

A close-up photograph of medical instruments on a white surface. A silver stethoscope is positioned diagonally, with its chest piece in the lower left and its binaural at the top right. A reflex hammer with a wooden head and a metal shaft lies parallel to the stethoscope. The background is a plain, light-colored surface.

# The Final Diagnosis

Arthur Hailey



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## CHAPTER ONE

It was the morning of a very hot summer day in Burlington, Pennsylvania. The shade temperature was ninety-four degrees, with 78 percent humidity. Within Three Counties Hospital, it was cooler than outside, but not much. Among patients and staff, only the fortunate and influential could enjoy air-conditioned rooms. The life in the hospital was going along its usual routine.

There was no air conditioning in the Admitting department on the main floor, and Madge Reynolds, who was thirty-eight, chief clerk in Admitting, and also a diligent reader of feminine-hygiene advertising, took her fifteenth Kleenex that morning, dabbed her face, and decided to go out to the toilet and use deodorant spray again: miss Reynolds wanted to be always completely sanitary, and in hot weather she went from her desk to the women's toilet down the corridor and back again nonstop. But before going out, she decided to telephone four patients for admission that afternoon.

A few minutes earlier the day's discharge lists had come down from the wards, showing that twenty-six patients were being sent home instead of the twenty-four. During the night, there were two deaths that meant that four new names could be taken from the hospital's long waiting list for immediate admission. Somewhere, in four homes in and around Burlington, four patients who had been waiting for this call either hopefully or in fear would now pack a few essential things and put their trust in medicine as practiced at Three Counties. Miss Reynolds picked up the telephone and began to dial.

In the opposite wing of the main floor, people were awaiting treatment in the outpatient clinics. They at least would enjoy air conditioning when their turn came to enter one of the six offices leading off the waiting room. In the heat, more fortunate than the Admitting clerks were those awaiting treatment in the outpatient clinics in the opposite wing of the main floor. They at least would enjoy air conditioning when their turn came to enter one of the six offices leading off the general waiting room. Within the offices, six specialists from the Medical Arts Building

downtown were making their exclusive services free to those who couldn't, or wouldn't, want to pay the private-patient fees that were usually charged in the Medical Arts Building.

In one of the offices old Rudy Hermant, who worked only when his family bullied him into it, sat back and relaxed in cool comfort while Dr. McEwan, the ear, nose, and throat specialist, was trying to find why he was growing deaf. Rudy didn't mind the deafness too much: at times, when foremen wanted him to do something else or work faster, he found it an advantage. But Rudy's eldest son had decided the old man should go to the doctor about his ears, and here he was.

After examining old Rudy's ear, Dr. McEwan said irritably, "It might help a little if you washed some of the dirt out."

McEwan wasn't usually irritable. This morning, however, his wife quarreled with him about household expenses at the breakfast table. Afterwards, he was in such bad temper that he crumpled the right rear fender of his car getting out of the garage.

"I didn't hear you," the old man said.

McEwan was thinking whether the old man's growing deafness was caused by his old age or by a small tumor. It was an intriguing case, and already his professional interest was winning over his irritability.

"It was nothing! Forget it!" McEwan said loudly. At this moment, he was glad of old Rudy's deafness and slightly ashamed of his own irritability.

In the general medical clinic, fat Dr. Toynbee, an internist, lighted another cigarette from the stub of the last. He felt slightly nauseated and decided that he should stop eating too much, especially Chinese food. He looked at the patient on the other side of his desk, and said sternly, "You're overweight and I'm going to put you on a diet. You'd better stop smoking too."

Miss Mildred, senior records clerk at Three Counties, stopped Dr. Pearson, the hospital's elderly staff pathologist, in a busy main-floor

corridor.

"These autopsy protocols have to be signed, Dr. Pearson. The Health Board has asked for extra copies."

"Some other time. I'm in a hurry."

"Please, Doctor. It'll only take a moment. I've been trying to get you for three days."

Pearson went to a desk, grumbling as he put his signatures. "I don't know what I'm signing. What is it?"

"It's the Howden case, Dr. Pearson."

Pearson said irritably, "There are so many cases. I don't remember."

Patiently Miss Mildred reminded him. "It's the workman who was killed when he fell from a high catwalk. If you remember, the employers said that the fall must have been caused by a heart attack because otherwise their safety measures would have prevented it. The autopsy, however, showed that the man had a healthy heart."

"I know all that." Pearson interrupted her.

"I'm sorry, Doctor. I thought..."

"It was an accident. They'll have to give the widow a pension." As Pearson put another signature, Miss Mildred looked at him and thought that he had rather more egg than usual on his tie, and she thought that the pathologist hadn't brushed his gray, unruly hair for many days. Since his wife had died some ten years earlier and he had begun to live alone, his dress had got progressively worse. His gray, uncreased slacks drooped over shoes that sadly needed shining.

Joe Pearson signed the last paper, said irritably, "Maybe I can get on with some real work now, eh?"

"Thank you, Doctor. Thank you very much."

He nodded and went down to the basement, to his own department.

On the surgical floor, the atmosphere was more relaxed. The temperature and humidity were carefully controlled throughout the whole operating section, staff surgeons, interns, and nurses could work in comfort. Some of the surgeons had completed their first cases of the morning and were going into the staff room for coffee before going on to next ones. Between sips of hot coffee Lucy Grainger, an orthopedic surgeon, was defending the purchase of a Volkswagen she had made the day before.

Dr. Bartlett, one of the hospital's general surgeons, said that the car was so small that he might have stepped on it in the parking lot. Gil Bartlett possessed a cream Cadillac which was always spotless. It reflected, in fact, its owner, one of the best dressed among the Three Counties physicians.

Kent O'Donnell joined them. O'Donnell was chief of surgery and also president of the hospital's medical board. Bartlett asked him if he could lend him photographs showing the effects, which sometimes followed removal of tonsils from an adult. Like most surgeons, O'Donnell knew that even with extreme operative care a tiny portion of tonsil sometimes escaped the surgeon's forceps and was drawn into the lung where it formed an abscess. Now he recalled a group of photographs in his teaching collection he had of the trachea and lung, portraying this condition; they had been taken during an autopsy. He told Bartlett, "I think so. I'll look for them tonight."

Lucy Grainger said, "If you don't have one of the trachea, give him the rectum. He'll never know the difference." A laugh ran round the surgeons' room. O'Donnell smiled too. He and Lucy were old friends; in fact, he sometimes wondered if, given more time and opportunity, they might not become something more.

On the floor above, surgical this was one of the quieter times of day. Morning medications had been given; rounds were over, and all was quiet until lunchtime. Some nurses had gone down to the cafeteria for coffee; others were writing their case notes.

In the hospital kitchens, this was a busy time - lunch was the heaviest meal of the day because, as well as patients, at the same time the full

hospital staff had lunch in the cafeteria. In twenty minutes or so, the diet trays would be going up to the wards, and for two hours afterward, the service of food would continue. Then, while the kitchen help cleared and stacked dishes, the cooks would begin preparing the evening meal.

Two hundred yards away from the main hospital block, in a nurses' home, Student Nurse Vivian Loburton was having trouble with a zipper that refused to zip. The break between morning classes and reporting to a ward for duty had been short enough. Now this zipper! She tugged again, and suddenly the zipper closed. Relieved, she ran to the hospital.

So it was - that morning as all mornings - through the hospital. In the clinics, the nurseries, laboratories, operating rooms; in Neurology, Psychiatry, Pediatrics, Dermatology; in Orthopedics, Ophthalmology, Gynecology, Urology; in the charity wards and the private patients' pavilion; in the service departments - administration, accounting, purchasing, housekeeping; in the waiting rooms, corridors, halls, elevators; throughout the five floors, basement, and sub-basement of Three Counties Hospital the routine hospital life went on.

It was eleven o'clock on the fifteenth of July.

## CHAPTER TWO

Kent O'Donnell, the medical-board president, was going from the surgical floor down to Administration. From behind, O'Donnell heard his name called. He stopped and saw the caller was Bill Rufus, one of the seniors on surgical staff.

"How are you, Bill?" O'Donnell liked Rufus. He was conscientious, dependable, a good surgeon with a busy practice. His patients trusted him, he was respected by interns and residents because he had a way of giving serious instruction while treating them as equals - a manner not always typical for other surgeons. Today, though, he seemed troubled.

"Kent, I want to talk to you," Rufus said.

"Shall we go to my office?" O'Donnell was curious now. Rufus only came to him when it was something important.

"No; here's as good as anywhere. Look, Kent, it's about surgical reports from Pathology."

O'Donnell thought: "I was afraid of this." To Rufus he said, "What's on your mind, Bill?"

"The reports are taking too long. Much too long." O'Donnell knew about this problem. Like other surgeons, Rufus frequently operated on a patient with a tumor. During the operation, the tumor was removed for examination by the hospital's pathologist, Dr. Joseph Pearson. The pathologist made two studies of the tissue. The first was done while the patient was still under anesthetic. From this procedure one of two verdicts could come - "malignant," which meant cancer and immediate major surgery on the patient; or "benign," which usually meant that nothing more need be done when the tumor was out. If a frozen section produced a "malignant" verdict, surgery would continue at once. On the other hand, the



opinion "benign" from the pathologist meant that the surgeon could finish the operation and send the patient to the recovery room.

"There's no delay in the first study, is there?" O'Donnell had not heard of any, but he wanted to be sure.

"No," Rufus said. "But the full tissue report takes too long."

"I see." O'Donnell' mind ran over procedures. Any removed tumor always went to the pathology laboratory where several slides were prepared. The pathologist studied the slides and gave his final opinion. Sometimes a tumor proved malignant during more close examination. If this happened, the patient needed another surgery. And the pathologist had to do the second report very quickly. O'Donnell understood that Rufus was talking about this second report.

"I know Pathology's busy, and I'm not trying to criticize Joe Pearson," Rufus was saying, "But it isn't just once, Kent. It happens all the time."

"Tell me the facts, Bill," O'Donnell said.

"Last week I operated on Mrs. Mason - breast tumor. I removed the tumor, and at first study, Joe Pearson said benign. But on surgical report he wrote that it was malignant." Rufus shrugged. "I know it's not always possible to be right the first time. Pearson took eight days to make the surgical report. By the time I got it the patient had been discharged."

"I see." This was very bad, O'Donnell thought.

"It isn't easy," Rufus was saying quietly, "to call a woman back and tell her you were wrong - that she does have cancer after all, and that you'll have to operate again."

O'Donnell, before he had come to Three Counties, had had to do the same thing himself. So he knew very well how uneasy it was.

"Bill, will you let me deal with the problem my way?"

Rufus agreed, but as it was not an isolated case, he said something definite had to be done.

O'Donnell knew that Rufus was right, but Rufus didn't know that there were some other problems which went with it.

"I'll talk to Joe Pearson this afternoon. Something will be done," he promised.

Something, O'Donnell thought as he moved down the corridor. But what exactly?

O'Donnell thought about the three and a half years, which he had spent in the hospital. There were many problems at the time of his arrival. Those three years were not easy. Gradually, though, the most serious had been overcome.

After O'Donnell's arrival, the former chief of surgery had left quietly. O'Donnell had united some of the surgeons at the hospital who wanted to raise the hospital's standards. Together they had made strict surgical rules and had formed a strong operating-room committee to apply them. A special committee was activated - its job was to ensure that mistakes in surgery, particularly the unnecessary removal of healthy organs, were not repeated.

The less competent surgeons were made to limit themselves to work within their capabilities. A few of the incompetents were given the choice of resigning quietly or being dismissed officially. Most of them chose to leave quietly. But two surgeons, formerly on Three Counties' staff, now went to court. O'Donnell knew that there was going to be a lot of unpleasant publicity around it.

But despite these problems O'Donnell and his colleagues had had their way and new, well-qualified men, came to work in Burlington hospital.

A year ago, O'Donnell had been elected president of the hospital's medical board. Since then the hospital's intern and resident training program

had been successfully broadened, and already applications for enrollment were growing in number.

There was still a long way to go. They were only at the beginning of a long program, which included the three basic principles of medicine: service, training, research. But the start was good; and O'Donnell knew that his decision to come to work at this hospital had been right.

Big changes are never achieved easily or quickly. Some of the senior members on medical staff were still against the changes, and their influence was strong among the older members of the board. O'Donnell understood that perhaps there was justice sometimes when they said that "the young make too many changes too quickly." But because of this and their influence, planning had to be made with caution sometimes. And sometimes it was difficult to explain it to the newer staff members.

That is why O'Donnell became thoughtful after talking with Bill Rufus. The pathology department at Three Counties was still a stronghold of the old regime. Dr. Joseph Pearson ran the department like a personal possession, he had been thirty-two years at the hospital. He was friendly with most of the old board members. Moreover, Joe Pearson was competent. In his earlier days, he had been recognized as an active researcher, and he was a past president of the State Pathology Association. The real problem was that there was too much work in Pathology, and one man couldn't keep everything in his own hands. O'Donnell suspected, too, that some of the pathology department's laboratory procedures needed full check and change. The changes were desirable, but this one was going to be difficult.

The hospital needed funds for extension. Raising the money depended on the opinion of the senior members of the medical board who were Joe Pearson's friends. Therefore, O'Donnell didn't want any trouble between himself and Joe Pearson. But never the less he had to take some action, and soon, about Bill Rufus' complaint.

He entered the Administration suite, opened the door to the Chief of Administration office and said, "Harry, I'm afraid, we'll have to go to war with Joe Pearson."



### CHAPTER THREE

In contrast with the heat and activity of the floors above, in the white-tiled corridor of the hospital's basement it was quiet and cool. A small procession was going silently along the corridor - Nurse Penfield and a male orderly, who was propelling a stretcher, were accompanying a patient, who had died, on this final journey between the ward and the hospital's morgue, between the territory of the living and the dead.

The white corridor forked two ways here. Weidman, the male orderly, turned the stretcher left, along the sign reading: "Pathology Department. Morgue."

Nurse Penfield had the case history and the permission to autopsy from the family under her arm.

The pathology resident, Dr. McNeil, looked through the case history and the other papers Nurse Penfield had handed him.

"Well, everything seems to be here," he said.

Then he looked at Nurse Penfield and thought that he would like to make a pass at her. Penfield was more than averagely attractive, probably thirty-two, young enough to be interesting. She was intelligent, friendly; good figure too. Roger McNeil calculated. He would probably have to take her out a couple of times, so it couldn't be this month - he didn't have enough money at the moment. He was sure that she would agree to date him. Well, she'll be back; other patients will die and bring her here.

"Thank you, Doctor." She smiled and went out.

She had a feeling, though, that Dr. McNeil had come close to suggesting something. But there would be another time.

McNeil turned to George Rinne, the autopsy-room janitor, and told him to phone the nursing office and tell them that the student nurses could

come down. He also asked him to let Dr. Pearson know that they were ready to start.

The autopsy-room door opened wide and Mike Seddons came quickly in. Seddons was a surgical resident, temporarily assigned to Pathology, and he always moved very quickly. On his boyish, open face, there was always an amiable grin. He looked over at the body on the table. "Ah, more business!"

McNeil gestured to the case papers and Seddons picked them up. He asked, "What did he die of?" Then, as he read on, "Coronary, eh?"

McNeil answered, "That's what it says."

"You doing this one?"

The resident shook his head. "Pearson's coming." Seddons asked, "The boss man himself? What's special about this case?"

"Nothing special," McNeil said. "Some of the student nurses are coming in to watch. I think he likes to impress them."

From the corridor outside there was the sound of feet. Then the autopsy-room door opened, and a nurse, a member of the nursing school's teaching staff, looked in. She said, "Good morning, Dr. McNeil." And a group of young student nurses came in after her.

There were six, and as they entered all glanced nervously at the body on the table. Mike Seddons grinned. "Hurry up, girls. You want the best seats; we have 'em."

Seddons ran his eye appraisingly over the group. There were a couple of new ones here he had not seen before, including the brunette. He took a second look. Yes, indeed; even in the spartan student's uniform she looked special. He gave her a broad smile and said quietly, "I don't remember seeing you before."

The girl said that she had been in the hospital as long as the other girls then added mockingly, "Besides, I've been told that doctors never notice first-year nursing students anyway."

Seddons smiled again. "Well, it's a general rule. But sometimes we make exceptions - depending on the student, of course." His eyes were full of admiration when he added, "By the way, I'm Mike Seddons."

She said, "I'm Vivian Loburton," and laughed. The class instructor looked at her disapprovingly, and she stopped at once. Vivian had liked this redheaded young doctor, but she understood that it was wrong somehow to be talking and joking in here. After all, the man on the table was dead. The thought of the word "autopsy" brought her back to what was to happen here, and she felt uneasy. She thought that becoming a nurse, she would grow used to seeing death, but at the moment it was still new and rather frightening.

There were footsteps coming down the corridor. Seddons touched her arm and whispered, "We'll talk again - soon." Then the door opened and Dr. Joseph Pearson came in. He greeted them with a short "Good morning" and went straight to a locker, took off his white coat, and put on a gown, which he had taken from the shelf. Pearson gestured to Seddons, who came up and tied the gown strings at the back. Then they both went to a washbasin where Seddons shook powder from a can over Pearson's hands and helped him put on a pair of rubber gloves. All this had been done in silence.

Now Pearson crossed to the table and read the case history without even glancing at the body on the table. Seddons, watching the performance, thought that it was like the entry of a maestro before a symphony. Only applause was missing.

Having read the case history, Pearson inspected the body and addressed the nurses, "This is your first experience of an autopsy, I believe."

The girls murmured, "Yes, sir," or, "Yes, Doctor."

Pearson nodded. "Then I will explain that I am Dr. Pearson, the pathologist of this hospital. These gentlemen are Dr. McNeil, the resident in pathology, and Dr. Seddons, a resident in surgery, in his third year of residency. Soon Dr. Seddons will start to practice surgery on an unsuspecting public."

Seddons grinned; he enjoyed this. Pearson liked to criticize surgeons and surgery, probably with good reason - in forty years of pathology the old man must have uncovered a lot of surgical mistakes.

Pearson continued, "Few departments of a hospital have more effect on a patient's welfare than the pathology."

"Now the main point will follow," Seddons thought, and he was right.

"Pathology tests a patient's blood, checks his excrements, discovers his diseases, decides whether his tumor is malignant or benign. Pathology advises the patient's physician on disease and sometimes, when all else in medicine fails" - Pearson paused, looked down at the body on the table, and the eyes of the nurses followed him - "the pathologist makes the final diagnosis."

Pearson paused again. "What a superb actor the old man is," Seddons thought.

"I draw your attention," Pearson was saying to the nurses, "to some words you will find on the wall of many autopsy rooms." Their eyes followed his pointing finger to the framed maxim - *Mortui Vivos Docent*. Pearson read the Latin aloud, then translated. "The dead teach the living." He looked down again at the body. "That is what will happen now. This man apparently" - he emphasized the word "apparently" - "died of coronary thrombosis. By autopsy we shall discover if that is true."

Now Pearson looked at the instruments and selected a knife. With his eye, he calculated where he would cut, then swiftly, cleanly, deeply, applied the sharp steel blade.



Pearson was doing the autopsy with the skill, ease, and speed of long experience.

McNeil was watching the student nurses. An autopsy, he thought, was not for the fainthearted.

It was not unusual when a nurse fainted at her first autopsy. McNeil told the girls quietly: "If any of you want to go out for a few minutes, that's all right. The first time's always a bit hard." They looked at him gratefully, though no one moved. McNeil knew that some pathologists would never let nurses see the first incision. But Pearson thought that they should see the whole thing from the beginning, and McNeil agreed with it. A nurse had to see a lot of tough things - sores, mangled limbs, surgery; the sooner she learned to accept the sights and smells of medicine, the better for everyone, including herself.

The three doctors were working swiftly and expertly. Each of them was doing his part of the autopsy. The gloves, instruments, and table were now beginning to be covered with blood. Seddons removed stomach and intestines, which he put into the pail after studying them briefly. The odor was beginning to be noticeable. Now Pearson and Seddons together tied off and cut the arteries so the undertaker would have no trouble when it came to embalming. Seddons removed blood from the abdomen and the chest.

Meanwhile McNeil worked on the head. When he exposed the skull, McNeil picked up the portable electric saw, which was already plugged in. Before he switched it on, he looked over at the student nurses. They were watching him with a mixture of incredulity and horror. Take it easy, girls, he thought; in a few minutes, you'll have seen it all.

Pearson was carefully removing the heart and lungs when McNeil applied the saw to bone. The sound of steel teeth biting into the skull was frightening in the quiet room. When the top of the skull was severed, he put down the saw. McNeil carefully exposed the soft membrane covering the brain beneath. Again, he glanced at the nurses. They were standing up to it well; if they could take this, they could take anything.

Now McNeil took sharp scissors and opened the large vein, which ran along the center of the membrane. The blood poured out. It was fluid blood, he noted; there was no sign of thrombosis. Seddons, watching McNeil's steady and competent hands, thought again, about what went on in the pathology resident's mind. He thought that being a pathologist you could lose your sense of reality, your awareness that medicine was of and for human beings. Pathology had interested Seddons, but he was glad that it was not his own chosen specialty. He had never had second thoughts about his personal choice of surgery. In contrast to this territory of the dead, the operating room was a territory of the living. It was pulsing and alive; there was a sense of achievement, which he could never find here.

Seddons did not believe in God. But he did believe in what he thought of as "the spark of humanity, the credo of the individual." As a surgeon, of course, he would not always know his patients. But long ago he had decided never to forget that beneath everything was a patient - an individual. And he was not afraid of personal emotions about the problems of individual patients.

What of McNeil? Did he feel anything, or was there a cocoon around the pathology resident? Seddons did not know, but he suspected there was. And Pearson? He had no doubts there. Joe Pearson was cold and clinical all the way through. The years of pathology had chilled him. Seddons looked at the old man. He had removed the heart from the body and was scrutinizing it carefully. Now he turned to the student nurses.

"The medical history of this man shows that three years ago he suffered a first coronary attack and then a second attack earlier this week. So first we'll examine the coronary arteries." As the nurses watched attentively, Pearson delicately opened the heart-muscle arteries.

"Somewhere here we should discover the area of thrombosis... yes, there it is." In the main branch of the left coronary artery, he had exposed a pale, half-inch clot. He showed it to the girls.

Pearson turned to the surgical resident. "Would you agree with me, Dr. Seddons, that the diagnosis of death by coronary thrombosis is right?"

"Yes, I would," Seddons, answered politely. The older pathologist put the heart aside.

Vivian felt better now. At the beginning, and when the saw had cut into the dead man's skull, she had nearly fainted and had determined not to. For no reason she had suddenly remembered an incident in her childhood. On a holiday, deep in the Oregon forest, her father had fallen on an open hunting knife and cut his leg badly. Surprisingly in so strong a man, he had got frightened at the sight of so much of his own blood, and her mother, usually more at home in the drawing room than the woods, had become suddenly strong. She had made a tourniquet, stopped the blood, and sent Vivian for help. Afterward the doctors had said she had saved the leg from amputation. Remembering that incident now had given her strength. After that, she knew that there would not be any problem about watching an autopsy again.

"Any questions?" Dr. Pearson asked.

Vivian had one. "The organs - those that you take out of the body. What happens to them, please?"

"We shall keep them, probably for a week. That is - the heart, lungs, stomach, kidneys, liver, pancreas, spleen, and brain. Then we shall make a gross examination, which will be recorded in detail. At that time also we'll be studying organs removed at other autopsies - probably six to a dozen cases all together."

One of the other girls wanted to know if the body was buried without the removed organs after the autopsy. Pearson said that teaching centers such as Three Counties usually did more study after autopsies than was done in non-teaching hospitals, so in Three Counties hospital just the shell of the body went on to the undertakers. Then the student nurse wanted to know if there were any exceptions.

"Yes, there are," Pearson, said. "Before we can do any autopsy we must have permission from the family of the deceased. There are cases where for reasons of religious faith the organs are required for burial with the body. In that case, of course, we comply with the request."

Pearson turned his attention back to the body.

"We'll go on now to examine..." Pearson stopped and looked down with interest.

"McNeil, Seddons, take a look at the lungs. Palpate the lungs, Seddons."

The examination of the lungs showed that the man had had a fibrocaceous tuberculosis, well advanced.

"Was there a chest X-ray on admission?" Pearson asked.

The resident shook his head. "The patient was in shock. It wasn't done."

Pearson turned to the nurses. "This man had advanced tuberculosis. It would have killed him very soon. It seems that neither he nor his physician were aware of its presence."

Pearson took off his gloves and began to remove his gown. "The performance is over," Seddons thought.

Pearson put on the white lab coat in which he entered the autopsy room and lit a new cigar. He addressed himself to the nurses.

"There will be times in your careers," he said, "when your patients will die. Sometimes you will have to obtain permission for an autopsy from the family. When that happens you will sometimes meet resistance. It is hard for any person to allow - even after death - the mutilation of someone they have loved. This is understandable."

Pearson paused. Seddons was having second thoughts about the old man. Was there some warmth, some humanity, in him after all?

"When you need to convince some individual of the need for autopsy," Pearson said, "I hope you will remember what you have seen today and use it as an example."

He waved his cigar at the table. "This man has been tuberculous for many months. It is possible he had infected others around him - his family, people he had worked with, even some in this hospital. If there had been no autopsy, some of these people might have developed tuberculosis and it could have remained undiscovered, as it did here, until too late."

Two of the student nurses moved back instinctively from the table.

Pearson shook his head. "Tuberculosis is a respiratory disease. There is no infection here. But because of what we have learned today, those who have been close to this man will be kept under observation and given periodic checks for several years."

To his own surprise, Seddons discovered that at this moment he was liking the old man.

As if he had read Seddons' thoughts, Pearson looked at the surgical resident. With a mocking smile: "Pathology has its victories too, Dr. Seddons."

He nodded at the nurses. Then he was gone, leaving a cloud of cigar smoke behind.

## CHAPTER FOUR

Surgical-mortality conference was held at Three Counties every month. All the staff surgeons, interns and residents were usually present. That day, when Dr. Lucy Grainger entered the boardroom where the conference usually took place, nearly everybody had already arrived.

"Lucy!" Kent O'Donnell called to her. He was maneuvering the other man with him.

"Lucy, I'd like you to meet Dr. Roger Hilton. He's just joined the staff. This is Dr. Grainger."

O'Donnell always helped new staff members to become known. He added, "Lucy is one of our orthopedic surgeons."

She offered Hilton her hand and he took it. "If you're not tired of hearing it," she said, "welcome!"

"Matter of fact, I'm rather enjoying it." He looked as if he were.

"Is this your first hospital appointment?"

Hilton nodded. "Yes. I was a surgical resident at Michael Reese."

Lucy remembered now that this was a man whom Kent O'Donnell had been very keen to get to Burlington. And undoubtedly that meant that Hilton had good qualifications.

Kent O'Donnell wanted to have a private talk with Lucy, so they moved to one of the boardroom windows.

"How have you been, Lucy? I haven't seen you, except in line of duty, for quite a while." O'Donnell smiled.

Lucy smiled too. "Well, my pulse has been normal; temperature around ninety-eight point eight. Haven't checked blood pressure recently."

"Why not let me do it?" O'Donnell said. "Over dinner, for example."

"Do you think it's wise? You might drop the sphygmomanometer in the soup."

"Let's settle for dinner then and forget the rest."

"I'd love to, Kent," Lucy said. "But I'll have to look at my book first."

"Do that and I'll phone you. Let's try to make it next week." O'Donnell touched her lightly on the shoulder as he turned away. "I'd better start the conference."

As he went toward the center table, Lucy thought, not for the first time, how much she admired Kent O'Donnell, both as a colleague and a man. The invitation to dinner was not a new thing. They had had evenings together before, and she had thought that perhaps they might be starting a relationship. Both were unmarried, and Lucy, at thirty-five, was seven years younger than the chief of surgery. But there had been no hint in O'Donnell's manner that he regarded her as anything more than a pleasant companion.

Lucy herself had a feeling that her admiration for Kent O'Donnell could grow to something more deep and personal. But she had made no attempt to hurry things up. If things developed into a relationship - good, and if not - well, nothing was lost. That at least was one advantage of maturity over youth. You learned not to hurry, and you knew that the rainbow's end is not where you can see it.

"Shall we get started, gentlemen?" O'Donnell had reached the table and raised his voice across the heads of the others. He too had found his evenings with Lucy very pleasing, and he would like to see her more often, but he was not at all sure this was a good thing for either of them.

He thought that by now they both had developed their individual styles of life. Living alone and being independent grew on you after a

while, and he doubted sometimes if they could adjust to anything else. Nonetheless, he felt very comfortable in Lucy's company. She had a warmth of spirit that was at once soothing and restoring. Well, he would see how their dinner went next week.

The noise in the boardroom had not died and, this time more loudly, he repeated his command that they start.

At surgical-mortality conferences, the surgeons described their diagnosis and treatment of a patient who had died, then other surgeons gave their opinion, and finally the pathologist reported his findings from the autopsy. And Joe Pearson never spared anyone.

The purpose of mortality conferences was to discuss the mistakes made, to learn from them and not to make the same mistake again. Everyone who attended could learn at the same time.

"Good afternoon, gentlemen," O'Donnell said. He glanced at his notes. "First case. Samuel Lobitz, white male, age fifty- three. Dr. Bartlett."

Gil Bartlett started to describe the case.

"I was called at my home by Dr. Cymbalist, a general practitioner. He told me that he suspected a perforated ulcer. The symptoms he described agreed with this diagnosis. By then the patient was on the way to the hospital by ambulance." Bartlett looked over his notes. "I saw the patient myself approximately half an hour later. He was in shock. Blood pressure was seventy over forty. He was ashen gray and in a cold sweat. Physically the abdomen was rigid and all the symptoms pointed to a perforated ulcer."

Bill Rufus asked, "Did you have a chest X-ray made?"

"No. It seemed to me the patient was too sick to go to X-ray. I agreed with the original diagnosis of a perforated ulcer and decided to operate immediately."

Bartlett paused. "However, there was no perforated ulcer present, and the patient was returned to the ward. I called Dr. Toynbee for consultation,



but before he could arrive the patient died."

So the diagnosis had been wrong. Gil Bartlett looked calm, but Lucy knew that inside he was probably suffering bitter self-criticism. However, on the basis of the symptoms he could be justified in operating.

O'Donnell turned to Joe Pearson. "Would you give us the autopsy findings, please?"

Pearson said that the autopsy showed early development of pneumonia.

"No doubt there was severe pleuritic pain coming from that," he said.

O'Donnell asked, "Is there any discussion?"

There was an uneasy pause. Most of those in the room were uncomfortably aware that the same thing might have happened to themselves because externally the two sets of symptoms would be identical.

Then Bill Rufus spoke. "With the symptoms described, I would say surgery was justified."

Pearson made a rude remark, saying that Dr. Bartlett seldom saw beyond the abdomen. Then he asked Bartlett directly, "Did you examine the chest at all?"

The remark and the question were scandalous. Bartlett got angry and started an argument, saying at the end: "It's very easy to have hindsight, as Dr. Pearson uses every chance to remind us."

Seeing that a quiet and objective discussion was now impossible, O'Donnell stood up.

"Really! I will not permit this."

Joe Pearson's behavior made O'Donnell very angry. Pearson had no right to disrupt the meeting in that way.

"Gentlemen." O'Donnell paused. He knew what had to be said; it must be quick and to the point. "I think none of us wants to see an incident like this again. A mortality conference is for learning, not for personalities or heated argument. Dr. Pearson, Dr. Bartlett, I hope I make myself clear." O'Donnell glanced at both, then said, "We'll take the next case, please."

There were four more cases for discussion, but those were not out of the ordinary and the talk went ahead quietly.

Lucy wondered, not for the first time, how much of Joe Pearson's criticism at times like this was founded on personal feelings. Today, with Gil Bartlett, Pearson had been exceptionally rough. And yet this was not a scandalous case, and Bartlett wasn't prone to mistakes. He had done some fine work at Three Counties, especially on types of cancer, which were considered inoperable before.

Pearson knew this, too, of course, so why his antagonism? Was it because Gil Bartlett represented something in medicine, which Pearson envied and had never, achieved? Along with his wife, Gil Bartlett was a well-known figure in Burlington society. Lucy had seen him at cocktail parties and in wealthy patients' homes. His practice was successful and probably brought him about fifty thousand dollars a year.

Could it be that this hurt Joe Pearson? - Joe Pearson who could never compete with the glamor of surgery, whose work was essential but undramatic, who had chosen a branch of medicine seldom in the public eye. Lucy knew that some people didn't understand that a pathologist had to be first a physician with a medical degree, then spend years of extra training to become a highly qualified specialist.

Money sometimes was a painful point too. Lucy had once read a cynical summation of the difference between surgeons and pathologists: "A surgeon gets \$500 for taking out a tumor. A pathologist gets five dollars for examining it, making a diagnosis, recommending further treatment, and predicting the patient's future."

Lucy brought her attention back into focus. Now the discussion was ending. The others were rising from their seats. Joe Pearson was going to

leave the room, but O'Donnell stopped him and led him into a small office adjoining the boardroom.

Although, as chief of surgery, O'Donnell had no direct control of Pearson's activities, he had certain prerogatives when the work of Pathology cut across his own division.

In the office O'Donnell said, "Joe, if you don't mind, at these meetings I'd like you to give us the autopsy findings, then I'll lead the discussion afterward. I think we can do it quietly, without getting in a temper."

Pearson shrugged. "If that's the way you want it."

O'Donnell decided to talk with Pearson about surgical reports.

"What about them?" The reaction was aggressively defensive. O'Donnell went on calmly. "I've had complaints. Some of the reports have been a long time coming through Pathology."

"Rufus, I suppose." Pearson was openly bitter now. It sounded as if he were saying, "Another surgeon causing trouble." O'Donnell determined not to be provoked. He said quietly, "Bill Rufus was one. But there have been others. You know that, Joe."

For a moment, Pearson made no answer, and O'Donnell felt that in a way he was sorry for the old man. The years were going by. Pearson was sixty-six now; at best, he had another five or six years of active work ahead of him. Some people reconciled themselves to change like that, to the fact that younger men were taking over leadership. But Pearson felt strong resentment. O'Donnell tried to understand what the reason might be. Did he feel himself unable to keep up with new developments in medicine? If so, he would not be the first. And yet Joe Pearson was a brilliant specialist. That was one of the reasons why O'Donnell was trying to be patient with him.

"Yes, I know." Pearson's reply showed that he had accepted the fact though. That was typical of him, O'Donnell thought. Right from the

beginning at Three Counties, he had liked Pearson's directness and at times had made use of it in raising surgical standards.

O'Donnell remembered that one of the problems he had had in his early months at the hospital had been the elimination of needless surgery. Pearson had co-operated with him fully. As a result most of the unnecessary surgery had stopped.

"Look, Kent," Pearson was saying, "Just lately I've been up to my ears. You've no idea how much work there is."

"I do have an idea, Joe." This was the opening O'Donnell had hoped for. "Some of us think you've too much to do. It isn't fair to you. How about getting some help?"

The reaction was immediate, Pearson was almost shouting. "You're telling me to get more help! I've been asking for months for more lab technicians! We need three at least, so what am I told I can have? One! And stenographers! I've got reports that have been piling up for weeks, and who's going to type them, me? By God! When you tell me I should get more help, that's really something to hear."

O'Donnell had listened quietly. Now he said, "Finished, Joe?"

"Yeah." Pearson seemed half-ashamed at his outburst.

"I wasn't thinking about technicians or office staff," O'Donnell told him. "When I meant help I meant another pathologist. Someone to help you run the department. Maybe modernize it here and there."

"Now look here!" Pearson tried to interrupt, but O'Donnell brushed the objection aside. "I listened to Joe. Now you hear me out. Please." He paused. "I was thinking of maybe some bright young fellow who could relieve you of some duties."

"I don't need another pathologist." It was an uncompromising statement.

"Why, Joe?"

"Because there's not enough work for two qualified men. I can run the department without any help. Besides, I've already got a resident in the department."

O'Donnell quietly insisted. "A resident is with us for training, Joe, and usually for just a short time. Sure, a resident can carry some of the work. But you can't give him responsibility and we can't use him for administration. That's where you need some help right now."

"Let me be the judge of that. Give me a few days and we'll improve the situation with surgical reports."

O'Donnell had expected resistance to bringing in a new pathologist, but he was surprised by the force of the resistance. Perhaps, the old man didn't wish to divide his personal empire, or he simply feared that a new and younger man might replace him? O'Donnell didn't think about removing Pearson. In the field of pathological anatomy alone, Joe Pearson's long experience would be hard to replace. O'Donnell's aim was to strengthen the department and the hospital organization. Perhaps he should make this clear.

"Joe, there's no question of any major change. No one has suggested it. You'd still run..."

"In that case let me run Pathology my own way." O'Donnell decided to wait a day or two and then try again. He said quietly, "I'd think it over if I were you."

"There's nothing to think over." With these words, Pearson went out.

## CHAPTER FIVE

The cafeteria of Three Counties Hospital was a place where all the events - promotions, scandals, firings, and hirings - were known and discussed long before official word was ever published.

Very often physicians, at a meal or coffee break, consulted each other on problems in treatment of their patients, and the opinions of colleagues helped them find a better way to cure a patient. But some staff physicians didn't always agree to give advice free of charge. Among those was Gil Bartlett, who liked to be always paid for his knowledge.

Medical people usually resisted informal consultations outside the hospital, but they accepted the cafeteria exchanges on the basis that they had as much to gain as lose.

The cafeteria was also quite a democratic area where hospital rank, if not forgotten, was at least temporarily ignored. Only a group of tables for the medical staff was set aside, and Mrs. Straughan, the chief dietitian, came to that area periodically, knowing that even minor shortcomings in hygiene or service could bring complaints at some future meeting of the hospital's medical board.

The senior physicians usually used those reserved tables. But residents and interns sometimes joined the nurses or other groups. There was nothing unusual, therefore, when Mike Seddons dropped into a chair opposite Vivian Loburton who was eating lunch alone.

Since they had met ten days ago in the autopsy room, Vivian had met Mike Seddons several times in the hospital and on each occasion - seeing his thatch of red hair and wall-to-wall grin - she had increasingly come to like the look of him. Intuitively she had expected that soon he might make a direct approach to her, and now here it was.

They exchanged greetings and Seddons said, "Let's have dinner at the Cuban Grill and then go to the theater the day after tomorrow."

Vivian asked curiously, "Can you afford it?" Poverty was a usual joke among house staff and student nurses.

Seddons lowered his voice to a stage whisper. "Don't tell a soul. Those patients we get in autopsy. A lot of 'em have gold fillings in their teeth. It's a very simple matter..."

"Oh, shut up; you'll ruin my lunch."

Seddons showed her two tickets and a printed voucher. "Take a look at this - compliments of a grateful patient." The tickets were for the road show of a Broadway musical. The voucher covered dinner for two at the Cuban Grill.

"What did you do?" Vivian was frankly curious. "Heart surgery?"

"No. Last week Frank Worth asked me to work in emergency for half an hour instead of him. There was a guy with a bad cut on his hand and I stitched it. Next thing I knew, these were in the mail." He laughed. "Worth is furious, of course. Says he'll never leave his post again. Well, will you come?"

"I'd love to," Vivian said, and meant it.

"Great! I'll pick you up at the nurses' residence at seven o'clock. Okay?" As he spoke, Mike Seddons thought that the day after tomorrow was a long time to wait. Then a warning voice inside him whispered: Remember the Seddons policy: love 'em and leave 'em - happy with their memories; parting is such sweet sorrow but, oh, so very practical for staying free.

Harry Tomaselli, the hospital administrator, O'Donnell and Orden Brown, the board chairman, were meeting in the administrator's office to discuss immediate things to be done about the construction of hospital's extension which was to begin in the spring.

Now the focus of attention was on the practical matter of getting the money. Mainly, this was the responsibility of the board of directors; but the idea was that medical staff was to help, too.

