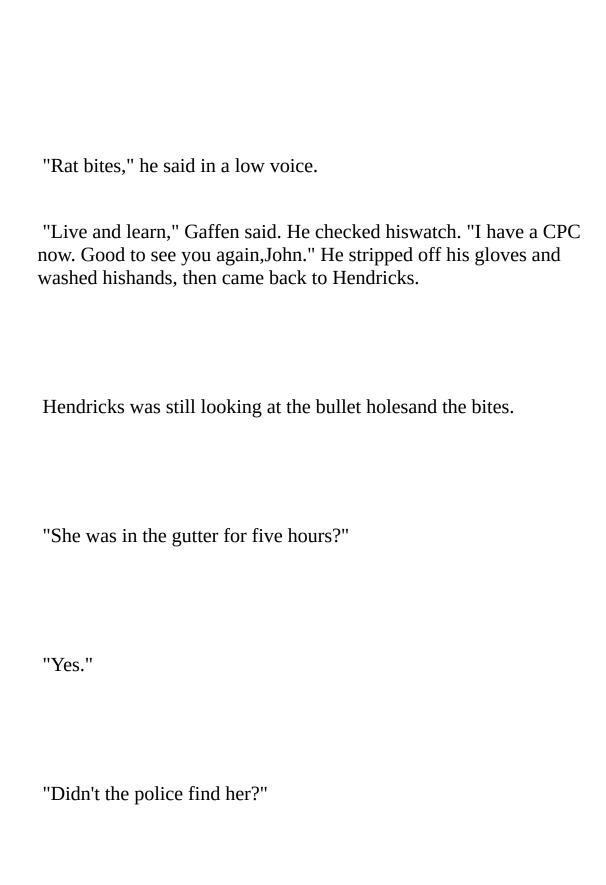
"They found her in the gutter," Gaffen said. "OnCharleston Street, two blocks from the CombatZone. In the gutter."

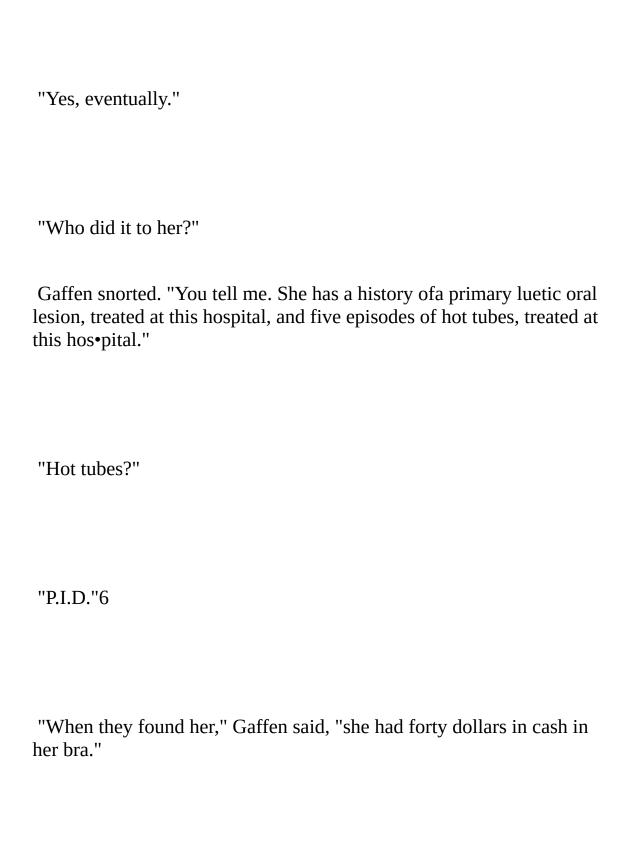
"Oh."

"So," Gaffen said, "what would you call thosemarks now?"

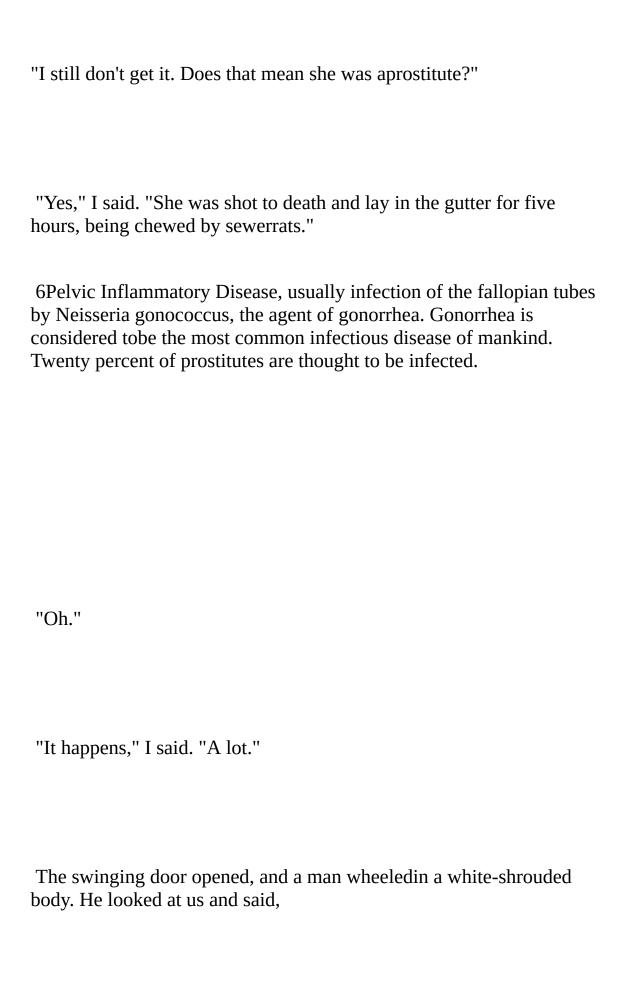
Hendricks shook his head. I knew this could goon forever; Gaffen could play it for all it was worth.I cleared my throat and said, "Actually, Hendricks, they're rat bites. Very characteristic: an initial punc• ture, and then a wedge-shaped tear."

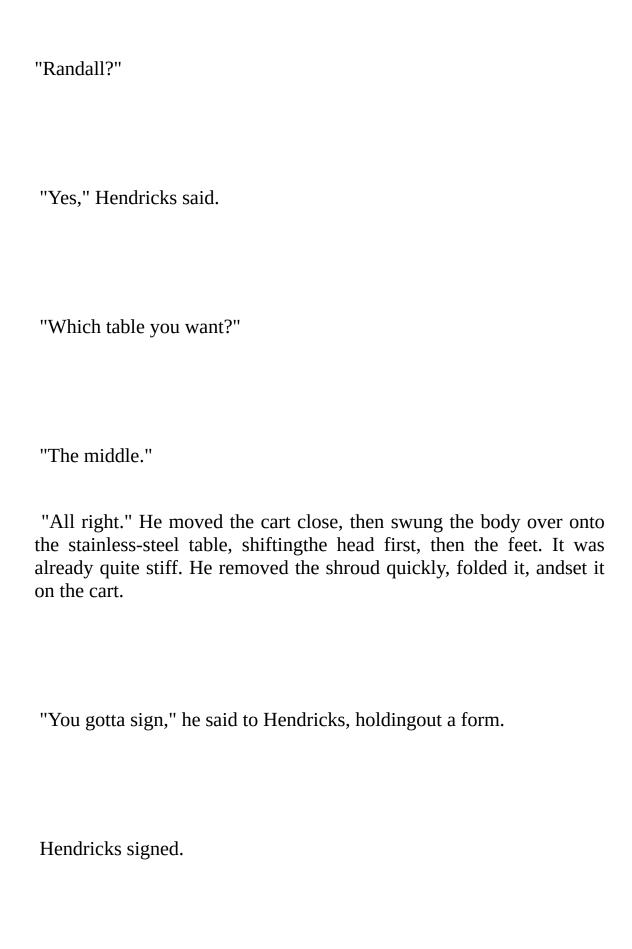
5The seeping of blood to the lowest portions of the body after death. It of ten helps establish the position of the body.

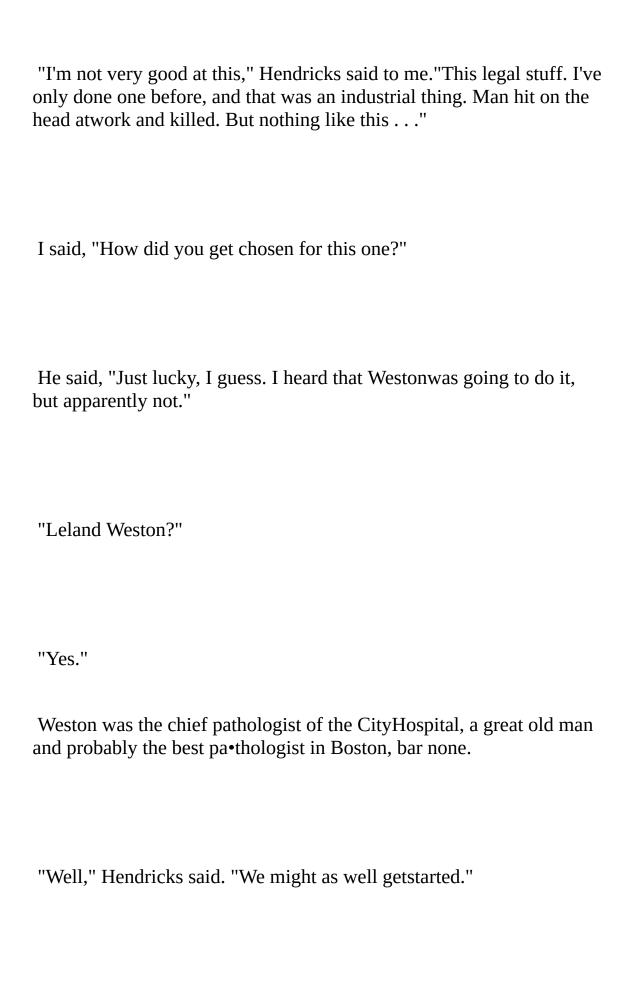




He looked at Hendricks, shook his head, and leftthe room. When we were alone, Hendricks said to me,







He went to the sink and began a long and thor-

ough scrub. Pathologists who scrub for a post al•ways annoy me. It makes them too much like par•odies of surgeons: the idiotic reverse of the coin, a man dressed in a surgical uniform—baggy pants,

V-neck short-sleeve blouse—cleaning his hands be•fore operating on a patient who was past caring whether he received sterile treatment or not.

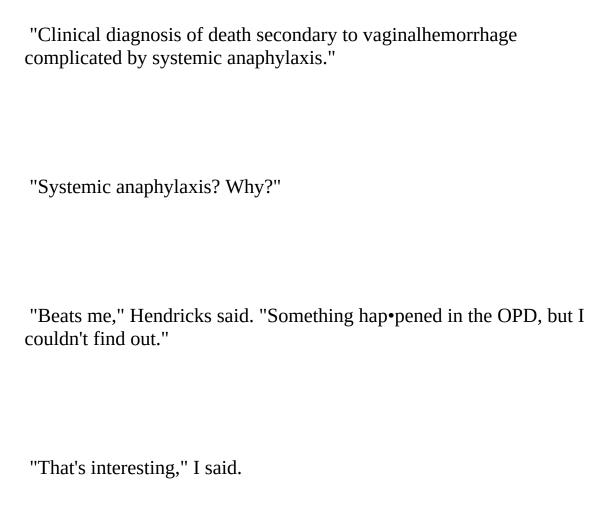
But in Hendricks' case, I knew he was just stall•ing.autopsies are never very pretty. They are particu• larly depressing when the deceased is as young andas attractive as Karen Randall was. She lay nude on her back, her blonde hair streaming down in the water. Her clear blue eyes stared up at the ceiling. While Hendricks finished scrubbing, I looked atthe body and touched the skin. It was cold and smooth, the color gray-white. Just what you'd ex•pect for a girl who had bled to death.

Hendricks checked to see that there was film in the camera, then waved me aside while he tookthree pictures from different angles.

I said, "Have you got her chart?"

"No. The old man has that. All I've got is a sum•mary of the OPD discharge."

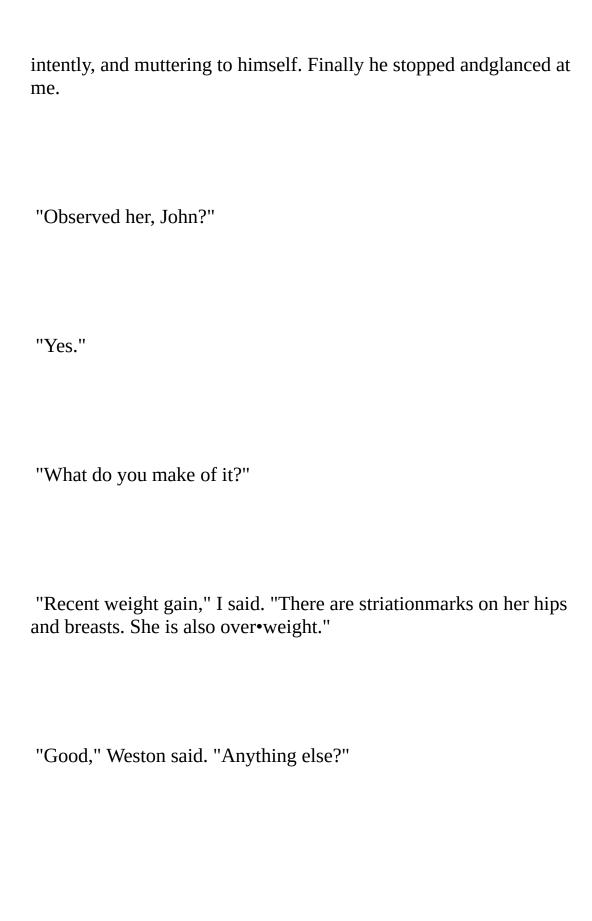
"Which was?"



Hendricks finished with his pictures and went to the blackboard. Most labs have a blackboard, on which the pathologist can write his findings as hemakes them—surface markings of the body, weight and appearance of organs, that sort of thing. He went to the board and wrote, "Randall, K." and thecase number.

At that moment, another man entered the room. I recognized the bald, stooping figure of Leland Wes•ton. He was in his sixties, about to retire, and despitehis stoop he had a kind of energy and vigorousness. He shook hands with me briskly, then with Hendricks, who seemed very relieved to see him.

Weston took over the autopsy himself. He began, as I remembered he always did, by walking aroundthe body a half-dozen times, staring at it



"Yes," I said. "She has an interesting hair distribu•tion. She has blond hair, but there is a thin line ofdark

hair on her upper lip, and some more on herforearms. It looks sparse and fine to me, new look•ing."

"Good," Weston said, nodding. He gave me aslight, crooked grin, the grin of my old teacher. Forthat matter, Weston had trained most of the pathol•ogistsin Boston at one time or another. "But," hesaid, "you've missed the most important finding."

He pointed to the pubic area, which was cleanly shaven. "That," he said.

"But she's had an abortion," Hendricks said. "Weall know that."

"Nobody," Weston said sternly, "knows anythinguntil the post is completed. We can't afford to prediagnose." He smiled. "That is a recreation re•served for the clinicians." He pulled on a pair ofgloves and said, "This autopsy report is going to be the best and most accurate we can make. Because J.D. Randall will be going over it with a fine comb.Now then." He examined the pubic area closely. "The differential of a shaved groin is difficult. It may implyan operation, but many patients do it for purely per• sonal reasons. In this case, we might note that it wascarefully done, with no nicks or small cuts at all. That is significant: there isn't a nurse in the world who can do a pre-op shave on a fleshy region likethis without making at least one small slip. Nursesare in a hurry and small cuts don't matter. So . . . "

"She shaved herself," Hendricks said.

"Probably," Weston nodded. "Of course, thatdoesn't rule in or out an operation. But it should bekept in mind."

He proceeded with the autopsy, workingsmoothly and quickly. He measured the girl at five-

four and weighed her at one-forty. Considering the fluid she had lost, that was pretty heavy. Weston wrote it on the blackboard and made his first cut.

The standard autopsy incision is a Y-shaped cutrunning down from each shoulder, meeting at themidline of the body at the bottom of the ribs, andthen continuing as a single incision to the pubicbone. The skin and muscle is then peeled away inthree flaps; the ribs are cut open, exposing thelungs and heart; the abdomen is widely incised. Then the carotid arteries are tied and cut, the colonis tied and cut, the trachea and pharynx are cut— and the entire viscera, heart, lungs, stomach, liver, spleen, kidneys, and intestine are removed in a sin•gle motion.

After that, the eviscerated body is sewn shut. The isolated organs can then be examined at lei•sure, and sections cut for microscopic examination. While the pathologist is doing this, the deaner cutsthe scalp open, removes the skullcap, and takes outthe brain if permission for brain removal has been obtained.

Then I realized: there was no deaner here.7Imentioned this to Weston.

"That's right," he said. "We're doing this one byourselves. Completely."

I watched as Weston made his cut. His hands

7Deaner is a traditional term for the man who takes care of the dissecting room. It is an ancient term, dating back to the days when anatomy dissec•tions were done by horse gelders and butchers. The deaner keeps therooms clean, cares for the corpses, and aids in the dissection.

trembled slightly, but his touch was still remarkablyswift and efficient. As he opened the abdomen,blood welled out.

"Quick," he said. "Suction."

Hendricks brought a bottle attached to a suctionhose. The abdominal fluid—dark red-black, mostly blood—was removed and measured in the bottle. Altogether, nearly three liters were withdrawn.

"I wish we had the chart," Weston said. "I'd like to know how many units they gave her in the EW."

I nodded. The normal blood volume in an aver•age person was only about five quarts. To have somuch in the abdomen implied a perforation some•where.

When the fluid was drained, Weston continued the dissection, removing the organs and placing them in a stainless-steel pan. He carried them to the sink and washed them, then examined them one by one, be• ginning at the top, with the thyroid.

"Peculiar," he said, holding it in his hands. "Itfeels like fifteen grams or so."

The normal thyroid weighed between twenty andthirty.

"But probably a normal variation," Weston said. He cut it open and examined the cut surface. We could see nothing unusual.

Then he incised the trachea, opening it down to the bifurcation into the lungs, which were ex•panded and pale white, instead of their normalpink-purple.

"Anaphylaxis," Weston said. "Systemic. Any ideawhat she was hypersensitive to?"

"No," I said.

Hendricks was taking notes. Weston deftly fol·lowed the bronchi down into the lungs, thenopened the pulmonary arteries and veins.

He moved on to the heart, which he opened by making two looping incisions into the right and leftsides, exposing all four chambers. "Perfectly nor•mal." Then he opened the coronary arteries. Theywere normal too, patent with little atherosclerosis.

Everything else was normal until we got to theuterus. It was purplish with hemorrhagic blood, andnot very large, about the size and shape of a lightbulb, with the ovaries and fallopian tubes leadinginto it. As Weston turned it in his hands, we sawthe slice through the endometrium and muscle. That explained the bleeding into the peritoneal cav•ity.

But I was bothered by the size. It just didn't looklike a pregnant uterus to me, particularly if the girl was four months' pregnant. At four months, the fe•tus was six inches long, with a pumping heart, de•veloping eyes and face, and forming bones. The uterus would be markedly enlarged.

Weston thought the same thing. "Of course," he said, "she probably got some oxytocin8at the EW,but still, it's damned peculiar."

8Adrug to contract the uterus,	useful for	initiating	birth	and	for
stopping uterine bleeding.					

He cut through the uterine wall and opened itup. The inside had been
scraped quite well andcarefully; the perforation was obviously a late
devel•opment. Now, the inside of the uterus was filledwith blood and
numerous translucent, yellowishclots.

"Chicken-fat clots,"9Weston said. That meant itwas postmortem.

He cleaned away the blood and clots and exam•ined the scraped endometrial surface carefully.

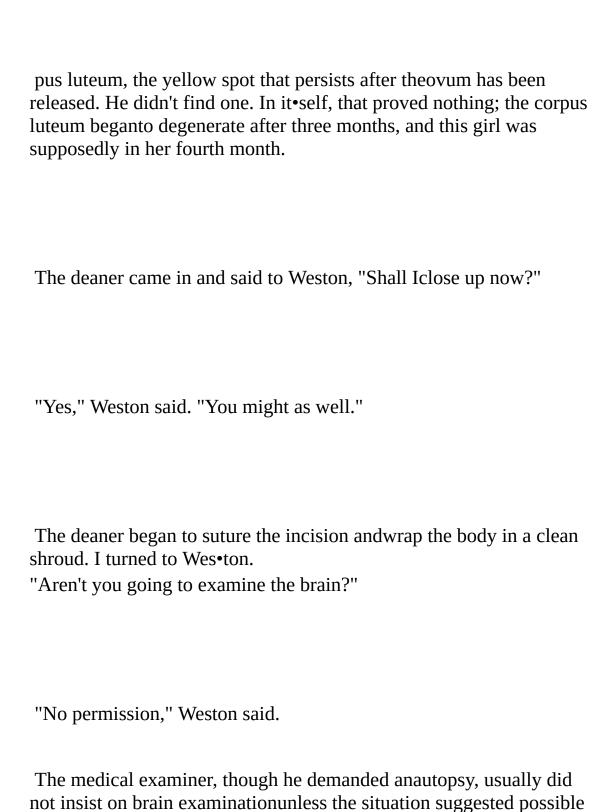
"This wasn't done by a total amateur," Westonsaid. "Somebody knew at least the basic principles of curettage."

"Except for the perforation."

"Yes," he said. "Except for that."

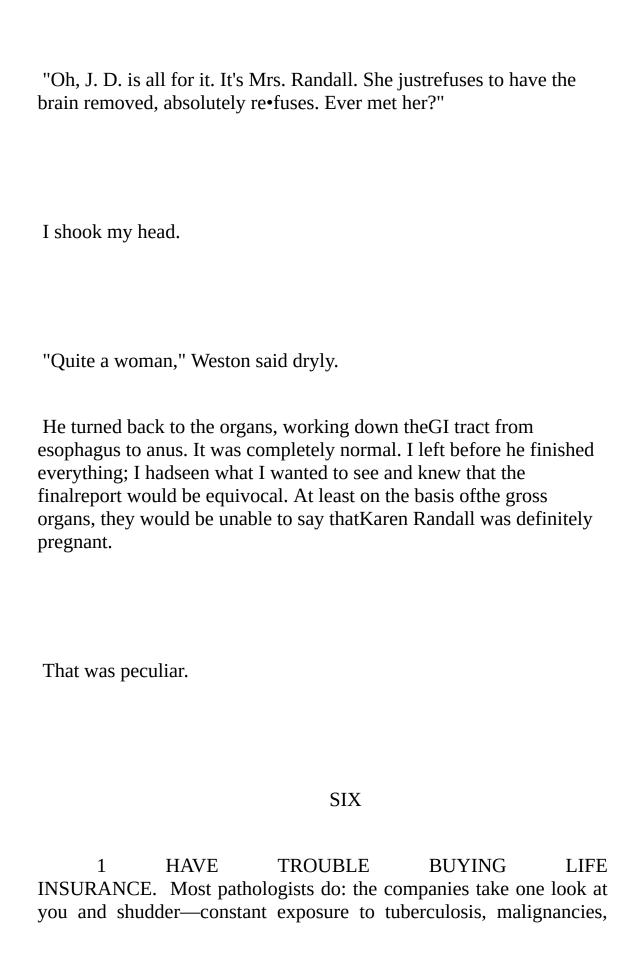
"Well," he said, "at least we already know onething. She didn't do it to herself." That was an important point. A large proportion of acute vaginal hemorrhages are the result of women attempting self-abortion, with drugs, or saltsolutions, or soaps, or knitting needles and otherdevices. But Karen couldn't have done this kind of scraping on herself. This required a general anes•thetic for the patient. I said, "Does this look like a pregnant uterus toyou?" "Questionable," Weston said. "Very questionable.Let's check the ovaries." Weston incised the ovaries, looking for the cor-

9See Appendix I: Delicatessen Pathologists.



neuropathy.

"But I would have thought a family like the Ran-dalls, medically oriented . . ." $% \label{eq:continuous}$



and lethal infectious disease makesyou a very poor risk. The only person I know whohas more trouble getting insured is a biochemist named Jim Murphy.

When he was younger, Murphy played halfback for Yale and was named to the All-East team. Thatin itself is an accomplishment, but it is amazing ifyou know Murphy and have seen his eyes. Murphyis practically blind. He wears lenses an inch thick and walks with his head drooping, as if the weightof the glass burdened him down. His vision isbarely adequate under most circumstances, butwhen he gets excited or tight, he walks into things.

On the surface it would not seem that Murphy had the makings of a halfback, even at Yale. Toknow his secret, you have to see him move. Mur•phy is fast. He also has the best balance of anyoneI know. When he was playing football, his team•mates devised a series of plays especially designed to allow the quarterback to point Murphy in theproper direction and send him on his way. This

usually worked, though on several occasions Mur•phy made brilliant runs in the wrong direction, twice charging over the goal line for a safety.

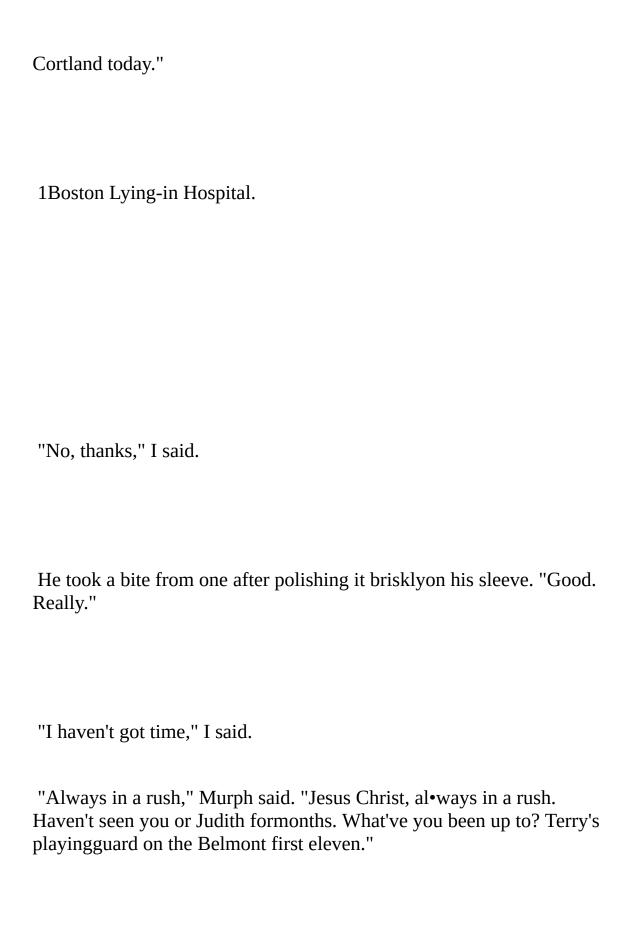
He has always been drawn to unlikely sports. Atthe age of thirty, he decided to take up mountain climbing. He found it very agreeable, but hecouldn't get insured. So he switched to sports-carracing and was doing very well until he drove a Lo•tus off the track, rolled it four times, and brokeboth clavicles in several places. After that, he de•cided he'd rather be insured than active, so he gaveit all up.

Murphy is so fast he even speaks in a kind ofshorthand, as if he can't be bothered putting all the articles and pronouns into his sentences. He driveshis secretaries and technicians mad, not only be•cause of his

speech, but also because of the win•dows. Murphy keeps them wide open, even inwinter, and he is an unrelenting opponent of whathe calls "bad air."

When I walked into his lab in one wing of the BLI1I found it filled with apples. There were ap•ples in the refrigerators, on the reagent benches, ondesks as paperweights. His two technicians, wear•ing heavy sweaters under their lab coats, were botheating apples as I entered.

"Wife," Murphy said, shaking hands with me."Makes a specialty. Want one? I have Delicious and



He lifted a picture from his desk and held itunder my nose. It showed his son in a football uni•form, growling into the camera, looking like Murph:small, but tough.

"We'll have to get together soon," I said to him, "and talk about families."

"Ummmm." Murph devoured his apple with re•markable speed. "Let's do that. How's bridge game? Wife and I had an absolutely devastating time lastweekend. Two weekends ago. Playing with—"

"Murph," I said. "I have a problem."

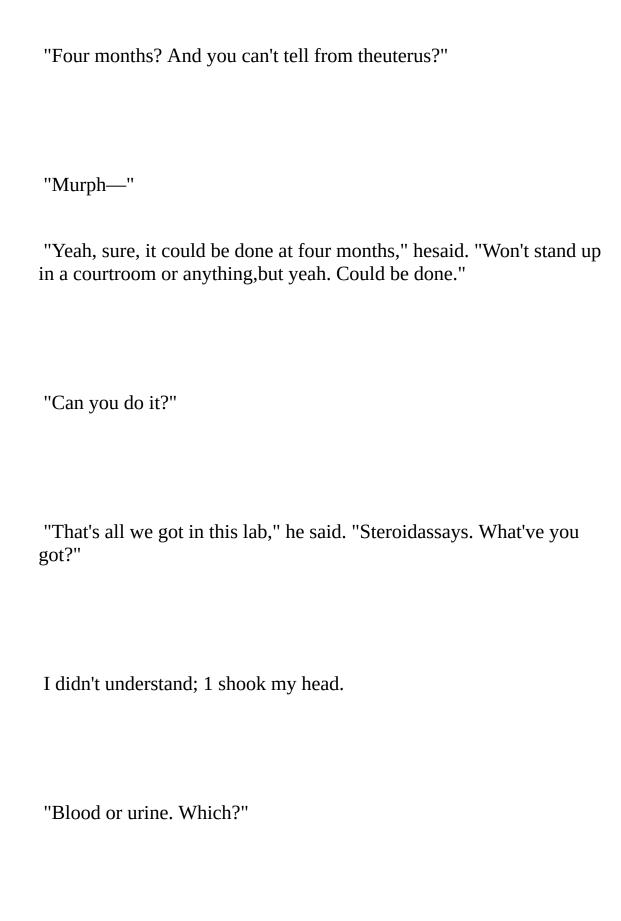
"Probably an ulcer," Murph said, selecting an other apple from a row along his desk. "Nervousguy I know. Always in a rush."

"Actually," I said, "this is right up your alley."

He grinned in sudden interest. "Steroids? Firsttime in history a pathologist's interested in steroids,I bet." He sat down behind his desk

and proppedhis feet up. "Ready and waiting. Shoot."
Murphy's work concerned steroid production in pregnant women and fetuses. He was located in theBLI for a practical, if somewhat grisly, reason—heneeded to be near the source of supply, which in
his case was clinic mothers and the occasional still•births2assigned to him.
"Can you do a hormone test for pregnancy at au•topsy?" I asked.
He scratched his head in swift, nervous, flutterymovements. "Hell. Suppose so. But who'd want to?"
"I want to."

"What I mean is, can't you tell at autopsy if she'spregnant or not?"
"Actually, no, in this case. It's very confused."
"Well. No accepted test, but I imagine it couldbe done. How far along?"
"Four months, supposedly."



"Oh. Blood." I reached into my pocket and drewout a test tube of blood I had collected at the au•topsy. I'd asked Weston if it was O.K., and he saidhe didn't care.
2Stillbirths, abortuses, and placentas are in hot demand at the BLI for thedozen or so groups doing hormone research. Sometimes rather bitter argu•ments break out over who needs the next dead baby most for their studies.
Murph took the tube and held it to the light. Heflicked it with his finger. "Need two cc's," he said."Plenty here. No problem."
"When will you let me know?"
"Two days. Assay takes forty-eight hours. This is post blood?"
"Yes. I was afraid the hormones might be dena•tured or something

Murph sighed. "How little we remember. Only proteins can be denatured, and steroids are not pro•teins, right? This'll be easy. See, the normal rabbittest is chorionic gonadotrophin in urine. But in thislab we're geared to measure that, or progesterone, or any of a number of other eleven-beta hydroxyl•ated compounds. In pregnancy, progesterone levelsincrease ten times. Estriol levels increase a thou•sand times. We can measure a jump like that, nosweat." He glanced at his technicians. "Even inthislab."

One of the technicians took up the challenge. "Iused to be accurate," she said, "before I got frost•bite on my fingers."

"Excuses, excuses," Murphy grinned. He turnedback to me and picked up the tube of blood."This'll be easy. We'll just pop it onto the old frac•tionating column and let it perk through," he said."Maybe we'll do two independent aliquots, just incase one gets fouled up. Who's it from?"

"What?"

He waved the test tube in front of me impa•tiently. "Whose blood?"

"Oh. Just a case," I said, shrugging.
"A four-month pregnancy and you can't be sure?John boy, not leveling with your old buddy, your old bridge opponent."
"It might be better," I said, "if I told you after•ward."
"O.K., O.K. Far from me to pry. Your own way,but youwill tell me?"
"Promise."
"A pathologist's promise," he said, standing up,"rings of the eternal."
SEVEN
the last time anyone counted, there were 25,000 named diseases of man, and cures for 5,000 of them. Yet it remains the dream of every

young doc•tor to discover a new disease. That is the fastestand surest way to gain prominence within the med•ical profession. Practically speaking, it is much bet•ter to discover a new disease than to find a cure for an old one; your cure will be tested, disputed, andargued over for years, while a new disease is readilyand rapidly accepted.

Lewis Carr, while still an intern, hit the jackpot:he found a new disease. It was pretty rare—a he•reditary dysgammaglobulinemia affecting the beta-

fraction which he found in a family of four—but that was not important. The important thing wasthat Lewis discovered it, described it, and pub•lished his results in the *New England Journal of* Medicine.

Six years later he was made clinical professor atthe Mem. There was never any question he wouldbe; simply a matter of waiting until somebody onthe staff retired and vacated an office.

Carr had a good office in terms of status at the Mem; it was perfect for a young hotshot internist. For one thing, it was cramped and made evenworse by the stacks of journals, texts, and research papers scattered all around. For another, it was dirty and old, tucked away in an obscure corner of the Calder Building,

near the kidney research unit. And for the finishing touch, amid the squalor and mess sat a beautiful secretary, looking sexy, effi• cient, and

wholly unapproachable: a nonfunctional beauty to contrast with the functional ugliness of the office.

"Dr. Carr is making rounds," she said withoutsmiling. "He asked for you to wait inside."

I went in and took a seat, after removing a stackof back issues of the *American Journal of Experi*• mental Biology from the chair. A few moments later, Carr arrived. He wore a white lab coat, open at the front (a clinical professor would never button hislab coat) and a stethoscope around his neck. His shirt collar was frayed (clinical professors aren't paid much), but his black shoes gleamed (clinical

professors are careful about things that reallycount). As usual, his manner was very cool, verycollected, very political.

Unkind souls said Carr was more than political, that he shamelessly sucked up to the senior staff men. But many people resented his swift successand his confident manner. Carr had a round and childlike face; his cheeks were smooth and ruddy. He had an engaging boyish grin that went over verywell with the female patients. He gave me that grin

"Hi, John." He shut the door to his outer officeand sat down behind his desk. I could barely seehim over the stacked journals. He removed thestethoscope from his neck, folded it, and slipped itinto his pocket. Then he looked at me.

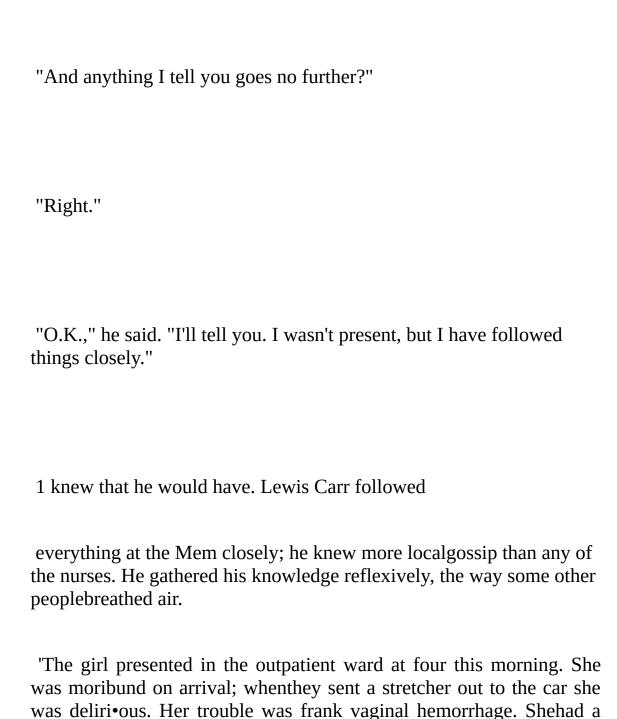
I guess it's inevitable. Any practicing doctor whofaces you from behind a desk gets a certain man•ner, a thoughtful-probing-inquisitive air which isunsettling if there's nothing wrong with you. LewisCarr got that way now.

"You want to know about Karen Randall," hesaid, as if reporting a serious finding.

"Right."

"For personal reasons."

"Right."



temperature of 102, dry skin with decreased turgor, shortness of breath,

a racing pulse, and lowblood pressure. She complained of thirst."1

Carr took a deep breath. "The intern looked at her and ordered a cross match so they could starta transfusion. He drew a syringe for a count andcrit2and rapidly injected a liter of D 5.3He also at•tempted to locate the source of the hemorrhage buthe could not, so he gave her oxytocin to clampdown the uterus and slow bleeding, and packed the vagina as a temporary measure. Then he found outwho the girl was from the mother and shit in hispants. He panicked. He called in a resident. Hestarted the blood. And he gave her a good dose ofprophylactic penicillin. Unfortunately, he did thiswithout consulting her chart or asking the mother about allergic reactions."

"She was hypersensitive."4

1 Thirst is an important symptom in shock. For unknown reasons, it ap• pears only in severe shock due to fluid loss, and is regarded as an ominous sign.

White count and hematocrit.

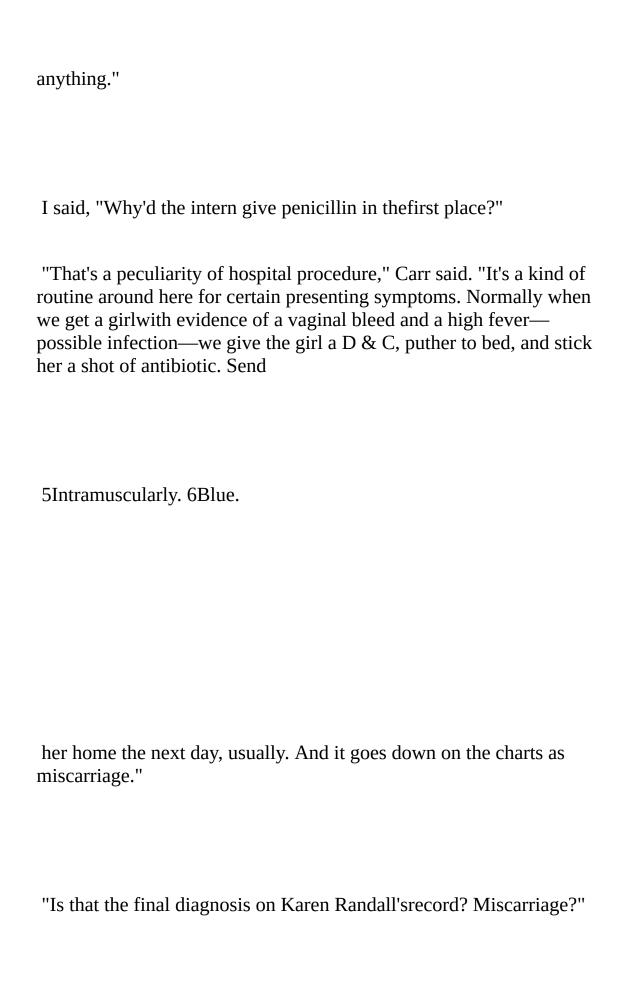
3 Five percent dextrose in water, used to replace lost fluid volume.

4 Penicillin reactions occur in 9—10 percent of normal patients.

"Severely," Carr said. "Ten minutes after givingthe penicillin i.m.5the girl went into chokingspasms and appeared unable to breathe despite apatent airway. By now the chart was down from therecord room, and the intern realized what he had done. So he administered a milligram of epineph•rinei.m. When there was no response, he went toa slow IV, benadryl, cortisone, and aminophylline. They put her on positive pressure oxygen. But shebecame cyanotic,6convulsive, and died withintwenty minutes."

I lit a cigarette and thought to myself that I wouldn't like to be that intern now.

"Probably," Carr said, "the girl would have died anyway. We don't know that for sure, but there's ev•ery reason to think that at admission her blood lossalready approached fifty percent. That seems to bethe cut-off, as you know—the shock is usually ir•reversible. So we probably couldn't have kept her.Of course, that doesn't change



Carr nodded. "Spontaneous. We always put itdown that way, because if we do that, we don't haveto fool with the police. We see quite a few self-induced or illegally induced abortions here. Some•times the girls come in with so much vaginal soapthey foam like overloaded dishwashers. Othertimes, it's bleeding. In every case, the girl is hyster•ical and full of wild lies. We just take care of it qui•etly and send her on her way."

"And never report it to the police?"7

"We're doctors, not law-enforcement officers. We see about a hundred girls a year this way. If we re• ported every one, we'd all spend our time in courttestifying and not practicing medicine."

"But doesn't the law require—"

"Of course," Carr said quickly. "The law requiresthat we report it. The law also requires that we re•port assaults, but if we reported every drunk whogot into a bar brawl, we'd never hear the end of it.No emergency ward reports everything it should. You just can't operate on that basis."

"But if there's been an abortion—"

"Look at it logically," Carr said. "A significantnumber of these cases are spontaneous miscar•riages. A significant number aren't, but it doesn't

7See Appendix II: Cops and Doctors.

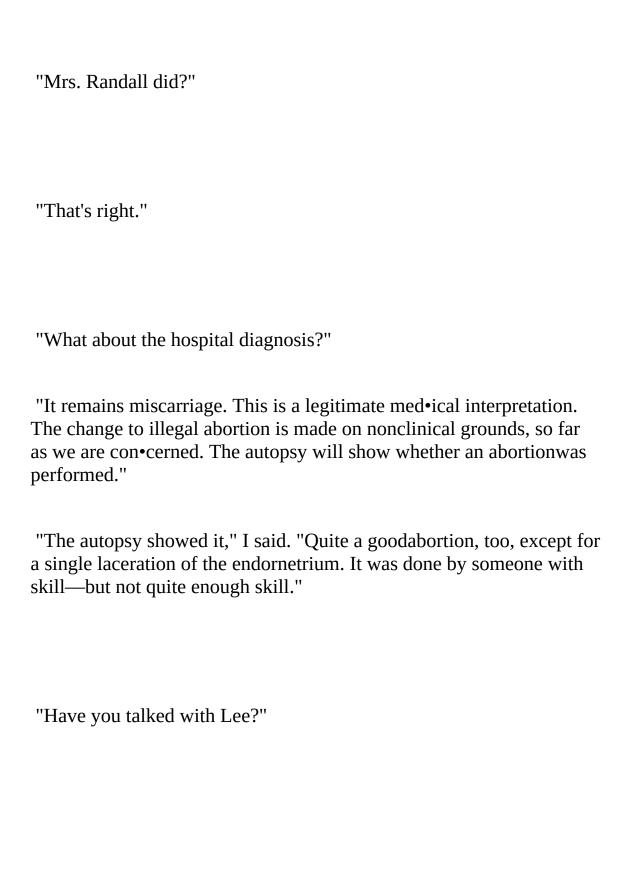
make sense for us to treat it any other way. Supposeyou know that the butcher of Barcelona worked on a girl; suppose you call in the police. They show upthe next day and the girl tells them it was sponta• neous. Or she tells them she tried it on herself. Buteither way she won't talk, so the police are an•noyed. Mostly, with you, because you called them

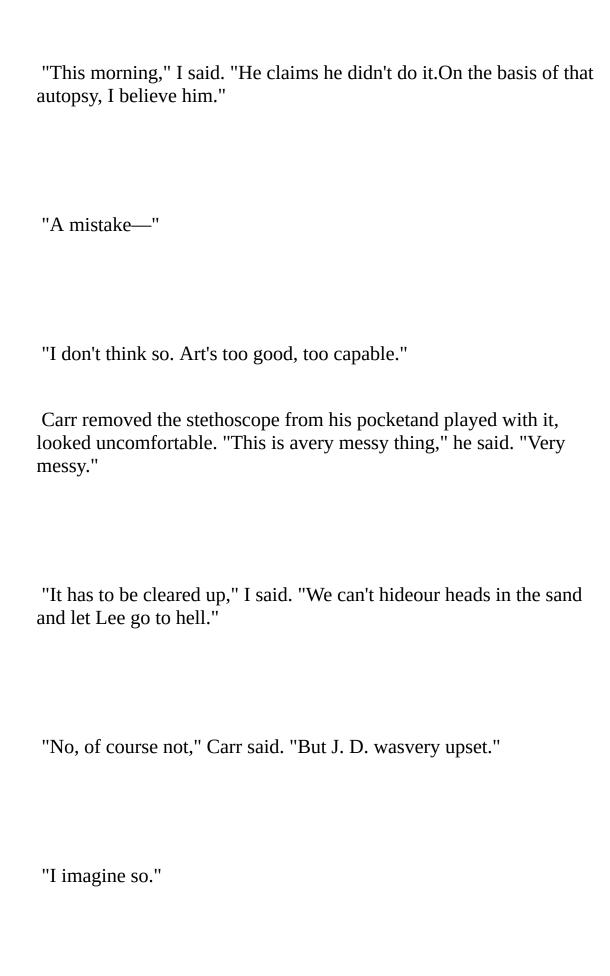
in."

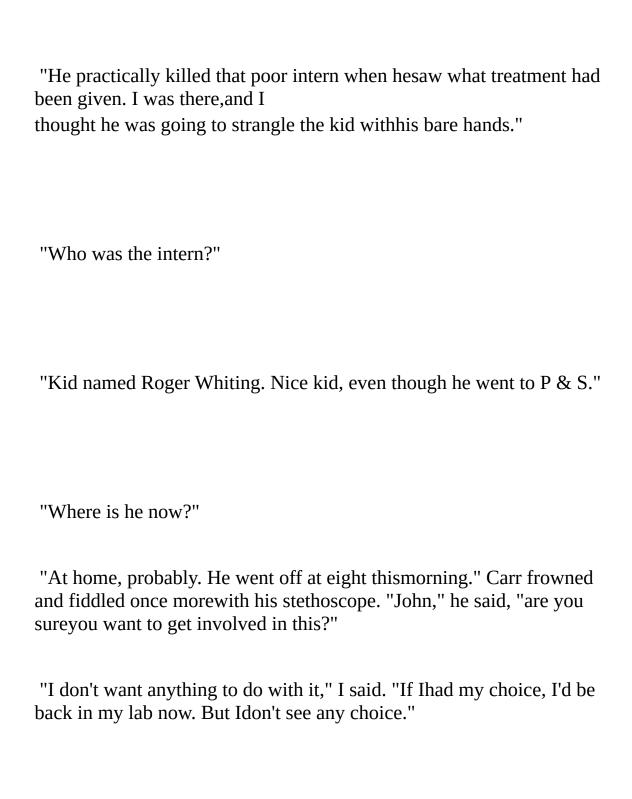
"Does this happen?"

"Yes," Carr said, "I've seen it happen twice my•self. Both times, the girl showed up crazy with fear, convinced she was going to die. She wanted to nailthe abortionist, so she demanded the police becalled in. But by morning, she was feeling fine, she'd had a nice hospital D & C, and she realizedher problems were over. She didn't want to foolwith the police; she didn't want to get involved. Sowhen the cops came, she pretended it was all a bigmistake."

"Are you content to clean up after the abortion•ists and let it go?"
"We are trying to restore people to health. That's all. A doctor can't make value judgments. We cleanup after a lot of bad drivers and mean drunks, too.But it isn't our job to slap anybody's hand and give them a lecture on driving or alcohol. We just try tomake them well again."
I wasn't going to argue with him; I knew itwouldn't do any good. So I changed the subject.
"What about the charges against Lee? What hap•pened there?"
"When the girl died," Carr said, "Mrs. Randallbecame hysterical. She started to scream, so theygave her a tranquilizer and sedative. After that, she settled down, but she continued to claim that her daughter had named Lee as the abortionist. So shecalled the police."

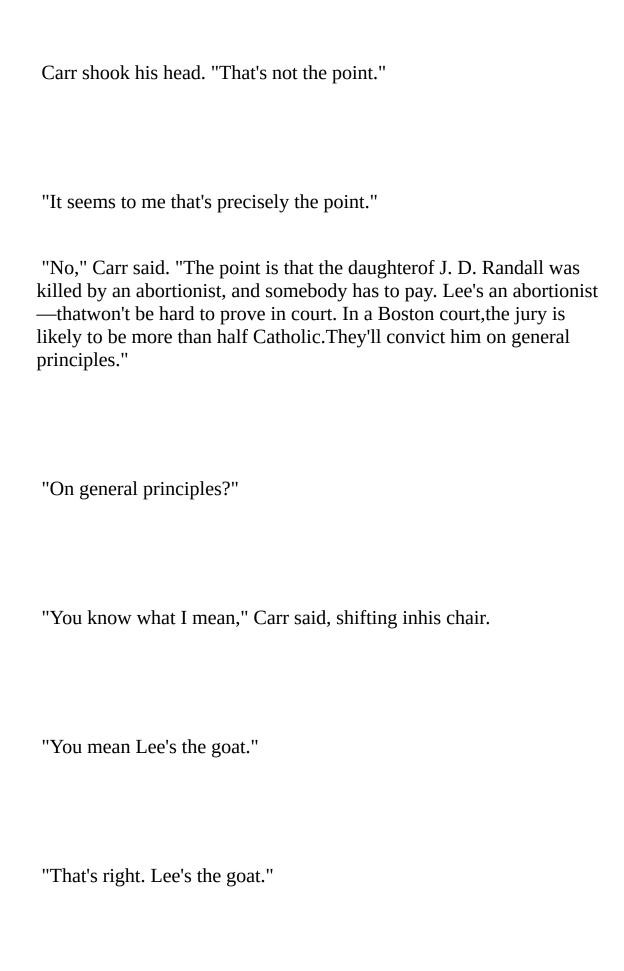






"The trouble is," Carr said slowly, "that this thinghas gotten out of control. J. D. is very upset."
"You said that before."
"I'm just trying to help you understand howthings are." Carr rearranged things on his desk anddid not look at me. Finally he said, "The case is inthe proper hands. And I understand Lee has a goodlawyer."
"There are a lot of dangling questions. I want tobe sure they're all cleaned up."
"It's in the proper hands," Carr said again.
"Whose hands? The Randalls? The goons I sawdown at the police station?"

"We have an excellent police force in Boston," Carr said.
"Bullshit."
He sighed patiently and said, "What can youhope to prove?"
"That Lee didn't do it."



"Is that the official word?"
"More or less," Carr said.
"And what are your feelings about it?"
"A man who performs abortions puts himself indanger. He's breaking the law. When he aborts the daughter of a famous Boston physician—"
"Lee says he didn't do it."
Carr gave a sad smile. "Does it matter?"

it takes thirteen yearsfrom the time you leavecollege to the time you become a cardiac surgeon. You have four years of medical school, a year of in•ternship, three of general surgery, two of thoracicsurgery, two of cardiac surgery. Somewhere alongthe line, you spend two years working for UncleSam.1

It takes a certain kind of man to assume this bur•den, to set his sights on such a distant goal. By thetime he is ready to begin surgery on his own, he hasbecome another person, almost a new breed, es•tranged by his experience and his dedication fromother men. In a sense, that is part of the training:surgeons are lonely men.

I thought of this as I looked down through theglass-overhead viewing booth into OR 9. The boothwas built into the ceiling, allowing you a good viewof the entire room, the staff, and the procedure. Students and residents often sat up here andwatched. There was a microphone in the OR, so that you heard everything—the clink of instru•ments, the rhythmic hiss of the respirator, the quiet

1See Appendix III: Battlefields and Barberpoles.

voices—and there was a button you could press totalk to the people below. Otherwise they could not hear you.

I had come to this room after going to J. D. Ran•dall's office. I had wanted to see the chart on Ka•ren, but Randall's secretary said she didn't have it.J. D. had it, and J. D. was in surgery now. That had surprised me. I had thought he would have takenthe day off, considering. But apparently it had not entered his mind.

The secretary said the operation was probably al•most over, but one look through the glass told me it was not. The chest of the patient was still openand the heart was still incised; they had not evenbegun suturing. There I was not going to interrupt them; I'd have to come back later to try and get thechart.

But I stayed a moment to watch. There is some•thing compelling about open-heart surgery, some•thing fantastic and fabulous, a mixture of dreamand nightmare, all come true. There were sixteen people in the room below me, including four sur•geons. Everyone was moving, working, checking insmooth, coordinated movements, like a kind of bal•let, like a surrealistic ballet. The patient, draped ingreen, was dwarfed by the heart-lung machinealongside him, a giant complex as large as an auto•mobile, shining steel, with smoothly moving cylin•ders and wheels.

At the head of the patient was the anesthetist, surrounded by equipment. There were several

nurses, two pump technicians who monitored thedials and gauges on the machine, nurses, orderlies, and the surgeons. I tried to tell which was Randall, but I could not; in their gowns and masks, they alllooked the same, impersonal, interchangeable. That was not true, of course. One of those four men had responsibility for everything, for the conduct of allsixteen workers present. And responsibility for the seventeenth person in that room, the man whose heart was stopped.

In one corner, displayed on a television, was theelectrocardiogram. The normal EKG is a briskly bouncing line, with spikes for every heartbeat, everywave of electrical energy that fires the heart mus•cle. This one was flat: just a meaningless squiggle. That meant that according to one major criterion of medicine, the patient was dead. I looked at thepink lungs through the open chest; they were notmoving. The patient was not breathing.

The machine did all that for him. It pumped hisblood, oxygenated it, removed the carbon dioxide. In its present form, the machine had been in usefor about ten years.

The people below me did not seem in awe of themachine or the surgical procedure. They worked matter-of-factly at their jobs. I suppose that wasone reason why it all seemed so fantastic.

I watched for five minutes without realizing thetime. Then I left. Outside, in the corridor, two res•idents slouched in a doorway, still wearing theircaps with their masks hanging loosely around their

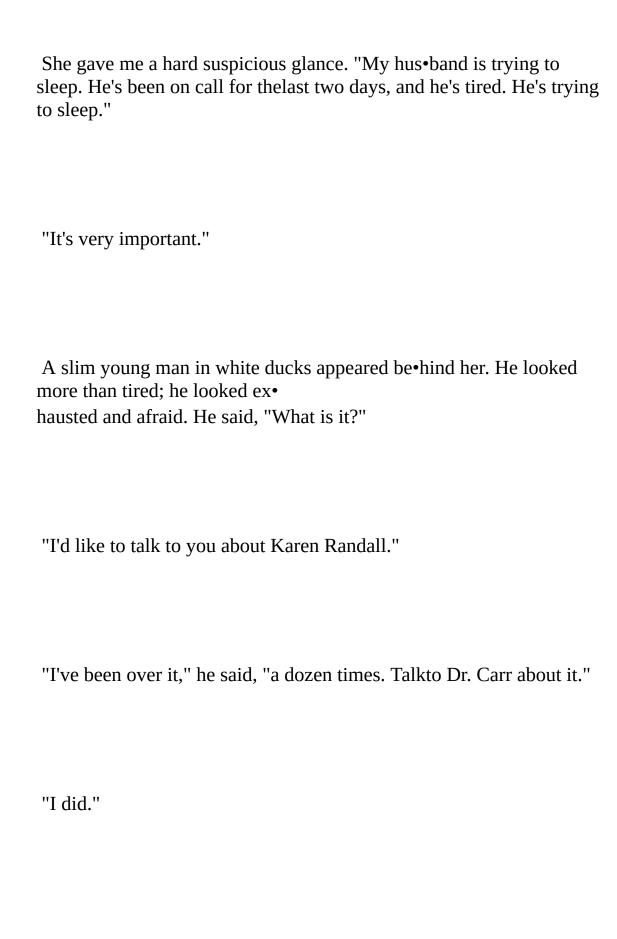
necks. They were eating doughnuts and coffee, andlaughing about a blind date.

NINE

roger whiting, m.d.,lived near the hospital in athird-floor walk-up on the sleazy side of BeaconHill, where they dump the garbage from LouisburgSquare. His wife answered the door. She was aplain girl, about seven months' pregnant. Shelooked worried.

"What do you want?"

"I'd like to talk to your husband. My name'sBerry. I'm a pathologist at the Lincoln."



Whiting ran his hands through his hair, then said

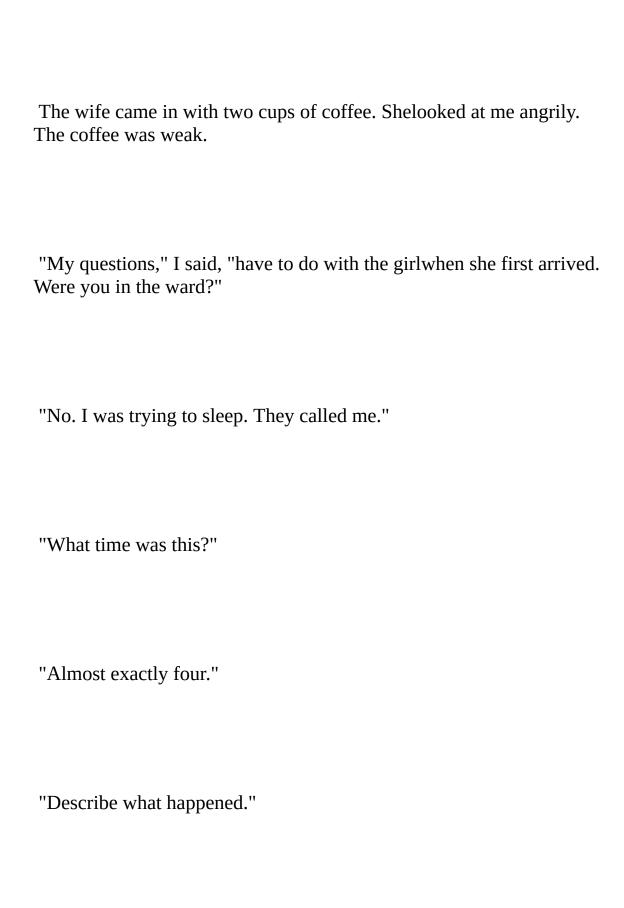
to his wife, "It's O.K., honey. Get me some coffee, would you?" He turned to me. "Want some coffee?"

"Please," I said.

We sat in the living room. The apartment wassmall, the furniture cheap and rickety. But I felt athome: it had been only a few years since I had done my own internship. I knew all about themoney problems, the stresses, the hellish hours, and the slop work you had to do. I knew about theirritating calls from nurses in the middle of thenight, asking you to okay another aspirin for patientJones. I knew how you could drag yourself out ofbed to see a patient and how you could, in the small hours of the morning, make a mistake. I hadnearly killed an old man with heart failure when I was an intern. With three hours of sleep during the last two days, you could do anything and not give adamn.

"I know you're tired," I said. "I won't stay long."

"No, no," he said very earnestly. "Anything I cando to help. 1 mean, now . . ."



"I was sleeping in my clothes, in that little roomjust off the OPD. I wasn't asleep long when they

called me; I'd just gotten through putting anotherIV into a lady who pulls them out. She says shedoesn't, but she does." He sighed. "Anyway, when they called me, I was bleary as hell. I got up anddunked my head in cold water, then toweled off. When I got to the ward, they were bringing the girlin on a stretcher."

"Was she conscious?"
"Yes, but disoriented. She was pale, and she'dlost a lot of blood. She was feverish and delirious. We couldn't get a good temperature because shekept gnashing her teeth, so we figured it was about 102 and got to work on the cross-matching."
"What else was done?"
"The nurses got a blanket over her and proppedher feet up with shock blocks.1Then I examined the lesion. It was very clearly vaginal hemorrhageand we diagnosed it as miscarriage."
"About the bleeding," I said, "was there any dis•charge accompanying it?"
He shook his head. "Just blood."
"No tissue? No signs of a placenta?"

"No. But she'd been bleeding for a long time.Her clothes . . ." He looked across the room, seeingit again in his mind. "Her clothes were very heavy. The nurses had trouble getting them off."

"During this time, did the girl say anything coher•ent?"

1Shock blocks are simply wooden blocks used to elevate the legs in cases of shock, helping to get blood to the head.

"Not really. She was mumbling every once in awhile. Something about an old man, I think. Herold man, or an old man. But it wasn't clear, and no•body was really paying any attention."

"Did she say anything else?"

He shook his head. "Just when they were cuttingher clothes off her. She would try to pull them back. Once she said 'You can't do this to me.' And then later she said, 'Where am I?' But that was justdelirious talk. She wasn't really coherent."

"What did you do about the bleeding?"

"I tried to localize it. It was hard, and things werepretty rushed. And we couldn't angle the lightsdown properly. Finally I decided to pack it withgauze pads and concentrate on getting her bloodvolume back up."

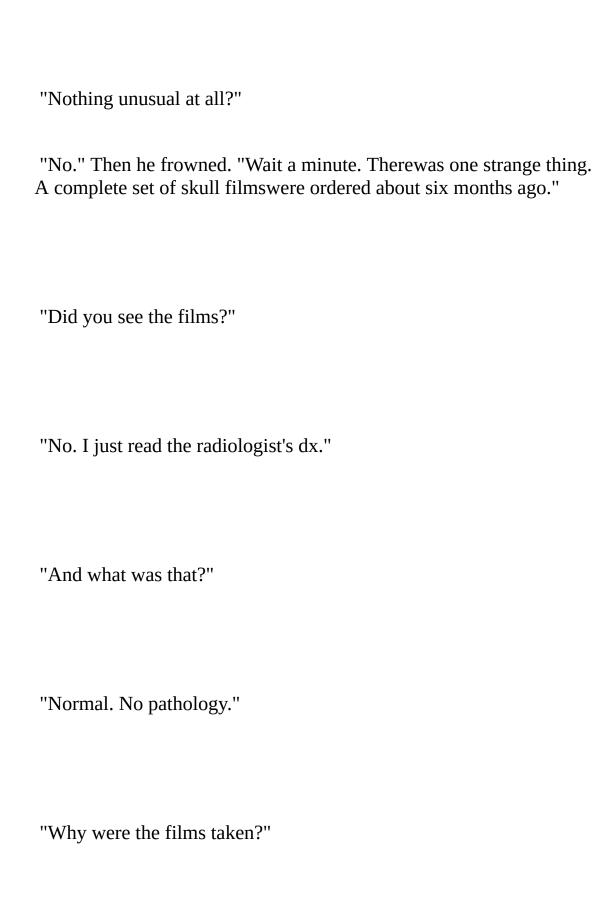
"Where was Mrs. Randall during all this?"

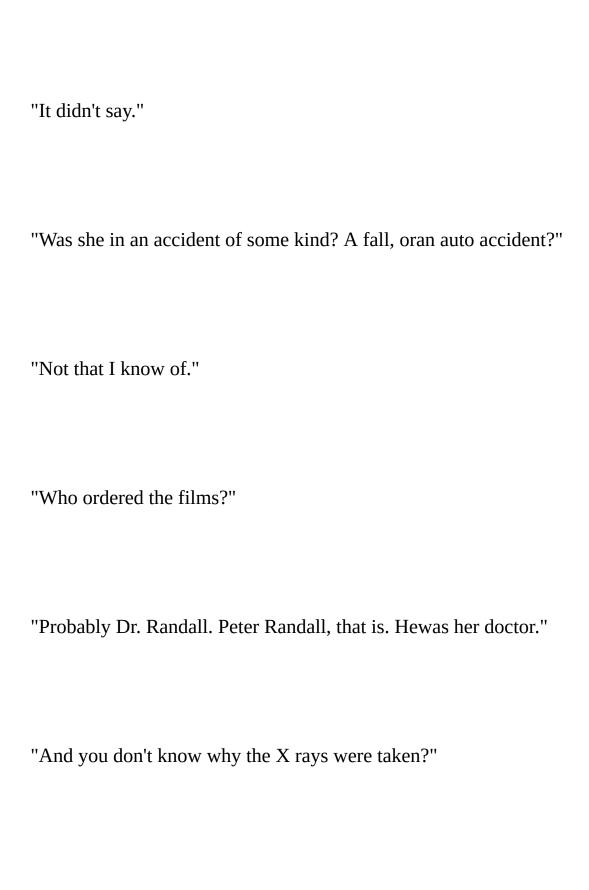
"She waited by the door. She seemed all right un•til we had to tell her what had happened. Then she went to pieces. Just went to pieces."

"What about Karen's records? Had she ever beenadmitted to the hospital before?"

"I didn't see her chart," he said, "until . . . later. They had to be pulled from the record room. But she had been in before. Papp smears every yearsince she was fifteen. Usual blood tests from hertwice-yearly physicals. She was well looked aftermedically, as you might expect.'

"Was there anything unusual in her past history?Besides the hypersensitivity, I mean."
He gave a sad smile. "Isn't that enough?"
For a fleeting moment I was angry with him. Hewas soaking in self-pity, despite his natural fright. But I wanted to tell him he'd better get used to theidea of people dying in front of him, lots of people. And he'd better get used to the idea that he couldmake a mistake, because they happened. Some•times the mistakes were balder than others, but itwas just degree. I wanted to tell him if he'd askedMrs. Randall about Karen's hypersensitivity, andshe'd said the girl was O.K., that Whiting would have been free and clear. The girl would still havedied, of course, but Whiting would be clear. His mistake was not killing Karen Randall; it was not asking permission first.
I thought about saying this, but I didn't.
"Any indication in the chart of psychiatric prob•lems?" I asked.
"No."





"No."

"But there must be a reason," I said.

"Yes," he said, but he didn't seem very interested. He stared moodily at his coffee, then sipped it. Fi•nally he said, "I hope they take that abortionist and screw him to the wall. Whatever he gets, he de•serves

worse."

I stood. The boy was under stress and almost onthe verge of tears. All he could see was a promising medical career jeopardized because he had made amistake with the daughter of a prominent physi•cian. In his anger and frustration and self-pity, he,too, was looking for a goat. And he needed oneworse than most.

"Are you planning to settle in Boston?" I asked."I was," he said with a wry look.

when Ileft the internI called Lewis Carr. Iwanted to see Karen Randall's chart more than ever.I had to find out about those X rays.

"Lew," I said, "I'm going to need your help again."

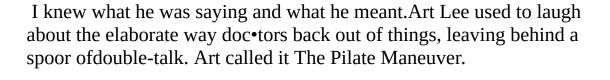
"Oh?" He sounded thrilled by the prospect.

"Yes. I've got to get her chart. It's imperative."

"I thought we went over that." "Yes, but something new has come up. This thingis getting crazier by the minute. Why were X rays ordered——" "I'm sorry," Carr said. "I can't help you." "Lew, even if Randall does have the chart, hecant keep——" "I'm sorry, John. I'm going to be tied up here forthe rest of the day and most of tomorrow. I'm justnot going to have time." He was speaking formally, a man counting his words, repeating the sentences over to himself be•fore speaking them aloud. "What happened? Randall get to you and buttonyour mouth?"

"I feel," Carr said, "that the case should be left in the hands of those best equipped to deal with it.I'm not, and I don't think other doctors

are, either."



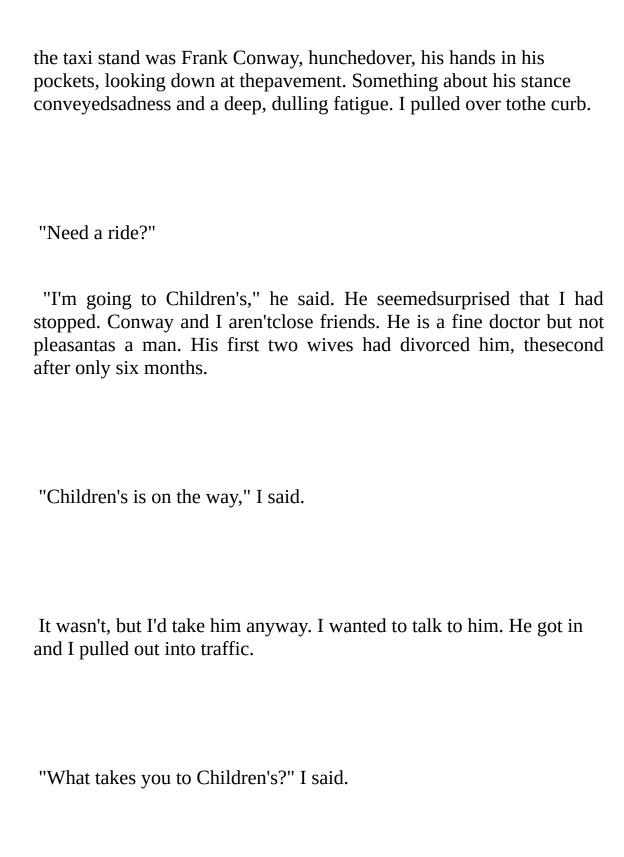
"O.K.," I said, "if that's the way you feel."

I hung up.

In a way, I should have expected it. Lewis Carr always played the game, following all the rules justlike a good boy. That was the way he always hadbeen, and the way he always would be.

TEN

my route from whitingto the medical school tookme past the Lincoln Hospital. Standing out in frontnear



"Conference. They have a congenital CPC oncea week. You?"

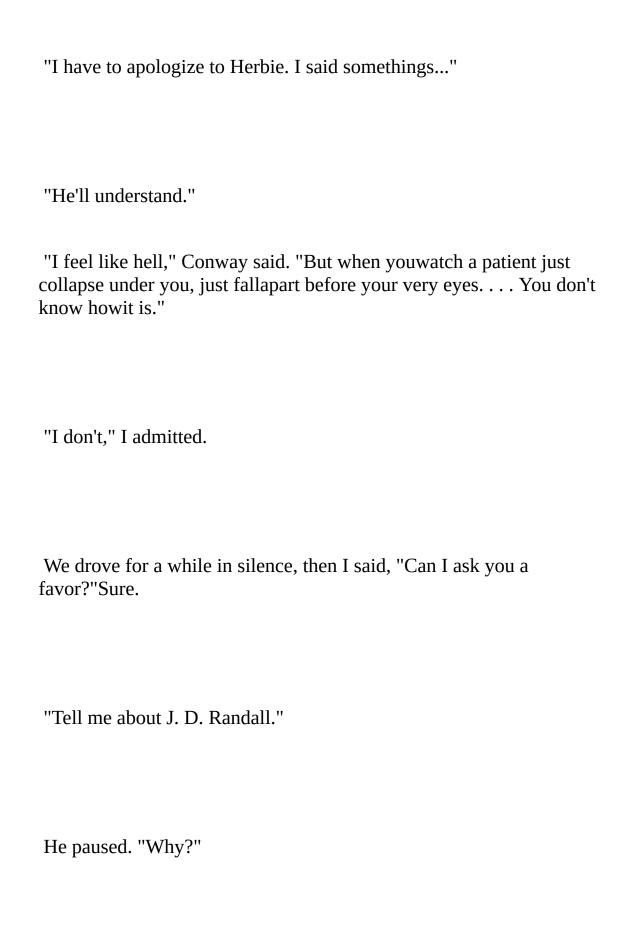
"Just a visit," I said. "Lunch with a friend."

He nodded and sat back. Conway was young,only thirty-five. He had breezed through his resi•dencies, working under the best men in the coun•try. Now he was better than any of them, or so it

was said. You couldn't be sure about a man likeConway: he was one of the few doctors who be•come so famous so fast that they take on some as•pects of politicians and movie stars; they acquireblindly loyal fans and blindly antagonistic critics;one either loves them or loathes them. Physical•ly, Conway was a commanding presence, a stocky,powerful man with gray-flecked hair and deep,piercing blue eyes.

"I wanted to apologize," Conway said, "about thismorning. I didn't mean to blow up that way."

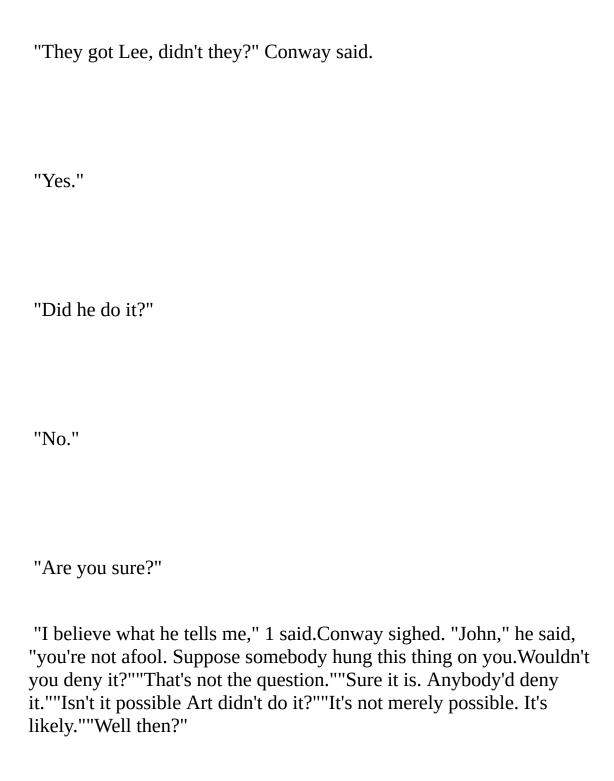
"It's O.K."



"Just curious."

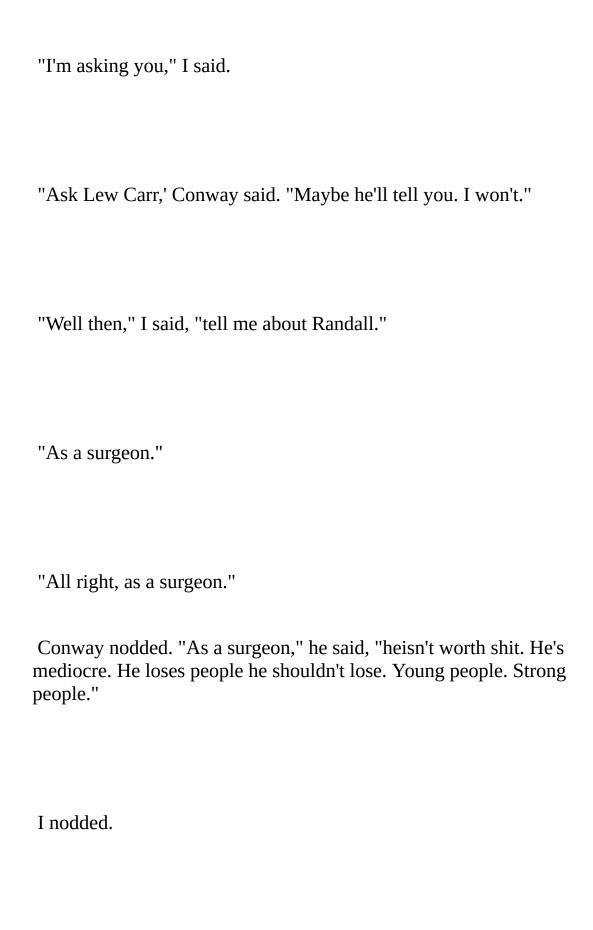
"Bullshit."

"All right," I said.



Conway shook his head. "You're forgetting theway it works. J. D. is a big man. J. D. lost a daugh•ter. There happens to be a convenient Chinaman inthe neighborhood, who is known to do the nasty deed. A perfect situation."

"I've heard that theory before. I don't buy it.""Then you don't know J. D. Randall.""That's true." "J. D. Randall," Conway said, "is the arch-prickof the universe. He has money and power and pres•tige. He can have whatever he wants even a littleChinaman's head." I said, "But why should he want it?"Conway laughed. "Brother, where have youbeen?" I must have looked puzzled."Don't you know about . . . " He paused, seeingthat I did not. Then he very deliberately folded hisarms across his chest and said nothing. He staredstraight ahead. "Well?" I said. "Better ask Art."



"And he's mean as hell. He chews out his resi•dents, puts them through all sorts of crap, keepsthem miserable. He has a lot of good young menworking under him, and that's how he controlsthem. I know; I did two years of thoracic underRandall before I did my cardiac at Houston. I was twenty-nine when I

first met Randall, and he was forty-nine. He comes on very strong with his busymanner and his Bond Street suits and his friends with chateaux in France. None of it means he's agood surgeon, of course, but it carries over. Itthrows a halo around him. It makes him look good."

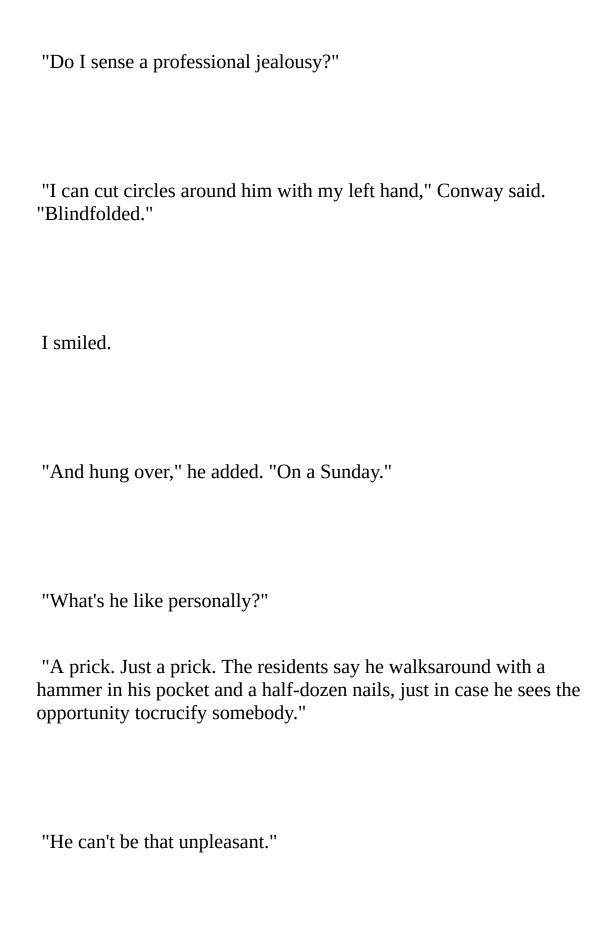
I said nothing. Conway was warming to his sub•ject, raising his voice, moving his strong hands. Ididn't want him to stop.

"The trouble," Conway said, "is that J. D. is inthe old line. He started surgery in the forties and fifties, with Gross and Chartriss and Shacklefordand the boys. Surgery was different then; manual

skill was important and science didn't really count. Nobody knew about electrolytes or chemistry, and Randall's never felt comfortable with it. The new boys are; they've been weaned on enzymes and se•rum sodium. But it's all a troublesome puzzle toRandall."

"He has a good reputation," I said.

"So did John Wilkes Booth," Conway said. "For awhile."



"No," Conway admitted. "Not unless he's in es•pecially good form. Like all of us, he has his offdays."
'You make him sound very grim.'
"No worse than the average bastard," he said."You know, the residents say something else, too."
"Oh?"
"Yes. They say J. D. Randall likes cutting heartsbecause he never had one of his own."
ELEVEN

NO ENGLISHMAN IN HIS RIGHT MIND would ever go to

Boston, particularly in 1630. To embark on a longsea journey to a hostile wilderness took more than courage, more than fortitude—it required despera•tion and fanaticism. Above all it required a deepand irreconcilable break with English society.

Fortunately, history judges men by their actions, not their motivations. It is for that reason that Bos•tonians can comfortably think of their ancestors asproponents of democracy and freedom, Revolution•ary heroes, liberal artists and writers. It is the city of Adams and Revere, a city that still cherishes theOld North Church and Bunker Hill.

But there is another face to Boston, a darkerface, which lies hidden in the pillory, the stocks, the dunking stool, and the witch hunts. Hardly aman now alive can look at these devices of torturefor what they are: evidences of obsession, neurosis, and perverse cruelty. They are proofs of a societyencircled by fear of sin, damnation, hellfire, dis•ease, and Indians—in roughly that order. A tense, fearful, suspicious society. In short, a society of re•actionary religious fanatics.

There is also a geographical factor, for Boston

was once a swamp. Some say this accounts for itsoutstandingly bad weather and uniformly humid cli• mate; others say it is unimportant.

Bostonians are inclined to overlook much of thepast. Like a slum kid who makes good, the city has swung far from its origins, and attempted to concealthem. As a colony of common men, it has established an untitled aristocracy to rival the most ancient andrigid of Europe. As a city of religion, it has developed scientific community unrivaled in the East. It is also strongly narcissistic—a trait it shares with another city of questionable origin, San Francisco.

Unfortunately for both these cities, they cannever quite escape their past. San Francisco cannot quite shake off its booming, crude, goldrush spiritto become a genteel Eastern town. And Boston, nomatter how hard it tries, cannot quite elude Puri•tanism and become English again.

We are all tied to the past, individually and collectively. The past shows through in the very structure of our bones, the distribution of our hair, and the coloring of our skin, as well as the way wewalk, stand, eat, dress—and think.

I was reminded of this as I went to meet WilliamHarvey Shattuck Randall, student of medicine.

ANYONE NAMED AFTER WILLIAM HARVEY1to say noth•ing of William Shattuck, must feel like a damned

1The English court physician who, in 1628, discovered that blood circu•lated in a closed loop.

fool. Like being named after Napoleon or CaryGrant, it places too great a burden on a child, too much of a challenge. Many things in life are diffi•cult to live down, but nothing is more difficult than name.

George Gall is a perfect example. After medicalschool, where he suffered through countless jokesand puns, he became a surgeon,

specializing in liverand gallbladder disease. It was the worst possiblething he could do with a name like that, but hewent into it with a strange, quiet certainty, as if ithad all been foreordained. In a sense perhaps ithad. Years later, when the jokes began to wear verythin, he wished he could change his name, but thatwas impossible.2

I doubted that William Harvey Shattuck Randall would ever change his own name. Though a liabil•ity, it was also an asset, particularly if he remainedin Boston; besides, he seemed to be bearing upwell. He was husky and blond and open-faced in apleasant way. There was an Ail-American whole•somenessabout him which made his room incon•gruous and faintly ridiculous.

William Harvey Shattuck Randall lived on thefirst floor of Sheraton Hall, the medical-school dor•mitory. Like most rooms in the dorm, his was a sin•gle, though rather more spacious than most. Cer-

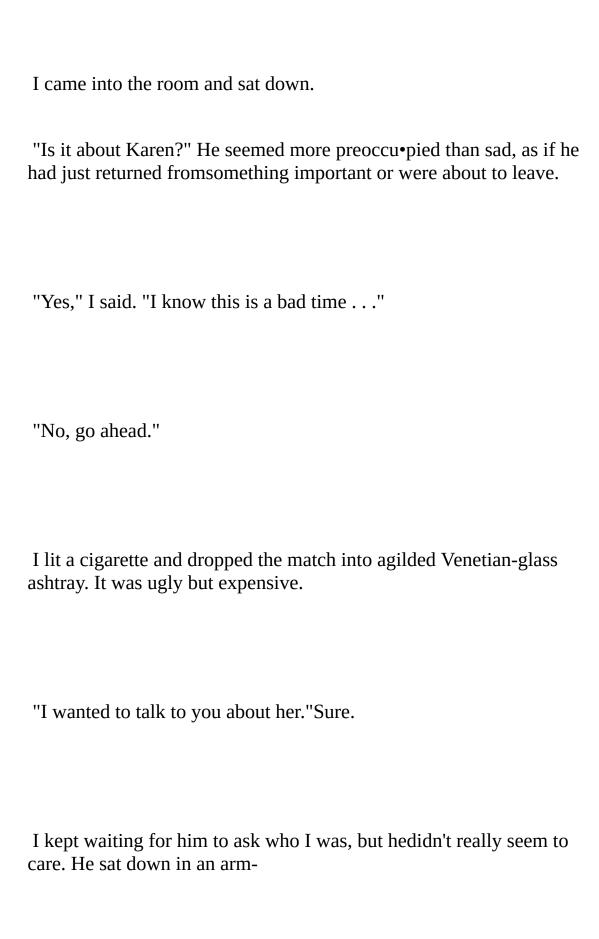
2A doctor cannot change his name after receiving his M.D. degree with•out invalidating that degree. This means that there is a great rush in the fi•nal weeks of med school among doctors flocking into court to change theirnames before they receive their diplomas.

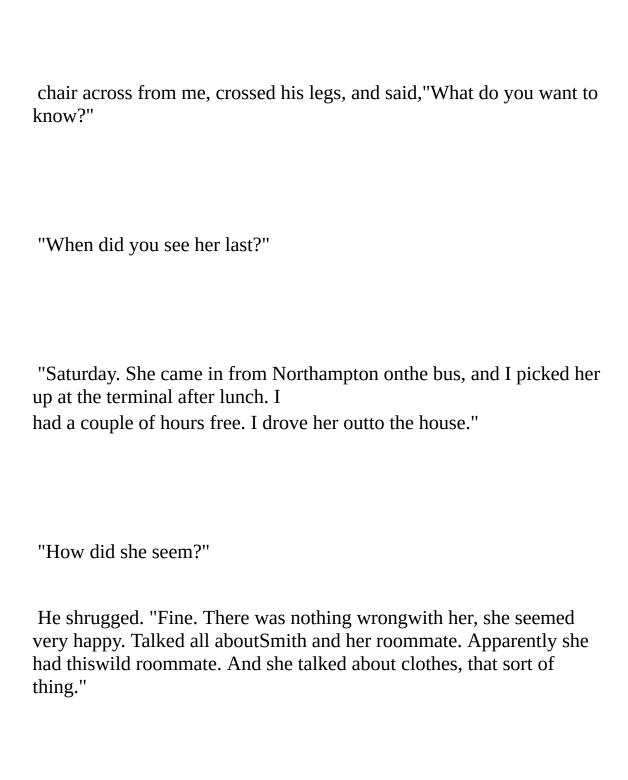
tainly more spacious than the fourth-floorpigeonhole I had occupied when I was a student. The top-floor rooms are cheaper.

They'd changed the paint color since my day. Itwas dinosaur-egg gray, then; now it was vomitgreen. But it was still the same old dorm—thesame bleak corridors, the same dirty stairs, thesame stale odor of sweat socks, textbooks, and hex•achlorophene.

Randall had fixed his room up nicely. The decor was antique; the furniture looked as if it had beenbought at a Versailles auction. There was a faded, nostalgic splendor about it, with its tattered red vel•vet and chipped gilded wood.

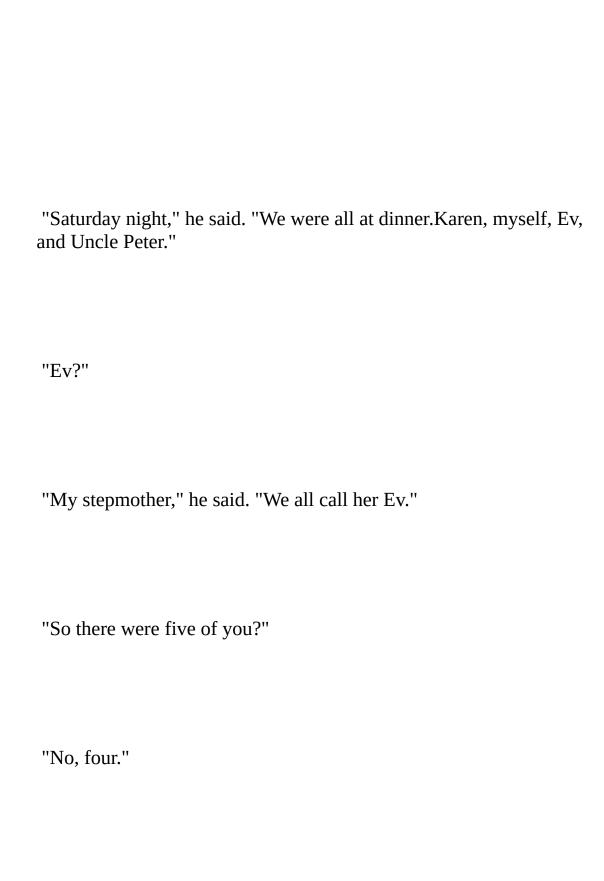
Randall stood back from the door. "Come in," hesaid. He didn't ask who I was. He had taken onelook and smelled doctor. You get so you can do it,when you've been around them long enough.

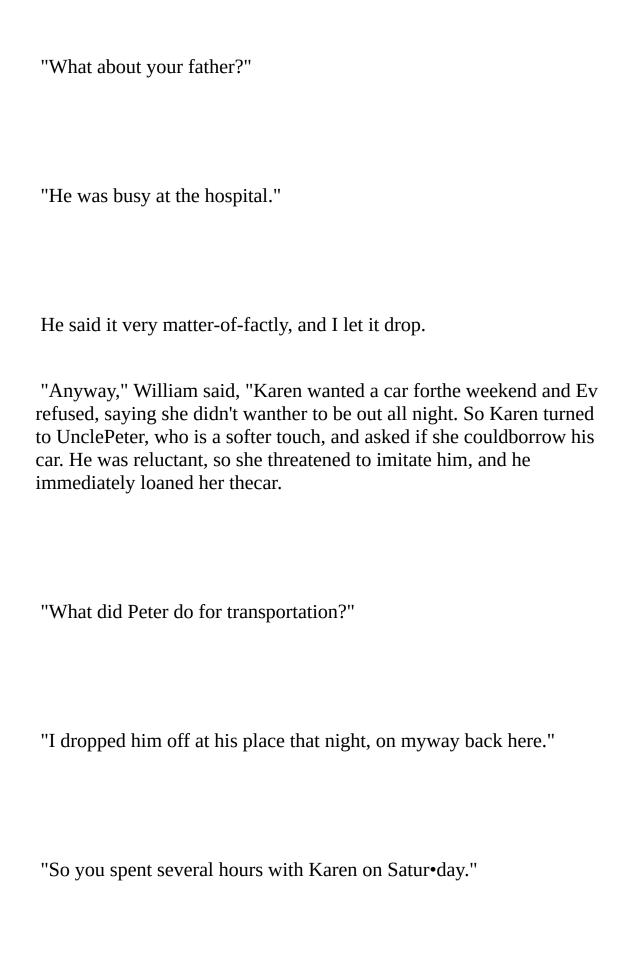




"Was she depressed? Nervous?"
"No. Not at all. She acted the same as always.Maybe a little excited about coming home after be•ing away. I think she was a little worried aboutSmith. My parents treat her as the baby of the fam•ily, and she thought they didn't have confidence inher ability to make it. She was a little defiant,I guess you'd say."
"When did you see her before last Saturday?"
"I don't know. Not since late August, I guess."
"So this was a reunion."
"Yes," he said. "I was always glad to see her. Shewas very bubbly, with a lot of energy, and she wasa good mimic. She could give you an imitation of aprofessor or a boyfriend and she was hysterical. Infact, that was how she got the car."

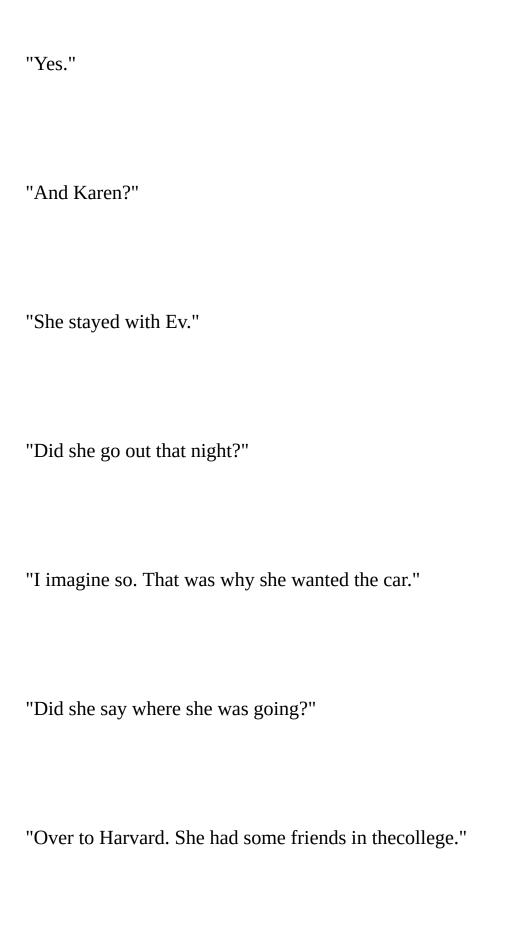
"The car?"

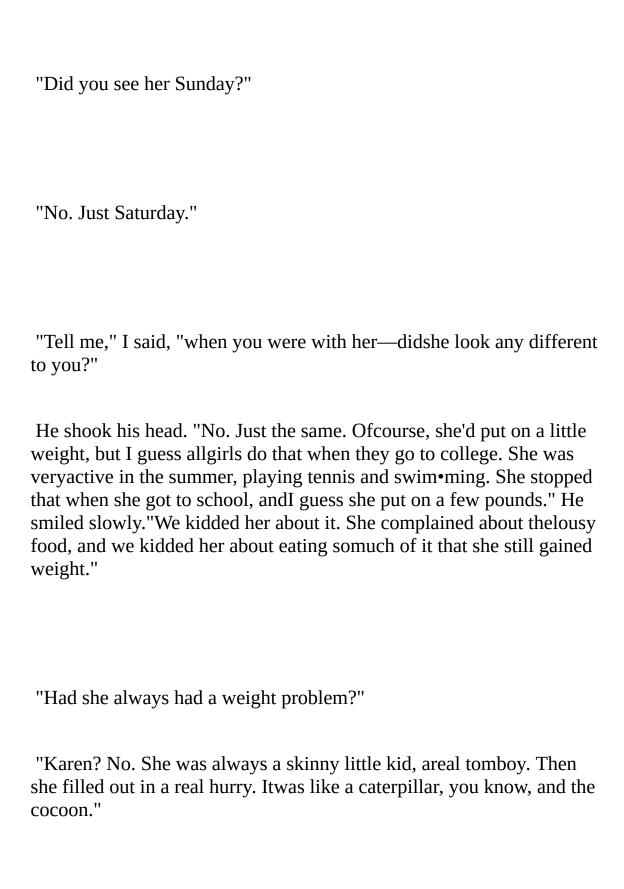


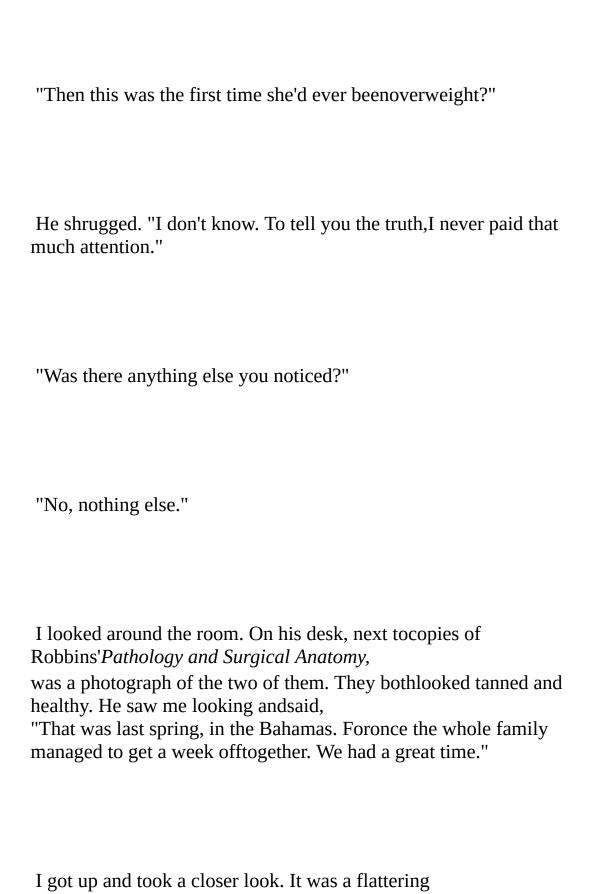


"Yes. From around one o'clock to nine or ten."

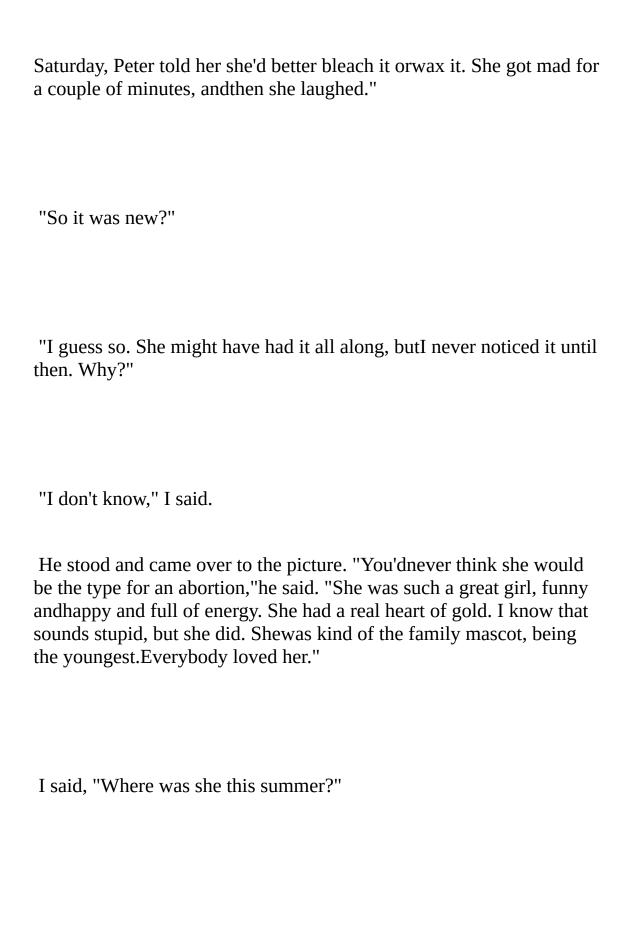
"Then you left with your uncle?"







picture of her. Her skin was darkly tanned, con•trasting nicely with her blue eyes and blonde hair.
"I know it's a peculiar question," I said, "but hasyour sister always had dark hair on her lips andarms?"
"That was funny," he said, in a slow voice. "Nowthat you mention it. She had just a little bit there,on



He shook his head. "I don't know."

"You don't know?"

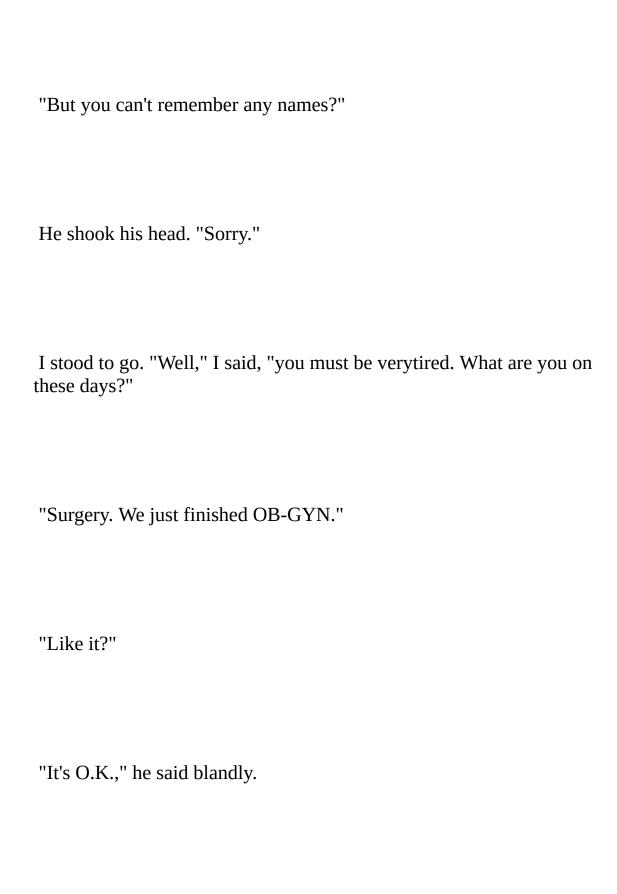
"Well, not exactly. In theory, Karen was on the Cape, working in an art gallery in Provincetown."He paused. "But I don't think she was there much.I think she spent most of her time on the Hill. Shehad some kooky friends there; she collected oddballtypes."

"Men friends? Women friends?"

"Both." He shrugged. "But I don't really know. She only mentioned it to me once or twice, in ca•sual references. Whenever I tried to ask her aboutit, she'd laugh and change the subject. She was veryclever about discussing only what she wanted to."

"Did she mention any names?"

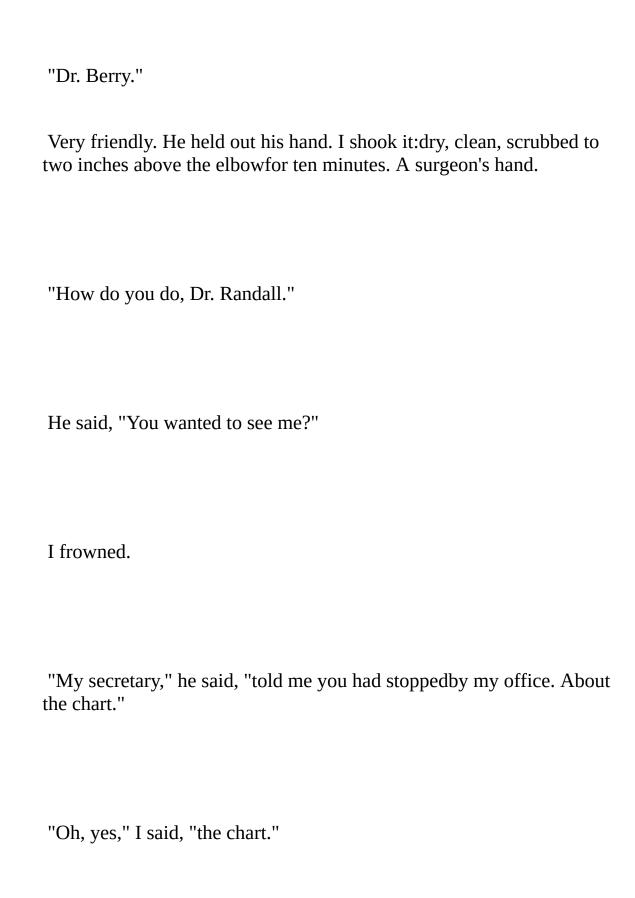
"Probably, but I don't remember. She could be maddening about names, talking about people ca•sually as if you knew them intimately. Using justitheir first names. It was no good reminding her thatyou'd never heard of Herbie and Su-su and Alliebefore." He laughed. "I do remember she once didan imitation of a girl who blew bubbles."

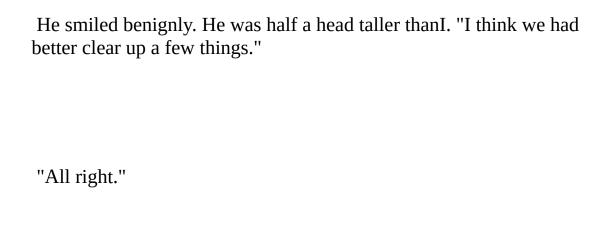


As I was leaving, I said, "Where did you do yourOB?"

"At the BLI." He looked at me for a moment andfrowned. "And to answer your question, I assisted n several. I know how to do one. But I was onduty at the hospital Sunday night. All night long. Sothere it is."
"Thanks for your time," I said.
"Sure," he said.
as Ileft the dormitory, I saw a tall, lean, silver-haired man walking toward me. Of course I recog•nized him, even from a distance.
J. D. Randall was, if nothing else, distinctive.
TWELVE

The sun was setting, and the light on the quadran•gle was turning yellow-gold. I lit a cigarette andwalked up to Randall. His eyes widened slightly ashe saw me, and then he smiled.





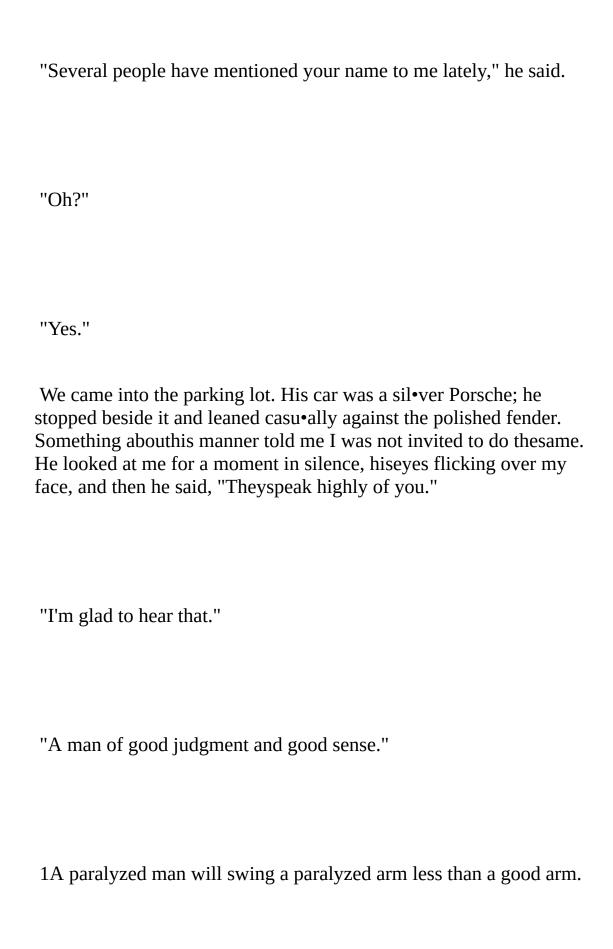
"Come with me."

