PROLOGUE

I always wanted to be a doctor, nothing but a doctor.

My parents are doctors. My grandfather, uncles, aunts, and cousins on both sides were surgeons, internists, obstetricians and gynecologists, pediatricians, and professors. I loved hearing about their lives: their patients, their struggles, their victories, and their defeats. Naturally, I was delighted and relieved when I was admitted to medical school in 1979. I was eighteen years old; that was the norm in India. Four years later, I emerged with my degree.

I decided to go to London, England, for training in internal medicine. With my father's connections, I was able to find a position in a London teaching hospital. I passed my certification exams in general internal medicine, and then specialized in liver disease.

In 1988, during a trip to India, I was introduced to Maya , a dazzling architect from my hometown. We were married later that year, and she joined me in London. Our older daughter, Priya, was born in 1990.

I wanted to be a professor like my father. I wanted to look after patients, perform research, write papers, and teach medical students and young doctors. My training in liver diseases had been too specialized, so I decided to train in general gastroenterology, of which liver diseases is a part. But there was a problem: I could not find a suitable position in England. My father's colleague called her professor in Houston for advice. He told her that a fellowship training position in general gastroenterology had unexpectedly become available. I flew down for an interview, and they offered me the fellowship. I accepted immediately.

So Maya, Priya, and I moved to Houston in December 1990. I

completed a fellowship in general gastroenterology in 1993. Houston was very different than London. We adjusted easily; the people and the weather reminded us of India. The people were friendly, the climate warm and sunny, and there were many more academic opportunities than in England or India. So, at the end of the fellowship, I applied for a Texas medical license and hunted for research and teaching jobs.

I hit a wall. I was told that the training in London was not acceptable for licensure. I needed a medical license to get a job, and for that, I had to complete another residency program here in the United States. So the others in my fellowship program launched their careers as specialists, and I went back for two years and completed a second round of training in basic internal medicine and finally obtained my Texas medical license.

Then only one deficiency remained: we needed green cards.

A handful of federal agencies offered green cards to doctors. The Veterans Administration helped the VA hospitals and the US Department of Agriculture helped rural communities. I was rejected by three academic VA hospitals, but, thanks to the USDA, a small rural town in Texas was able to offer me a job and sponsorship for naturalization. I had four months left on my visa. I abandoned academics and plunged into practice in small-town Texas, desperate to succeed.

This is the account of my first year in medical practice. It was over twenty years ago. I want to share the excitement of medicine in the rural world, an immigrant's adjustment to America and the human drama behind the scenes. We met extraordinary people who changed our lives forever, and I have nothing but respect for them. I have used their language in places for authenticity, not scorn. I have deliberately distorted events and places and names to protect identities. The characters are remixed and recreated so as to provide individual privacy, while sharing the overall experience.

As a physician, I witness much suffering and pain, but the compassion and decency of patients and friends always radiates through and strengthens me. My family and I are often overcome with the affection we have received from them. I hope this book conveys the love and gratitude we feel toward them.

—*Sandip V. Mathur MD*

CHAPTER ONE

STUNG

"Doc, this is Ben Grimes in the ER. We got incoming! You on call?"

"Yes."

"Where's Doc Becker?"

"He's gone to Dallas for a wedding."

"Doc Bulent or Doc Faraday in town?"

"No. I don't know where they are, but Dr. Becker told me they were out of town this weekend."

There was a pause.

"The family *really wanted* Doc Becker."

"I told you, he's not here. There is no other doctor in town, just me."

"Just you? You're the new young doc, right?"

"Right! So what's up?"

He sighed.

"Tommy Two-Ton's on his way to the ER. He looks bad!"

"Who's Tommy? What happened?"

“Local boy, Tommy. Tommy Teegarten. Rancher. You know, whose daddy and baby brother died in that car wreck last week?”

“No, I didn’t know that. I just got here yesterday.”

“Yesterday! Boy, you got thrown in the deep end, Doc!”

“Guess so.”

“Him and his mamma only ones left, Doc, so his mamma wants Doc Becker.”

I was irritated.

“I told you, he’s *not here*. He’s out of town!”

“And you’re the only doc in the whole county?”

“Yes.”

“You mind if I put in a call for Doc Becker? Maybe he’s somewhere close.”