Orden Brown said, "We're suggesting some quotas for the doctors - six thousand dollars for senior physicians, four thousand for associates, two thousand for assistants."

O'Donnell whistled softly. He told the chairman, "I'm afraid there'll be some complaining."

Brown smiled. "We must do our best to endure it."

Harry Tomaselli put in, "The money can be spread over four years, Kent. As long as we have written guarantees we can use them to borrow from the bank."

"There's another thing," Brown said. "When word gets around town that this is what the doctors themselves are giving, it will help our general fund raising a good deal."

O'Donnell knew that it would be his job to break the news at a medical staff meeting. Of course, the medical staff had a lot to gain from the hospital's growth, but most medical men, like the majority of people nowadays, lived right up to their incomes. He could visualize the pained expressions on their faces.

Harry Tomaselli, intuitive as usual, said, "Don't worry, Kent. I'll brief you thoroughly before the staff meeting. We'll show them all the advantages of this extension construction. In fact, when you finish some people may even want to make quotas bigger."

"Don't count on it." O'Donnell smiled. "You're about to touch a number of doctors on their softest nerve - the pocketbook." Orden Brown told O'Donnell, "There'll be a good deal of social activity, of course, when the campaign starts. Oh, and something else. I think it would be a good thing, Kent, if we put you in as a speaker at the Rotary Club. You could tell them what the new building will do, our plans for the future, and so on." O'Donnell disliked public meetings, especially the atmosphere of service clubs; he had been about to grimace but checked himself. Instead, he said, "If you think it will help."

The meeting was over, the chairman said his goodbyes, picked up his brief case and went out.



Seconds later Tomaselli's secretary came in and said that the husband of a patient, a Mr. Bryan, was insisting on talking to him on the phone.

"Administrator speaking." Tomaselli's tone was friendly. Then he frowned slightly, listening to what was coming from the other end of the line.

Tomaselli turned to O'Donnell and said, "He's really boiling. Something about his wife..." He listened for a moment more, then said, "Now, Mr. Bryan, will you, please, start at the beginning. Tell me what this is all about."

After Tomaselli hung up the phone, O'Donnell asked, "What was the trouble?"

"He says that his wife was kept in hospital too long. Now he has to go into debt to pay the bill."

O'Donnell said sharply, "How does he know she was kept too long?"

Tomaselli said thoughtfully, "It may have been necessary, of course, but she was here nearly three weeks."

"So?"

"You know, we've had an unusual number of these complaints. They're not always as strong as this - but on the same lines." O'Donnell thought of Pathology department at once. He asked who the physician was.

Tomaselli glanced at his notes. "Reubens."

"Let's see if we can get him and clear this up now." Tomaselli asked his secretary to locate Dr. Reubens.

After a moment, the phone rang. Tomaselli lifted the receiver and listened. Then he passed it to O'Donnell.

"Reub? It's Kent O'Donnell."

"What can I do for you?"

"Do you have a patient" - he looked at Tomaselli's notes, which the administrator had pushed toward him - "a Mrs. Bryan?"

"That's right. What's the matter? Has her husband been complaining?"

"You know about it then?"

"Of course I know about it." Reubens sounded annoyed. "Personally I think he has good reason to complain."

"What's the story, Reub?"

"The story is that I admitted Mrs. Bryan for possible carcinoma of the breast. I removed a tumor. It was benign."

"Then why keep her here for three weeks?" As he asked, O'Donnell remembered that you always had to go through this question-and-answer performance with Reubens. The other man seldom volunteered information.

Now he answered, "You'd better ask Joe Pearson that!"

"Well, she's your patient. So tell me," O'Donnell was quietly insistent.

Reubens said, "All right. I told you that the tumor was benign. But it was two and a half weeks before I found out. That's how long it took Pearson to get it under his microscope."

"Did you remind him about it?"

"I called him half a dozen times! He'd probably have been longer if I hadn't phoned him all the time."

"And that's why you kept Mrs. Bryan in hospital for three weeks?"

"Naturally." The voice on the phone took on a note of sarcasm. "Or are you suggesting I should have discharged her?"

O'Donnell understood very well the reason for Reubens' annoyance. Unquestionably, he had been put in a difficult position. If he had discharged the patient, he might have had to call her back for more surgery, as had happened to Bill Rufus. On the other hand, every additional day in hospital meant an extra financial burden for the family. He answered calmly, "I'm not suggesting anything, Reub. Just making some inquiries."

Reubens said, "Then you'd better talk to some of the other men. This has happened not only to me. You know about Bill Rufus?"

"Yes, I know. Frankly, I thought things had been improving a little."

"If they have, I haven't noticed. What do you propose to do about Bryan's bill?"

"I'm afraid, we can't do anything. After all, his wife was here for three weeks. Hospital money isn't too much, you know." O'Donnell wondered what Reubens' reaction would be when he heard that he was being asked to give six thousand dollars himself to the hospital building fund.

"It's too bad. Husband's a decent little guy - a carpenter or something like that, works for himself. He didn't have any insurance. He'll be under this debt burden for a long time." O'Donnell made no answer. His mind was already running ahead, thinking of what came next. He heard Reubens' voice on the phone: "Well, is that all?"

"Yes, Reub; that's all. Thanks." He handed the telephone back to Harry Tomaselli.

"Harry, I want a meeting this afternoon." O'Donnell had made up his mind what had to be done. "Let's try to get half a dozen of the senior people on staff. We'll meet here, if that's convenient, and I'd like you to be here too."

Tomaselli nodded.

O'Donnell said, "We'll want Harvey Chandler, of course, as chief of medicine. Better have Bill Rufus, and Reubens should be included, I think."

He paused. "Oh yes, and Charlie Dornberger. He might be useful. How many is that?"

The administrator checked the names he had written. "Six with you and me. How about Lucy Grainger?"

Briefly, O'Donnell hesitated. Then he said, "All right. Let's make it seven then."

"Agenda?" Tomaselli asked.

O'Donnell shook his head. "We won't need any agenda. There's just one subject - changes in Pathology."

When the administrator had mentioned Lucy Grainger's name, O'Donnell had hesitated for one reason only: it had reminded him of a meeting between himself and Lucy the night before.

They had had dinner at a hotel restaurant in a very pleasant and relaxed atmosphere. They had talked lightly of themselves, of people they had known, and their own experiences in and out of medicine.

Afterward O'Donnell had driven Lucy home; she invited him for a nightcap, and they had had a conversation. O'Donnell wanted to know why Lucy had never married.

"I wanted a career in medicine. It seemed terribly important. That and marriage didn't seem to go together."

There was a sense of depth and tenderness about Lucy, a feeling of peacefulness and coming home. She should have children, he thought. He had asked, "Do you still feel the same way about marriage and medicine - for you, that is?"

"I'm no longer dogmatic about anything." She smiled. "That, at least, I've learned."

O'Donnell wondered what marriage to Lucy would be like. If married, how might they spend their hours of leisure? Would the talk be intimate and

domestic? Or would it be of hospital affairs, with charts on the table at dinner and diagnostic problems for dessert? Aloud he said, "I've always thought, you know, that we have a good deal in common."

"Yes, Kent," Lucy answered, "so have I."

O'Donnell had finished his drink, then risen to leave. He realized that they had both said a good deal more than had passed in words. Now he wanted time to think, he didn't want to make hasty decisions.

"There's really no need to go, Kent. Stay if you wish." Lucy had said simply.

Part of his mind had told him to remain, but caution and habit won out. He took her hands. "Good night, Lucy. Let's think about all this."

When the elevator doors had closed, she was still standing at the open apartment door.

## CHAPTER SIX

"I asked you here," O'Donnell told the group around the boardroom table, "because I'd like your support in something I want to do." The others were listening attentively. O'Donnell went on, "I think we all know there's a problem in Pathology, both medical and personal."

"What kind of a problem?" Charlie Dornberger, the elderly obstetrician, asked filling his pipe. "I'm not sure I know what you're getting at, Kent."

O'Donnell had expected something like this. He knew that Dornberger and Pearson were close friends. He said politely, "Please, hear me out, Charlie. I'll try to make it clear."

Methodically he went over the main questions - the delays in surgical reports, the increasing service required from hospital pathology department, his own doubts that Joe Pearson could cope with them alone. He told them of the incidents with Bill Rufus and Reubens' patients, and of his own interview with Pearson when the old man had refused to accept a second pathologist. He concluded: "I'm convinced that we need a new man to help Joe. I ask you to support me in bringing a new pathologist in the department."

Harvey Chandler, the chief of medicine, supported O'Donnell and said that they ought to avoid any suggestion of undermining Joe Pearson's authority as head of the department.

"I agree," O'Donnell said, "and that's why I want some help in convincing Joe Pearson that changes are necessary. Take surgical reports alone. Every day's delay where surgery is needed means danger to the patient."

Harry Tomaselli added, "And don't let us forget that delays in surgical reports are tying up hospital beds we need badly. Our waiting list for

admissions is still very long."

"I'm not saying I go along with you, but what's your suggestion?" The question came from Charlie Dornberger.

"My suggestion, Charlie, is that you approach Joe - on behalf of the rest of us," O'Donnell said.

"Oh no!"

O'Donnell had expected this reaction.

"Charlie, we know you're a close friend of Joe's and I had that in mind when I asked you here. You could persuade him about this."

Dr. Charles Dornberger hesitated. The others were waiting for his answer. He had two conflicting feelings - his concern for the hospital's good and his own relationship with Joe Pearson.

Nevertheless, the two incidents concerning Rufus and Reubens had shocked him very much. Dornberger respected also the chief of surgery's judgment.

At the same time, Charles Dornberger wanted to help Joe Pearson if he could. He thought that O'Donnell and the others had been sincere about having no intention of undermining Pearson's authority. He decided that perhaps he could be the intermediary. Possibly this way he could help Joe best.

Dornberger looked around at the others. He asked, "Is this unanimous?"

Lucy Grainger said thoughtfully, "I'm very fond of Joe. I think we all are. But I really believe some changes in Pathology are necessary." She spoke for the first time at that meeting. She too had wondered about what had passed between O'Donnell and herself in her apartment last night. But at this moment, though, she found herself able to separate personal and professional feelings and to think about the problem in Pathology. In

medicine, you learned to do that - to push things out of your mind when immediate problems were more important.

"Very well," Dornberger said. "I'll see what I can do." Harry Tomaselli said softly, "So I understand that we're going to look for an available pathologist."

"I think we should begin to look around." O'Donnell answered the administrator, then glanced at the others. "I think most of us have contacts where we might pass the word along. If you hear of anyone - a good man who's just finishing his residency perhaps - please, let me know."

Harry Tomaselli took a file folder out of one of his desk drawers and said, "Something here may interest you."

Harvey Chandler asked him, "What is it you have?"

"I've been receiving the 'open list' on pathologists lately," Tomaselli, answered. "Frankly, I anticipated something like this and asked for it. This name came on the list a week or two ago."

O'Donnell knew that the so-called "open list" was sent periodically to hospitals. It contained information on pathologists available for appointments. Yet, he also knew that most pathology appointments were still made on the basis of personal contacts and recommendation.

When he read the information on the list given to him by the administrator O'Donnell was quite surprised. The listing was for Dr. David Coleman, his age thirty-one, an N.Y.U. honors graduate, intern at Bellevue, two years in the Army, mostly in pathology. A five-year pathology residence spread over three good hospitals. An excellent record and experience. Here was a man who clearly looked for the best in education.

"I doubt very much if he'd look at us," O'Donnell told Tomaselli. "Not with those qualifications and what we could pay to begin with." He knew, from an earlier talk with the administrator, that salary level would have to be around ten thousand dollars a year.



"Well, the fact is, Dr. Coleman is interested in this hospital." Tomaselli paused. "I think that he's heard something of our recent changes and plans for the future. He'd like to come and see us." Now the listing was in Dornberger's hand. He tapped it with a forefinger. "What should I do about this?"

"I think you should take it with you, Charlie," O'Donnell said. "And I suggest that you show it to Joe Pearson."

## CHAPTER SEVEN

At Three Counties, as at many hospitals, a gross conference was the second stage after autopsy. Two sets of the organs removed at three autopsies earlier in the week now stood in white enameled pails, and alongside them, in glass jars, were three brains. In the center of the gross-conference room was a stone table with a large sink in it and with a water tap above. At present the tap was turned on and beneath it was the third pail of organs; the water was washing out the formalin in which the organs had been preserved, as well as some of the bad odor.

McNeil, the pathology resident, looked around, making a final check. Pearson always got irritable if everything was not ready at hand. McNeil compared the grim room in which they did their work with dissecting rooms in other hospitals where everything was gleaming stainless steel; but that was the modern way which had not touched Three Counties' pathology department yet. He heard the familiar footsteps, and Pearson came in, the usual cloud of cigar smoke with him.

"Can't waste any time," Pearson said at once. "It's a week and a half since I had that talk with O'Donnell, and we're still behind." He puffed at his cigar. "When we finish with this I want a check on all surgical reports which are not done yet. What's the first case?" McNeil looked over the case notes.

"Fifty-five-year-old woman. Physician's cause of death, carcinoma of the breast."

"Let me see." Pearson took the file. Sometimes he would sit patiently while the resident described a case; at other times, he would want to read everything himself. In this, as in all things, he was unpredictable.

"Hm." He put down the papers and turned off the running water. Then he reached into the pail and groped around until he found the heart. He opened it, using both hands.

"Did you cut this?"

The resident shook his head.

"I didn't think so." Pearson looked at the heart again. "Seddons?"

McNeil nodded. He had noticed himself that the heart was badly cut.

"He left the mark of Zorro." Pearson grinned. "Looks like he was dueling with it. By the way, where is Seddons?"

"I think he wanted to see some procedure in surgery."

"Tell him from me that while any resident is assigned to Pathology I expect him at all gross conferences. All right, let's get on with it."

Pearson dictated and McNeil wrote: "Heart shows a slight thickening and rolling of the mitral valve. See it there?" He held it out.

McNeil answered, "Yes, I do."

Pearson added, "Looks as if she had an old rheumatic fever. It was not a cause of death though."

He cut away a small portion of tissue and put it into a small-labeled jar. This was for microscopic examination later. Then with the ease of long practice, he threw the remainder of the heart accurately into a hole lower down the table. Beneath the hole was a metal bin. Later in the day this would be cleared and cleaned; the contents would be burned in a special incinerator.

Now Pearson had the lungs. He opened the first lung and dictated to McNeil, "Lungs show multiple metastatic nodules." Again, he showed the tissue to the resident.

When he turned his attention to the second lung, a door behind him opened. Carl Bannister, senior lab technician in the pathology department, and a young man came in.

Bannister said to Pearson, "This is John Alexander. You remember - our new lab technician. You hired him a week ago. He starts work today."

"Oh yes. I'd forgotten this was the day. Come in." Pearson sounded more cordial than he had been with Bannister. McNeil thought: "Maybe he doesn't want to scare a new employee first day out."

McNeil had heard that Alexander was fresh from college with a degree in medical technology. Well, he thought, it would be good to have someone like that in Pathology. Bannister, for sure, wasn't any Louis Pasteur.

McNeil turned his eyes to the senior technician. As usual, Bannister had a stained lab coat on. The coat was not buttoned and the clothes beneath it looked shabby and unpressed.

McNeil knew something of Bannister's history. He had come to Three Counties a year or two after Pearson's arrival. He had a high-school education, and Pearson had hired him for odd jobs - stock clerk, messenger, washing glassware. Gradually, as the years passed, Bannister had learned a lot of practical things around the lab, becoming more and more a right hand to Pearson.

Officially, Bannister's work was in serology and biochemistry. But he had been in the department so long that he could do, and often did, the work for technicians in other sections of the lab. Because of this, Pearson had pushed a good deal of administrative lab work onto Bannister, leaving him, in effect, in charge of all pathology technicians.

McNeil thought that in Bannister's heyday he had been a good technician who, with more education, might have risen to better things. As it was now, McNeil considered Bannister long on experience and short on theory. He could do serologic and chemical tests but without any real understanding of the science behind them. McNeil had often thought that one day this might prove dangerous.

Alexander, of course, was a different proposition. He had come the way of most lab technicians nowadays, with three years of college behind

him, the last year in a school for medical technologists.

Pearson waved his cigar at the stool around the table. "Sit down, John."

"Thank you, Doctor," Alexander answered politely. In his spotless lab coat, with a recent haircut, pressed pants, and shined shoes, he presented a contrast to Pearson as well as Bannister.

"Do you think you'll like it here?" Pearson looked down at the lungs he was holding, continuing the examination while he talked.

"I'm sure I will, Doctor."

"Well, John," Pearson said, "you'll discover we have certain ways of doing things. They may not always be the ways you've been used to, but we find they work pretty well for us."

"I understand, Doctor."

"Do you?" McNeil thought. "Do you understand that the old man is really telling you that he doesn't want any changes around the place, that nothing in the department is to be changed without his agreement."

"Some people might say we're old-fashioned," Pearson continued. He was being friendly enough in his way. "But we believe in tried and tested methods."

Pearson had finished with the lungs now and took out a stomach from the pail. He looked at it and then dictated, "There is a peptic ulcer lying just below the pyloric ring in the duodenum."

Alexander had moved slightly to get a better look. Pearson saw his movement and slid the organ across. "Are you interested in dissection, John?"

Alexander answered respectfully, "I've always been interested in anatomy, Doctor."

"As well as lab work, eh?" McNeil felt that Pearson was pleased. Pathological anatomy was the old man's first love.

"Yes, sir."

"Well, these are the organs of a fifty-five-year-old woman." Pearson turned over the case-history pages in front of him. "Interesting history, this case. The patient was a widow, and the immediate cause of death was cancer of the breast. For two years, before she died her children knew she had trouble but they couldn't persuade her to see a physician. It seems she had a prejudice against them."

"What happened, Doctor?" Alexander asked.

"It says here: 'Daughter states that for the past two years the family has been noticing drainage from the mother's left breast area. Fourteen months before admission bleeding was noticed from the same area. Otherwise she appeared in normal health.'"

Pearson turned a page. "It seems this woman went to a faith healer." He smiled grimly. "Perhaps she didn't have enough faith, because she finally collapsed and they brought her to this hospital."

"By then, I suppose, it was too late."

"This isn't politeness," McNeil thought. "This guy Alexander is really interested."

"Yeah," Pearson answered. "But if she had gone to a doctor at the beginning she could have had a radical mastectomy - that's removal of the breast."

"Yes, sir. I know."

"If she'd had that she might still be alive."

Something was troubling Alexander. He asked, "Didn't you just say, though, she had a peptic ulcer?"

"Well, John" - Pearson was really expansive now - "she might have had trouble with that. Then again she might not."

"You mean she'd never have known about it?"

McNeil thought it was time he said something himself. "It's surprising," he told Alexander, "what people have wrong with them besides the things they die of. Things they never know about. You see a lot of that here."

"That's right." Pearson nodded agreement. "You know, John, the remarkable thing about the human body is not what kills us but what we can have wrong inside and still go on living." He paused, then changed the subject. "Are you married?"

"Yes, sir. I am."

"Your wife here with you?"

"Not yet. She's coming next week. I thought I'd find us a place to live first."

Alexander hesitated, then he added, "There was something I wanted to ask you, Dr. Pearson."

"What's that?" The old man sounded guarded.

"My wife is pregnant, Doctor, and coming into a new town, we don't know anyone." Alexander paused. "This baby is pretty important to us. You see, we lost our first child. A month after she was born."

"I see." Pearson had stopped work now and was listening attentively.

"I was wondering, Doctor, if you could recommend an obstetrician my wife could go to."

"That's easy." Pearson sounded relieved. "Dr. Dornberger's a good man. He has an office right here in the hospital. Would you like me to call him?"

"If it's not too much trouble."

"That you, Charlie?" The pathologist boomed into the mouthpiece. "I've got a patient for you."

In his office, three floors above Dr. Charles Dornberger smiled and moved the telephone slightly away from his ear. He asked, "What can obstetrics do for your kind of patients?" At the same time, he decided that this call was timely. Since the meeting, which O'Donnell had called yesterday, Charles Dornberger had tried to think up the best method of approach to Joe Pearson. Now, it seemed, an opportunity was presenting itself.

Down in Pathology Pearson maneuvered the cigar to a corner of his mouth. He always enjoyed exchanges with Dornberger.

"This isn't a dead patient, you old fool. It's a live one. Wife of one of my lab boys here - Mrs. John Alexander. They're new in town. Don't know anybody."

As Pearson mentioned the name, Dornberger opened a file drawer and selected a blank card. On the card, he wrote "Alexander, Mrs. John." It was typical of Dornberger's organized approach to his practice that this was the first thing he did. Now he said, "Will be glad to oblige, Joe. Tell them to call me for an appointment?"

"All right. It will be sometime next week. Mrs. Alexander won't be in town till then." He grinned at Alexander, then added, still almost shouting, "And if they want twins, Charlie, it's up to you to see that they get them."

Pearson listened to Dornberger's answer and chuckled. Then he added, "And hey! Another thing! None of your fancy fees for this job. I won't like it if the boy comes to me for a salary raise so that he can pay his doctor's bill."

Dornberger smiled. He said, "Don't worry." On the card, he made a notation, "Hospital employee." It was a signal to himself that he would charge this patient no fee. Into the phone he said, "Joe, there's something I



want to talk to you about. When would be a convenient time to come and see you?"

"Can't make it today, Charlie," Pearson said. "Got a full schedule. How about tomorrow?"

Dornberger consulted his own appointment list. "I'm crowded tomorrow myself. Let's make it the day after. How about around ten in the morning? I'll come to your office."

"That'll be all right. Perhaps, you want to tell me now - on the phone." Pearson's voice sounded curious.

"No, Joe," Dornberger said, "I'd rather come and see you."

Pearson answered, "All right, Charlie. See you then. So long."

To Alexander, Pearson said, "That's all fixed. Your wife can be admitted to this hospital when her time comes. Because you're an employee you'll get a twenty per cent discount on your bill."

Alexander was smiling happily. McNeil thought: "Yes, go ahead; enjoy it, my friend. This is one of the old man's good moments. But make no mistake - there'll be others, and those you won't enjoy at all."

"I'll only be a moment." In his office, Dornberger smiled at the student nurse who had come in while he was talking with Pearson. He motioned her to the chair alongside his desk.

"Thank you, Doctor." Vivian Loburton had brought a patient's chart that Dornberger had asked to see. Usually physicians didn't get this kind of service; they would have to walk to the ward and look at the chart there. But Dornberger was a favorite with the nurses; they were always doing little things for him, and when he had phoned a few minutes ago the staff nurse had sent Vivian off at once.

"I like to do one thing at a time when I can." Dornberger was writing on the card the information about the patient Joe Pearson had given him.

Still writing, he asked the girl, "You're new here, aren't you?"

"Fairly new, Doctor," Vivian said. "This is my fourth month in nursing school."

He noticed she had a pleasant voice. Pretty too. He wondered if she had slept yet with any of the interns or residents. Or had things changed since his own student years? He suspected that interns and residents nowadays were getting more conservative than they used to be. If so, they were missing a good deal. Aloud he said, "That was Dr. Pearson, our pathologist. Have you met him yet?"

"Yes," Vivian said. "Our class went to an autopsy."

"Oh dear. How did you find it?"

Vivian said, "At first it was rather a shock. Afterward I didn't mind too much though."

He nodded sympathetically and held out his hand for the chart. "Thank you." He added, "I'll only be a moment with this, if you'd like to wait."

"All right, Doctor." Vivian was glad to have a few more minutes of rest in the air-conditioned office. There was no such luxury in the nurses' home.

After Dr. Dornberger studied the chart, he handed it back to Vivian. "Thank you," he said. "It was good of you to bring it." He has a sparkle to him, Vivian thought. She had heard that he was much beloved by his women patients. No, wonder why.

"We'll be seeing each other, I expect." Dornberger had risen and opened the door for her. "Good luck in your studies."

"Good-by, Doctor." She went out, leaving a trace of fragrance behind her, Dornberger thought. Not for the first time after the contact with someone youthful, he started thinking about himself. Thoughtfully, he

returned to his chair. Almost absently, he took out his pipe and began to fill it.

He had been in medicine now for almost thirty-two years. They had been full years and rewarding ones. Financially he had no problems. His own four children were married, and he and his wife could live comfortably on the careful investments he had made. But would he be content to retire and do nothing?

In all his years in medicine, Charles Dornberger had always been up to date. He had made up his mind long ago that no young newcomer was going to surpass him, either in technique or knowledge. He subscribed to many of the medical journals which he read thoroughly and sometimes wrote articles himself. He regularly attended medical conventions. Early in his career, he had foreseen the need for specialization. His own choice had been obstetrics and gynecology. He had never regretted this choice, and he often felt it had helped him to keep young in mind.

He had never resented younger men and willingly offered help and advice when needed. He admired and respected O'Donnell. He considered the youthful chief of surgery one of the best things that had ever happened to Three Counties. His own morale had risen with O'Donnell's changes and progress in the hospital.

He had made many friends, some among his own immediate colleagues, others in unlikely places. Joe Pearson might be called one of the unlikely ones. Professionally the two men looked at a lot of things in different ways. Dornberger knew, for example, that Joe did not read much these days. He suspected that in a few areas of knowledge, the elderly pathologist was behind the times, and, administratively, there was the problem which yesterday's meeting had revealed. And yet, over the years, the bond between the two men had grown strong. To his own surprise sometimes he had taken Pearson's side at medical conferences and defended him sometimes when Pathology was criticized in private.

But there was still his own problem. To retire or not to retire? And if to retire, when? Just lately, he had started to get tired. And although he had

spent a lifetime answering night calls, lately it had begun harder to take them.

But he was sure of one thing. He was not going to stay on if he found himself weakening. Right now his mind was clear, his hands steady and eyes sharp, but at the first sign of failing, he would not hesitate. He would clear his desk and go.

But as for the present, well, maybe he would let things go another three months, then think it over.

By this time, he had filled his pipe. He was going to strike the match when the telephone rang. Putting down pipe and matches, he answered it. "Dr. Dornberger speaking."

It was one of his patients. She had begun labor pains an hour ago. Now her membranes had ruptured and she had discharged water. She was a young girl in her early twenties, and it would be her first baby. She sounded nervous but trying not to be.

As he had so many times before, Dornberger gave his instructions quietly. "Is your husband at home?"

"Yes, Doctor."

"Then get your things together and tell have him to drive you to the hospital. I'll see you after you've arrived."

"Very well, Doctor."

"Tell your husband to drive carefully and stop at all the red lights. We've plenty of time. You'll see."

He felt, even over the phone, that he had helped her relax. He often did it, and he considered it as much a part of his job as any course of treatment. Nevertheless, he himself got excited. A new case always had that effect. Logically, as you grew older in medicine you were supposed to become unaffected, mechanical and unsentimental. It had never worked that

way for him, though - perhaps because, even now, he was doing what he loved to do most. He picked up the telephone again. He must let Obstetrics know that his patient was coming in.

## CHAPTER EIGHT

Eustace Swayne - founder of a department-store empire, millionaire philanthropist, and member of the board of directors of Three Counties Hospital - had three guests at dinner in his mansion: Orden Brown, the hospital-board chairman, his wife Amelia, and O'Donnell, chief of surgery. They all were having after dinner drinks in the library.

"I'm not even sure that conquering polio was a good or necessary thing," Eustace Swayne said.

"You can't be serious," Orden Brown said lightly.

"I am serious." Swayne said, putting down his brandy glass. "Oh, of course, Show me a child in leg braces and I'll reach for my checkbook. But I'm talking of the general situation. The fact is - we're constantly weakening the human race."

It was a familiar argument. O'Donnell said politely, "Do you think that we should stop medical research, freeze our knowledge and techniques, not try to conquer any more diseases?"

"You couldn't do it," Swayne said.

O'Donnell smiled. "If that is so, then why the argument?"

"Why?" Swayne banged a fist on the arm of his chair. "Because you can still disapprove of something, even though you can't change it."

"I see." O'Donnell was not sure he wanted to get deeper into this discussion. Besides, it might not help relations with Swayne, either for himself or Orden Brown, which was really, why they had come here. He glanced around at the others in the room. Orden's wife Amelia gave him an understanding smile. She was well informed about hospital politics.

Swayne's married daughter, Denise Quantz, was listening attentively.

Several times at dinner, O'Donnell had looked, almost involuntarily, in Mrs. Quantz's direction. He found father and daughter completely different. At seventy-eight, Eustace Swayne still showed much of the toughness he had learned in the competitive world of large-scale retail trade. At times, he took advantage of his age and made biting remarks to his guests, though O'Donnell suspected that most times their host was simply looking for an argument. O'Donnell thought: "The old boy still likes a fight, even if it's only in words." In the same way, he had an instinct now that Swayne was exaggerating his feelings about medicine, just for the sake of being malicious. Watching the old man covertly, O'Donnell had suspected gout and rheumatism might be factors here.

But, in contrast, Denise Quantz was gentle and spoke softly. She had a trick of taking the bite from a remark of her father's by adding a word or two to what he had said. She was beautiful too, O'Donnell thought, with the rare mature loveliness, which sometimes comes to a woman at forty. It was clear from conversation that most of the time Denise Quantz lived in New York. Now she was visiting Eustace Swayne and came to Burlington quite often, perhaps, to keep an eye on her father; he knew that Swayne's own wife had died many years before. A couple of times children were mentioned but a husband was not mentioned. He had the impression that she was either separated or divorced. There was a world of difference, O'Donnell thought, between Denise Quantz and Lucy Grainger: Lucy with her professional career, at ease in the environment of medicine and the hospital, able to meet someone like himself on ground familiar to them both; and Denise Quantz, a woman of leisure and independence, a figure in society no doubt, and yet - he had the feeling - someone who would make a home a place of warmth and serenity. O'Donnell wondered which kind of woman was better for a man: one who was close to his working life, or someone separate and detached, with other interests beyond the daily routine.

His thoughts were interrupted by Denise. "Surely you're not going to give up so easily, Dr. O'Donnell. Please don't let my father get away with that."

The old man snorted. "There's nothing to get away with. It's a perfectly clear situation. For years, the natural balance of nature kept populations in check. When the birth rate became too great there were famines to counterbalance it."

Orden Brown put in, "But surely some of that was political. It wasn't always a force of nature."

"In some cases." Eustace Swayne waved his hand. "But there was nothing political in the elimination of the weak."

"Do you mean the weak or the unfortunate?" Very well, O'Donnell thought, if you want an argument I'll give you one.

"I mean what I say - the weak." The old man was enjoying this. "When there was a plague or an epidemic, the weak were wiped out and the strong survived. Other illnesses did the same thing; nature's level was maintained. And the strong produced the next generation."

"Do you really think, Eustace, that mankind is so degenerate now?" Amelia Brown asked, smiling. "She knows that Swayne's enjoying this," O'Donnell thought.

"We're moving toward degeneracy," the old man answered her, "at least in the Western world. We're preserving the cripples, the weaklings, and the disease-ridden. We're accumulating burdens on society, non-producers - the unfit, unable to add anything to the common good. Tell me - what purpose does a sanatorium or a home for incurables serve? I tell you, medicine today is preserving people who should be allowed to die. But we're helping them to live, then letting them multiply, passing along their uselessness to their children and their children's children."

O'Donnell reminded him, "The relationship between disease and heredity is not at all clear."

"Strength is of the mind and the body," Eustace Swayne shot back. "Don't children inherit the mental characteristics of their parents- and their weaknesses?"



"Not all of the time." This was between the old man and O'Donnell now. The others sat back, listening.

"But a lot of the time they do. Well, don't they?" O'Donnell smiled. "There's some evidence that way, yes." Swayne snorted. "It's one of the reasons we've so many mental hospitals. And patients in them. And people running to psychiatrists."

"It could also be that we're more aware of mental health." Swayne almost shouted, "We're breeding people who are weak, weak, weak!"

O'Donnell said, quietly and reasonably, "I think there's one thing you're forgetting, Mr. Swayne. You say that illness and disease work as nature's balancing forces. But many of these things haven't come to us in the natural course of nature. They're the result of man's own environment, conditions he's created himself. Bad sanitation, lack of hygiene, slums, air pollution - those aren't natural things; they're man's creation."

"They're part of evolution and evolution is a part of nature. It all adds up to the balancing process."

O'Donnell saw the crack in the old man's argument. He said, "If you're right, then medicine is a part of the balancing process too."

Swayne asked, "How do you prove that?"

"Because medicine is a part of evolution." O'Donnell's voice grew more intense. "Because medicine has to solve problems which arise because of the changes of environment that man had produced. We never solve them completely. Medicine is always a little behind, and as fast as we meet one problem, a new problem arises ahead."

"But they're problems of medicine, not nature." Swayne's eyes had a malicious gleam. "Nature can easily settle its problems before they arise - by natural selection of the strongest."

"You're wrong and I'll tell you why," O'Donnell contradicted. "Medicine has only one real problem. It's always been the same; it always

will. It's the problem of individual human survival." He paused. "And survival is the oldest law of nature."

"Bravo!" Impulsively Amelia Brown clapped her hands. But O'Donnell had not quite finished.

"That's why we fought polio, Mr. Swayne, and the black plague, and smallpox, and typhus, and syphilis. It's why we're still fighting cancer and tuberculosis and all the rest. It's why we have those places - the sanatoria, the homes for incurables. It's why we preserve people - all the people we can, the weak as well as the strong. Because it serves one thing - survival. It's the standard of medicine, the only one we can possibly have."

For a moment, Swayne was silent. Then he looked over at his daughter. "Pour Dr. O'Donnell some more brandy, Denise." Denise did that, and turning to the old man, she asked, "If you really feel that way about medicine, Father, what are you doing on a hospital board?"

Eustace Swayne chuckled. "Mostly I'm there because Orden and some others are hoping I won't change my will." He looked over at Orden Brown. "They think it's not long to wait in any case."

"You're are unjust to your friends, Eustace," Brown said. His tone was half-joking, half-serious.

"And you're a liar." The old man was enjoying himself again. He said, "You asked a question, Denise. Well, I'll answer it. I'm on the hospital board because I'm a practical man. The world's the way it is and I can't change it, even though I see what's wrong. But I can be a balancing force. Oh, I know what some of you think - that I'm just an obstructionist."

Orden Brown said quickly, "Has anyone ever said that?"

"You don't have to." Swayne looked maliciously at the board chairman. "But every activity needs a brake on it somewhere. I've been that brake - a steadying force. And after my death, perhaps you and your friends will need another."

"You're talking nonsense, Eustace." Orden Brown had decided to be equally direct. He went on, "You've done a lot of good things in Burlington."

The old man grumbled, "How do any of us really know our own motives?" Then, looking up, "I suppose you'll expect a big donation from me for this new extension."

Orden Brown said calmly, "Frankly, we hope you'll make your usual generous contribution."

Softly, unexpectedly, Eustace Swayne said, "I suppose a quarter of a million dollars would be acceptable."

Such a gift would be far more than they had expected, and Brown said, "I can't pretend, Eustace. Frankly, I'm overwhelmed."

"No need to be." The old man paused. "I haven't decided yet. I'll tell you in a week or two." Unexpectedly he asked O'Donnell, "Do you play chess?"

O'Donnell shook his head. "Not since I was in college."

"Dr. Pearson and I play a lot of chess." He was looking at O'Donnell directly. "You know Joe Pearson, of course."

"Yes. Very well."

"I've known Dr. Pearson for many years," Swayne said, "in Three Counties Hospital and out of it." O'Donnell heard a warning in those words.

Swayne went on, "In my opinion Dr. Pearson is one of the best-qualified men on the hospital staff. I hope that he stays in charge of his department for many years to come. I respect his ability and his judgment - completely."

"Well, there it is," O'Donnell, thought - out in the open and in direct words: an ultimatum to the chairman of the hospital board and the president

of the medical board. In these words, Eustace Swayne had said: "If you want my quarter million dollars, hands off Joe Pearson!"

As Orden Brown, Amelia, and O'Donnell were driving back in the Browns' car, Amelia said, "Do you really think - a quarter of a million?"

Her husband answered, "He's quite capable of giving it - if he feels like it."

O'Donnell asked, "I think you received the message?" Brown just said calmly "Yes." O'Donnell thought: "Thank you for that." He knew this had to be his problem, not the chairman's.

They dropped him at the entrance to his apartment hotel. As they said good night Amelia added, "Oh, by the way, Kent, Denise is separated but not divorced. I think there's a problem there, but we've never discussed it. She has two children in high school. And she's thirty-nine."

Orden Brown asked her, "Why are you telling him all that?" Amelia smiled. "Because he wanted to know."

O'Donnell thought that perhaps Amelia had overheard his words as he and Denise were saying good night. He had said politely that he hoped he would see her again. She had answered, "I live in New York with my children. Why don't you call me next time you're there?" Now O'Donnell was thinking that he might go to that surgeons' congress in New York next month, which a week ago he had decided not to attend.

Suddenly he thought about Lucy Grainger and, irrationally, he had a momentary sense of disloyalty. His thoughts were broken by a voice saying, "Good night, Dr. O'Donnell."

He recognized one of the surgical residents, Seddons. There was a pretty brunette with him, probably one of the student nurses, he thought. He smiled at them both and said "Good night." Then he went through the glass doors into the elevator. Vivian said, "He looked worried."

Seddons answered cheerfully, "I doubt it, bright eyes. When you get to where he is, most of the worrying is behind you." The theater was over and now they were walking back to Three Counties. It had been a good show - noisy musical - at which they had both laughed a good deal and held hands, and a couple of times Mike had put his arm around Vivian's shoulders, and she had made no move to object.

Over dinner before the show, they had talked of themselves. Vivian had questioned Mike about his intentions to practice surgery, and he had asked her why she had become a student nurse.

She had said that she had always wanted to do nursing. Seddons had asked her, "Do you still feel that way?"

"Yes, I do," she had said. "Oh, now and then - when you're tired sometimes, and you've seen some of the things in the hospital, and you're thinking about home - you think that there are easier things to do. But most of the time I'm quite sure." She had smiled, then said, "I'm a very determined person, Mike, and I've made up my mind to be a nurse."

"I can believe that," he had thought, you are determined. There was a strength of character behind that gentle femininity. Once more, as he had a day or two ago, Mike Seddons had felt growing interest, but again he warned himself: "Remember, your feeling is basically biological!"

It was nearly midnight now, but Vivian had got the permission to return late and there was no problem about hurrying back to the nurse's home.

Mike touched her arm. "Let's go through the park."

Vivian laughed. "That's an old line I've heard before." But she offered no resistance as he led her to a gateway and into the park beyond.

"I've a whole collection of old lines. It's one of my specialties." He took her hand. "Do you want to hear more?"

"Like what, for example?" Despite her self-assurance, her voice trembled a little.

"Like this." Mike stopped and took both her shoulders, turning her to face him. Then he kissed her fully on the lips.

Vivian's heart beat faster, but she could weigh the situation. Should she stop at once or let this go on? She knew very well that if she took no action now, later it might not be so easy.

Vivian already knew that she liked Mike Seddons. He was physically attractive and they were both young. She felt the growth of desire within her. They were kissing again and she returned the pressure of his lips. She was getting more and more excited. In her mind, she knew clearly that this was the moment to break away. Just a moment longer, she thought; just a moment longer!

So many times since coming to Three Counties, she had had to use control and self-discipline. When you were young, inexperienced, and a little frightened, sometimes it was hard to do. There had been so many things - the shocks of ward duty, pain, disease, death, the autopsy - and nothing to help release the pressures building up inside. A nurse, even a student nurse, had to see so much of suffering and give so much in care and empathy. Was it wrong, then, to grasp a moment of tenderness for herself? For an instant, with Mike's arms around her, she felt the same happiness as when, years before, she had run as a little girl into her mother's arms. Her arms were around him tightly. Now she knew that it was too late to stop. She wanted him desperately. Her lips to his ear, she murmured, "Yes, oh yes."

