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Titles of the stories to be read and discussed include:

- *Diagnosis*
- *An Innocent Tale*
- *Left-handed Favor*
- *The Academician*
- *Entertaining Angels Unaware*

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DIAGNOSIS

She never had enough time . . . students, committees, journals, and clinic patients—always too many patients. She ordered the brain CAT scan and wrote "headaches" on the requisition. She explained to the patient that she would discuss the results with him next week, and privately hoped there would be more time to devote to him than the few brief minutes she could give him that day. Aware of her guilt over the brevity of the encounter, she walked out with him to the reception area. He seemed nice, this patient. She hoped he didn't have a brain tumor.

Her eyes swept over the sea of patients in the waiting area. She saw the faces—faces of profound fatigue, and of strength, and faces of resignation. She saw face gaunt, hollowed at the temples, made pale by disease. She saw faces puffy, swollen, flaked, cracked, ruddy, flushed. She saw their eyes—eyes filled with hostility, and with despair, eyes brimming with anger, eyes with self-pity, eyes brave, eyes averted, trembling, eyes admiring. She handed the requisition to the girl and turned back to the line of examining rooms and to her next ten-minute appointment.

The resident presented the next case to her. She listened absently. She could feel her uneasiness, a certain apprehension. Reviewing her day, she analyzed the feelings: the department meeting that morning and her Chief's chauvinism, the sexual joke and mumbled half-hearted apology, the condescension, the intern staring at her chest—all old hat in this man's world—the sharp words with the macho surgeon, his snickering resident, their supreme arrogance—this no longer nettled her for very long. The image of her last patient filled her mind: his simple honesty, his absolute trust in her, his blind acceptance of what little she had to give to him. His sincerity. His headaches. The uneasiness welled up within her.

There it was. And with it came a haunting awareness ill-defined, a distant banging at a closed door somewhere deep within her.

The patient returned to her in a week. His headaches persisted. The CAT scan results were normal. His blood pressure, normal. She had even less time for this appointment and apologized for that, was angry with herself and stifled the anger, became perfunctory, impatient, abrupt. She ordered more tests: a complete blood count, a chest x-ray, an SMA-12, a serum prolactin—and told him to call her office in a week. She apologized again. She was busy.

The week passed swiftly. It was a week of bone-deep weariness, a week of frantic pace and of boredom, a week of being patronized and stared at, a week of good cases and coffee, and pages and coffee, a week of suffering and death and on to the next case, a week of what-day-is-it and maybe-tomorrow and I-don't-think-I'll-have-the-time, a week of happy discharges and victory, and a week of defeat.

Her patient called her. The test results were all normal—and, did he still have the headaches? and oh, you do still have them.

She arranged for a consultation with the slender neurologist whom she admired, who after the years of training still wore his intern's tunic, who carried his black bag tucked up under his arm. She arranged the consultation with him partly as a gift for her patient, to replace the gift of time she couldn't give to him.

And her favorite neurologist called her back in a week—neurologically fine, he said, and sorry he didn't have an answer, he said, and maybe repeat the CAT scan again in three months, he said.

She became angry again and didn't know why, was angry and blamed the neurologist, was angry, and in the end, was angry with herself. She locked her office door and wept for the doctor within her she thought that she had lost.

She called her patient and told him to come in the next day. She promised to give him an hour. She canceled her committee meeting for that morning and told her resident to take it off, to treat his wife to brunch. She instructed her students to spend the morning with Osler in the library, reading his
Gulstonian lectures. And then she left for the day, went home, showered, sang to herself, and went to bed, already feeling the excitement of the hunt.

The next morning she entered the examining room. Her patient sat on the examining table, a hospital gown hanging limply from him. His eyes were filled with trust. She opened her senses. She felt with every nerve, listened with every pore. She watched, and noticed. She was alert, and knew it, trusted her training and filled herself with that trust. Her fires burned.

She took a history.

He told her about his snappishness, his moodiness, and his weak muscles. She asked about weight loss and found it, found too a voracious appetite, and diarrhea. She caught his extreme alertness, heard his rapid speech, felt his restlessness. She examined him, but she already knew.

She held his hands, felt the warm, moist palms, and found the onycholysis. There at the eyes, a hint of chemosis and in his chest, the snapping 'lup' of the first heart sound. She listened for the suprasternal bruit she knew would be there and smiled. Her patient, seeing her smile, eased and smiled as well. Full of the joy of her art, she tested for Joffroy's sign and von Graefe's, then found Dalrymple's and Stellwag's.

