# MICHAEL CRICHTON

---

# TRAVELS

Copyrighted material

# TRAVELS

Michael Crichton

Vintage Books

A Division of Random House, Inc.

New York

Copyrighted material

FIRST VINTAGE EBOOKS EDITION, MAY 2012

*Copyright ©1988 by Michael Crichton*

All rights reserved. Published in the United States by Vintage Books, a division of Random House, Inc., New York. Originally published in the United States by Alfred A. Knopf, Inc., New York, in 1988. Subsequently published in paperback in the United States by Ballantine Books, New York, in 1993, and by Perennial, a division of HarperCollinsPublishers, New York, in 2002.

This is a work of fiction. Names, characters, places, and incidents either are the product of the author's imagination or are used fictitiously. Any resemblance to actual persons, living or dead, events, or locales is entirely coincidental.

Grateful acknowledgment is made to Harper & Row Publishers, Inc., for permission to reprint an excerpt from "The Way In" from *The Selected Poems of Rainer Maria Rilke*. Translated from the German by Robert Bly. Copyright © 1981 by Robert Bly. Reprinted by permission of Harper & Row Publishers, Inc.

Portions of this work were originally published in *Conde Nast Traveler* and *Esquire*.

**Ebook ISBN 9780307816498**

www.vintagebooks.com

v3.1_r3

Copyrighted material

# Contents

*Cover*
*Title Page*
*Copyright*

*Epigraph*
*Preface*

MEDICAL DAYS (1965–1969)

TRAVELS (1971–1986)
Sex and Death in L.A.
Psychiatry
Bangkok
Bonaire
Pahang
An Elephant Attacks
Kilimanjaro
Pyramid of the Magician
My Father's Death
Ireland
London Psychics

Copyrighted material

Baltistan
Shangri-La
Sharks
Gorillas
An Extinct Turtle
Cactus Teachings
Jamaica
A Human Light Show
They
Seeing Headhunters
Life on the Astral Plane
New Guinea
Spoon Bending
Seeing Auras
An Entity
Direct Experience

Postscript: Skeptics at Cal Tech
*About the Author*
*Books by Michael Crichton*

Copyrighted material

*In self-analysis the danger of incompleteness is particularly great. One is too soon satisfied with a part explanation.*

—SIGMUND FREUD

*Existence is beyond the power of words to define.*

—LAO-TZU

*What you see is what you see.*

—FRANK STELLA

Copyrighted material

# Preface

For many years I traveled for myself alone. I refused to write about my trips, or even to plan them with any useful purpose. Friends would ask what research had taken me to Malaysia or New Guinea or Pakistan, since it was obvious that nobody would go to these places merely for recreation. But I did.

And I felt a real need for rejuvenation, for experiences that would take me away from things I usually did, the life I usually led.

In my everyday life, I often felt a stifling awareness of the purpose behind everything I did. Every book I read, every movie I saw, every lunch and dinner I attended seemed to have a reason behind it. From time to time, I felt the urge to do something for no reason at all.

I conceived these trips as vacations—as respites from my ongoing life—but that wasn't how they turned out. Eventually, I realized that many of the most important changes in my life had come about because of my travel experiences. For, however tame when compared with the excursions of real adventurers, these trips were genuine adventures for me: I struggled with my fears and limitations, and I learned whatever I was able to learn.

But as time passed, the fact that I had never written about my travels became oddly burdensome. If you're a writer, the assimilation of important experiences almost obliges you to write about them. Writing is how you make the experience your own, how you explore what it means to you, how you come to possess it, and ultimately release

Copyrighted material

it. I found I was relieved, after all these years, to write about some of the places I have been. I was fascinated to see how much I could write without reference to my notebooks.

There were also some episodes from medical school that I had always intended to write about. I had promised myself I would wait fifteen years, until they were thoroughly ancient history. To my surprise, I find I have waited long enough, and so they are included here.

I have also included experiences in the realms that are sometimes called psychic, or transpersonal, or spiritual. I think of this as inner travel, to complement the outer travel, although that distinction—between what is internal sensation and what is external stimulus—often blurs in my mind. But I've found the effort to disentangle my perceptions useful in a way I had not anticipated.

Often I feel I go to some distant region of the world to be reminded of who I really am. There is no mystery about why this should be so. Stripped of your ordinary surroundings, your friends, your daily routines, your refrigerator full of your food, your closet full of your clothes—with all this taken away, you are forced into direct experience. Such direct experience inevitably makes you aware of who it is that is having the experience. That's not always comfortable, but it is always invigorating.

I eventually realized that direct experience is the most valuable experience I can have. Western man is so surrounded by ideas, so bombarded with opinions, concepts, and information structures of all sorts, that it becomes difficult to experience anything without the intervening filter of these structures. And the natural world—our traditional source of direct insights—is rapidly disappearing. Modern city-dwellers cannot even see the stars at night. This humbling reminder of man's place in

Copyrighted material

the greater scheme of things, which human beings formerly saw once every twenty-four hours, is denied them. It’s no wonder that people lose their bearings, that they lose track of who they really are, and what their lives are really about.

So travel has helped me to have direct experiences. And to know more about myself.

Many people have helped me with this book. Among those who read early versions of the manuscript and gave me comments and encouragement were Kurt Villadsen, Anne-Marie Martin, my sisters, Kimberly Crichton and Catherine Crichton, my brother, Douglas Crichton, Julie Halowell, my mother, Zula Crichton, Bob Gottlieb, Richard Farson, Marilyn Grabowski, Lisa Plonsker, Valery Pine, Julie McIver, Lynn Nesbit, and Sonny Mehta. Later drafts of the text were read by the participants themselves, who offered valuable suggestions and corrections.

To all these people I am grateful, as I am to my beleaguered travel agents of many years, Kathy Bowman of World Wide Travel in Los Angeles, and Joyce Small of Adventures Unlimited in San Francisco.

In addition, certain people have had a major influence on my thinking, although they do not appear much in this book. I am thinking in particular of Henry Aronson, Jonas Salk, John Foreman and Jasper Johns.

By design, I have limited the scope of this book. Freud once defined life as work and love, but I have chosen to discuss neither, except as my travel experiences impinge upon them. Nor have I undertaken to assess my childhood. Rather, it is my intention to write about the interstices of my life, about the events that occurred while what I imagined to be the real business of my life was taking place.

It remains only to say that certain changes have been

Copyrighted material

made to the original text. Names and identifying characteristics of physicians and medical patients have all been changed. And in later chapters, some names and identifying characteristics have been changed at the request of the individuals involved.

Copyrighted material

# MEDICAL DAYS

## 1965–1969

Copyrighted material

# Cadaver

It is not easy to cut through a human head with a hacksaw.

The blade kept snagging the skin, and slipping off the smooth bone of the forehead. If I made a mistake, I slid to one side or the other, and I would not saw precisely down the center of the nose, the mouth, the chin, the throat. It required tremendous concentration. I had to pay close attention, and at the same time I could not really acknowledge what I was doing, because it was so horrible.

Four students had shared this cadaver for months, but it fell to me to cut open the old woman's head. I made the others leave the room while I worked on it. They couldn't watch without making jokes, which interfered with my concentration.

The bones of the nose were particularly delicate. I had to proceed carefully, to cut without shattering these tissue-thin bones. Several times I stopped, cleaned the bits of bone from the teeth of the blade with my fingertips, and then continued. As I sawed back and forth, concentrating on doing a good job, I was reminded that I had never imagined my life would turn out this way.

I had never particularly intended to become a doctor. I had grown up in a suburb of New York City, where my father was a journalist. No one in my family was a doctor, and my own early experiences with medicine were not encouraging: I fainted whenever I was given injections, or had blood drawn.

Copyrighted material

I had gone to college planning to become a writer, but early on a scientific tendency appeared. In the English department at Harvard, my writing style was severely criticized and I was receiving grades of C or C+ on my papers. At eighteen, I was vain about my writing and felt it was Harvard, and not I, that was in error, so I decided to make an experiment. The next assignment was a paper on *Gulliver's Travels*, and I remembered an essay by George Orwell that might fit. With some hesitation, I retyped Orwell's essay and submitted it as my own. I hesitated because if I were caught for plagiarism I would be expelled; but I was pretty sure that my instructor was not only wrong about writing styles, but poorly read as well. In any case, George Orwell got a B− at Harvard, which convinced me that the English department was too difficult for me.

I decided to study anthropology instead. But I doubted my desire to continue as a graduate student in anthropology, so I began taking premed courses, just in case.

In general, I found Harvard an exciting place, where people were genuinely focused on study and learning, and with no special emphasis on grades. But to take a premed course was to step into a different world—nasty and competitive. The most critical course was organic chemistry, Chem 20, and it was widely known as a "screw your buddy" course. In lectures, if you didn't hear what the instructor had said and asked the person next to you, he'd give you the wrong information; thus you were better off leaning over to look at his notes, but in that case he was likely to cover his notes so you couldn't see. In the labs, if you asked the person at the next bench a question, he'd tell you the wrong answer in the hope that you would make a mistake or, even better, start a fire. We were marked down for starting fires. In my year, I had the

Copyrighted material

dubious distinction of starting more lab fires than anyone else, including a spectacular ether fire that set the ceiling aflame and left large scorch marks, a stigmata of ineptitude hanging over my head for the rest of the year. I was uncomfortable with the hostile and paranoid attitude this course demanded for success. I thought that a humane profession like medicine ought to encourage other values in its candidates. But nobody was asking my opinion. I got through it as best I could. I imagined medicine to be a caring profession, and a scientific one as well. It was so fast-moving that its practitioners could not afford to be dogmatic; they would be flexible and open-minded. It was certainly interesting work, and there was no doubt that you were doing something worthwhile with your life, helping sick people.