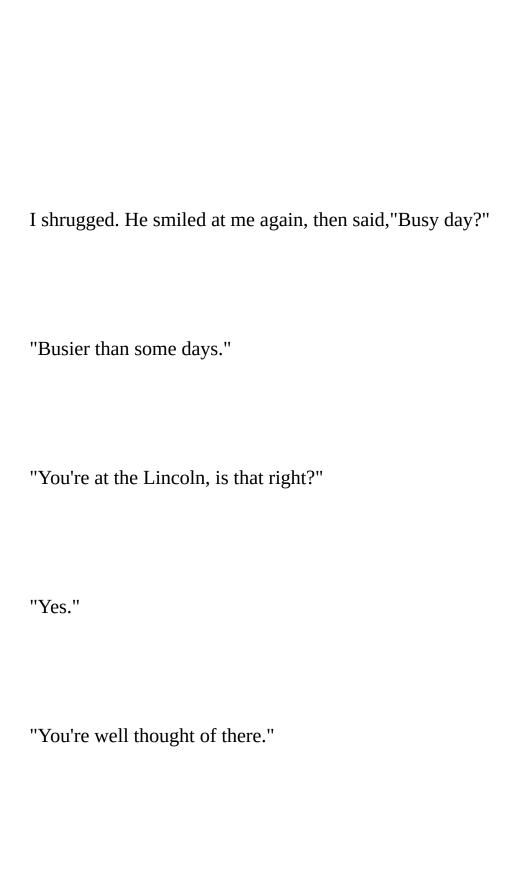
He didn't intend it as a command, but it cameout that way. I was reminded that surgeons were

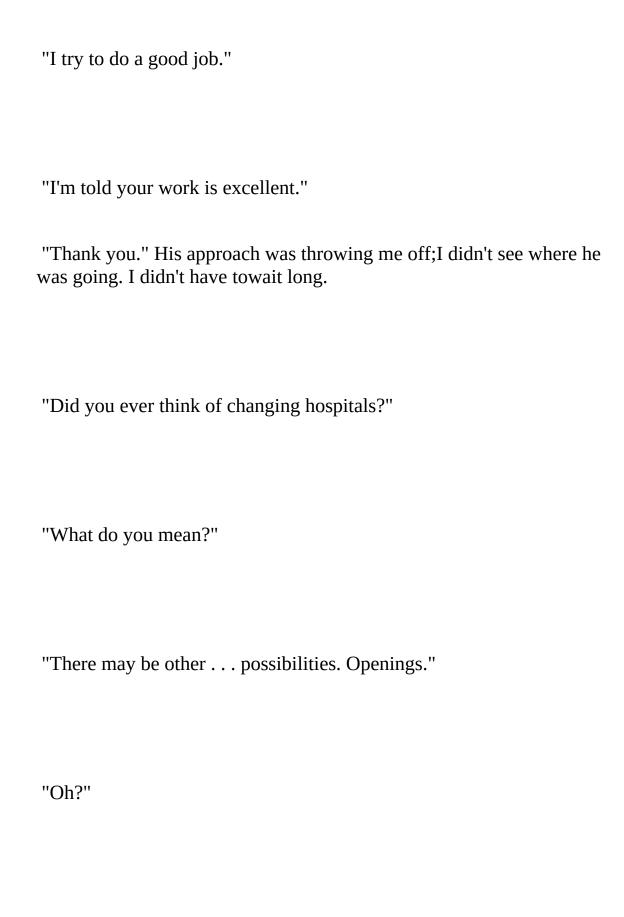
the last autocrats in society, the last class of menwho were given total control over a situation. Sur•geons assumed the responsibility for the welfare ofthe patient, the staff, everything.

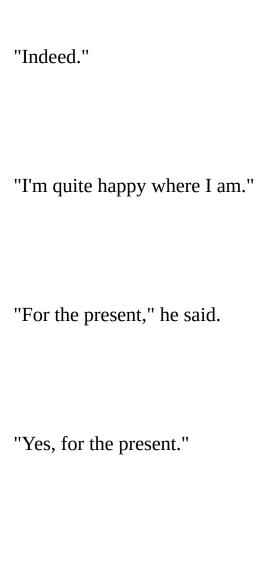
We walked back toward the parking lot. I had thefeeling that he had come especially to see me. Ihad no idea how he knew I was there, but the feel•ing was very strong. As he walked, he swung hisarms loosely at his sides. For some reason, Iwatched them; I remembered the neurologist's lawof swinging arms.1I saw his hands, which werehuge, all out of proportion to the rest of his body,huge hands, thick and hairy and red. His nails weretrimmed to the required one-millimeter

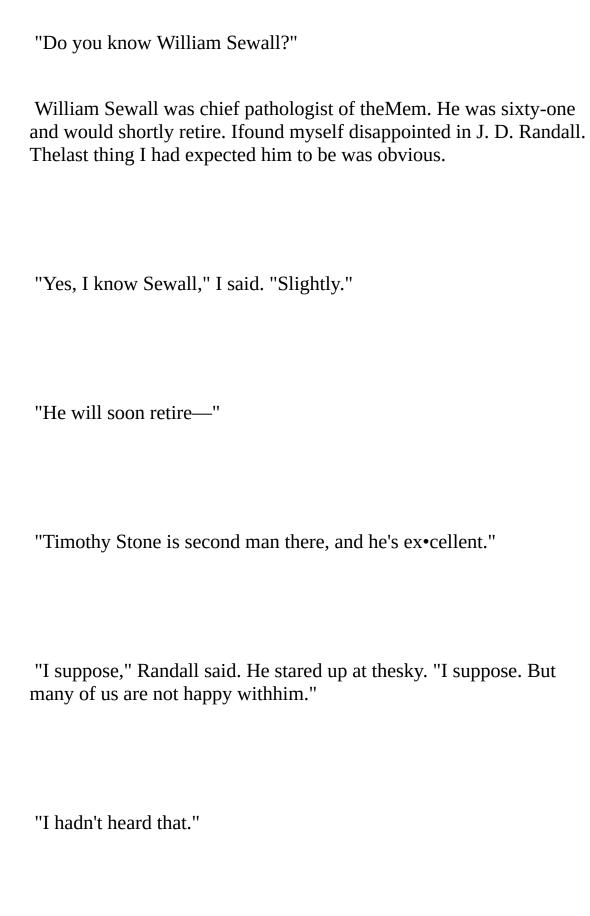
surgicallength. His hair was cut short and his eyes werecold, gray, and businesslike.

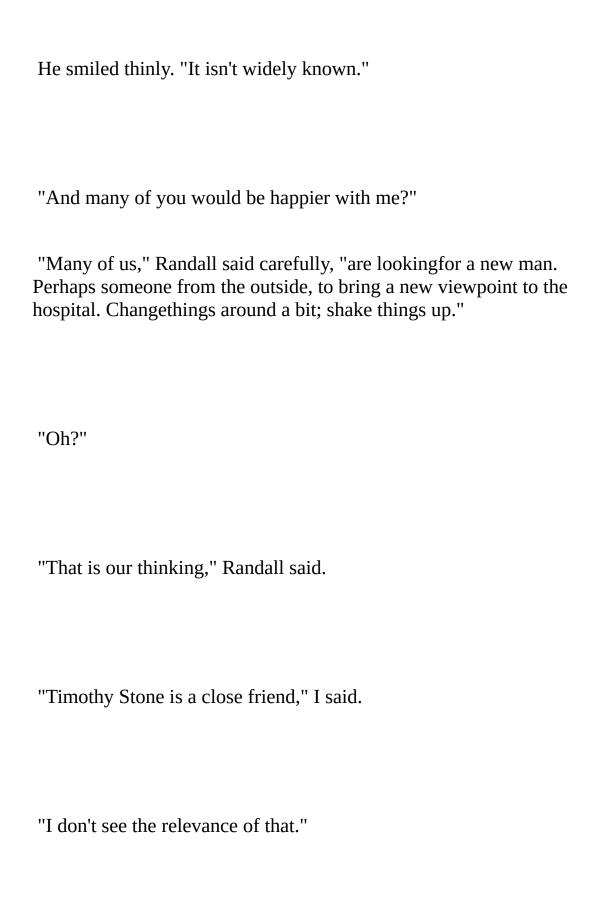


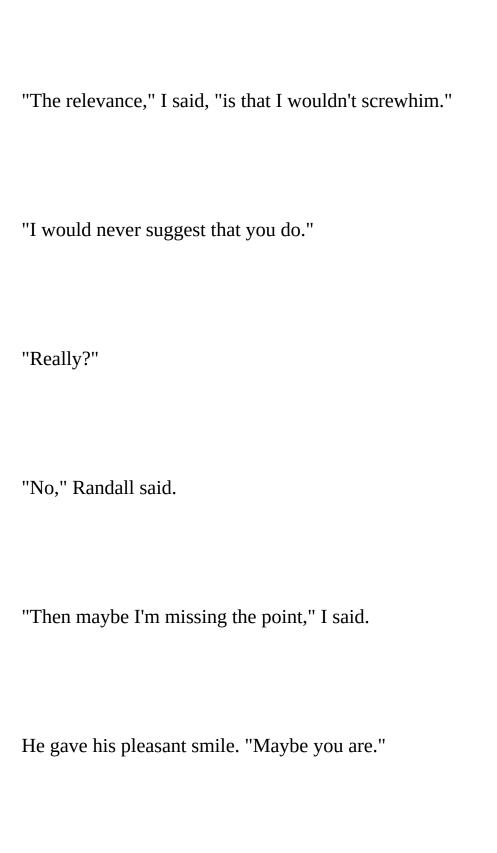










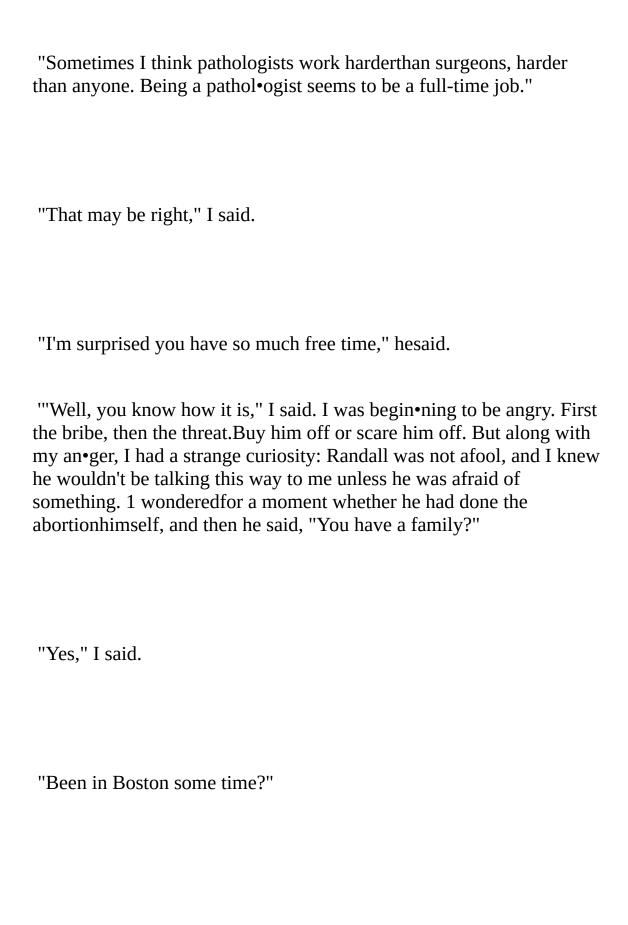


"Why don't you explain?"

He scratched the back of his head reflectively. I could see he was about to change tactics, to try a different approach. He frowned.

"I'm not a pathologist, Dr. Berry," he said, "but Ihave some friends who are."

"Not Tim Stone, I'll bet."



"I can always leave," I said, "if I find the patho•logical specimens too distasteful."

He took that very well. He didn't move, didn'tshift his weight on the fender of the car. He justlooked at me with those gray eyes and said, "I see."

"Maybe you'd better come right out and tell mewhat's on your mind."

"It's quite simple," he said. "I'm concerned aboutyour motives. I can understand the ties of friend•ship, and I can even see how personal affection canbe blinding. I admire your loyalty to Dr. Lee,though I would admire it more if you chose a lessreprehensible subject. However, your actions seemto extend beyond loyalty. What*are* your motives,Dr. Berry?"

"Curiosity, Dr. Randall. Pure curiosity. I want toknow why everybody's out to screw an innocent guy. I want to know why a profession dedicated to the objective examination of facts has chosen to be biased and uninterested."

He reached into his suit pocket and took out a

cigar case. He opened it and withdrew a single slimcigar, clipped off the end, and lit it.

"Let's be sure," he said, "that we know what we'retalking about. Dr. Lee is an abortionist. Is that cor• rect?"

"You're talking," I said. "I'm listening."

"Abortion is illegal. Furthermore, like every surgi•cal procedure, it carries with it a finite risk to the patient—even if practiced by a competent person, and not a drunken . . ."

"Foreigner?" I suggested.

He smiled. "Dr. Lee," he said, "is an abortionist, operating illegally, and his personal habits are ques• tionable. As a doctor, his ethics are questionable. As a citizen of the state, his actions are punishablein a court of law. That's what's on my mind, Dr. Berry. I want to know why you are snooping around, molesting members of my family—"

"I hardly think that's the word for it."

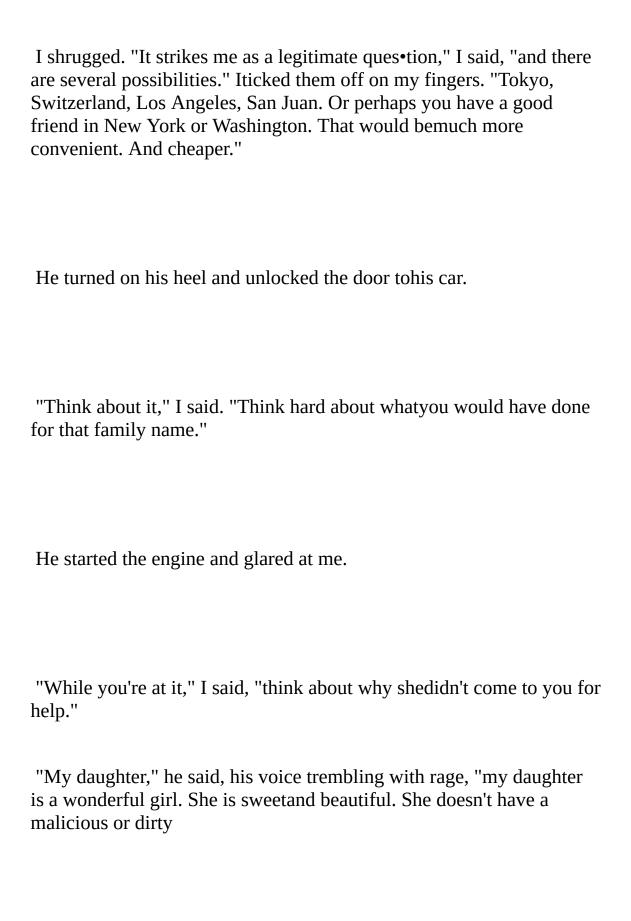
"—and making a general nuisance of yourself inthis matter when you have better things to do,things for which the Lincoln Hospital pays you asalary. Like every other doctor, you have duties and responsibilities. You are not fulfilling those duties. Instead you are interfering in a family matter, creat•ing a disturbance, and attempting to throw a smokescreen around a reprehensible individual, a manwho has violated all the codes of medicine, aman who has chosen to live beyond the limits ofthe law, to thumb his nose at the dictates of theframework of society—"

"Doctor," I said. "Looking at this as purely a fam•ily matter: What would you have done if yourdaughter had come to you with the news that shewas pregnant? What if she had consulted you in•stead of going directly to an abortionist? Whatwould you have done?"

"There is no point in mindless conjecture," hesaid.

"Surely you have an answer."

He was turning a bright crimson. The veins inhis neck stood out above his starched collar. Hepursed his lips, then said, "Is this your intention? To slander my family in the wild hope of helpingyour so-called friend?"



thought in her head. How dare you drag her downto your—"

"If she was so sweet and pure," I said, "how didshe get pregnant?"

He slammed the door shut, put the car in gear, and roared off in a cloud of angry blue exhaust.

THIRTEEN

when Ireturned home, the house was dark andempty. A note in the kitchen told me that Judithwas still over at the Lees with the kids. I walked around the kitchen and looked into the refrigerator; I was hungry but restless, unwilling to sit down andmake a sandwich. Finally I settled for a glass of milk and some leftover cole slaw, but the silence of the house depressed me. I finished and went over to the Lees; they live just a block away.

From the outside, the Lee house is brick, mas•sive, New England, and old, like all the otherhouses on the street. It had absolutely no distin•guishing characteristics. I had always wonderedabout the house; it didn't seem suited to Art.

Inside, things were grim. In the kitchen, Bettysat with a rigid smile on her face as she fed theyear-old baby; she looked tired and ragged; normallyshe was immaculately dressed with an unwilting,

indefatigable manner. Judith was with her and Jane, our youngest, was holding on to Judith's skirt. She had begun that just a few weeks earlier.

From the living room, I heard the sound of theboys playing cops and robbers with cap pistols. With every bang, Betty shuddered. "I wish they'dstop," she said, "but I haven't the heart. . . . "

I went into the living room. All the furniture was overturned. From behind an easy chair Johnny, our four-year-old, saw me and waved, then fired hisgun. Across the room the two Lee boys were hud•dled behind the couch. The air was acrid withsmoke and the floor littered with rolls of papercaps.

Johnny fired, then called, "I got you."

"Did not," said Andy Lee, who was six.

"I did too. You're dead."

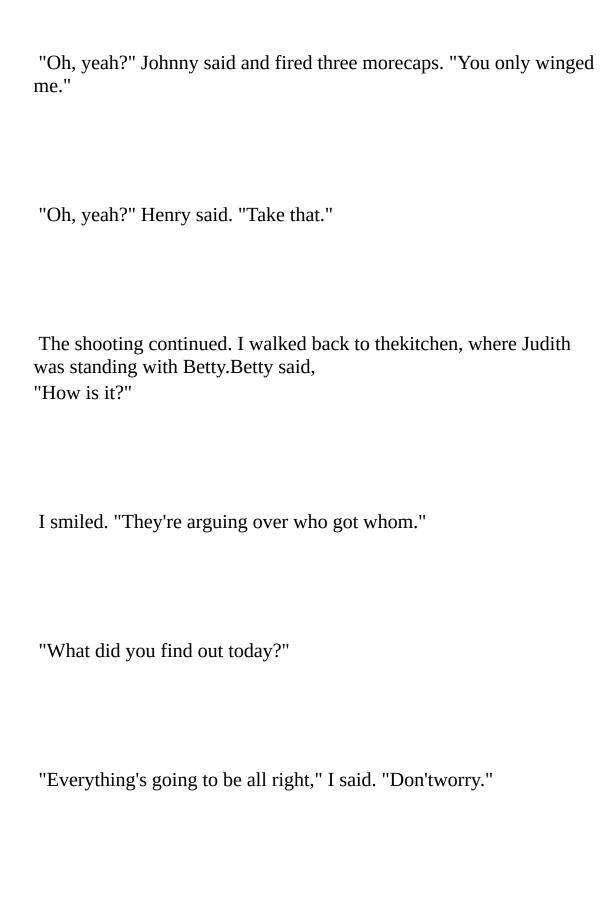
"I'm not dead," Andy said and fanned his gun.He was out of caps, though, and made only a click•ing noise. He ducked down and said to Henry Lee,"Cover me while I reload."

"O.K., partner."

Andy reloaded, but his fingers were slow, and hegrew impatient. Halfway through he stopped,aimed his gun, and shouted "Bang! Bang!" Then hecontinued.

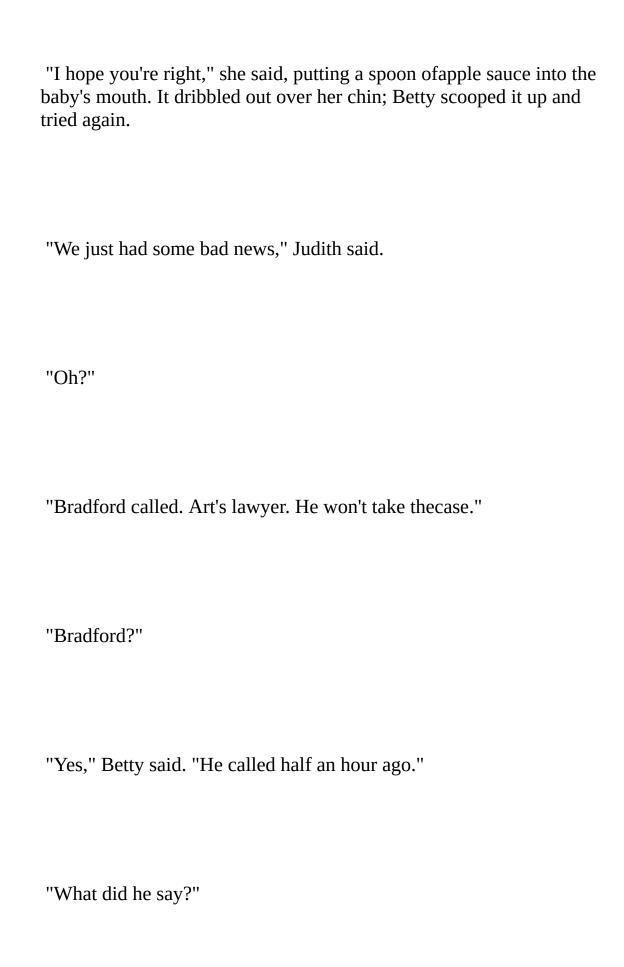
"No fair," Johnny called, from behind the chair."You're dead."

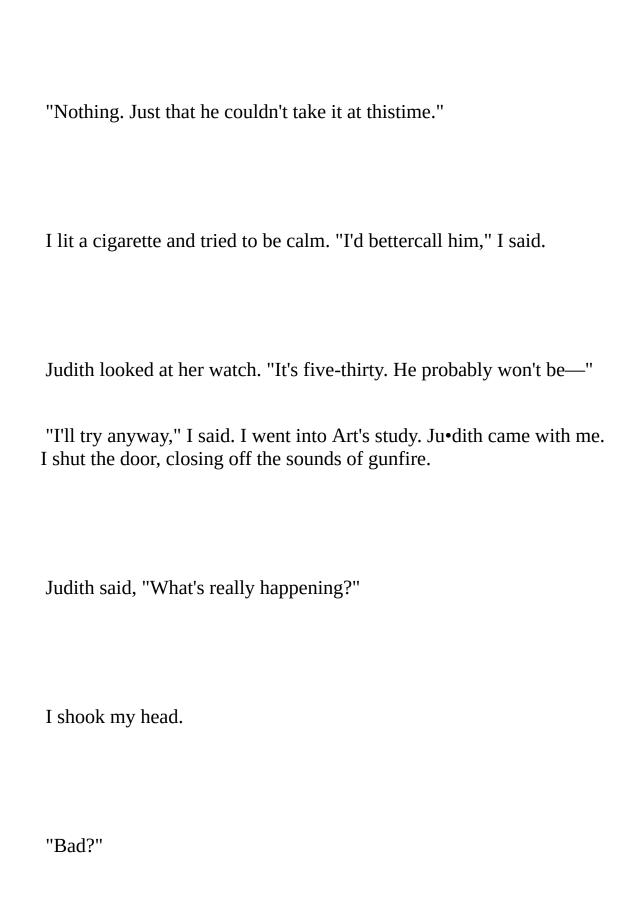
"So are you," Henry said. "I just got you."

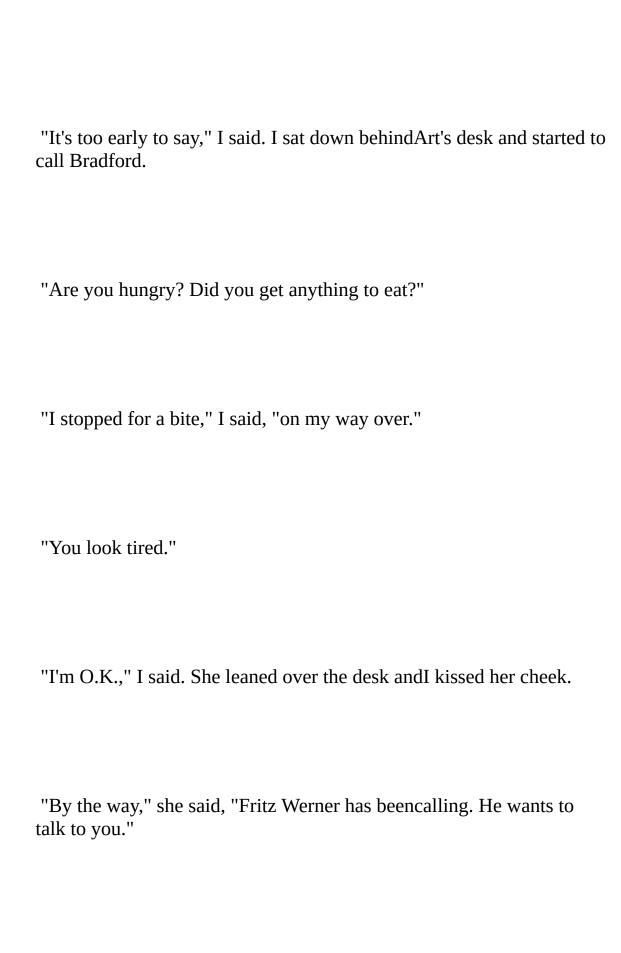


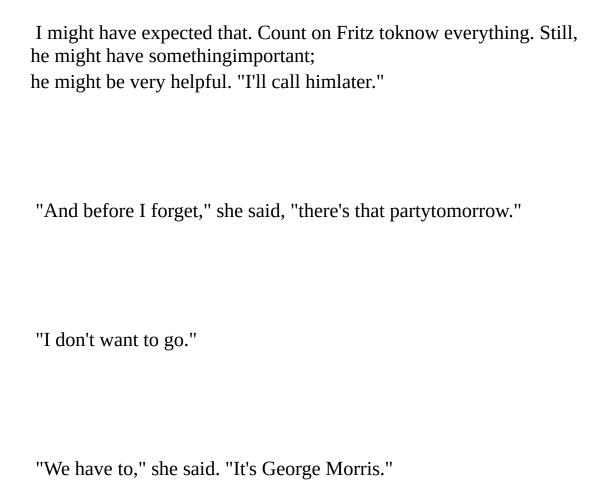
She gave me a wry smile. Art's smile. "Yes, Doc•tor."

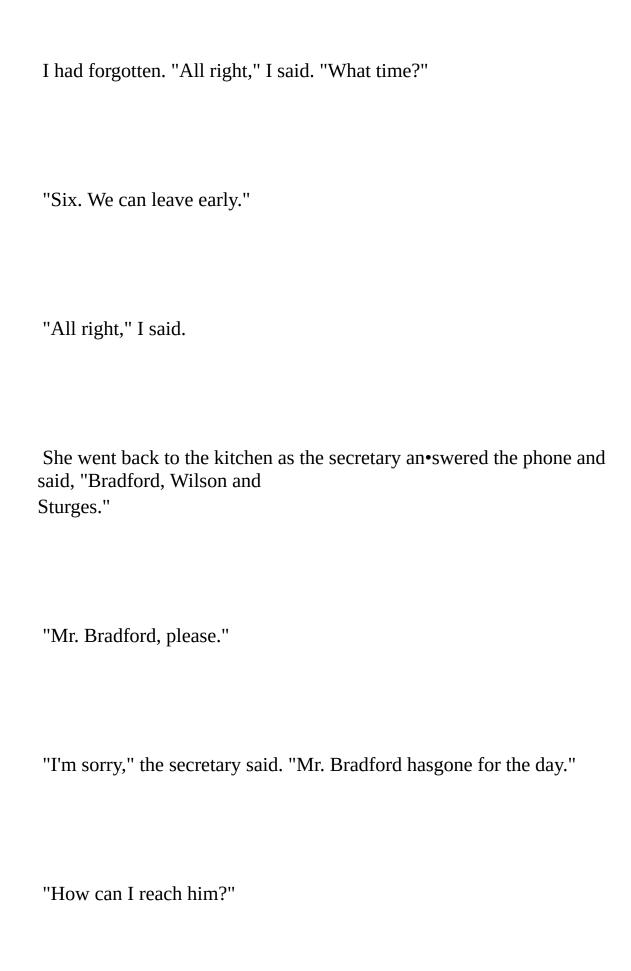
"I'm serious."

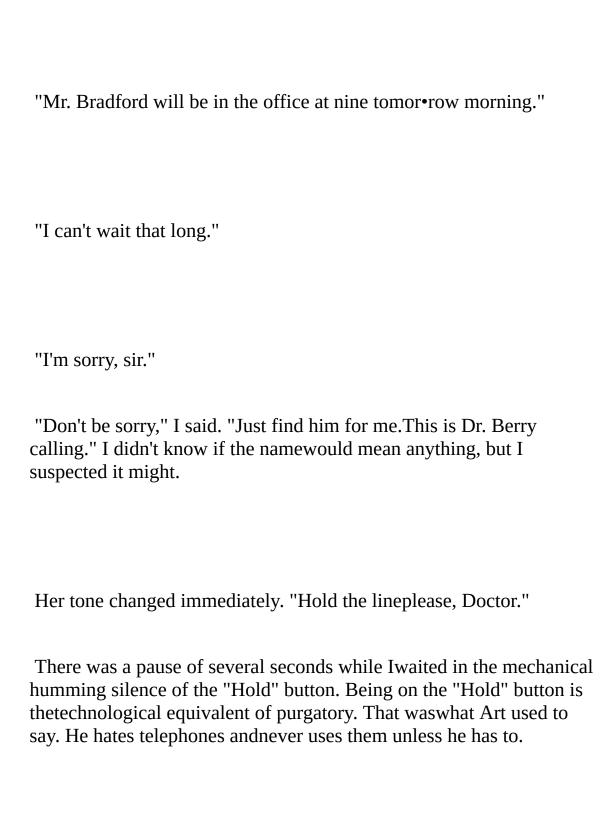


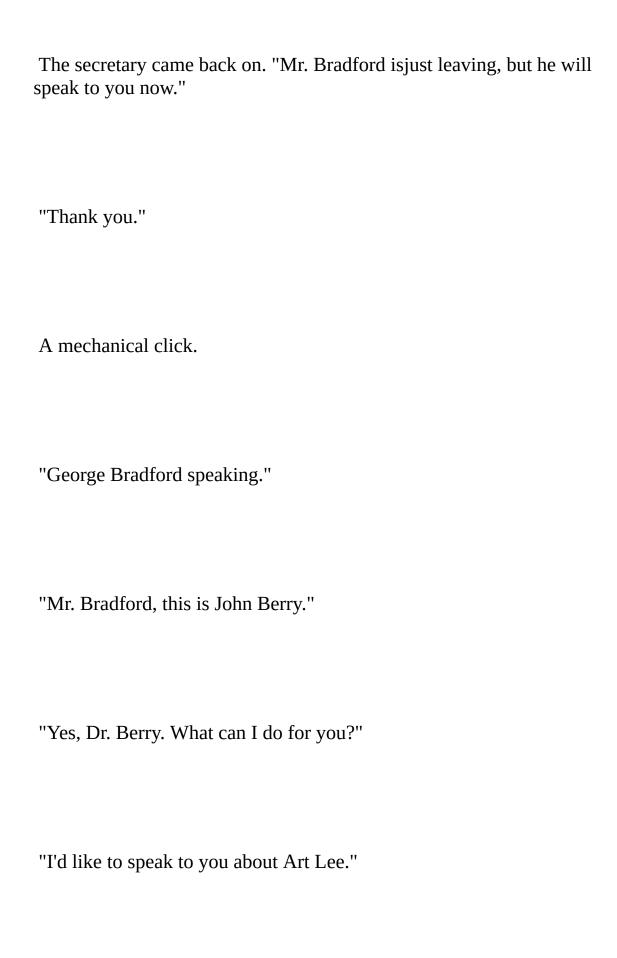












"Dr. Berry, I'm just leaving—"

"Your secretary told me. Perhaps we could meetsomewhere."

He hesitated and sighed into the phone. Itsounded like a hissing, impatient serpent. "Thatwon't serve any purpose. I'm afraid my decision isquite firm. The matter is out of my hands."

"Just a short meeting."

He paused again. "All right. I'll meet you at my

club in twenty minutes. The Trafalgar. See youthen."

I hung up. The bastard: his club was downtown. I would have to run like hell to make it in time. I straightened my tie and hurried off to my car.

the Trafalgar clubis located in a small, dilapi•dated house on Beacon Street, just down from the Hill. Unlike the professional clubs of larger cities, the Trafalgar is so quiet that few Bostonians evenknow of its existence.

I had never been there before, but I could havepredicted the decor. The rooms were paneled in mahogany; the ceilings were high and dusty; thechairs heavy, padded tan leather, comfortable and wrinkled; the carpets were worn Orientals. In atmo•sphere, it reflected its members—stiff, aging, and masculine. As 1 checked my coat, I saw a signwhich stated crisply,female guests may be enter•tained BETWEEN THE HOURS OF 4 AND 5:30 O'CLOCKon Thursdays only.Bradford met me in the lobby.

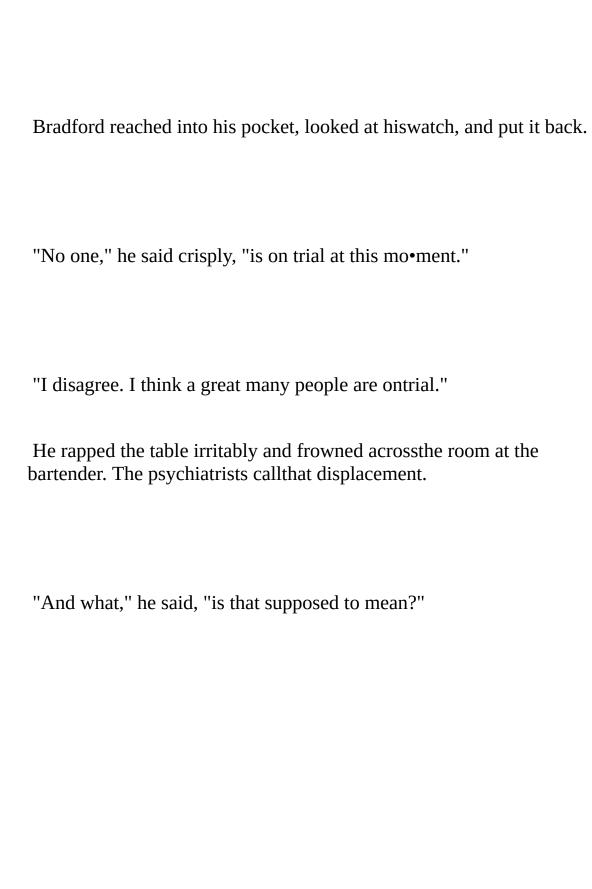
He was a short, compact man, impeccablydressed. His black chalk-stripe suit was unwrinkledafter a day of work, his shoes gleamed, and hiscuffs protruded the proper length beyond his jacketsleeves. He wore a pocket watch on a silver chain, and his Phi Beta Kappa key contrasted nicely withthe dark material of his vest. I didn't have to lookhim up in Who's Who to know that he lived some•place like Beverly Farms, that he had attended Har•vard College and Harvard Law School, that his wife

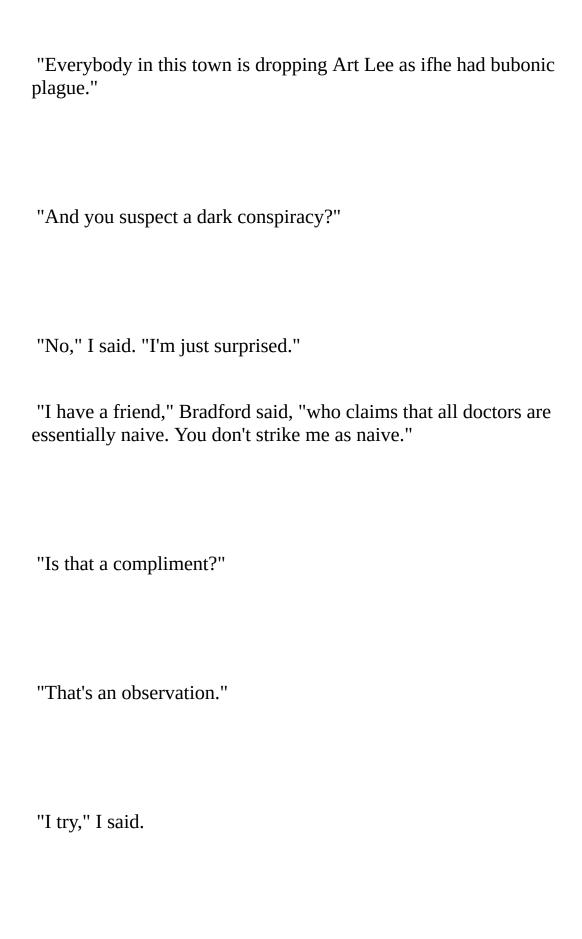
had gone to Vassar and still wore pleated skirts, cashmere sweaters, and pearls, or that his children attended Groton and Concord. Bradford wore it all, quietly and confidently.

"I'm ready for a drink," he said as we shookhands. "How about you?" "Fine."

The bar was on the second floor, a large roomwith high windows looking out on Beacon Streetand the Commons. It was a subdued room, smell•ing faintly of cigar smoke. Men spoke in low voicesand talked in small groups. The bartender knewwhat everyone drank without being told: everyone,that is, except me. We sat in two comfortable chairsby the window and I ordered a vodka Gibson. Brad•ford just nodded to the bartender. While we waited for the drinks, he said, "I am sure you must be dis•appointed in my decision, but frankly——"

"I'm not disappointed," I said, "because I'm noton trial."





"Well, there's really no mystery and no conspiracyhere. In my case,
you must realize that I have many clients, of whom Mr. Lee is just
one."

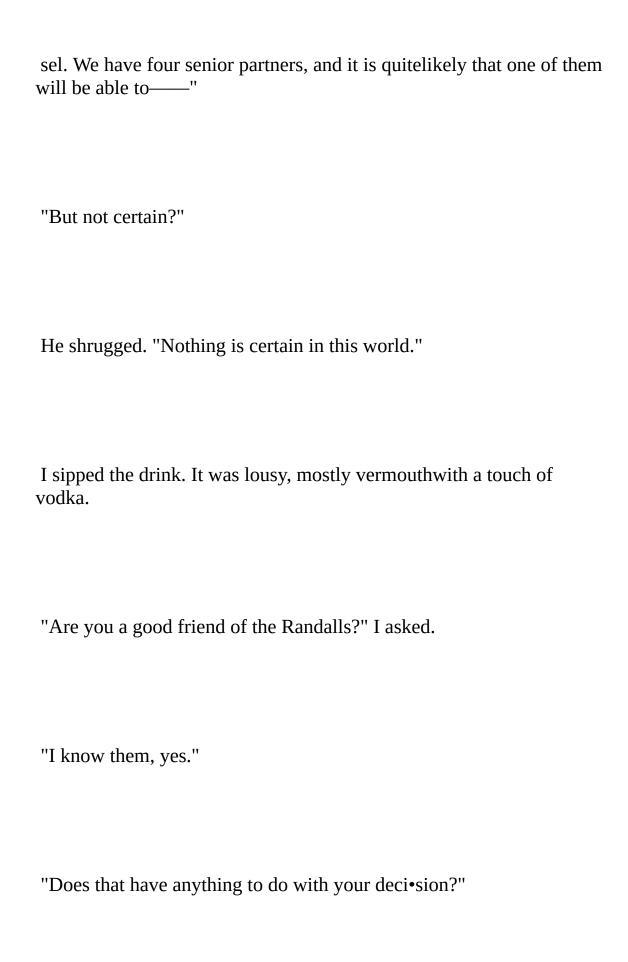
"Dr. Lee."

"Quite right. Dr. Lee. He is just one of my cli•ents, and I have obligations to all of them which I discharge as I am best able. It happens that I spoke with the district attorney's office this afternoon, to determine when Dr. Lee's case would come up forhearing. It seems that Dr. Lee's case will conflictwith another I have previously accepted. I cannotbe in two courtrooms at once. I explained this toDr. Lee."

The drinks came. Bradford raised his glass."Cheers."

"Cheers."

He sipped his drink and looked at the glass."When I explained my position to him, Dr. Lee ac•cepted it. I also told him that my firm would makeevery effort to see that he had excellent legal coun-



"Certainly not." He sat up quite stiffly. "A lawyerlearns very early to separate clients and friends. It's frequently necessary."

"Especially in a small town."

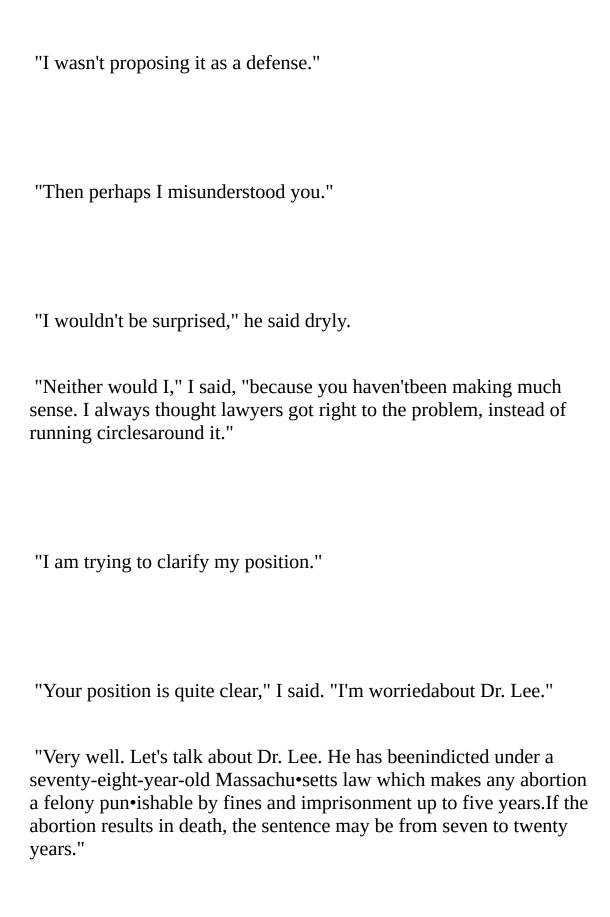
He smiled. "Objection, Your Honor."

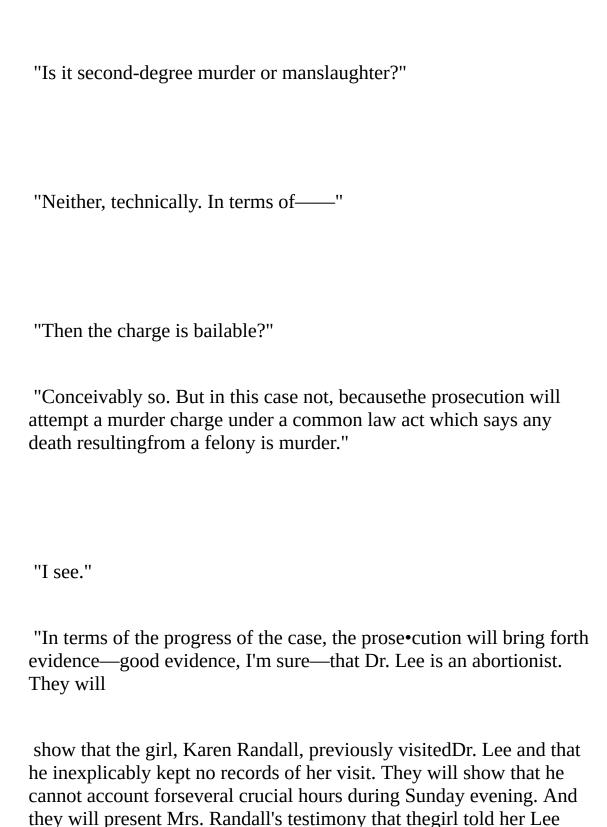
He sipped his drink again. "Off the record, Dr.Berry, you should know that I am in complete sym•pathy with Lee. We both recognize that abortion is a fact of life. It happens all the time. The last fig•ures I saw listed American abortions at a millionyearly; it's very common. Speaking practically, it isnecessary. Our laws relating to abortion are hazy, ill-defined, and absurdly strict. But I must remind youthat the doctors are much more strict than the lawitself. The abortion committees in hospitals areovercautious. They refuse to perform abortionsunder circumstances where the law would never in•tervene. In my opinion, before you can change theabortion laws, you must change the prevailing cli•mate of medical opinion."

I said nothing. The Passing of the Buck is a time-

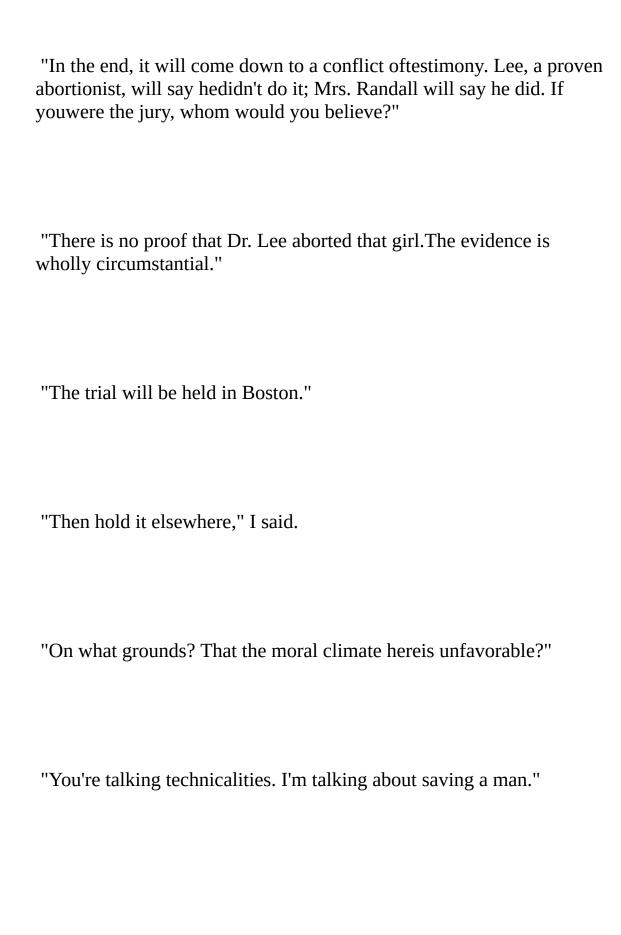
honored ceremony, to be observed in silence. Brad•ford looked at me and said, "You don't agree?"

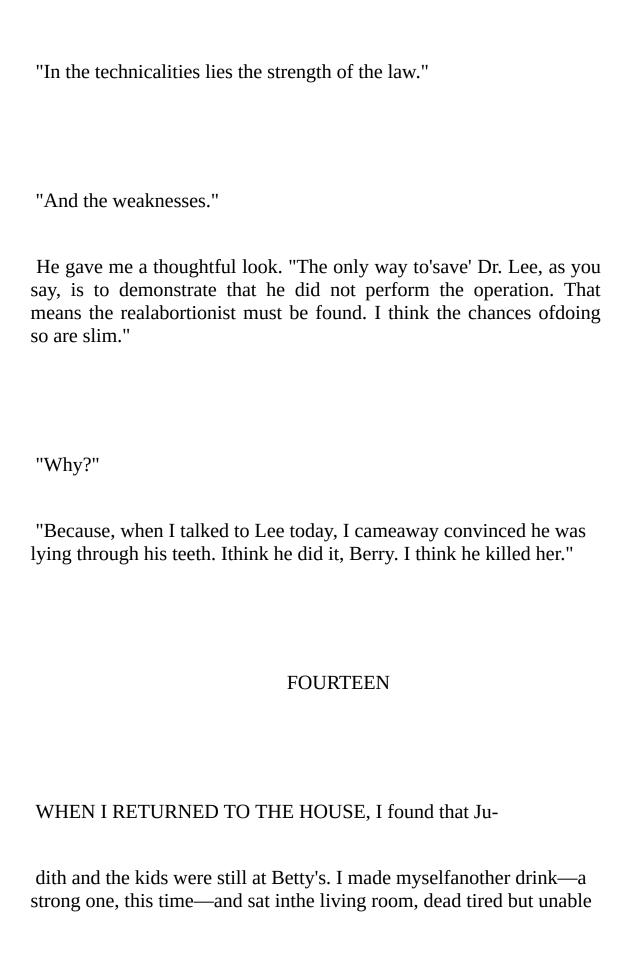
"Of course," I said. "But it strikes me as an interesting defense for an accused man."





performed the abortion.





to relax.

I have a bad temper. I know that, and I try tocontrol it, but the truth is I am clumsy and abruptwith people. I guess I don't like people much;maybe that's why I became a pathologist in the firstplace. Looking back over the day, I realized I hadlost my temper too often. That was stupid; therewas no percentage in it; no gain, and potentially agreat deal of loss.

The telephone rang. It was Sanderson, head ofthe path labs at the Lincoln. The first thing he saidwas,

"I'm calling from the hospital phone."

"O.K.," I said.

The hospital phone had at least six extensions. In the evening, anyone could listen in.

"How was your day?" Sanderson said.

"Interesting," I said. "How was yours?"

"It had its moments," Sanderson said.

I could imagine. Anyone who wanted me out ofhis hair would put the squeeze on Sanderson. Itwas the most logical thing to do, and it could be

managed quite subtly. A few jokes: "Say, I hearyou're shorthanded these days." A few earnest in quiries:

"What's this I hear about Berry being sick?Oh? I heard that he was. But he hasn't been in, has he?" Then a few choice words from the chiefs ofservice: "Sanderson, how the hell do you expect me to keep my medical staff in line when you're letting your path people take off all the time?" And finally someone from the administration: "We run a ship•shape hospital here, everybody has his job and ev•erybody does it, no deadwood on board."

The net effect would be an intense pressure toget me back in the lab or find a new man.

"Tell them I've got tertiary syphilis," I said. "Thatshould hold them."

Sanderson laughed. "There's no problem," hesaid. "Yet. I've got a pretty tough old neck. I cankeep it stuck out a while longer."



a rare thing called agranulocytosis, the completeabsence of white cells in the blood. It's a serious condition because without white cells, you can'tfight infection. Most people are carrying disease or ganisms around in their mouth or body normally—staph or strep, sometimes diphtheria and pneumo- coccus—and if your bodily defenses go down, you infect yourself.

Anyhow, the patient was American, a doctorworking for the Public Health Service in Peru. Hewas taking a Peruvian drug for asthma, and one dayhe began to get sick. He had sores in his mouthand a temperature, and he felt lousy. He went to adoctor in Lima and had a blood test. His whitecount was

600.1The next day it was down to 100, and the next day it was zero. He got a plane to Bos•ton and checked into our hospital.

They did a bone-marrow biopsy, sticking a hollowneedle into his sternum2and drawing out some mar• row. I looked at it microscopically and was puzzled. He had lots of immature cells of the granulocyte se• ries in his marrow, and while it was abnormal, it was not terribly bad. I thought, "Hell, something is wrong here," so I went to see his doctor.

His doctor had been tracing the Peruvian drugthe patient was taking. It turned out to contain asubstance removed from the American market in 1942 because it suppressed white-cell formation.

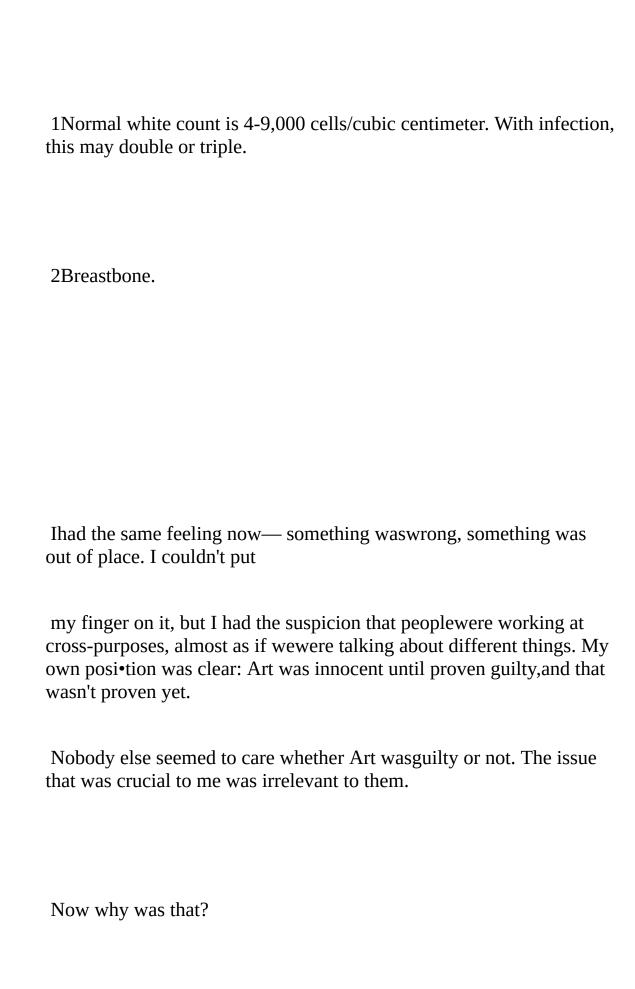
The doctor figured this was what was wrong withhis patient—he had suppressed his own white cells, and now he was infecting himself. The treatmentwas simple: take him off the drug, do nothing, andwait for his marrow to recover.

I told the doctor that the marrow didn't look so bad on the slide. We went to see the patient andfound he was still sick. He had ulcers in his mouth, and staph infections on his legs and back. He had a high fever, was lethargic, and answered questions slowly.

We couldn't understand why his marrow should seem so basically normal when he was so damnedsick; we puzzled over this for most of the afternoon. Finally, about four, I asked the doctor if there had been any infection at the site of biopsy, where theyhad made the puncture to draw marrow. The doctorsaid he hadn't checked. We went to the patient and examined his chest.

Surprise: unpunctured. The marrow biopsyhadn't been taken from this patient. One of thenurses or residents had screwed up the tags,mislabeling a marrow sample from a man with sus•pected leukemia. We immediately drew a samplefrom our patient and found a very suppressed mar•row indeed.

The patient later recovered, but I would never forget our puzzling over the lab results.



TUESDAY

OCTOBER 11

ONE

WHEN I AWOKE IT FELT LIKE A NORMAL DAY. I was exhausted and it was drizzling outside,

cold, gray, anduninviting. I pulled off my pajamas and took a hotshower. While I was shaving, Judith came in andkissed me, then went to the kitchen to make break•fast. I smiled into the mirror and caught myselfwondering what the surgical schedule would belike.

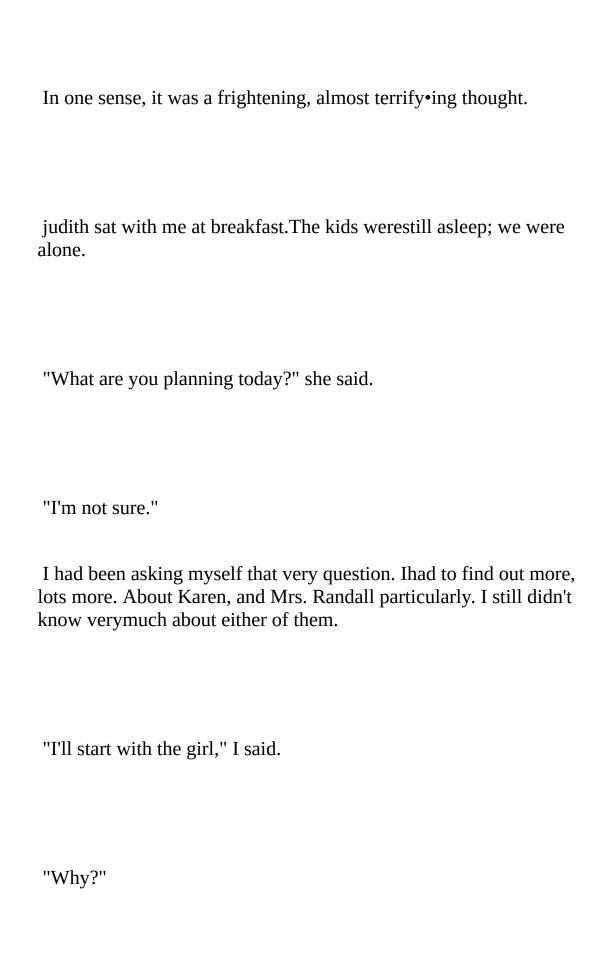
Then I remembered: I wasn't going to the hospi•tal today. The whole business came back to me.

It was not a normal day.

I went to the window and stared at the drizzle onthe glass. I wondered then for the first timewhether I ought to drop everything and go back to work. The prospect of driving to the lab, parking inthe lot, hanging up my coat, and putting on myapron and gloves—all the familiar details ofroutine—seemed suddenly very appealing, almostenticing. It was my job; I was comfortable at it; there were no stresses or strains; it was what I wastrained to do. I had no business playing amateurdetective. In the cold morning light, the ideaseemed ludicrous.

Then I began to remember the faces I had seen. Art's face, and the face of J. D. Randall, and

Brad•ford's smug confidence. And I knew that if I didn'thelp Art, nobody would.





town; you can almost smell irritation and frus•tration in the air, the heavy combined frustration of 2,200 pretty girls consigned to the

wilderness forfour years, and the combined irritation of the na•tives who are forced to put up with them for thattime.

The campus is beautiful, particularly in autumn, when the leaves are turning. Even in the rain, it's beautiful. I went directly to the college information office and looked up Karen Randall in the paper back directory of students and faculty. I was given amap of the campus and set out for her dorm, Henley Hall.

It turned out to be a white frame house onWilbur Street. There were forty girls living inside.On the ground floor was a living room done inbright, small-print fabric, rather foolishly feminine.Girls wandered around in dungarees and long,ironed hair. There was a bell desk by the door.

"I'd like to see Karen Randall," I said to the girl.

She gave me a startled look, as if she thought Imight be a middle-aged rapist.

"I'm her uncle," I said. "Dr. Berry."

"I've been away all weekend," the girl said. "I

haven't seen Karen since I got back. She went toBoston this weekend."

I was in luck: this girl apparently didn't know. Iwondered whether the other girls did; it was impos•sible to tell. It seemed likely that her housemotherwould know, or would find out soon. I wanted toavoid the housemother.

"Oh," said the girl behind the desk. "There's Ginnie. Ginnie's her roommate."

A dark-haired girl was walking out the door. Shewore tight dungarees and a tight poor-boy sweater, but the overall effect remained oddly prim. Some•thing about her face disowned the rest of her body.

The desk girl waved Ginnie over and said, "This is Dr. Berry. He's looking for Karen."

Ginnie gave me a shocked look. She knew. Iquickly took her and steered her to the living room, and sat her down.

[&]quot;But Karen's—"

"I know," I said. "But I want to talk to you." "I think I'd better check with Miss Peters,"Ginnie said. She started to get up. I pushed hergently back down. "Before you do," I said, "I'd better tell you that Iattended Karen's autopsy yesterday." Her hand went to her mouth. "I'm sorry to be so blunt, but there are serious questions that only you can answer. We both knowwhat Miss Peters would say." "She'd say I can't talk to you," Ginnie said. She

was looking at me suspiciously, but I could see Ihad caught her curiosity.

"Let's go someplace private," I said.

"I don't know . . . "

"I'll only keep you a few minutes."

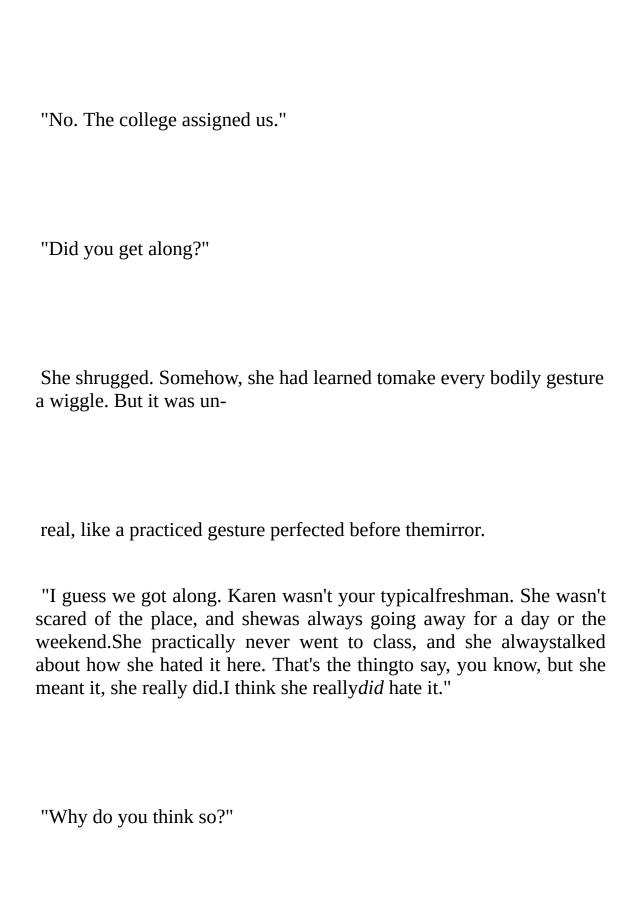
She got up and nodded toward the hall. "Men aren't normally allowed in our rooms," she said, "but you're a relative, aren't you?"

"Yes," I said.

Ginnie and Karen shared a room on the groundfloor, at the back of the building. It was small and cramped, cluttered with feminine mementos —pictures of boys, letters, joke birthday cards, pro•grams from Ivy football games, bits of ribbon, schedules of classes, bottles of perfume, stuffed toyanimals. Ginnie sat on one bed and waved me to adesk chair.

"Miss Peters told me last night," Ginnie said,"that Karen had . . . died in an accident. She askedme not to mention it to anyone for a while. It'sfunny. I never knew anybody who died—I mean,my age, that kind of thing—and it's funny. I meanpeculiar, I didn't feel anything, I couldn't get veryworked up. I guess I don't really believe it yet."

"Did you know Karen before you were room•mates?"



"Because of the way she acted. Not going toclass, always leaving campus. She'd sign out forweekends, saying she was going to visit her parents. But she never did, she told me. She hated her parents."

Ginnie got up and opened a closet door. Inside,tacked to the door, was a large glossy photograph of J. D. Randall. The picture was covered with minutepunctures.

"You know what she used to do? She used tothrow darts at this picture. That's her father, he's asurgeon or something; she threw darts at him everynight, before going to sleep."

Ginnie closed the door.

"What about her mother?"

"Oh, she liked her mother. Her real mother; she died. There's a stepmother now. Karen never likedher



"Or something," Ginnie said, wrinkling her nose."Listen, it isn't nice to say things about her now, you know? And I have no reason to think it strue. May be it's all a big story."
it'strue. Maybe it's all a big story."
"What's that?"
"Well, you get here as a freshman and nobodyknows you, nobody's ever <i>heard</i> of you before, andyou can tell people anything you like and get awaywith it. I used to tell people I was a high-school cheerleader, just for the fun of it. Actually I went toprivate school, but I always wanted to be a high- school cheerleader."
"I see."
"They're so wholesome, you know?"
"What kind of stories did Karen tell you?"
"I don't know. They weren't exactly stories. Justsort of implications. She liked people to believe that she was wild, and all her friends were wild. Actually, that was her favorite word: wild. And sheknew how to

make something sound real. Shenever just told you straight out, in a whole long thing. It was little comments here and there. Abouther abortions and all."

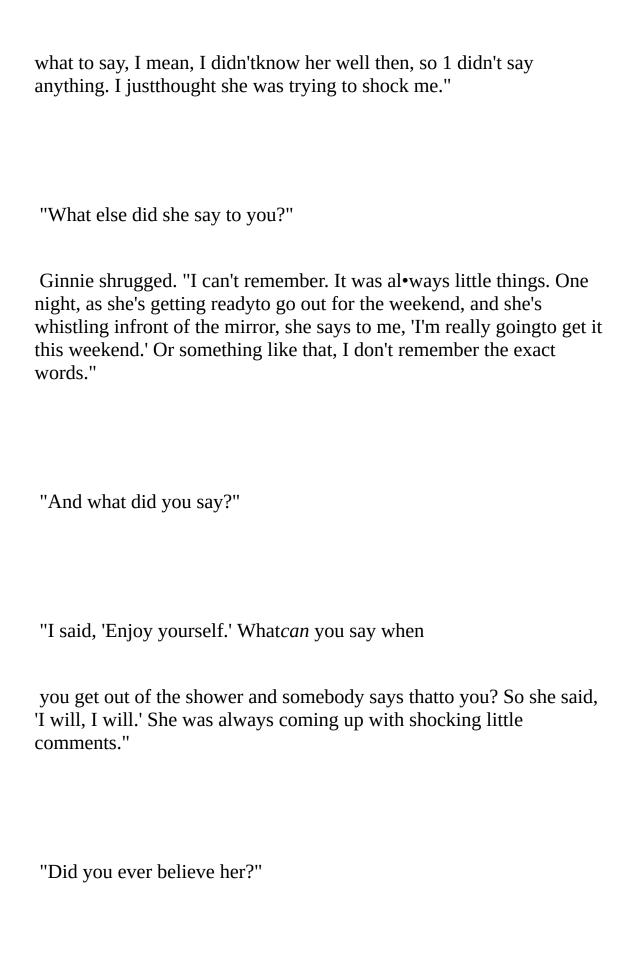
"Her abortions?"

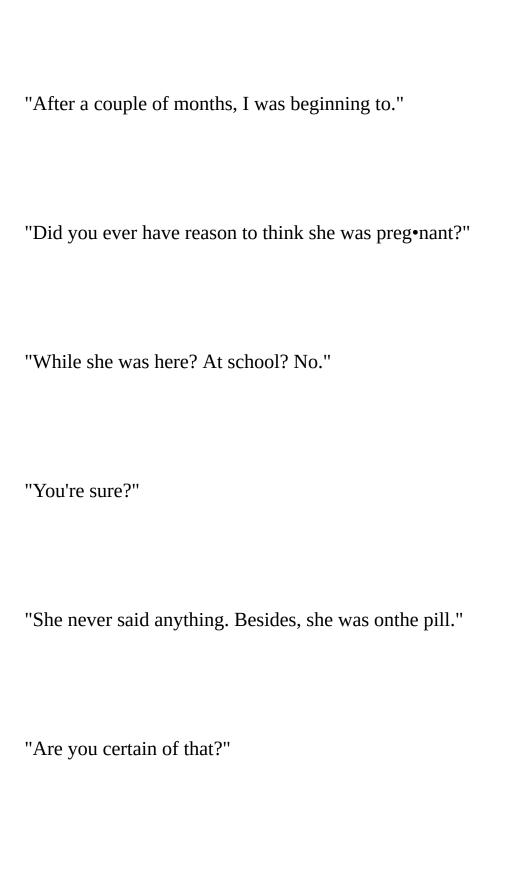
"She said she had had two before she ever got tocollege. Now that's pretty incredible, don't youthink? Two abortions? She was only seventeen, af•ter all. I told her I didn't believe it, so she went into this explanation of how it was done, the completeexplanation. Then I wasn't so sure."

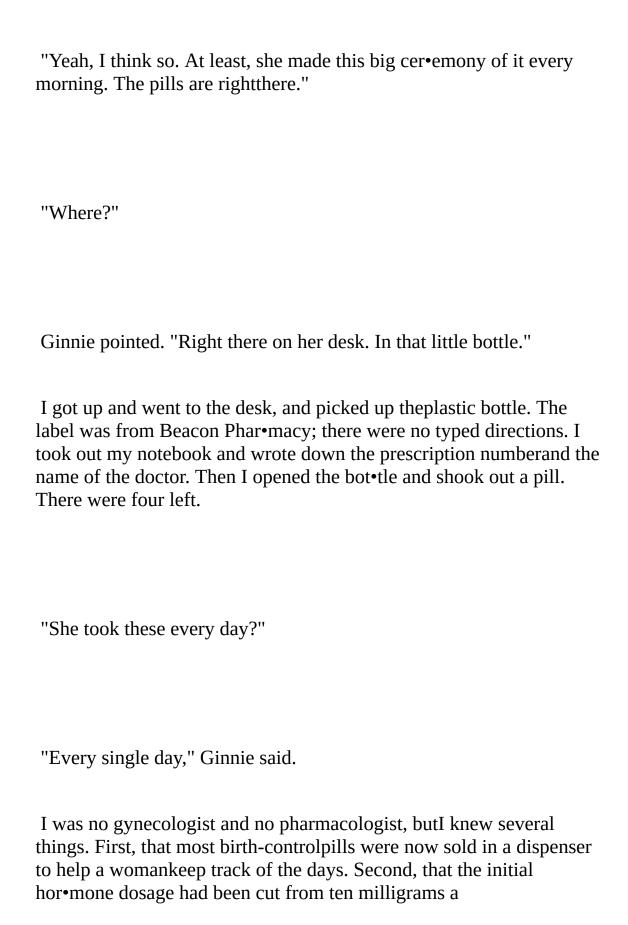
A girl from a medical family could easily acquirea knowledge of the mechanics of a D & C. Thatdidn't prove she'd had an abortion herself.

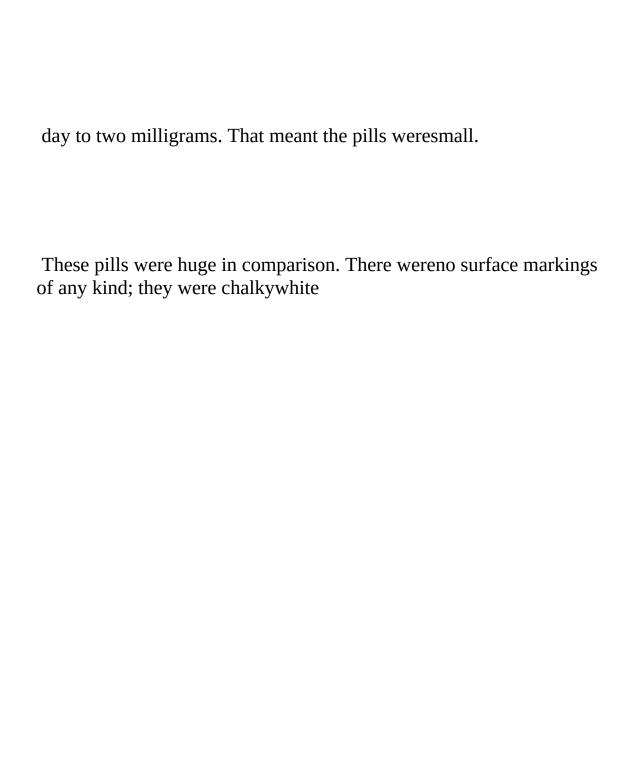
"Did she tell you anything specific about them?Where they were done?"

"No. She just said she'd had them. And she kept saying things like that. She wanted to shock me, Iknow that, but she could be pretty crude when shewanted. I remember the first—no, the secondweekend we were here, she went out Saturday night, and she got back late. I went to a mixer. Ka•ren came in all a mess, crawled into bed with the lights out, and said, 'Jesus, I love black meat.' Justlike that. I didn't know



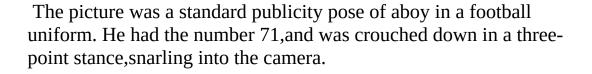








goesto Harvard."



"What's his name?"

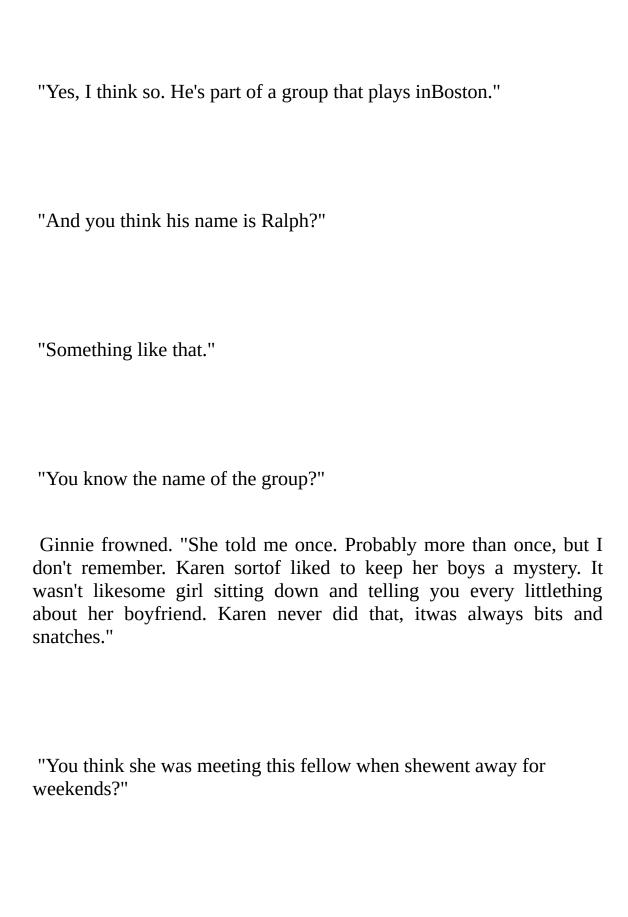
"I don't know."

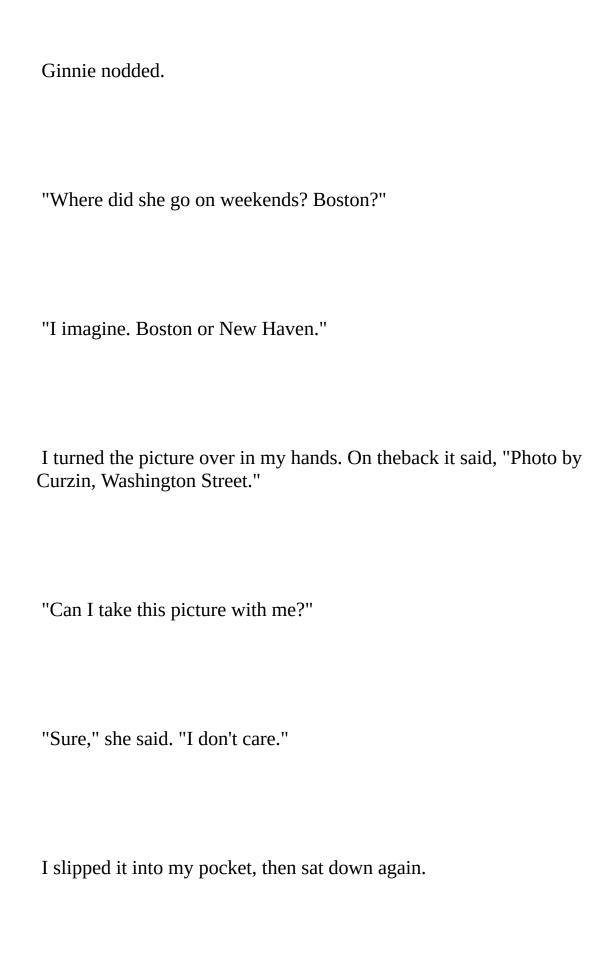
I picked up a Harvard-Columbia football pro•gram and looked up the roster. Number 71 was aright guard, Alan Zenner. I wrote the name in mynotebook and gave the picture back to Ginnie.

"This other one," she said, handing me the sec•ond picture, "is a newer guy. I think she was seeinghim. Some nights, she'd come back and kiss thepicture before she went to bed. His name wasRalph, I think. Ralph or Roger."

The picture showed a young Negro standing in a tight, shiny suit with an electric guitar in one hand. He was smiling rather stiffly.

"You think she was seeing him?"





"Did you ever meet any of these people? Any ofthe boys?"

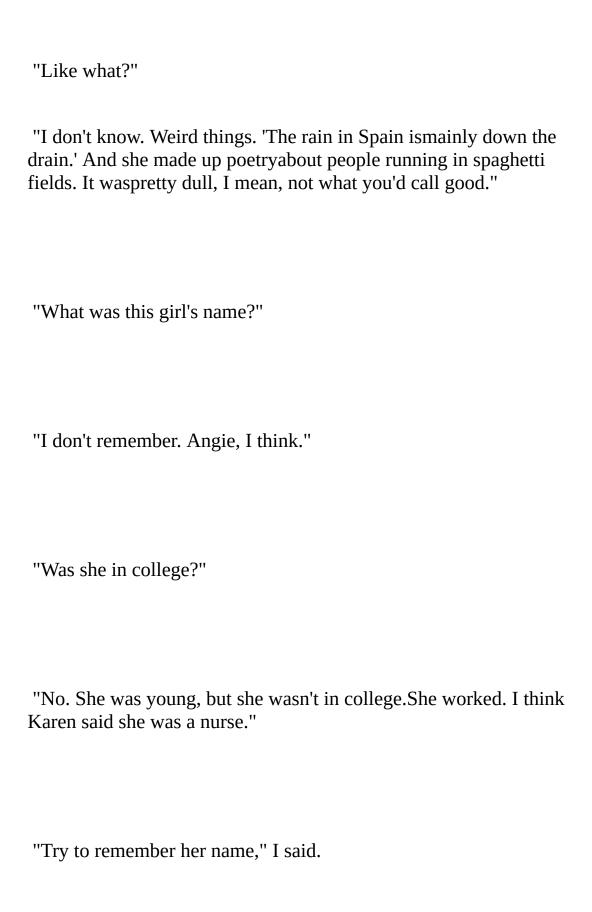
"No. I never met any of her friends. Oh—wait aminute. I did, once. A girl."

"A girl?"

"Yes. Karen told me one day that this good friendof hers was coming up for a day. She told me allabout how cool this girl was, how wild. This bigbuild-up. I was really waiting for something spec•tacular. Then when she showed up . . . "

"Yes?"

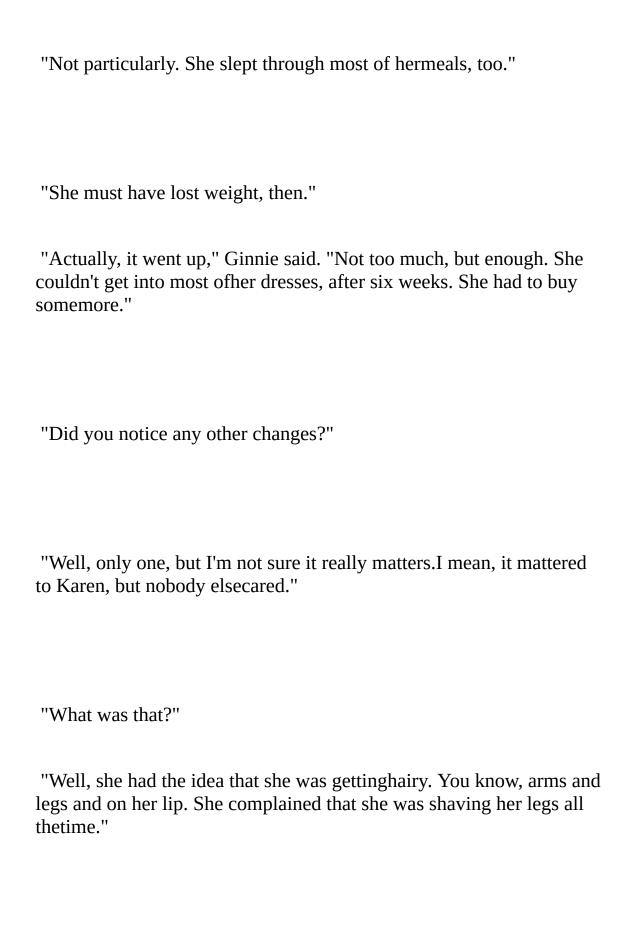
"Really strange," Ginnie said. "Very tall, with reallong legs, and all the time Karen kept saying howshe wished she had long legs like that, and the girljust sort of sat there and didn't say anything. She was pretty, I guess. But really strange. She actedlike she was asleep. Maybe she was up on some•thing; I don't know. Finally she began to talk, afterabout an hour of just sitting there, and she saidthese weird things."

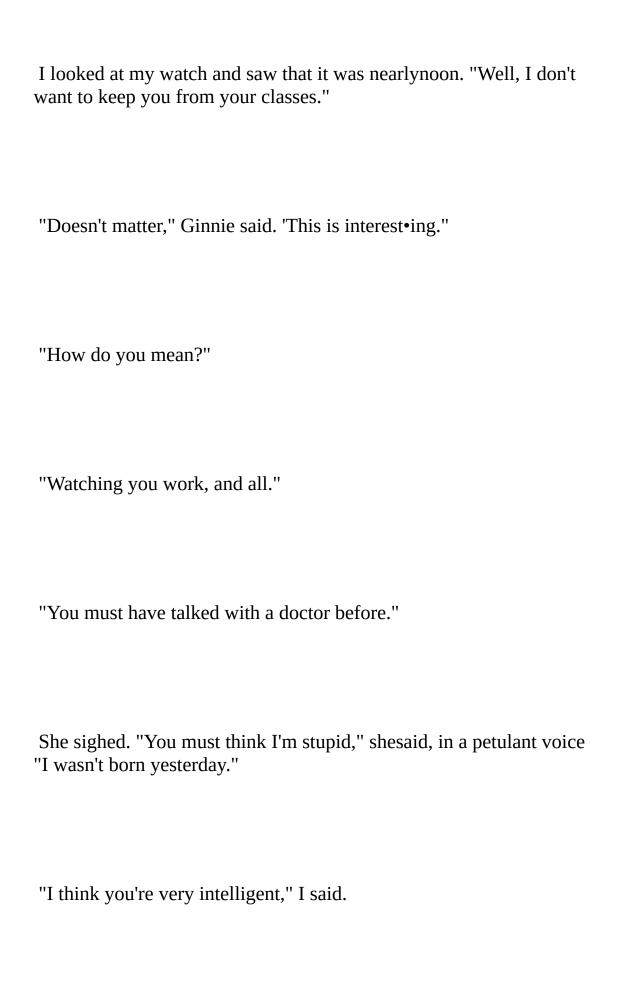


Ginnie frowned and stared at the floor, thenshook her head. "I can't," she said. "I didn't pay thatmuch attention."

I didn't want to let it go, but it was getting late. I said, "What else can you tell me about Karen? Was she

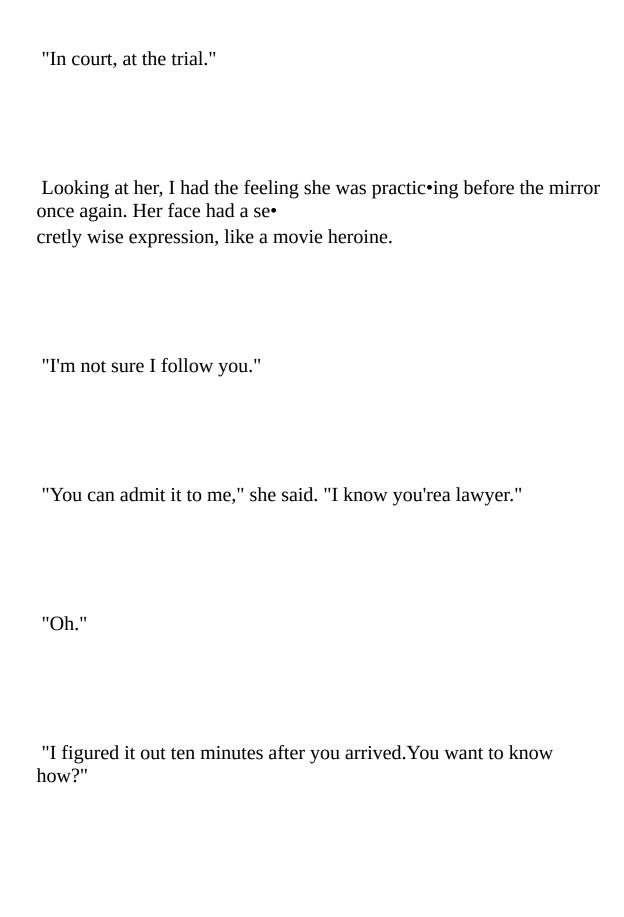
nervous? Jittery?"
"No. She was always very calm. Everybody elsein the house was nervous, especially around hourlytime, when we have our exams, but she didn't seemto care,"
"Did she have a lot of energy? Was she bouncyand talkative?"
"Karen? Are you kidding? Listen, she was alwayshalf dead, except for her dates, when she'd perk up, but otherwise she was always tired and always com•plaining about how tired she was."
"She slept a lot?"
"Yes. She slept through most of her classes."
"Did she eat a lot?"





"Will you want me to testify?"

"Testify? Why?"



"How?"
"When you picked up those pills and looked atthem. You did it very carefully, not like a doctor atall. Frankly, I think you'd make a terrible doctor."
"You're probably right," I said.
"Good luck with your case," she said as I wasleaving.
"Thanks."
Then she winked at me.

The x-ray roomon the second floor of the Memhad a fancy name: Radiological Diagnosis. It didn'tmatter what they called it, it was the same inside asevery other X-ray room anywhere. The walls weresheets of white frosted glass, and there were littlejam-clips for the films. It was quite a large room, with sufficient space for a half-dozen radiologists towork at once.

I came in with Hughes. He was a radiologist atthe Mem that I'd known for a long time; he and hiswife sometimes played bridge with Judith and me. They were good players, blood players, but I didn'tmind. Sometimes I get that way myself.

I hadn't called Lewis Carr because I knew hewouldn't help me. Hughes was low on the Generaltotem pole and didn't give a damn whether Iwanted to look at films from Karen Randall or the Aga Khan, who had come here for a kidney opera•tion some years ago. He took me right up to the X-ray room.

On the way I said, "How's your sex life?"

That's a standard rib for a radiologist. It's wellknown that radiologists have the shortest lifespan of any medical specialist. The exact reasons are un•known, but the natural assumption is that the Xrays get to them. In the old days, radiologists used to stand in the same room as the patient when the films were taken. A few years of that, and they'd soak up enough gamma to finish them. Then, too, in the old days the film was less sensitive, and ittook a whopping big dose to get a decent contrast exposure.

But even now, with modern techniques and bet•ter knowledge, a ribald tradition remains, and radi• ologists are condemned to suffer through a lifetimeof jokes about their lead-lined jockstraps and their

shriveled gonads. The jokes, like the X rays, are anoccupational hazard. Hughes took it well.

"My sex life," he said, "is a damn sight betterthan my bridge game."

As we came into the room, three or four radiol•ogists were at work. They were each seated in frontof an envelope full of films and a tape recorder; they took out films individually and read off the pa-

tient's name and unit number, and the kind of filmit was—AP or LAO, IVP, or thorax, and so forth— and then they slapped it up against the frosted glassand dictated their diagnosis.1

One wall of the room was given over to the in•tensive care patients. These were seriously ill peo•ple, and their films were not stored in manilaenvelopes. Instead they were hung on revolvingracks. You pressed a button and waited until therack came around to the films of the patient youwanted to see. It meant you could get to a criticallyill patient's films rapidly.

The film storeroom was adjacent to the X-rayroom. Hughes went in and pulled Karen Randall's films, and brought them back. We sat down in front of a sheet of glass, and Hughes clipped up the firstpicture. "Lateral skull film," he said, peering at it. "Knowwhy it was ordered?"

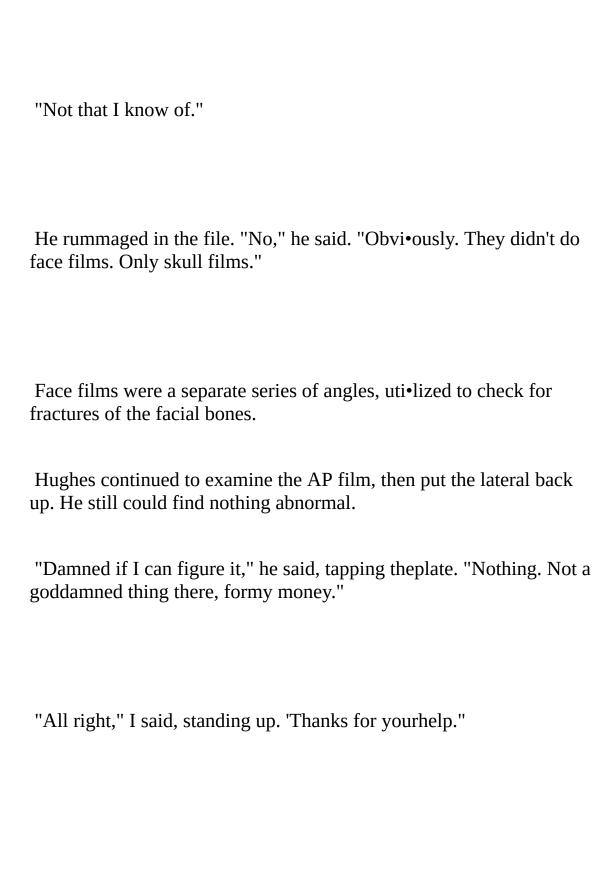
"No," I said.

I, too, looked at the plate, but I could make littleof it. Skull films—X rays of the head—are difficult interpret. The cranium is a complex piece ofbone, producing a confusing interlocking pattern of light and dark. Hughes examined it for some time,occasionally tracing lines with the cap of his foun•tain pen.

1AP is anteroposterior, indicating that the X rays penetrated from front toback, where they struck the plate. LAO is left anterior oblique and IVP is contrast media in the genitourinary tract, a film showing kidneys, ureters, and bladder.

"Seems normal," he said at last. "No fractures, no abnormal calcification, no evidence of air or hema•toma. Of course, it'd be nice to have an arteriogramor a PEG."2

"Let's have a look at the other views," he said. Hepulled down the lateral view and put up theface-on, AP film. "This looks normal, too," he said."I wonder why they were taken—was she in an autoaccident?"



As I left I wondered whether the X rays hadhelped clear things up or just made everythingworse.

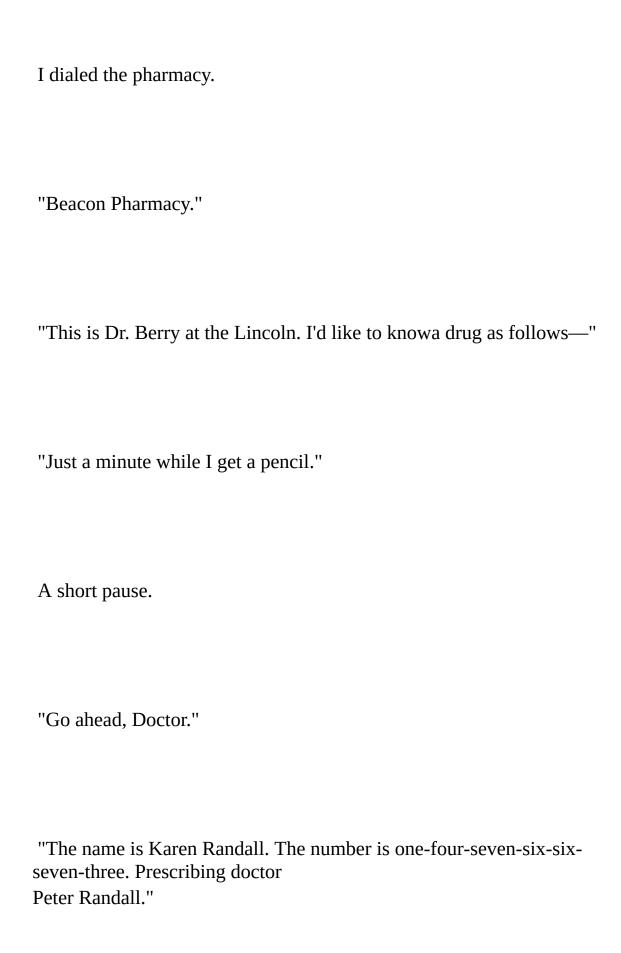
2These are ways of making skull films easier to interpret. An arteriogramis an X ray taken after the cerebral arteries have been filled with radioopaque liquid. A PEG, or pneumoencephalogram, consists of draining all the cerebrospinal fluid and pumping in air to increase contrast in the ven•tricles. It is a painful procedure which cannot be done under anesthesia. Both techniques are considered minor surgery, and are not done unless there is good evidence for their necessity.

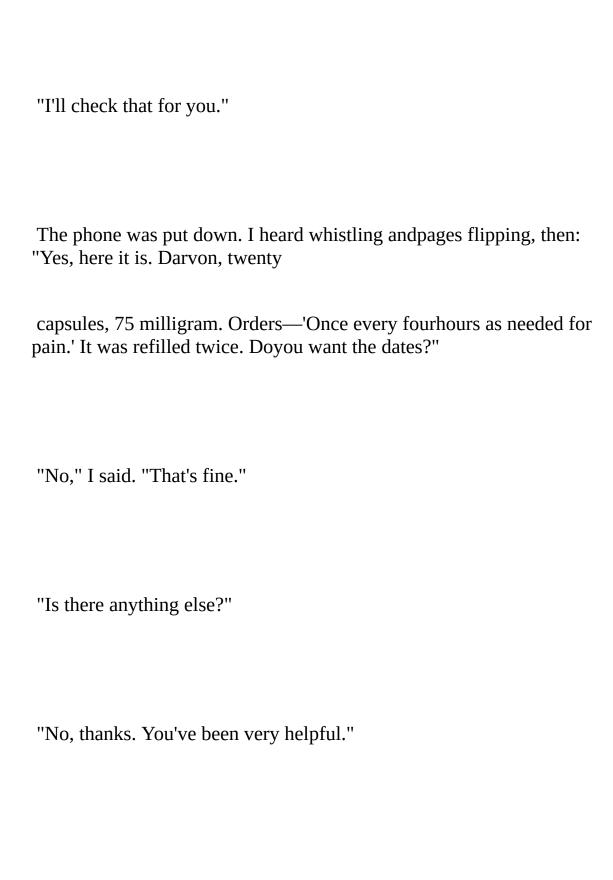
THREE

Istepped into Aphone booth near the hospital lobby. I got out my notebook and found the phar•macy number and the prescription number. I alsofound the pill I had taken from Karen's room.

I chipped off a flake with my thumbnail and ground it into the palm of my hand. It crushed eas•ily into a soft powder. I was pretty sure what it was, but to be certain I touched the tip of my tongue to the powder.

There was no mistaking the taste. Crushed aspi•rin on your tongue tastes terrible.





"Any time."

I replaced the receiver slowly. Things were get•ting more and more screwy. What kind of girl pre• tended to take birth-control pills but actually tookaspirin, which she stored in an empty bottle thatonce

contained pills for menstrual cramps?

FOUR

Death from abortionis a relatively rare event. This basic fact tends to be obscured in all the fan•fare and statistics. The statistics, like the fanfare, are emotional and imprecise. Estimates vary widely, but most people agree that about a million illegalabortions are performed each year, and about 5,000women die as a result of them. This means that theoperative mortality is about 500/100,000.

This is a very high figure, especially in the lightof mortality in hospital abortions. Death in hospital abortions ranges from 0-18/100,000, which makes

it, at worst, about as dangerous as a tonsillectomy(17/100,000).

All this means is that illegal abortions are abouttwenty-five times as deadly as they have to be. Most people are horrified by this. But Art, whothought clearly and carefully about such things, wasimpressed by the statistic. And he said somethingvery interesting: that one reason abortion remainedillegal was because it was so safe.

"You have to look at the volume of business," heonce said. "A million women is a meaninglessnumber. What it comes down to is one illegal

abor•tion every thirty seconds, day in, day out, year afteryear. That makes it a very common operation, andfor better or worse, it's safe."

In his cynical way, he talked about the Death Threshold, as he called it. He defined the DeathThreshold as the number of people who must dieeach year of needless, accidental causes before any•one gets excited about it. In numerical terms, the Death Threshold was set at about 30,000 a year—the number of Americans who died of automobileaccidents.

"There they are," Art said, "dying on the high•ways at the rate of about eighty a day. Everybodyaccepts it as a fact of life. So who's going to careabout the fourteen women who die every day ofabortions?"

He argued that in order to force doctors and law•yers into action, the abortion death figures wouldhave to approach 50,000 a year, and perhaps more.

At the current mortality rates, that meant ten mil•lion abortions a year.

"In a way, you see," he said, "I'm doing a disserv•ice to society. 1 haven't lost anybody in abortion, so I'm keeping those death figures down. That's goodfor my patients, of course, but bad for society as a whole. Society will only act out of fear and gross guilt. We are attuned to large figures; small statis•tics don't impress us. Who'd give a damn if Hitlerhad only killed ten thousand Jews?"

He went on to argue that by doing safe abortions he was preserving the status quo, keeping the pres•sure off legislators to change the laws. And then hesaid something else.

"The trouble with this country," he said, "is thatthe women have no guts. They'd rather slink offand have a dangerous, illegal operation performedthan change the laws. The legislators are all men,and men don't bear the babies; they can afford tobe moralistic. So can the priests: if you had womenpriests, you'd see a hell of a quick change in reli•gion. But politics and religion are dominated by themen, and the women are reluctant to push toohard. Which is bad, because abortion is theirbusiness—their infants, their bodies, their risk. If a million women a year wrote letters to their con•gressmen, you might see a little action. Probablynot, but you might. Only the women won't do it."

I think that thought depressed him more thananything else. It came back to me as I drove to

meet a woman who, from all reports, had plenty ofguts: Mrs. Randall.

north of cohasset, about half an hour from downtown Boston, is an exclusive residential com•munity built along a stretch of rocky coast. It is rather reminiscent of Newport—old frame houses with elegant lawns, looking out at the sea.

The Randall house was enormous, a four-storyGothic white frame building with elaboratebalconies and turrets. The lawn sloped down to the water; altogether there were probably five acres ofland surrounding the house. I drove up the longgravel drive and parked in the turnabout next totwo Porsches, one black, the other canary-yellow. Apparently the whole family drove Porsches. Therewas a garage tucked back to the left of the housewith a gray Mercedes sedan. That was probably forthe servants.

I got out and was wondering how I would everget past the butler when a woman came out of the front door and walked down the steps. She waspulling on her gloves as she went, and seemed in agreat hurry. She stopped when she saw me.

"Mrs. Randall?"

"Yes," she said.

I don't know what I was expecting, but certainlynothing like her. She was tall, and dressed in abeige Chanel suit. Her hair was jet black andglossy, her legs long, her eyes very large and dark. She couldn't have been older than thirty. You couldhave cracked ice-cubes on her cheekbones, she wasso hard.

I stared at her in dumb silence for several mo•ments, feeling like a fool but unable to help myself. She frowned at me impatiently. "What do youwant? I haven't got all day."

Her voice was husky and her lips were sensual. She had the proper accent, too: flattened inflectionand the slightly British intonation.

"Come on, come on," she said. "Speak up."

"I'd like to talk to you," I said, "about your daugh•ter."

"My stepdaughter," she said quickly. She wassweeping past me, moving toward the blackPorsche.

"Yes, your stepdaughter."

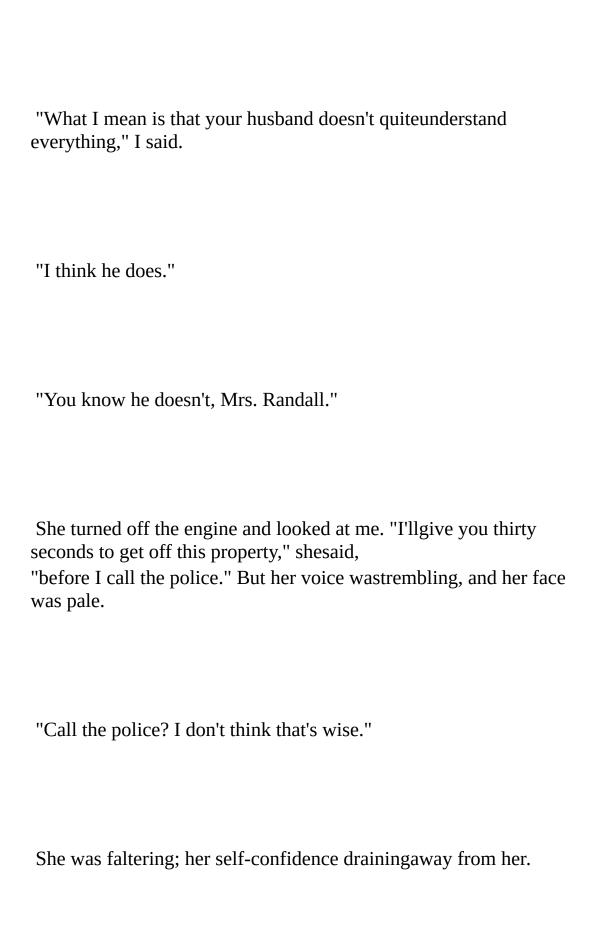
"I've told everything to the police," she said. "AndI happen to be late for an appointment, so if youwill excuse me . . ." She unlocked the door to hercar and opened it.

I said, "My name is—"

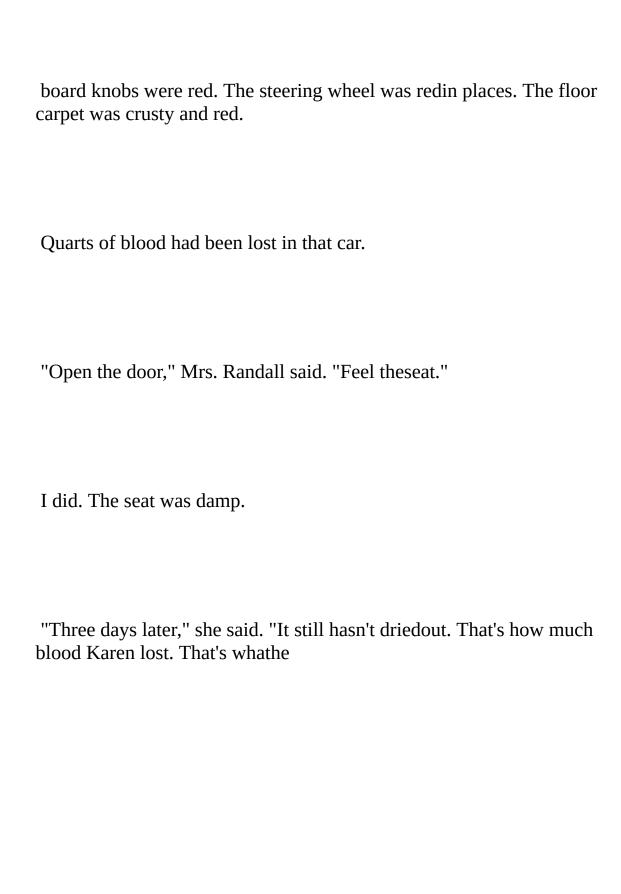
"I know who you are," she said. "Joshua was talk•ing about you last night. He told me you might tryto see me."

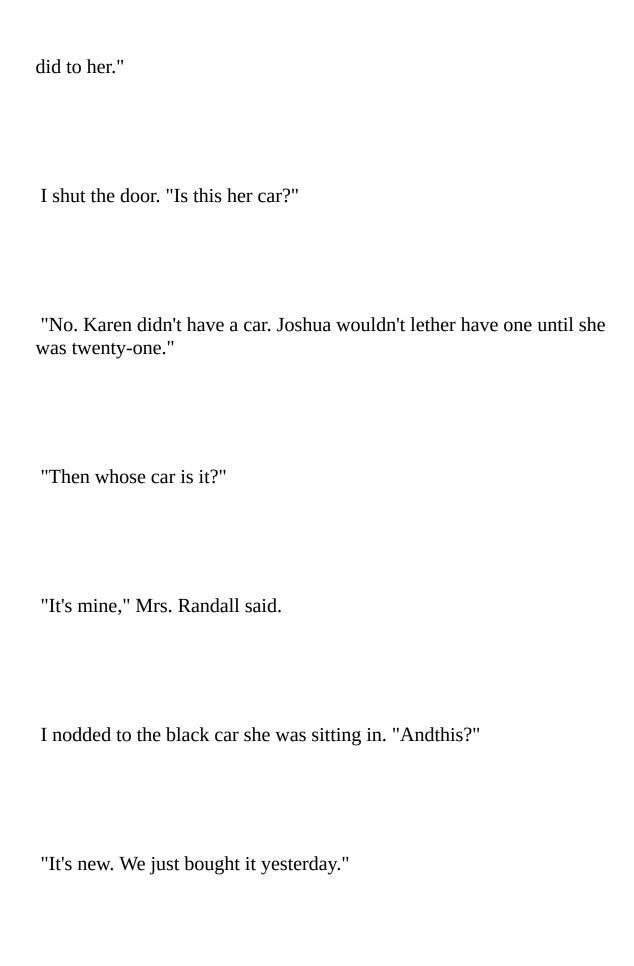
"And?"

