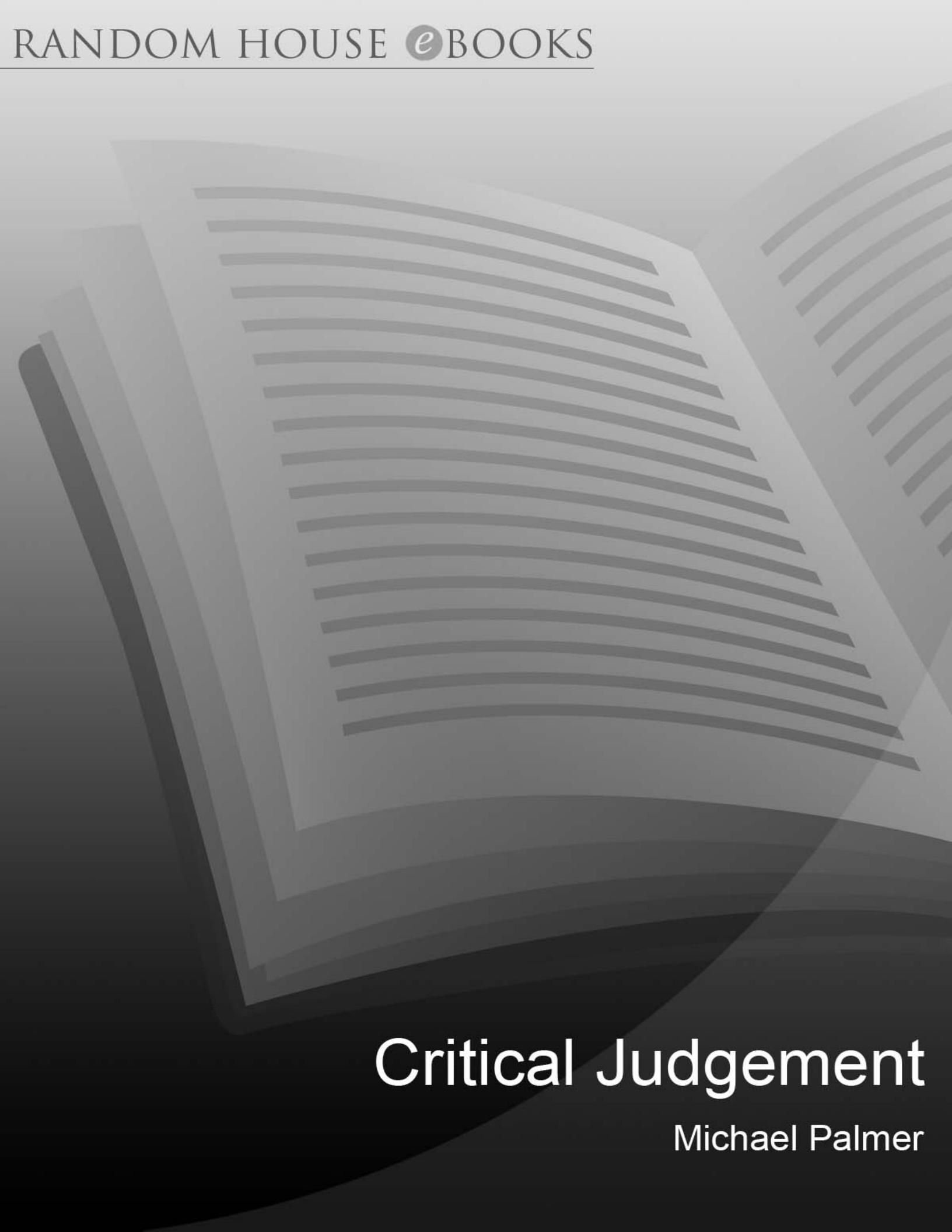


RANDOM HOUSE *e*BOOKS



Critical Judgement

Michael Palmer

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About the Book

Dr Abby Dolan has everything. The perfect lover. The perfect job. But when she moves with her fiance Josh Wyler to the small California town of Patience, everything changes.

A mystery illness is spreading through the town, and Josh has become desperately ill, manic and violent. As head of the Emergency Room team, Abby sets out to find the cause of the horrifying and fatal epidemic. Abby's quest for the truth brings her face to face with corruption and danger, and uncovers a sinister pattern that links the deadly syndrome to the giant chemical plant that is the town's biggest employer.