So I applied to medical schools, took the Medical College Aptitude Tests, had my interviews, and was accepted. Then I got a fellowship for study in Europe, which postponed my start for a year.

But the following year I went to Boston, rented an apartment in Roxbury near the Harvard Medical School, bought my furniture, and registered for my classes. And it was at the registration that I first was confronted by the prospect of dissecting a human cadaver.

As first-year students, we had scrutinized the schedule and had seen that we would be given cadavers on the first day. We could talk of nothing else. We questioned the second-year students, old hands who regarded us with amused tolerance. They gave us advice. Try and get a man, not a woman. Try and get a black person, not a white. A thin person, not a fat one. And try to get one that hadn't been dead too many years.

Dutifully, we made notes and waited for the fateful Monday morning. We imagined the scene, remembered

Copyrighted material

how Broderick Crawford had played it in *Not as a Stranger*, growling at the terrified students, "There's nothing funny about death," before he whipped the cover off the corpse.

In the amphitheater that morning, Don Fawcett, professor of anatomy, gave the first lecture. There was no corpse in the room. Dr. Fawcett was tall and composed, not at all like Broderick Crawford, and he spent most of the time on academic details. How the dissections were scheduled. When the exams would fall. How the dissections of gross anatomy would be related to the lectures in microscopic fine anatomy. And the importance of gross anatomy: "You can no more become a good doctor without a thorough understanding of gross anatomy than you can become a good mechanic without opening the hood of a car."

But we could hardly listen to him. We were waiting for the body. Where was the body?

Finally a graduate student wheeled in a gurney. On it was a blue denim cloth, and an underlying shape. We stared at the shape. Nobody heard a word Dr. Fawcett said. He moved from the podium to the body. Nobody listened. We waited for the moment when he would pull aside the cloth.

He pulled aside the cloth. There was a great sigh, a great exhalation of breath. Beneath the cloth was a heavy plastic sheet. We still could see nothing of the body.

Dr. Fawcett removed the plastic sheet. There was another, thin white cloth beneath that. He removed this cloth. At last we saw a very pale form. Limbs, a torso. But the head, hands, and feet were wrapped in gauze like a mummy. It was not easy to recognize this as a human body. We slowly relaxed, became aware that Dr. Fawcett was still talking. He was telling us details of the method of preservation, the reason for protective wrapping of the

Copyrighted material

hands and face. He told us of the need for decorum in the dissection room. And he told us that the preservative, phenol, was also an anesthetic and that it was common to experience numbness and tingling in our fingers during the dissection; this was not a dread paralysis we had caught from the cadavers.

He ended the lecture. We went to the dissection room, to choose our bodies.

We had previously divided ourselves into groups of four. I had given this group choice a lot of thought, and managed to link up with three students who all planned to be surgeons. I thought budding surgeons would be enthusiastic about the dissection, and would want to do everything themselves. With any luck, I could sit back and watch, which was my fondest hope. I didn't even want to touch the body, if I could help it.

The dissection room was large and, in September, uncomfortably warm. There were thirty bodies on tables around the room, all covered with sheets. The instructors refused to let us peek under the sheets to choose the bodies. We had to pick one table and wait. My group chose the table nearest the door.

The instructors gave a lecture. We stood beside our bodies. The tense feelings rushed back. It was one thing to sit high up in an amphitheater while a body was shown. It was another to stand close to a body, to be able to reach out and touch it. Nobody touched it.

Finally the instructor said, "Well, let's get to work." There was a long silence. All the students opened their dissecting kits, got out their scalpels and scissors. Nobody touched the sheets. The instructor reminded us we could now remove the sheets. We touched the sheets gingerly, at the edge of the fabric. Holding our breath, we pulled the sheets back from the feet, exposing the lower half of the torso.

Copyrighted material

We had a white female, but she was thin, and very old. The hands and feet were wrapped. It wasn't as bad as I had imagined, although the smell of phenol preservative was strong.

Our instructor told us we would begin the dissection with two people on each side of the body. We would begin on the leg. We could start cutting now.

Nobody moved.

Everybody looked at one another. The instructor said that we would have to work quickly and steadily if we hoped to keep on schedule and finish the dissection in three months.

Then, finally, we began to cut.

The skin was cold, gray-yellow, slightly damp. I made my first cut with a scalpel, slitting across the area where the thigh meets the body, and then straight down the leg to the knee. I didn't cut deeply enough the first time. I barely nicked the skin.

"No, no," said my instructor. "*Cut.*"

I cut again, and the flesh opened, and we began scraping away the skin from the underlying tissue. That was when we began to realize that dissection was hard work, both meticulous and strenuous. You did most of it with the blunt end of a pair of scissors. Or with your fingers.

As the skin spread apart, what we first saw was the fat—a broad expanse of yellowish tissue surrounding everything we wanted to see. In the heat, the fat was slippery and runny. When we stripped away this layer, we found the muscles, enclosed in a milky, cellophane-like covering. This was the fascia. It was strong and resilient; we had trouble cutting through it to the muscle beneath. The muscles looked like what you'd expect: reddish, striated, bulging in the middle and tapering at the ends.

Copyrighted material

The arteries were easy: they'd been injected with red latex. But we had no idea what the nerves looked like until the instructor came over and found one for us—white, tough, cord-like.

The afternoon wore on, and took on aspects of a nightmare: everybody working, sweat dripping down our faces; the smell, pungent and indescribable; the unwillingness to wipe the sweat away because you'd only coat your face with phenol; the sudden horrified discovery that a bit of flesh has been flicked away and landed, sticking, to your face; the ghastly drabness of the room itself, bare, hot, institutional gray. It was a cheerless, exhausting experience.

Just the names we had to learn were difficult enough: superficial epigastric artery, superficial external pudendal artery, pectineal fascia, anterior superior iliac spine, ligamentum patellae. All in all, forty different structures that had to be memorized for the first day alone.

We worked until five, and then sutured the incision, squirted liquid over it to keep it moist, and left. We hadn't managed to finish the dissection, as outlined in the lab manual.

At the end of the first day, we were already behind.

Nobody could eat much at dinner. The second-year students regarded us with amusement, but we weren't making many jokes in the early days. We were all struggling too hard to handle the feelings, to do it at all.

The autumn heat wave continued, and the dissection room became extremely hot. The fat deposits melted; smells were strong; everything was greasy to the touch. Sometimes the doorknob was so greasy that we had trouble turning it when we departed at the end of the day. Even when maggots got into one cadaver, causing the instructors to run around the room with flyswatters, nobody made jokes.

Copyrighted material

It was hard work. We were just trying to do it.

The weeks passed. The heat wave continued. We were under terrific pressure to keep pace with the dissection, not to fall behind. The first anatomy exams were getting closer. Two afternoons a week, we worked in the dissection rooms. And again on weekends, if we had to catch up. We began to make sour, grim jokes.

One joke made the rounds:

A professor of anatomy addresses a woman in the class: “Miss Jones, will you name the organ of the body that increases four times in diameter under stimulation?”

The woman becomes embarrassed, hems and haws.

“There’s no need to be embarrassed, Miss Jones. The organ is the pupil of the eye—and you, my dear, are an optimist.”

After the first anatomy exam, I got a letter in the mail:

> Dear Mr. Crichton:
>
> Although your performance on the recent Gross Anatomy exam was satisfactory, you were sufficiently close to the borderline that it will be to your advantage to talk to me sometime in the near future, at your convenience.
>
> Yours sincerely,
> George Erikson,
> Professor of Anatomy

Panic. A cold sweat. I was shaken. Then at lunch I discovered that lots of other people had received letters, too. In fact, almost half the class. I went to see Dr. Erikson that afternoon. He didn’t say much; just some encouragement, some hints on memorization. Talk to

Copyrighted material

yourself, he said. Say things out loud. Pair up and quiz each other.

Pretty soon everyone in the anatomy lab was talking out loud, repeating mnemonics to help them remember.

"S 2, 3, 4, keeps your rectum off the floor." That told you where the nerves to the levator-ani muscle originate, in the second, third, and fourth sacral segments.

"Saint George Street." For the order of muscles inserting around the knee.

"The Zebra Bit My Cock." For the branches of the facial nerve: temporal, zygomatic, buccal, mandibular, cervical.

My lab partner developed a new one: "TE, TE, ON, OM." Two eyes, two ears, one nose, one mouth.

They quizzed us constantly, calling us "Doctor" even though we were first-year students. One instructor came in and threw up an X-ray of a skull. I'd never seen one before. A skull X-ray is incredibly complex.

