Bellevue Serenade

A Duet of Stories

MARK RUBINSTEIN

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A Man of Means

"Dr. Halliday . . . the police are here with a patient," said the reception clerk.

It was the mid-1980s, a time when the streets of New York City were filled with the ragged and homeless. I was certain it would be another dump-a-drunk by the cops. They'd rather drop them off at Bellevue's psychiatric emergency room than haul them to the precinct. It happened all the time because they didn't want to do the paperwork or deal with the hassle involved in an overnight stay in precinct lockup. The cops often got away with the dump-a-drunk routine, but not when I was working in the emergency room.

People got carted to the ER by family, friends, or the police because they were acting strangely and were potentially dangerous to themselves or others. It could involve a man walking down the middle of 3rd Avenue stark naked, or a woman at her window threatening to jump. After some strange incident, you'd hear a radio news item saying, "The man was taken to Bellevue for observation."

It was ten in the evening as I made my way from my cubbyhole of an office to the waiting room. Sure enough, two police officers sat in the gray plastic chairs, one on either side of the so-called patient.

I recognized Sergeant Frank Stark out of the 19th Precinct on East 67th Street. He and I had a friendly but wary relationship. Though he often brought people to the ER who truly warranted evaluations, he sometimes dragged in drunks. Stark knew I never

tolerated dumping. I was certain whenever his patrol car drove up the emergency ramp with a guy reeking of alcohol, he prayed that I, John Halliday, wasn't working that shift. He knew I'd send him packing, telling him to toss the drunk into lockup at the 19th Precinct so the poor guy could sleep it off.

"Dr. Halliday," Stark said, standing and extending his beefy hand. We shook hands and walked toward my office, leaving his partner, Mendez, in the waiting area with the patient.

"We have a strange one for you this time."

"Sergeant, if he's another drunk, you know you'll be taking him to the One-Nine," I said, stifling a smile. It was difficult to get angry at Stark. He was a good guy with a big heart.

But tonight the emergency room was bedlam, and we were berserk-busy. I'd already admitted eight patients, and on this warm Saturday night, they were pouring in like waves on a rough surf. The last thing we needed was a boisterous drunk slurring venomous curses at the nurses, attendants, and aides.

"For sure, Doc, he's not drunk," said Stark. "I've never seen one like him. He's very different."

"Different, how?" I asked, trying to keep my skepticism at bay.

"We were on patrol when we got a call from Dispatch to proceed to the Regency Hotel," said Stark as we walked toward my office. "The doormen noticed this guy standing at the northwest corner of Park and 61st, loitering in front of the hotel. He must've been there for a good three hours, just watching the passing parade."

"So . . . ?"

"Well, one of the doormen approached him and asked what he was doing. And the guy said he was thinking of taking a suite at the hotel—at the *Regency*! But the catch was, he wasn't sure if the clientele were the kind of people he'd care to associate with. So he was checking them out as they came and went. They thought it was pretty off-the-wall. So that's when the manager called the police."

"And what happened?"

"We arrived at the scene and approached the guy. He wouldn't identify himself. Called himself Mr. Smith, but had no ID. You gotta get a load of this guy; he's looks like a street bum, but he's different . . . You'll see. And he said he was thinking of taking a suite at the hotel. Get that—not a room, a *suite*. Something costing a few grand a night. He had this huge briefcase but wouldn't let us look inside, and he insisted he could pay the hotel's freight. It was so strange we thought he should be evaluated by you guys."

"Did he do anything that would make you arrest him?" I asked.

"Loitering in a public place isn't a criminal offense and he insists he's not a vagrant, that he has plenty of money. But we couldn't search him. You know, the whole constitutional thing about search and seizure. We don't know what he's got in that briefcase, but he assures us he has tons of money. He refused to open it, though. By the way, Doc, did you get a look at him?"

"No, not really. I was just looking at your unsightly face."

Stark laughed and slapped my shoulder. He was an unusually good-looking guy with thick, dark hair and striking blue eyes. He had features any news anchorman would envy, and we frequently joked about each other's looks. He would often say to me, "Hey Irish," referring to my sandy-colored hair and green eyes.

"Getting ready to toss me out for bringing in another drunk, huh?" Stark asked, still chortling.

"Could be," I said, stifling a smile.

"Doc, there's no alcohol on his breath. And his diction's clear . . . very clear. But you gotta see this guy. He's a strange one."

"Is he registered with the ER clerk?"

"Yeah, as a John Doe."

"He's the third John Doe we've had tonight."

"A busy night in the loony bin, huh?"

"As busy as the One-Nine," I said, referring to the 19th Precinct, which could also be overflowing on a Saturday night.

We both laughed.

"Okay. I'll see him in a couple of minutes," I said. "But hang around; don't go anywhere. You might end up carting him off to the One-Nine."

"Doc, this guy doesn't belong in lockup. You'll see."

"I know I can always trust your clinical judgment, Sergeant Stark. By the way, how's the girlfriend? Stacy, isn't it?"

"She's good, Doc," he said with a grin. "Wants ta get married."

"You gonna do it?"

"Could be, Doc. What about you, Irish? Still seeing that girl Linda?"

"Of course," I said, thinking of her waiting at our apartment on East 84th Street.

"Getting married?"

"Not yet."

We laughed.

■

John Doe appeared at the office doorway.

"Come in, sir," I said, gesturing toward the chair in front of the desk.

"Thank you," he said in a rich baritone that arrested my attention.

"What can I do for you, sir?" I asked, having no idea what to expect.

He looked at me with wet eyes. "Why, thank you for taking the time to see me," he said in a mellifluous voice that could have belonged to a radio announcer.

I was dumbstruck by his appearance. His face was so thin and drawn he reminded me of a cadaver. His cheeks were hollowed out and those eyes looked far too big for his face. A thick stubble covered his cheeks. He hadn't shaved for at least a week.

John Doe—or Mr. Smith—was a fairly tall man and thin to the point of being gaunt. Actually, he looked skeletal. His eyes were bleary and wet. They bulged like great white globes with dark irises

in the center. They looked even larger because of his thin, drawn features. Small red veins stood out from the bulging whites of his eyes. His hair was curly, of medium length, graying at the temples, somewhat unruly, and looked greasy under the consultation room's fluorescent light.

As he entered the office, he seemed to be sizing me up. I gestured again toward the chair facing the desk. He hesitated, then sat down. Silence prevailed for a few moments. Settling into the chair, he leaned back and surveyed the room.

As striking as his emaciated look was, John Doe's attire was remarkable. I'd never seen such an incongruous combination of clothing on a man who, for all intents and purposes, looked like a vagrant.

He wore a wrinkled and obviously soiled pin-striped, dark blue suit. The cut of cloth looked very expensive—maybe Brooks Brothers or Armani. But the suit had definitely seen better days. The edges of the sleeves were frayed. The lapels were curled and needed ironing, as did the entire suit. The jacket and pants sported a brilliant sheen on the elbows and knees from excessive use over a long period of time. His dress shirt had once been white but was now a soiled-looking off-gray. The collar was slightly frayed, though intact.

His ensemble was finished off with a conservative dark blue silk tie, tied with a Windsor knot. The tie, too, was frayed. His suit hung from him like a circus tent and his shirt collar was at least three sizes too large; it dangled loosely around his scrawny neck. The tie was perfectly knotted but hung down a few inches from where the collar ends met. Gold cuff links held the shirt's French cuffs together.

I inhaled deeply, letting the room's air fill my lungs. There was no discernible body odor, which I found surprising. A pervasive stench was always the surefire sign of a street person who hadn't bathed in weeks, or longer. Body odor—funk of the worst kind—was something with which I was all too familiar, having undergone my share of olfactory assaults in the psychiatric ER. But with this man there was no smell.

