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GRAHAM SWIFT

*Learning to Swim*

AND OTHER STORIES

BOOKS BY GRAHAM SWIFT

*The Sweet-Shop Owner*

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## The Hypochondriac

I REMEMBER THAT DAY FOR two things. It was a bright, keen day in mid-September. Autumn had come. Everything was sharp and conspicuous...

Firstly, it was that day that my wife and I learnt that she was pregnant. She gave me the sample in the morning. I took it myself to be tested at the hospital. Perhaps it is strange for a doctor to be clinical even with his own wife. I handed the sample to McKinley in the lab and said, "I'll wait for this one—it's my wife." A little while later McKinley returned: "Positive." But even before this my wife had known—those early intuitions are often right—that she was really pregnant. We ought to have been glad. When I'd left that morning with the sample I looked at her lingeringly—to see, perhaps, if her intuitions went any further. The sun was dazzling in our kitchen. She turned away, and then I kissed her, lightly, on the top of the head, as one kisses an

unhappy child. When McKinley said, "Congratulations," it took an effort to make the usual display of pleasure...

And then it was that day that I first saw M. He was the last on my list for evening surgery, and I knew somehow, as soon as he entered, that he was a fake. He spoke of headaches and vague pains in the back and chest. He was a slight, bland, dull-looking youth of barely twenty. You can tell when someone is describing a pain that isn't really there.

"What sort of pain?"

"A kind of stabbing."

"Are you getting it now?"

"Oh yes—it's always there."

"A constant *stabbing* pain?"

I sounded his chest, took his pulse and went through a few other motions just to please him. At length I said to him: "I'd say you're a perfectly fit young man. You're physically sound. Are you worried about anything? I think this pain of yours is quite imaginary. I think you've imagined it enough to make it actually exist. But that doesn't mean it's anything." I said this kindly enough. I really wanted to say: "Oh go away." I wanted to have finished surgery and be alone. I ushered him to the door. He had this pale, ineffectual face which I disliked. At the door he suddenly turned and said: "Doctor, the pain's quite real"—with such earnestness that I said hastily (this was a mistake), "If you're still worried come and see me next week."

Then he was gone down the gravel path leading from my waiting room.

I hadn't seen my wife since the morning. I'd phoned her from the hospital. I said, "It's positive—congratulations," just to see if she would react as I had done to McKinley. She said, "Well I knew." Then I had matters to attend to at the hospital, a meeting with the radiologist, some calls in the afternoon; and when I returned I got straight on with my evening surgery without even going into the house. This is not unusual. My surgery and waiting

room are an annexe of the house, but my wife and I look upon them as distinct zones. My wife never enters my surgery even out of surgery hours; and there are times—that evening was one—when I feel more at home at my surgery desk than in the house which is only the other side of a door.

I said good-night to Susan, my receptionist, and pretended to be busy with some record cards. It was not quite seven. The sun which had shone all day was low, but bright, crisp and ruddy. Through my surgery window I could see the apples swelling on the apple trees in our back garden, the orange berries on the pyracantha, the virginia creeper turning red on the house wall. I have always been pleased by the way the garden is visible from my surgery and presses in on it as if on some sort of conservatory. I think my patients find this reassuring. Often they remark gladly on the view. I sat for some time at my desk looking at the garden. I didn't want to think of my wife. I thought of my Great-Uncle Laurie. Then I looked at my watch, got up and locked the outer doors of the waiting room and surgery, and passed through the connecting door into the house. As I did so I put on a cheerful, earnest face, as I do for my patients. My wife was in the kitchen. She is twenty-nine, young enough to be my daughter. I took her in my arms but with scarcely any pressure, the way one touches something fragile and precious. She said: "Well, we will have to wait and see."

M. came to my surgery the week following his first visit, and the week after that, and at intervals right through that winter. I was wrong in ever wavering on his first visit. I summed him up as a hypochondriac of the thorough-going kind. For one thing there was his persistence. For another, there was the seemingly infinite adaptability of his symptoms and the discrepancies in his description of them. For example, when, on one visit, I had dismissed some localized pain as purely fictional, he would return a second time to tell me that the pain had "travelled"—from chest to lower abdomen, from heart to kidneys—so that I was obliged to recon-

sider it. After a while this "pain" became something omnipresent and amorphous, obscurely pervading his system but ready to fix itself in those regions where he imagined, I suppose, I would be least able to disregard it. He would often describe in some detail the classic symptoms of certain complaints—the sort of thing anyone can read in medical encyclopaedias—but he would forget some tell-tale associative factor or he would fail to reproduce the physical signs. Then he would fall back on his old stand-by: "But Doctor, the pain's quite real," and I on mine: "For God's sake—there's nothing wrong with you."