“Go ahead. What’s the problem with Tommy?”

“He’s allergic to bee stings. Got stung at the cemetery. Stung a *bunch*!”

“How are his vital signs?”

“Stable for now but he doesn’t look good. You want me to call you as soon he gets here? In case I can’t get hold of Doc Becker?”

I had seen a similar case in London. A young man had been stung on his neck and had choked rapidly. We had struggled to save him and the memory set alarm bells ringing.

"No, I'm coming right away. Get the crash cart ready! Call lab and X-ray and get the respiratory tech! He can die from that!"

Within ten minutes, I was near the ER. I swung off Pecan Street and parked in the first spot. The hospital was an old reddish black building, two floors tall. The entrance to the ER was a ramp and the ER itself was a faded prefabricated unit jammed on the side facing the parking lot. It was dusk; the ambulance stood reversed at the base of the ramp and three paramedics heaved Tommy up. One also clamped an oxygen mask over his face and the other two held him down. A fourth scampered alongside holding up a bag of saline with an IV line bobbing down to his elbow. They burst through the double doors at the top of the ramp and charged inside, and I ran in right after them.

One look at Tommy and I felt a familiar knot in my stomach. He rattled around on the gurney, and arched and caved as he sucked air in and pushed it out with difficulty, flushed and bloated, gasping and gurgling. He was big, over six feet and at least two hundred and fifty pounds, stripped, and drenched in sweat. I filled with dread.

He looks terrible, I thought. *He looks like the others before they crashed and died! The allergic reaction is causing swelling and obstruction of his airway. He could choke to death in minutes right in front of me*. *On my very first day? This can't be happening!*

The paramedics swarmed over him, rolling him around on the gurney, replacing leads and slipping on a hospital gown. I was experienced in emergency resuscitations and had done at least a hundred over my nine years as a doctor, often as the leader of the "crash team." But they had all been in big teaching hospitals in London and Houston, and I always had access to specialists

to back me up.

Calm down, I reassured myself. *You've done this many times*.

I glanced around quickly. I stood in a small rectangular room, about fifteen feet by thirty feet, painted or turning yellow. A sagging ceiling supported an operating room light, whose folded arm wobbled overhead. An array of low glass cupboards lined the short side of the room, and their tops doubled as a writing desk and a filing area. The adjacent long side had a small window, which admitted the only natural light into the operating room. Next to the window, a feeble air conditioner coughed and hacked fitfully. I looked out; the parking lot was unpaved, and several trucks swung in, swerving past the ambulance and raising clouds of dust. A crowd gathered and framed the ambulance, and faces turned toward the window.

I turned and looked at Ben Grimes. He was tall, easily over six feet, and had a bald, bullet-shaped head. His eyes were slits, and he sported a thin moustache that continued vertically down at both ends. He was tanned and well built and had a *Semper Fi* tattoo on his left arm and a military bearing. Ben had a reassuring resemblance to an oxygen cylinder.

"Y'all, hurry up and get outta the way!" Ben shouted. "Doc's gotta check Tommy!"

Within seconds, the room cleared and only a nurse and a paramedic remained. A hush fell. They looked at me.

Do something!

It seemed too quiet to be the prelude to a spectacular death. The monitor said it all: a rapid heart rate, low blood pressure, and dropping oxygen level. The nurse and paramedic wiped his chest, slapped on leads, fastened an oxygen mask, started an intravenous drip, bundled up his clothes drenched with sweat

and urine and just hurled them into a corner. Tommy retched loudly and vomited. We recoiled, then rebounded and swabbed him quickly, wiping his face and chest clean again. The room reeked sharply of rotten meat.

“Suction him! Reverse Trendelenberg position!” I ordered, and they tilted the bed so his head was higher than his feet. This reduced the risk of stomach contents getting sucked into his lungs.

“Almost ready, Doc!” Ben announced. “Getting the crash cart and calling in the lab tech an’ respiratory tech!”

Tommy fumbled for my hand and croaked.

“Doc, am real allergic t’ beestings. Buncha bees got me good, jes outside th’ cemmatary. Maw said, son, go to th’ER. Waited bout a half hour inside mah truck, waitin’ fo’her to show up.”

“You waited half an hour at the cemetery?”