"Darling, darling Vivian." He was equally excited; she could tell from his whispered, breathless voice.

She felt a trembling excitement, a curiosity to know what it would be like. Vivian was not a virgin; the first time had been in high school, and there had been another incident in her first year of college, but both had been unsatisfactory. She knew this time it would be. "Hurry, Mike, please hurry." She felt that Mike was equally excited.

"Over here, darling," he said, and they moved toward the far side of the clearing in the trees.

Suddenly she felt a searing pain. It was so intense at first she could not be sure where it was. Then she knew it was her left knee. Involuntarily she cried out.

"What is it? Vivian, what is it?" Mike turned to her. She could see that he didn't know what to think of it. She thought: "He probably thinks it's a trick." Girls do this sort of thing to get out of these situations.

The first sharpness of pain had passed a little. But it still returned in waves. She said, "Mike, I'm afraid it's my knee. Is there somewhere to sit down?" The pain returned again.

"Vivian," he said, "you don't have to put on an act. If you want to go back to the hospital, just say so and I'll take you."

"Please believe me, Mike." She took his arm. "It is my knee. It hurts me terribly. I have to sit down."

"This way." She could tell he was still skeptical, but he guided her back through the trees. There was a park bench nearby, and when she had rested, Vivian said, "I'm sorry, I didn't do that on purpose."

He said doubtfully, "Are you sure?"

She said, "Mike, I wanted to, as much as you. Then this." Again the pain.

He said, "I'm sorry, Vivian. I thought..."

She said, "I know what you thought. But it wasn't that. Honestly."

"All right. Tell me what's wrong." He was the doctor now. "It's my knee. All of a sudden - the sharpest pain."

"Let me see." He was down in front of her. "Which one?" His behavior now was professional, analytical. As he had been trained to do, his

mind went methodically over the possibilities. His probing fingers moved over the knee. Watching him, she thought: "He's good; he'll be a fine doctor; people will come to him for help and he'll be kind and do the best that he can." She thought what it would be like - the two of them together always. As a nurse, she could do so much to help him and to understand his work. She told herself: "This is ridiculous; we scarcely know each other." Then, momentarily, the pain returned and she winced.

Mike asked, "Has this happened before?"

For a moment, the absurdity of the situation struck her and she giggled.

"What is it, Vivian?" Mike sounded puzzled.

"I was just thinking. A minute or two ago... And now here you are, just like in a doctor's office."

"Listen, kid." He was serious. "Has this happened before?"

She said, "Just once. But it wasn't as bad as this."

"How long ago?"

She thought. "About a month."

"Have you seen anybody about it?" He was all-professional now.

"No. Mike is something wrong?" she felt alarmed. "Probably not," he reassured her. "But there's a small lump there that shouldn't be. I'll talk with Lucy Grainger in the morning and she will see you and tell us her opinion. Now we have to get you home."



## CHAPTER NINE

In Pathology Dr. Joseph Pearson and the pathology resident Roger McNeil worked at surgical reports. Pearson studied the histological slides through the binocular microscope, and McNeil read the details of the cases for him.

"Case was a forty-year-old man, admitted for appendicitis," McNeil said.

Pearson took out the slide he had been studying and substituted another. He asked, "What did the tissue look like at gross?"

McNeil, who had made the gross examination when the removed appendix came down from the operating room, said, "It looked normal enough to me."

"Hm." Pearson moved the slide around. Then he said, "Wait a minute; here's something." After a pause, he took the second slide out and selected a third. Now he said, "Here it is - an acute appendicitis. It was just beginning in this section. Who was the surgeon?"

McNeil answered, "Dr. Bartlett."

Pearson nodded. "He got it good and early. Take a look." He made way at the microscope for McNeil.

Working with the resident, as the hospital's teaching program required, Pearson was trying to complete the pathology department's surgical reports. But despite his best efforts, they were seriously late with work. The slides being studied now had been prepared several weeks earlier. The patient had long since been discharged, and in this case, Gil Bartlett had been entirely right because he had caught the disease in its early stages and before the patient could have had much suffering.

"Next." Pearson returned to the microscope as McNeil returned to the other side of the desk.

Bannister entered the room quietly, passed behind them and began to file papers into a cabinet. The resident pushed over a slide folder and, as Pearson opened it, McNeil said, "This is a current one. It came down five days ago. They're waiting to hear what we say."

"You'd better give me current cases first," Pearson, said, "otherwise there'll be more complaints from upstairs."

McNeil wanted to say that several weeks ago, he had suggested changing their procedure in just that way, but Pearson had insisted on studying all specimens in the order in which they came into the department. However, the resident checked himself, and didn't say anything. He told Pearson, "It's a fifty- six-year-old woman. The specimen is a skin lesion - superficially a mole. Question is: Is it a malignant melanoma?"

After examining three slides, Pearson said thoughtfully, "It could be. On the other hand, it could be a blue nevus. Let's see what you think."

McNeil understood that it was important to make the right diagnosis in such cases. A malignant melanoma was a tumor that was very aggressive. Its cells could spread quickly and murderously in the body. If diagnosed as such from the small portion already removed, it would mean immediate major surgery for the woman patient. But a blue nevus tumor was entirely harmless. It could stay where it was in the body, doing no harm, for the rest of the woman's life.

From his studies, McNeil knew that malignant melanoma was not widespread, but blue nevus was very rare indeed. As he had learned to do, McNeil ran over in his mind the comparative features of the two types of tumor. Unfortunately, they were very much similar. After looking at all the slides he said to Pearson, "I don't know." He added, "What about previous cases? Could we get any out? To compare them."

"It'd take us a year to find any. I don't remember when I last had a blue nevus." Pearson was frowning. He said heavily, "One of these days

we've got to set up a cross file. Then when a doubtful case like this comes up we can go back and compare it."

"You've been saying that for five years." Bannister's dry voice came from behind, and Pearson turned around. "What are you doing here?"

"Filing." The senior lab technician answered laconically. "Something the clerks should be doing if we had some regular help."

And probably the clerks would do the work a lot better, McNeil thought. He knew that the department badly needed more clerical staff and the filing methods used now were hopelessly archaic. The reference to a cross file, too, had reminded him that now pathology departments in good hospitals usually had such files. Some called them organ-lesion files, but, whatever the name, one purpose of the system was to help resolve the kind of problem they were having at this moment.

Pearson was studying the slides again. He was mentally comparing them with the case of blue nevus, which he had studied long ago. Finally, he closed the slide folder and said to the resident, "Diagnosis - a blue nevus." Pathology generously released the woman patient from danger.

As he passed the slide folder Pearson added, "You'd better study these. It's a specimen you won't see often."

McNeil had no doubt that the old man's decision was right. Years of experience helped, and he had come to respect Pearson's judgment in matters of pathological anatomy. But when you've gone, he thought, looking at the old man, that's when this place will need a cross file - badly.

The work went on well for some time, then, looking at a new slide, Pearson told McNeil explosively, "Call Bannister!"

"I'm still here." It was Bannister, calmly, behind them at the file cabinets.

"Look at this!" Pearson was using his loudest voice. "How many times do I have to give instructions about how slides must be made? What's

wrong with the technicians in Histology? Are they deaf or just stupid?"

The scene wasn't new to McNeil. He sat back and watched as Bannister asked, "What's the trouble?"

Pearson took the slide from his microscope and threw it across the table. "How can I give a proper diagnosis with this kind of tissue section?"

The senior lab technician picked up the slide and held it to the light. "Too thick, eh?"

"Of course it's too thick. If I had some bread I could scrape off the meat and make a sandwich."

Bannister grinned. "I'll check the microtome. We've been having trouble with it." He pointed to the slide folder. "Should I take these away?"

"No. I'll have to work with them." He was not shouting now. "Just do a better job in supervising Histology."

Bannister grumbled on his way to the door. "Maybe if I didn't have so much else..."

He was interrupted by a light knock on the door, and Dr. Charles Dornberger came in. He asked, "May I come in, Joe?"

"Sure." Pearson grinned. "You might even learn something, Charlie."

The obstetrician nodded pleasantly to McNeil, then said softly to Pearson, "I arranged to come down this morning. Had you forgotten?"

"Yes, I had." Pearson answered. Then he told McNeil that they would finish their work later and the resident left the room.

Looking around the big cheerless room, Dornberger shivered. He said, "This place feels damp, Joe. Every time I come here I feel like I'm going to get a chill."

Pearson chuckled and said, "We spray flu germs around - every morning. It keeps visitors out." Then he asked, "What's on your mind?"

Dornberger said directly, "I'm a deputation. I was asked to talk to you."

"What is this? More trouble?" Pearson asked.

Their eyes met. Dornberger said quietly, "That depends." After a pause, he added, "But it looks as if you may get a new assistant pathologist."

"I suppose it's O'Donnell's idea." Pearson said it a little bitterly but quietly. As always, he was being unpredictable.

Dornberger answered, "Partly but not entirely."

Pearson surprised him by asking, "What do you think I should do?" It was a question asked by one friend of another.

Dornberger was thinking: I'm glad he's taking it this way. I can help him accept this, adjust to it. Aloud he said, "I don't believe that you've much choice, Joe. You are behind with surgical reports, aren't you? And a few other things?"

For a moment, he thought that he had gone too far, and the storm would break immediately. But it did not. Pearson said reasonably, "Sure, a few changes are needed. But I can do everything myself - if I can just get the time to do it."

He has accepted it, Dornberger thought. He said softly, "Well, maybe you'll get the time - with another pathologist." And he gave Pearson the paper which the administrator had given him.

Pearson asked, "What's that?"

"There's nothing definite about this, Joe. It's a name that Harry Tomaselli had - apparently some young fellow who might be interested in coming here."

Pearson read aloud, "Dr. David Coleman." There was a pause. Then with bitterness, annoyance, and envy the old man added, "Age thirty-one."

It was lunchtime at the hospital cafeteria. Mrs. Straughan, as usual at this period, was watching proceedings, ensuring that people were served quickly. Today there was a choice of Irish stew, lamb chops, and broiled halibut. The chief dietitian noticed that the lamb chops were moving slowly. She decided to try some herself in a few minutes to see if there were any reason. Perhaps the meat was not very succulent; word of something like that was often passed to those arriving in the cafeteria by others who were leaving. Over at the tables reserved for the medical staff there was the sound of noisy laughter. It came from a group of which Dr. Ralph Bell, the radiologist, was the center. His wife had a new baby that morning.

"Another boy for the ball team," Bell said. "It's exactly eight Bells now."

His colleagues made funny jokes about his fertility. Lucy Grainger joined in their laughter, then she said, "Ralph, I'm sending you a patient this afternoon. It's one of our student nurses - Vivian Loburton."

The laughter had calmed down. "What is worrying you?" Bell asked.

"There's some sort of growth in her left knee. I don't like the look of it," Lucy answered. Then she added, "Please, take some films of the knee."

From his office, Dr. Charles Dornberger had telephoned Kent O'Donnell to tell him about his talk with Pearson. He had told him that Pearson hadn't been enthusiastic about the idea of an assistant pathologist, but he wouldn't be against talking with Coleman. At the end, Dornberger had said, "But I think Joe must know about everything you do from here on."

"You can be sure of that," O'Donnell had said. Then, "Thanks, Charlie. Thank you very much."

Afterward Dornberger had telephoned Mrs. John Alexander, the wife of the pathology technologist, who had just arrived in town to join her

husband. They agreed that she would come to see him in his office the following week.

While Mrs. Alexander was talking with Dornberger, her husband was receiving his first tongue-lashing from Dr. Joseph Pearson. It happened this way.

Returning to the serology lab where John Alexander was working, Bannister had told him the whole story about the poor-quality surgical slides. Alexander had told Bannister, "You know, Carl, the technicians have too much to do. It would be a lot better if they had a tissue-processing machine instead doing everything by hand - the old-fashioned way."

"Forget it, kid. It isn't your problem." Bannister had told him. "And, besides, anything that means spending money around here is finished before it starts."

Alexander had decided to talk about it with Dr. Pearson at the first opportunity. Later that afternoon, he had gone into Pearson's office with some lab reports for signature. The pathologist was in bad humor, but being new, Alexander hadn't suspected that to talk with him at that moment would be useless and even dangerous for his career.

A little nervously, Alexander began, "I'd like to talk about speeding up the surgical reports, Doctor, with the help of a tissue-processing machine."

"What do you know about tissue processors?" There was a dangerous note in Pearson's voice. "And anyway, I thought we put you to work in Serology."

Alexander reminded him, "I did a full course in histology at technologists' school, Doctor." There was a pause. Pearson said nothing, so Alexander went on. "I've used a tissue processor and it's a good machine, sir. It would save us at least a day in preparing slides."

Pearson said angrily, "I've seen these so-called tissue processors and I'm not impressed." Pearson sounded displeased. "The quality in the slides

with the old hand method is much better. What's more, the machines are expensive. The administrator says we're spending too much money."

Alexander had made his first mistake in making the suggestion when Pearson had not wanted to hear. Now he made a second mistake. He understood Pearson's words as an invitation to continue the discussion.

He said, "But surely, if it would save a whole day, maybe two..." He became more earnest. "Dr. Pearson, I've seen slides made with a processor and they're good. Perhaps the processor you saw wasn't being used properly."

Now the older man had risen from his chair. Alexander had overstepped the bounds between physician and technologist. Head forward, Pearson shouted, "That'll do! I said I'm not interested in a tissue processor, and don't want any argument about it." He came around the desk until he was directly in front of Alexander. "And there's something else: I'm the pathologist here and I'm running this department. I don't mind suggestions if they're reasonable. But don't get stepping out of line. Understand?"

"Yes, sir. I understand." Depressed and unhappy, not really understanding at all, John Alexander went back to his work in the lab.

All day Mike Seddons tried to concentrate on the work he was doing. But all the time his thoughts returned to the question: What was it about Vivian that worried him so? She was attractive and desirable, and he wanted to take her to bed as quickly as possible - Mike Seddons was under no illusions about that. It seemed that she wanted it, too. He now believed that the pain in her knee the night before had been real. But was there something more to Vivian and himself than merely sex? Certainly none of the earlier episodes with other girls had made him think as much he was doing right now. Then he had a new thought: Perhaps if he could get the sex bit out of his system other things might become clearer. He decided to ask Vivian to meet him again; and tonight was as good a time as any.

Vivian had found the note from Mike Seddons when she finished her last class of the day and went back to the student nurses' residence. Mike asked her to be on the hospital's fourth floor near Pediatrics at 9:45 that



night. At first, she had decided against going because she had no official reason to be in the hospital at that time and she might get in trouble if she ran into any of the nursing supervisors. But at 9:40 she left the nurses' home and went to the main hospital buildings.

Mike was waiting in the corridor, and as soon as she appeared, he led her to a metal stairway in the inner stairwell. At this time of night, it was quiet and deserted. Mike went down half a flight onto the next landing, leading her by the hand. Then he turned, and it seemed the most natural thing in the world that she should go into his arms.

As they kissed the magic of the night before came back. At this moment, she knew why she had wanted so much to come here. This man with the wild red hair had suddenly become indispensable to her. She wanted him in every way - to be close to him, talk with him, make love with him. It was an electric, exciting feeling she had never known before. He was kissing her cheeks now, her eyes, her ears. Vivian felt the warmth of his body against the fire of her own. She whispered, trembling, "Mike isn't there another place?"

He said, "I share a room with Frank Worth. But he's out tonight, won't be back till late. Do you want to take a chance and come to the residents' quarters?"

She hesitated. "What would happen? If we got caught."

"We'd both get thrown out of the hospital." He kissed her again. "At this moment I couldn't care." He took her hand. "Come on."

After they had made love, Mike kissed her gently. Then he said, "Vivian dearest, I want to marry you."

She asked him softly, "Mike darling, are you sure?"

Those words had surprised even himself. Mike had spoken them on impulse, but suddenly, deeply, he knew that they were true. And the thoughts that had troubled him today and earlier at this moment troubled

him no more. Characteristically he answered Vivian's question with a touch of humor. "Sure I'm sure. Aren't you?"

"I've never been more sure of anything," Vivian whispered.

Suddenly Mike remembered. "All this put it out of my mind. What about your knee? Tell me what Lucy Grainger said."

"She didn't say anything. She asked Dr. Bell to take some X-rays this afternoon. She said she'd send for me in a couple of days."

Mike said, "I'll be glad when it's cleared up."

Vivian said, "Don't be silly, darling. A little bump like that cannot be anything serious."

## CHAPTER TEN

A week after visiting Three Counties Hospital at Tomaselli's invitation, David Colman decided to accept the appointment in the pathology department. He wrote about his decision to Tomaselli and to Pearson. In both letters, he expressed his wish to have direct responsibility for Serology, Hematology, and Biochemistry where he could have a free hand, both in general supervision of day-to-day work and the carrying out of necessary changes of organization and technique. He also assured them that he was prepared to assist Dr. Pearson in pathological anatomy and to cooperate with him at all times.

Walking to a mailbox with both letters David Coleman was thinking over what he had written. He still was not sure why he had chosen Three Counties in preference to the seven other posts he had been offered within a few weeks. He wouldn't get a good salary there. It wasn't famous. Two of the other medical centers in which he had been offered employment were known internationally. But Three Counties was hardly known outside the immediate area it served.

Why then? He knew that he wasn't afraid of working in a bigger center. Was it because he would be freer for research in a small place? But if he only wanted to do research, there was a research institute on his list of offered posts. Was it because of the challenge that he had made his choice? Maybe. He had seen that there were certainly a lot of things wrong in pathology at Three Counties Hospital. And working with Dr. Pearson was not going to be easy. He had felt it, and the administrator had also said that Pearson had a reputation for being hard to get along with.

But, perhaps, it was something quite different? Was it... self-mortification? Perhaps pride, that old enemy of his, had come back?

Pride was the strongest trait of his character, and he saw it as a defect; he feared it and hated it most of all. In his own opinion, he had never been able to conquer pride; it always came back.

The source of his pride was mostly his own superior intellect. In the company of others, he often felt that mentally he was far ahead of others, because he usually was. And, intellectually, everything he had done by this time in his life showed that this was true.

Learning for David Coleman had always been as simple as breathing. In public school, high school, college, medical school, he had been above others, taking the highest honors almost as a matter of course. He had a mind, which was at once absorbent, analytical, understanding. And proud.

He had first learned about pride in his early years of high school. At first, his fellow students looked at him with some suspicion, as it is with anyone who is naturally brilliant. Then, as he made no attempt to hide his feelings of mental superiority, suspicion turned to dislike and finally to hate.

He had felt this, but he had not paid any attention to it until one day the school principal, himself a brilliant scholar and an understanding man, had spoken to him. Even now, David Coleman remembered what the other man had said.

"I think you'll understand this, so I'm going to tell you. Except me, you haven't a single friend in these four walls."

At first, he had not believed it. But, being absolutely honest, he had accepted that the fact was true.

Then the principal had said, "You're a brilliant scholar. You know it and there's no reason why you shouldn't. In the future, you can be anything you choose. You have a remarkably superior mind, Coleman - I may say, unique in my experience. But I warn you: if you want to live with others, sometimes you'll have to seem less superior than you are."

Coleman went away with the advice, digested it, analyzed it, and finished up despising himself. From then on, he had worked harder than ever - to reform himself with a planned program almost of self-mortification. He had begun with games. David Coleman had disliked sports of every kind. At school, until that time, he had never taken part in games, and he thought that people who went to sports events and cheered

were rather stupid juveniles. But now he started to play football in winter, baseball in summer. Despite his own first feelings, he became expert. At college, he found himself in the first teams. And when not playing, he attended every game, cheering as loudly as the rest.

Yet inside, he was always indifferent to games, and, when he cheered, he had an uneasy feeling that he was behaving childishly. Because of that, he thought that, though he had reduced pride, he had never got rid of it.

In his relationship with people, he had also acted according to his plan. In the old days, he had never tried to hide his boredom or disinterest when meeting someone intellectually weak. But now he was always very friendly to such people. As a result, in college he had got the reputation of a friendly expert. When his fellow students had some academic difficulties, they usually turned to him for help, and he always did.

But despite all his efforts, Colman still didn't feel kind or sympathetic to those less gifted than himself. Within himself, Coleman still had the old contempt for mental incompetence. He hid it, fought it with iron discipline and good acting, but, it seemed, that it would never go away.

He had gone into medicine partly because his father, now dead, had been a country doctor and partly because it was something, he had always wanted to do himself. But in choosing a specific field he had taken pathology because it was generally considered the least glamorous of the specialties. It was part of his program of conquering pride.

But even in pathology, as interest and knowledge grew, his old contempt returned for those who knew less than he of the hidden mysteries which a high-powered microscope can disclose. Fortunately, the contempt wasn't so strong as before, because naturally in medicine he met minds which were as strong as his own. And later he could relax and reduce some of the iron self-discipline. In medicine, he still met fools. But contact with such people annoyed him less now. With such relaxation, he started to hope that he had conquered his old enemy at last.

But as it was not easy to shake off his program of self-formation which had lasted fifteen years, at times it was difficult to understand

whether his motives came from free choice or were dictated by that program.

That was behind the question to himself on his choice of Three Counties Hospital. Had he chosen it because he really wanted to work at a medium-size, second-line hospital, without reputation or glamor? Or had it been an old subconscious feeling that here his pride would suffer most?

As he mailed the two letters he knew that only time could answer these questions.

On the seventh floor of the Burlington Medical Arts Building, Charles Domberger had given Elizabeth Alexander his usual thorough physical examination, and now he had gone back to his desk.

Seated at his desk, Domberger smiled. He liked to have patients who were enjoying pregnancy, and Elizabeth Alexander was.

He said, "Well, I'd say you're going to have a normal, healthy baby. There don't seem to be any complications."

Then Dornberger asked Elizabeth what her first child had died of.

"Bronchitis. When she was a month old." Elizabeth said it normally. A year ago, she would have had to fight back tears. But this time her baby would live - of that she was determined.

Dr. Dornberger asked, "Was the delivery normal?"

"Yes," she answered.

Dornberger wanted to draw her away from sad memories, so he said conversationally, "I understand you've just arrived in Burlington."

"That's right," she said brightly, then added, "My husband is working at Three Counties."

"Yes, Dr. Pearson was telling me. How does he like it there?" he asked.

Elizabeth thought a little, then said, "John hasn't said too much. But I think he likes it. He's very keen on his work."

"That's a help. Particularly in pathology." He looked up and smiled. "The rest of us depend very much on the work of the laboratories."

The obstetrician took a pad of forms out of a drawer of his desk and said, "Talking of the lab, we must send you for a blood test."

As he wrote on the top form Elizabeth said, "I meant to tell you, Doctor. I'm Rh negative and my husband is Rh positive."

Dornberger knew, as most physicians did, that patients often had incomplete or wrong ideas about medical matters. When that happened with one of his own patients, he usually tried to explain things to them, even if it meant taking time to do so. In this case, the girl had lost her first baby; therefore, this second pregnancy was doubly important to her. It was Dornberger's business to see that she had no fears.

She had mentioned Rh factors, and he saw that she was worried. He suspected that she had no real understanding of those things. He decided to take the time to reassure her.

"Mrs. Alexander," he said, "Even though you and your husband have differing Rh blood types, it doesn't mean there will necessarily be any problem with the baby. You do understand that?"

"I think so, Doctor." He knew that he had been right. There was some doubt in her voice.

Patiently he asked, "Do you understand exactly what the terms Rh positive and Rh negative mean?"

She hesitated. "Well, I afraid not exactly."

He thought for a moment, then said, "Let me put it as simply as I can. All of us have certain factors in our blood. And when you speak of a 'factor' you might say that it's another name for an 'ingredient.'"

Elizabeth nodded. "I see." Domberger continued, "Different human beings have different blood factors. When they were counted the last time, there were forty-nine of these factors known to medicine. Most people - you and I, for example - have between fifteen and twenty of them in our own blood." Elizabeth's brain clicked: question one. She asked, "Why are people born with different factors?"

"Mostly we inherit them, but that isn't important now. What's important is to remember that some factors are compatible and some are not."

"You mean..."

"I mean that when these blood factors are mixed together, some will get along quite happily, but some will fight one another and won't get along at all. That's why we are always careful about blood types when we give a transfusion. We have to be sure it's the right kind of blood for the person receiving it."

Elizabeth had another question: whether the incompatible factors caused problems when people had babies.

Dornberger answered, "Sometimes they do, but more often they don't. Let's take the case of you and your husband. You say he's Rh positive?"

"That's right."

"Well, that means that he has a factor called 'big D in his blood.' And because you're Rh negative you don't have any 'big D.'"

Elizabeth nodded slowly. "You make it so interesting," she said. "No one's ever explained it like this before."

"Good. Now about your baby. We don't know yet whether it has Rh-negative blood or Rh-positive. In other words, we don't know if he has any 'big D'."



Elizabeth asked anxiously, "What happens if he does? Does it mean that his blood will fight with mine?"

Dornberger said calmly, "There's always that possibility." He told her with a smile, "Now listen very carefully."

She nodded and concentrated.

He said, "A baby's blood is always quite separate from the mother's. Nevertheless, in pregnancy, small quantities of the baby's blood often get into the mother's blood stream. Do you understand that?"

Elizabeth nodded. "Yes."

"Very well then. If the mother is Rh negative and the baby is Rh positive, sometimes that can mean that our old friend 'big D' gets into the mother's blood stream, and he isn't welcome there. Got it?"

Again, Elizabeth said, "Yes."

He said slowly, "When that happens, the mother's blood usually creates something we call antibodies, and those antibodies fight the 'big D' and in the end destroy it." Elizabeth was puzzled. "Then where's the problem?"

"There never is any problem - for the mother. The problem, if there is one, begins when the antibodies - the 'big D' fighters which the mother has created - cross over the placental barrier into the baby's blood stream. You see, although there's no regular movement of blood between mother and baby, the antibodies can, and do, cross over quite freely."

"I see," Elizabeth said slowly. "And you mean the antibodies would start fighting with the baby's blood - and destroying it." She had it now - clearly in her mind.

Domberger was glad that she had understood him well and said, "The antibodies might destroy the baby's blood - or part of it - if we let them. That's a condition we call Erythroblastosis Foetalis."

"But how do you stop it if it happens?"

"If it happens we can't stop it. But we can combat it. In the first place, as soon as there are any antibodies in the mother's blood we get a warning through a blood test. That test will be done on your blood - now and later during your pregnancy."

"What else is done? For the baby, I mean?" Elizabeth asked.

He said patiently, "The most important thing is to give the baby an exchange transfusion of the right kind of blood immediately after birth. It's usually successful." He decided against saying anything about the strong danger that an erythroblastotic child might be born dead or that physicians often actuated labor several weeks early to give the child a better chance of life. He felt that the discussion had gone far enough. He decided to sum it up.

"I've told you all this, Mrs. Alexander, because I thought that you were worried about Rh. Also, you're an intelligent girl, and I think it's better to know all the truth than just a part of it."

She smiled at him.

Dr. Domberger continued, "But just let me remind you of the important things." He was serious now. "Point one: you may never have an Rh-positive baby, either now or later. In that case, there can't be any problem. Point two: even if your baby is Rh positive, your blood may not start creating antibodies. Point three: even if your baby were to have erythroblastosis, the chances of treatment and recovery are favorable." He looked at her directly. "Now - how do you feel about it all?"

Elizabeth smiled radiantly. "Dr. Domberger," she said, "I think you're wonderful."

"Yes," Domberger said, pleased, "sometimes I feel that way too."

Lucy Grainger was worried about Vivian's knee problem. She decided to ask Dr. Pearson to see her patient.

"The case is worrying me a little," she said. "I suspect a bone tumor, and a biopsy's been planned for the day after tomorrow. The tissue will be coming down to you, of course, but I thought perhaps you'd like to take a look at the girl."

"All right. Where is she?"

"She had been admitted for observation," Lucy said. "She's on the second floor. Could you see her now?"

Pearson agreed.

Lucy's request to Pearson was not unusual. In a case like this, where malignancy was a possibility, the pathologist normally gave a final opinion on the patient's condition. In the diagnosis of any tumor, there were sometimes many conflicting factors. The pathologist could make a balanced diagnosis. But determination of bone tumors was even more difficult. Lucy knew that. So the best thing was to invite the pathologist at the beginning. In that way he could know the patient, discuss symptoms, and hear the radiologist's opinion, all of which added to his knowledge and helped diagnosis.

They went to the second floor in the elevator. Pearson put a hand to his back.

Lucy asked, "Is your back hurting?"

"Sometimes it does." With an effort, he straightened up. "Probably too much sitting over a microscope."

"Why don't you come to my office? I'll take a look at it," she offered.

He grinned. "I'll tell you, Lucy. I can't afford your fees." The elevator stopped and they went out on the second floor. Walking down the corridor, she said, "I don't believe in charging my colleagues."

He looked at her humorously. "You're not like the psychiatrists then?"

"No, I'm not." She laughed. "I hear they send you a bill, even if you work in the same office."

"That's right." She had seldom seen him quite so relaxed as this. "They say it's part of the treatment."

"Here we are." She opened a door and Pearson went first. Then she followed him in, closing the door behind her.

"Vivian, this is Dr. Pearson."

"Hullo, Vivian." Pearson said it absently as he took the chart, which Lucy offered him.

She answered politely, "Good afternoon, Doctor."

It was still a puzzle to Vivian why she was here at all. True, her knee had been hurting her again. But why should she be put to bed for such a small thing? However, she didn't mind very much. It was a nice break from nursing-school routine, and it was pleasant to be reading and resting for a change. Mike had just phoned too. He seemed worried when he heard what had happened and had promised to come in later, as soon as he could.

Pearson asked Vivian to show him both knees. His fingers moved carefully over the limbs. Once Vivian winced as a finger probed. Pearson looked up. "Hurt you there, eh?" Vivian nodded.

"I see from Dr. Grainger's report that you hit your knee about five months ago," he said.

"Yes, Doctor. I hit it on the bottom of a swimming pool. I think I dived too deeply."

Pearson asked her, "Did it hurt very much at the time?"

"Yes. But then the pain went away and I didn't think any more about it - not until now."

"All right, Vivian."

He asked Lucy, "Have you got the X-rays?"

"I have them here." She produced a large envelope. "There are two sets. The first set didn't show anything. Then we softened them up to see the muscles, and that showed an irregularity in the bone." Lucy pointed at an area in the second set. "There. You see?"

Pearson asked, "What does Radiology say?"

"Ralph Bell confirms the irregularity," Lucy answered. "But he can't see enough for a diagnosis. He agrees we should have a biopsy."

Pearson turned back to the bed. "Do you know what a biopsy is, Vivian?"

"I have an idea." The girl hesitated. "But I'm not really sure.

"Haven't taken it in your nursing course yet, eh?"

She shook her head.

Pearson said, "Well, what happens is that Dr. Grainger will take out a small piece of tissue from your knee. Then it will come down to me and... I'll study it."

Vivian asked, "And can you tell from that... what's the matter?"

"Most times I can."

"All right, Vivian; that's all for now." Lucy smiled. "I'll be back later." She gathered up the chart and X-rays and followed Pearson out.

As the door closed, for the first time Vivian felt an uneasy chill of fear.

As they walked along the corridor Lucy asked, "What's your opinion, Joe?"

"It could be a bone tumor." Pearson said it slowly, thinking.

"Malignant?"

"It's possible."

They came to the elevator and stopped. Lucy said, "Of course, if it's malignant, I'll have to amputate the leg."

Pearson nodded slowly. Suddenly he looked very old. "Yes," he said. "I was thinking of that."

## CHAPTER ELEVEN

Watching the airplane's approach at Burlington's municipal airport Dr. Kent O'Donnell thought that aviation and medicine had a good deal in common. Both were products of science; both were changing the world's life and destroying old concepts; both were moving toward unknown horizons. There was another parallel too. Aviation nowadays was always behind its own discoveries; one aircraft designer had told him recently, "If an airplane's flying, it's already out of date."

The practice of medicine, O'Donnell thought, was very much the same. Hospitals, clinics, physicians themselves, were never able to be absolutely up to date. Experimentation, development, new techniques were always ahead - sometimes by years. A man might die today when the drug that could save him was already invented and even, perhaps, in limited use. But a long time passed before new developments became known and gained acceptance. The same was true of surgery. One surgeon, or a group of surgeons, might develop a new lifesaving technique. But before it could be used generally others must master it and pass their skill along. Sometimes it was a long process. Heart surgery, for example, was fairly general now. But for a long time only a handful of surgeons were qualified or willing to attempt it.

There was always the question, too, with new things: is this good; is it a wise development? Not all change meant progress. Plenty of times in medicine there were theories running contrary to fact. Sometimes it was hard to find a way between open-mindedness and reasonable caution.

The airplane landed, and O'Donnell went to greet Dr. Coleman, the hospital's new assistant director of pathology, in the arrival lobby.

David Coleman was surprised to see the chief of surgery - tall, bronzed, standing out from the crowd - waiting for him with outstretched hand. O'Donnell said, "It's good to see you. Joe Pearson couldn't come, but we thought that someone should be around to say 'welcome.'"

Ten minutes later, as they were driving toward town, he said, "Perhaps you'd like to take a day or two to fix up an apartment before you report at the hospital."

"I don't think so, thank you. I plan to start work tomorrow morning."

Coleman was polite but definite. O'Donnell thought: "This is a man who makes up his mind, then states his opinion plainly." He sounded, too, as if it wasn't easy to make him change his decision. O'Donnell was also worried about how Joe Pearson and David Coleman were going to get along. He thought there might be a problem there. But you could never tell. Sometimes in a hospital, the most unlikely people became lifetime friends.

Looking around him as they approached the city, David Coleman felt excited at the prospect ahead. This was unusual because mostly he took whatever came with a matter-of-fact acceptance. But it was, after all, his first staff appointment to a hospital. He told himself: you shouldn't be ashamed of natural human feelings, my friend, then smiled inwardly at the silent self-criticism.

He thought about O'Donnell, sitting beside him. Everything he had heard about the chief of surgery at Three Counties had been good. Why, he thought, a man with O'Donnell's background and qualifications had chosen a place like Burlington? Did he, too, have a mixed-up motivation, or was there some other reason? Maybe he just liked it here. There were some people, Coleman supposed, whose preferences were straight and simple.

O'Donnell said, "I'd like to tell you a couple of things, if I may."

Coleman said politely, "Please do."

"We've had a number of changes at Three Counties these past few years." O'Donnell was going slowly, choosing his words. "Harry Tomaselli told me you'd heard of some of them - as well as our plans."

Coleman smiled. "Yes, I had."



O'Donnell continued, "The fact of your being here is a major change, and I think that there will be other changes which you'll want to make yourself."

Coleman thought of the hospital's pathology department as he had seen it during his short visit. "Yes," he said, "I'm sure there will."

O'Donnell was silent. Then, more slowly, he said, "Whenever we could, we've tried to make our changes peaceably. Sometimes that hasn't been possible; I don't believe in giving up a principle just to keep the peace." He looked sideways at Coleman. "Let's be clear about that."

Coleman nodded but made no answer. O'Donnell went on, "All the same, wherever you can, I'd advise you to move carefully." He smiled. "Do what you can by persuasion, and save the big guns for things that really matter."

Coleman just said, "I see." He was not sure what he was being told. Was Coleman being told here and now, as a newcomer, not to rock the boat? If that were so, they would quickly find they had got the wrong man.

O'Donnell was thinking now if he had been wise in saying what he had. They had been fortunate to get this man Coleman, and he had no wish to disappoint him, not right at the beginning. But all the time at the back of O'Donnell's mind had been the problem of Joe Pearson and Pearson's influence with Eustace Swayne. O'Donnell wanted to be loyal to Orden Brown; in the past, the board chairman had done a good deal to support the chief of surgery. O'Donnell knew that Brown wanted Swayne's quarter million dollars and, indeed, the hospital needed it badly. And if that meant keeping peace with Joe Pearson, O'Donnell was prepared to go along to a certain limit.

But where did hospital politics end and O'Donnell's responsibility as a medical practitioner begin? He knew that he himself was playing politics now. That was why he had told Dr. Coleman those things. He thought that perhaps he should tell Coleman a little more, to be more open with him, then decided against it. Coleman was, after all, a newcomer; and O'Donnell didn't know him very well yet.

Now they were coming into the city center, the streets of Burlington hot and dusty. He turned his Buick into the forecourt of the Roosevelt Hotel. A porter opened the car doors and began to remove Coleman's bags from the rear seat.

O'Donnell said, "Would you like me to come in? Make sure everything's in order?"

Coleman answered, "There's really no need." Once more the quiet but definite statement.

O'Donnell said, "All right. We'll expect you tomorrow then. Good luck."

"Thank you."

The door of the outpatients' lab opened and a white-coated girl technician invited Elizabeth to come in. She followed the girl through the doorway.

"Sit down, Mrs. Alexander. This won't take long."

"Thank you."

At her desk, the technician read what Dr. Dornberger had written. "Rh type and sensitivity. All right, just put your hand here, please, and clench your fist." She took Elizabeth's wrist and sponged it with antiseptic, then put on a rubber tourniquet. From a tray, she selected a hypodermic and broke open a package with a sterile needle, which she inserted into the syringe. Quickly selecting a vein on Elizabeth's arm, the girl inserted the needle with a single sharp movement and eased back the plunger. She drew blood until it was level with the 7 cc. mark on the syringe, then took the needle out, putting a tuft of cotton batting on the puncture it had made. The whole procedure had taken less than fifteen seconds.

"I think you've done that before," Elizabeth said.

The girl smiled. "A few hundred times. That's all, Mrs. Alexander. One of the technicians in the serology lab will do the test."

Elizabeth thought that perhaps it would be John, her husband.

Mike Seddons, sitting alone in the house-staff lounge, was deeply worried. For forty-eight hours, ever since he had read the chart in the nursing station near Vivian's hospital room, his worry and distress had steadily grown. Last night he had slept very little. He fully understood the significance of the words written on the chart in Dr. Lucy Grainger's handwriting, "Vivian Loburton - suspected osteogenic sarcoma - prepare for biopsy."

When he first had seen Vivian - the day of the autopsy - she was merely another pretty student nurse. Even at their second meeting - before the incident in the park - he had thought of her principally as an interesting, exciting lay. For the first time in his life, he was deeply in love. And he felt a dreadful fear.

That night when he had told Vivian that he wanted to marry her, he had had no time to think about the meaning of that decision. Up to that moment, Mike Seddons had always told himself there would be no question of marriage until he was established in practice, his future financially secure. But as he had said those words to Vivian, he had known they were true. He had repeated them silently a hundred times since then, without a single thought of wanting to turn back.

Then this.

Unlike Vivian, who still thought of her problem as a small bump below the knee which treatment of one kind or another would cure, Mike Seddons knew the meaning of the phrase "suspected osteogenic sarcoma." He knew that if the diagnosis were confirmed, it would mean that Vivian had a malignant tumor, which could spread, and perhaps already had, elsewhere in her body. In that case, without swift surgery, her chances of survival beyond a year or so were almost nil. And surgery meant immediate amputation of the limb in the hope to stop the spreading, poisonous cells before they moved too far beyond the original place. And even then,

statistically, only 20 percent of osteogenic patients were free from further trouble after amputation. The rest sometimes lived only a few more months.

But it could be a harmless bone tumor. The chances were fifty-fifty. Mike Seddons couldn't stop thinking of how much - both for himself and Vivian - the biopsy result meant. At first, he wanted to go to Lucy Grainger and discuss the whole thing; then he had decided "no". If he showed a personal interest, some sources of information might be closed off to him. He did not want that. One way or the other he had to know!

Talking with Vivian and, at the same time, trying to keep his thoughts to himself had not been easy. Last night, when he visited her in the hospital room, she teased him about seeming depressed.

"I know what's wrong. You're afraid of being pinned down - not being able to hop from bed to bed."

"I never hopped from bed to bed," he had said, trying to sound cheerful. "It isn't that easy; you have to work at it."

"You didn't do much work on me."