It is a quest that will call for strengths Abby never knew she had, a quest with threats lurking around every corner. And with her most dangerous enemy far closer to her than she imagines, the first life she will have to save is her own . . .

About the Author

Michael Palmer is the international bestselling author of nine previous novels, including, most recently, *The Patient*. His novels have been translated into twenty-six languages and have been adapted for film and television. He trained in internal medicine at Boston City and Massachusetts General Hospitals, spent twenty years as a full-time practitioner of internal and emergency medicine and is now involved in the treatment of alcoholism and chemical dependence. He lives in Massachusetts.

Also by Michael Palmer

SILENT TREATMENT
NATURAL CAUSES
EXTREME MEASURES
FLASHBACK
SIDE EFFECTS
THE SISTERHOOD
MIRACLE CURE
THE PATIENT

CRITICAL JUDGEMENT

Michael Palmer



arrow books

To My Sisters

Donna Palmer Prince and Susan Palmer Terry

For always being there for me

And in loving memory of our mother

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In the process of getting a novel written, there is no substitute for long hours alone and in doubt. For helping me keep the isolation and uncertainty in perspective, my deepest thanks go to my agents, Jane Rotrosen Berkey, Stephanie Tade, and Don Cleary, my editor, Beverly Lewis; associate editor Katie Hall; my publisher, Irwyn Applebaum; my publicist, Stuart Applebaum; many friends of Bill W; and, of course, my family.

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M.S.P.

IT WAS JUST after noon when the flickering lights began again—countless slivers of rainbow bathing the inside of his eyes. Taken by themselves, the lights might have been fascinating, even beautiful. But as things were, they brought him only terror.

Noon. The last blast had been just six hours ago, waking him from a pleasant dream and dropping him into the midst of a nightmare. When the attacks first began, they came once every few weeks. . . . Then every few days. . . . And now. . . . The intensity, too, seemed to be increasing with each episode. It was living hell.

His palms began to sweat as he thought of what the next hour or so held in store. First the flickering lights, next the queasiness and a slight tic at the corners of his eyes. For fifteen minutes, twenty, even thirty, it would be like that. Then, with volcanic suddenness, his temples would seem to explode. He would writhe on the bed and fall to the floor, screaming. He would clutch pillows over his ears, futilely hoping to muffle the shellbursts inside his head. Then he would get violently ill, retching until it felt as if his stomach would tear apart. Sometimes he would even soil himself.

“Please, no,” he whispered. “God, please, no more.”

But he knew all the pleading, all the prayers in the world would not touch the pain. He was going mad. And nothing would stop the insanity. Nothing except the total and absolute destruction of the demons who had started it all—the vermin who had sent his life spinning out of control.

Bricker . . . Golden . . . Gentry . . . Forrester.

Only when justice was done, only when the four of them were dead, would he find peace again. Only when he had heeded God’s mandate would the flickering lights and the violent headaches end.

But right now there was little he could do except take the pain pills and get ready. He shook three Demerol tablets from a plastic vial and washed them down with some

bourbon. His best hope was that they would stay down long enough to do him some good.

The muscles beside his eyes began to tighten and twitch. The lights intensified. Within his skull the crescendo began.

Desperately, he snatched up the phone and dialed a long-distance number.

"Hello," said the voice he knew so well. "We are unable to take your call right now, but it is important to us. Please wait for the tone and leave a message. We'll get back to you as soon as possible."

"Please," he whimpered, his voice a small boy's. "Please help me. Make the pain go away. Please make me stop what I'm going to do."

Then he realized that the words had only been in his head.

He set the receiver down and sank back onto the bed, resigned. No one was ever going to help him but himself.

Let this be the last time, he begged as the inevitable began. He tightened his hands on the headboard of the motel bed. *Let it end today.*

When consciousness returned, he was on the floor, his face pressed against the threadbare carpet, his cheek soaked with saliva. Pale sunlight brightened what was at best a dingy, pathetic little room. But the motel was close to *them*, and that was what mattered. He dried his face on the polyester bedspread and struggled to his knees.

He pulled the olive rucksack from beneath the bed and set it on the mattress. The two MAK-90 semiautomatic rifles were in mint condition, but he ritually began polishing them nonetheless.

Bricker . . . Golden . . . Gentry . . . Forrester . . .