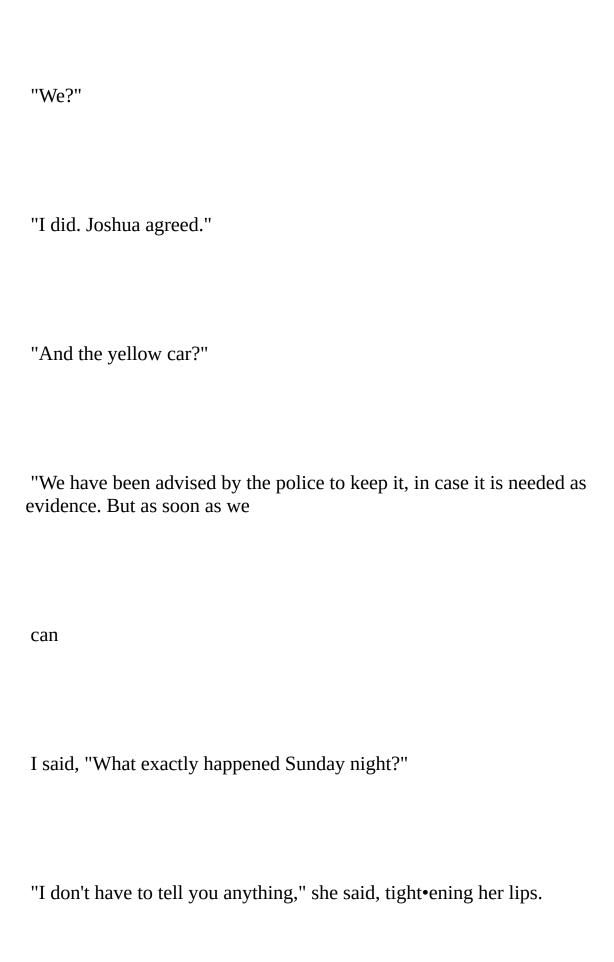
"And he told me, Dr. Berry, to suggest that you go to hell."
She was doing her best to be angry, but I couldsee she was not. There was something else showing in her face, something that might have been curios•ity or might have been fear. It struck me as odd.
She started the engine. "Good day, Doctor."
I leaned over toward her. "Following your hus•band's orders?"
"I usually do."
"But not always," I said.
She was about to put the car in gear, but shestopped, her hand resting on the shift. "I beg yourpardon," she said.











"Of course not." I smiled politely. I knew I hadher; the fear was still in her eyes.

She looked away from me, staring straight for•ward through the glass of the windshield.

"I was alone in the house," she said. "Joshua was

at the hospital with an emergency. William was atmedical school. It was about three-thirty at nightand Karen was out on a date. I heard the hornblowing on the car. It kept blowing. I got out of bedand put on a bathrobe and went downstairs. My car was there, the motor running and the lights on. Thehorn was still blowing. I went outside . . . and sawher. She had fainted and fallen forward onto thehorn button. There was blood everywhere."

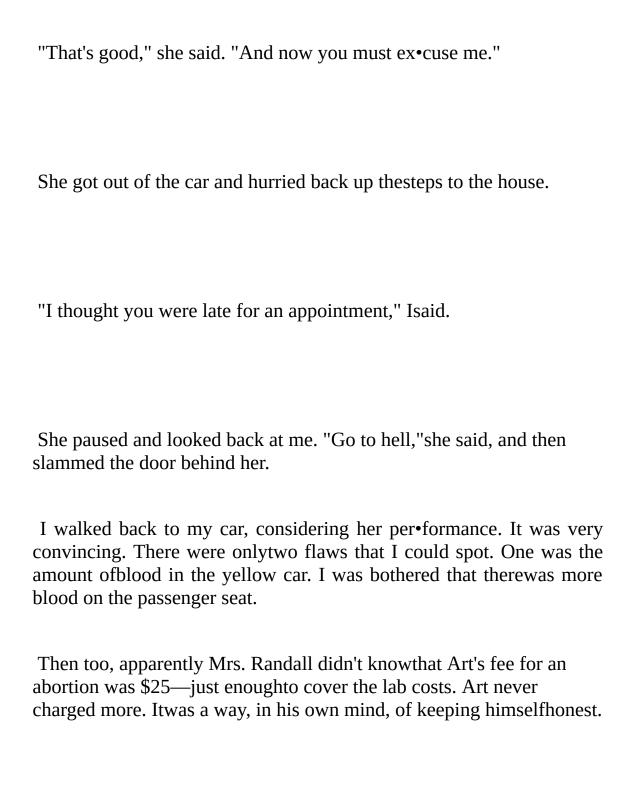
She took a deep breath and fumbled in her pursefor cigarettes. She brought out a pack of Frenchones. I lit one for her.

"There isn't any more to tell. I got her into the other seat and drove to the hospital." She smokedthe cigarette with a swift, nervous movement. "Onthe way, I tried to find out what had happened. Iknew where she was bleeding from, because herskirt was all wet but her other clothes weren't. Andshe said,

'Lee did it.' She said it three times. I'llnever forget it. That pathetic, weak little voice . . . "

[&]quot;She was awake? Able to talk to you?"





The sign was battered: curzin photos. Under•neath, in small, yellowing print, "Photos for allPurposes. Passports, Publicity, Friends. One-HourService."

The shop stood on a corner at the north end of Washington Street, away from the lights of themovie houses and the big department stores. I wentinside and found a little old man and a little oldwoman, standing side by side.

"Yes?" said the man. He had a gentle manner, al•most timid.

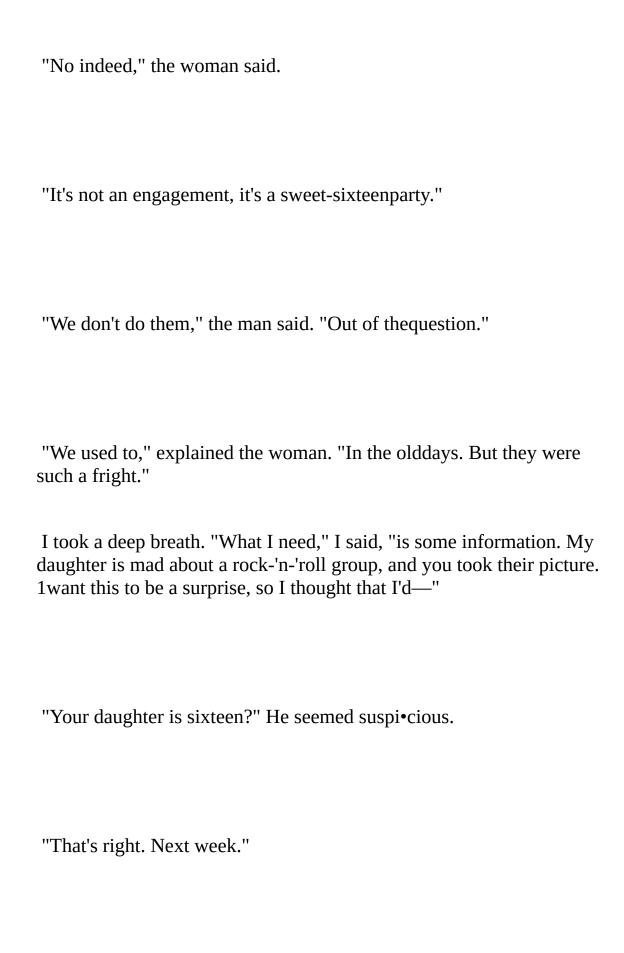
"I have a peculiar problem," I said.

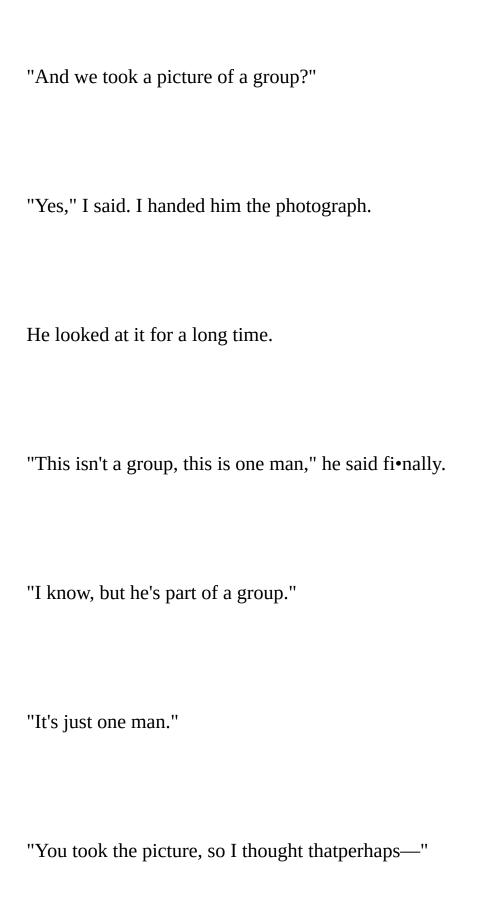
"Passport? No problem at all. We can have thepictures for you in an hour. Less, if you're in a rush. We've done it thousands of times."

"That's right," said the woman, nodding primly."More than thousands."

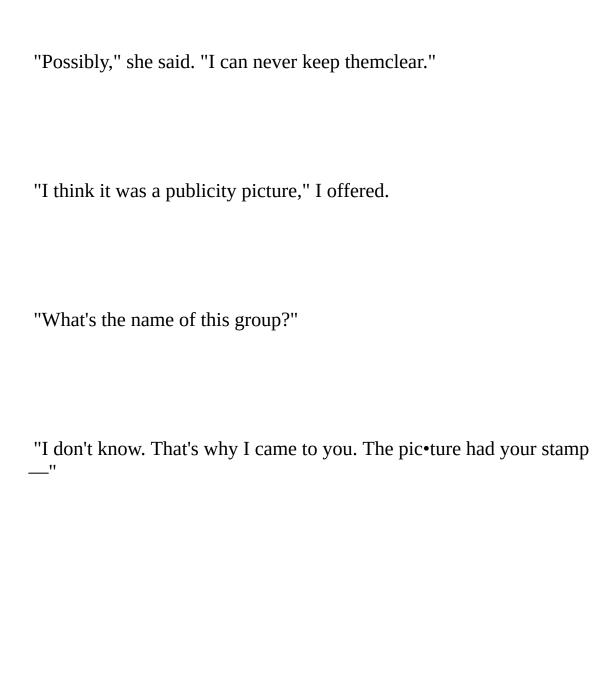
"My problem is different," I said. "You see, mydaughter is having her sweet-sixteen party, and—"

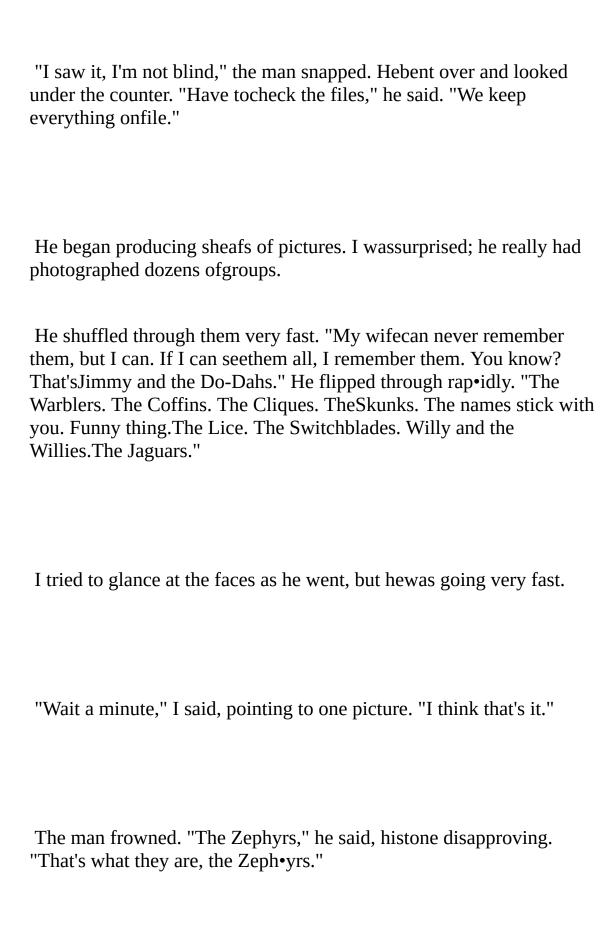
"We don't do engagements," said the man."Sorry."

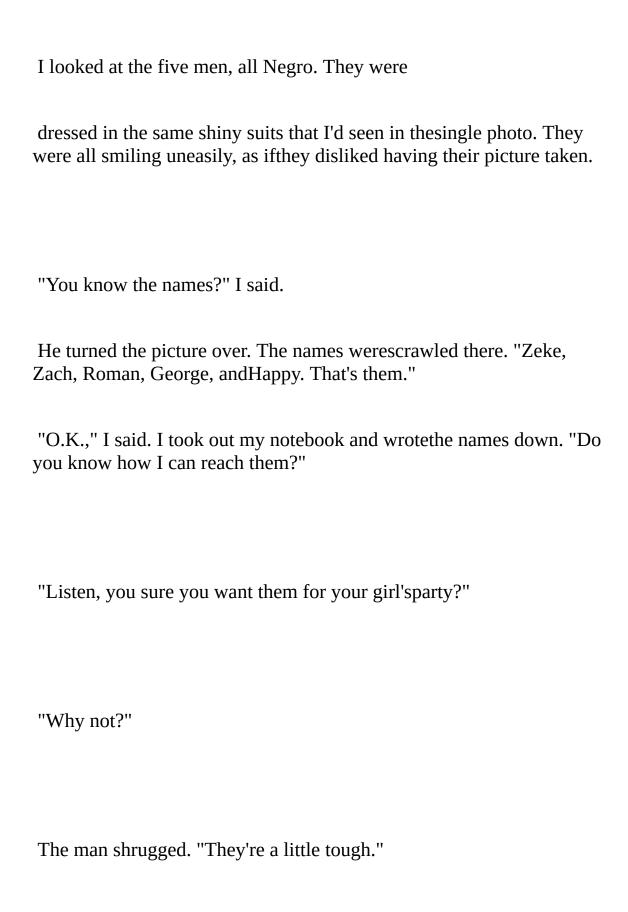


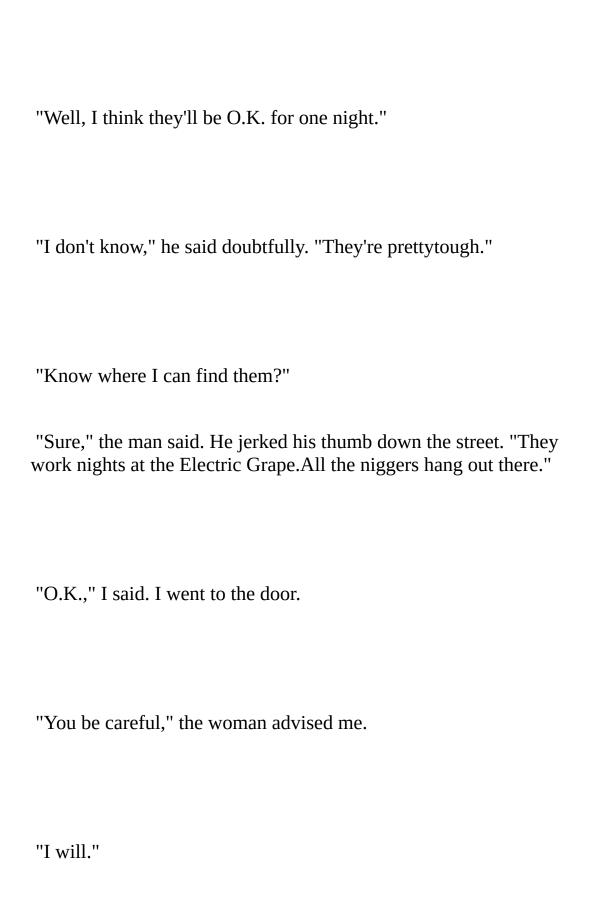


By now the man had turned the picture over in his hand.
"We took this picture," he announced to me."Here, you can see our stamp on the back. Curzin Photos, that's us. Been here since 1931. My fatherhad it before I did, God rest his soul."
"Yes," said the woman.
"You say this is a group?" the man asked, wavingthe picture at me.
"One member of a group."
"Possibly," he said. He handed the picture to thewoman. "Did we do any groups like that?"









"Have a nice party," the man said.

I nodded and shut the door.

ALAN ZENNER WAS A HUGE MOUNTAIN OF A KID. Hewasn't as big as a Big Ten tackle, but he was plentylarge. I guessed he was about six-one and two-twenty.

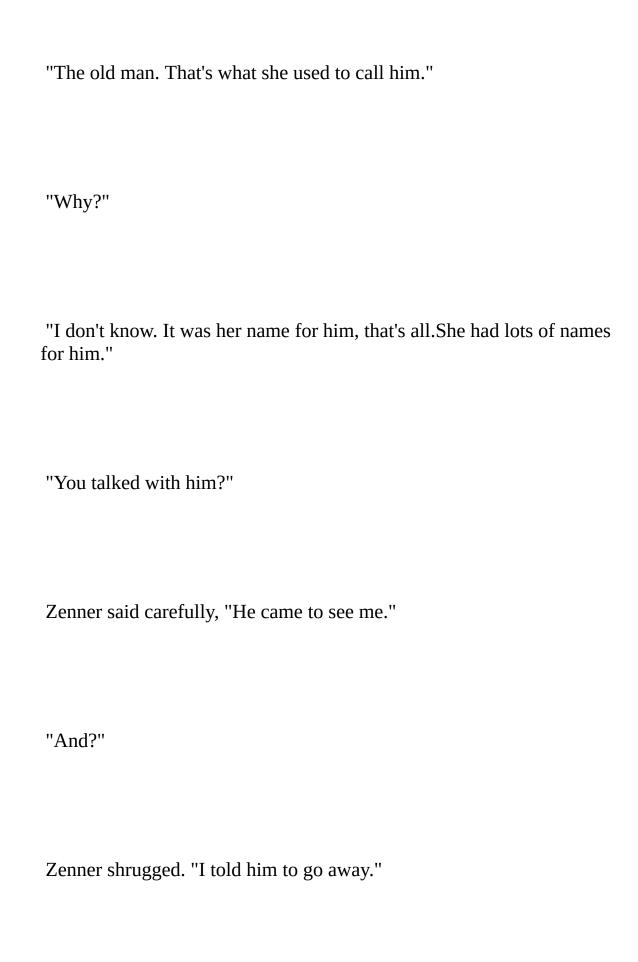
Give or take.

I found him as he was leaving the Dillon Field House at the end of practice. It was late afternoon; the sun was low, casting a golden glow over Sol•diers' Field stadium and the buildings nearby—theField House, the Hockey Rink, the indoor tenniscourts. On a side field, the freshman squad wasstill scrimmaging, raising a cloud of yellow-browndust in the fading light.

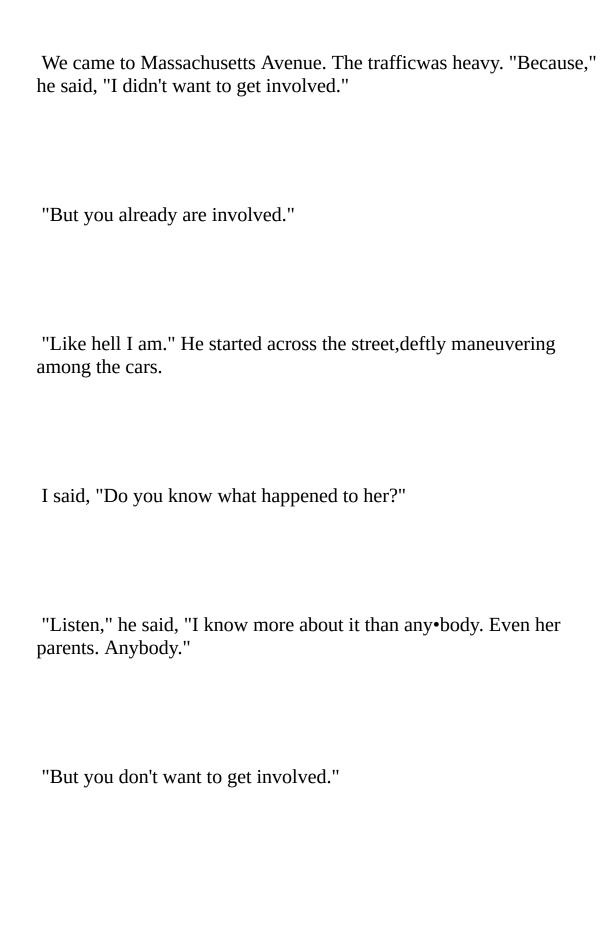
Zenner had just finished showering; his shortblack hair was still damp and he was rubbing it, asif remembering the coach's admonition not to goout with wet hair.

He said he was in a hurry to eat dinner and startstudying, so we talked as we crossed over the Lars Anderson bridge toward the Harvard houses. For awhile I made small talk. He was a senior inLeverett House, the Towers, and he was majoring in history. He didn't like his thesis topic. He wasworried about getting into law school; the law school didn't give athletes a break. All they caredabout were grades. Maybe he would go to Yale lawinstead. That was supposed to be more fun.

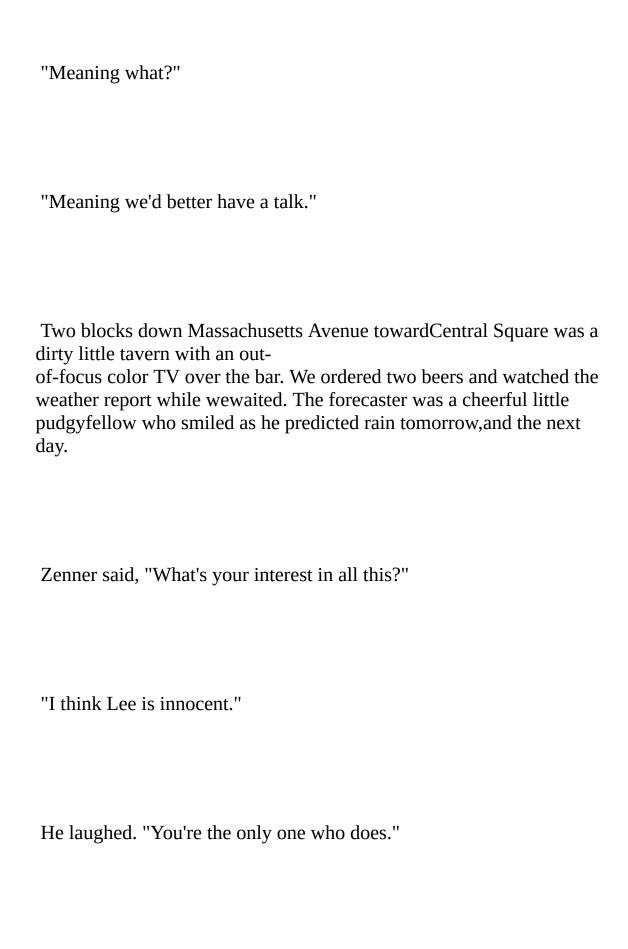
We cut through Winthrop House and walked uptoward the Varsity Club. Alan said he was eatingtwo meals a day there, lunch and dinner, during the season. The food was O.K. Better than the regularcrap anyway.
Finally, I shifted the conversation to Karen.
"What, you, too?"
"I don't understand."
"You're the second one today. Foggy was hereearlier."
"Foggy?"



"Why is that?"

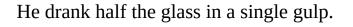


"That's the picture." I said, "This is very serious. A man has been charged with murdering her. You have to tell mewhat you know." "Look," he said. "She was a nice girl, but she had problems. We had problems together. For a while it was O.K., and then the problems got too big, and itwas over. That's all. Now get off my back." I shrugged. "During the trial," I said, "the defense will call you. They can make you testify underoath." "I'm not testifying in any trial." "You won't have a choice," I said. "Unless, per•haps, there never is a trial."



The beers came. I paid. He sipped his and lickedthe foam off his lips.

"O.K.," he said, settling back in the booth. "I'lltell you how it was. I met her at a party last spring, around April. We got along well, right off. Itseemed just great. I didn't know anything about herwhen I met her, she was just a good-looking girl. Iknew she was young. I didn't know how young untilthe next morning when I practically flipped. Imean, Christ, sixteen. . . . But I liked her. Shewasn't cheap."



"So, we started seeing each other. And little bylittle, I found out about her. She had a way of ex-

plaining things in bits and snatches. It was verytantalizing, like the old movie serials. Come backnext

Saturday for the next installment, that kind ofthing. She was good at it."

"When did you stop seeing her?"

"June, early June. She was graduating from Con•cord, and I said I'd come out to see the graduation. She didn't want that. I said why. And then thewhole thing came out about her parents and how Iwouldn't get along. You see," he said, "my name wasZemnick before, and I grew up in Brooklyn. It's that way. She made her point, and I kissed her off. I wasreally pissed at the time. Now, I don't care any•more."

[&]quot;You never saw her again?"

"Once. It must have been late July. I had a con•struction job on the Cape, a real soft one, and a lotof my friends were out there. I'd heard some thingsabout her, things I hadn't heard when I was dating her. And how she collects jocks. About her prob•lems with her parents and how she hated her oldman. Things began to make sense when they hadn't made sense before. And I heard that she'd had anabortion and was telling people it was my kid."

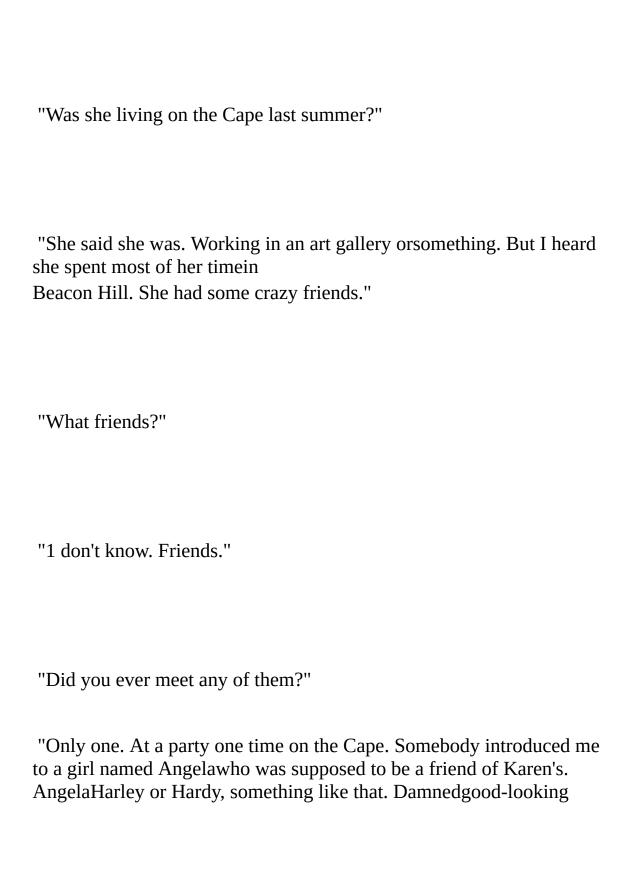
He finished his beer and motioned to the bar•tender. I had another with him.

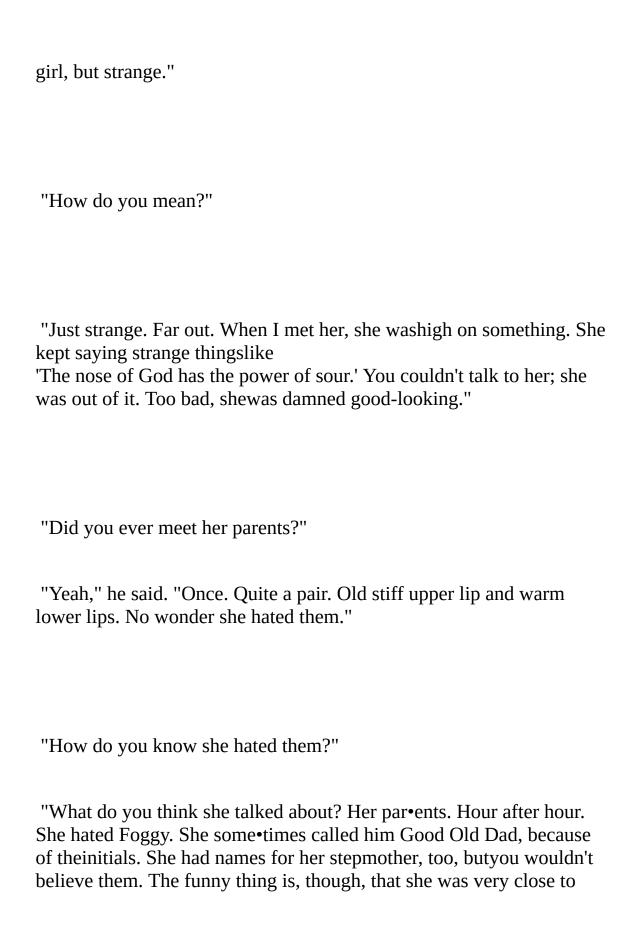
"One day I run into her out by Scusset. She's ina gas station getting her car filled and I happen topull in. So we have a little talk. I ask her if it was true about the abortion, and she says yes. I ask herif it was my kid, and she says in a real steady voice

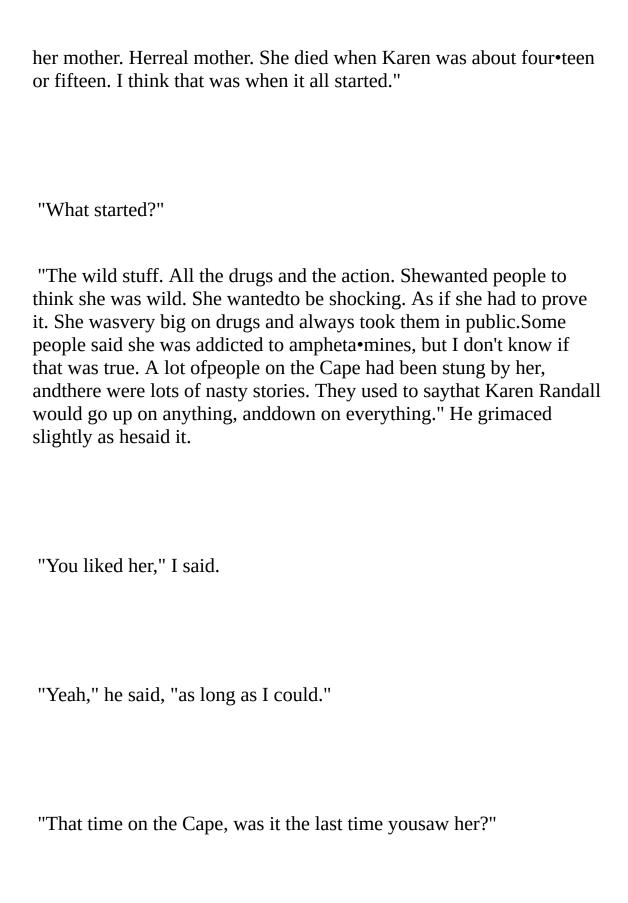
that she doesn't know who the father is. So I tellher to go to hell and walk off. Then she comes run•ning up and says she's sorry, can't we be friendsagain and see each other. I say no we can't. So shestarts to cry. Well, hell, that's awful to have a girlcrying in a gas station. So I said I'd take her outthat night."

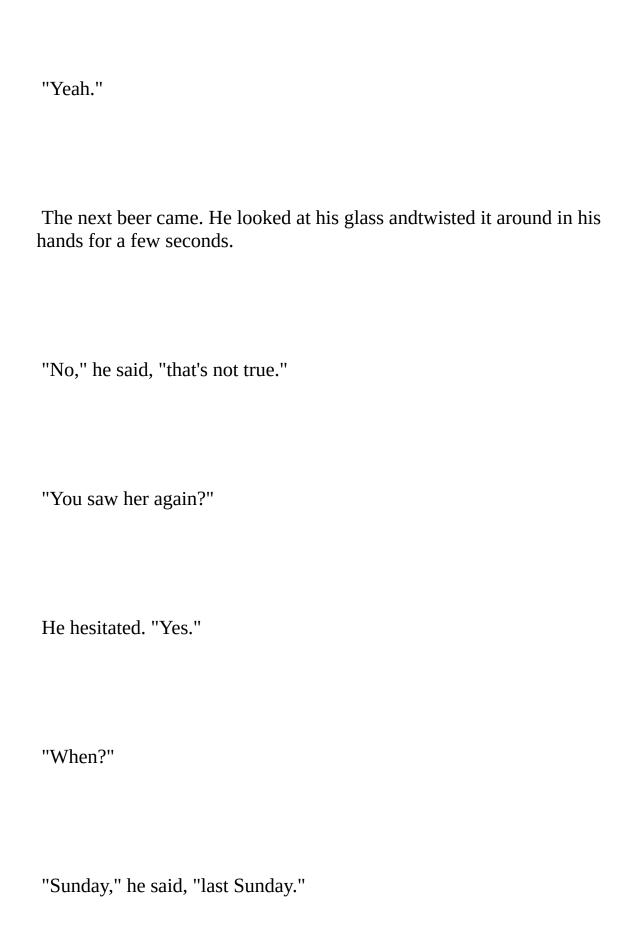
"Did you?"

"Yeah. It was terrible. Alan, do this; Alan, dothat; faster, Alan, now slower. Alan, you sweat somuch. She never shut up."









It was almost lunchtime,"Zenner said. "I washung over from a party after the game. Really hung.Too

hung. I was worried about looking good atpractice Monday, because I had missed a few playson Saturday. The same play: an end sweep. I wasn'tpulling fast enough, it kept happening. So I was alittle worried.

"Anyway, I was in my room trying to get dressedfor lunch. Tying my tie. I had to do it three times, because I kept getting it crooked. I was really hung. And I had a bad headache; and in she walks, right into the room, just like I was expecting her."

"Were you?"

"I never wanted to see anyone less in my life. Ihad finally gotten over her, you know, worked it allout of my system. Then she shows up again, look•ing better than ever. A little heavy, but still good.My roommates had all gone to lunch, so I was theonly one there. She asked me if I would take her tolunch."

"What did you say?"

"I said no."

"Why?"

"Because I didn't want to see her. She was likethe plague, she infected you. I didn't want her around. So I asked her to please leave, but shedidn't. She sat down and lit a cigarette and said she knew it was all over with us, but she needed some•body to talk to. Well, I'd heard that one before, andI wasn't having any. But she wouldn't leave. She satthere on the couch and wouldn't leave. She said Iwas the only person she could talk to.

"So finally I just gave up. I sat down and said,'O.K., talk.' And I kept telling myself that I was afool and that I'd regret it, just the way I regrettedthe last time. There are some people you just can'tbe around."

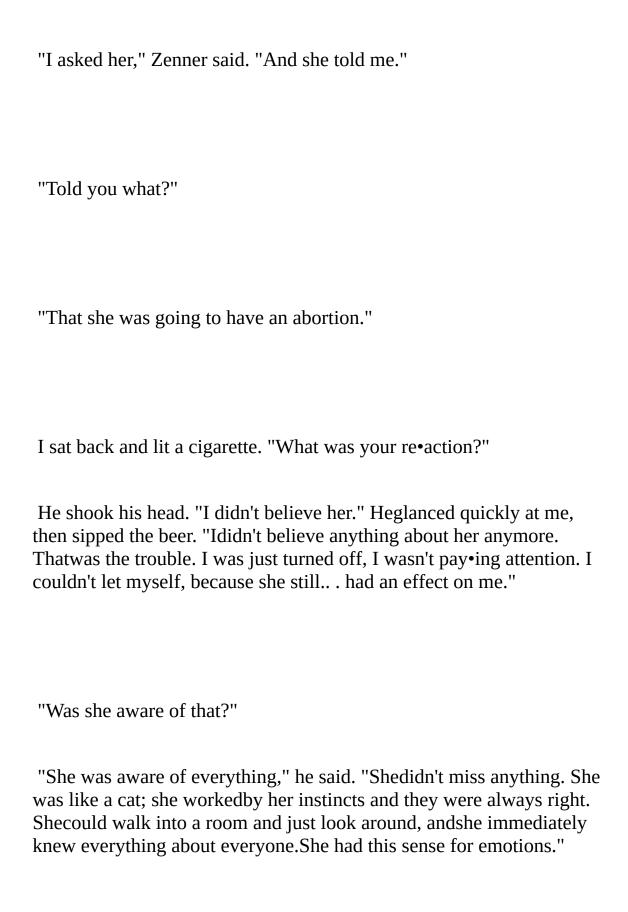
"What did you talk about?"

"Her. That was all she ever talked about. Herself,her parents, her brother—"

"Was she close to her brother?"

"In a way. But he's kind of straight arrow, like Foggy. Fired for the medical bit. So Karen never told him a lot of things. Like the drugs and stuff. She just never mentioned it to him." "Go on."

"So I sat there and listened to her talk. Shetalked about school for a while, and then aboutsome mystical thing she was starting where youmeditated twice a day for half an hour. It was sup•posed to be like washing out your mind, or dipping
a cloth in ink, or something. She had just started itbut she thought it was great."
"How did she act during this time?"
"Nervous," Zenner said. "She smoked a pack just while she sat there, and she kept fiddling with her hands. She had a Concord Academy ring. She kept pulling it off, and putting it on, and twisting it. The whole damned time."
"Did she say why she had come down fromSmith for the weekend?"



"Did you talk to her about the abortion?"

"No. Because I didn't believe her. I just let itdrop. Only she came back to it, about an hour later.

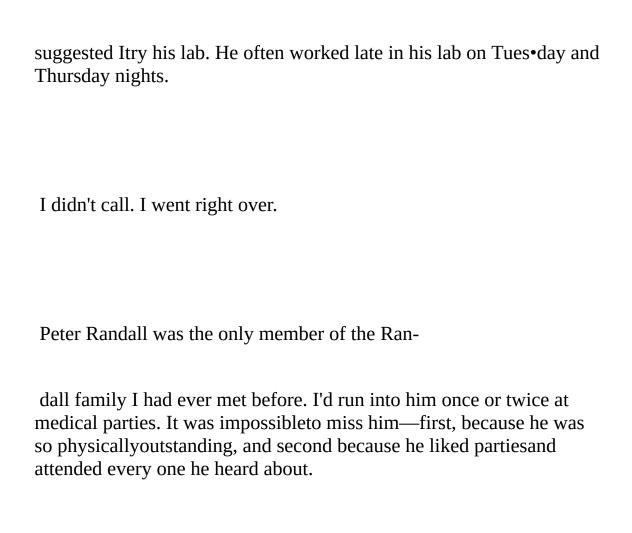
She said she was scared, that she wanted to be with me. She kept saying she was scared.""Did you believe that?"

"I didn't know what to believe. No. No, I didn'tbelieve her." He finished his beer in a gulp and putthe mug down. "But look," he said, "what the hellwas I supposed to do? She was nuts, that girl. Ev•erybody knew it and it was true. She had this thingwith her parents and with everybody else, and itpushed her over the brink. She was crazy.""How long did you talk with her?" "About an hour and a half. Then I said I had toeat lunch and study and that she'd better go. So she left."

"You don't know where she was going?""No. I asked her, and she just laughed. She saidshe never knew where she was going."

SEVEN

ItWAS LATE INthe day when I left Zenner, but Icalled Peter Randall's office anyway. He wasn'tthere. I said it was urgent so his nurse



He was a titanic fat man, jowled and jovial, with a hearty laugh and a

tinuously, drank exorbitantly, talked amusingly, andwas in general the

flushed face. He smoked con.

treasure of every hostess. Peter

could make a party. He could revive one instantly. Betty Gayle, whose husband was chief of medicine at the Lincoln, had once said, "Isn't he a marveloussocial animal?" She was always saying things like that, but for once she was right. Peter Randall was a social animal—gregarious, extroverted, relaxed,

good-humored. His wit and his manner gave him aremarkable kind of freedom.

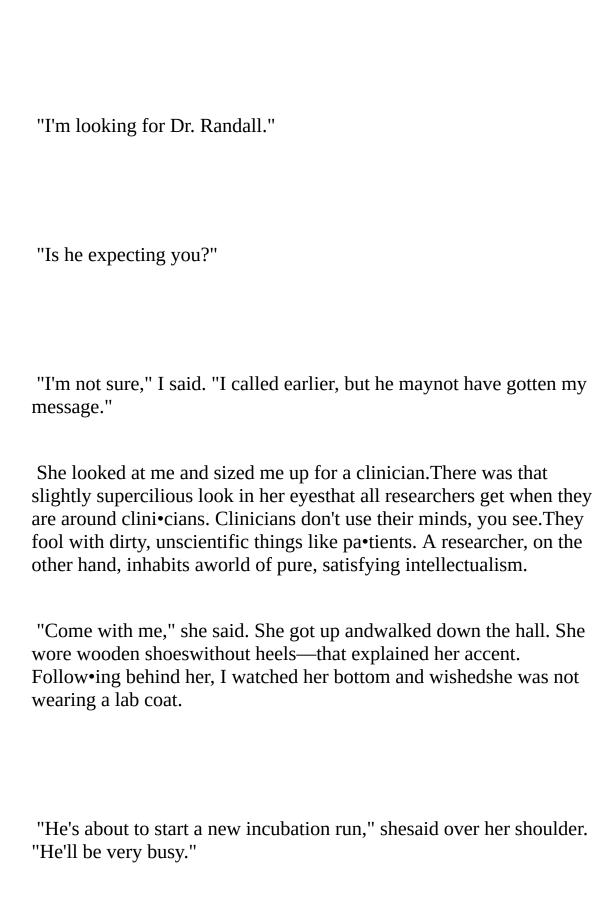
For instance, Peter could successfully tell themost foul and revolting dirty joke, and you wouldlaugh. Inside, you would be thinking, "That's apretty dirty joke," but you would be laughing, spite yourself, and all the wives would be laughing, too. He could also flirt with your wife, spill hisdrink, insult the hostess, complain, or do anythingelse. You never minded, never frowned.

I wondered what he would have to say aboutKaren.

HIS LAB WAS ON THE FIFTH FLOOR of the biochemwing of the medical school. I walked down the cor•ridor, smelling the smell of laboratories—a combi-

nation of acetone, Bunsen burners, pipette soap, and reagents. A clean, sharp smell. His office was small. A girl behind the desk was typing a letter, wearing a white lab coat. She was strikingly attract•ive, but I suppose I should have expected that.

"Yes? May I help you?" She had a slight accent.



"I can wait."

We entered the lab. It was bare, at a corner of the wing, looking down over the parking lot. So latein the day, most of the cars were gone.

Randall was bent over a white rat. As the girlcame in, he said, "Ah, Brigit. You're just in time."Then he saw me. "Well now, what have we here?"

"My name is Berry," I said. "I——"

"Of course, of course. I remember you well." He dropped the rat and shook hands with me. The rat scampered across the table but stopped at the edge,looking down at the floor and sniffing.

"John, isn't it?" Randall said. "Yes, we've met sev•eral times." He picked up the rat again and chuck•led.

"In fact, my brother just called me about you. You've got him quite ruffled—a snot-nosed snoop, Ibelieve his words were."

He seemed to find this very amusing. Helaughed again and said, "It's what you get for pes•tering his dearly beloved. Apparently you upsether."

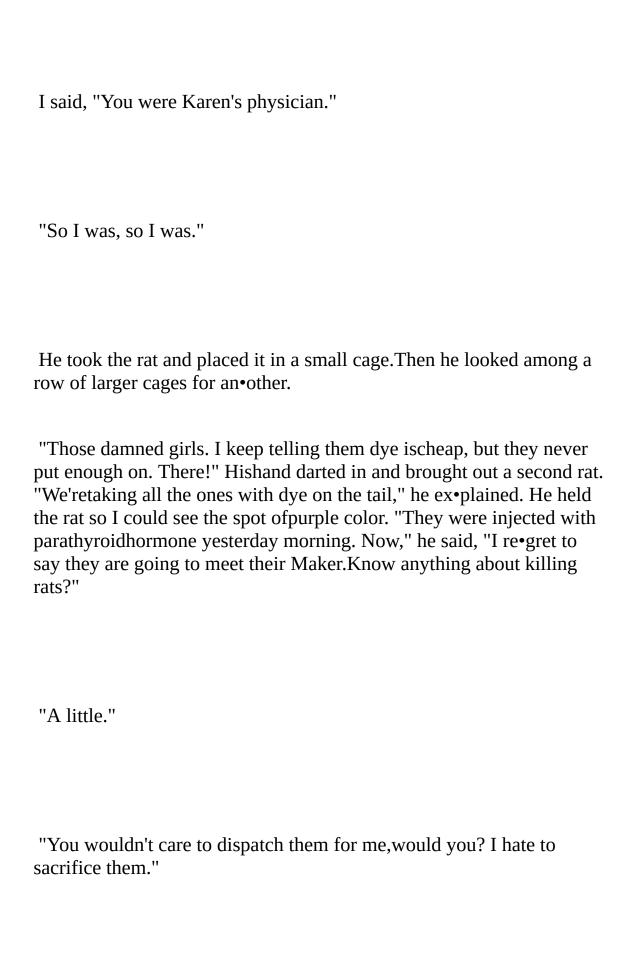
"I'm sorry about that."

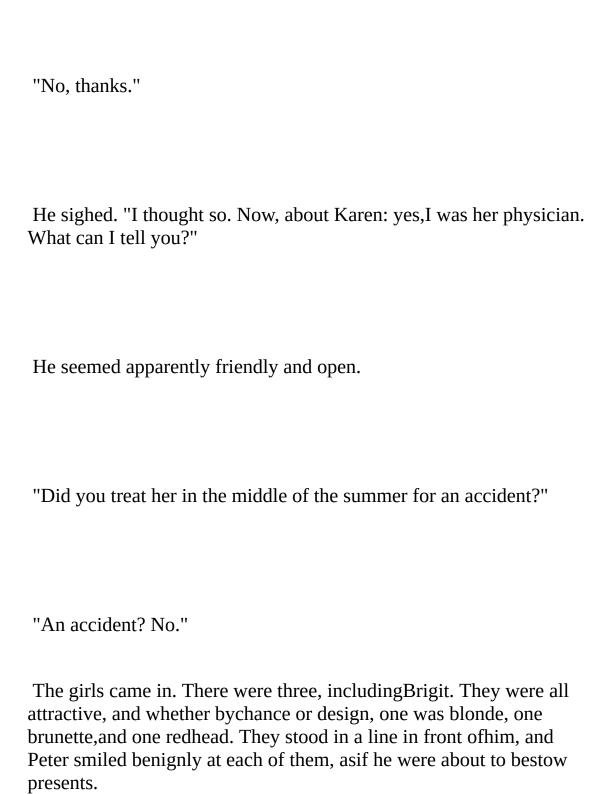
"Don't be," Peter said cheerfully. He turned toBrigit and said, "Call the others, will you? We haveto get this thing going."

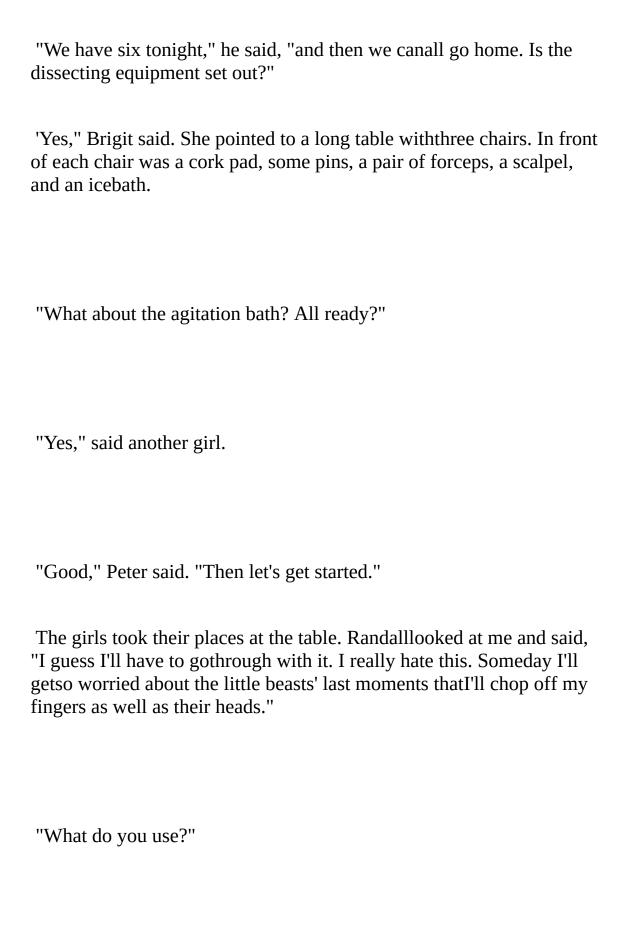
Brigit wrinkled her nose, and Peter winked ather. When she was gone, he said, "Adorable crea•ture, Brigit. She keeps me in shape."

"In shape?"

"Indeed," he said, patting his stomach. "One ofthe great pitfalls to modern, easy living is weak eye muscles. Television's to blame; we sit there anddon't exercise our eyes. The result is flabby eyes, aterrible tragedy. But Brigit prevents all that. Preven•tive medicine of the finest sort." He sighed happily. "But what can I do for you? I can't imagine whyyou'd want to see me. Brigit, yes, but not me."







"Well, that's a long story." He grinned. "You seebefore you the squeamish connoisseur of rat- dispatching. I have tried everything—chloroform,neck breaking, squeezing. Even a little guillotinethat the British are so fond of. I have a friend inLondon who sent me one—he swears by it—but itwas always getting clogged with fur. So," he said, picking up one rat and examining it thoughtfully, "Iwent back to basics. I use a meat cleaver."

"You're kidding."

"Oh, I know it sounds bad. It looks bad, too, butit's the best way. You see, we have to get the dis• section done quickly. The experimental designdemands that."

He took the rat over to the sink. A heavy butch•er's block was there, by the rim of the basin. He set the rat on the block and put a wax bag in the sink. Then he went over to the cabinet and brought out

a meat cleaver, a heavy, stubby thing with a solidwooden handle.

"They sell these things," he said, "in the chemical supply houses. But they're too delicate and theynever stay sharp. I bought this one secondhand from a butcher. It's superb."

He sharpened the edge on a stone briefly, thentested it on a piece of paper. It cut through cleanly.
The telephone rang at that moment, and Brigit jumped up to answer it. The other girls relaxed, ob•viously glad for a delay. Peter also seemed relieved.
Brigit spoke for a moment, then said, "It's therental agency. They are going to deliver the car."
"Good," Peter said. "Tell them to leave it in theparking lot and leave the keys over the sun visor."
While Brigit was relaying the instructions, Peter said to me, "Damned nuisance. My car's been sto•len."
"Stolen?"

"Yes. Quite annoying. It happened yesterday."

"What kind of a car was it?"

"A little Mercedes sedan. Battered, but I wasfond of it. If I had my way," he said with a grin, "I'dsee the thieves arrested for kidnapping, not cartheft. I was very fond of that car."

"Have you reported it to the police?"

"Yes." He shrugged. "For whatever it's worth."

Brigit hung up and returned to her seat. Petersighed, picked up the cleaver, and said, "Well, bet•ter get on with it."

He held the rat by the tail. The rat tried to pull

away, spread-eagling its body on the block. In aswift motion, Peter lifted the cleaver over his headand brought it down. There was a loud*thump!* asthe blade struck the block. The girls stared away. Ilooked back and saw Peter holding the wrigglingdecapitated body over the sink. The blood drained out for a few moments. Then he carried it over toBrigit and placed it on the cork pad.

"Number one," he said briskly. He returned to the block, pushed the head into the paper bag, and selected a second rat.

I watched Brigit work. With swift, practicedmoves she pinned the body on its back to the cork. Then she cut into the legs, clearing away the fleshand muscle around the bones. Next she clipped thebones free of the body and dropped them into theice bath.

"A minor triumph," Peter said, preparing the nextrat on the block. "In this lab, we perfected the firstin vitrobone cultures. We are able to keep isolated bone tissue alive for as long as three days. The real problem is getting the bone out of the animal andinto the bath before the cells die. We've got it downto a fine art now."

"What exactly is your field?"

"Calcium metabolism, particularly as it relates toparathyroid hormone and thyrocalcitonin. I want to know how those hormones work to release calciumfrom bone."

Parathyroid hormone was a little-understood sub•stance secreted by four small glands attached to the

thyroid. Nobody knew much about it, except that the parathyroids seemed to control calcium levelsin the blood, and that these levels were strictlyregulated—much more so than, say, blood sugar orfree

fatty acid. Blood calcium was necessary fornormal nerve transmission and normal muscle con•traction, and it was theorized that calcium wasshunted to and from the bone, as occasion de•manded. If you had too much calcium in your blood, you deposited it in bone. If you had too lit•tle, you drew it out of bone. But nobody knew quitehow this was accomplished.

"The time course is crucial," Peter continued. "Ionce performed an interesting experiment. I took adog and put in an arterial bypass. I was able to take his blood, treat it with chemicals to remove all cal•cium, and put it back again. I ran this thing forhours, taking out literally pounds of calcium. Yetthe blood levels remained normal, readjusting in•stantly. That dog was draining large quantities ofcalcium out of his bone and into his blood at a veryrapid rate."

The cleaver swung down again with a heavysound. The rat wriggled and was still. It was givento the second girl.

"I got interested in all this," Peter said. "Thewhole problem of calcium storage and release. It's fine to say you can put your calcium into bone, ortake it out; but bone is a crystal, it's hard and rigidlystructured. We can apparently build it up or tear it

down in fractions of a second. I wanted to knowhow."

He reached into a cage and produced another ratwith a purple tail.

"So I decided to set up an*in vitro* system tostudy bone. Nobody thought I could do it. Bonemetabolism was too slow, they said. Impossible tomeasure. But I succeeded, several hundred ratslater." He sighed.

"If the rats ever take over theworld, I'll be tried for my war crimes."

He positioned the rat on the block.

"You know, I've always wanted to find a girl to do this work for me. I kept looking for a cold-blooded German girl, or a sadist of some sort. Never foundone. All of those"—he nodded to the three at the table

—"came to work only after I agreed that theywould never have to kill the animals."

"How long have you been doing this work?"

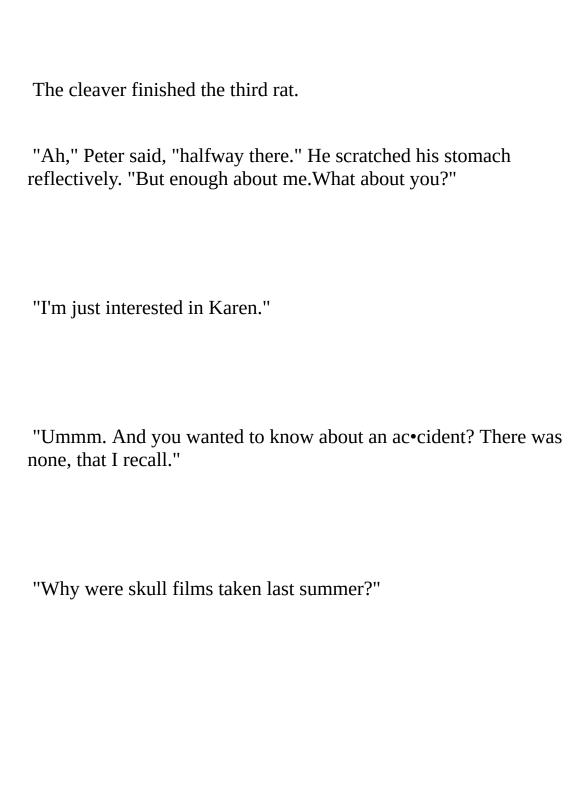
"Seven years now. I started very slowly, half a day a week. Then it got to be every Tuesday. Pretty soonit was Tuesdays and Thursdays. Then it was allweekend as well. I've cut down my practice asmuch as I can. This work is really addicting."

"You like it?"

"I adore it. It's a game, a big wonderful game. Apuzzle where nobody knows the answer. If you'renot careful, though, you can become obsessed withthe answer. Some people in the biochem depart•ment work longer hours than any practicing doctor. They drive themselves. But I won't let that happento me."

"How do you know?"

"Because whenever I feel the symptoms comingon—the urge to work round the clock, to keep go•ing until midnight, or to come in at five in themorning—I say to myself, it's just a game. I repeatthat over and over. And it works: I settle down."



"Oh <i>that.</i> " He stroked the fourth victim sooth•ingly and set it on the block. "That was typical Ka•ren."
"What do you mean?"
"She came into my office and said, 'I'm goingblind.' She was very concerned, in her own breath•less way. You know how sixteen-year-old girls canbe: she was losing her vision, and her tennis gamewas suffering. She wanted me to do something. SoI drew some blood and ordered a few tests. Draw•ing blood always impresses them. And I checkedher blood pressure and listened to her and generallygave the impression I was being very thorough.'
"And you ordered skull films."
"Yes. That was part of the cure."
"I don't follow you."

"Karen's problems were purely psychosomatic,"

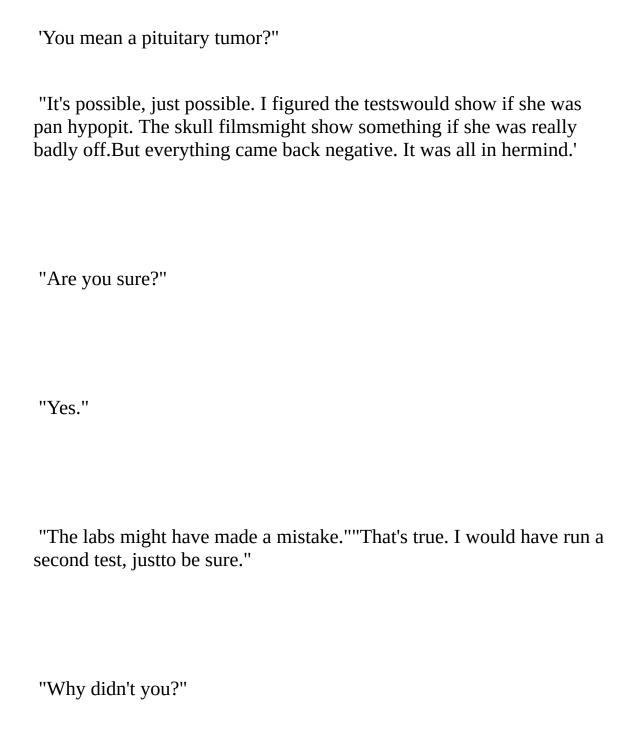
he said. "She's like ninety percent of the women Isee. Some little thing goes wrong—like your tennis game—and bang! you have a medical problem. Yougo to see your doctor. He can find nothing physi• cally wrong with you. But does this satisfy you? No:on to another doctor, and still another, until youfind one who will pat your hand and say, 'Yes, you'rea very sick woman." He laughed.

"So you ordered all these tests as a diversion?"

"Largely," he said. "Not entirely. I believe in cau•tion, and when one hears a complaint as serious as vision loss, one must investigate. I checked her fundi. Normal. I did a visual fields. Normal, butshe said it came and went. So I took a blood sam•ple and ordered tests of thyroid function and hor•mone levels. Normal. And the skull films. Theywere normal, too, or have you already seen them?"

"I saw them," I said. I lit a cigarette as the next rat died. "But I'm still not sure why—"

"Well, put it together. She's young, but it's stillpossible—vision and headache, slight weight gain,lethargy. That could be pan hypopituitarism withoptic nerve involvement."



"Because she never came back," Peter said."That's the key to it all. One day she comes in nearhysteria because she's going blind. I say come back in a week, and my nurse makes the appointment. Aweek later, no show. She's out playing tennis, hav•ing a fine time. It was all in her mind.""Was she menstruating

when you saw her?""She said her periods were normal," he said.
"Ofcourse, if she were four months'
pregnant at thetime of her death, she would just have conceivedwhen I saw her."

"But she never came back to you?""No. She was rather scatterbrained, actually."He killed the last rat. All the girls were nowbusily working. Peter collected the carcasses andput them into the paper bag, then dropped the baginto a wastebasket. "Ah," he said, "at last." Hewashed his hands vigorously.

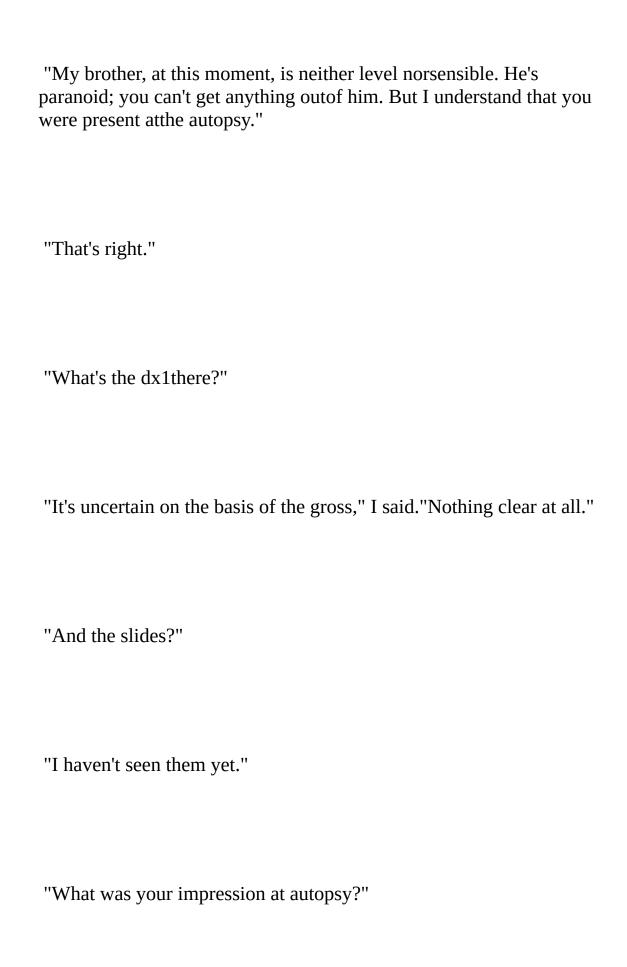
"Well," I said, "thanks for your time.""Not at all." He dried his hands on a paper towel, then stopped. "I suppose I ought to make some sortof official statement," he said, "since I'm the uncleand so forth."I waited.

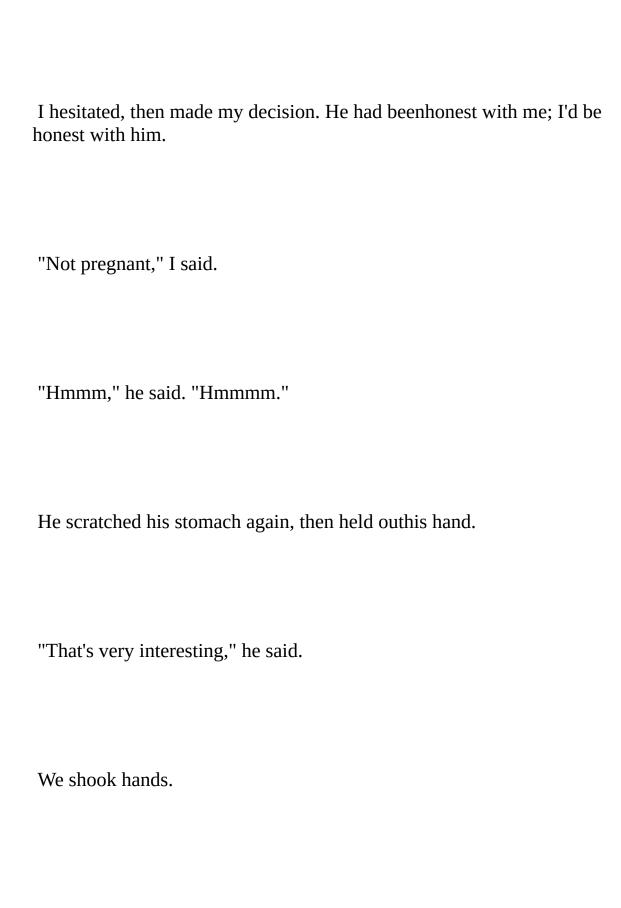
"J. D. would never speak to me again if he knew I'd had this conversation with you. Try to keep thatin mind if you talk to anybody else."

"O.K.," I said.

"I don't know what you're doing," Peter said, "and I don't want to know. You've always struck me as pretty level and sensible, and I assume you're notwasting your time."

I didn't know what to say. I couldn't see what hewas leading up to, but I knew he was leading up to something.





1See Appendix IV: Abbreviations.

EIGHT

when I got home, a big squad car with a flashing light was waiting at the curb. Captain Peterson, still crew-cut and tough-looking, leaned against the fender and stared at me as I pulled into my drive•way.

I got out of my car and looked at the nearbyhouses. People had noticed the flasher and werestaring out of their windows.

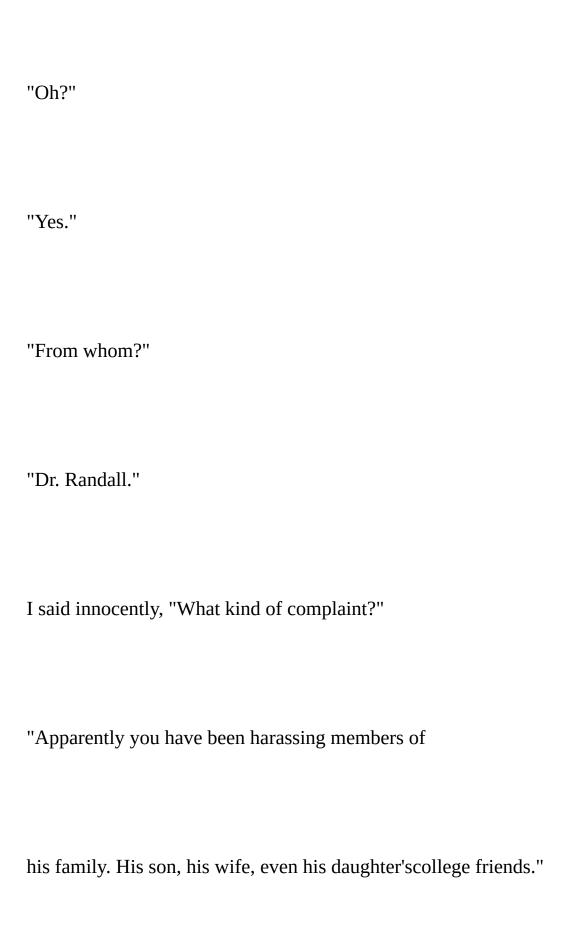
"I hope," I said, "that I didn't keep you waiting."

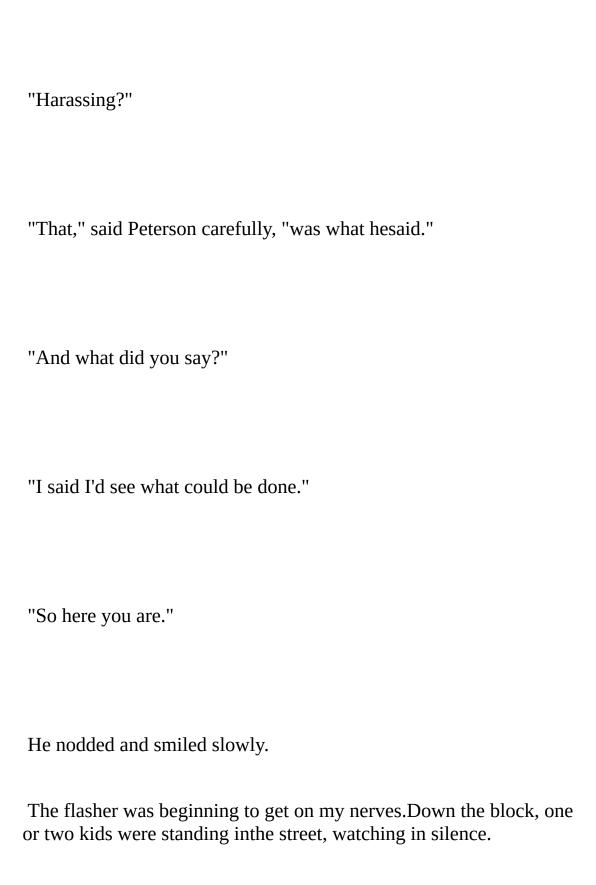
"No," Peterson said with a little smile. "Just ar•rived. I knocked at the door and your wife said you weren't back yet, so I waited out here."

I could see his bland, smug expression in the al•ternating flashes of red from the light. I knew hehad kept the light on to irritate me.

"Something on your mind?"

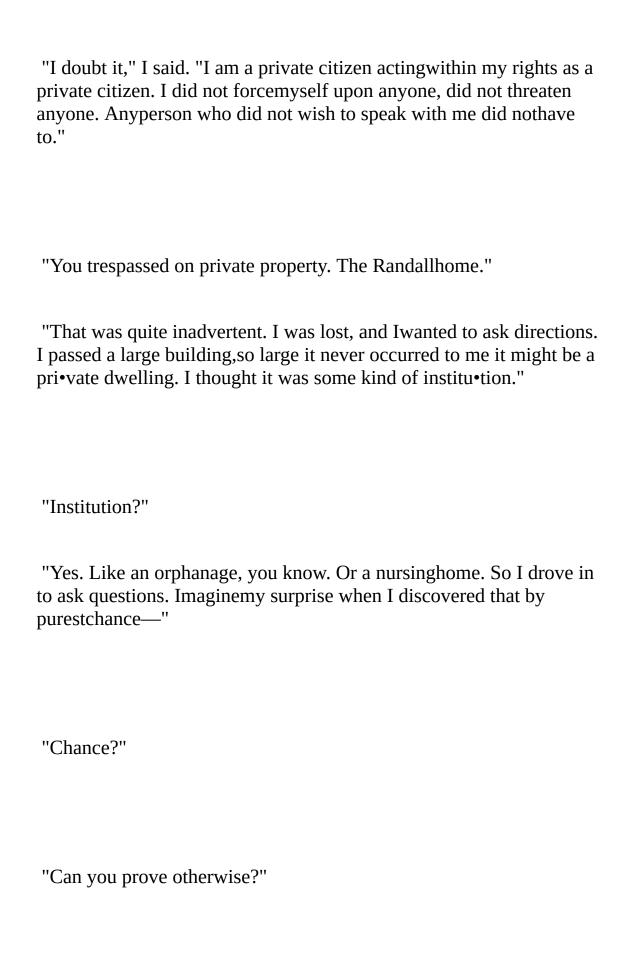
He shifted his position on the car. "Well, yes, ac•tually. We've had a complaint about you, Dr. Berry."





I said, "Have I broken any law?"

"That hasn't been determined yet." "If I have broken a law," I said, "then Dr. Randallmay go to court about it. Or he may go to court ifhe feels he can show material damage as a result ofmy alleged actions. He knows that, and so do you." I smiled at him, giving him some of his own. "Andso do I." "Maybe we should go down to the station andtalk about it." I shook my head. "Haven't got time." "I can take you in for questioning, you know." "Yes," I said, "but it wouldn't be prudent." "It might be quite prudent."



Peterson gave a fair imitation of a good-naturedchuckle. 'You're being very clever."

"Not really," I said. "Now why don't you turn offthat flasher and stop drawing attention? Because otherwise I will file a complaint of harassment by the police. And I'll file it with the Chief of Police, the District Attorney's office, and the Mayor's office."

He reached indolently through the window andflicked a switch. The light stopped.

"Someday," he said, "all this may catch up withyou.

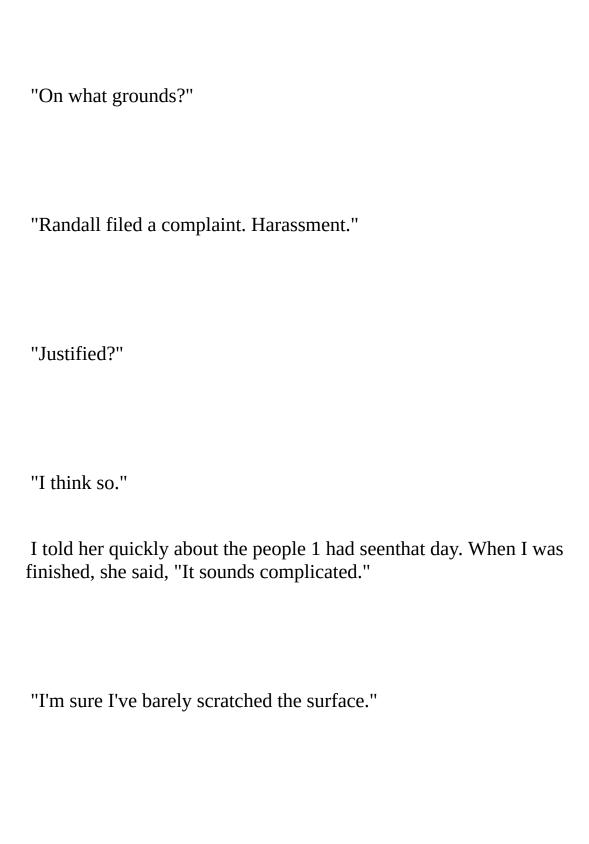
"Yes," I said. "Me, or somebody else."

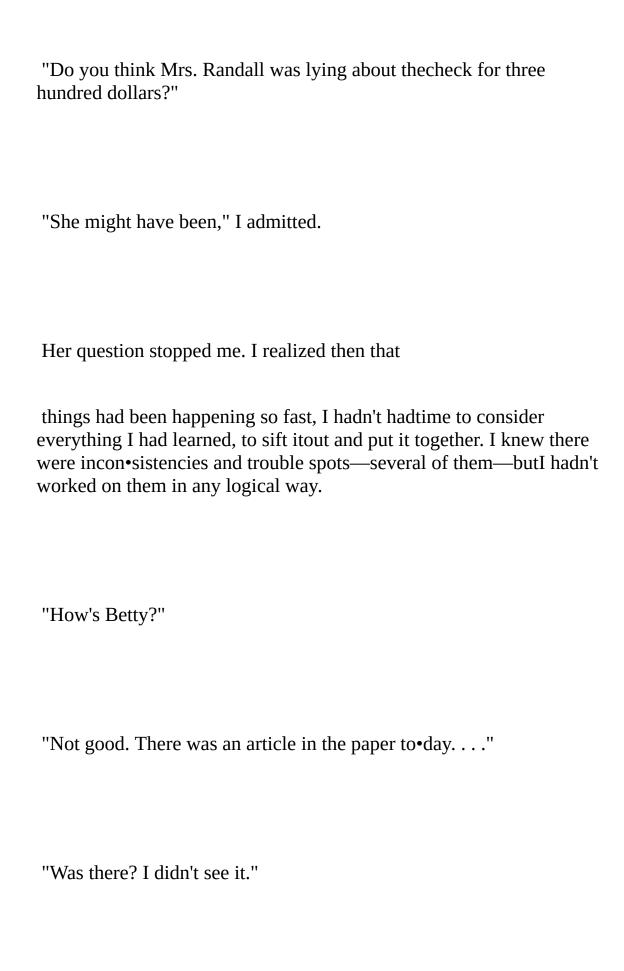
He scratched the back of his hand, as he haddone in his office. "There are times," he said,"when I think you're either an honest man or acomplete fool."

"Maybe both."

He nodded slowly. "Maybe both." He opened thedoor and swung into the driver's seat.

I went up to the front door and let myself in. AsI closed the door, I heard him pull away from thecurb.
NINE
I DIDNT FEEL MUCH LIKE ATTENDING A COCKTAIL
party, but Judith insisted. As we drove to Cam•bridge, she said, "What
was it all about?"
"What?"
"The business with the police?"
"It was an attempt to call me off."





"Just a small article. Arrest of physician for abor•tion. Not many details, except his name. She's got•ten a couple of crank calls."
"Bad?"
"Pretty bad. I try to answer the phone, now."

"Good girl."

"She's trying to be very brave about it, trying togo on as if everything was normal. I don't know ifthat's worse or better. Because she can't. Thingsaren't normal, and that's all there is to it."

"Going over there tomorrow?"

"Yes."

I parked on a quiet residential block in Cam•bridge not far from the Cambridge City Hospital. Itwas a pleasant area of old frame houses and mapletrees along the road. Brick-paved sidewalks; the |whole Cambridge bit. As I parked Hammondpulled up on his motorcycle.

Norton Francis HammondIIIrepresents thehope of the medical profession. He doesn't know it, and it's just as well; if he did, he'd be insufferable. Hammond comes from San Francisco, from what

he calls "a long line of shipping." He looks like awalking advertisement for the California life—tall, blond, tanned, and handsome. He is an excellentdoctor, a second-year resident in medicine at the Mem, where he is considered so good that the staffoverlooks things like his hair, which reaches almost to his shoulders, and his moustache, which is long, curling and flamboyant.

What is important about Hammond, and the fewother young doctors like him, is that they are break•ing old patterns without rebelling against the Estab•lishment. Hammond is not trying to antagonizeanyone with his hair, his habits, or his motorcycle;he simply doesn't give a damn what the other doc•tors think of him. Because he takes this attitude,the other doctors cannot object—he does, after all,know his medicine. Though they find his appear•ance irritating, they have no ground for complaint.

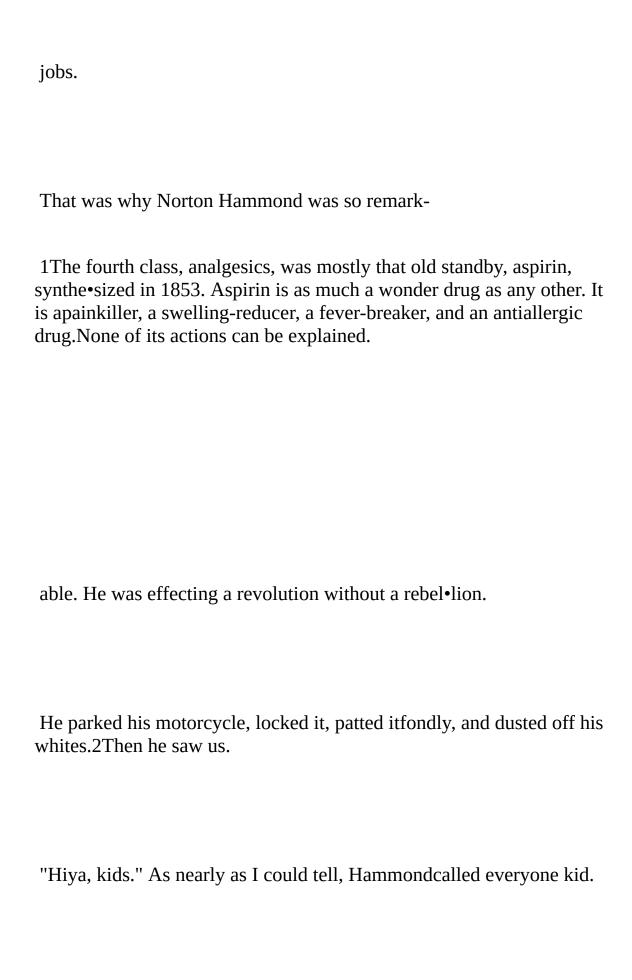
So Hammond goes his way unmolested. And be•cause he is a resident, he has a teaching function. He influences the younger men. And therein lies the hope of future medicine.

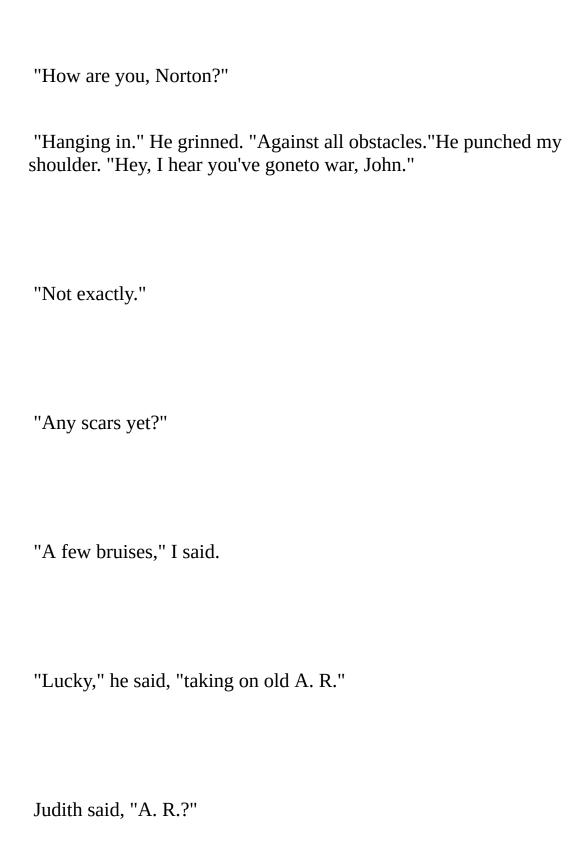
Since World War II, medicine has undergone great change, in two successive waves. The firstwas an outpouring of knowledge, techniques, andmethods, beginning in the immediate postwar pe•riod. It was initiated by the introduction of antibiot•ics, continued with understanding of electrolytebalances, protein structure, and gene function. Forthe most part, these advances were scientific andtechnical, but they changed the face of medical

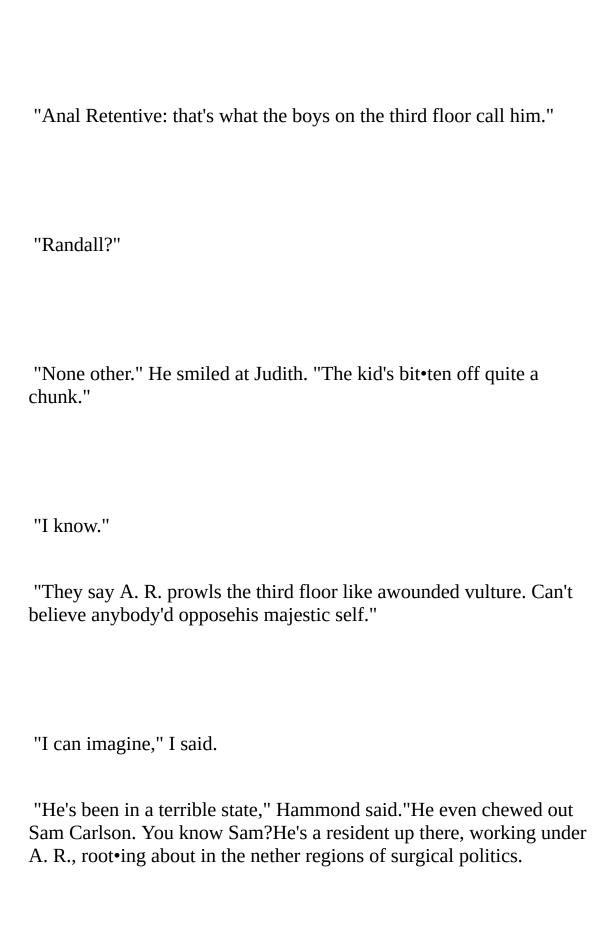
practice drastically, until by 1965 three of the fourmost commonly prescribed drug classes—antibi•otics, hormones (mostly The Pill), and tranquil•izers—wereall postwar innovations.1

The second wave was more recent and involvedsocial, not technical, change. Social medicine, and socialized medicine, became real problems to be solved, like cancer and heart disease. Some of theolder physicians regarded socialized medicine as acancer in its own right, and some of the youngerones agreed. But it has become clear that, like it ornot, doctors are going to have to produce bettermedical care for more people than they ever havebefore.

It is natural to expect innovation from the young, but in medicine this has not been easy, for the old doctors train the young ones, and too often the stu•dents become carbon copies of their teachers. Then, too, there is a kind of antagonism betweengenerations in medicine, particularly now. Theyoung men are better prepared than the old guard; they know more science, ask deeper questions, de•mand more complex answers. They are also, likeyoung men everywhere, hustling for the older men's







2See Appendix V: Whites.

Sam is A.R.'s golden boy. A.R. loves him, and no•body can figure out why. Some say it's because he is stupid, Sam is, blindingly stupid. Crushingly,awesomely stupid."

"Is he?" I said.

"Beyond description," Hammond said. "But Samgot chewed out yesterday. He was in the cafeteria, eating a chicken-salad sandwich—no doubt afterasking the serving ladies what a chicken was—when Randall came in, and said, 'What are youdoing here?' And Sam said, 'Eating a chicken-saladsandwich.' And A. R. said, "What the hell for?'

"What did Sam say?"

Hammond grinned broadly. "I have it on good au•thority, that Sam said, 'I don't know, sir.' And he put aside the sandwich and walked out of the cafete•ria."

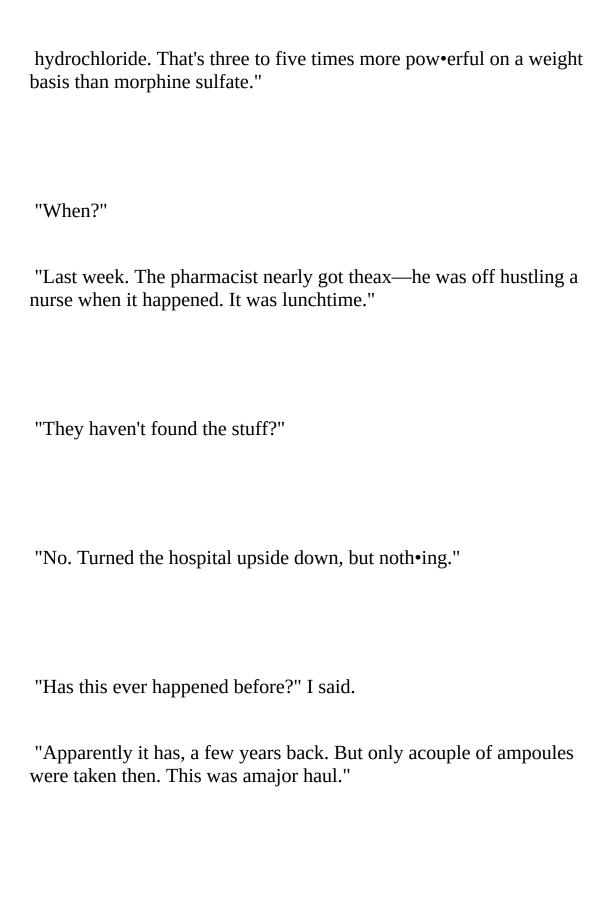
"Hungry," I said.

Hammond laughed. "Probably." He shook hishead. "But you can't really blame A. R. He's lived inthe

Mem for a hundred years or so, and never hada problem. Now, with the headhunt, and then hisdaughter

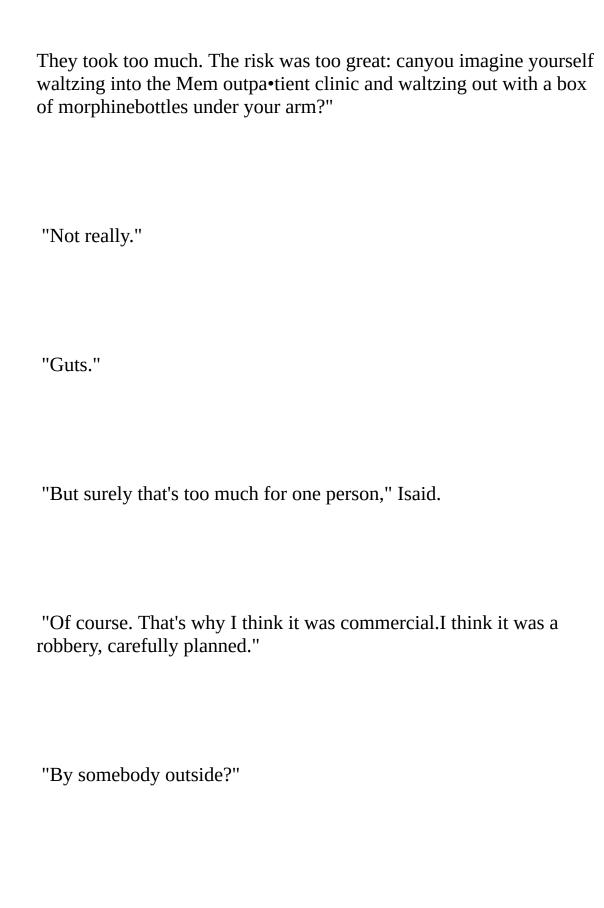
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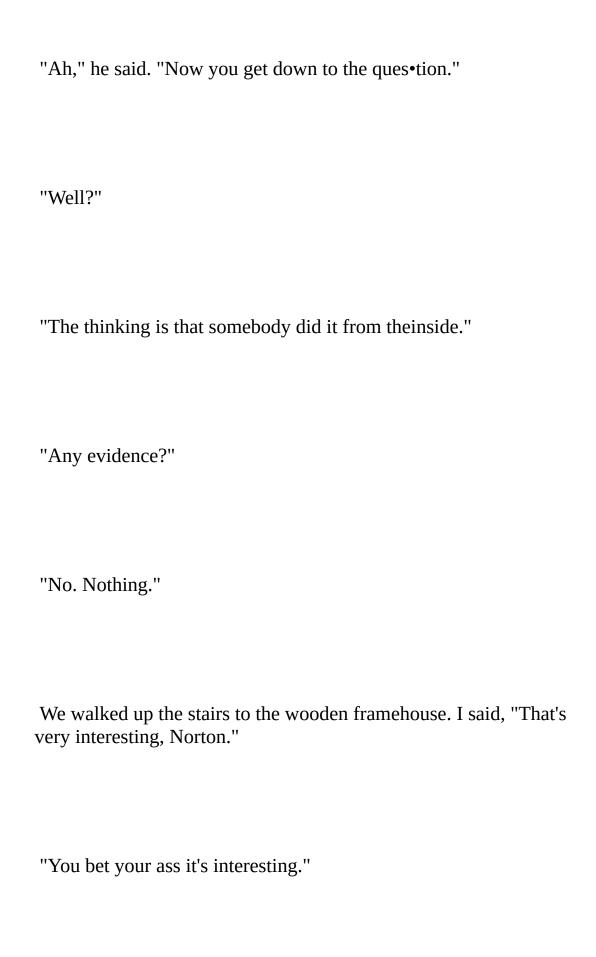
"Headhunt?" Judith said.
"My, my, the grapevine is collapsing. The wivesare usually the first to know. All hell's broken out atthe Mem over the Clinic pharmacy."
I said, "They lose something?"
"You bet."
"What?"
"A gross of morphine ampoules. Hydromorphine



I said, "Paramedical?"

Hammond shrugged. "Could be anybody. Person•ally, I think it must have been a commercial move.





"Know anybody who's up?"

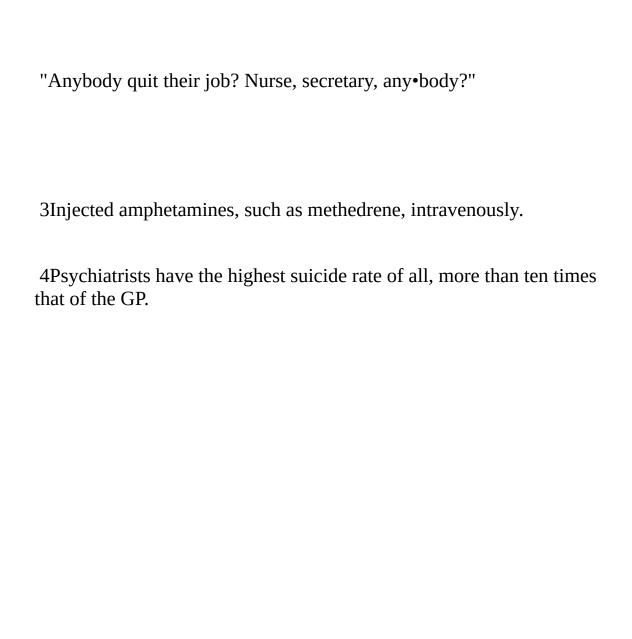
"On the staff? No. The word is that one of thegirls in cardiac cath used to shoot speeds,3but she kicked it a year ago. Anyhow, they went over her pretty hard. Stripped her down, checked for needlemarks. She was clean."

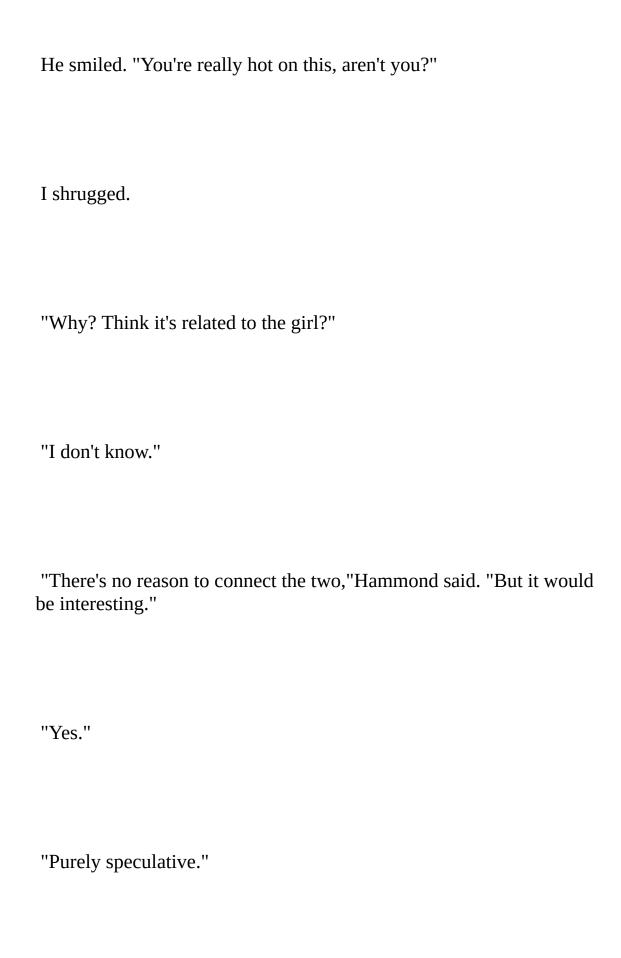
I said, "How about—"

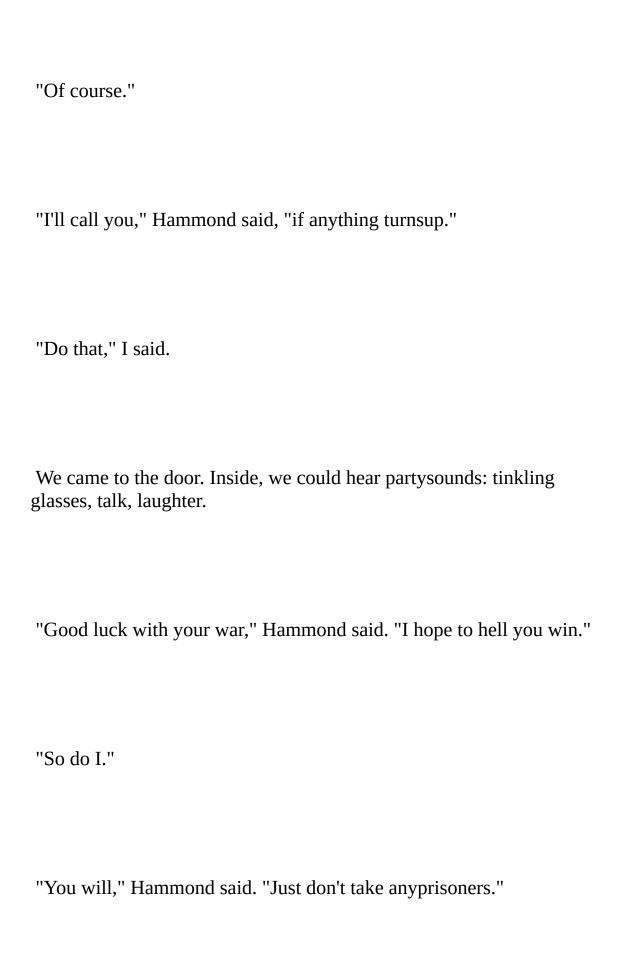
"Doctors?"

I nodded. Doctors and drugs are a taboo subject. A reasonable number of doctors are addicts; that'sno secret, any more than it's a secret that doctorshave a high suicide rate. 4Less widely known is aclassic psychiatric syndrome involving a doctor and his son, in which the son becomes an addict and the doctor supplies his needs, to the mutual satis faction of both. But nobody talks about these things.

"The doctors are clean," Hammond said, "as faras I know."







I smiled. "That's against Geneva Conventions."

"This," Hammond said, "is a very limited war."

THE PARTY WAS HELD BY GEORGE MORRIS, chief resi•dent in medicine at the Lincoln. Morris was aboutto finish his residency and begin private practice, soit was a kind of coming-out party, given for himself. It was done very well, with an understated comfortability that must have cost him more thanhe could afford. I was reminded of those lavish par•ties given by manufacturers to launch a new prod•uct, or a new line. In a sense, that was what it was.

George Morris, twenty-eight, with a wife and twochildren, was deeply in debt: any doctor in his position would be. Now he was about to startburrowing out from under, and to do that heneeded patients. Referrals. Consults. In short, heneeded the good will and help of established physi•cians in the area, and that was why he had invited200 of them to his home and filled them to theneck with the best booze he could buy and the bestcanapes the caterers could provide.

As a pathologist, I was flattered to have received an invitation. I couldn't do anything for Morris; pa•thologists deal with corpses and corpses don't need referrals. Morris had invited Judith and me becausewe were friends.

I think we were his only friends at the party thatnight.

I looked around the room: the chiefs of service from most of the big hospitals were there. So werethe

residents, and so were the wives. The wives hadclustered in a corner, talking babies; the doctorswere clustered into smaller groups, by hospital orby specialty. It was a kind of occupational division, very striking to see.

In one corner, Emery was arguing the therapeu•tic advantage of lower I131doses in hyperthyroidism;in another, Johnston was talking about hepatic pres•sures in porto caval shunts; in still another,Lewiston could be heard muttering his usual lineabout the inhumanity of electroshock therapy for

depressives. From the wives, occasional words like"IUD" and "chickenpox" drifted out.

Judith stood next to me, looking sweet and ratheryoung in a blue A-line. She was drinking herScotch quickly—she's a gulper—and obviously pre•paring to plunge into the group of wives.

"I sometimes wish," she said, "that they'd talk about politics or something. Anything but medi•cine."

I smiled, remembering Art's line about doctorsbeing illpolitical. He meant it the way you usedwords like illiterate. Art always said doctors notonly held no real political views, but also were inca•pable of them. "It's like the military," he had oncesaid. "Political views are considered unprofes•sional." As usual, Art was exaggerating, but therewas something to what he said.

I think Art likes to overstate his case, to shockand irritate and goad people. It is a characteristic ofhis. But I think he is also fascinated by the thinline that separates truth from untruth, statementfrom overstatement. It is a characteristic of his toconstantly throw out his comments and see whopicks them up and how they react to them. Hedoes this particularly when he is drunk.

Art is the only doctor I know who will get drunk. The others can apparently pour back fantastic quantities of alcohol without really showing it; they get talkative for a while, and then sleepy. Art getsdrunk, and when he is drunk he is particularly an gry and outrageous.

I have never understood this about him. For awhile I thought he was a case of pathological intox•ication,5but later I decided it was a sort of personalindulgence, a willingness to let himself go when others kept themselves rigidly in control. Perhapshe needs this indulgence; perhaps he can't help it; perhaps he actively seeks it as an excuse to blow offsteam.

Certainly he is bitter toward his profession. Many doctors are, for various reasons: Jones be•cause he is hooked on research and can't make asmuch money as he'd like; Andrews because urology cost him his wife and a happy family life; Telser be•cause he is surrounded in dermatology by patientswhom he considers neurotic, not sick. If you talk toany of these men, the resentment shows itselfsooner or later. But they are not like Art. Art is re•sentful against the medical profession itself.

I suppose in any profession you meet men whodespise themselves and their colleagues. But Art isan extreme example. It is almost as if he went into medicine to spite himself, to make himself unhappyand angry and sad.

In my blackest moments, I think he does abor•tions only to jar and irritate his colleagues. That isunfair, I think, but I can never be sure. When he issober, he talks intellectually, unreeling arguments

5Defined as a person who becomes more inebriated than his blood alco•hol levels would explain. In the most extreme cases, a single drink maymake a man a raving, destructive lunatic.

for abortion. When he is drunk, he talks emotions, attitudes, stances, complacency.

I think he feels hostility toward medicine andgets drunk so that he can release his hostility withan excuse—he's drunk. Certainly he has gotten intobitter, almost vicious fights with other doctors whenhe was drunk; he once told Janis that he'd abortedhis wife and Janis, who didn't know, looked as ifhe'd been kicked in the balls. Janis is Catholic buthis wife isn't. Art managed to end a perfectly happydinner party right on the spot.

I attended that party, and I was annoyed with Artafterward. He apologized to me a few days later, andI told him to apologize to Janis, which he did. Forsome strange reason, Janis and Art subsequently be• came close friends, and Janis became a convert to abortion. I don't know what Art said to him or howhe convinced him, but whatever it was, it worked.

Because I know Art better than most people, I attach a great importance to his being Chinese. Ithink his origin and his physical appearance havebeen a great influence on him. There are a lot of Chinese and Japanese men in medicine, and there are a lot of jokes about them—half-nervous jokesabout their energy and their cleverness, their driveto success. It is precisely the kind of jokes onehears about Jews. I think Art, as a Chinese-American, has fought this tradition, and he has alsofought his upbringing, which was essentially con•servative. He swung the other way, became radicaland leftist. One proof of this is his willingness to

accept all things new. He has the most modern of fice equipment of any OB man in Boston. When ever a new product comes out, he buys it. There jokes about this, too—the gadget-orientedOrientals—but the motivation is different. Art is fighting tradition, routine, the accepted way.

When you talk to him, he seems bursting withideas. He has a new method for doing the Pappsmear.6He wants to abandon the routine, digitalpelvic exam as a waste of time. He thinks that basaltemperature as an indicator of ovulation is more ef•fective than reported. He thinks forceps should beeliminated from all deliveries, no matter how com• plicated. He thinks that general anesthesia in deliv•eries should be abandoned in favor of heavy dosesof tranquilizers.

When you first hear these ideas and theories, you are impressed. Only later do you realize that he is compulsively attacking tradition, finding fault whenever and wherever he can.

I suppose it is only natural that he should begin performing abortions. And I suppose that I should question his motives. But I don't usually, because Ifeel that a man's reasons for doing something areless important than the ultimate value of what hedoes. It is a historical truth that a man may do thewrong thing for the right reasons. In that casehe loses. Or he may do the right thing for thewrong reasons. In that case, he is a hero.

6The Papp smear is the most accurate diagnostic test in all of medicine.

Of all the people at the party, one might be ableto help me. That was Fritz Werner, but I didn't seehim; I kept looking.

Instead I ran into Blake. Blake is a senior pathol•ogist at the General, but he is principally known forhis head, which is enormous, round, and smooth. The features of his face are small and childlike, atiny jaw and wide-set eyes, so that Blake looks likeeverybody's vision of future man. He is coldly, sometimes

maddeningly intellectual man, and he isfond of games. He and I have played one game, offand on, for years.
He greeted me with a wave of his martini glassand, "Ready?" "Sure."
"Moans to Rocky," he said.
It sounded easy. I took out my notebook and pen•cil and tried it out. At the top of the page I wrote MOANS and at the bottom, ROCKY. Then I tried to fit things together.
MOANS

LOANS
LOINS
LOONS
BOONS
BOOKS

ROOKS

ROCKS

ROCKY
It took only a few moments."How many?" Blake said."Nine."
He smiled. "I'm told it can be done in five. I haveseven." He took the pad from me and wrote:

LOANS

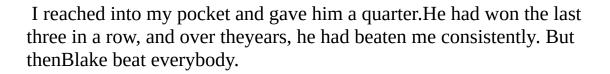
LOONS

LOOKS

ROOKS

ROCKS

ROCKY



"By the way," he said, "I heard another argument.Do you know the DNA template one?"7

"Yes," I said.

He shook his head. "Pity. I enjoy it. Springing iton people, I mean."

I smiled at him, barely able to conceal my plea•sure.