“Know ah shunt have, but ah did. Ma eyes swelled, couldn’t see right, couldn’t drive. Ma lips swelt up, Doc. Thass when ah knew et was goin’ t’be bad.”

I examined him. He was a big man, writhing, wider than the gurney. His blue eyes squinted in the middle of a ruddy unshaven face. He had thick blond hair matted with dirt. The dirt on his face and arms had fault lines and he was pungent with sweat. The hospital gown barely covered him. His enormous belly shook, and his swollen legs stuck out over the gurney at awkward angles. In the middle of my exam, his breathing became irregular and his speech faltered. He stopped moving. *Bad sign*, I thought. *He’s exhausted. He needs to make a conscious effort to keep breathing.*

I glanced at the monitor. There was a blank area.

“Why isn’t there an oxygen level?” I asked.

No one answered.

I picked up one of his spade-like hands and looked at the oximeter that was supposed to be measuring his oxygen level. His fingers and nails were coated with mud and tar.

“We have to get the tar off! The oximeter can’t read his oxygen level properly if the nails are too dark!”

“We tried scrapin’ it off with a knife!”

“What?”

“Pocketknife!”

“Try nail polish remover or rubbing alcohol.”

“Tried it. Don’t work.”

“Okay, clip it on his earlobe. Those fingernails are too dirty.”

“Ah was puttin’ in posts round the graveyard,” Tommy mumbled. “Ain’t always dirty.”

I nodded and lifted his wrist.

“His pulse is weak and irregular!” I cried out.

“It was steady when he came in, Doc!”

“Change the leads, now! I want a new large bore IV and give him normal saline wide open! Send the labs stat!”

The monitor showed the heart rate slowing down. In thirty seconds it was down to thirty beats a minute. Long flat green lines appeared between the spiky complexes that indicated heart contractions.

“Ah feel...kinda weird, Doc,” Tommy gasped, then froze.

I grabbed his wrist but wasn’t able to feel the radial pulse, so I felt in the neck to the side of the airway for the carotid artery. It was weak, but still pulsating.

“He’s still got a pulse! Bradycardia! Get me some atropine now! Open those fluids! Wide open!”

I struggled to control my pitch.

I gave him the atropine and watched intently. The heart rate picked up slowly to forty-five a minute. After a few seconds, his heart rate and his breathing started to slow down again.

“Give me another atropine. He’s not responding! Get me his labs. We need a blood gas, call the respiratory tech now.”

Tommy had become unresponsive. He would not answer to his name and could not open his eyes or obey other commands. However, he still moaned slightly when I pinched his skin.

“At least he’s still responding to pain! Call the hospital in Abilene! I need to move him there now! He needs an ICU, not a small country hospital! He needs a stat chest X-ray, portable! Tell Joe come now! *Right now!*”

There was a burst of activity. Ben speedily changed the IV fluids, printed the heart rhythm, and ran to the lab. The respiratory technician, Joe, drew blood from an artery for the blood gas analysis, and the X-ray technician squeezed his machine into the room for a chest X-ray. Anxious family members broke in repeatedly, but were restrained and sent back to the waiting room. Several stood at the door, gawking and muttering. There were three men in overalls, mumbling and holding their hats in their hands, and a woman in a black pantsuit talking into a cellphone and covering her mouth with

the other hand. They looked at me suspiciously.

Ben waved and cried out “Be quiet!”

For a few seconds, the room was silent except for the wheezing of the air conditioner and the beeping of the monitor. I listened to Tommy’s heart and lungs. He breathed irregularly and loudly. Then, suddenly, everyone was talking again. The respiratory therapist struggled to give Tommy a breathing treatment with nebulized albuterol, urging him to take deep breaths, while clamping a plastic mask over his nose and mouth. The nurses tried to talk to him as they examined his other arm for another IV site. I kept talking to him too, but he didn’t respond and didn’t struggle—another bad sign. I pinched his skin again. No response now.

“What’s his blood pressure?” I asked.

“Seventy systolic,” Ben replied.

“Still got a pulse?”

“Barely. Real weak, Doc.”

The family couldn’t hold back and started commenting loudly.

“He looks bad, Doc!” one said.

“Ah don’t think he’s gonna make it, Doc!” another declared.