"All right, Dr. Crichton, what would you say this is?"

He pointed to a whitish area on the film. It was near the face, and horizontal.

"The hard palate?"

"No, that's down here." He pointed to another horizontal line, a little below.

I tried again, and suddenly it came to me: "The inferior border of the orbit."

"Right."

It was a great feeling.

Then he said, "How about this?" A small, hook-shaped thing near the middle of the skull.

That was easy. "The sella turcica."

"Containing?"

"The pituitary."

"What is just lateral to it?"

"The cavernous sinus."

Copyrighted material

"Containing?"

I rattled it off: "The curving internal carotid artery, and the ocular nerves, three, four, and six, and two branches of the trigeminal nerve, the ophthalmic and the maxillary."

"And this dark space, just below?"

"The sphenoid sinus."

"And why is it dark?"

"Because it contains air."

"Right. Now then, Dr. Martin …" And he turned to another member of the group.

I thought, I'm getting it. I'm finally beginning to get it. I was excited. But at the same time, the pressure was building. Every day, building.

The jokes got worse. One guy wrote "Al's Body Shop" on the back of his anatomy lab coat. And the cadavers began getting names: The Jolly Green Giant, The Thin Man, King Kong.

Ours had a name, too: Lady Brett.

After two months, on a day when the instructors were out of the room, several people played football with a liver. "He's going out, he's deep in the end zone, the ball is in the air … and … touchdown!" The liver flew through the air.

A few students pretended to be horrified, but nobody really was. We had by now dissected the legs, and the feet had been unwrapped; we had dissected the arms, the hands, and abdomen. We could see that this was a human body, a dead person laid out on the table before us. We were continuously reminded of what we were doing—we could see the form clearly. There was no way to get the necessary distance, to detach, except to be outrageous and disrespectful. There was no way to survive except to

Copyrighted material

laugh.

There were certain jobs in the dissection that nobody wanted to do. Nobody wanted to cut the pelvis in half. Nobody wanted to dissect the face. Nobody wanted to inflate the eyeballs with a syringe. We portioned out these jobs, argued over them.

I managed to avoid each of these jobs.

"Okay, Crichton, but then you have to section the head."

"Okay."

"You remember, now...."

"Yeah, yeah, I'll remember."

The head was in the future. I'd worry about it when I got there.

* * *

But the day finally came. They handed me the hacksaw. I realized I had made a terrible bargain. I had waited, and now I was stuck with the most overt mutilation of all, to divide the head along the midsagittal plane, to cut it in half like a melon so we could see inside, inspect the cavities, the sinuses, the passages, the vessels.

The eyes were inflated, staring at me as I cut. We had dissected the muscles around the eyes, so I couldn't close them. I just had to go through with it, and try to do it correctly.

Somewhere inside me, there was a kind of click, a shutting off, a refusal to acknowledge, in ordinary human terms, what I was doing. After that click, I was all right. I cut well. Mine was the best section in the class. People came around to admire the job I had done, because I had stayed exactly in the midline and all the sinuses were beautifully revealed.

Copyrighted material

I later learned that this shutting-off click was essential to becoming a doctor. You could not function if you were overwhelmed by what was happening. In fact, I was all too easily overwhelmed. I tended to faint—when I saw accident victims in the emergency ward, during surgery, or while drawing blood. I had to find a way to guard against what I felt.

And still later I learned that the best doctors found a middle position where they were neither overwhelmed by their feelings nor estranged from them. That was the most difficult position of all, and the precise balance—neither too detached nor too caring—was something few learned.

At the time I resented the fact that our education seemed to be as much about emotions as about the factual content of what we were learning. This emotional aspect seemed more like hazing, like a professional initiation, than education. It was a long time before I understood that how a doctor behaved was at least as important as what he knew. And certainly I did not suspect that my complaints about medicine would eventually focus almost entirely on the emotional attitudes of the practitioners, and not their scientific knowledge.

Copyrighted material

# A Good Story

The first part of a student's clinical work involves interviewing patients with various diseases. The resident on the floor says, "Go see Mr. Jones in room five, he has a good story"—meaning that Mr. Jones can give a clear history for a specific disease. Off you go to find Mr. Jones, take his history, and diagnose his illness.

For a student beginning work in a hospital, there is considerable tension in interviewing patients. You're trying to act professional, as if you know what you're doing. You're trying to make the diagnosis. You're trying not to forget all the things you're supposed to ask, all the things you're supposed to check, including incidental findings. Because you don't want to come back to the resident and say, "Mr. Jones has a peptic ulcer," only to have the resident say, "That's true. But what about his eyes?"

"His eyes?"

"Yes."

"His eyes, hmmm …"

"Did you check his eyes?"

"Uh … sure. Yes."

"Notice anything about them?"

"No …"

"You didn't notice his left eye is glass?"

"Oh. That."

To avoid these embarrassments, and to make the job easier, all students quickly learned certain interviewing tricks. The first trick was to get someone to tell you the

Copyrighted material

diagnosis, so you wouldn't have to figure it out for yourself. Knowing the diagnosis took a lot of the pressure off an interview. If you were especially lucky, the resident himself would let it slip: "Go see Mr. Jones in room five; he has a good story of peptic ulcer."

Or you could throw yourself on the mercy of the nurses:

"Where's Mr. Jones?"

"Peptic ulcer? Room five."

Then there might be relatives in the room when you arrived. They were always worth a try. "Hello, Mrs. Jones. How are you today?"

"Fine, Doctor. I was just talking with my husband about his new ulcer diet when he goes home."

And, finally, the patients generally knew their diagnoses, and they might mention it, particularly if you walked in, sat down, and said heartily, "Well, how're you feeling today, Mr. Jones?"

"Much better today."

"What have the doctors told you about your illness?"

"Just that it's a peptic ulcer."

But even if the patients didn't know their diagnoses, in a teaching hospital they had all been interviewed so many times before that you could tell how you were doing by watching their responses. If you were on the right track, they'd sigh and say, "Everybody asks me about pain after meals," or "Everybody asks me about the color of my stools." But if you were off track, they'd complain, "Why are you asking me this? Nobody else has asked this." So you often had the sense of following a well-worn path.

But even if you figured out the diagnosis, there was always an exciting uncertainty about interviewing patients. You never knew what would happen. One day the resident said, "Go see Mrs. Willis, room eight; she has a good story of hyperthyroidism."

I walked down the hallway, thinking, Hyperthyroidism,

Copyrighted material

hyperthyroidism, what do I know about hyperthyroidism?

Mrs. Willis was a thin thirty-nine-year-old woman, sitting up in bed, chain-smoking. Her eyes were bulging. She was edgy and appeared unhappy. Her dark tan highlighted the many slashing scars on her arms and face, presumably the result of a bad automobile accident.

I introduced myself and started to talk to her, focusing on thyroid questions. The thyroid regulates general body metabolism and it affects skin, hair, voice, temperature, weight, energy, and mood. Mrs. Willis gave me all the right answers. She couldn't gain weight no matter how much she ate. She was always hot and slept with the covers off. She had noticed that her hair was brittle. Yes, yes, yes, everybody had asked her these things. She was quick and impatient in her responses. She often seemed on the verge of tears.

I asked her about her suntan. She told me she had been staying with her sister in Alabama. It was all right because her sister's apartment was air-conditioned. She had been with her sister in Alabama for three months. Now she was back in Boston.

Why was she in the hospital?

"For my thyroid, it's too high."

What had brought her to the hospital?

A shrug. "I came and they said I had to stay. Because of my thyroid."

"How did you get the scars on your arms?"

"Those're cuts."

"Cuts?"

"From a knife, most of them. This one here's glass."

The scars seemed to be of different ages, some recent, some older.

"Yes. This one is about five years old, the others are newer."

"How did they happen?"

Copyrighted material

"My husband."

"Your husband?" I proceeded cautiously. She seemed close to tears now.

"He cuts me. When he's, you know, drinking."

"How long has this been going on, Mrs. Willis?"

"I told you: five years."

"Is that why you went to your sister's?"

"She says I should call the police."

"And have you?"

"Once. They didn't do anything. They came and told him to stop it, is all. He was *mad* after that."

And she burst into great sobs, her whole body shaking, tears streaming down her face.

I was confused. Emotional lability is characteristic of hyperthyroidism; patients frequently burst into tears. But this woman appeared to have been seriously abused by her husband. I talked to her some more. She had initially come to the hospital because of her wounds. The doctors had admitted her for hyperthyroidism, but that was clearly an excuse to get her away from her violent husband. She was safe enough in the hospital, but what would happen once she was discharged?

"Has anybody talked to you about your husband? A social worker or anybody like that?"

"No."

"Do you want somebody to talk to about your husband?"

"Yes."

I said I would arrange it, and I left, filled with outrage.

In those days, physical abuse within a family was not really acknowledged. Everyone pretended that wives and children weren't beaten. There were no laws, no government agencies, no homes, no mechanisms at all to assist these people. I felt strongly the injustice of this situation, and this woman's dangerous isolation—sitting

Copyrighted material

alone in a hospital bed, waiting to be sent home to her husband, who would stab her again.