"You were different. It just sort of happened."

She had stopped at that. "Yes, I know." Then, gaily again, she had said, "Well, anyway, it's no good thinking you're going to get out of this, Dr. Michael Seddons, M.D. And another thing, Doctor - stay away from those student nurses; they have no morals."

"Really!" Again, he reacted with a brightness he did not feel. He held her away from him. "Why didn't someone tell me this before?"

She was wearing a thin blue negligee, open at the front. Beneath it was a nylon nightgown of the same transparent blue. All at once, he realized, breathlessly, how young and beautiful she was.

Vivian had looked at the door. It was closed. She said, "They're busy at the nursing station tonight. I know because they told me. It'll probably be

an hour, at least, before anyone comes around."

For a moment, he had been shocked. Then he had laughed and fallen in love all over again with her honesty and simple frankness. He said, "You mean here? Now?"

"Why not?"

"If anyone came I'd be thrown out of the hospital."

Softly she said, "You weren't so worried about that the other night." Her fingertips moved lightly down his face. Impulsively he kissed her neck. For a moment, he had been tempted, then sanity won out. He put his arms around her. Tenderly he whispered, "When all this is over, Vivian darling, then we'll be really alone. What's more, we'll have all the time we want."

That was yesterday. This afternoon, on the operating floor, Lucy Grainger would be performing the biopsy. Mike Seddons looked at his watch. It was 2:30 P.M. They should be starting now. If Pathology worked fast, the answer might be known by tomorrow. Inwardly, he started praying: "Oh, God! Please, God - let it be benign!"

The anesthetist nodded. "We're ready when you are, Lucy."

Dr. Lucy Grainger, smiling down at Vivian, said reassuringly, "This won't take long, and you won't feel a thing."

Vivian tried to smile back, but she was a little drowsy: she had been given sedation as well as the spinal anesthetic, which had taken away all feeling from the lower portion of her body.

Lucy nodded to her assisting intern. He lifted Vivian's left leg, and Lucy began to remove the towels, which were taped around it. Earlier this morning, before Vivian had been brought to the operating floor, the leg had been shaved, bathed thoroughly, and painted with merthiolate. Now Lucy repeated the antiseptic procedure and taped fresh sterile towels above and below the knee.

After that the operating table was covered by a green sheet so that a hole in the sheet was immediately above the exposed knee. The anesthetist fastened the top of the sheet to a metal bar above Vivian's head, so that her view of the rest of the operating room was cut off. As he looked down at her he said, "Just stay relaxed, Miss Loburton. This is really like having a tooth out - only a lot more comfortable."

Lucy started the operation. She explained every stage to the assisting intern.

"We'll make our incision through the periosteum." The intern nodded as Lucy applied the knife to the thick fibrous tissue above the bone, cutting cleanly down.

"Ready for the saw." The nurse passed Lucy an oscillating saw.

Talking again for the intern's benefit, Lucy said, "We shall take a wedge-shaped sample of bone. About half to three-quarters of an inch should be enough." She glanced up at the X-ray films on a lighted screen at the end of the room. "We must be sure, of course, that we are into the tumor and don't take a piece of normal bone."

Lucy switched on the saw and applied it twice. There was a soft crunching sound each time it bit into bone. Then she switched off and passed the saw back. "There, I think that will do. Tweezers!"

She extracted the bone sample, dropping it into a small jar of Zenker's solution. Now the specimen would go to Pathology.

The anesthetist asked Vivian, "Still feel all right?"

She nodded.

He told her, "They won't be long now. The bone sample is out. They'll just zip up your knee."

Finishing the operation, Lucy was thinking: If only this were all, how simple everything would be. But this was merely exploratory. The next

move would depend on Joe Pearson's verdict about the bone sample, which she was sending to him.

The thought of Joe Pearson reminded Lucy of what she had learned earlier from Kent O'Donnell: that this was the day on which the hospital's new assistant pathologist was to arrive in Burlington. She hoped that things would go smoothly with the new man. Lucy respected the chief of surgery's efforts to achieve improvement within the hospital without big radical changes, though she knew that O'Donnell would make the changes if it really became necessary to make them.

Lucy let the intern sew the subcutaneous tissue. She told him how to do it and watched attentively. He was being slow but careful. She knew that some of the surgeons at Three Counties gave interns very little to do when they were assisting. But Lucy remembered how many times she herself had stood by an operating table, hoping for at least a little practice in tying knots.

The biopsy was almost complete. The intern was putting in the final stitch. Lucy glanced at the wall clock above her. The whole procedure had taken half an hour. It was 3 P.M.

At seven minutes to five, a sixteen-year old hospital messenger brought the tray of blood samples from the outpatients' lab to the serology lab.

"Where you want this blood, Mr. Dracula?" he said to Bannister. He liked to annoy the old man.

John Alexander grinned. Bannister, however, was not pleased. "You know where it goes, wise guy." He pointed to one of the lab benches. "Put it over there."

"Yessir, captain, sir." The youth put down the tray and gave a mock salute. Then he moved toward the door singing:

Oh, give me a home where the viruses roam,  
Where the bugs and the microbes all play,  
When often is heard an old bloodsucker's word,  
And the test tubes stand stinking' all day.

Alexander laughed. Bannister said, "Don't laugh at him. It just makes him worse." He crossed to the bench and picked up the blood specimens.

"Hey, there's a blood sample here from a Mrs. Alexander. Is that your wife?"

Alexander looked at the label on the tube. "Yes, it's Elizabeth all right. Dr. Domberger sent her for a sensitivity test."

"It says typing and sensitivity both," Bannister said.

"I expect Dr. Dornberger wanted to be sure. Actually Elizabeth is Rh negative." As an afterthought he added, "I'm Rh positive."

Bannister said, "Do you want to do the test yourself?"

"Yes, I would. If you don't mind."

Bannister never minded if someone else did work which might otherwise fall to himself. He said, "It's all right with me." Then, glancing at the clock, he added, "You can't do it tonight though. It's nearly five." He handed the tray to Alexander. "Better put this tray away until the morning."

Alexander took the blood samples and put them in the lab refrigerator. Then, closing the refrigerator door, he paused thoughtfully.

"Carl, I'd like to ask you something."



Bannister was busily clearing up. He always liked to leave right on the dot of five. Without turning his head he asked, "What is it?"

Alexander chose his words carefully. "I noticed we're only doing two sensitization tests - one in saline, the other in high protein."

"So?"

"Well," Alexander said cautiously, "isn't just doing the two tests alone... a bit out of date?"

Bannister said sharply, "Suppose you tell me why."

Alexander ignored the sharpness. This was important. He said, "Most labs nowadays are doing a third test - an indirect Coombs - after the test in saline."

Bannister said irritably, "Look, fella, I'll tell you something for your own good. You're fresh out of school, and one thing you haven't found out is that some things they teach you there just don't work out in practice."

"This isn't just theory, Carl." Alexander insisted. "It's been proven that some antibodies in the blood of pregnant women can't be detected either in a saline solution or high protein."

"And how often does it happen?" Bannister put the question, as if knowing the answer in advance.

"Very seldom."

"Well, there you are."

"But it's enough to make the third test important." John Alexander was insistent. "With the two tests we're doing here you can get a negative test result, and yet a mother's blood may still be sensitized and dangerous to the baby. You could kill a newborn child that way."

Bannister cut him off. "Save the lecture for some other time." Alexander still went on. "It isn't much more work. I'd be glad to do it

myself. All that's needed is Coombs serum. It makes the testing a little more expensive..."

"Oh, yeah!" Bannister said sarcastically. "That would go great with Pearson. Pearson isn't keen on new ways of doing things - especially when they cost more money."

"But don't you understand? - the other way isn't foolproof." Alexander raised his voice.

"Well, it isn't your job to worry about it."

"But-"

"But nothing!" Bannister hesitated, and his manner became less aggressive. He saw that it was one minute to five and he wanted to go home. "Look, kid, I'll give you some advice. We're not doctors, so stop trying to sound like one. We're lab assistants and we work in here the way we're told."

"That doesn't mean to say I can't think, does it?" It was Alexander's turn to be annoyed. "All I know is, I'd like to see my wife's test done in saline, and in protein, and in Coombs serum. You may not be interested, but this baby is important to us."

At the door, the older man looked at Alexander and said, "I've told you what I think. If you don't like it you'd better go see Pearson. Tell him you're not satisfied with the way things are being run around here."

Alexander looked directly at the senior technician. Then he said quietly, "Maybe I will."

## CHAPTER TWELVE

When Coleman knocked and entered the pathologist's office, Carl Bannister was sorting papers on Dr. Pearson's desk. It was a little after eight in the morning. Joe Pearson seldom arrived before ten o'clock, sometimes later, and most people around the hospital knew that. The senior lab technician was surprised to have a visitor so early.

He asked, not very heartily, "Are you looking for Dr. Pearson?"

Colman told him his name, and Bannister's manner immediately changed. Bannister put down his papers hurriedly and came around the desk, almost at a run. "Oh, excuse me, Doctor. I didn't realize. I'd heard you were coming, but we had no idea it would be this soon."

Coleman said calmly, "Dr. Pearson is expecting me. Is he in, by the way?"

Bannister seemed shocked. "You're too early for him. He won't be here for another two hours," he said, smiling. This smile was saying: "I expect you'll keep the same kind of hours yourself as soon as the newness wears off."

"I see."

With anybody senior to himself, Bannister remembered to be pleasant and ready to serve. He offered to show Coleman around the labs.

Coleman hesitated. Perhaps he ought to wait for Dr. Pearson. But two hours was a long time to wait and do nothing. The labs would be his territory anyway. What was the difference? He said, "I saw part of the labs with Dr. Pearson when I was here a few weeks ago. But I'll take another look if you're not too busy."

"Well, of course, we're always busy around here, Doctor. But I'll be glad to take the time for you. In fact, it'll be a pleasure."

"This way, please." Bannister had opened the door of the serology lab. John Alexander was in the lab already, he had just placed a blood sample into the centrifuge.

"Doctor, this is John Alexander. He just started work here." Carl Bannister was enjoying his role of showman. Trying to be witty, he added, "Still wet behind the ears' from technology school, eh, John?"

"If you say so." Alexander answered uncomfortably, disliking his tone but not wanting to be rude.

Coleman moved forward, offering his hand. "I'm Dr. Coleman."

As they shook hands Alexander said interestedly, "You mean you're the new pathologist, Doctor?"

"That's right." Coleman glanced around him. As he had on the previous visit, he could see that the lab needed a lot of changes.

Coleman asked John, "What are you working on now?"

"It's a blood sensitization." He indicated the centrifuge. "This specimen is from my wife."

"Really." Coleman thought to himself that this young lab assistant was a good deal more impressive than Bannister. In appearance anyway. "When is your wife having her child?" he asked.

"In just over four months, Doctor." Alexander paused; he wanted to ask Dr. Coleman a question. Coleman noticed it and said, "Did you want to ask me something?"

"Yes, Doctor," he said. "I do."

Alexander decided to bring his doubts out into the open. "It's about the blood tests we're doing - for sensitization."

Bannister moved forward, annoyed and aggressive, to put Alexander in his place. "Now listen! If that's what you were talking about last night, you

leave it alone!"

Coleman asked curiously, "Is this something medical? To do with the laboratory?"

Ignoring Bannister's annoyance, Alexander answered, "Yes, it is."

"All right, let's hear it."

Alexander said, "It's about Rh tests. I think we should be doing an indirect Coombs test on all the samples, after the tests in saline and high protein."

"Of course."

There was a silence, which Alexander broke. "Would you mind saying that again, Doctor?"

"I said 'of course.' Naturally there should be an indirect Coombs." Coleman thought there was nothing to discuss. For a serology lab, this sort of thing was elementary, basic.

"But we're not doing an indirect Coombs." Alexander shot a triumphal glance at Bannister. "Doctor, the Rh-sensitivity tests here are all being done just in a saline solution and in high protein. Coombs serum isn't used at all."

Coleman looked at Bannister. "Is this true?"

"We do all our tests according to Dr. Pearson's instructions." The elderly technician made it clear that in his opinion the discussion was a waste of time.

"Perhaps Dr. Pearson doesn't know you're doing the Rh tests that way."

"He knows all right." Bannister didn't try to hide his annoyance now. It was always the same with new people. They weren't inside a place five minutes before they started making trouble. He had tried to be pleasant with

this new doctor, and look what you got for it. Well, one thing was for sure - Joe Pearson would soon put this fellow in his place. Bannister just hoped to be there when it happened.

Coleman decided to ignore the senior technician's tone. Whether he liked it or not he was going to have to work with this man for a while. All the same, this thing had to be cleared up now. He said, "I'm afraid I don't quite understand. Surely you know that some antibodies in the blood of pregnant women will get past a saline test and a high-protein test, but they won't if you go on and do a further test in Coombs serum."

Bannister made no answer. Coleman went on, "Anyway, I'll mention it to Dr. Pearson sometime. I'm sure he didn't know about it."

"What shall we do about this test?" Alexander asked. "And the others from here on?"

Coleman answered, "Do them in all three mediums, of course - saline, high protein, and Coombs serum."

"We haven't any Coombs serum in the lab, Doctor." Alexander was very glad now that he had said about this. He liked the look of this new pathologist. Maybe he'd change some other things around the place.

"Then let's get some," Coleman said easily. "It's no problem."

"We can't just go out and get lab supplies," Bannister said. "There has to be a purchase requisition." He wore a superior smile. There were some things, after all, these newcomers didn't know.

Coleman carefully controlled his feelings. He certainly wasn't going to take this kind of behavior permanently. But the first day of arrival was not the time for confrontation. He said pleasantly enough, but firmly, "Let me have the form then. I think I can sign it. That's one of the reasons why I'm here."

The older technician hesitated, but, finally, he handed a pad of forms to Coleman, saying, "Dr. Pearson likes to order all lab supplies himself."

Coleman wrote the order and signed it. With a cool smile, "I expect to have a good deal more responsibility here than just ordering fifteen dollars' worth of rabbit serum," he said. "There you are." At this time, the phone rang on the other side of the lab.

Bannister, with a red, angry face, crossed to the wall phone to answer it. "Gotta go down to Outpatients," he said to Coleman.

He answered icily, "You can go ahead."

Coleman felt very angry. He thought that the discipline in the pathology was unsatisfactory, and the whole situation in the department was even worse than he had seen at first. He began to take a more careful look at the rest of the lab. The equipment was worn, some of it out of date. There were all sorts of apparatus and supplies on the tables and benches in absolute disorder. He noticed a heap of dirty glassware, a pile of yellowed papers, and fungus on a section of a worktable. From the other side of the room Alexander was uncomfortably watching the inspection.

"Is this the way the lab is usually kept?" Coleman asked.

"It isn't very tidy, is it?" Alexander said with a shamed face. Yet he didn't say that he had already offered to reorganize it but Bannister had emphatically told him to leave things the way they were.

"I'd use a little stronger word than that." He knew that this was to be changed. But he also knew that he would have to be cautious with people here, and his own experience had already taught him that it was impossible to make all changes at once.

Since the moment when Coleman entered the lab, John Alexander felt that he had seen him before. Now he said, "Doctor, excuse my mentioning it, but I have a feeling we've met somewhere before. Have you ever been in Indiana? New Richmond?"

"Yes," Coleman said, surprised, "I was born there."

John Alexander smiled. "Your father would be... Dr. Byron Coleman?"

"How do you know that?" It had been a long time since someone other than himself had recalled his father's name.

"I'm from New Richmond too," Alexander said. "So is my wife."

"Really?" Coleman asked. "Did I know you there?"

"I don't think so, though I remember seeing you a couple of times." In the social life of New Richmond, John Alexander had been several stages removed from the orbit of the doctor's son. Alexander went on, "My father was a farmer. We lived a few miles outside town. You may remember my wife though. Her family had the hardware store. She was Elizabeth Johnson."

Coleman said thoughtfully, "Yes, I think I do. Wasn't there something about her... she was in an accident of some sort?"

"That's right; she was," John Alexander said. "Her father was killed in his car at the rail crossing. Elizabeth was with him."

"I remember hearing about it." David Coleman's mind flew back over the years -to the country doctor's office. He said, "I was away at college at the time, but my father told me afterward."

"Elizabeth almost died. But they gave her blood transfusions and she survived." Alexander paused. Then, still pleased at his discovery, "If you happen to be free one evening, Dr. Coleman, I'm sure my wife would enjoy meeting you. We have a small apartment..." He hesitated, remembering: though both had moved on from New Richmond, there was still a social gulf between them.

Coleman remembered it too. His brain warned: be cautious of alliances with subordinates - even one like this. He rationalized: "It isn't snobbery; it's just a matter of hospital discipline and common sense." Aloud



he said, "Well, I'm going to be working quite hard for a while. Let's leave it, shall we, and see how things go?"

Even as he spoke them, the words sounded false. Mentally he told himself: You haven't changed, my friend; you haven't changed at all.

Tomaselli and Mrs. Straughan were in his office having another argument about dishwashers.

"I'm afraid, you don't understand, Mr. T., how serious this is." Mrs. Straughan always used the surname initial when addressing people she knew.

"I think I do," Harry Tomaselli said.

"The dishwashers I have now were out of date at least five years ago. Every year I've been told: Next year we'll give you your new ones. And when next year comes, where are my dishwashers? I find they're put off for another twelve months. It won't do, Mr. T. It just won't do."

Tomaselli prepared to repeat, once more, what he had told her just a week or two before.

"There's no question, Mrs. Straughan that the dishwashers are going to be replaced. I know the problem you have down there in the kitchens, but those are big, expensive machines. If you remember, about eleven thousand dollars."

Mrs. Straughan said, "And the longer you leave it, the more the cost will go up."

"Unfortunately I know that too." The rising cost of everything that the hospital bought was a problem with which Tomaselli lived daily. He added, "But right at this moment we haven't got enough money. The building extension, of course, is partly responsible. It's simply a question of priorities, and some of the medical equipment has had to come first."

"What good is medical equipment if your patients don't have clean plates to eat their food from?"

"Mrs. Straughan," he said firmly, "the situation is not as bad as that, and both of us know it."

"Several times lately dishes going through my machines have still been dirty when they came out," the chief dietitian contradicted. "It's the danger of infection I'm worried about, Mr. T. There's been a lot of intestinal flu among the hospital staff lately. Of course, when that happens everyone blames the food. But it wouldn't surprise me if this was the cause of it." Harry Tomaselli, hoping to finish the interview, asked, "When did Pathology last run a bacteria test on the dishwashers?"

"I could check, but I think it's about six months ago."

"We'd better ask them to do another. Then we'll know exactly where we stand."

"Very well, Mr. T." Mrs. Straughan had to accept that she could achieve nothing more today.

David Coleman was returning to Pathology from lunch in the cafeteria. He found his first morning at Three Counties Hospital unsatisfactory.

When Pearson had arrived and they had shaken hands, the older man had said that at first, he had to work with some papers, then he had added, "After that maybe we can talk about what you'll be doing around here."

So Coleman had sat, reading a medical journal, while Pearson had worked with the papers. Then a girl had come in to take dictation, and after that, he had accompanied Pearson to a gross conference in the autopsy-room. Sitting beside Pearson with two residents - McNeil and Seddons - on the opposite side of the dissecting table, he had felt very much like a junior resident himself. Pearson had conducted the gross conference himself; Coleman was just a spectator. He also hadn't said anything about Coleman's status as the new assistant director of the Pathology department.

Later he and Pearson had gone to lunch together and Pearson had introduced him to a few people on the medical staff. Then the older pathologist had excused himself and left the table, saying there was some urgent work he had to do. Now Coleman was returning to Pathology alone, thinking about the problem before him.

He had expected some resistance from Dr. Pearson, of course. From his talks with Kent O'Donnell he had understood that Pearson had not wanted a second pathologist, but he had certainly not expected anything quite like this.

He had expected that there would be an office ready for him on arrival and a few clearly defined duties. But it was clear that no thought had been given to what Coleman's duties were to include. Coleman didn't like the situation at all and was determined to change it.

When he entered the pathology office, Pearson was looking through a microscope at some slide. The older man looked up. "Come and take a look at these. See what you make of them."

"What's the clinical story?" Coleman asked.

"It's a patient of Lucy Grainger's. Lucy is one of the surgeons here; you'll meet her." Pearson consulted some notes. "The case is a nineteen-year-old girl, Vivian Loburton - one of our own student nurses. Got a lump below her left knee. Persistent pain. X-rays show some bone irregularity. These slides are from the biopsy."

There were eight slides, and Coleman studied each in turn. He knew at once, why Pearson had asked him for an opinion. This was a difficult case. At the end he said, "My opinion is 'benign.'"

"I think it's malignant," Pearson said quietly. "Osteogenic sarcoma."

Without speaking, Coleman took the first slide again. He went over it once more, patiently and carefully, then repeated the process with the other seven. The first time he had considered the possibility of osteogenic sarcoma; now he did so again. Trauma had to be considered. Had trauma

caused a fracture? Was the new bone formation a result of regeneration - the body's own attempt to heal? If so, the growth was certainly benign... Was there evidence of osteomyelitis? Under a microscope, it was easy to mistake it for osteogenic sarcoma. But no, there were no usual signs of it in the slides. So it came back basically to examination of the new bone formation. The question was: was it a natural healing process and therefore benign or it was a neoplasm and therefore malignant? Malignant or benign? It was so easy to be wrong.

"I'm afraid I disagree with you," he told Pearson politely. "I'd still say this tissue was benign."

The older pathologist stood silent and thoughtful. After a moment, he said, "But you'd agree there's some doubt, I suppose. Both ways."

"Yes, there is." Coleman knew there was often some doubt in situations like this. Pathology was no exact science; there were no mathematical formulas by which you could prove your answer right or wrong. He could understand Pearson's hesitation; the old man had the responsibility of making a final decision. But decisions like this were part of a pathologist's job. Now Coleman added, "Of course, if you're right and it is osteogenic sarcoma, it means amputation."

Pearson said with a strong feeling, "Blast these borderline cases! I hate them! You have to make a decision, and yet you know you may be wrong."

Coleman said quietly, "Isn't that true of a lot of pathology?"

"But who else knows it? The public doesn't know!" Pearson said passionately. "They see a pathologist in the movies, on television! He's the man of science in the white coat. He steps up to a microscope, looks once, and then says 'benign' or 'malignant' - just like that. People don't know that some of the time we're not even close to being sure."

David Coleman said softly, "Wouldn't you say that most of the time we're right?"

"All right, so we are." Pearson agreed. "But what about the times we're not right? What about this case, eh? If I say it's malignant, Lucy Grainger will amputate; she won't have any choice. And if I'm wrong, a nineteen-year-old girl has lost a leg for nothing. And yet if it is malignant, and there's no amputation, she'll probably die within two years." He paused, then added bitterly, "Maybe she'll die anyway. Amputation doesn't always save them."

Trying to help the older man's thinking, Coleman said, "If it is malignant, there isn't any time to lose."

"I know." Again, Pearson was thinking deeply.

"May I suggest we check some past cases," Coleman said, "cases with the same symptoms?"

The old man shook his head. "No good. It would take too long."

Coleman tried to insist, "But surely if we checked the cross file..." He paused.

"We haven't got one." It was said softly, and at first Coleman thought he hadn't heard right. Then Pearson went on, "I've been thinking to set up a cross file for a long time. Just never got around to it."

Coleman couldn't believe what he had heard. "You mean... we can't study any previous cases?"

"It would take a week to find them." This time there was a real embarrassment in Pearson's voice. "There aren't many cases just like this. And we haven't that much time."

David Coleman was quite shocked. To him, and to all pathologists whom he had trained and worked with until now, the cross file was absolutely necessary. It was a source of reference, a means of teaching, an addition to a pathologist's own knowledge and experience. It could help in moments of doubt. It showed that a pathology department was doing its work efficiently; that it was keeping knowledge for the future. It was a

guarantee that this knowledge would be useful for tomorrow's hospital patients. Pathology departments in new hospitals saw creating of a cross file as a priority task. To David Coleman the absence of a cross-file at Three Counties could be described with only one word: criminal.

In David Coleman's opinion, good administration and good medicine usually went together. But medicine - in this case pathology-was the more important. He had thought earlier that perhaps here administration was poor, but pathology was good. Now he decided that Dr. Joseph Pearson was incompetent.

Trying to keep the contempt out of his voice, Coleman asked, "What do you propose?"

"There's one thing I can do. There are two men who are experts in this field - Chollingham in Boston and Earnhart in New York."

Coleman nodded. "Yes, I've heard of their work."

Pearson called Bannister and told him to air mail two sets of the slides - one to Boston and the other to New York - and ask both doctors to telegraph their findings as quickly as possible.

At least, Coleman thought, the old man had done that part of it efficiently. Getting the two expert opinions in this case was a good idea, cross-file or not.

Pearson said, "We ought to get an answer within two or three days. Meanwhile I'll talk to Lucy Grainger." He paused. "I won't tell her much. Just that there's a little doubt and we're getting some outside confirmation."

## CHAPTER THIRTEEN

After Pearson telephoned Lucy Grainger and told her about his doubts and his decision to consult other specialists, she understood that Vivian must be told the truth. If she waited, and Pathology's report on the biopsy was "benign," all would be well and Vivian would never know of the dark shadow, which, for a while, had been over her. But if in two days from now the pathology report said "malignant," amputation would become vitally urgent. In that case, could Vivian be prepared in time, or would the psychological shock be too great for a young girl who had not suspected that anything serious was wrong? It might be days before Vivian was ready mentally to accept major surgery, and it was very dangerous to lose time in such cases.

At the first moment, Vivian didn't want to believe that it was happening to her. She wanted to believe that it was a mistake. Somehow, the charts of two patients had become mixed. It had happened sometimes in hospitals.

But no, there was no mistake. She knew it from the expressions of Dr. Grainger and Mike Seddons, who were sitting on either side of her hospital bed, watching her now.

She turned to Lucy Grainger. "When will you know... for sure?"

"In two days. Dr. Pearson will tell us then. One way or the other."

"And he doesn't know..."

Lucy said, "Not at this moment, Vivian. He doesn't know. He doesn't know anything for sure."

"Oh, Mike!" She took his hand.

Then she said, "I'm sorry... but I think... I'm going to cry."

As Seddons put his arms around Vivian, Lucy rose to her feet. "I'll come back later." She asked Seddons, "You'll stay for a while?"

"Yes."

Lucy said, "Make sure that Vivian is quite clear in her mind that nothing is definite. It's just that I want to prepare her... in case."

He nodded slowly, "I understand."

As she went out into the corridor Lucy thought, "Yes, I'm quite sure you do."

Last evening the young resident had come to Lucy and told her of his own and Vivian's plans for marriage. Lucy was glad that Vivian was not alone and there was someone to whom she could turn for support and comfort.

Without question, the girl would need plenty of both. Lucy had said that she suspected osteogenic sarcoma - with all its tragic possibilities - as gently as she could. But there was no real way of softening the tragic news. Now Lucy remembered the next thing she had to do: inform the girl's parents of the situation. Vivian had agreed that her parents could be told. Now Lucy must do the best job she could of telling the news by long-distance telephone.

She went into the tiny hospital office, which she shared with Gil Bartlett. It was so small that they seldom used it at the same time. Now it was very much occupied - by Bartlett and Kent O'Donnell.

As he saw her O'Donnell said, "Sorry, Lucy. I'll get out. This place was never built for three."

"There's no need." She sat down at the tiny desk. "I have a couple of things to do, then I'm leaving."

"You'd be wise to stay." Gil Bartlett said jokingly. "Kent and I are being extremely intellectual this morning. We're discussing the entire future



of surgery."

"Some people will tell you it doesn't have a future." Lucy's tone was equally joking. "They say all surgeons are going to become extinct, that in a few years we'll be as out-of-date as the dodo and the witch doctor."

Bartlett enjoyed this kind of talk. He said, "And who, I ask you, will do the cutting and plumbing on the bleeding bodies?"

"There won't be any cutting." Lucy opened her brief case. "Everything will be diagnostic. Medicine will employ the forces of nature against nature's own malfunctioning. It will have been proven that our mental health is the reason of organic disease. You'll prevent cancer by psychiatry and gout by applied psychology." She zippered the brief case, then added lightly, "As you may understand, I'm quoting."

"I can hardly wait till it happens." Kent O'Donnell smiled. As always, nearness to Lucy gave him a feeling of pleasure. Was he being foolish, even ridiculous, not allowing their relationship to become more intimate? What was he afraid of, after all? Perhaps they should spend another evening together.

"I doubt if any of us will live that long." As Lucy spoke, the phone on the desk rang softly. It was for Gil Bartlett. There had been a traffic accident on the turnpike. Several people had been seriously injured, including a bad chest case. Bartlett was urgently needed in the operating room.

"Sorry, Lucy." Bartlett replaced the phone. "Have to finish some other time." He moved to the doorway, then paused. "I'll tell you one thing, though - I don't think I'll worry about unemployment. As long as they go on building bigger and faster motorcars there'll always be a place for surgeons."

He went out and, with a friendly nod to Lucy, O'Donnell followed him. Alone, Lucy paused a moment, then picked up the telephone again. When the operator answered, "I want a long-distance call, please," she said. "It's person-to-person - Salem, Oregon." It was Vivian's home number.

Kent O'Donnell was on his way to his own office in the hospital. He too had a full day ahead. In less than half an hour he was due on the operating floor; later there was a meeting of the medical executive committee, and after that, he was to see several patients in his downtown office, a program which would take him well into the evening.

As he walked, he thought of Lucy Grainger again. The old familiar doubts - the feeling that perhaps their interests had too much in common for any permanent relationship - came back.

From Lucy his thoughts turned to Denise Quantz. Since the invitation to call her, which she had given him the night they had met at Eustace Swayne's house, O'Donnell had confirmed his attendance at a surgeons' congress in New York. The date was next week; if he were to meet Mrs. Quantz, he had better telephone her.

As he turned into his office the clock over his desk showed twenty minutes before his first operation was planned. He picked up the telephone, telling himself it was always a good idea to do things when you thought of them.

It turned out that Mrs. Denise Quantz was in Burlington now. O'Donnell dialed Eustace Swayne's number.

A male voice said, "Mr. Eustace Swayne's residence."

"I'd like to speak with Mrs. Quantz."

"One moment, please."

There was a pause. Then, "This is Mrs. Quantz."

Until this moment, O'Donnell had forgotten how much her voice had attracted him before. It had a soft huskiness, giving grace to the simplest words.

"I wonder if you remember," he said. "This is Kent O'Donnell."

"Of course! Dr. O'Donnell, how nice to hear from you!"

He had a sudden vision of her beside the telephone, the soft dark hair about her shoulders. Then he said, "I just called you in New York. They gave me the number here."

"I flew down last night," Denise Quantz said. "Father had a touch of bronchitis. I thought I'd stay with him for a day or two."

He asked politely, "It's not too serious, I hope?"

"Not really." She laughed. "My father has the constitution of a mule - as well as the obstinacy."

He thought: I can believe that. Aloud he said, "I was going to ask you to have dinner with me in New York. I expect to be there next week."

"You can still ask me." The reply was quick and definite. "I'll be back by then."

On impulse he said, "Do you have a free evening in Burlington?"

After a moment's pause she said, "Tonight would be the only time."

O'Donnell calculated quickly. His office appointments would go on until seven. But if nothing else came up...

His thoughts were interrupted. "Oh, wait!" It was Denise Quantz again. "I'd forgotten. Dr. Pearson is having dinner with my father; I think I ought to stay." She added, "Maybe you'd care to join us?"

Mentally he chuckled. Joe Pearson might be surprised to find him there. Instinct, though, told him it was not a good idea. He said, "Thank you, but I think perhaps we'd better postpone it."

"Oh dear." Her voice sounded disappointed; then she brightened. "I could meet you after dinner if you like. Father and Dr. Pearson will surely get into one of their chess games, and then they don't need anyone there."

He felt suddenly glad. "That would be wonderful. What time will you be free?"

"About nine-thirty, I think."

"Shall I call for you?"

"It would probably save time if we met downtown. You tell me where."

He thought for a moment, then said, "The Regency Room?"

"All right; at half-past nine. Good-by now."

As O'Donnell replaced the phone, he felt a pleasant expectation. Then he glanced at the clock again. He would have to hurry if he were to be in the O.R. on time.

The after-dinner chess game between Eustace Swayne and Dr. Joseph Pearson had been in progress for forty minutes. Breaking the silence Eustace Swayne said, "There have been changes at the hospital, I hear."

Joe Pearson only said one word, "Some."

Again the silence, peace. Then Swayne asked, "Do you approve these changes?"

Joe Pearson answered, "Not all of them."

Several minutes passed in silence as they continued their game. Then Eustace Swayne said, "You have a means of veto for the future if you decide to use it."

"Oh? What kind of veto?"

Swayne said, "I've told Orden Brown - and your chief of surgery - I'm going to give a quarter million dollars to the building fund."

A long silence this time. At the end of it, the pathologist said quietly, "That's a lot of money."

"But there's a condition," Swayne told him. "The money will only be given if you are free to run your own department in the hospital as you want for as long as you choose."

Thus talking, they continued making their moves on the chessboard, but this time Joe Pearson made no move. He looked away into the darkness over the other man's head. Then he said simply, "I'm touched." His eyes returned to the chessboard, and he made a new move.

Eustace Swayne had watched the action carefully. But before making his own move he reached for a brandy decanter, filled Pearson's glass and then his own. Putting the decanter down, "It's a young man's world," he said, "and I suppose it always has been. Except that sometimes old men still have power... and the sense to use it." Then he made his own move.

With each move, the old friends captured this or that figure on each other's side of the board. Thoughtfully Pearson made his next move. "You say... Orden Brown, O'Donnell... they know this?"

"I made it clear." Swayne answered with his own move.

Suddenly Joe Pearson chuckled. Nothing showed whether the game or the conversation had caused his laughter. But quickly he moved his queen beside the black king. Then, softly, "Checkmate!"

Eustace Swayne had watched admiringly. He nodded, as if to confirm his own judgment.

"Joe," he said, "there's no doubt of it - you're as good a man as ever!"

The music stopped, and the couples on the dance floor of the small but fashionable supper club - one of the few in Burlington - returned to their tables.

"Tell me what you were thinking then," Denise Quantz said. She smiled at Kent O'Donnell across the small table, which divided them.

"Frankly, I was thinking how pleasant it would be to do this again."

Very slightly, she raised the glass she was holding. "To more thoughts of the same kind."

"I'll drink to that." He finished his own scotch and soda. "Shall we dance?" The music had begun again.

"I'd love to." She rose, turning half toward him as he followed her to the small dance floor. He held out his arms and she moved into them. They danced close together. O'Donnell had never been an expert dancer; medicine had left him too little time for dancing. But Denise Quantz was an excellent partner and moved harmoniously with the music and his own movements.

As they danced he asked, "Do you come here often - to Burlington, I mean?"

"Not really," she answered. "Just to see my father, but that's all. Frankly I dislike this city." Then laughingly, "I hope I'm not offending your civic pride."

"No," he said. "I've no strong views one way or the other. But weren't you born here?"

"Yes, I was born here," she said. "I went to school and lived at home. My mother was alive then."

"Then why New York - now?"

"I think I'm a New Yorker by instinct. Besides, my husband lived there; he still does." For the first time she had mentioned her marriage. But she did it easily. "After we separated I found that I wanted to stay in New York. There's no other city quite like it."

"Yes," he said, "I suppose that's true." He was thinking again, how beautiful this woman was. She was calm and unaffected, and very feminine. To Kent O'Donnell, holding her now, she seemed infinitely desirable. He suspected she could be extremely sensual.

He noticed again, as he had earlier, the dress she had on tonight. It was a brilliant scarlet, close fitting and falling into fullness only below the hips. At one and the same time the effect was dramatic, discreet, expensive.

Earlier this evening he had thought for the first time about the fact that Denise was a really rich woman. They had arrived at the Regency Room almost together. He had parked his own car and walked to the nightclub's entrance when a gleaming Cadillac had pulled up, a uniformed chauffeur hurried around, opened the door to help Denise get out. They had greeted each other, then she had turned to the chauffeur. "Thank you, Tom. I don't think you need come back. I expect Dr. O'Donnell will drive me home."

The man had answered, "Thank you, madam," then to O'Donnell, "Good night, sir," and had driven off.

Of course, if he had thought about it, O'Donnell would have realized that the daughter of Eustace Swayne was an heiress. The realization didn't affect him greatly; his own income nowadays was big enough for a comfortable life and more besides. Nevertheless, a really rich woman was something new in his personal experience. Again, he compared Denise and Lucy Grainger in his thoughts.

The music stopped. Taking her arm lightly, O'Donnell led her to their table. A waiter held out their chairs and served the drinks O'Donnell had ordered.

Sipping the fresh drink, Denise said, "We talked about me. Now tell me about you."

He poured more soda into his scotch. "It's pretty dull."

"I'm a pretty good listener, Kent." Denise was speaking with half her mind. The other half was thinking: This is a man - all man! Her eyes took in the big frame, broad shoulders, the strong face. She thought whether he would kiss her tonight and what it might lead to later. She decided there were interesting possibilities in Dr. Kent O'Donnell.

O'Donnell told her about Three Counties, his work there, and what he hoped to do. She asked him questions about the past, his experiences, people he had known. She liked the depth of thought and feeling which came through everything he said.

They danced again; the waiter replaced their drinks; they talked; they danced; the waiter returned; the sequence was repeated. Denise told him about her marriage; it had taken place eighteen years ago and had lasted ten. Her husband was a corporation lawyer with a busy practice in New York. There were two children - twins, Alex and Philippa - who had remained in Denise's custody; in a few weeks, the children would be seventeen.

"My husband is a perfectly rational being," she said. "It's simply that we were quite incompatible and lost a lot of time coming to that conclusion."

"Do you ever see him now?"

"Oh, often. At parties and around town. Sometimes we meet for lunch. In some ways, Geoffrey is quite delightful. I'm sure you'd like him."

Both of them were talking more freely now. O'Donnell asked her about divorce; was there some barrier?

"Not really." She answered frankly. "Geoffrey is quite willing to divorce me but insists that I supply the evidence. In the state of New York, you know, it has to be adultery. So far I haven't got around to it."

"Has your husband never wanted to remarry?"

She seemed surprised, "Geoffrey? I don't think so. In any case, he's married to the law."

"I see."

"Geoffrey always thought that bed was a good place in which to read his legal papers." She said it softly, almost with intimacy. So, that's why the marriage had failed. O'Donnell found the thought exciting.



The waiter came to their table. "Excuse me, sir, the bar is closing in a few minutes. Do you wish to order now?"

Surprised, O'Donnell glanced at his watch. It was almost one o'clock in the morning. They had been together for three and a half hours. He glanced at Denise; she shook her head.

He told the waiter, "No, thank you," and paid the check. They finished their drinks and left the bar. While his car was being brought from the parking lot, Denise took his arm. "It's such a shame to go. I almost wish we'd had that last drink after all." He had hesitated, then said lightly, "We could stop at my apartment if you like. I have a well-stocked bar, and it's on the way."

For an instant, he feared he had been unwise. He thought he felt a sudden coolness. Then it was gone. She said simply, "Why don't we do that?"

In his apartment, he mixed their drinks and gave a sweet drink to Denise. She was standing by an open window in the living room, looking out at the lights of Burlington below. Standing beside her, he said quietly, "It's been some time since I mixed a sweet one. I hope it isn't too sweet."

She sipped from the glass. Then softly, huskily, "Like so much else about you, Kent, it's absolutely right."

Their eyes met and he took her glass from her hand. When he had put it down, she came gently, effortlessly, to him. They kissed.

Then suddenly behind them, the telephone rang loudly.

Gently Denise said, "Darling, I think you'd better answer it." She touched his forehead gently with her lips.