"You know the latest on Youth in Asia? The oneabout the right to refuse medication? You can fit itinto the fluoride arguments, very neatly."8

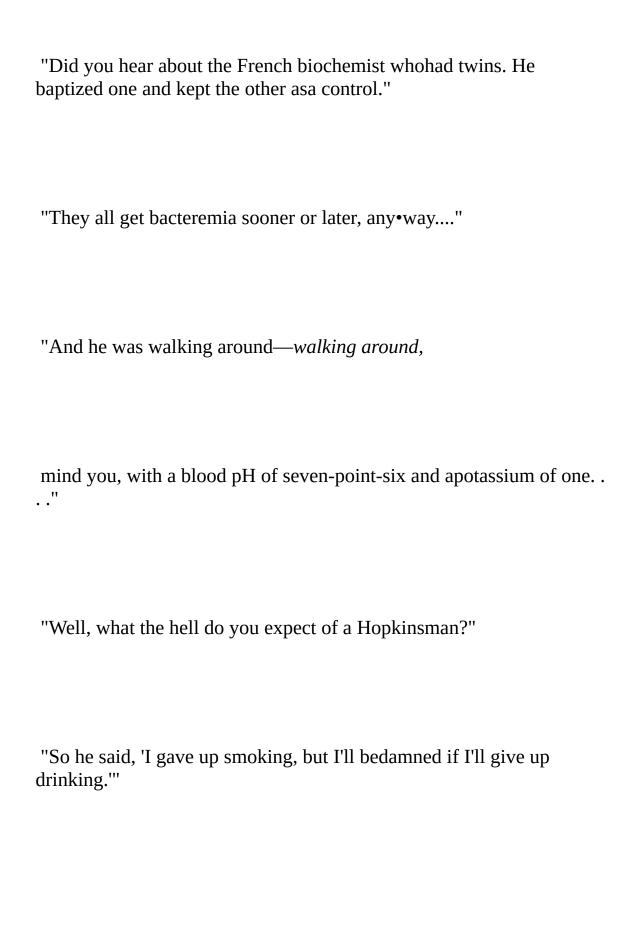
7See Appendix VI: Arguments on Abortion. 8See Appendix VII: Medical Morals.

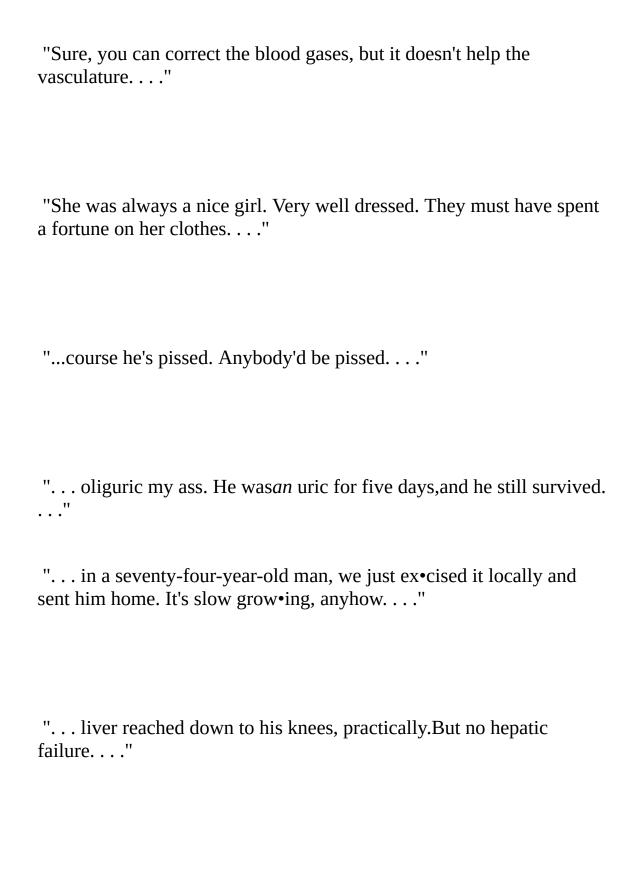
I'd heard that one, too, and I told him so. Thisseemed to depress him. He wandered off to try hisluck with someone else.

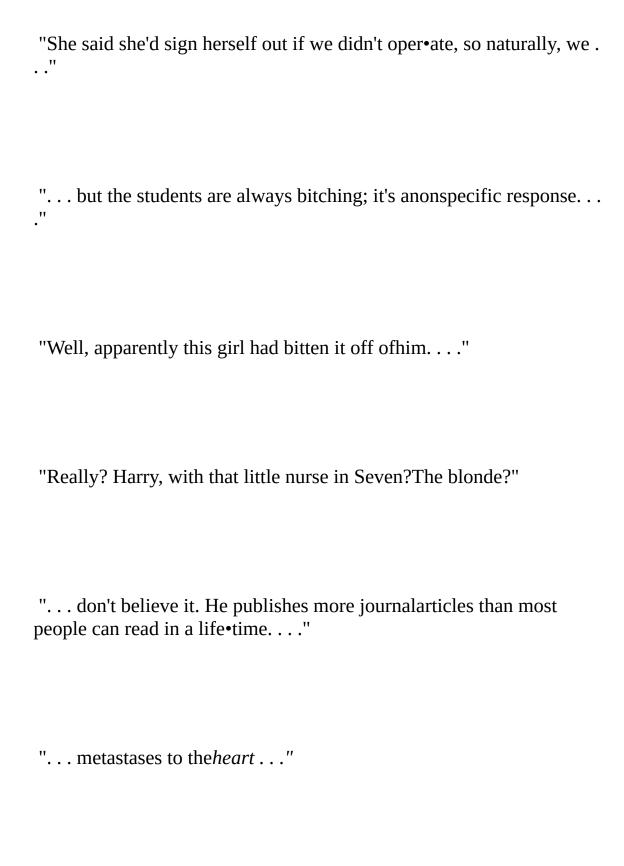
Blake collects arguments on medical philosophy. He is never happier than when he is logically dem• onstrating to a surgeon that he has no right to op•erate, or to an internist that he is ethically bound tokill every patient he can. Blake likes words andtosses around ideas the way small children playsoftball in the street. It is easy for him, effortlessand amusing. He and Art get along well together.Last year the two of them had a four-hour argu•ment over whether an obstetrician was morally re• sponsible for all children born under his direction, from the time they were born until they died.

In retrospect, all of Blake's arguments seem nomore useful or important than watching an athleteexercise in a gym, but at the time they can be fas•cinating. Blake has a keen sense of the arbitrary, and it stands him in good stead when working withmembers of the most arbitrary profession on earth.

Wandering around the party, I heard snatches ofjokes and conversations; it was, I thought, a typical medical party.







"Anyway, it goes like this: there's this desert

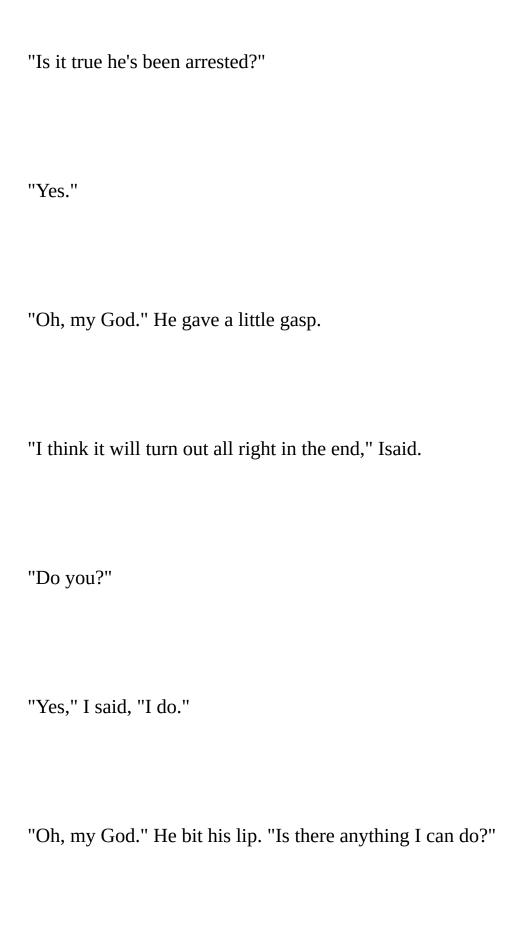
prison, see, with an old prisoner, resigned to hislife, and a young one just arrived. The young onetalks constantly of escape, and, after a few months,he makes a break. He's gone a week, and then he'sbrought back by the guards. He's half dead, crazy with hunger and thirst. He describes how awful itwas to the old prisoner. The endless stretches ofsand, no oasis, no signs of life anywhere. The oldprisoner listens for a while, then says, 'Yep. I know.I tried to escape myself, twenty years ago.' The young prisoner says, 'You did? Why didn't you tellme, all these months I was planning my escape? Why didn't you let me know it was impossible?'And the old prisoner shrugs, and says, 'So who pub•lishes negative results?'"

At eight,I was beginning to get tired. I saw FritzWerner come in, waving to everyone and talkinggaily. I started over toward him, but Charlie Frankcaught me on the way.

Charlie stood half hunched over, with a twisted, painful expression on his face as if he'd just been stabbed in the stomach. His eyes were wide andsad. Altogether, it was quite a dramatic effect, but Charlie always looked that way. He wore an air ofimpending crisis and imminent tragedy on hisshoulders, and it burdened him, crushing him to the floor. I had never seen him smile.

In a tense, half whisper, he said, "How is he?"

"Who?"
"Art Lee."
"He's all right." I didn't want to talk about Lee with Charlie Frank.



"I don't think so."

He was still holdir

He was still holding on to my arm. I lookedacross the room at Fritz, hoping Charlie'd noticeand let go. He didn't.

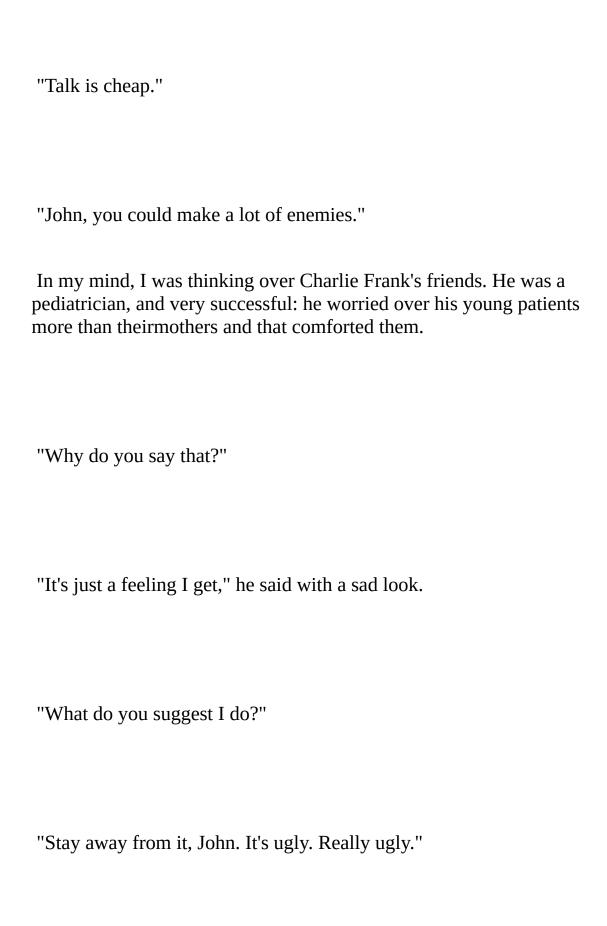
"Say, John . . . "

"Yes?"

"What's this I heard about you, ah, getting in •volved?"

"Let's say I'm interested."

"I ought to tell you," Charlie said, leaning close, "that there's talk in the hospitals. People are saying that you're concerned because you're mixed up in ityourself."



"I'll remember that."

"A lot of people feel very strongly—"

"So do I."



"What people?"

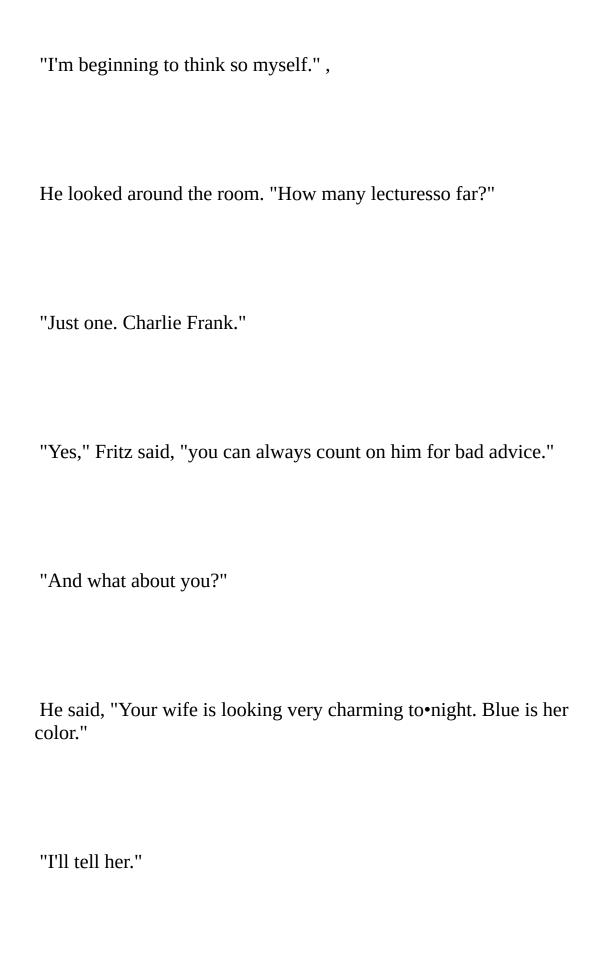
Quite abruptly, he let go of my arm. He gave anembarrassed little shrug. "Well, you have to do whatyou think is best, in any case."

And he turned away.

Fritz werner was standing, as usual, by the bar. He was a tall, painfully thin, almost emaciatedman. He kept his hair trimmed short, and this em•phasized his large, dark, brooding eyes. He had abirdlike manner, a gawky walk, and a habit of cran•ing his thin neck forward when he was addressed, as if he could not hear well. There was an intensity about him, which might have stemmed from his Austrian ancestry or from his artistic nature. Fritz painted and sketched as a hobby, and his office al• ways had a cluttered, studiolike appearance. But he

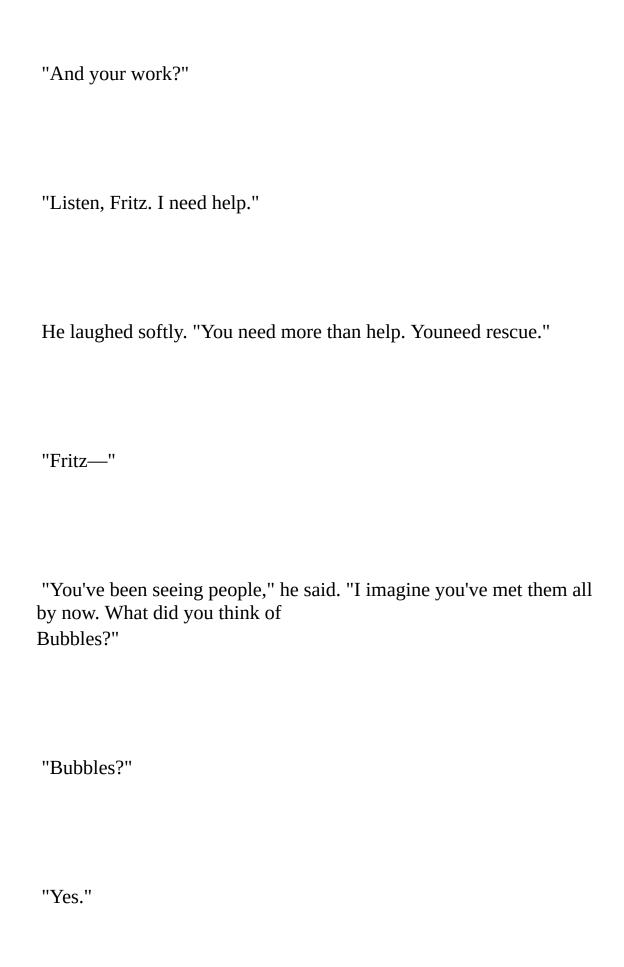
made his money as a psychiatrist, listening patientlyto bored, middleaged matrons who had decided ata late date that there was something wrong withtheir minds.

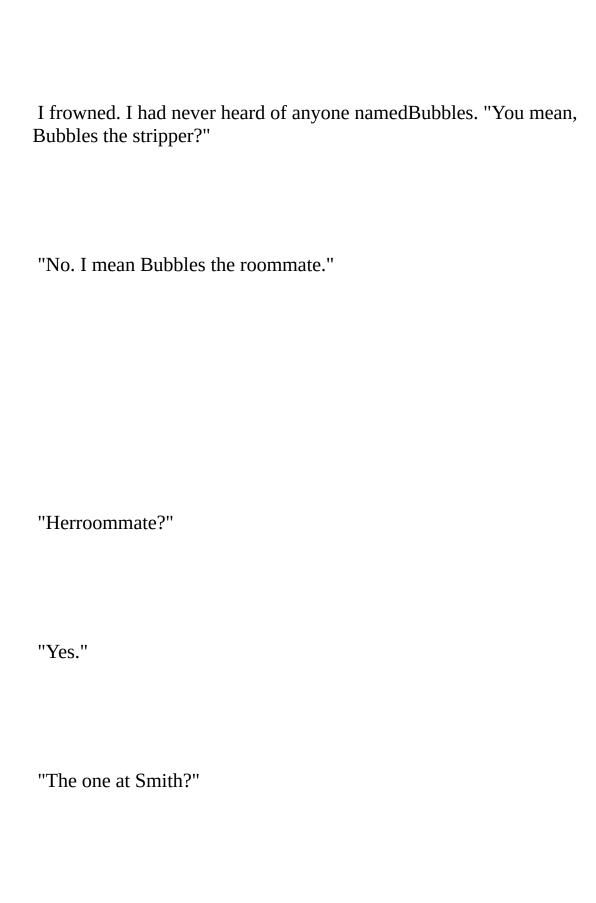
He smiled as we shook hands. "Well, well, if itisn't poison ivy."

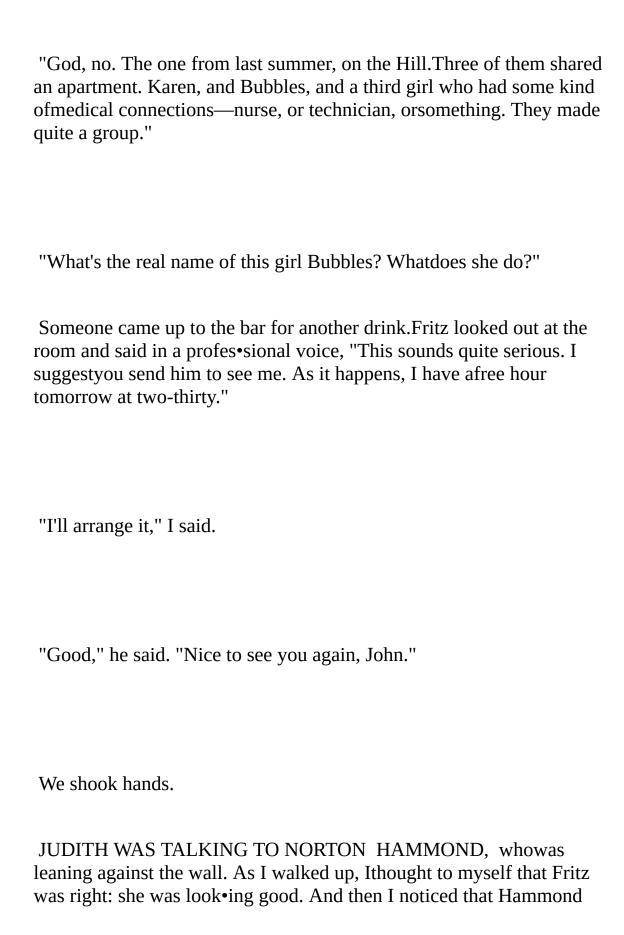


"Very charming. How is your family?"

"Good, thanks. Fritz—"







was smoking a cigarette. There was nothing wrong withthat, of course, except that Hammond didn'tsmoke.

He didn't have a drink in his hand, and he wassmoking rather slowly and deeply."Say," I said, "you want to watch that."He laughed. "My social protest for the night."

Judith said, "I tried to tell him somebody wouldsmell it."

"Nobody here can smell anything," Hammondsaid. It was probably true; the room was thick withblue smoke. "Besides, remember Goodman andGilman."9

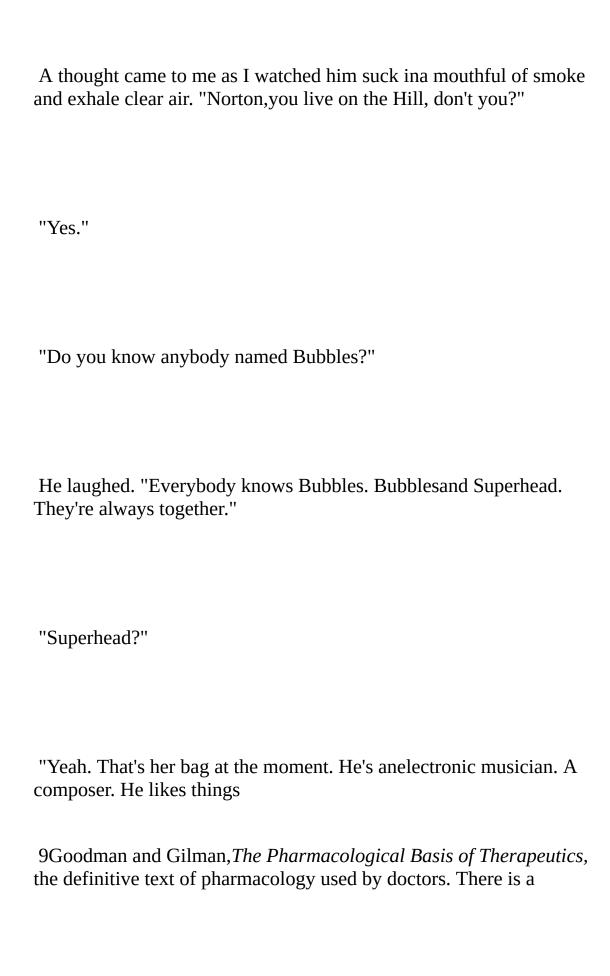
"Still. Be Careful."

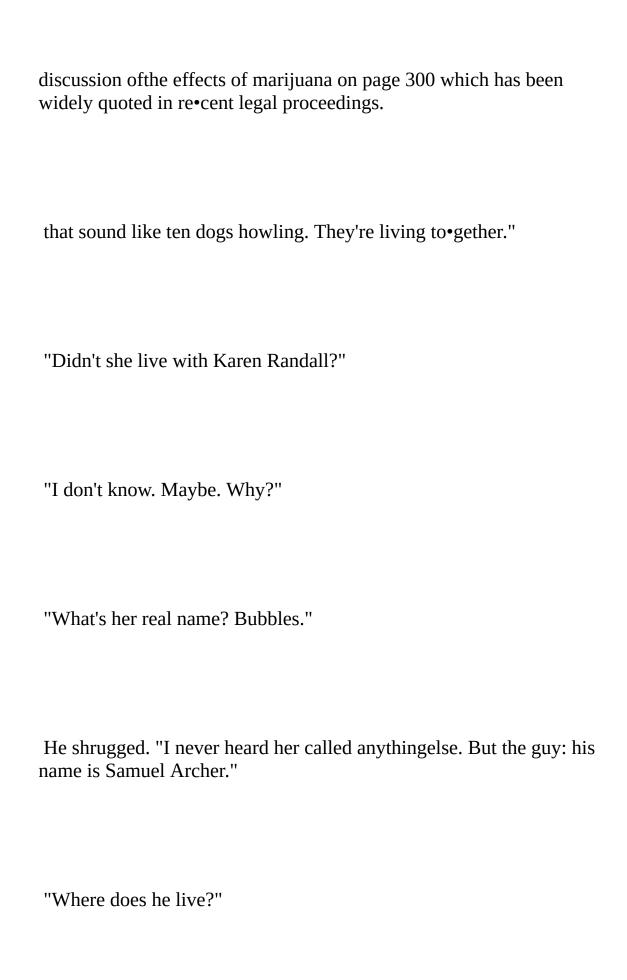
"Think of it," he said, taking a deep drag. "No bronchogenic carcinoma, no oat-cell carcinoma, no chronic bronchitis and emphysema, no arterioscle•roticheart disease, no cirrhosis, no Wernicke- Korsakoff. It's beautiful."

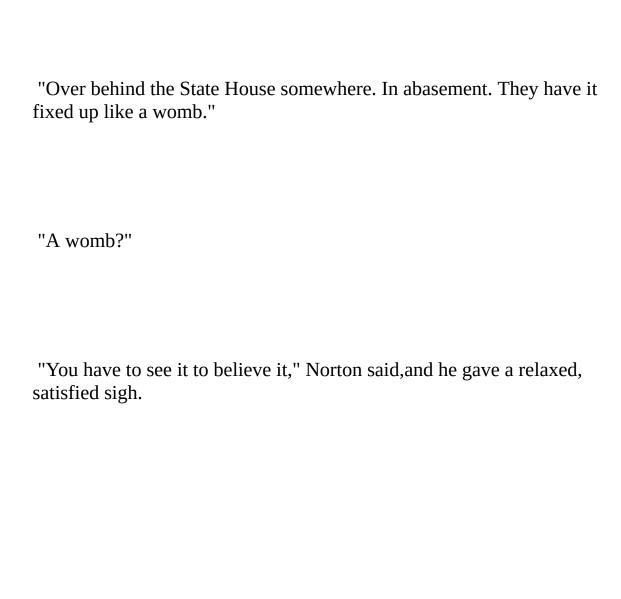
"It's illegal."

He smiled and pulled at his moustache. "You'reup for abortion but not maryjane, is that it?"

"I can only take one crusade at a time."







TEN

JUDITH SEEMED TENSE ON THE DRIVE BACK. She satwith her
knees together and her hands claspedaround them. She was squeezing
her hands hard;the knuckles were white.

"Something wrong?"

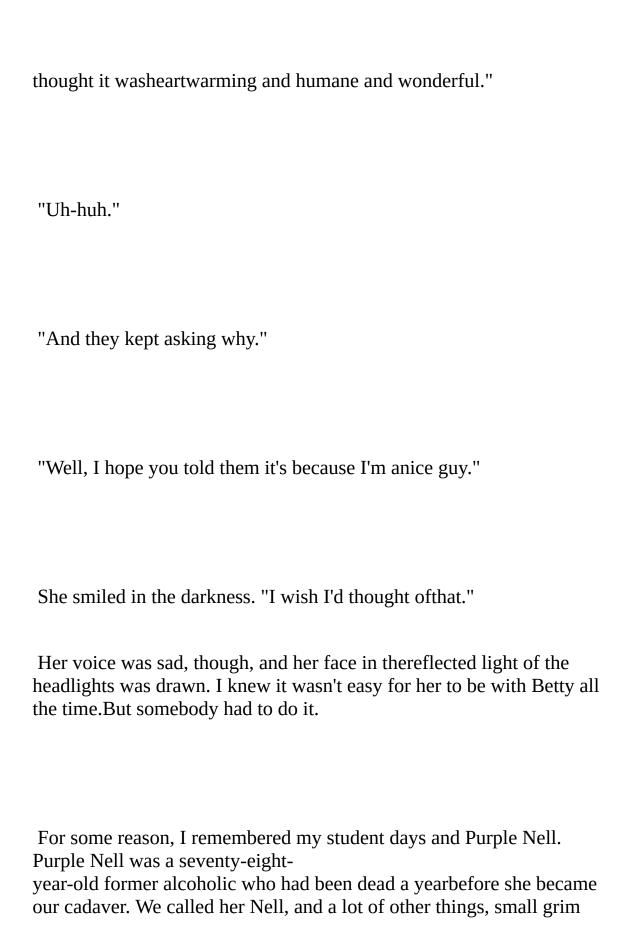
"No," she said. "Just tired."

I said, "Was it the wives?"

She smiled slightly. "You've become very famous.Mrs. Wheatstone was so upset that she missed abid at this afternoon's game, I understand."

"What else did you hear?"

"They all asked me why you were doing it, help•ing Art. They thought it was a marvelous example of a man sticking by his friend. They



jokes to help us get through our work. I remembered my desireto quit, to stop cutting the cold, damp, stinkingflesh, to stop peeling away the layers. I dreamed ofthe day I would be finished with Nell, when Icould forget her, and the smells, and the feel ofgreasy, long-dead flesh. Everyone said it got easier. I wanted to stop, to be finished and done. But Inever quit until all the dissections had been com•pleted, all the nerves and arteries traced out andlearned.

After my initial harsh experience with cadavers, Iwas surprised to find I was interested in pathology.

I like the work and have learned to push from mymind the smells and the sight of each new corpse, each new postmortem. But somehow autopsies are different, in some strange sense more hopeful. Atautopsy you are dealing with a man, newly dead, and you know his story. He is not a faceless, anon ymous cadaver but a person who had recentlywaged a very private battle, the only private battlein life, and lost. Your job is to find out how, andwhy, he lost, in order to help others who will soondo battle—and yourself. It is a far cry from the dis section cadavers, which exist in a kind of sickening, professional death, as if their only purpose in their twilight, embalmed afterlife is to be thoroughly, inspectably dead.

when we got home, Judith went in to check on the kids and call Betty. I took the sitter home. Shewas a short, pert girl named Sally, a cheerleader at Brookline High. Normally, when I drove her homewe talked

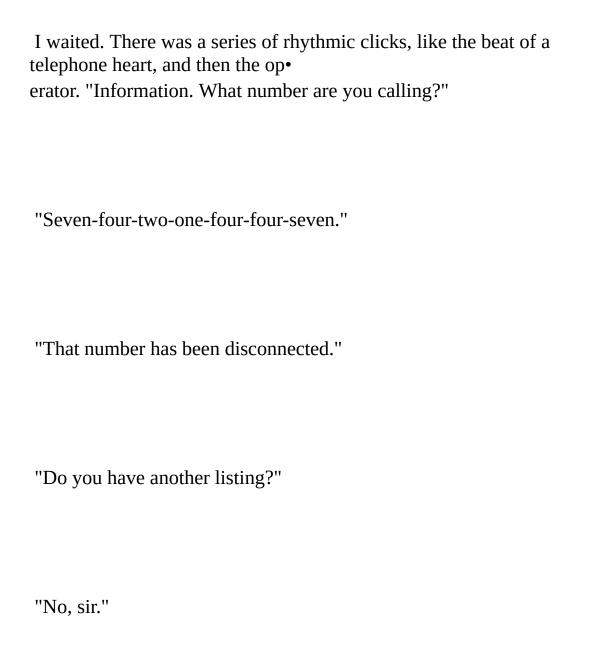
about neutral, safe things: how she likedschool, where she wanted to go to college, things like that. But tonight I was feeling inquisitive, and old, and out of touch, like a man returning to his country after an extended time abroad. Everythingwas different, even the kids, even youth. Theyweren't doing what we had done. They had different challenges and different problems. At least, they had different drugs. Perhaps the problemswere still the same. At least, that was what youwanted to think.

Finally I decided I had had too much to drink atthe party, and had better keep my mouth shut. SoI let Sally talk about passing her driver's test, andnothing more. As she talked, I felt both cowardlyand relieved. And then I thought that it was foolish,that there was no reason for me to be curious aboutmy babysitter, no reason to get to know her, andthat if I tried it might be interpreted wrongly. It wassafer to talk about drivers' licenses; solid, respecta•ble, reasonable ground.

Then, for some reason, I thought of Alan Zenner. And something Art had said. "If you want to know about this world, turn on your television to an inter•view program, and turn off the sound." I did, a few days later. It was bizarre: the faces moving, the tongues going, the expressions and the hands. Butno sound. Nothing at all. You had no idea what theywere saying.

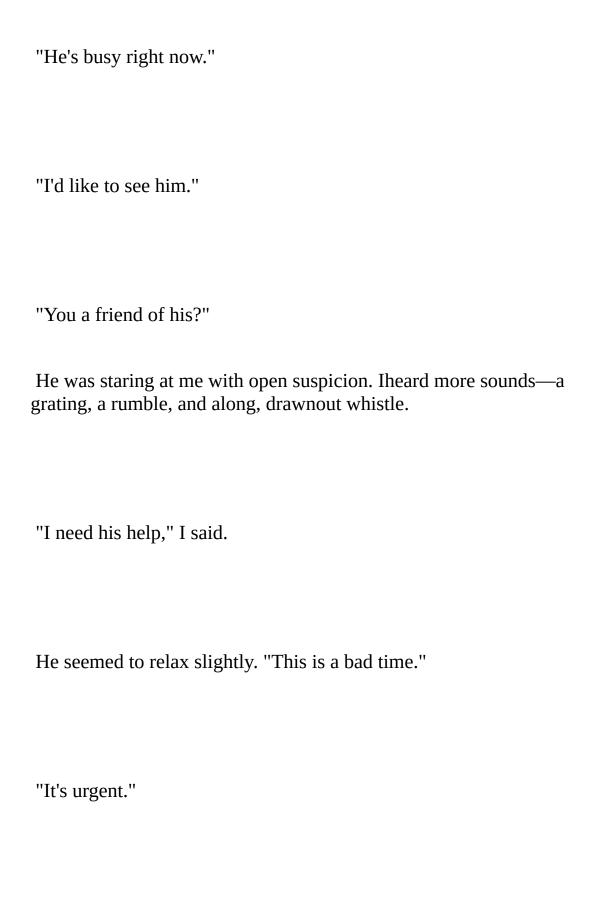
Ifound the address in the phone book: Samuel F.Archer, 1334 Langdon Street. I dialed the number.A recorded voice came on.

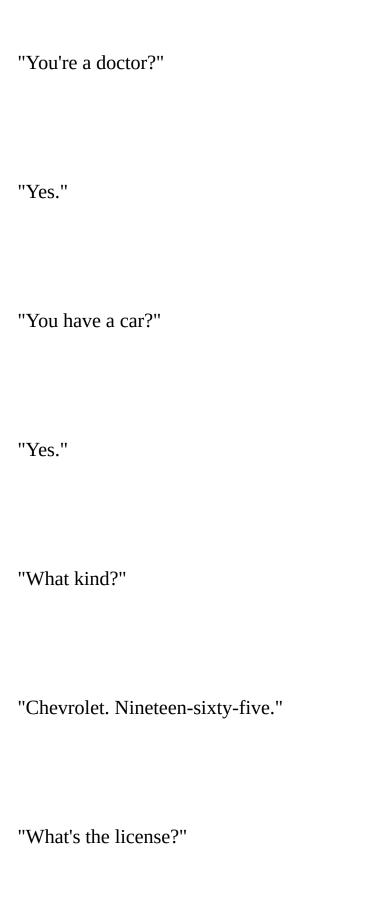
"I am sorry, sir, the number you have dialed is notin service at this time. If you hold the line, an op•erator will give you further information."



Probably Samuel F. Archer had moved, but per•haps he hadn't. I drove there directly. The apart•ment was located on a steep hill on the east slopeof Beacon Hill, in a battered apartment building. The hallway smelled of cabbage and baby formula. I went down a flight of creaking wooden stairs to the basement, where a green light flashed, illumi•nating a door painted flat black.







"Two-one-one-five-sixteen."

He nodded. "O.K.," he said. "Sorry, but you knowhow it is these days. You can't trust anyone.1Come in." He stepped back from the door. "But don't sayanything, all right? I'll tell him first. He's compos•ing, and he gets pretty wrapped up. It's the seventhhour and it should be O.K. But he does flip outeasy. Even late."

We walked through what seemed to be a living room. There were studio couches and a few cheap lamps. The walls were white, and painted in weird, flowing designs in fluorescent colors. An ultraviolet lamp heightened the effect.

"Wild," I said, hoping that was the right thing.

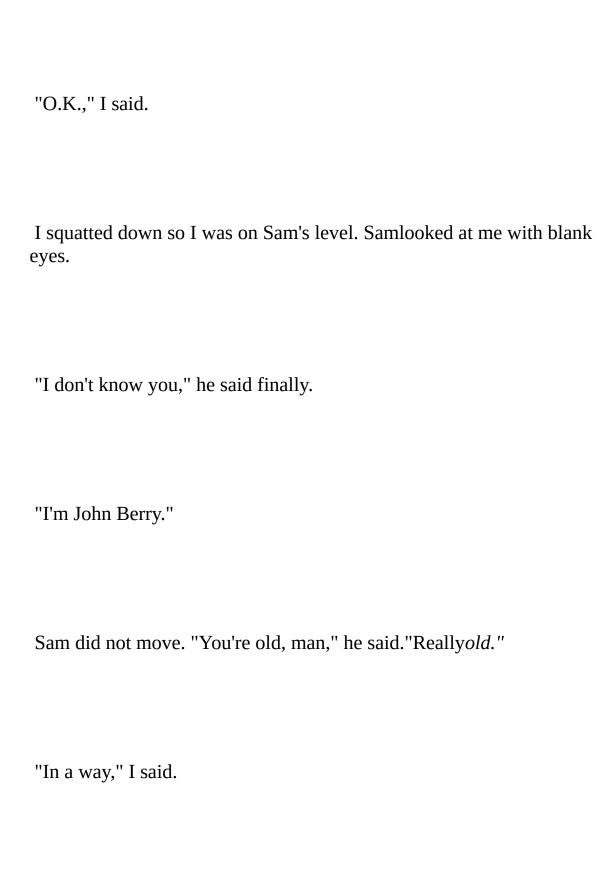
"Yeah, man."

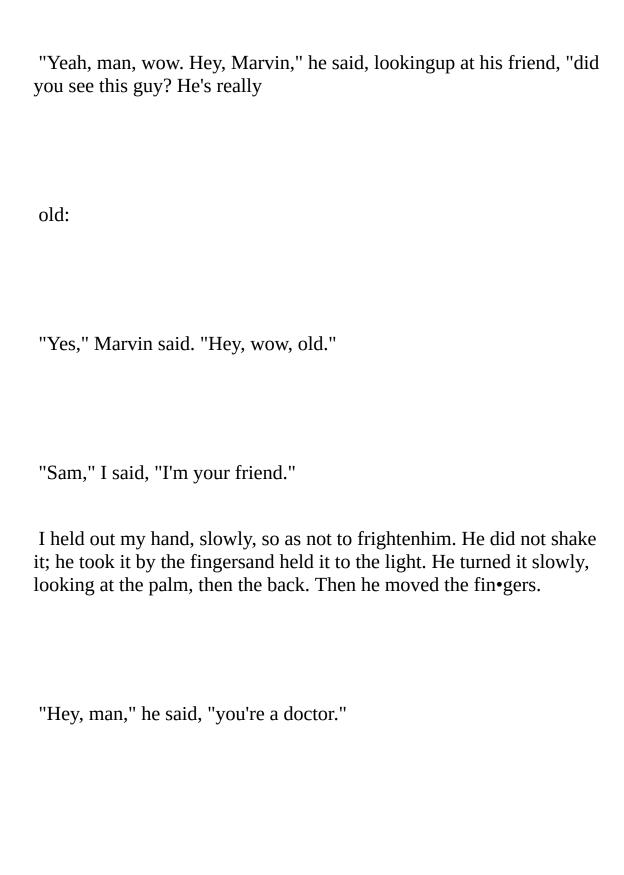
We went into the next room. The lighting was low. A pale, short boy with an immense head of curly blond hair squatted on the floor surroundedby electronic equipment. Two speakers stood by the far wall. A tape recorder was running. The pale boy was working with his equipment, twirling knobs, producing the sounds. He did not look up at us as

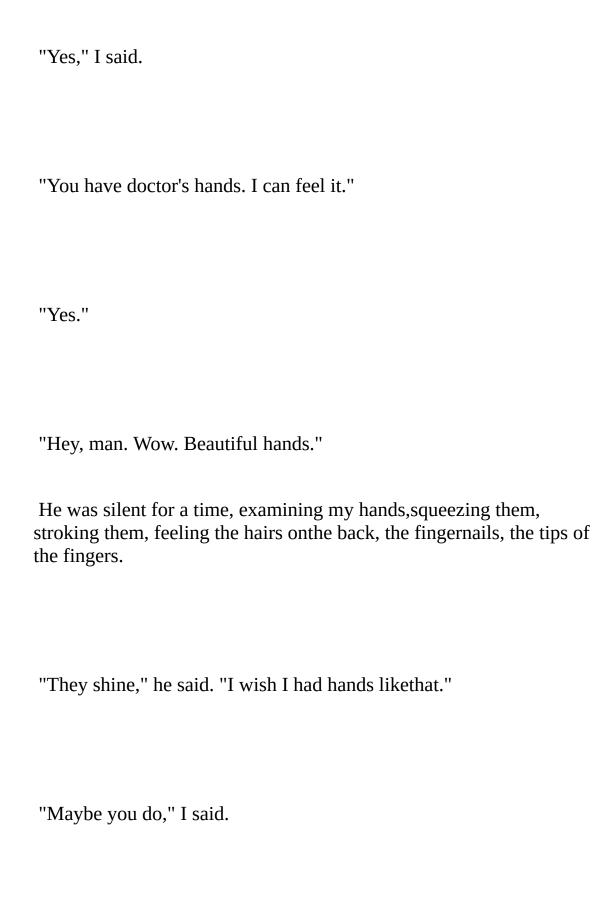
1The Federal narcotics agents, or "narcs," are known in Boston to favorChevrolets with licenses

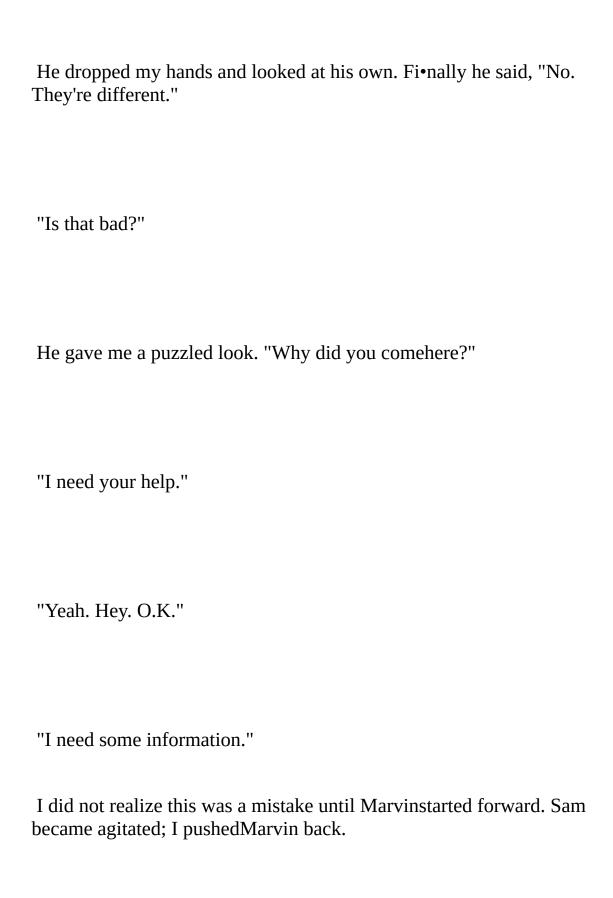


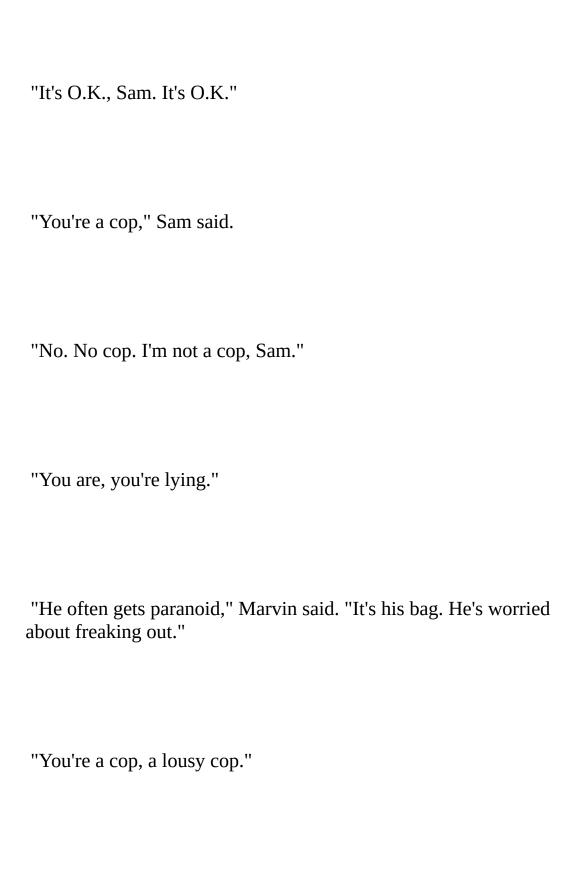


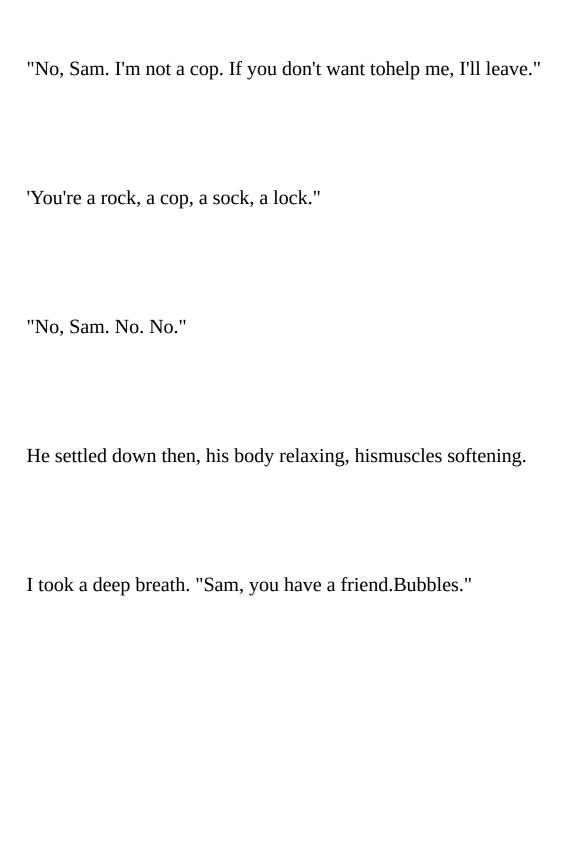


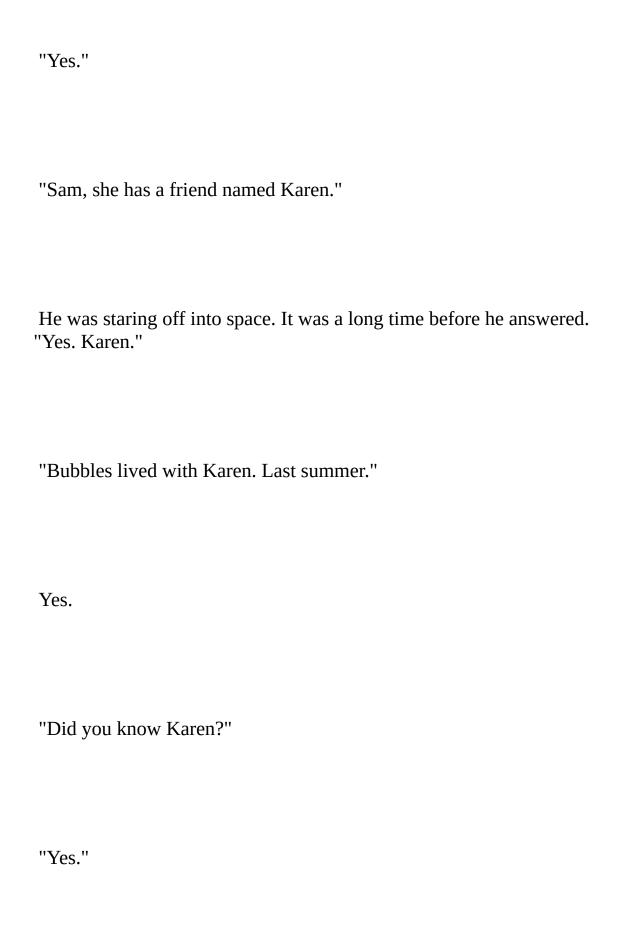


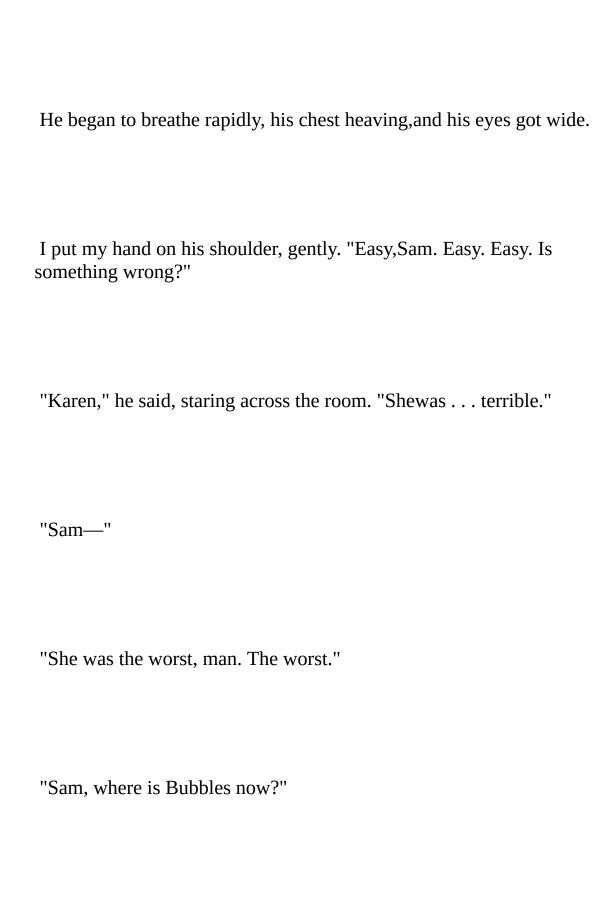












"Out. She went to visit Angela. . . ." "Angela Harding," Marvin said. "She and Karenand Bubbles all roomed together in the summer." "Where is Angela now?" I asked Marvin. At that moment, Sam jumped up and began to shout "Cop! Cop!" at the top of his lungs. Heswung at me, missed, and tried to kick me. I caughthis foot, and he fell, striking some of the electronic equipment. A loud, high-pitched whee-whee-wheefilled the room. Marvin said, "I'll get the thorazine."2 "Screw the thorazine," I said. "Help me." I grabbed Sam and held him down. He screamed over the howl of the electronic sound. "Cop! Cop! Cop!"

He kicked and thrashed. Marvin tried to help,but he was ineffectual Sam was banging his headagainst the floor.
"Get your foot under his head."
He didn't understand.

"Move!" I said.

He got his foot under, so Sam would not hurt hishead. Sam continued to thrash and twist in mygrip. Abruptly, I released him. He stopped writhing, looked at his hands, then looked at me.

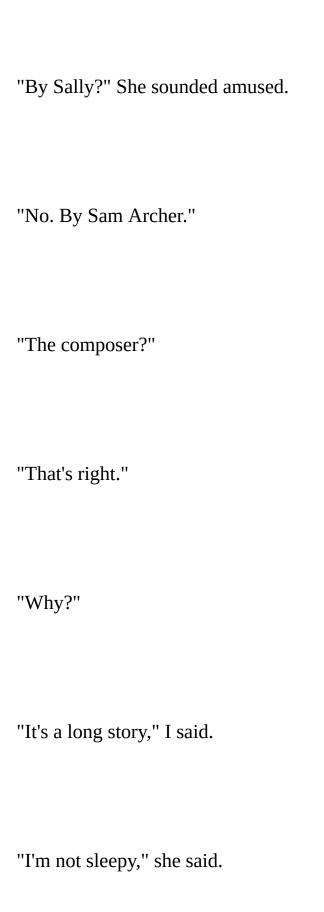
"Hey, man. What's the matter?"

"You can relax now," I said.

2Thorazine is a tranquilizer, universally used as an antidote to LSD and employed to end bad trips. However, when other psychedelic compounds such as STP are used, thorazine heightens the drug effect instead of abol•ishing it. Thus physicians who see LSD psychosis in the EW no longer au•tomatically administer thorazine.

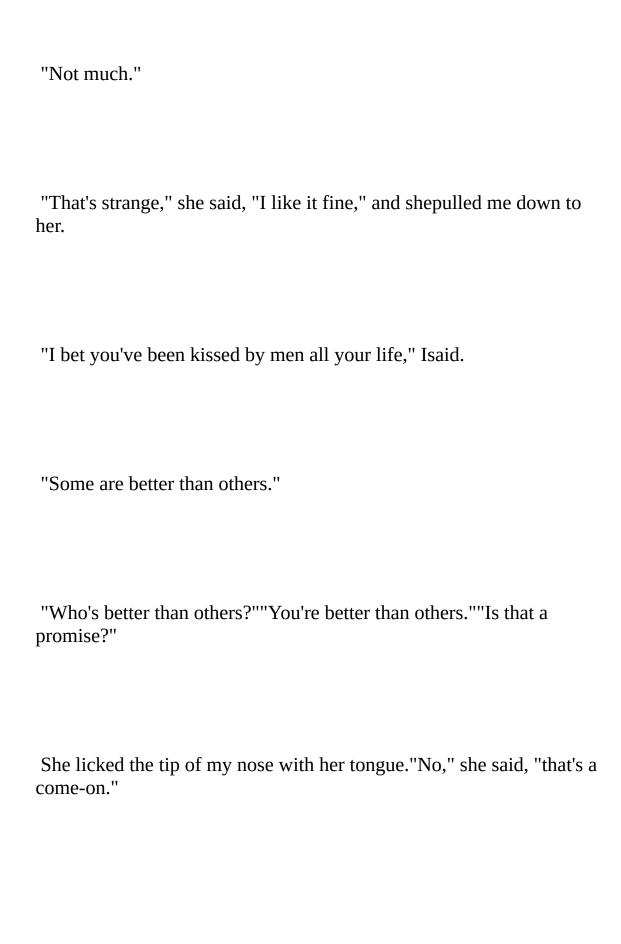
"Hey, man. You let me go."





I told her about it, then got into bed and kissedher. "Funny," I said, "I've never been kissed by aman before."

She rubbed my neck. "Like it?"



WEDNESDAY

OCTOBER 12

ONE

Once a month, the Lord takes pity on the Cradleof Liberty and lets the sun shine on Boston. Todaywas that day: cool, bright and clear, with an autumn crispness in the air. I awoke feeling good, with the sharp expectation that things would happen.

I had a large breakfast, including two eggs, whichI ate with guilty relish, savoring their cholesterol. Then I went into my study to plan the day. I beganby drawing up a list of everyone I had seen and try•ing to determine if any of them were suspects. No•body really was.

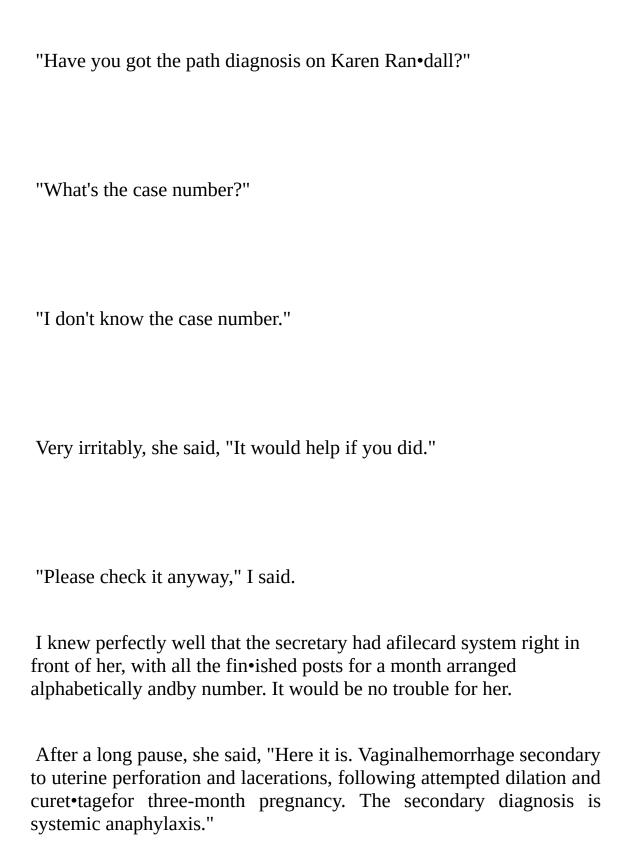
The first person to suspect in any abortion ques•tion is the woman herself, since so many are self-induced. The autopsy showed that Karen must havehad anesthetic for the operation; therefore she didn't do it.

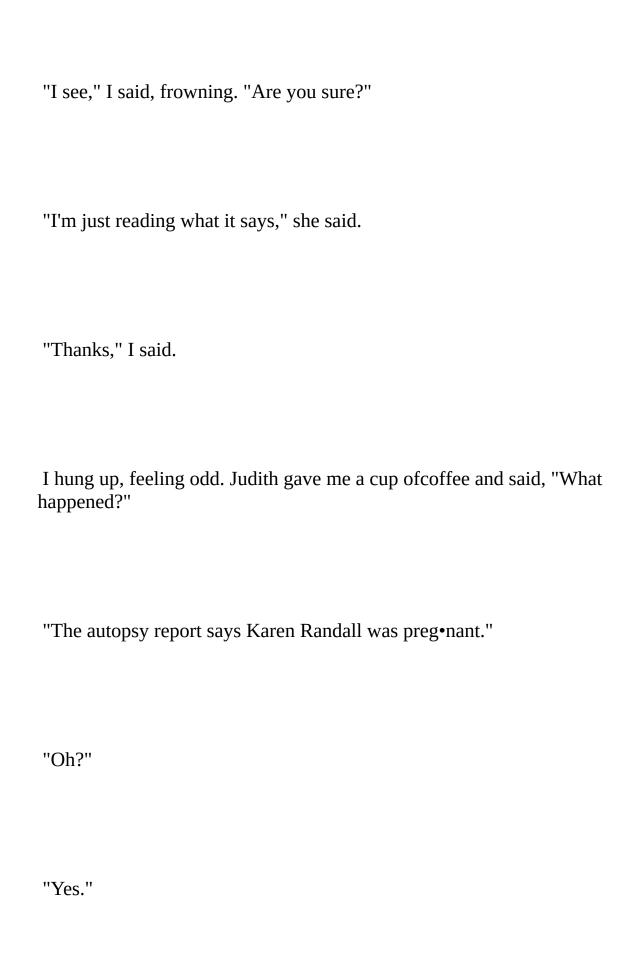
Her brother knew how to do the procedure, buthe was on duty at the time. I could check that, and 235 might, later on, but for the moment, there was no reason to disbelieve him.

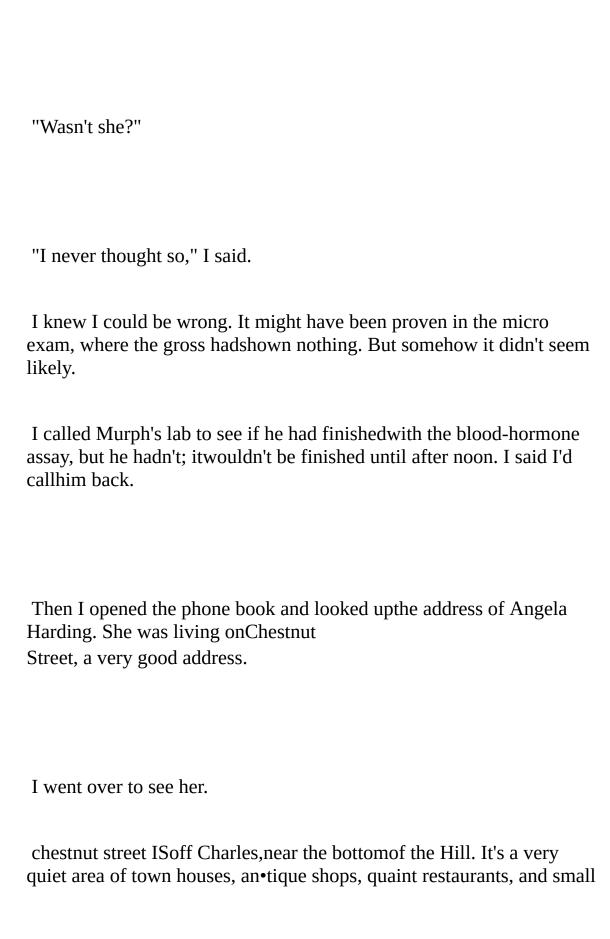
Peter Randall and J. D. were both possibilities, technically speaking. But somehow I couldn't imag•ine either of them doing it.

That left Art, or one of Karen's Beacon Hillfriends, or somebody I hadn't met yet and didn'teven know existed.

I stared at the list for a while, and then calledthe Mallory Building at the City. Alice wasn't there;I talked with another secretary.







grocerystores; most of the people who live here are young professionals—doctors and lawyers and bankers—who want a good address but can't yet afford to move out to Newton or Wellesley. The other peoplewho live here are old professionals, men in their fif• ties and sixties whose children are grown and mar•ried, permitting them to move back to the city. Ifyou

are going to live anywhere in Boston, you haveto live on Beacon Hill. There were, of course, some students living here,

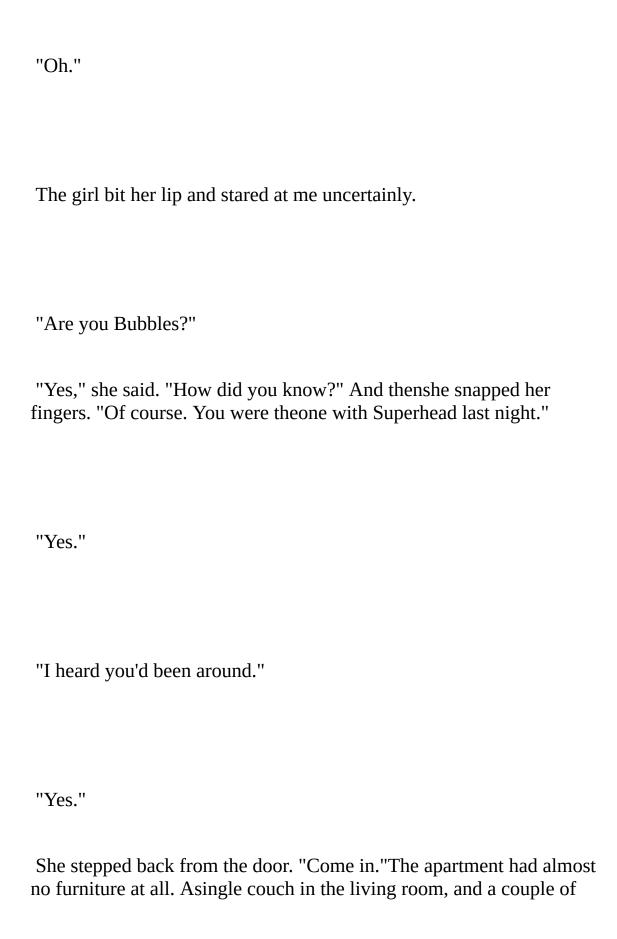
but usually they were stacked three or four deep insmall apartments; it was the only way they could af• ford the rents. Older residents seemed to like thestudents; they added a little color and youth to the neighborhood. That is, they liked the students solong as the students looked clean and behaved themselves.

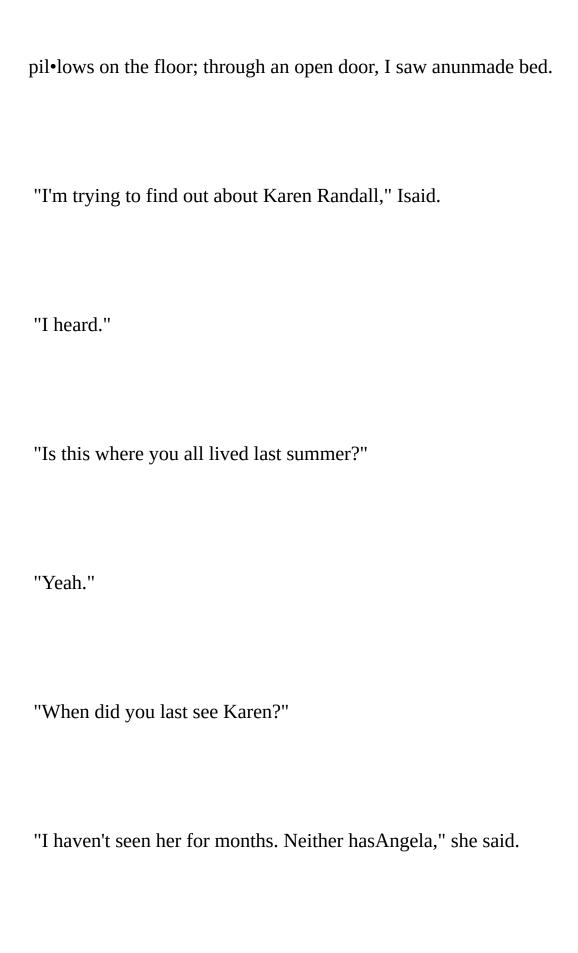
Angela Harding lived on the second floor of awalk-up; I knocked on the door. It was answered by slim, dark-haired girl wearing a miniskirt and asweater. She had a flower painted on her cheek, and large, blue-tinted granny glasses.

"Angela Harding?"

"No," said the girl. "You're too late. She's alreadygone. But maybe she'll call back."

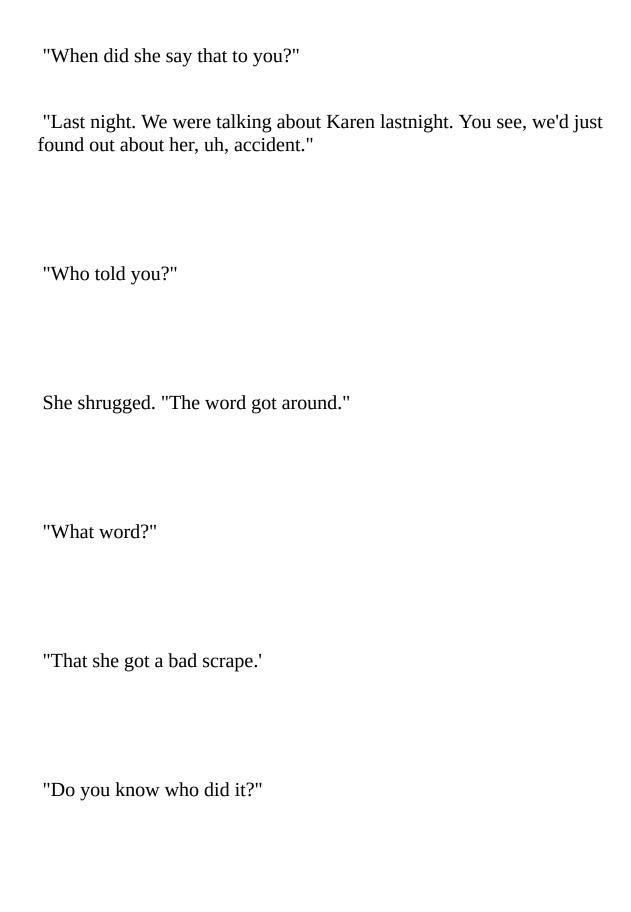
I said, "My name is Dr. Berry. I'm a pathologist."



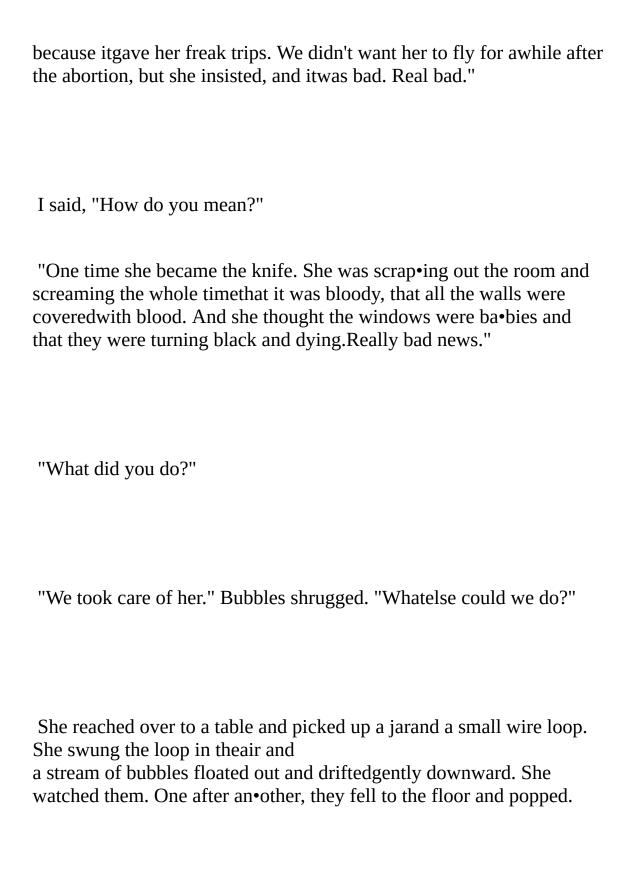


"Did Angela tell you that?"

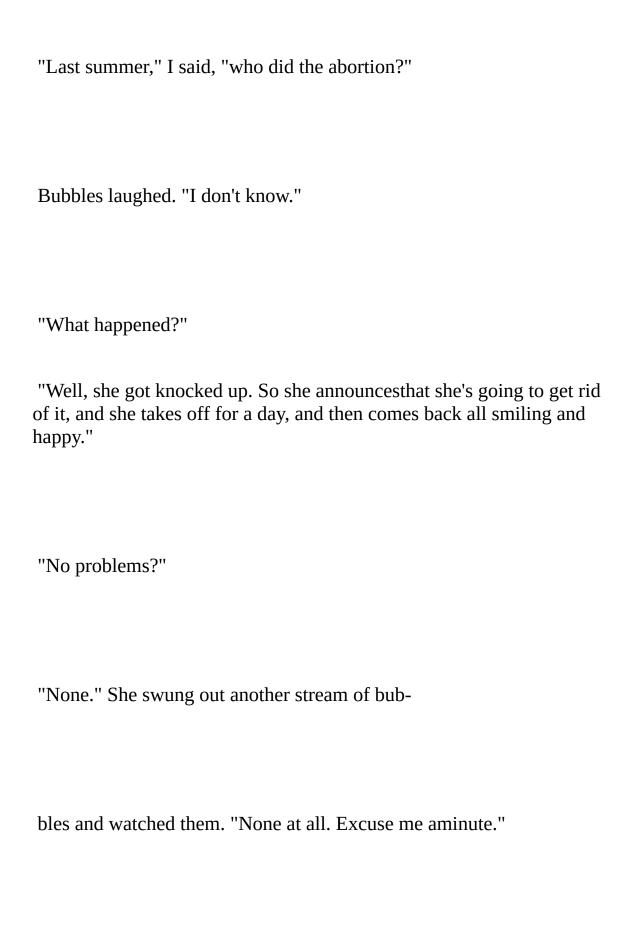
"Yes. Of course."

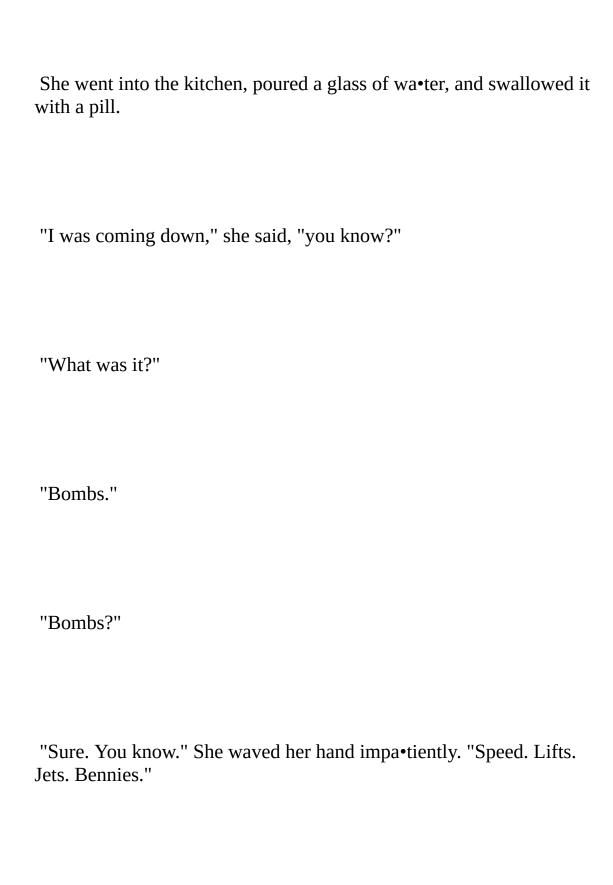


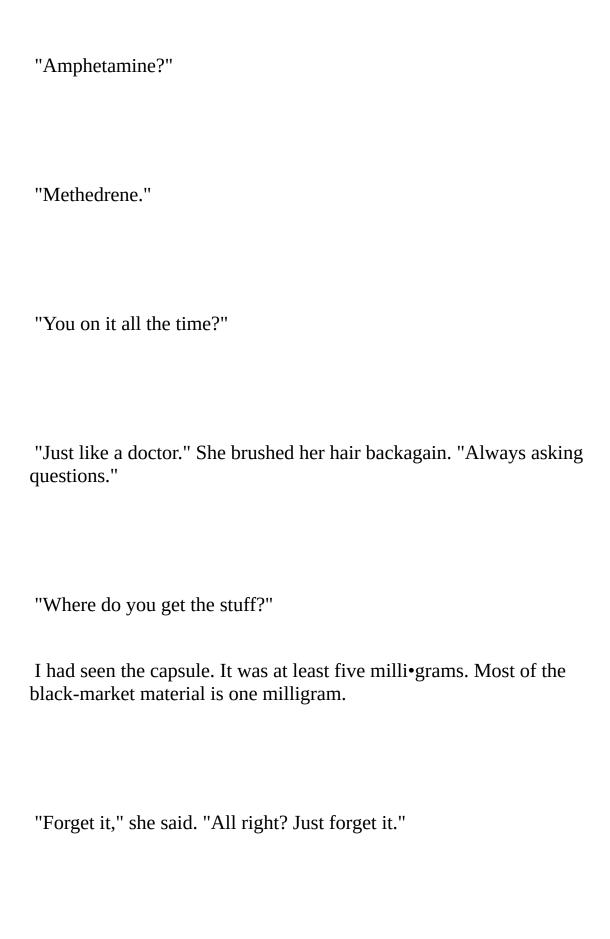


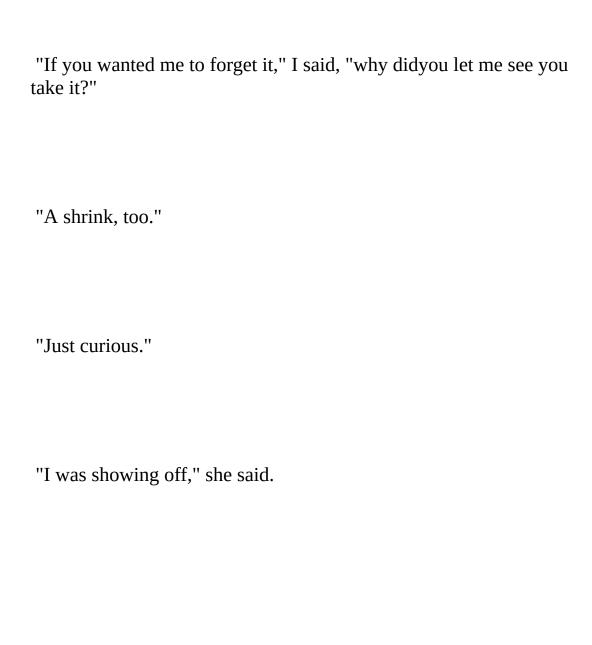


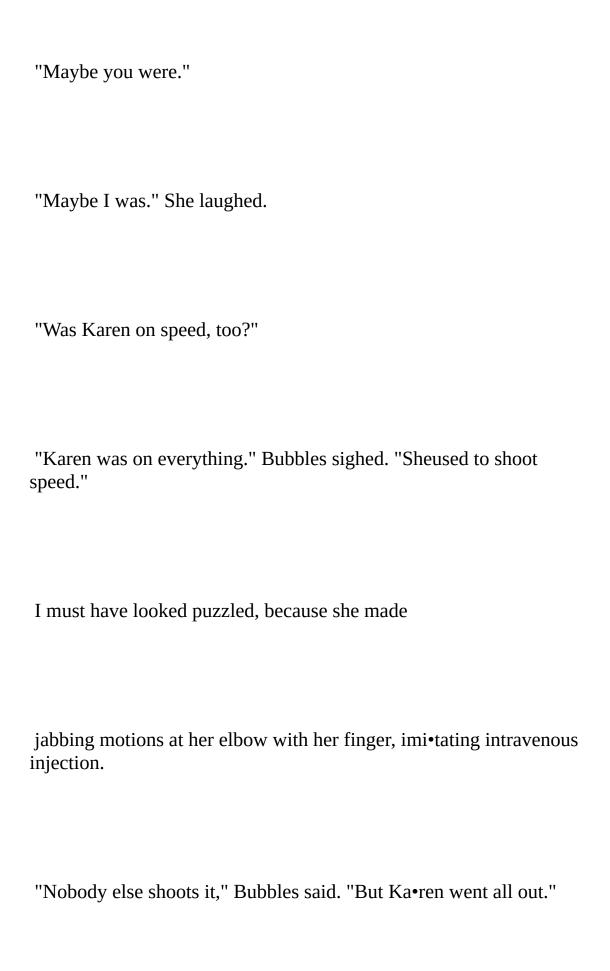
"Real bad."

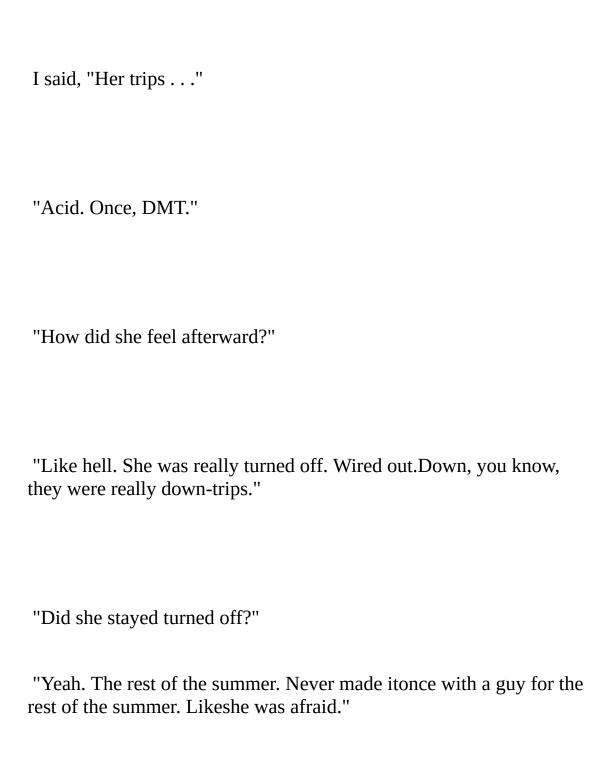


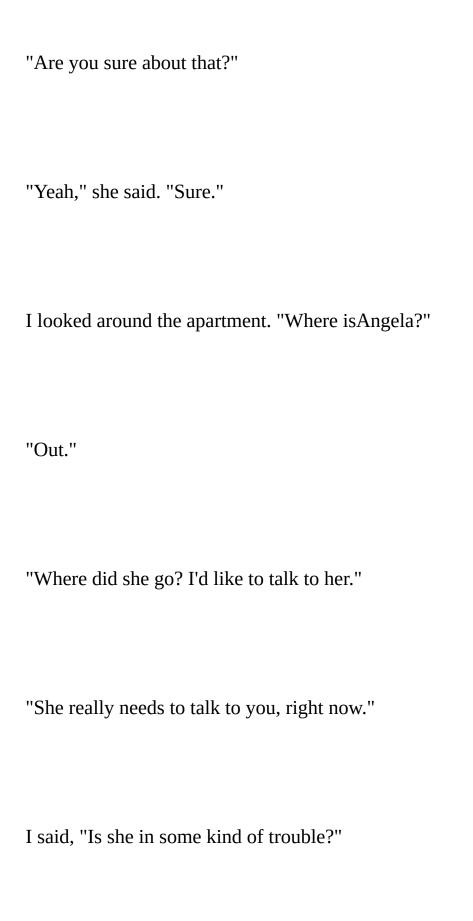


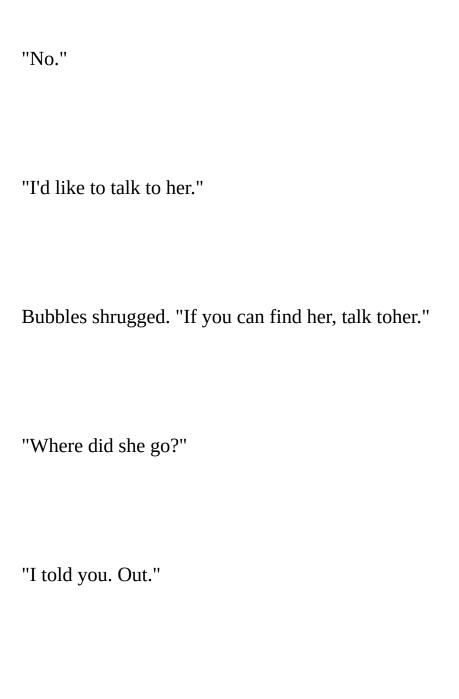


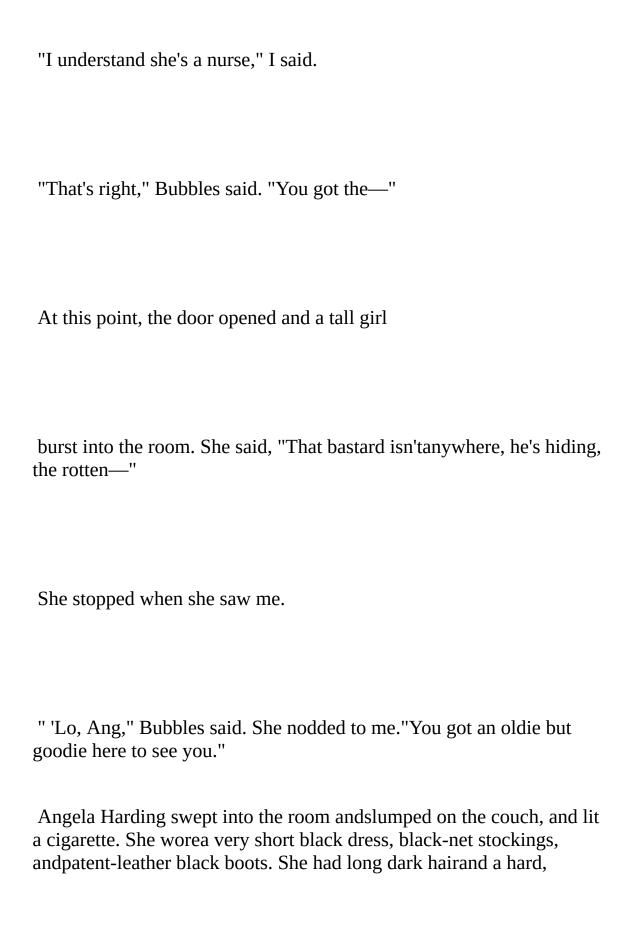


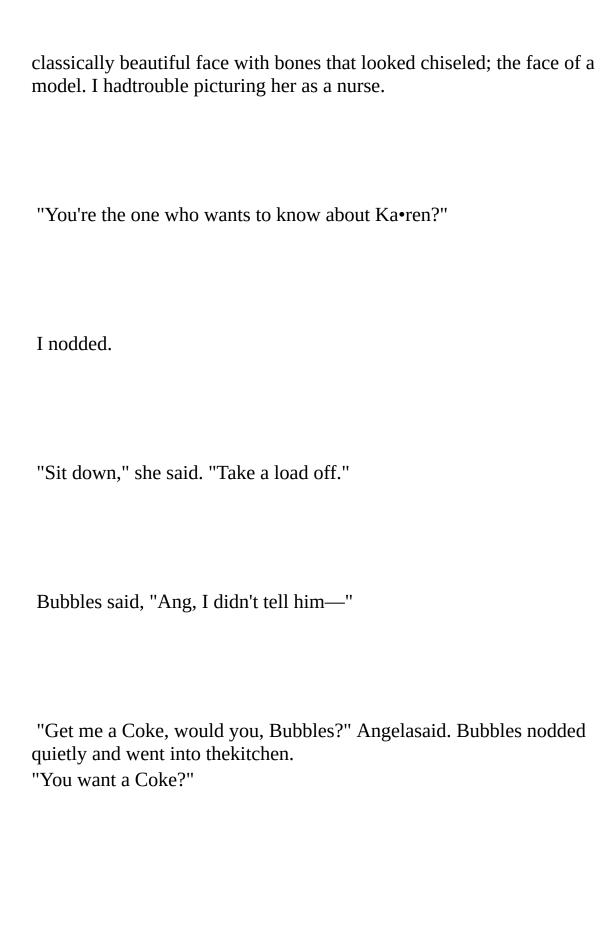












"No, thanks." She shrugged. "Suit yourself." She sucked on thecigarette and stubbed it out. Her movements werequick but she kept her composure, a calm in her face. She lowered her voice. "I didn't want to talkabout Karen in front of Bubbles. She's pretty upset about it." "Karen?" "Yes. They were close." "And you?" "Not so close."

"How's that?"

"She came on strong, in the beginning. Nice girl, a little wild, but fun. Very strong in the beginning. So we decided to share a room, the three of us. Then later Bubbles moves in with Superhead, and I'm stuck with Karen. It wasn't so easy."

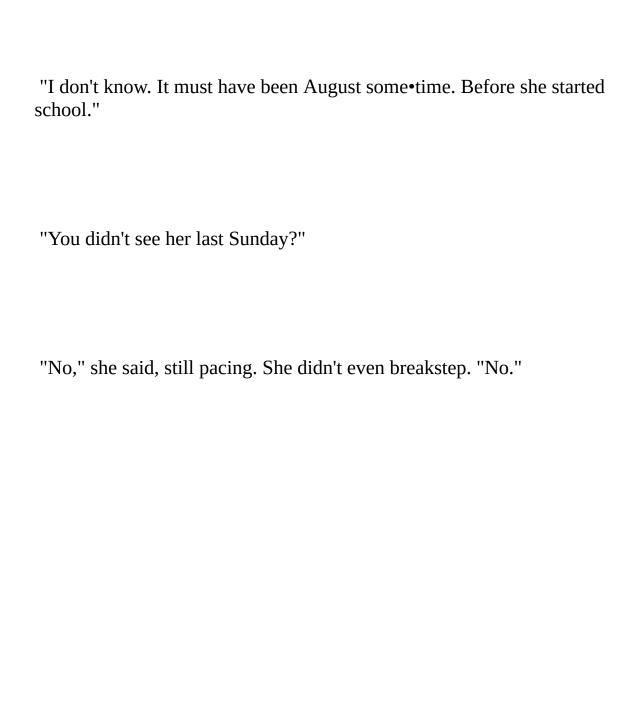
"Why?"

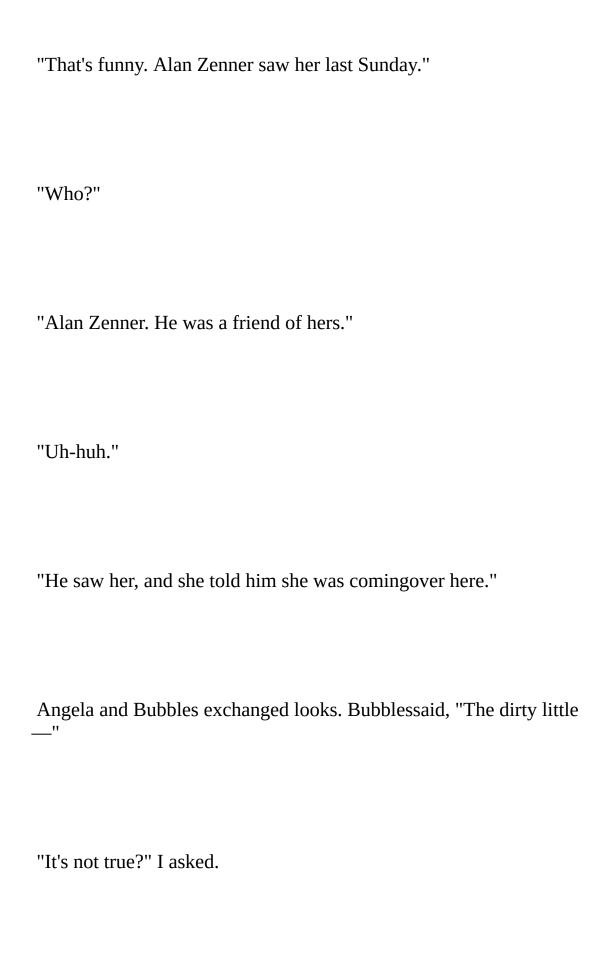
"She was a crazy kid. She was nuts."

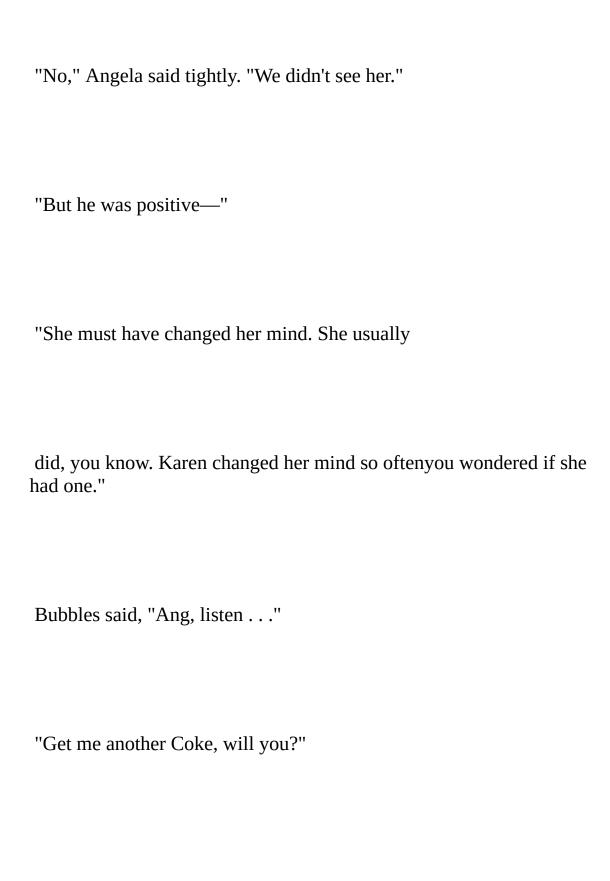
Bubbles came back with the Coke. "She wasn't."
"Not around you. She had an act for you."
"You're just mad because of—"
"Yeah. Right. Sure." Angela tossed her head andshifted her long legs. She turned to me and said,"She's talking about Jimmy. Jimmy was a resident Iknew, in OB."
"That was the service you were on?"
"Yes," she said. "Jimmy and I had a thing, and Ithought it was good. Itwas good. Then Karenstepped in."
Angela lit another cigarette and avoided my eyes. I could not really tell whether she was talking to me or to Bubbles. Obviously the two girls did notagree.

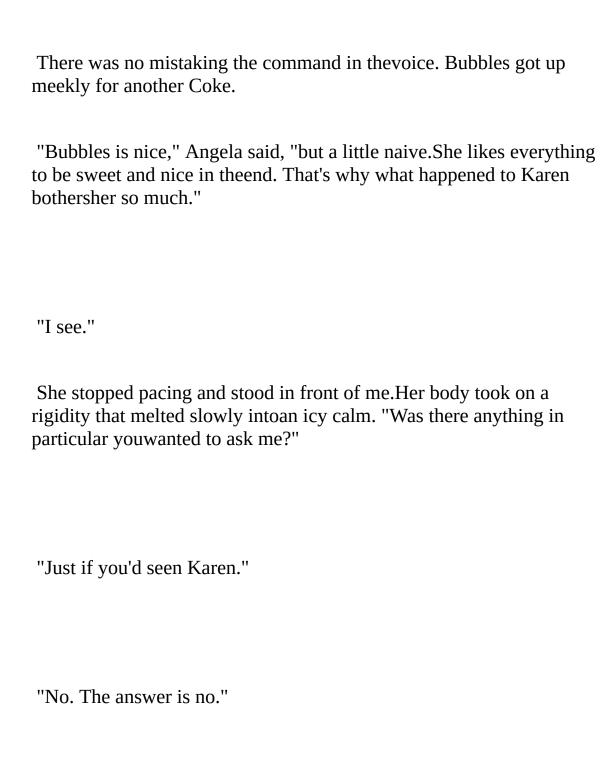


"You know what you're saying is a lie. You know that Jimmy—"
"I don't know anything," Angela said. "All I knowis that Jimmy's in Chicago now finishing his resi•dency, and I am not with him. Maybe if I was—"She stopped.
"Maybe," Bubbles said.
"Maybe what?" I said.
"Skip it," Angela said.
I said, "When did you last see Karen?"









I stood. "Well then, thank you for your time."

Angela nodded. I went to the door. As I left Iheard Bubbles say, "Is he leaving?"

And Angela said, "Shut up."

TWO

Shortly before noonI called Bradford's office andwas told that one of the staff was taking Dr. Lee'scase. The man was named George Wilson. My call was put through to him. Over the phone hesounded smooth and self-confident; he agreed tomeet me for drinks at five, but not at the TrafalgarClub. We would meet at Crusher Thompson's, abar downtown.

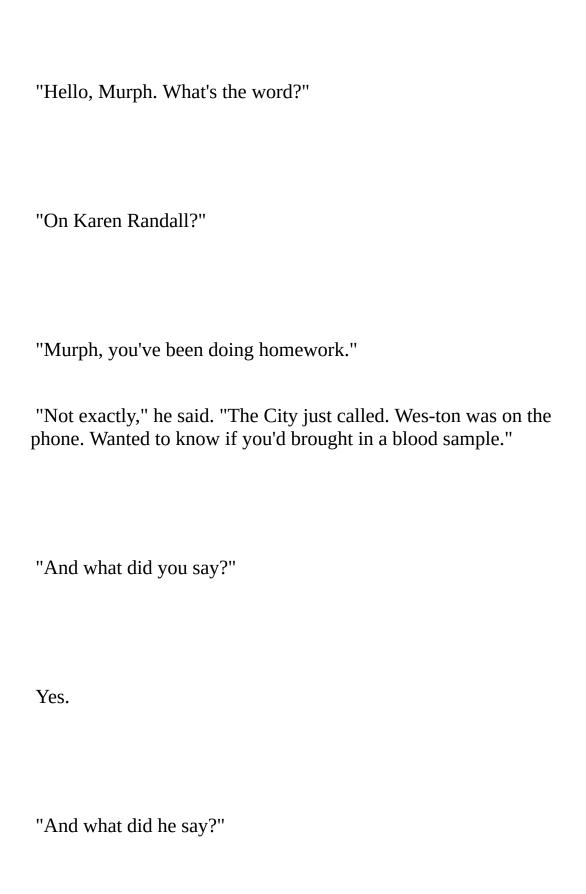
After that, I had lunch in a drive-in and read the morning papers. The story about Art's arrest had fi•nally broken, big, hitting all the front pages, thoughthere was still no link to Karen Randall's death. Along with the story was a picture of Art. Therewere dark, sadistic circles under his eyes. Hismouth drooped in a sinister way and his hair wasdisheveled. He could have been any cheap hood.

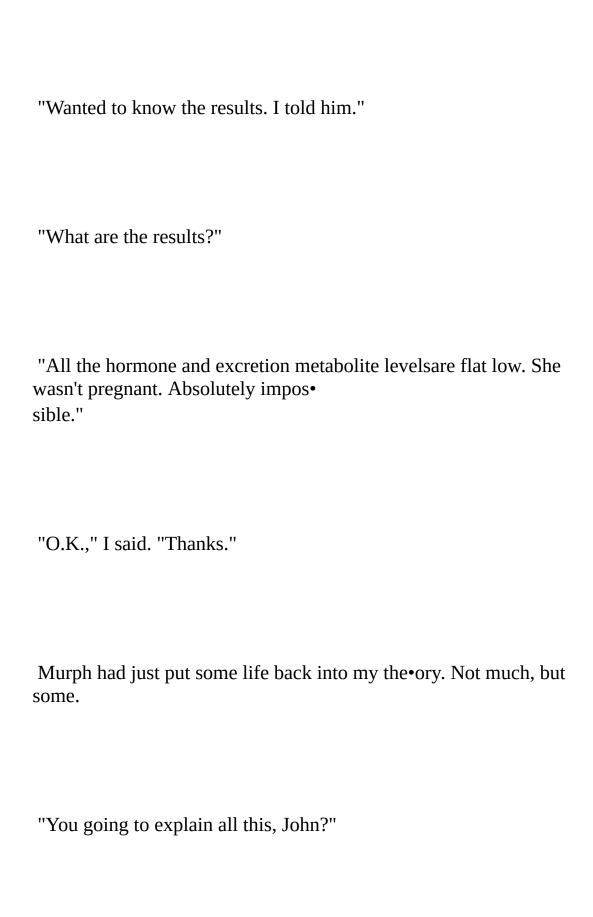
The stories didn't say much, just a bare outline of the facts of his arrest. They didn't have to saymuch: the picture said it all. In a way it was clever. You couldn't move for a prejudicial pretrial publicity on the basis of an unflattering picture.

After lunch I smoked a cigarette and tried to putit all together. I didn't have much success. The de• scriptions I had heard of Karen were too conflict•ing, too uncertain. I had no clear picture of her, orwhat she might have done. Particularly what shemight have done if she arrived in Boston for a weekend, pregnant, and needing an abortion.

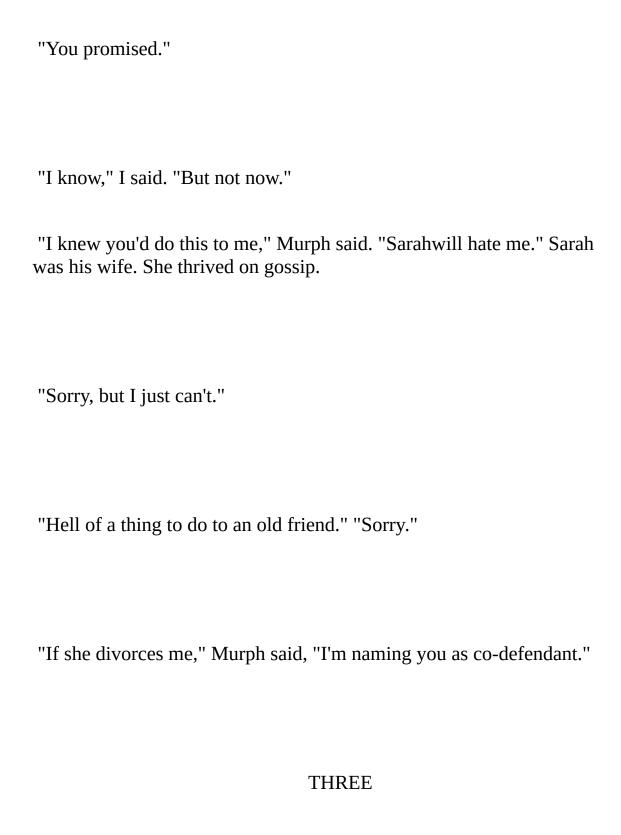
At one I called Murphy's lab again. Murph an *swered the phone.

[&]quot;Hormones Unlimited."



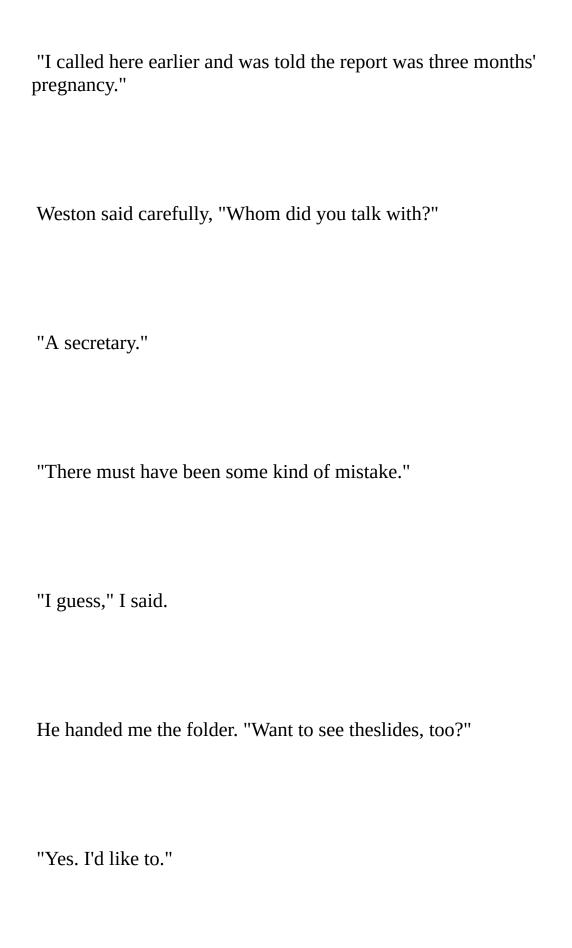


"Not now," I said.



I ARRIVED AT THE MALLORY PATH LABS AT THREE. The

first man I ran into was Weston, who was lookingtired. He gave me a lopsided smile of greeting.
"What did you find out?" I said.
"The findings are negative," he said, "for preg•nancy."
"Oh?"
"Yes." He picked up the folder containing thepath protocol and thumbed through it. "No ques•tion."



We walked to the pathologists' reading room, along room divided into individual cubicles, wherethe pathologists kept their microscopes and slides, and wrote up their autopsies.

We stopped at one booth.

"There it is," Weston said, pointing to a box ofslides. "I'll be curious to have your opinion on themwhen you're through."

He left me, and I sat down in front of the scope, switched on the light, and began work. There were thirty slides in the box, made from all the major or gans. Six had been made from different parts of theuterus: I

began with them.

It was immediately clear that the girl was notpregnant. The endometrium was not hyperplastic.If anything, it appeared dormant and atrophic, withat hin proliferative layer, few glands, and decreased vascularity. I checked several other slides to be sure. They were all the same. Some contained thromboses from the scraping, but that was the only difference.

As I looked at the slides I considered their mean•ing. The girl had not been pregnant, yet she hadbeen convinced she was. Therefore her periodsmust have stopped. That could account for the dor•mant appearance of the endometrium. But whathad caused the periods to stop? I ran through the differential in my mind.

In a girl of this age, neurogenic factors came im•mediately to mind. The pressures and excitement of beginning school and moving to a new environ•ment might have temporarily suppressed menstruation—but not for three months, and notwith the associated signs: obesity, change in hair distribution, and so on.

Then there were hormonal disorders. Adrenal vir-

ilizing syndromes, Stein-Leventhal, irradiation. Allof them seemed unlikely for one reason or another, but there was one quick way to find out.

I put the adrenal slide under the stage. Therewas good evidence of cortical atrophy, particularlyin the cells of the zona fascicularis. The

zona glo•merulosaappeared normal.

Rule out virilizing syndromes and adrenal tumor.

Next I looked at the ovaries. Here the changeswere striking. The follicles were small, immature, withered-looking. The whole organ, like the uterineendometrium, had a dormant appearance.

Rule out Stein-Levanthal and ovarian tumor.

Finally, I put the thyroid slide under the stage. Even under the lowest power, the atrophy of the gland was apparent. The follicles were shrunkenand the lining cells were low. Clear hypothyroidism.