Nobody was doing anything about it. The doctors might be treating her thyroid, but nobody was dealing with the real, life-threatening problems she faced.

I went back to the resident.

"Listen, did you see Mrs. Willis's wounds?"

"Yes."

"Those are knife wounds."

"Yes. Some of them." He seemed calm.

"Well, here we are treating her hyperthyroidism and it seems to me she has a much bigger problem."

"All we can treat is her hyperthyroidism," the resident said.

"I think we can do more. We can take steps to keep her away from her husband."

"What husband?"

"Mrs. Willis's husband."

"She doesn't have a husband. What did she tell you?"

I told him the story.

"Listen," he said, "Mrs. Willis was transferred here from a private sanatorium in Alabama. Her family is well-to-do, but her husband divorced her years ago. She's been in and out of institutions for a decade. All those cuts are self-inflicted."

"Oh."

The resident said, "Did you ask her whether she'd ever been in any mental institutions?"

"No."

"Well. You should have asked. She's not that crazy. She'll tell you, if you ask."

Another time, the resident said, "Go see Mr. Benson; he has a good story of duodenal ulcer."

I went to see Mr. Benson, first stopping at the foot of his

Copyrighted material

bed to read his chart. This was another trick. The bedside chart contained only nurses' notes on fluid intake, things like that, but it could still be helpful. Also, it made you look professional if you came in and read the chart first.

"Ah, Mr. Benson, I see you're in your second day of recovery from surgery." Thinking that if he had had surgery for his ulcer, it must have been severe.

"Yes."

"And putting out good urine, I see."

"Yes."

"How're you feeling, any pain?"

"No."

I thought, Just two days after surgery and no pain? "Well, you're making an unusual recovery."

"No."

For the first time, I really looked at him. He was sitting in bed wearing a bathrobe, a small, precise, tense man of forty-one. He had the detached look that many postoperative patients have, when they turn their focus inward to heal. But it was different in his case, somehow.

"Well," I said. "Tell me about your ulcer."

Harry Benson spoke in a flat, depressed voice. He was an insurance adjuster from Rhode Island. He had lived with his mother all his life. She was sick and needed him to take care of her. He had never married, and had few friends outside work. He had had severe ulcer pains for the last five years. Sometimes he vomited blood. Sometimes a lot of blood. He had been in the hospital six different times for this pain and blood. He had had several transfusions for blood loss. He had had a barium swallow that showed the ulcer. The doctors told him last year that they would have to do surgery if the medication didn't heal the ulcer. The bleeding continued, so he came back to the hospital and underwent surgery two days ago.

That was his story.

Copyrighted material

As the resident promised, it was a classic story, and after so much medical attention, Mr. Benson told it clearly. He even knew physicians' jargon, like "barium swallow" for an upper-GI series.

But why was he so depressed?

"Well, given your history, you must be glad to have the operation over with."

"No."

"Why not?"

"They didn't do anything."

"What do you mean?"

"They opened me up, but they didn't do anything. They didn't do the operation."

"Mr. Benson, I don't think that's right. They did an operation to remove part of the stomach."

"No. They were going to do a partial resection, but they didn't. They took one look and then closed me up again."

And he burst into tears, holding his head in his hands.

"What have they told you?"

He shook his head.

"What do you think is wrong?"

He shook his head.

"You think you have cancer?"

He nodded, still sobbing.

"Mr. Benson, I don't think you do." He had no swollen glands, no history of weight loss, no pain in other parts of his body. And I was pretty sure they wouldn't send a student to talk to somebody who had just found out he had inoperable cancer.

"Yes," he insisted. "It's carcinoma."

He was so upset I felt I had to do something immediately. "Mr. Benson, I'm going to check on this right away."

I went back to the nursing station. The resident was hanging around. I said, "You know Benson? Did they do a

Copyrighted material

gastric resection?"
"No, they didn't."
"Why not?"
"When they opened him up, his blood pressure went to hell, and they decided they couldn't go through with the procedure. They just closed him up as fast as they could."
"Did anybody tell him that?"
"Sure. He knows."
"Well, he thinks he has cancer."
"Still? That's what he thought yesterday."
"Well, he still thinks it."
"He's been told specifically," the resident said, "that he does not have cancer. I told him, the chief resident told him, his own doctor told him, and the attending surgeon told him. Everybody's told him. Benson's a weird guy, you know. Lives with his mother."
I went back to Mr. Benson. I said I'd checked with the resident, and he did not have cancer.
"You don't have to kid me," he said.
"I'm not kidding you. Didn't the chief resident and the other residents come to see you yesterday?"
"Yes."
"And did they tell you you didn't have cancer?"
"Yes. But I know. They won't tell me to my face, but I know."
"How do you know?" I said.
"I heard them talking, when they thought I wasn't listening."
"And they said you have cancer?"
"Yes."
"What did they say?"
"They said I had nodes."
"What kind of nodes?"
"Aerial nodes."
There was no such thing as aerial nodes. "Aerial

Copyrighted material

nodes?”

“That’s what they called them.”

I went back to the resident.

“I told you he was weird,” the resident said. “Nobody ever said anything about nodes to him, believe me. I can’t imagine how he—wait a minute.” He turned to the nurses. “Who’s in the bed next to Benson?”

“Mr. Levine, post-cholecystectomy.”

“But he’s new today. Who was in that bed yesterday?”

“Jeez, yesterday …”

Nobody could remember who had been in the bed the day before. But the resident was insistent; records were pulled and checked; it took another half-hour, and still more talks with Benson, before the story finally became clear.

On the day after his operation, Mr. Benson, worried that no surgery had been performed, had feigned sleep while the residents made rounds. He had listened to what they said, and he heard them discussing the patient in the next bed, who had a cardiac arrhythmia involving the sino-atrial nodes of the heart. But Mr. Benson thought they were talking about him, and his “aerial nodes.” And he had been in enough hospitals to know that nodes meant cancer.

And that was why he was so sure he was dying.

Everybody went back and talked to him. And he finally understood that he did not have cancer, after all. He was very much relieved.

Everybody went away. I was alone with him. He beckoned to me. “Hey, listen, thanks,” he said, and he gave me twenty dollars in cash.

“Really, that’s not necessary,” I said.

“No, no. Give it to that guy Eddie in room four,” he said. And he explained that Eddie was a bookie, and he was placing bets for everybody on the floor.

Copyrighted material

"Put it on Fresh Air in the sixth," he said.

That was the first sign that Mr. Benson was on the road to recovery.

"Go see Mr. Carey in room six; he has a good story for glomerulonephritis," the resident said. My elation at being told the diagnosis was immediately tempered: "In fact, the guy's probably going to die."

Mr. Carey was a young man of twenty-four, sitting up in bed, playing solitaire. He seemed healthy and cheerful. In fact, he was so friendly I wondered why nobody ever seemed to go into his room.

Mr. Carey worked as a gardener on an estate outside Boston. His story was that he had had a bad sore throat a few months before; he had seen a doctor and had been given pills for a strep throat, but he hadn't taken the pills for more than a few days. Some time later he noticed swelling in his body and he felt weak. He later learned he had some disease of his kidneys. Now he had to be dialyzed on kidney machines twice a week. The doctors had said something about a kidney transplant, but he wasn't sure. Meanwhile, he waited.

That was what he was doing now, waiting.

He was my age. I talked to him with a growing sense of shock. In those days, kidney dialysis was still exotic treatment, and kidney transplantation more exotic still. The statistics were not encouraging. If the transplant worked at all, the average survival was three to five years.

I was talking to a doomed man.

I didn't know what to say. For a while we talked about the Celtics, about Bill Russell. He seemed happy to discuss sports, glad to have me there. But all I wanted to do was run from the room. I felt panicky. I felt I was suffocating. What could I *do* here? I was a medical student faced with somebody who was going to die, just as surely as the

Copyrighted material

basketball season would end in a few weeks. It was inevitable. It didn't seem like there was anything I could say.

Meanwhile, he seemed so pleased to talk to me. I wondered how much he knew. Why was he so calm? Didn't he know his situation? He must know. He must be aware that he might not walk out of this hospital again. Why was he so calm?

Just talking away, sports. Baseball season. Spring training.

Eventually I couldn't stand it. I had to leave. I had to get out of that room. I said, "Well, I'm sure you'll be up and around in no time."

He looked disappointed.

"What I mean is," I said, "you're definitely on the mend, you'll probably be out of here in a week or so."

He looked *very* disappointed. I was saying the wrong things. But what should I be saying? I had no idea.

"So cheer up, I'm sure they'll be arranging for you to leave any day now. I've got to go now. Rounds, you know."

He looked at me with open contempt. "Sure. Fine."

I fled, closing the door behind me, blocking out the view of this man my own age who was close to death.

I went back to the resident. "What're you supposed to say to someone like that?"

"That's a tough one," the resident said.

"Does he know?"

"Yeah, sure."

"So what do you say?"

"I never know what to say myself. It's a bitch, isn't it?"

