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ONE

*Hospital of the University of Pennsylvania
Philadelphia, Pennsylvania*

How could she be dead? She was perfectly healthy, Dr. Scott Merritt wondered, gazing at the woman laying on the operating room table and covered with crisp blue surgical drapes. The scalpel handle with number ten surgical blade resting comfortably between the thumb and forefinger of his surgical-gloved hand was fresh, gleaming, and had obviously never been used. *I haven't even touched her!* Yet unmistakably, there lay his patient, her gray hair tucked neatly beneath a flowered surgical cap, her late sixtyish softly wrinkled face, clay-like, her dark brown eyes staring lifelessly. “Dan, what just happened to my patient?” Scott called out through his surgical mask to the anesthesiologist.

Traces of his voice bouncing off the OR's tiled walls answered him.

“Dan?” Dr. Merritt looked up from the woman's face to the anesthesiology station behind the head of the table. The anesthesia machine was there—turned off and with no anesthesiologist. Had Dan abandoned his post—an unforgivable breach of protocol, the kind that make malpractice attorneys salivate?

His long surgical gown swishing, Dr. Merritt stepped around the supine woman, and banged his thigh into the corner of a low, long green-draped table that jingled with the impact.

“Oww! Nurse, move that instrument table! It doesn't belong there!” He surveyed the table's wide array of neatly-laid surgical instruments: there were dozens of differently sized and shaped forceps, hemostats, hand-held and self-retaining retractors, various Metzenbaum and operating scissors, needle holders, and blade handles. But there were also at least forty other instruments that Dr. Merritt hadn't ordered; some he didn't recognize. He did not see the ball and shaft prosthetic shaped like a cockeyed ice cream cone that was supposed to be soaking in a basin of sterile solution, ready for the hip implantation. Dr. Merritt scrutinized the contents of the table, using his finger as a laser-pointer. *Where's my bone cutters and rongeurs? My bone curettes? My osteotomes, chisels and bone mallets? My bone files and rasps?* “Nurse, what is this? It sure as hell isn't an orthopedic tray! And where is Mrs. Thornton's implant? We were supposed to do a hip replacement this morning!”

Dr. Merritt looked up from the instrument table. There was no nurse attending it. Something flickered just in the corner of his right eye.

He whirled around: alongside the patient was a separate, braced metal table, with i.v. poles on two corners. On top of the metal table, a compact box hummed. Two long, ribbed plastic tubes extruded from the box. Dr. Merritt immediately recognized it, though as a general orthopedic surgeon, he'd never needed one: a pump-oxygenator, more commonly known as a heart-lung bypass machine. Used to temporarily take the place of the heart during open heart

surgeries or transplants, it replaced the heart's pumping action and transferred critically needed oxygen to the lungs.

Am I in the wrong surgical suite? No, that machine wasn't here a moment ago. And where's the tech who's supposed to monitor it? Gazing around the OR, For that matter, where is everybody?

Surgical Suite #7 was deserted, except for the patient. The room itself felt—altered: a bit more spacious, the green tiling slightly brighter, the suction outlet on the wall to the right side of the anesthesia machine instead of the left. He glanced behind him toward the sign of O.R. #7 over the doorway. It wasn't there.

Scott wanted to turn and leave, but his eyes fell on the pair of tubes that led from the heart-lung bypass machine onto the surgical table and into a square opening in the blue drapes over the patient's chest. That wasn't there before. How could this possibly be his patient? Tasting sweating dripping from his upper lip under his mask, he shuffled forward, following the tubes to the skin, rustic brown from the mixing of iodophor scrub and incidental blood, peeking through the blue drapes. Crinkling his nose to make certain his mask was secure, he peered into the surgical well, a clean-bordered cavity in the patient's chest.