Aside from his attire, Mr. Doe was striking from another perspective. In his right hand he held a bulging briefcase. It was huge—bigger than most I'd seen, and was obviously filled to the brim, latched shut, and looked very pricey—maybe from Crouch & Fitzgerald on Madison or T. Anthony on Park Avenue—a high-end chunk of leather you'd expect a Fortune 500 executive to carry. It was a rich, brownish red color, and its brass couplings shone in the fluorescent light.

And to top it all off, tucked neatly beneath Mr. Doe's left arm was a copy of the *Wall Street Journal*. Neither the newspaper nor the briefcase looked as shopworn as the man's suit. My eye caught a glimpse of the newspaper; it was that very day's edition. Was this guy keeping up with the news? The entire presentation was a complete paradox, incomprehensible to anyone who knew anything about life in Manhattan, or life anywhere else for that matter.

Most important, there was no odor of alcohol. Usually, when a soiled-looking guy such as John Doe sat in the relatively small confines of an ER consultation room, a vaporous cloud of alcoholized breath permeated the place, even seeping from the drunkard's pores. Within a few moments, the room was saturated with an odor so powerful, it smelled like acetone. And then too, the patient's hands would tremble—almost flap wildly—from alcohol withdrawal if the guy hadn't had a drink for a few hours.

But not Mr. Doe. No stench of alcohol or feces or urine or sweat, or any other foul exudate or metabolic waste. His bulging eyes stared steadily at me, and at that moment I thought he looked slightly aggrieved to be in the Bellevue Psychiatric Hospital emergency room. Hauled in by two cops, who sat outside waiting for my verdict. Admit to the hospital or not? Was the guy just plain nuts, or was he simply a street person, a vagrant who needed a place to stay for the night? There was a big difference, and my examination would hopefully make the distinction.

Except for his unshaven, emaciated look and the soiled

appearance of otherwise expensive apparel, Mr. Doe looked like any executive you'd see emerging from the New York Stock Exchange or leaving the Seagram Building after having consumed a $100 business lunch at the Four Seasons restaurant.

It was a strange set of contradictions: a middle-aged man—maybe fifty years old—attired in what must have been well over $1,000 worth of threads when they were new and carrying what had to be a $500 briefcase bulging at the seams; yet he looked like he was on the down-and-outs. And he'd been thinking of checking into the Regency Hotel on Park Avenue—a five-star place right up there in the hoteliers' hierarchy with the Pierre and the Plaza.

Sitting in the chair across the desk, he placed his briefcase on the floor beside him. He crossed one leg over the other. He was wearing black wing-tipped shoes shined to a radiant polish, maybe Johnston & Murphy or Bruno Magli—more evidence of high-end taste. Where the hell had this guy come from? And what the hell was his story?

As would happen when I was evaluating any patient, a torrent of thoughts streaked through my head in a diagnostic shuttling of possibilities. It was an internal Q and A about the man sitting before me.

Was this guy some Wall Street honcho who'd seen better days? An out-of-work broker or bond trader, a Master of the Universe whose financial world had collapsed a few short weeks ago? Had he been embroiled in a money-sapping divorce that drained him of spirit *and* cash—and he was now spread-eagled on the financial skids? Was he a former executive—a member of some prestigious corporate board—who'd been shunted aside in an internal reshuffling with winners and losers, a business coup involving golden parachutes and poison pill buyouts?

Maybe he was an upper management guy, or the director of marketing at an ad agency—a man who'd been unceremoniously laid off in the spate of mergers and acquisitions rampant at the time. Maybe he was an attorney who'd been ousted from the inner sanctum of a

white-shoe law firm, or had lost his partnership share in some multinational business entity.

Or was he just some wandering nutcase, a street-dwelling charlatan who'd managed to snatch an expensive briefcase and was wearing a suit he'd retrieved from some back-alley Dumpster? It was possible he was simply a psychotic vagrant, who because of some delusional notion that he was business royalty, had showed up at the Regency.

It was bizarre beyond belief.

Just then the door of another office opened and slammed against the tile wall. A man's screaming could be heard. "How dare you?" cried the voice. "You can't do this to me. I'm King of the Puerto Ricans!"

A commotion ensued. Nurses and attendants could be heard running, and the sounds of a struggle followed. "You can't treat me this way. I'm King of the Puerto Ricans!"

If John Doe heard the tumult, he gave no hint of it. He sat calmly, looked around the office, and said nothing.

The cries of the King of the Puerto Ricans sounded more distant. "I'm king! King! King!" he roared, and from the decreasing decibel level, it was clear he was tied down in a wheelchair and being wheeled toward an elevator to be taken to the fourth-floor men's ward. There he'd be physically examined and very likely sedated while the necessary paperwork was done for his admission to Bellevue.

One last muffled cry arose and then disappeared as the elevator doors closed and he was taken upstairs.

I regarded Mr. Doe, who still sat, placid and unruffled.

"What brings you here, sir?" I asked, leaning back in my chair.

"May I smoke?" He produced a flat gold cigarette case. Before then I'd seen them only in movies from the 1940s, but he had one and it looked plenty expensive.

Back then smoking was still allowed in hospitals, and I said, "Sure," as I shoved the metal ashtray on the desk closer to him.

He plucked a cigarette from the case, set it between his thin lips,

produced a gold-plated lighter, and lit up. He inhaled deeply, and those humongous eyeballs rolled up to the ceiling as the nicotine hit his brain, constricting the blood vessels. Then he closed his eyes as thin contrails of smoke streamed from his nostrils.

The shriek of an agitated woman penetrated the office door. Then came the sound of the attendants grabbing the woman in the waiting room; she screeched again and it echoed down the hallway. I could imagine them strapping her to another high-backed, wooden wheelchair so she could be interviewed by the other resident on duty.

Mr. Doe seemed not to notice the commotion. If he did, he wasn't in the least bothered by the rumpus.

"So . . . what brings you here?" I repeated.

"Well, sir, I'm looking for a place to stay while I'm in town. It's been a trying time for me."

"I see. And your name is . . . ?"

"You can call me Mr. Smith," he said, then took a long drag on his cigarette and let out more smoke. His hand movements were refined, almost delicate, as he tapped the end of his cigarette on the lip of the ashtray.

"Well, Mr. Smith. What kind of place are you looking for?" I asked, truly perplexed, not only by his appearance, but by this request coming from a man who'd been thinking of registering at the Regency Hotel a little while ago.

"What kind of place am I looking for?" he asked dreamily. "I'm not sure, but the accommodations must be suitable, preferably with a well-stocked minibar and excellent room service. I'm fastidious about cleanliness, too."

"I see," I said, gazing at his soiled suit with its well-worn sheen and his frayed dress shirt.

"And I need peace and quiet," he said. "I've been under a good deal of stress lately and I intend to relax."

"I understand you were at the Regency Hotel. What were you

doing there?"

"Assessing the clientele."

"What for?"

"To determine if they were the kind of people I'd feel comfortable sharing accommodations with," he said in that sonorous voice.

"Were they?"

"I would have to say that, on the whole, they were. Although you know how standards have dropped these days. It's nothing like it used to be." Then he smiled.

His right eye nearly closed then, as if he were winking at me. But it wasn't a wink; it seemed to be a facial tic. The eyelid remained at half-mast for a few moments, then opened. He just sat there and examined the lit end of his cigarette. Then he peered at me, as though inviting another question.

"Tell me, Mr. Smith, how did things used to be for you?" I asked, trying to imagine the trajectory of his life.

"I'm not sure I can go into that right now," he said, his eyes bulging. Then he peered at the lit end of his cigarette, tamped it on the rim of the ashtray.

"Why not?"