In retrospect, it seems inconceivable to me that in four years of medical education, nobody ever talked to us, formally or informally, about dying patients. Arguably the most important item on any medical curriculum, death

Copyrighted material

was never even mentioned at the Harvard Medical School. There was no consideration given to how we might feel around a dying person—the panic, the fear, the sense of our own failure, the uncomfortable reminder of the limits of our art. There was no consideration of what a dying patient went through, what such a patient might need or want. None of this was ever discussed. We were left to learn about death on our own.

When I think back, I imagine the horrible isolation that young man must have felt, sitting day after day in a room that nobody wanted to enter. Finally some poor medical student comes in, and this young man has a brief chance to talk to another human being, and he's delighted. He would like to talk about what is really going on in his life. He's worried about what will happen to him. He wants to talk—because, unlike me, he can't avoid the realities. I can run from the room, but he can't. He is stuck with the fact of his impending death.

But instead of talking about it, instead of having the strength to stay with him, I merely mumbled platitudes and fled. It was no wonder he finally regarded me with contempt. I wasn't much of a doctor: I was far more worried about myself than about him, but he was the one who was dying.

I was still pretending that I was somehow different—that he wasn't like me—that it would never happen to me.

Copyrighted material

## The Gourd Ward

Four o'clock in the morning, and I am stumbling around in the closet of my apartment in the darkness, trying to find everything I am supposed to bring, my stethoscope and my doctor's bag and my notebook and everything else, because finally the day has come when I am no longer working part-time in the hospitals, pretending to be a doctor. My clinical rotations begin today. From now on I will work every day and every other night in the hospital. I am tremendously excited and nervous and I keep dropping things in my closet. At last I have everything but I can't find my car keys. It is 5:00 a.m. I am going to be late for my first clinical rotation—neurology at the Boston City Hospital.

The old brick buildings of the Boston City looked more like a prison than anything else. I found the parking lot, and made my way through the basement corridors to the correct building.

I said "Good morning" to the elevator operator.

"Hiya, Doc," the operator said in a deep voice. His name tag read Bennie, and he was acromegalic, six and a half feet tall and easily three hundred pounds, with long arms, thick fingers, and a long nose and chin.

"I'm going to Neuro," I said.

Bennie grunted and closed the rattling cage door. The ancient elevator started up.

"Nice weather," I said.

Bennie grunted again.

"Worked here long?"

Copyrighted material

"Since I was a patient."
"That's nice."
"Did a operation on me."
"I see."
"In my head."
"Uh-huh."
"Your floor, Doc," Bennie said, opening the cage door. I went onto the floor.

The first view of the neurology ward was startling. There were patients sitting in chairs, writhing in snake-like movements known as choreoathetoid. There were patients strapped in chairs, staring forward into space, drooling. There were patients lying in beds, groaning from time to time. Distant screams of pain. It was like something from the eighteenth century. From Bedlam.

I was going to spend the next six weeks here. I headed for the nurses' station to report in. I passed a large man sitting up in bed, with the sheets pulled to his chin.

"Hey, Doc."

"Good morning," I said.

"Hey, Doc, can you help me?" Just to make sure I did, he gripped my arm powerfully. He was a very large man; he had hands like slabs of meat. Beneath a grizzled crew cut, his face was scarred. He looked dangerous. He glared at me.

"Nobody's helping me around this joint," he said.

"Gee," I said.

"Will you help me, Doc?"

"Sure," I said. "What's the problem?"

"Take my shoes off for me."

He nodded toward the foot of the bed, where his feet stuck up under the sheets. I wondered why he was wearing shoes in bed, but he was so big and fierce, it didn't seem worth asking.

"No problem," I said.

Copyrighted material

He released my arm, and I walked to the foot of the bed. I lifted up the sheet.

I saw two large, bare feet. Ten toes—or actually nine, because one big toe was missing. There was just a dark stump.

I looked back at the man's face. He was watching me carefully, glowering. "Go ahead," he said.

"What did you want me to do again?" I asked.

"Take off my shoes."

"Are you wearing shoes?"

"You can see 'em right in front of you!" he shouted angrily.

I pulled the sheet back, so he could see his own bare feet. But he just nodded. "Well, go ahead!"

"You mean these shoes here?" I pointed to his bare feet.

"Yeah. The shoes on my feet. What are you, blind?"

"No," I said. "Tell me, what kind of shoes are these?"

"Just take 'em off!"

He seemed so volatile. I had no idea what was wrong with him, or how to proceed. I decided I would go along with him.

I pantomimed taking his shoes off.

"*Jesus!*" he shouted, groaning.

"What's the matter?"

"Don't you know *nothing?* Unlace 'em first!"

"Oh. Sorry." I pretended to unlace the shoes. "Better?"

"Yeah. Jesus."

I pretended to remove the first shoe, and then the second. He sighed, and wiggled his toes.

"Oh, that's better. Thanks a lot, Doc."

"Don't mention it." I was eager to get away. I started off to the nursing station.

"Hey! Not so fast." He grabbed me again. "Where do you think you're going?"

"To the nursing station."

Copyrighted material

"With *my* shoes?"

"Sorry."

"Sorry, hell! I wasn't born yesterday. You leave 'em right here!"

"Okay. There, is that okay?"

"Gotta watch you guys every minute." Then his expression abruptly changed. He looked down at the sheets. He became panicky, frightened.

"Hey, Doc. Can you help me?"

"What is it now?"

"Just get that spider off the sheet, okay? Both them spiders. You see 'em there."

"Have you been seeing spiders?"

"Oh yeah, lots of 'em. Especially last night—they're all over the walls."

He was an alcoholic in the midst of the DTs. I said, "I gotta go to the nursing station."

He grabbed my arm again, and he pulled his face close to mine. "*I'm not touching those spiders any more!*"

"Good idea," I said. "I'll be back later."

He released me. I went to the nursing station. There were some nurses and a pinched-faced man of thirty-one who was incredibly turned out, sharp creases in his trousers and jacket, pressed tie, immaculate haircut. He glanced at his watch. "Dr. Crichton? Or should I say, *Mr.* Crichton? I'm Donald Rogers, the visiting chief resident in neurology, and you're late. When I say I want you here at six, I mean six and not six-oh-three. Is that understood, mister?"

"Yes sir," I said.

That was how my rotation in neurology began.

It never got better.

Clinical neurology is basically a diagnostic specialty, since relatively few severe neurological disorders can be

Copyrighted material

treated. The clinical neuro ward at the Boston City reflected that depressing state of affairs; in essence, cases were admitted simply so the young doctors could see them. The thirty-seven patients on the floor all had different diseases. The staff never admitted a patient to the floor if there was already one with the same disease. It wasn't a hospital ward—it was a museum. Most people referred to it as the Squash Court, or the Gourd Ward.

But we pretended it was a normal hospital floor with treatable patients. We did all the regular hospital things. We made rounds, we drew bloods, we ordered consults and diagnostic tests. We carried out the charade with great precision, even though there was little we could do for anybody.

Besides myself as the sole medical student, there was an intern named Bill Levine from New York, a first-year resident named Tom Perkins, and Dr. Rogers, the visiting chief resident. He was a Southerner from Duke who did everything by the book. Rogers was always immaculately turned out; his "presentation," as he called it, was awe-inspiring. One day Levine, who loathed Rogers, asked him about his ties.

"You like these ties?" Rogers asked, in a soft Southern accent.

"Well, I was wondering how you managed to keep them so smooth and unwrinkled, Don."

"My wife does that. She irons them."

"Does she?"

"Yes. She gets up with me at five in the morning, and after I have dressed and tied my tie, she irons it for me. While I am wearing it. She does that."

"No kidding," Levine said.

"Yes, she's okay," Rogers said. "Only once she scorched my shirt, and then I had to get dressed all over again. But she's never done *that* again."

Copyrighted material

"No, I'll bet," Levine said.

"No. She learned her lesson that time," Rogers said, chuckling.

Rogers was a bit of a sadist. He kept a series of straight pins in the lapel of his jacket, near the buttonhole. On rounds he liked to stick these pins into the patients, "to check their responses." There was a kind of insane pretense in all this. None of the patients were getting any better. None of them were changing at all, from day to day or week to week, except for the two who had inoperable brain tumors. They were slowly dying. But no one else was changing at all. The patients were indigent, extremely ill patients who were shuttled from one state institution to another. As we made rounds each morning, there wasn't really that much to discuss. But Rogers stuck pins into them anyway.

Levine had to spend only a month of his internship rotation on the ward. Levine was a heavyset, smiling guy of twenty-five who was almost bald. A warmhearted soul, he despised Rogers and the ward. He expressed his distaste by lighting a joint every morning before rounds.

I didn't find out about this until the second day. I passed by the men's room, smelled the smoke, and went inside. "Bill, what're you doing?"

"Having a toke," he said, sucking in his breath. He passed the joint to Perkins, the resident, who took a long drag, then held it out to me.

I pushed it away. "Are you kidding? What are you doing?" It was six-thirty in the morning.

"Hey. Suit yourself."

"You mean you guys are *stoned on rounds?*"

"Why not? Nobody can tell."

"Sure they can."

"You couldn't tell, yesterday. And you think Pinhead can tell?" Pinhead was what Levine called Rogers.

Copyrighted material

"Hey, relax," Levine said, taking a deep drag. "Nobody cares. Half the nurses are loaded, too. Come on. This is great stuff. You know where we get it? Bennie."