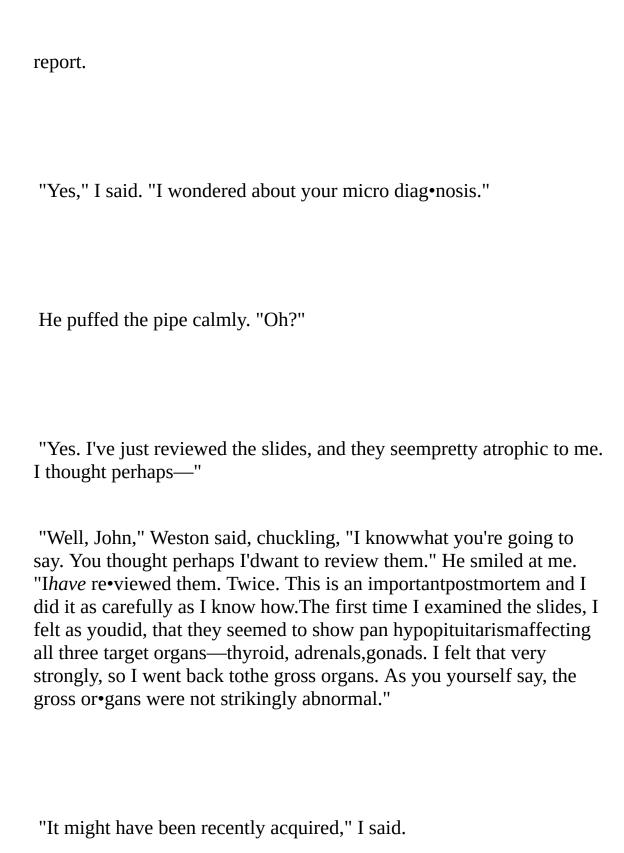
That meant that the thyroid, adrenals, and ova•ries were all atrophic. The diagnosis was clear, though the etiology was not. I opened the folderand read through the official report. Weston haddone it; the style was brisk and direct. I came tothe micro write-ups. He had noted the endome•trium was low and aberrant-looking, but he had considered the other glands to be "of normal ap•pearance, question mark early atrophic changes."

I shut the folder and went to see him.

his office was large, lined with books, and veryneat. He sat behind an old, heavy desk smoking a briar pipe, looking scholarly and venerable.

"Something wrong?" he asked.

I hesitated. I had been wondering whether hehad covered up, whether he had joined the otherswho were out to frame Art. But that was ridiculous; Weston couldn't be bought, not at his age, not withhis reputation. Nor was he particularly close to the Randall family. He would have no reason to falsify the



"Yes," he said, "it might. That's what makes it sodifficult. Then, too, we'd like a look at the brain, to check for evidence of neoplasm or infarction. Butthat's not possible; the body was cremated this morning."

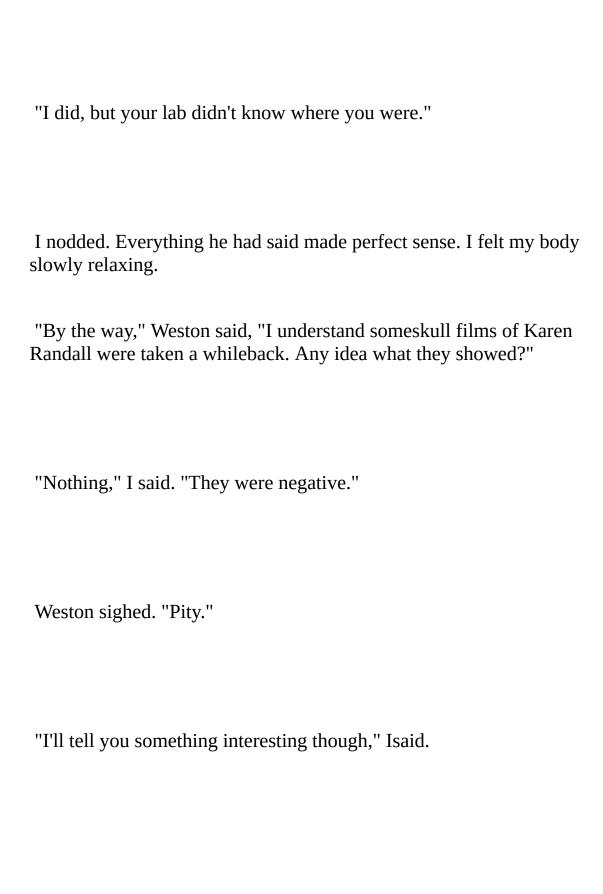
"I see."

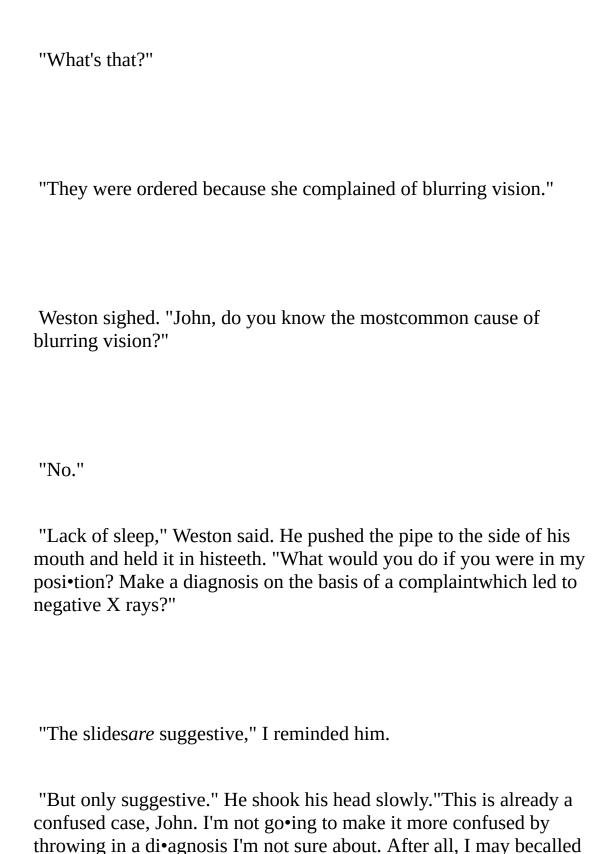
He smiled up at me. "Sit down, John. It makesme nervous to have you standing like that." WhenI was sitting, he said, "Anyway I looked at the gross, and then went back to the slides. This time I wasless certain. I wasn't fully convinced. So I checkedsome old cases of pan hypopit, reviewed the oldslides, and finally looked at the Randall slides athird time. By then I felt I could not be certain of a diagnosis of pituitary dysfunction. The more Ilooked, the less certain I felt. I wanted some kindof corroboratory evidence—brain pathology, or Xrays, or blood hormones. That was why I called JimMurphy."

"Oh?"

"Yes." His pipe went out; he relit it again. "I sus•pected you'd taken the blood sample to do estradiol tests, and that you'd get Murphy to do it. I wantedto know if you'd also decided to have other hor•mone levels checked—TSH, ACTH, T4, anythingthat might help."

"Why didn't you just call me?"





into court to defend it. I'd rather not stickmy neck out. If the

prosecution or the defensewants to find a pathologist to review the

material and stick*his* neck out, that's fine. The material is here for anyone to see. But I'm

not going to do it.My years in the courtroom have taught me onething, at least."

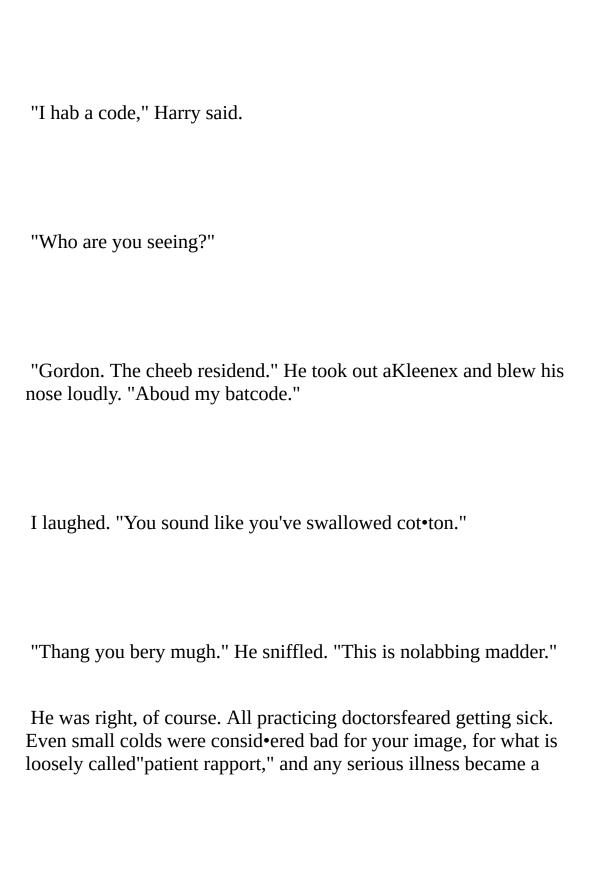
"What's that?"

"Never take a position unless you are certain it can be defended against any onslaught. That may sound like good advice to a general," he said, smil•ing, "but then, a courtroom is nothing more than avery civilized war."

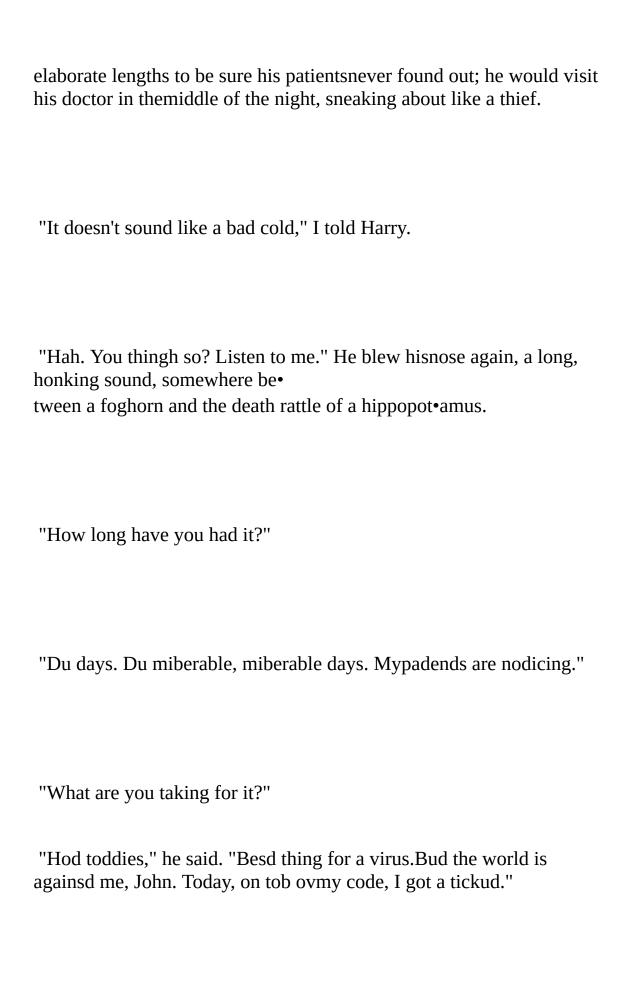
FOUR

Ihad to see Sanderson. I had promised to seehim, and now I needed his advice badly. But as I entered the lobby of the Lincoln Hospital, the firstperson I saw was Harry Fallon.

He was slinking down a corridor, wearing a rain•coat and hat pulled down over his forehead. Harry is an internist with a large suburban practice inNewton; he is also a former actor and something of a clown. I greeted him and he raised the brim of his hat slowly. His eyes were bloodshot and his facesallow.



matter for the utmost secrecy. When old Henley fi•nally developed chronic glomerulonephritis, hewent to



"A thickud?" "Yes. For double-barking." I laughed, but at the back of my mind, some thing was bothering me, something I knew 1 shouldbe remembering and thinking about, something Ihad forgotten and ignored. It was a strange and irritating feeling. I MET SANDERSON IN THE PATH LIBRARY. It's a square

room with lots of chairs, the folding kind, and aprojector and screen. Path conferences are heldhere, in which autopsies are reviewed, and they areso frequent you can practically never get in to use the library books.

On the shelves, in boxes, were autopsy reports for every person done in the Lincoln since 1923, the year we began to keep good records. Prior tothat time, nobody had a very good idea of howmany people

were dying from what diseases, but asknowledge of medicine and the human body in•creased that information became vitally important. One proof of increased interest was the number ofautopsies performed in 1923 all the reports filledone slim box—but by 1965 it required half a shelffor all the records. At present, more than seventypercent of all patients who died in the hospitalwere autopsied, and there was talk of microfilmingthe reports for the library.

In one corner of the room was a portable electriccoffeepot, a bowl of sugar, a stack of paper cups, and a sign that said, "5 cents a cup. Scout's honor." Sanderson was fussing with the pot, trying to get itto work. The pot represented an ancient challenge: it was said nobody was permitted to finish his path residency at the Lincoln until he had mastered itsworkings.

"Someday," Sanderson muttered, "I'm going toelectrocute myself on this damned thing." Heplugged it in; crackling sounds were heard. "Me, orsome other poor bastard. Cream and sugar?"

"Please," I said.

Sanderson filled two cups, holding the pot atarm's length. Sanderson was notoriously bad withanything

mechanical. He had a superb, almost in stinctive understanding of the human body and its

functions of flesh and bone, but mechanical, steel,and electrical objects were beyond him. He lived in constant fear that his car, or his TV, or his stereowould break down; he regarded them all as poten•tial traitors and deserters.

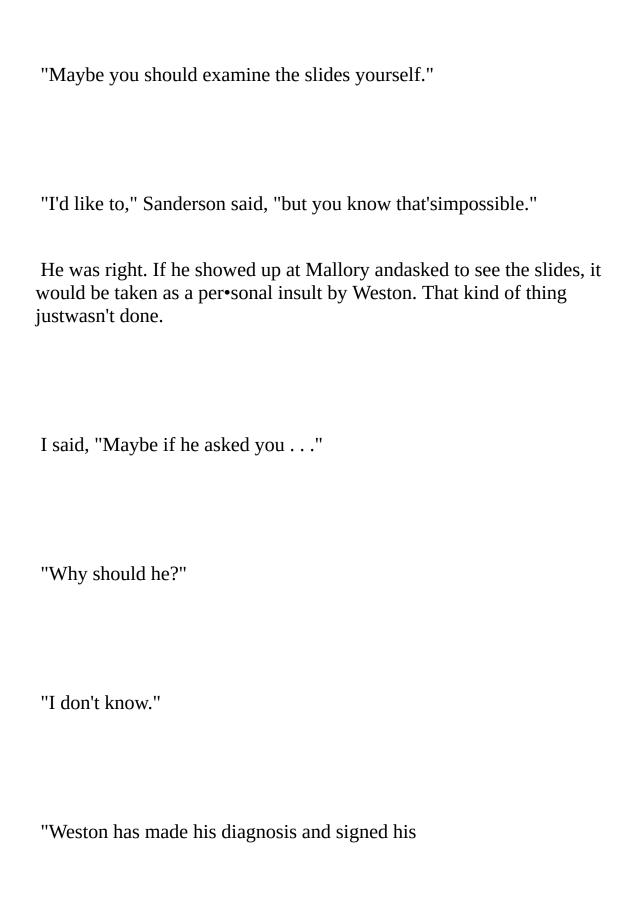
He was a tall, powerfully built man who hadonce rowed stroke for the Harvard heavyweights. His forearms and wrists were as thick as mostmen's calves. He had a solemn, thoughtful face: hemight have been a judge, or an excellent pokerplayer.

"Did Weston say anything else?" he asked.No.

"You sound unhappy."

"Let's say I'm worried."

Sanderson shook his head. "I think you're barkingup the wrong tree here," he said. "Weston wouldn't fake a report for anybody. If he says he was unsure, then he was."



name to it. The matter closes there, unless it comesup again during the trial."
I felt a sinking feeling. Over the past days, I hadcome to believe very strongly that there must notbe a trial. Any trial, even an acquittal, would seri•ously damage Art's reputation, his standing, and hispractice. A trial had to be prevented.
"But you think she was hypopit," Sanderson said.
"Yes."
"Etiology?"
"Neoplasm, I think."

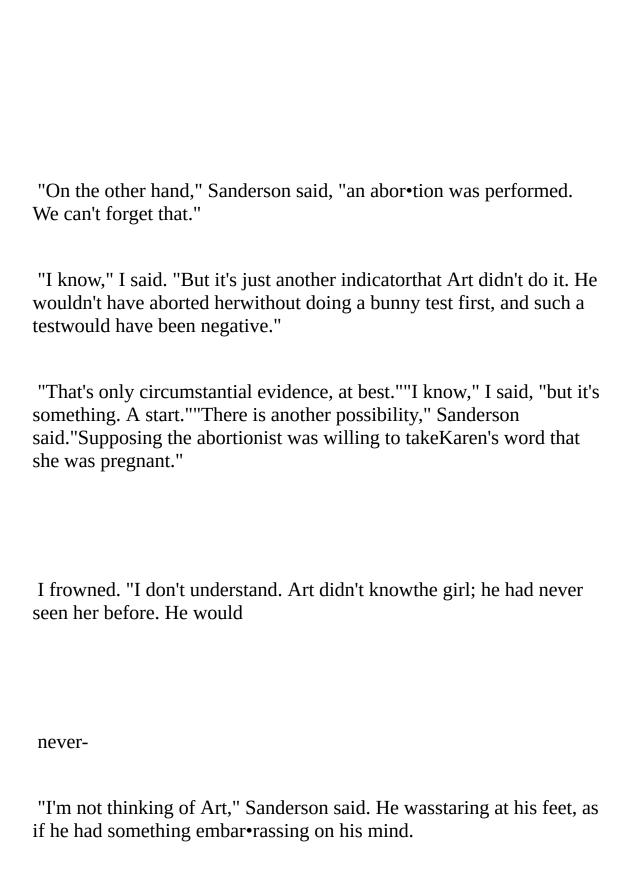
"Adenoma?"1

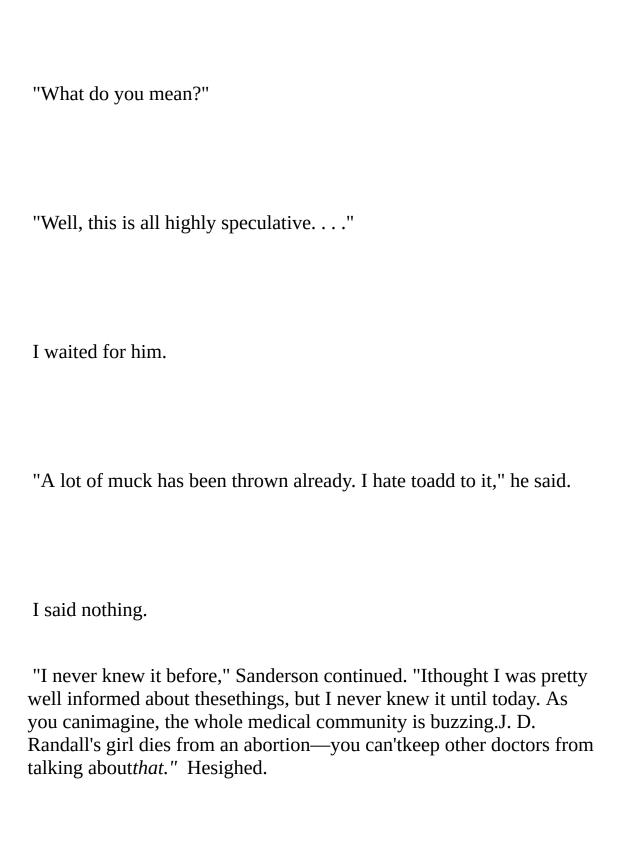
"I imagine. Maybe craniopharyngioma."

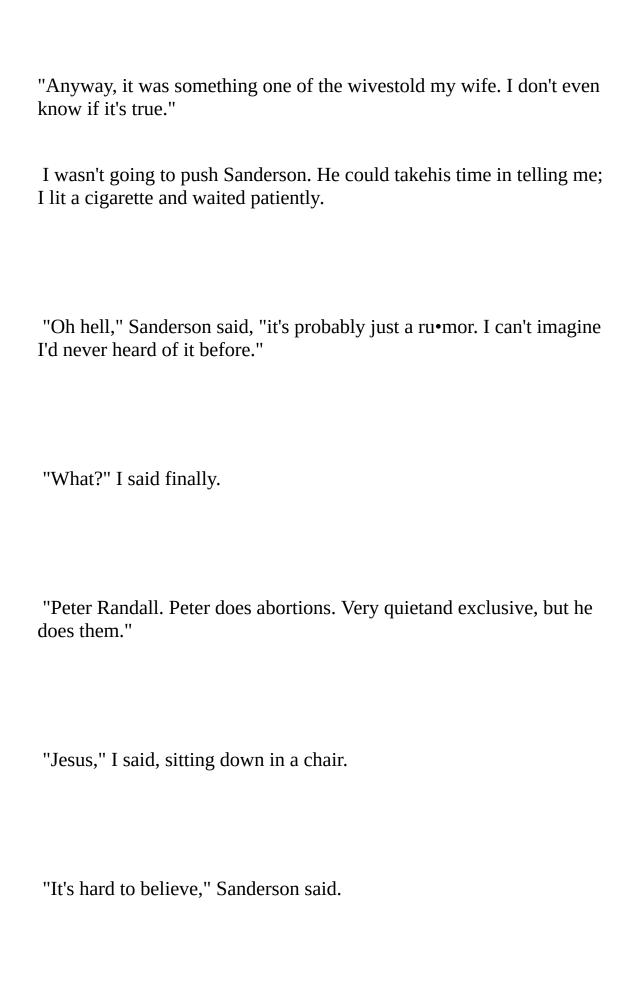
"How long?"
"It couldn't be very long," I said. "X rays four months ago were normal. No enlargement or ero•sion of the sella turcica. But she did complain of vi•sion trouble."
"What about pseudotumor?"
what about pseudotumor:
Pseudotumor cerebri is a disorder of women andyoung children. Patients get all the symptoms of a tumor, but don't actually have one. It is related towithdrawal of steroid therapy; women sometimesget it when taking birth-control pills. But as far asI knew, Karen wasn't taking pills. I told Sanderson.
"Too bad we don't have slides of the brain," hesaid.
I nodded.
1A chromophobe adenoma is the most common tumor of the pituitary. Itis slow-growing and relatively benign, but it presses on the optic

nerve, causing visual symptoms, and it may create endocrine

dysfunction.







I smoked a cigarette and thought it over. If Peterdid abortions, did J. D. know? Did he think Peterhad done it, and was covering up for him? Was that what he meant by "a family matter"? If so, why hadArt been dragged into this?

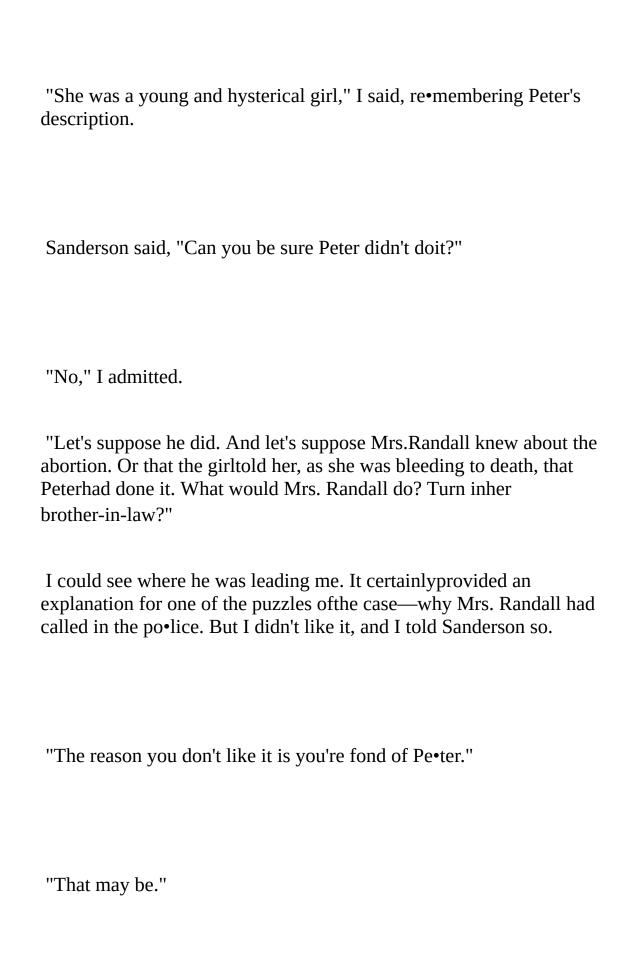
And why would Peter abort the girl in the firstplace? Peter had evidence that there might be something wrong with the girl. He was a goodenough doctor to think of a pit tumor. If the girlcame to him saying she was pregnant, he'd certainlythink back to her vision trouble. And he'd run tests.

"Peter didn't do it," I said.

"Maybe she put pressure on him. Maybe she wasin a hurry. She only had one weekend."

"No. He wouldn't respond to pressure from her."

"She was family."



"You can't afford to exclude him or anyone else.Do you know where Peter was last Sunday night?"

"No."

"Neither do I," Wes Sanderson said, "but I thinkit's worth checking."
"No," I said, "it's not. Peter wouldn't do it. Andeven if he did, he wouldn't have botched it so badly.No professional would have."
"You're prejudging the case," Sanderson said.
"Look, if Peter could have done it—without tests, without anything—then so could Art."
"Yes," Sanderson said mildly. "That has occurred to me."
FIVE
Iwas feeling irritable when I left Sanderson. Icouldn't decide exactly why. Perhaps he was right; perhaps I was unreasonably and illogically search•ing for fixed points, for things and people to believein.

But there was something else. In any court ac•tion, there was always the chance that Sanderson and I could be implicated, and our role in foolingthe tissue committee brought out. Both Sanderson and I had a large stake in this business, a stake aslarge as Art's. We hadn't talked about that, but it was there in the back of my mind, and I was surein the back of his as well. And that put a differentinterpretation on things.

Sanderson was perfectly correct: we could putthe squeeze on Peter Randall. But if we did, we'dnever know why we did. We could always say it wasbecause we believed Peter was guilty. Or because itwas expedient, to save a falsely accused man.

But we would always wonder whether we did itsimply to protect ourselves.

Before I did anything, I would have to get moreinformation. Sanderson's argument made no dis•tinction between Mrs. Randall knowing that Peter

had done the abortion and merely suspecting that he had.

And there was another question. If Mrs. Randallsuspected that Peter had done the abortion andwished to keep him from being arrested, why hadshe named Art? What did she know about Art?

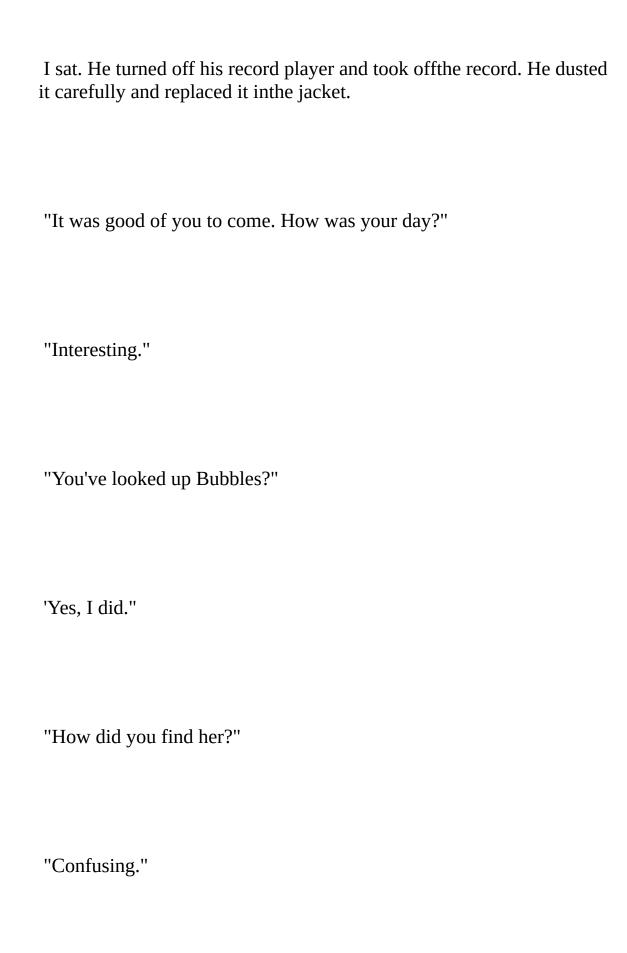
Art Lee was a circumspect and cautious man. Hewas hardly a household word among the pregnant women of Boston. He was known to a few physi•cians and a relatively small number of patients. His clientele was carefully chosen.

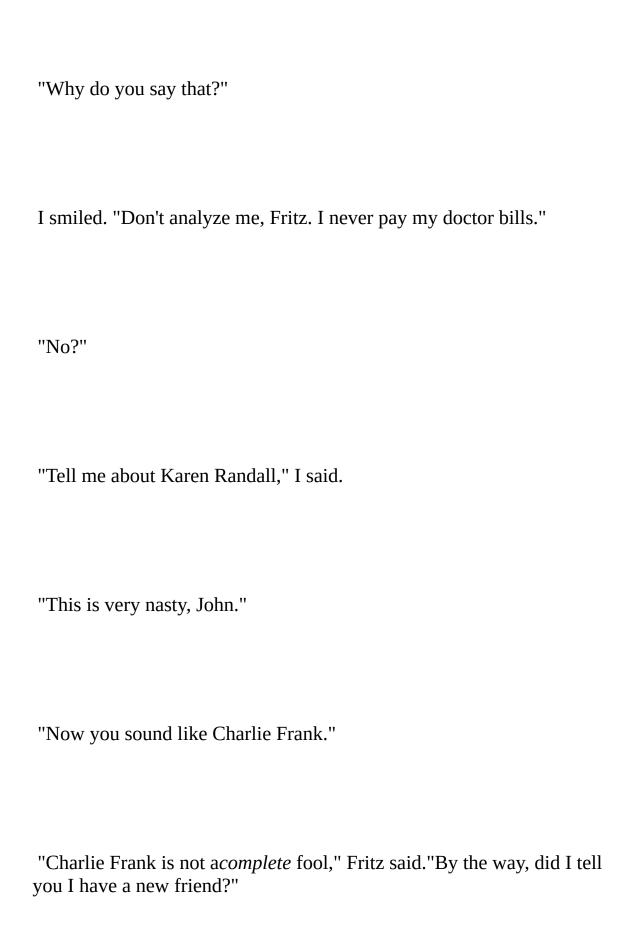
How had Mrs. Randall known he performed abortions? There was one man who might know theanswer: Fritz Werner.

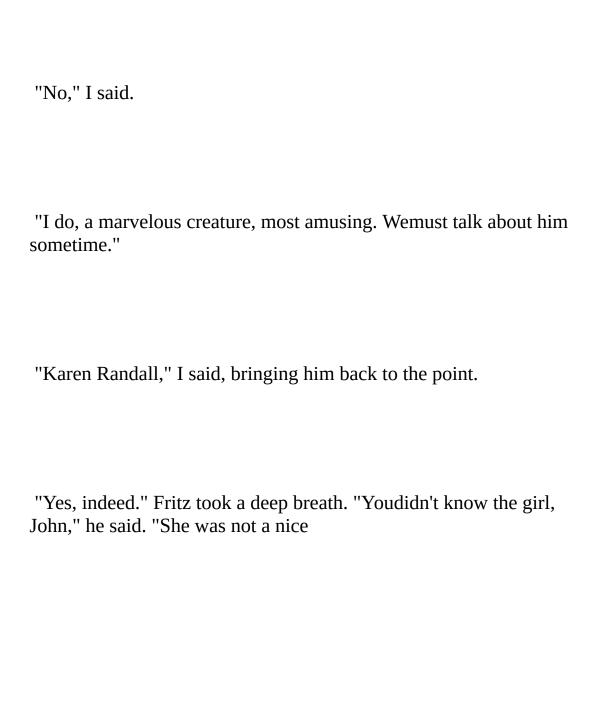
fritz wernerlived in a town house on BeaconStreet. The ground floor was given over to hisoffice—an anteroom and a large, comfortable room with desk, chair, and couch—and to his library. Theupper two floors comprised his living quarters. I went directly to the second floor and entered theliving room to find it the same as always: a largedesk by the window, covered with pens, brushes, sketchbooks, pastels; drawings by Picasso and Miro on the walls; a photograph of T. S. Eliot gloweringinto the camera; an informal, signed portrait of Marianne Moore talking with her friend FloydPatterson.

Fritz was sitting in a heavy armchair, wearingslacks and an enormous bulky sweater. He had

stereophonic earphones on his head, was smoking a
thick cigar, and crying. The tears rolled down his flat, pale cheeks. He wiped his eyes when he sawme, and took off the earphones.
"Ah, John. Do you know any Albinoni?"
"No," I said.
"Then you don't know the adagio."
"I'm afraid not."
"It always makes me sad," he said, dabbing hiseyes. "Infernally, infernally sad. So sweet. Do sitdown."







child. Not at all. She was a mean, lying, un•pleasant little child with severe neuroses. Borderingon psychosis, if you ask me."

He walked into the bedroom, stripping off hissweater. I followed him in and watched as he puton a clean shirt and a tie.

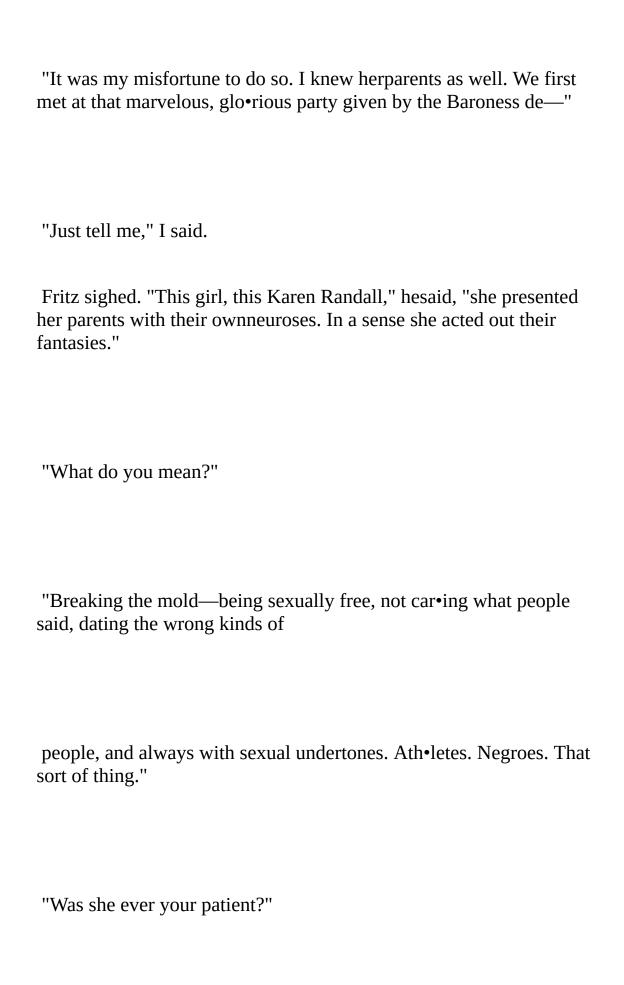
"Her problems," Fritz said, "were sexual in na•ture, stemming from a repressed childhood withher parents. Her father is not the most well-adjusted man I know. Marrying that woman is aperfect example. Have you met her?"

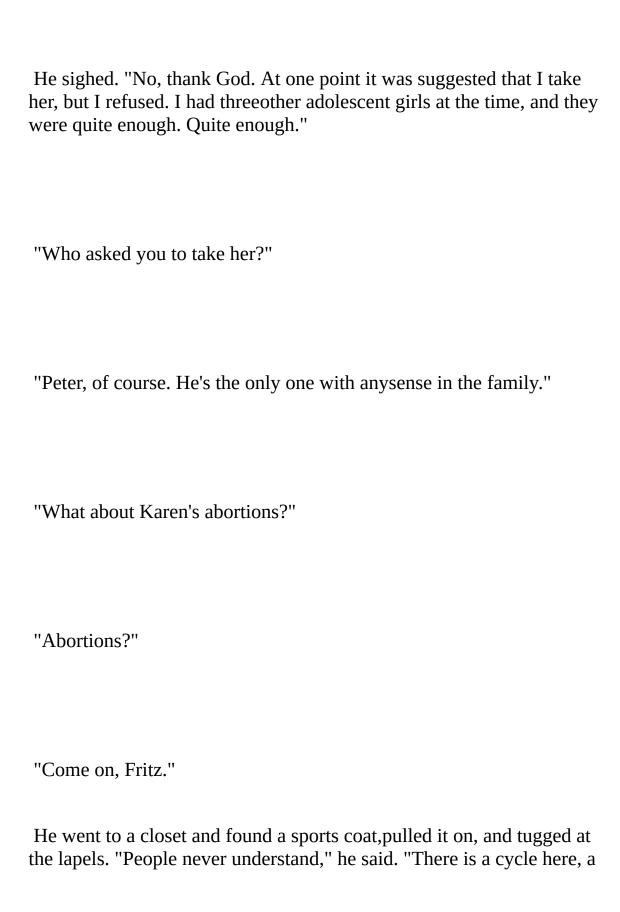
"The present Mrs. Randall?"

"Yes. Ghastly, ghastly woman."

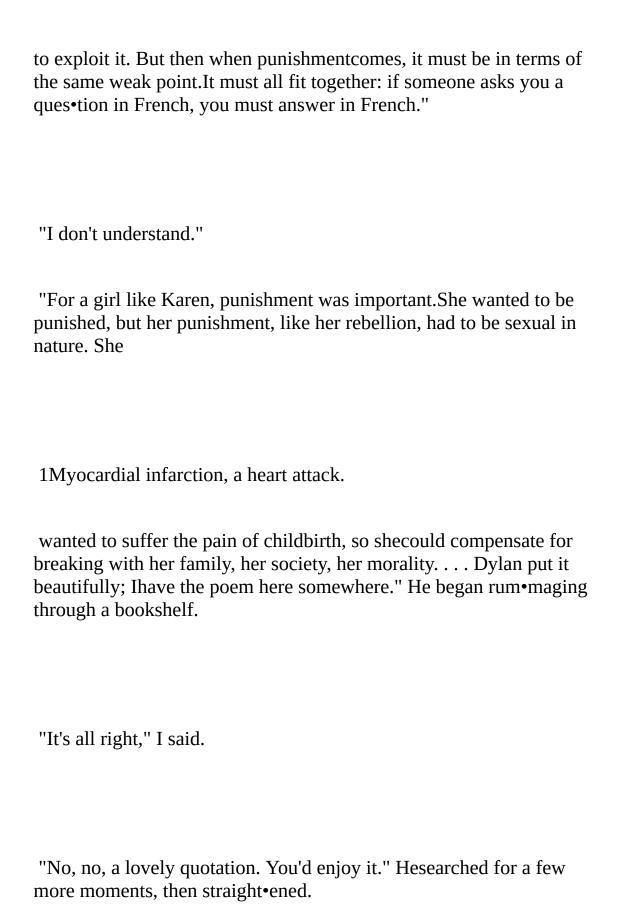
He shuddered as he knotted his tie and straight•ened it in the mirror.

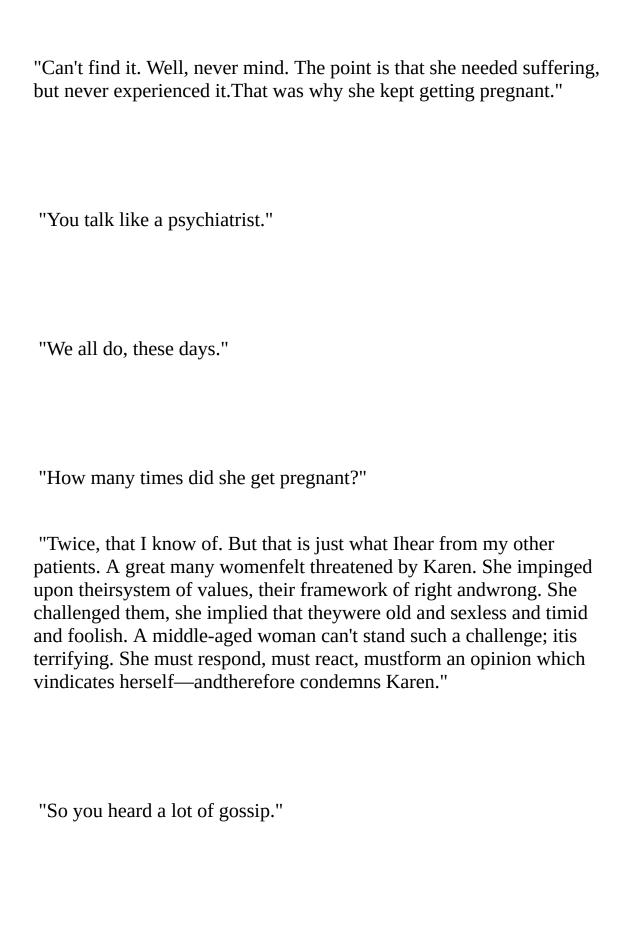
"Did you know Karen?" I asked.

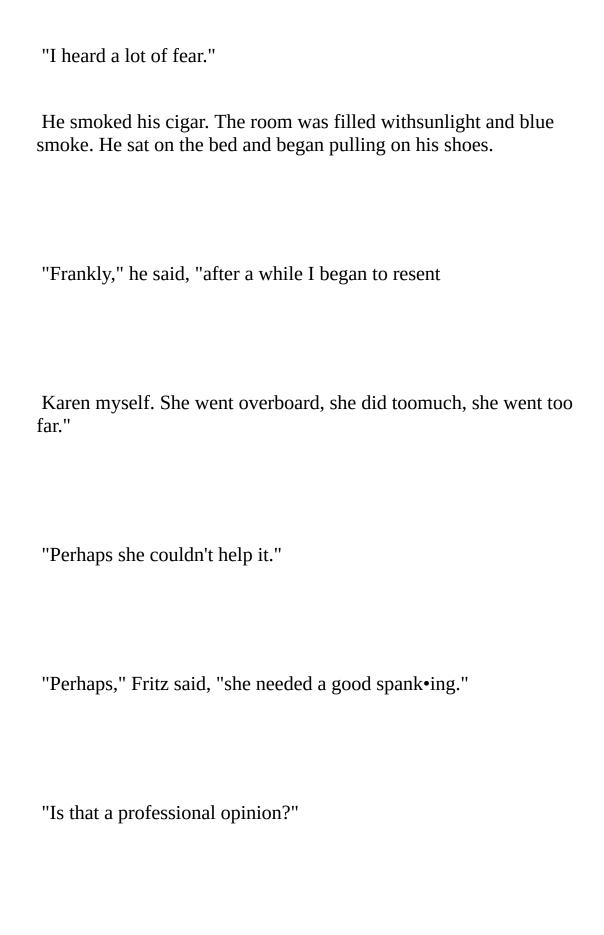




pat•tern which is as easily recognizable, as familiar, asan MI.1You learn the pattern, the symptoms, the trouble. You see it acted out before you again and again. A rebellious child chooses the weak point ofits parent—with unfailing, uncanny accuracy—and proceeds

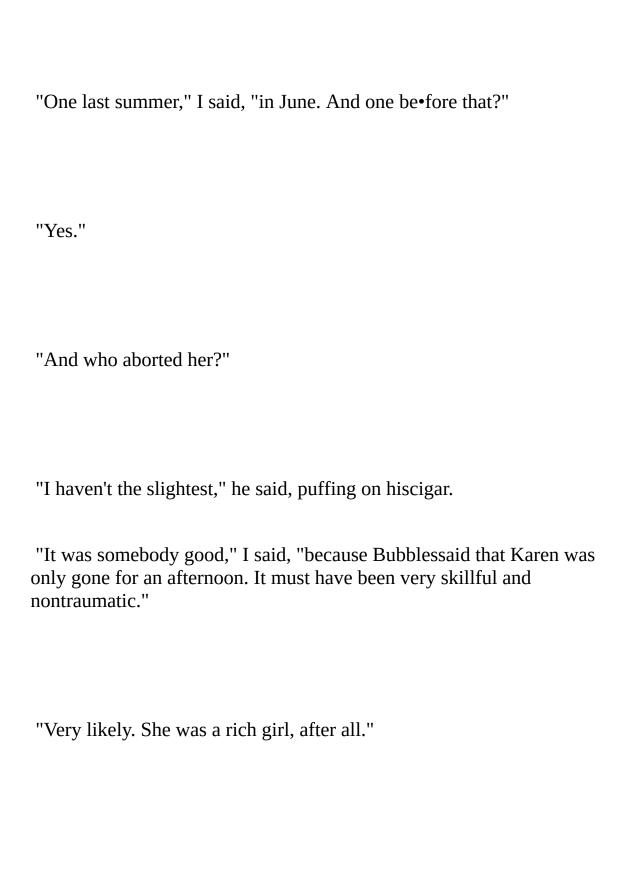


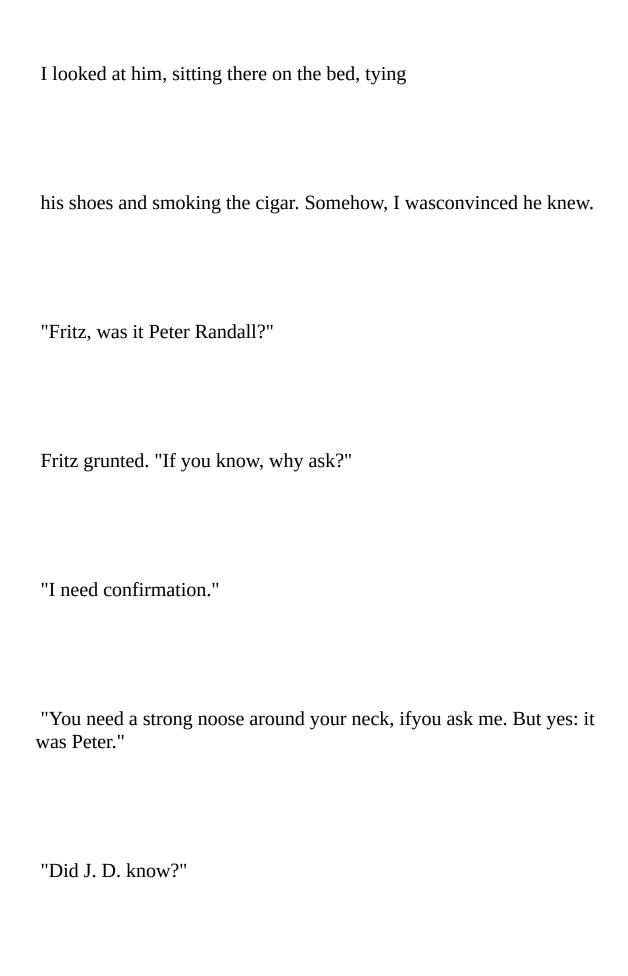


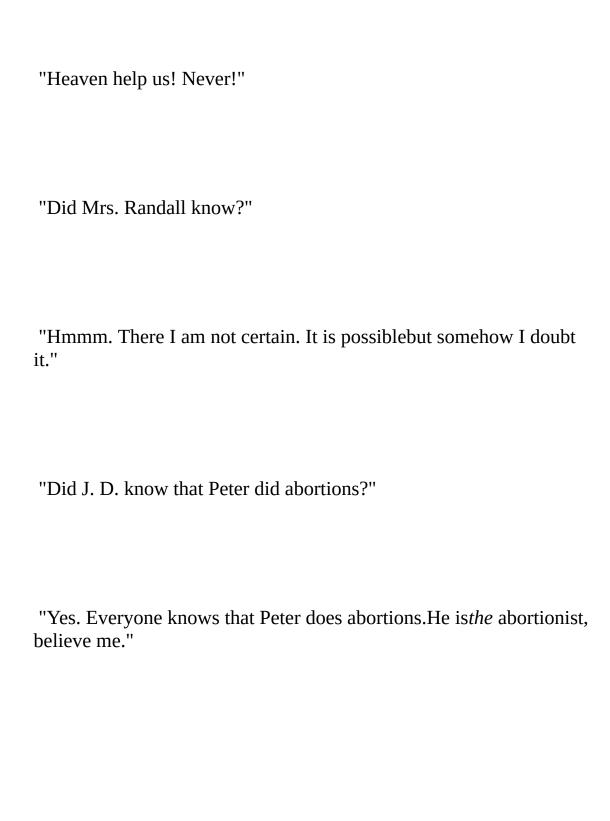


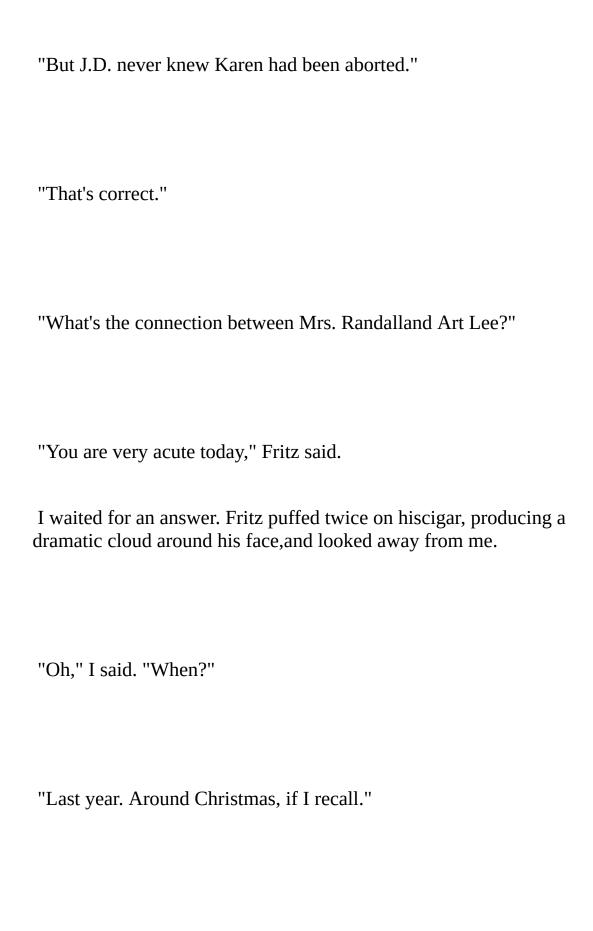
He smiled. "That is just my human irritationshowing through. If I could count the number ofwomen who have run out and had affairs—disastrous affairs—just because of Karen. . . ."











"J. D. never knew?"

"If you will remember," Fritz said, "J. D. spentthe months of November and December in Indialast year working for the State Department. Somekind of goodwill tour, or public health thing."

"Then who was the father?"

"Well, there is some speculation about that. Butnobody knows for sure —perhaps not even Mrs. Randall."

Once again, I had the feeling that he was lying.

"Come on, Fritz. Are you going to help me ornot?"

"Dear boy, you are immensely clever." He stood,walked to the mirror, and straightened his jacket. He ran his hands over his shirt. It was somethingyou always noticed about Fritz: he was continuallytouching his body, as if to assure himself that hehad not disappeared.

"I have often thought," Fritz said, "that the pres•ent Mrs. Randall might as well have been Karen's mother, since they are both such bitches in heat."

I lit a cigarette. "Why did J. D. marry her?"

Fritz gave a helpless shrug and fluffed a handker•chief in his pocket. He tugged his shirt cuffs downhis jacket sleeves. "God only knows. There wasgreat talk at the time. She comes from a good fam•ily, you know—a Rhode Island family—but theysent her to a Swiss school. Those Swiss schools willdestroy a girl. In any event, she was a poor choicefor a man in his sixties, and a busy surgeon. Shegrew rapidly bored sitting around her cavernoushome. The Swiss schools teach you to be bored inany case."

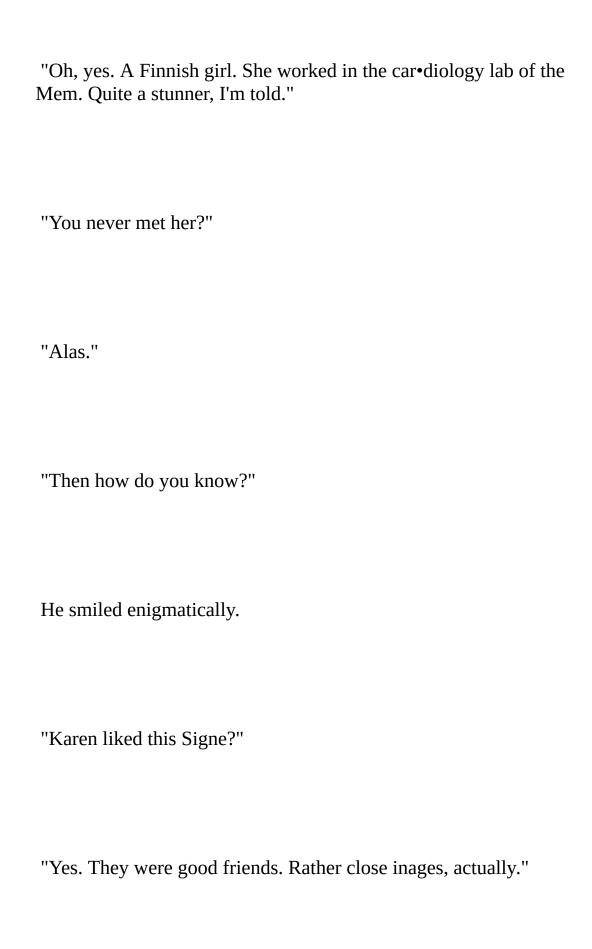
He buttoned his jacket and turned away from themirror, with a final glance over his shoulder at him•self.

"So," he said, "she amused herself."

"How long has this been going on?"

"More than a year."





I ignored the implications in that.

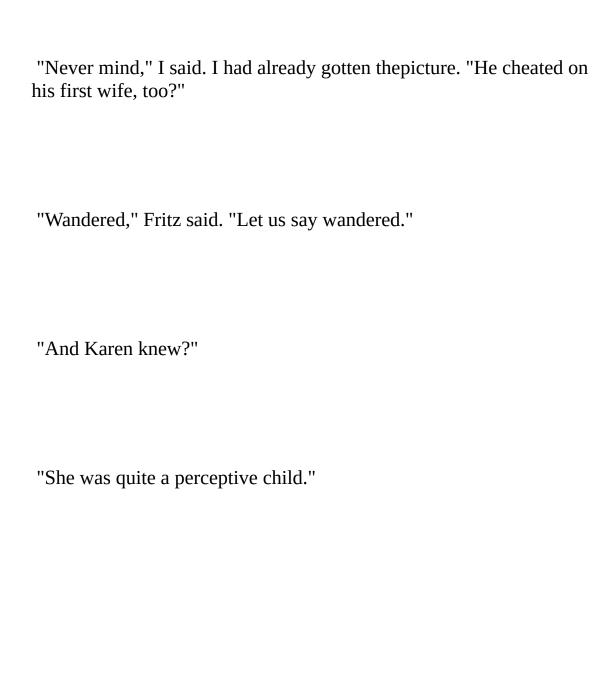
"You see," Fritz continued, "Karen was very closeto her mother, the first Mrs. Randall. She died two years ago of cancer—rectum, I think—and it was agreat blow for Karen. She never liked her father much, but had always confided in her mother. Theloss of a confidente at the age of sixteen was a great blow to her. Much of her subsequent . . . activitycan be attributed to bad advice."

"From Signe?"

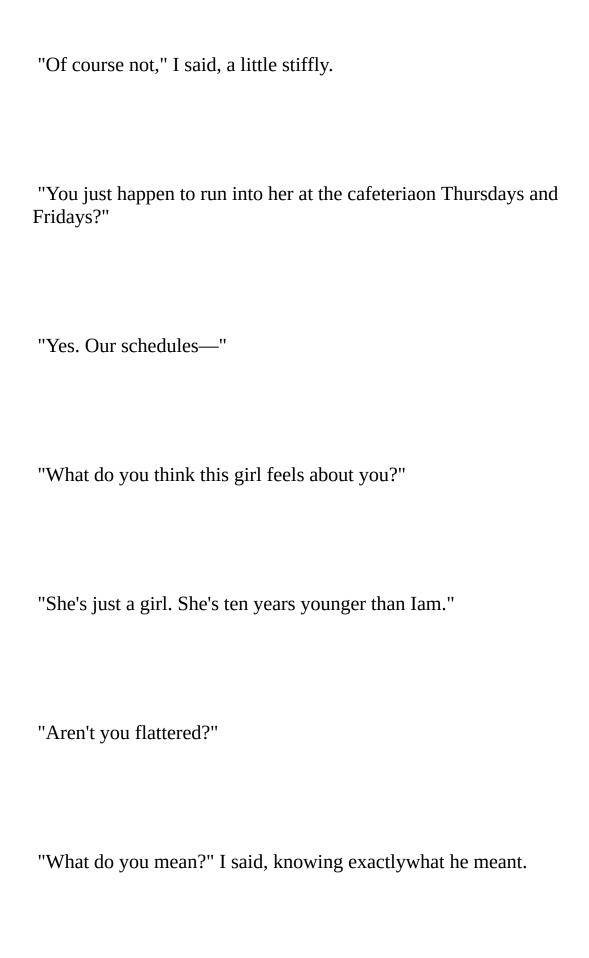
"No. Signe was quite a proper girl, from what I'mtold."

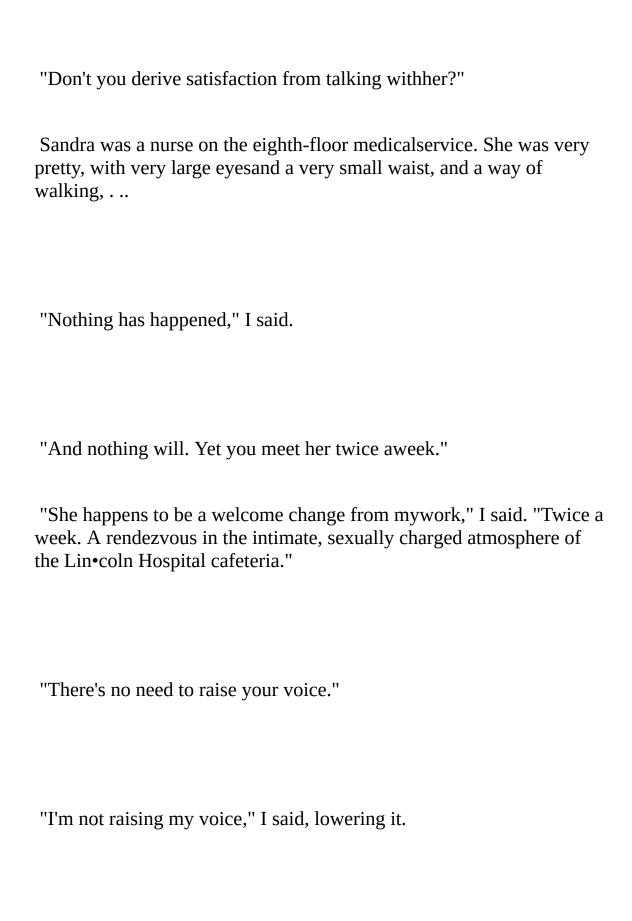
"I don't get it."

"One of the reasons Karen disliked her fatherwas that she knew about his propensities. You see,he has always had women friends. Young ones. Thefirst was Mrs. Jewett, and then there was—"



"There's one thing I don't understand," I said. "IfRandall likes variety, why did he remarry?"
"Oh, that's quite clear. One look at the presentMrs. Randall and you'd know. She is a fixture in hislife, a decoration, an ornament to his existence.Rather like an exotic potted plant—which is not farfrom the truth, considering how much she drinks."
"It doesn't make sense," I said.
He gave me an amused, askance look. "Whatabout that nurse you have lunch with twice aweek?"
"Sandra is a friend. She's a nice girl." As I said it,it occurred to me that he was astonishingly well in• formed.
"Nothing further?"





"You see," Fritz said, "men handle things differ•ently. You feel no compulsion to do more than talkto this girl. It is enough that she be there, hanging on your every word, mildly in love with you—"

"Fritz—"

"Look," Fritz said. "Let's take a case from my ex•perience. I had a patient who felt a desire to kill

people. It was a very strong desire, difficult to con•trol. It bothered the patient; he was in constant fearof actually killing someone. But this man finally gota job in the Midwest, working as an executioner. He electrocuted people as his livelihood. And hedid it very well; he was the best electrocutioner inthe history of the state. He holds several patents,

little techniques he has developed to do the jobfaster, more painlessly. He is a student of death. Helikes his work. He is dedicated. He sees his meth•ods and his advances much as a doctor does: a re•lief of suffering, an improvement, a bettering."

"So?"

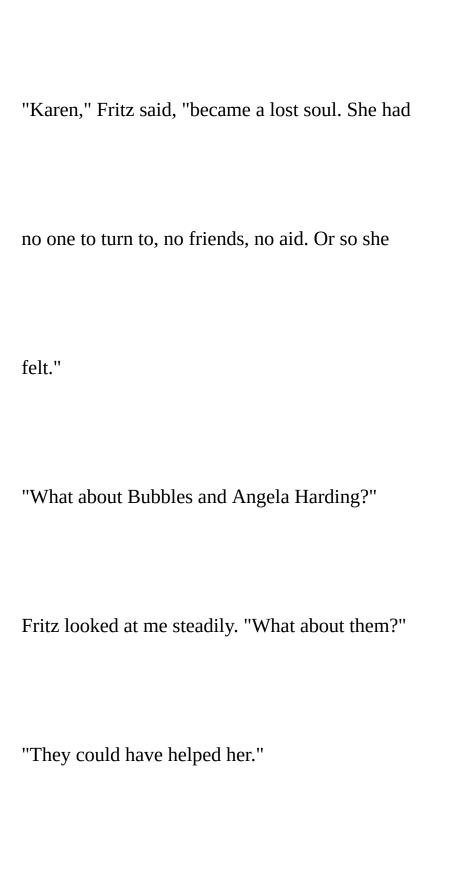
"So I am saying that normal desires can takemany forms, some legitimate, some not. Everyonemust find a way to deal with them."

"We're a long way from Karen," I said.

"Not really. Have you ever wondered why shewas so close to her mother and so estranged fromher father? Have you ever wondered why, when hermother died, she chose the particular mode of be•hayior she did? Sex, drugs, self-humiliation? Evento the point of befriending her father's mistress?"

"The girl," he said, "had certain stresses andstrains. She had certain reactions, some defensive, some offensive, to what she knew was going onwith her parents. She reacted to what she knew. She had to. In a sense, she stabilized her world."
"Some stability."
"True," Fritz said. "Unpleasant, nasty, perverse.But perhaps it was all she could manage."
I said, "I'd like to talk with this Signe."
"Impossible. Signe returned to Helsinki sixmonths ago."
"And Karen?"

I sat back. Fritz was being rhetorical again.



"Can the drowning save the drowning?"

We walked downstairs.

Crusher Thompsonused to be a wrestler in the fif•ties. He was distinguished by a flat, spatulalikehead, which he used to press down on his oppo•nent's chest once the man was down, and thuscrush him. For a few years, it was good for somelaughs—and enough money to buy a bar which hadbecome a hangout for young professional men. Itwas a well-run bar: Thompson, despit

for young professional men. Itwas a well-run bar; Thompson, despite the shape ofhis head, was no fool. He had some cornytouches—you wiped your feet on a wrestling mat as you entered—and the inevitable pictures of himselfon the walls, but the overall effect was pleasing.

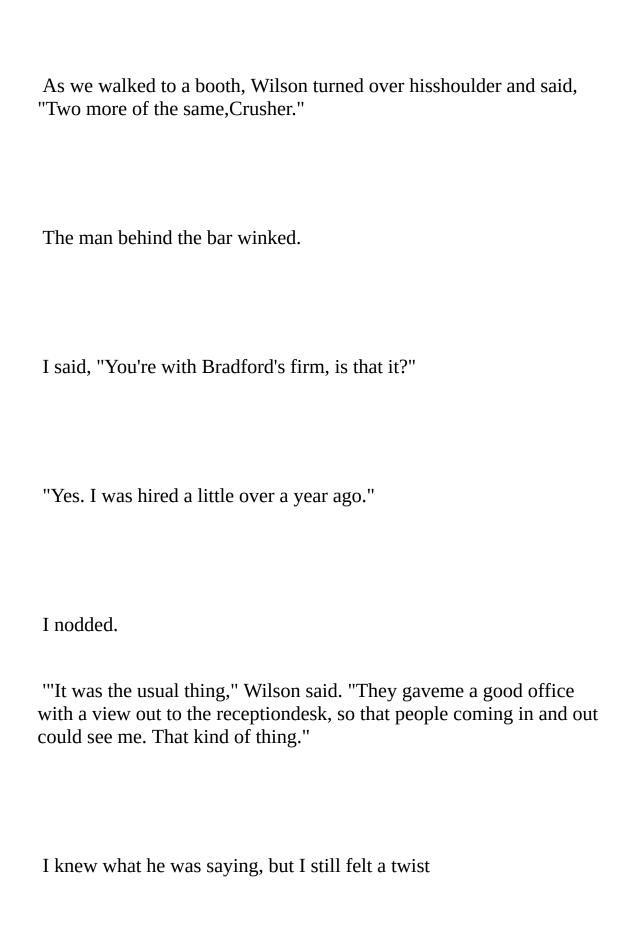
There was only one person in the bar when I ar•rived, a heavyset, well-dressed Negro sitting at thefar end, hunched over a martini. I sat down and or•dered a Scotch. Thompson himself was bartending,

his sleeves rolled up to expose massive, hairy fore arms.

I said, "You know a fellow named George Wil•son?"

"Sure," Thompson said, with a crooked grin.

"Tell me when he comes in, will you?" Thompson nodded to the man at the far end of the bar. "That's him, right there." The Negro looked up and smiled at me. It was ahalf-amused, halfembarrassed look. I went over and shook his hand. "Sorry," I said. "I'm John Berry." "It's all right," he said, "this is new for me, too." He was young, in his late twenties. There was apale scar running down his neck from his right ear, disappearing below his shirt collar. But his eyeswere steady and calm as he tugged at his redstriped tie and said, "Shall we go to a booth?" "All right."



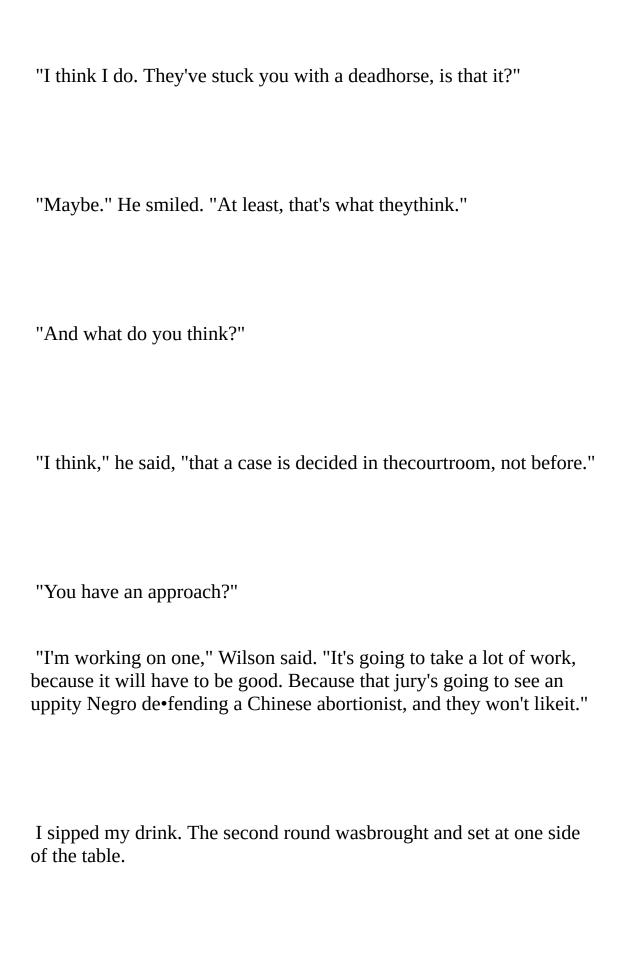
of irritation. I had several friends who were younglawyers, and none of them had gotten an office of any kind for several years after joining a firm. Byany objective standard, this young man was lucky,but it was no good telling him that, because weboth knew why he was lucky—he was a kind offreak, a product which society had suddenlydeemed valuable, an educated Negro. His horizonswere now open and his future was good. But hewas still a freak.

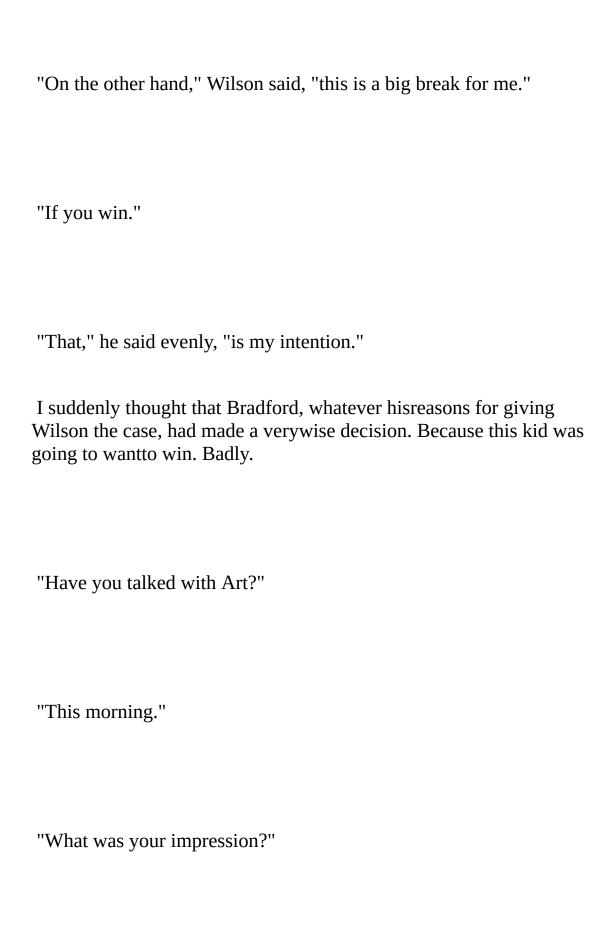
"What kind of work have you been doing?"

"Tax, mostly. A few estates. One or two civil pro•ceedings. The firm doesn't have many criminalcases, as you might expect. But when I joinedthem, I expressed an interest in trial work. I neverexpected they'd drop this one on me."

"I see."

"I just want you to understand."





"Innocent. I'm sure of it."

"Why?"

"I understand him," Wilson said.

Over the second drink, I outlined what I haddone for the last few days. Wilson listened in si•lence, not interrupting me, though he occasionallymade notes. When I was through, he said, "You'vesaved me a lot of work."

"In what way?"

"From what you've already told me, we can closethe case. We can get Dr. Lee off easily."

"You mean because the girl wasn't pregnant?"

He shook his head. "In several cases, amongthem *Commonwealth versus Taylor*, it was con•cluded that pregnancy is not an essential element. Nor does it matter if the fetus was already deadprior to the abortion."

"In other words, it makes no difference that Karen Randall wasn't pregnant?"

"None."

"But isn't it evidence that the job was done by an amateur, a person who did not first run a pregnancy test? Art would never perform an abortion withoutchecking first."

"Is that going to be your case? That Dr. Lee istoo skilled an abortionist to make so simple a mis•take?"

I was chagrined. "No, I guess not."

"Look," Wilson said, "you can't conduct a defensebased on the character of the accused. It won'twork, no matter how you try it." He flipped throughhis notebook. "Let me give you a rundown on thelegal situation. In 1845, a Massachusetts General Law stated that it was an offense to procure an abortion, by any means. If the patient did not die, the sentence was not more than seven years; if thepatient did die, it was five to twenty. Since then thelaw has been enlarged upon. Some years later, itwas decided that an abortion, if necessary to savethe life of the mother, was not an unlawful abor•tion. That doesn't apply in this case."

"Later revisions include *Commonwealth versus* Viera, which decided that use of an instrument with intent constituted a crime, even without proofthat miscarriage or death resulted. This might bevery important. If the prosecution attempts, as I am sure they will, to show that Dr. Lee is an abortionist

of many years' standing, they will then imply that an absence of direct evidence is not sufficient toget Lee off the hook."

"Can they do that?"

"No. But they can try, and it would be immensely damaging to our case."Go on.

"There are two other rulings that are important, because they show how the laws are slanted against the abortionist, with no interest in the women in •volved. *Commonwealth versus Wood* ruled that the consent

of the patient was immaterial and did notconstitute a justification of abortion. The same court also concluded that the ensuing death of awoman is only an aggravation of the offense. In ef•fect, this means that your investigation of KarenRandall is, from a legal standpoint, a waste oftime."

"But I thought—"

"Yes," he said, "I said that the case is closed. Andit is."

"How?"

"There are two alternatives. The first is to pre•sent the Randall family with the material at hand, before the trial. Point out the fact that Peter Ran•dall, the deceased's personal physician, is an abor•tionist. The fact that he aborted her previously. Thefact that Mrs. Randall, the wife, had had an abor•tion from Dr. Lee, and hence might be bearing agrudge against him, causing her to lie about whatKaren had said. The fact that Karen was an unsta-

ble and unsavory young lady, whose dying words inany case were open to question. We could present all this to the family, in the hope of persuadingthem to drop charges before the trial."

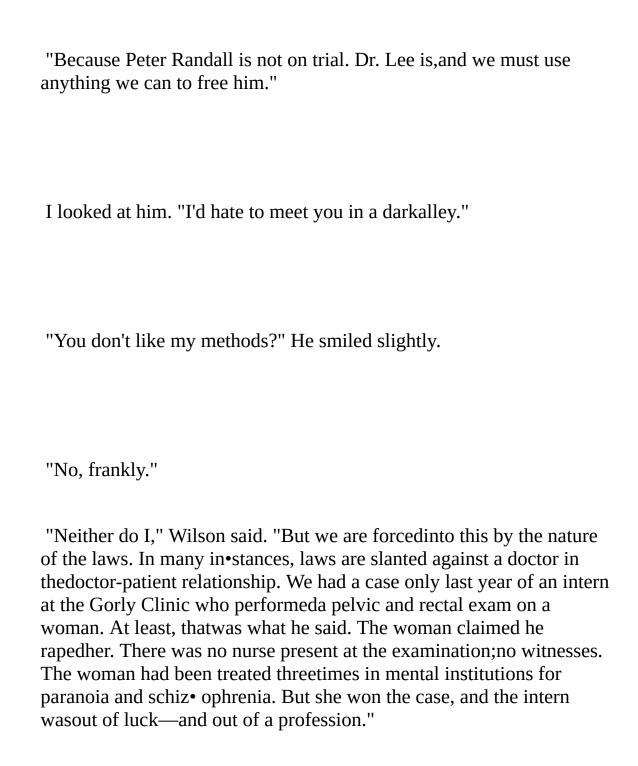
I took a deep breath. This kid played rough. "Andthe second alternative?"

"The second is an extension, within the court•room. Clearly, the crucial questions concern the re• lationships of Karen, Mrs. Randall, and Dr. Lee. The prosecution's case now stands on Mrs. Ran•dall's testimony. We must discredit it, and her. We must destroy her until no juror dares believe a wordshe says. Then we must examine Karen's personal•ity and behavior. We must demonstrate that shewas an habitual drug-user, a promiscuous person, and a pathological liar. We must convince the jurythat anything Karen said, whether to her step• mother or anyone else, is of doubtful veracity. We can also demonstrate that she was twice aborted byPeter Randall and that in all likelihood he per•formed the third abortion."

"I'm certain Peter Randall didn't do it," I said.

"That may be," Wilson said, "but it is immate•rial."

"Why?"



"I still don't like it."

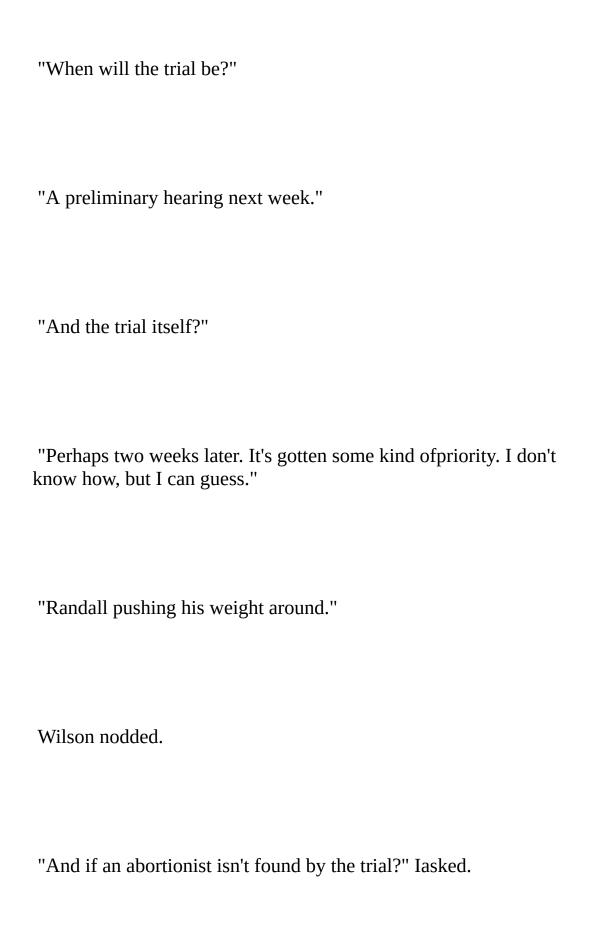
"View it rationally," Wilson said. "The law is clear. Right or wrong, it is clear. It offers both the prose• cution and the defense certain patterns, certain ap•proaches, certain tactics in regard to the present statutes. Unfortunately, for both prosecution and defense, these approaches will come down to char• acter assassinations. The prosecution will attempt discredit Dr. Lee as thoroughly as they knowhow. We, the defense, will attempt to discredit the deceased, Mrs. Randall, and Peter Randall. Theprosecution will have, as an advantage, the innatehostility of a Boston jury to anyone accused of abor•tion. We will have as an advantage the desire of any random jury from Boston to witness the defilement of an old family."

"Dirty."

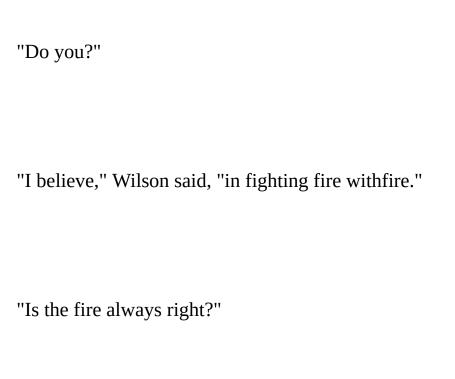
He nodded. "Very dirty."

"Isn't there another way to handle it?"

"Yes," he said. "Of course. Find the real abortion•ist."



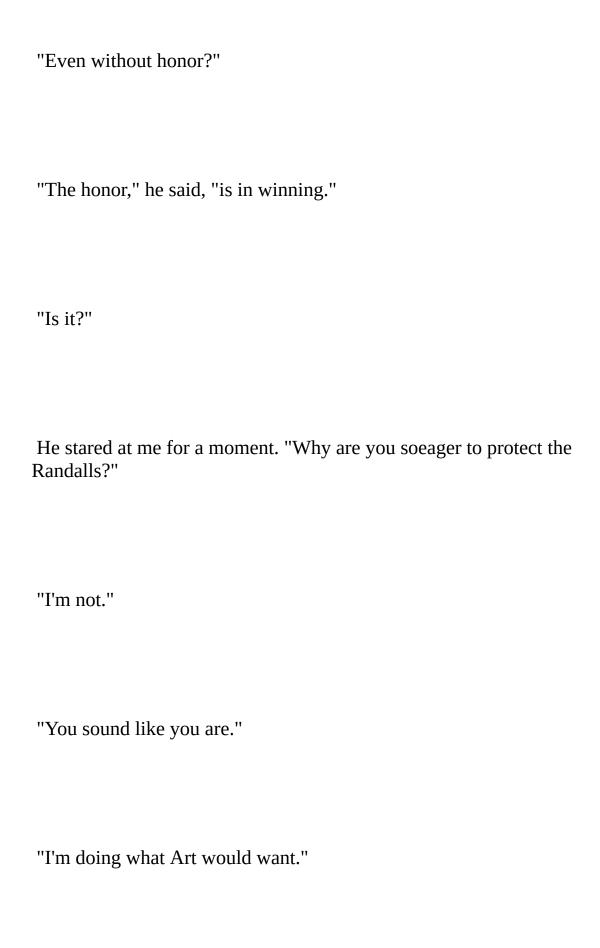
Wilson smiled sadly. "My father," he said, "was apreacher. In Raleigh, North Carolina. He was theonly educated man in the community. He liked to read. I remember once asking him if all the peoplehe read, like Keats and Shelley, were white. He saidyes. I asked him if there were any coloreds that he read. He said no." Wilson scratched his forehead, hiding his eyes with his hands. "But anyway, he was a preacher, and he was a Baptist, and he was strict. He believed in a wrathful god. He believed in thun•derbolts from heaven striking a sinner to the ground. He believed in hellfire and damnation foreternity. He believed in right and wrong."

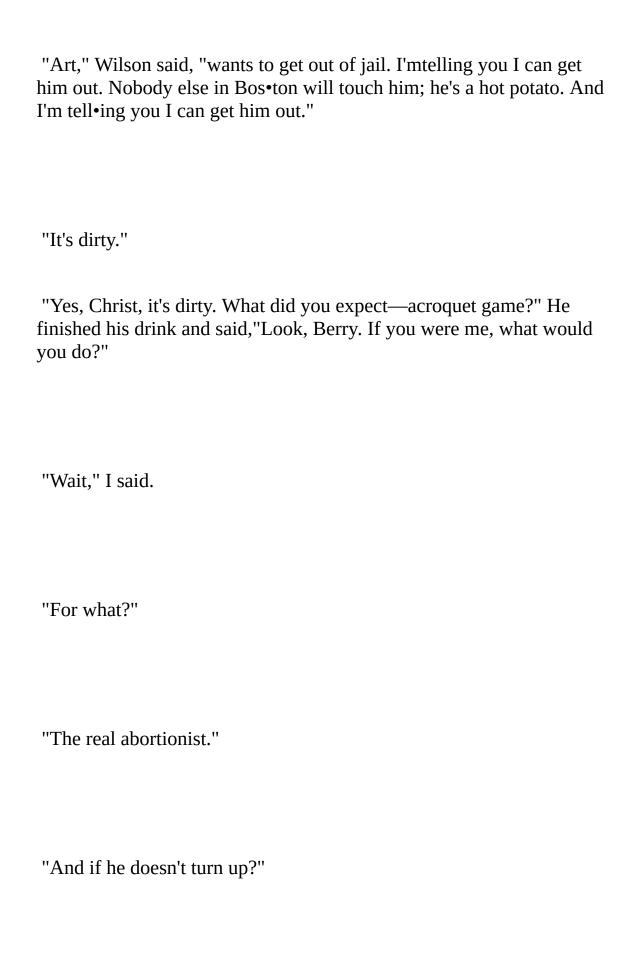


"No," he said. "But it is always hot and compel•ling."

"And you believe in winning."

He touched the scar along his neck. "Yes."





I shook my head. "I don't know," I said.

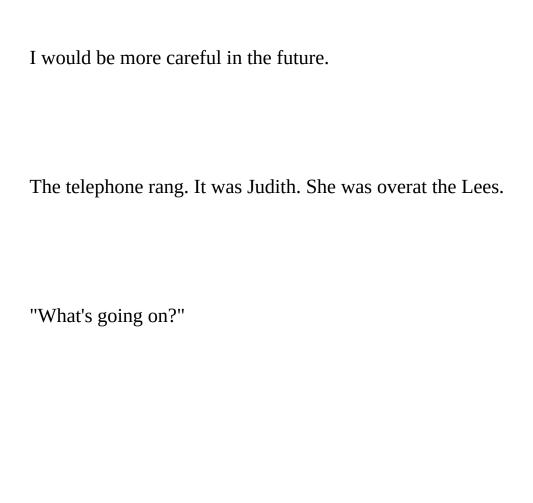
"Then think about it," he said and left the bar.

SEVEN

wilson had irritated me,but he had also left mewith plenty to think about. I drove home, pouredmyself a vodka on the rocks, and sat down to put ittogether. I thought about everyone I talked to, andI realized that there were significant questions Ihad never asked. There were gaps, big gaps. Likewhat Karen had done Saturday night, when shewent out in Peter's car. What she had said to Mrs.Randall the next day. Whether she had returned Pe•ter's car—it was now stolen; when had Peter gotten it back?

I drank the vodka and felt a calm settle over me.I had been too hasty; I had lost my temper too of ten; I had reacted more to people than to information, more to personalities.

had reacted more to people than to informa•tion, more to personalities than to facts.





Then I got in my car and drove over.

When I got to the Lees', the wooden cross wasstill smoldering on the front lawn. A police car wasthere and a large crowd had gathered, mostly neigh•borhood kids and their stunned parents. It was stillearly evening; the sky was deepening blue and thesmoke from the cross curled straight upward.

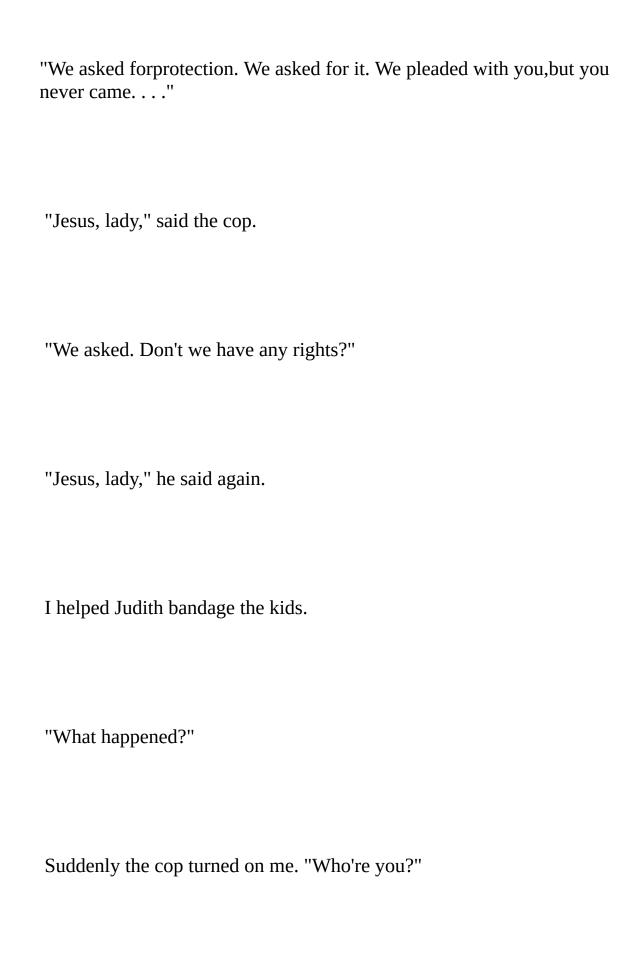
I pushed through the crowd toward the house. Every window that I could see had been smashed. Someone was crying inside. A cop stopped me at the door.

"Whore you?"

"Dr. Berry. My wife and children are inside."

He stepped aside and I went in.

They were all in the living room. Betty Lee wascrying; Judith was taking care of the children. There was broken glass all around. Two of the chil•dren had been cut deeply but not seriously. A po•liceman was questioning Mrs. Lee. He wasn'tgetting anywhere. All she said was,



"I'm a doctor."

"Yeah, well, high time," he said and turned backto Mrs. Lee.

Judith was subdued and pale. "It started twenty minutes ago," she said. "We've been getting threatsall day, and letters. Then it finally happened: fourcars pulled up and a bunch of kids got out. Theyset up the cross and poured gasoline over it andlighted it. There must have been about twenty of them. They all stood there and sang 'Onward Chris•tian Soldiers.' Then they started to throw rockswhen they saw us looking at them through the win•dow. It was like a nightmare."

"What did the kids look like? Were they well-dressed? What were the cars like?"

She shook her head. "That was the worst part. They were young, nicelooking kids. If they hadbeen old bigots, I could understand, but they were just teen-agers. You should have seen their faces."

We finished bandaging the children and got themout of the room.

"I'd like to see the letters you've received," I said.

Just then the Lees' year-old baby crawled into the living room. He was smiling and making little gurgling, drooling noises. The glinting glass on the carpet obviously intrigued him.

"Hey!" I said to the cop at the door. "Get him!"

The cop looked down. He had been watching thebaby all along.

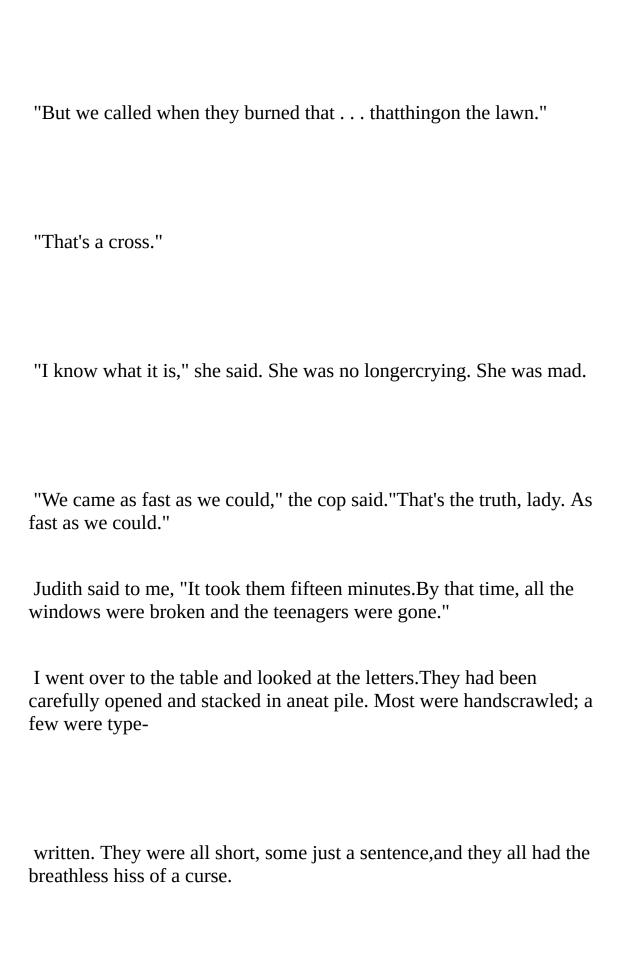
Now he bent over and stopped the baby by hold•ing on to his pudgy ankle.

"Pick him up," I said to the cop. "He can't hurtyou."

Reluctantly, the cop picked him up. He handledthe baby as if he might be diseased. You could seethe distaste on his face: abortionist's baby.

Judith walked over, her shoes crunching on theglass. She took the baby from the cop. The babydidn't know how the cop felt. He had been happilyplaying with the cop's shiny buttons and droolingon his blue uniform. He didn't like it when Judithtook him away from those buttons.

I heard the other cop say to Mrs. Lee, "Well,look, we get threats all the time. We can't respondto them all."



Dirty comminist Jewlover Nigger lover killer. You and youre kind will get what you deserve, baby killers. Youare the scum of the earth. You may think you are inGermany but you are not.Unsigned.

Our Lord and Saviour spake this 'Suffer the littlechildren to come to me.' You have sinned against the Lord Jesus Our God and you will suffer theretrobution at his Almighty Hands. Praise God in hisinfinite wisdom and mercy. Unsigned.

The decent Godfearing people of the Commonwealthwill not sit idly by. We shall fight you wherever the fight is to be. We shall drive you from your homes, we shall drive you from this country. We shall drive all ofyou out, until our Commonwealth is a decent placefor all to live. Unsigned.

We caught you. We'll catch all your friends. Doctorsthink they can do anything, a) Driving those big Cadillacs. b) charging high costs. c) making patients, wait that's why they call them patients because they wait patiently. d) But you are all evil. You will bestopped. Unsigned.

You like to kill kids? See how it feels to have yourskilled. Unsigned.

Abortion is a crime against God and man and societyand the newborn yet to be. You will pay on this earth.But the Lord in his infinite way will burn you in hellforever.Unsigned.

Abortion is worse than murder. What did they ever doto you? Answer that and you will see I am right. Mayyou rot in jail and your family die.Unsigned.

There was a final letter, written in a neat femi•nine hand.

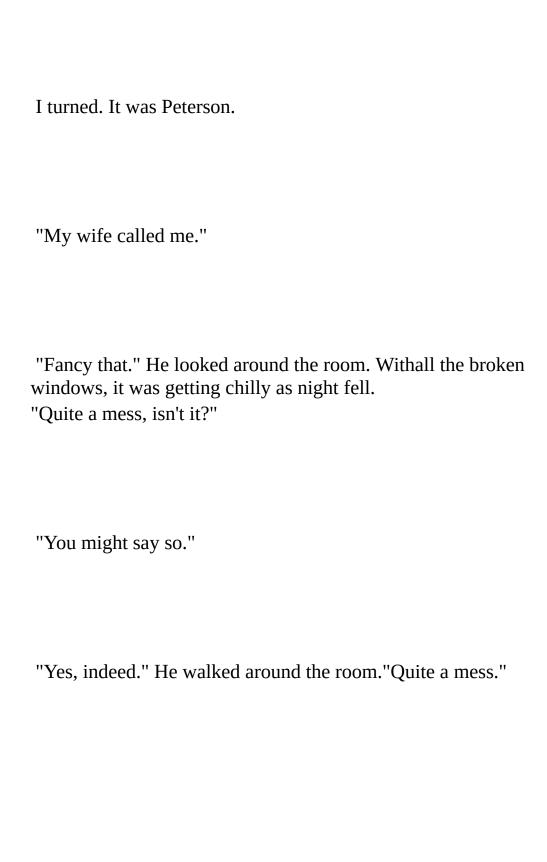
Iam sorry to hear of your misfortune. I know this must be a trying time for all of you. I only wanted to say that I am very grateful for what you did for melust year, and that I believe in you and what you are doing. You are the most wonderful doctor I have everknown, and the most honest. You have made my life much better than it would be otherwise, and my hus•band and I are eternally grateful. I shall pray for youevery night.

Mrs. Allison Banks

I slipped it into my pocket. It wouldn't do tohave that one lying around.

I heard voices behind me.

"Well, well, well. Fancy that."



Watching him, I had a sudden horrifying vision of a uniformed man in heavy boots strugglingamong ruins. It was a generalized vision, nonspe•cific, attached to no particular time or place or era.
Another man pushed into the room. He wore araincoat and had a pad in his hand.
"Who're you?" Peterson said.
"Curtis. From the Globe, sir."
"Now who called you, fella?"
Peterson looked around the room. His eyesrested on me.

"Not nice," Peterson said. "Not nice at all."

"It's a reputable newspaper. This boy will report the facts accurately. You surely can't object to that."

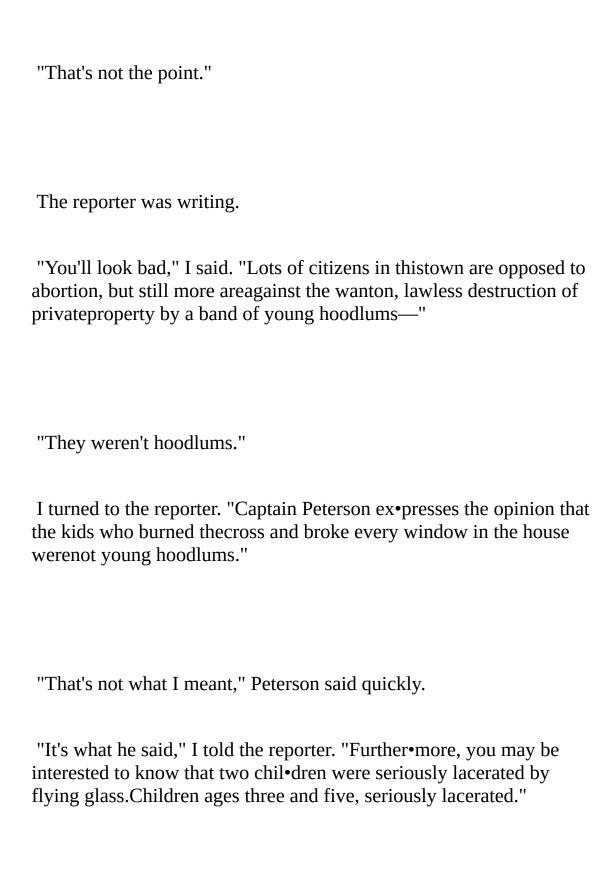
"Listen," Peterson said. "This is a city of two anda half million and the police department is under•staffed. We can't investigate every crackpot com• plaint and lunatic threat that comes along. We can't do that if we want to do the regular things, like di•rect traffic."

"Family of an accused," I said. I was aware that

the reporter was watching me closely. "Family of anaccused receives threats by telephone and letter. Wife and young family. She's afraid. You ignore her."

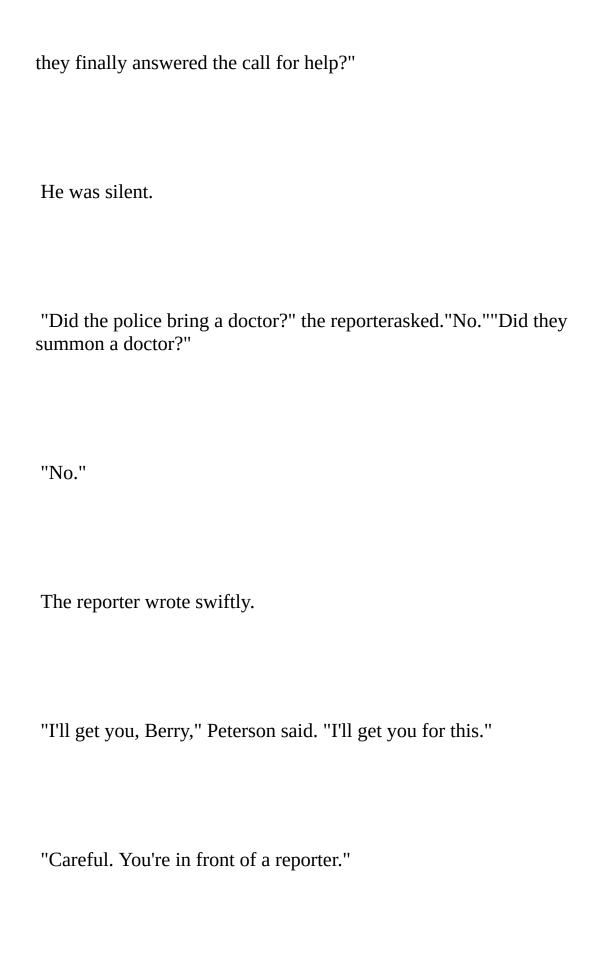
"That's not fair and you know it."

"Then something big happens. They start to burn a cross and tear the place apart. The wife calls forhelp. It takes your boys fifteen minutes to get here. How far away is the nearest station?"



"That's not what I was told," Peterson said. "The cuts were only—"

"I believe," I said, "that I am the only doctorpresent at this time. Or did the police bring a doc•tor when



His eyes shot daggers. He turned on his heel.

"By the way," I said, "what steps will the policenow take to prevent a recurrence?"

He stopped. "That hasn't been decided yet."

"Be sure," I said, "to explain to this reporter how unfortunate it all is and how you'll post a twenty- four-hour guard. Be sure to make that clear."

He curled his lips, but I knew he would do it. That's all I wanted—protection for Betty, and a lit•tle pressure on the police.

EIGHT

judith took the kids home; I stayed with Bettyand helped her board up the windows. It tooknearly an hour, and with each one I did, I got an egrier.

Betty's kids were subdued, but would not go to

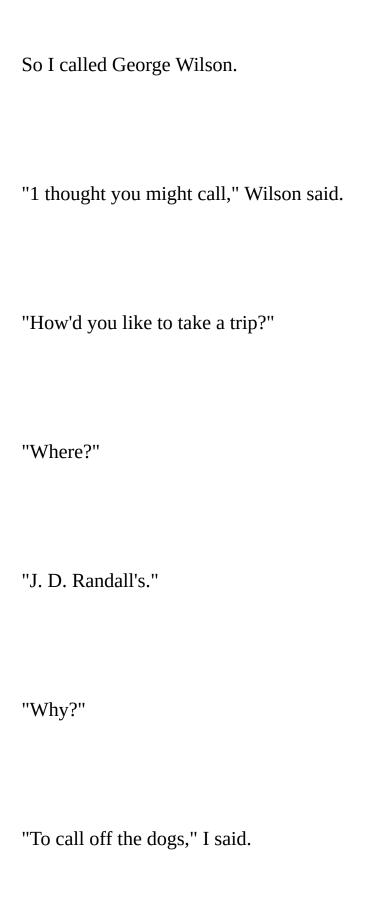
sleep. They kept coming downstairs to complainthat their cuts hurt or that they wanted a glass ofwater. Young Henry in particular complained abouthis foot, so I removed the bandage to be certain Ihad not missed any glass. I found a small sliver stilllodged in the wound.

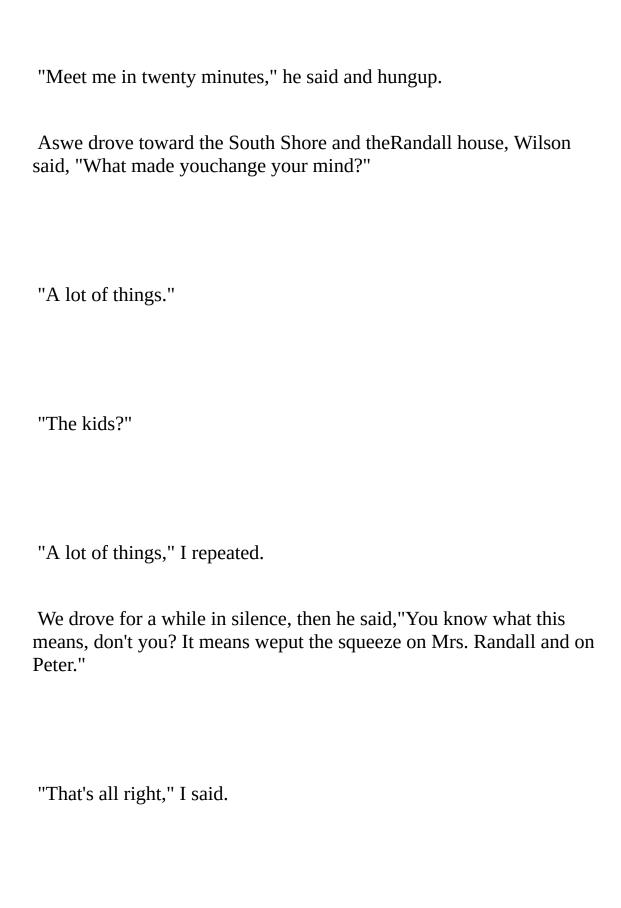
Sitting there, with his small foot in my hand, andBetty telling him not to cry as I cleaned the woundagain, I suddenly felt tired. The house smelled ofburning wood, from the cross. It was chilly anddrafty from the broken windows. Everything was ashambles; it would take days to clean it up.

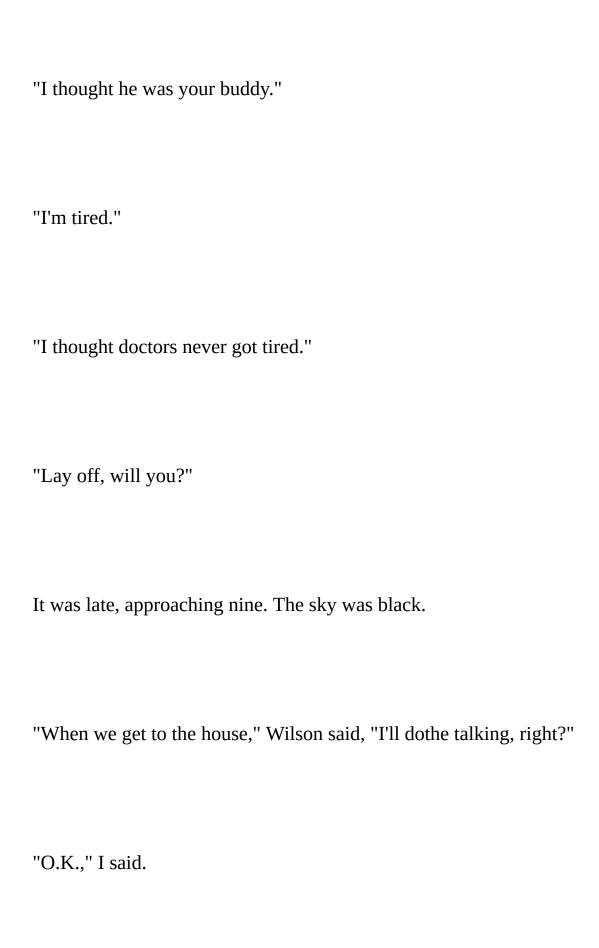
All so unnecessary.