I could not be rid of him by merely rebutting his complaints. It occurred to me, of course, that there was another line to be taken. M.'s hypochondria itself, palpably neurotic, was the only thing about him which could be legitimately treated clinically. I should have questioned him about his mental history, his anxieties, perhaps referred him for psychiatric treatment. But I did not do this. It seemed to me that to take M.'s condition seriously would quite probably have the effect of indulging and encouraging it rather than removing it. I could not suppress the suspicion that he was carrying out some elaborate joke at the expense of medicine and I did not want to fall victim to it. Besides, I had no wish to extend an already excessive interest, on his part, in disease. There is nothing I despise more. Don't mistake me. I did not become a doctor out of an interest in disease, but because I believe in health. The fact that half my family were medical men makes no difference to my motives. There are two ways of confronting disease: one is sound practical knowledge; the other is health. These are the two things I value most. And health, believe me, is not the absence of but the disregard for disease. I have no time for the mystique of suffering.

So I could give M. nothing more than the crude advice that a thousand would-be patients give themselves—very effectively: "Forget about it. It's nothing. You're fine." And I said: "I don't want to see you here again."

But he did come again, and he was an infernal nuisance. There were times when I had to restrain myself from shouting at him at the top of my voice, from grasping hold of him and ejecting him bodily from my surgery. Sometimes a quite violent hatred for that despondent face, for his pleading manner rose inside me. I wanted to hit him. Then I would begin to treat him with a kind of casual indifference—the way a bartender treats a regular customer who comes in every night and drinks alone at the bar, cheerlessly but harmlessly. Then I would get angry again; angry at M., angry at my own acquiescence. “Look,” I said, “I have really ill people to attend to. Do you know what really ill people are? You are wasting my time and preventing me from helping people who really require help. Go away. *Do something!* Take up ski-ing or mountaineering—then perhaps you might find yourself in genuine need of a doctor!” But he would not be beaten: “*I am really ill.*”

Once when I had shown him out I noticed that my hands were shaking; I was quite distraught.

“Who is that man?” my wife said.

We were sitting, about to have lunch, in our dining room, which looks out across the front garden onto the road. On the opposite side of the road is a bus-stop where sometimes, after I have finished surgeries, my last visitors can still be seen waiting for their buses. My wife sees my patients come and go. She asks about them. Sometimes I think she is jealous of them.

M. was there, in his crumpled blue raincoat. My wife must have noticed him before.

“That’s M.” I said. “He’s a damn nuisance.” And then I added in a sudden defensive, possessive way—I don’t know why: “There’s nothing wrong with him! Nothing wrong with him at all!”—so that my wife looked back at me in a startled fashion.

This was a short while before Christmas. My wife’s pregnancy was now quite visible. I have helped countless women through

their pregnancies. This has given me satisfaction. But this baby, inside my wife, was like a barrier between us.

I said to M. about a week later (we were back to headaches and miscellaneous complaints, the jumbled up symptoms of half a dozen nervous disorders): “You know just as well as I do that you’re perfectly fine, don’t you? Why do you do it?”

It was a raw, foggy day in November. On such a day my surgery can seem cosy, a place of sanctuary. I have a fine oak desk with a roll top, a dark green carpet, a gas fire that fizzes gently; pictures on the wall—still-lives of flowers and fruit.

I had put my pen down on my desk and leant back in my chair. I was ready to talk frankly.

“I am not well, Doctor—I come to you.”

There was sometimes something foreign about M.’s voice, his accent, his choice of phrase, his looks.

I sighed and swivelled slowly in my revolving chair.

“Tell me about yourself. What do you do? You’re some sort of clerk aren’t you?”

“Life insurance.”

This amused me. I didn’t show it.

“But what about your evenings? Weekends?”

He said nothing. He looked uneasily at my desk. He was like a schoolboy who clams up when the master becomes friendly.