"Well, there are sensitive issues involved. There are certain restrictions to which I must adhere because of the business and legal climates these days. If I say anything injudicious, there could be profound repercussions. And I don't want the exposure, the potential liability for something I say that could be considered defamatory. You know, insider trading or other felonies forbidden by the FTC. And there are other considerations as well, some legal and some moral."

"Are you an attorney or involved with the stock market or some financial institution?"

"No, though I've thought of going into arbitrage and investment banking. But it's a bit underhanded, if you know what I mean. And the law is certainly one of my interests; you might even say it's an avocation of mine. But I hold no great affection for lawyers—actually,

none at all. I can't say I've had any direct involvement with those fields," he said, inhaling on his cigarette again.

Though stilted, his speech was clear, coherent. There was no indication of a speech disorder or of cognitive impairment. His evasiveness was in the service of protecting himself from what seemed to be imagined enemies, adversaries, or possible liabilities such as defamation. But was it truly paranoia? I couldn't be certain.

And that *voice*—mellow, almost honeyed—a stage actor's voice or that of a radio announcer. I could imagine him doing a television or radio commercial. And his vocabulary wasn't the typical street verbiage you'd hear at Bellevue Psychiatric.

I was intrigued by Mr. Smith, this erstwhile John Doe. He'd been snatched off the streets by the police, yet possessed a weird worldliness that bespoke better times and a rarely seen level of verbal dexterity and sophistication—at least for patients seen at Bellevue.

Mr. Smith gazed about the little office. He took in the overhead fluorescent light, the battered wooden desk, the off-white tile walls, and the green linoleum floor. Flicking another bit of ash from his cigarette, he said, "This looks like a clean establishment. How much do you charge for a night's stay?"

I was stunned. He'd gone from perusing the Regency Hotel where he'd been thinking of taking a suite, to querying me about the night rate for a room at *Bellevue*? And he'd want excellent room service and a well-stocked minibar. The transition from the Regency to Bellevue had occurred in all of three minutes. And this came from a fastidious guy who valued cleanliness as well as peace and quiet. Cleanliness? His clothing and appearance were anything but clean. And Bellevue? Peaceful, clean, and quiet? It was as much a contradiction as his clothing, circumstances, and demeanor.

"I don't know that you'd want to stay *here*, Mr. Smith."

"Why not?"

"Well, a man of your caliber . . ."

"Oh, I'm not a snob, if that's what you think."

"No, not at all. But I don't know if this place would be to your liking or measure up to your standards."

"That's yet to be determined."

"Mr. Smith, do you know where you are?"

"Of course."

"Where are we?"

"Oh, my good man," he said as though chastising me gently, "let's not get into absurdities. You and I are discussing whether or not I'd like to take advantage of your facilities, that's all. There's no need to be insulting."

I held back the wish to apologize for this unintended insult.

Mr. Smith's eyes bulged again as he stared at me. His Adam's apple bobbed up and down. Somehow, he'd managed to make me feel like a complete jerk.

"Or perhaps it's a matter of money, because that's what so many things boil down to in this sad world," he said. "Maybe you think I lack sufficient funds to cover a stay at your facility," he said, leaning back and staring at me with a hint of indignation.

"Well, a stay here can be pretty expensive," I said, thinking it was both absurd and sensible to be talking this way. The going rate in the 1980s for an in-patient stay at Bellevue Psychiatric Hospital was in the area of $2,500 a day. That's what the hospital charged Medicare and Medicaid, and it didn't include doctors' bills or special studies like X-rays, CT scans, or things like ECT, medications, and other sundries.

"Let me assure you, Doctor, I have ample assets."

I nodded as my eyes shifted to the bulging briefcase on the floor.

"I'm a man of means. A man of substantial means, no matter what my circumstances may be at this unfortunate moment. As a matter of fact, despite the recent downturn in the markets, I'm quite comfortable."

I nodded and said nothing, hoping my skepticism didn't shine through my poker face.

"I can see that you have doubts," he said, stubbing out his

cigarette in the metal ashtray. "But let me assure you my portfolio is intact and, really, quite substantial. I have a well-diversified mixture of assets, very balanced among various investment instruments, and no matter what the markets do on any given day or week—or month, for that matter—I'm quite well positioned."

"I see . . ."

"You should be aware that, among other precautionary tactics, I've been dollar-cost averaging in various mutual funds for many years. And my other investments—bonds of all sorts—are laddered over time so the maturity dates are always coming due. It allows for a comfortable cash flow and excellent liquidity at any time, either for reinvestment or spending on day-to-day things. No matter what the financial climate is at any given time, my portfolio has an excellent return on investment."

He began talking about ROI (return on investment), PE ratios, stock splits, short selling, hedging, bond laddering, and other fiscal tactics; then he got into market indices such as the Russell 5000, the Dow, and the S&P 500. His knowledge of the financial world and its workings was astonishing, and I was certain he was a man of intellectual and financial heft. He'd obviously seen better times and had probably stashed away a ton of money, despite his psychiatric condition, whatever it was at the moment.

And who could know the stress he'd been under lately? How could I, or anyone, know what unpredictable and life-altering events had assaulted Mr. Smith and led to his sitting before me in this little office at Bellevue?

"Recently, I was forced to liquidate certain holdings," he said. "But the bulk of my portfolio is intact. Some of what I liquidated is here with me. The funds can be spent at the drop of a hat."

"You mean what's in the briefcase?"

"Yes, I do," he said. He blinked and stared at me with those huge wet eyes.

"Is that cash you're carrying around?"

"Yes, it is. A substantial amount. Enough to cover months, or even years, of a stay at any establishment of my choosing, including yours," he said, looking at the office walls covered with tiles, many of which were discolored and cracked.

"How much do you have in there?" I asked.

He peered at me, his eyes narrowed. "Why do you ask, sir?"

"Well, carrying cash isn't really a good idea. Especially if it's a great deal."

"Oh, it's a goodly sum, sir," he said, smiling and peering momentarily at the briefcase. "Let me assure you it's a great deal." His Adam's apple bobbed up and down once more.

"Isn't it dangerous to walk the streets of New York with so much cash?"

"Perhaps. But I assume your establishment has a safe where I could store this if I decide to stay for a while."

"Yes. We do store belongings when we admit someone to this facility."

"You said *admit* someone. I'm impressed, very impressed, sir. It sounds like you have very high standards. I assume you're selective and don't take just anyone. You admit only a select few."

"Well, Mr. Smith, we do have certain criteria for admission," I said, wondering just where—if anyplace—Mr. Smith fit in on the spectrum of mental illness. Was he psychotic? Delusional? One thing was certain: he was now sitting in the refuge of last resort. Bellevue.

"Certain criteria for admission," he repeated. "I like that. Well-thought-out criteria in choosing your clientele." A smile of satisfaction crossed his face. "So . . . you're selective," he said.

"You could say that," I replied, knowing it was true, despite Sergeant Stark's wishes to the contrary.

"Let me assure you that if you allow me to be a guest at this facility, you won't regret it. I could pay on a day-by-day basis, or settle up each month, in advance. In cash, if you prefer. I assume you have

long-term guests?"

"Yes, a select few."

"Perhaps I could be considered for such a privilege."

"Maybe. But to tell you the truth, Mr. Smith, I'm not sure."

"Do you doubt my fiscal integrity? My ability to pay?"

He leaned back in his chair and squinted. I thought momentarily he might wink again, but nothing of the sort happened. Rather, a hint of displeasure formed on his features. His forehead furrowed and his eyes narrowed. "Because if you do have doubts, I can dispel them right here and now," he said. He reached for the briefcase.

My pulse quickened. I felt my neck craning slightly as I leaned forward to see the briefcase.