As he went to the telephone she gathered up her purse, stole, and gloves. It was clear that the evening was over. He was almost angry as he picked up the phone. It was the hospital - the night-duty intern. One of O'Donnell's own patients had developed serious symptoms. He asked two

quick questions, then, "Very well, I'll come at once. Meanwhile, call the blood bank and prepare for a transfusion." Then he called the night porter to get a taxi for Denise.

## CHAPTER FOURTEEN

Dr. Joseph Pearson usually went to bed early. But when he played chess with Eustace Swayne he was much later, and as a result he felt tired and more irritable than usual next morning.

The necessity to sign purchase orders for lab supplies - a task he always hated - didn't make his mood better. He didn't sign all the orders in the pile, some of them he put aside, and, finally, looking at the next order, he became so angry that he threw his pencil down, and with all the papers in his hand stormed into the serology lab. He looked around for Bannister. He found the senior technician in a corner preparing a stool culture.

"Leave whatever you' re doing and come over here!" Pearson threw the pile of papers on a center table. Several fell to the floor, and John Alexander picked them up. He was inwardly glad that Bannister, and not himself, was the object of Dr. Pearson's anger.

"What's the trouble?" Bannister came up to the table unhurriedly. These angry scenes were so familiar to him that sometimes they had the effect of making him calmer.

"I'll tell you what's the trouble - it's all these purchase orders."

"We have to have lab supplies, haven't we?"

Ignoring the question, "There are times when I think that you eat the stuff. And besides, didn't I tell you to put a note on anything out of the ordinary, explaining what it was for?"

"I forgot." Bannister agreed unwillingly.

"All right, you can start remembering." Pearson picked a form from the top of the pile. "What's the calcium oxide for? We never use that here."

Bannister grinned maliciously. "You asked me to get that. Isn't it for your garden?" As one of the county horticultural society's leading rose growers, Joe Pearson used a large portion of hospital lab supplies in improving the growing power of his soil.

He looked embarrassed. "Oh... yeah... okay." He put down the order and picked up a second. "What about this one? Why do we want Coombs serum all of a sudden? Who ordered that?"

"It was Dr. Coleman." Bannister answered readily; he had hoped that this subject would come up. Alongside him, John Alexander felt unpleasantly nervous.

"When?" Pearson's question was sharp.

"Yesterday. Dr. Coleman signed the order anyway." Bannister pointed to the form, then added maliciously, "In the place where you usually sign."

Pearson asked Bannister, "What does he want it for? Do you know?"

The senior technician turned to John Alexander, "Go ahead. Tell him."

A bit nervously, John Alexander said, "It's for a blood- sensitization test, Dr. Pearson. For my wife. Dr. Domberger ordered it."

"Why Coombs serum?"

"It's for an indirect Coombs test, Doctor."

"Tell me - is there something special about your wife?" There was sarcasm in Pearson's voice. "What's wrong with the saline and high-protein tests? The same as we use for everybody else?"

Alexander swallowed nervously. There was a silence. Pearson said, "I'm waiting for an answer."

"Well, sir." Alexander hesitated, then said, "I suggested to Dr. Coleman - and he agreed - it would be more reliable if, after the other tests, we did a-"

"Tow suggested to Dr. Coleman, eh?" The tone of the question showed that a new storm was coming on. But, though feeling it, Alexander went on, "Yes, sir. We felt that since some antibodies can't be detected in saline and high protein, doing the extra test-"

"Cut it out!" Pearson shouted. There was silence in the laboratory.

Breathing hard, the old man waited, eying Alexander. When he was ready, he said sternly, "There's one big trouble with you - you're just a bit too free with some of that stuff you picked up in technician's school."

As Pearson spoke his bitterness came through - the bitterness against all who were younger, who were trying to deprive him of authority - absolute and unquestioned - which until now had been his. In a different mood, and at another time, he might have been more tolerant. Now he had decided, once and for all, to put this upstart lab assistant in his place.

"Listen to me and get this straight! I told you this once before and I'm not going to do it again." This was Authority speaking, the head of a department, heavy-handed, making it clear to a minor employee that there would be no more warnings, simply action, from this time on. His face close to Alexander's, Pearson said, "I'm the one in charge of this department, and if you or anybody else have any questions, they come to me. Do you understand?"

"Yes, sir." Alexander already knew that he had made his last suggestion. From here on, he would do his work and keep his thoughts to himself. Let other people do the worrying - and let them have the responsibility too.

For a moment or two, Pearson looked at the younger man sternly. Then he went on to speak again. "Now I'll tell you something else." His tone this time, if not friendly, was at least less stem. "As for that blood test, a test in saline and high protein will give us all the information we need. And let me remind you that I am a pathologist and I know what I'm talking about. Have you got that?"

Dully Alexander answered, "Yes, sir."

"All right. I'll tell you what I'll do," Pearson said in a milder voice, "I'll do this test myself. Where's the blood specimen?"

"In the refrigerator," Bannister said.

"Get it."

As Bannister gave Pearson the blood specimen marked "Alexander, Mrs. E.", he noticed the purchase order, which had been the cause of the trouble; it had fallen to the floor. He picked it up.

He asked Pearson, "What shall I do with this?"

The old pathologist was busy preparing to do the test. Without looking up, he said irritably, "What is it?"

"It's the purchase order - for Coombs serum."

"We won't need it now. Tear it up."

Roger McNeil, the pathology resident, and Mike Seddons, the surgical resident, had just completed an autopsy on a four-year-old boy. They were very much upset. McNeil knew there would be little sleep for him tonight, especially because this particular death had been unnecessary and futile.

Mike Seddons said, "Poor little bastard." Then, bitterly, "How stupid can people get!"

McNeil asked, "Are the police still waiting?"

Seddons nodded. "Yes - and the others."

"You'd better call Pearson."

"All right."

They waited silently. Then they heard Pearson's footsteps, and the old man came in. He glanced at the body as McNeil told him the details of the

case. An hour or two earlier the child had been hit by an automobile outside his own home. He had been brought to the hospital by ambulance but was dead on arrival. The coroner had ordered an autopsy. McNeil told Pearson what they had discovered.

The old man said incredulously, "You mean that's all?"

McNeil answered, "That's all that killed him. Nothing else."

Pearson moved toward the body, then stopped. He knew that McNeil would have made no mistake. He said, "Then they just stood there... and watched."

Seddons put in, "Most likely nobody knew what was happening."

Pearson nodded slowly. Then he turned toward the door. Over his shoulder he said, "All right; I'll go up and tell them."

There were three men in the hospital hall. One was a uniformed patrolman of the city police, and near him was a tall man whose eyes were red-rimmed. The third man was sitting alone in the far corner - a mousy little man.

Pearson introduced himself. The patrolman said, "I'm Stevens, sir. Fifth Precinct."

Pearson asked him, "Were you at the scene of the accident?"

"I arrived just after it happened." He indicated the tall man. "This is the father of the boy. The other gentleman was the driver of the car."

The mousy man looked up. He said to Pearson, "He ran straight out - straight out from the side of the house. I'm not a careless driver. I've got kids of my own. I wasn't going fast. I was almost stopped when it happened."

"And I say you're a liar." It was the father, his voice emotional and bitter. "You killed him, and I hope you go to jail for it."

Pearson said quietly, "Just a moment, please." There was silence, the others were watching him. He said, "There'll be a full report for the coroner, but I can tell you the preliminary findings now." He paused. "The autopsy has shown it was not the car that killed the boy."

The patrolman looked puzzled. The father said, "But I was there! I tell you..."

"I wish there were some other way to tell you this," Pearson said, "but I'm afraid there isn't." He addressed the father. "The blow knocked your boy to the road, and there was a mild concussion which made him unconscious. There was also a small fracture of the nose - very small, but unfortunately, it caused serious nose bleeding." Pearson turned to the patrolman. "The boy was lying on his back, I think - where he fell."

The officer said, "Yes, sir, that's right. We didn't want to move him until the ambulance came."

"And how long was that?"

"I'd say about ten minutes."

Pearson nodded slowly. It was more than enough time; five minutes would have been sufficient. He said, "I'm afraid that that was the cause of death. The blood from the nosebleed ran back into the boy's throat. He was unable to breathe and he aspirated blood into the lungs. He died of asphyxiation."

In horror the father said, "You mean... if we'd only turned him over..."

Pearson raised his hands expressively. "I meant what I said - I wish there were some other way to tell you this. But I can only report the truth: the original injuries to your boy were minor."

The patrolman said, "Then the blow from the car...?"

"One can't be sure, of course, but my own opinion is that it was comparatively light." Pearson gestured to the mousy man, now standing



close beside them. "I think this man is telling the truth when he says the car was moving slowly."

The patrolman's face was white. He said, "Doctor, I was there all the time. I could have moved the boy... but I didn't know."

"I don't think you should blame yourself."

As if he hadn't heard, the man went on, "I took a first-aid course. I got a badge for it. All the time they taught us - don't move anybody; whatever you do, don't move them!"

"I know." Pearson touched the patrolman's arm gently. He said slowly, "Unfortunately there are some exceptions to the rule - one of them is when someone is bleeding in the mouth."

David Coleman and Pearson met in the main-floor corridor. The senior pathologist looked nearly ill.

"Oh... Dr. Coleman... There was something I had to tell you." Coleman felt that for some reason Pearson couldn't concentrate his thoughts.

"What was it, Dr. Pearson?"

"There was... something to do with the lab." Pearson shook his head. "Well, it's gone now... I'll remember later." He was about to turn away when another thought came to him. "I think you'd better take over the autopsy room. Starting tomorrow. Keep your eye on things. See they do a good job."

"Very well. I'll be glad to do that." David Coleman had some clear-cut ideas about doing autopsies, and this would be an opportunity to put them into practice. He decided that while they were talking he might also mention something else. He said, "I'd like to speak to you - about the laboratories."

"The laboratories?" The old man still couldn't concentrate. "You'll remember in my letter I suggested you might consider giving me charge of

some part of the laboratories."

"Yes... yes, I remember something being said." Pearson was watching a group of three moving down the corridor away from them - a policeman and a little man, supporting a bigger man in the middle.

"Perhaps I might start in Serology," Coleman said. "I'd like to do some checks on the procedures - standard lab checks, that is."

"Um? What was that?"

It was annoying to have to repeat things. "I said I would like to make some lab checks in Serology."

"Oh yes, yes... that's all right." Pearson said it absently. He was still looking away, down the corridor, when Coleman left.

Elizabeth and John Alexander were in the hospital cafeteria. Use of the cafeteria by employees' families was an unwritten privilege the hospital allowed, and John had learned about it a few days earlier. A few minutes ago, they had selected their food and Elizabeth had chosen a salad, soup, a roll, roast lamb with potatoes and cabbage, pie with cheese, and milk. John had asked good-humoredly, "Are you sure you have enough?"

Elizabeth said, "This is a hungry baby."

John smiled. A few minutes earlier, on the way to lunch, he had felt depressed, this morning's scene with Dr. Pearson still fresh in mind. But Elizabeth's high spirits helped him forget it, at least for the time being. In any case, Dr. Pearson had now done the sensitization tests himself - in saline and high protein - and had pronounced both test results negative. "So far as your wife's blood is concerned," he had said, "there is nothing to worry about."

There was another thing to remember: Dr. Pearson was a pathologist and John was not. Maybe Dr. Pearson was right; perhaps John had placed too much importance on some of the things that were taught at technology school. It's a well-known fact, he thought, there are plenty of subjects in

high school and college that you never need again when final exams are over. Couldn't this be the same thing? Couldn't John himself have taken too seriously the school theory about the need for a third sensitization test, whereas Dr. Pearson, with all his practical knowledge, knew it was unnecessary?

What had Dr. Pearson said while he was doing the tests this morning? "If we changed our laboratory methods every time when something new came up, there'd never be any end to it. In medicine there are new ideas coming out every day. But in a hospital we have to make sure they're proven and valuable before we start to use them. Here we're dealing with people's lives and we can't take unnecessary risks."

John hadn't been able to see how an extra blood test would endanger anybody's life, but, all the same, Dr. Pearson was right about the new ideas. John knew from his own reading that there were lots of them around and not all good. Of course, Dr. Coleman had been pretty definite about the need for a third sensitization test. But then he was a lot younger than Dr. Pearson; certainly he had not had as much experience...

"Your soup's getting cold." Elizabeth interrupted his thoughts. "What are you so thoughtful about?"

"Nothing, honey." He decided to put the whole thing out of his mind. "I meant to ask you last week," he said. "How was your weight?"

"It's about right," Elizabeth answered cheerfully. "But Dr. Dornberger said I have to eat well." She had finished her soup and was attacking the roast lamb hungrily.

Looking up, John Alexander noticed Dr. Coleman who was on his way to the tables where the medical staff usually sat. On impulse, Alexander rose from his chair. "Dr. Coleman!"

David Coleman looked across. "Yes?"

"Doctor, I'd like you to meet my wife." Then, as Coleman came toward them, "Elizabeth, honey, this is Dr. Coleman."

"How do you do, Mrs. Alexander?" Coleman paused, holding the tray he had collected from the counter.

A little embarrassed, John Alexander said, "You remember, honey? - I told you the doctor came from New Richmond too."

"Yes, of course," Elizabeth said. Then directly to Coleman, smiling, "Hullo, Dr. Coleman - I remember you very well. You came into my father's store sometimes."

"That's right." He remembered her clearly now: a cheerful, long-legged girl, very helpful in her father's store. Her good humor was infectious. Coleman smiled.

John Alexander had pulled back a chair. "Won't you join us, Doctor?"

For a moment, Coleman hesitated. Then, understanding that it would be impolite to refuse, "All right," he said. He put down his tray - it contained a Spartan lunch - a small fruit salad and a glass of milk - and sat at the table. Looking at Elizabeth, he said, "If I remember, didn't you have pigtails when I knew you?"

"Yes," she answered promptly, "and bands on my teeth, too. I grew out of them."

David Coleman thought that he liked this girl. She reminded him of earlier years; Indiana had been a good place to live. He remembered the summer's home from school, driving on rounds with his father in the doctor's old Chevrolet. He said thoughtfully, "It's a long time since I was in New Richmond. My father died, you know, and Mother moved to the West Coast. There's nothing to take me back there now." Then turning his thoughts to the present, "Tell me," he said to Elizabeth, "how do you like being married to a medical man?"

John Alexander put in, "Not a medical man - just a technologist."

"Don't belittle technology," Coleman said. "It's pretty important."

Elizabeth said, "He doesn't. But sometimes he wishes he had become a doctor instead."

Coleman thought that the young man was intellectual and interested in his work. He asked Alexander why he hadn't gone to medical school. When Alexander told him that the reasons had been usual, and still were - money mostly, and now a baby, Coleman said, "Plenty of people have gone through medical school with a baby. And financial problems."

"That's exactly what I've been saying!" Elizabeth said. "I'm so glad to hear it from someone else."

Coleman looked directly at Alexander. "You know what I think, John? I think if you feel like this, and don't go to medical school while you have the chance, it may be something you'll regret to the end of your life."

Elizabeth asked, "There's still a need for a lot of doctors in pathology, isn't there?"

"Oh yes." Coleman nodded emphatically. "Perhaps more in pathology than anywhere else."

David Coleman, surprised at himself, was talking more freely than usual, expressing his ideas about the role of pathology and research in the progress of medicine in general.

His normal coolness and reserve had fallen away. "What I hope to do is -" He stopped suddenly. "Mrs. Alexander, is something wrong?"

Elizabeth had gasped suddenly and put her face in her hands. Now she took her hands away. She shook her head, as if to clear it.

"Elizabeth! What is it?" Alarmed, John Alexander jumped up from his chair.

"It's... it's all right," Elizabeth said. She closed her eyes momentarily, then opened them. "It was just... for a moment - a pain, then dizziness. It's gone now."

She drank some water. Yes, it was true that it had gone. But for a moment it had been like sharp hot needles - inside where the baby moved.

"Has this happened before?" Coleman asked.

She shook her head. "No."

"Are you sure, honey?" John was alarmed.

Elizabeth put a hand on his. "Now don't begin worrying. It's too early for the baby. There's at least another four months to go."

"All the same," Coleman said seriously, "I suggest you call your obstetrician and tell him what happened. He might want to see you."

"I will." She gave him a warm smile. "I promise."

At first, Elizabeth had meant to keep her promise, but afterward, away from the hospital, she thought that it was foolish to worry Dr. Dornberger about a single pain that had come and gone so quickly. If it happened again, surely then would be the time to tell him - not now. She decided to wait.

## CHAPTER FIFTEEN

Dr. Lucy Grainger came into Vivian's hospital room.

"Is there any news?" the girl asked anxiously.

Lucy shook her head. "I'll tell you, Vivian - just as soon as I know."

"When... when will you know... for sure?"

"Probably today." Lucy answered calmly. She did not want to show that she, too, was troubled by the waiting. Waiting was hard on everyone - including Vivian's parents, who had arrived in Burlington from Oregon the previous day.

Lucy said, "It's hard to do, I know, but try to think of other things as much as you can."

The girl smiled faintly. "It isn't easy."

Lucy was at the door now. She said, "Perhaps a visitor will help. You have an early one." She opened the door and Mike Seddons came in as Lucy left.

Seddons was wearing his hospital whites. He said, "I stole ten minutes. You can have them all."

He crossed to the chair and kissed her. For a moment, she closed her eyes. He ran his hands through her hair. His voice in her ear was gentle. "It's been hard, hasn't it? - just waiting."

"Oh, Mike, if only I knew what was going to happen! Not knowing makes it so hard."

He looked into her face. "Vivian darling, I wish there were something, just something I could do."

"You've done a lot already." Vivian was smiling now. "Just being you - and being here. I don't know what it would have been like without..." She stopped as he put a finger across her lips.

"Don't say it! I had to be here. It was destiny - all worked out by cosmic coincidence." He gave her his bright, broad grin. Only he knew there was no cheerfulness behind it. Mike Seddons, like Lucy, understood the meaning of the delayed report from Pathology.

But he had succeeded in making Vivian laugh. "Rubbish!" she said. "If I hadn't gone to that autopsy and if some other student nurse had got to you first..."

"Uh, uh!" He shook his head. "It might look that way, but you can't escape destiny. Ever since our great-great ancestors were swinging from trees, our genes have been moving together across the dusty sands of Time, Life, and Fortune." He was using the first words, which came into his head, but it was having the effect he wanted.

Vivian said, "Oh, Mike, you talk such wonderful nonsense. And I do love you very much."

"I can understand that." He kissed her again, lightly. "I think your mother likes me too."

He told her humorously about the evening at the hotel with her parents.

"We sat around and talked for a bit. Your mother didn't say much, but I could see that your father was summing me up, thinking to himself: What kind of man is going to marry my beautiful daughter?"

Vivian said, "I'll tell him today."

"What will you say?"

"Oh, I don't know." She took Seddons by the ears, turning his head from side to side, inspecting it. "I might say, 'He has the nicest red hair



which is always untidy, but you can put your fingers through it and it's very soft."

"Well, that should be a big help. No marriage is complete without it. What else?"

"I'll say, 'Of course, he isn't much to look at. But he has a heart of gold and he's going to be a brilliant surgeon.'"

Seddons frowned. "Couldn't you make it 'exceptionally brilliant'?"

"I might, if..."

"If what?"

"If you kiss me again - now."

On the second floor of the hospital, Lucy Grainger knocked lightly on the chief of surgery's office door and went inside.

Looking up from a pile of reports, Kent O'Donnell said, "Hullo, Lucy - rest your tired bones."

"Now you mention it, they are a little tired." She fell into the big leather chair in front of O'Donnell's desk.

O'Donnell said that Vivian's father had been to talk with him in the morning, and he had reassured him about Dr. Grainger. "I told him that in my opinion his daughter couldn't possibly be in better hands, that there was no one on the hospital's staff in whom I would have greater confidence. I may tell you he seemed quite reassured."

"Thank you." Lucy was pleased by O'Donnell's words.

The chief of surgery smiled. "Don't thank me; it's an honest judgment." He paused. "What about the girl, Lucy? What's the story so far?"

In a few words, she summed up the case history, her tentative diagnosis, and the biopsy.

O'Donnell nodded. He asked, "Is there any problem with Pathology? Has Joe Pearson sent his diagnosis?"

Lucy told him of the delay and the reasons for it. He thought a little, then said, "Well, I think that's reasonable. But keep after Joe; I think you should get the answer no later than today."

"I won't." Lucy glanced at her watch. "I plan to see Joe again after lunch. He expected to know something definite by then."

O'Donnell said, "Poor kid. How old did you say she is?"

"Nineteen." Lucy was watching Kent O'Donnell's face. To her eyes, it reflected thought, character, and understanding like a mirror. She thought: He has greatness and he wears it easily because it belongs to him. Then suddenly Lucy knew that she loved this man. It suddenly became clear to her that she had hidden this knowledge from herself perhaps from an instinctive fear of being hurt. But now, whatever happened, she could no longer hide it from herself.

O'Donnell said apologetically, "I'll have to leave you, Lucy. It's another full day." He smiled. "Aren't they all?"

They went to the door together. As he opened it, O'Donnell put an arm around her shoulders. It was a friendly gesture that any other of her colleagues might have made. But at this moment the effect seemed electric.

O'Donnell said, "Let me know, Lucy, if there's any problem. And if you don't mind, I might drop in today and see your patient."

Collecting her thoughts, she told him, "I'm sure she'd like it, and so would I." Then, as the door closed behind her, Lucy shut her eyes for a moment to control her racing mind.

The waiting for Vivian's diagnosis had affected Mike Seddons deeply. By nature a cheerful personality, in normal times he was one of the livelier spirits on Three Counties' house staff, and it was not unusual to find him the focus of a noisy, boisterous group in the residents' quarters. For the past several days, however, most of the time, he had avoided the company of others, his spirits depressed by the knowledge of what an unfavorable verdict from Pathology could mean to Vivian and himself.

His feelings about Vivian had not changed; if anything, they had become more intense. He hoped he had shown this in the time he had spent last evening with Vivian's parents after their initial meeting at the hospital. Certainly, it seemed, there would be no opposition to a marriage.

This morning, after the visit with Vivian, he had felt for some reason a cheerful conviction that everything would turn out well. The feeling was with him now - in the autopsy room where he was assisting Roger McNeil with the autopsy of an elderly woman patient who had died last night in the hospital. He had begun telling humorous stories to McNeil; Mike Seddons had a fund of them - another reason for his reputation as a joker.

Pausing in the middle of the latest, he lighted a cigarette, then finished the story. McNeil laughed aloud. He was still laughing as the autopsy-room door opened and David Coleman came in.

"Dr. Seddons, will you put out that cigarette, please?" Coleman said quietly.

Mike Seddons looked around. He said amiably, "Oh, good morning, Dr. Coleman. Didn't see you there for a minute."

"The cigarette, Dr. Seddons!" There was ice in Coleman's tone, his eyes steely.

Not quite understanding, Seddons said, "Oh... oh yes," and moved his hand toward the autopsy table with the body upon it.

"Not there!" Coleman said sharply, stopping the surgical resident short. After a moment Seddons moved across the room, found an ashtray,

and put out the cigarette.

"Dr. McNeil."

"Yes, Dr. Coleman," Roger McNeil answered quietly.

"Will you... drape the face, please?"

Uncomfortably, knowing what was going through Coleman's mind, McNeil took a towel. It was one they had used earlier; it had several big bloodstains. Still with the same soft intensity, Coleman said, "A clean towel, please. And do the same for the genitalia."

McNeil nodded to Seddons, who brought over two clean towels. McNeil placed one carefully across the face of the dead woman; the other he used to cover the external genitalia.

Now the two residents stood before Coleman. Both were embarrassed.

"Gentlemen, I think there is something I should remind you of." David Coleman still spoke quietly - at no time since entering the room had he raised his voice - but there was authority in his voice. Now he said deliberately, "When we perform an autopsy we do so with permission from the family of the one who has died. Without that, permission there would be no autopsy. That is quite clear to you, I think?"

"Quite clear," Seddons said. McNeil nodded.

"Very well." Coleman glanced at the autopsy table, then at the others. "Our own aim is to support medical learning. The family of the deceased, for its part, gives us the body in trust, expecting that it will be treated with care, respect, and dignity." As he paused, there was silence in the room. McNeil and Seddons were standing very still.

"And that is the way we will treat it, gentlemen." He went on, "At all autopsies the face and genitals will be draped and there will be no smoking in the room at any time. As for your own behavior, and particularly the use

of humor" - at the word Mike Seddons flushed a deep red - "I think I can leave that to your imagination."

Momentarily Coleman looked directly at each man in turn. Then, "Thank you, gentlemen. Will you continue, please?" He nodded and went out.

Elizabeth moved around the apartment, tidying and dusting. She sang as she worked. It was a beautiful morning. The warm August sun, shining brightly into the small but comfortable living room, showed off to advantage the new draperies she had made and had hung last night. Suddenly she felt a strong pain. It was much worse, than the day before in the hospital cafeteria. Elizabeth fell into a chair behind her. For a short time the pain went away, then it returned, even - it seemed - more intensely. It was as if it were a cycle. She understood what it meant. Involuntarily she said, "Oh no! No!"

Elizabeth knew she had to act quickly. When she had dialed the hospital number and a voice answered, she said, gasping, "Dr. Dornberger... it's urgent."

There was a pause and he came on the line. "It's... Mrs. Alexander," Elizabeth said. "I've started... to have... my baby."

David Coleman knocked on the door of Dr. Pearson's office and then went in. The senior pathologist sat at the desk. Carl Bannister stood alongside. The lab technician didn't look at Coleman.

"You wanted to see me," Coleman said to Pearson.

"Yes, I did." Pearson's manner was cool and formal. "Dr. Coleman, I have received a complaint concerning you from a member of the staff. Carl Bannister here."

"Oh?" Coleman raised his eyebrows. Bannister was still looking straight ahead.

Pearson went on, "I understand you two had a little clash this morning."

"I wouldn't call it exactly that." Coleman said calmly.

"What would you call it then?" The old man's tone was acid.

Coleman said, "Frankly, I hadn't planned to bring the matter to your attention. But, since Mr. Bannister has chosen to, I think you had better hear the whole story."

"If you're sure it's not too much trouble."

Ignoring the sarcasm, Coleman said, "Yesterday afternoon I told both serology technicians that I planned to make checks of laboratory work from time to time. Early this morning I made one such check." Coleman glanced at Bannister. "I intercepted a patient's specimen before delivery to the serology lab and divided the specimen into two. I then added the extra sample to the list on the requisition sheet, showing it as an extra test. Later, when I checked, I found that Mr. Bannister had recorded two different test results when, of course, they should have been identical."

Pearson had risen from his chair and was silent. Coleman was curious: what would happen next. He knew that he himself was on perfectly safe ground. The procedure of checks was standard in most well run hospital labs. It provided a protection for patients and was a safeguard against carelessness. Conscientious technicians accepted lab checks without resentment and as a part of their job. Moreover, Coleman had followed protocol in telling both Bannister and John Alexander yesterday that the checks would be made.

Pearson turned to Bannister. "All right, what have you got to say?"

"I don't like being spied on." The answer was aggressive. "I've never had to work that way before and I don't want to start now."

"And I tell you you're a fool!" Pearson shouted the words. "You're a fool for making a damn foolish mistake, and you're an even bigger fool for

coming to me when you get caught out." He paused, then, turning partly away, he gestured with his hand. "Get out! Get out!"

Without a word, looking neither to right nor left, Bannister went out of the room and closed the door behind him.

Now Pearson turned sharply to Coleman. "What the devil do you mean by making lab checks - without my authority?"

David Coleman could see the anger in the old man's eyes. He said coldly, "Do I really need your authority? For something routine like that?"

Pearson slammed his fist on the desk. "Any time I want lab checks I'll order them!"

Coleman said, still quietly, "I mentioned to you yesterday that I would like to do standard lab checks in Serology, and you agreed."

Suspiciously, Pearson said, "I don't remember."

"I assure you the conversation took place." David Coleman's anger rose too. He added, "I may say you seemed rather preoccupied at the time."

Pearson grumbled, "If you say so, I'll believe you. But it'll be the last time you do something like that on your own. Understand?"

Coleman felt that this was a critical moment, both for Pearson and himself. Icily he asked, "Do you mind telling me what kind of responsibility I'm to have in this department?"

"You'll get whatever I choose to give you."

"I'm afraid I don't find that at all satisfactory."

"You don't, eh?" Pearson was directly in front of the younger man now. "Well, I don't find a few things satisfactory either."

"For instance?" David Coleman wasn't afraid of confrontation. He was ready for it and wanted to clear things up.

"For instance, I hear you've been formulating rules in the autopsy room," Pearson said.

"You asked me to take charge of it."

"I told you to supervise autopsies, not to set up a lot of extravagant rules. No smoking. Does that include me?"

"I imagine that will be up to you, Dr. Pearson."

"I'll say it'll be up to me!" Coleman's calmness made Pearson angrier. "Now you listen to me, and listen well. You may have some pretty high qualifications, mister, but you've still got a lot to learn and I'm still in charge of this department. What's more, there are good reasons why I'm going to be around here for a long time yet. So now's the time to decide - if you don't like the way I run things, you know what you can do."

At this moment, there was a knock on the door, and a girl secretary came in. She brought Pearson two envelopes. When she had gone Coleman started to speak, but Pearson stopped him with a gesture. Beginning to open the first envelope, he said, "These will be the answers about the girl - Lucy Grainger's patient." His tone was quite different from that of a few moments before. He added, "They took long enough about it."

David Coleman felt a quickening of interest. He accepted Pearson's view that their argument could be postponed; this was more important. Pearson had just opened the first envelope when the telephone rang.

"Dr. Pearson, this is Obstetrics," a voice said. "Dr. Dornberger is calling you. One moment, please."

There was a pause, then Dornberger came on the line. He said urgently, "Joe, what's wrong with you people in Pathology?" Without waiting for an answer, "Your technician's wife - Mrs. Alexander - is in labor and the baby will be premature. She's on the way here in an ambulance, and I haven't got a blood- sensitivity report. Now get it up here fast!"



"Right, Charlie." Pearson put the receiver down and took a pile of forms in a tray marked "Signature." As he did, the two telegraph envelopes caught his eye. Quickly he passed them to Coleman. "Take these. See what they say."

Pearson found the form he wanted and called Bannister. He wrote a signature on the form.

"You want me?" Bannister's tone and expression showed that he still couldn't forget Pearson's earlier words.

"Of course I want you!" Pearson held out the form he had signed. "Get this up to Dr. Dornberger - fast. He's in Obstetrics. John Alexander's wife is in trouble. She's going to have a premie."

Bannister's expression changed. "Does the kid know? He's down in-"

Impatiently Pearson cut him off. "Get going, will you! Get going!" Hastily Bannister went out with the form.

David Coleman had heard what was going on around him. His mind, however, had not yet registered the details. For the moment he was too worried about the dreadful meaning of the two telegrams which he held in his hand.

Now Pearson turned to him. The old man said, "Well, does the girl lose her leg or not? Are they both definite?"

Coleman said quietly, "Yes, they're both definite. Dr. Chollingham in Boston says, 'Specimen definitely malignant.' Dr. Earnhart in New York says, 'The tissue is benign. No sign of malignancy.'"

There was a silence. Then Pearson said slowly, softly, "The two best men in the country, and one votes 'for,' the other 'against.'" He looked at Coleman, and when he spoke, there was irony but no antagonism. "Well, my young pathologist friend, Lucy Grainger expects an answer today. And the answer must be definite." With a twisted smile, "Do you feel like playing God?"



## CHAPTER SIXTEEN

In Obstetrics, Dr. Domberger was expecting the arrival of Eliizabeth Alexander. Everything in Obstetrics was ready for the delivery of a premature child, including an Isolette incubator. Mrs. Yeo, the head nurse, came toward him, holding a clipboard.

"Here's the blood-sensitivity report on your patient, Dr. Dornberger. It just came in from Pathology."

"About time!" Dornberger said, unusually annoyed. "Sensitivity negative, eh? Well, there's no problem there, good."

A girl clerk came toward them from the nursing office. "Excuse me, Mrs. Yeo."

"Yes?"

"Emergency just phoned." The girl turned to Dornberger. "Your patient just arrived, Doctor, and she's on the way up. They say she's well advanced in labor."

Dr. Pearson picked up the two telegrams again. Looking at them, he put them down one at a time. "Malignant! Benign! And no doubt in either one. We're back where we started."

"Not quite," David Coleman said quietly. "We've lost almost three days."

"I know! I know!" Joe Pearson was beating a fist into his palm. "If it is malignant, the leg has to be amputated quickly; otherwise we'll be too late." He turned to Coleman. "But the girl's nineteen. If she were fifty, I'd say malignant and never worry. But nineteen! - and maybe lose your leg when you didn't need to."

Despite his feelings about Pearson, despite his own conviction that the tissue they were speaking of was benign and not malignant, Coleman felt growing sympathy for Pearson. The old man did have the final responsibility in the case; it was understandable that he should be worried; the decision was extremely tough. He said hesitatingly, "It takes a lot of courage to make this kind of diagnosis."

At these words, Pearson's earlier antagonism returned. "Don't give me any of your high-school cliches! I've been doing this for thirty years!" At that moment, the telephone rang.

"Yes?" As he listened, his expression softened. Then he said, "All right, Lucy. I think you'd better come down. I'll wait for you here." Replacing the phone, he stood looking down at a point in the center of his desk. Then he said to Coleman, "Lucy Grainger's on her way. You can stay if you want."

Almost as if he had not heard, Coleman said thoughtfully, "You know, one other thing might work, might give us a better indicator."

"What?" Pearson raised his head quickly.

"That X-ray that was done." Coleman said. "It was taken two weeks ago. If there is a tumor, and it's developing, another X-ray might show it."

Without a word, Pearson once more picked up the telephone. There was a click and then he said, "Get me Dr. Bell in Radiology." Waiting, the old man looked at Coleman strangely, and then said with grudging admiration, "I'll say this for you: you're thinking - all the time."

In the room, which the hospital staff jokingly called "the expectant father's sweatbox" John Alexander glanced at his watch again. He saw that it was an hour and three quarters since he had come here. He had been in the hospital kitchens when Carl Bannister had come to bring him the news. John had gone to the kitchens on Dr. Pearson's instructions. Pearson had told him to take cultures from plates, which had passed through the kitchen dishwashers; John understood that the machines were suspected of being

unhygienic. But he had left the work as soon as Bannister had told him about Elizabeth and had come straight here to wait.

Now the door from the corridor opened, and this time it was Dr. Dornberger. From his face John tried to read the news, but without success. He asked, "You are John Alexander?"

"Yes, sir."

"Your wife is going to be all right. You have a boy. He was premature, of course, and I have to tell you, John - he's very weak," Dornberger said quietly.

"Will he live?"

Dornberger had taken out his pipe and was filling it. He said evenly, "Let's say the chances are not as good as if he had gone to full term."

John nodded silently. There was nothing to say, nothing that would matter now.

In a quiet, careful tone Dornberger said, "As near as I can tell, you have a thirty-two-week baby; that means that he was born eight weeks early." Compassionately he added, "He wasn't ready for the world, John; none of us are that soon."

John was thinking about Elizabeth and what this baby was to have meant to them both.

Dr. Dornberger said, "Your baby's birth weight was three pounds' eight ounces. Perhaps that will mean more if I tell you that nowadays any baby less than five pounds eight ounces at birth is premature."

"I see."

"We have the baby in an incubator, of course. Naturally we'll do everything we can."

John looked at the obstetrician directly. "Then there is hope."

"There's always hope, son," Domberger said quietly. "When we haven't much else, I think there's always hope."

There was a pause, then John asked, "May I see my wife now?"

"Yes," Dornberger said. "I'll come with you."

Vivian didn't quite understand what was happening. One of the staff nurses had come into her room and told her they were going to Radiology immediately. Now she was being wheeled on a stretcher along the corridors where so short a time ago, she had walked herself. For a moment everything seemed unreal to her; she felt no fear, as if nothing could matter to her in the end because it was inevitable and would not be changed. She had known already that this was the day, which might bring the verdict she had dreaded, a verdict which would make her a cripple, depriving her of freedom of movement, taking from her so many things that had been natural to her until this time. With this latest thought, the moment of passivity left her and fear came back. She wished so much that Mike were with her at this moment.

Lucy Grainger met the stretcher at the entrance to Radiology. "We've decided to do another X-ray, Vivian," she said. "It won't take long." She turned to a white-coated man beside her. "This is Dr. Bell."

"Hullo, Vivian." He smiled at her, then turned to Lucy. "Joe Pearson phoned me. I understand that you'd like to re-X-ray, so we can see if there's any change in the bone appearance."

"Yes." Lucy nodded. "It's Joe's idea that something" -she hesitated, knowing that Vivian would hear her words - "might have become visible in the meantime."

"It's possible," Bell agreed. "I think we'll have Firban do this one. Firban's one of our best technicians, and we want good films." He smiled at Vivian. "Dr. Pearson asked me to take a personal interest in this case, so that's what I'm doing. Now let's go in this room over here."

Almost at once they were followed into the room by a short, youngish man wearing a white lab coat. He glanced at Vivian, then turned to Bell.

"Yes, Dr. Bell?"

"Oh, Karl, I'd like you to do this X-ray for me. By the way, do you know Dr. Grainger?" To Lucy, "This is Karl Firban."

"I don't think we've met." Lucy offered her hand and the technician took it.

"How do you do, Doctor."

"And our patient is Vivian Loburton." Bell smiled down at the stretcher. "She's a student nurse. That's why we're making such a fuss over her."

"Hullo, Vivian." Firban greeted her, then asked Dr. Bell, "The left knee, eh? Anything special, Doctor?"

Bell explained what he wanted. "Do you want any views including the anterior tibia and fibula?"

Bell nodded. "That might be a good idea." To Lucy he said, "If it's osteomyelitis there could be periosteal reaction further down the bone."

"All right, Doctor. I'll have something for you in half an hour." It was a polite hint from Firban that he preferred to work alone, and the radiologist accepted it.

"We'll have a coffee and come back." Bell smiled in Vivian's direction. "You're in good hands." Then, with Lucy ahead of him, he went outside.

While doing his work, the technician talked cheerfully to Vivian. When he had finished his preparation, he said to her, "I'll tell you when to keep perfectly still. This is the only place in the hospital, you know, where we can say you won't feel a thing and really mean it."

When Firban developed the films, Bell started to compare them with the earlier films.

"Did we get good pictures?" There was a touch of pride in the technician's question.

"Very good indeed." It was a reflex answer; Bell was already studying the new negatives intently, then comparing the corresponding areas in the two sets of films. He used a pencil to help his own thought process and so that Lucy could follow him.

When they had gone over both sets completely, Lucy asked, "Do you see any difference? I can't, I'm afraid."

The radiologist shook his head. "There's a little periosteal reaction here." He pointed with the pencil to a slight difference at two points. "But that's probably the result of your own biopsy. Otherwise there's been no conclusive change." Bell rubbed his right eye. He said, almost apologetically, "I'm sorry, Lucy; I'm afraid I have to throw the ball back at Pathology. Will you tell Joe Pearson, or shall I?" He began to take down the two sets of films.

"I'll tell him," Lucy said thoughtfully. "I'll go and tell Joe now."



## CHAPTER SEVENTEEN

"A visitor for you, Mrs. Alexander," Staff Nurse Mrs. Wilding announced cheerfully and John Alexander walked into the small semi-private room.

"Johnny darling!" Elizabeth held out her arms, wincing slightly as the movement caused her to change position in the bed, and he went to her, kissing her tenderly. For a moment, she held him tightly. There was some strangeness about her, as if she had been to a distant place and was now returned. For a moment, he sensed a constraint between them, as if, after separation, there was the need to find and to know each other again. Then gently Elizabeth drew back.

"I must look awful."

"You look beautiful," he told her.

"There wasn't time to bring anything." She looked down at the shapeless hospital garment. "Not even a nightgown or a lipstick."

He said sympathetically, "I know."

"I'll make a list. Then you can bring the things in."