“Don’t you have friends? A girlfriend?”

No answer.

“Family?”

He shook his head.

His expression was empty and opaque. Without pressing him further I could see the whole picture: filing and entering figures all day; a bed-sit somewhere, evenings spent alone. At night he would lie awake listening to his heart-beat, the suction of his lungs, the gurgling of his alimentary canal.

I thought of myself when I was twenty. I had pored over

textbooks in the Medical School library. I had played Rugby for Guy's; dated a girl from the Dental School.

"Well—" I began.

"Doctor," he interrupted as if impatient with my digression. He had this way, despite his reticence, of suddenly pulling you up. "You are going to tell me what's wrong?"

"Well, I was about to say that if you lead a fuller—"

"No, I mean what's wrong with *me*." He patted his chest. Sometimes he spoke as if I were withholding from him some awful truth. "Please tell me."

"The same as usual—nothing," I said crossly.

"You know that?"

"Yes."

"How can you know?"

This was like a game of bluff in some interrogation.

"It's my job, for goodness sake."

He drew his face a little closer to mine. It had the same sheepish look it perpetually wore, but there was something insistent, arresting about it.

"Doctor, you have to relieve pain. Do you know what pain is?"

I should have blown up at an absurd comment like this, gently spoken though it was. But I didn't. I noticed I was swivelling quite compulsively from side to side in my chair. I had taken up the fountain pen from the desk and was rolling it between my fingers.

"Look, all this is rather pointless, don't you think? We don't seem to be any help to each other. Shall we call an end to the game now? Don't you think it's gone far enough?"

He blinked.

"Come on, off with you."

He got up. I was stern. But, in speaking to him in that confiding way, I realized that I had admitted that he had got under my skin, that he affected me, that my relations with him were dif-

ferent—more intimate and involved—from my relations with other patients. At the door he looked up, almost with satisfaction. My palms sweated. His features had this flat quality, as if there was nothing behind them. And suddenly I knew why he fostered and cherished his "pains," why he manufactured little upheavals and crises in his body, why he needed these amateur dramatics in my surgery: He was getting his experience.

That night my wife could not sleep. She had a mild pregnancy ailment for which I had had tablets prescribed. We lay awake in the dark. I said to her (this was a question I had been asking her, silently, ever since we knew she was pregnant, but now I spoke it aloud): "Whose child is it?" "How do I know?" she said. And yet I knew she knew. Perhaps she was not saying, to protect me, to propitiate me; or—if it was my child—to punish me. She turned onto her side. I put my hand gently on her belly.

I met my wife when she was twenty-two and I was forty-one and had just become a partner in the practice which I run now by myself. I had trained and worked for twenty years in the hectic world of hospitals and acquired something of a reputation; but it was never my aim to become eminent in medicine, to devote myself exclusively or academically. One day I wanted to take up a practice which I could manage without hardship, where I would be free to enjoy life. I would enjoy life. I had a taste, a zest for it. My medical knowledge would ensure this—you see, it was always for me a matter of health, of happiness. And when I took up this practice it would be time for me to marry. My wife would be young, sensual, free, full of life. She would make up for some of the sacrifices, for some of the constraints that go with serving medicine.

Barbara was these things. Though she had also, I imagined, an appearance of being vulnerable, of needing to be protected, of being in some ways, despite her twenty-two years, still a child.

She worked in the Haematology Unit at St. Leonard's. I have always had a special interest in haematology. This is because once I was frightened by blood. I used to be scared of the sight of it. Barbara had been at St. Leonard's for a year, after graduating. Within eighteen months we married. Perhaps I wooed her in an old-fashioned manner. By showing her the solid things I had to offer: the house with its adjoining surgery which Dr. Bailey (a man who had studied under my great-uncle at Bart's) would offer me when he retired and I took on his practice; the garden with its apple trees; my professional standing; my knowledge. Perhaps it was she who looked to me for a widening of experience. She was playful, energetic, capricious and I wanted to share these things as an equal. But I found myself falling into the role of the older man whose dignity is being teased, tempted. We went on our honeymoon to Italy. We made love in a room with bleached shutters overlooking the Gulf of Sorrento. And yet after this I knew it was not to be as I had foreseen. I did not let this trouble me; I have learnt not to let things trouble me, to accept what is so. I regarded my wife's youth as perfectly natural, perfectly right, even if I could not wholly reciprocate it. I began to look on her as a father looks on a daughter: Her pleasure was my pleasure; I was there to advise her, to safeguard her pleasure, to protect it from what risks it might incur, to ensure her health. I did not want to restrain her. We started to divide off the surgery and the house as separate territories so as not to impose on each other. Perhaps she became jealous of my patients because the attention I gave them was in a way similar to that I gave her. Yet I believe I was considerate to her, as I was to my patients. I would think of all I had; I had every reason to be thankful. I would look at my wife, as she prepared herself, her hair up, for an evening with friends or as she stepped, laden with carrier bags, from the car I bought her (only sometimes would I tell myself, these visions are like photographs whose real subject you do not touch—but I did not let this trouble me), and I would think: I am a happy

