

BELLEVUE

A Novel

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Dr. Clarence Fuller, a forty-four-year-old psychiatrist, emerged from his Gramercy Park brownstone at exactly eight o'clock and eyed the shiny new Checker taxicab waiting for him at the curb. A daily weekday ritual, he had arranged with a local cab company to convey him to work at the Bellevue Psychopathic Hospital. Although the trip was only two and a half blocks east and four and a half blocks north, he preferred to ride than walk, especially now that it was mid-November and decidedly chilly. As an automobile enthusiast who prided himself on his 1947 Cadillac Series 62 convertible, he knew he was looking at a brand-new 1949 Checker A2. As he opened the rear-hinged back door and climbed into the spacious interior, he greeted and complimented the uniformed driver on the car.

"Yup," the driver responded as he put the cab in gear and pulled away from the curb heading east on 20th Street. "Just got this beauty yesterday, and it drives like a dream."

Eying the two collapsed jump seats on the floor in front of him, Clarence extolled the roominess and cleanliness of the car, which the driver also acknowledged. Clarence then sat back and relaxed. Although he wasn't particularly a superstitious individual, he couldn't help but take the brand-new taxi as a positive sign for the outcome of the day. Although the mere fact of having landed a position as a psychiatric attending at the famed Bellevue Hospital had been a definite feather in his professional cap, he was one of many jockeying for position as the heir to Dr. Menas S. Gregory, who had run the psychiatric division as a fiefdom for almost forty years. Of course, Clarence knew he had a significant leg up on the competition, since he was a fourth generation Bellevue physician. His father, Dr. Benjamin Fuller, his grandfather, Dr. Otto Fuller, and his great grandfather, Dr. Homer Fuller, had all been celebrated Bellevue surgeons

extending way back to the early 1800's. Although Clarence had briefly contemplated becoming a surgeon to follow in his forebearers' footsteps, he'd decided that the mysteries of the human brain and the exciting progress being made in the field of psychiatry was much more intellectually stimulating and too much of a temptation to pass up.

In his quest to be named Chief of Bellevue's Psychiatry Division, Clarence currently saw his main in-house competitor to be Dr. Laretta Bender, who had built up the division of child psychiatry to unforeseen heights and who was now polishing her credentials with groundbreaking use of extensive electro convulsive therapy, even to the extent of employing it on children as young as four.

At first Clarence had lamented that he couldn't see a way clear to challenge Dr. Bender, but then he'd gotten wind of something that was even more promising. The procedure was called "lobotomy," and had been developed by a Nobel laureate, Portuguese neurologist Dr. Antonio Moniz. Clarence, like Dr. Moniz and an American named Dr. Walter Freeman—who'd significantly simplified lobotomy by changing it from requiring a full operating room with anesthesia into a bedside procedure—saw lobotomy as an efficacious way of emptying the packed 'disturbed wards' of the country's 'insane asylums,' including Bellevue's. At last, a rapid, twenty-to-thirty-minute procedure could change most, if not all, the institutionalized patients from shrieking and screaming and often requiring straight-jackets into docile, child-like individuals who could be discharged home instead of being kept like caged animals.

Upon his immediately appreciating the lobotomy's promise, Clarence had jumped on it, bringing it actively to Bellevue and championing its use in an expanding variety of patients. As the numbers mounted, so did his belief the procedure would provide a tremendous boost to his

professional prestige, especially after today. At nine am sharp, he'd scheduled a bedside lobotomy on an eight-year-old girl named Charlene Wagner, a child whose prominent parents had given up on her after years of effort and struggle with her ongoing and significant behavioral problems, driving them to distraction.

Although Dr. Bender had considered electro convulsive therapy on Charlene, her schedule was currently so backed up that Clarence was able to intervene by talking directly to the parents. He had immediately appreciated the girl's potential to benefit his career aspirations, since she was an otherwise healthy and photogenic child despite her outrageous conduct. Accordingly, he'd invited the press, alerted both the medical and surgical chief residents so that interns and residents could be encouraged to come and observe, and he had called the head of the nursing school, who promised to send a large contingent of first year nursing students. As far as Clarence was concerned, Charlene's lobotomy was to be a newsworthy, 'command performance' that might very well tip the scales to put him solidly out front as the next Bellevue Psychiatric Division Director.