She asked him to dress, and left the room. She sat in the dictating booth alone, hugging herself, and felt the goose bumps, her tears, the racing excitement. She felt the instructor's compulsion to teach, to exhibit, to demonstrate, but did not. She kept this for herself, for the doctor deep within her.

She thought of Morgan who had taught her this art, and of Kranes who had taught Morgan, and of Albright before them. She thought of the time before tests, when doctors leaned upon wit and sense. She was filled with tradition, infected with a legacy. She was happy.

And then the doctor reentered the room, sat down before her patient, and began to tell him about his disease.
The hospital was his. He could click down the long corridors and imagine the good old days, those times of running to get to the bedside just in time, the moments of electric thought, of right procedure, of kinship felt with fellow house officers. On this night he could be back there long ago, feel young, bold, and quick of mind. Once more he could be doctor to these kids.

Why did it seem that his internship was only yesterday? Why was his long marathon to the academic peaks now a mere sprint in time? From where did this feeling of poignancy arise, this sense that tonight's brief role fit him best? Certainly he prized his present administration and teaching position and the spark of power it gave to him. But why, each year, at Christmas time, when the house staff looked to their seniors for coverage, was he always the first to volunteer? Certainly for Shulman the atheist, Christmas Eve meant nothing. But to be a house officer! That filled him with excitement at this time of year. Weeks before, he would dive into the manuals of critical care, feeling his excitement build.

He loved the closeness of patient care, the intimacy of families, the nursing staff. The rest of the year, reams of paper, hours of meetings, legions of doctors, consultants, and residents came between him and patients. But every Christmas Eve he could be alone again with them. Yet more than loving patients, he loved children. At a time of terrible illness it was they who showed consummate dignity, utter honesty, and a beautiful simplicity as an example for the rest of us. They were, these little people, humankind at its very best. And Shulman adored them.

Shulman rounded a yawning corridor as his beeper sounded. Eagerly, he answered the page. A request to come to Widener-Seven... could he come right away? The oncology wing, he thought—an IV to get started, or chemotherapy to be pushed, possibly an opportunistic infection to diagnose and treat... or worse.
"Thank you for coming so quickly, Dr. Shulman," said Miss O'Sullivan. "We have a patient with Ewing's in 727 who's asking to see a doctor." The nurse hesitated before the senior scientist, then continued, "She hasn't very long, Dr. Shulman." Shulman and the nurse entered the girl's room. She looked about eleven years old, 'once-pretty,' thought Shulman, ravaged now by her disease, ravaged by Medicine. He saw her dull, listless eyes, her dry, chapped lips, the bony, ecchymotic arms. Her parents sat at her side, her father's fists clenched, her mother biting her lower lip, sitting erect in her chair.

"What ... how can I help?" asked Shulman.

"Lisa has asked to see a doctor," her mother said. "We told her we'd call a minister, but Lisa wanted to see a doctor."

"Doctors know more than ministers," said Lisa quietly.

Shulman glanced at the mother's imploring eyes, nodded an assent, and pulled a chair next to the dying girl's bed. The girl let him take her hand. Shulman looked at her, suddenly saw his own daughter, saw a million healthy girls, vibrant, active girls pirouetting before mirrors, girls with dreams, with boyfriends, with dances to go to, with hair to brush, a million healthy girls with futures full of wedding gowns and children of their own. He saw this girl with no future at all, felt his own emotion begin to drown his intellect. He looked down, away, swallowed and struggled within himself. Then he said to her, "Well, I'm a doctor. I admit I am an older doctor, older perhaps than you are used to, but still I'm a doctor."

"Older doctors are smarter," said Lisa.

What was her game, thought Shulman? She was too young to be desperate for cure at this stage in her illness. Her parents might demand the best and brightest for just one last chance, but certainly not the child.

"Why are you looking for a smart doctor?" asked Shulman.

"I wanted to ask what it's like to die," said Lisa.

Shulman shifted uncomfortably in his chair. How to approach this, he wondered. The child is frightened of dying, of the nothingness beyond, and old enough to begin to won-
der. Should he begin by talking about the absence of pain, about the gentle sleep to come?

"Are you ... do you have a religion?" asked Shulman.