He pulled it from the floor to his lap, where it sat in all its bulging prominence. I was again struck by its plush leather texture, by its heft and obvious weight as it sat on his thin thighs. It was all so strange—the sartorial ensemble, accompanied by the fiscal verbiage and stilted style. It was comical and sad, believable, yet farcical, and above all, impossible to understand.

"You know," he said, "the federal government stopped issuing thousand-dollar bills in 1969. It's made carrying a great deal of cash something of a burden."

"Really? Since 1969?" I asked, humoring him and trying to stifle my curiosity about what was in the briefcase.

"Yes. Because of money laundering, President Nixon issued an executive order limiting the printing of denominations to a maximum of one-hundred-dollar bills. It's too bad, because it makes carrying huge sums of cash quite laborious." He cast his eyes down to the briefcase, which now looked far larger than when he'd entered the office.

He snapped open the latches. I estimated the thing weighed at least thirty pounds, probably more. He shifted the briefcase on his lap.

"Are you sure you want to open the case?" I asked.

"Oh, it's not a problem," he said as he stood in front of the desk. "I simply want to dispel any doubts about my fiscal integrity. I do realize you're selective in whom you admit to your facility." His briefcase was now on the chair; he turned his back to me and bent over it. "I want to show you some of the liquidated portion of my portfolio. Just to assure you of my ability to pay."

Mr. Smith still had his back to me as he peered into the now-open briefcase. He nodded and turned slowly toward me with the bulky briefcase—open at the top—resting in his arms.

I sat behind the desk, waiting expectantly as he peered at me with those bulging eyes. A smile crossed his face as he began tilting the briefcase forward, its open end over the desktop. It was clear he was going to dump the briefcase's contents onto the desk, so I leaned back, waiting in anticipation. Despite myself, I felt my pulse quicken. This was one of the most intriguing moments I'd ever spent in the emergency room.

Just how much pure, hard, cold cash was Mr. Smith toting around New York City? How much lucre was he blithely hauling around the streets, day and night, in all kinds of weather and in various neighborhoods? Just how risky was this ridiculous activity, given the high crime rate—the holdups, muggings, and all sorts of criminal activity going on in those days? And yet he was unencumbered by doubt or fear.

The briefcase hung over the desk.

Then, as though it were a waterfall, it began pouring out—thick bundles and bundles of money. And then more of them, dumping and slapping onto the desktop. They hit the desk in an avalanche of paper. Each large bundle—maybe two or three inches thick—was neatly wrapped with a red rubber band. The bundles were compressed into stacks of hundred-dollar bills, with at least fifty or a hundred bills to a pack—a good $5,000 to $10,000 in each banded bundle. And there were dozens upon dozens of bundles, even a few hundred of these tightly wrapped packets, more than my eye could

take in at any one moment.

My eyes widened in sheer amazement. Because as the initial shock of the deluge wore off, I saw that each one-hundred-dollar bill on top of each banded bundle was emblazoned with a huge "100" within a circle, and in the upper-right corner of each bill was the silhouette of a locomotive, while in the lower-left corner was one of a house.

I suddenly realized something: every last bill of the growing hoard heaped into what was now a small mountain of cash on the desk—each finely printed, pale yellow one-hundred-dollar bill—was but a small piece of an enormous aggregation of at least $2 million, *all in Monopoly money*.

For a moment, my eyes must have bulged as prominently as Mr. Smith's. I gazed disbelievingly at this incredible stash of cash. I looked from the desktop to Mr. Smith, who stared proudly at the enormous heap. His face radiated a smile of deep satisfaction. I could actually *feel* his joy and sense of accomplishment at having amassed this board-game fortune.

He looked up from the pile of money and his gaze met mine. "You see, sir, I'm well financed," he said. "I have much more in a locker at Penn Station."

I could barely collect my breath or voice. For a moment, I felt my head spin. I simply stared in amazement at this collection of ersatz wealth. As I spoke, I heard my voice quivering. "Mr. Smith, will you wait here for a moment?" I said. "Actually, why don't you put your money back in the briefcase while I talk to someone?"

"I assume you can arrange for my accommodations . . ."

"I'll do my best," I said, realizing that Sergeant Stark was right: this was no ordinary case. This was no foul-mouthed drunkard shouting vitriolic curses at passersby as he wandered the city streets.

"Bellevue . . . doesn't that mean beautiful view in French?" said Mr. Smith.

"I think so."

"It would be wonderful if you could arrange for a room with a view. Something high up, overlooking the East River."

"I'll try, Mr. Smith."

He smiled and began scooping up bundles and dropping them into the case.

Out in the waiting room, I approached Sergeant Stark.

"Well, Doc, whaddaya think of Mr. Smith?" he said, holding a Styrofoam cup of coffee.

"You're a damned good shrink," I said. "I think we can make arrangements for Mr. Smith to stay for a while."

"So what's the story with him, Doc?"

"I'm not really sure, but we'll do our best to find out."

"Everyone's got a story to tell, right, Doc?"

"Yup. Everyone has a story," I said.

"Hey, you find out what's in the briefcase?"

"Yeah. He has some money," I said, knowing if I told Stark what was really in Mr. Smith's briefcase he'd break out laughing

"Really. How much?"

"Not much. But we'll take care of him for a while," I said.

"That's great, Irish. Saves me a ton of paperwork back at the precinct."

"And ours is about to begin."

"Will you sign this paper?" Stark asked, producing a release form. "It just says we dropped him off here at Bellevue and you accepted custody."

"Sure," I said, slipping a pen from my pocket and nodding to a huge white-coated male attendant. "He won't require any restraints," I said.

The attendant knew exactly what I meant and summoned another gargantuan guy. They proceeded into the office.

"Good evening, Mr. Smith," I heard the first attendant say.

"Good evening, gentlemen," he replied. "I assume you'll show me to my room."

"Sure, Mr. Smith. We'll accompany you upstairs," said one attendant.

Mr. Smith could have a room at the Bellevue Hotel. At least for a few days and nights, if not longer.

Until we knew a bit more. I was certain that with a little time and conversation, we would learn more about his story.

The Head Doctor

Now it's a men's homeless shelter.

But back in the eighties the Italian Renaissance building on First Avenue and 27th Street in Manhattan's Kips Bay area was Bellevue Psychiatric Hospital. Its seven wards housed mentally disturbed people who, because of their conditions, posed a danger to themselves or others. They were brought in by their families or the police for strange or dangerous behavior. By the time I was a psychiatric resident working there, Bellevue had long been embedded in the people's minds as the refuge of last resort—an insane asylum—the one place you could go when no one else would take you in.

It was a forbidding-looking gated building where, legend had it, the men in white coats dragged someone who'd gone over the edge, completely crazy, either at home, at a store, or in the streets. It was known as a haven for those who'd become unglued and could no longer function in society. "Bellevue" was synonymous with insanity.

Despite the popular conception of Bellevue, it was a huge public hospital serving every kind of need—medical, surgical, pediatric, psychiatric, and others—for the entire population of Manhattan. But the psych hospital made it famous. When someone said dismissively, "You belong in Bellevue," it really meant, "You're crazy."

As a twenty-seven-year-old second-year psychiatric resident, I was on call once a week from six o'clock in the evening until eight o'clock the next morning. This was a consultation service to the

general hospital, which meant evaluating a hospitalized patient on any ward if he or she was acting strangely or creating a disturbance of some kind.

It was 10:40 p.m. I was sitting in the small on-call office glancing through *Sports Illustrated* when the telephone rang. It was the charge nurse, calling from the psychiatric emergency room. "Dr. Halliday," she said, "the nurse on Surgery Ward 3-B just called. They said that one of their patients asked for a psychiatric consultation."

"What's going on?"

"I asked her, but she doesn't know. She just said that a post-op patient asked to see a psychiatrist."

"Did she say it was an emergency?"

"No. Just a consultation."

"Ward 3-B?"