Since the taxi driver had driven Clarence to work on multiple previous occasions he knew exactly where the doctor wanted to be dropped off. The man pulled to a stop directly in front of the massive wrought iron gate on the corner of 1st Avenue and 30th Street. After Clarence thanked the driver and alighted from the cab, he paused as he always did when the weather permitted to gaze up at the massive, eight storied Bellevue Psychopathic Hospital. It was, in his estimation, the most impressive and physically imposing psychiatric institute in the world, as well as being probably the most famous.

Although its construction had started in the Roaring Twenties, the building hadn't been completed until 1933, fourteen years previously at the height of the Depression. Regardless of the difficult economic times, it had been constructed of expensive red brick and gray granite in a grand, Italian renaissance style with no dearth of architectural embellishments that included porticoes, niches with terracotta and cement vases, pediments, and decorative cornices. Overall, despite its elaborate detail, it fit very well with the rest of Bellevue Hospital that had opened at the turn of the twentieth century following the design by the renowned architectural firm McKim, Mead & White. It too had been built of similar red brick and gray granite but with somewhat less architectural flourishes.

From where Clarence was standing, he could not see his office window, as it was in the central, ten-story portion of the structure and faced south, looking out over the rest of the Bellevue Hospital buildings. After feeling he'd given the building the respect it deserved, Clarence pushed open the wrought iron gate and hurriedly headed for the 1st Avenue entranceway. Most people used either the grander 30th Street or the 29th Street entrance with the latter facing into the Bellevue Hospital complex. Both led to a common reception desk. Clarence preferred the lesser used 1st Avenue entrance out of respect, as if the building was somehow sentient, a thought that always made him smile.

As excited as he was, he didn't waste time waiting for an elevator to get up to his third floor office but rather used the ornate, Leonardo Da Vinci-inspired central stairway. After a cursory hello to his scheduling secretary, Grace Carter, who handed him his day's schedule and told him all was ready for Charlene's procedure, he disappeared into his inner sanctum. After changing his suit jacket for a long white doctor's coat, best for the pictures he assumed and

hoped the press would be taking, he went to his desk. Although few of the other psychiatrists on staff ever wore white coats, Clarence often did. In his opinion, the coat was more professorial and in keeping with his self-image as a medical academic.

From the desk's central drawer, he carefully lifted out a fancy wooden box and opened the lid. Nestled in cloth-lined depressions were his two, custom made orbitoclasts, which he was going to use for the upcoming lobotomy, one for each eye. The instruments had been designed and custom made for Clarence to the specifications dictated by Dr. Walter Freeman, who had devised the trans orbital lobotomy bed-side technique that Clarence now exclusively used. The stainless-steel instruments looked surprisingly like a traditional ice pick, each with ten-inch-long pointed stiletto blade. The difference was that they had rounded stainless-steel expanses on the bases of their handles, which enabled them to be struck with a mallet to drive them through the thin, boney roof of a human eye socket. Also nestled in the box in its own cloth lined depression was a machine-tooled, stainless-steel mallet.

Satisfied all was in order, Clarence stood up and slipped the box into one of his white coat's deep side pockets. After a quick check in the mirror behind his coat closet door to make sure his hair was in place, he headed out of his office. Again using the stairs, he ascended to the fifth floor, where he'd had Charlene Wagner moved from the locked 'disturbed' children's ward into a private and particularly photogenic room. As he walked along the two-toned yellowish-tan central corridor, passing beneath the squares of purely decorative faux ribbed vaulting that lined most of the building's hallways, he felt his excitement ratchet upwards.

Entering the room, Clarence could not have been more pleased. It was crowded with nursing students in their starched, white-smocked outfits, a handful of interns and residents,

and more importantly a number of reporters, some even holding large press cameras. A few flash bulbs went off, causing him to blush and wave.

Just as he expected, Charlene Wagner looked angelic in a pale, off-white dress. Following his orders, she'd been tranquilized with Luminol that morning and was currently asleep in her bed with her blond hair splayed out to frame to her cherubic features. She was tall for her age, appearing nearly prepubescent. Three impressively sized psychiatric attendants were grouped around the head of the bed, which had been pulled away from the wall. Behind them were two windows that offered a narrow view of the East River.