One by one the faces flashed through his mind—faces of the people who had once been his friends. Faces he had once trusted. Now he knew they had been placed in his life

to test him. He cradled one of the weapons in his lap and stared up, unblinking, at the ceiling light, testing his will and his strength. Two days before, he had bought the machine guns, gone to a landfill, and fired them for the first time. He hadn't held a gun since riflery class years ago in summer camp and was surprised at how comfortable he felt—all-powerful. But he had only been shooting rats in a dump. Next time would be for real. Next time the eyes glowing back at him would be eyes he knew well. Was he ready?

The last bit of pounding in his brain receded, then vanished. Some of the tension left his body. How long did he have before the next attack? He replaced the weapons and slid the canvas bag back under the bed. Then, totally drained, he allowed his eyes to close. He had never even struck a person in violence. Now, to regain his sanity, to send the demons back to hell, he was preparing to kill and kill again.

There had to be another way.

When he opened his eyes again, muted sunlight still filtered through the fake lace curtains. The clock radio on the bedside stand showed just two o'clock. The nap and the pills had blunted his rage some, but he knew that soon it would be as sharp as ever. He felt stifled, smothered. The room seemed postage-stamp small, the air stagnant and hard to breathe. He reached down for the rucksack, but before he touched it, he grabbed his key and bolted from the room. Even now, it seemed, he wasn't completely committed.

He left the motel and hurried down the street to a familiar bar—the Ghost Ranch Saloon. Once upon a time they had all gathered there after work. He almost laughed at the thought of Steve Bricker, drinking like a fish there and still beating all comers at darts. Then, almost immediately, the notion was preempted by another image of the man, grinning obscenely at him from behind his massive desk as he brought the hammer down on his life.

"I'm sorry. There's nothing I can do. . . ."

Bullshit!

He recalled the horrible, legless feeling of standing there before the man. The memory did much to dispel his uncertainty. He was going to go through with it . . . soon.

The Ghost Ranch was a windowless honky-tonk, lit almost exclusively with black light. It was decorated with Day-Glo cartoon ghosts of cowboys and Indians, horses and steer. From a dozen huge speakers some country warbler was begging someone for a second chance.

He smiled grimly. It was not the last time he would be hearing someone beg for one more chance. He ordered a bourbon, then another. The first one took care of his shakes. The second one he nursed. The place was nearly empty, but at the far end of the bowling-alley bar a cluster of hookers were plying their trade with three men in business suits. One of the women, the blond with Dolly Parton hair and cleavage, kept glancing over at him. Finally she decided he was worth a try. She took her time making it past the row of empty bar stools, giving him a good look. Then she introduced herself as Gloria. He nodded and made up a name on the spot. He wanted her company but had no intention of doing business with her. He had been monogamous for several years and had never done it with a pro even when he wasn't.

"Haven't I seen you in here before?" Gloria asked.

He shook his head, even though the whore was right. Bricker had done it with her on any number of occasions and once went so far as to bring her over and introduce her to the rest of them. Goddamn Bricker.

"So whaddaya doing in town?"

He wanted small talk, not the third degree. *Talk to me about the weather, for chrissakes. Or the Giants. . . .*

He realized that he was feeling irritable again and wondered if that was a sign. It had been only four hours or so since the last attack. He cursed himself for rushing out

and leaving the pain pills in his room. *Pain pills, grimy motel rooms, hookers.* His life had once held such promise. How the hell had it been reduced to this? He felt his jaws begin to clench. The uncontrollable anger was back and building. Payback time was getting closer.

“So are you interested in a little fun?” Gloria was saying. “I can give you a hell of a good deal.”

He shook his head.

“Not today,” he growled.

He wondered briefly what she’d look like without makeup. For all he could tell, underneath it all she might not even have a face.

Pouting, she stood. Then she began staring at him queerly.

“Hey, what’s that in your eyes?” she asked. “Some weird kind of contact lenses or somethin’?”

“What are you talking about?”

“Those yellow rings around the colored part of your eyes. Oooee, is that weird.”

“*You’re* weird, do you know that? Now, get the hell away from—”

“Hey, Cindi, come on over here and get a load of this.”

The woman was turned partly away from him when he leaped up, grabbed her breasts, and dug his fingers into them so tightly that she cried out in pain. Then he shoved her backward. Her spiked heel snapped off and she fell heavily to the sawdust-covered floor. Before anyone could make a move in her defense, he whirled and stormed out of the place.