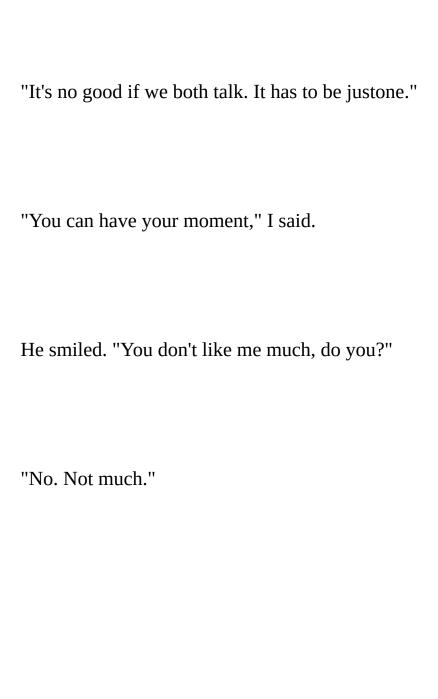
When I finished with Henry's foot, I went backto the letters Betty had received. Reading themmade me feel more tired. I kept wondering howpeople could do it, what they must have beenthinking. The obvious answer was that they werethinking nothing. They were simply reacting, as Ihad been reacting, as everyone had been reacting.

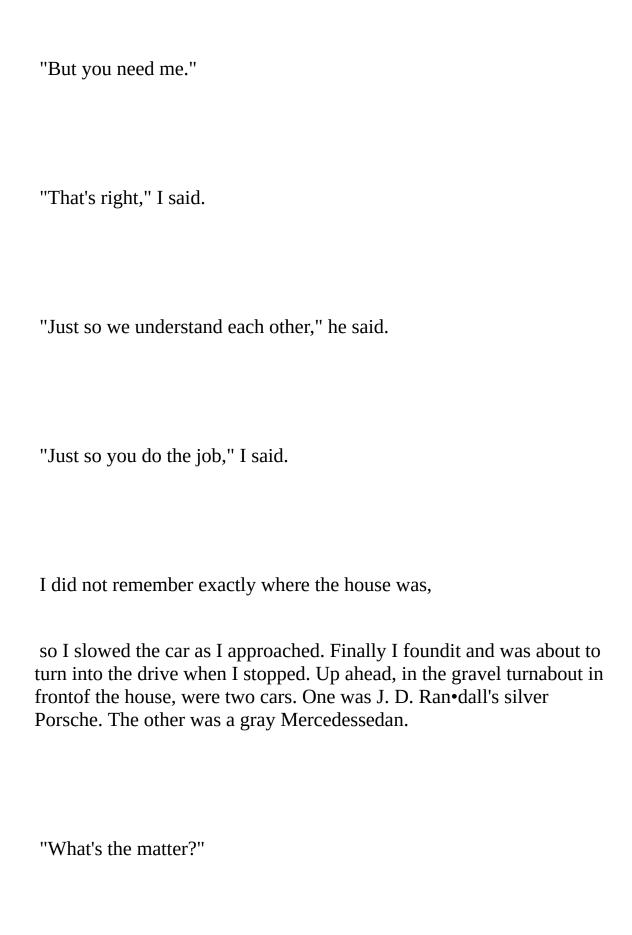
I suddenly wanted it finished. I wanted the let•ters to stop, the windows to be fixed, the wounds toheal, and life to return to normal. I wanted it verybadly.

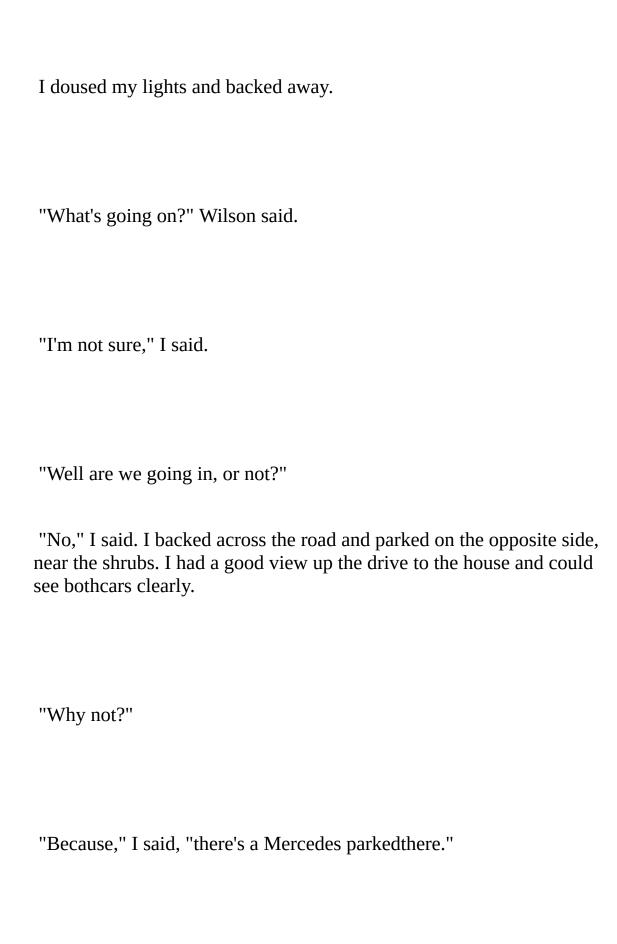


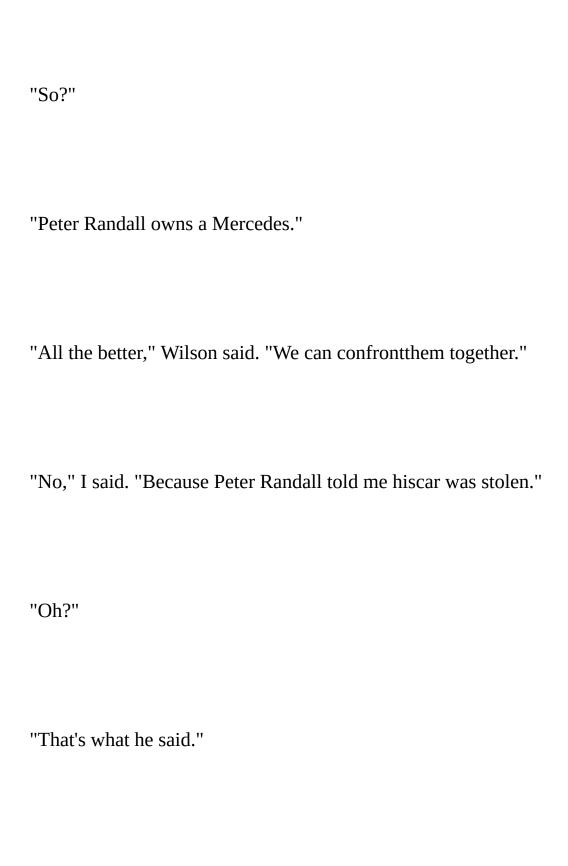




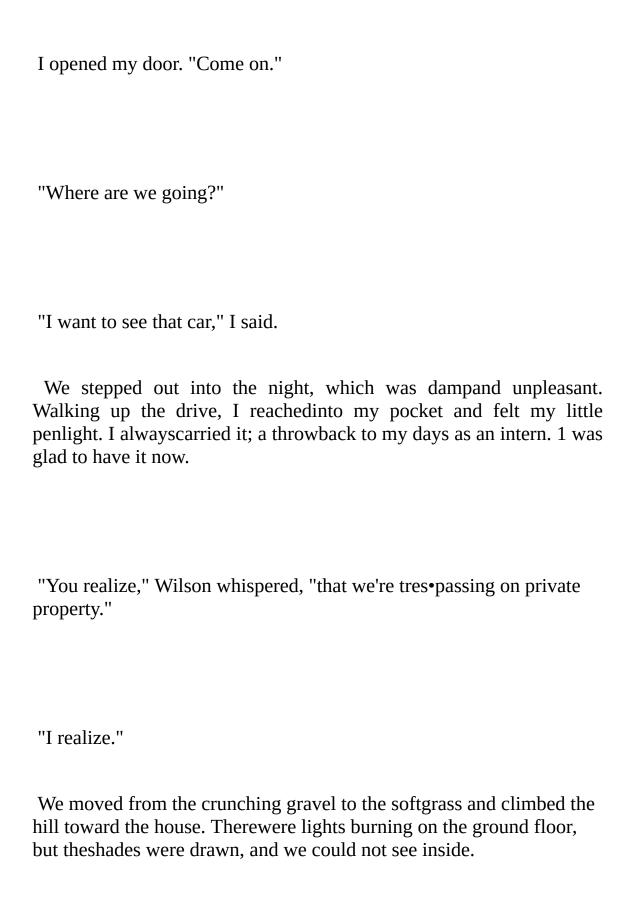








"When?"
"Yesterday."
I thought back. Something was beginning tobother me, to pick at my mind. Then I remem-
bered: the car I had seen in the Randall garagewhen I had visited Mrs. Randall.



We came to the cars and stepped onto the gravel again. The sounds of our footsteps seemed loud. I reached the Mercedes and flicked on my penlight. The car was empty; there was nothing in the backseat.

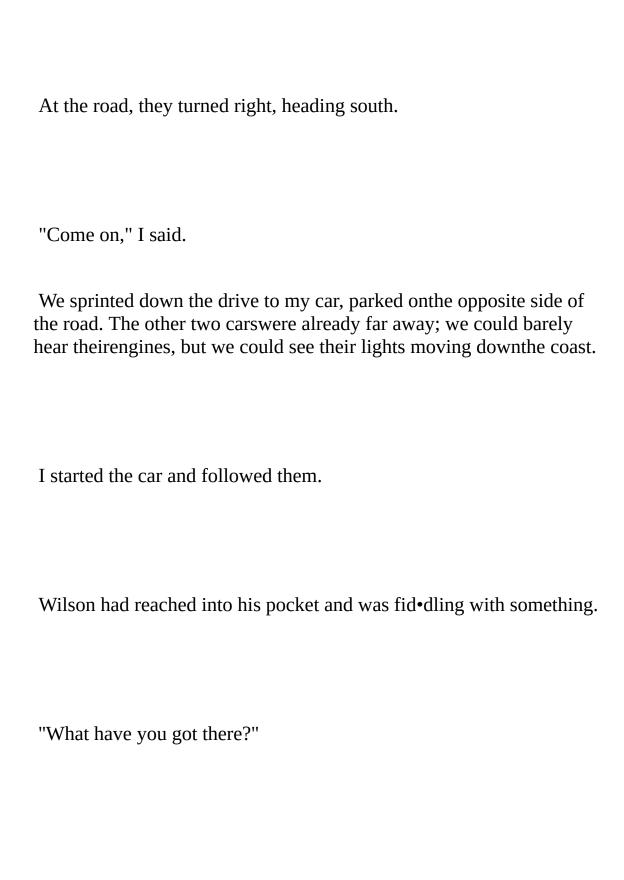
I stopped.

The driver's seat was soaked in blood.

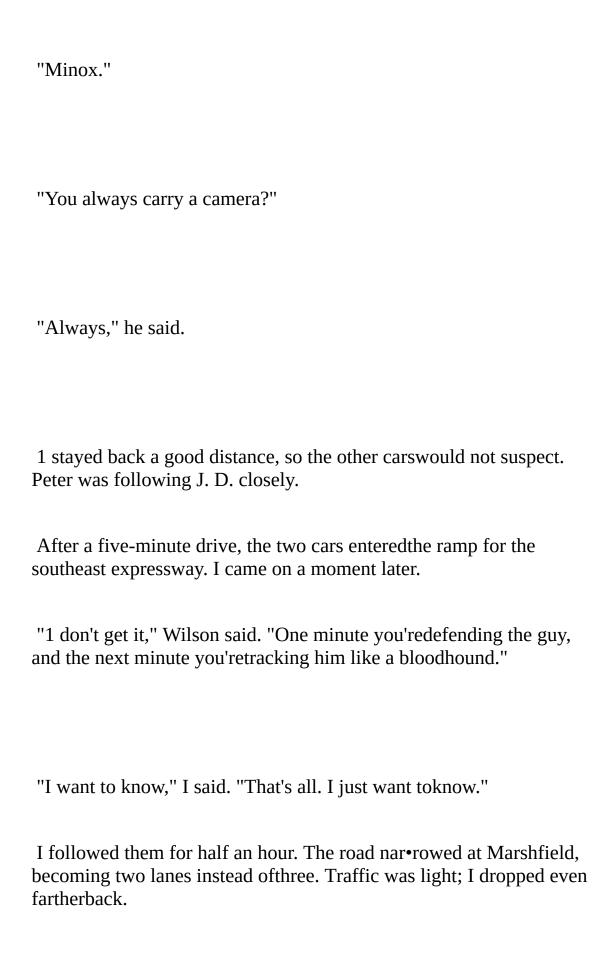
"Well, well," Wilson said.

I was about to speak when we heard voices and a door opening. We hurried back to the grass and slipped behind a bush near the drive.

- J. D, Randall came out of the house. Peter waswith him. They were arguing about something inlow voices; I heard Peter say, "All ridiculous," and
- J. D. said, "Too careful"; but otherwise their voiceswere inaudible. They came down the steps to the cars. Peter got into the Mercedes and started theengine. J. D. said, "Follow me," and Peter nodded. Then J. D. got into the silver Porsche and starteddown the drive.



He held it over so I could see. A small, silvertube.



"This could be completely innocent," Wilsonsaid. "The whole thing could be a—"

"No," I said. I had been putting things togetherin my own mind. "Peter loaned this car to Karenfor the weekend. The son, William, told me that.Karen used that car. There was blood on it. Thenthe car was garaged in the Randall house, and Peterreported it as stolen. Now . . ."

"Now they're getting rid of it," Wilson said.

"Apparently."

"Hot damn," he said. "This one's in the bag."

The cars continue south, past Plymouth, downtoward the Cape. The air here was chilly and tangywith salt. There was almost no traffic.

"Doing fine," Wilson said, looking at the taillightsahead. "Give them plenty of room."

"As the road became more deserted, the two carsgained speed. They were going very fast now, near eighty. We passed Plymouth, then Hyannis, and outtoward Provincetown. Suddenly, I saw their brake lights go on, and they turned off the road to the right, toward the coast.

We followed, on a dirt road. Around us were scrubby pine trees. 1 doused my lights. The windwas gusty and cold off the ocean.

"Deserted around here," Wilson said.

I nodded.

Soon I could hear the roar of the breakers. Ipulled off the road and parked. We walked on foottoward the ocean and saw the two cars parked, sideby side.

I recognized the place. It was the east side of the Cape, where there was a long, one-hundred-footsandy drop to the sea. The two cars were at the ledge, overlooking the water. Randall had gotten out of his Porsche and was talking with Peter. They are gued for a moment, and then Peter got back in the car and drove it until the front wheels were inches from the edge. Then he got out and walked back.

J. D. had meanwhile opened the trunk to the Porsche and taken out a portable can of gasoline. Together the two men emptied the can of gaso•line inside Peter's car.

I heard a click near me. Wilson, with the littlecamera pressed to his eye, was taking pictures.

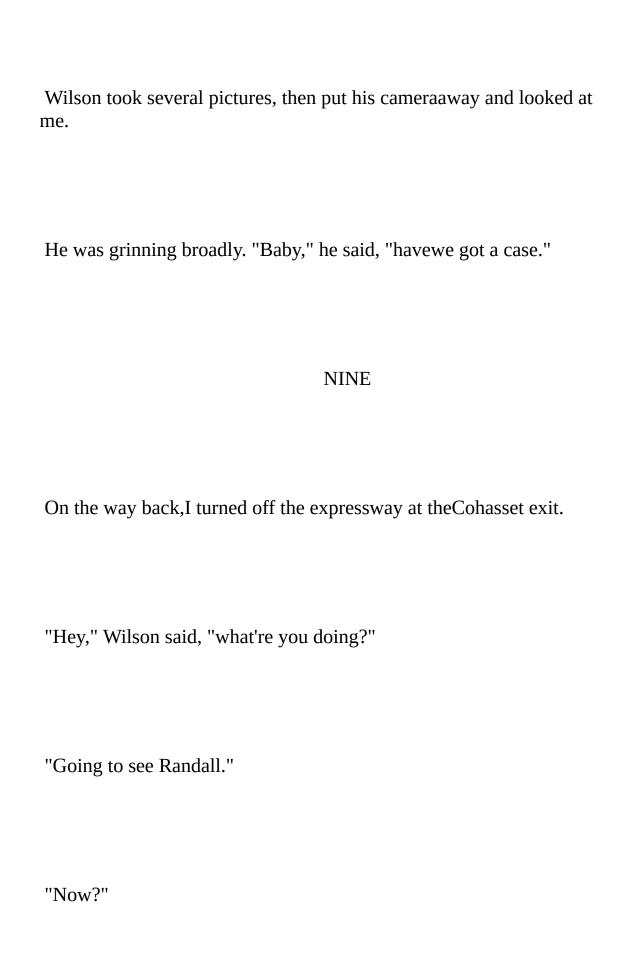
"You don't have enough light."

"Tri-X," he said, still taking pictures. "You canforce it to 2400, if you have the right lab. And Ihave the right lab."

I looked back at the cars. J. D. was returning thetank to his trunk. Then he started the Porsche en•gine and backed the car around, so it was facing the road, away from the ocean.

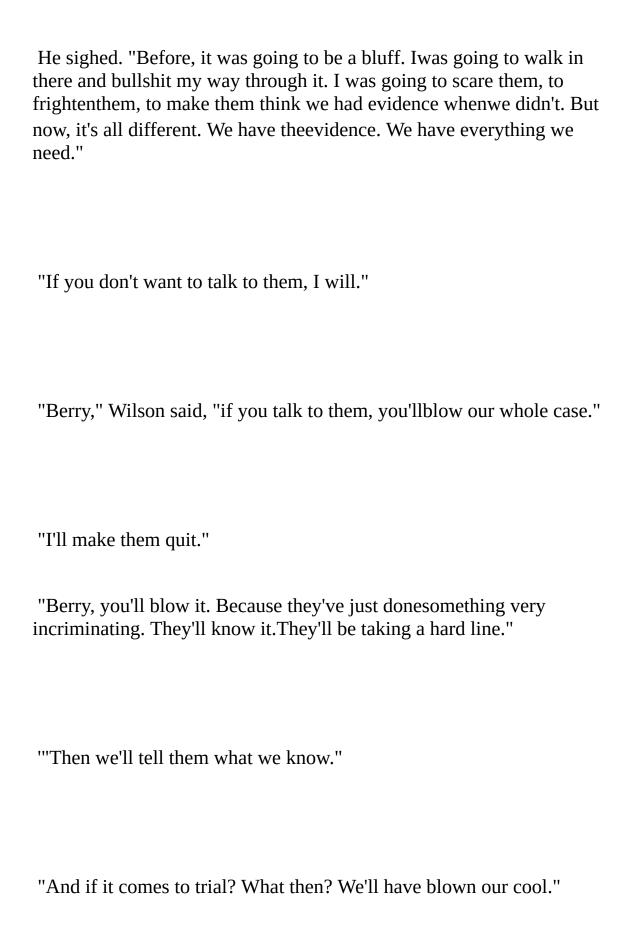
[&]quot;Ready for the getaway," Wilson said. "Beautiful."

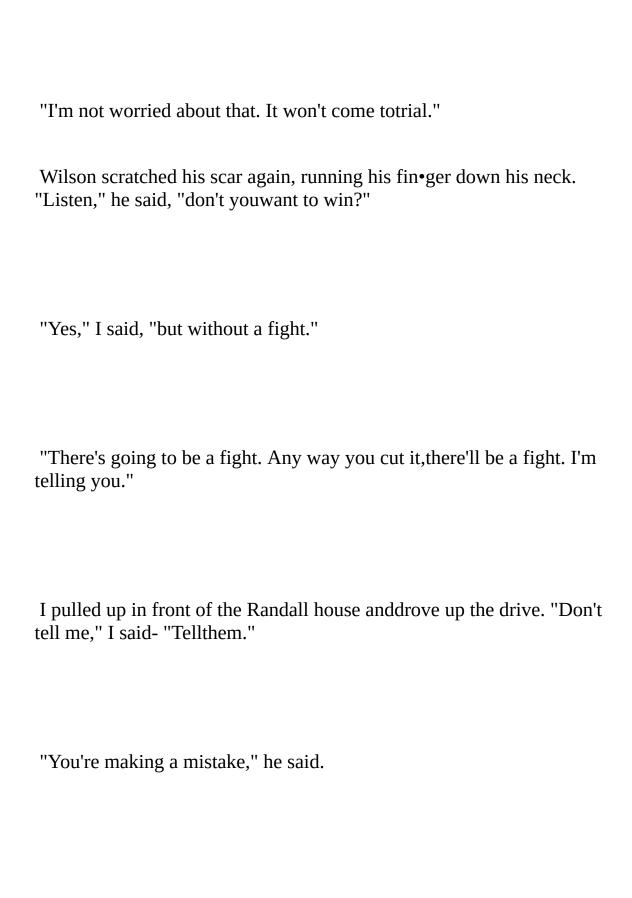
J. D. called to Peter and got out of the car. Hestood by Peter, then I saw the brief flare of a
match. Suddenly the interior of the Mercedes burstinto flames.
The two men immediately ran to the rear of thecar and leaned their weight against the car. Itmoved slowly, then faster, and finally began theslide down the sandy slope. They stepped back and watched its descent. At the bottom, it apparently exploded, because there was a loud sound and a bright red flash of light.
They sprinted for the car, got in, and drove past
us.
"Come on," Wilson said. He ran forward to the edge with his camera. Down below, at the edge ofthe water, was the burning, smashed hulk of the Mercedes.



"Yes."

"Are you crazy? After what we saw?"
I said, "I came out tonight to get Art Lee off thehook. I still intend to do it."
"Uh-uh," Wilson said. "Not now. Not after whatwe saw." He patted the little camera in his hand."Now we can go to court."
"But there's no need. We have an iron case. Un•beatable. Unshakable."
I shook my head.
"Listen," Wilson said, "you can rattle a witness. You can discredit him, making him look like a fool. But you can't discredit a picture. You can't beat aphotograph. We have them by the balls."
"No," I said.





"Maybe," I said, "but I doubt it."

We climbed the steps and rang the doorbell.

Reluctantly, the butler led us into the living room. It was no larger than the average-size basketballcourt, an immense room with a huge fireplace. Seated around the roaring fire were Mrs. Randall, in lounging pajamas, and Peter and J. D., both withlarge snifters of brandy in their hands.

The butler stood erectly by the door and said,"Dr. Berry and Mr. Wilson, sir. They said they were expected."

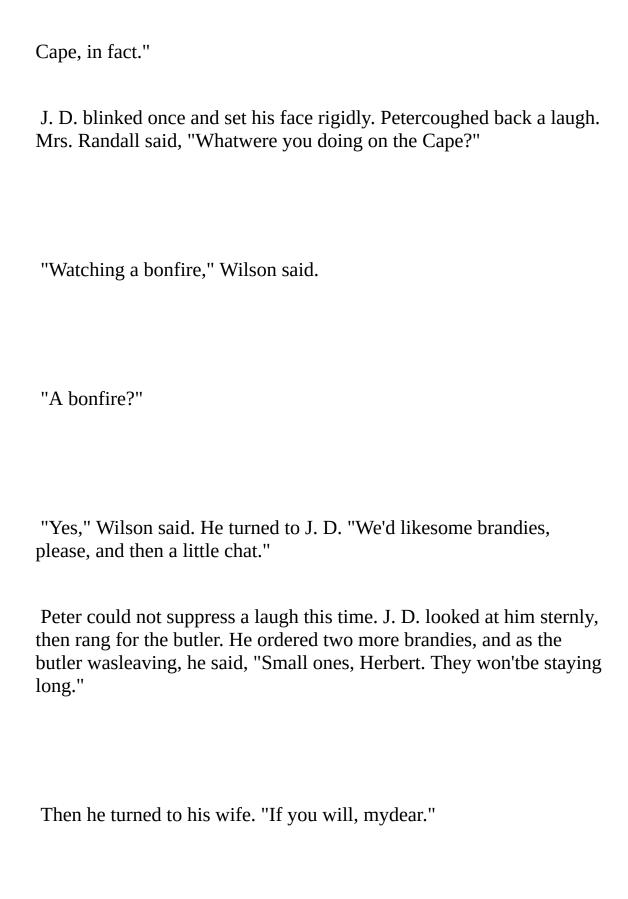
J. D. frowned when he saw us. Peter sat backand allowed a small smile to cross his face. Mrs.Randall seemed genuinely amused.

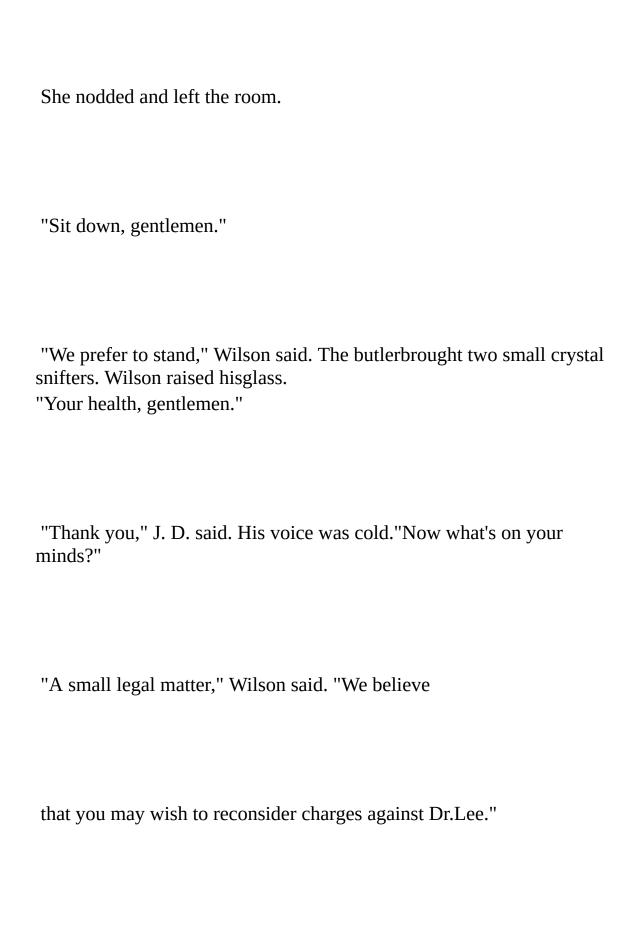
J. D. said, "What do you want?"

I let Wilson do the talking. He gave a slight bowand said, "I believe you know Dr. Berry, Dr. Randall. I am George Wilson. I am Dr. Lee's defenseattorney."

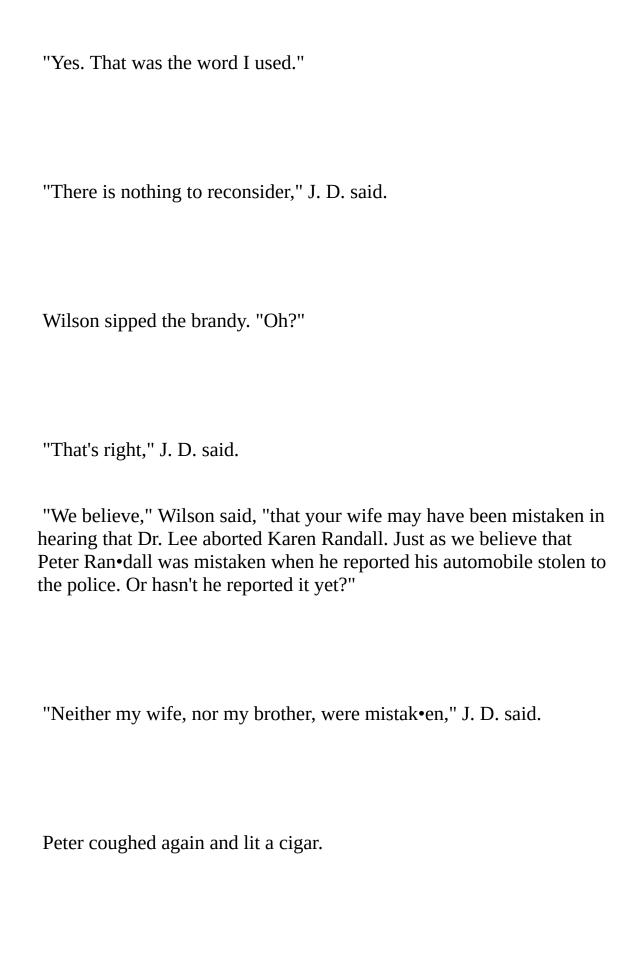
"That's lovely," J. D. said. He glanced at hiswatch. "But it's nearly midnight, and I am relaxingwith my family. I have nothing to say to either ofyou until we meet in court. So if you will—"

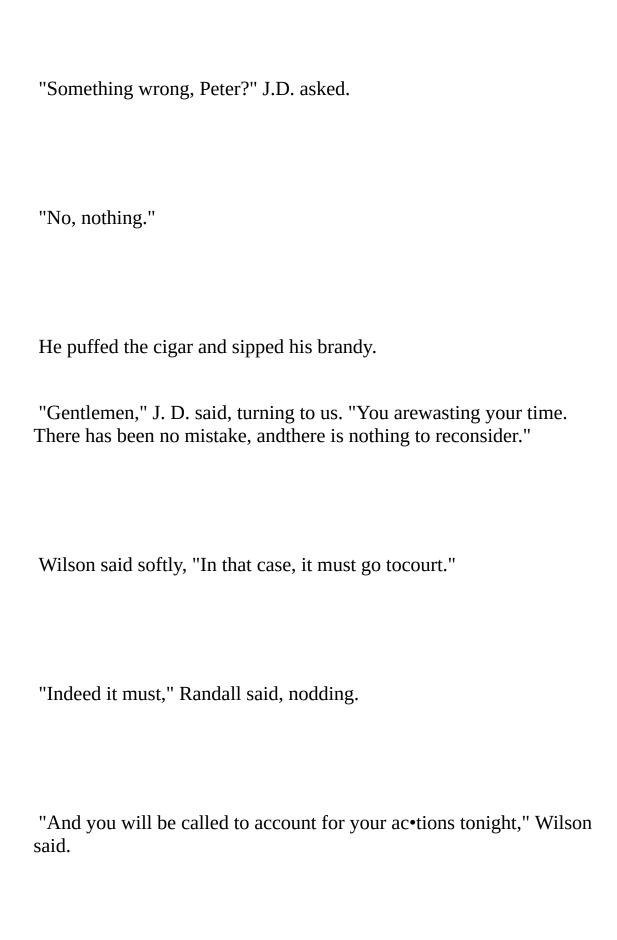
"If you will pardon me, sir," Wilson said, "wehave come a long way to see you. All the way fromthe

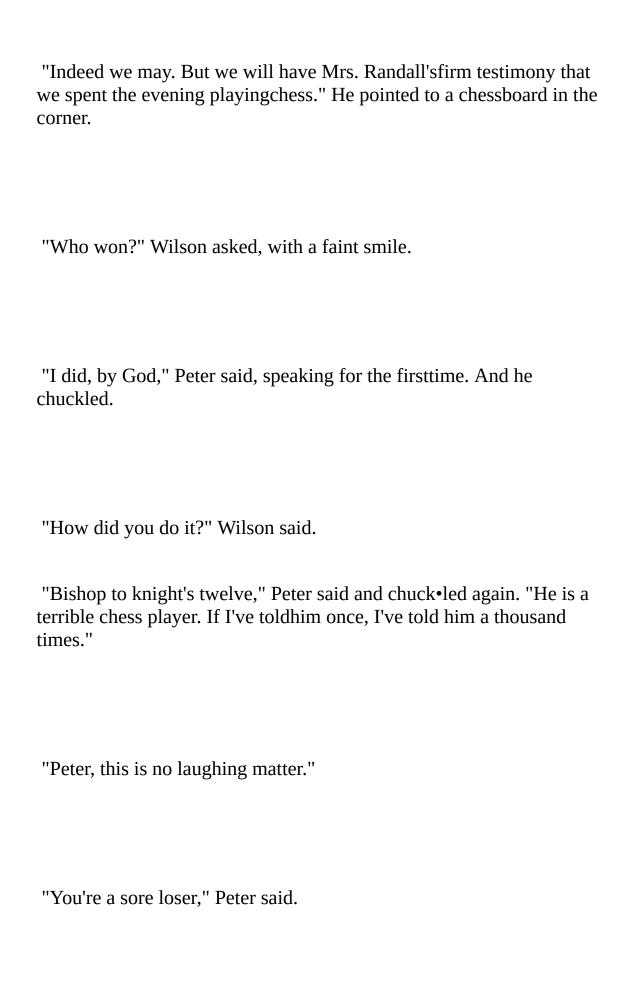




"Reconsider?"

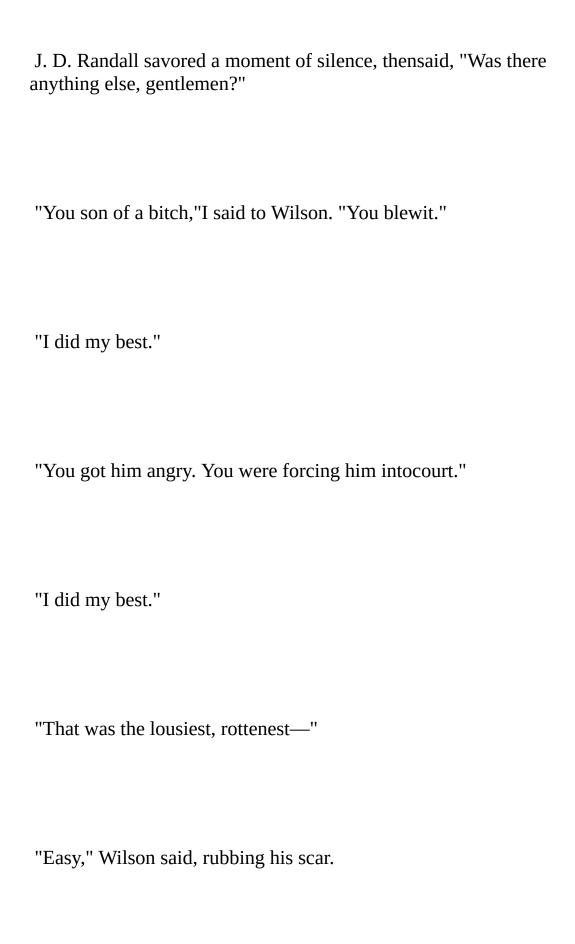


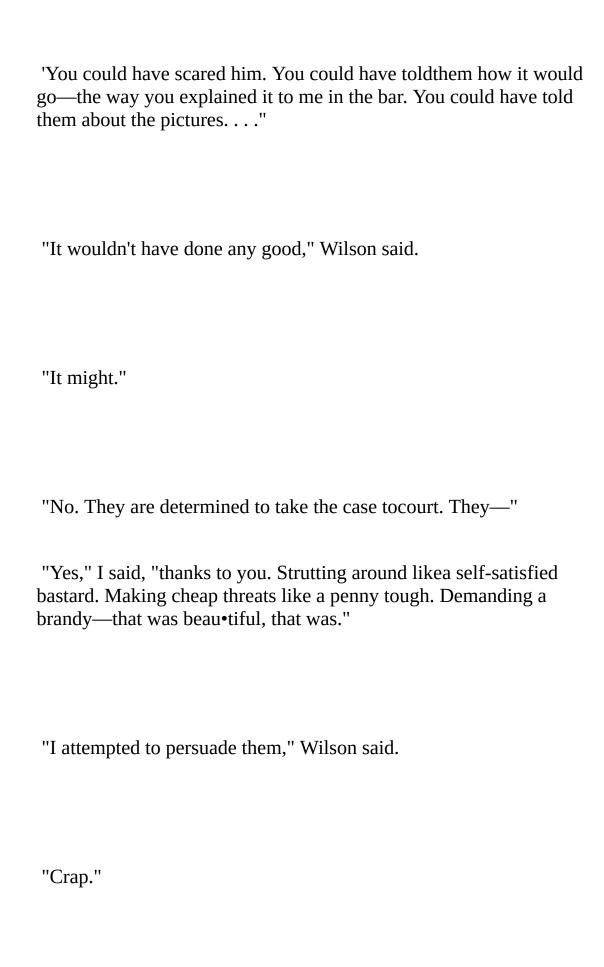




"Shut up, Peter."

Quite abruptly, Peter stopped laughing. Hefolded his arms across his massive belly and saidnothing more.





He shrugged.

"I'll tell you what you did, Wilson. You pushedthem into a trial, because you want one. You want an arena, a chance to show your stuff, a chance tomake a name for yourself, to prove that you're aruthless hotshot. You know, and I know, that if thecase ever comes to trial, Art Lee—no matter whatthe outcome—will lose. He'll lose his prestige, his patients, maybe even his license. And if it comes totrial, the Randalls will also lose. They'll be smeared, shot through with half-truths and implications, de•stroyed. Only one person will come out on top."

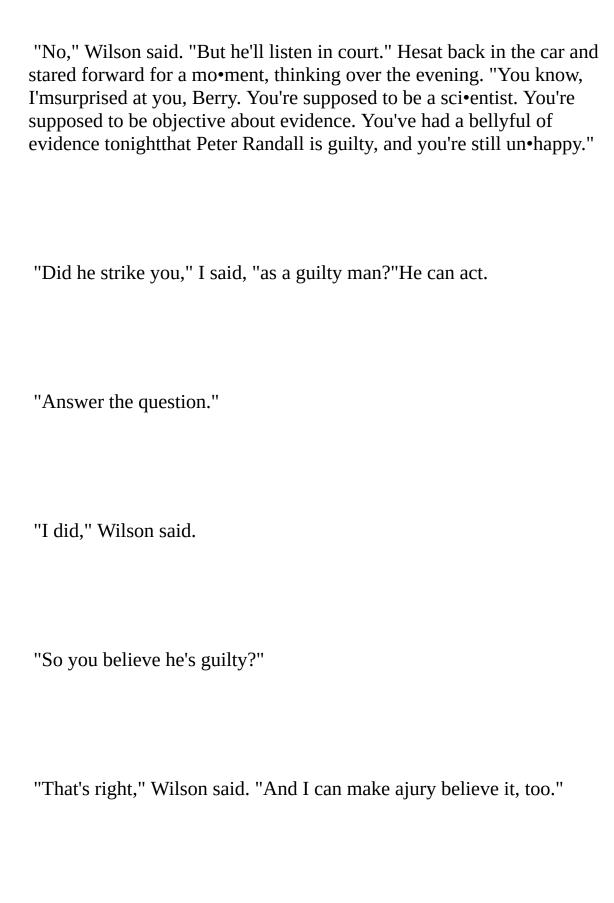
"Yes?"

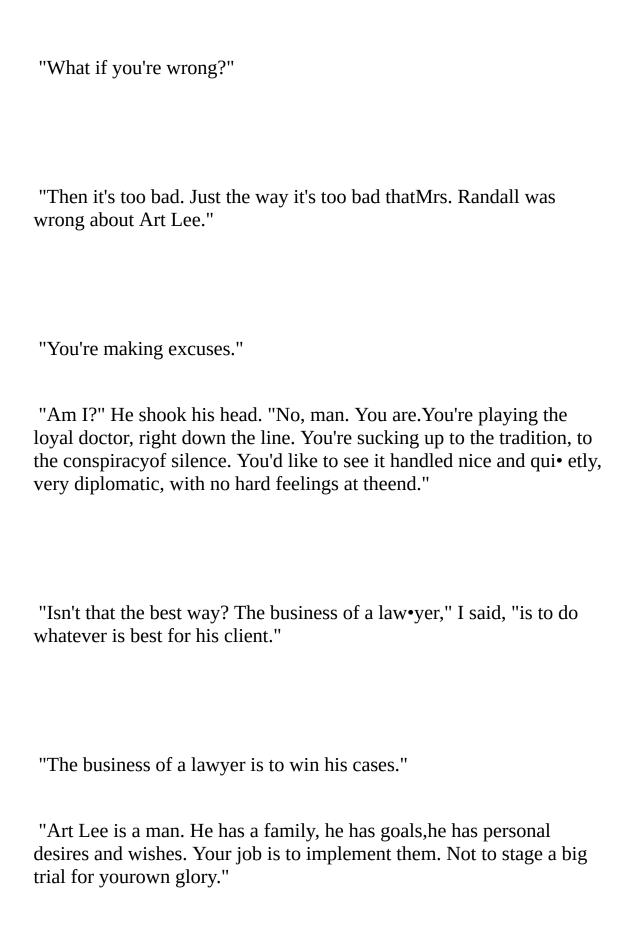
"You, Wilson. Only you can win in a trial."

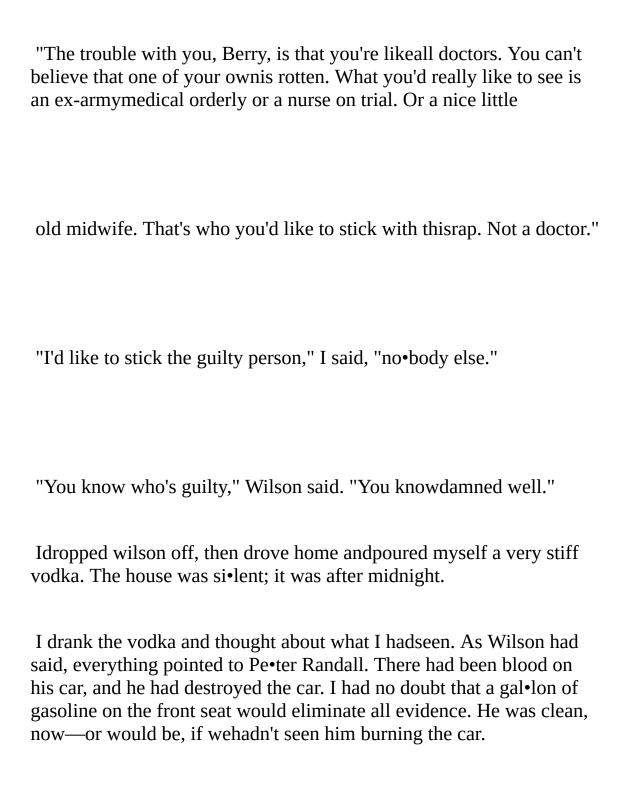
"That's your opinion," he said. He was getting an gry. I was getting him.

"You heard J. D. You heard how unreasonable hewas."

"You could have made him listen."







Then, too, as Wilson had said, everything madesense. Angela and Bubbles were right in claiming that

they hadn't seen Karen; she had gone to Peterthat Sunday night. And Peter had made a mistake; Karen had gone home and begun to bleed. She hadtold Mrs. Randall, who had taken her to the hospi•tal in her own car. At the hospital, she hadn'tknown that the EW diagnosis would not call in the police; to avert a family scandal she had blamed the abortion on the only other abortionist she knew: Art Lee. She had jumped the gun, and all hell had bro•ken loose.

Everything made sense.

Except, I thought, for the original premise. Peter

Randall had been Karen's physician for years. Heknew she was a hysterical girl. Therefore he would have been certain to perform a rabbit test on her. Also, he knew that she had had a prior complaint of vision trouble, which suggested a pituitary tumorwhich could mimic pregnancy. So he would cer•tainly have tested.

Then again, he had apparently sent her to ArtLee. Why? If he had been willing to see her abor•ted, he would have done it himself.

And still again, he had aborted her twice without complications. Why should he make a mistake—a major and serious mistake—the third time?

No, I thought, it didn't make sense.

And then I remembered something Peterson hadsaid: "You doctors certainly stick together." I real•ized he, and Wilson, were right. I wanted to believe that Peter was innocent. Partly because he was adoctor, partly because I liked him. Even in the faceof serious evidence, I wanted to believe he was in•nocent.

I sighed and sipped my drink. The fact was I had seen something very serious that night, something clandestine and incriminating. I could not overlookit. I could not pass it off as accident or coinci•dence. I had to explain it.

And the most logical explanation was that PeterRandall was the abortionist.

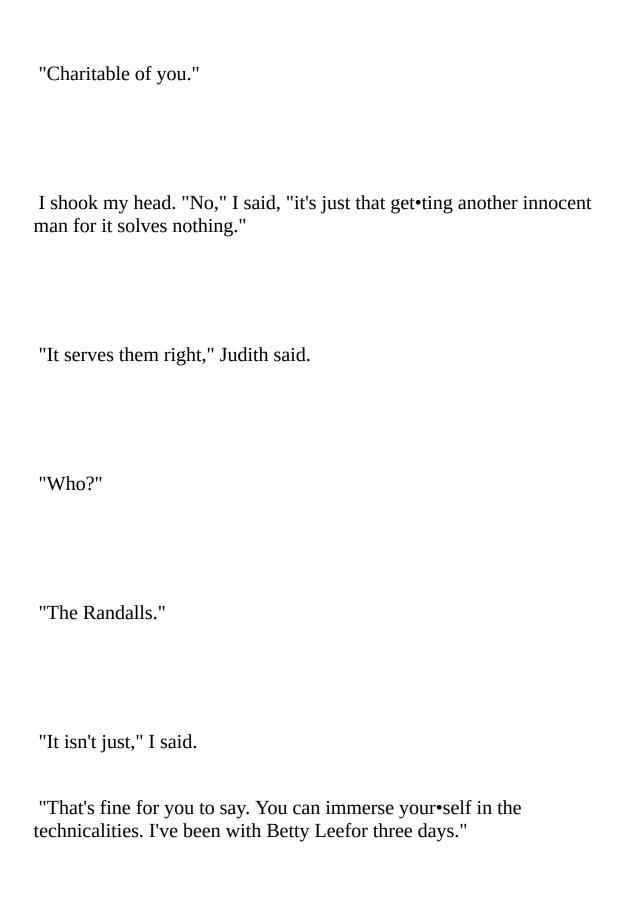
THURSDAY

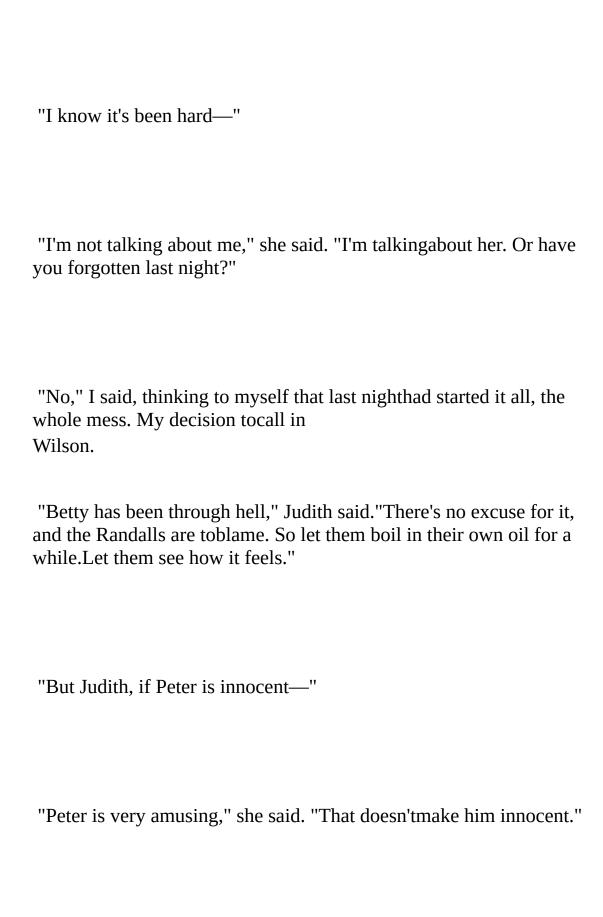
OCTOBER 13

ONE

Iawoke feeling mean. Like a caged animal,trapped, enclosed. I didn't like what was happeningand didn't see any way to stop it. Worst of all, Ididn't see any way to beat Wilson. It was hardenough to prove Art Lee was innocent; to prove Pe•ter Randall was innocent as well was impossible.
Judith took one look at me and said, "Grumpy."
I snorted and showered.
She said, "Find out anything?"
"Yeah. Wilson wants to pin it on Peter Randall."







"It doesn't make him guilty."

"I don't care who's guilty anymore. I just want itfinished and Art set free."

"Yes," I said. "I know how you feel."

While I shaved, I stared at my face. A rather or dinary face, too heavy in the jowls, eyes too small, hair thinning. But all in all, nothing unusual about me. It gave me a strange feeling to know that I had

been at the center of things, at the center of a crisisaffecting a half-dozen people, for three days. I wasn't the sort of person for that.

As I dressed and wondered what I would do that morning, I also wondered if I had ever been at the center of things. It was an odd thought. Suppose I had been circling at the periphery, digging up unim• portant facts? Suppose the real heart of the matterwas still unexplored?

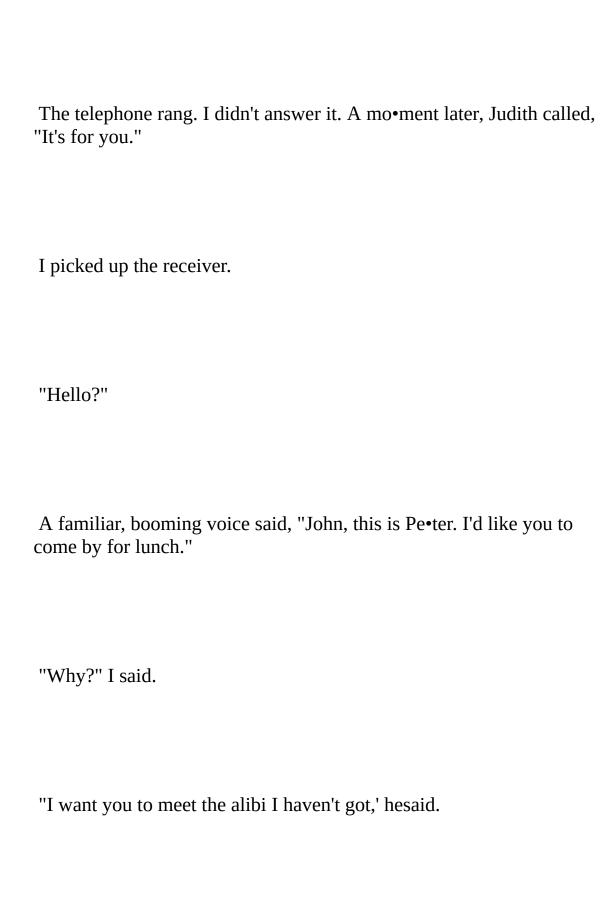
Trying to save Peter again.

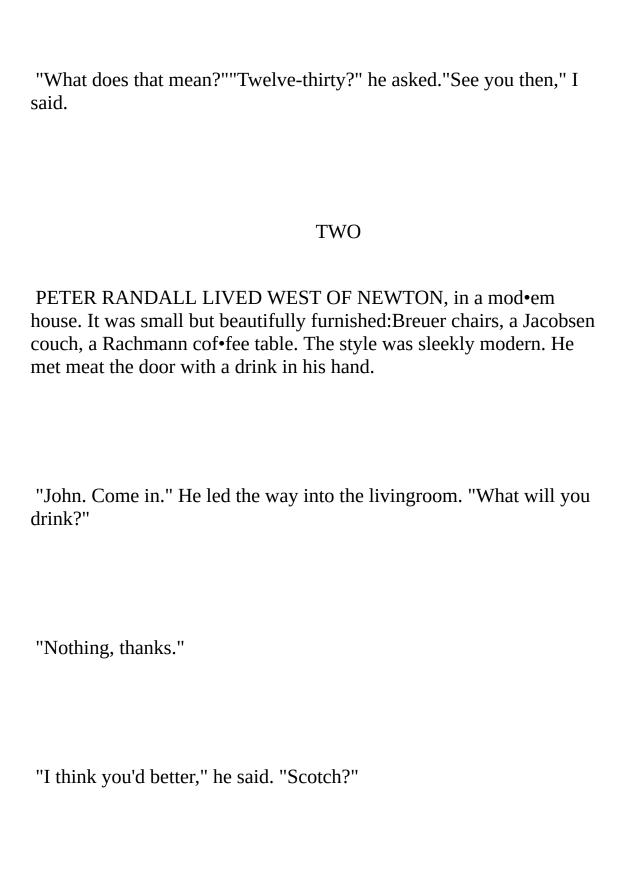
Well, why not? He was as much worth saving asanyone else.

It occurred to me then that Peter Randall was asmuch worth saving as Art. They were both men,both doctors, both established, both interesting,both a little noncomformist. When you came downto it, there was nothing really to choose betweenthem. Peter was humorous, Art was sarcastic. Peterwas fat and Art was thin.

But essentially the same.

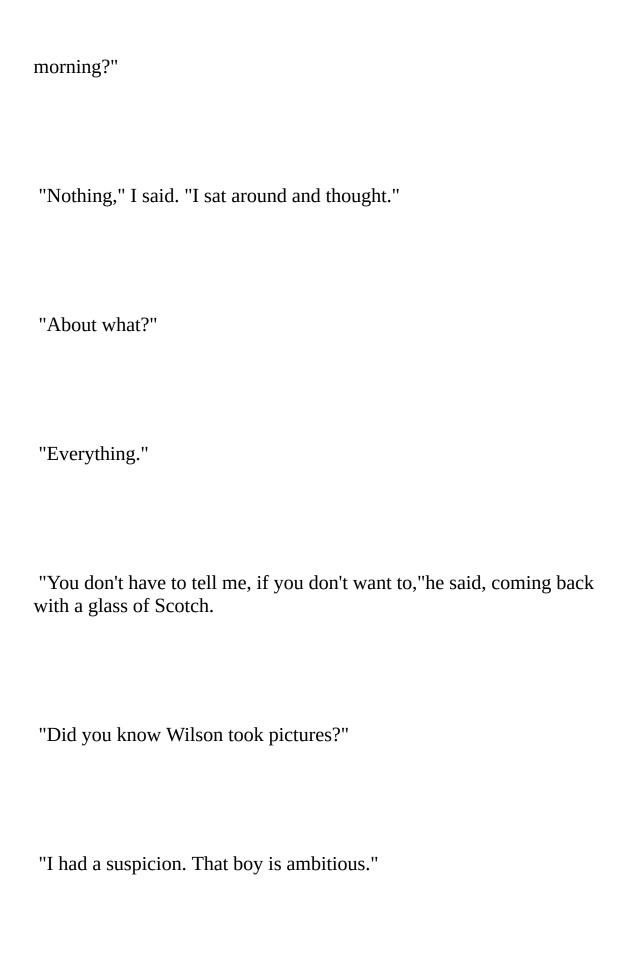
I pulled on my jacket and tried to forget thewhole thing. I wasn't the judge; thank God for that.It wouldn't be my job to unsnarl things at the trial.

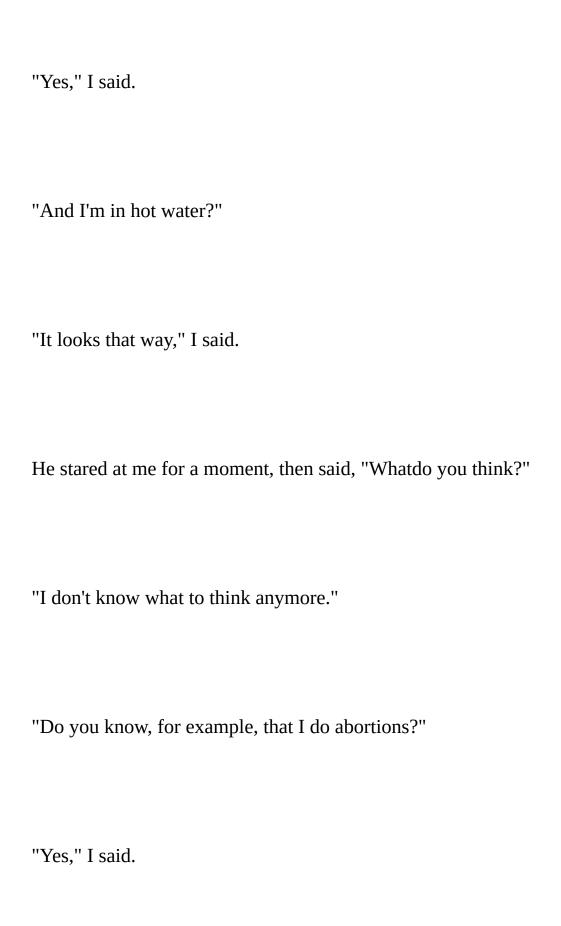


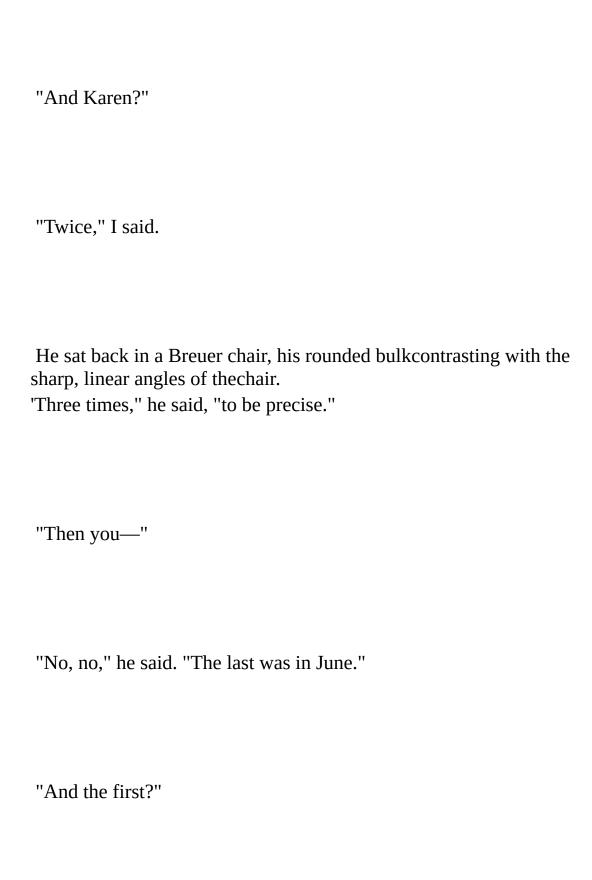


"On the rocks."

"Have a seat," he said. He went into the kitchen; I heard ice cubes in a glass. "What did you do this



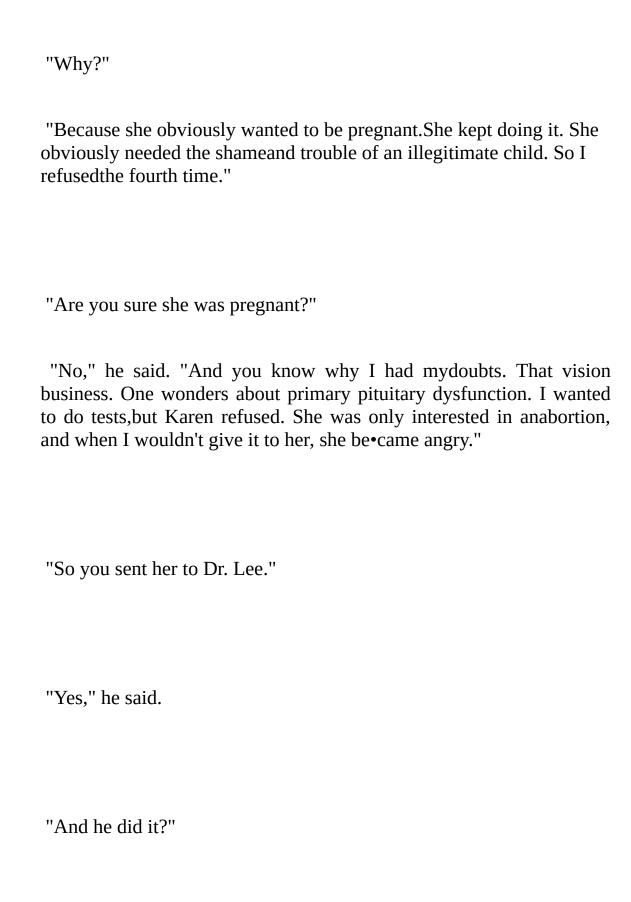


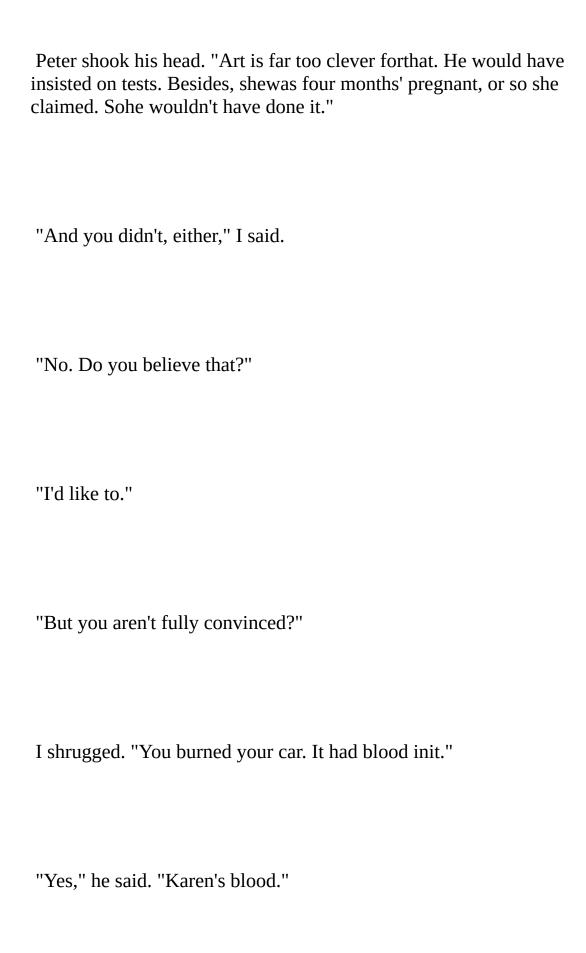


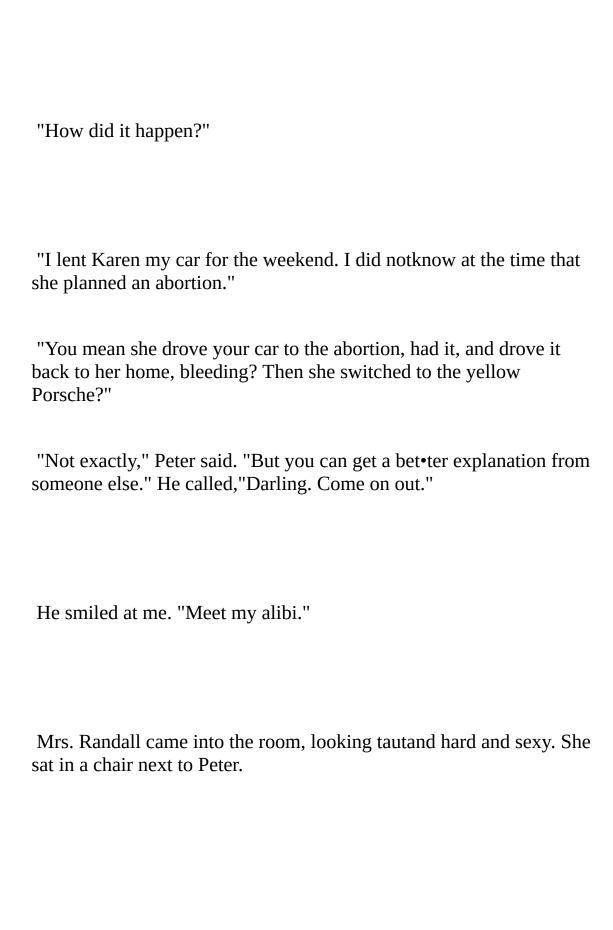
"When she was fifteen." He sighed. "You see, I'vemade some mistakes. One of them was trying tolook after Karen. Her father was ignoring her, andI was . . . fond of her. She was a sweet girl. Lostand confused, but sweet. So I did her first abortion,as I have done abortions for other patients fromtime to time. Does that shock you?"

"No."

"Good. But the trouble was that Karen kept get•ting pregnant. Three times in three years; for a girlof that age, it wasn't wise. It was pathological. So Ifinally decided that she ought to bear the fourthchild."







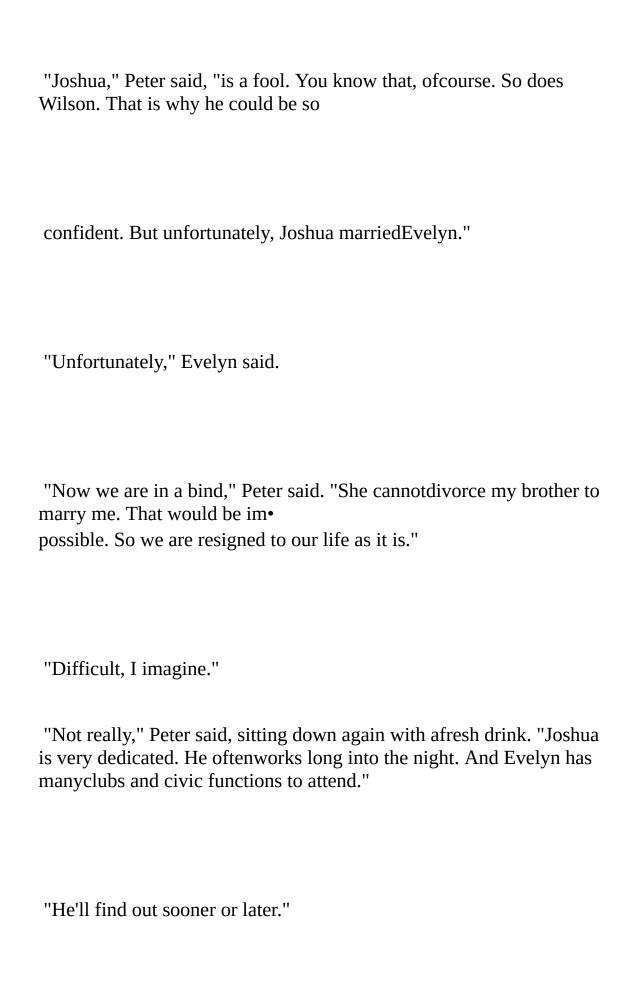
"You see," Peter said, "what a bind I am in."

I said, "Sunday night?"

"I am afraid so."

"That's embarrassing," I said, "but also conve•nient."
"In a sense," Randall said. He patted her handand lifted himself heavily out of the chair. "I don't call it either embarrassing or convenient."
"You were with her all night Sunday?"
He poured himself another Scotch. "Yes."
"Doing what?"
"Doing," Peter said, "what I would rather not ex•plain under oath."
"With your brother's wife?" I said.

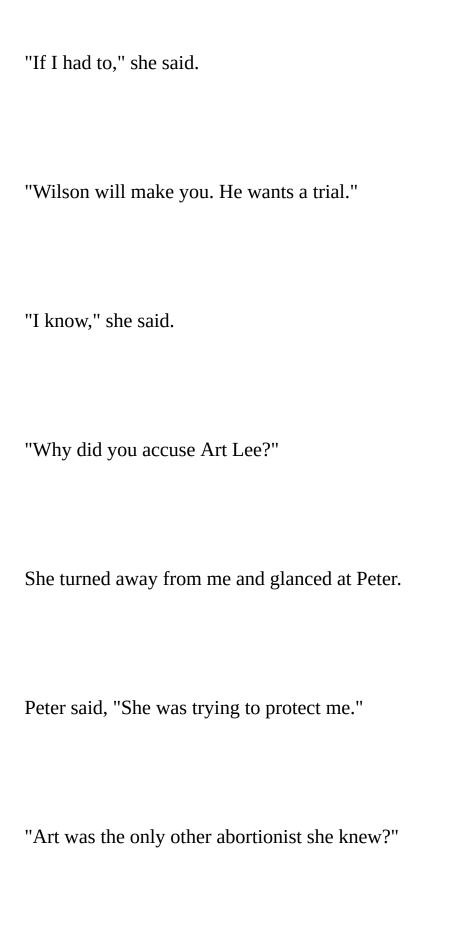
He winked at Mrs. Randall. "Are you my broth•er's wife?"
"I've heard a rumor," she said, "but I don't believeit."
"You see, I'm letting you into some quite privatefamily affairs," Peter said.
"They are family affairs, if nothing else."
"You're indignant?"
"No," I said. "Fascinated."

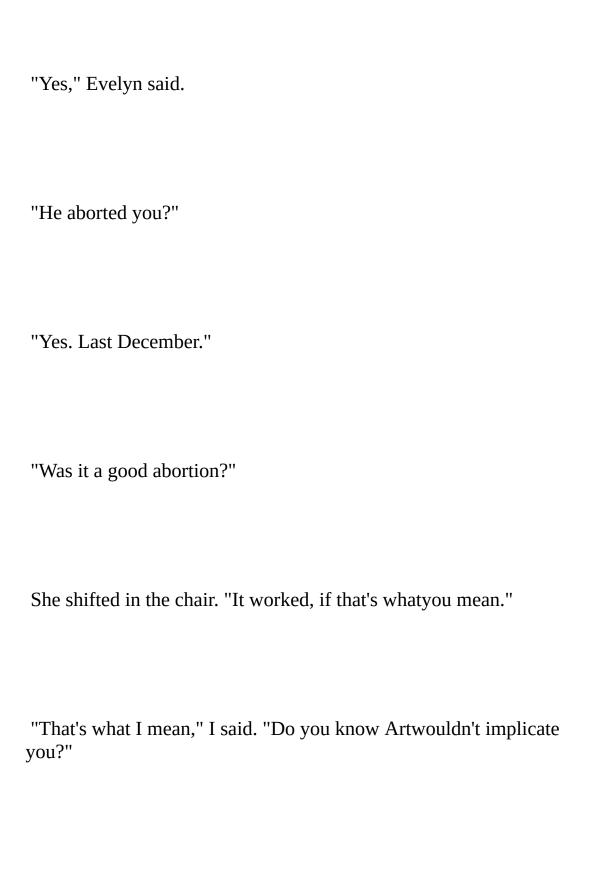


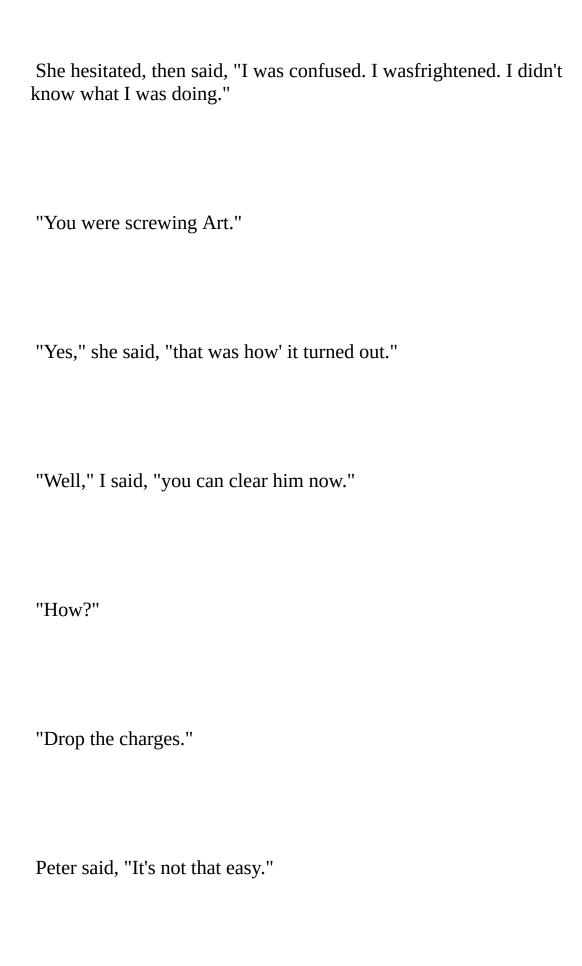
"He already knows," Peter said.

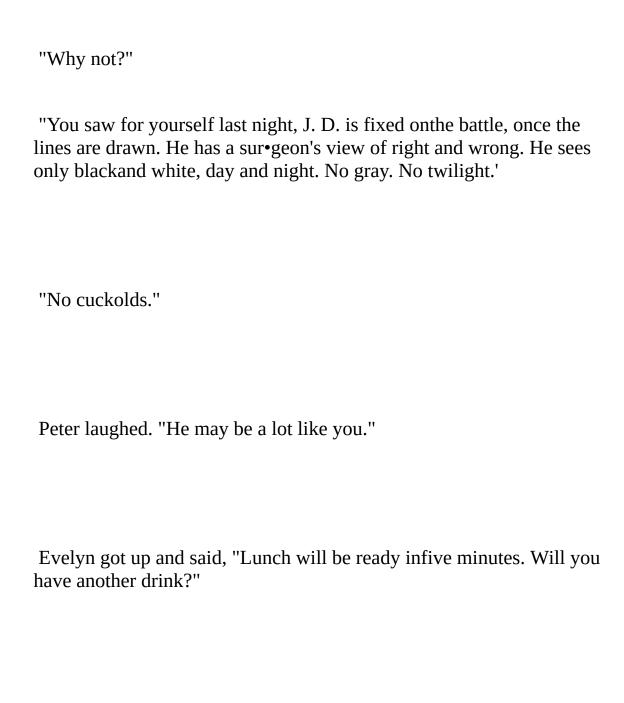
I must have reacted, because he said quickly,"Not consciously, of course. J. D. knows nothing consciously. But in the back of his mind, he realizesthat he has a young wife whom he neglects andwho is finding . . . satisfaction elsewhere."

I turned to Mrs. Randall, "Would you swear Pe•ter was with you Sunday night?"









"Yes," I said, looking at Peter, "I'd better."

When Evelyn had gone, Peter said, "You see meas a cruel and heartless beast. Actually I'm not. There has been a long chain of errors here, a longlist of mistakes. I would like to see it cleaned up—"

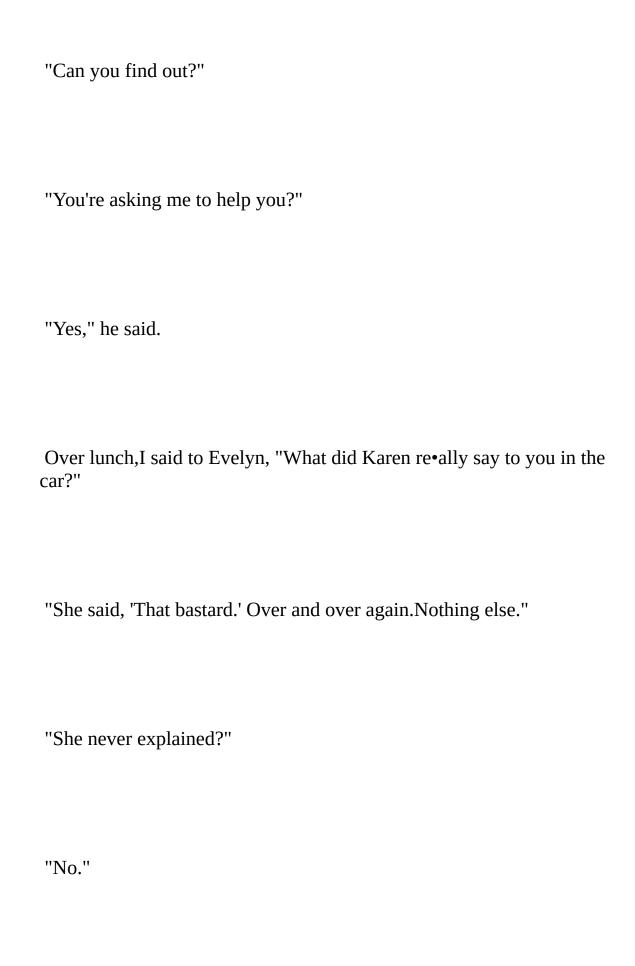
"With no harm done."

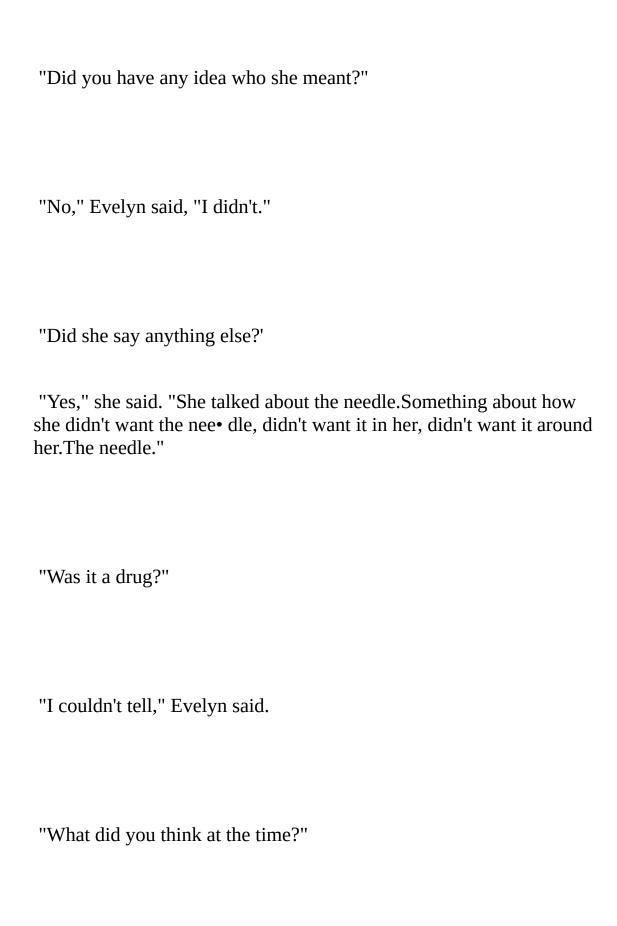
"More or less. Unfortunately my brother is nohelp. Once his wife accused Dr. Lee, he took it as gospel truth. He pounced upon it as truth the waya man grasps a life preserver. He will never relent."

"Go on," I said.

"But the central fact remains. I insist—and youcan believe it or not—that I did not do the abor•tion. You are equally certain that Dr. Lee did not doit. Who is left?"

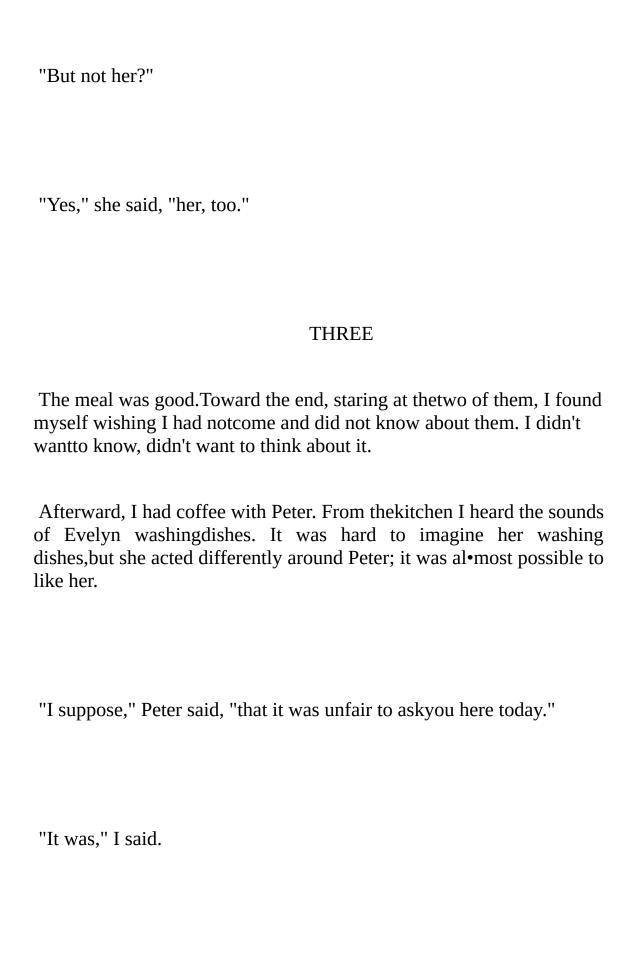
"I don't know," I said.





"I didn't think anything," Evelyn said. "I was driv•ing her to the hospital and she was dying right be•fore my eyes. I was worried that Peter might havedone it, even though I didn't think he had. I was

worried that Joshua would find out. I was worriedabout a lot of things."



He sighed and straightened	his tie down his	s mas•sive belly.	"I've never
been in this kind of situatior	n before."		

"How's that?"

"Caught," he said.

I thought to myself that he had done it to him•self, going in with both eyes wide open. I tried toresent him for that but could not quite manage it.

"The terrible thing," he said, "is to think backand wonder what you'd do differently. I keep doing that. And I never find the point I'm looking for, thatone crucial point in time where I made the wrongturn in the maze. Getting involved with Ev, I sup•pose. But I'd do that again. Getting involved withKaren. But I'd do that again, too. Each individualthing was all right. It was the combination. . . ."

I said, "Get J. D. to drop the charges."

He shook his head. "My brother and I," he said, "have never gotten along. For as long as I can remember. We are different in every way, evenphysically. We think differently, we act differently. When I was young I used to resent the fact that hewas my brother, and I secretly

suspected that hewas not, that he had been adopted or something. Isuppose he thought the same thing."
He finished his coffee and rested his chin on hischest. "Ev has tried to convince J. D. to drop char•ges," he said. "But he's firm, and she can't really—"
"Think of an excuse?"
"Yes."
"It's too bad she ever named Lee in the first place."
'Yes," he said. "But what's done is done."

He walked with me to the door. I stepped out•side into a gray, pale sunlight. As I went down tomy car, he said, "If you don't want to get involved,I'll understand."

I looked back at him. "You knew damned well I'dhave no choice."

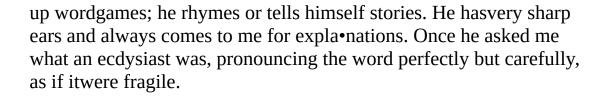
"I didn't," he said. "But I was hoping."

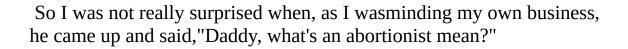
when Igot into my car,I wondered what I woulddo next. I had no idea, no leads, nothing. PerhapsI could call Zenner again and see if he could re•member more of his conversation. Perhaps I couldvisit Ginnie at Smith, or Angela and Bubbles, andsee if they remembered more. But I doubted theywould.

I reached into my pocket for the keys and feltsomething. I brought it out: a picture of a Negro ina shiny suit. Roman Jones.

I had forgotten all about Roman. Somewherealong the line he had disappeared in the rush, thestream of faces. I stared at the picture for a longtime, trying to read the features, to measure theman. It was impossible; the pose was standard, thecocky look of a silver-suited stud, swaggering, halfgrinning, half leering. It was a pose for the crowds, and it told me nothing at all.

I am not good with words, and it has always beensurprising to me that my son, Johnny, is. When heis alone, he plays with his toys and makes





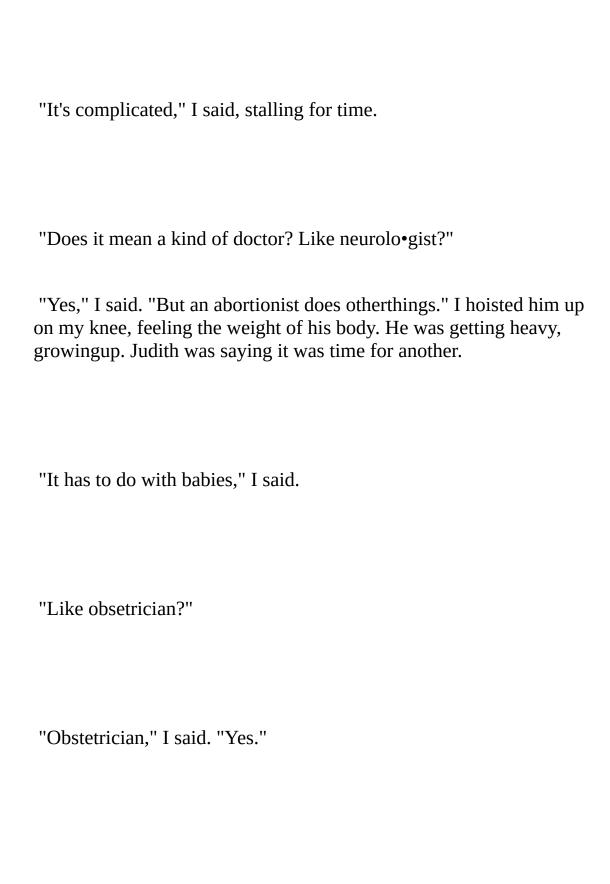
"Why?"

"One of the policemen said Uncle Art was anabortionist. Is that bad?"

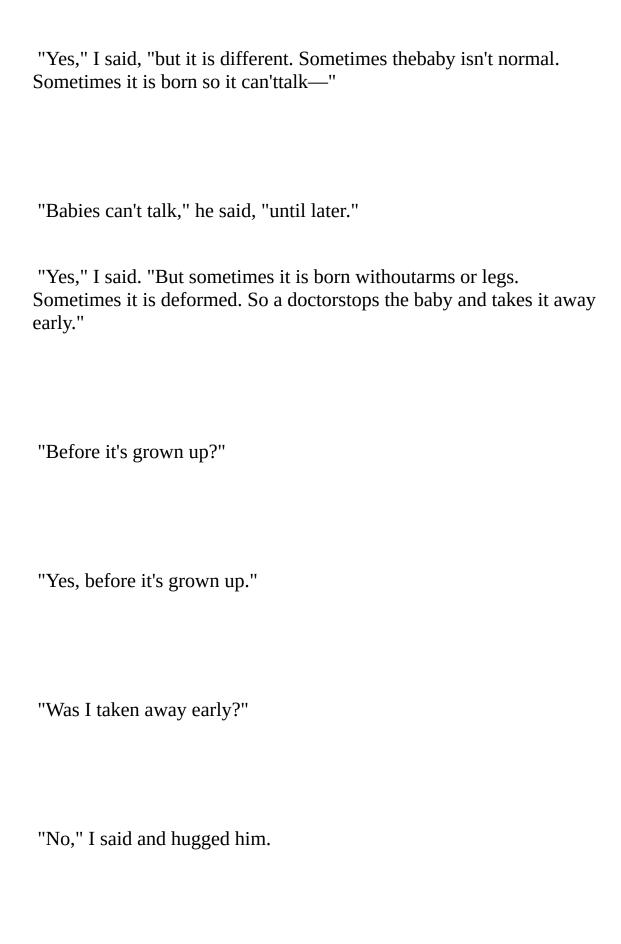
"Sometimes," I said.

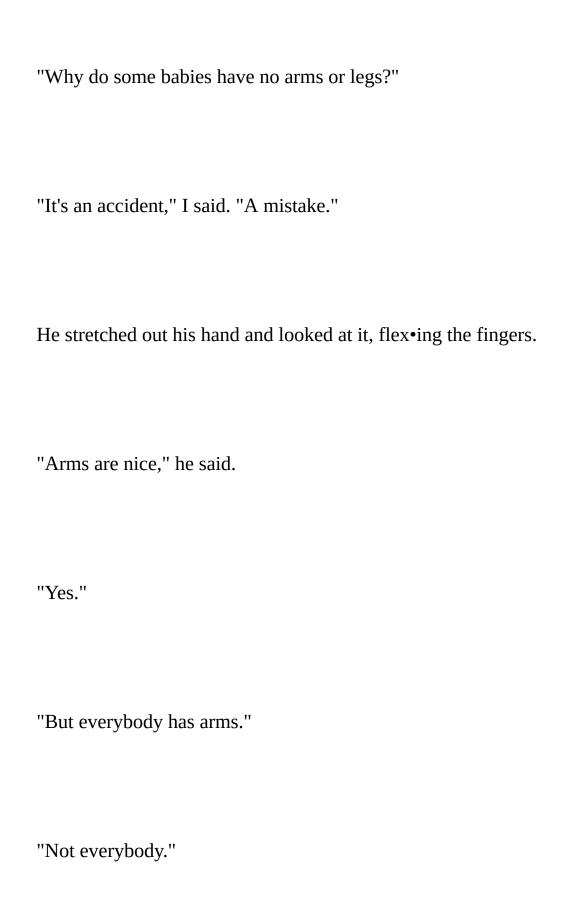
He leaned against my knee, propping his chin onit. He has large brown eyes; Judith's eyes.

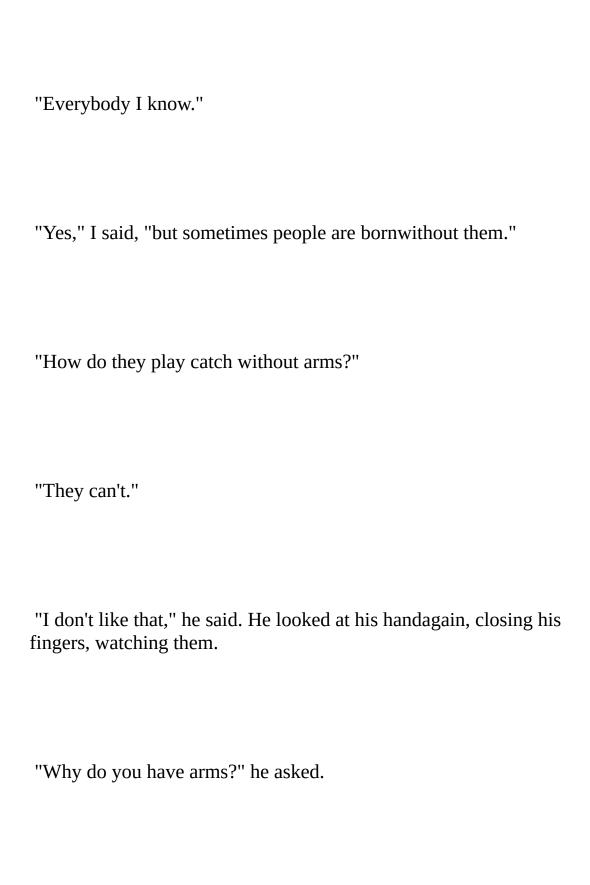
[&]quot;But what's it mean, Daddy?"

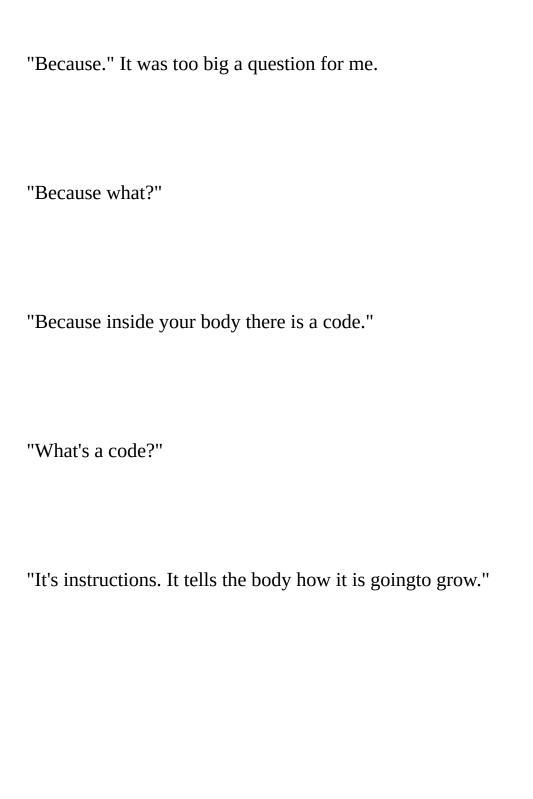


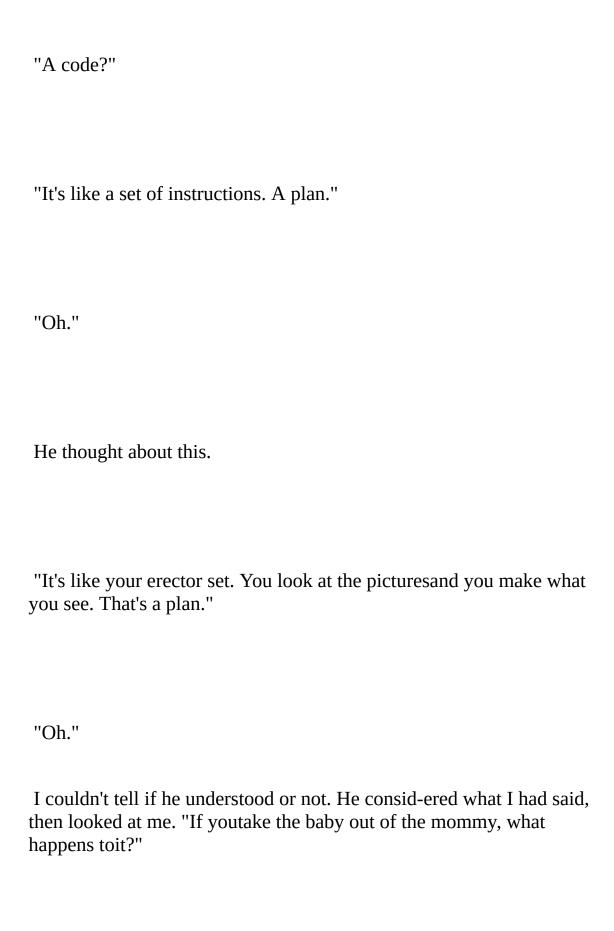
"He takes the baby out of the mommy?"











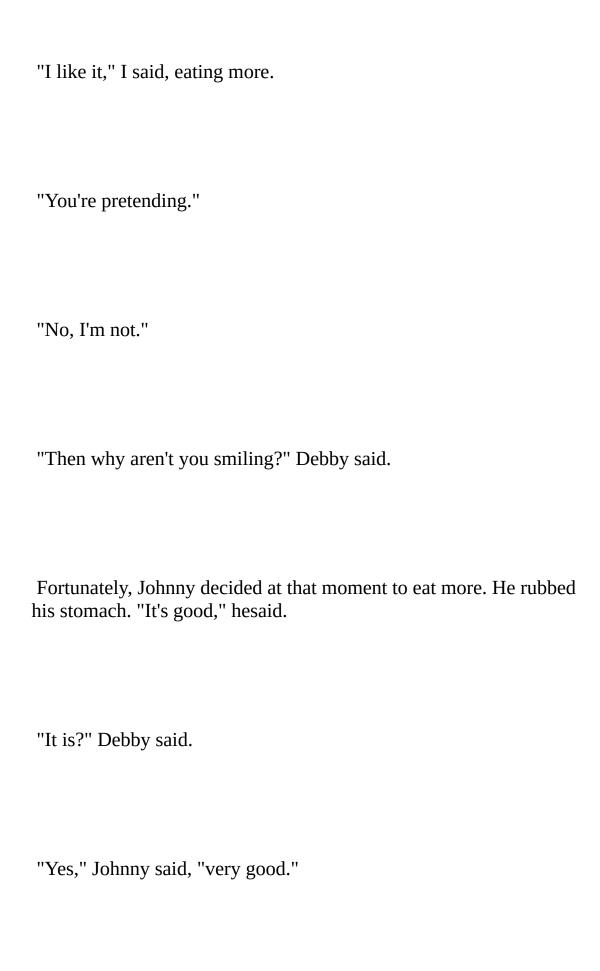


JUDITH SAID, "YOU'RE NOT EATING." I pushed my food away. "I'm not very hungry." Judith turned to Johnny and said, "Clean yourplate, Johnny." He held the fork in a small, tight fist. "I'm nothungry," he said and glanced at me. "Sure you are," I said. "No," he said, "I'm not."

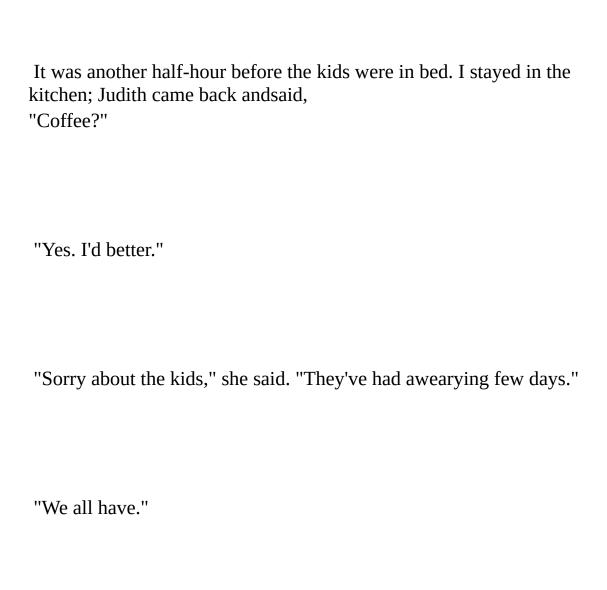
Debby, who was barely big enough to see overthe table, threw her knife and fork down. "I'm nothungry either," she said. "The food tastes icky."

"I think it tastes very good," I said and dutifullyate a mouthful. The kids looked at me suspiciously. Especially Debby: at three, she was a very level•headed little girl.

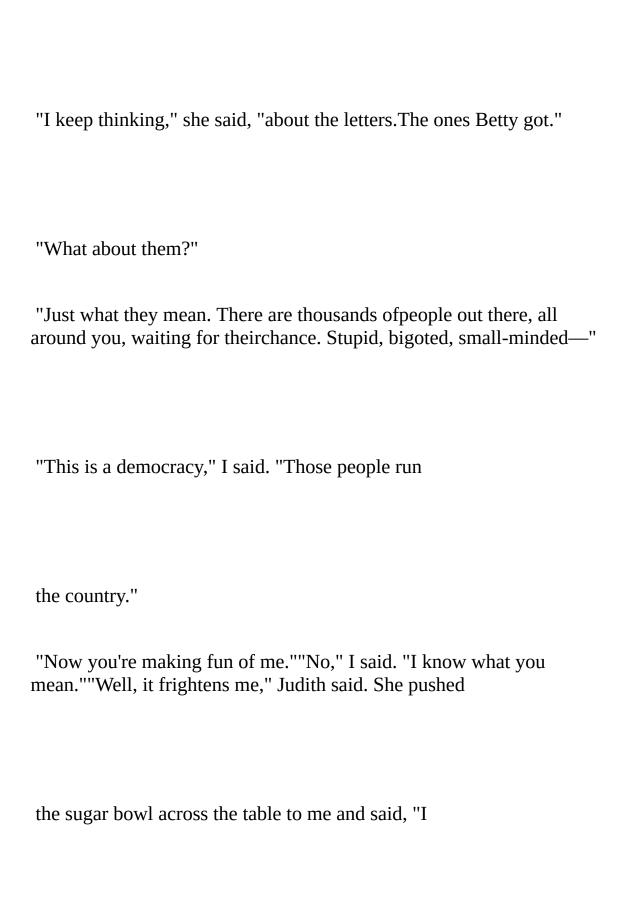
"You just want us to eat, Daddy."



Debby nibbled. She was very tentative. She tookanother forkful, and
as she moved it to her mouth, she spilled it on her dress. Then, like a
normalwoman, she got mad at everyone around her. Sheannounced
that it was terrible and she didn't like it;she wouldn't eat any more.
Judith began to call her"Young lady," a sure sign that Judith was
gettingmad. Debby backed off while Johnny continued toeat until he
held up his plate and showed it to usproudly: clean.



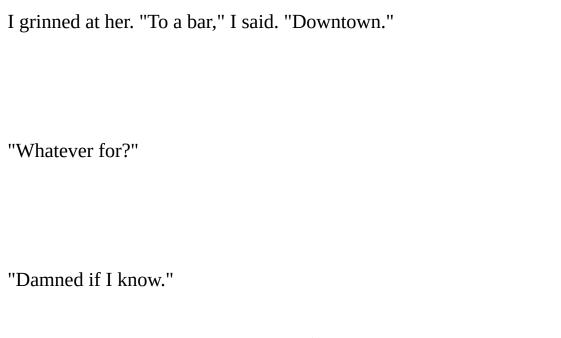
She poured the coffee and sat down across thetable from me.



think I want to leave Boston. And never come

back.""It's the same everywhere," I said. "You might aswell get used to it."

Ikilled two hours in my study, looking over oldtexts and journal articles. I also did a lot of think•ing. I tried to put it together, to match up KarenRandall, and Superhead, and Alan Zenner, andBubbles and Angela. I tried to make sense of Wes-ton, but in the end nothing made sense.
Judith came in and said, "It's nine."
I got up and put on my suit jacket.
"Are you going out?"
"Yes."
"Where?"



The Electric Grape was located just off Washing•ton Street. From the outside it was unimpressive,an old brick building with large windows. The win•dows were covered with paper, making it impossibleto see inside. On the paper was written: "The Zeph-

yrs Nightly. Go-Go Girls." I could hear jarring rock-'n'-roll sounds as I approached.

It was tenp.m. Thursday night, a slow night. Veryfew sailors, a couple of hookers, down the block, standing with their weight on one hip, their pelvisesthrust outward. One cruised by in a little sports carand batted her mascara at me. I entered the build•ing.

It was hot, damp, smelly, animal heat, and the sound was deafening: vibrating the walls, filling theair, making it thick and liquid. My ears began toring. I paused to allow my eyes to adjust to the darkness of the room. There were cheap woodentables in the center booths along one wall, and abar along another. A tiny dance floor near the band stand;

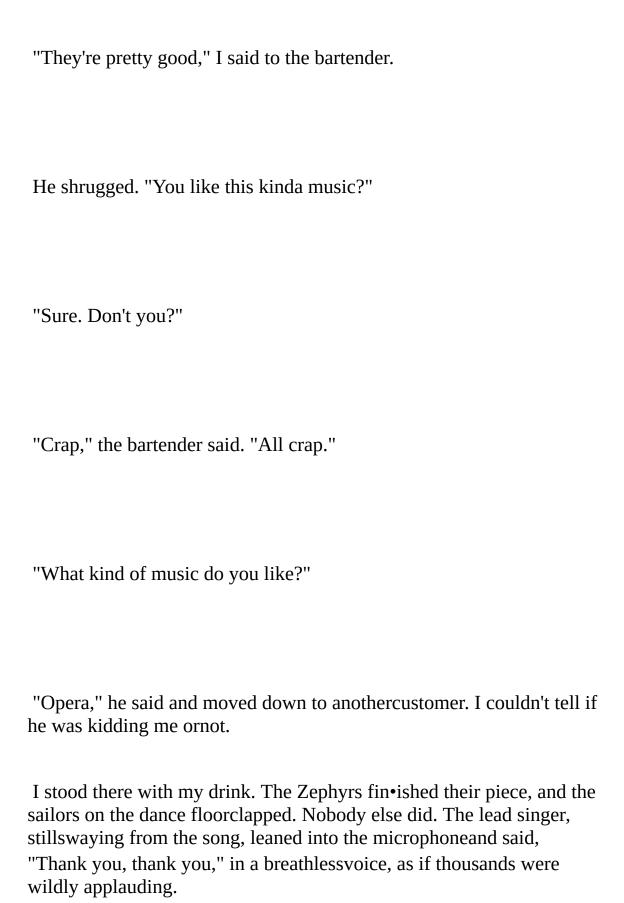
two sailors were dancing with two fat, dirty-looking girls. Otherwise the place was empty.

On stage, the Zephyrs were beating it out. Fiveof them—three steel guitars, a drummer, and asinger who caressed the microphone and wrappedhis legs around it. They were making a lot of noise,but their faces were oddly bland, as if they werewaiting for something, killing time by playing.

Two discotheque girls were stationed on eitherside of the band. They wore brief costumes, bikiniswith fringes. One was chubby and one had a beau•tiful face on a graceless body. Their skins were chalky-white under the lights.

I stepped to the bar and ordered straight Scotchon the rocks. That way, I'd get Scotch and water, which was what I wanted.

I paid for my drink and turned to watch the group. Roman was one of the guitarists, a wiry mus•cular man in his late twenties, with a thick head of curly black hair. The grease shone in the pink stagelights. He stared down at his fingers as he played.



Then he said, "For our next song we want to doan old Chuck Berry piece."

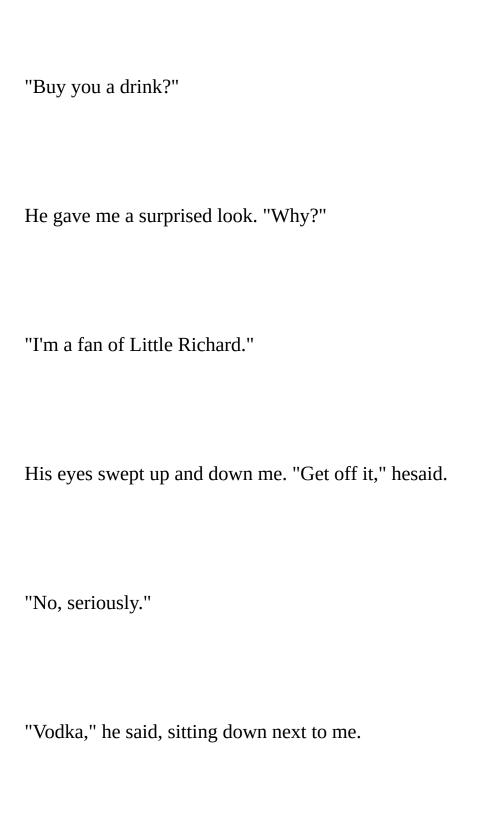
It turned out to be "Long Tall Sally." Really old. Old enough for me to know it was a Little Richard song, not Chuck Berry. Old enough for me to re•member from the days before my marriage, when Itook girls to places like this for a wild evening, fromthe days when Negroes were sort of amusing, notpeople at all, just a musical sideshow. The dayswhen white boys could go to the Apollo in Harlem.