Behind them, Mrs. Wilding had drawn the overhead curtain that separated them from the other bed in the samall room.

"There you are. Now you're as private as can be. "I'll come back in a little while, Mr. Alexander; then you can see your baby."

"Thank you." They both smiled gratefully as the nurse went out.

As the door closed, Elizabeth turned to John anxiously.

"Johnny dear, I want to know. What are the baby's chances?"

"Well, honey..." He hesitated.

She covered his hand. "Johnny, I want the truth. The nurses won't tell me. I've got to hear it from you." Her voice wasn't steady. He felt that tears were not far distant.

He answered softly, "It could go either way." He went on, choosing the words carefully. "I saw Dr. Dornberger. He said the chances are just fair. The baby might live or..." John stopped the sentence unfinished.

Elizabeth had let her head fall back into the pillows behind her. Looking at the ceiling, the words little more than a whisper, she asked, "There really isn't much hope, is there?"

John thought that, perhaps, if the baby were going to die, it was better for them both to get prepared for it now, better than to raise Elizabeth's hopes and then in a day or two have them cruelly destroyed. Gently he said, "He's... awfully small, you see. He was born two months too soon. If there's any kind of infection... even the smallest thing... He doesn't have much strength."

"Thank you." Elizabeth was quite still, not looking at him, but holding his hand tightly. There were tears on her cheeks, and John found his own eyes moist.

Trying to keep his voice even, he said, "Elizabeth darling... Whatever happens... We're still young. We've a lot ahead of us."

"I know." The words were hardly hearable, and his arms went around her again. Her head was close against him, and he heard through her sobs. "But... two babies... this way..." She lifted her head, crying despairingly. "It isn't fair!"

For a minute longer, he held her; she was sobbing quietly, then she stopped and said, "Johnny... lying here... I've been thinking."

"What about?"

"You should go to medical school."

He protested gently. "Now, honey, we've been over all this..."

"No." Elizabeth stopped him. Her voice was still weak, but there was determination in it. "I've always wanted it, and now Dr. Coleman says you should."

"Do you have any idea what it would cost?"

"Yes, I do. But I can get a job."

Gently he said, "With a baby?"

There was a moment's silence. Then Elizabeth said softly, "We may not have a baby."

The door opened noiselessly and Nurse Wilding came in. To John she said, "If you like, Mr. Alexander, I'll take you to see your baby now."

After talking to John Alexander Dr. Dornberger went to the hospital nursery.

The nursery was at one end of a long, bright corridor, decorated cheerfully in pastel colors. It was in a section of the building, which had been remodeled two years earlier and reflected the newer trend to space and light. More out of habit than thought, he stopped to look through the thick glass paneling, which screened the nursery's main area on three sides. These, he thought, were the normal, healthy animals who had won, for the moment, their battle for existence and in a few days, more would go into the waiting world. Their destinations were the home, the school, the fight of living, the competition for fame and wealth. Among these were some who would have success and suffer failure, who would enjoy youth, accept middle age, and grow old sadly. These were those for whom more powerful automobiles would be designed, for whom airplanes would fly faster and farther, whose every whim and appetite would be satisfied by others of their kind who would produce goods for the market. Some here, perhaps, might break the barriers of outer space; others with the gift of tongues might move

their fellow men to anger or despair. But for now these were the victors. Their first and greatest barrier was down, the other battles yet to come.

Across the hallway was another area with a smaller nursery beyond. In it, quiet and separate, each in an incubator, were the premature babies; these - the doubtful starters, their existence insecure, their first fight not yet won. Turning away from the main nursery, Dornberger entered this section now.

When he had viewed his newest patient - a tiny fragment of weak humanity - he pursed his lips and shook his head doubtfully. Then, methodical as always, he wrote careful instructions on the treatment.

Later, as Dornberger left by one door, Nurse Wilding and John Alexander came in by another.

Like everyone who approached the premature nursery, they had put on sterile gowns and facemasks, even though glass window separated them from the air-conditioned, humidity- controlled interior. Now, as they stopped, Mrs. Wilding tapped lightly on the glass. A younger nurse inside looked up and moved toward them.

"Baby Alexander!" Wilding told her and pointed to John. The girl inside nodded and went along the window. They followed her on the other side of the glass window. Now she stopped and pointed to an incubator - one of the dozen in the nursery - and turned it slightly so they could see inside.

"My God! Is that all?" John exclaimed involuntarily.

Nurse Wilding's voice was sympathetic. "He's not very big, is he?"

John couldn't believe his eyes. "I've never seen anything so... so incredibly small."

He stood looking down into the incubator. Could this be human? - This tiny, monkeylike figure, little larger than his own two hands.

The baby lay perfectly still, its eyes were closed, only a slight regular movement of the tiny chest showed that it was breathing. Even in the incubator, designed for the smallest infants, the little helpless body looked pitiful and lost. It seemed incredible that in such weakness life could exist at all.

The younger nurse had come outside to join them. Wilding asked, "What was the birth weight?"

"Three pounds eight ounces." The young nurse turned to John. "Do you understand what's happening, Mr. Alexander - how your baby is being cared for?"

He shook his head. He couldn't take his eyes away, even for a moment, from the tiny child.

The young nurse said practically, "Some people like to know. They think it helps."

John nodded. "Yes, if you'd tell me. Please."

The nurse pointed to the incubator. "The temperature inside is always ninety-eight degrees. There's oxygen added to the air - about 40 per cent. The oxygen helps the baby to breathe. His lungs are so small, you see. They weren't really developed when he was born."

"Yes. I understand." His eyes were back on the slight pulsing movement in the chest. While it continued, it meant that there was life that the tiny heart was beating, the thread of survival was still unbroken.

The nurse went on. "Your baby isn't strong enough to suck, so we have to use intubation. You see the little tube?" She pointed to a plastic tube, which ran from the top of the incubator into the infant's mouth. "It goes directly into the stomach. He'll be having dextrose and water through the tube every hour and a half."

John hesitated. Then he asked, "Do you think he'll live?" He looked down again through the glass.

"You can never tell." He saw that she was trying to be honest, not to destroy his hopes and yet not to raise them. "Some do; some don't. Sometimes it seems as if some babies have a determination to live. They fight for life."

He asked her, "This one - is he fighting?"

She said carefully, "It's too early to know. But those extra eight weeks would have made a lot of difference." She added quietly, "This will be a hard fight."

Once more, he looked at the tiny figure. For the first time the thought came to him: "This is my son, my own, a part of my life." Suddenly he was filled with overwhelming love for this tiny being, fighting his lonely battle inside the warm little box below. He had an absurd impulse to shout through the glass: "You're not alone, son; I've come to help." He wanted to run to the incubator and say: These are my hands; take them for your strength. Here are my lungs; use them and let me breathe for you. Only don't give up, son; don't give up! There's so much ahead, so much we can do together - if only you'll live! Listen to me, and hold on! This is your father and I love you.

He felt Nurse Wilding's hand on his arm. Her voice said gently, "We'd better go now."

He nodded, unable to speak. Then with a last look backward, they moved away.

Lucy Grainger knocked and went into the pathology office. Joe Pearson was behind his desk, David Coleman on the far side of the room, studying a file. He turned as Lucy entered.

"I have the new X-rays," Lucy said, "on Vivian Loburton."

Both doctors were interested at once. They studied the comparative films. Lucy pointed out, as Dr. Bell had done in Radiology, the area of periosteal reaction created by the biopsy. Otherwise, she reported, there had been no change.

At the end, Pearson thoughtfully rubbed his chin with thumb and forefinger. Glancing at Coleman, he said, "It seems your idea didn't work."

"Apparently not," Coleman said quietly. The question still remained - a division of opinion. What would the older man do?

Pearson turned to Lucy. Almost sardonically, he said, "So Radiology bows out."

She answered evenly, "I suppose you could say that."

"And it leaves it up to me - to Pathology?"

"Yes, Joe," she said quietly, waiting.

There was a ten-second silence before Pearson spoke again. Then he said clearly and confidently, "My diagnosis is that your patient has a malignant tumor - osteogenic sarcoma."

Lucy met his eyes. She asked, "That's quite definite?"

"Quite definite." In the pathologist's voice, there was no hint of doubt or hesitation. He went on, "In any case, I've been sure from the beginning. I thought this" - he indicated the X-ray films - "would give some extra confirmation."

"All right." Lucy nodded her acceptance. Her mind was working now on immediate things to do.

Pearson asked matter-of-factly, "When will you amputate?"

"Tomorrow morning, I expect." Lucy picked up the X-rays and went to the door. She made a small grimace. "I'm afraid I should go and break the news. This is one of the hard ones." When the door had closed behind her, Pearson turned to Coleman. He said with surprising courtesy, "Someone had to decide. I didn't ask your opinion then because I couldn't take the chance of letting it be known that there was doubt. If Lucy Grainger knew, she would have no choice but to tell the girl and her parents. And when they heard, they would want to delay. People always do; you can't blame them."

He paused, then added, "I don't have to tell you what delay can do with osteogenic sarcoma."

Coleman nodded. He had nothing against the fact that Pearson had made the decision. As the old man had said, someone had to do it. But the question for him still remained: whether the amputation was necessary or not. In the end, of course, they would know for sure. When the severed limb came down to the lab, dissection would show if the diagnosis of malignancy was right or wrong. Unfortunately, though, a mistake discovered then wouldn't do the patient any good. Surgery had learned many ways to amputate limbs effectively, but it had no procedures for putting them back.

The afternoon flight from Burlington landed at La Guardia Airport a little after four o'clock, and from the airport Kent O'Donnell took a taxi to Manhattan. Sitting in the taxi, he relaxed for the first time in several days. For the past week, he had worked at full pressure, both in the hospital and outside. He had done some extra work because he wanted to spend four days in New York. Besides, two days ago, he had held a special meeting of the hospital's medical staff at which - with the help of data prepared by Harry Tomaselli - he had announced the suggested proportion of donations to the hospital building fund for attending physicians and others. As he had expected, there had been plenty of grumbling, but he had no doubt that the money would be coming.

The taxi stopped at the Park Sheraton Hotel. He checked into the hotel and later, in his room, showered and changed. From his bag, he took the program of the surgeons' congress - outward reason for his presence in New York. He noted that there were three papers he wanted to hear - two on open-heart surgery and a third on replacement of diseased arteries by grafts. But the first was not until eleven next morning, which gave him plenty of time tomorrow. He glanced at his watch. It was a little before seven - more than an hour before he was to meet Denise. He took an elevator downstairs and walked through the foyer to the Pyramid Lounge.

It was the cocktail hour and the place was beginning to fill with pre-dinner-and-theater groups, mostly, he thought, like himself, from out of town. A headwaiter showed him to a table, and as they walked, an attractive woman, sitting alone, glanced at him interestedly. It was not a new



experience, and in the past similar incidents had sometimes led to interesting results. But tonight he thought: "Sorry, I have other plans." A waiter took his order for scotch and soda, and when the drink came, he sipped it slowly, thinking leisurely about this and that.

Moments like this, he thought, were all too rare in Burlington. That was why it was good to get away for a while; it sharpened your sense of perspective, made you realize that some of the things you held as important on your own home ground were a good deal less so when looked at from a distance. Just lately, he had suspected that his own closeness to hospital business had thrown some of his thinking out of balance. The hospital's affairs had almost become the breath of life. Was this a healthy symptom? Was it a good thing professionally? O'Donnell had always mistrusted dedicated people; they had a tendency to become obsessed, and their judgment was unbalanced by enthusiasm for a cause. Was he in danger now of becoming one such himself?

The question of Joe Pearson, for example. Had O'Donnell's own closeness to the scene misled him there? The hospital needed a second pathologist; he was sure of that. But had he himself criticized the old man too much, exaggerated organizational weaknesses - and every hospital department had a few - out of true proportion? For a time O'Donnell had even wanted to ask Pearson to retire; was that in itself a symptom of unbalanced judgment? Of course, that was before Eustace Swayne had made it clear that his quarter-million dollar donation was possible on the condition that Joe Pearson's remained head of Pathology; Swayne, by the way, had still not confirmed the gift. But in all probability Joe Pearson had a lot to give Three Counties still; his great experience should surely mean something. It was true, he decided; your thinking really improved when you were away - even if you had to find a cocktail bar to do some reasoning quietly.

A waiter had stopped at the table. "A refill, sir?"

O'Donnell shook his head. "No, thanks."

The man produced a check. O'Donnell added a tip and signed it.

It was seven-thirty when he left the hotel. There was still plenty of time to spare, and he walked for a while. Then he took a taxi to the address Denise had given him. The driver stopped near Eighty-sixth, outside a gray stone apartment building. O'Donnell paid off the cab and went in.

He was greeted by a uniformed hall porter. The man asked his name, then consulted a list. He said, "Mrs. Quantz left a message to say would you please go up, sir?" He pointed to the elevator, an identically uniformed operator beside it. "It's the penthouse floor, sir - the twentieth. I'll tell Mrs. Quantz you're on the way."

At the twentieth floor, the elevator doors opened silently onto a spacious carpeted hallway. On one wall there was a large Gobelin tapestry depicting a hunting scene. Opposite were double oak doors, which now opened, and a manservant appeared. He said, "Good evening, sir. Mrs. Quantz asked me to show you into the living room. She'll be with you in a moment."

He followed the man down a second hallway and into a living room almost as large as his own entire apartment at Burlington. The living room opened onto a flags toned terrace, and he could see the last rays of evening sunshine beyond.

"May I get you something to drink, sir?" the manservant said.

"No, thanks," he answered. "I'll wait for Mrs. Quantz."

"You won't have to," a voice said, and it was Denise. "Kent dear, I'm so glad to see you."

For a moment, he looked at her. Then he said slowly, "I am too," and added truthfully, "Until this moment I hadn't realized how much."

Denise smiled and kissed his cheek lightly. O'Donnell had a sudden impulse to take her into his arms, but restrained it.

She was even more beautiful than he remembered, with a smiling radiance that left him breathless. She had on a short, full-skirted evening

gown of deep black lace over a strapless sheath of black silk, the lace about her shoulders was accenting the filmy vision of white skin beneath. At her waist was a single red rose.

She took him by the hand and led him to the terrace. The manservant put a silver tray with glasses and a cocktail shake on a table and went away.

"The martinis are already mixed." Denise said. "Or if you like I can get you something else."

"Martini is fine."

For a brief moment, her eyes caught his. Then, taking his arm, she moved across the terrace toward the low balustrade, which marked its end. They had stopped and stood looking down. It was dusk now, the warm, soft dusk of late summer and the lights of New York were twinkling below.

A warm, soft breeze stirred around them, and he felt Denise's closeness. Her voice said softly, "It's beautiful, isn't it? Even though you know that under the lights there are things that are wrong and hateful, it's still beautiful. I love it all, especially at this time of evening."

He said, "Have you ever thought of going back - to Burlington, I mean?"

"To live?"

"Yes."

"You can never go back," Denise said quietly. "It's one of the few things I've learned. Oh, I don't mean just Burlington, but everything else - time, people, places. You can revisit, or renew acquaintance, but it's never really the same." She paused. "I belong here now. I don't believe I could ever leave New York. Do I sound terribly unrealistic?"

"No," he said. "You sound terribly wise."

He felt her hand on his arm. "Let's have one more cocktail," she said, "then you may take me to dinner."

Afterward they had gone to a nightclub on Fifth Avenue. They had dined and danced, and now they had come back to their table. "How long have you in New York?" Denise asked.

"I go back in three more days," he answered.

"Why so soon?"

"I'm a workingman." He smiled. "My patients need my attention and there's a lot of hospital business too."

Denise said, "I rather think I shall miss you."

He thought for a moment, then turned to face her. Without prelude he said, "You know that I've never been married."

"Yes." She nodded seriously.

"I'm forty-two," he said. "In that time, living alone, one forms habits and styles of life that might be hard to change or for someone else to accept." He paused. "What I'm trying to say, I think, is that I might be difficult to live with."

Denise covered his hand with her own. "Kent, darling, may I be clear about something?" She had the slightest of smiles. "Is this by any chance a proposal of marriage?"

O'Donnell was grinning broadly; he felt absurdly, cheerfully, boyish. "Now that you mention it," he said, "I rather think it is."

There was a moment's silence before Denise answered, and when she spoke, he saw that she was maneuvering for time. "I'm very flattered, but aren't you being a little rash? After all, we hardly know one another."

"I love you, Denise," he said simply.

"I could love you too," she said. Then she added, speaking slowly and choosing her words, "At this moment everything in me tells me to say yes and to grab you, dearest, with two eager hands. But there's a whisper of

caution. When you've made one mistake you feel the need to be careful about committing yourself again."

"Yes," he said, "I can understand that."

"I've never believed," she said, "in the popular idea that one can shed partners quickly and afterward get over it, rather like taking an indigestion tablet. That's one of the reasons, I think, why I've never got a divorce."

"The divorce wouldn't be difficult?"

"Not really. I could go to Nevada to arrange it, or some such place. But there's the other thing - you're in Burlington; I'm in New York."

He said carefully, "You really meant what you said, Denise - about not living in Burlington?"

She thought before answering. "Yes. I'm afraid I do. I couldn't live there - ever; I know myself too well."

A waiter appeared with coffee and refilled their cups. O'Donnell said, "I feel a sudden impulse to be alone with you."

Denise said softly, "Why don't we go?"

He called for the check and paid it. Outside a doorman called a taxi and O'Donnell gave the address of the Fifth Avenue apartment. When they had settled back, Denise said, "This is a very selfish question, but have you ever thought of moving your practice to New York?"

"Yes," he answered, "I'm thinking about it now."

He was still thinking when they entered the apartment block and rode up in the elevator. Ever since Denise's question, he had been asking himself: "Why shouldn't I go to New York?"

There are fine hospitals; this is a medical city." It would not be difficult to get on staff somewhere. Setting up practice would be comparatively easy; his own record, as well as the friends he had in New

York, would bring him referrals. He reasoned: "What really keeps me tied to Burlington? Does my life belong there - now and for always? Isn't it time, perhaps, for a change, a new environment? I'm not married to Three Counties Hospital, nor am I indispensable. There are things I'd miss, it's true; the sense of building and creation, and the people I've worked with. But I've done a great deal; no one can ever deny that. And New York means Denise. Wouldn't it be worth it - all?"

At the twentieth floor, Denise used her own key to let them in; there was no sign of the manservant O'Donnell had seen earlier.

They went to the terrace. Denise asked, "Kent would you like a drink?"

"Perhaps later," he said, and reached out toward her. She came to him easily and their lips met. But then gently she disengaged herself.

Half turned away, she said, "There are so many things to think of." Her voice was worried.

"Are there?" The tone of voice was disbelieving.

"There's a great deal you don't know about me," Denise said. "For one thing, I'm terribly possessive. Did you know that?"

He answered, "It doesn't sound very terrible."

"If we were married," she said, "I'd want to have all of you, not just a part. I couldn't help myself. And I couldn't share you - not even with a hospital."

He laughed. "We could work out a compromise. Other people do."

She turned back toward him. "When you say it like that I almost believe you." Denise paused. "Will you come back to New York again - soon?"

"Yes."

"How soon?"

He answered, "Whenever you call me."

As if by instinct, she moved toward him and they kissed again, this time with growing passion. Then there was a sound behind them and light from a door opening to the living room. Denise pushed herself gently away and a moment later, a small figure in pajamas came onto the terrace. A voice said, "I thought I heard voices."

"I thought you were sleeping," Denise said. "This is Dr. O'Donnell." Then to O'Donnell, "This is my daughter Philippa." She added, with love in her voice, "One half of my impossible twins."

The girl looked at O'Donnell with frank curiosity. "Hullo," she said, "I've heard about you."

O'Donnell remembered Denise telling him that both her children were seventeen. The girl seemed small for her age. But she moved with a grace and posture similar to her mother.

"Hullo, Philippa," he said. "I'm sorry if we disturbed you."

"I couldn't sleep, so I was reading." The girl glanced down at a book in her hand. "It's Herrick. Did you ever read it?"

"I don't think so," O'Donnell said. "As a matter of fact, there wasn't much time for poetry in medical school and I've never really got around to it since."

Philippa picked up the book and opened it. "There's something here for you, Mother." She read a short poem in which there was a line: "And while you may, go marry." Denise turned to O'Donnell. "I may tell you, Kent that my children are constantly pressing me to remarry."

"We simply think it's the best thing for you," Philippa put in. She put down the book.

"They call it practicality," Denise went on. "In fact, they're both awfully sentimental." She turned to Philippa. "How would you feel if I married Dr. O'Donnell?"

"Has he asked you?" Philippa asked with quick interest. Without waiting for an answer she exclaimed, "You're going to, of course."

"It will depend, dear," Denise said. "There is, of course, the little problem of a divorce."

"Oh, that! Daddy was always so unreasonable about you doing it. Besides, why do you have to wait?" She looked at O'Donnell. "Why don't you just live together? Then you'd have the evidence already arranged and Mother wouldn't have to go away to one of those awful places like Reno."

"There are moments," Denise said, "when I have serious doubts about the value of progressive education. That, I think, will be all." She stepped lightly to Philippa. "Good night, dear."

"Oh, Mother!" the girl said. "Sometimes you're so old-fashioned."

"Good night, dear." Denise repeated it firmly.

Philippa turned to O'Donnell. "I'm afraid I have to go."

He said, "It's been a pleasure, Philippa."

The girl came to him. She said artlessly, "If you're going to be my stepfather, I think it's all right to kiss you."

He answered, "Why don't we risk it?"

He leaned toward her and she kissed him on the lips, then stood back. There was a slight smile, then she said, "You're definitely attractive." She warned Denise, "Mother, whatever you do, don't lose this one."

"Philippa!" This time the note of discipline was unmistakable.



Philippa laughed and kissed her mother. Waving lightly, she picked up her book of poems and went out.

O'Donnell leaned back against the terrace wall and laughed. At this moment, his bachelorhood at Burlington seemed incredibly empty and dull, the prospect of life with Denise in New York more shinningly attractive by the second.

## CHAPTER EIGHTEEN

The amputation of Vivian's left leg began at 8:30 A.M. precisely. Punctuality in the operating rooms was something that Dr. O'Donnell had insisted on when he first became chief of surgery at Three Counties, and most surgeons accepted the rule.

Lucy Grainger had planned to amputate the limb high above the knee and in the upper part of the femur. At one point, she had planned to amputate at the hip in the belief that this might help to prevent the spreading of malignancy from the knee. But the disadvantage here would be extreme difficulty later on in fitting an artificial limb to the inadequate stump. That was why she had compromised in planning to leave intact a portion of the thigh.

She had also planned where to cut her flaps so that the flesh would cover the stump adequately. In fact, she had done this last night, sketching out the necessary incisions in her mind, while allowing Vivian to believe that she was making another routine examination.

That had been after she had broken the news to Vivian, of course - a sad session in which the girl at first had been dry eyed and composed and then, breaking down, had pressed herself against Lucy, crying in despair as the last barriers of hope had gone. Though Lucy had been trained to be clinical and unemotional at such moments, she had been unusually moved.

The session with the parents, and later when young Dr. Seddons had come to see her, had been less personal but still very sad. Lucy could never fully separate herself from her own feelings for patients as some people did, and her unemotional behavior was only a pose, though a necessary one. But in the operating room there was no pose; here it became the most important thing. And now, coolly and without personal feelings, she thought only of surgical procedure.

The anesthetist, at the head of the operating table, had already prepared Vivian and given his sign that Lucy could start the operation. Lucy's assistant, one of the hospital interns, the nurse and the anesthetist understood each other almost without words, and worked quickly and competently.

There was an audience in the O.R. today - two medical students from the university, and Lucy commented what she was doing and why.

Lucy glanced up at the clock on the O.R. wall. It showed 9:15 - forty-five minutes so far since they had begun. She looked at the anesthetist.

"Still all right?"

The anesthetist nodded. "Couldn't be better, Lucy. She's a real healthy girl." Humorously he asked, "You sure you're taking the leg off the right patient?"

"I'm sure."

Lucy had never enjoyed operating-room jokes about patients on the table, though she had known some surgeons who joked their way from first incision to closure. She thought it was all in your point of view. Perhaps with some people it was a means to cover up deeper feelings, perhaps not. Now she preferred to change the subject. Continuing the operation, she asked the anesthetist, "How's your family?"

"They're fine. We're moving into a new house next week."

"Oh, really. Whereabouts?" To the intern she said, "A little higher, please."

"Somerset Heights. It's a new subdivision in the north end."

Cutting the back leg muscles, she said, "I think I've heard of it. I expect your wife is pleased."

The anesthetist answered, "She's in seventh heaven - buying rugs, choosing all the other things. There's only one problem."

Lucy's fingers went around the leg bone, working up and freeing the surrounding muscles. Speaking for the students' benefit, she said, "You'll notice that I'm pushing the muscles as far out of the way as I can. Then we can cut the bone quite high so that afterward it will be entirely covered with muscle."

"Saw, please."

Again, the nurse was ready, placing the handle of the bone saw in Lucy's palm. To the anesthetist Lucy said, "What problem is that?"

Positioning the saw as high as she could, Lucy began to move it in short, even strokes. The anesthetist said, "Paying for it all."

Lucy laughed. "We'll have to give you more work in surgery." She had sawed halfway through the bone now. Suddenly she thought: this is a moment of tragedy, and yet here we are, cheerfully talking, even joking, about simple things. In a second or two, no more, this leg would be cut off and a young girl - little more than a child - would have lost, for always, a part of her life. Never again would she run freely, wholly like other people, or dance, or swim, or ride horseback, or, freely, make love. Some of these things she would do sooner or later, and others with effort and mechanical aid; but nothing again could ever be quite the same - never so gay or free or careless as with the fullness of youth and the body whole. This was the meaning of the tragedy: it had happened too soon.

Lucy paused. Her fingers told her that the saw cut was almost complete. Then, at the last moment, under the weight of the almost separated limb, the final fragment of bone had broken. The limb was free and it fell to the table. For the first time raising her voice, Lucy said, "Catch it! Quickly!"

But the warning was too late. The leg fell to the floor. "Leave it there!" Lucy spoke sharply as, forgetful of the fact that he would make himself unsterile, the intern wanted to pick it up. Embarrassed, he straightened up.

The nurse moved in and collected the leg. Later, along with more packages containing other surgical specimens, it would be collected by a messenger and taken to Pathology.

Lucy, feeling for the sharp edges of bone that the break had left, applied a rasp to them. Again, for the students she said, "Always remember to get the bone end clean. If little spikes are left, they may overgrow and become extremely painful." Without looking up, she asked, "How are we doing for time?"

The anesthetist answered, "It's been seventy minutes." Lucy returned the rasp. "All right," she said; "now we can begin to sew up."

Mike Seddons had, quite literally, sweated out the period while Vivian was undergoing surgery. With the Loburtons - Vivian's parents had remained in Burlington and planned to stay on for the time being - he had gone to one of the small waiting rooms for relatives of surgical patients.

Now the three of them were silent. Henry Loburton stood by a window, looking down at the street below. Mike Seddons knew that in a moment or two Vivian's father would turn from the window, go back to one of the chairs, then after a while get up and cross to the window again.

In contrast, Vivian's mother had remained still - almost, it seemed, unmoving since they had come here. At one and the same time she seemed weak but indestructible. Mike Seddons suspected that she was stronger than her husband and that she was the rock on which, over the years of their marriage, her husband had come to depend.

Seddons thought of how it would be between himself and Vivian in the time ahead. He knew that no two people were ever quite equal, either in strength of character or in the capacity to love. He knew, too, that women were often stronger than men in mind and heart, and that masculinity was sometimes a pose camouflaging weakness.

Was Vivian stronger than himself, her character finer, her courage higher? The question had come to him last night and had remained with him since. He had gone to see her, knowing that the decision had been made to

amputate and knowing that Vivian knew it too. He had found her, not in tears, but smiling. "Come in, Mike darling," she had said, "and please don't look so glum. Dr. Grainger's told me, and I've done my crying, and it's over now - or at least it will be in the morning."

At those words, his love for her had deepened, and he had held her and kissed her passionately. Afterward, twisting his hair lovingly and holding his head back, she had looked directly into his eyes.

"I'm going to have just one leg, Mike," she had said, "for all the rest of my life. I won't be the girl you met - not as you met me, and not as you know me now. If you want out, I'll understand." He had answered emphatically, "Don't talk like that!"

"Why?" she had said. "Are you afraid to talk about it?"

"No!" It was a loud, firm protest, but even as he made it, he had known it was a lie. He was afraid. And he felt that Vivian was not - not now, not any more.

Now, looking at her mother, he saw that strength, it was there, unmistakable, in both. Could he be as strong as that? For the first time he felt an attack of doubt.

Mr. Loburton had stopped halfway between the window and the chair. "Michael," he said, "it's been an hour and a half. Can they be very much longer?"

Vivian's mother was looking at him too. He shook his head. "I don't think so. Dr. Grainger said she'd come here... immediately after." He paused, then added, "We should all know something - very soon."

## CHAPTER NINETEEN

Dr. Dornberger carefully examined the Alexander baby. Three and a half days had gone by since birth, a fact which, of itself, might normally be taken as a hopeful sign. But there were other symptoms, which were dangerous.

"You know," he said, "I thought for a while that he was going to live."

The young nurse in charge of the premature nursery - the same nurse whom John Alexander had seen a few days before - had been looking at Dornberger expectantly. She said, "His breathing was quite steady until an hour ago, then it became weak. That was when I called you."

Dornberger was thinking: There's altogether too much anemia, though of course it might be an exaggerated normal-type reaction. Aloud he said, "You know, if it weren't for that sensitivity report I would suspect this child had erythroblastosis."

The nurse looked surprised. She said, "But surely, Doctor," then stopped.

"I know - it couldn't happen," he said. "All the same, let me see that lab report - the original one on the mother's blood." The nurse found the form and handed it to Dornberger. It was the report, which Dr. Pearson had signed after his argument with David Coleman. Dornberger studied it carefully, then handed it back. "Well, that's definite enough - negative sensitivity."

It should be definite, of course; but somehow a thought didn't leave him: Could the report be wrong? Impossible, he told himself; the pathology department would never make a mistake like that. But still, he decided that he would go and talk with Joe Pearson after rounds.

To the nurse Dornberger said, "There's nothing more we can do at the moment. Call me again, please, if there's any change."

"Yes, Doctor."

When Dornberger had gone, a student nurse, who was present at the conversation, asked, "What was it the doctor said - erythro...?" She stumbled on the word.

"Erythroblastosis - it's a blood disease in babies. It happens sometimes when the mother's blood is Rh negative and the father's Rh positive."

The student nurse said, "I thought when that happened they changed the baby's blood at birth."

"You mean by an exchange transfusion?"

"Yes."

"That only happens in some cases." The charge nurse went on patiently, "It may depend on the sensitization report on the mother's blood. If the report is positive, it usually means that the baby will be born with erythroblastosis and must be given an exchange transfusion immediately after birth. In this case the lab report was negative, so an exchange transfusion wasn't necessary." She stopped- Then she added, thoughtfully, half to herself, "It's strange, though, about those symptoms."

Since their argument of several days ago on the subject of laboratory checks the senior pathologist hadn't returned to the question of David Coleman's activities in the serology lab. Coleman had no idea what this silence meant. Was he in direct charge of Serology, or would Pearson return to the attack later? Meanwhile, the younger pathologist regularly came into the lab and inspected the work being done. As a result, he had already formulated several ideas for changes in procedure, and some of the minor ones had been put into practice during the last day or two.



Carl Bannister, the elderly lab technician, wasn't happy at all about these changes. John Alexander, on the other hand, welcomed Coleman's attention to the lab and in the last two days already had made a few suggestions, which Coleman had approved.

Alexander had returned to work the day after his wife had been brought to the hospital though Pearson kindly suggested that he could take time off if he wished. Coleman had heard how Alexander told the old pathologist, "Thank you all the same, Doctor; but if I don't work I'll think too much, and it wouldn't help." Pearson had nodded and said that Alexander could leave the lab to go upstairs and see his wife and baby whenever he wished.

Now David Coleman opened the door of the serology lab and went in.

As he entered, John Alexander was saying to a white-coated woman, "I think perhaps you should ask Dr. Pearson or Dr. Coleman. I'll be making my report to them."

"What report is that?" Coleman asked. The heads of the other two turned toward him.

The woman spoke first. "Oh, Doctor! You are Dr. Coleman?"

"That's right."

"I'm Hilda Straughan." She offered him her hand and added, "Chief dietitian."

"How do you do. Is there some sort of problem we can help you with?" He knew from his own experience that pathologists and dietitians usually worked closely in matters of food hygiene.

"There's been a lot of intestinal flu these past few weeks," the dietitian said. She added, "Mostly among the hospital staff."

Coleman laughed. "Tell me a hospital where it doesn't happen now and again."

"Oh, I know." Mrs. Straughan thought it was not the time for jokes. "But if food is the reason - and it usually is - I want to find the cause if it's possible. Then we can try to prevent such cases."

David Coleman respected such earnestness. He asked politely, "Do you have any ideas?"

"Very definitely. I suspect my dishwashing machines, Dr. C."

For a moment, Coleman was startled at the form of address. Then, recovering, he asked, "Oh, why?" Out of the corner of his eye, he saw that Bannister entered the room. Now both lab technicians were listening to the conversation.

The dietitian said, "The hot-water system is quite inadequate."

"Has anyone ever pointed that out?"

"I certainly have, Dr. C." It was clear that Mrs. Straughan had strong feelings on this subject. She went on, "I've talked to the administrator, Mr. Tomaselli, several times. In fact, after my last talk with Mr. T. he asked Dr. Pearson to do new lab tests on the dishwashers."

"I see." Coleman turned to John Alexander. "Did you run some tests?"

"Yes, Doctor."

"What did you find?"

"The water temperature isn't high enough." Alexander looked at his notes. "I did three tests on each dishwasher, each at a different time of day, and the temperature range was 110 to 130 degrees."

"You see?" The dietitian held up her hands expressively.

"Oh yes." Coleman nodded. "That's much too low."

"That isn't all, Doctor." John Alexander had taken a slide from the lab bench. "I'm afraid I've found gas formers of the fecal group. On the plates -

after they've been through the dishwashers."

"Let me see." Coleman looked at the slide through the microscope. The characteristic worm-like bacteria were visible at once. He straightened up.

Mrs. Straughan asked, "What is it? What does it mean?"

Coleman said thoughtfully, "The slide shows gas-forming bacteria. Normally the hot water should destroy them, but as it is they're getting through the dishwashers onto your clean plates."

"Is that serious?"

"Yes and no. It may be the explanation for some of the intestinal flu cases, but that's not too serious in itself. It may become dangerous if there is a disease carrier in the hospital."

"A disease carrier?"

Coleman went on to explain. "It's someone who carries disease germs in their body without having the clinical disease themselves. A carrier can be an apparently normal, healthy person. It happens more often than you'd think."

"Yes, I see what you mean," Mrs. Straughan said thoughtfully.

Coleman had turned to the two technicians. He asked, "I suppose we are doing regular lab checks on all food handlers in the hospital?"

Bannister answered, self-importantly, "Oh yes. Dr. Pearson's very fussy about that."

"When was the last check?" Coleman asked the question just as a matter of routine.

"Just a minute. I'll look at the book." Bannister crossed to the opposite side of the lab.

In his mind, David Coleman was analyzing the situation. If the dishwashers were inefficient, something needed to be done quickly; there was no question about that. On the other hand, as long as a careful check was being kept on food handlers - and, according to Bannister, it was - there was no real reason for alarm. Indifference, though, was something else again. He told John Alexander, "You'd better get your report to Dr. Pearson as soon as you can."

"Yes, Doctor." Alexander went back to his clipboard of notes.

Across the room, Bannister called out, "February the twenty- fourth."

Surprised, Coleman asked, "Did you say February?"

"That's right."

"That's almost six months ago." To the dietitian he said, "It seems, your kitchen staff is quite stable."

"Oh no, it isn't - unfortunately." Mrs. Straughan shook her head emphatically. "We've taken on a lot of new people since February, Dr. C."

Still not understanding, Coleman asked Bannister, "Are you sure about that date?"

"That's the last one." Bannister was cockily sure of himself. It was a pleasing change to be able to tell something to this know- all young doctor. He added, "See for yourself if you like." Ignoring the suggestion, Coleman said, "But what about the new employees - those who've been taken on since then?"

"There's nothing else here." Bannister shrugged. "If the health office doesn't send us specimens for test, we've no way of knowing about new food handlers." His attitude was one of complete indifference, almost contempt.

Controlling a growing anger, Coleman said evenly to the dietitian, "I think this is a matter you should look into." For the first time he had begun

to realize that something, somewhere, was seriously wrong.

Mrs. Straughan had the same thought. She said, "I will - immediately. Thank you, Dr. C." She went out of the lab.

There was a moment's silence. For the first time Coleman saw that, Bannister was embarrassed. As their eyes met, he asked the technician icily, "Hadh't you ever asked yourself why no tests for food handlers were coming in?"

"Well..." Bannister's earlier confidence evaporated. "I would have - sooner or later."

Coleman said angrily, "I'd say later, wouldn't you? - especially if it meant that you would have had to do some thinking." At the door he turned. "I'll be with Dr. Pearson." The older technician still stood, looking at the door through which Coleman had gone. At this moment around Bannister was an aura of failure and downfall. His own familiar world was falling apart. A new order was emerging, and in the new order, through his own shortcoming, there was no room for himself. Depressed, out of place, he seemed only a weak, inadequate figure whom time was passing by.

Joe Pearson looked up from his desk as Coleman came in. Without preliminary the younger pathologist announced, "John Alexander has found gas-forming bacteria - on clean plates which have been through the dishwasher."

Pearson was not surprised. He said sullenly, "It's the hot- water system."

"I know." David Coleman tried, but failed, to keep sarcasm from his voice. "Has anyone ever tried to do something about it?"

The old man said, with surprising quietness, "You think that this place is run pretty poorly."

"Since you ask me - yes." Coleman pressed his lips. He doubted the two of them could continue working together long in this kind of

atmosphere.

Pearson had opened a lower drawer of his desk and took out a thick file of papers. With a strange mixture of anger and sorrow he said, "You're so young and green and full of high ideas. You come here, and it is a time when there's a new administration, when money is freer than it has been in years. So you decide that whatever's wrong is because nobody has thought of changing it. Nobody's tried!" He put the file on the desk.

"I didn't say that," Coleman objected, almost defensively.

Pearson pushed the file toward him. "This is a record of correspondence about the kitchen hot-water supply. If you'll take the trouble to read it, you'll find I've been asking for a new system for years." Pearson's voice rose. He said challengingly, "Go ahead - take a look!"

Opening the file, Coleman read the top memo. He turned a page, then another, then looked through the other pages beneath. At once, he realized how much he had been mistaken. The memos contained a strong judgment by Pearson of hospital kitchen hygiene, expressed in even stronger words than he would have used himself. The correspondence went back several years.

"Well?" Pearson had been watching as he read.

Without hesitation Coleman said, "I'm sorry. I owe you an apology - about that anyway."

"Never mind." Pearson waved his hand irritably, then as the words sank in, "You mean there's something else?"

Coleman said evenly, "In finding out about the dishwashers I also discovered there haven't been any lab tests of food handlers for more than six months."

"Why?" The question sounded like a sharp explosion.

"Apparently none were sent down from the health office. The chief dietitian is checking on that now."

"And you mean nobody in Pathology asked why none were coming?"

"Apparently not."

"That fool Bannister! This is serious." Pearson was really worried.

Coleman said quietly, "I thought you'd want to know."

Pearson had picked up the telephone. After a pause he said, "Get me the administrator."

After he finished the conversation, he said to Coleman, "Tomaselli is on his way down. Let's meet him in the lab."

In the lab, John Alexander told Pearson and Harry Tomaselli what he had earlier reported to David Coleman. As Pearson finished inspecting the slides, the chief dietitian entered the lab. The administrator turned to her. "What did you find out?"