“He’s lookin’ awful gray, Doc!”

“Yes, I know,” I snapped.

“Sure wish Doc Becker was here!” the first one said, and looked around. The others nodded.

Ben pushed them out and turned to me.

“His oxygen sats now eighty percent!”

“Is he on a hundred percent oxygen?”

“Yes sir!”

My mind raced. He was barely hanging on. His oxygen level was plummeting, and he was about to have a cardiac arrest. A sharp voice called out.

“Hey Doc! You ain’t scared, are you? Can you handle this? Doc Becker ain’t in town, far’s I know, so it’s just you!”

I looked up. The men in overalls had retreated and a short scrawny man with an enormous handlebar moustache stood there, thoughtfully stroking his chin.

“I’m Tommy’s uncle!” he said.

“Nice to meet you.”

“Hell, he looks sickern’ a dog!”

“Yes, I know.”

“You on your own!”

“I know.”

“Doc Becker, he really knows how t’handle these things.”

“Yeah, I’ll bet.”

I suppressed a surge of irritation. I tried to focus. One of the men in overalls tapped Handlebar on the shoulder and whispered. Handlebar whipped out a cell phone.

“Doc *Becker* is Tommy’s regular Doc!” Tommy’s uncle repeated.

The man at the door asked Handlebar, “Want me try callin’ him again?”

Before I could answer, Tommy stopped breathing completely and went limp. His cardiac monitor showed a brief burst of ventricular tachycardia, a very irregular heart rhythm, and then returned to a very slow rhythm.

“*Shit!* He had a run o’ vee tach, Doc!” Ben exclaimed.

“I know. Give him a hundred mg of lidocaine. Get me an endotracheal tube now! And clear the space near his head! I have to intubate him! Get the ventilator down, we need it here. And Epi! Give me some Epi now!”

I injected the lidocaine and watched for a few seconds. No further rapid bursts of the irregular contractions called ventricular tachycardia or “v-tach.” I could not feel his pulse. I injected ten milliliters of “epi” or epinephrine, better known as adrenaline, and injected saline to flush it through quickly. A weak pulse returned! It remained slow, but I was relieved that it was back. I kept my finger on the carotid artery in his neck and jerked away the headboard of the bed with the other hand. Unlocking the bed, I pushed it down into the middle of the room so that I could straddle the top. I dropped to my knees, threw his pillow on the floor, and lifted the back of his neck with my left hand. His mouth flopped open. I grabbed his jaw and yanked it upward and outward, pulling his mouth wide open. His fleshy neck felt heavy and grew heavier by the second. I wanted to look straight down his throat, past his tongue and soft palate and epiglottis, at his airway .

I have to get a breathing tube in there immediately, I thought, *but I can’t see the opening!*

Inside, thick beefy layers of tissue were glued together with

sticky saliva and flecks of tobacco. I shook his neck in frustration and rotated it. No better.

“Suction! I need suction!”

The nurse scrambled, and handed it to me. I suctioned as much I could.

“What size ET tube, Doc?”

“He’s going to need a size eight. I want the Mackintosh and a stiff guide wire, a stillette.”

I pushed a bunched-up towel underneath his neck and upper shoulders to allow his head to extend backward, as if he were arching his neck back to look at me. I pulled the pillow on the ground under my knees and leaned forward. I suctioned his mouth clear of secretions again and pulled on sterile gloves. The nurse handed me the Mackintosh forceps and the intubating tube. I crouched and twisted myself so that I was able to look directly into his mouth and gently placed the flat blade of the instrument on Tommy’s limp tongue. He did not resist at all, another bad sign. Using my left hand, I lifted the tongue and soft tissue out of the way with the blade of the forceps, and the vocal cords came into view briefly. I had to lift with enormous force to keep the jaw elevated and the tongue pushed aside. Within seconds, my hand and forearm were aching and trembling.

“Give me some cricoid pressure!”

The nurse applied pressure to the front of the neck, and I lifted the forceps again, outward and upward, with greater power. The vocal cords popped into view and stayed there. I tweaked the tip of the plastic endotracheal tube and grasped it with my right hand. Without thinking any more, I thrust it like a harpoon down past the drawn white curtains that were the

vocal cords and plunged it into the trachea. I held my breath and felt the tube slide deeply into the airway. Immediately, a huge wave of satisfaction and relief swept over me. Tommy shuddered several times and became agitated. He tried to roll but was easily held down by the nurses.