"Yes."

"You get the patient's name?"

"No. They said to stop at the nursing desk and they'll have the information for you."

"I'll head right over there," I said, slipping the magazine into a desk drawer and preparing to trek over to the general hospital.

"The nurse said there's no rush. Nothing strange seemed to be going on . . . just a request from a patient."

■

Stepping outside into the early-autumn air, I gazed up at the H-shaped, nine-story psych building's redbrick, limestone, and granite facade. It looked like some forbidding edifice from the Middle Ages. The physical structure certainly lived up to its popular culture image, a place where, no matter what happened in your life, you'd never want to end up—an insane asylum.

A breeze wafted in from the East River. The briny smell from the estuary mixed with diesel fumes as eighteen-wheelers stormed north on 1st Avenue, heading toward the Hunts Point Terminal

Markets. Walking toward the general hospital, my thoughts drifted to my widowed mother, who'd recently had her gallbladder removed at Lenox Hill Hospital. She was comfortably settled back in her apartment on upper 3rd Avenue and had resumed her normal activities. My girlfriend, Linda, and I lived a few blocks away from Mom, and we both visited her every day. Linda and I had been seeing each other for seven months and were going to get married

Heading for the front door of the general hospital, I thought about the consultation on Ward 3-B. It was unusual for a hospitalized patient to ask for a psychiatric consultation. Actually, it was the first time I could recall it happening. Usually, the request came from the medical or nursing staff, not a patient.

When a surgical or medical patient was acting up, an urgent phone call came from a ward nurse. Something was terribly wrong and they wanted a psychiatrist over there immediately. It could be virtually anything: an agitated patient was pacing the halls, mumbling incoherently. Or someone was refusing medication, which could throw the entire treatment into jeopardy. Or a patient was convinced an IV drip contained poison and a murderous conspiracy was afoot.

It could be a patient threatening the nurses or another patient for no understandable reason. Or an obviously impaired patient was demanding discharge against medical advice. A psychiatrist was needed to assess his or her competency to make such a decision. It was usually a sudden flare-up of odd, difficult, or menacing behavior that precipitated a call to the psychiatric hospital.

But this was a postsurgical patient *asking* for a psychiatric consultation—in a city hospital where many patients were on Medicaid and food stamps. In a city hospital, where people who suffered—physically and emotionally—saw it simply as part of their lives, who thought their lot in life was merely to acquiesce to an impoverished way of being. Many of these people—black, white, Hispanic—avoided hospitals at virtually any cost. For them, it was where you went

to die, and the psychiatric hospital was considered a snake pit where you were abandoned to the demons of your soul.

■

Surgical Ward 3-B was semidark and eerily quiet. My shoes squeaked on the linoleum floor as I walked down the corridor toward the dimly lit nursing station. Many of the rooms were darkened; others were lit by bedside lamps as some patients rested quietly—either pre- or postoperatively. The ward had that antiseptic odor I'd long ago learned to associate with operating rooms, having done my stints in general and vascular surgery as a medical student.

As often happened when I was in the general hospital, I felt estranged from my medical and surgical colleagues. It had been quite some time since I'd been in an OR, assisted with surgery, held retractors, cauterized small arteries, or worked as an intern on a medical ward. The IVs, monitors, and medical paraphernalia were already part of a past that was growing more remote for me each day.

I had mixed feelings about it; I'd liked surgery and medicine, but I'd known psychiatry was what I wanted to do ever since I was first exposed to it as a medical student. Every patient's story was unique, and often some deep-seated mystery lay at the bottom of the patient's problems.

But there was a downside to it: most medical people viewed psychiatry as some distant cousin of medicine, not really one of the hard-core specialties. I didn't even wear hospital whites. Rather, psychiatric residents dressed in ordinary street attire. I wore a tweed sports jacket, gray slacks, and a blue cloth tie—without a long white coat draped over them—all very nonmedical looking. I felt like a total stranger on the surgical ward.

The nursing station was behind a long counter in contrast to that on a psychiatric ward, which was completely enclosed in Plexiglas—basically a protective barrier from the possibility of an out-of-control patient assaulting a nurse or aide.

Two nurses sat behind the counter, busily scribbling in patients' charts. It was obvious they were in a hurry. Shift change would occur soon; when the 11-p.m.-to 7-a.m. nurses arrived, the departing nurses would "give report," meaning they would provide a detailed rundown on each patient to the newly arriving shift. It was standard nursing procedure in any hospital.

"Hello there," I said to the nurses. "I'm Dr. Halliday from Psychiatry. Someone asked for a consultation . . ."

"Oh yes," said an auburn-haired nurse, rolling her chair back toward the rack of patients' charts. "That would be Mr. Williams in room 315."

"What seems to be the problem?"

"I have no idea," she said, handing me the metal-encased chart. "He told one of the nurses he wanted to see a psychiatrist."

"And he didn't say why?"

"Not that I'm aware," she said, smiling, then resumed writing.

I refrained from asking if the nurse had asked him why he wanted to see a psychiatrist—it might sound like an implied criticism.

"Mind if I sit down and look through his chart?" I asked.

"Not at all. Go right ahead."

I sank into a chair at the nursing station and opened the chart. I'd long ago learned that the most detailed and revealing entries were usually made by the nurses—comments about the patient's behavior, complaints (physical or otherwise) and about sleep patterns, eating habits, restlessness, agitation, a tendency to complain vociferously, or anything that might hint at trouble. I always saved the nursing notes for last.

The chart told a clear and simple story.

Calvin Williams, a forty-three-year-old African-American man, had been admitted to Bellevue General Hospital for elective surgery. He'd developed an inguinal hernia; a small segment of his large intestine had slipped into the right inguinal canal. Over time, the hernia had moved lower into the canal. The potential danger was that

the herniated bowel could become trapped in the inguinal canal, and the bowel could strangulate—twist and become compressed—cutting off its own blood supply. There could be trouble down the road—big trouble. If the bowel segment became strangulated, it could bring on the need for major bowel surgery to save the patient's lower intestine.

So the situation warranted watchful waiting, and if the protruding segment of bowel slid farther down the inguinal canal, it was sensible to repair the hernia before a life-threatening problem reared its head. It would be preventative surgery. It was a relatively easy procedure done routinely in virtually every hospital on earth.

So that was why Mr. Williams had come to the hospital. It certainly wasn't a life-threatening situation. At least not at that time.

His temperature chart showed he hadn't developed a fever during his hospital stay. His admission was pretty routine. The Operative Report was straightforward—the surgery was done quickly with no complications. Skin to skin in less than forty-five minutes with no excessive blood loss or difficulty. His time in the recovery room was fairly short and there were no post-op complaints other than some lower-abdominal pain, which was common after this kind of surgery. After a short time in the recovery room, he was transferred to a regular hospital bed, to wait one more day before he could be discharged. A follow-up appointment at the clinic had already been arranged.

His medication chart was clear and simple: he'd asked only twice for Tylenol and never asked for anything stronger. I always reviewed a patient's medications because morphine-based painkillers could cause slurred speech, slowed thinking, unsteadiness, even hallucinations and a host of behavioral problems. Other medications could have side effects, too, like muscle relaxants, sleeping pills, steroids, anticonvulsants, and a bunch of others. They all could affect a patient's mental state. But no medication noted in Mr. Williams's chart could cause any mental changes or problems. Nor had he been taking

any medications when he'd entered the hospital two days earlier.

His general medical history said nothing about drug or alcohol use or abuse, and there was no history of mental problems or psychiatric treatment for Mr. Williams or any family member.

There was no prior medical or surgical history that would lead anyone to suspect Mr. Williams was fragile, either mentally or physically. His social history showed he was married, lived in Manhattan with his wife and two kids—an eighteen-year-old son going to high school and a twenty-year-old daughter attending City College. He was a short-order cook in a diner on 3rd Avenue at 134th Street, while his wife worked in a bakery on 125th Street in Harlem.