Yellow rings. He had examined his face in the bathroom mirror a dozen times over the last day alone. Granted, he looked like hell. But if there was anything wrong with his eyes, he’d damn well have seen it.

His fury growing with every step, he stalked across the busy road without checking for cars. Horns blasted at him, but he didn’t notice.

The sparkling lights had begun again.

He raced back to the motel. There was still time, he was thinking. Time to do what God had been telling him to do. Time to end the pain once and for all. The shimmering diamonds of multicolored light snapped against the inside of his eyes like hailstones. He fumbled with the lock, then threw the door open and snatched the rucksack out from beneath the bed.

“Not this time,” he said out loud.

This time there would be no headaches. There would be no begging God to take him. This time there would be only vengeance. And then the headaches would be gone forever.

CHAPTER ONE

“THREE HUNDRED JOULES, please. . . . Keep pumping. . . .”

Abby Dolan tightened her grip on the defibrillator paddles as she pressed them against the front and left side of the man’s massive chest. He was in persistent cardiac arrest despite two electrical shocks and medication. His face and upper torso were mottled violet, reflecting inadequate circulation despite the ongoing CPR. Clearly, time was their enemy.

“Ready,” said the nurse handling the defibrillator console.

“Okay everyone, clear!”

Abby pressed her thumb down on the square plastic button set in the handle of the right-hand paddle. Instantly, there was a muffled pop and an audible, visible spark from two spots where the paddles and skin did not make perfect contact. The man’s body—250 pounds at least—stiffened and arched. His arms snapped upward like whips. Then, just as rapidly, he was still.

“Pump, please,” Abby said, checking the monitor screen.

The paramedic, up on a stool for leverage, wiped the contact gel off the man’s chest with a towel, set the heel of his hand over the base of the sternum, and resumed his rhythmic compressions. For several seconds there was a slashing up-and-down movement of the tracing on the monitor. But Abby knew from ten years of ER work and countless code ninety-nines that the pattern was artifact, not related to any effective electrical activity of the heart.

She glanced up at the code dock started by the charge nurse at the moment of the man’s arrival in room three. Nine minutes. So far, nothing. Abby had been working in the Patience Regional Hospital for over two weeks now, at once

dreading and eagerly awaiting her first code. She had been busy, at times very busy, over those weeks. But no codes. Now it was happening. And "The Professor," as she knew some of the staff were facetiously calling her, was losing.

The patient, a married insurance salesman with a couple of kids and some grandchildren, was only fifty-two. He had collapsed while playing golf on one of the public courses in the town. When the paramedics arrived, he still had enough of a heartbeat to generate a pulse and measurable blood pressure. Then, as the ambulance was backing up to the hospital receiving platform, he arrested. All Abby had learned was that his name was Bill Tracy, that he took medicine for high blood pressure, and that his daughter, who worked in the hospital's record room, was on her way in with his wife.

Abby noted the low, irregular waves on the monitor. Persistent coarse ventricular fibrillation—the sort of electrical disarray that should have responded to a high voltage shock. But it hadn't. Something had to be off with the man's chemistry—something that had either contributed to the cardiac arrest or, more likely, was a result of it. But what? Abby fought a mounting sense of panic. At St. John's, where she had been an assistant professor of emergency medicine, there already would have been a cardiologist in the room to assist her. Maybe two. But that was a university-affiliated hospital in San Francisco. This was Patience, a landlocked mountain town with just two cardiologists, neither of whom was in the hospital today.

She looked back at the paramedic who was doing the cardiac compressions. Too mechanical. He was well trained, but he was using the technique he had learned on the CPR mannequin, Resusi-Annie. This was a 250-pound bull of a man. Abby pressed her fingertips into Tracy's groin, searching for the femoral-artery pulse that the paramedic should have been generating. Nothing.

"Harder, Tom," she said. "Much harder. You're not moving enough blood."

"But—"

"Please, I know you feel right with what you're doing, but you've got to do it harder. A little faster, too. That's better. That's it. Good. That's it."

The man, like every paramedic Abby had ever known, took a great deal of pride in his work and his technique. Correcting him in front of the staff was hardly going to increase her popularity, but neither would losing this patient. The CPR, as he had been performing it, wasn't helping. She directed one of the nurses to keep her fingers on the femoral pulse and to call out if it began to disappear.