"Do you think you got in, Doc?"

"I think so. Listen for breath sounds in both lungs."

I connected the endotracheal tube to a large purple oxygen bag and squeezed it to pump the oxygen deep into his lungs. I gave him a few quick breaths to saturate his lungs and pull out the trapped gases. The exhaled air was reassuringly moist, forming a film on the plastic tubing. Ben listened to the lungs, making sure he heard air enter both lungs as I squeezed the bag.

"You're in, Doc! Well done!"

I allowed myself a weak smile. It was always a challenge. Sometimes the intubation went well, but sometimes it was disastrous. I had been lucky; rather, Tommy had been lucky. I injected air into the cuff that anchored the tip of the tube in the trachea. I tugged gently. *Okay, it's secure*. We took a chest x-ray to confirm position. Minutes later, it was back.

"Here's the chest film!"

The technician jammed the wet film on the viewing box. Both lungs were covered with fluffy white shadows. Areas that should have been dark and full of air were white, full of fluid leaking from his blood vessels.

"You think he's got pneumonia, Doc?"

"No. Both lungs are affected. If it was pneumonia it would be one-sided, usually."

“But he could have double pneumonia, Doc!”

“He could. *Possible*, but not *probable*.”

“What?”

“Both lungs have light fluffy white patches all over. Pneumonia is usually dense and restricted to the lobes. But the main thing is the whole clinical picture. He’s got stuff all over both lungs.”

“His oxygen sats have come up, though not a hundred percent sats,” Ben grunted.

I examined the edges of the lung fields on the X-ray. There was little air in the lungs; the dark areas indicating aeration were restricted to the center of the chest and fluffy white shadows filled in the rest.

“He’s got *extensive* bilateral infiltrates, all the way to the periphery of the lung fields. This is bad. He has ARDS. Get me the ICU in Abilene, now!”

“What’s ARDS, Doc?” asked the nurse, dialing.

“Adult Respiratory Distress Syndrome,” I explained. “Happens when the blood vessels of the lungs become severely irritated and leak lots of fluid into the lungs. Tommy can’t breathe because of all that fluid in his lungs. It won’t let him get oxygen. It's something like drowning.”

I ordered intravenous furosemide, a diuretic, and hydrocortisone, a steroid. I also gave intravenous Benadryl, an antihistamine. Tommy’s body shuddered and started moving again. He suddenly struck out at the respiratory technician, who jumped out of the way. He hit the IV pole instead and it came crashing down. The tubing was jerked out, and blood and saline sprayed the floor.

“His IV is out! His IV is out! Hold him down, we need to start another one, right now!” Ben shouted.

“Let’s give him two milligrams of Versed to calm him down,” I said, “and try the IV in the other arm.”

They had just started the second IV line when Tommy started bucking again. He almost pulled out the new line. The paramedics scuttled into the room.

“We’re ready for him, Doc. Chopper ain’t comin’, so we gonna take him by ambulance. I just gotta get the handover from the ER nurse. Is it Ben?”

“Yes, but you can’t take him like this! I'm going to give him another two of Versed. And I am going to stitch that IV in place. How are his vitals now?”

“Blood pressure ninety-eight over fifty-eight, pulse one hundred and fifteen.”

“Give me some four-o silk for stitching.”

I injected a little lidocaine first and numbed the skin around the IV site, then used the curved needle to take a few bites of skin and draw the needle and thread through the perforations on the side flanges of the IV tubing. In a few minutes, it was secured.

“Just need a list of his meds, Doc.” “Get it from Ben, I guess, almost done.”

A high-pitched voice pierced the air.

“Doc! Doc, I’m his mother!”

I turned around. A stout lady was standing behind me, framed by a clutch of family members. She was short, had a square face

with gray hair and twitching eyes. She opened and closed her mouth several times before saying anything. She had been standing there for a while, as no one seemed to have moved position. I hoped I hadn't said anything negative. She stepped forward and grasped my hand.

"Is he gonna be awright?" she asked.