The old days.

They played the song well, loud and fast. Judithloathes rock 'n' roll, which is sad; I've always kepta taste for it. But it wasn't fashionable when ourgeneration was growing up. It was crude and lowerclass. The deb set was still fixed on Lester Laninand Eddie Davis, and Leonard Bernstein hadn'tlearned the twist yet.

Times change.

Finally the Zephyrs finished. They hooked a rec•ord player to their amplifiers and started the rec•ords going. Then they climbed down off the stage and headed for the bar. As Roman walked towardme, I came up to him and touched his arm.



I ordered a vodka. It came, and he gulped itdown quickly.

"We'll just have another," he said, "and then wecan go talk about Little Richard, right?"

"O.K.," I said.

He got another vodka and carried it to a tableacross the room. I followed him. His silver suitshimmered in the near darkness. We sat down, andhe looked at the drink and said, "Let's see the silver plate."

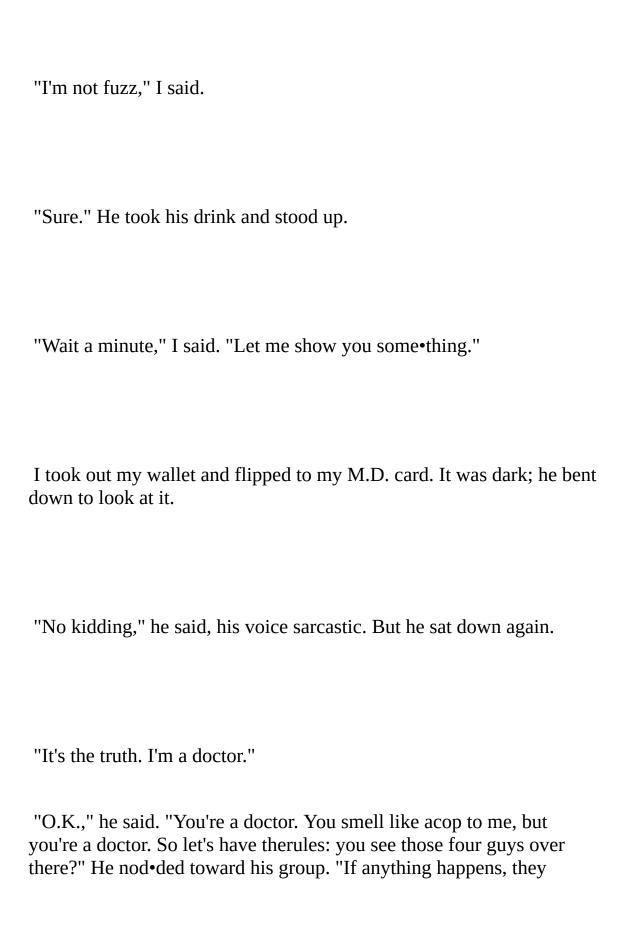
"What?"

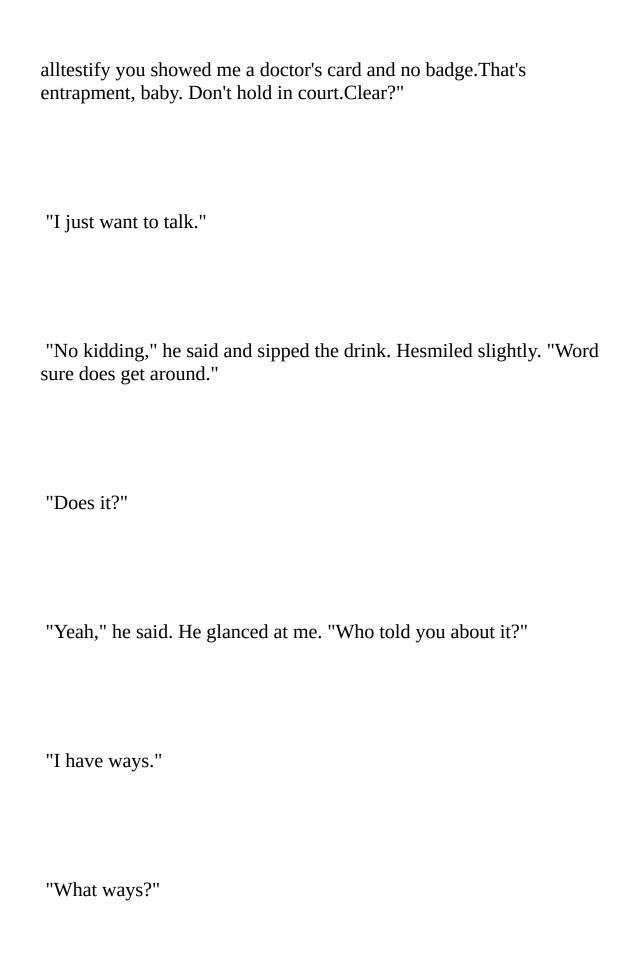
He gave me a pained look. "The badge, baby. The

little pin. I don't do nothing unless you got thebadge."

I must have looked puzzled.

"Christ," he said, "when they gonna get somebright fuzz?"



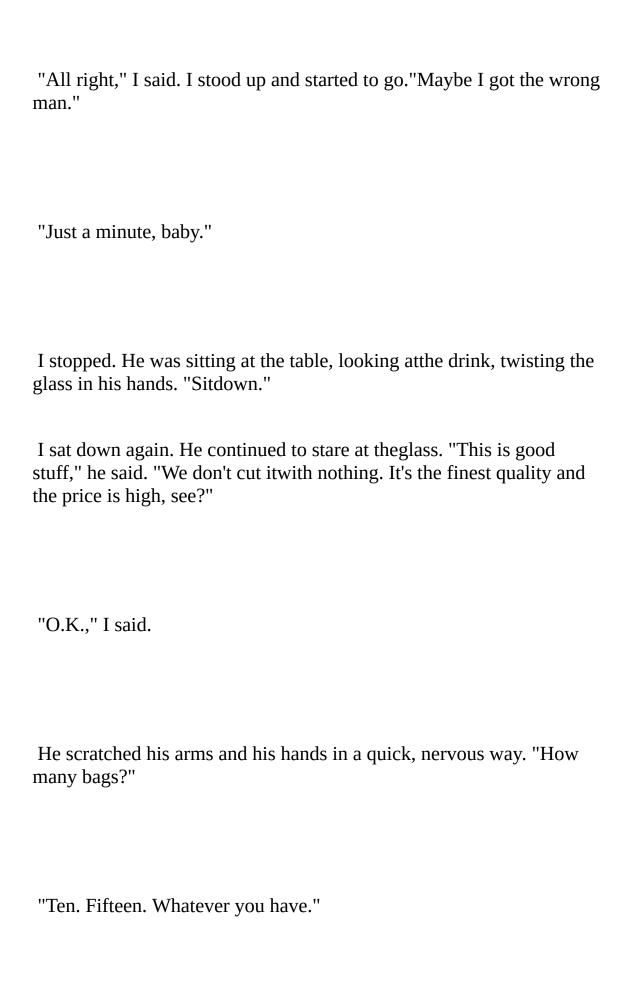


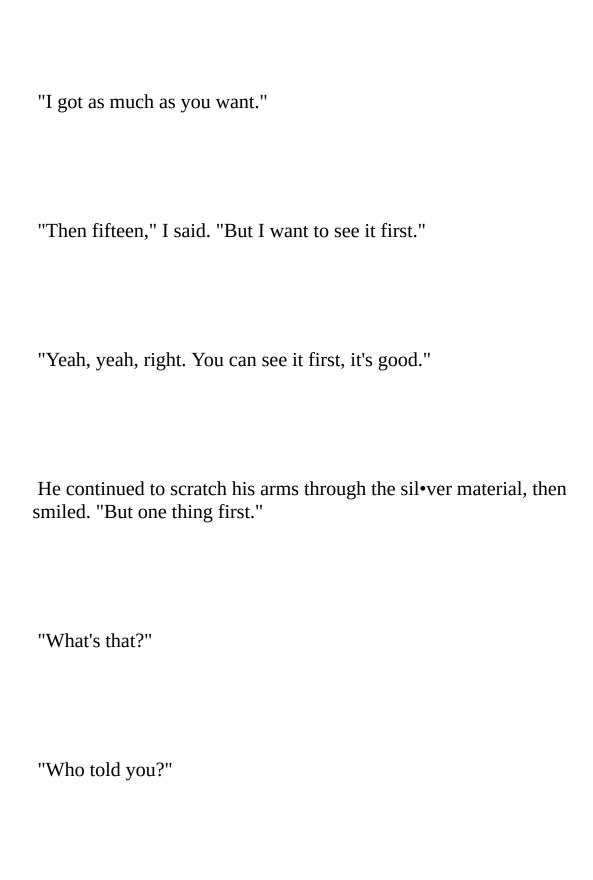
I shrugged. "Just . . . ways."

"Who wants it?"

"I do."

He laughed. "You? Get serious, man. You don'twant nothing."





I hesitated. "Angela Harding," I said.

He seemed puzzled by this. I could not decidewhether I had said something wrong. He shifted inhis chair, as if making up his mind, then said, "Shea friend of yours?"

"Sort of."

"When did you see her last?"

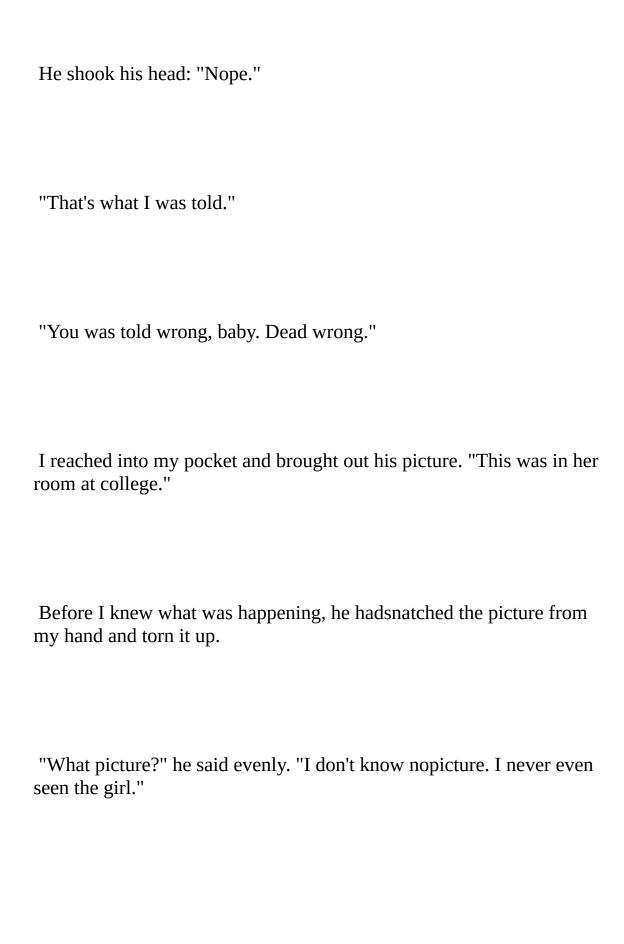
"Yesterday," I said.

He nodded slowly. "The door," he said, "is overthere. I'll give you thirty seconds to get out of herebefore

I tear you to pieces. You hear me, cop?Thirty seconds."

I said, "All right, it wasn't Angela. It was a friendof hers."

"Who's that?"
"Karen Randall."
"Never heard of her."
"I understand you knew her quite well."

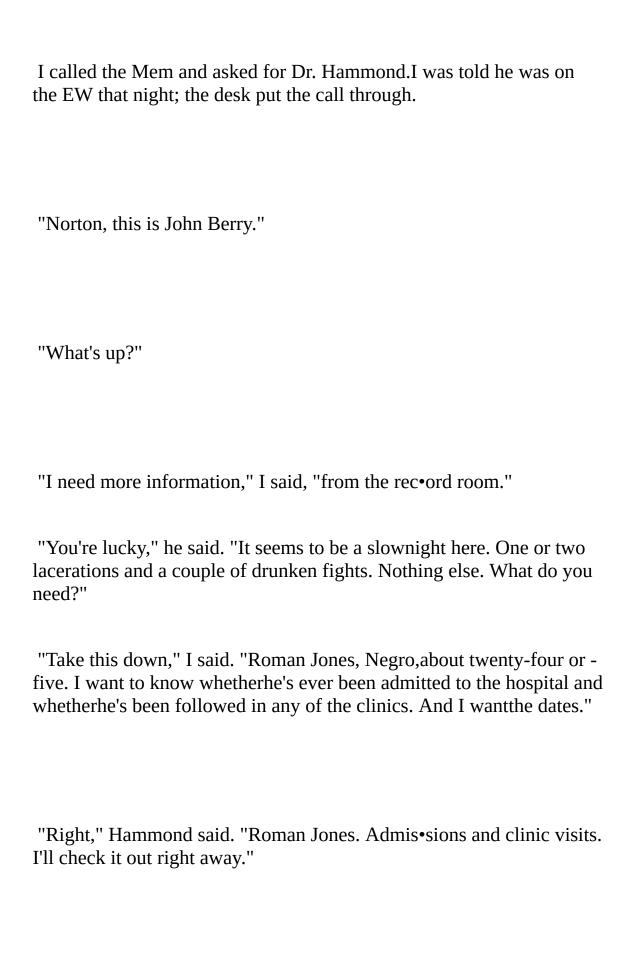




"Thiopental."	
"Never heard of it. Now beat it," he said, "before one of those nice fellas at the bar picks a fight withyou and beats your head in."	
1 walked out. It was cold; a light rain had startedagain. I looked toward Washington Street and the bright lights of the other rock-'n'-roll joints, stripjoints, clip joints: I waited thirty seconds, thenwent back.	
My glasses were still on the table. I picked themup and turned to leave, my eyes sweeping theroom.	
Roman was in the corner, talking on a pay phone.	
That was all I wanted to know.	
FOUR	
Around the cornerat the end of the block was astand-up, self-service greasy spoon. Hamburgerstwenty cents. It had a large glass window in	

front.Inside I saw a few teen-age girls giggling as theyate, and one or two morose derelicts in tattered

overcoats that reached almost to their shoes. At one side, three sailors were laughing and slapping each other on the back, reliving some conquest or plan•ning the next. A telephone was in the back.



"You going to call back?"

"No. I'll drop by the EW later."

That, as it turned out, was the understatement of the year.

When Ifinished the callI was feeling hungry, soI got a hot dog and coffee. Never a hamburger in aplace like this. For one thing, they often use horse-meat or rabbit or entrails or anything else they can

grind up. For another, there's usually enough path•ogens to infect an army. Take trichinosis—Bostonhas six times the national rate of infection fromthat. You can't be too careful.

I have a friend who's a bacteriologist. He spends his whole time running a hospital lab where theyculture out organisms that have infected the pa• tients. By now this guy is so worked up that hepractically never goes out to dinner, even to Jo• seph's or Locke-Ober. Never eats a steak unless it'swell done. He really worries. I've been to dinnerwith him, and it's terrible—he sweats all throughthe

main course. You can see him imagining ablood agar petri dish, with those little colonies streaked out. Every bite he takes, he sees those col•onies. Staph. Strep. Gram negative bacilli. His life is ruined.

Anyway, hot dogs are safer—not much, but some—so I had one and took it over to the stand-up counter with my coffee. I ate looking out the win•dow at the crowd passing by.

Roman came to mind. I didn't like what he'd toldme. Clearly, he was selling stuff, probably strongstuff. Marijuana was too easy to get. LSD was nolonger being made by Sandoz, but lysergic acid, the precursor, is produced by the ton in Italy, and any college kid can convert it if he steals a few reagents and flasks from his chem lab. Psilocybin and DMTare even easier to make.

Probably Roman was dealing in opiates, mor•phine or heroin. That complicated matters a great

deal—particularly in view of his reaction to men•tion of Angela Harding and Karen Randall. I wasn'tsure

what the connection was but I felt, somehow,that I'd find out very soon.

I finished the hot dog and drank my coffee. As Ilooked out the window, I saw Roman hurry by. Hedid not see me. He was looking forward, his faceintent and worried.

I gulped the rest of my coffee and followed him.

[Ed note: the three-step synthesis of lysergic acid diethylamine (LSD) from common precursors has been omitted from thismanuscript.]

FIVE

I LET HIM GET HALF A BLOCK AHEAD OF ME. He washurrying through the crowds, pushing and shoving. I kept him in sight as he walked toward StuartStreet. There he turned left and headed for the ex•pressway. I followed him. This end of Stuart wasdeserted; I dropped back and lit a cigarette. Ipulled my raincoat tighter and wished I had a hat. If he looked back over his shoulder, he would cer•tainly recognize me.

Roman walked one block, then turned left again. He was doubling back. I didn't understand, **but** Iplayed it more cautiously. He was walking in a quick, jerky way, the movements of a frightened man.

We were on Harvey Street now. There were acouple of Chinese restaurants here. I paused tolook at the menu in one window. Roman was notlooking back. He went another block, then turnedright.

I followed.

South of the Boston Commons, the character of the town changes abruptly. Along the Commons, on Tremont Street, there are elegant shops and high-class theaters. Washington Street is one block over, and it's a little sleazier: there are bars and tarts and nude movie houses. A block over from that, thingsget even tougher. Then there's a block of Chineserestaurants, and that's it. From then on, you're inthe wholesale district. Clothes mostly.

That's where we were now.

The stores were dark. Bolts of cloth stood upright in the windows. There were large corrugated doors where the trucks pulled up to load and unload. Sev•eral little dry-goods stores. A theatrical supply shop, with costumes in the window—chorus girl stock•ings, an old military uniform, several wigs. A base•ment pool hall, from which came the soft clicking balls.

The streets were wet and dark. We were quitealone. Roman walked quickly for another block, then he stopped.

I pulled into a doorway and waited. He looked

back for a moment and kept going. I was right afterhim.

Several times, he doubled back on his own path, and he frequently stopped to check behind him. Once a car drove by, tires hissing on the wet pave•ment. Roman jumped into a shadow, then steppedout when the car had gone.

He was nervous, all right.

I followed him for perhaps fifteen minutes. I couldn't decide whether he was being cautious or just killing time. He stopped several times to lookat something he held in his hand—perhaps awatch, perhaps something else. I couldn't be sure.

Eventually he headed north, skirting along sidestreets, working his way around the Commons andthe

State House. It took me awhile to realize thathe was heading for Beacon Hill.

Another ten minutes passed, and I must havegotten careless, because I lost him. He dartedaround a corner, and when I turned it momentslater, he was gone: the street was deserted. Istopped to listen for footsteps, but heard nothing. Ibegan to worry and hurried forward.

Then it happened.

Something heavy and damp and cold struck myhead, and I felt a cool, sharp pain over my fore•head, and then a strong punch to my stomach. Ifell to the pavement and the world began to spinsickeningly. I heard a shout, and footsteps, andthen nothing.

IT WAS ONE OF THOSE PECULIAR VIEWS YOU HAVE, likea dream where everything is distorted. The build•ings were black and very high, towering above me,threatening to collapse. They seemed to rise for•ever. I felt cold and soaked through, and rain spat•tered my face. I lifted my head up from thepavement and saw that it was all red.

I pulled up on one elbow. Blood dripped downonto my raincoat. I looked stupidly down at the red pavement. Hell of a lot of blood. Mine?

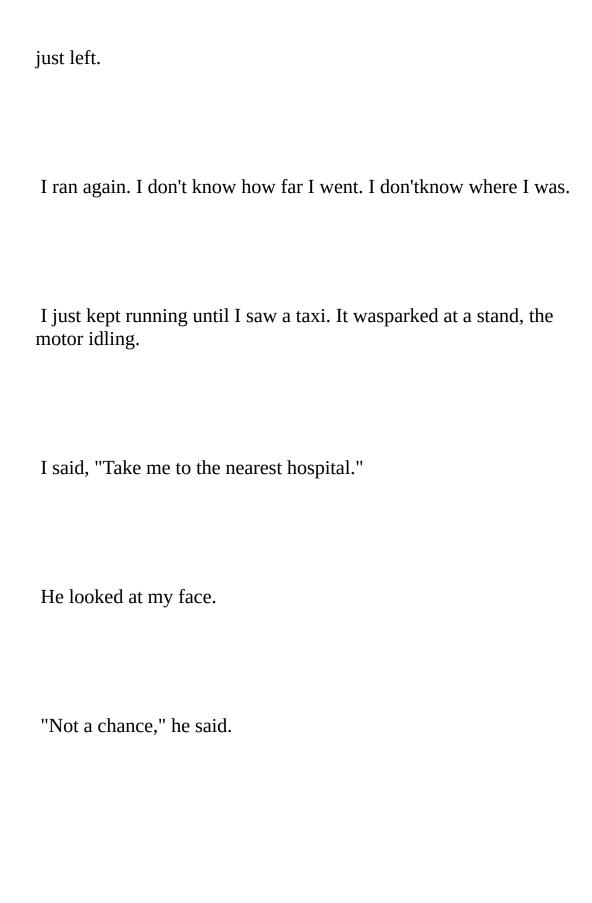
My stomach churned and I vomited on the side•walk. I was dizzy and the world turned green for awhile.

Finally, I forced myself to get to my knees.

In the distance, I heard sirens. Far off but gettingcloser. I stood shakily and leaned on an automobile parked by the curb. I didn't know where I was; the street was dark and silent. I looked at the bloody sidewalk and wondered what to do.

The sirens were coming closer.

Stumbling, I ran around the corner, then stoppedto catch my breath. The sirens were very close now;a blue light flashed on the street I had



I started to get in.

"Forget it, buddy." He pulled the door shut and drove away, leaving me standing there.

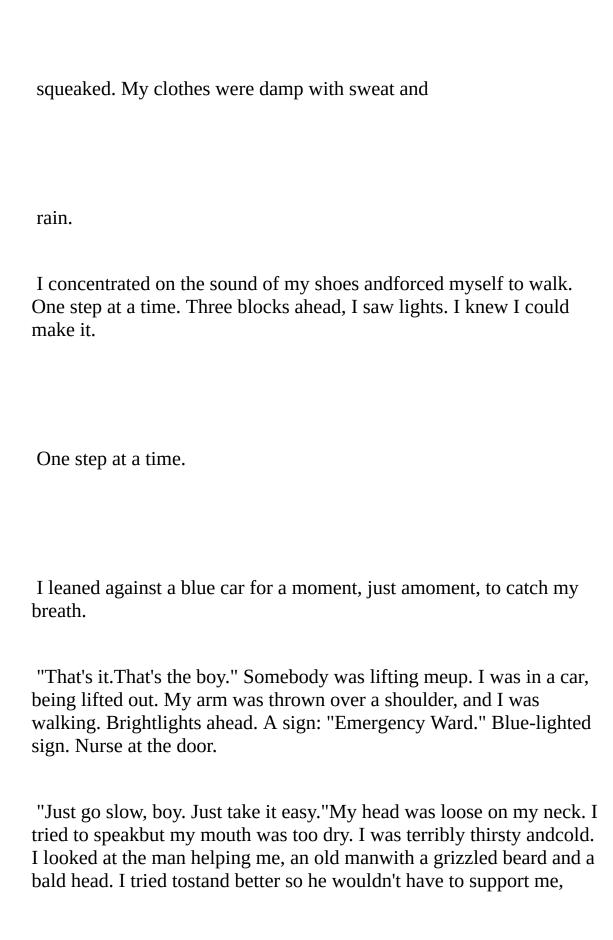
In the distance, I heard the sirens again.

A wave of dizziness swept over me. I squattedand waited for it to pass. I was sick again. Bloodwas still dripping from somewhere on my face. Lit•tle red drops spattered into the vomit.

The rain continued. I was shivering cold, but ithelped me to stay conscious. I got up and tried toget my bearings; I was somewhere south of Wash•ington Street; the nearest signpost said CurleyPlace. It didn't mean anything to me. I started walking, unsteady, pausing frequently.

I hoped I was going in the right direction. I knewI was losing blood, but I didn't know how much. Every few steps, I had to stop to lean on a car andcatch my breath. The dizziness was getting worse.

I stumbled and fell. My knees cracked into thepavement and pain shot through me. For an in•stant, it cleared my head, and I was able to getback to my feet. The shoes, soaked through,

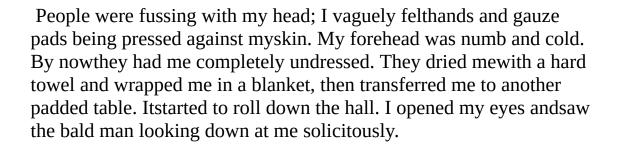


butmy knees were rubber, and I was shivering badly."Doing fine, boy. No problem at all."His voice was gruffly encouraging. The nurse came forward, floating in the pool of light near the EW door, saw me, and ran back inside. Two interns came out and each took an arm. They were strong;I felt myself lifted up until my toes were scraping through the puddles. I felt rain on the back of myneck as my head drooped forward. The bald manwas running ahead to open the door.

They helped me inside where it was warm. They

put me on a padded table and started pulling offmy clothes, but the clothes were wet and blood-soaked; they clung to my body, and finally they hadto cut them off with a scissors. It was all very dif•ficult and it took hours. I kept my eyes closed be•cause the lights overhead were painfully bright.

"Get a crit and cross-match him," said one of theinterns. "And set up a four kit with sutures in roomtwo."



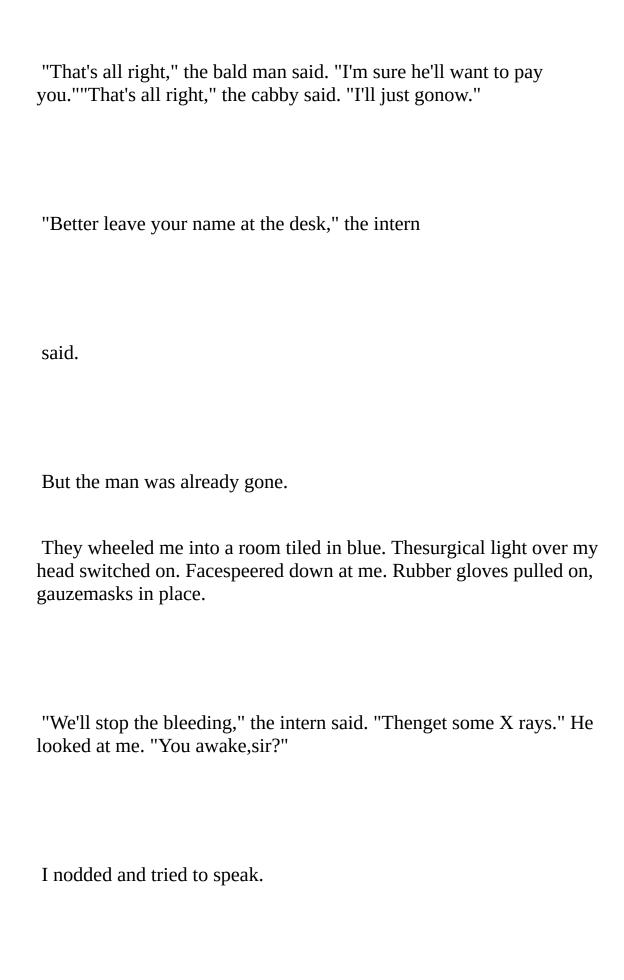
"Where'd you find him?" one of the internsasked.

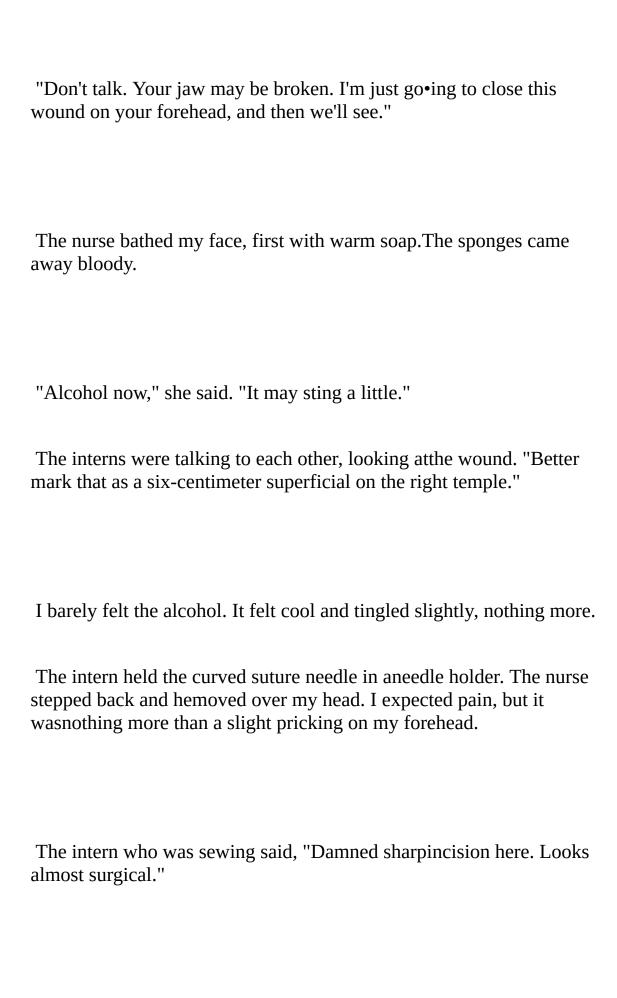
"On a car. He was lying on a car. I saw him andthought he was a drunk passed out. He was half in the street, you know, so I figured he could get runover and stopped to move him. Then I saw he was nicely dressed and all bloody. I didn't know whathappened, but he looked bad, so I brought himhere."

"You have any idea what happened?" the internasked.

"Looks beat up, if you ask me," the man said.

"He didn't have a wallet," the intern said. "Heowe you money for the fare?"





"Knife?"

"Maybe, but I doubt it."

The nurse put a tourniquet on my arm and drewblood. "Better give him tetanus toxoid as well," theintern said, still sewing. "And a shot of penicillin."He said to me, "Blink your eyes once for yes, twicefor no. Are you allergic to penicillin?"

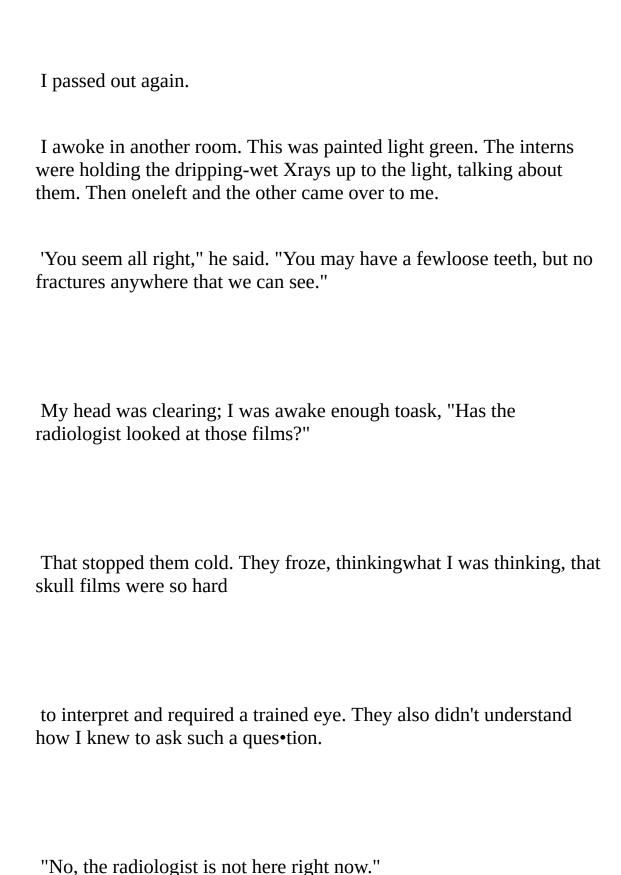
I blinked twice.

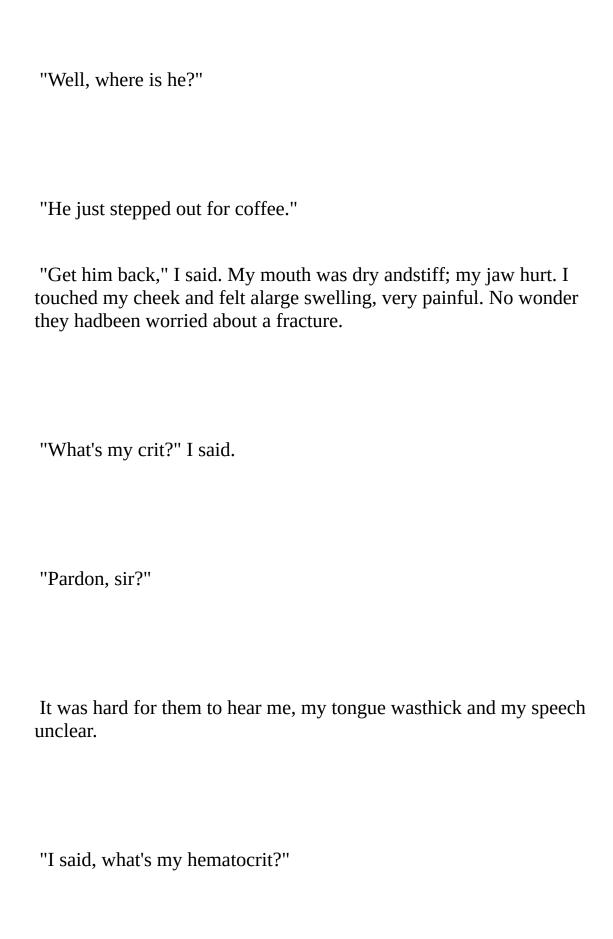
"Are you sure?"

I blinked once.

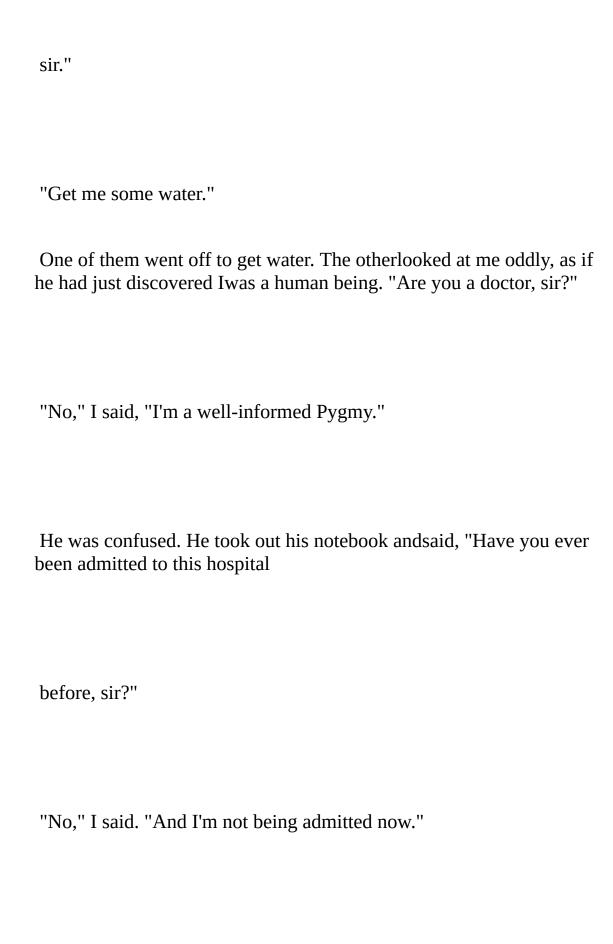
"O.K.," said the intern. He returned to his sew•ing. The nurse gave me two injections. The other intern was examining my body, saying nothing.

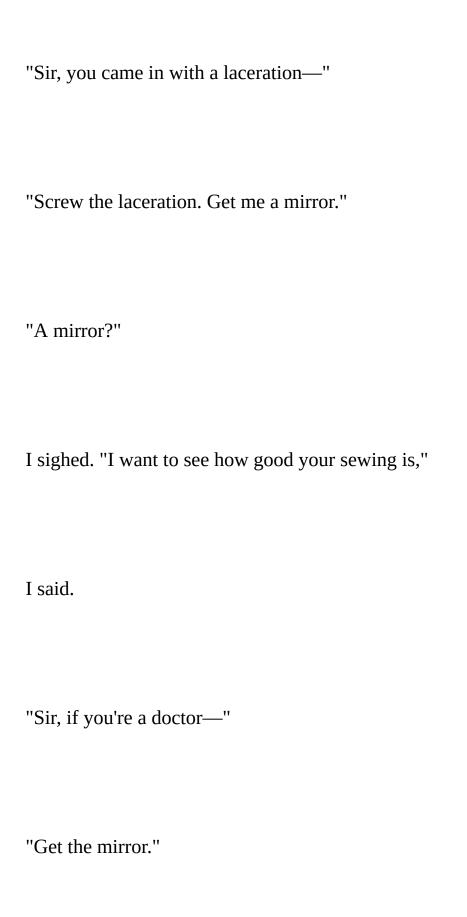
I must have passed out again. When I openedmy eyes, I saw a huge X-ray machine poised by myhead. Someone was saying, "Gently, gently," in an irritated voice.





They glanced at each other, then one said, "Forty,



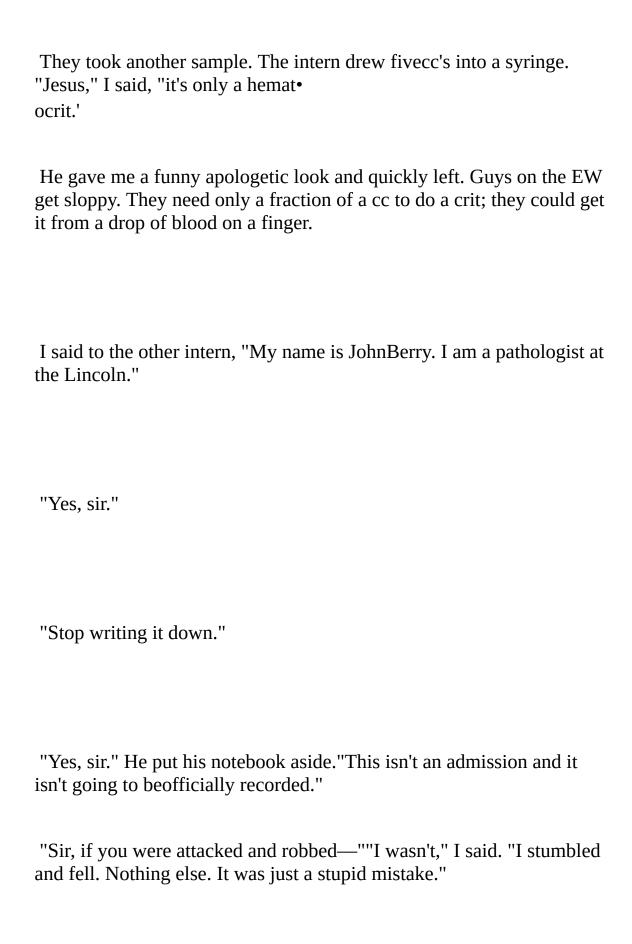


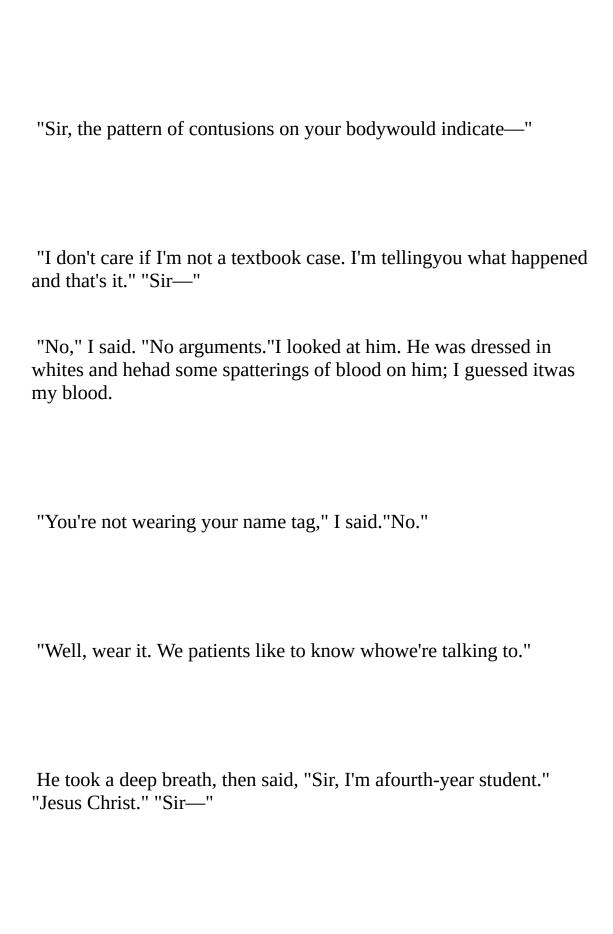
With remarkable speed, a mirror and a glass ofwater were produced. I drank the water first, quickly; it tasted marvelous.
"Better go easy on that, sir."
"A crit of forty isn't bad," I said. "And you know it." I held up the mirror and examined the cut on my forehead. I was angry with the interns, and it helpedme forget the pain and soreness in my body. I looked at the cut, which was clean and curved, sloping downfrom above one eyebrow toward my ear.
They had put about twenty stitches in.
"How long since I came in?" I said.
"An hour, sir."

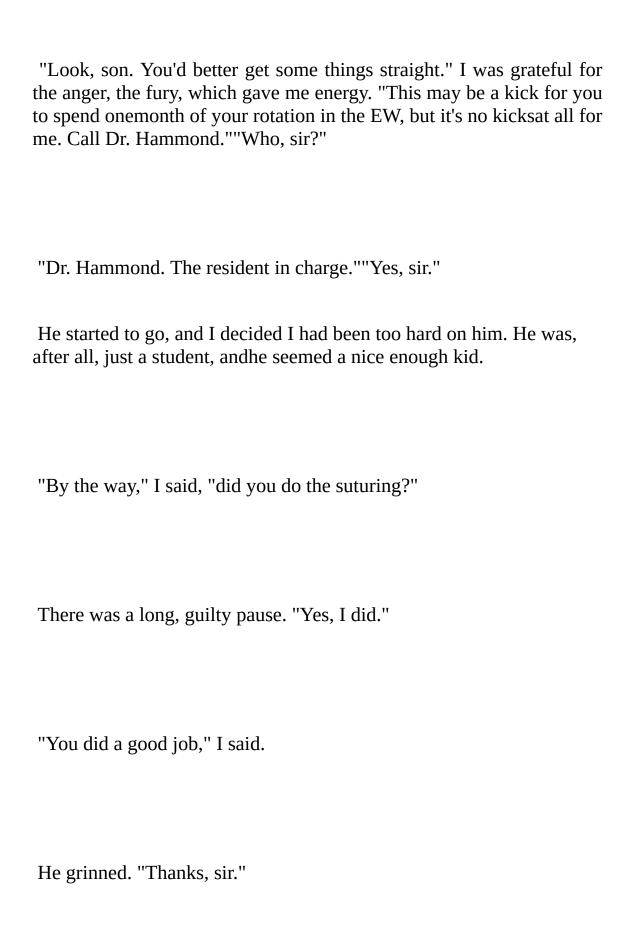
"Stop calling me sir," I said, "and do another he•matocrit. I want to know if I'm bleeding internally."

"Your pulse is only seventy-five, sir, and your skincolor—"

"Do it," I said.

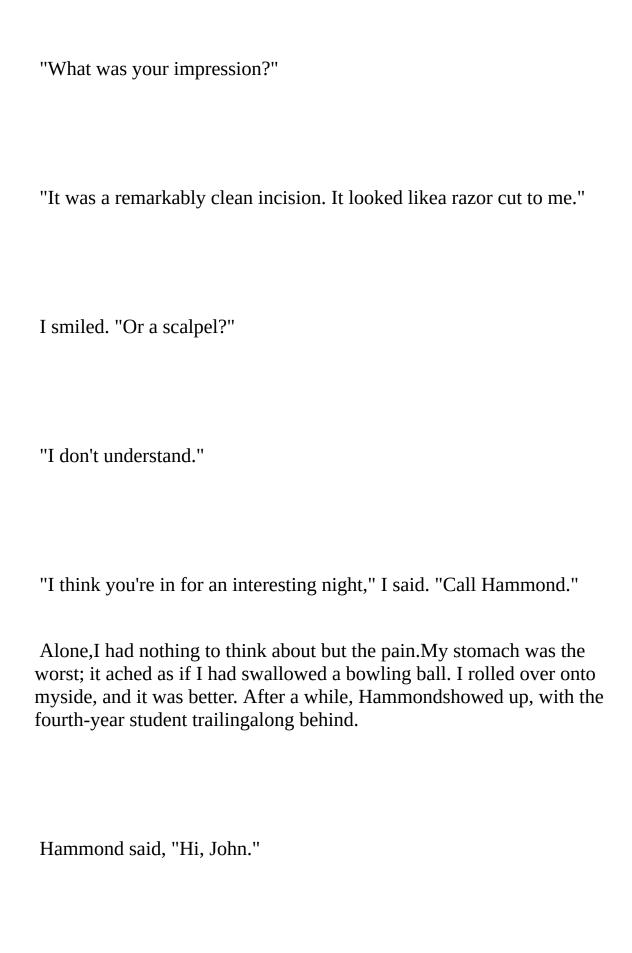


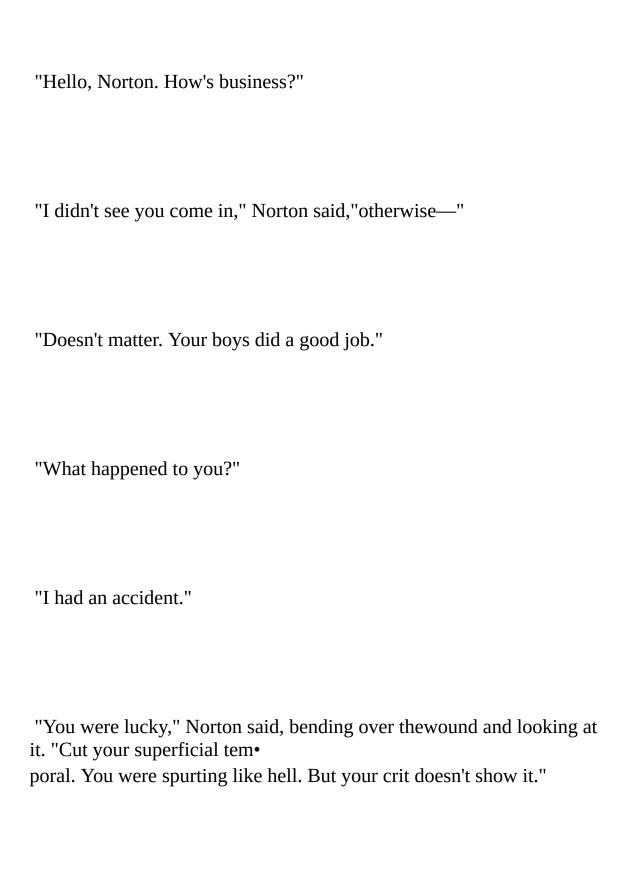


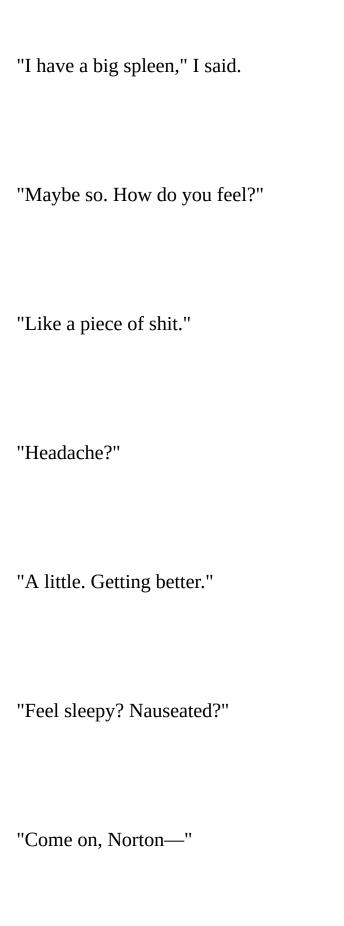


"Stop calling me sir. Did you examine the inci•sion before you sutured it up?"

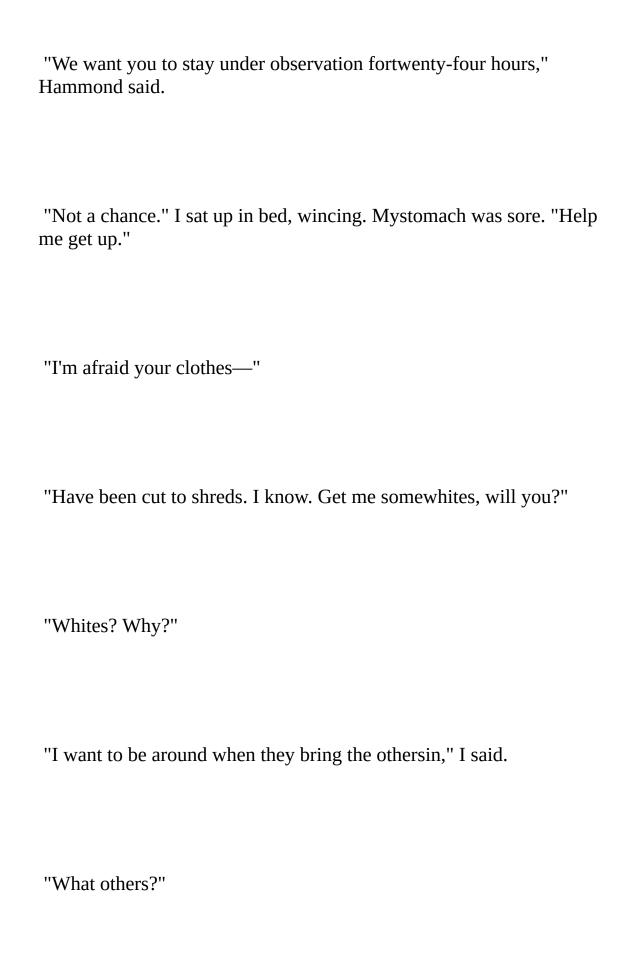
"Yes, s—. Yes."

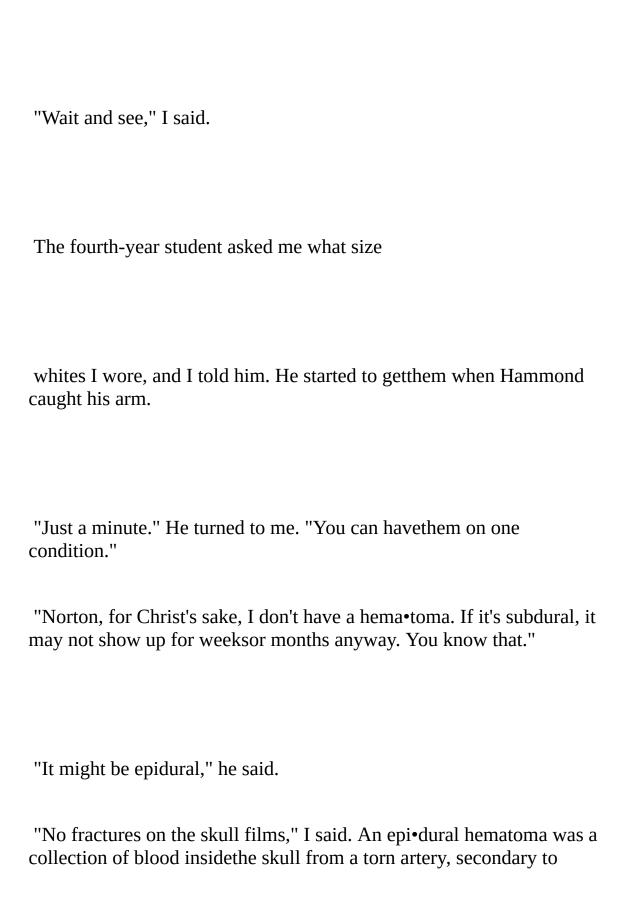


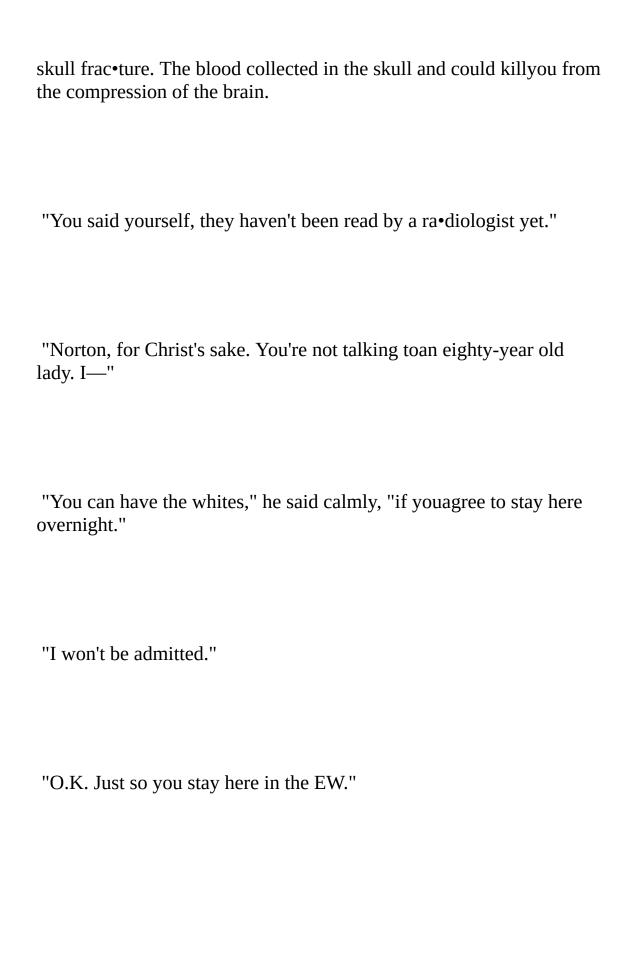




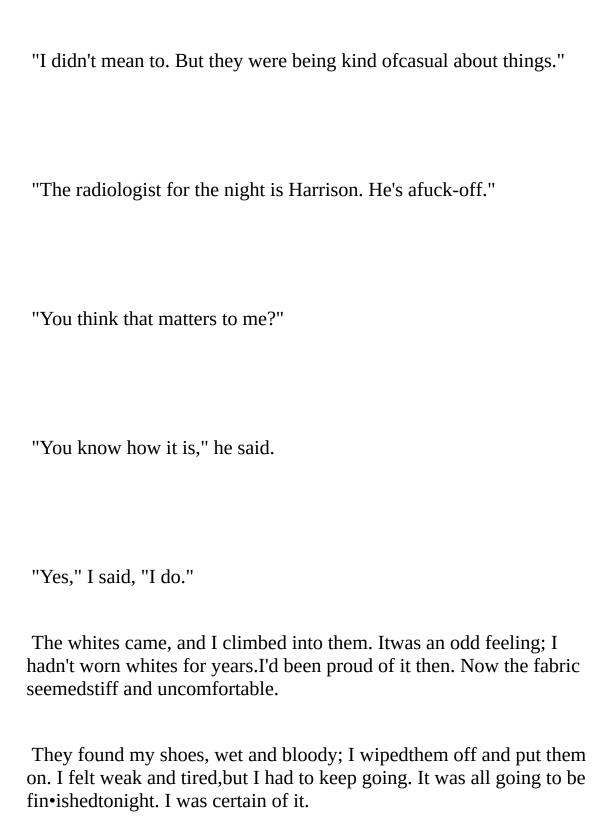
"Just lie there," Hammond said. He took out hispenlight and checked my pupils, then looked intothe fundi with an ophthalmoscope. Then hechecked my reflexes, arms and legs, both sides.
"You see?" I said. "Nothing."
"You still might have a hematoma."
"Nope."



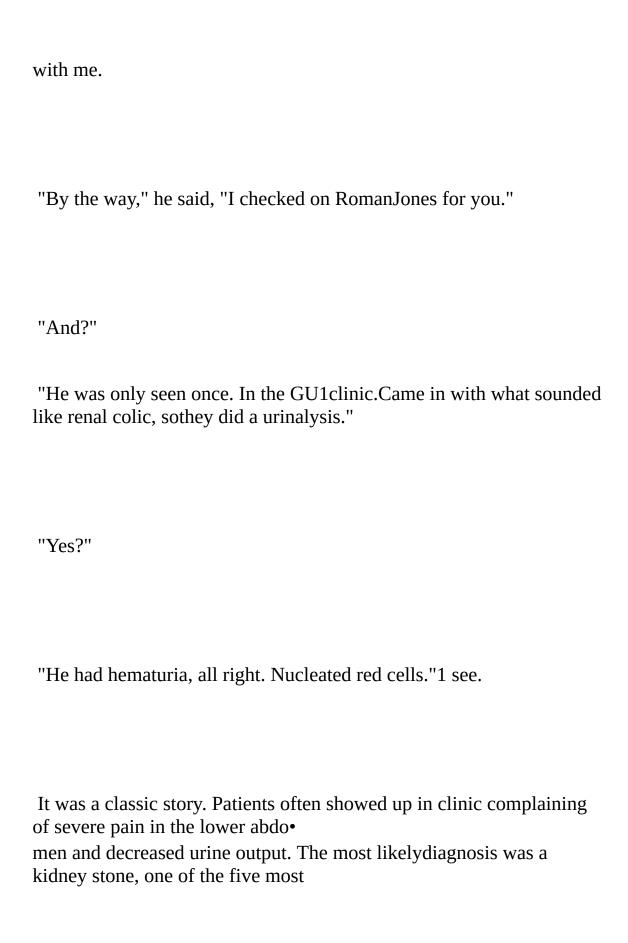




I frowned. "All right," I said finally, "I'll stay."
The fourth-year student left to get me theclothes. Hammond stood there and shook his headat me.
"Who beat you up?"
"Wait and see."
"You scared hell out of the intern and that stu•dent."



I got some coffee and a sandwich. I couldn'ttaste it, it was like eating newspaper, but I thought the food was necessary. Hammond stayed

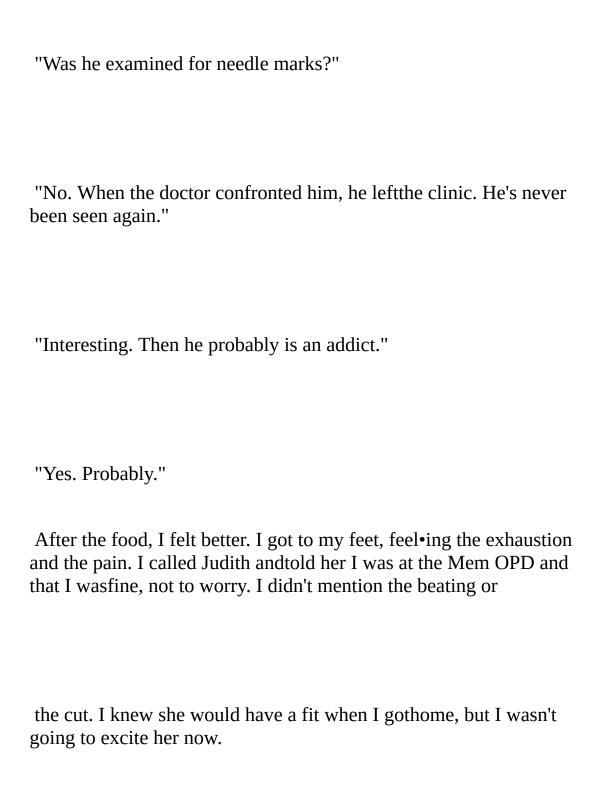


1Genitourinary.

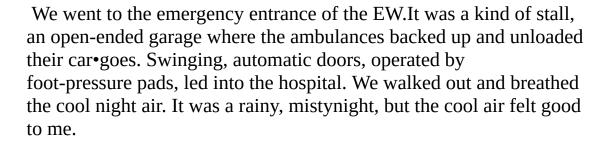
painful conditions there are; morphine is given al•most immediately when the diagnosis is made. Butin order to prove it, one asks for a urine sample and examines it for slight blood. Kidney stones are usu• ally irritating and cause a little bleeding in the uri•nary tract.

Morphine addicts, knowing the relative ease ofgetting morphine for kidney stones, often try tomimic renal colic. Some of them are very good at it;they know the symptoms and can reproduce themexactly. Then when they're asked for a urine sam•ple, they go into the bathroom, collect the sample,prick their fingers, and allow a small drop of bloodto fall in.

But some of them are squeamish. Instead of usingtheir own blood, they use the blood of an animal, like a chicken. The only trouble is that chicken red cellshave nuclei, while those of humans do not. So nucle• ated red cells in a patient with renal colic almost al•ways meant someone faking the symptoms, and that usually meant an addict.



I walked down the corridor with Hammond, try•ing not to wince from the pain. He kept asking mehow I felt, and I kept telling him I felt fine. In fact,I didn't. The food was beginning to make me nau•seated, and my headache was worse standing up.But the worst thing was the fatigue. I was terribly,terribly tired.



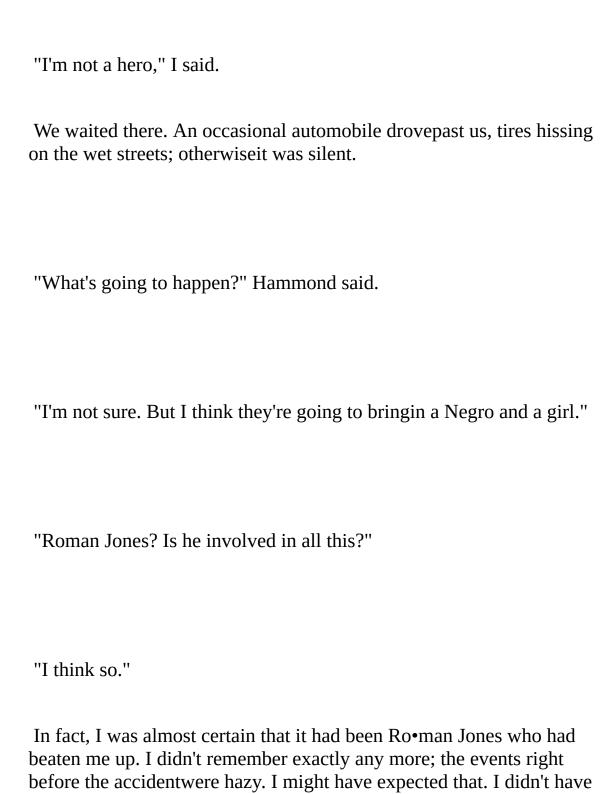
Hammond said, "You're pale."

"I'm O.K."

"We haven't even begun to evaluate you for inter•nal hemorrhage."

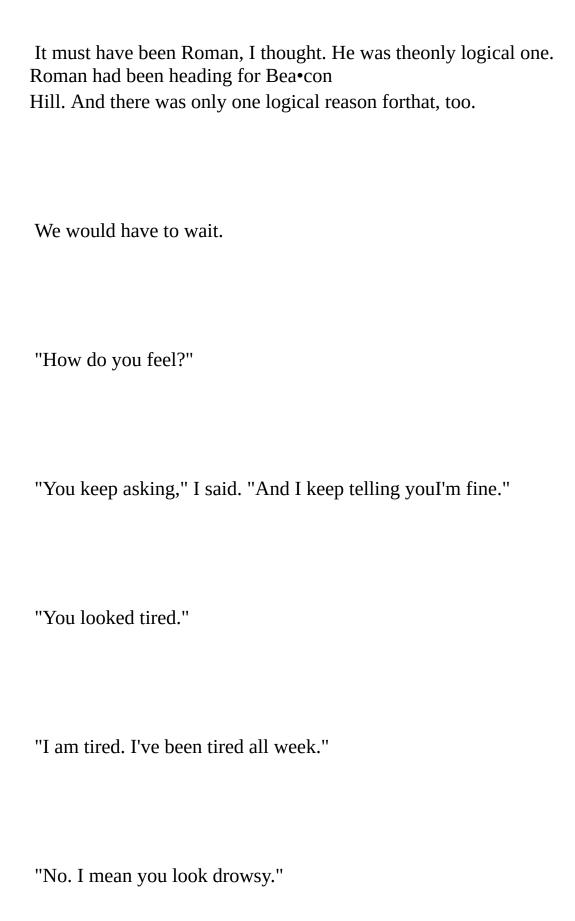
"I'm O.K.," I said.

"Tell me if you're not," Hammond said. "Don't bea hero."



true retrograde amnesia, which is common with con cussions and

extends back for fifteen minutes before the accident. But I was a little confused.



"Don't jump the gun," I said. I glanced at my watch. Nearly two hours had passed since I hadbeen beaten up. That was plenty of time. Morethan enough time.

I began to wonder if something had gone wrong.

At that moment, a police car came around thecorner, tires squealing, siren going, blue light flash•ing. Immediately afterward an ambulance pulledup, followed by a third car. As the ambulancebacked in, two men in business suits jumped out ofthe third car: reporters. You could tell by their eagerlittle faces. One had a camera.

"No pictures," I said.

The ambulance doors were opened and a bodyon a stretcher was brought out. The first thing Isaw was the clothes—slashed and ripped across thetrunk and upper limbs, as if the body had beencaught in some kind of monstrous machine. Then,in the cold fluorescent light of the EW entrance, Isaw the face: Roman Jones. His skull was caved inon the right side like a deflated football, and hislips were purpleblack. The flashbulbs popped.

Right there in the alleyway, Hammond went towork. He was quick: in a single movement, hepicked up the wrist with his left hand, put his earover the chest, and felt the carotids in the neckwith his right hand. Then he straightened and with•out a word began to pound the chest. He did itwith one hand flat and the heel of the other thump•ing against the flat hand in sharp, hard, rhythmicbeats.

"Call anesthesia," he said, "and get the surgical resident. Get an arrest cart here. I want aramine, one-in-a-thousand solution. Oxygen by mask. Posi•tive pressure. Let's go."

We moved him inside the EW and down to one of the little treatment rooms. Hammond continued the cardiac massage all the time, not breaking his rhythm. When we got to the room the surgical res•ident was there."Arrested?"

"Yes," Hammond said. "Apneic, no pulses any•where."

The surgeon picked up a paper packet of size-eight gloves. He didn't wait for the nurse to open them for him; he took them out of the paper him•self and yanked them over his fingers. He nevertook his eyes off the motionless figure of RomanJones.

"We'll open him up," the surgeon said, flexing hisfingers in the gloves.

Hammond nodded, continuing his pounding of the chest. It didn't seem to be doing much good: Roman's lips and tongue were blacker. His skin, especially inthe face and ears, was blotchy and dark.

An oxygen mask was slapped on.

"How much, sir?" said the nurse.

"Seven liters," said the surgeon. He was given ascalpel. Roman's already shredded clothes weretorn away from his chest; nobody bothered to striphim down completely. The surgeon stepped for•ward, his face blank, the scalpel held tightly in hisright hand with his index finger over the blade.

"All right," he said and made the incision, slop•ing, across the ribs on the left side. It was a deep incision and there was bleeding, which he ignored.He exposed the whitish glistening ribs, cut betweenthem, and then applied retractors. The retractorswere pulled wide and there was a crunching, snap•ping sound as the ribs snapped. Through the gapingincision, we could see Roman's lungs, collapsed

and wrinkled-looking, and his heart, large, bluish, not beating, but wriggling like a bag of worms.

The surgeon reached into the chest and began tomassage. He did it smoothly, contracting his little finger first, then all the others in his hand up to theindex finger, expelling blood from the heart. Hesqueezed very hard and grunted rhythmically.

Someone had slapped on a blood-pressure cuffand Hammond pumped it up to take a reading. He watched the needle for a moment, then said,"Nothing."

"He's fibrillating," the resident said, holding theheart. "No epinephrine. Let's wait."

The massage continued for one minute, thentwo. Roman's color turned darker still.

"Getting weaker. Give me five cc's in one to a |thousand."

A syringe was prepared. The surgeon injected itdirectly into the heart, then continued squeezing. Several more minutes passed. I watched thesqueezing heart, and the rhythmic inflation of thelungs from the respirator. But the patient was de-dining. Finally, they stopped.

"That's it," the surgeon said. He removed hishand from the chest, looked at Roman Jones, andstripped off his gloves. He examined the lacerationsacross the chest and arms and the dent in the skull."Probably primary respiratory arrest," he said. "He was hit pretty hard over the head." To Ham•mond: "You going to do the death certificate?" "Yeah," Hammond said, "I'll do it."

At that moment, a nurse burst into the room."Dr. Hammond," she said, "Dr. Jorgensen needsyou. They've got a girl in hemorrhagic shock."

Out in the hall, the first one I saw was Peterson. He was standing there in a suit, looking both con•fused and annoyed. When he saw me he did a dou•ble take and plucked at my sleeve.

"Say, Berry—"

"Later," I said.

I was following Hammond and the nurse downto another treatment room. A girl was there, lyingflat, very pale. Her wrists were bandaged. She wasconscious, but just barely—her head rolled back and forth, and she made moaning sounds.

Jorgensen, the intern, was bent over her. "Got asuicide here," he said to Hammond. "Slashedwrists. We've stopped the bleeding and we're get•ting whole blood in."

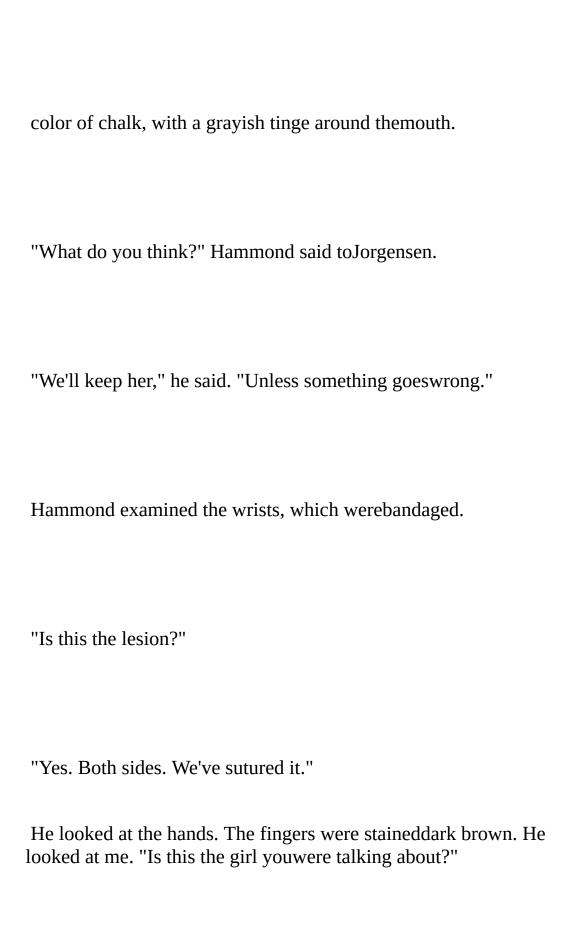
He was finding a vein for the IV feeder. Workingon the leg.

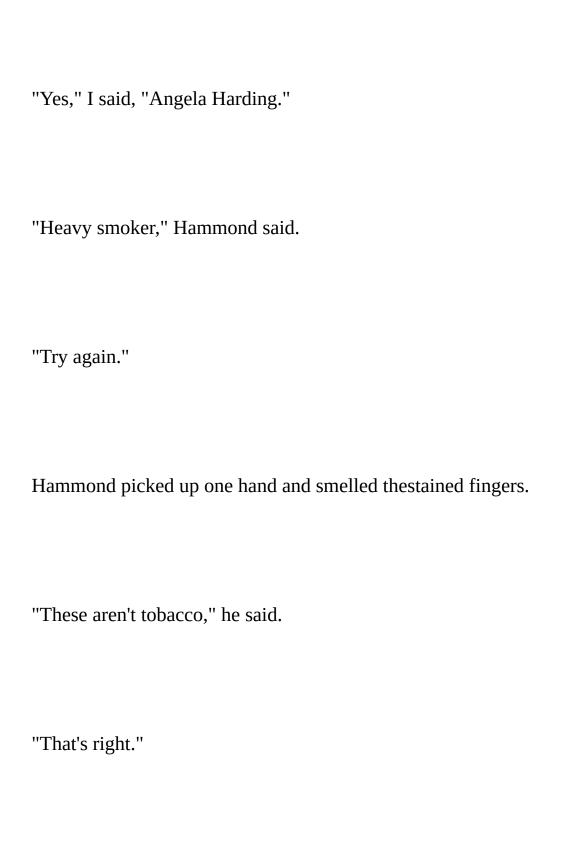
"She's cross-matched," he said, slipping theneedle in. "We're getting more blood from thebank. She'll take at least two units. Hematocrit's O.K., but that doesn't mean anything."

"Why the legs?" Hammond said, nodding to the IV.

"Had to bandage her wrists. Don't want to foolwith upper extremities."

I stepped forward. The girl was Angela Harding. She did not look so pretty now; her face was the





"Then . . . "

I nodded. "That's right."

"... she's a nurse."

"Yes."

The stains were from tincture of iodine, used as a disinfectant. It was a brownish-yellowish liquid, and it stained tissues it came in contact with. Itwas employed for scrubbing a surgical incision be• fore cutting, and for such other practices as intro•duction of an IV feeder.

"I don't get it," Hammond said.

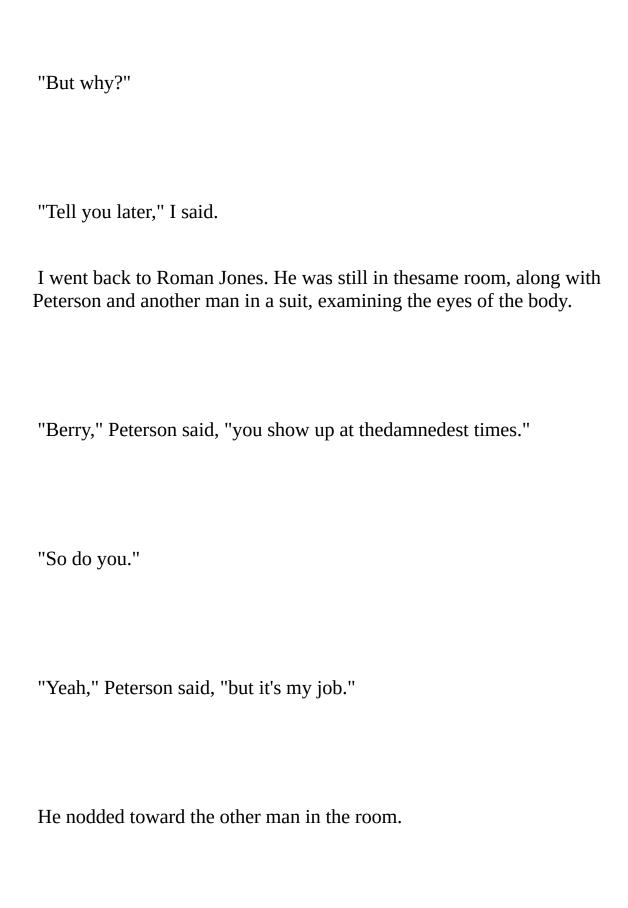
I held up her hands. The balls of the thumb andthe backs of the hands were covered with minuteslashes which were not deep enough to draw blood.

"What do you make of this?"

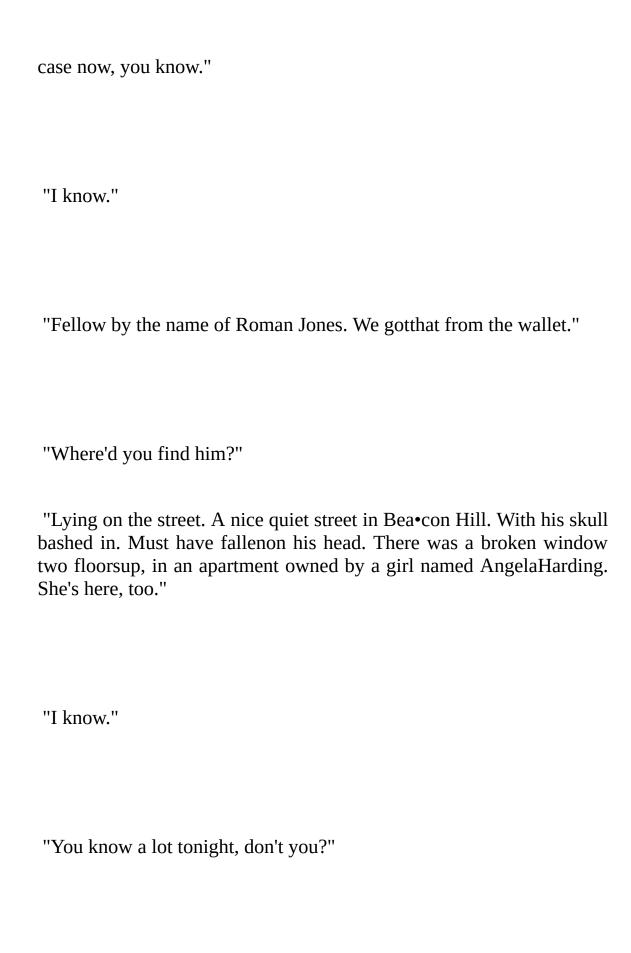
"Testing." A classic finding in suicides by wrist-slashing is one or more preliminary cuts on thehand as if the suicide victim wishes to test thesharpness of the blade or the intensity of the painthat would result.

"No," I said.

"Then what?"
"Ever seen a fellow who's been in a knife fight?"
Hammond shook his head. Undoubtedly, he neverhad. It was the kind of experience one had only as a pathologist: small cuts on the hands were the hall•mark of a knife fight. The victim held up his handsto ward off the knife; he ended up with small cuts.
"Is this the pattern?"
"Yes."
"You mean she was in a knife fight?"
"Yes."



"Since you were so worried the last time, Ibrought a doctor along. A police doctor. This is acoroner's



I ignored him. My headache was worse; it wasthrobbing badly, and I felt terribly tired. I was readyto lie down and go to sleep for a long, long time.But I wasn't relaxed; my stomach was churning.

I bent over the body of Roman Jones. Someonehad stripped off the clothing to expose multiple, deep lacerations of the trunk and upper arms. The legswere untouched. That, I thought, was characteristic.

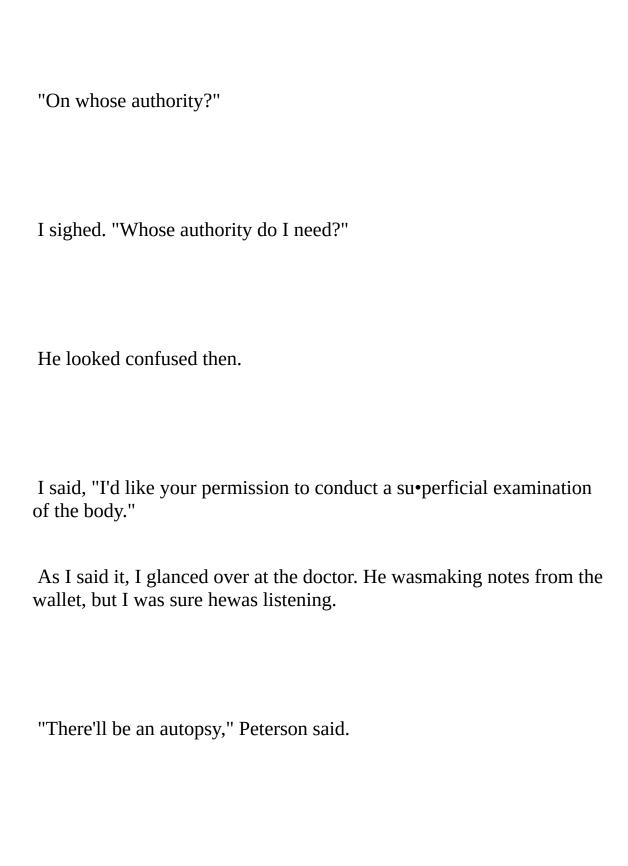
The doctor straightened and looked at Peterson."Hard to tell now what the cause of death was," hesaid. He nodded to the gaping chest wound."They've messed it up pretty bad. But I'd say crush injury to the cranium. You said he fell from a win•dow?"

"That's the way we figure it," Peterson said, glanc•ing at me.

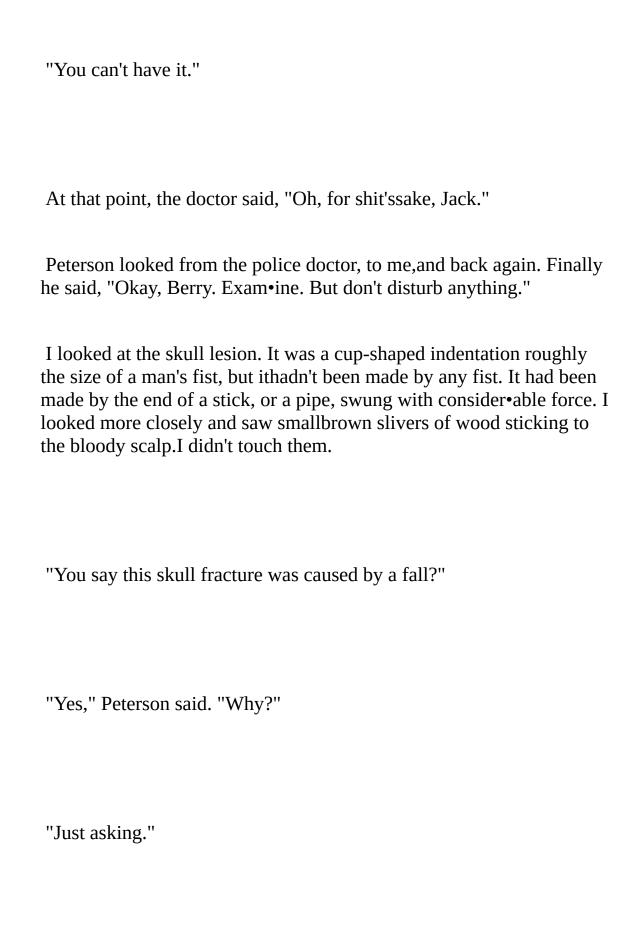
"I'll handle the forms," the doctor said. "Give me the wallet."

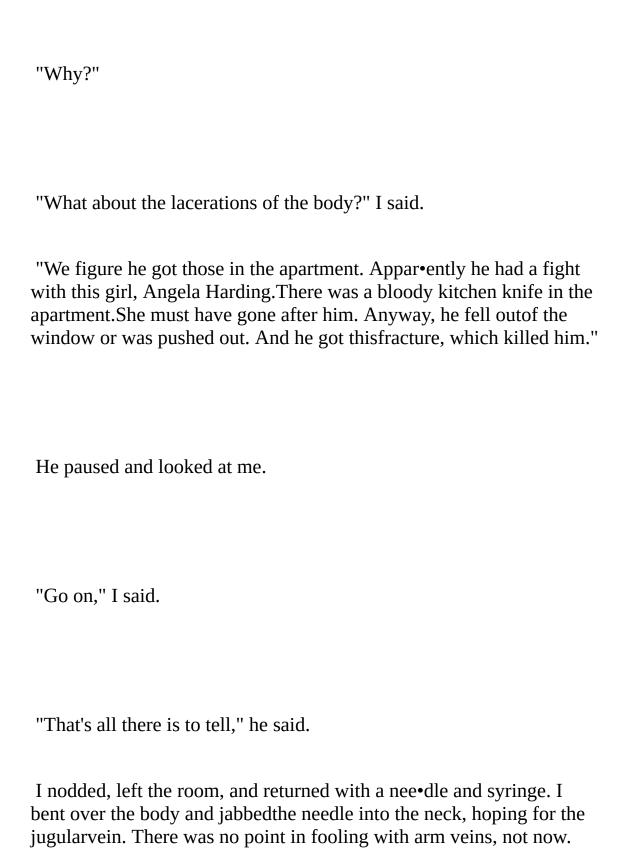
Peterson gave him Roman Jones' wallet. The doc•tor began to write on a clipboard at one side of the room. I continued to look at the body. I was partic•ularly interested in the skull. I touched the inden• tation, and Peterson said, "What're you doing?"

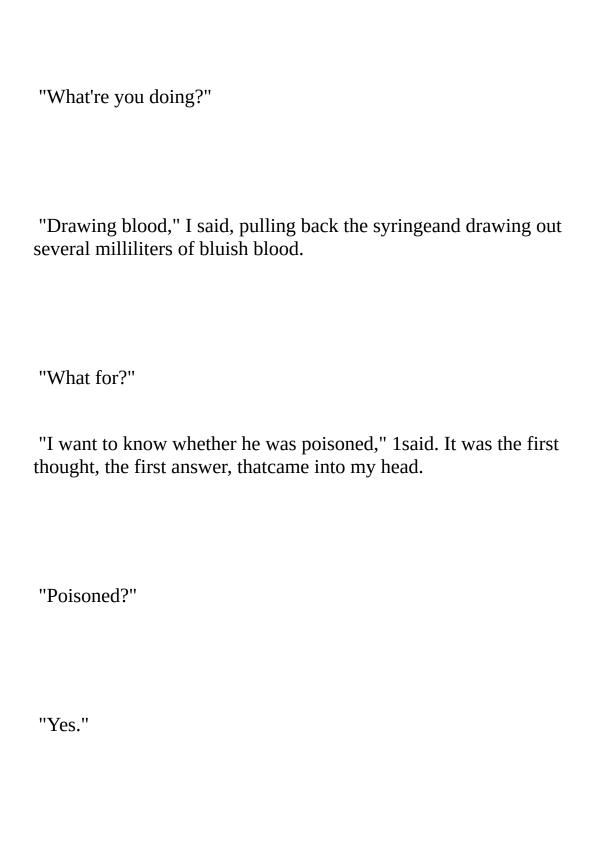
[&]quot;Examining the body."



"I'd like your permission," I said.

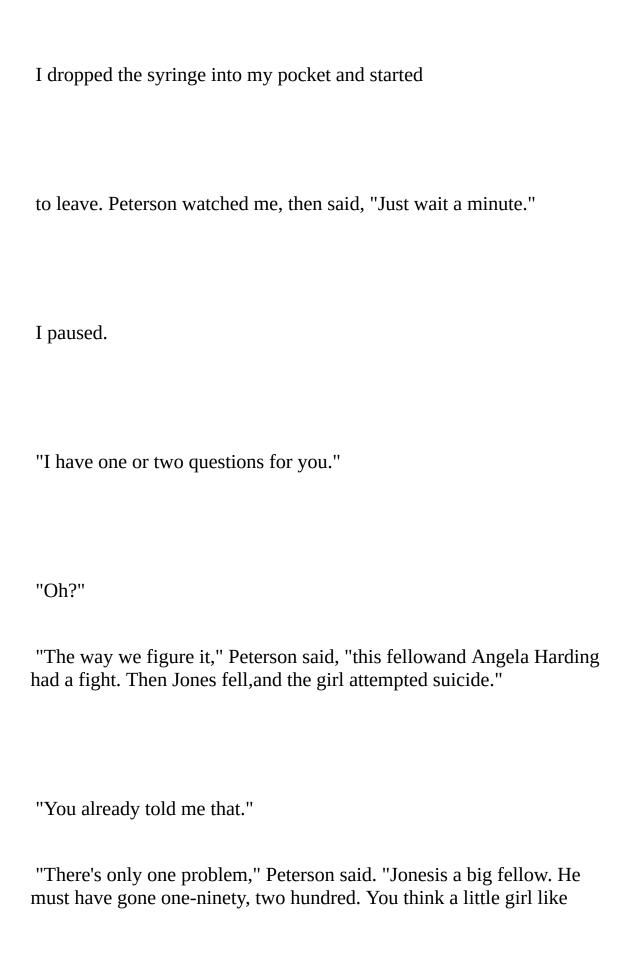


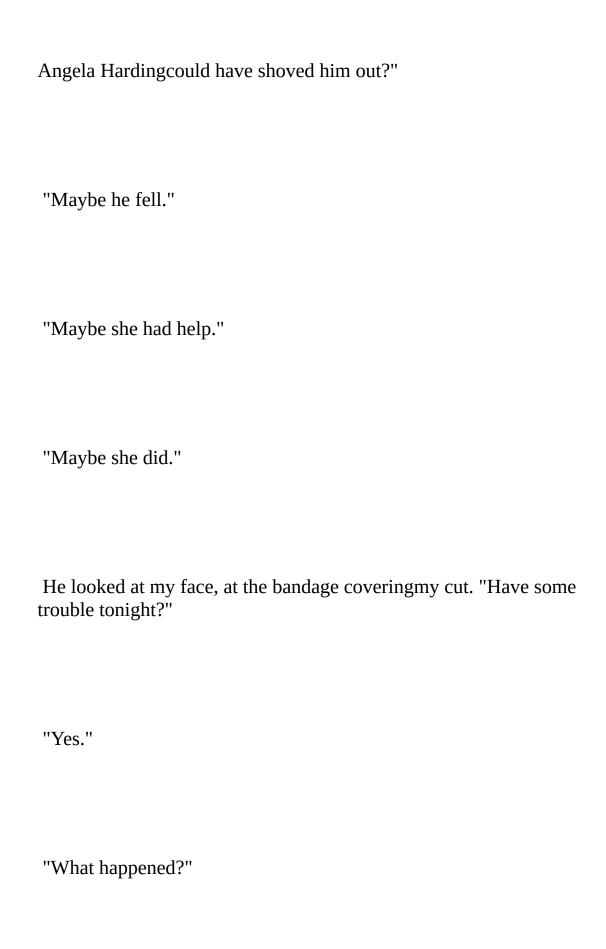


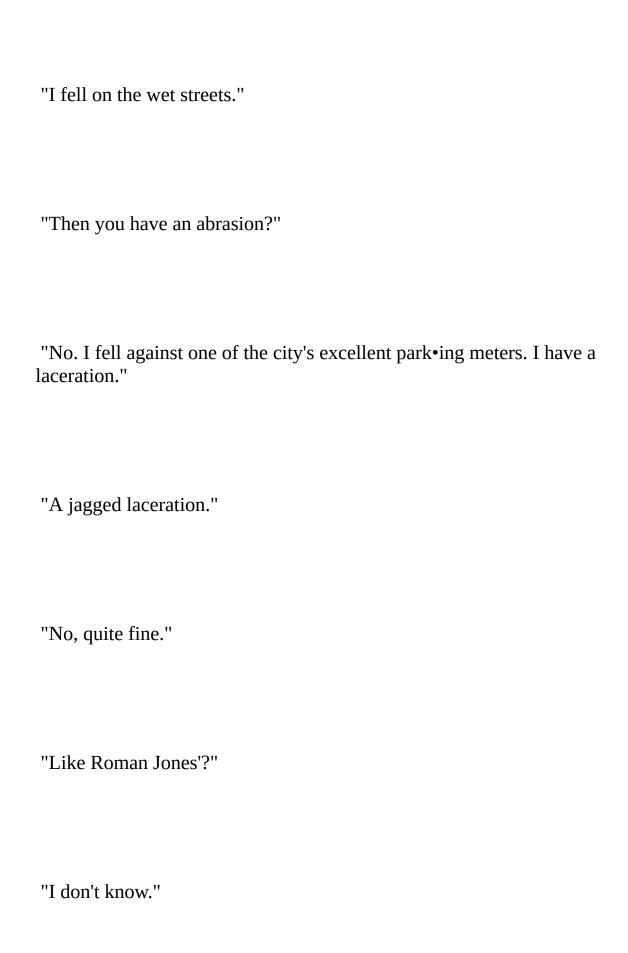


"Why do you think he was poisoned?"

"Just a hunch," I said.



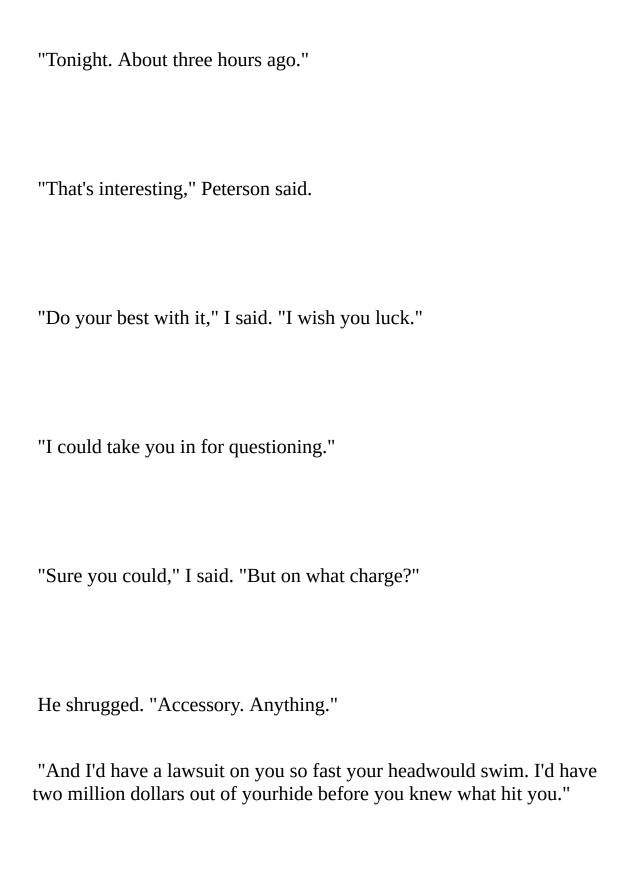




"Ever met Jones before?"

"Yes."

"Oh? When?"



"Just for questioning?"
"That's right," I said. "Compromising a doctor's reputation. A doctor's reputation is his life, youknow. Anything, even the slightest shadow of suspi•cion, is potentially damaging—financially damag•ing. I could very easily prove damages in court."
"Art Lee doesn't take that attitude."
I smiled. "Want to bet?"
I continued on. Peterson said, "How much doyou weigh, Doctor?"
"One hundred and eighty-five pounds," I said."The same as I weighed eight years ago."
"Eight years ago?"

MY HEAD FELT AS IF IT WERE IN A VISE. The pain wasthrobbing, aching, agonizing. On my way down the corridor, I felt sudden and severe nausea. I stoppedin the men's room and vomited up the sandwichand coffee I had eaten. I felt weak, with cold sweat afterward, but that passed and I was better. I wentback and returned to Hammond.

"How do you feel?"

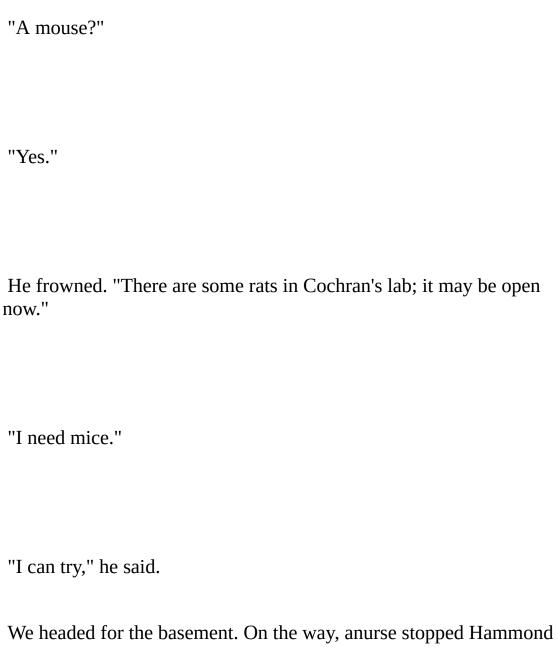
"You're getting monotonous," I said.

"You look like hell," he said. "Like you're about tobe sick."

"I'm not," I said.

I took the syringe with Jones' blood from my pocket and set it on the bedside table. I picked upa fresh syringe and went.

"Can you find me a mouse?" I said.



We headed for the basement. On the way, anurse stopped Hammond to say that AngelaHarding's parents had been called. Hammond saidto let him know when they arrived or when the girlrecovered consciousness.

We went down to the basement and movedthrough a maze of corridors, crouching beneath pipes. Eventually we came to the animal-storage area. Like most large hospitals connected with a university, the Mem had a research wing, and many animals wereused in experiments. We heard barking dogs and the soft flutter of birds' wings

as we passed room afterroom. Finally we came to one which saidminor sub• jects. Hammond pushed it open.

It was lined, floor to ceiling, with row after rowof rats and mice. The smell was strong and distinc-

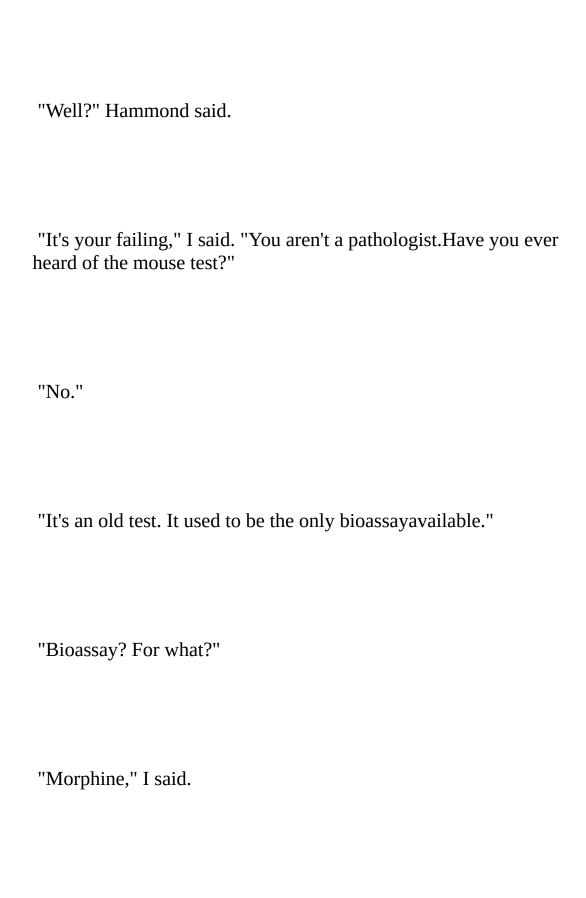
tive. Every young doctor knew that smell, and it was just as well, because it had clinical signifi•cance. The breath of patients in hepatic failure from liver disease had a peculiar odor known as fe•tor hepaticus; it was very similar to the smell of aroom full of mice.

We found one mouse and Hammond plucked itfrom the cage in the accepted manner, by the tail. The mouse squirmed and tried to bite Hammond'shand, but had no success. Hammond set it down on the table and held the animal by a fold of looseflesh just behind the head.

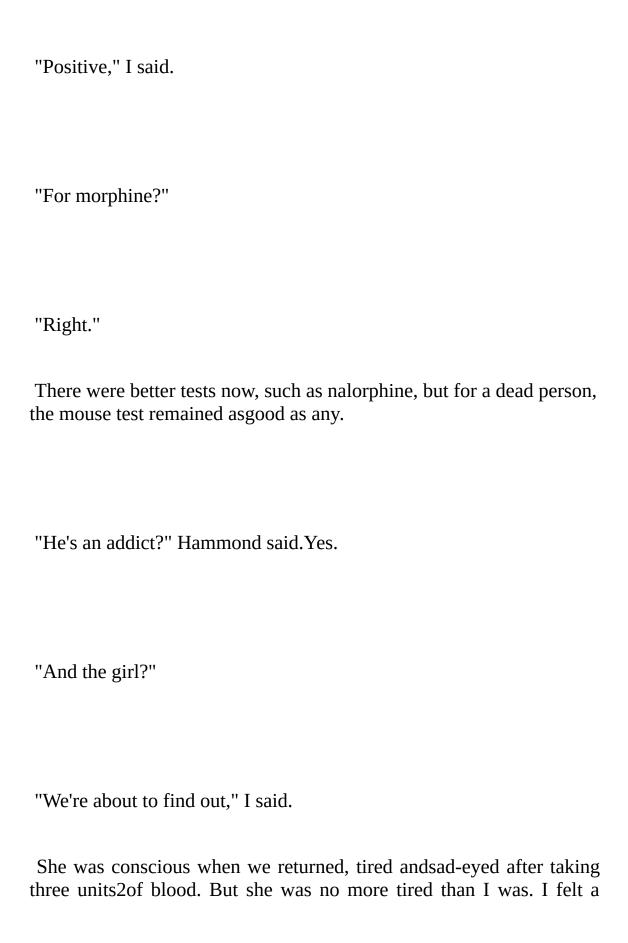
"Now what?"

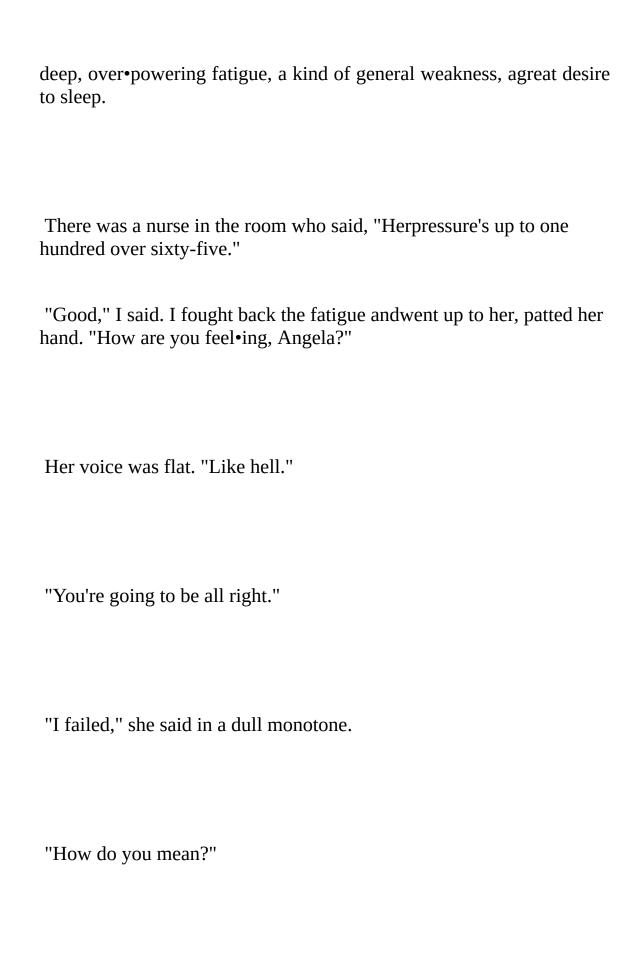
I picked up the syringe and injected some of the blood from Roman Jones' body. Then Hammond dropped the mouse in a glass jar.

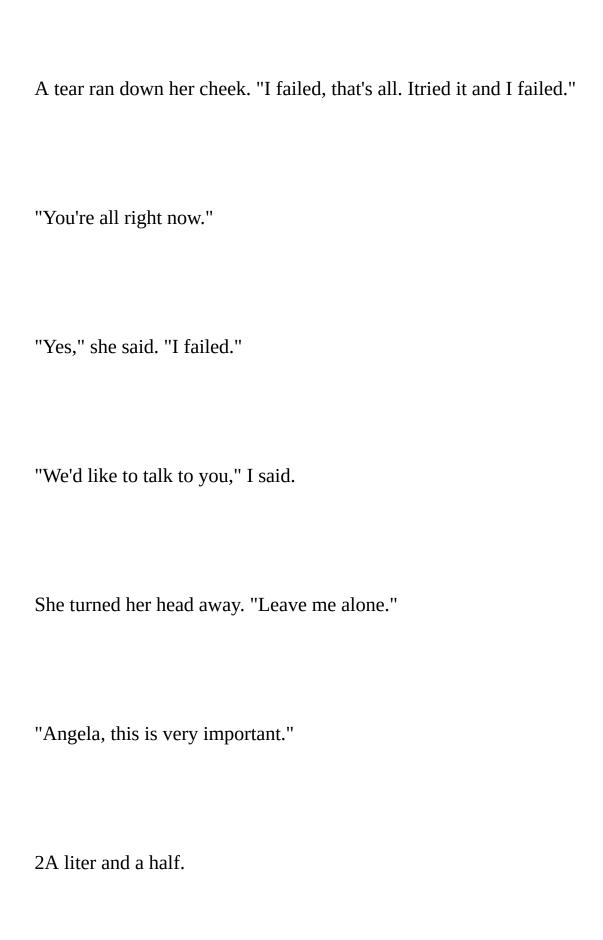
For a long time, the mouse did nothing but runaround the jar in circles.