"It's incredible but true." Mrs. Straughan shook her head in a gesture of unbelief. She addressed Pearson. "Earlier this year the health office hired a new clerk, Dr. P. Nobody told her about lab tests on food handlers. That's the reason none were sent down."

Tomaselli said, "So there have been no tests now for - how long?"

"About six and a half months."

Coleman noticed Carl Bannister standing away from the group, apparently doing some work, but he knew that the senior technician was missing nothing of what was going on.

The administrator asked Pearson, "What do you suggest?"

"There should be a checkup first on all the new employees - as quickly as possible." The elder pathologist was decisive and energetic now.

"After that there will have to be re-examination of all the others. That means stool culture, chest X-ray, and a physical. And it should include all the kitchen workers and anyone else who has anything to do with food at all."

"Will you arrange that, Mrs. Straughan?" Tomaselli said. "Work with the health office; they'll control most of the detail."

"Yes, Mr. T. I'll get onto it right away." She went out of the lab.

"Is there anything else?" Tomaselli had returned his attention to Pearson.

"We need a new steam booster system for those dishwashers - either that or buy new dishwashers." Pearson's voice rose heatedly. "I've been telling that to everybody for years."

"I know." Tomaselli nodded. "I'd like to know what the comparative cost would be."

Unreasonably, irritably, Pearson said, "How should I know? I'm not the plumber."

"I know a little about plumbing; perhaps I can help." At the softly spoken words, the others turned their heads. It was Dr. Dornberger. He had come into the lab quietly and unnoticed. Seeing Harry Tomaselli, he asked, "Am I interrupting something?"

Pearson said, "No. It's all right."

Dornberger saw John Alexander watching him. He said, "I was with your baby a while ago, son. I'm afraid he's not doing too well."

"Is there any hope, Doctor?" Alexander asked the question quietly. The others had turned, their expressions softened. Bannister put down a glass pipette and came closer.

"Not very much, I'm afraid," Dornberger, said slowly. There was a silence, then, as if remembering something, he turned to Pearson. "Joe,



there couldn't be any doubt about that blood- sensitization test on Mrs. Alexander?"

"Doubt?"

"I mean, that it could be wrong."

Pearson shook his head. "No doubt at all, Charlie. Matter of fact, I did it myself - very carefully." He added curiously, "Why did you ask?"

"Just checking." Dornberger puffed at his pipe. "For a while this morning I suspected the child might have had erythroblastosis."

"Highly unlikely." Pearson was emphatic.

Domberger said, "Yes, that's what I thought."

David Coleman told Dornberger, almost without thinking, "When labs were using just the saline and high-protein methods, positive cases could get recorded as negative sometimes. Nowadays, though, with an indirect Coombs test, sensitization tests are pretty well foolproof."

"But, Dr. Coleman... We didn't do an indirect Coombs test." Alexander's eyes were alarmed.

"Oh yes, you did," Coleman said easily. "I remember signing the order for Coombs serum."

Alexander was looking at him in despair. He said, "But Dr. Pearson said it wasn't necessary. The test was done just in saline and high protein."

Pearson looked uncomfortable. He said to Coleman, "I meant to tell you at the time. I forgot."

David Coleman's brain was now ice-clear. But before going further he wanted to establish one fact. "Do I understand correctly," he asked Alexander, "that there was no indirect Coombs test whatever?"

As Alexander nodded, Dr. Dornberger said sharply, "Wait a minute! Let me get this straight. You mean the mother - Mrs. Alexander - may have sensitized blood after all?"

"Of course she may!" Coleman's voice rose. "The saline and high-protein tests are good in a lot of cases but not in all. Anybody who's reasonably up to date in hematology should know that." He looked at Pearson, who hadn't moved. To Dornberger he went on, "That's why I ordered an indirect Coombs."

The administrator was trying to understand the medical significance. "This test you're talking about; if you ordered it, why wasn't it done?"

Coleman turned to Bannister. "What happened to the order I signed - the order for Coombs serum?" As the technician hesitated, "Well?"

Bannister was shaking. He nearly whispered, "I tore it up." Dornberger said incredulously, "You tore up a doctor's order - and without telling him?"

Coleman said, "On whose instructions did you tear it up?"

Bannister was looking at the floor. He said reluctantly, "On Dr. Pearson's instructions."

Dornberger was thinking quickly now. To Coleman he said, "This means the child may have erythroblastosis; everything points to it, in fact."

"Then you'll do an exchange transfusion?"

Dornberger said bitterly, "If it was necessary at all, it should have been done at birth. But there may be a chance, even this late." He looked at the young pathologist as if only Coleman's opinion could be trusted. "But I want to be sure. The child has no strength at all."

"We need a direct Coombs test of the baby's blood." Coleman's reaction was fast and competent. This scene was between himself and

Dornberger now; Pearson was standing still, absolutely shocked. Coleman asked Bannister "Is there any Coombs serum in the hospital?"

The technician swallowed. "No."

This was something within the administrator's orbit. He asked at once, "Where do we get it then?"

"There isn't time." Coleman shook his head. "We'll have to send the blood sample somewhere else - where they do such tests."

"University will do it; they've a bigger lab than ours anyway." Harry Tomaselli had crossed to the telephone. He told the operator, "Get me University Hospital, please." To the others he said, "Who's in charge of pathology there?"

Dornberger said, "Dr. Franz."

"Dr. Franz, please." Tomaselli asked, "Who'll talk with him?"

"I will." Coleman took the phone. "Dr. Franz? This is Dr. Coleman - assistant pathologist at Three Counties. Could you do an emergency Coombs test for us?" There was a pause, Coleman listening. Then he said, "Yes, we'll send the sample immediately. Thank you, Doctor. Good-by." He turned back to the room. "We'll need the blood sample quickly."

"I'll help you, Doctor." It was Bannister, a tray of equipment in his hands.

Coleman wanted to say "no", but seeing the expression in the other man's eyes, he said, "Very well. Come with me."

As they left the administrator called after them. "I'll get a police cruiser. They'll get the sample over there faster."

"Please! I'd like to take it - to go with them." It was John Alexander.

"All right." The administrator had the telephone to his ear. "Get me the City Police." To Alexander he said, "Go with the others, then bring the

blood sample to the emergency entrance. The cruiser will be waiting there."

"Yes, sir." Alexander went out quickly.

The administrator talked with the City Police about the police car and went out, leaving Pearson and Dornberger alone.

Of course, there had been deaths in Charles Dornberger's long years of medical practice. But always he had fought for their lives, never giving up until the end. And he could always tell himself truthfully that he had behaved with honor, his standards high, nothing left to chance. Charles Dornberger had never failed a patient through inadequacy or neglect.

Until this moment.

Now, it seemed, near the close of his own career, he was to share the sad and bitter harvest of another man's incompetence; and worse - a man who was a friend.

"Joe," he said, "I'd like to tell you something."

Pearson was sitting in a chair as if in trance. Now he looked up slowly.

"This was a premature baby, Joe; but it was normal, and we could have done an exchange transfusion right after birth." Dornberger paused, and when he went on, his voice was full of emotions. "Joe, we've been friends a long time, and I've helped you fight your battles. But this time, if this baby dies, so help me God! - I'll take you before the medical board and I'll break you in two."

## CHAPTER TWENTY

Joseph Pearson and David Coleman were alone in the office. It was an hour and a quarter since the blood sample had been taken from the Alexander baby and dispatched to University Hospital.

Coleman said quietly, "I called Dr. Franz. He said he'll phone the moment they have a result."

Pearson nodded. He asked, "Where's the boy - Alexander?"

"The police drove him back. He's with his wife." Coleman hesitated. "While we're waiting - do you think we should check that the food handler tests are being started?"

Pearson shook his head. "Later - when all this is over." He said intensely, "I can't think of anything else until this thing is settled."

"Is there any news from Pathology?" Dr. Charles Domberger was waiting in a small operating room, ready to do a blood exchange.

The nurse shook her head. "No, Doctor."

"How close are we to being ready?"

The nurse filled two rubber hot-water bottles and placed them beneath a blanket on the tiny operating table that was used for infants. She answered, "Just a few minutes more."

An intern had joined Domberger. The intern asked, "Are you going to do an exchange transfusion - even if you don't have the Coombs test result?"

"Yes," Domberger answered. "We've lost enough time already and I don't want to add to it." He paused, then went on, "In any case, the anemia in the child now makes a blood exchange necessary even without the test."

The nurse said, "By the way, Doctor, the baby's umbilical cord has been cut short."

"Yes, thank you, I know." To the intern Domberger explained, "When we know in advance that an exchange transfusion will be necessary, we leave the umbilical cord long at birth. It makes a convenient point of connection. Unfortunately in this case we didn't know, so the cord was cut."

"How will you proceed?" the intern asked.

"I'll use a local anesthetic and cut down just above the umbilical vein." Turning back to the nurse, Domberger asked, "Is the blood being warmed?"

She nodded. "Yes, Doctor."

Domberger told the intern, "The new blood must be close to body temperature. Otherwise it increases the danger of shock."

Domberger felt that he was talking as much for his own benefit as for the instruction of the intern. Talking at least prevented him from thinking too deeply, and for the moment Charles Domberger wanted to avoid deep thinking. Since he had left Pearson after the confrontation in the lab, he had been blaming himself too. The fact that, technically, he himself was not to blame for what had happened seemed unimportant. It was his patient who was in danger, his patient that might die because of the worst kind of medical negligence, and the greatest responsibility was his alone.

Suddenly Domberger had a feeling of dizziness; there was pulsating in his head, the room was swirling. Momentarily he closed his eyes, then opened them. It was all right; things were back in focus, the dizziness almost gone. But when he looked down at his hands he saw that they were shaking. He tried to control the movement and failed.

The incubator with the Alexander baby was being wheeled in. At the same moment the intern asked, "Dr. Domberger - are you all right?"

He wanted to answer "yes." Perhaps he could go on, and then, even at this late moment, by his skill and judgment he could save this child, and ease his conscience a little.

Then, in the same moment, he remembered all that he had said and believed over the years - about old men holding on to power too long; the decision that when his own time came he would know it and retire. He thought of these things, then looked down at his shaking hands.

"No," he said, "I don't think I am all right." He paused, and feeling a deep emotion, which made it hard to control his voice, he asked, "Will someone please call Dr. O'Donnell? Tell him I'm unable to go on. I'd like him to take over."

At that moment, in fact and in heart, Dr. Charles Domberger retired from the practice of medicine.

In Pathology Dr. Pearson got a call from the university lab. Immediately, he called the Obstetrics and said, "The blood test on the Alexander baby is positive. The child has erythroblastosis."

Pearson replaced the phone. Then he looked up. David Coleman was looking at him silently.

Dr. Kent O'Donnell was going to Neurology. He had arranged a consultation there to discuss a partial paralysis condition in one of his own patients.

It was O'Donnell's first day back at Three Counties after his return from New York the evening before. He still felt fresh from his trip; a change of scene, he told himself, was what every physician needed now and then. Sometimes the daily contact with medicine and sickness could become a depressive. A change was also stimulating for broadening the mind. More and more since his New York meeting with Denise, the question of ending his own time at Three Counties, and of leaving Burlington forever, had kept coming back, and each time the arguments in favor of a move had seemed more convincing. He knew, of course, that he was strongly motivated by his feelings for Denise and that until their latest meeting he hadn't thought of

leaving Burlington. But he asked himself: was there anything wrong if an individual thought about personal happiness? It was not as if he would be quitting medicine; he would merely be changing his place of work. After all, any man's life was the sum of all its parts; without love, the rest of him might wither and be useless. With love, he could be a better man because his life was whole. Again, he thought of Denise with a rising sense of excitement.

"Dr. O'Donnell. Dr. O'Donnell."

The sound of his own name on the hospital public address system brought him back to reality. He went to a telephone, and a moment later, he was given Dornberger's message. At once, he changed direction and went to the elevators, which would take him to the fourth floor and Obstetrics.

While Kent O'Donnell scrubbed, Dornberger described what had happened in the case and his own reason for calling in the chief of surgery. Dornberger told him about the scene in the pathology lab accurately and without emotion. O'Donnell's expression was growing grimmer and grimmer. His cheerful mood was gone now, killed by what he had learned, by the knowledge that negligence and ignorance - for which, in a very real sense, he himself was responsible - might cause the death of a patient in this hospital. He thought bitterly: There was plenty of reason to fire Joe Pearson. But no! I was playing politics, telling myself that I was behaving reasonably, while all the time I was failing medicine. He took a sterile towel and dried his hands, then put them into gloves, which a nurse held out. "All right," he told Dornberger. "Let's start."

The tiny, frail Alexander baby had been taken from its incubator and placed on the warm operating table. Now the assisting nurse and the intern were securing the infant in place. O'Donnell noticed that the baby lay very still, making only the slightest of reactions to what was being done. In a child so small, it was not a hopeful sign.

The nurse unfolded a sterile sheet and draped it over the infant, leaving open only the head and navel, the area still in process of healing where the umbilical cord had been cut off at birth. A local anesthetic had already been administered. O'Donnell began to prepare the operative area.



A few minutes ago, two student nurses had entered the room and now, following a habit of instruction, O'Donnell began to describe procedure as he worked.

"First we remove some blood from the child, then replace it with an equivalent amount of donor blood. After that we do the same thing again and keep doing it until most of the original, unhealthy blood is gone."

The assisting nurse was inverting a pint bottle of blood on a stand above the table. O'Donnell said, "The blood bank has already checked that the patient's blood is compatible with that of the donor. We must also replace exactly the amount of blood we remove."

"Temperature ninety-six," the assisting nurse announced.

O'Donnell said, "Knife, please," and held out his hand.

Using the knife gently, he cut off the dry portion of the umbilical vein, exposing moist tissue. He put down the knife and said softly, "Hemostat."

O'Donnell was doing everything very gently. Working with a child this small was like working with a tiny doll. What were the chances of success, O'Donnell thought - of the child's survival. As this procedure was days late, the hope of success had been lessened very much. He glanced at the child's face. Strangely, it was not an ugly face, as the faces of premature children so often were; it was even a little handsome, with a firm jaw line and a hint of latent strength. For a moment, uncharacteristically allowing his mind to wander, he thought: What a shame this all is - to be born with so much against you.

O'Donnell took a plastic catheter with a needle, through which the blood would be drawn off and replaced, and with great gentleness eased the needle into the umbilical vein. He said, "Check the venous pressure, please."

As he held the catheter vertical, the nurse used a ruler to measure the height of the column of blood. She announced, "Sixty millimeters." The intern wrote it down.

A second plastic tube led to the bottle of blood above them; a third ran to one of the two basins at the foot of the table. Bringing the three tubes together, O'Donnell connected them to a twenty-milliliter syringe with a three-way stopcock at one end. He turned one of the stopcocks through ninety degrees. "Now," he said, "we'll begin withdrawing blood."

This was always a critical moment in an exchange transfusion; if the blood failed to flow freely it would be necessary to remove the catheter and begin the early preparation all over again. The blood began to flow, filling the catheter tube and entering the syringe.

O'Donnell said, "You'll notice that I'm suctioning very slowly and carefully. We'll also remove very little at any one time in this case - because of the smallness of the infant. Normally, with a term baby, we would probably take twenty milliliters at once, but in this instance I shall take only ten, so as to avoid too much fluctuation of the venous pressure."

On his score sheet the intern wrote, "10 ml. out."

O'Donnell turned one of the stopcocks on the syringe again, then pressed hard on the plunger. As he did, the blood withdrawn from the child went into one of the metal basins.

Turning the stopcock again, he withdrew donor blood into the syringe, then, tenderly and slowly, injected it into the child.

On his score sheet the intern wrote, "10 ml. in."

Carefully O'Donnell went on. Each withdrawal and replacement, done gradually and carefully, took five full minutes. The wish to hurry, particularly in a critical case like this, was strong, but O'Donnell knew that speed was dangerous now. The little body on the table had small resistance already; any effect of shock could be immediate and fatal.

Then, twenty-five minutes after they had started, the baby stirred and cried.

It was a weak protest that ended almost as soon as it began. But it was a signal of life, and the eyes above the masks of everybody in the room were smiling, and somehow hope seemed a little bit closer.

Though O'Donnell knew that it was early to make any conclusions, he said to Dornberger, "Sounds like he's mad at us. Could be a good sign."

Dornberger too had reacted. "A little calcium gluconate, do you think?"

"Yes." O'Donnell injected one cc of calcium gluconate.

O'Donnell began to think that perhaps, after everything, this baby would survive. He had learned long ago that nothing was impossible, that in medicine the unexpected was just as often on your side as against you.

"All right," he said, "let's go on."

He withdrew ten milliliters, then replaced it. He withdrew another ten and replaced that. Then another ten - in and out. And another.

Then, fifty minutes after they had begun, the nurse announced quietly, "The patient's temperature is falling, Doctor. It's ninety-four point three."

He said quickly, "Check the venous pressure."

It was thirty-five - much too low.

"He's not breathing well," the intern said. "Color isn't good."

O'Donnell told him, "Check the pulse." To the nurse he said, "Oxygen."

She took a rubber mask and held it over the infant's face.

"Pulse very slow," the intern said.

The nurse said, "Temperature's down to ninety-three."

The intern was listening with a stethoscope. He looked up. Then, a moment later, "He's stopped breathing."

O'Donnell took the stethoscope and listened. He could hear a heartbeat, but it was very weak. He said at once, "Coramine - one cc."

As the intern turned from the table, O'Donnell took off the covering sheets and began artificial respiration. In a moment, the intern was back. In his hand was a hypodermic.

"Straight in the heart," O'Donnell said. "It's our only chance."

In the pathology office, Dr. Coleman and Dr. Pearson were waiting. They had done some surgical reports, but the work had gone slowly; both men knew that their thoughts were elsewhere. Now nearly an hour had gone by and there was still no word.

Fifteen minutes ago, Coleman had got up and said, "Perhaps I should see if there's anything in the lab..."

The old man had looked at him, his eyes doglike, and asked, "Would you mind staying?"

Surprised, Coleman had answered, "No; not if you wish," and after that they had gone back to their task of time filling.

For David Coleman, too, the waiting was hard. He was almost as tense as Pearson. He took no satisfaction from the fact that he had been right and Pearson wrong about the blood test. All he wanted, desperately now, was that the child lived. He had liked John Alexander right from the beginning at Three Counties; then later, when he had met his wife, the knowledge that all three of them had had their origins in the same small town caused a feeling of kinship, unspoken but real.

The waiting was becoming harder with every passing minute. He tried to kill the time by thinking of some problem. That always helped. He decided to concentrate on some of the aspects of the Alexander case. Point one, he thought: The fact that the baby's Coombs test now shows positive

means that the mother has Rh-sensitized blood also. The question is: how this has happened.

The mother, Elizabeth Alexander, could, of course, have become sensitized during her first pregnancy. But the effect of Rh sensitization during a second pregnancy was more probable.

It was possible, of course, that Elizabeth had been given a transfusion of Rh-positive blood at some time or other. He concentrated. His mind registered: Transfusions! The accident at New Richmond! The railroad crossing at which Elizabeth's father had been killed, where she herself had been injured but had survived.

Once more Coleman concentrated. He remembered John Alexander's words: Elizabeth almost died. But they gave her blood transfusions and she survived.

It could never be proved, of course, not after all this time; but he thought: that was how it happened. He thought:

Existence of the Rh factor only became known to medicine in the 1940s; after that, it took another ten years before Rh testing was generally adopted by all hospitals and doctors. But there were many places where blood transfusions were given without an Rh test; New Richmond was probably among those places. The accident with Elizabeth was in 1949; his father had told him about it afterward.

His father! A new thought came to him: his own father - Dr. Byron Coleman - had taken care of the Alexander family, had ordered the transfusions for Elizabeth Alexander. If she had had several transfusions, they would have come from more than one donor; at least some of the blood could have been Rh positive. That was when Elizabeth had become sensitized; he was sure of it now. And at that time her own blood would start building antibodies - antibodies sleeping and unsuspected until, nine years later, they rose in anger to destroy her child.

Naturally, David Coleman's father could not be blamed, even if the hypothesis were true. He used the medical standards of his day. It's true that

at that time the Rh factor was known and in some places Rh test was already done. But a busy country G.P. I couldn't know everything that was new. Or could he? Some physicians of that time - including G.P.'s - were informed about the new horizons opened up by modern blood grouping. They had acted quickly and adopted the latest standards. But possibly, David Coleman thought, these were younger men. His father at that time was growing old; he worked too hard and long; he hadn't much time for reading. But was that an adequate excuse? Was it an excuse that he himself - David Coleman - would accept from others? Or was there perhaps a double standard - a more tolerant judgment when it was about your own father, who was dead? The thought worried him. It gave him an uneasy feeling of doubt, of not being absolutely sure... of anything at all.

Pearson was looking across at him. He asked, "How long is it now?"

Coleman checked his watch, then answered, "Just over an hour."

"I'm going to call them." Pearson said and started to dial the Obstetrics number. Then he stopped. "No," he said, "I'd better not."

In the serology lab John Alexander, too, was watching the time. An hour ago, he had come back from visiting Elizabeth, and since then he had tried to work. But his mind was far from what he was doing and he had stopped not wishing to risk mistakes. Now, taking up a test tube, he prepared to begin again, but Bannister came over and took it from him.

The older technician said kindly, "I'll do that. Go on, kid; leave it to me. Why don't you go up with your wife?"

Alexander said, "Thanks, but I think I'll stay. Dr. Coleman said that as soon as he heard... he'd come and tell me." Alexander's eyes turned to the wall clock again. "They can't be much longer now."

Elizabeth Alexander was in her hospital room alone. She was lying still, her eyes open, when Nurse Wilding came in. Elizabeth asked, "Is there any news?"

The elderly, gray-haired nurse shook her head. "I'll tell you just as soon as we hear." Putting down the glass of orange juice she had brought, she said, "I can stay with you for a few minutes if you like."

"Yes, please." Elizabeth smiled, and the nurse pulled a chair near the bed and sat down. Wilding was glad to give her feet some rest; just lately they had been giving her a good deal of pain, and she suspected she would probably stop working soon, whether she wanted to or not. Well, she had a feeling she was pretty close to being ready to go.

But Wilding wished that she could do something for these two young people. She had liked them from the beginning; to her the two of them - husband and wife - seemed almost children. She asked Elizabeth, "What were you thinking about - when I came in just then?"

"I was thinking about children playing on green grass in afternoon sunshine." Elizabeth's voice had a dreamlike quality. "It was like that in Indiana when I was a little girl - in the summers. Even then I thought that someday I would have children and that I would sit beside them while they rolled on the grass in the sunshine, just as I had."

"It's a funny thing about children," Wilding said. "Sometimes everything is so different from what you wanted. I had a son, you know. He's a man now."

"No," Elizabeth said, "I didn't know."

"Don't misunderstand me," Wilding said. "He's a fine man - a naval officer. He got married a month or two ago; I had a letter from him telling me."

Elizabeth thought what a mother would feel to raise a son and then have a letter, telling about his getting married.

"I never felt we knew one another very well," Wilding was saying. "I'm afraid that was my fault in a way - getting divorced and never giving him a real home."

"But you'll go and see him sometimes?" Elizabeth said. "And there'll be grandchildren, I expect."

"I've thought a lot about that," Wilding said. "I've thought it would be fun. You know - having grandchildren, living somewhere near, then going in the evenings to baby-sit, and all the rest."

Elizabeth asked, "But won't you - now?"

Wilding shook her head. "I have a feeling that when I go it'll be like visiting strangers. And it won't be often. You see, my son is stationed in Hawaii; they left last week." She added after a pause, "He was going to come and bring his wife. Then something happened at the last minute, so they couldn't come."

There was a silence, then Wilding got up to go and said, "Drink your juice, Mrs. Alexander. I'll come and tell you - just as soon as we hear anything at all."

Five minutes had passed since artificial respiration had begun, and still there was no reaction from the tiny body under

Kent O'Donnell's hands. Gently, once more, he squeezed and relaxed, trying to bring the tired, tiny lungs back into life.

O'Donnell knew, if this baby died, it would mean that Three Counties - his hospital - had failed awfully in its most basic function: to give proper care to the sick and the weak. This child had not had proper care; it had been given the poorest care when it needed the best, and negligence had been to blame. He wanted this child to live. He was trying to pass his wish through his fingertips to the weakening heart lying beneath them. You needed us and we failed you. But please let us try - again, together. Sometimes we do better than this; don't judge us for always by just one failure. There's ignorance in this world, and prejudice and blindness - we've shown you that already. But there are other things, too; good, warm things in life. So breathe! It's such a simple thing, but so important. O'Donnell's hands moved back and forth... compressing... releasing... compressing... releasing... compressing...



Another five minutes had passed and the intern was using his stethoscope, listening carefully. Now he straightened up. He caught O'Donnell's eye and shook his head. O'Donnell stopped; he knew it was useless to go on.

Turning to Dornberger, he said quietly, "I'm afraid he's gone."

Their eyes met, and both men knew that their feelings were the same.

O'Donnell was mad with anger. He threw the mask, the cap, and the rubber gloves to the floor.

All eyes were upon him. His lips in a thin, grim line, he told Dornberger, "All right. Let's go." To the intern he said, "If anyone asks for me, I'll be with Dr. Pearson."

## CHAPTER TWENTY-ONE

When the telephone rang in the pathology office, Pearson couldn't make himself answer it. He said to Coleman, "You take it."

Coleman listened, expressionless, then said, "Thank you," and hung up.

His eyes met Pearson's. He said quietly, "The baby just died."

The other man said nothing. His eyes closed. His body was motionless, he seemed aged and defeated.

Coleman said softly, "I think I'll go to the lab. Someone should talk with John."

There was no answer. As Coleman left the pathology office, Pearson was still sitting, silent and unmoving, his eyes unseeing, his thoughts known only to himself.

Carl Bannister had gone out of the lab when David Coleman came in. John Alexander was there alone. There was a silence, then Alexander asked softly, "It's... over?" Without answering, Coleman put his hand on the other's shoulder.

His voice low, Alexander said, "He died, didn't he?"

"Yes, John," Coleman said gently, "he died. I'm sorry."

He withdrew his hand as Alexander turned slowly. Tears were in his eyes. The younger man said, softly but intensely, "Why, Dr. Coleman? Why?"

Coleman was trying to find words. "Your baby was premature, \* John. His chances were not good - even if... the other... hadn't happened."

Looking him directly in the eyes, Alexander said, "But he might have lived."

This was a moment of truth in which evasion had no place. "Yes," Coleman said. "He might have lived."

John Alexander had risen to his feet. "How could it happen... in a hospital... with doctors?"

"John," Coleman said, "at this moment I haven't any answer for you." He added softly, "At this moment I haven't any answer for myself."

Alexander said quietly, "Thank you for coming to tell me.

I think I'll go to Elizabeth now."

Kent O'Donnell was silent while he walked through the hospital with Dr. Dornberger. He blamed himself for his inaction about Joe Pearson and the pathology department of Three Counties. God knows, he thought, there had been a lot of danger signs: Rufus and Reubens had warned him, and he himself had seen that Pearson was getting too old, that his responsibilities were growing beyond him in the busy hospital. But no! He had looked the other way, pretended that all was well, when experience and instinct had told him that it was not at all well. And where had he been all this time, the great man of medicine? Busy with hospital politics; hoping that by inaction, by leaving Swayne's friend Joe Pearson head of Pathology, the old tycoon would give money for the new hospital buildings - O'Donnell's dream of empire, with himself as king. Well, the hospital might get the money now, and again it might not. But whether it did or didn't, one price, at least, had already been paid. He thought: You'll find the receipt upstairs - a small dead body in an O.R. on the fourth floor. Then, as they came to Pearson's door, his anger lessened and sorrow took its place. He knocked, and Dornberger followed him in.

Joe Pearson was still sitting, exactly as Coleman had left him.

Dornberger spoke first. He spoke quietly, without antagonism. He said, "The baby died, Joe. I think you heard."

Pearson said slowly, "Yes. I heard."

"I've told Dr. O'Donnell everything that happened, Dornberger said. "I'm sorry, Joe. There wasn't much else I could do."

Pearson made a small, helpless gesture with his hands. There was nothing of his old aggressiveness. He said expressionlessly, "It's all right."

O'Donnell asked quietly, "Is there anything you want to say, Joe?"

Twice, slowly, Pearson shook his head.

"Joe, if it were just this one thing..." O'Donnell was trying to find the right words, knowing they did not exist. "We all make mistakes. Maybe I could..." This was not what he had wanted to say. He went on more firmly. "But it's a long list. Joe, if I have to bring this before the medical board, I think you know how they'll feel. You could make it less painful for yourself, and for all of us, if your resignation were in the administrator's office by ten o'clock tomorrow morning."

Pearson looked at O'Donnell. "Ten o'clock," he said. "You shall have it."

There was a pause. O'Donnell turned away, then back. "Joe," he said, "I'm sorry. But I think you know, I don't have any choice."

"Yeah." The word was a whisper as Pearson nodded.

"Of course, you'll be eligible for pension. It's only fair after thirty-two years."

For the first time since they had come in Pearson's expression changed. He looked at O'Donnell with a slight, sardonic smile. "Thanks."

Thirty-two years! O'Donnell thought: My God! It was most of any man's working life. He wanted to say something more: to try to make it easier for them all; to find phrases in which to speak of the good things, which Joe Pearson had done - there must be many of them. He was still trying to find the words when Harry Tomaselli came in.

The administrator said quickly, "Kent, I'm glad you're here."

Before O'Donnell could speak, Tomaselli had turned to Pearson. "Joe," he said, "can you come to my office immediately? There's an emergency staff meeting in an hour. I'd like to talk with you first."

O'Donnell asked, "An emergency meeting? What for?"

Tomaselli turned. His expression was serious. "Typhoid has been discovered in the hospital," he announced. "Dr. Chandler has reported two cases, and there are four more suspected. We've an epidemic on our hands and we have to find the source."

As Elizabeth looked up the door opened and John came in. He closed the door, then stood for a moment with his back against it.

Nothing was said, only with their eyes - grief, entreaty, and love.

She held out her arms and he came into them.

"Johnny! Johnny, darling." It was all she could whisper before she began to cry softly.

After a while he said, "Elizabeth, honey, if you're still willing, there's something I'd like to do."

"Whatever it is," she answered, "it's 'yes.'"

"You always wanted it," he said. "Now I want it too. I'll write for the papers tomorrow. I'm going to try for medical school."

"But it's ridiculous," Mike Seddons said angrily. "It's absurd; it isn't necessary, and I won't do it."

"For my sake, darling. Please!" From the bed, Vivian turned her face toward him.

"But it isn't for your sake, Vivian. It's just a stupid idea that you have got out of a stupid sentimental novel."

"Mike darling, I love you so much when you get mad. It goes with your beautiful red hair." She smiled. "Promise me something."

"What?" He was still angry.

"Promise me that when we're married sometimes you'll get mad - really mad - so we can have fights, then afterward enjoy the fun of making peace."

He said angrily, "That's just as foolish a suggestion as the other one. And anyway, what's the point of talking about getting married when you say that I should stay away from you?"

"Only for a week, Mike dear. Just one week; that's all."

"No!"

"Listen to me, darling." She insisted, "Please come and sit down. And listen to me - please!"

He hesitated, then returned to the chair at the side of the bed. Vivian smiled and held out her hand. He took it gently; his anger passed. But some doubt remained.

It was the fourth day since Vivian had returned from surgery, and her progress had been good. The stump of her thigh was healing well. Psychologically, too, her progress was good. There were still moments of blackness and despair; they came to her when she was alone. But mostly she rose above those moods, using her inward strength.

Lucy Grainger saw this and was grateful; it made easier her own task of supervising the healing process. Nonetheless, Lucy knew that for Vivian the real test of her emotions and spirit lay somewhere still ahead. After the initial shock had passed, when Vivian had realized the real meaning of events for her future. Perhaps the moment might not come for six months or even a year; but sooner or later it would, and Lucy knew that at that time Vivian would pass through the deep darkness of despair to some permanent

attitude. But that was for the future; for the present the short-term prognosis seemed reasonably bright.

Lucy knew, of course - and was sure that Vivian knew it too - that the possibility remained that the osteogenic sarcoma which Dr. Pearson had diagnosed might have metastasized before the amputation, spreading its malignancy elsewhere in Vivian's body. In that case there would be little more than Three Counties Hospital or medicine generally, could do for Vivian beyond temporary, palliative relief. But later would be time enough to learn if that were true. For the patient's sake, it seemed best and wisest at this moment to think that there was an active future for Vivian and to help her adapt to it.

Today, also, Vivian's beginning of recovery was reflected in her appearance. For the first time since her return from surgery, she had put on make-up, bringing color to her face. Earlier her mother had come in to help arrange her hair, and now much of her youthful loveliness was back.

Now, as Mike took her hand, she said, "Don't you understand, darling, I want to be sure - sure for my own sake as much as for yours."

"But sure of what?" On Mike Seddons' cheeks, there were two spots of high color.

She said quietly, "Sure that you really love me."

"Of course I love you." He asked with a strong feeling, "Haven't I been telling you that for the past half-hour? Haven't I said that I want to marry you - as we arranged to before" - he hesitated - "before this happened? Even your mother and father are in favor of it. They've accepted me; why can't you?"

"Oh, but I do accept you, Mike. Gratefully and gladly. Whatever happens between us, I don't believe there could ever be anything quite the same again; at any rate" - for a moment she hesitated - "not for me."

"Then why...?"

She asked again, "Please, Mike. Hear me out. You said you would."

Impatiently he said, "Go on."

"Whatever you may say, Mike, I'm not the same girl you met that first time we saw each other. I can't be, ever again." She went on softly, intensely, "That's why I have to be sure - sure that you love me for what I am and not for what I was. Don't you see, darling, if we're going to spend the rest of our lives together, I couldn't bear to think - not later on, not ever - that you married me... out of pity. No, don't stop me; just listen. I know you think it isn't true, and perhaps it isn't; and I hope it isn't - with all my heart. But, Mike, you're kind and generous, and you might even be doing this - out of pity - without knowing it yourself."

He said sharply, "Are you suggesting I don't know my own motives?"

Vivian answered softly, "Do any of us really know?"

"I know mine." He took her hands gently. "I know that I love you - whole or in part, yesterday, today, or tomorrow. And I know that I want to marry you - without doubts, without pity, without waiting one day longer than we have to."

"Then do this one thing for me - because you love me. Go away from me now, and even though you're in the hospital, don't come back to see me for one week - seven whole days." Vivian looked at him seriously. She went on quietly, "In that time think of everything - of me, what our life would be like together; how it would be for you - living with a cripple; the things we couldn't share and those we could; our children - how it would affect them, and through them, you; everything, Mike - everything there is. Then when you've done that, come back and tell me, and if you're still sure, I promise that I'll never question you again. It's just seven days, darling - seven days out of both our lives. It isn't very much."

"Goddam," he said, "you're obstinate."

"I know." She smiled. "You'll do it then?"



"I'll do it for four days - no more."

Vivian shook her head. "Six - no less."

"Make it five," he said, "and you've got a deal."

She hesitated and Mike said, "It's positively my best offer." Vivian laughed; it was the first time she had. "All right. Five days from this moment."

"Like hell from this moment!" Mike said. "Maybe ten minutes from now. First, I've got a little storing up to do. For a young fellow with my hot blood five days is a long time."

He moved the bedside chair closer. It was a long kiss, passionate and tender.

The hospital's boardroom was crowded. News of the emergency meeting had gone quickly around the hospital. News of Joe Pearson's downfall had also traveled with equal speed and had been the subject of discussion, which had quieted as Pearson entered, the administrator and David Coleman with him.

Kent O'Donnell, looking around, could see most of the familiar faces. Absent from the meeting was the familiar figure of Charlie Dornberger, who had already made known his decision to retire immediately. Looking toward the door, O'Donnell saw Lucy Grainger; she caught his eye and smiled slightly. That reminded him of his personal decision about his own future, which, when all this was settled and done, he had still to make. Then suddenly he realized that since this morning he had not thought of Denise at all. And he knew that for the next day or two he wouldn't have time to think about her. Would Denise be understanding about taking second place to medical affairs? As understanding, say, as Lucy would be? He felt somehow uncomfortable at the thought, as if by the mental comparison he had been disloyal. For the moment, he preferred to think of present things. Now, he decided, it was time to begin the meeting.

O'Donnell began quietly. "Ladies and gentlemen, I think all of us know that epidemics in hospitals are not unique and, in (act, are a good deal more frequent than most members of the public realize. In a way, I think, it might be said that epidemics are a hazard of our existence. Inside these walls there are so many diseases that it's surprising, really, there are not more epidemics." All eyes in the room were upon him. He paused a moment, then continued. "I have no wish to minimize what has happened, but we must keep a sense of proportion. Dr. Chandler, perhaps you'd be kind enough to give us the details."

As O'Donnell sat down the chief of medicine rose to his feet.

"To begin with, let's summarize." Harvey Chandler was holding his page of notes, and his glance moved theatrically around the room. Harvey's enjoying this, O'Donnell thought; but then he always enjoys attention. The medical chieftain went on, "The picture so far is that we have two definite cases of typhoid and four suspected. All of the cases are hospital employees, and we may count ourselves fortunate that no patients are affected - yet. Because of the number of cases, I'm sure it's evident to you, as it is to me, that we have a typhoid carrier somewhere in the hospital. I'm shocked to learn that examination of food handlers here hasn't been done for..."

At the mention of food handlers O'Donnell interrupted the speaker quietly and politely.

"Excuse me, Doctor."

"Yes?" Chandler sounded not very pleased with the interruption.

Gently O'Donnell said, "We're going to discuss that situation a bit later, Harvey. For the moment, would you tell us about the clinical aspects, please."

After a short pause Chandler went on, "I'll run over the main early-stage symptoms. There's a rising fever, chills, and a slow pulse. There's also a low blood count and, naturally, there's dull headache, no appetite, and general aching. Some patients may say they're drowsy in the daytime and

that they're restless at night. Bronchitis is quite common with typhoid, and there may be nosebleed too. And, of course, a tender, swollen spleen."

The chief of medicine sat down. O'Donnell asked, "Any questions?"

Lucy Grainger asked, "Are typhoid shots being arranged?"

"Yes," Chandler said, "for all employees and staff, also patients who are well enough to have them."

"What about kitchen arrangements?" The question was from Bill Rufus.

O'Donnell said, "We'll turn to this soon, but at the moment we'll listen to Pathology. Please, Dr. Pearson."

All eyes turned curiously to where, halfway down the long table, Joe Pearson sat. Since entering he had not spoken but had remained quite still, his eyes were fixed directly ahead. For once, he had no cigar lighted, and the effect was like the absence of a familiar trademark. Even now, as his name was called, he made no move.

O'Donnell waited. The old pathologist rose to his feet. Looking directly at O'Donnell, Pearson said, "This epidemic would not have happened if Pathology had been on guard against a breakdown in hygiene protection. As head of department I am responsible for this neglect."

Again a silence. It was as if history had been made. In this room, so many times Joe Pearson had blamed others for error and misjudgment. Now he stood himself - accuser and accused.

Pearson looked around him. Then he said slowly, "Having allocated some of the blame, we must now prevent the epidemic going further." He looked across the table at Harry Tomaselli. "The administrator, the heads of departments, and I have formulated certain procedures which must be carried out at once. I will tell you what they are."

Now Pearson paused, and when he continued there was a stronger note to his voice. It was almost, O'Donnell thought, as if in this single moment the old man were throwing off some of his years, showing what he had been like long ago as a younger practitioner - intense, earnest, and competent.

"The immediate problem," Pearson said, "is to locate the source of infection. Because of the failure to check food handlers properly over the past six months, it is logical that we should suspect food as a means of contamination and should begin our search there. For this reason there must be a medical inspection of all food handlers before the next hospital meal is served." He placed his watch on the table. "The time is now 2:15 P.M. That gives us two and three-quarter hours. In that time every employee who has any part in the preparation and serving of hospital food is to be given a thorough physical check. That means that we must examine ninety-five people within the time we have."