I looked back at Tommy. He was stretched out, naked again, his meager hospital gown pulled up and bunched on his chest. He was intubated and connected to a ventilator, sported a bloody bandage on one arm and an IV stitched in on the other. He was connected to a heart monitor and had a blood pressure cuff on his right leg. There was a sea of discarded vials, boxes, paper, alcohol wipes, needle casings, heart recordings, and used tubing on the floor. The ventilator honked and blew authoritatively and flashed its messages in green semaphore. Ben jumped forward and threw a towel over his loins.

"Well, we've stabilized him, ma'am. He is still very sick. But we are going to send him to Abilene and admit him to the ICU there."

She looked unconvinced. Ben reiterated.

"Ma'am, he was very sick but he's okay for now. He's going to be fine," he said.

Tommy moaned loudly and lurched to one side. Ben sprang to his side and yelped, "Whoa!"

"There's nothing to worry about, ma'am," I said. I tried to sound calm.

Tommy reared. Ben yelled and cursed, "Oh, *shit!*"

I spun around. Tommy tried to sit up. He had pulled a hand

loose and tugged at the tube in his mouth. With a shudder, he wrenched it out, spraying Ben and a paramedic with blood and phlegm. Ben called for help and wrestled him back down. The monitor burst into angry alarms and then went silent as the leads got pulled off.

“Get all the paramedics in here!”

Tommy’s mother stood frozen, her mouth gaping.

“Ma’am, you need to go wait outside. You all need to go outside.”

She stood there, riveted. No one obeyed.

“Get me another ET tube!”

“Size eight?”

“Yes, yes!”

I drew up two milligrams of Versed and injected it. I was thankful that I had stitched in one of the IV lines; we still had access to his bloodstream. Tommy bucked and arched, and Ben and I held him down. He arched again, but went limp rapidly. Within minutes, the monitor’s furious staccato settled down to a steady cadence and we heard Tommy’s breath sounds slow down and become long and deep rather than rapid and shallow. Tommy calmed down gradually. We reconnected the leads and checked his blood pressure. The alarms started going off immediately.

“Doc, oxygen sats seventy-eight percent!"”

“I know! I need to re-intubate him!”

“He ain’t gonna letcha!”

“I know. I’m going to give him some more Versed.”

“But he don’t look like he’s gonna make—”

Ben stopped. Tommy’s mother was cradling his feet and crying softly. She bent forward and touched her forehead to his toes, then kissed them, holding on to them and squeezing them and resting her head on them. Ben turned away and remained silent. I injected another two milligrams of Versed, and Tommy went utterly limp. His head flopped backward. I pulled on protective glasses and thrust a towel under his neck again and pulled his jaw, opening his mouth wide. It was full of red froth.

“Suction! Give me suction!”

I cleared the mouth as much as possible. The oxygen monitor’s alarms were getting louder and faster. I used the Mackintosh blade and tried to re-insert the tube, but his throat filled up again with blood and froth from his traumatized airway. I swore and changed to suction and then looked again. It was a mess of swollen bleeding tissue. I looked in the general direction of the vocal cords and decided to try blindly. Tommy hacked violently, showering my face and shirt with blood. I jumped up and dropped the tube. I felt shocked and angry. An authorotative voice spoke out.

“Well, if *you* can’t do it, better get Doc Becker. *He’s* an expert!”

Handlebar had returned, and stood next to Tommy’s mother, an arm on her shoulder. His mother, her face now red and swollen, was about to burst into tears. Handlebar stabbed a satellite phone furiously.

“Give me another eight ET tube.”

I wiped my face and set to it again. Two minutes had gone by, I reckoned. Four minutes and there would be irreversible brain

injury. Two minutes left. I grabbed a piece of gauze and wiped Tommy’s mouth, then suctioned again. I used the Mackintosh and pulled hard, contorting my neck, trying to visualize the vocal cords.

“I got Doc Becker’s number! He ain’t picking up! I guess he’s out of range! Seems you can’t fix Tommy, we *got* to get Becker!”

I clenched my teeth and snatched the proffered ET tube. Handlebar brandished a cell phone the size of a brick.