"Bennie?"

"Bennie. You know, in the elevator."

It was the medical student's job to draw bloods from the patients daily. Every morning I would show up at 6:00 a.m. and go to the nursing station, and the night resident would read off the list of bloods to be drawn for the day. So many red tops from Mr. Roberti, a red and a blue from Mr. Jackson, a pink and a blue from Mrs. Harrelson, and so on. I had to draw about twenty tubes of blood in half an hour, to be ready for morning rounds at six-thirty.

The only trouble was, this was my first clinical rotation and I hadn't ever really drawn blood before. And I tended to pass out at the sight of blood.

In practice, I'd go to my first patient, put on the tourniquet, get the vein to puff up, and try to get the needle in without passing out. Then, when the blood gushed, I'd stick on the vacutainer tubes and get the required number of tubes, breathing deeply. By this time I would be very dizzy. I would quickly finish up, pull out the needle, slap a cotton ball on the elbow, dash to the nearest window, throw it open, and hang my head out in the January air while the patients yelled and shouted at me about the cold.

When I felt okay again, I'd go on to the next patient.

I couldn't do twenty patients in half an hour. I was lucky to do three patients in half an hour.

Fortunately, I got help. The first day, I went up to a huge black man named Steve Jackson. He could tell I was nervous.

"Hey, man, what're you doing?"

"Drawing blood, Mr. Jackson."

Copyrighted material

Lewis seemed to be sleeping.

"She seems to be sleeping," Rogers said. "Let's just see how responsive she is today." And he stuck a pin in her.

The poor comatose woman winced.

"Hmmm, there seems to be a little response," Rogers said. He put his pins back in his lapel and pressed his thumb over the bony ridge just below Mrs. Lewis's eyebrow. He pressed hard.

"This is a classic way to elicit a pain response," he explained.

Mrs. Lewis twisted her body in pain, and her hand went beneath her buttocks. And quickly she slapped a handful of her own feces all over Rogers's shirt and pressed tie. Then she collapsed back on the bed.

"Dear," Rogers said, turning white.

"That's a shame," Levine said, biting his lip.

"She obviously doesn't know what she's doing," Perkins said, shaking his head.

"Mr. Crichton, see that she's cleaned up. I'm going to try and change. But I don't have a change of clothes at the hospital. I may have to go home."

"Yes sir," I said.

So I helped clean up Mrs. Lewis, and I blessed her. And not long after that, I rotated off the neurology service, and went on to psychiatry, where I hoped things would be better.

Copyrighted material

# The Girl Who Seduced Everybody

Three medical students at a time were assigned a psychiatry rotation on the wards of the Massachusetts General Hospital. It was a communal-living ward: fifteen psychiatric patients slept and ate in a dormitory setting for six weeks. After six weeks, the staff made a diagnosis and recommended further therapy for each patient.

The resident explained the whole procedure. As students, we would each be assigned one patient to interview over six weeks. We would then make a report to the staff, and participate in the diagnosis. Other physicians would be interviewing the patients, too, but we would see them more often than anyone else, and our responsibilities were therefore to be taken seriously.

When we arrived on the floor, the patients were in the midst of a communal meeting. The resident couldn't interrupt the meeting, but we stood outside the room while he pointed out our patients. Ellen's patient was a heavyset woman in her fifties who wore garish clothes and makeup. This woman had had an affair with a doctor who gave her amphetamines, and she was now severely depressed. Bob was assigned a thin, scholarly-looking man of fifty who had been in Dachau and who now imagined cardiac problems. I was assigned a tall, strikingly beautiful girl of twenty with short blond hair and a miniskirt. She sat in a rocking chair, her long legs curled under her, looking very calm and composed. She looked like a college student.

"What's her problem?" I said.

Copyrighted material

"Karen," he said, "has successfully seduced every man she has ever met."

During the psychiatry rotation, you saw your patient three times a week. You also saw a training analyst twice a week, to discuss your case and your feelings about it.

Robert Geller was my training analyst. Dr. Geller was a middle-aged man who had a beard and favored bright striped shirts. His manner was very quick and direct.

Dr. Geller asked me what I hoped to get out of my psychiatry rotation, and I said that I was very interested in psychiatry, that it was something I thought I might end up doing. He said that was fine. He seemed a neutral, balanced person.

"So, do you know anything about your patient?"

Yes, I did. I explained I hadn't had a chance to talk to her yet, that I had only just seen her in the room, a twenty-year-old girl, sitting in the rocking chair.

"And?"

She seemed nice. Pretty. She certainly didn't seem like a psychiatric case.

"Then what's she doing there?"

Well, the resident told me that she had successfully seduced every man she had ever met.

"What did he mean by that?"

I hadn't asked.

"Really? *I* would have asked," Dr. Geller said.

I explained I just hadn't thought to ask; I was trying to absorb everything, just seeing her and so on.

"And how do you feel about seeing her?"

"I don't know," I said.

"You don't know?"

"No."

"You said she was beautiful...."

"Attractive, yes."

Copyrighted material

“What did you think about having her as your patient?”

“I guess I wondered if I could handle her.”

“Handle her …”

This was a psychiatrist’s trick, repeating your last phrase to keep you talking.

“Yes,” I said. “I wondered if I would be able to handle her case.”

“Why shouldn’t you be able to handle her?”

“I don’t know.”

“Well, just say whatever comes to mind.”

This was another psychiatrist’s trick: I was immediately on my guard.

“Nothing comes to mind,” I said.

Dr. Geller gave me a funny look.

“Well,” he said, “are you afraid you won’t be bright enough to deal with her?”

“Oh no.”

“No problem there. With brightness.”

“No.”

“Are you afraid you don’t have enough knowledge to help her?”

“No …”

“Are you afraid you’re so busy you won’t be able to devote enough time to her?”

“No, no …”

“Then what?”

I shrugged. “I don’t know.”

There was a pause.

“Are you afraid you’re going to fuck her?”

I was profoundly shocked. The statement was so coarse and direct. I didn’t know how he could even imagine such a thing. My skull was ringing, as if I had been struck. I shook my head to clear it.

“Oh no, no, no, nothing like that.”

“You’re sure it’s not that?”

Copyrighted material

"Yes. Sure."

"How do you know it's not that?"

"Well, I mean, I'm married."

"So?"

"And I'm a doctor."

"A lot of doctors fuck their patients. Haven't you heard?"

"I don't believe in that," I said.

"Why not?"

"I believe that when patients come to you, they are in a dependent state, they look up to a doctor, because they want help and they are frightened. And they deserve to be treated, and not have their dependencies exploited by the doctor. They deserve to get what they came for."

I believed all this very strongly.

"Maybe she came to get fucked by her doctor."

"Well," I said.

"Maybe that's what she needs to get better."

I began to feel annoyed. I could see where this was heading. "Are you saying you think that I want to, uh, have sex with her?"

"I don't know. You tell me."

"No," I said. "I don't."

"Then what are you worried about?"

"I'm not worried about anything."

"You just told me you weren't sure you could handle her."

"Well, I meant … in general, I wasn't sure."

"Listen, it's okay with me if you want to fuck her. Just don't do it."

"I won't."

"Good. How old are you?"

"Twenty-four."

"How long have you been married?"

"Two years."

Copyrighted material

"We're here to work together, Karen, and I think we should keep that relationship in mind."

"What does that have to do with what I call you? 'Dr. Crichton.' Ugh. I hate 'Dr. Crichton.' "

"I just think it's better, is all."

I found myself nervous, standing next to her this way. Her physical presence was very strong. It left me a little shaky. As part of the workup, I had to begin by drawing bloods for routine chemistries, so I took her into the little examining room. We were alone.

"Aren't you going to close the door?"

"No."

"Why not?"

"It's fine the way it is."

"Afraid to be alone with me?"

"What makes you say that?" I asked. I felt very clever and psychiatric, saying that. Giving her a question back.

"Do I have to take off my clothes?"

"That won't be necessary."

"Really? But don't you have to examine me? My body and everything?"

"Just draw some blood."

She ran her fingers across the examining couch. "Mind if I lie down on this bed?"

"Go ahead."

Having finished my neurology rotation, I was more relaxed about drawing bloods. But right now my hands were shaking. She was sure to notice.

She lay back on the examining table and stretched like a cat. "You want me on my stomach or my back?"

"On your back is fine."

"This couch is too short; I have to put my legs up." Her miniskirt slid around her hips.

"Whatever's comfortable," I said.

"Is it going to hurt?" she asked, wide-eyed.

Copyrighted material

“No, not at all.”

“Why are you shaking, Dr. Crichton?”

“I’m not.”

“Yes, you are. Do I make you nervous?”

“No.”

“Not even a little?” She was smiling, laughing at me.

“You’re a beautiful girl, Karen; you’d make anybody nervous.”

She smiled with pleasure. “You think so?”

“Of course.”

She seemed reassured by this, and I felt calmer as well. It didn’t hurt anything, I thought, to tell her she was attractive.

I started drawing the bloods. She watched the needle, watched the tubes fill. She had a calm gaze, a steady way of looking at things.