Then I turned to the nursing notes. The handwriting was quite legible—always easier to read than the doctors' chicken scrawl in the Progress Notes. The nursing notes described Mr. Williams as calm, cooperative, and resting comfortably at various times during the day, evening, and night. He'd offered no complaints warranting special attention. Fairly soon after the surgery, he was up and about, despite some moderate lower-abdominal pain that was expected. He'd graduated from postoperative liquids to a soft diet and for dinner ate solid food with no problems. There was nothing in the notes about any conflicts with nurses or other patients.

But right there, at the bottom of the nursing notes, in large and easy-to-read cursive writing, was an entry made at 10:30 p.m. that evening: "Patient requests psychiatric consultation." It was signed by J. Lowry, RN.

Basically, the chart was a total blank when it came to any hint at a psychological problem. It profiled an otherwise healthy, middle-class, middle-of-the-road kind of guy who'd entered the hospital for routine elective surgery, nothing more. To use a baseball metaphor: no hits, no runs, no errors.

So what on earth prompted Calvin Williams to ask for a psychiatrist at ten thirty the evening before he was scheduled to be discharged?

Slipping the chart back in its rack, I asked, "Is Ms. Lowry around?"

"That's me," said a tall black woman who'd gathered with the other nurses and was ready for the change-of-shift report.

"Any idea why Mr. Williams asked to see a psychiatrist?"

"Not really," she said, shaking her head. "When I went into the room to give another patient his meds, he asked to see one."

"Did you notice anything odd about him?"

"Nope. Not a thing. He'll be going home tomorrow."

■

Room 315 was dimly lit. It had light green walls and checkered linoleum-covered floors. A large window at the end of the room looked out to a brick wall. There were four beds in the room—two on each side; all were occupied. The bed in the far left corner of the room had its curtains pulled; I could hear that patient snoring.

As incommodious as the room was, it was far better than most rooms on a city hospital surgical ward. Those could have fourteen beds in a long room, seven on each side, with a large window at the end of the cavernous area. The only privacy offered was by pulling the ceiling-hung curtain around a bed. Even then, the thin drape offered only visual privacy; you could hear everything said or done behind the curtain.

Mr. Williams was in the bed on the right side of the room, closest to the door. His name was printed on a sign at the foot of the bed. He sat comfortably with the head of the bed inclined at a forty-five-degree angle, and he held a *New York Post* in his lap. He was reading peacefully. The lamplight from his side table cast a yellowish glow over him. The other three patients were all asleep. The man in the next bed lay on his side, facing away from Mr. Williams, and snored intermittently. The faint sound of music came from a transistor radio beneath the sleeping man's pillow. It sounded like soul music, or blues, but it was too muted to be heard clearly.

I thought about how the psychiatric evaluation I was about to begin was different from every other medical encounter. It involves general observation of the patient, but also a minute dissection of the person—whether his fingernails are clipped, his cuticles bitten, an assessment of the clothes he wears, his hairstyle, cleanliness, and a host of other things. You look, listen, and evaluate everything: the patient's body shape, his demeanor, verbiage, emotional feeling tone, his voice, the cadence of speech, his vocabulary, insight, intellectual capacity, and a hundred other things—many quite nuanced—and it all comprises what's known as a patient's "mental status."

So for a few moments, standing there unnoticed, I peered at Calvin Williams. He looked like a forty-three-year-old man who was basically healthy despite having just undergone surgery. Most post-op patients had a drawn, fatigued look—if only from the aftereffects of anesthesia—but not Mr. Williams. He looked well nourished, even robust, considering his circumstances. He wore blue hospital pajamas and had the bedsheet over his lap. He smelled vaguely of soap, as though he'd recently showered. He was neat and quite respectable-looking. I could imagine him teaching a bunch of high school kids or coaching a Little League game. His skin was the color of light mocha chocolate. He was of medium height and build, with closely cropped black hair, was clean-shaven, had a neatly trimmed mustache, wore wire-rimmed reading glasses, a wedding ring, and a plastic hospital ID band around his left wrist.

He looked up expectantly as I moved closer to him.

"Mr. Williams? I'm Dr. Halliday."

He seemed surprised to see me, but quickly responded. "Please, call me Calvin . . . or Cal," he said, dropping the newspaper onto his lap.

We shook hands. His grip was firm. His hand was warm, dry, and not sweaty. It didn't tremble as though he was overly anxious. And despite grunting from some abdominal pain, he pulled himself up in the bed and seemed eager to talk with me. I moved a nearby

chair and sat beside the bed.

"Okay, Cal," I said, sitting down and crossing one leg over the other. "I heard you asked to see me."

"Yes, I did," he said, then exhaled audibly.

"What can I do for you?" I asked, always refraining from asking, "What's troubling you?" since phrased that way, it presumed the patient was bothered in some way. I preferred letting the patient talk spontaneously.

At that moment, his lips spread into a slight smile, but at the same time, his forehead wrinkled into a scowl. He hesitated, as though unsure where to begin telling me whatever was on his mind. Not an unusual reaction when someone is asked by a total stranger about his thoughts and feelings, or whatever might be causing some inner turmoil—enough to prompt him to ask for a psychiatrist.

"What can you do for me?" he said, shaking his head. "Doc . . . I don't even know where to begin." He sounded exasperated. He exhaled again and it bordered on being a loud sigh. "It's been only two days, but it feels like I've been here forever."

"Well, what's been going on?"

"Lemme give you an example, Doc . . . and it's nothing personal . . ." His voice trailed off and he looked away for a moment, then peered at me as if to see my reaction. "I don't want to offend you," he added.

"Of course not," I said, nodding, but waiting for some indirect insult.

"You know, I asked to see you at one this afternoon. I must've asked three different nurses, but it was like talkin' to the walls. And here you are at eleven at night. It took ten hours for you to get here. That's typical of this place." He shook his head.

"I'm awfully sorry it took so long. But I came as soon as I got the call," I said, feeling a bit defensive. I wondered why only one request to see a psychiatrist was written into the chart and assumed the nurses were simply very busy and hadn't gotten around to it.

After all, Mr. Williams looked and sounded normal.

"Maybe so, but that's what I mean. Nothin' gets done around here. It's like everything's in slow motion. I feel like I'm talkin' to the walls, not the nurses or doctors. I don't know how this place keeps going. Nobody listens or gives a damn about anything . . . especially the patients."

"Uh-huh," I said softly.

"Why should it take almost eleven hours to get you over here?"

"I don't know, Mr. Williams, but—"

"It's Cal, as in Cal Ripken," he said with a chortle.

"I see you're a baseball fan," I said, glancing at the *Post*, opened to the sports pages.

"A Yankees fan," he said, nodding.

"They didn't do so great this season."

"It's not Yogi's fault," he said with a smile.

"You can't win every year."

"That's right, Doc."

There was a brief pause. I liked Calvin Williams. He was a regular guy and didn't seem overly resentful of the way a city hospital worked. Yes, it was frustrating to be one of so many patients and to feel in some ways you were a number, but that was the way an immense institution like Bellevue worked. The beast lumbered slowly, and sometimes it barely moved—as seemed to have happened with this man's three requests to see a psychiatrist.

I sat at his bedside, trying to figure out what was really bothering Calvin Williams, otherwise known as Cal—as in Cal Ripken, star shortstop for the Baltimore Orioles.

"I guess I should've asked to see you earlier," he said, "because to tell you the truth, this place is for the birds."