"We're not a religious family, Doctor," answered the girl's father. "We have never been much for churches."

Neither had he, thought Shulman. Well, that made it easier.

"Will I see God soon?" asked the girl. Shulman the atheist shifted again. There was no pleading in the girl's eyes, no desperation, no panic. Only her immense fatigue. That and her questioning. She wanted some answers from a smart doctor.

"Well," said Shulman, "I really think that it's better to think of it as . . . ."

"What I mean is, will I see God first or Jesus first?" asked the girl.

Shulman looked at the girl's parents, then at the charge nurse, saw the tears welling up in O'Sullivan's eyes. He licked his own dry lips, hesitated, looked away, gathering his thoughts. Where was his science now? In which manual lay the solution to this clinical problem? How could he paint in pastels a picture of nothingness for a hopeless little girl? Shulman began his answer.

"You always see Jesus first. That's the way it works in Heaven. I know about these things. You see, Jesus will be so happy to see you that he can hardly wait. He rushes right out as soon as you get there, to give you a big hug."

"What is he like ... Jesus, I mean?" asked Lisa.

Shulman was into it now. He caught the girl in his own glow, mesmerizing her, elevating her, washing her with dancing colors.

"Have you ever been lost, or out in the cold, or away on a long trip and very tired, and you finally come home and walk in and there's your dad or your big brother . . . ."

"He's like my big brother?" asked Lisa.

"Well, yes, Jesus is just like that, just like your big brother, and there is this feeling around him, that you are home and safe and he will protect you and everything's fine now."
Lisa shifted in bed. "What’s Heaven like? Is it really all clouds or is it a big building like a hospital or what?"

Shulman the agnostic leaned forward. Momentarily distracted by O’Sullivan’s quiet sobbing, still he managed a chuckle.

"Heaven’s not like a hospital! Heaven’s a wonderful place. You just can’t believe the grass, how green the grass is, and how perfect the weather! The sun always shines there and gives everything a golden color. It’s warm and you can always go outside. You never need a coat. And everybody is your friend, your very best friend. . . .

"In fact, I wish I could go there with you right now."

Shulman sat back in his chair, utterly drained. O’Sullivan had turned to the window. The girl’s parents sat with heads bowed. Lisa smiled to herself, shifted again in bed, and fell asleep, leaving the adults to themselves.
The heavy rain formed road-side streams, washing away the sandy shoulders, undermining the macadam. The doctor, picking his way carefully along in the dark to avoid driving his Chevy into a wash-out, slowed at the dirt-road right-hand turn and read the sign in a flash of sheet lightning. He saw the deep ruts in the dirt road, like a potato field on a bad day in April. He would have to walk it. Edging the Chevy onto the dirt shoulder, he parked, reached down to buckle his galoshes, then buttoned his slicker about him. Black bag in hand, he headed up the road in the storm. He was young and strong. This was still high adventure. He leaned into the driving rain and made for the light ahead.

The woman held open the door. She was thin, with a straight, hard mouth and no bosom to speak of. Her dress hung from her shoulders in a straight line to her ankles. Her cotton dress snapped in the wind. Glancing up through the rain, the doctor could see her bare feet stuck in oversized black leather shoes.

"Nice day," he said to her as he crossed the threshold.

"Thank you for coming out, Doctor," she whispered, closing the door behind him. She took his coat, heavy with the rain, and hung it with his felt fedora, dripping, on a nail next to the door. "She's in the next room."

The doctor surveyed the kitchen as he walked through to the adjacent bedroom. Rough pine boards, wide, warped, and slivered, formed the kitchen floor. The cook-stove at the left of the room, sporting a dull, rusted Katahdin Iron Works emblem on its bulging front, held assorted pots and a small, heatless fire. The day's wash hung over and to one side of the stove. Through a door off the kitchen to the right, he could see three dirty children quietly peering at him, minding someone's orders. This, he thought to himself, is definitely a left-handed house. Definitely. He headed through to the bedroom straight ahead.