man, a really happy man. And then I began to want a child.

I knew she was having an affair with Crawford. He was the new head of the Haematology Unit. Only thirty-two. I was not angry, or recriminatory. I don't believe in making suffering. I thought: This is natural and excusable; she must have this adventure; she must have her experience. The best treatment is to let it run its course. When it is over she will come back to me and our relations will be stronger, more cheerful. I was not even jealous of Crawford. He was a non-medic, like most of the staff in research departments. He had all the non-medic's sense of a subject seen in academic isolation away from its human bearing. He was a rather slight, unprepossessing man—if sixteen years my younger. His affair with Barbara lasted through that summer, and ended in August. I do not know if he broke it off or whether they put an end to things mutually because they felt guilty at what they were doing to me. Or to Crawford's wife. Later I learnt that Crawford was accepting a job in Canada in the new year. Barbara took the break-up badly; she even cried in front of me and blamed me. I thought: This is to be expected, it will heal; life begins again. They had terminated the affair just before she and I went on our summer holiday, in the west of Ireland. Often I would leave her in our room and I would go for strolls along the beach or over the golf links, breathing the clean air with gratitude.

Then, when we returned, we learnt that she was pregnant.

I put my hand gingerly on her belly. When you feel the belly of a pregnant woman you can tell all sorts of things about the child she carries. Except whose it is.

"Tell me," I said.

"I don't know, I don't know."

I thought: All this is perhaps a pretence, to create drama.

"If you tell me, I will understand. Either way."

She did not answer. It was as though she was far away. She

was hunched up beneath the bedclothes, gathered into herself, like the foetus inside her.

After a long pause she said: "What will you understand?"

A few days later, when M. appeared in my surgery, I turned upon him furiously. I refused to treat him. I had not meant to behave like this. But at the sight of his helpless face something exploded inside me. It was no longer a case of professional annoyance. I felt I must be free of him as one feels sometimes one must break off a harmful relationship, sever a tie one should never have begun. "Out!" I said, "I've had enough! Out!" He looked at me with a kind of ingenuous disbelief. This made me all the more severe. "Out! I don't want to see you again!" I could feel my face was flushed and I was losing control. "But—my pain is *real*, Doctor," he reiterated his old cry. "No, your pain is not real," I said emphatically. "If it were real, you would not be concerned whether it were real or not." This made me feel more in command. One of my hands was on M.'s shoulder pressing him towards the door. I opened it and all but pushed him out. "Go, will you? I don't want to see you again!"

It was a dark evening in mid-winter. A light over my surgery door lit up the gravel path. He walked away, but paused momentarily, after three or four steps, to look back at me over his shoulder. And as he did so I suddenly had a strange, intense memory from when I was a boy. I was no more than eleven. It was one warm summer Sunday when all the family was in the garden. I had gone indoors into the kitchen for some reason and found our old tom cat Gus dead on the floor. It was lying on the tiles with its legs straight out beside it. I knew it was dead, but I had never encountered death in such a tangible form before. I was frightened. But what frightened me was not so much the dead cat itself but the fact that I was the first to discover it, so that in some way its death was tied up with me, I had respon-

sibilities towards it. I did not know what to do. I simply retreated into the garden, pretending to have seen nothing and trying to hide my state of mind, till someone else made the discovery. But, as I crept out of the kitchen door and down the side path, I had looked back, involuntarily, as if in some way the dead cat might rise up to expose my guilt and cowardice, like the ghost of a murdered corpse.