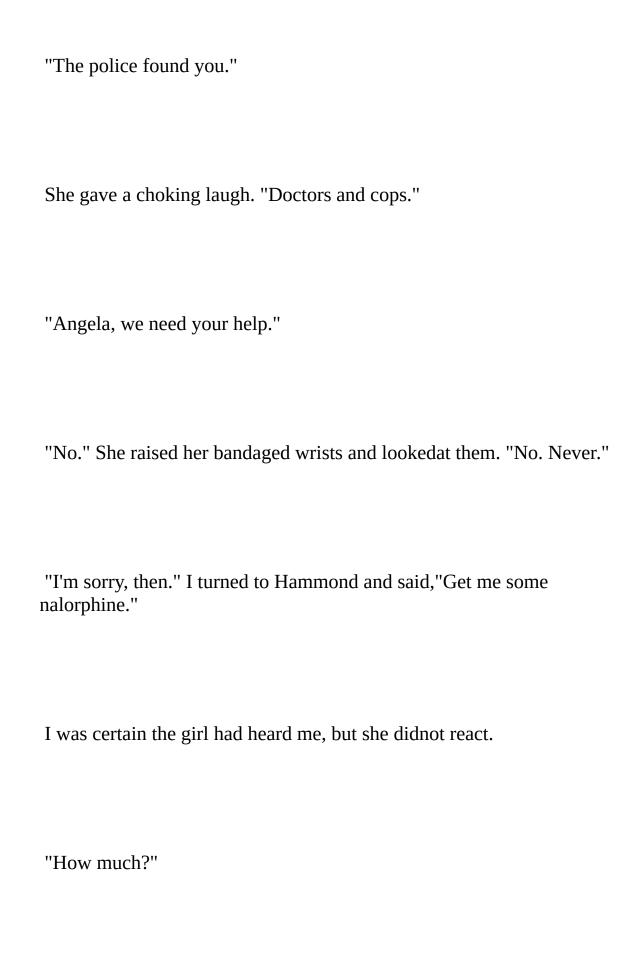
The mouse continued to run in circles. Then itseemed to slow, its muscles becoming tense, andthe tail stuck straight up in the air.

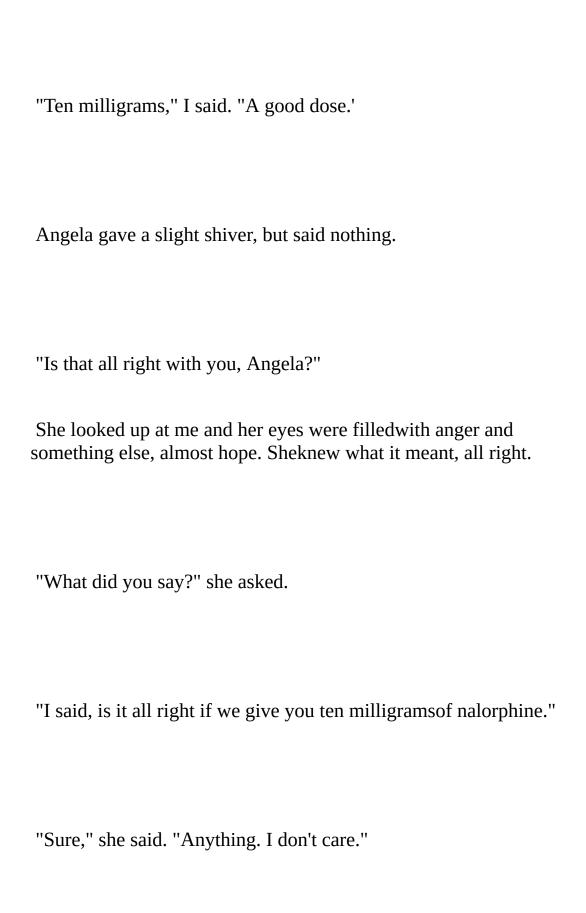






"Damn all doctors," she said. "Why couldn't youleave me alone? I wanted to be left alone. That'swhy I did it, to be left alone."





Nalorphine was an antagonist of morphine. 3Ifthis girl was an addict, it would bring her downwith brutal swiftness—possibly fatal swiftness, ifwe used enough.

A nurse came in. She blinked when she did not

3Actually a partial agonist, meaning that in low doses it has amorphinelike effect, but in high doses in an addict, it induces withdrawal symptoms.

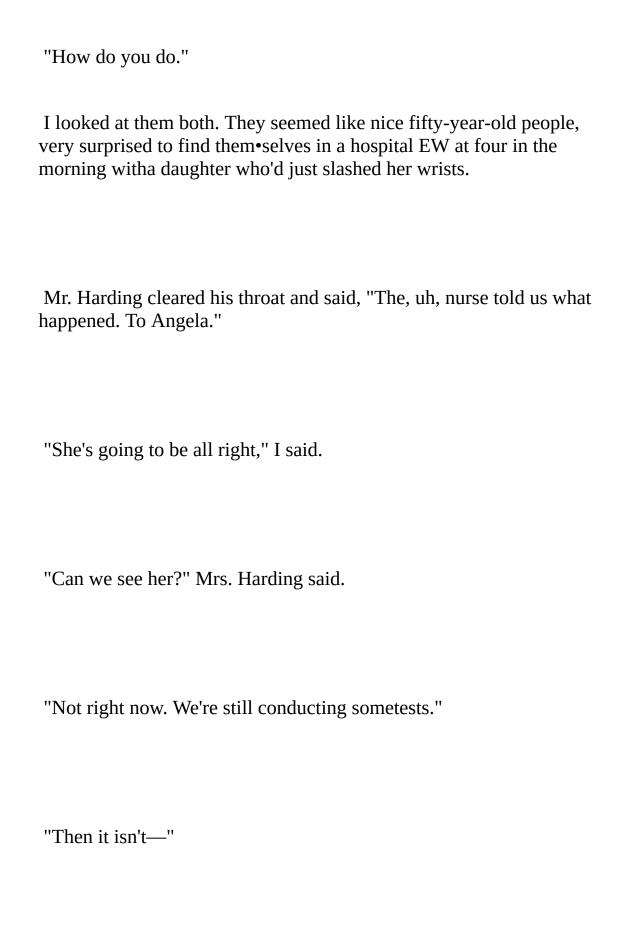
recognize me, but recovered quickly. "Doctor, Mrs.Harding is here. The police called her."

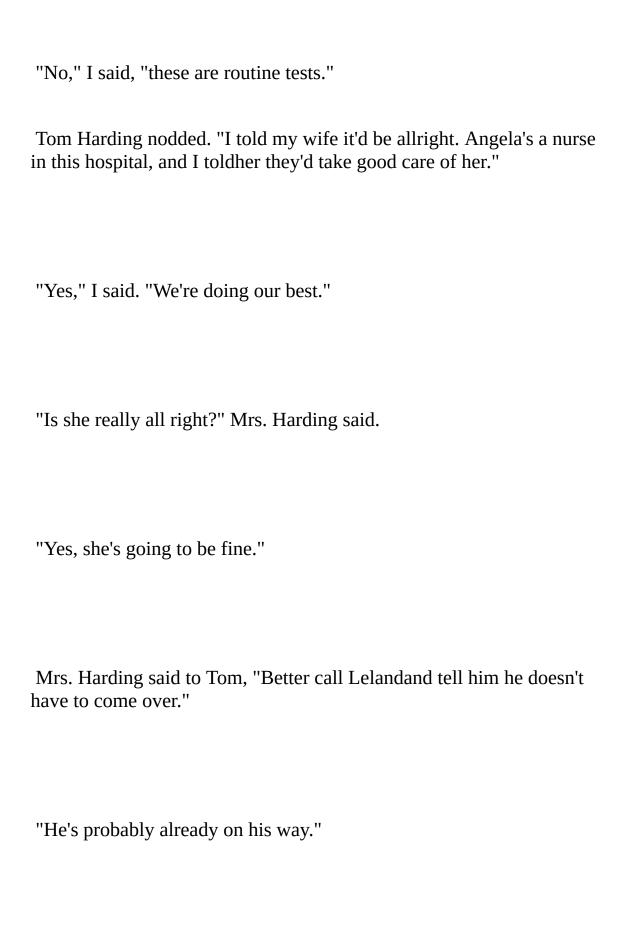
"All right. I'll see her."

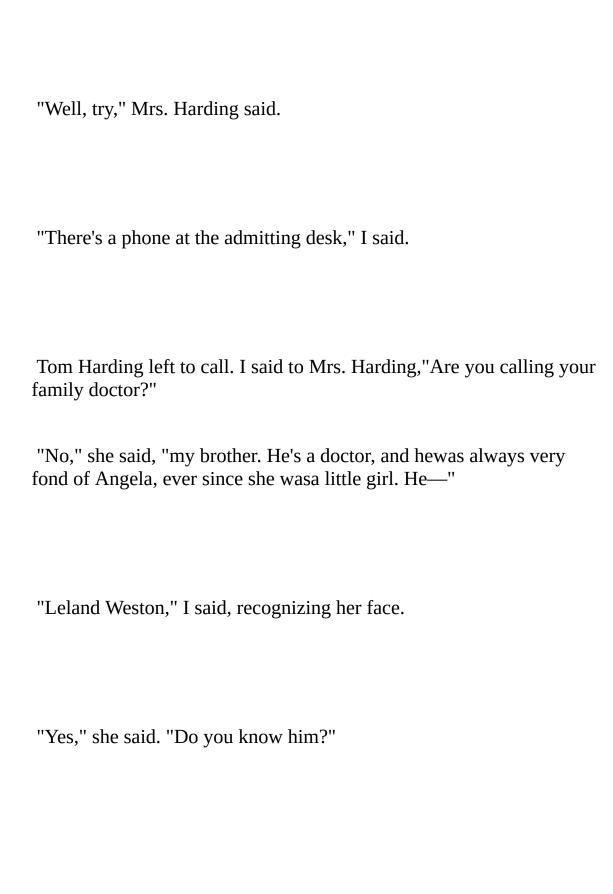
I went out into the corridor. A woman and manwere standing there nervously. The man was tall, wearing clothes he had obviously put on hurriedly—his socks didn't match. The woman was handsomeand concerned. Looking at her face, I had the strangefeeling I had met her before, though I was certain Ihad not. There was something very, almost hauntingly, familiar about her features.

"I'm Dr. Berry."

"Tom Harding." The man held out his hand and shook mine quickly, as if he were wringing it. "AndMrs. Harding."



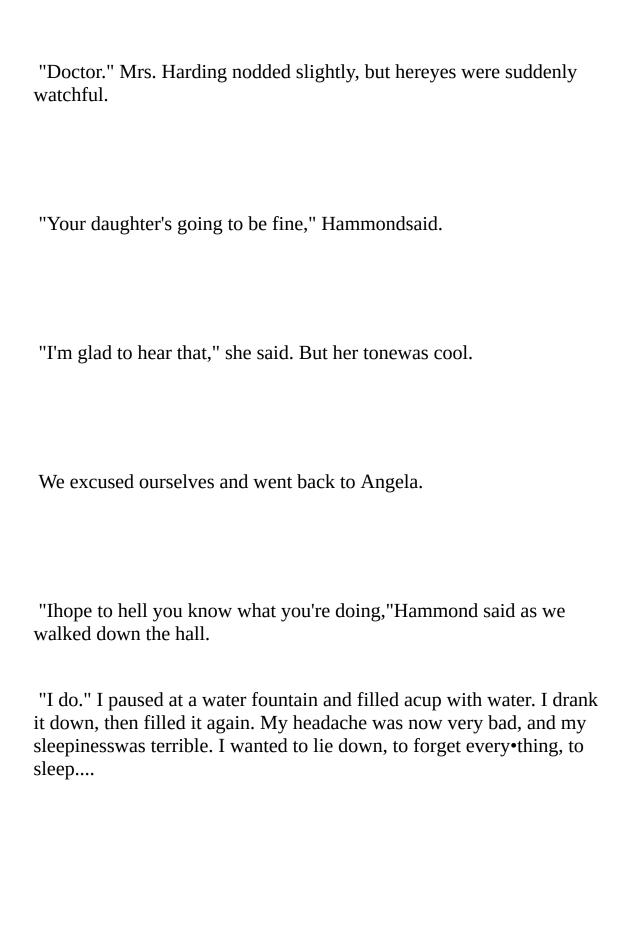


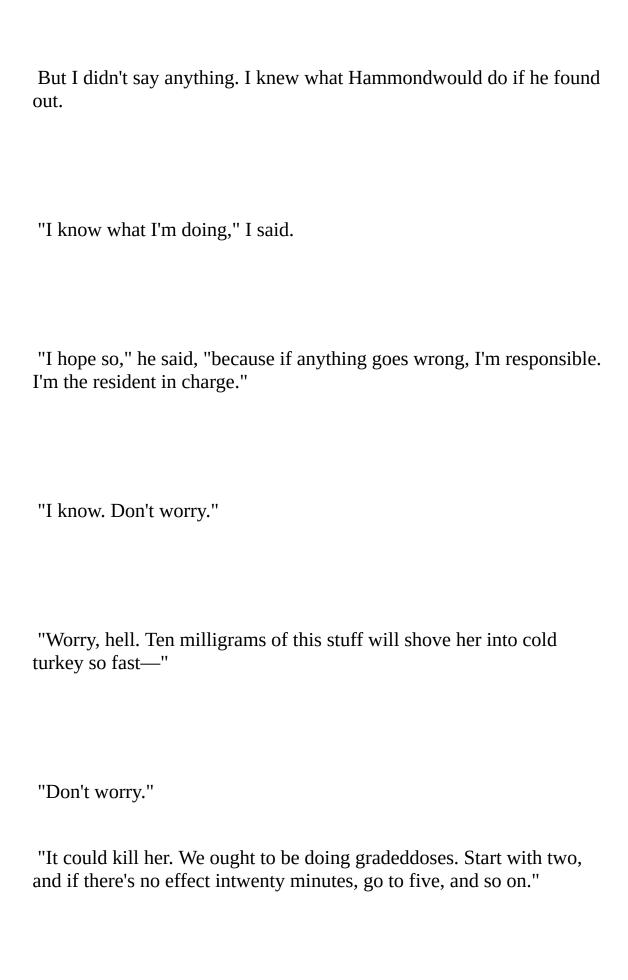


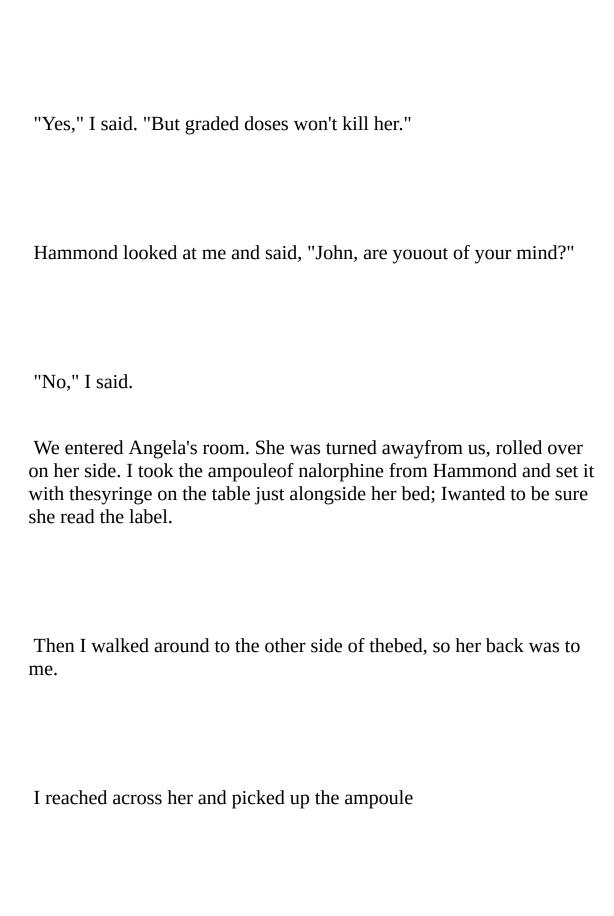
"He's an old friend."

Before she could answer, Hammond returned with the nalorphine and syringe. He said, "Do youreally think we should—"

"Dr. Hammond, this is Mrs. Harding," I saidquickly. "This is Dr. Hammond, the chief medical resident."



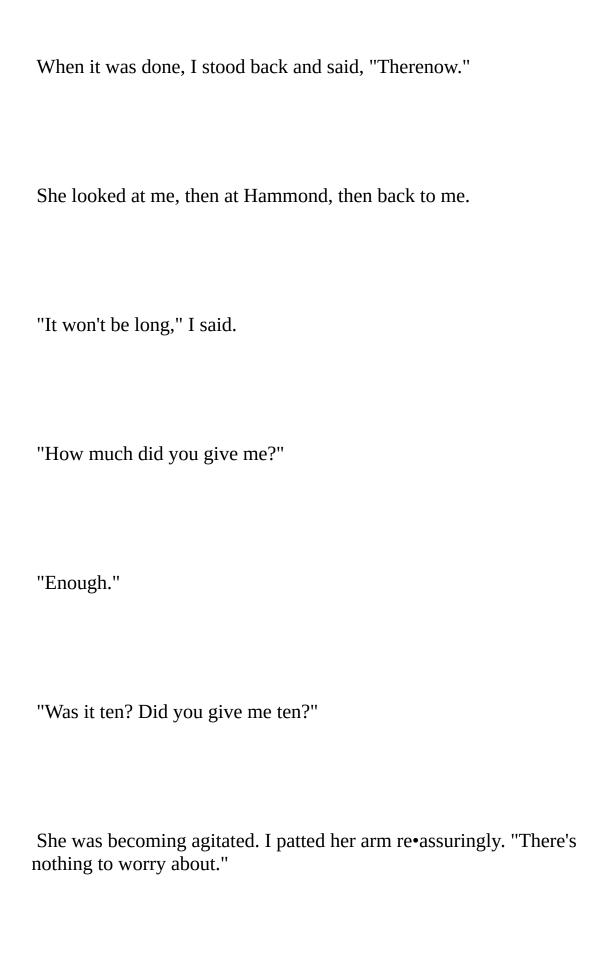


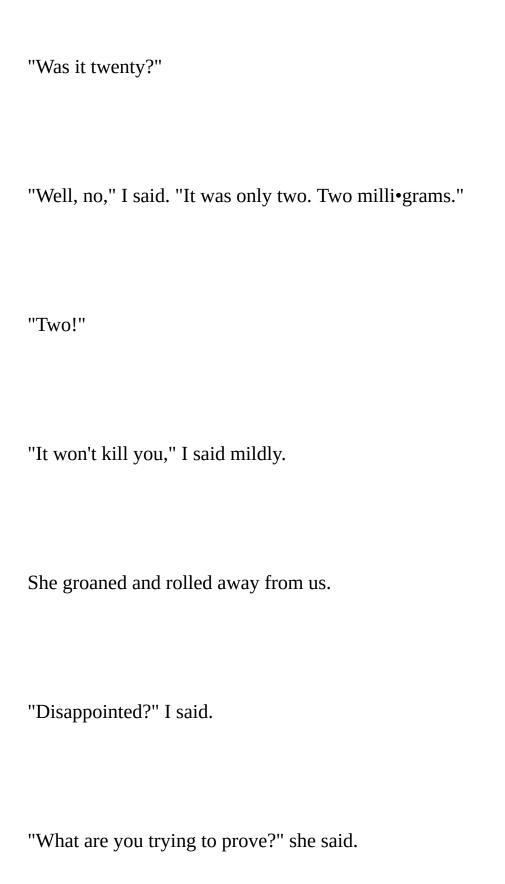


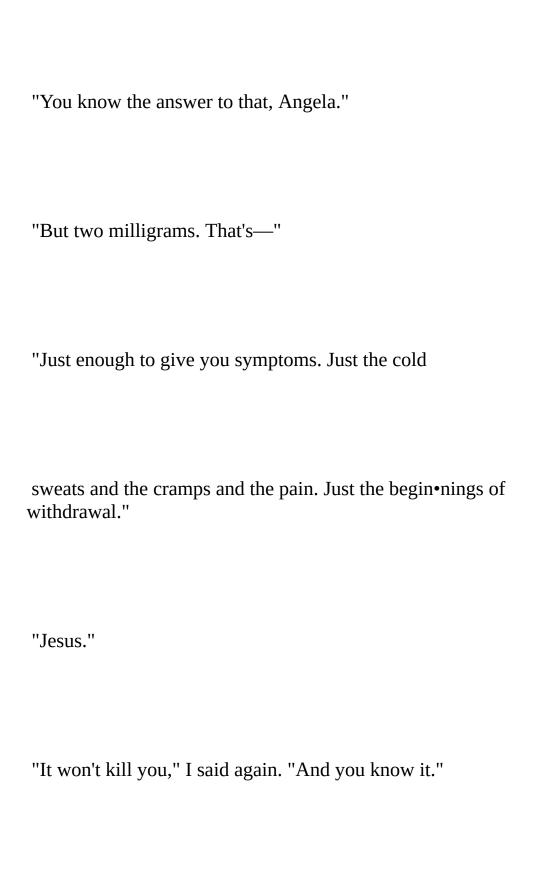
and syringe. Then I quickly filled the syringe withwater from the cup.

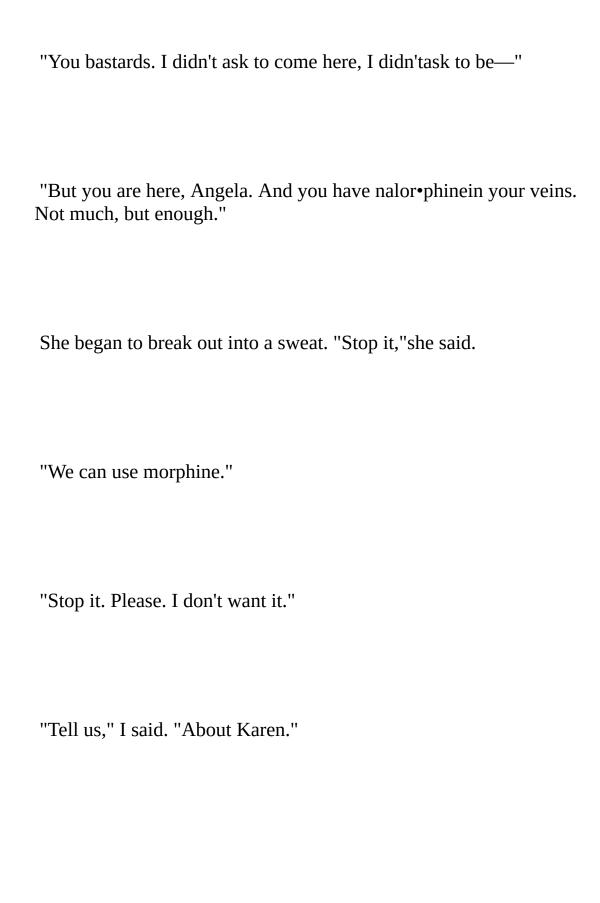
"Would you turn around, Angela, please?"

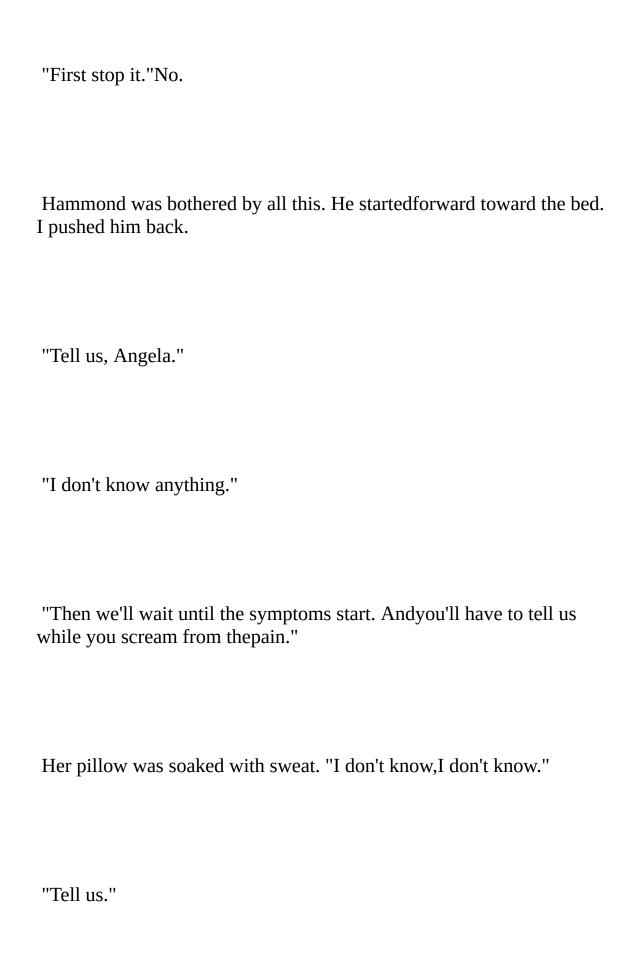
She rolled onto her back and held out her arm. Hammond was too astonished to move; I put the tourniquet on her arm and rubbed the veins in the crook of her elbow until they stood out. Then I slipped the needle in and squeezed out the con•tents. She watched me in silence.

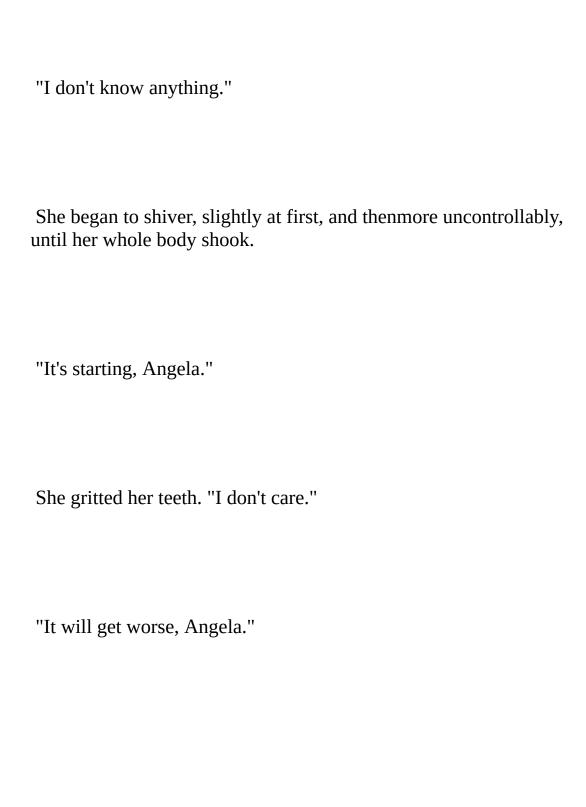


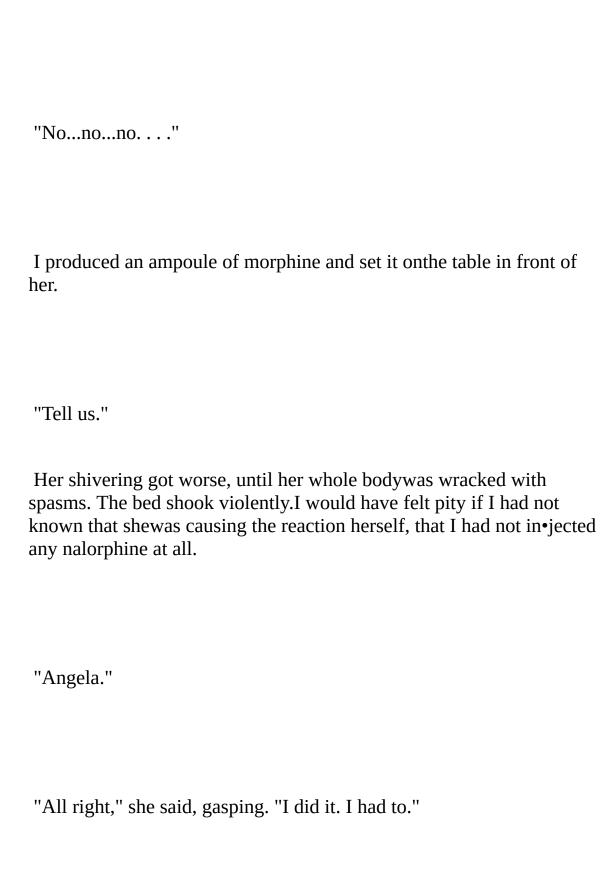


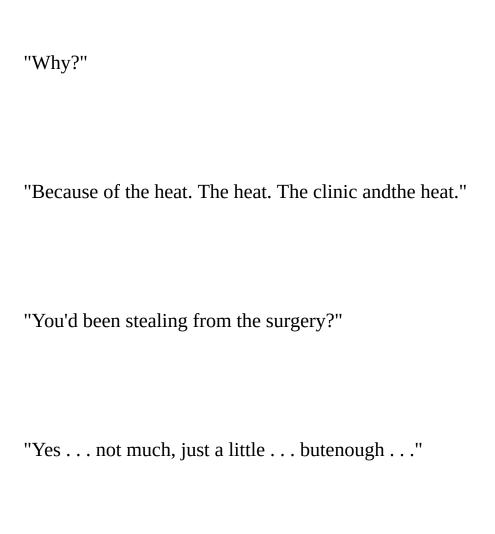


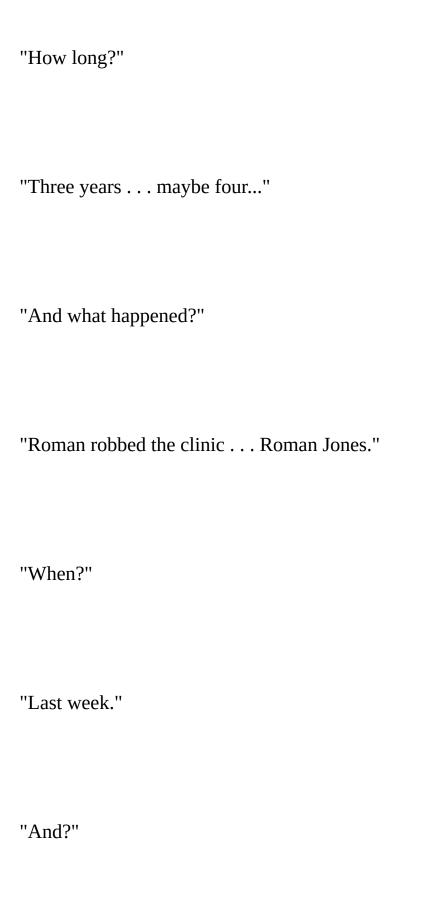


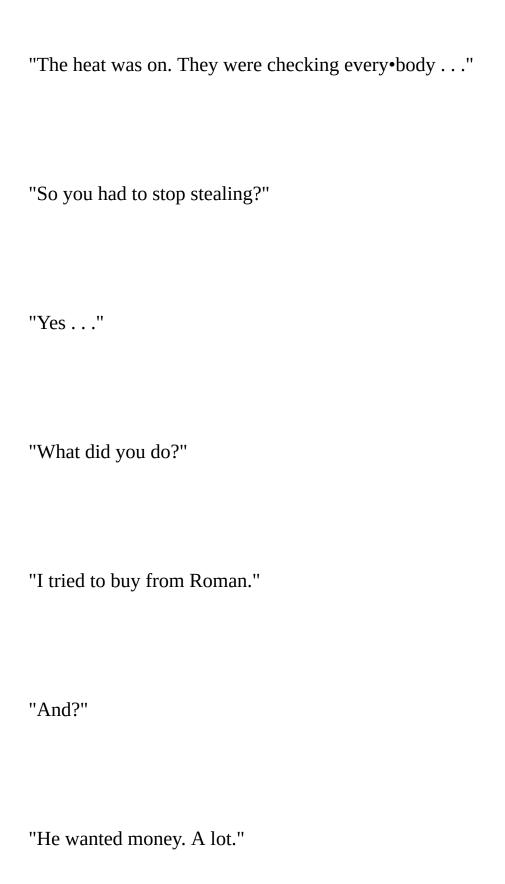


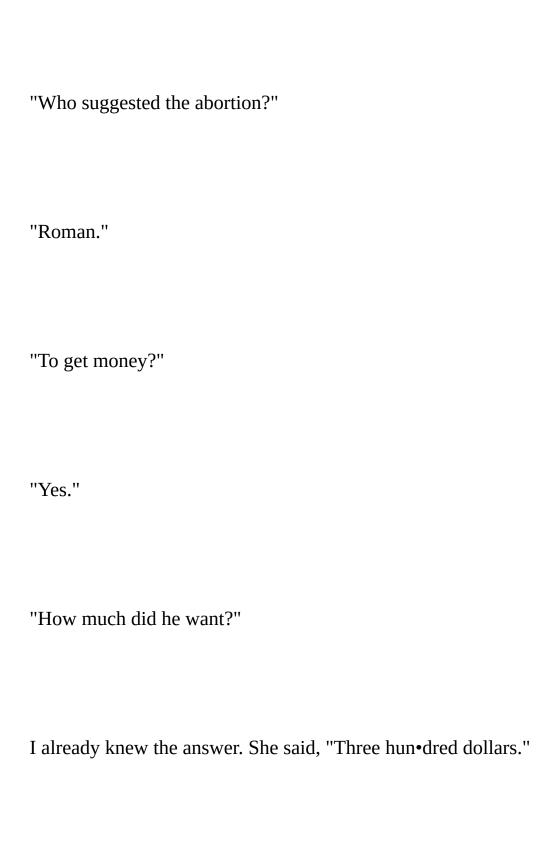


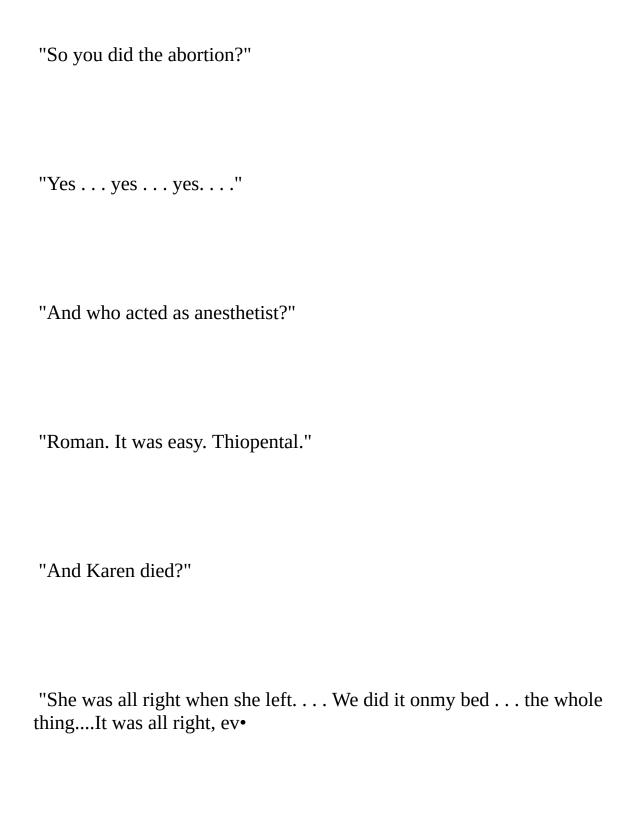


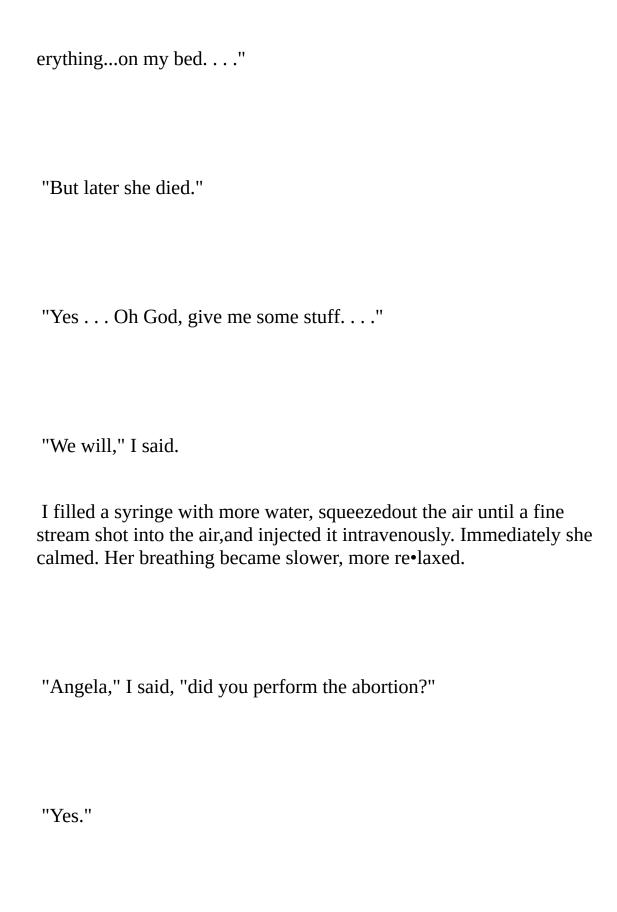


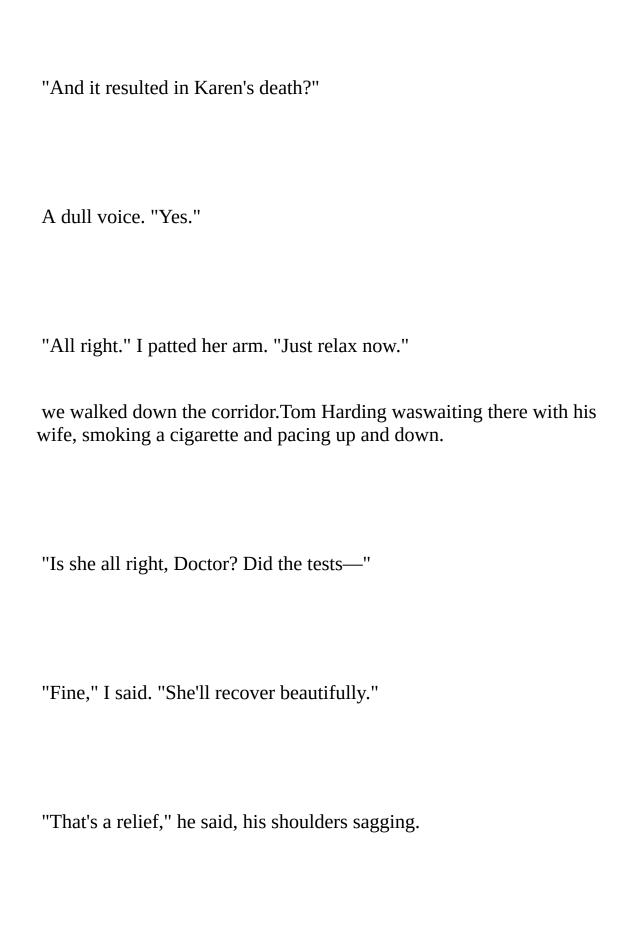












"Yes," I said.

Norton Hammond gave me a quick glance, and I avoided his eyes. I felt like hell; my headache was much worse and I was beginning to have momentswhen my vision blurred. It seemed much worse inmy right eye than my left.

But someone had to tell them. I said, "Mr.Harding, I am afraid your daughter has been impli•cated in business that involves the police."

He looked at me, stunned, disbelieving. Then Isaw his face melt into a peculiar acceptance. Al•most as if he had known it all along. "Drugs," hesaid, in a low voice.

"Yes," I said and felt worse than ever.

"We didn't know," he said quickly. "I mean, if wehad . . . "

"But we suspected," Mrs. Harding said. "Wenever could control Angela. She was a headstronggirl, very independent. Very self-reliant and sure ofherself. Even as a child, she was sure of herself." Hammondwiped the sweat from his face with hissleeve. "Well," he said, "that's that."

Even though he was close to me, he seemed faraway. His voice was suddenly faint and insignifi•cant. Everything around me was insignificant. The people seemed small and faded. My headache nowcame in bursts of severe pain. Once, I had to stopfor a moment and rest.

"What's the matter?"

"Nothing. Just tired."

He nodded. "Well," he said, "it's all over. Youshould be pleased."

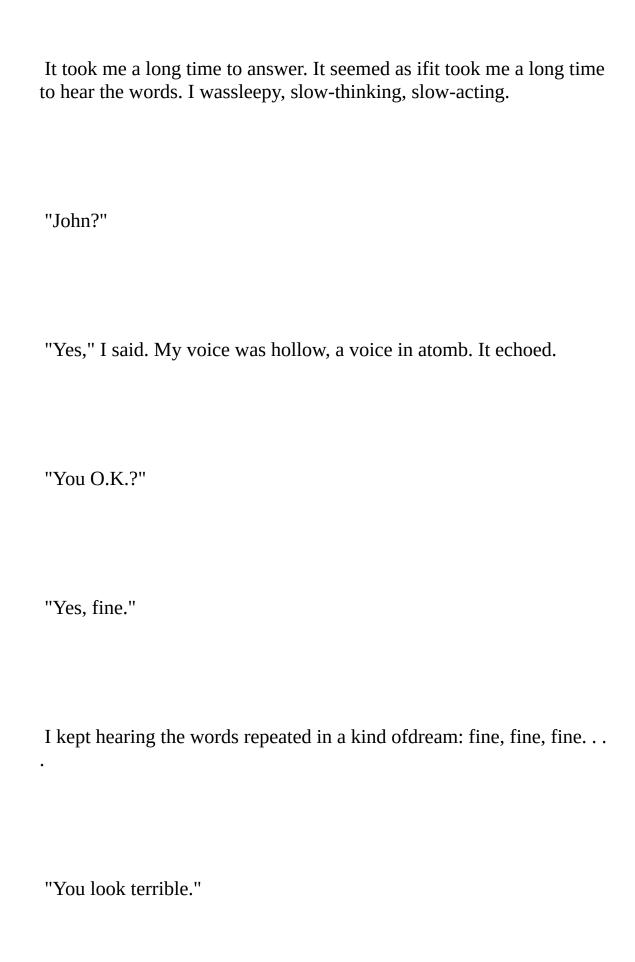
"Are you?"

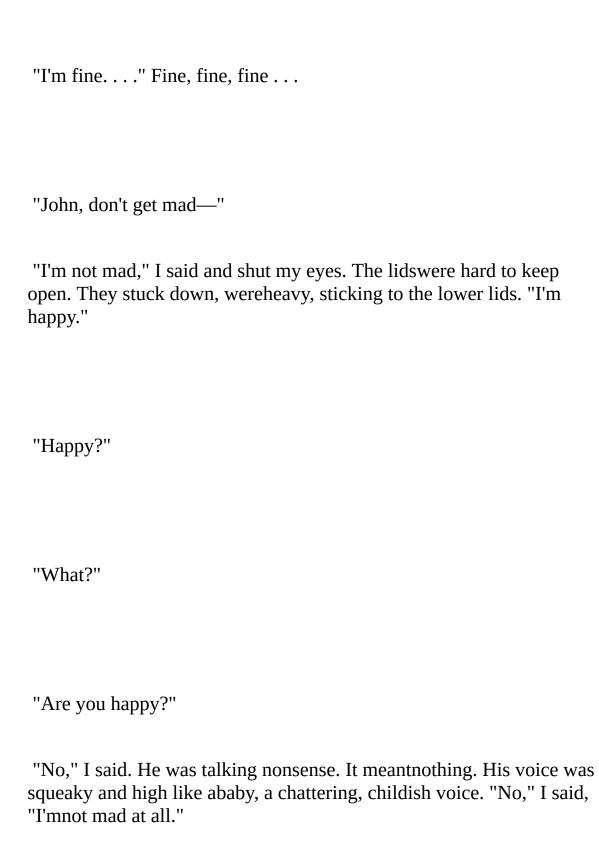
We went into the doctors' conference room, asmall cubbyhole with two chairs and a table. Therewere charts on the walls, detailing procedure foracute emergencies: hemorrhagic shock, pulmonaryedema, MI, burns, crush injuries. We sat down andI lit a cigarette. My left hand felt weak as I flickedthe lighter.

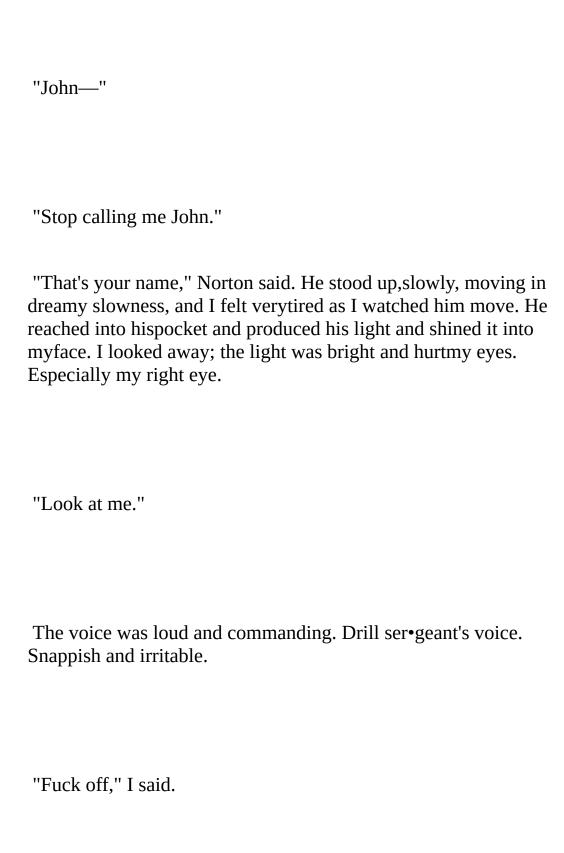
Hammond stared at the charts for a while; nei•ther of us said anything. Finally, Hammond said,"Want a drink?"
'Yes," I said. I was feeling sick to my stomach, dis•gusted, and annoyed. A drink would do me good, snap me out of it. Or else it would make me sicker.
He opened a locker and reached into the back,producing a flask. "Vodka," he said. "No smell. Foracute medical emergencies." He opened it and tooka swallow, then passed it to me.
As I drank, he said, "Jesus. Tune in, turn on,drop dead. Jesus."
"Something like that."
I gave the flask back to him.
"She was a nice girl, too."

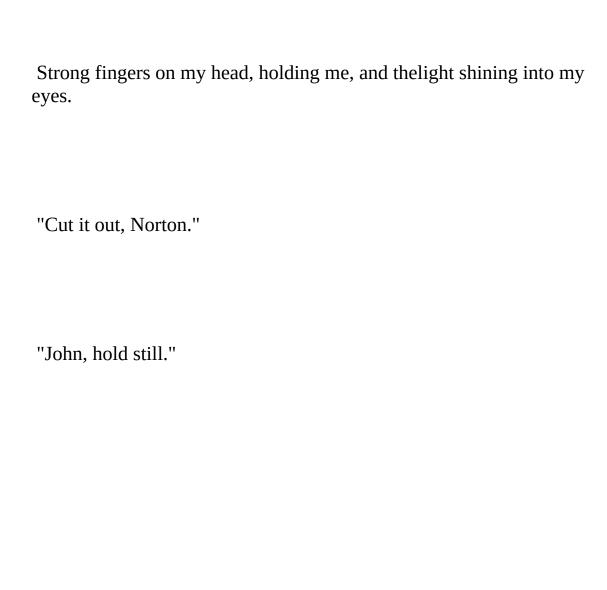
I looked up at a chart illustrating the pathologicallesion and emergency steps for diagnosis and treat•ment of ectopic pregnancy. I got down to the place where they talked about menstrual irregularity and cramping right-lower-quadrant pain when the wordsbegan to blur.

"John?"

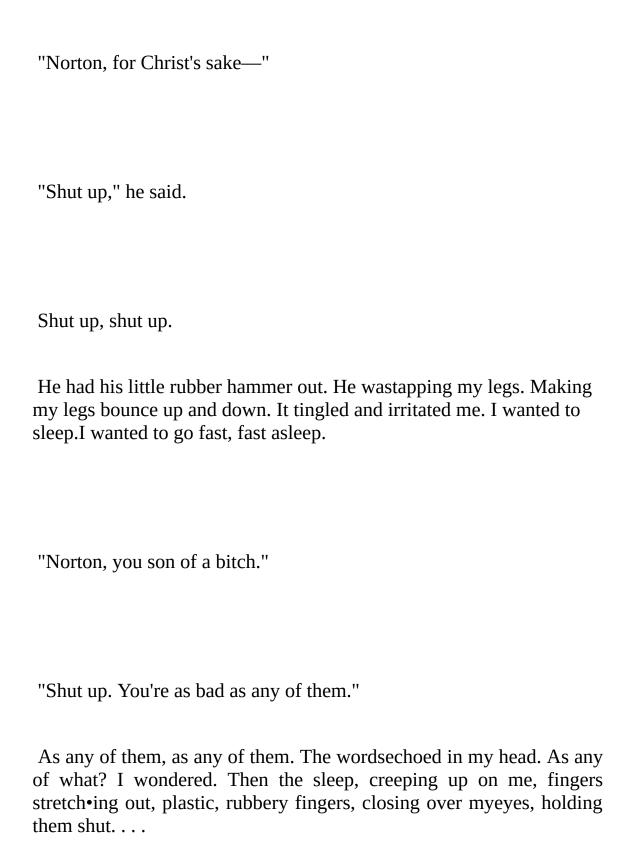


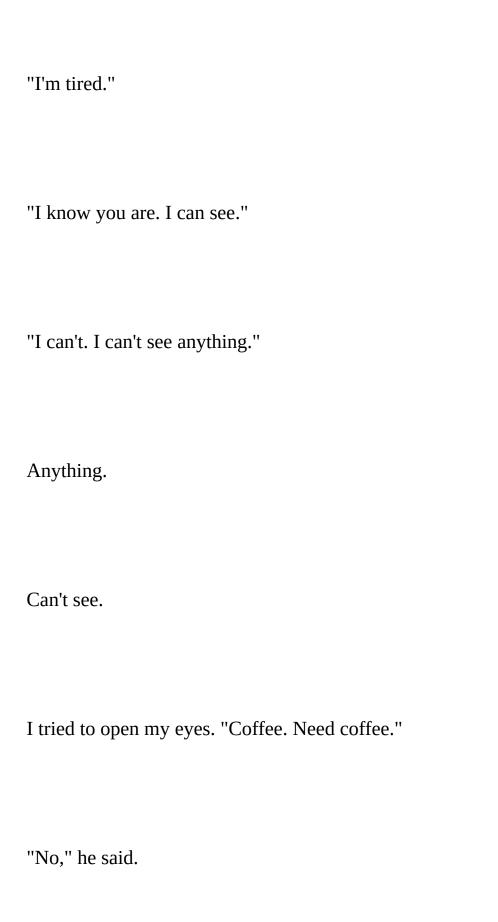






"Cut it out." I closed my eyes. I was tired. Verytired. I wanted to sleep for a million years. Sleepwas beautiful, like the ocean washing the sand, lap•ping up with a slow, beautiful, hissing sound, clean•ing everything.
"I'm O.K., Norton. I'm just mad."
"John, hold still."
John, hold still.
John, hold still.
John, hold still.





"Give me a fetus," I said and wondered why 1said it. It made no sense. Did it? Didn't it? So con•fusing. Everything was confused. My right eye hurt. The headache was right behind my right eye. Likea little man with a hammer, pounding the back ofmy eyeball.

"A little man," I said.

"What?" "A little man," I explained. It was obvious. Hewas stupid not to understand. It was perfectly obvi•ous, a reasonable statement from a reasonable man. Norton was just playing games, pretending hedidn't understand. "John," he said, "I want you to count backwardfrom one hundred. Subtract seven from one hun•dred. Can you do that?" I paused. It wasn't easy. In my mind, I saw apiece of paper, a shining white piece of paper, withpencil on it. One hundred minus seven. And a line, for the subtraction. "Ninety-three." "Good. Continue."

That was harder. It needed a new piece of paper.

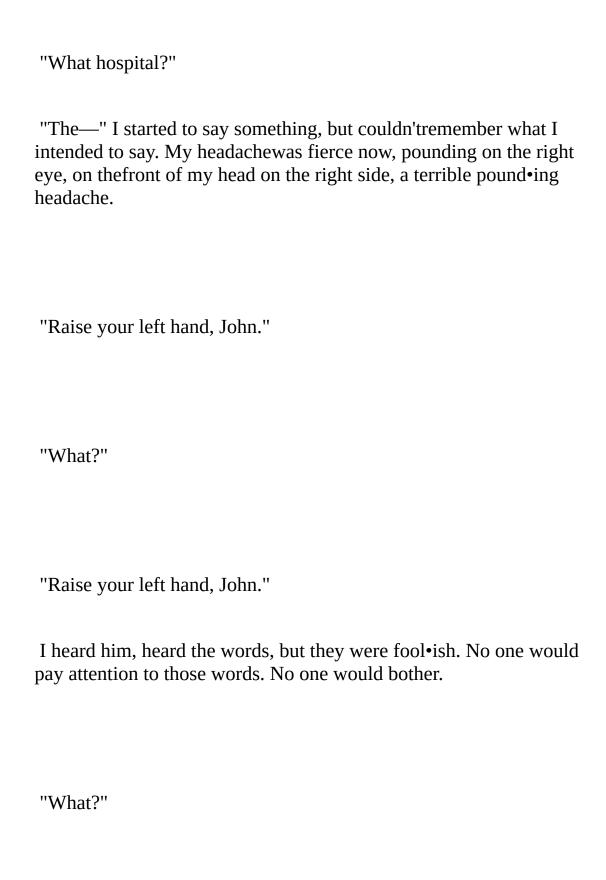
I had to tear the old one off the pad before I could
begin with a new piece. And when I had torn the old one off, I had forgotten what was on it. Compli•cated. Confusing.
"Go on, John. Ninety-three."
"Ninety-three minus seven." I paused. "Eighty-five. No. Eighty-six."
"Go on."
"Seventy-nine."
"Yes."



"Today," I said.

"What is the date?"





The next thing I felt was a vibration, on the rightside of my head. A funny rumbling vibration. Iopened my eyes and saw a girl. She was pretty, butshe was doing strange things to me. Brown fluffythings were falling off my head. Drifting down. Norton was watching and calling for something, but I did not understand the words. I was nearly asleep,it was all very strange. After the fluff came a lather.

And the razor. I looked at it, and the lather, and Iwas suddenly sick, no warning, no nothing, but vomitall over and Norton was saying, "Hurry it up, let's go."

And then they brought in the drill. I could barelysee it, my eyes kept closing, and I was sick again.

The last thing I said was "No holes in my head."

I said it very clearly and slowly and distinctly.

I think.

FRIDAY, SATURDAY& SUNDAY

OCTOBER 14, 15 & 16

ONE

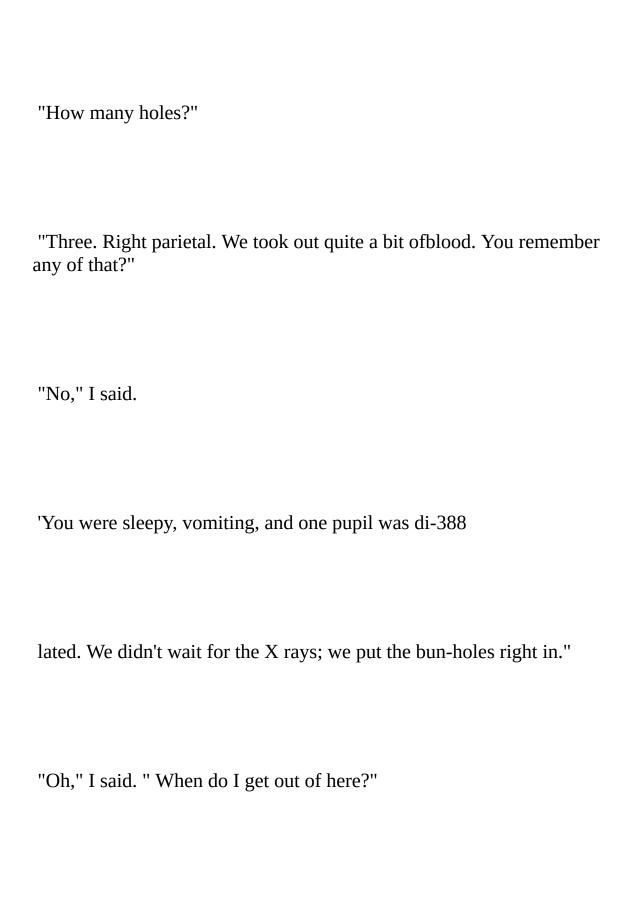
ITfelt like somebody had tried to cut off my headand hadn't done a very good job. When I woke upI

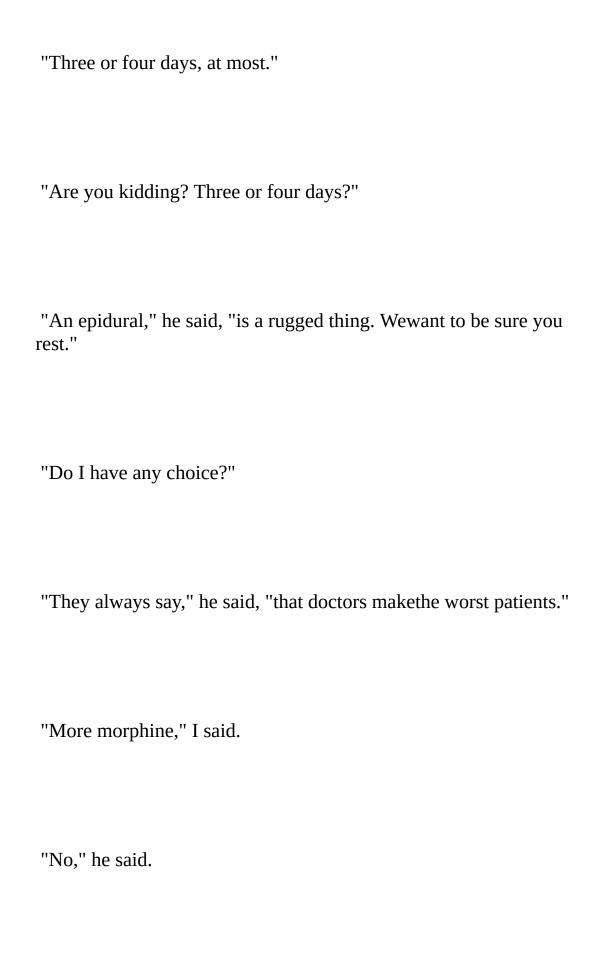
buzzed for the nurse and demanded more mor•phine. She said I couldn't have it in a smiling,

difficult-patient way and I suggested she go to hell. She didn't much like that but I didn't much likeher. I reached up and felt the bandages on the sideof my skull and made a few comments. She didn't like those any better so she left. Pretty soon Norton Hammond came in.

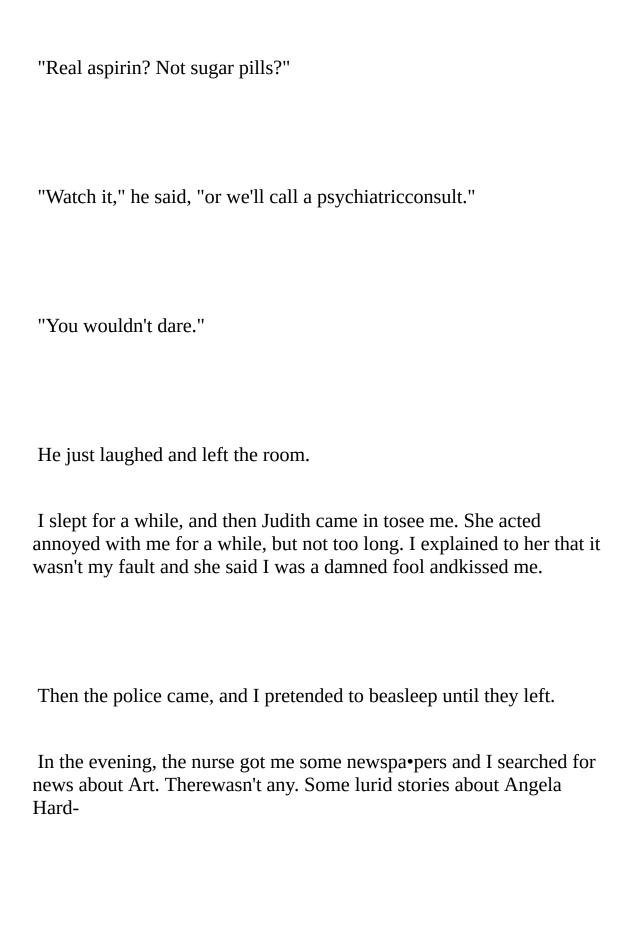
"You're a hell of a barber," I said, touching myhead.

"I thought we did pretty well."





"Darvon."
"No."
"Aspirin?"
"All right," he said. "You can have some aspirin."



ing and Roman Jones, but nothing else. Judithcame again during evening visiting hours and told me that

Betty and the kids were fine and that Artwould be released the next day.

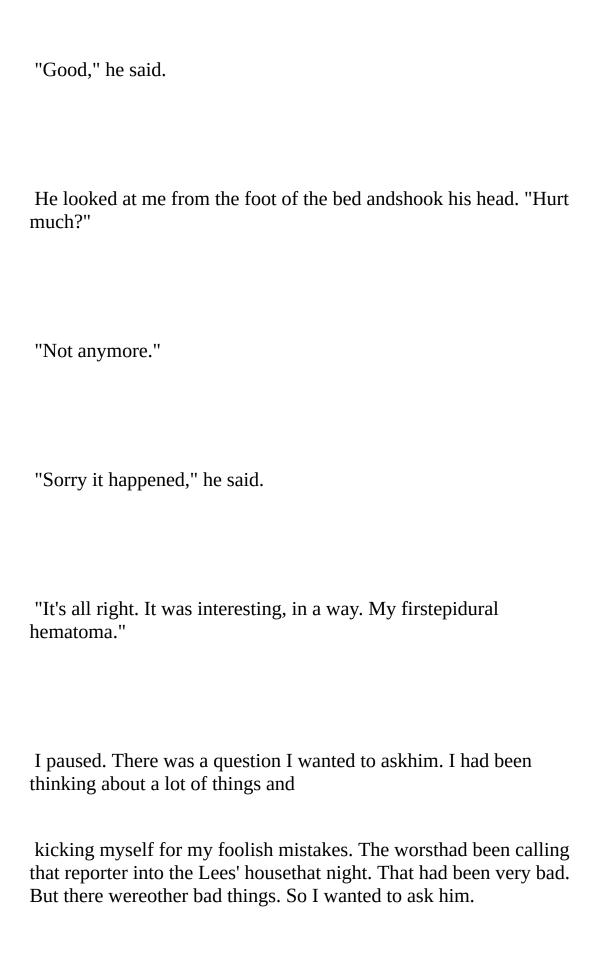
I said that was great news and she just smiled.

THERE IS NO SENSE OF TIME IN A HOSPITAL. One dayblends into the next; the routine—temperatures, meals, doctors' rounds, more temperatures, moremeals—was everything. Sanderson came to see me,and Fritz, and some other people. And the police,only this time I couldn't fake sleep. I told them ev•erything I knew and they listened and made notes. Toward the end of the second day I felt better. Iwas stronger, my head was clearer, and I was sleep•ing less.

I told Hammond and he just grunted and said towait another day.

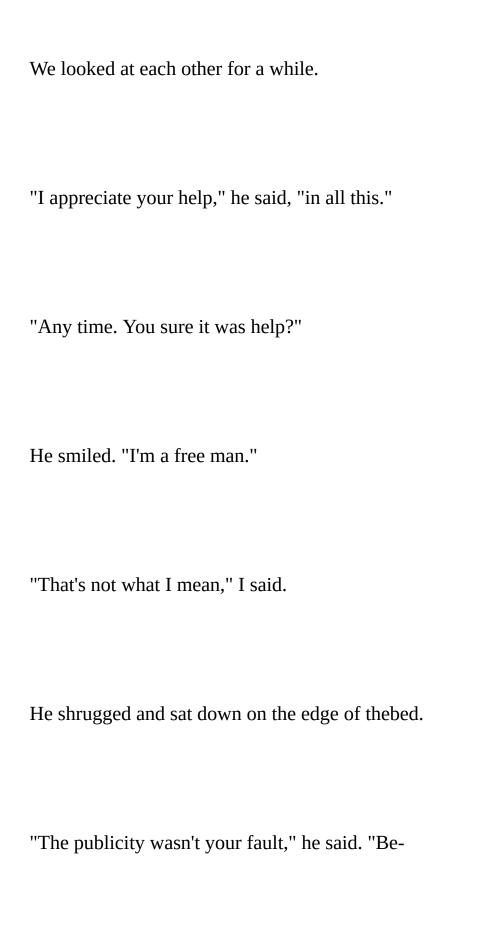
Art Lee came to see me in the afternoon. He hadthe old, wry grin on his face but he looked tired. And older.

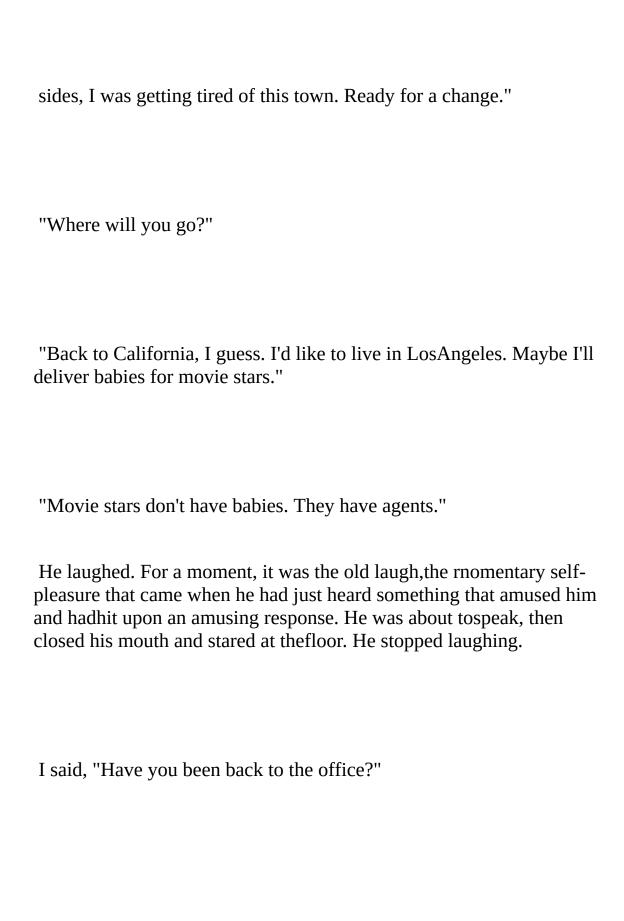
"Hi," I said. "How's it feel to be out?"



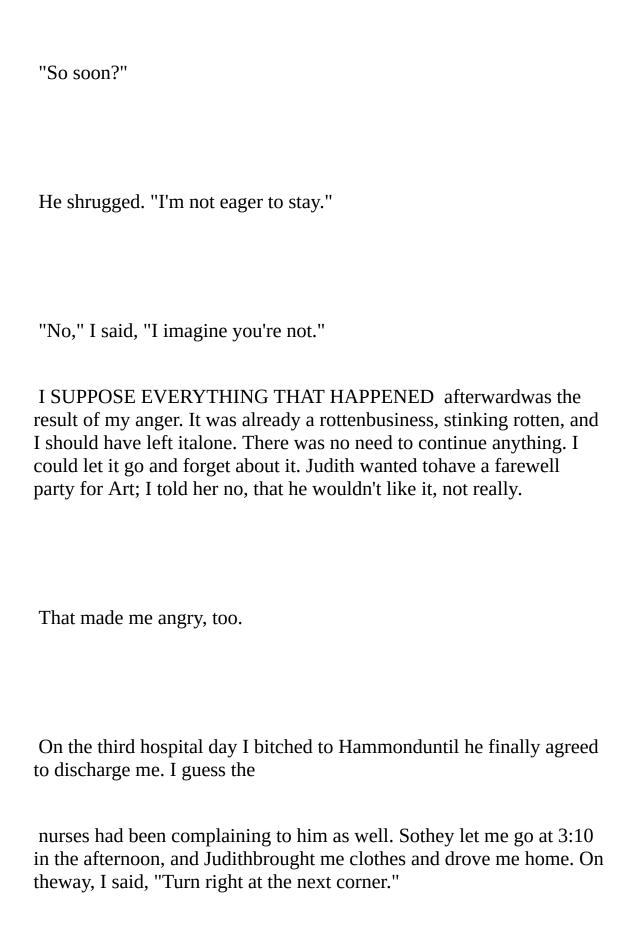
Instead, I said, "The police have things wrappedup now, I imagine."

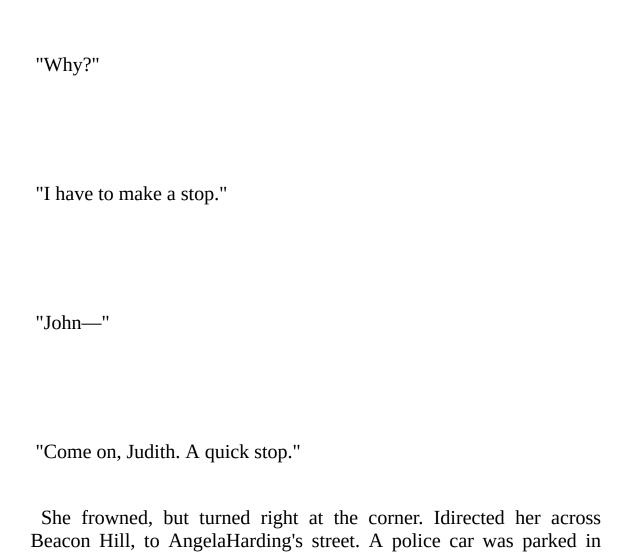
He nodded. "Roman Jones was supplying Angela.He made her do the abortion. When it failed—andyou got curious—he went over to Angela's house,probably to kill her. He decided he was being fol•lowed and caught you. Then he went to her placeand went after her with a razor. That was what hap•pened to your forehead."
"Nice."
"Angela fought him with a kitchen knife. Slashedhim up a little. I must have been a pleasant scene,him with the razor and her with the knife. Finallyshe managed to hit him with a chair and knock him ou the window."
"She said that?"
"Yes, apparently."
I nodded.





"Just to close it up. I'm making arrangements forthe movers."
"When will you go?"
"Next week."



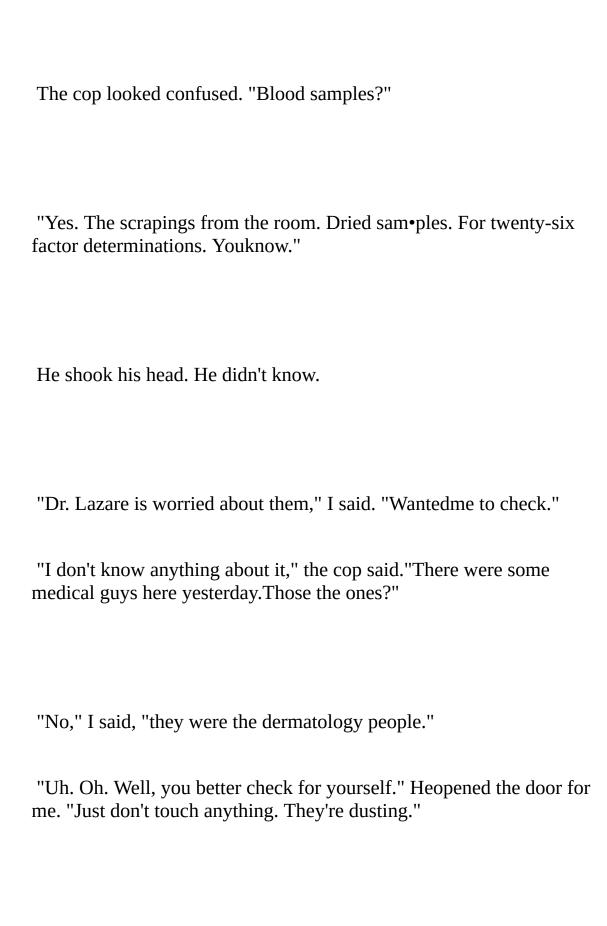


front ofher apartment. I got out and went up to the secondfloor. A cop

"Dr. Berry, Mallory Lab," I said in an official tone. "Have the blood

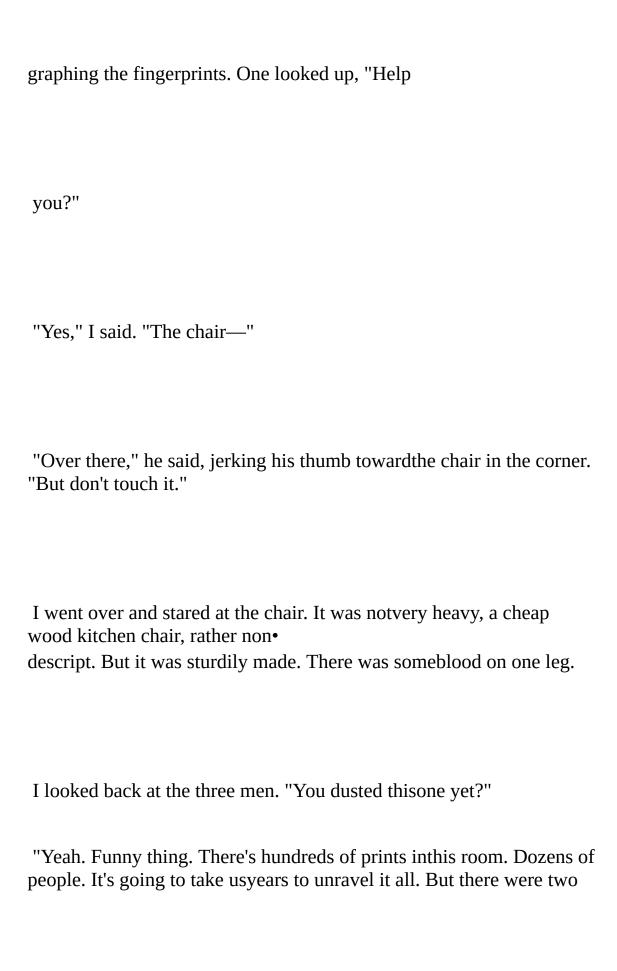
stood outside the door.

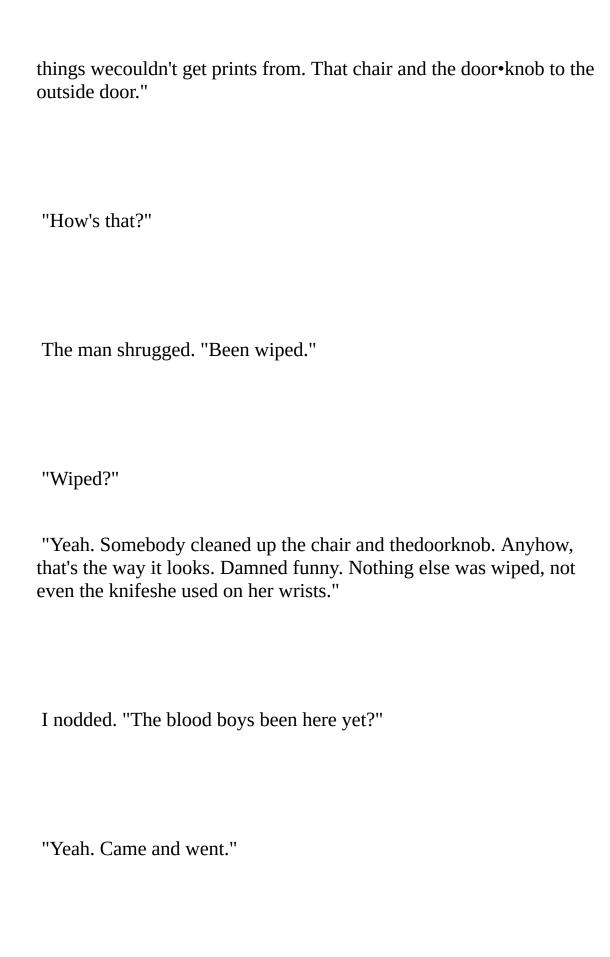
samples been taken yet?"



I entered the apartment. It was a shambles, fur•niture overturned, blood spattered on couches and

tables. Three men were working on a glass, dustingpowder onto it and blowing it off, then photo•







"—with fifty-percent chance of showers—"
"Yeah, they say the samples were taken. You sureyou haven't gotten them yet?"
"—tomorrow, fair and colder with a high in theforties—"
"Oh. I see. O.K. Good. Right. See you."
—"wind from the east at fifteen miles perhour—"

I hu	ng up and	l turned to	the thr	ee men.	"Thanks,	" I said.
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"Sure."

Nobody paid any attention to me as I left. No-body really cared. The men who were there were doing routine duty. They'd done things like this be-fore, dozens of times. It was just routine.

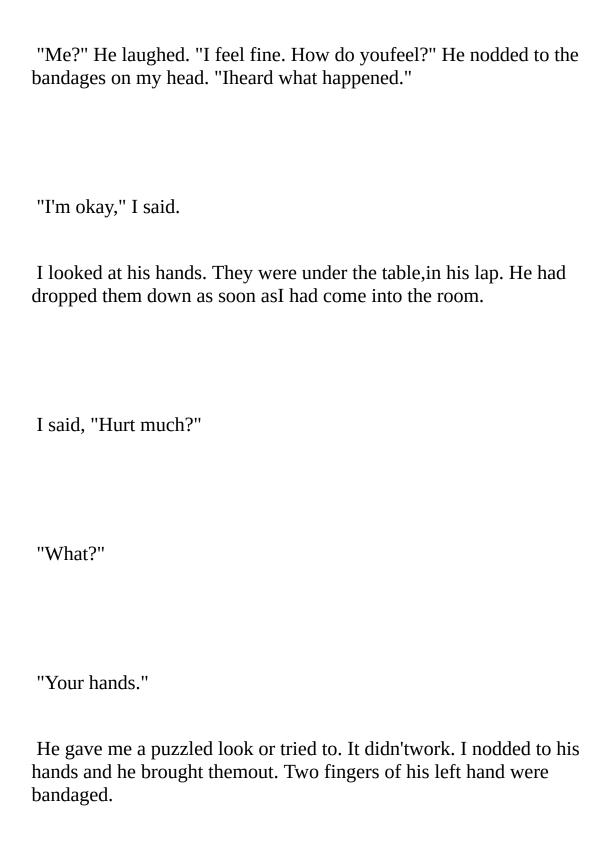
POSTSCRIPT:MONDAY

OCTOBER 17

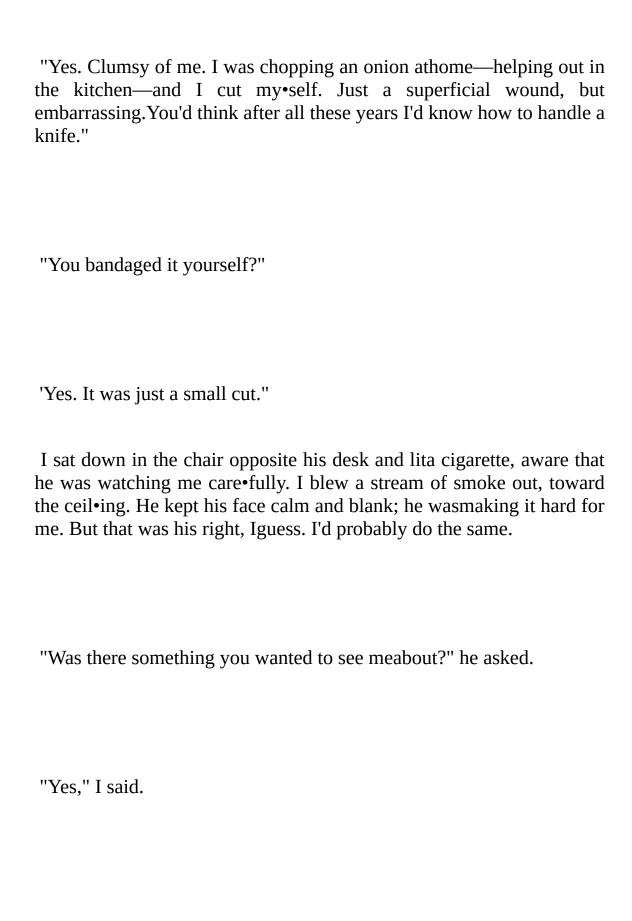
Iwas in a bad mood Monday. I sat around for most of the morning drinking coffee and smoking cigarettesand tasting a lousy sour taste in my mouth. I kepttelling myself that I could drop it and nobody wouldcare. It was over. I couldn't help Art and I couldn't undo anything. I could only make things worse.

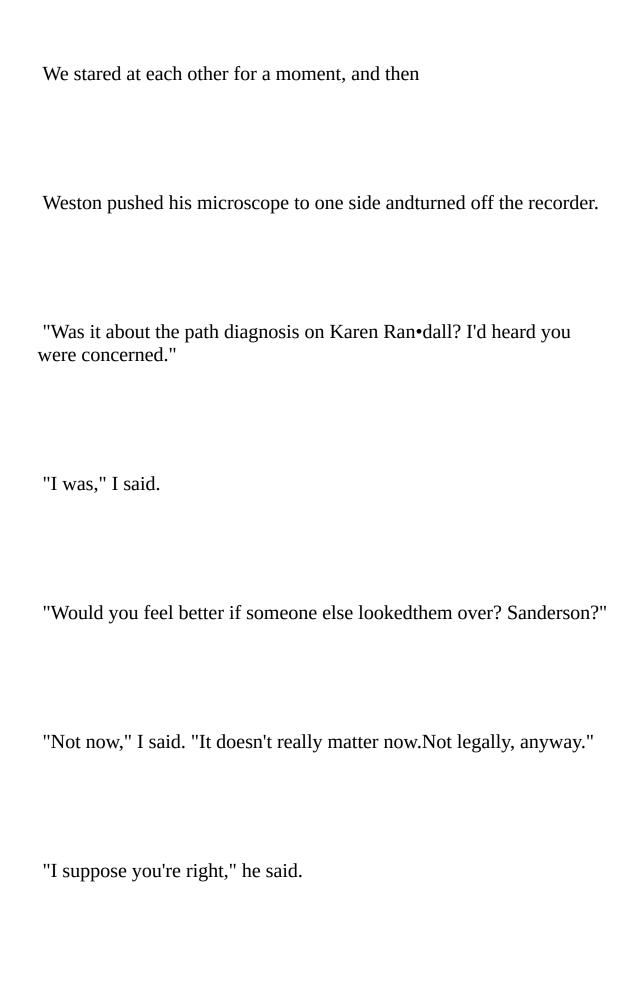
Besides, none of this was Weston's fault, not re•ally. Even though I wanted to blame somebody, I couldn't blame him. And he was an old man.
It as a waste of time. I drank coffee and told my•self that, over and over. A waste of time.
I did it anyway.
Shortly before noon I drove over to the Malloryand walked into Weston's office. He was going over some microscopic slides and dictating his findingsinto a small desk recorder. He stopped when Icame in.
"Hello, John. What brings you over here?"

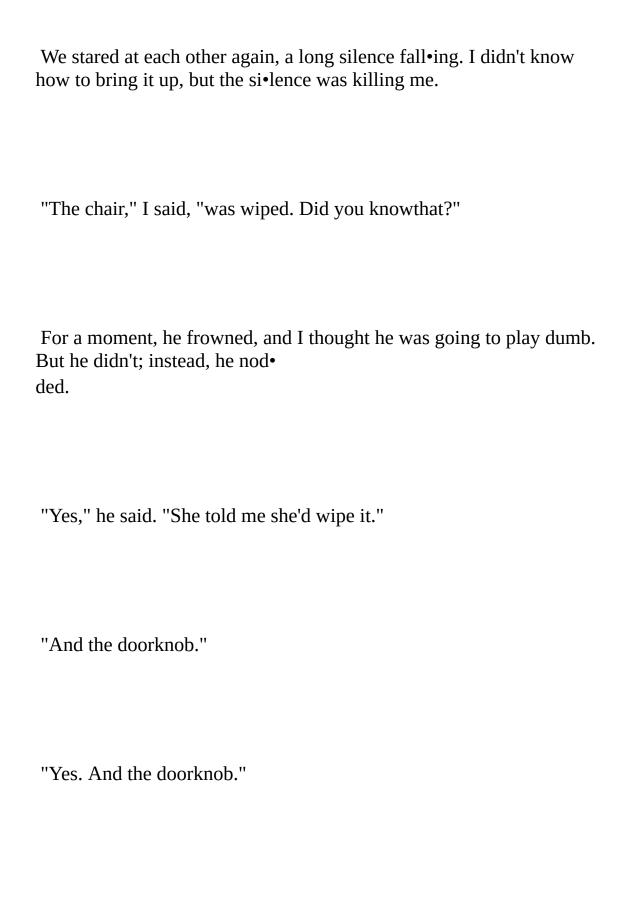
I said, "How do you feel?"396



"Accident?"







"When did you show up?"

He sighed. "It was late," he said. "I had workedlate at the labs and was on my way home. I stoppedby

Angela's apartment to see how she was. I oftendid. Just stopped in. Looked in on her."

"Were you treating her addiction?"



"Just to try and help her over the rough time. Itwas the least I could do."

"And Thursday night?"

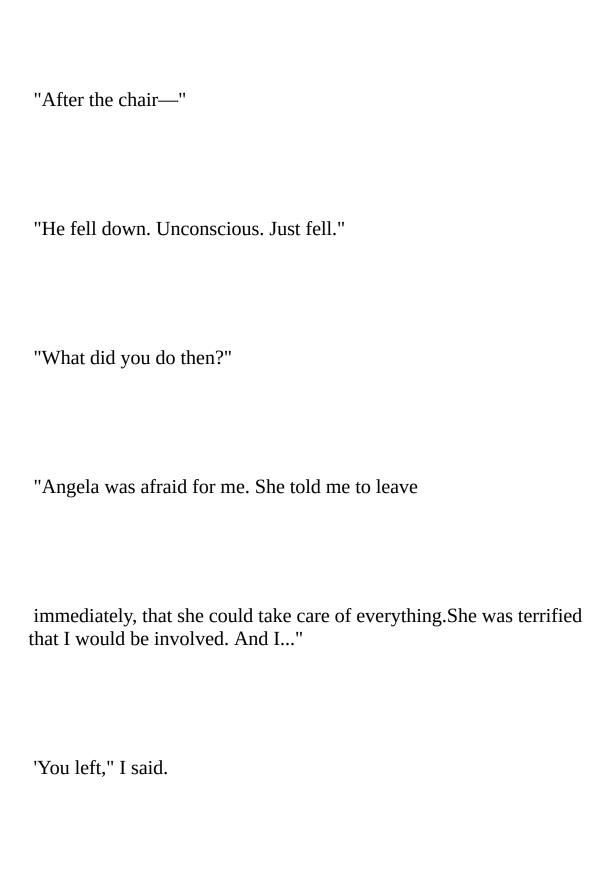
"He was already there when I arrived. I heard scuf•fling and shouts, so I opened the door, and found him chasing her with a razor. She had a kitchen knife—a long one, the kind you use for bread—and she wasfighting back. He was trying to kill her because shewas a witness. He said that, over and over. You're awitness, baby,' in a low voice. I don't remember ex•actly what happened next. I had always been fond of Angela. He said something to me, some words, and started at me with the razor. He looked terrible; Angela had already cut him with the knife, or at least, his clothes . . . "

"So you picked up the chair."

"No. I backed off. He went after Angela. He wasfacing her, away from me. That was when...I picked up the chair."

I pointed to his fingers. "And your cuts?"

"I don't remember. I guess he did it. There was alittle slash on the sleeve of my coat, too, when Igot home. But I don't remember."



He looked at his hands. "Yes."

"Was Roman dead when you left?"

"I don't really know. He had fallen near the win•dow. I guess she just pushed him out and then wipedup. But I don't know for sure. I don't know for sure."

I looked at his face, at the lines in the skin and thewhite of the hair, and remembered how he had been as a teacher, how he had prodded and pushed andcajoled, how I had respected him, how he had taken the residents every Thursday afternoon to a nearbybar for drinks and talk, how he used to bring a big birthday cake in every year on his birthday and shareit with everyone on the floor. It all came back, the jokes, the good times, the bad times, the questions and explanations, the long hours in the dissecting room, the points of fact and the matters of uncer•tainty.

"Well," he said with a sad smile, "there it is."

I lit another cigarette, cupping my hands around it and ducking my head, though there was no breeze in the room. It was stifling and hot and airless, like agreenhouse for delicate plants.

Weston didn't ask the question. He didn't have to.

"You might get off," I said, "with self-defense."

"Yes," he said, very slowly. "I might."

outside, cold autumnal sun splashed over the barebranches of the skeletal trees along Massachusetts

Avenue. As I came down the steps of Mallory, an am•bulance drove past me toward the Boston City EW.As it passed I glimpsed a face propped up on a bedin the back, with an oxygen mask being held in placeby an attendant. I could see no features to the face;I could not even tell if it was a man or a woman.

Several other people on the street had paused towatch the ambulance go by. Their expressions were fixed into attitudes of concern, or curiosity, or pity. But they all stopped for a moment, to look, and to think their private thoughts.

You could tell they were wondering who the per•son was, and what the disease was, and whetherthe person would ever leave the hospital again. They had no way of knowing the answers to thosequestions, but I did.

This particular ambulance had its light flashing, but the siren was off, and it moved with almost ca•sual slowness. That meant the passenger was notvery sick.

Or else he was already dead. It was impossible to tell which.

For a moment, I felt a strange, compelling curiosity, almost an obligation to go to the EW and find out who the patient was and what the prognosis was.

But I didn't. Instead I walked down the street, gotinto my car, and drove home. I tried to forget about the ambulance, because there were millions of ambu•lances, and millions of people, every day, at every hos•pital. Eventually, 1 did forget. Then I was all right.

As unpleasant as cancer may be described as food, as in the case of oat-cell carcinoma of the lung.

APPENDIX I:Delicatessen Pathologists

Part of any pathologist's jobis to describe whathe sees quickly and precisely; a good path reportwill allow the reader to see in his mind exactly whatthe pathologist saw. In order to do this, many pa• thologists have taken to describing diseased organsas if they were food, earning themselves the name, delicatessen pathologists.

Other pathologists are revolted by the practice; they deplore path reports that read like restaurantmenus. But the device is so convenient and usefulthat nearly all pathologists use it, at one time or an•other.

Thus there are currant jelly clots and postmor•tem chicken-fat clots. There is ripe raspberrymucosa or strawberry gallbladder mucosa, whichindicates the presence of cholesterol. There are nutmeg livers of congestive heart failure and Swiss-cheese endometria of hyperplasia. Even something

APPENDIX II:Cops and Doctors

DOCTORS ARE GENERALLY MISTRUSTFUL of the police

and try to avoid police business. One reason:

A brilliant resident at the General was called out of bed one night to examine a drunk brought in by the police. The police may know that certain med•ical disorders—such as diabetic coma—may closely imitate inebriation, even including an "alcoholic"breath. So this was routine. The man was exam•ined, pronounced medically sound, and carted offto jail.

He died during the night. At autopsy, he wasfound to have a ruptured spleen. The family suedthe resident for negligence, and the police were ex•traordinarily helpful to the family in attempting toput the blame on the doctor. At the trial, it was de•cided that the doctor had indeed been negligent, but no damages were awarded.

This doctor later tried to obtain certification from the Virginia State Board to practice in that state, and succeeded only with the greatest difficulty. This incident will follow him for the rest of his life.

While it is possible that he missed the enlargedor ruptured spleen in his examination, it is highly unlikely considering the nature of the injury and ex•tremely high caliber of doctor. The conclusion ofthe hospital staff was that probably the man had re•ceived a good kick in the stomach by the police, af•ter he had been examined.

There is, of course, no proof either way. Butenough incidents such as this have occurred thatdoctors mistrust police almost as a matter of gen•eral policy.

APPENDIX III:Battlefields and Barberpoles

Throughout history, surgery and war have been intimately related. Even today, of all doctors, young surgeons are the ones who least object to being sent to the battlefield. For it is there that surgeons and surgery have traditionally developed, innovated, and matured.

The earliest surgeons were not doctors at all; they were barbers. Their surgery was primitive, con•sisting largely of amputations, bloodletting, andwound-dressing. Barbers accompanied the troopsduring major campaigns and gradually came tolearn more of their restorative art. They were ham•pered, however, by a lack of anesthesia; until

1890, the only anesthetics available were a bullet clenched between the victim's teeth and a shot of whiskey in his stomach. The surgeons were alwayslooked down on by the medical doctors, men who did not deign to treat patients with their hands, but took a more lofty and intellectual approach. The at•titude, to some extent, persists to the present day.

Now, of course, surgeons are not barbers, or vice versa. But the barbers retain the symbol of their old trade—the red-and-white-striped pole which repre•sents the bloody white dressings of the battlefield.

But if surgeons no longer give haircuts, they stillaccompany armies. Wars gives them vast experi•ence in treating trauma, wounds, crush injuries, and burns. War also allows innovation; most of thetechniques now common to plastic or reconstruc•tive surgery were developed during World War II.

All this does not necessarily make surgeons ei•ther prowar or antipeace. But the historical back•ground of their craft does give them a somewhatdifferent outlook from other doctors.

APPENDIX IV: Abbreviations

Doctors love abbreviations, and probably noother major profession has so many. Abbreviationsserve an important time-saving function, but there

seems to be an additional purpose. Abbreviations are a code, a secret and impenetrable language, the cabalistic symbols of medical society.

For instance: "The PMI, corresponding to the LBCD, was located in the 5th ICS two centimeters lateral to the MCL." Nothing could be more myste•rious to an outsider than that sentence.

X is the most important letter of the alphabet in medicine, because of its common use in abbrevia•tions. Use ranges from the straightforward "Poliox3" for three polio vaccinations, to "Discharged toWard X," a common euphemism for the morgue.But there are many others: dx is diagnosis; px, prog•nosis; Rx, therapy; sx, symptoms; hx, history; mx,metastases; fx, fractures.

Letter abbreviations are particularly favored incardiology, with its endless usage of LVH, RVF, AS,MR to describe heart conditions, but other special•ties have their own.

On occasion, abbreviations are used to makecomments which one would not want to write outin full. This is because any patient's hospital recordis a legal document which may be called into court; doctors must therefore be careful what they say, and a whole vocabulary and series of abbreviationshave sprung up. For instance, a patient is not de•mented, but "disoriented" or "severely confused"; a patient does not lie, but "confabulates"; a patient is not stupid, but "obtunded." Among surgeons, a fa•vorite expression to discharge a patient who is ma•lingering is SHA, meaning "Ship his ass out of

here." And in pediatrics is perhaps the mostunusual abbreviation of all, FLK, which means "Funny-looking kid."

APPENDIX V:Whites

EVERYBODY KNOWS DOCTORS WEAR WHITE

UNIFORMS, and nobody, not even the doctors, knows why. Cer•tainly the "whites," as they are called, are distinc•tive, but they serve no real purpose. They are noteven traditional.

In the court of Louis XIV, for example, all physi•cians wore black: long, black, imposing robes which were as striking and awe-inspiring in their day asshining whites are now.

Modern arguments for whites usually invoke ste•rility and cleanliness. Doctors wear white becauseit is a

"clean" color. Hospitals are painted white forthe same reason. This sounds quite reasonable un•til one sees a grubby intern who has been on dutyfor thirty-six consecutive hours, has slept twice inhis clothes, and has ministered to dozens of pa•tients. His whites are creased, wrinkled, dirty, andno doubt covered with bacteria.

Surgeons give it all away. The epitome of aseptic conditions, of germ-free living, is found in the oper• ating room. Yet few OR's are white, and the sur-

geons themselves do not wear white clothing. Theywear green, or blue, or sometimes gray.

So one must consider the medical "whites" as auniform, with no more logic to the color than the designation of blue for a navy uniform or green foran army uniform. The analogy is closer than the ca•sual observer might expect, for the medical uniformdesignates rank as well as service. A doctor canwalk into a ward and can tell you the rank of every•one on the ward team. He can tell you who is theresident, who

the intern, who the medical student, who the male orderly. He does this by reading smallcues, just as a military man reads stripes and shoul•der insignias. It comes down to questions like: Isthe man carrying a stethoscope? Does he have onenotebook in his pocket or two? File cards held by ametal clip? Is he carrying a black bag?

The process may even be extended to indicate the specialty of a doctor. Neurologists, for example, are readily identified by the three or four straightpins stuck through their left jacket lapels.

APPENDIX VI:Arguments on Abortion

THERE ARE GENERALLY CONSIDERED to be six argu•ments for abortion, and six counterarguments. The first argument considers the law and anthro-

pology. It can be shown that many societies rou•tinely practice abortion and infanticide without pa•rental guilt or destruction of the moral fiber of thesociety. Usually examples are drawn from marginalsocieties, living in a harsh environment, such as theAfrican Pygmies or Bushmen of the Kalahari. Orfrom societies which place a great premium on sonsand kill off excess female infants. But the same ar•gument has used the example of Japan, now thesixth-largest nation in the world and one of themost highly industrialized.

The reverse argument states that Western society has little in common with either Pygmies or the

Japanese, and that what is right and acceptable forthem is not necessarily so for us.

Legal arguments are related to this. It can be shown that modern abortion laws did not always ex•ist; they evolved over many centuries, in response a variety of factors. Proponents of abortion claimthat modern laws are arbitrary, foolish, and irrele•vant. They argue for a legal system which accu•rately reflects the mores and the technology of the present, not of the past.

The reverse argument points out that old lawsare not necessarily bad laws and that to changethem thoughtlessly invites uncertainty and flux inan already uncertain world. A less sophisticatedform of the argument opposes abortion simply be•cause it is illegal. Until recently, many otherwisethoughtful doctors felt comfortable taking this posi•tion. Now, however, abortion is being debated inmany circles, and such a simplistic view is unten•able.

The second argument concerns abortion as a formof birth control. Proponents regard abortion on de• mand as a highly effective form of birth control andpoint to its success in Japan, Hungary, Czechoslo•vakia, and elsewhere. Proponents see no essential difference between preventing a conception and halting a process which has not yet resulted in a fully viable infant. (These same people see no dif• ference between the rhythm method and the pill, since the intention of both practices is identical.) In essence, the argument claims that "it's thethought that counts."

Those who disagree draw a line between preven•tion and correction. They believe that once concep• tion has occurred, the fetus has rights and cannotbe killed. This viewpoint is held by many who favor conventional birth-control measures, and for thesepeople, the problem of what to do if birth control fails—as it does in a certain percentage of cases— is troublesome.

The third argument considers social and psychiatric factors. It has variants.

The first states that the physical and mentalhealth of the mother always takes precedence overthat of the unborn child. The mother, and her al•ready existing family, may suffer emotionally and fi•nancially by the birth of another infant, and

therefore, in such cases the birth should be pre•vented.

The second states that it is immoral and criminalto bring into the world an unwanted child. It statesthat, in our increasingly complex society, the properrearing of a child is a time-consuming and expen•sive

process demanding maternal attention and pa•ternal financial support for education. If a familycannot provide this, they do a grave disservice to the child. The obvious extreme case is that of theunwed mother, who is frequently unprepared torear an infant, either emotionally or financially.

The counterargument is vague here. There is talkof mothers who unconsciously wish to conceive; talkof the maternal urge to procreate; flat statements that "there never was a child born who wasn't wanted." Or an ex-post-facto approach: once the child is born, thefamily will adjust and love him.

The fourth argument states that a woman shouldnever, under any circumstances, be required to bear a child if she does not wish to do so. Abortion on de•mand should be a right of every woman, like the right to vote. This is an interesting argument, but its use•fulness has been diluted by many of its proponents, who often express a rather paranoid feeling that theworld is dominated by men who cannot be expected to show any sympathy for the opposite sex.

Those who disagree with this argument usually point out that a modern, emancipated woman neednot become pregnant if she does not wish it. A wide

variety of birth-control methods and devices is availa•ble to her, and they believe that abortion is not a substitute for birth control. The case of birth-controlfailure and inadvertent pregnancy—such as rape—aredifficult to handle within this framework, however.

The fifth argument states that abortion is safe, easy, simple, and cheap; thus there can be no practical objection to legalizing termination of pregnancy.

The counterargument states that abortion carriesa finite risk of mortality, which, though small, none• theless exists. Unfortunately for this viewpoint, it isnow perfectly clear that a hospital abortion is one-sixth to one-tenth as dangerous as a hospital deliv•ery. This means it is safer to abort a child than tocarry it to term.

The sixth argument is the newest and the most in genious. It was first proposed by Garrett Hardin, andit attacks the problem at a crucial question: Is abor ion murder? Hardin says no. He argues that the embryo does not become human until after birth and along period of training. He states that the embryo is nothing but a template, ultimately derived from DNA, the information-carrying genetic substance. Information in itself, he says, is of no value. It is like ablueprint. The blueprint of a building, he says, is worthless; only the building has value and significance. The blueprint may be destroyed with impunity, for another can easily be made, but a building cannotbe destroyed without careful deliberation.

This is a swift and oversimplified summary of hisargument. Hardin was trained both as an anthropolo•gist and as a biologist, and his viewpoint is unique. Itis interesting because it considers the question ofwhenis a person human in terms ofwhat is a humanbeing? Returning to the analogy of blueprint andbuilding, the blueprint specifies size, shape, and gen•eral structure, but it does not state whether the build•ing will be erected in New York or Tokyo, whether ina slum or an affluent area, whether it will be used ef•fectively or fall into disrepair. By implication, Hardinis defining a human being not only as an animal that walks on its hind legs, has a large brain, and an op•posable thumb; he includes in the definition enough maternal care and education to make a person a well-adjusted and functioning unit of a social grouping.

The counterargument says that Hardin assumes DNA is a "non-unique" copy of information, whenin fact it is quite unique. All children of a given mother and father are not identical; therefore the DNA cannot be

"non-unique."

To this Hardin replies that we already, quite bychance, select only some of the potential DNA

combinations of sperm and egg and allow these toreach maturation. He notes that an average womanhas

30,000 eggs in her ovaries, yet will bring only afew to term. The others are destroyed just as surelyas if they had been aborted. And, as he says, one ofthem might have been "a super Beethoven."

Hardin's argument is still new and strikes many asabstruse. But undoubtedly his is just the first of many

new arguments, for and against abortion, which willbe proposed on an increasingly subtle scientific basis. It is a commentary on modern man that he mustjustify his morality on the basis of the molecular mechanisms at work within a single cell of his body.

There are other arguments, but they are mostly eva•sive and petty. There are economic arguments con• cerning the cost of turning hospitals into abortionmills; there are vague and wild-eyed arguments of un• leashed libertinism, similar to the arguments heardbefore the introduction of birth-control pills. There are also reflex liberal arguments that anything freer is by definition good and meritocratic arguments that the outpouring of children from the lower classes should be stemmed. There is no point in considering these viewpoints. They are advanced, for the mostpart, by thoughtless and irritable little men.

APPENDIX VII:Medical Morals

In medicine today,there are four great moral ques•tions involving the conduct of medical practice. One is abortion. Another is euthanasia, the killingof a patient with a terminal and incurable illness. Athird concerns the social responsibility of the doc-

tors to administer care to as many people as possi•ble. A fourth concerns the definition of death.

The interesting thing is that all these problems are new. They are products of our technology, moraland legal problems which have sprung up withinthe last decade or so.

Hospital abortion, for example, must now be re•garded as a relatively inexpensive and safe proce•dure,

carrying a mortality rate roughly similar to atooth extraction. This was not always true, but in he modern context it is, and we must thereforedeal with it.

Euthanasia was once much less serious a prob•lem. When doctors had fewer "supportive" aids, ar•tificial respirators, and knowledge of electrolyte balances, patients with terminal illnesses tended todie quickly. Now, medicine faces the fact that aperson can be kept technically alive for an indefi•nite period, though he can never be cured. Thusthe doctor must decide whether supportive therapyshould be instituted and for how long. This is aproblem because doctors have traditionally felt that they should keep their patients alive as long as pos•sible, using every available technique. Now, themorality—and even the humanity—of such an ap•proach must be questioned.

There is a corollary: whether the patient facing an incurable disease has the right to refuse support•ive therapy; whether a patient facing weeks ormonths of terminal pain has a right to demand aneasy and painless death; whether a patient who has

put himself in a doctor's hands still retains ultimatelife-and-death control over his own existence.

Social responsibility in its modern terms—responsibility to a community, not an individual—is something rather new to medicine. Formerly patientswho were indigent were treated by kind doctors, ornot at all; now, there is a growing feeling that medicalcare is a right, not a privilege. There is also a growingnumber of patients who were once charity cases butare now covered by health insurance or Medicare. The physician is today being forced to reconsider hisrole, not in terms of those patients who can afford to seek his help, but in terms

of all the people in the community. Related to this is the increased medical emphasis on preventive care.

The definition of death is a problem with a single cause: organ transplants. As surgeons become more skilled in transplanting parts from the dead to theliving, the question of when a man is dead becomes crucial, because transplantable organs should be re•moved as rapidly as possible from a dead man. The old, crude indicators—no pulse, no breathing—have been replaced by no EKG activity, or a flatEEG, but the question is still unresolved, and maynot be for many years to come.

There is another problem involving medical eth•ics, and that concerns the doctor and the drug companies. This is currently being fought over in afour-way tug-of-war involving patient, doctor, gov• ernment, and drug manufacturer. The issues, and the eventual outcome, are still unclear.

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