The room held three people. Off in the far corner, set apart from the only bed in the room, sat an old woman knitting. She kept her eyes to the task, as though she might be sitting on a sunny porch somewhere, minding the dog. Her knobby fingers worked away at an afghan patterned in mismatched, garish colors of seconds and end-bits of yarn. She never looked at the doctor, did not acknowledge his arrival. She was, the doctor thought, the family's Final Arbiter, and would pass judgment upon whatever it was the doctor decided was wrong. In the near corner, to the right of the bed, stood a short, balding man with beer-belly and black suspenders. Arms folded across his chest, he held a can of Carling's Black Label in one hand and squinted against the smoke of the hand-rolled cigarette in his mouth. He might have been at a pig auction, except that in his face the doctor could read considerable quiet rage.

In the bed among the covers lay a young teenage girl who, in spite of her illness, was uncommonly beautiful. Sizing up the scene, the doctor knew without hearing a word, the diagnosis.

"She's in a family way," whispered the girl's mother.

"Knocked up," spat out her father.

The doctor placed his bag on a chair, leaned at the bedside, smiled at the poor frightened girl, and stood tall.

"I would like you two to leave," he said, nodding to the old lady and to the girl's father. "You will need to stay," he said to the mother, "because I will need some help."

The old woman clucked her tongue, sent a stare straight through the doctor, and made to gather up her knitting as though she were moving West, once and for all. The girl's father pushed himself away from the wall with a heave of his shoulder, gave his daughter a murderous look, and left the room with the old woman.

"How far along do you think you are, sweetheart?" the doctor asked the young girl.

"We don't know, Doctor. She just told us yesterday," said the girl's mother.

"When did you last . . . make love?" the doctor asked his patient.
"I only did it once...two months ago," sobbed the girl.

The doctor nodded to her kindly, as if to say 'that's okay', and gently pulled the covers down to examine her. Her belly was flat, and slightly tender above the pubis, and her thighs were parted. There was a pile of blood between her legs—'products of conception' in the vernacular. He instructed the girl's mother to get soap, water and fresh sheets to help him clean her up. While the woman was gone about her assignment, the doctor whispered to the girl.

"You've had a miscarriage, honey. You lost the baby, but you'll be all right. You can have another baby someday just fine. But make that someday a long time away, okay?"

"I'm never doing it again," said the girl.

"Yeah, well, when you do, use some protection, okay?"

"I'm never going to do that again," she repeated.

"Okay," said the doctor. He smiled at her. Her old man, he thought, will bar the door against this one.

The girl's mother returned and together they washed the girl's thighs and changed the bed.

"She has a slight infection...in her womb...I'll give you these few pills for her, but you'll need some more. You can get them at the drug store in town day after tomorrow when the road's better," he said. He wrote out the prescription with his left hand, tore it off and handed it to her.

"What do we owe you for the call, Doctor?" asked the woman.

He sized her up. Poor and proud, he thought.

"You'll be getting a bill," he said.

The rain had stopped. He draped his coat over an arm, hat in hand, and nodded to the girl's father and to the old woman, both still sulking in the dark sitting room. He let himself out and walked his way through the mud back to his car. He chuckled to himself over his 'system'. When the doctor, who was ambidextrous, wrote his prescriptions and his medical notes with his left hand, the druggist would recognize his left-handed script and charge for drugs at cost only, and the patient would be sent no doctor's bill. Right-handed notes and 'scripts were handled in the usual way. And from what he could read of her father's character, this poor girl would already have paid enough for her illness. The furor in that house for the next few weeks would erase any thought of a medical bill coming due. He headed home.

Thirty years passed.

It was thirty years of progress and medical achievement, thirty years of antibiotics of every description treating every known infection and some as yet to come, thirty years of CAT scans and ultrasonography and magnetic resonance imaging, thirty years of electrocardiography and pacemakers and laser-directed coronary surgery, thirty years of Medicare and Medicine-as-Big-Business and third-party forms and the myth of the perfect result and lawyers wanting a piece of the action.

Percy Davis, the old pharmacist in town, had passed away, and with him went the doctor's left-handed 'scripts, with him the left-handed-written fictitious bill, because all patients were now insured, as the politicians liked to believe, and everything had to be documented. The doctor had attended Percy's funeral, on a sunny day in June, and stood apart at the hillside plot, recalling the old days, and their 'system'.

The days were growing shorter for the doctor as well. His worsening heart condition, the energetic competition, the age of the specialist, and his own out-dated knowledge, meant fewer hours for him, and fewer patients. He had some patients who played it both ways, who went down to the City to the specialists, and still came to him from time to time out of loyalty. He knew about it. They would let slip, mention a drug he hadn't read about or a procedure he hadn't sent them for—and he would know. He was a weathered old caboose shunted to a siding grown up with weeds and alders.