After handing off his box of instruments to one of the nurses who would see to their sterilization and clearing his throat, Clarence gave a short and concise history of the patient and why the procedure would be beneficial to everyone, including the troubled patient. He wanted to make the affair as short as possible to emphasize utility of lobotomy to help empty the disturbed wards of the country's mental institutions. He asked if there were any questions, but no one raised their hands.

Without more ado, Clarence took the hypodermic syringe filled with lidocaine from another one of the attending nurses. While some of the devotees of the trans orbital lobotomy used electric convulsion as a method of rendering the patient unconscious, Clarence's opinion was that it wasn't necessary. He was convinced that local anesthesia was more than adequate, since the interior of the human brain was devoid of sensory fibers. After a nod to the male attendants, one grasping Charlene's head to steady it and the other two her arms and torso, Clarence leaned forward and retracted the girl's right upper eye lid. A hefty psychiatric nurse grasped the girl's ankles.

Charlene let out a howl and a string of expletives and struggled against the restraining hands, but to no avail. With considerable adeptness, Clarence rapidly infiltrated both medial upper eye lids and then walked the needle point along the roof of both eye sockets to anesthetize those areas. The process took literally seconds. Satisfied, he handed off the syringe, waited a few beats for the lidocaine to take effect, then took up one of the orbitoclasts.

While the psychiatric attendant struggled to keep the screaming child's head motionless, Clarence raised the lid of her right eye and then pushed the point of the orbitoclast at a forty-five-degree angle into the conjunctival recess until it hit up against the boney vault of the eye socket. He then took the mallet from the assisting nurse and, with a few decisive taps, penetrated the bone, pushing the orbitoclast into the girl's brain.

Now out of breath, Charlene fell silent as Clarence advanced the orbitoclast to the five-centimeter mark. Once at that position, he merely pushed the handle of the instrument several inches medially and then several inches laterally, causing the instrument's flattened tip to sweep through brain tissue and effectively sever the nerve pathways between the forebrain and the midbrain.

Several flashbulbs went off, but no one said a word. Ignoring the observers, Clarence advanced the orbitoclast to the seven-centimeter mark and repeated the lateral sweeping motion before pulling the instrument out.

"The right eye is already completed," Clarence said as he handed off the first orbitoclast to the nursing assistant and took the second. "All we need to do is repeat the simple procedure on the left, and we are done. What should be plainly obvious is that this is a simple, straightforward and remarkably effective procedure. Are there any questions before we continue?"

Clarence glanced around the room. No one spoke. He could see that the nursing students in particular were agog. Returning his attention to Charlene, Clarence repeated the procedure from the beginning, once again using the mallet and several taps to penetrate the bony roof of the left orbit. After sweeping the orbitoclast medially and laterally at five centimeters, he then advanced the instrument to the seven-centimeter mark, sweeping it medially. But when he swept it laterally, disaster struck. To his horror, a sudden pulsating jet of blood arced up alongside the orbitoclast forming a miniature geyser, spattering a line of bright crimson dots down the front of his otherwise spotless white coat.

Shocked at this unforeseen event, Clarence reeled back as the pulsating geyser continued spraying blood, causing other people in its path to leap back from the bed. Instantly, he knew what had happened. Given the strength of the pulsating jet of blood, the orbitoclast had undoubtedly severed the anterior cerebral artery, the main blood supply to the forebrain.

In a paralyzing moment of sheer panic, Clarence had no idea what to do as he stood there frozen in place with the offending instrument still sticking out of Charlene's left eye. As the pulsating jet of blood began to lessen, he briefly considered trying to get the girl over to surgery in the main hospital. Yet his intuition nixed the idea, telling him it would be futile, since the young girl essentially had had a massive hemorrhagic stroke. But in the middle of his confused panic, one thing that seemed clear was that this obstreperous, behaviorally outrageous and contrary girl had managed to remain in character. Instead of helping his career, she'd probably managed to sabotage it and thereby ruin his chances of using lobotomy to become Bellevue's psychopathic chief.

CHAPTER 1

Monday, July 1, 6:15am

When Michael Fuller's phone alarm woke him with its insistent jangle, he literally leaped out of bed while fumbling in a near panic to turn the damn thing off. He'd been in the middle of a disturbing nightmare of being chased down endless, yellow-tan corridors without the slightest idea of what or who was chasing him or why. All he knew was that he was panicked out of his mind with his heart racing.