This memory flashed through my mind as M. departed, but not in the usual way of such memories, as if you see everything again, through your own eyes. I seemed to be looking at myself, from the outside, as a young boy, just as in reality I was now looking at M.

I returned to my desk and sat down. "What on earth was all that about?" said my receptionist, coming in from the little office adjoining my surgery. The shouting must have penetrated almost to the waiting room. "It's all right Susan. It's okay. Give me a moment or so, would you, before you send the next one in." She went out again. I sat at my desk for several minutes with my head in my hands. My surgery is built projecting back from the side of the house so that the rear windows of the house are visible, obliquely, from it. Similarly, by looking from the house one can see the windows of the surgery. I drew back the blinds above my desk and looked at the lit ground floor windows where I knew Barbara would be. I wanted her to appear. Then I drew a breath and pressed the buzzer on my desk which was a signal to call the next patient from the waiting room.

When surgery was over that evening I locked up at once and went straight through to my wife. I wanted to put my arms around her and hold her protectively. But somehow she forestalled me. "What's the matter?" she said. She was standing in the hallway drying her hands with a kitchen towel. Perhaps I still looked agitated from my outburst with M. She came towards me. She guided me through to the living room. "Here, you sit down for



a while, you don't look so good." I was so surprised by this that I let myself be led. During the early years of our marriage when it became clear that the difference in our ages would have its effect, my wife had sought a new interpretation of her role. She had seen herself, at some time in the future, as the younger, stronger partner, keeping a watchful, soothing eye over a busy, older husband, guarding him against the strains of over-work. I had resolved that she would never have the opportunity to do this. She motioned me towards a chair. I thought: This is ridiculous, it is some kind of trick. I am the doctor. She is saying I look unwell. It is I who was about to comfort her; it is she who needs rest. As she pressed me to sit down I suddenly thrust her hands off me. "I'm okay, for God's sake." She looked at me piercingly. "All right then," she said, and her expression went grim and hollow.

Later that evening it struck me why it seemed I sometimes recognized M.'s face. His face was like the face of one of the corpses we had dissected in anatomy classes when I was a student. I remembered it because nearly all the corpses used by medical schools are of old people. I did not suffer myself from the attacks of squeamishness which afflict most medical students in the dissecting room. But this corpse, of a young, slim-built man, made me pause. The anatomy lecturer had joked about it. "Your age, eh Collins?"

It's the same face, I thought. But I dismissed the notion from my mind.

Two or three days after that I received a telephone call which made my heart sink. It was from a young woman who said she was speaking on behalf of M. She said she had a room in the house in which M. lived. M. was ill. He had attracted the attention of other people in the building and given them my number. I thought: Of course, the inevitable ploy. Now he is forbidden

my surgery. It was impossible to explain my position over the telephone, impossible, too, to say outright that I had no intention of visiting M. I said that I would try to fit in a call later that afternoon. It was then about eleven in the morning. In my anger I did not even go through the usual practice of asking for a description of symptoms.

"He seems bad, Doctor, don't you think you should come at once?"

I was tempted to say, "It's all an act, you stupid girl, don't let him fool you," but I didn't. Her voice seemed genuinely imploring. I said, briskly, instead: "Look, I'm a busy man, I can't come before four—all right?" And slammed the receiver down.

I had in fact several calls to make that day. Some were of a quite serious nature, none were, strictly, urgent. I knew I had a duty to deal with an emergency first. Some emergency! My only difficulty lay in deciding whether I should go to M.'s at all. I did not make up my mind until I had finished my other calls. Usually I like to complete my rounds by four so that I can have a moment's peace before evening surgery at five. It was nearly a quarter past four when I turned the car round and headed in the direction of M.'s. I knew there could be unpleasant consequences for a doctor who refuses a call, even a false alarm, where third parties are concerned. I arrived at M.'s address—one of a row of large, ugly Victorian houses with basements—at about half-past. It was almost dark. More than one person seemed to be waiting for me as the door was opened: a girl with frizzed hair and glasses whom I took to be the telephone caller, a tall, laconic West Indian, a middle-aged man in a blue cardigan who appeared from a room at the rear, another woman, on the stairs, leaning over the banisters. I knew at once they were hostile. The woman on the stairs, who was furthest from view, spoke first:

"You're too bloody late mate!"

The girl in glasses explained: "We called an ambulance."