Most days he would round at the hospital, making social visits to the older patients who now had other, younger doctors' names on the door. He would joke with the older nurses, then go over to his office. There he'd see a few patients—blood pressure checks mostly—and then come home for lunch with Ethel, and tend his irises in the afternoon. The
arrival of the mail was a big event in his day, but the mail held mostly advertisements for magazines he had never heard of and investment opportunities he hadn’t the inclination or the money for. He had out-lived his usefulness and knew it, was no longer important, yet still wished to be—a McCormick Farmall forgotten in the field.

On one of these afternoons a car pulled in the drive. Out of it crawled old Nestor Tikkanen. Spying the doctor kneeling among his irises, Nestor proceeded up the path in his peculiar way, elbows bent like a jogger, legs bowed out from the years, head quickly looking down at the path, then up at the doctor, then down again, like a chicken deciding upon a course of action. He might, in this manner, cover a city block in about three hours.

“You gonna enter them?” asked Nestor.

“Hi, Nestor,” said the doctor. “What’s up?”

“You puttin’ your irises in the show this year?” asked Nestor.

“Haven’t for years, Nestor. No sense to.” The doctor resigned himself to playing the game, paying his dues in conversation before coming to the point of Nestor’s visit. “I just do it for fun these days.”

“Phyllis Teeples has got good ones,” said Nestor. “Her boy stove up their pick-up, you know, but he ain’t hurt. He’s been out on compensation anyway. I ain’t feeling too good.”

“What’s the matter?” the doctor asked Nestor. He stood up in the flower bed, wiped his hands on his trousers, and squinted against the sun at the old Finn.

“Worthless. No energy. Can’t feed, can’t milk. Don’t care if the cows come in.”

“Maybe you need some tests,” said the doctor. “Don’t you go to the group in town now? Have you talked to one of the doctors there?”

“Yeah, well I ain’t going back there.”

“I thought they were your doctors now, Nestor . . . after your heart attack, I mean,” said the doctor.

“Doc, they don’t even talk to you. Doctors don’t talk to you any more. It’s just tests, and more tests, and x-rays, and then the bill. Never say what’s wrong, never say what the tests showed. Just these forms to fill out and then the bill and letters from the government. So I ain’t going back there,” said Nestor.

“You’re my doctor, Doc,” Nestor continued. “That is, if you’ll take my case.” After a pause, he added, “I’ll pay you.”

“Come on in the house, Nestor,” said the doctor, leading him in and rolling his eyes at his wife on the porch.

“ ‘Lo, Ethel,” said Nestor.

“Hi Nestor,” said Ethel.

Inside, the summer coolness of the parlor enveloped them. The sun slanted through porch and window, diffused, dispersed. A grandfather clock ticked in the corner. The doctor sat his patient in a chair and sat opposite him.

“Let me see your hands,” he said, taking Nestor’s gnarled, arthritic hands in his own. He sat there wondering what he should do, where to start with this patient, and, for a moment, lost himself in a daydream.

There was a large medical ward fully occupied, filled with iron beds of chipped white enamel. Drapes separated bed from bed and at a table in the center of the ward, four patients played pinochle. The attending physician, tall, lean, patrician, with moustache and three-piece woolen suit led his group of students to the bedside. Three capped nurses quickly rose from the charting desk in abrupt attention and smiled to the senior physician, politely nodding to him. The students, seven men and one woman, stood in rapt attention. The attending, fingering his watch fob, lectured to them about the disease, then took the patient’s hands in his own, showed them the coarse skin, the cool palms, the slow pulse. Shoving up his own sleeves and getting excited about the case himself, the physician tested the man’s reflexes, asked the ‘young lady’ student to do the same, had them feel the man’s coarse hair, and demonstrated to them his goiter. The students all nodded and smiled nervously to one another, and rushed back to the great library to read.
The doctor found, when he had awakened from his day-dream, that he had completed his examination of the old Finn. He chuckled to himself, shook his head, and then spoke to his patient.

"I know what's wrong, Nestor. It's nothing serious. You have an under-active thyroid gland, that's all. You need thyroid for energy and your body isn't making enough of it. But you can take it in pill form and pretty soon, you'll be good as new."