I couldn't help but wonder—despite my liking him—if at that moment he would launch into a full-blown tirade about the other patients, or about the nurses and doctors conspiring against him in some malevolent way: putting a forbidden substance in his

medication or maybe doing something to him while he was unconscious on the operating table. There were a hundred different delusional possibilities and, eventually, whatever was bothering him would surface. As one of my supervisors always said, "No matter how he may try, the patient can never change the subject. Whatever's bothering him will come out—eventually."

I leaned back, waiting.

"Lemme tell you, the last people who count around here are the patients," Mr. Williams said. Then he sighed again. "We're treated like sacks of potatoes. Nobody listens, and to tell you the truth, Doc, nobody gives a good goddamn about the patients."

"How do you mean?"

"Well, from the moment I got here, nobody talked to me. Not the doctors, not the nurses, not the aides . . . nobody. Not a word. It's like an assembly line. They just handed me these pj's and the doctors came around, put their hands on me, and asked a bunch of questions. Does it hurt here? Does it hurt when I do this? And they come around in bunches—a whole group of 'em comes in, six or seven at once—and you feel like some kinda guinea pig.

"They talk to each other like you're not even there. They talk about your white counts and your red counts . . . they never ask about my black counts," he added with a snort, and then laughed.

I nodded and smiled, but held back a laugh. I didn't want him to think I viewed his troubles as frivolous. Humor has its place with patients, but not when you're listening to someone's complaints.

"I swear, the doctors act like you're some kinda specimen, like you're not even a human being," he went on. "So they're all standing here, right at my bed, and I gotta lift up my pajama top and lower my pants and they feel around down there, you know, where the hernia was. They poke and push and keep askin' me questions, and ask me to cough while they got a finger poked into my groin and it's right in front of the women—nurses and female medical students—and it's just . . . well, it's just humiliating.

"Listen, Doc . . . I know this is a city hospital and all that, and they gotta teach the medical students, but there's no dignity here. None. I don't wanna sound ungrateful, because I know they're here to help me and all, but there's no respect for the patients. You're just a piece of meat for the interns and medical students to learn on."

"Well, you know, Cal, this is a teaching hospital," I said, aware my defensiveness had slipped out.

"Sure. I even signed some paper when I came in about how I'd be examined by interns, residents, and medical students, so I knew where I stood. But still, patients're human beings and we oughta be treated like that. I know how it is because I work as a short-order cook in a busy diner. The place is a damned madhouse half the time, especially at lunch. People come in and out all day and they're always in a rush. I know how sometimes people feel like they don't count, or they're just a number. You got plenty of people hurryin' in and rushin' an order 'cause they gotta get back to work, and you gotta get the orders out in a hurry. That's just the way it is."

He paused. The patient in the next bed coughed a few times, then resumed snoring.

"But here?" he said. "This is a hospital, and there oughta be a little dignity for a patient."

"I don't disagree with you at all, Cal."

"And I'll tell you another thing," he said, pulling himself up in the bed. "As bad as the doctors are, the nurses are ten times worse. Of all people, they oughta know better."

"What about the nurses?" I asked, still expecting some paranoid rant to emerge, a sense of persecution or an aggrieved feeling that the nurses were undermining his progress or intended to harm him in some way.

"They don't give a damn. They just put in their time and go home as fast as they can. One or two of 'em are okay, but most of 'em don't care and they don't listen. The fact that you're here eleven hours after I asked to see you is typical. I must've asked three times—different

nurses, too—but they're all too busy to do anything. Most of 'em just do the minimum and don't care. And the aides . . . they're no better. They come and they go and you're just another warm body lyin' in bed."

I nodded, knowing full well that Bellevue could be terribly impersonal. The size of the place and the incredible patient load virtually guaranteed a dispassionate atmosphere—doctors, nurses, interns, and aides coming and going, scurrying around, doing what needs to be done—and it creates an impersonal ambience, one bordering on being remote and uncaring.

"And if that isn't bad enough, you oughta taste the food. Man, I'm a cook, so I know a little somethin' about food and how to prepare it. Damn, it's the worst on earth. Okay, so I was on a soft diet this morning . . . cold soft-boiled eggs. I can understand that; there's so many patients that by the time the food tray gets to you it's cold. But lunch and then dinner? Awful. I couldn't eat it. I wouldn't feed that stuff to my dog. And he wouldn't eat it unless he was starving."

"I understand, Cal. As an employee, I eat the hospital food, too."

As I talked, thoughts streaked though my head in a diagnostic expedition. Was Calvin Williams's language coherent, spoken in an orderly way, or did he speak in the kind of word salad typical of schizophrenia? Not at all. His words and sentences made perfect sense, were connected logically and sequentially to the ones preceding and following them. His speech wasn't pressured or expansive; it was straight and direct—to the point and spoken with no evidence of disordered language or thinking.

Was he unduly suspicious, guarded, or evasive the way a paranoid patient would present? No, not at all. He was open and cordial, wanted to be called by his first name, and seemed comfortable with me. He readily shook my hand, smiled here and there, and seemed really to be an open kind of guy.

Was he aggrieved? Sure, because a city hospital was a huge, impersonal place where he felt like just another number; he might as

well have been plucking a ticket at the deli counter in an A&P. But he wasn't feeling persecuted or harassed, wasn't personalizing his displeasure as though there were some far-fetched conspiracy aligned against him. In fact, there wasn't a hint of paranoia in anything he said.

"And another thing, Doc . . . these hospital pj's. They're a joke. Just humiliating. Degrading. This afternoon I had to get up and use the bathroom. And you know . . . these things tie in the back by this stupid little string, but no matter what you do, you're exposed. And there I am makin' my way to the toilet, my ass hangin' out the back and some woman visitor is there. I tried to cover up, but it was too late. So she just turns away, pretends she doesn't see my behind, and goes about her business. I felt so damned embarrassed.

"But that's the way things are around here. You feel like you're just a piece of meat and they can't wait to get you outta here so they can go on to the next sucker. In and out, like the passengers on the Lexington Avenue line. All that's missing here is a PA system to announce what's goin' on. You know, 'Hey look, everyone. Calvin Williams's ass is hanging out like a sack of brown meat.'"

He laughed and I realized a grin had broken out on my face.

"I understand completely," I said. "Is anything else bothering you, Cal?"

"Ah, you know . . . just the usual hospital crap. This poor guy in the other bed over here," he said, pointing a thumb toward the patient who'd coughed and was now snoring while his radio played. "They come in and check on him every hour, so it's impossible for me to get any asleep. I look up and there's a nurse or aide right here, checkin' him out. That's why I'm sittin' here and readin' the paper. Who can sleep with three other guys in a room, snorin' and spittin' up, coughin' and passin' gas? It's ridiculous. The whole place is a joke," he said, shaking his head. "I just can't wait to get outta here first thing in the mornin'."

Every complaint by Calvin Williams made sense. There wasn't a

single thing he said about Bellevue that wasn't true. The place was a huge, impersonal medical machine. A patient could feel he was lost in a sea of indifference—that he was simply passing through this monstrosity of a building with beeping monitors and dripping IVs and scurrying nurses, insanely busy doctors, and a revolving carousel of patients—in and out, one after another. It could feel like an assembly line.

His feelings were right on the money—understandable, expectable, and not inappropriate in any way. He just wanted to get the hell out of the place and go home.

In short order, sitting at his bedside, I'd arrived at a simple conclusion about Calvin Williams: despite his unhappiness with the elephantine complex that Bellevue was, there was absolutely nothing wrong psychiatrically with the man. He was an intact, though dissatisfied, patient—a customer with complaints—but an in-touch, sensible, and completely likable guy.

A bit confused, I sat there and looked at him. He seemed perplexed that I wasn't saying anything, that I didn't offer an apology for the hospital or try to make excuses for his unpleasant experience. It was almost as though he expected me to explain that the hospital staff was often overworked and underpaid and the working conditions weren't the greatest. It occurred to me that he wanted me to assuage his aggrieved feelings, as though I were somehow in a position to alter Bellevue's reality.