With the back of his hand, he wiped his damp brow and took a deep breath to calm down. He'd never experienced such a uniquely frightening dream. Certainly, he'd had his share of nightmares while growing up, but nothing like what he'd just endured. Although he'd had some minor difficulty getting to sleep the night before due to his mixed emotions and anticipation about the upcoming day, he certainly didn't expect first-day jitters to have caused such a dream.

For Michael Fuller, this first day of July was going to be momentous, marking the beginning of a whole new chapter in his twenty-three-year-old life. Today was the first day of his surgical residency at New York Langone Medical Center, known colloquially as NYU, and he was going to be specifically starting at the renowned Bellevue Hospital. Although he'd felt definite anticipatory excitement, he'd also experienced a measure of anxiety. Certainly, more than he realized and clearly evidenced by the bad dream. As a medical student when he'd been on duty in the hospital, there'd always been a resident available when some medical emergency happened. Suddenly now it was he who was the resident, meaning from today on, there'd be no immediate back up. Whatever emergency he might face when he was alone in the middle of the night on the hospital's surgical ward, he would have to handle, a circumstance that was very scary. His fear was that he wasn't ready, that medical school hadn't prepared him adequately.

At the same time Michael felt uneasy, he felt decidedly fortunate. As one of seven first year NYU surgical residents, a position formally known internship, he'd been chosen by chance to start at Bellevue along with a fellow first year resident, Andrea Intiso. Even being teamed up with Andrea was a lucky twist of fate as far as he was concerned, because they were both fellow graduates of Columbia University's historic College of Physicians and Surgeons. There, purely by

chance, they been teamed up together as medical students for clinical pathology, physical diagnosis, and during their internal medicine rotation. Consequently, he knew her reasonably well to be a friendly, dependable, smart, and plucky woman, and he liked her.

The other five first year surgical residents, three men and two women, had been assigned to the various other hospitals in the sprawling New York Langone Medical Center for their first two-month rotation. Mitt, a nickname Michael had been given as a toddler and preferred to be called, would also be assigned to these other hospitals in due course after his first rotation at Bellevue. For him it was akin to having won a lottery because it was Bellevue Hospital and its three centuries of distinguished history of major medical advances that had attracted him to apply to NYU for his residency training for two major reasons.

The first reason was historical. He knew that Bellevue Hospital had established the very first residency in surgery way back in 1883, which was still the model for surgical training worldwide.

The second reason was personal.

Mitt descended on his paternal side from a family with a long and impressive medical pedigree. Way back in the seventeenth century a direct ancestor of his named Samuel Fuller had been on the Mayflower and had served as the Plymouth Colony's medical doctor. But more to the point, from Mitt's perspective, was being a direct descendant of four consecutive, celebrated Bellevue physicians, three surgeons— the latest of whom had also done a Bellevue surgical residency—and a psychiatrist. All four of these physicians had been reputedly contemporary leaders in their fields, particularly his closest relative, Dr. Clarence Fuller, his paternal great grandparent. Mitt had made it a point to read a number of Clarence's lauded

research papers, in which he championed and helped develop methods of Psychotherapy and even anticipated groundbreaking Behavioral Therapy.

Mitt had been impressed enough with what he'd read of Clarence's Bellevue career to consider specializing in psychiatry himself, but Mitt's father, Benjamin Fuller, a highly successful Boston based hedge fund manager who was in secret a frustrated surgeon after having passed up going to medical school despite his own father's encouragement, prevailed upon Mitt to follow in the renowned footsteps of his surgical forebearers, particularly Dr. Benjamin Fuller, Mitt's father's namesake.

Mitt was the first to admit—with deserved appreciation—that his father had played an outsized role with generous economic inducements in getting Mitt to apply to medical school and then in choosing a surgical subspecialty at New York Medical College. One of the inducements was the fully furnished and professionally decorated apartment Mitt was now occupying on the fourth floor of 326 East 30th Street, which Mitt knew was beyond anything a first year surgical resident could typically afford. Same with the fancy AMG Mercedes parked in a nearby garage.

After dashing into his posh, newly renovated bathroom, Mitt lathered himself in preparation to quickly shave. As he'd learned during the first week that he'd occupied the apartment to attend his NYU residency orientation, he had to scrunch down significantly to take advantage of the magnifying shaving mirror. It had been positioned at a height significantly lower than appropriate for Mitt's lanky, six-foot-four frame.