“*You* want to call him? Bet you don’t want Tommy to *die!*”

His mother wailed. *One minute left! There's no time!*

I cleared my mind. I looked at the twelve o’clock position in Tommy’s throat and swabbed it deliberately, wiping away the mucus and clots. Handlebar swore.

“Terrible reception here! I’m steppin out!”

The lower end of the vocal cords came into view, then vanished. I dropped the gauze and suction, and waited a few seconds with the tube. Nothing happened.

“Press down on his throat! Give me some cricoid pressure!”

The vocal cords burst out of the darkness. I whooped and plunged the beveled tip of the ET tube in, past the vocal cords, and deeply into the trachea.

“I’m in! *I’m in!*” Tommy’s mother looked puzzled. She glanced at Ben.

“Give me a ten cc syringe, I need to blow up the cuff. Listen over the chest for breath sounds.”

Ben listened and confirmed the presence of breath sounds on

both sides. He gave me a thumbs-up. Handlebar came bounding in.

“Doc Becker is on his way!” he whooped.

Ben stepped forward.

“We don’t need him! Doc Mather fixed him up! Thank you, Jesus!” Ben whooped.

Handlebar was crestfallen. I cleaned up quickly. The monitor was chirping happily, Tommy’s pulse and blood pressure were stable, and his oxygen level was ninety-seven percent. I wanted to say something sharp to Handlebar, something sarcastic, something scathing, but I couldn’t do it. Handlebar stood silently, his mouth half open. Before I could say anything, he left the room. Tommy’s mother wiped her son’s face and stood back and grasped his feet again.

I gave Tommy another milligram of Versed and helped move him onto a mobile stretcher. He had a good IV line, stitched in, and had a good airway*.* I walked with the paramedics as they wheeled him out and loaded him into the ambulance. His mother tugged my sleeve.

“Can I go with him in the ambulance?” “I don’t think so, ma’am.” She slumped but hung on. “I can ask the paramedics, though.”

I turned.

“Doc, generally we don’t but this here’s my aunt! So we’re going to make an exemption. Sure you can come, Aunt Elaine, but you gotta get your own ride back. Can’t wait.”

“Ain’t plannin’ to come back, least, not tonight.”

The ambulance had pulled up to the ramp and we managed to

get him in without losing the IV or the endotracheal tube. A paramedic hooked the bag of saline to the wall. The ventilator was placed at his feet, and strapped in securely. His mother clambered in and resumed her position at his feet, massaging his soles and squeezing them and humming, and kissing his toes one by one.

“You may need some more sedation. You can give him a little more Versed. Maybe another two mg.”

“Okay, Doc! Will do! We’ll call you if we have problems! Ten-four!”

The ambulance turned on all its wattage. Lights blazing, alarms blaring, it lurched out of the hospital parking lot and swerved hard to avoid the massed oxygen cylinders and the sign that said NO SMOKING. I stood in the parking lot, alone. I breathed easier, then suddenly realized that my back ached, my head throbbed and my hands still trembled. My face was spotted with dried blood and phlegm. I thought about what had just happened, but it was too much. I headed to my car, and sat inside but remembered there was paperwork to be done. I checked my phone. Four missed calls: two from home and two from West Texas Cablevision. I called home and headed back to the ER wearily. It was a mandate of the system: you had to document everything. If it wasn’t documented, it hadn’t really happened.

Ben was cleaning up, and a janitor had appeared. Ben clapped me on the back and thrust a clipboard and a bundle of paper.

“Here ya go! Ain’t over till the paperwork’s over!”

I nodded grimly and set to work. Ben returned. He handed me a card.

“Oh, almos’ forgot. His uncle left this for you.”

“The guy with the big handlebar moustache?”

“Yep. That’s him.”

I sat down and wrote everything out in as much detail as possible and dictated my notes. I reviewed the EKG recordings and the lab reports. I had the nurse fax my handwritten notes and all the lab results to the ICU in Abilene. Finally, it was all over. I thanked Ben and stepped out into the parking lot and looked at my Corolla, covered in white dust. The other trucks had gone, following the ambulance to Abilene. I reached in my pocket for something to wipe the windscreen. I found only Handlebar’s business card and bit on it as I wiped the glass with both hands. Then I glanced at the card.

Handlebar’s business card read:

JAMES WENTWORTH TEEGARTEN, DISTRICT ATTORNEY