"Goddammit, Doc," said Nestor. "I knew you could figure it out. I knew it. You're better than all the other doctors put together. Goddammit. What do I owe you, Doc?"

"Nestor, I'm the one should be paying you. This one's on the house. Thanks for calling on me." The doctor gave the old Finn the prescription for thyroid and walked him back to his car.

On his return to the house, in a flood of nostalgia, the doctor realized he had written the prescription with his left hand.
He would walk the two blocks from parking lot to hospital each morning. He never tired of it. Sadly, it was now often the high point of his day. The route comprised a boulevard, tree-lined and divided in the center by a line of trees as well, such as he had remembered in Duesseldorf's Koenigsallee. And so did his daydreams often return him to these softer times, retreating from budgets, departmental politics, bruised egos, and government intervention. Softer times . . . and the pungent smell of paprika in goulaschsuppe, the yeasty softness of a broetchen, the apples-and-pears of a Mosel wine. Or quickly, in a thought's mere shift, now to Strasbourg . . . and he would hear the tolling of the cathedral's bells, on the far corner, an old man selling flowers, and there . . . chestnuts roasting. And softer times, earlier still, and this boulevard would become the quiet avenue of his childhood. It would be the street where rain would pound and raise the dust with a cleansing smell and he would watch with big eyes at the porch screen, watch until the thunder passed and he could be released to run in the rain, feel its freshness on his feet, wade in puddles fathoms deep, and hope the rain would last forever. It would become the street of his walking to school, with clutches of pretty girls too intimidating to approach and gathered together for strength of spirit, with rows of white clapboard houses shyly tucked among the elms and with old people rocking on their porches, watching the school children and waving, calling out.

It would be his September walk to school with its pounding anticipation, with the smell of new books, sharpened cedar pencils, gummy erasers, with the excitement of new teachers, new things to learn. And it would be the street beyond the school, tree-lined as well, with maple and elm, and heading over toward the edge of town, where the Harpers' farm stood, and he would remember the wonder of that farm, the smell of fresh hay, the animal musk of the dairy herd, the magic of the
barn swallows. And he would remember the swallows, the nests of mud, fledglings, mostly made of mouth, fitting in the nest just so, and remember the parent swallows tempting these nestlings to leave the nest, darting in and out of the barn with choice bits of mosquito and mayfly. And he would remember their frightened eyes, their buff chests at the edge of nest, and the courage they would find to begin this new journey of theirs.

He leaned against an elm, feeling its hard corrugations against his shoulder, daydreaming about his own journey from the nest. He remembered the electricity of medical school, the quickness of mind, the soaring of ideas, and recalled his own choice, perched at the edge of nest, to fly in the lofty clouds of academic medicine. He would sit around long oak tables polished hard with thought and theory, arguing points of end-organ failure and transmitter depletion, drawing on his pipe, gaining precious time to form an hypothesis, exulting in the joy of thinking.

It had sure turned out differently. What had happened to the “academic” in academic medicine? It was too often that budgetary constraints and cost-containment and the business of making money for the department intruded upon these scholarly sessions. Grants lost, cutbacks, good people let go . . . too much of this and too little of the academic. It was getting hard to pass the torch. He had wanted to be a doctor, not a businessman; a scholar, not a politician. What had happened?

He looked up, still leaning against his elm, and scanned the massive brick and glass of the university hospital. Over there, at the far end, the curlicues of glass tubing and bulbous pots boiling . . . his lab assistants busy in the alchemy of it all, adjusting stopcocks, mixing potions, jotting it all down. He smiled. His gaze shifted. Through a lower window he saw his favorite resident, serious face, knitted brow, hands on her hips, carefully watch a student percuss a chest, teaching him the art he had taught her only just so recently. And behind her, the interns who worshipped her for her knowledge, her precision, her compulsion to do it right and best, just as she worshipped him for having instilled in her these things. He searched and found his office windows, saw his secretary pounding out his latest contribution to the literature, had a brief vision of Harvey bent over desk, writing with quill, saw his fellows waiting for him in the outer office, knew they would want to stay with him, knew he would want them to, knew he would kick and shove them out of the mud-nest, not because he didn’t love them, because he did and never wanted them to leave, but because the world needed them, needed their training which they would carry from him to the world.