In addition to Abby, there were three nurses, a respiratory therapist, and the paramedic in the room. At St. John's there would often be that many *physicians* at a cardiac arrest. If the patient didn't make it, at least they all knew that everything that needed to be thought of had been. She wondered if anyone in the room knew how frightened she was about how this code was going—how concerned she was about missing something. Under the best of circumstances she was a worrier—meticulous in her approach to medicine and to life, always considering the potential downside of any move before making it. It was her best and worst quality, depending on whom you asked. But here, with no available backup, no one to bounce things off, and not much time left, she was very much on her own. In seconds she subconsciously but systematically flipped through dozens of possible sources of the trouble she was having.

"Are those labs back?"

"Three or four minutes, they say."

Abby knew that three or four' minutes often meant five or ten. Bill Tracy didn't have that kind of time. She looked down at the dark, stretch-scar-like markings over his lower abdomen, and the fullness of his face. Then she reached

under his shoulder and placed her hand palm up at the base of his neck. There was a prominence there, a definite fullness. Over her decade as a physician, she had seen only five or six cases of Cushing's syndrome, but this man certainly seemed like a candidate. The syndrome was caused by a small, benign brain tumor that chemically told the body to produce an excess amount of the hormone cortisol. The tumor itself wasn't usually fatal, but the high sodium, low potassium, and other derangements caused by the cortisol often were. Among the physical signs of the syndrome were obesity, a moon face, purple stretch scars along the abdomen, and a prominent so-called buffalo hump between the shoulders. Bill Tracy had all of those. Of course, many thousands of markedly overweight people without Cushing's had all those findings, too.

PRH had better-than-decent medical-specialist coverage, especially for a one-hundred-bed facility in a service area of twenty thousand. But there was no endocrinologist. And at the moment there was no cardiologist either.

She rapidly processed the possibilities. Without lab results, especially a potassium level, she was running blindfolded. If Tracy had low potassium from Cushing's, none of their resuscitative efforts would work until the abnormality was corrected. If he didn't have Cushing's, if his potassium was normal and she gave him more of the electrolyte intravenously, he would be as good as dead.

"Get ready for another shock," Abby said, struggling to keep panic out of her voice. "Three hundred joules again. Tom, keep pumping, please. As hard as you can."

She hesitated. Giving IV potassium without a serum-potassium level was about the most un-Abby Dolan thing she could imagine.

Just go ahead and shock him, the voice in her head insisted. Do it!

"Mary, I want him to get some potassium right now," she suddenly heard herself saying. "Ten milliequivalents IV."

“But I’ve never—”

“Please,” Abby ordered sharply. “I don’t have time to debate this.”

The nurse’s cheeks flushed. She quickly filled a syringe. For a moment Abby thought the woman was going to tell her to inject it herself. But no.

“Your potassium’s in, Doctor,” she said coolly.

“Thank you.”

First the paramedic, now the nurse. How many more people would she offend before this code was over? She checked the clock. Almost twelve minutes, plus a few minutes to get Tracy in from the ambulance. Too long for him still to be in ventricular fibrillation. She took the defibrillator paddles, accepted some contact gel from the nurse, and rubbed the two circular steel heads together to spread it out. A negative outcome *and* controversy—the last results she would have wanted from her first code in Patience. But, then, she would never have been in Patience in the first place if Josh hadn’t—

“Okay, stop pumping, please. Everyone clear!”

Forty-five seconds since the potassium. Now fifty. There was no more time. Abby hit the button. Again the muted pop, the single spasmotic contraction of every muscle in Bill Tracy’s body, the faint odor of searing skin. And, again, the tracing showed only artifact.

“Resume pumping,” Abby said, no longer trying to mask her dejection. “No. No, wait.” The artifact had largely cleared. There was a rhythm on the monitor—slow, but regular. Abby felt her own heart skip some beats. “Check for a pulse, please.”

“Go, baby,” someone murmured. “Go . . .”

“I’ve got a pulse,” the nurse called out as she pressed down over the femoral artery. Purposely looking away from the monitor screen to remain as objective as possible, she reported what she was feeling in her fingertips.

"Now now now . . . now . . . now . . . now . . . now."

The pulse she was chanting correlated perfectly with the monitor pattern. The heartbeats were speeding up; the electrocardiogram complexes were becoming narrower, healthier.

"I've got a blood pressure at eighty, Abby," a second nurse announced. "Eighty-five. Hey, nice going."

