CHAPTER 1

Damn, late already.

Dr. Peter Branstead glanced at his watch, furiously pedaling his bike in and out of eastbound traffic on West Fourteenth Street, avoiding the plumes of smoky exhaust from the buses and trucks that crept slowly toward Union Square. Tall and slender, Peter maintained his athletic build by an almost religious adherence to a daily cycling regimen he had developed during his medical school days, having sworn not to succumb to the propensity of physicians to expand their waistlines as they expanded their practice.

As the neurology service's attending physician at St. Mark's Hospital for the month of June, Peter thought that he had allotted adequate time to cover his clinical responsibilities as well as the tutelage of the house staff and medical students. But the first day of the month on a new service was always overloaded. He had to make rounds on a score of new patients that neither he nor the residents knew at all, learning about them through thumbnail sketches provided by the medical students, the only medical caregivers who didn't switch service on the first day of the month. And Peter had not been prepared for the complexity of his new service.

AIDS was St. Mark's specialty. Over a hundred years ago, it had positioned itself geographically between the wealthy West Village and the earthier East Village. By the 1970s, these two neighborhoods experienced a tremendous influx of gays and drug addicts respectively, two high-risk groups for HIV infection. Each AIDS patient on Peter's service suffered from some bizarre form of meningitis that had previously been rarely seen by medical science until the human immun-

odeficiency virus stormed its way out of central Africa to single-handedly rewrite the world's infectious disease textbooks.

His service also had a few cocaine addicts whose last high had been cut short by massive intracerebral hemorrhages that had left them so disabled that they couldn't handle a fork, let alone a syringe.

Two patients were the survivors of cardiac arrests, doomed to live out the rest of their lives in the twilight of a vegetative state, neither dead nor fully alive. Their families maintained perpetual bedside vigils, hoping that someday their loved one would open his eyes and, as if awakening from a long nap, take a nice, long stretch and ask what was for dinner.

Next were the less critically ill patients, alert enough to greet their physicians and families, but still incapacitated by their disease. Some were recovering from strokes and brain tumors, some learning again to walk, to care for themselves, and even to speak. There were young women with multiple sclerosis, victims of a guerrilla war fought within their own nervous systems, with undetectable terrorists hidden deep within their body's immunologic jungles waiting silently to choose the time and place for their next attack.

A blast from a car horn and a screech of brakes interrupted Peter's thoughts.

"Hey, moron. If you're gonna ride your fuckin' bike in the city, why doncha watch where the hell you're goin'?"

Nothing like a vehicular encounter with a Manhattan cab driver to bring you back to reality.

Peter wheeled his bicycle into the lobby of his office on University Place and chained it to a pipe under the stairwell. Once he walked through the door, there would be no time for thoughtful reflection, and today he had to be out of the office on time. He and Megan Hutchins, the girlfriend with whom he had been sharing a loft in SoHo for the last year and a half, were having the Falconers over for dinner tonight, and Megan would never forgive him if he was late.

After only two years, Peter's practice was thriving. His casual style and tendency to run late did not sit well with the aristocrats from the Fifth Avenue high-rises and West Village townhouses, to whom time was money, and sharing a waiting room with plebeians was distasteful. But his style was appreciated by the everyday people who constituted the bulk of his practice: elderly grandmothers from Little Italy, aspiring gay actors from Christopher Street, African Americans from Stuyvesant Village, and young Puerto Rican mothers from the East Village.

Alone with his patients in the consultation room, Peter treated each one as if he or she was the only patient that day, always inquiring about the family, particularly of the European and Asian immigrants, to whom family ties remained of

critical importance. He would frequently jot notes in the margins: "son, Tony, enrolled at Cornell," "mother admitted last week, heart failure," "son-in-law picked up—DUI." These notes frequently gave him insights as to why Mr. Rinatelli might be asking to change his seizure medicine to a cheaper one, for example, what stress might have provoked Latecia Hobson to have another attack of multiple sclerosis, or why Maria Rodriguez's migraines were getting worse.

The first patient, Cyrus Roberts, was a stocky, powerfully built, middle-aged black man with two months of gradually progressive slurred speech and right hand clumsiness, noted when he was using his computer at work. His primary physician had ordered a CT scan of the brain and found evidence of some minor strokes, which he told the patient were due to hypertension and heavy cigarette smoking. But because of continued progression, he sent the patient on to Peter for a second opinion.

Roberts's conversation was sprinkled with small verbal slips; he reported his job as a "survivor" rather than a "supervisor," and he turned "keyboard" into "kerber" and finally "cardboard" before he got the word out correctly. Peter also noted Roberts's clumsiness with a pen and the droop of his right shoulder as he walked to the exam room.

Peter threw the CT scan up on the view box and focused on the left temporal lobe. It was there, all right—a faint blurring of the cerebral cortex that suggested swelling in the area. Unaware of the details of Roberts's neurological problem, the radiologist had glossed over the subtle, but crucial, abnormality. Peter walked over to the exam room and tapped on the door.

"All set in there?"

"Come on in, Doc. Hey, next time you order gowns, get a man's size, okay?" Cyrus Roberts's ample frame had caused wide splits in the paper gown.

The examination proceeded quickly. Peter tapped a reflex in Roberts's arm, with little response.

"I've found your problem, Mr. Roberts. I think you're dead," Peter quipped, and drew a smile from the patient.

"Come on, Doc, I got too many unpaid burls to be dead right now." Another verbal slip.

Peter glanced up at Roberts, whose smile was just slightly crooked.

He had seen and heard enough. He'd bet his bicycle there was a tumor in the left temporal lobe, and with the rapid onset and history of cigarette smoking, metastatic lung cancer was the most likely candidate.

"What's going on, Doc?" Roberts asked as they sat in the consultation room.

"For one thing, I don't think your problem is a stroke."

"Then level with me, Doc. What's wrong?" Roberts stared him straight in the eyes.

Peter knew this man didn't accept bullshit from his staff, and he wouldn't accept bullshit from his doctor, either.

"Is your wife with you?"

"Nope, she's at work. Lay it on me, Doc. I can handle it."

"I think the greatest likelihood is that you have a brain tumor right here," and Peter pointed to the blurred area in the CT scan. "I may be wrong, but that's my best guess."

Cyrus Roberts sank back into his chair, rubbing his hand over his short, curly hair, and sighed deeply. "I knew it wasn't a stroke. Black men don't get to be my age and not have a whole pile of friends and relatives with strokes, and I've never seen one of them get slowly worse over a monk. Damn, I mean a month. How bad is it? How long have I got?"

"Good questions, but I can't answer them right now. I'd like you to get a chest X-ray and an MRI and have you come back in a week with your wife. We'll set up some extra time to talk."

"MRI? No thanks, Doc. Not with my claustrophobia. No way you're going to get me into that coffin."

Peter's thoughts shot back to his residency when his chairman, Dr. Lawrence Wheatley, had insisted that each resident undergo an MRI scan "for the experience."

Peter had never thought of himself as being claustrophobic, but he hadn't been prepared for the feeling of being slowly drawn, head first, into a narrow tunnel about the length, width, and height of the inside of a casket.

"You okay, Dr. Branstead?"