"You did what?"

"It left half an hour ago—we were really worried."

"Well what was wrong for God's sake?"

"Now he asks," said the West Indian, looking me up and down.

"Five hours," he added, "five fuckin' hours for the doctor to come."

I stood in the hallway in my overcoat, holding my doctor's bag. I couldn't help thinking that all this—even the ambulance—was still some pretence, a hoax, an elaborate conspiracy to continue M.'s fraud. I didn't want to commit the error of finding it real. The hallway was dimly lit and unheated.

Scraps of tattered lino covered the floor and stairs. Smells of cooking mingled in the air. The people in front of me were like characters in some stage thriller in which I took the role of prime suspect. Everything was strange.

I managed to hold on to myself sufficiently to say: "Look, M.'s been coming to see me for some time—I'm quite aware of his condition. Now"—I turned to the girl in glasses—"I gather it was this young lady who phoned me this morning. I'd like to talk to her—alone. I'd be grateful if you others allowed me to do so."

They looked at me for a while as if they had no intention of moving, then, slowly, they slunk away. The West Indian said over his shoulder to the girl: "You tell him, Janiel!"

We went to the girl's room on the first floor. It was a gloomy, cluttered room, relieved by coloured rugs over the chairs and potted plants on the mantel-piece. She lit a cigarette and spoke readily but with suspicion in her voice. She described a collection of varied, incoherent symptoms—like the ones M. described to me in my surgery—which added up to nothing precise in my mind. I listened impassively. When she saw that I appeared unimpressed it became plain that she disliked me. I thought: If I could tell her.

"Any vomiting, fever—flushes, rashes?" I asked.

She shrugged as if it were my business to observe such things.

"Doctor, he was crying out in pain—he was in agony."

"I see."

I said that I would like to see M.'s room. I don't know why this was important to me. She said hesitantly, "All right. It's the one next door. I took the key when the ambulance left."

As we moved along the passageway I asked, "Do you know him? Has he been here long?"

"Keeps to himself. Quiet. We thought he was foreign at first. We'd like to see him more but we don't push."

"Lonely?"

"Perhaps."

The woman who had spoken first when I arrived appeared again on the stairs. "Poor boy, never no trouble to anyone."

"Yes," I said.

M.'s room was a complete contrast to what I had seen of the rest of the house. Everything smacked of neatness, cleanliness, order. The bed, along the wall, was dishevelled, but apart from this the furniture—an armchair, a coffee table, a table with two wooden chairs, a chest of drawers and a wardrobe—seemed fixed in prescribed positions and unused, as if in a room unoccupied and waiting for guests. There were no clothes or newspapers left lying about, no odds and ends on the mantel-piece. In one corner, in an alcove, there was a sink and draining board, a work-surface with two gas rings and a kettle, and cupboards above and below. All this was old, chipped and corroded, but there were no dirty plates left in the sink, no uncleared food, and the draining board was wiped clean. There was nothing in the room to indicate the life that used it—save perhaps the books, in a double row of shelves, over the bed: a small, varied collection thinly covering a wide range of topics, like the books of a schoolboy who has many subjects to learn. Amongst them I noticed, with sour satisfaction, the faded spine of an old Black's Medical Dictionary. All this depressed me and made me uneasy. I looked around M.'s bed and opened a small bedside cupboard. I don't know what I hoped to find—a cache of empty chemist's bottles, the

disordered notes of some amateur self-diagnosis. There was nothing. "He's not 'on' anything, if that's what you think," said the girl, now quite open in her reproaches. We moved towards the door. Before we went out into the passage I took a last look round and I knew what made me feel uneasy, even threatened. It was the room of an innocent, a child, waiting for life to upset it.

Before I left I said to the girl: "Thank you. I'll get in touch with the hospital. I am sorry I wasn't here earlier but, if you'll believe me, I don't think there's any real cause for alarm."

She nodded coldly.

I drove back. I felt calm, as far as M. was concerned. But I had this forboding inside, as though for myself. I got back late to open surgery. I did not phone St. Leonard's until six. I knew who should be the senior duty doctor in Casualty.

"Tony? It's Alan Collins here. Have you got a patient of mine there? Name's M."

"Yes—we have"—the voice seemed to modify itself rapidly—"I'm afraid we have. He's dead."

"Dead?"