A successful code was everyone's victory. But more often than not, Abby knew, the failures were left to the doc.

Bill Tracy's horrible, violet mottling rapidly and markedly improved. Tissue throughout his body was getting blood for the first time in fifteen minutes. No CPR, however well performed, could ever measure up to the real thing, Abby was thinking. Now all that mattered was getting him stabilized and praying that his brain had not been part of the tissue too deprived of circulation during that fifteen minutes.

A pretty woman in her early twenties rushed in. She was wearing faded jeans and a designer T-shirt. Her face was gray with concern.

"Dr. Dolan, I'm Donna Tracy," she said breathlessly. "I work part-time in the record room downstairs. That's my dad."

Abby checked the monitor. The encouraging pattern was holding, although Bill Tracy was still unconscious. She lifted his eyelids. Midsize pupils, no wandering eye movements—both good signs.

"Can't tell," she said. "But things are going in the right direction."

At that moment the lab tech arrived, as breathless as Donna Tracy.

"His potassium's only one point eight," he announced. "Checked and rechecked. One point eight."

For the first time since the rescue-squad call had come in from the golf course, Abby Dolan smiled.

“Not anymore,” she said.

Donna Tracy and her mother were at the bedside and Bill Tracy was beginning to regain consciousness when his private physician arrived. Tracy was still on a ventilator, but he was starting to buck against the tube. Before too long the decision would have to be made whether to sedate him or to take it out. Abby favored continued mechanical ventilation, but with the primary doc on hand, the decision was no longer hers.

The physician was a tall, angular, somewhat nervous-looking man in his fifties named Gordon Clarke. Abby had cared for a number of his patients. His manner was earnest enough, and he was certainly popular with his flock. But his diagnostic and therapeutic skills were badly in need of updating. If he had been on the staff at St. John’s, assuming he could have ever gotten admitting privileges there in the first place, he would have been assigned a monitor from the faculty to oversee his admissions and help him improve clinically. And, of course, he would have been exposed to weekly medical grand rounds and other academic presentations. But this was the boondocks, not academia. And although Patience Regional Hospital was incredibly modern and well equipped, modernizing a physician was often far more difficult than updating a building.

Abby could see the relief in Clarke’s eyes as he looked down at his patient.

“The nurse who called my office made it sound as if he didn’t have much of a chance.”

“He’s still in some trouble,” Abby responded, “but certainly less than he was.”

“I’m very grateful.”

“So are we,” Donna chimed in.

“What kind of coronary was it, anterior?”

Abby glanced down at the EKG she had just had taken and then passed it over. It showed some evidence of cardiac strain, but no actual heart attack. Clarke studied it. He looked confused.

“I don’t see any damage,” he said.

“His potassium was one point eight.”

“Are you sure?”

“Checked and rechecked. His chloride was down as well, and his sodium was elevated. His serum pH was high—seven point six.”

Abby hoped that when she recited the numbers, Clarke would come up with a list of diagnostic possibilities, including Cushing’s and overmedication with diuretics. Now, she realized, she should have waited for a less public situation before bringing the whole business up. He was quite obviously clueless. The silence in the room was painful.

Clarke cleared his throat and stared down at the office record he had brought in. A slight tic had appeared at the corner of his mouth.

“I . . . um . . . I’ve gotten electrolytes on him twice in the last eight months,” he said finally. “It appears his potassium was somewhat low on both occasions. I . . . guess I just didn’t think much of it.”

Abby was not surprised. Her inner voice was warning her to let the matter drop, to curb her redhead-Irish temper and take this up at another time. But she had never been tolerant of incompetent physicians. Making mistakes was one thing. Every physician made them at one time or another. But ignoring abnormal laboratory results because they weren’t *that* abnormal was quite another. Bill Tracy’s death would have been her failure. And the two women standing beside him would have suffered a horrible loss. Horrible and quite probably unnecessary. Once again the small voice went unheeded.

"He has a moonish face, high blood pressure, those purplish streaks on his belly, and a pretty prominent buffalo hump."

"I'm afraid I don't know what you're driving at," Clarke said, his cheeks as red as the nurse's had been.

"Dr. Clarke, I'm sorry. Maybe we should talk about this later. They should be here to take Mr. Tracy up to the unit any moment."

"No, that's okay. Go ahead. Tell me what I missed."