"Sure," Peter had lied, the beads of perspiration gathering on his forehead and chest. His breath had seemed to fill the chamber, displacing the oxygen.

"There'll be a noise starting now." A pulsating machinery sound began, reverberating through the chamber. His heartbeat quickened, almost synchronizing with the pulsations of the machine, and his breath came faster and deeper.

"Ten minutes more, Dr. Branstead."

Eyes closed, Peter tried to envision sweeping Rocky Mountain vistas or sunsets over broad Pacific beaches, but the incessant throbbing machinery noise blocked his imagery. He opened his eyes to see the cylinder wall just inches from his face, so close that he couldn't even focus on it. He spread his arms outward and his

hands immediately touched the sides of the cylinder almost as soon as he moved them. He felt a smothering closeness.

"Five minutes more, Dr. Branstead. Doing okay?"

"Yeah, sure," he lied again, licking his dry lips with an even drier tongue. He wiped his sweating palms on his trousers, and tried to swallow the little saliva left in his mouth past a lump in his throat the size of a lemon.

"Try not to move, Dr. Branstead, or we'll have to shoot this run over. Just a few minutes to go."

Peter swallowed harder. He began to feel the cylinder closing in on him, imagining the full weight of the two-ton machine pressing down on his chest. His heart pounded, and the lump in his throat seemed to grow to the size of an orange.

"Okay, test is over, Dr. Branstead. We'll pull you out now. You did real well."

The inside of the cylinder moved past him, and then the blessed ceiling fluorescents shone in his eyes as his head emerged from the machine. He stumbled off the table with the technician's help, his heart rate and breathing finally slowing down. Dr. Wheatley was standing by the MRI console.

"Care to try it again with contrast enhancement, Dr. Branstead?"

"No, thanks. I'll pass for now."

"Very well. Just remember that your patients may not have that choice. Have a good day, Dr. Branstead."

"Honest, Doc, ever since I was a kid I've been afraid of close spaces."

Peter's thoughts snapped back to the present. "Don't worry, Mr. Roberts, you'll be well sedated. You won't feel like doing much for the rest of the day, but I promise you'll make it through the MRI just fine."

He shook Roberts's hand and led him to the receptionist.

Whereas the thrill of crisis attracted some physicians to their specialty, Peter enjoyed neurology for being reflective, not reflexive. Neurology had its own emergencies, but Peter enjoyed the intellectuality of neurology grand rounds and the opportunity to really *think* about the patient's problem.

"There's a Dr. Gregory Johnson at St. Mark's Hospital on the phone," his nurse interrupted. "Shall I tell him you'll speak with him, Dr. Branstead?"

"Be right there."

Greg Johnson was the senior resident on ward service this month, which delighted Peter. Greg was a superb clinician and a hard worker, and Peter felt very comfortable having him in control of the ward service so that he could oversee, rather than micromanage.

"What's up, Greg?"

"We got a few new hits through the ER today, Dr. Branstead, and I'd like to staff one with you this evening rather than wait until morning rounds."

"Any problems?"

Greg's voice sounded distinctly uneasy. "I don't know. Just a feeling I have about one of the patients, and I can't explain it over the phone. Can I meet you at the nursing station up on 6B, around five o'clock?"

"I'll be there."

By the time Peter got to the neurology ward, the medical students had already gone home to study, and the junior resident and intern had been excused to finish their ward work. The usual change-of-shift chaos had subsided, but the nursing station was still busy as the evening shift rounded on their patients and frantically paged house staff before they left the hospital for last-minute problems discovered at shift change.

It was right in the midst of this frenetic thronging of nursing staff that Peter greeted Greg Johnson. Greg was African American, and at six feet was almost as tall as Peter. It was both his height and his demeanor that commanded respect from nursing staff. He was self-assured without being imperious, and he always managed to successfully balance his remarkable intelligence and clinical acumen with a disarmingly friendly smile and natural warmth. Peter had considered inviting Greg to join him in his practice, but Greg was bound for academia and had just accepted a neuroimmunology fellowship at the National Institute of Health. Peter hoped that, with Greg's outstanding interpersonal skills, he wouldn't shut himself up in a lab with plates of T cell cultures but would devote some time to patient care.

Retreating from the nursing station, Peter and Greg sat down at a table in the doctors' lounge and closed the door. Peter turned down the offer of a cup of coffee, but listened while Greg fixed his own at the coffee urn.

"Here's the story, Dr. Branstead. John Doe is a sixtyish derelict found wandering around the East Village, completely demented. Couldn't find his ass with both hands in broad daylight if his life depended on it. No ID, no known family, no available past history … your standard Bowery drunk, maybe not quite as dirty and unshaven as we usually see. Physical exam and neurological exam were pretty unremarkable other than his confusion, which is pretty bad. Can't give us any history at all. Hallucinating, rambling speech, the works. All the metabolic stuff, and cultures are negative. CT scan from the ER is normal. EEG shows mild generalized slowing, nothing unexpected for a demented old man. Spinal tap was

clear—zero cells, normal protein and glucose. So, we admit the guy, start him on IM thiamine and IV fluids. But all day, he keeps getting more and more confused."

"Greg, this is an alcoholic going into DTs. We see dozens of these guys a month. What's the big deal?"

Greg shrugged. "Sure, that's what I've been thinking. So we transfer John Doe to the ICU and load him up with lorazepam. His heart is racing away at a mile a minute, but all of his other vital signs are normal, kind of unusual for DTs. Well, one of the ICU nurses recognizes him from a previous admission. Turns out his name's James Wolmuth, so we pulled his records. He drank more than just a bit, but, aside from some minor orthopedic procedures, there was no other medical history of note and no record of ever having DTs."

"Greg, the first rule of medicine is that common disorders occur commonly. When you hear hoofbeats, you look for horses, not zebras. These guys *always* lie about their drinking. Sorry, Greg. It's hard for me to get real worked up about this."

"I know, I know, but here's the thing. Surrendra Patel was the chief ward resident last month, and, in that month, they had three cases just like Wolmuth. And all three went into prolonged convulsions complicated by cardiac arrest and died in spite of full resuscitative measures."

Peter's interest was piqued. Alcohol withdrawal seizures were generally brief, and death was unusual. Three deaths in a row were downright spooky.

"I notice you haven't told me anything about the drug screen."

Greg smiled. "You're one step ahead of me. Something just came back this morning."

"Don't tell me. Cocaine?"

"Wrong. It's positive for an SSRI, one of the new generation of antidepressants. Have you ever seen anything like this from antidepressants?"

"They can cause confusion, seizures, and cardiac arrhythmias, but you'd have to take a whopping dose. Was it ID'd?"

"Not yet. It's a 'send out' and has to go to a lab in Indiana. But listen to this. The three guys who died last month all had positive urine screens for SSRIs and had blood sent out for a GC/mass spec. The lab in Indiana says they can't identify it on any sample. Apparently, it's not in use in the United States. But unless it's super potent, it's not very likely to be the cause of death. Levels were very low in all three men."

Peter's brow furrowed. Gas chromatography/mass spectrometry was the most sensitive drug analysis they had available. "That is odd. But let's keep that in the back of our minds for now. What's your differential diagnosis?"