With his considerable stature and reasonable coordination which he'd reached at a youthful age, he'd been pressured at boarding school as early as the sixth grade to play

basketball. Mitt had declined and continued to do so through high school and college. He'd never appreciated what he labeled as the 'marginal utility' of organized sports, much preferring to concentrate his extracurricular activities and attention on mental exercise rather than physical. His preferences leaned toward debating, playing chess, and music, particularly the piano. Ever since he could remember and maybe as early as aged two, Mitt had been more cerebral than physical.

Working quickly to navigate the disposable razor around and over his angular and pale face, Mitt was conscious of the time. He was due in the fifteenth-floor surgical conference room at Bellevue hospital at 7:30 sharp. Luckily the hospital was a mere five-minute walk away. After a quick rinse and dry, Mitt paused to study his reflection. He was worrying anew about how he was going to hold up under the stresses of being a newbie resident, especially if he had to face medical emergencies alone, an all too real imminent possibility.

Although he had hardly been a polymath in high school and college, he'd done extremely well grade-wise, such that he was confident in his basic intelligence. Often advancing more quickly than his peers with his interest in academics, Mitt had graduated high school at sixteen and college at nineteen, and medical school at twenty-three, making him the youngest of the current batch of first year surgical residents at NYU. None of his academic accomplishments had been a surprise to his proud parents, who'd recognized Mitt's precocity from an early age.

But there was more to Mitt's intelligence than a mere high IQ. He wasn't sure exactly when he first became aware of the capacity, but he had a kind of precognition ability that he secretly labeled his 'sixth sense.' It wasn't constant, and he had no idea how to provoke it.

When he'd applied to various schools including boarding school, college, and even medical school and then surgical residency, the moment he sent off his application, he'd known immediately he would be accepted. He'd been so confident in his belief that he'd never experienced the slightest anxiety as did all his friends, and on all four occasions, contrary to his friends, he'd only applied to one school or program and not the usual dozen or more.

Adding to this unusual precognition, Mitt had the ability on occasion to sense what people were thinking. Again, it wasn't constant capability, and he didn't know how to encourage having it other than recognizing that it required concentrated mental effort to clear his mind. Curiously enough, when he was able to predict the future or tell what someone was thinking, it was almost always accompanied by varying degrees of tactile sensations in along the inside of his arms, or inside his thighs, the back of his neck, or across the front of his chest. He likened these sensations, which he called paresthesias, the technical term, after taking neurology in medical school, to something like the 'pins-and-needles' he'd feel when his extremities' circulation was compromised.

In contrast to his ability at precognition, which there was no way he could explain and didn't try, he believed his ability to sense what people were thinking was probably based on his apparent acute and unconscious sensitivity to a wide variety of idiosyncratic clues people unknowingly project by their posture, expressions, and choice of syntax. Although the idea of possibly having some rare psychic power had occurred to him on occasion, he'd dismissed the idea out of hand as being entirely anti-scientific, and having a scientific mind was how he saw himself. In college he had majored in math, physics and chemistry and believed he could have

pursued any one of the fields if he'd been so inclined, which didn't leave a lot of room for believing in the supernatural.

Mitt had never shared these special talents with anyone, including his parents, even though his relationship with them as an only child had been, and still was, particularly close. Knowing what his parents were thinking without them being aware was often to his advantage. He also had mixed feelings about these talents. Especially during his teen years, it was invariably disheartening for him to sense what girls thought of him, as it was often negative. Mitt was the first to admit that he was not a member of the 'in' crowd as he was viewed as decidedly bookish, and in the teen value system he grew up in such was hardly a positive. On the other side of the coin, he did find his unique abilities helpful by giving him a leg up with his schoolwork. Before an exam, all he had to do was talk to his teachers or professors to predict what was going to be asked, eliminating any unforeseen surprises. From an early age he developed a penchant for good grades.

After brushing his short, dirty-blond hair into a semblance of order, Mitt returned to his bedroom to dress. As he did so with an eye on the bedside clock, he was shocked by the raucous ring of his mobile phone. Curious and mildly unnerved at who could possibly be calling at such an early hour on a Monday morning, he snatched up the device. The answer was obvious, and he should have guessed. It was Benjamin, his father. Clicking on the phone and holding it up to his ear, Mitt said: "What in God's name are you doing up at this hour? Are you ill?" He knew his father was an inveterate night person who usually remained in his home office well past midnight to digest the early morning European financial news to give him a jump on his workday.