Abby saw the tiredness in the man's eyes. Never had she been out in a community caring for a busy, demanding general medical practice. And, in fact, until a few weeks ago, she had never even been detached from the university-hospital umbilical cord. She felt as if a sluice gate had opened, and all her feelings of irritation and impatience toward Gordon Clarke had instantly washed out.

"Dr. Clarke," she said, "I'm sorry."

"That's all right." Now it was Clarke who seemed irritated and impatient. "Just tell me what you think is going on."

"Okay. He looks like he might have Cushing's."

Clarke closed his eyes for a moment and then nodded and sighed. Abby was saddened by what she knew he was thinking.

"That's a heck of a pickup to have made under fire like that, Dr. Dolan," he said. "You certainly saved Bill Tracy's life." Wearily, he met the gazes of Tracy's wife and daughter. "Sorry Edith, Donna. I should have paid more attention to those potassium levels. I'll see you up in the coronary unit."

Quickly, he turned and left. As he passed through the door, Abby realized that George Oleander, the chief of medicine, had been standing there, taking in the whole scene. Oleander had been one of the staunchest supporters of her application to fill the ER vacancy at PRH.

He watched Gordon Clarke hurry away, then turned back to the room. His eyes met Abby's.

“That was a great save, Abby,” he said, with much less emotion than the words warranted. “Perhaps when you have a few minutes, you could stop by my office.”

CHAPTER TWO

IT WAS NEARLY three before a lull in the steady stream of patients allowed Abby to clear out the ER and call George Oleander. Besides Bill Tracy's resuscitation, the day had brought two more new cases of adult-onset asthma and one more of a skin condition that might have been hives, but really didn't look like any hives Abby had seen before. The asthma cases raised to five the number she had treated in just over two weeks. Most of them had responded reasonably well to standard therapy and had been referred back to their own physicians. One had required hospitalization in the ICU.

Asthma beginning in adulthood was fairly unusual. Five cases in six months would have been more like it. Abby's history taking had gotten more and more detailed, but so far no pattern had emerged. And no one on the medical staff seemed concerned or even interested. *Allergy Valley* was the way Oleander had referred to the area. *Pollen Central*.

The skin condition—raised, hard red welts that burned more than itched—was the second such case Abby had seen since starting at PRH. Dermatology was never her strongest suit, but at St. John's it didn't have to be. There was a derm clinic available during business hours, and derm coverage twenty-four hours a day for anything beyond the mundane. The welts looked to her more like vasculitis, an inflammation of the small blood vessels in the skin, than like hives. But, in truth, they really didn't look precisely like either. At their private doctors' request Abby put both patients on oral cortisone and antihistamines, probably the best initial treatment for any inflammatory or allergic condition.

After Bill Tracy had been taken to the coronary unit, Abby had some fences to mend. She began with an apology to Tom Webb, the young paramedic. The tension of the moment had caused her to be more brusque than she had intended, she explained. He was damn good at what he did, and his skill in the other emergencies they had shared matched the best she had known in the city. The young man claimed he understood, but his expression made it clear he was still smarting.

Soon after, Abby sought out the nurse she had snapped at, Mary Wilder, and made amends to her for not explaining the rationale for IV potassium before ordering her to administer it. Wilder, ten years or so older than Abby, had been at PRH since well before the place was rebuilt a decade ago. The nurse was genuinely embarrassed by her hesitation in following Abby's emergency orders and told Abby how much it meant to her and the other nurses to have a doctor of her caliber working in Patience. The two women shook hands warmly, and Abby returned to her patients with the sense that she had made her first genuine ally in the ER.

Gordon Clarke was the lone remaining ego casualty of the code ninety-nine. But righting things with him could wait until after her shift was over, and after her meeting with the chief of medicine.

George Oleander had an office in the Medical Arts Building, connected to the hospital by a covered passageway over the main driveway. The hospital itself, a three-story jewel of plate glass, brick, and cedar, was set in a meadow at the easternmost tip of the valley, right at the base of the foothills. Whether the mountains beyond those rugged hills were the southern Cascades or the northern Sierras seemed to depend on whom you asked. To the west of the hospital sprawled Patience, a boom town during the gold rush, a mining town for many years after that, and then, from what Abby had been told, nearly a ghost town.

Hikers and other outdoors lovers had always used the place as a jumping-off point and might have kept Patience alive. But it was the arrival of Colstar International, twenty-five years before, that had really turned things around.