"What about herpes encephalitis?"

"With a normal EEG, normal spinal fluid, and no fever, herpes encephalitis is pretty much out of the running. What about Creutzfeldt-Jakob disease?" This was a "mad cow" look-alike caused by newly described microorganisms called prions that caused rapidly progressive mental deterioration and seizures.

"No muscle twitches and a minimally abnormal EEG," Greg replied. "The textbooks say you can't diagnose C-J on that basis."

"Did they post the other three guys?"

"Yep. Pathology was negative for C-J. They did immunohistochemistry for prion protein on two of them, and nothing showed."

"Doesn't sound like there'd be much sense to biopsy Wolmuth," Peter said. "Anything cardiac?"

"Minimal atherosclerotic coronary artery disease. No evidence for MI, no pulmonary emboli. It seems that all three men just … sort of … died. No good reason."

"You can see sudden unexpected death in epileptics, especially if they're poorly controlled or not taking their medication. That's uncommon, though. And three in a row?"

"Exactly," Greg agreed. "Besides, there was no prior history of epilepsy. Frankly, nothing fits very well."

Peter drummed his fingers on the table when an insistent vibration from his pager interrupted his thoughts.

"It's the ICU."

"Damn, it's Wolmuth."

As they entered the ICU, James Wolmuth was in the midst of a seizure, and the room was already beginning to fill with medical personnel. Two nurses were bedside opening the crash cart, and the respiratory therapist was bagging the patient.

"What's the scoop?" Greg asked.

"Mr. Wolmuth here was getting pretty agitated," the head nurse reported. "We had him sedated and restrained, but the sedation obviously wasn't cutting it. A few minutes ago, he began hallucinating and struggling at his restraints, and out of the blue, he started convulsing. The odd thing was that just before the seizure, his pulse shot up to one-fifty, but it looked like supraventricular tachycardia, so no one got worried."

Peter took charge. “Draw up fifteen hundred milligrams of fosphenytoin and drip it in over ten minutes. Get anesthesia up here and have him intubated, call surgery for a central line, and slip a foley into his bladder. He’s going to be bed bound for a while.”

Another nurse broke in, “Dr. Branstead, his seizure is quieting down, but he’s no longer in SVT. He’s in ventricular tachycardia now.”

“This is the exact scenario Surrendra told me about. Better call a code,” Greg inserted.

This is getting serious, Peter thought. Supraventricular tachycardia was a basically harmless rapid heartbeat that wouldn’t cause any danger unless it persisted for a very long time. However, ventricular tachycardia was different. It could quickly deteriorate into ventricular fibrillation, a deadly and frequently irreversible loss of the heart’s ability to pump blood. It had to be stopped, and fast.

Within thirty seconds, physicians, nurses, and technicians swarmed James Wolmuth’s bedside. Dr. Bruce Rathburn, the cardiology fellow, appeared at the bedside, panting from the exertion of pushing his ponderous bulk up five flights of stairs, two steps at a time, to get up to the ICU.

“Somebody want to fill me in on what’s going on around here?” Rathburn gasped.

Greg looked up at Rathburn from his chest compressions. “Sixty-five-year-old white male, no significant known medical problems other than drinking. Admitted yesterday in a confusional state with a negative workup. No history of heart disease, but he developed supraventricular tachycardia, probably from his agitation, went into a generalized tonic-clonic seizure, then V tach before he could even get an anticonvulsant.”

“Any pulse?”

“I’ve got one in the neck, but I can’t get a femoral pulse,” a nurse called out.

“Okay, we’re in business. Epinephrine one milligram, IV push, and magnesium sulfate two grams IV. And get an amp of lidocaine ready.”

“V tach at two hundred,” the nurse called out. “Complexes are becoming irregular. Dr. Rathburn, the heart rhythm looks like ventricular fibrillation. BP zero. I’ve lost the carotid pulse.”

“Shit. Hand me the paddles. Defibrillation set at two hundred joules. Everyone clear?”

He placed the defibrillator paddles to Wolmuth’s chest and looked around quickly while everyone drew back from the bedside. For a few seconds, the only sound in the room was the frantic beeping of the cardiac monitor.

Wolmuth's body lurched as Rathburn depressed the button on the paddle and the shock hit the chest wall, triggering a simultaneous contraction of every muscle in his upper torso.

There was a momentary pause while the capacitors in the defibrillating unit discharged before a tracing was visible.

"Nothing, Dr. Rathburn. Still in V fib. I can't feel a pulse anywhere."

"Another milligram of epi and seventy-five milligrams of lidocaine. Crank up the juice to three hundred joules. Everyone clear the bed."

There was a bigger jump, this time shaking the entire bed.

Another brief pause. The EKG tracing was looking much worse.

"No change, Dr. Rathburn."

Although he was struggling to pull James Wolmuth back from the brink, Rathburn remained calm and unhurried. Mentally, he was not dealing with a flesh-and-blood human being. He was dealing with a heart—a mass of muscle fiber and nerve cells, of shifts in sodium, potassium, and calcium ion fluxes that hopefully would cause the muscle to contract and the heart to beat. To think in any other way at a time like this would have driven him crazy years ago.

"Okay, give one more milligram of epinephrine and turn up the defibrillator to three-sixty."

Peter tapped Greg on the shoulder and motioned for him to join him in the doctor's lounge. This was not behaving like a horse. This was a real zebra, and a deadly zebra at that. They faded back from the bedside, James Wolmuth no longer needing their care. Rathburn would fruitlessly keep the code going for another twenty minutes or so on his own.

"Greg, something is definitely wrong here."

"A self-styled angel of mercy on the staff? That's what I'm thinking."

"Maybe. Get the names of the other John Does from Patel, and I'll pull their charts and try to find a common denominator. For now, let's keep this under wraps."

CHAPTER 2

Megan Hutchins strode down West Eleventh Street to get to her office. She snuck a peek at her reflection in a store window, frowned, and drew in her belly. She was attractive enough to have worked her way through college in Illinois by doing some local modeling, primarily for shoes and skirts because of her slender, well-toned legs, and she retained a model's self-consciousness about her appearance. She had managed to keep in shape in college with a regular jogging regimen, but after a few weeks in New York City, the wolf whistles, catcalls, and outright rudeness convinced her to give up jogging. She promptly gained ten pounds, no thanks to Peter's taste for high-calorie foods.

The two had met while Megan was finishing her master's in clinical psychology, during her clinical rotation on the psych wards at New York University Hospital where Peter was doing two months of psychiatry. Initially attracted by Peter's wavy, light brown hair and boyish good looks, after a few dates she found him refreshingly different. With her brilliant, hazel eyes and a face framed by long, brunette hair, men were quickly attracted to her. But the physicians she met were too full of themselves, and she took quickly to Peter's warmth and self-effacing sense of humor. Peter was emotionally honest and didn't play typical psychiatry mind games with her. Both she and Peter had lost parents at an early age, and there existed an unspoken understanding about certain things that helped establish an easy relationship. Although they had been going together for almost three years and had been living together for well over a year, discussion of marriage had been taboo by mutual consent.