The cavity was empty. The patient's heart was gone, neatly excised, except for the back walls of the heart's upper chambers. The tubes, one draining blue, spent blood from the patient and the other, returning red oxygenated blood, continued working flawlessly on the corpse. It was as if the surgical team had excised her heart, but had decided not to transplant the replacement. *Unbelievable, unconscionable to leave a patient like this!*

"This is Dr. Merritt. Somebody get in here! And I mean *right now!*"

No one came. Unwilling to leave a patient alone—even a dead one—under such abhorrent circumstances, Scott would not leave. He glanced at the woman's lifeless eyes. They were dull green now, her face far smoother, and her mouth and nose more petite. She wasn't his patient. He didn't recognize her.

Behind him, something dropped onto the floor. He jumped.

After a long deep semi-calming breath, Dr. Merritt slowly turned around. Behind him was an sturdy, plastic transport chest, its latches undone. Guessing but uncertain of the contents, he squatted down and gently lifted the lid. Waves of cold, pungent fog made his skin blanch, his nose crinkle, his eyes water. The cold vapor veil dissipated, revealing the contents of a small clear container surrounded by dry ice: a perfectly preserved heart maintained with cold solution, and still pulsing. *Why didn't they transplanted it? The donor heart looks viable and,* glancing at the heart-lung machine, *that's still working. Why did they stop?* Condensation around the plastic storage container cleared. The heart inside looked functional enough, but odd—not like any drawing in *Gray's Anatomy* or any patient he'd seen.

He closed the lid.

On the floor beside him lay a scrub nurse. A moment ago, she had not been there. He knelt and checked her carotid pulse. Even through surgeon's gloves, she was cold to the touch. Young, attractive, with a pleasantly-angular face, she'd apparently died in agony. As he stood,

the rest of the surgical team appeared—the anesthesiologist, surgical and scrub nurses, techs, residents—none of whom he recognized—laying on the floor, curled in fetal positions.

He moved from victim to victim, screaming in between for help. All were dead.

He ran out of the O.R., and stopped. Doctors, nurses, support staff—none of their faces familiar—lay curled in balls on the surgicenter floor, except for one elderly doctor hanging over a scrub basin, water pouring into his open, lifeless mouth. He checked two of the dozens fallen: dead like the others.

Scott tried to slow his breathing, to slow his perception of time so he could act rationally, responsibly. He strode through the surgicenter, keeping himself gowned, gloved, and masked, fearful that it was all that kept him alive. The double doors opened.

Bodies on gurneys, in wheelchairs, and slumped on floors filled the corridor. Fighting dizziness, he listened for faint groans, shallow breaths, looked for any movement as he tread slowly over the unburied dead. He found none.

He ducked into a stairwell, taking the stairs down two at a time. Four flights down, he tumbled over a man who'd died with his arm locked around the railing. Bruised, his paper surgical gown torn, he ripped it away, and continued rushing down the stairs.

The grand hospital lobby was a morgue, congested by people who'd streamed in, desperately seeking help. He could not reach the entrance without stepping on twisted torsos.

Collections of dead drivers, their cars smashed or hopelessly snarled, filled city streets stretching to every horizon. Weaving his way between them, sometimes sliding over their hoods, he ran toward his house, his wife and children miles away.

His feet no longer touched the ground. He could see the hospital, the entire street from the air. Higher, higher—he was flying. Looking back, he could see the entire city, dead. The world spun below him. He could see the cities of Europe, south Asia, the orient, their lights fading—their peoples dead.

“Doctor, are you all right?”

Scott blinked. A gowned and gloved surgical nurse stood to his left. Below him, his patient, Mrs. Thornton, lay on the operating room table, the surgical site on her hip prepped and ready. Another nurse wiped his perspiring forehead. He nodded slowly to the surgical nurse who placed a scalpel handle with shining number ten blade neatly between his thumb and forefinger.

His head pounded. He started seeing double. The side of face began to burn. The room blurred. Numbness consumed his legs. Feeling weak, he braced himself on the table. His scalpel fell to the floor. His right eye went blind.

If the thunder is not loud, the peasant forgets to cross himself.

—A proverb

TUESDAY, FEBRUARY 1