As she passed through the glass-enclosed walkway to the Medical Arts Building, Abby gazed at the huge gray concrete factory, set atop a plateau a quarter of a mile from the hospital and several hundred feet up. The largest producer of portable power sources in the world, the Colstar brochures proclaimed; they made lithium batteries, lead acid batteries, alkaline batteries, solar batteries, rechargeables. Having been inside the factory once to see Josh's department and office, Abby saw no reason to dispute the claim.

The Medical Arts Building, clearly designed by the same architects responsible for the hospital, featured two dozen office suites with balconies facing the mountains or the town. George Oleander's second-floor office overlooked the flowering meadow, dotted with trees, that stretched out to the base of the Colstar cliff. It was a beautiful, pastoral view as long as one didn't look up. In addition to the usual array of diplomas, postgraduate certificates, and testimonials, there were pictures of Oleander with two governors of California, and another with longtime California Senator Mark Corman, a possible Republican nominee for President.

The medical chief greeted her warmly. He was fifty or so, with graying temples and the soft, broad-shouldered physique of an out-of-shape athlete. The redness in his cheeks and nose suggested to Abby that he might be a drinker. He motioned her to the chair across his desk, where she had sat for two interviews before being hired.

"So," he said, "that was quite a performance."

"I hope you're talking about the code."

"Of course I am. Abby, there's absolutely no need to be defensive. You've been a wonderful addition to this hospital."

“Thank you.”

No comment seemed necessary. Abby knew she hadn’t been summoned to be told what a bang-up job she was doing.

“The nurses have been very pleased with the last three ER choices we’ve made—Lew Alvarez, you, and, of course, poor Dave Brooks.”

This time Abby nodded her appreciation, not bothering to comment on the obvious—that if Dave Brooks hadn’t died in a rock-climbing accident, her own appointment would not have been necessary. The other four ER docs were husband-and-wife Chris and Jill Anderson, Ted Bogarsky, who commuted in from someplace twenty or thirty miles to the west, and Len McCabe, an aging GP. During her orientation week Abby had been assigned to double-cover with each of them and with Alvarez. None of the five was a liability in the ER, although skittish, insecure Jill Anderson was close. But only Lew Alvarez showed a genuine flair for the work.

“The medical staff likes you, too,” Oleander continued.

“I have my doubts about that.”

“They do. I can tell. It’s just that . . . Abby, we’re small town here. Until we know someone, and know them well, the way they say things is as important as what they have to say. You’re big city—and big city university hospital to boot. That makes you threatening to some people right from the get-go. One person told me that you seem tense and short with people. He said that a lot of the medical staff were . . . I don’t know . . . intimidated by you. I didn’t really understand why anyone would feel that way until this morning.”

“Dr. Clarke.”

“Gordon’s an extremely nice man, and devoted to his patients. He’s been here for over twenty years, almost as long as I have.”

“And I made him feel like a jerk.”

"I don't think there're many physicians who would have plucked Cushing's syndrome out of the air the way you did."

Abby stopped herself from pointing out that Clarke really should have paid attention to the two low potassium levels he'd gotten on Bill Tracy in his office. Oleander was right. She hadn't been relaxed about her job since the day she had accepted it. For the umpteenth time since then she wondered if she had made a mistake. As far as she knew, no one at St. John's, not even the good old boys who always had trouble accepting women docs in positions of authority, had ever felt anything but pleased at having her around. Now, just by being herself, she was a threat.

She tried reminding herself that being with Josh, planning their life together, was worth the decision she had made. But even that thought didn't fit as comfortably as it once had.

"The Cushing's was a lucky shot," she said. "Assuming it's even confirmed by the lab. A flat-out lucky guess. George, you're right. I have been too tense here."

"About what?"

"I don't know. Maybe just the newness of everything."

"I understand. Are things okay at home?"

"What do you mean?"

"You told me in our first interview that you wanted to move here because your fiancé had relocated to work for Colstar."

Actually, he's not technically my fiancé. We haven't really set a date. She could have said it but didn't. And yes, the tension has everything to do with how things are at home.

"Things are fine with Josh," she said. "Thanks for asking. It's me. You know, you may not believe this, but I've been scared stiff about coming here since the moment you called to tell me I had the job."

"I understand. Patience is a far cry from Union Street and Golden Gate Park."