Megan checked her watch just before she entered the office of West Village Counselors. Nine-o-four. Drat.

"Running a bit late, Miss Hutchins." Amanda Ivy peered at Megan from over her reading glasses as she sat at the receptionist's desk.

"I'm afraid so, Mrs. Ivy," Megan sighed as she walked to her office.

Mrs. Ivy was both business manager and receptionist for the practice, and she ran it just like her father, one of the first African American master sergeants in the newly integrated U.S. Army of the 1940s, had run his own household. Rigidly formal and obsessively neat and punctual, she kept the practice's disparate psychologists in line, the finances in order, and the schedules running on time.

As Megan reviewed the day's cases in her office, Mrs. Ivy buzzed on the intercom.

"Harriet Halleck called this morning. Mr. Halleck has been acting peculiarly over the past three or four weeks and appears to be getting worse. Your first slot was a cancellation, so I squeezed him in. They're here now. Shall I let them in?"

"Tell them I'll be out in a minute, Mrs. Ivy."

Megan pulled Frank Halleck's file from her drawer and sat down with it to refresh her memory before going into the waiting room. Frank was a remarkably intelligent fifty-two-year-old man with a round, friendly face and graying, wavy hair who worked as a laboratory assistant. Although at one time Megan had wondered if he might benefit from an antidepressant, Frank had declined psychiatric consultation, and Megan had signed off on his case several months ago after his mild depression lifted spontaneously. To hear of a sudden behavioral change was unanticipated.

Megan was not at all prepared for what she saw when she got to the waiting room. With a distinctly compulsive component to his personality, Frank Halleck had never shown up for an appointment without a jacket and tie. Today, Frank was in his shirtsleeves, and it was a food-stained shirt at that. Unshaven, dishevelled, and gaunt, he looked like he had just gotten out of bed. But Megan was most disturbed by his eyes. Even in the worst depths of his depression, Frank's eyes had been clear and energetic. Now, he had a vacuous, distant stare, and he didn't acknowledge Megan's entrance into the room.

Harriet Halleck appeared marginally better off than her husband did. Harriet was a female carbon copy of Frank, round-faced, with short, thick legs and graying hair. The two had been married for almost thirty years and had seen two children grow up and marry. They had developed an exceedingly close, loving relationship, although Harriet had always been the more emotional of the two. But now she looked like she hadn't slept in weeks, her eyes underlaid by dark circles and age lines showing around them for the first time since Megan had known her. Nonetheless, Harriet managed a weary smile.

"Thank you for seeing Frank on such short notice. I wouldn't impose myself on you like this, but I'm at my wit's end. I just don't know what to do." Tears began to well up in her eyes.

"Harriet, please. You're not imposing."

"Come with us, Frankie." Harriet helped him up out of the chair, and he tottered into Megan's office like an old man.

In the privacy of Megan's office, Harriet broke down.

"The last month has been a nightmare," she sobbed. "That's when Frank began forgetting things. They were little things, so I really didn't think much of it until he began getting irritable and started yelling at me for no reason at all. I thought it was stress at work. But things have just gotten worse every day."

Megan listened while Harriet proceeded to detail a long list of behavioral changes: worsening confusion, nighttime wanderings, deteriorating personal hygiene, even turning on the garbage disposal at three in the morning and leaving it on because he thought it was the dishwasher. Through it all, Frank sat immobile and impassive.

"The final straw came last night. I had just come back from the grocery when Frank started screaming at me for sneaking out to have affairs with other men. We've been married for thirty years. Frank just kept going on and on about this, and there was nothing I could say that would change his mind."

"Frank, what do you have to say about all of this?" Megan asked.

"All of what?" Frank asked in return.

"Frank, your wife has just emptied her heart out about your behavior. Don't you have anything to say?"

"Who the hell are you and why should I be talking to you about anything? Harriet, let's go home. I'm tired."

Megan was stunned. Frank Halleck had changed dramatically in less than a month.

"Harriet, Frank has to see a doctor as soon as possible. My boyfriend's a neurologist. Sign a release for Dr. Peter Branstead, and I'll talk to him tonight. I'm sure he'll fit Frank in sometime in the next day or two."

As the Hallecks turned to leave, Megan attempted to lighten the mood. "By the way, Frank, tell that adorable cat of yours that Charlie sends his regards."

Harriet wheeled around and shook her head frantically. Frank also turned. He stared wide-eyed at Megan.

"Cat," he shouted angrily. Then, "cat, cat, Cat, Cat, CAT, CAT. That's it. CAT, CAT. That's what did it. CAT, CAT, CAT, CAT."

He kept chanting on and on, louder and louder, while Megan watched in stupefied silence, and Harriet rubbed Frank's arm and reassured him that everything was going to be all right. After several minutes Frank finally calmed down, his eyes resuming their original vacant stare.

"I didn't mention it because I didn't want to get him started, but he's been obsessing on you-know-what for a week, and this is how agitated he gets when I even mention the subject. I've actually had to give poor little Goldie away."

Harriet turned, dried her eyes with a handkerchief, and held her husband by the arm. "Come, Frankie. Let's go home."

It had been a long, exhausting day. Megan had had to struggle to concentrate on her remaining clients that afternoon. Her meeting with the Hallecks had devastated her emotionally in a way that she hadn't felt since she was five years old and her mother had died, her car hit head-on by a drunk driver. Megan often thought that her interest in psychology was a quest to find solace in helping others work through the pain of desertion that she still felt.

Never one for being loving and affectionate with his only child, Megan's father had enmeshed himself in his sales work, and he'd spent the better part of his time on the road. Megan had been left with an assortment of relatives until her father had remarried three years after his wife's death. His new wife was a closet alcoholic who had physically and verbally abused Megan and cheated on Megan's father throughout their marriage. Megan's younger stepbrother was her sole comfort in those years, and the two had frequently huddled together in bed while her stepmother stormed around the house in drunken rages or shacked up vociferously in the next bedroom with that evening's paramour.

Eventually, her stepmother's affairs had become too blatant to be hidden even from a traveling businessman. Megan's parents had divorced, and her stepmother and stepbrother had moved away. Over the years, Megan had written and sent pictures in an attempt at reconciliation, but she had never received a reply.

Megan leaned back in her armchair and stared at the ceiling. "I'm sorry, your hour is up. We'll get back to this at our next session, shall we?" she said aloud to the empty room. With a deep sigh, she got up from the chair and packed her briefcase.

Megan left her office building and walked down West Eleventh Street toward Greenwich Avenue. Megan loved walking through the West Village, with its stately townhouses flanked by majestic white elms, sycamores, and gingkoes bursting out of the narrow sidewalks. The side streets of the West Village had a small-town ambiance, all the more unique for being nestled between some of the

busiest streets in Manhattan. To walk down Bank and Charles Streets had a therapeutic effect on Megan, calming her down after a day of listening to other people's traumas.