“Are you single?”

“No, I’m married.”

“You tell your wife everything you do?”

“No.”

“Men never do,” she said, laughing. It was a sarcastic, knowing laugh.

“My wife is in graduate school,” I said. “I sometimes don’t see her for days at a time.”

“Are you going to tell her about me?”

“What goes on between you and me is confidential,” I said.

“So you won’t tell her?”

“No.”

“*Good.*” She licked her lips.

I lived in an apartment on Maple Avenue in Cambridge. I had known my wife since high school. She was studying child psychology at Brandeis. One block away, my wife’s college roommate lived with her husband; they were both

Copyrighted material

graduate students at Harvard. A block beyond that lived another friend and her husband, with whom I used to play basketball in high school. The six of us, all stable, all married, all in school, all connected in the past, spent a lot of time together. The relationships went way back. It was a small, complete world.

My wife liked to cook. She was cooking while we talked. "Is this girl in school?"

"Yes. Junior at BU. Says she wants to be a lawyer."

"Smart?"

"Seems to be."

"And she's your patient?"

"Yes."

"What's her problem?"

"She has trouble relating to men."

"And what are you supposed to do?"

"Interview her. Find out what's wrong. Write a paper at the end."

"Long paper?"

"Five pages."

"That's not too bad," my wife said.

The resident told me I could meet with my patient twice a week, or three times a week, if I felt that was necessary. I felt three times a week would be required. There was an interview room that you booked.

I asked Karen how she had come to be admitted to the hospital. She told me she had had a bad trip on LSD in her school dorm; the campus police had brought her in. "But I don't know why they made me stay here. I mean, it was no big deal, just a bad trip."

I made a mental note to check with the BU campus authorities, and then asked her about her background, before college.

Karen spoke freely. She had grown up in a small coastal

Copyrighted material

town in Maine. Her father was a salesman; he fooled around with a lot of women; he had always ignored her. Her father didn't like it when she took up with Ed, just because he was a Hell's Angel. Her father was very angry when she became pregnant by Ed at fourteen. He made her have the baby. She gave the baby up for adoption. Her father never liked her other boyfriends, either. For example, he didn't like Tod, the rich kid who made her pregnant when she was sixteen. He wanted her to have that baby, too, but instead she had a miscarriage. She laughed. "In Puerto Rico," she said.

"You had an abortion?"

"Tod's rich. And he didn't want *his* father to find out." She laughed. "You probably think I'm crazy."

"Not at all."

"You smoke so much when we're together."

"Do I?"

"Yes. You're chain-smoking. Am I making you nervous?"

"Not that I'm aware."

"That's good. I don't want to make you nervous. I appreciate your helping me."

She wore miniskirts all the time. She liked to curl herself in chairs. She would wait for just the right moment, then curl her body and show me her pink underwear. I had to quickly look away, but when my eyes met hers again, I saw that she was laughing at me.

"So? Did you make her pregnant yet?"

"No," I said to Dr. Geller.

"Tell me how it's going."

I told him what I knew so far. Her story sounded terrible. I interpreted it as a cry from a young girl for the attention of her father, a man who obviously wasn't capable of giving her the love and care she required.

Copyrighted material

Instead he was harsh and punitive. Two pregnancies, then dismissed, sent off to various foster homes … It was amazing, I felt, that Karen had done as well as she had—had gotten into college and so forth.

"Why are you so protective of her?"

"I'm not."

"Dad's a bastard and she's a victim?"

"Well. Isn't she?"

"How does Karen relate to you?"

"She seems very open."

"Ask about her mother."

Karen didn't have much to say about her mother. Her mother was a retired schoolteacher, crippled in one leg from an automobile accident. Her mother was a weak person who let her father walk all over her, abuse her. And her mother didn't stand up for Karen, even when she knew—

She fell silent and stared out the window.

"Knew what?" I said.

She shook her head, continued to stare out the window.

"Knew what?" I said.

She sighed. "About my father."

"What about your father?"

"My father used to fool around with me."

"How do you mean?"

"He used to, you know, fool around with me. He told me not to tell my mother."

"You mean your father had intercourse with you?"

She smiled. "You're so *formal*."

We had been talking about her father for a week. "Why didn't you tell me this before?"

"I don't know. I thought you would be mad at me."

She curled in the chair again, in her kittenish way. This time beneath the miniskirt she wore no underwear at all.

Copyrighted material

"Then why did you send her to foster homes?"

"Because she was still seeing those boys, that's why. We had to get her away from those boys. So she told you that about Henry? And I'll bet you believed her. Men always believe whatever she says."

"Well, what did you *expect* my mother to say?" Karen said. "You think she'll admit *that*?"

Then she said she wanted a pass to leave the hospital for the following weekend, to go back to school for Saturday and Sunday. There was a party she wanted to attend.

I said no.

"Why shouldn't she get a pass?" Dr. Geller said.

"I just don't think it's a good idea."

"What's wrong? Think she's dangerous? She'll commit suicide?"

"No."

"You think she'll get laid?"

"Probably."

"What's wrong with that?"

"Nothing," I said. "She can do whatever she wants. I don't care."

"So let her leave."

"I'm just concerned about my responsibility."

"Your responsibility is to make a diagnosis, not to run her life."

"I'm not trying to run her life."

"Good. Because you can't, you know."

"I know."

I gave her a pass. All weekend I thought about her. Wondered where she was, wondered what she was doing. I spent some time at my apartment, but my thoughts were elsewhere. Karen's life seemed dangerous; she lived on the

Copyrighted material

edge, in a way that was unfamiliar to me. I had always been so safe, so cautious in my own life. Here was somebody who just did what she wanted to do, said whatever she felt like saying, acted the way she wanted to act.

I was beginning to have dreams about her. Her eyes. Her legs.

"I think I'm a little attracted to her, if you want to know the truth."

"Really?" Dr. Geller said.

"Yeah. I'm a little preoccupied with her and so on."

"Dreams?"

"Sometimes."

"Sexual dreams?"

"Sometimes."

"I imagine I would, too. She must be pretty damn attractive. And she's bright, you say. You like her intelligence."

"Yes, she's bright."

"Nice body, nice young girl, nice legs, and so on."

"Yes."

"So it's natural to be attracted. The thing is, what are you going to do about it?"

"Nothing."

"Perhaps you want to talk to her about your feelings?"

"Why would I do that? She's the patient."

"That's true," Dr. Geller said.

There was a long silence. He waited. I knew from past experience he could wait a long time.

"But what?" I said.

"But if she's behaving seductively toward you, perhaps you could discuss her behavior and how it is making you feel. If you brought it to her awareness, she would have a chance to change it."

Copyrighted material

"Maybe she wouldn't."

"How do you know?"

I felt suddenly confused. "I don't think that's a good idea. Discussing my feelings."

"Merely a suggestion," he said.

Karen was cheerful and evasive after her weekend off. She had seen some friends. She had gone to some parties. I felt irritable.

"Why?" she said. "Does it matter?"

"To what?"

"To your research paper about me, or whatever you're doing."

"Who said I'm doing a research paper?"

"Ellen told Margie that all the students are doing research papers." Margie was the depressed woman who had been seduced by her doctor. "What are you going to write about *me?*" Karen said.

At home, I had dinner with my wife, our friends. The topic of divorce came up. Somebody Marvin knew was getting a divorce, another couple in graduate school. A little chill passed around the table, a flicker of the candles.

I started to think. What if I got divorced? I would be a working doctor. What women would I meet? I would meet my patients, mostly. I would be busy; I wouldn't have much time for a social life outside my work. So the women I met would be my patients.

But even if I was divorced, I couldn't go out with patients. I certainly couldn't have sex with patients. So how would I handle it, exactly? How would I find women to go out with?

And, for that matter, how would I handle my practice, where women might come in whom I found exciting? What was I going to do? The priestly dedication to

Copyrighted material

medicine was fine in the abstract. But when it came to actual limbs, sexy limbs, and beautiful bodies on the examining table, and breasts and necks and girls who didn't wear underwear—

She probably has a disease, I consoled myself. But it wasn't much consolation.

"Yes," I told Dr. Geller. "I am having trouble with my feelings."

"You want her, huh?"

"Sometimes."

"Only sometimes?"

"Listen, I have this thing under control."

"I'm not saying you don't. What about your marriage?"

"My marriage isn't always that great."

"Nobody's is. But sexually?"

"Not that great. Not all the time."

"So you think about Karen?"

"Yeah."

"Listen," Dr. Geller said. "That's fine. In fact, it's normal."

"It is?"

"Sure. Think about her all you want. Just don't fuck her."

"I'm not going to fuck her."

"Great. Glad to hear it."

I diligently assembled facts, dates, information of all sorts. I wrote a twenty-page report, four times as long as required. I presented it to the entire psychiatric staff. My basic picture was of a seriously abused child who had grown up without proper supports and encouragement but who was valiantly struggling to keep her head above water, and who was probably going to make it. Karen had intelligence and strength, and while her obstacles were

Copyrighted material

formidable, I believed she would pull through in the end.