He looked at the brick and glass and saw a vast mud-nest filled with fledglings hungry, all mouths, wanting to be fed. He saw himself as a parent swallow, flitting in and out of this protected place, carrying juicy tidbits from Holmes and Osler, from Banting and Best, from Federman and Young. He swallowed hard, felt the goose bumps, the edge of tears.

When has it not been tough to be a doctor, he thought? Did they have it easy, those doctors who died by the hundreds caring for those with plague? And what about Knox, trying to teach anatomy with bodies snatched from grave, and life? He thought of Galileo, imprisoned; Hypatia, stoned. Tough times, those.

He pushed away from the elm, heaved a big sigh, smiled, and went in to feed his brood.
The quiet young girl with thick eyebrows arching over blue eyes sat quietly waiting for her chin to be sewn, and took it all in. The room was nearly full. Most of the people waiting with her were familiar to her, seemed to know her, glanced from her to her mother and formed the unspoken gossip with their eyes. This was life in a small town. She avoided their stares much as she suppressed the pain of her chin. Looking through the door she saw the starched white nurses waiting on the doctor. She didn’t ever want to wait on anybody. She wanted to be waited on. The doctor had something in his right hand, brought it down to a bare leg, then away, then down and away again. The young girl caught the pungency of iodine, the steel-sharp scent of alcohol. There were old magazines she didn’t want to read, and a chart of fruits and vegetables on the wall. She was bored. She was tired. She was hurting.

"Next," said the skinny nurse and the young girl followed her mother into the next room. She sat on the table, tried to cover the rip in the knee of her jeans with a hand, and looked around.

"How old are you, honey?" asked the older nurse with the glasses on a chain. "Has she had her shots?" she asked the girl’s mother.

"Nine," said the girl.

"Yes," said her mother. "They’re up to date."

"Dee-Pee-Tee?"

"Just last year . . . in school," answered her mother.

Laughter shot from the adjacent examining room, then shuffling, a clinking of metal on glass, and the doctor breezed in. He was tall, young, happy-looking. He probably had kids of his own.

"My God," he said, "what beautiful eyes! And your eyebrows, young lady . . ."

"She takes after her father," said the young girl’s mother. "Those are his bushy black eyebrows." Privately, the young girl loathed her eyebrows. She would pluck them as soon as she got home to her room.

"Yes," said the surgeon, "oh yes, I see . . ."

He knows about the divorce, thought the young girl. Everybody in town knows about the divorce.

"It’s down to bone," said the surgeon to no one in particular, "pretty bad cut actually. It’ll take some time . . . three layers. June," he said, lifting his head to the older nurse and nodding toward the waiting room, "see if Bob can come down and help with them."

The shot stung severely, and then her chin went numb. Stitching the wound took more than an hour — she was a pretty girl, after all, and the surgeon, skilled enough in plastics, took his time with her. Through the drape covering her face, the young girl answered with staccato yeses and no’s the surgeon’s questions about school, about play, about friends and pets and brothers and sisters. But with the mind of a discontented, troubled nine-year-old, she heard more than questions and felt far more than her simple answers. The surgeon’s voice was not the harsh, abusive, slurred male voice to which she had been accustomed. This voice was kind and deep, holding gentleness rather. She felt touched by it and its caress, allowed herself to be soothed by it, permitted herself a small bit of hope and a fleeting arousal of what she would later call love.

"It’s like Cassiopeia," said the surgeon. "You know, the constellation — Cassiopeia. Your laceration, it’s a sort of lazy W, like Cassiopeia." And it was in this way that his pet name for her came to be.

For the next four years, until puberty struck her like a hot shower, the young girl cherished that moment with the surgeon, frequented the hospital through any excuse to volunteer or visit, so she might happen upon him, to hear him call her Cass, to feel him touch the lazy W on her chin, and to bask in the attention of her secret, very part-time, surrogate father.