But this evening something caught Megan's attention, and she slowed her pace cautiously. Perched incongruously on the steps of a townhouse, his arms resting casually on his knees, was a grotesquely unkempt derelict. He was wearing a pair of baggy, dirt-stained slacks; a grimy tee shirt; and, in spite of the warmth of the evening, a full-length army surplus overcoat, obviously well slept in by its appearance, with gaping tears at the shoulder seams. His shoulder length hair was matted with the filth of the streets and an angry, jagged scar stretched across his left cheek. The derelict eyed her intently as she approached, but not in the leering way some men did. He stared directly and unwaveringly into her eyes.

The intensity of his stare made her distinctly uncomfortable, and she looked straight ahead and picked up her pace as she approached him. But out of the corner of her eye she could see his head turn to follow her as she passed him and continued on toward SoHo.

CHAPTER 3

Set apart from Greenwich Village by Houston Street as it slashes across lower Manhattan, SoHo is a mélange of colors, sounds, and textures. Its graceful multi-colored ironwork buildings, constructed at the turn of the century to meet the mercantile needs of the growing capitalist class, now housed professionals, artists, and midlevel corporate managers. Attracted by the central location and floor-to-ceiling windows that allowed as much haze-filtered sunlight as possible into the newly renovated loft spaces, they came in droves. In turn, their presence spawned the development of antique shops, art galleries, nouvelle cuisine cafes, and clothing salons that filled the spaces where, a half century earlier, throngs of immigrants toiled in crowded sweatshops.

Traversing the fractured sidewalk of Mercer Street, Megan bounded up the graffiti-sprayed stoop and rode the ancient freight elevator up to the second floor.

"Charlie, sweetie." Megan bent down and scratched the head of their black and white spotted cat, who greeted her noisily as she walked through the door.

"About time," Peter called from the kitchen. "Can't make veal a la Branstead without the veal."

"Sorry. Got held up at the office." She dropped the veal off on the kitchen counter and rushed to the bedroom.

Of necessity, dinner preparation at their apartment had become an effort of teamwork and compromise. It had to be. Peter loved heavy cream sauces. Megan's tastes, on the other hand, were less elegant and more healthful, her preference running to simpler vegetarian dishes. "Lips that touch tofu shall never touch mine" Peter had threatened, but eventually they compromised by switching off on the main course, and tonight was Peter's turn.

Megan quickly changed into a sleeveless, short, cotton dress for comfort, her legs bare in the warmth of the June evening. Peter was already sautéing the veal when she returned. Preparing the salad, her mind was occupied by Frank Halleck's horrible descent into madness and Harriet's anguished helplessness.

"You know, the weirdest thing happened today in the hospital," Peter suddenly remarked. "We've had a rash of unexplained deaths on the neurology service. The victims are all unidentified derelicts admitted in a confusional state and, after a day or so, they suddenly convulse, go into cardiac arrest, and die. Just had one today. Greg Johnson … you know Greg—the tall black guy at the departmental Christmas party—was right on it, but the only finding was a minute quantity of an unknown SSRI in the blood."

"Why did you call them 'victims'?"

"All I've got are suspicions, but these might be intentional poisonings, perhaps by someone on staff."

Megan was stunned by the implications. "Are you going to report this?"

"It could all be alcohol withdrawal. I'd look like a jerk if I went to the medical staff board without clear evidence. I'm going to cancel my office for the next few days to do some in-house investigating of my own."

"Don't close the office, Peter. I've got an emergency that came up." She then went on to recount her experience with the Hallecks, including Frank's obsession with cats.

Peter cocked an eyebrow as he listened. "He's got a rapidly progressive dementia. But what's this 'cat' business about?"

"He's a research assistant. Used cats as lab animals. I think Frank's work with cats made him obsess about some imagined power his own cat had developed over him." Megan bent over, and petted Charlie. "No, no, no. Don't worry, Cutie. Nobody's going to dice up *your* brain for science."

Peter shook his head. "Doesn't make sense. Tell Frank's wife to bring him to the ER sometime tomorrow. This has been coming on too fast for an outpatient workup."

Megan considered telling him about her encounter *en passant* with the young vagrant but changed her mind.

"The next time Daniel and Rachel come over, why don't I cook the entree?"

Peter looked at her and grinned. "You are kidding, aren't you? Put a slice of your vegetarian meat loaf in front of Rachel, and it would end up in Charlie's bowl. She's never met a cholesterol molecule she didn't like."

Megan patted Peter's abdomen affectionately. "Pot calling the kettle black?"

"Rachel and I are pretty compatible in that way," Peter mused. "And I always did have a weakness for blondes."

Megan smiled wickedly and brandished a ten-inch French chef's knife.

"Listen, Buster, you do anything to come between me and my best friend and I'll have just three words of warning for you: John … Wayne … Bobbitt."

"M-e-e-g-a-a-n!" The door flew open, and Rachel Falconer breezed in, greeting Megan with a hug and a kiss on the cheek. Daniel Falconer, following behind her, smiled and shook Peter's hand.

"How's it going, Pete?" Daniel's standard greeting, short and succinct.

The Falconers were a study in contrasts. Rachel's personality instilled either affection or annoyance in people. Raised in central Ohio, she was brassy and loud and stood out from her more restrained classmates and friends. As a literature major at Wellesley College she had found her social niche in the school's New York City contingent and had sworn an oath to someday live in Manhattan.

Rachel's physical appearance was equally striking. Five feet seven inches tall, with shoulder-length naturally blonde hair and finely chiseled features, she had come to New York with a slender athletic build, which was beginning to show the effects of the Greenwich Village culinary experience. However, she maintained a rigorous physical training regimen, and the added pounds only served to subtly feminize her underlying muscle tone.

When they'd first met, Daniel was studying for his doctoral degree in international relations at Harvard's Ukrainian Research Institute. His family had been living in the Back Bay area of Boston for many generations, and he had absorbed his constrained emotionalism from the environment. Rachel had viewed it as her God-given responsibility to propel Daniel out of the libraries and lecture halls and into real life.

Their friendship had developed rapidly into a deeply loving relationship, and Rachel had ended up accompanying Daniel to Washington when he was awarded a position as visiting faculty at Georgetown University. After marrying a few years later, they'd transitioned their jobs into their marriage. Rachel's happiness had become complete when Daniel had accepted a tenured position at New York University and they'd moved to Greenwich Village.

Since the breakup of the Soviet Union, Daniel's research had become a hot ticket item in academic circles, and he was constantly traveling to what was now the Commonwealth of Independent States for conferences and lecturing. For her part, Rachel had managed to parlay her literary background into a freelance job

writing travelogues of Eastern Europe and Russia, enabling her to accompany Daniel on most of his trips.

"Peter, it's so good to *see* you again."

Peter endured her hug. Megan looked on and sighed. Peter always kept an emotional distance from others, even in their relationship. Another issue for another time.

"What travelogue are you working on now, Rachel? I'd love to read it." Megan asked over the clinking of wine glasses.

Daniel smiled and answered for Rachel, whose mouth was stuffed with veal. "Rachel is very self-conscious about her writing. She doesn't even let me read it. She writes for journals of very narrow interest that don't have much public circulation. I think she'd freak out if she ever saw one of her articles on a newsstand, wouldn't you, Rache? Right now she's working on a travelogue for Western Ukraine and the Carpathian Mountains."

"We just got back from there," Rachel interrupted, spearing an artichoke heart with her fork. "You wouldn't believe how indescribably beautiful they are at this time of year."