For several seconds I was unable to say anything else. I wanted to know why Tony should trick me.

"About an hour ago. Nearly a DOA case. You're his GP?"

"But what the hell from, for Christ's sake?"

"Well—we were rather hoping you might be able to tell us that."

I did not tell my wife about M.'s death. For ten days or so I had to assimilate the fact of it myself, to face the autopsy reports and inquest (which could reach no certain conclusions about the causes of M.'s death, other than the immediate ones of sudden coma and respiratory failure) and the possibility of an inquiry, which was waived, into my own professional conduct. Throughout all this I had to overcome a feeling that something had cracked

inside me, that some firm footing on which I had previously relied had given under me. I suppose I was suffering from shock and mental stress of a quite clinical order. I said to myself: Look at this as you would the case of some patient of yours. I became incommunicative and withdrawn. I stayed in my surgery long after evening surgery had finished. Susan noticed the change in me, so did my surgery patients, and so, of course, did Barbara. If I had told her everything and sought her comfort I dare say it would have helped. But I had already refused her attention once when she'd said I looked ill; and, besides, it was I who had said so heatedly to her, weeks ago, that there was nothing wrong with M. In any case I had become—how shall I put this?—suddenly afraid of my wife, of the fact of her pregnancy. I don't know why. It was as if her fullness matched a void I felt in myself.

She must have seen all this only as coldness and indifference. It was February. She was nearly seven months pregnant. One night, as she lay in bed, she began to sob—long, heavy, breathless sobs, as if she had been quite abandoned. When I put my arm round her she moaned: "It's his child, it's his child. I know it." Then for a long while she said nothing but only continued sobbing, the sobs growing louder into helpless groans, her face in her hands, her body shuddering. I tried not to hear the sobs. I said to myself: In a crisis you must try to ignore the pain, the cries. I sat by my wife in my pyjamas, holding her sides as if to repress her sobs. I did not know if I believed her. I said at length: "I understand." And then, after another interval: "I wish it had been my child." She raised herself up and turned to me—her tears made her look like something alien, like a monster: "It would have been worse if it was your child." And she held her face, taut, in front of mine until I looked away.

In the surgery the next morning I avoided the eyes of my patients. I wrote out prescriptions rapidly and tore them off the pad. Perhaps they saw that something was wrong. I wanted surgery

to be over; but it was the dead, worn-out end of winter—endless “chests,” coughs and rheumatic pains. After perhaps fifteen visitors had left I pressed my buzzer yet again. I had got up to return something to my filing cabinet. When the door was opened my head was lowered. I said, “One moment,” then turned towards the person who had entered. I said, “What?” and stepped forward. And it must have been then that I collapsed, for I remember nothing else, save being helped off the floor and into my chair, my patients in the waiting room being sent away, Susan bending over me, and, later, Barbara.

It was M. I had seen.

Now I sit in the armchair in the living room by the rear window, the telephone and my pills on the table beside me. If I look along the wall of the house I can just see him, through a chink in the blinds in the surgery: Mason, my substitute, bending over the desk, getting up and moving out of sight to examine a patient, like some ghost of myself. He has been my “temporary” replacement now for nearly ten weeks. They say I cannot work again yet. Long and complete rest is indicated. I don’t know—if it were my case—if I would prescribe this. First it was my colleagues who looked after me. I saw their grudging faces—no doctor likes to treat another doctor, it’s a sort of ill omen. Then it was Barbara. Though she needed tending herself, it was she who cared for me. And I had no choice but to submit. Perhaps there was a change here; perhaps she became happier, these last ten weeks. I don’t know. For a while I was like the child she mothered.

It is a bright, fresh morning towards the end of April, breezy—warm and chill at the same time. In the garden I can see daffodils and the white sprays of blossom on the apple trees, whipped by sudden gusts. Somewhere in the maternity wing at St. Leonard’s my wife is about to give birth to a baby. If I were not under contrary orders I would be there. Perhaps she is being delivered

at this very moment. I wait, by the telephone, catching glimpses of Mason and watching the wind play in the garden.

It was under the apple trees that Great-Uncle Laurie used to sit on warm summer days in the big garden we had when I was small, constantly filling his mouth with titbits, swilling expensive wine and smoking his endless fat cigars.