"When you make these examinations, by the way, remember that the typhoid carrier probably has none of the symptoms Dr. Chandler described. What you should look for particularly is any lack of personal cleanliness. And anyone you have doubts about should be suspended from duty for the time being."

Pearson stopped as if thinking. Then he went on again. "Of course, we understand that physical checkups will not give us the whole story. We may be lucky and find the individual we're looking for. But most likely the main work will come in the labs as soon as the medicals are finished. All the people you examine are to be told that stool cultures are required and stool samples must be in the hospital by tomorrow morning." There was the ghost of a smile. "Constipation will not be taken as an excuse; and if anyone can come through with a sample today we will, of course, accept it gratefully.

"The labs are being prepared now to work with all the cultures. Of course, it will take us a few days - two or three at least - to check all those stool samples."

With that, he sat down.

Lucy asked, "If the source of infection is not found immediately, will we continue to use the hospital kitchens - to serve food here?"

"For the moment - yes," O'Donnell answered.

The administrator added, "My office is checking now to see if there's any outside caterer who could help us with food supply."

Bill Rufus asked, "What's our policy to be on admissions?"

"I'm sorry," O'Donnell said. "I should have mentioned that. We've stopped admissions now. The admitting department has already been informed. But, of course, we're hoping that pathology can find the source of infection quickly, and then we'll review our admissions policy again. Anything else?"

There were no more questions. Looking down the table, O'Donnell asked, "Dr. Coleman, do you have anything to add?"

David Coleman shook his head. "No."

O'Donnell said, "Very well, ladies and gentlemen, I suggest we get started." Then he asked Pearson, "Joe, could I have a word with you?"

Together they crossed to a window, away from the others who were going out through the door. O'Donnell said quietly, "Joe, naturally you'll remain in charge of Pathology during this epidemic. But I think I must make clear to you that nothing has changed about other things."

Pearson nodded slowly. "Yes," he said, "I'd already understood that."

## CHAPTER TWENTY-TWO

Dr. Joseph Pearson looked around the pathology lab. With him were David Coleman, the pathology resident Dr. McNeil, Carl Bannister, and John Alexander. Pearson, Coleman, and McNeil had come directly from the emergency staff meeting in the boardroom. The other two, acting on earlier instructions, had cleared the lab of all except immediate, essential work.

When Pearson had completed his inspection, he addressed the other four. "Our problem," he announced, "is one of detection. Among ninety-five people - the food handlers - we must find one individual who is spreading typhoid germs within this hospital. It is also a problem of speed; the longer we take, the worse the epidemic will be. Our means of detection will be the stool specimens which will start coming in today, and the majority will come tomorrow."

He addressed Roger McNeil. "Dr. McNeil, your job for the next few days will be to keep the lab clear of non-essential work. Check all routine requisitions coming in and decide how many of them should have priority and which can be postponed, at least for a day or two. The lab items which in your opinion are urgent can be handled by Carl Bannister. Work with him as much as you can, but don't give him more work is essential; the rest of the time we'll use him on our major project." Pearson continued as McNeil nodded. "You yourself will have to take care of all surgical reports. Do those, which are urgent and accumulate anything that can wait. If there's any diagnosis about which you're not absolutely sure, call Dr. Coleman or myself."

"Right. I'll check with the office now." McNeil went out.

To the others Pearson said, "We shall use a separate plate for each single stool culture. I don't want to take the risk of putting several cultures together. If one overgrows the others, we'll lose time and have to start again." He told Alexander to make sure that they had all the plates ready for use by the end of the day.

"I'll get started." Alexander followed McNeil out.

Turning to Bannister, Pearson told him to order all the necessary materials from the supply house.

Hastily Bannister went to the telephone.

Turning to David Coleman, Pearson asked, "Can you think of anything I've forgotten?"

Coleman shook his head. The old man's speed of action and thoroughness had left Coleman both surprised and impressed. "No," he said, "I can't think of a thing."

Pearson said, "In that case, let's go and have coffee. It may be the last chance we'll have for quite a few days."

The physical checkups on food handlers were going quickly. Dr. Harvey Chandler, the chief of medicine, was concluding his examination of one of the male cooks. "All right," he said, "you may get dressed. Remember to be especially careful about hygiene. And practice absolute cleanliness when you're working in the kitchen."

"Yes, Doctor."

As the man went out Kent O'Donnell came in. "Hi," he said. "How's it going?"

Chandler answered, "I lost count some time ago. I think we'll finish soon. But there's nothing to show so far."

"What's the news of the typhoid patients?" O'Donnell asked. "And the four suspected cases?"

"You can make it four definite now," Chandler said.

"Anyone in danger?"

"I don't think so. Thank God for antibiotics! Fifteen years ago we'd have been in a lot more trouble than we are."

"Yes, I suppose so." O'Donnell didn't ask him about isolation procedure. Though he was rather pompous, Chandler always did the correct thing medically.

"Two of the patients are nurses," Chandler said. "One's from Psychiatry, the other from Urology. The other two are men - a generator-room worker and a clerk from the records office."

"All from widely separated parts of the hospital," O'Donnell said thoughtfully.

"Exactly! All four took their meals in the hospital cafeteria. I don't think there's any question that we're on the right track."

"Then I won't hold you up," O'Donnell said. "You've two more people waiting outside."

Walking through the hospital, Kent O'Donnell permitted himself to think, for the first time with any degree of perspective, of some of the day's events so far. It was now midafternoon, and since this morning so much had happened that, it had been Impossible to grasp the meaning of it all.

In swift and unexpected succession had come, first, the incident of the mis-diagnosed child and, shortly afterward, its death. Then there had followed: Pearson's firing, Charlie Dornberger's retirement, the discovery that an elementary hygiene protection had been neglected in the hospital for more than six months, and now the typhoid, which threatened an even graver epidemic.

So much had gone wrong at once. Why? How had it happened? Was there more to come perhaps? Was this the signal of a general disintegration soon to follow? Had they all been guilty of a sense of self-satisfaction - of which O'Donnell himself might be the initiator?



He thought: We were all sure, so sure, that this regime was better than the last. We worked to make it so. We believed we were creating and progressing, building a temple of healing, a place where good medicine would be learned and practiced. But have we failed through the very goodness of our own wishes? Have we been stupid and unseeing - our eyes on the cloud tops, ignoring the warning of everyday events? What have we built here? Is it, in truth, a place of healing? Or have we raised an empty, antiseptic shrine?

More practically, he thought: After today, there must be many changes. There must be greater self-criticism, more self-examination.

There was much to do, a great deal of work ahead. They would begin with Pathology - the weak spot where trouble had begun. After that there must be reorganization elsewhere - there were several departments which were in need of it. It was definite now that work on the new buildings would begin in the spring, and the two programs could go together. O'Donnell began to plan. His brain was functioning fast.

The telephone rang sharply.

The operator announced, "Dr. O'Donnell, long distance is calling."

It was Denise. Her voice had the same soft huskiness that had attracted him before. When they had exchanged greetings she said, "Kent darling, come to New York this next weekend. I've invited some people for Friday night and I intend to show you off."

He hesitated only a moment. Then he said, "I'm terribly sorry, Denise - I won't be able to come."

"But you must come." Her voice was insistent. "I've sent out the invitations and I can't possibly cancel them."

"I'm afraid you don't understand." He tried to find the right words. "We have an epidemic here. I have to stay until it's cleared up, then for a while at least there'll be other things that must be done."

"But you said you'd come, dearest - whenever I called you." There was the slightest hint of childish bad temper. He wished to be with Denise. He was sure then that he could make her understand. Or could he?

He answered, "Unfortunately I didn't know that this would happen."

"But you're in charge of the hospital. Surely, just for a day or two, you can make someone else responsible." It was clear, that Denise didn't want to understand.

He said quietly, "I'm afraid not."

There was a silence at the other end of the line. Then Denise lightly, "I did warn you, Kent - I'm a very possessive person."

He started to say, "Denise dear, please-" then stopped.

"Is that really your final answer?" The voice on the phone was still soft, almost caressing.

"It has to be," he said. "I'm sorry." He added, "I'll call you, Denise - just as soon as I can get away."

"Yes," she said, "do that, Kent. Good-by."

"Good-by," he answered, then thoughtfully replaced the phone.

It was midmorning - the second day of the typhoid epidemic.

As Dr. Pearson had predicted, while a few stool samples had leached the lab yesterday afternoon, the majority had arrived within the past hour.

The samples were put in rows on the center table of the pathology lab. Each was identified as to source, and Pearson, sitting at one end of the table, was adding a lab serial number and preparing report sheets on which the culture results would be recorded later. Then he passed each specimen behind him to where David Coleman and John Alexander, working side by side, were preparing the culture plates.

Bannister, alone at a side table, was working with other orders on the lab, which on McNeil's decision - now seated in the pathology office - could not be delayed.

The lab smelled awfully. The youthful hospital messenger who was Bannister's enemy had got great satisfaction from bringing the specimens in, and he accompanied each new batch with a fresh line of banter. On his first trip he had looked at Bannister and announced, "They certainly found the right place to send this stuff." Later he had told Coleman, "Got six new flavors for you, Doctor." Now, setting a series of cartons in front of Pearson, he had asked, "You like cream and sugar in yours, sir?"

John Alexander and David Coleman were working methodically, all their movements were fast but accurate. Each petri dish, with its culture plate, they carried across the lab to an incubator. There they would remain until the following day when subcultures, if necessary, could be begun.

At one moment, they both were at the incubator. On impulse Alexander told Coleman quietly, conscious of Pearson across the room, "Doctor, there's something I wanted to tell you."

"What is it?" Coleman added a petri dish himself to the incubator and closed the door.

"I... that is, we... have decided to take your advice. I'm going to apply for medical school."

"I'm glad." Coleman spoke with genuine feeling. "I'm sure it will turn out well."

"What will turn out well?" Pearson lifted his head.

Coleman went back to his work position, seated himself, and opened a new specimen. He said matter-of-factly, "John's just told me he's decided to apply for medical school. I advised him some time ago that he should."

"Oh." Pearson looked at Alexander sharply. He asked, "How will you afford it?"

"My wife can work, for one thing, Doctor. And then I thought I might get some lab work out of school hours; a lot of medical students do." Alexander paused, then, glancing at Coleman, he added, "It won't be easy. But we think it will be worth it."

"I see." Pearson had blown out smoke; now he put down his cigar. It seemed that he wanted to say something else, then hesitated. Finally, he asked, "How is your wife?"

Quietly Alexander answered, "She'll be all right. Thank you."

For a moment, there was silence. Then Pearson said slowly, "I wish there was something I could say to you." He paused. "But I don't think words would do very much good."

Alexander met the old man's eyes. "No, Dr. Pearson," he said, "I don't believe they would."

Alone in her hospital room, Vivian had been trying to read a novel which her mother had brought, but her mind would not register the words. She sighed and put the book down. At this moment, she wished desperately that she had not asked Mike to stay away. Her eyes went to the telephone; if she called, he would come, probably within minutes. Did it really matter - this silly idea of hers of a few days' separation so that both of them could think things over? After all, they were in love; wasn't that enough? Should she call? No! She would wait. This was already the second day. The other three would go quickly, then she would have Mike to herself - for good and all.

In the house-staff common room, off duty for half an hour, Mike Seddons layback in one of the deep leather armchairs. He was doing exactly what Vivian had told him - thinking of what it would be like living with a wife who had only one leg.

## CHAPTER TWENTY-THREE

Harry Tomaselli, the administrator at Three Counties Hospital, received a phone call from the City Health Department. Orden Brown, the board chairman, and Kent O'Donnell were in his office too. Tomaselli told them that they were given time until the end of the day. If they didn't locate the typhoid carrier by then, they would have to close the kitchens.

"But do they realize what that means?" O'Donnell had risen to his feet. "Don't they know it will practically have the same effect as closing the hospital."

Tomaselli said quietly, "The public-health people are afraid of an epidemic in the city."

Orden Brown asked, "Is there any news at all from Pathology?"

"No." O'Donnell shook his head. "They're still working. I was in there half an hour ago."

"I can't understand it!" Orden Brown was worried more than ever before. "Four days and ten typhoid cases right here in the hospital - four of them patients - and we still haven't found the source!"

"It's a big job for the lab," O'Donnell said, "and I'm sure they haven't wasted any time."

"No one's blaming anyone," Orden Brown said; "not at this stage anyway. But we must show some results."

"Joe Pearson told me they expect to get all results by midmorning tomorrow. If the typhoid carrier is among the food handlers, they'll have found him by then." O'Donnell turned to Tomaselli. "Can't you persuade the public-health people to wait - at least until midday tomorrow?"

The administrator shook his head negatively. "I tried earlier. But they've given us four days already; they won't wait any longer. The city health officer is coming here at five o'clock. If there's nothing to report by then I'm afraid we'll have to accept their order."

There was a silence, then the administrator asked, "Kent, could you come back here at five - to meet the health officer with me?"

"Yes," O'Donnell said glumly. "I suppose I should be here."

The men in the lab were very tired. For the past four days and three nights, Dr. Joseph Pearson had remained at the hospital, sleeping for only a few hours on a cot, which he had moved into the pathology office. His tiredness showed itself in his slow movements. He had been absent from Pathology only for one period of several hours on the second day. No one had known where he had gone. When he had returned, Pearson hadn't explained his absence, and had continued his supervision of the cultures and subcultures which occupied them still.

Now Pearson asked, "How many have we done?"

Dr. Coleman checked a list. "Eighty-nine," he said. "That leaves another five in incubation which we'll have tomorrow morning."

David Coleman, too, felt an oppressive tiredness. Unlike Pearson, Coleman had slept at his own apartment on each of the three nights, going there from the lab well after midnight and returning to the hospital around six the following morning.

Only on one occasion, Coleman had arrived earlier than John Alexander, and even then just by a few minutes. The other times the young technologist had already been occupied at one of the lab benches, working, his movements accurate and economic. Alexander was so obviously competent that Dr. Pearson, after inspecting his progress for a few minutes, had nodded approval and from that moment had left him entirely alone.

Turning from Coleman to Alexander, Pearson asked now, "What are your figures on the subcultures?"

Reading from notes, Alexander answered, "Of the eighty-nine plates checked, forty-two have been separated for sub culturing, and two hundred and eighty subcultures planted."

Pearson calculated mentally. Half to himself he said, "That means another hundred and ten subcultures still to check, including tomorrow's batch."

The fourth member of the original lab team, Carl Bannister, was temporarily absent. The senior technician had worked through three days and most of the nights, doing routine lab work alone and assisting the others whenever he could. This morning, however, he was so obviously near exhaustion that David Coleman, without consulting Pearson, had ordered him home. Bannister had departed gratefully and without argument.

The preparatory work on the stool samples arriving in the lab had gone on continuously. By the second day, however, those samples, which had been in incubation, were ready for further investigation. Once again, Dr. Pearson had divided his forces in order to keep the work flowing; John Alexander and himself were doing the new stage, while David Coleman continued to prepare the stool samples still coming in.

Now, on the fourth day, all the stool samples were finally in. At the moment there were 280 subcultures in racks around the lab and in incubators. But although on many of them the final checks were complete, none so far had disclosed the individual - the suspected typhoid carrier - whom they had been seeking day and night, anxiously and diligently.

The telephone bell rang and Pearson, nearest to the lab wall phone, answered it. "Yes?" He listened, then said, "No; nothing yet. I keep telling you - I'll call as soon as we find anything." He replaced the instrument.

John Alexander suddenly felt so tired that he had to sit down in a lab chair. He closed his eyes for a moment.

David Coleman said, "Why don't you take an hour or two off, John?"

Alexander got to his feet again. "I'll do one more series," he said, "then I think I will."

Glancing at the lab wall clock, he noted with surprise that another day was running out. The time was ten minutes to five.

Kent O'Donnell replaced the telephone. Answering Harry Tomaselli's unspoken question, he said, "Joe Pearson says there's nothing new."

In the administrator's office, there was a silence. Both men knew that around them, outside the administration office, the work of the hospital was being held up.

Since early afternoon some patients were being discharged to their homes, others, for whom hospital care was still essential, were being transferred to other institutions in and around Burlington. Starting with breakfast tomorrow, one hundred meals for patients on regular diet would be prepared by two local restaurants, and would be delivered to the hospital for seriously ill patients who could not be moved.

An hour ago, knowing that the process of transfer would have to continue far into the night, Harry Tomaselli had given the order to begin evacuation. Now a line of ambulances had begun to assemble outside the emergency entrance. Meanwhile, in the wards and private pavilion, nurses and doctors were moving patients from beds to stretchers and wheel chairs in readiness for their unexpected journey. It was a sad time. For the first time in its forty-year history Three Counties Hospital was turning the sick and the injured away from its doors.

Orden Brown entered the administrator's office and asked, "The city health authorities - have they been here again?"

"Not yet," Tomaselli answered. "We're expecting them now."

Orden Brown said quietly, "Then if you don't mind, I'll wait with you."



After a pause, the board chairman turned to O'Donnell. "Kent, this isn't important now, but I'll tell you while I think of it. I've had a call from Eustace Swayne. When all this is over he would like to talk to you."

O'Donnell got very angry. It was clear that Eustace Swayne wanted to use his money and influence in an attempt to help his friend, Dr. Joseph Pearson. He said explosively, "To hell with Eustace Swayne and all his works!"

"May I remind you," Orden Brown said icily, "that you are speaking about a member of the hospital board. Whatever your disagreements, he at least is entitled to be treated politely."

"Very well", O'Donnell thought, "if this is the confrontation, then let's have it. I've finished with hospital politics - for good and starting now."

At the same moment, the telephone rang on the administrator's desk. "Mr. Tomaselli," a girl's voice said on the intercom, "the public-health officers have just arrived."

It was three minutes to five.

O'Donnell was leading a small group through the corridors of Three Counties. The group included Orden Brown, Harry Tomaselli, and Dr. Norbert Ford, city health officer of Burlington. Behind them were Mrs. Straughan, the chief dietitian, who had arrived at the administration office, as they were leaving, and a young assistant health officer.

Now that his initial anger was over, the chief of surgery was glad that the interruption of a few minutes ago had prevented what could have become a major quarrel between himself and Orden Brown. He realized that all of them, himself included, had become unnaturally tense over the past few days, and the board chairman had, after all, done no more than pass on a message. O'Donnell's real quarrel was with Eustace Swayne, and he had already decided to meet the old tycoon face to face as soon as this present business was over, and to tell him openly what his opinion was.

Kent O'Donnell was leading the group to the pathology department. He had told the city health officer, "At least you'll see we're doing everything possible to find the source of infection."

John Alexander glanced up as the group entered, then continued with the sugar test he was carrying out. Pearson, on seeing O'Donnell and Orden Brown, moved forward to meet them.

As Pearson and Dr. Norbert Ford shook hands the health officer asked, "Have you come up with anything?"

"Not yet." Pearson gestured around the lab. "As you can see, we're still working."

O'Donnell said, "Joe, I thought you should know. Dr. Ford has ordered the closing of our kitchens."

"Today?" There was disbelief in Pearson's voice.

The health officer nodded gravely. "I'm afraid so."

"But you can't do that! It's ridiculous!" This was the old aggressive Pearson. He stormed on, "Why, man alive, we'll be working all night, and every subculture will be finished by midday tomorrow. If there's a carrier, all the chances are we'll have learned who it is."

"I'm sorry." The health officer shook his head. "We can't take that chance."

"But closing the kitchens means closing the hospital." Pearson stormed. "Surely you can wait until morning - at least until then."

"I'm afraid not." Dr. Ford was polite but firm. "In any case, the decision is not entirely mine. The city simply cannot afford the possibility of a wider epidemic. At the moment it is within these walls, but at any point it could spread outside."

Harry Tomaselli put in, "We're serving the evening meal, Joe, and that will be the last. We're sending home all the patients we can and transferring

most of the others."

There was silence. Pearson's face muscles were working. His deep-set, red-rimmed eyes seemed close to tears. His voice near a whisper, he said, "I never thought I'd see the day..."

As the group turned away, O'Donnell added quietly, "To tell the truth, Joe, neither did I."

They had reached the door when John Alexander announced, "I have it."

As a unit the group turned. Pearson asked sharply, "You have what?"

"A definite typhoid." Alexander pointed to the row of sugar tubes on which he had been working.

"Let me see!" Almost at a run, Pearson crossed the lab. The others had turned back into the room.

Pearson looked at the row of tubes. Nervously his tongue touched his lips. If Alexander were right, this was the moment for which they had worked. "Read the list," he said.

John Alexander picked up a textbook open at a double page. It was a tabulated chart of biochemical reactions of bacteria in sugar tubes. Putting a finger on the column headed "Salmonella typhi," he prepared to read down.

Pearson picked up the first of the ten tubes. He called out, "Glucose."

Checking the list, Alexander answered, "Acid formation, hut no gas."

Pearson nodded. He replaced the tube and selected a second. So they went on to the tenth tube.

From the last tube Pearson read, "In dole production."

"Negative," Alexander said, and replaced the book.

Pearson turned to the others. He said, "There's no question. This is the typhoid carrier."

"Who is it?" The administrator asked.

David Coleman looked at the list with names and announced, "Charlotte Burgess."

"I know her!" Mrs. Straughan said quickly. "She works on the serving counter."

As if by instinct, all eyes looked at the clock. It was seven minutes after five.

Mrs. Straughan said urgently, "The dinner! They're beginning to serve the evening meal!"

"Let's get to the dining room fast!"\* As he spoke, Harry Tomaselli was already at the door.

Nurse Penfield was at the door to the cafeteria when she saw the group walking toward her. She recognized the administrator and the chief of surgery. Behind them was Mrs. Straughan, the chief dietitian.

Passing through the cafeteria entrance, Harry Tomaselli told Mrs. Straughan, "I want this done quickly and quietly."

The dietitian nodded, and together they entered the kitchens through a service doorway.

O'Donnell asked Nurse Penfield, "Come with me, please. We'll need your help."

What happened next was done with swiftness and precision. One moment a middle-aged woman was serving at the cafeteria counter. The next, Mrs. Straughan had taken her arm and had led her into the diet office at the back. O'Donnell told the alarmed woman, "One moment, please," and motioned Nurse Penfield to remain with her.

"Take the food she was serving and bum it," he instructed Mrs. Straughan. "Get back the food that's already been served. Remove any dishes she may have touched and boil them."

The chief dietitian went out to the serving counter. In a few minutes, everything had been done according to O'Donnell's instructions and the cafeteria line was moving once more. Only a few individuals closest to the scene saw what had happened.

In the office at the back, O'Donnell told the woman kitchen worker, "Mrs. Burgess, I must ask you to regard yourself as a patient in the hospital." He added kindly, "Try not to be alarmed; everything will be explained to you."

To Nurse Penfield he said, "Take this patient to the isolation ward. She's to have contact with no one. I'll call Dr. Chandler and he'll give instructions."

Gently Elaine Penfield led the frightened woman away.

Afterward Mrs. Straughan asked curiously, "What happens to her now, Dr. O.?"

"She'll be well looked after," O'Donnell said. "She'll stay in isolation, and the internists will study her for a while. Sometimes, you know, a typhoid carrier may have an infected gall bladder, and if that's the case she'll probably be operated on." He added, "There'll be follow-up checks, of course, on all the other people who have been affected."

On the diet-office telephone, Harry Tomaselli was telling an assistant, "That's what I said: cancel everything - transfers, discharges other than normal, catered meals, the whole works. And when you've done that you can call the admitting office." The administrator grinned across the desk at O'Donnell. "Tell them that Three Counties Hospital is back in business."

Tomaselli hung up the phone and accepted the cup of coffee, which the chief dietitian had poured him from her private percolator.

"By the way, Mrs. Straughan," he said, "there hasn't been time to tell you before, but you're getting your new dishwashers.

I he board has approved the expenditure. I expect the work will begin next week."

The dietitian nodded; obviously, she had expected this information. Now her mind had moved ahead to other things. "There's something else I'd like to show you while you're here, Mr. T. I need a larger refrigerator." She eyed the administrator sternly. "I hope this time it won't require an epidemic to prove my point."

The administrator sighed and rose to his feet. He asked O'Donnell, "Do you have any more problems today?"

"Not today," O'Donnell answered. "Tomorrow, though, there's one business problem which I want to clear up personally."

He was thinking of Eustace Swayne.

## CHAPTER TWENTY-FOUR

Though David Coleman's opinion that pathology at Three Counties needed new equipment, serious changes in the manner of administration, and in the methods of work, though the events of the past few days hadn't changed in the slightest degree Dr. Pearson's blame in the death of the Alexander baby, his feelings toward Pearson were changing. Why? That question had worried Coleman all through the night.

A week ago, he had looked on Pearson as a near-senile incompetent, holding on to power beyond his time. Since then nothing important had happened to change that opinion. What reason was there, then, for his own uneasiness about it now?

It was true, of course, that the old man had handled the typhoid epidemic with a decision and competence that was perhaps a good deal better than Coleman could have done himself. But was that so surprising? After all, experience meant a great deal.

But his own total view of Pearson was less clear-cut, less firm now. A week ago, he had classified the old pathologist - whatever his achievements of the past - among the intellectual "have-nots." Now David Coleman was no longer sure. He suspected that with time he would be unsure about a good deal more.

The sleeplessness had brought him early to the hospital, and it was a little after 8 A.M. when he entered the pathology office. Roger McNeil, the resident, was at Pearson's desk. When Coleman asked him about the situation with their usual work, McNeil said that it wasn't very bad.

Another thought had been troubling Coleman. He asked the resident, "That student nurse - the one who had the amputation. Has the leg been dissected yet?" He was remembering that this was the diagnosis on which Pearson and himself had differed.

"Vivian Loburton," McNeil said, "that's the girl's name. It wasn't urgent, so I left it. The leg is still in the refrigerator. Do you want to do it yourself?"

"Yes," Coleman said, "I think I will."

The manservant took Kent O'Donnell's topcoat and hat, and said, "Mr. Swayne is a little tired today, sir. He asked if you would mind if he received you in his bedroom."

"I don't mind," O'Donnell said. He thought that perhaps the bedroom might be an appropriate place for what he had to say. If Eustace Swayne had apoplexy as a result, a place would be ready to lie him down.

Eustace Swayne was in a huge four-poster bed, propped up by pillows. O'Donnell noticed with shock how frail the old man had become since their last meeting - the night of the dinner with Orden Brown and Denise.

"Thank you for coming," Swayne said. His voice, too, was weaker than before. He motioned his visitor to a chair beside the bed.

As he seated himself O'Donnell said, "I heard you wanted to see me." Though nothing would change his decision concerning Joe Pearson, he was going to be gentle with this frail old man; any contest between them would be too uneven.

"Joe Pearson has been to see me," Swayne said. "Three days ago, I think it was."

So that was where Pearson had been those missing hours when they were trying to locate him.

"Yes," O'Donnell answered, "I thought he would."

"He told me that he's leaving the hospital." The old man's voice sounded tired.

Curious about what was coming next, he answered, "Yes, that's true."



The old man was silent. Then he said, "I suppose there are some things no one can control."

"I think there are," O'Donnell answered gently.

"When Joe Pearson came to see me," Eustace Swayne said, "he made two requests. The first was that my donation to the hospital building fund should have no conditions. I have agreed."

There was a pause, O'Donnell was silent, as he understood the meaning of the words. The old man went on, "The second request was a personal one. You have an employee at the hospital - his name is Alexander."

"Yes," O'Donnell said wonderingly. "John Alexander - he's a laboratory technologist."

"They lost a child?"

O'Donnell nodded.

"Joe Pearson asked me to pay the boy's way through medical school. I can do it, of course - quite easily. Money at least has a few remaining uses." Swayne took a thick envelope, which had been lying on the quilt. "I have already instructed my lawyers. There will be a fund - enough to take care of fees and to guarantee that he and his wife live comfortably. Afterward, if he chooses to specialize, there will be money for that too." The old man paused, as if tired by speaking. Then he continued, "What I have in mind now is something more permanent. Later there will be others - I suppose equally deserving. So, the fund will continue and will be administered by the Three Counties' medical board. I shall insist on only one condition."

Eustace Swayne looked directly at O'Donnell. He said, "The fund will be named the Joseph Pearson Medical Fund. Do you object?"

Moved and ashamed, O'Donnell answered, "Sir, far from objecting, in my opinion it will be one of the finest things you have ever done."

"Please tell me the truth, Mike," Vivian said. "I want to know."

They faced each other - Vivian in the hospital bed, Mike Seddons standing, uneasily, beside it.

It was their first meeting after their time apart. Last night, after cancellation of Vivian's transfer order, she had tried to reach Mike by telephone, but without success. This morning he had come, without her calling, as they had arranged six days ago. Now she looked at his face. There was fear in her heart. Her instinct was telling her what her mind didn't want to know.

"Vivian," Mike said, and she saw that he was trembling, "I've got to talk to you."

There was no answer. Vivian's eyes met his own. His lips were dry; he moistened them with his tongue. He knew that his face was flushed; his heart was beating hard. His instinct was to turn and run. Instead he stood, hesitating, unable to find words.

"I think I know what you want to say, Mike." Vivian's voice was emotionless. "You don't want to marry me. I'd be a burden to you - now, like this."

"Oh, Vivian darling-"

"Don't, Mike!" she said. "Please don't!"

He said urgently, imploringly, "Please listen to me, Vivian - hear me out! It isn't that simple..." Again, he couldn't find words.

For three days, he had tried to find the right words and phrases to meet this moment, yet knowing whatever form they took the effect would be the same. In the interval between their last meeting Mike Seddons had looked into his soul and conscience. What he had found there had left him with disgust and self-contempt, but he had learnt the truth. He knew with certainty that a marriage between himself and Vivian would never be a success - not because of her inadequacy, but through his own.

In moments of self-examination he had imagined situations in which the two of them might meet together. In his imagination, he had seen how they entered a crowded room - himself young, strong, healthy; but Vivian on his arm, moving slowly, awkwardly, perhaps with a cane, and only as an artificial limb allowed. Or he dived through surf, or lay on a beach near-naked in the sun, but Vivian was dressed, sharing none of it because a prosthesis was ugly and without it she would become a grotesque, immobile cripple - an object for pitying or averted eyes.

And more than this.

He had let himself imagine sex. He had pictured the scene at night, before bed. Would Vivian unstrap her synthetic leg alone, or would he help her? Could there be intimacies of undressing, knowing what lay beneath? And how would they make love - with the leg on or off? If on, how would it be - the hard plastic pressing against his own urgent body? If off, how would the stump feel beneath him? Would there be fulfillment - in intercourse with a body no longer whole?

Mike Seddons sweated. He had looked into the depths and found his own reflection.

Vivian said, "You needn't explain, Mike." This time her voice was choked.

"But I want to! I've got to! There are so many things we both have to think of." Now the words came quickly, in an eager effort to make Vivian understand, to know the agony of mind he had suffered before coming here. Even at this moment, he needed her understanding.

He started to say, "Look, Vivian. I've thought about it and you'll be better off..."

Her eyes were looking at him. He had never noticed before how steady and direct they were. "Please don't lie, Mike," she said. "I think you'd better go."

He knew it was no good. All that he wanted now was to get away from here, not to have to meet Vivian's eyes. But still he hesitated. He asked, "What will you do?"

"I really don't know. To tell you the truth, I haven't thought much about it." Vivian's voice was steady, but it betrayed the effort she was making. "Perhaps I'll go on in nursing, if they'll have me. Of course, I really don't know if I'm cured, and if I'm not, how long I've got. That's so, isn't it, Mike?"

He had the grace to lower his eyes.

At the doorway, he looked back for the last time. "Good-by, Vivian," he said.

She tried to answer, but her self-control had been tried too long.

Kent O'Donnell asked Dr. Coleman to come to his office. He informed him that Dr. Pearson had resigned.

"Joe has expressed a wish to leave at once," O'Donnell said, "It means there will be an immediate vacancy here for a director of pathology. Shall you accept?"

For a second David Coleman hesitated. This was what he secretly wished for - a department of his own; freedom to reorganize, to mobilize the new aids of science, to practice good medicine, and to make pathology important, as he knew it truly was. This was the cup he had wanted. Kent O'Donnell had lifted it to his lips.

Then fear struck him. The responsibility for all decisions, the ultimate choice - the final diagnosis - would be his alone. Was he yet ready? He was still young; he could be a second-in-command for several years more. Then he knew that this moment had been moving toward him since his own first arrival at Three Counties Hospital.

"Yes," he said. "If it's offered to me, I shall accept."

"I can tell you that it will be offered." O'Donnell smiled. He asked, "Would you tell me something?"

"If I can."

The chief of surgery paused. In his mind, he was choosing the right phrases for the question he wanted to ask. He knew their next words would be important to them both. Finally, he asked, "Will you tell me what your attitude is - to medicine and to this hospital?"

"It's hard to put into words," Coleman said.

"Will you try?"

"I suppose the real thing," Coleman said slowly, "is that all of us - physicians, the hospital, medical technology - exist only for one thing: for patients, for healing of the sick. I believe we forget this sometimes. I think we become absorbed in medicine, science, better hospitals; and we forget that all these things have only one reason for existence - people. People who need us, who come to medicine for help." He stopped. "I've put it clumsily."

"No," O'Donnell said. "You've put it very well." He had a sense of triumph and of hope. His instinct had been right; he had chosen well. The two of them - as chief of surgery and director of pathology - would be good together. They would go on and build and, with them, Three Counties would progress. Not everything would be perfect; it never was. There would be failures, but at least their aims were the same, their feelings shared. They would have to remain close; Coleman was younger than himself, and there were areas in which O'Donnell's greater experience could be of help. In these past few weeks, the chief of surgery himself had learned a good deal. He had learned that enthusiasm could lead to self-satisfaction as surely as indifference, and that disaster could come by many routes. But from now on he would fight self-satisfaction on every front, and Pathology, with young Dr. Coleman at its head, could be a strong right arm.

He had another thought. He asked, "One more thing. How do you feel about Joe Pearson and the way he's leaving?"

"I'm not sure," David Coleman said. "I've been wishing I knew."

"It's not such a bad thing to be unsure sometimes. It takes us away from inflexible thinking." O'Donnell smiled. "I think you should know some things. I've been talking with some of the older men on staff." He paused. "Joe Pearson has done a great deal for this hospital in thirty-two years - things that are mostly forgotten now or that people like you and me don't always know. He started the blood bank, you know. It's strange to think of it, but there was a lot of opposition at the time. Then he worked for the formation of a tissue committee; I'm told that many staff men fought him bitterly on that. But he got the committee and it helped raise the standard of surgery here. Joe did some investigative work, too - on the cause and incidence of thyroid cancer. Most of it is generally accepted now, but few people remember that it came from Joe Pearson."

"I didn't know," Coleman said. "Thank you for telling me."

"Well, these things get forgotten. Joe brought a lot of new things into the lab, too - new tests, new equipment. Unfortunately, there came a time when he didn't do new things any more. He let himself vegetate. It happens sometimes." Suddenly Coleman thought of his own father, his strong suspicion that the sensitized blood, which killed the Alexander's child, had resulted from a transfusion his father had given years before - given without Rh typing, even though the dangers were already known to medicine.

"Yes," he said. "I suppose it does."

Both men had risen and moved to the door. As they went out O'Donnell said softly, "It's a good thing for all of us to have compassion. You see, you never know whether someday you'll need it yourself."

Lucy Grainger said, "Kent, you look tired."

It was early afternoon, and O'Donnell had paused in a main-floor corridor. Unnoticed, she had stopped beside him.

Dear Lucy, he thought - unchanged, warm and tender. Was it really less than a week ago that he had thought of leaving Burlington and

marrying Denise? At the moment it all seemed far away - a nostalgic interlude that now was nothing more. He belonged here, in this place, for good or ill; here his destiny lay.

He took her arm. "Lucy," he said, "let's meet soon. There's a lot we have to talk about."

"All right." She smiled with affection. "You may take me to dinner tomorrow."

Side by side, they moved on down the hallway, and it was somehow reassuring to have her beside him. Perhaps it would take time, but in the end, he knew they would find their future together.

Lucy was thinking: "Dreams do come true; perhaps mine will - someday soon."

David Coleman entered the pathology office and found Pearson at his desk. The old man was emptying the contents of the drawers. He looked up as Coleman came in.

"It's a funny thing," he said, "how much junk you can accumulate in thirty-two years."

For a moment, David Coleman watched. Then he said, "I'm sorry."

"Nothing to be sorry about." Pearson grunted. He closed the last drawer and put papers in a case. "I hear you're getting a new job. Congratulations."

Coleman said, and meant it, "I wish it could have been some other way."

"Too late to worry now." He closed the case and looked around. "Well, I think that's everything. If you find anything else you can send it with my pension check."

"There's something I want to tell you," Coleman said.

"What's that?"

Coleman spoke carefully. "The student nurse - the one who had her leg amputated. I dissected the limb this morning. You were right. I was wrong. It was malignant. Osteogenic sarcoma without a doubt."

The old man paused. He gave the impression that his thoughts were far away. "I'm glad I didn't make a mistake," he said slowly, "about that anyway."

He picked up a topcoat and moved to the door. He seemed about to go, then turned back. Almost shyly, he asked, "Do you mind if I give you some advice?"

Coleman shook his head. "Please do."

"You're young," Pearson said. "You're full of energy. You know your stuff too. You're up to date - you know things that I never did, never will now. Take my advice and try to keep it that way. It'll be hard to do; make no mistake about it." He waved toward the desk he had just vacated. "You'll sit on that chair and the phone will ring, and it'll be the administrator - talking about budgets. Next minute one of the lab staff will want to leave. And the doctors will come in, and they'll want this bit of information and that." The old man smiled thinly. "Then you'll get the salesman - the man with the unbreakable test tube and the burner that never goes out. And when you're through seeing him there'll be another and another and another. Until at the end of a day you'll think what happened to it and what you've fulfilled, what you've achieved."

Pearson stopped and Coleman waited. He saw that in his words the old pathologist was reliving a part of his own past. He went on, "The same way the next day can go, and the next, and the one after that. Until you find a year has gone by, and another, and another. And while you're doing all this you'll send other people on courses to hear about the new things in medicine - because you can't take time out to go yourself. And you'll stop investigation and research; and because you work so hard, you'll be tired at night, and you won't feel like reading textbooks. And then suddenly, one



day, you'll find everything you knew is out of date. That's when it's too late to change."

Pearson put a hand on Coleman's arm. He said, "Listen to an old man who's been through it all, who made the mistake of falling behind. Don't let it happen to you! Lock yourself in a closet if you have to! Get away from the phone and the files and paper, and read and learn and listen and keep up to date! Then they can never touch you, never say, 'He's finished, all washed up; he belongs to yesterday.' Because you'll know as much as they do - and more. Because you'll have experience to go with it."

"I shall try to remember," Coleman said. He added gently, "I'll come with you to the door."

They went up from Pathology to the hospital's main floor. The early-evening activity was just beginning. A nurse passed them hurriedly; she carried a diet tray. A trio of student nurses went past laughing. A man with a bouquet of flowers hurried to the elevators. Somewhere a child was crying. It was the hospital world: a living organism, a mirror of the greater world outside.

Pearson was looking around him. Coleman thought: Thirty- two years, and he's seeing it all, perhaps for the last time. He thought: "How will it be when my own time comes? Shall I remember this moment thirty years from now? Will I understand it better then?"

On the public-address system a voice announced, "Dr. David Coleman. Dr. Coleman to the surgical floor."

"It's started," Pearson said. "It'll be a frozen section - you'd better go." He held out his hand. "Good luck."

Coleman found it hard to speak. "Thank you," he said.

The old man nodded and turned away.

"Good night, Dr. Pearson." It was one of the senior nurses.

"Good night," Pearson said. Then, on the way out, he stopped under a "No Smoking" sign to light a cigar.

- THE END -

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