Megan reached out and held Peter's hand. "Why can't we go on a romantic trip sometime?"

"Reality check. Remember our student loans?"

"If the university weren't paying our way, we wouldn't be able to travel much, either," Rachel added between mouthfuls. "But I'll let you in on a little secret. Daniel made some overseas connections and might finagle some money to get us all over as a foursome later this year."

"Sounds good to me," Peter said, and was barely able to get the words out before Megan kissed him full on the lips.

After waving good-bye from the window as Dan and Rachel strolled together down the street, Megan walked to the kitchen and sighed as she stared at the pile of dishes in the sink. Unfortunately, French cooking still required American cleaning. She began scrubbing the dishes as Peter straightened up the loft and turned off the lights.

"Wouldn't a trip overseas be so romantic?" Megan's reverie was interrupted by the gentle sensation of Peter's insistent lips softly kissing the back of her neck, causing a brief shiver to run down her spine. "Peter, please. If I don't finish washing these dishes, we'll have an army of cockroaches by morning," she protested unconvincingly.

"I love you," Peter murmured as he drew her skirt slowly up above her hips. Megan set her hands on the edge of the sink to steady herself as her head swam and her heart pounded under Peter's caressing hand. As her passion rose, the rhythm of her breathing matched that of Peter's.

"Screw the dishes," Peter whispered. He turned her around and kissed her deeply as his free hand switched off the light.

Chapter 4

Peter held on tightly to his mother's hand as they rushed down the long hospital corridor to his father's room. He stared up at the nurses and doctors as they passed by, some smiling back at him but most simply hurrying by, ignoring the mother and her little boy, their minds focused on other things. To Peter, the corridor stretched on for miles and miles as his little legs began aching from the strain of keeping up with his mother. He looked up at her to see if she would slow down just a bit, but her eyes were fixed straight ahead, staring down the hallway to his father's room at the end.

Outside the room, Peter's mother began putting a white hospital gown over her clothing.

"Do I have to put one on, too?"

"Yes, dear, even the nurses and doctors have to put on gowns, masks, and gloves before they go into Daddy's room. The sign on the door says so."

"All," "mask," and "room." At not quite four years of age, those were the only words he could read on the sign. He didn't want to wear a mask. It might frighten Daddy. He turned to his mother to ask if he really had to, but she was talking to Daddy's doctor and didn't pay attention to him.

Peter quietly opened the door. It had been two weeks since Daddy had had to come into the hospital, but it felt like forever, and until now he hadn't been able to see him at all. Mommy said that he was very sick, and the doctors had to give him very strong medicines, so strong that he had to stay in the hospital to get them because if he even caught a cold while he was on these medicines, he could die. But Peter didn't have a cold. He didn't even feel sick, so he really didn't need all that stuff on him.

Peter stepped into the room, the door closing behind him. His father was lying in his bed, asleep. He had never seen him look like this. Daddy had always been so big

and strong that he could lift Peter up from the ground, throw him in the air, and catch him again, all with one hand. He had been the biggest Daddy on his block, maybe even at his school, but now he was so skinny and pale that Peter almost didn't recognize him. As Peter tiptoed toward the bed, his father opened his eyes and smiled. With great effort, he slowly raised himself up so he was resting on his elbow, so weak he could barely support himself.

"Hey, Sport, good to see you. I missed you."

Peter ran the few steps to the bed and threw his arms around his father's neck while his father held him tightly in his skinny, wasted arms and cried.

His mother screamed as she burst through the doorway to grab Peter and pull him back outside.

"Peter, get away from Daddy! You'll kill him!"

You'll kill him … kill him … kill him …

Peter was sitting bolt upright in bed when he awoke, his heart pounding furiously. His face was clammy with sweat, and his breath came in hard gasps. It took him several minutes to calm himself enough to lie back down next to the slumbering Megan.

His father had died just a few weeks after that visit, his acute myelogenous leukemia deteriorating into blast crisis that failed to respond to even the experimental chemotherapy protocols he had been on. The dream had started a few months later, and it still wouldn't leave him.

Peter turned off his alarm clock, set to ring in only fifteen minutes, slipped silently out of bed as not to wake Megan, and got ready for work.

By the time Peter got to the neurology ward, Greg Johnson was already waiting with the full contingent of medical students and house staff. Casual talk about final exams and the Mets' grim outlook for the pennant race broke up on Peter's arrival.

"Good morning, Dr. Branstead. The medical students have a fine selection of clinical material to present to you this morning. I hope you're not too pressed for time."

"I've canceled my office, so take your time."

But there was barely enough time to finish rounding on the first patient before Greg's beeper interrupted them.

"ICU. Here we go again," Greg muttered.

"Not another one? You didn't tell me we had another one."

"Sorry, Dr. Branstead. He was next on the list. He came in late last night, confused and hallucinating just like the others, but he seemed medically stable. I put him in the ICU mainly for observation. I also took the precaution of loading him up with fosphenytoin for seizure prophylaxis, but it doesn't sound like my idea worked."

By the time they arrived in the ICU, John Doe was in a full-blown convulsion, and Bruce Rathburn was already at the bedside.

"What are you doing here?" Greg asked.

"Preemptive strike. I heard you admitted another John Doe last night, and I thought I'd check things out from the very beginning. Saves me a vertical fifty-yard dash from the doctor's lounge." Rathburn turned to a nurse. "John Doe's looking a bit shaky, if you'll pardon the pun. Why don't we have anesthesia mosey on up here, just in case? Someone tell me what he's doing."

"I can't tell if the heartbeat is wide complex supraventricular tach or accelerated junctional tach, Dr. Rathburn," one of the nurses called out.

"No big deal. What's his rate?"

"Two-fifty, BP stable."

"Good. His seizure is subsiding. Maybe he's over the hump. Let's give him six milligrams of adenosine for starters."

"Just a second. I think he's in ventricular tachycardia now. Could you check the monitor, Dr. Rathburn? I'm not sure what his heart's doing."

"Oh boy, we've got trouble. Lidocaine seventy-five milligrams, IV push. Run the IV with lactated Ringer's wide open, and give a gram of mag sulfate over fifteen minutes."

"It looks like he's in V tach, rate two-seventy-five, BP ninety over fifty. No spontaneous respirations."

"Anesthesia, can we get him intubated? One milligram of epinephrine IV."

"V fib, Dr. Rathburn. I can't get a pulse. Shall we call a code?"

"In case you haven't noticed, this already is a code. He's in pulseless V tach now. Give another milligram of epi, fast, and lidocaine seventy-five milligrams, IV push."

"No pulse, no BP, Dr. Rathburn."

"Damn it, damn it, damn it. Give me a break. Okay, set the defibrillator at two hundred joules." Rathburn was starting to sweat. Nothing was making sense.

Greg and Peter retreated again from the bedside, taking the ward staff with them, and left Rathburn to his misery.

"Greg, you'll have to finish rounds without me," Peter said. "Make sure the lab has the blood samples that were drawn in the ER. I've got a neurotoxicologist

friend uptown. I'm going to run this by him and send him samples of blood and spinal fluid from every John Doe that's died in this hospital in the past month. Apologize to the med students for me. We'll have to do rounds on the run this afternoon."