I admired him then; though I had feared him once. He was a surgeon at Bart’s; a senior surgeon of renown, who had performed his first operations in the days of chloroform and ether, when the standard surgical dress was waistcoat, apron and rolled sleeves. There were photographs of Uncle Laurie with bits he had removed from patients. I feared him, as I feared all my mother’s family—uncles, great-uncles—with their black coats and eyes that seemed to look into your insides; but I feared Great-Uncle Laurie most, with his saws and bone-chisels.

I did not understand, you see, how you could live without fear. I was ignorant and naive.

But, more than this, I did not understand how Uncle Laurie, who had opened people up for a living, could retire (when I was nine), put away his instruments and devote himself thereafter to food and drink; how a man whose business had been with disease could ignore his own knowledge and the strictures of his doctor and grow fat, short-winded, red-faced and sedentary. Under the apple tree he looked perfectly at peace with the world. And this made me fear him more. He saw my fear. “What are you afraid of?” he said. And to my mother: “That boy will grow up a bundle of nerves unless you do something about it.”

But it was he who did something—that afternoon our cat died.

My mother had gone into the kitchen, discovered the body, thinking she was the first to do so, and returned at once to inform us all. Everyone wondered how to dispose of the corpse. I hung my head, but Uncle Laurie watched me. While the others fussed he said: “Come with me. We’ll dispose of him—leave the boy

with me awhile." And he got up slowly from his wicker chair, stubbing his cigar out irritably.

He led me into the garage and squeezed his bulk with difficulty alongside our car, to the work bench at the rear. He cleared some tools off the bench, placed a piece of oilcloth over the space and then a wooden board over the cloth. His arms were massive, but at the end of them were precise, agile fingers like a pianist's. He fixed the car inspection-lamp, with its long flex, on the work bench in such a way that its light fell on the board, combined with the light from the rear garage window. "Now," he said, "before the thing's too stiff." He waddled out of the garage and returned after a while bearing Gus in one arm and in the other a black leather bag containing scalpels, forceps and probes.

"You're afraid of these things eh? Of dead animals? Watch."

And then, in what seemed a mere handful of minutes, Uncle Laurie pinned the cat to the board, opened it up, pointed out to me its vital organs, demonstrated how it had lived, performed its functions and died—of a heart attack—briefly related the physiology of cats to that of human beings and gathered together the remains for burial.

He talked in a detached monotone, his face heavy and disinterested, as if his mind was on something else.

Throughout all this I was not allowed to turn my eyes from the foraging of the scalpel. My head was pushed forward so I would see better and miss nothing. I breathed Gus's internal odours.

"You see, there is nothing to worry about when you know what is there and you know how it works."

He gave a sort of satisfied grunt. Perhaps he was proud of his performance; though I did not see him smile. He wiped his instruments clean with a kind of ponderous disdain, as if, if he wished, he could put Gus's parts together again, like a motor, and bring him back to life.

Later I saw him in the garden sucking a peach.

But I knew now why he could sit so contentedly under the trees, enjoying his cigar and the sunshine on his face, why he could make himself fat and breathless, careless of the consequences. You see, health is not the absence of but the disregard for disease.

That day I knew I would become a doctor.

I watch Mason moving behind the chink in the blinds in the surgery. I don't know if I believe in ghosts. As a doctor, a man of science, it is not my business to believe in such things. When a doctor is sick there are all kinds of suspicions, all kinds of proverbial stigmas. Perhaps my patients will leave me like some Victorian country doctor implicated in a scandal. Outside in the garden the daffodils are bending and little snow-storms of blossom are being shaken from the apple trees. My wife is having a baby. I think of this as something terrible, as if she is about to be torn in two. I should not have such preposterous thoughts. I sit in my slippers and cardigan by the window, propped up by cushions, waiting for the telephone.

I don't know if it was M. I really saw in my surgery. I don't know if my wife really knows if it is Crawford's child. I know very little.

Uncle Laurie died when I was fourteen, of obesity and fatty degeneration. When we buried him I mourned for him no more—this was a mark of my admiration—than I did for Gus when we buried him in the rockery. I had thought he was happy, healthy, at peace. He needed no one's grief. Only now do I see that he was slowly killing himself. All he had been was a brilliant surgeon, a first-rate physician; expert in his field. He was gorging himself to fill up the gaps. He was filling himself up because his life was empty.