“Ha ha,” his father fake-laughed. “As if I’d miss the big day. To be truthful, I’m jealous. At the same time, I couldn’t be any prouder. I hope you enjoy yourself!”

“Ditto that,” his mother, Clara, voiced in the background.

“I’m not sure ‘enjoy’ is the right word,” Mitt said. “To be honest, I’m a bit nervous.” In the back of his mind, he quickly banished the thought of his nightmare. “It’s an awful lot of responsibility. Going from medical student to resident is a big step, like going from day to night with no twilight.” After another glance at the time, he put his phone on speaker-phone, placed it on the top of his bureau, and continued dressing.

“You will do fine!” Benjamin said with conviction. “You couldn’t have done any better in medical school, so you couldn’t be better prepared.”

“We’ll see,” Mitt said noncommittedly. He didn’t want to get into a discussion about the deficiencies of current undergraduate medical education, which were looming in the back of his mind. “But thanks for calling. I’ll let you know how the day went as soon as I can. It might not be until tomorrow. I sense I’m going to be on-call tonight, but I don’t know for certain. Andrea and I haven’t been given our schedules, but since there are only two of us, the chances are fifty-fifty.” He actually already knew he would be on-call that night, but he didn’t want to get into a discussion about how he knew. As for Andrea, his parents had met her at their recent medical school graduation. They also knew from a previous phone call that both she and Mitt had been assigned to Bellevue together to start their residency.

“Our illustrious surgical ancestor, Dr. Benjamin Fuller, has to be tickled pink up that you are following in his footsteps.”

“I hope so,” Mitt said. He’d thought about his ancestor on multiple occasions, including the night before. Benjamin Fuller was his most illustrious surgical ancestor, born just after the Civil War in 1871. His fame came from having worked at Bellevue after serving first as an intern, then resident, and finally as an attending physician along with the internationally famed surgeon, William Halsted. Adding to his reputation, he was also worked closely with the equally world famous, William Welch, the father of modern pathology, before Welch switched from Bellevue to the newly-formed Johns Hopkins medical school along with Halsted. For Mitt, it was daunting following such a legend, as it undoubtedly raised expectations with the powers-that-be for his performance. Was he up to it? Mitt had no idea, but he was soon going to find out. For him the situation was like jumping into the deep end of a pool with only the rudimentary knowledge of how to swim.

“I’m convinced you are going to become more famous than my namesake,” Benjamin said as if sensing Mitt’s insecurities. “I can feel it in my bones.”

“Famous or not,” Mitt responded, glancing again at the time. “I have to get a move on, here. I’m due at the hospital at 7:30 sharp.”

“Of course,” Benjamin said. “Call us when you can. Good luck!”

“Yes, good luck,” Clara called out in the background.

Mitt disconnected from the call and quickly ran the knot he’d made in his tie up under his chin and folded down the collars of his shirt. Donning the short white coat and white pants he’d been given during his brief orientation at NYU Grossman School of Medicine, plus the lanyard he’d been given with his hospital ID, he checked himself in the mirror. At least he looked like a surgical resident in his all-white outfit even, if he didn’t feel like one.

CHAPTER 2

Monday, July 1, 7:03 am

Although it was just after seven, the rising sun already felt distinctly warm on Mitt's face as he quickly walked east on 30th Street toward 1st Avenue. There was no doubt in his mind that it was going to be another summer scorcher in New York City. Yet a broiling afternoon, no matter the temperature, wasn't something he needed to worry about. He knew in all

likelihood, he wouldn't be seeing the light of day once he entered the Bellevue Hospital high-rise. One of his precognitions that he'd had the night before, heralded by a trace of pins-needles on his chest, had signaled that it was he who would be on-call, and not Andrea, on their first night of surgical residency.

The traffic on 1st Avenue was already heavy with a surging melee of cars, taxis, buses, and trucks emitting a muffled roar, and as Mitt approached the vehicular free-for-all he felt both his excitement and anxiety ratchet upwards. Luckily the excitement significantly overshadowed the anxiety, which had lessened considerably following his brief chat with his parents.