"Okay, Dr. Branstead. What do I tell Bruce?"

They both looked over in the direction of the code. Interspersed between futile attempts at cardiac defibrillation, Rathburn's chest compressions were punctuated by the sound of cracking ribs. It took only four minutes of oxygen deprivation before brain cells began dying.

"Tell him I'm a No Code," and he left the ICU to go down to medical records.

Megan rode up in the elevator to her office, brushing stray cat hairs from her skirt. She would have to call Harriet Halleck and tell her to bring Frank to the St. Mark's Emergency Room, and Peter would examine him there. She only hoped that there was something that Peter could do for him.

"Good morning, Mrs. Ivy."

"Good morning, Miss Hutchins. Mrs. Halleck called earlier this morning, almost as soon as the office opened. She wants you to call her. It's urgent."

Megan walked into her office, closed the door, and called Harriet Halleck. The phone was picked up after one ring.

"Hello, Harriet, this is Megan Hutchins. I spoke to Peter last night and he said he'd be glad to see Frank if you bring him to the emergency room anytime …"

"Megan, that's why I called. Dr. Albright admitted Frank to East Side Psychiatric Center last night."

Megan knew of Dr. William Albright. He was Frank's employer and a well-published research psychiatrist at New York University. He was very demanding, and the workload that Frank suffered under was a frequent topic of conversation during Frank's therapy for depression.

"How did that happen?"

"I took Frank to the lab yesterday afternoon to pick up some of his things, and Dr. Albright was there. He was concerned about Frank's behavior at work."

"Did you tell him that he was going to see Peter?"

"Yes, but he insisted that Frank was having a psychotic break, that it wasn't neurological at all, and that he needed admission immediately."

"Did you ask him to call me first?"

"He got very huffy and said that he knew what he was doing, and there wasn't time."

No time for a phone call? Megan thought. *Give me a break.*

"I told him I would agree to a psychiatric hospitalization if Dr. Branstead was allowed to see him at East Side Psychiatric Center during his admission. He didn't like the idea, but he said that would be acceptable."

Megan thought the whole scenario was a bit odd, but before she called Dr. Albright, she had to know how to proceed. "Harriet, did you tell Dr. Albright about my relationship with Dr. Branstead?"

"No, I didn't think that was any of his business."

"Good. I'll call Dr. Albright today, and I think it best he not be aware that I know Peter. Frankly, Harriet, I don't think it's ethical for him to admit his own employee to a psychiatric hospital under his own care. Let me look into this."

"Thank you so much." Harriet's voice sounded tired and frightened.

"Dr. Albright speaking."

"Dr. Albright, my name is Megan Hutchins. I'm Frank Halleck's therapist."

"How do you do, Miss Hutchins? Mrs. Halleck told me about you. I thought you might call." Albright's voice was self-assured, bordering on arrogant.

"I could have Mrs. Halleck deliver a written release in a few minutes if you wish, Dr. Albright."

"That won't be necessary, Miss Hutchins. I believe it is Miss Hutchins, isn't it? I detest this contemporary habit of addressing women as 'Ms.'" He pronounced it "mizzz," with obvious sarcasm.

"Miss will be just fine, Dr. Albright." His pomposity was getting abrasive. "To get back to Frank, I've been his therapist for quite some time, and I had the opportunity of seeing Frank and Mrs. Halleck in my office yesterday. His behavior was very disturbing."

"I agree, Miss Hutchins. Frank's been under a great deal of stress recently. I'm at a crucial point in my research, and we're compiling data preparing a paper for publication. I'm afraid Frank took too much upon himself and has had a bit of a breakdown."

"Any insight about his perseveration about cats?"

"Much of our studies are done with cats as test animals, and among Frank's responsibilities was sacrificing the laboratory animals. I suspect his guilt and the stress probably precipitated a psychotic break."

"What about a neurological consultation?"

"Mrs. Halleck told me you recommended a neurological opinion, but I really feel that immediate psychiatric intervention is necessary until we can get Frank stabilized. I assure you this really shouldn't take more than a few days."

"Well, I'm not sure if Mrs. Halleck told you, but some of Frank's behaviors have really been more compatible with a dementia than a psychosis."

"Such as?" There was a tinge of frostiness in his voice.

"His memory is terrible. He's been wandering about at night, disoriented in his own home. He's ceased to care at all about his personal grooming. And he's had severe personality changes, going from extreme passivity one moment to intense paranoia and agitation the next. At the very least, I think you should entertain the possibility that this represents an organic psychosis and have Frank admitted to a hospital for medical clearance before you begin treating him psychiatrically."

"Miss Hutchins," Dr. Albright began, the touch of frostiness now distinctly glacial, "I do not believe your training as a therapist qualifies you to make medical diagnoses. As for myself, I have spent a great number of years researching the clinical aspects of dementia and psychosis, and I believe that my medical background as well as my laboratory and clinical research give me ample justification for admitting Frank to East Side Psychiatric Center. In addition, an internationally known colleague of mine is coming to visit in a few days, and I intend to present Frank's case to him for a second opinion. I don't mind if Mrs. Halleck's neurologist pays Frank a visit, although I will not allow Frank to be removed from the premises while he is my medical responsibility. Now, Miss Hutchins, will that be all?"

Megan was incensed. She wished she could reach her hand through the phone and grab Albright by his self-important neck, but it was not in Frank's interest for her to get into a shouting match with Dr. Albright, who obviously knew he held all the cards.

With one exception.

"I also wanted to tell you," Megan began, "that as a therapist I find it highly unethical for an employer to have his employee admitted to a psychiatric facility on his own service." Megan's voice picked up slowly as she went along. "I'm sure you can appreciate that as Frank's employer you already hold a position of power over him. I feel that, to avoid adding the power you would get by gaining access to his most private and intimate thoughts, you really should excuse yourself from a position as Frank's psychiatrist and hand that responsibility to someone without a vested interest. In fact, I would consider it my responsibility as Frank's ther-

apist to bring this issue up with the Ethics Board of the Psychiatry Department at New York University if you don't."

There was a momentary silence before Albright spoke.

"Now you be quiet and listen to me, young lady," Albright began in slow, measured tones. "I have spent years establishing an academic and clinical reputation in my field, and I don't intend to let some Mizz-Know-It-All with a few paltry years of clinical experience tarnish it, least of all over an issue that she knows nothing about. I have very powerful friends, both in the academic and the business and political communities and if you dare to try and lock horns with me, I will make certain that you will be finished professionally in this city and that you'll consider yourself lucky to find a practice any closer than Bridgeport. So don't let me ever hear you trying to make threats to me again. Have I made myself abundantly clear, Miss Hutchins? Have I?"

Megan clenched her hand so furiously that her nails dug into her palm, but she realized that she had played all her cards, and he had called her bluff.

"I believe so."

"Good. Then I feel that I have adequately fulfilled my obligations to my patient by communicating my plans to you, and I believe further contact between us will be neither necessary nor in Mr. Halleck's best interest. Have a good day, Miss Hutchins."