The staff complimented me on my fine and unusually detailed report. But they viewed Karen's case much more seriously. This girl had a prior suicide attempt a year before, while at college. This attempt, unknown to me, had required dialysis at another Boston hospital for barbiturate overdose. Karen had severe problems of self-worth. She had taken a great many psychedelic drugs. She was possibly even borderline schizophrenic. Her intelligence was a hindrance to contacting her true feelings. Her manipulative exterior kept her from feeling her pain. Her prognosis was not good. The chances were better than fifty-fifty that she would commit suicide within the next five years.

I was shocked. I wanted to tell them that they were wrong, that their detachment and their statistics were wrong. I wanted to shake them from their complacency. We were talking about a human life here, a human life. If they really thought Karen was going to die, they should help her. They should prevent her senseless death.

As calmly as I could, I said something to that effect.

The chief of service puffed on his pipe. "The truth is, there's not much we *can* do for her." He paused. "You've seen how she is."

I nodded.

"You've seen how she relates."

I nodded.

"So you are aware of the degree to which she in fact causes the unfortunate events of her life. And the likelihood that she will continue to cause them in the future."

I nodded, and realized. She had seduced me after all.

The chief of service spread his hands. "Well, then. It's hard. But that's the way it is."

Copyrighted material

# A Day at the BLI

Five teaching hospitals surrounded the Harvard Medical School, but in the eyes of the students, the least interesting was then the Boston Lying In Hospital. Over the years the other hospitals had decided not to do obstetrics, so all deliveries were now done at the BLI: a whole hospital full of babies being born.

Most of my fellow students were unexcited by obstetrics, but I was fascinated at the prospect of seeing a delivery, and even doing one or two.

On my first day at the BLI, I stepped into a world that reminded me of nothing so much as Dante's *Inferno*. Room after room filled with women, all twisting and writhing in rubber-sheeted beds like oversized baby bassinets, all shrieking at the top of their lungs in the most hideous agony. I was appalled. It was like something from the nineteenth century. From the eighteenth century.

"Yeah, well, these women are all on scope," the resident said. "They all insist on it. They come in the door and, the very first thing, they go, Give me the shot. So we scope 'em."

Scopolamine, famed in World War II movies as truth serum, was a soporific drug. But, as the resident explained, it wasn't a painkiller at all.

"That's why they're screaming so much. Scope's not a painkiller."

"Then what's the point?"

"The point is, it's an amnesiac. They're having the pain, but they won't remember any of it when it's over."

Copyrighted material

And a good thing, I thought, watching them twist and scream and shriek. Many of them had to be tied down to the bed with restraining straps.

"You gotta watch how you tie 'em down, because you don't want 'em waking up with bruises on their wrists. But if you don't tie 'em down, they'll bang around and hurt themselves, pull out their IVs, all sorts of stuff."

I felt embarrassed for these women. Many were wealthy and elegant: carefully applied makeup, coiffed hair, manicured nails. Now they were tied down to a rubber hamper and they were swearing and screaming, utterly out of control. I felt like an intruder, seeing something I should not see.

"Why do you do this?" I asked.

"They insist on it. You tell 'em this is what happens, you show 'em, even—they go, I don't care, give me the shot."

I kept looking at the nurses, trying to see how they felt about it. They were women, too. But the nurses were blank-faced, neutral. As far as they were concerned, this was how it was.

"Isn't there another way?"

"Oh sure," the resident said.

Down the hall were more rooms. No rubber bassinets here, just ordinary hospital beds with women panting and groaning, with the occasional cry of pain. Most of the beds had IV lines hanging from them.

"Now, here, these women get an epidural, a slow spinal drip, for pain. And they maybe get a little Demerol, and they just work with the pain."

It seemed much better here, much more human.

"Yeah. Whatever," the resident said.

There were more rooms down the hall.

"Down there," the resident said, "is where we have the girls from the Home."

Copyrighted material

“The Home?”

“The unwed mothers,” he said, and named the home where they came from.

We walked down there.

“You gotta keep an eye on the nurses here,” he said. “If you’re not careful, they won’t give the girls anything for pain at all. Sometimes they let ’em get all the way to the delivery room with nothing at all. Sort of punishment for their sins.”

I expressed disbelief. I was back in Dante’s hell.

“Yeah, well, it’s Boston,” the resident said.

We went into this room. It was incredibly tranquil. Four or five teenage girls, panting and breathing and counting contractions. Only one nurse to attend them, and she was out of the room a lot. Some of the girls were having a great deal of pain, and they looked frightened, to be alone, experiencing this pain. I stayed in the room with them.

One girl, named Debbie, was red-haired and pretty. She was glad for some company and told me all about the Home, and the nuns who ran it. Debbie wasn’t Catholic, but her family had been angry when she got pregnant. They had taken her to the Home five months earlier. They hadn’t come to see her since. A few friends from school came to visit, though not many. Her sister wrote letters, but said her father wouldn’t let anyone from the family visit Debbie until it was over.

Debbie said the nuns were okay if you didn’t pay any attention to their lectures about sin. She said the Home was okay. Most of the girls were fifteen or sixteen. They all worried about missing school. Debbie would have to do her sophomore year over.

Debbie had read a lot of books about childbirth, and she told me how the baby developed in the uterus, how at first it was like a pinhead but then a couple of months

Copyrighted material

later there was a beating heart and everything. She told me about breaking water and about contractions and how you had to breathe with the pain; she and the other girls had practiced the breathing. She knew they weren't going to give her painkillers. She had heard that. The nuns had told her.

From time to time as we talked, she would stop to go through the contractions. She asked to hold my hand during the contractions, and she would squeeze it hard. Then she would let go, until the next time.

Debbie explained that the girls talked a lot about keeping their babies, that most of them wanted to keep them, but a lot of the girls wouldn't be fit mothers in Debbie's opinion. She herself wanted to keep her baby, but she knew she couldn't, because her father would never allow it, and anyway she had to go back to school.

"Can I have your hand again?"

Another set of contractions. She looked at the wall clock. She told me they were only three minutes apart. It wouldn't be too long now, she said.

I talked to some of the other girls in the room. They were all the same, all right there with the pains, paying attention, going through it. Most of them said they didn't want to see the baby after it was born: they were afraid that it would be too hard if they saw the baby. They were experiencing intense physical pain, and they were talking about intense emotional pain, but they were all right with it. They all had a calmness and a dignity.

* * *

Meanwhile, back in the high-class rooms, the private patients, the respectable married women, were strapped down in rubber beds, swearing like sailors, screaming their heads off.

Copyrighted material

It didn't make any sense to me. The people who were being punished were having the best experience. The people who were being indulged were having the worst experience.

I saw my first delivery. It was, on the one hand, just like what I expected. And, on the other hand, to see the little head appear, and then the little body, immediately transported you to some other reality. It wasn't a medical procedure; it was a miracle. I walked around in a daze. I saw several more deliveries. I couldn't get used to the feeling. I was floating.

I went back to the room with the girls from the Home. It was still peaceful; the girls still panting, alone. Debbie was gone. I checked the other rooms; I couldn't find her.

I found the resident scrubbing outside a delivery room.

"Say, did that girl from the Home deliver?"

"What girl?"

"Debbie."

"Don't know her."

"Sure you do. Cute girl, red hair. Debbie."

"I never look at the faces," the resident said.

I grew to despise the Boston Lying In Hospital. I stopped showing up for my duty hours.

Of course, childbirth has changed greatly since then. You let a husband in the delivery room and he won't permit his wife to be tied down screaming like an animal, even if the doctors and nurses see nothing wrong with it. And the negative consequences of delivering narcotized babies have come to be more clearly acknowledged. Natural childbirth was a rarity in Boston in the late 1960s. The few doctors who did it were considered outlandish kooks. Now natural childbirth is quite unexceptional. In fact, except for the recent enthusiasm for cesarean

Copyrighted material

And we were not able to determine why she was unresponsive. She appeared to be in a deep sleep, but we couldn't tell why.

Abruptly, on the third day, Emily awoke. She looked around at all of us.

"Oh shit," she said.

Her language further distanced her from the resident staff. An old lady who swore: she was obviously senile. We questioned her. What was her name?

"You think I don't know? Scram, Daddy-oh."

Did she know where she was?

"Don't be ridiculous."

Did she know what day it was?

"Do you?"

Did she know who the President was?

"Franklin Delano Roosevelt," she said, and cackled.

A psychiatric consultation was requested. The psychiatrist found Emily to demonstrate "bizarre ideation, strange flow of ideas, and hostile affect." Noting that she had been lousy on admission, he suggested that she might be in the early stages of senile dementia.

We still had no idea why she had been comatose, and we ran more and more tests on her. In the meantime, she seemed to sleep less, to be more generally alert. But she remained distinctly odd: you never knew how she would greet you when you walked in the room.

One day it was "Ah, *Dottore*, how are you today?" in a corny Italian accent. "What news from the Rialto?"

One day it was "All quiet on the Western Front?" and her irritating cackle.

One day it was "Going to stick me full of needles again today? The human guinea pig, huh? You think I don't know what you're doing, Daddy-oh?"

She hated Tim, and the feeling was mutual. But for some reason she liked me. "Ah, the gigantic cherub, *cómo*

Copyrighted material