Reaching 1st Avenue, he had to stop at the curb to wait for the traffic light to change. Looking north while he stood there, he could make out most of the NYU Langone Medical Center stretching for three entire city blocks. Turning his head and gazing to the south he could see most of the Bellevue Hospital Complex, including the dominating twenty-five story hospital tower. Beyond that was the Veterans Hospital. The view in both directions justified the area being called 'hospital row.'

Directly in front of Mitt on the north side of 30th Street he could see the Office of Chief Medical Examiner, which he knew was a fancy title for the New York City morgue. He didn't know very much about forensic pathology after having only a single lecture on the subject in medical school during his second year, but he knew enough about it to appreciate that the building housed the largest such institution in the world. More importantly, from his perspective, it had its origins—like a lot of major medical advances— at Bellevue Hospital. There was absolutely no doubt he was joining a celebrated medical community with an impressive history.

When the light changed Mitt scurried across the Avenue. Reaching the safety of the curb on the east side, he stopped for a moment to gaze up at the strangely impressive building on the southern corner of 1st Avenue and 30th Street. Surrounding the sizable, ten-storied structure was an imposing and oddly decorative rusty wrought iron fence whose granite stanchions were topped with cement urns. The barricade was so substantial and unique that it begged the question whether its role was to keep people out or people in.

The building itself was of red brick with granite highlights and lots of curious decorative architectural details that looked particularly out of date in contemporary New York City. It was the antithesis of a typical NYC glass skyscraper. But what was most glaring about the building was that it was so obviously abandoned, save for a small portion down near the East River that Mitt knew was being used as a temporary men's homeless shelter. The rest of the structure's enormity was empty, and had been so for more than thirty years. The windows on the granite-encased first floor were boarded up, and a small garden area in front of the two wings that faced 1st Avenue was entirely overgrown with weeds and vines. And like so many New York City buildings, it's first floor was partially covered by by scaffolding.

Mitt was well aware that he as looking at the former Bellevue Psychiatric Hospital, which had been called the Bellevue Psychopathic Hospital when it opened back in the nineteen-thirties. He was somewhat knowledgeable about the building because his celebrated ancestor, Dr. Clarence Fuller, had had his office and had spent most of his professional career at Bellevue. When Mitt had come for his residency interview, he'd seen the structure and had taken the time to look up its history. When the six hundred bed facility had opened nearly a hundred years previously, it had been the talk of the town and quickly became the most famous psychiatric

hospital in the world. In many ways, it was the reason that the name Bellevue had become synonymous with a mental institution rather than a comprehensive medical facility, which it had always been.

Continuing southward, Mitt literally walked into the cool shadow the building provided, as its looming size effectively blocked the sun. He paused again at the wrought iron gate that was secured with a heavy chain and weighty padlock. Looking between the rusting wrought iron uprights, he gazed at the building's locked but imposing and highly decorative entrance way. For a moment, he was transfixed. Secured with its own chain and padlock, there was something remarkably sad about the portal, making Mitt ponder about the innumerable poor souls who had passed through to be essentially incarcerated in the building, and he found himself further imagining what kind of painful stories they might tell.

At the same moment, he felt a surprising, transient surge of the same tactile sensations that he normally associated with his prognostication abilities or when he was sensing someone's thoughts. Having the feelings was a particular surprise because he wasn't facing a circumstance that called for a prediction, as he had the night before when he thought about whether he or Andrea would be on-call that night. Nor was there another human being whose thoughts he could sense because he was essentially alone facing an empty structure. A few passersby hurried behind him in both directions, but for him to sense someone's thoughts, he had to be directly looking at them and they he, which certainly wasn't the case.

With a mystified shrug, he forced himself to pull his eyes away from the deserted building to continue on his way. Time was passing, and the last thing he wanted to do was be late on his first day. Yet he couldn't help but briefly glance back over his shoulder for one last

quick look at the old Bellevue Psychiatric Hospital, wondering how it had managed to continue its existence without having been either demolished or repurposed after the last of its psychiatric patients had been transferred over to the newer high-rise. He'd read that more than a decade earlier there had been some talk of turning it into a hotel and conference center for the NYU Medical Center, which would be an easy conversion with its unique letter 'H' footprint and hundreds of individual rooms each with windows. Yet obviously it hadn't happened. Why, he had no idea. The building's continued existence as a sad, empty shell made no sense. It was a surprising and total anachronism while also being an affront to its illustrious history.