"Good day, Dr. Albright," Megan said to empty air. She set the phone down on its cradle and took several long, deep breaths to calm down.

It was late afternoon before Peter finished going through the charts of all John Does who had died of cardiac arrest following a seizure in the past month. In addition to the five on the neurology service, he'd found two more who had been admitted to medicine service and one to the psychiatry service locked ward. All were virtually identical situations: men in their fifties or sixties found wandering and disoriented on the street with no ID and no known family. Extensive workup was all either completely normal or showed minor abnormalities clearly unrelated to the patients' present condition. All had alcohol levels of zero, which in itself was a remarkable finding in this patient population. Almost all had had lumbar punctures and CT scans of the brain, with undistinguished results.

Nursing staff had identified a few from previous admissions, and Peter had dug up their old charts. Some, but not all, had a history of episodic alcohol abuse but appeared to have recently been doing well—no evidence of malnutrition, vitamin deficiency, or liver abnormalities that would indicate recent alcoholic

binges. In fact, by their lab work they appeared healthier now than during prior admissions.

Most disturbing was their hospital course following admission. Over twenty-four to forty-eight hours, their dementias invariably progressed. They began hallucinating, became increasingly agitated in spite of heroic doses of sedatives, and progressed into a single, prolonged convulsion culminating in cardiac arrest and death, in spite of full resuscitative efforts.

He started with the hypothesis that the men had been poisoned on the street. In all probability, the dementia, seizures, and cardiac arrest were part of the same pathologic process. A batch of hootch could easily be spiked without the victim's awareness. On the Bowery, wine selection criteria were necessarily broad. But the contaminated moonshine theory wouldn't explain why they all had alcohol levels of zero on admission and continued their clinical deterioration in the hospital.

What about an in-house killer? Almost all of the victims had had IV lines at one time or another, making their veins readily accessible for injection with some undiscovered toxin or drug. However, they had been admitted to different units: three had been on the neurology ward; two were admitted to medicine, but had been on different inpatient units. Two were admitted directly to the intensive care unit, where they were under constant surveillance; and one had been admitted to the psych locked ward, where anyone having contact with the patient was thoroughly screened. Although they had all come in through the emergency room, this happened on different shifts, and some hadn't gotten peripheral lines put in until they got to the floor. The one admitted to psychiatry hadn't gotten an IV until he actually started going into convulsions. It remained possible that someone, perhaps even nonmedical staff such as a transporter or housecleaning personnel, could have been wandering about the hospital surreptitiously poisoning these poor men, although they wouldn't have had ready access to those admitted to the ICU or the psych service. There certainly would have been easier victims on almost any ward service in the hospital. Besides, it would take a highly sophisticated mind, extremely knowledgeable in medicine, to choose a drug that would escape detection for this long.

There was only one inescapable conclusion: someone on the medical staff was selecting itinerant vagrants as guinea pigs and killing them right in front of the unsuspecting hospital staff.

A deep sickness roiled in the pit of his stomach. This couldn't be happening in St. Mark's Hospital, but it was, and before he could present his findings to the medical staff board, he needed to call Steve Bergstraum.

Dr. Steven Bergstraum was an old friend of Peter's from their residency days when he had been Peter's senior resident. A brilliant neurologist, Steve had used his remarkable intelligence to become one of the world's experts in neurotoxicology and had secured a tenured position on staff at the Neurologic Institute on the Upper West Side at the remarkably young age of thirty-five. Peter had relied on Steve's expertise in the past on cases of industrial chemical exposure, but now he really needed some advice.

"Pete, long time no hear. You and Megan tied the knot yet?"

"Not yet, but I think were getting close," Peter lied.

"Yeah, yeah! I hear you. I've been there, too. But don't let her get away. She's a real catch."

"Send me the bill for the couple counseling, but I need your professional expertise in a more neurological vein."

Peter then recounted the story of the demented vagrants, including his detective work in the medical records department. Steve periodically interjected questions about clinical and laboratory specifics.

"What I need to know is whether you've ever heard of a toxin that can cause a rapidly progressive dementia and fatal seizures. If so, I've got to investigate the possibility that someone is poisoning these guys."

There was a long silence. Peter let him think.

"You got me on this one," Steve said. "But don't go to the authorities yet. Why don't you do this: send me samples of blood and, if you've got 'em, spinal fluid from as many of the victims as you can. I don't need much. I've got nuclear magnetic spectroscopy, gas chromatography, the works. All I need is one cc of blood, but the more the merrier. If you can, send me some blood drawn in the ER, and I might be able to tell you whether it was administered in the hospital or out on the street. It will take me a couple of days, though, and you'll have to promise me one thing."

"What?"

"Coauthorship of any publications."

Good God. Just like Steve.

"I'll be more than happy to give you top billing. Call me as soon as you figure something out."

"Regards to Megan. Talk to you later."

Megan finished the notes on her last patient. Two emotionally exhausting days in a row had wiped her out. The debacle with Albright was her own fault. He was obviously a master at control and manipulation, and he had caught her

off guard. There was nothing she could do but shrug it all off and explain things to Harriet.

Megan packed up her papers into her briefcase and left the office. It was late, and even Mrs. Ivy was gone. As she rode the elevator down, she tried to go over in her own mind how to tell Peter what had transpired between her and Dr. Albright. Peter was much more politic than she was. Perhaps he'd have better luck.

It was dusk by the time Megan left the building. She turned and started walking down West Eleventh Street, then stopped abruptly. There was a man, dressed in the same clothes that the scar-faced man had been dressed in the day before, standing by the same stairway, looking in her direction. In the dim light, his face was too indistinct to see clearly, but she was certain it was he. Chilled by a transitory flash of fear, she hesitated in her tracks, unsure of what to do. Lower Manhattan was full of equally disreputable-appearing men, and she walked by at least a half-dozen of them on a daily basis. But it was her uneasy recollection of his stare that finally convinced her to turn around and walk the other way. He seemed to know her, and it was obvious that she was being stalked. Was he some psychotic that she had examined during her training, finally discharged from a state hospital and free to pursue his obsessions? Frightened, she picked up her pace to a rapid stride, hurrying down the street as quickly as she could without running, and struggled to recall his face among those of the myriad that she had interviewed.

As she turned onto Hudson Street, she glanced back quickly. She was being pursued, all right. The man had left the stairway and was more than matching her pace, closing the distance between them. Racing down Hudson Street, she searched anxiously for a cab. Her pursuer had already turned the corner. No more than a hundred feet separated them. She dashed directly into the middle of the street, waving her arm wildly. A taxi, its Off Duty light on, screeched to a halt a few yards in front of her.

"Whaddayoufuckinuts?" was all that Megan heard from the driver, but she ran to the side and jumped in before the cabbie could finish the sentence.

"Drive. Now! That man's stalking me."

The cabbie recognized the look in her eyes as one that he had seen in many women over the years. He turned around and the cab lurched forward into traffic.

Megan turned around and looked out the back window of the cab. Her pursuer was standing on the exact spot where she had jumped into the cab, staring at her as it sped away. In the harsh light of the street lamp, she could barely make

out the long scar angling across his left cheek before he turned around and faded away into the darkness.