But together with Chance’s shifts and realignments, with Progress’ seeming advance and sorry decline, fourteen years
more passed by. For the young girl, now a handsome young woman in hip-length white coat, stethoscope slung around neck, pockets jammed with note-cards, black book, pins, percussion hammer and tuning fork, these were years of frenetic pace and postponement — years of endless study and ceaseless competition, of anatomy and melancholia, of friends who never were, of slices of nephrons stared at through exhausted eyes, rather than slices of life consumed through eager lips. These were years of quick sex for its own sake rather than relationship for the hope of intimacy, and for the young woman particularly, these were years of searching for other surrogate fathers. In the dust of memory mingled with tragedy of another kind, she had long since forgotten her surgeon of childhood. He had moved on to the City himself, a casualty of circumstance and life, and she had supplanted him with others— for one, with the cardiologist who had taught her physical diagnosis, and who had taught her as well that a patient was merely a good case, demonstrated great clinical findings and little else, and that there were other great cases to be found, rather than any story to be listened to. From this man she moved on to the senior resident, who taught her how to take the history while examining the patient at the same time, and by so doing, minimize time spent with each hit. She slept with this resident as though it were part of the rotation, and while he worried about keeping it from his wife, she worried about The Match. It was all part of the hardening up process after all, a part of this training of the doctor of today. Legacy and tradition were never to tread upon her character.

She was always there, always on the wards, always to be seen, noticed, appreciated. That was, after all, what one did in this life. When she wasn't on call, she'd read about the other students' admissions, deftly one-upping them the next morning on teaching rounds. This was how you got ahead. She quickly learned that the professors were human, most of them every bit male, and so learned to dress and comport herself with just the proper degree of seductiveness. In this huge new world of Medicine as Business, of patients as clients, and of doctors as providers, she too was a commodity after all. And the bottom line for her, while not yet money, was clearly the top of the ladder.

The first years of residency she merely endured. There was little else one could do. When not serving up caths for the cardiologists, she was sorting through the stroked-out gomers, trash-bags and drunks in the emergency room. She had long since forgotten the quiet calm of the community hospital whose halls she had walked as a child. Now, this waiting room held druggies poised to infect her with HIV, alcoholics ready to vomit on her, and the swinging, lurching, wildness of the crazed dirt-balls whom she would punish in return with foley and large-bore Levine.

The last residency year was better. She could glimpse the light at the end of the tunnel: the fellowship that would rescue her from this dark-alley existence, and deliver her to the high-tech pristine calm of the consultant. There was odd relief too in helping those poor bastards beneath her in training contend with what she had only too recently had to stomach herself, assisting them with last night's hits and today's drooling dispositions. She had learned the ropes now, could in turn teach them the short-cuts, the quick paths around the crap of patient care. The attendings sympathized, of course. This was the medicine of today, the business of having to earn all of one's salary through patient care, make money for the department, and please the Chief, so he could be away. This was the mythical time of universal coverage whose indigents' costs were covered by seeing ever more patients faster and more efficiently. This was the time of the in-and-out, touch-the-shoulder, race of bedside-teaching-rounds. It was the era of case presentation, with films on the viewing box, data on the black board, bagels and coffee on the conference table.

As a fellow, the young woman began again to be excited about medicine. Now one of the boys, she began to be treated like the other men, except on that occasion when allowing herself to be treated like a woman might further her own career, all the while learning from the men of medicine how
one gets by in a man’s world. Medicine as a discipline became more focused, narrowed, manageable, her hours more reasonable, sleep coming more predictably and in greater quantities. “Cases” now were consults. Now she could be insulated by intern, resident, and attending from the dirt-ball and his obligatory rectal exam. Now she could think in terms of pre-excitation rather than palpitation, plaque-formation rather than chest pain, and wires and devices, forgetting the tedium of a tiresome patient’s fainting spells.

Oh, still the occasional consult might bring her too close to the patient and that hell of early residency. Even now she might be compelled to linger at the bedside while some goddamn student with whom she had been saddled to teach and who wouldn’t take “It doesn’t matter” for an answer searched for the diastolic sound. That there might ever be in these encounters with patient and student the chance of missed occasion never occurred to this young woman who had been once long ago a constellation of infinite possibility.

So it was this night. Once more she had been summoned to the maelstrom of the emergency ward. Yet again she leaned over this patient “found down,” careful not to touch him, placed the bell of her stethoscope over precisely the right spot and handed the ear pieces to the student to get this “teaching moment” done with — while this patient, swimming frantically to consciousness and blue with cyanosis, gasping from dyspnea, soaked wet with the work of breathing, stared at her even as she felt his stare and loathed and avoided it, peered at her disbelieving and caught the thick, black eyebrows that had become her signature, caught the cobalt blue of her eyes, hurried his gaze frantically to the lazy W of her chin, recalled his own surgical precision, and eased within himself thinking: “Cassiopeia . . . Thank God. I am in good hands.”