I leaned forward and said, "Cal, I don't understand something."

"What's that, Doc?"

"Why'd you call me?"

"Why'd I call you?" he asked, his eyes widening. "I just told you . . ."

"But I don't understand."

"What don't you understand?" he said, and for the first time since I'd sat down, an edge of annoyance infiltrated his voice. He sat straight up in bed and looked directly into my eyes. I was uncertain

about what to say next. I hesitated, then came out with it.

"Well, as I psychiatrist, I'm not sure—"

"What?"

"I don't know why you asked to see a psychiatrist."

"A psychiatrist? You're a *psychiatrist*?" His eyes widened.

"Yes."

"A head shrinker? You mean to tell me I'm at Bellevue and I'm talkin' to a *shrink*?"

"Yes, of course. You asked to see a psychiatrist."

His mouth opened, or more aptly put, his jaw dropped. And his eyes became huge globes. He didn't blink; he just sat there in wide-eyed astonishment.

I'm sure my own jaw dropped, too. And my legs stiffened as I sat at the bedside of a completely sane man who was amazed I was a psychiatrist—a head shrinker.

Suddenly, his head reared back, his mouth opened, and he laughed. It was a hearty laugh, deep and resonant, and I felt as though I was the butt of some inside joke. It was the strangest feeling, and my confusion mounted, threatened to turn into annoyance at this ridiculous situation. Here I was, sitting at the bedside of a man who'd called for a psychiatrist and now seemed surprised—even amazed—that one had shown up.

Calvin Williams stopped laughing for a moment. He sat there, a smile lingering on his face. His lips twisted and more laughter threatened to erupt. I felt the blood rush to my face. It was hot and I was flushed with warmth. Calvin Williams tried to smother his laughter, but it slipped out again.

"It's unbelievable," he said through his chortling. Then he shook his head. Looking at me again, he said, "This is exactly what I'm talkin' about. *Exactly*."

"You mean you didn't ask to see a psychiatrist?"

"You know what, Doc? Today, like I said, after lunch, I asked to see the head doctor. I mean," he said, still laughing, "I told the nurse

I wanted to see the head *doctor*, the chief, the boss, the guy in charge of things. Not a *head* doctor." He shook his head again. Something approximating a giggle came from deep in his throat.

Despite feeling like the butt of some dumb joke, a smile crept over my face. I felt my own eyes open widely, and though I tried to stifle it, a snorting sound bubbled up from my throat, and the next moment, I was laughing, full steam ahead. Then we were both laughing. I mean, really laughing, almost convulsing at the absurdity of it all.

"Oh, Doc, I shouldn't laugh this way," he said with his hands over his abdomen. "It hurts my belly. But I can't help it. It's so funny, it's pathetic. A *head* doctor. A *shrink*. Here I am, asking for the head *doctor*, the chief, the head of the department, and they send me a shrink. A *head* doctor. It's just amazing."

And it made perfect sense; here I was in a jacket and tie—not in hospital whites like the interns and residents, and not wearing a long white coat like the attending physicians—and the guy assumed, with reasonable justification—I was an administrator in charge of hospital personnel and policy. Seeing me in street clothes, he thought I was the guy—the head physician—to whom he could complain, get it all off his chest.

And in keeping with the very complaint he had about the place, not only had it taken ten hours for me to arrive, but I was the wrong guy—a *head* doctor.

Our laughter dampened down to a few intermittent chuckles.

"You know," he said, "you're the first doctor who pulled up a chair and sat down and talked to me. A *shrink*."

"That's what we do, Cal. We talk with people. We listen . . ."

"Yeah, well, you're the first one to really listen to me and my bitchin'. I'm damned glad I'll be gettin' outta here tomorrow."

I nodded, realizing our little talk—our psychiatric interview—was over. There'd been a mistake—nothing earth-shattering—and though he'd never in three lifetimes purposefully ask to talk with a

shrink, Calvin Williams had managed to speak with someone who finally listened to him. He'd griped and groused, gotten some complaints off his chest, and it probably made him feel a bit better. And now he'd have something funny to tell his wife and kids when he got home.

Though our talk was over, I sat there. I didn't quite know why, but I felt I hadn't wasted my time. I liked the guy, and in some strange way, felt I'd served a useful purpose talking with him. I didn't want our little discussion to end at that moment. So I sat there smiling. So did Calvin Williams. I had a peculiar feeling that maybe there was something else he might say, that he hadn't quite gotten to everything that was bothering him.

He peered at me, his smile fading. Then, after a pause, he leaned toward me and said, "Hey, you're a doctor, right? An MD?"

"Yes."

"I mean, you went to medical school and learned all that stuff—medicine and surgery—and then you became a shrink?"

"Sure."

"I hope you're not offended by my sayin' 'shrink.'"

"Nah. I hear it all the time."

"So you're a medical doctor . . . a real doctor?"

"That's right."

"Maybe you can clear somethin' up for me," he said tentatively. His voice lowered, seemed suddenly somber.

"I can try."

"I had this operation, you know, this hernia thing . . ."

"Yeah?"

"Well," he said haltingly, "I'm not all that sure what they did to me."

"You mean the surgery? What was involved?"

"You got it. What the hell'd they do down there?"

"Down there." Always used to refer to the genitals—a telling use of words.

"Well, Cal, they fixed the hernia."

"I don't really understand."

"Didn't the doctors tell you what the surgery was all about?"

"Nope. They didn't say a damned thing. They just felt around, stuck their fingers down there, and asked me to cough. They did it again and again. Then they knocked me out and operated on me."

"Cal, do you know what a hernia is?"

"It's like some kinda rupture, right? Somethin' inside me ruptured."

"No. Not at all," I said, realizing he was completely in the dark. "A hernia just means that one part of your body—inside you—has slipped from an area where it belongs and it's moved into another part of your body. In your case, a part of your large intestine—you know what that is, right?"

"It's my gut. After the stomach comes the intestine, right?"

"Right. Well, a hernia means that some part of your body wall was weakened," I said, pointing to my lower abdomen. "And your intestine began to move into another part where it doesn't belong." My hand moved down toward my groin.

I paused, trying to think of an analogy. "You a football fan?" I asked.

"Oh yeah. The Giants."

"Then you know what encroachment is, right?"

"I sure do."

"Well, in your case, your gut began to encroach into an area where it doesn't belong. It began sliding down this narrow canal—it's called the inguinal canal—and it slid farther down over the last couple of years. The danger was that this little bit of intestine could get squeezed and twisted in this narrow space and its blood supply could get cut off. So the surgeon went into that little canal, pushed the piece of gut back into the belly area, where it belongs, and then sewed up your body wall. And there wouldn't be any more encroachment."

"Uh-huh. I get it. So now the gut's gonna stay where it belongs."

"That's right."

"So how come whenever they examined me they stuck their finger down there and asked me to cough?"

"You mean they slid a finger up beside your balls, right?"

"You got it. Right into my balls."

"Well, this narrow canal leads down to the scrotum, the sack that holds your balls. So they stick a finger down there to see how far down the intestine may've slipped. If enough time passed, the gut would eventually start encroaching into your scrotum. But your gut never got that far."

"But this hernia and this operation . . . Did it affect me down there, my balls?"

"No, Cal. It had nothing to do with your balls. Not a damned thing."

"But the spot where they cut me open, it's right near them. It's by my groin."

"I know. That's where they went in and pushed the gut back up to where it belongs. And they sewed it back into your belly. But it has nothing to do with your balls . . . or with your sex life."

"But there's nerves down there."

"This had nothing to do with the nerves. Nothing was touched."

"You're sure about that?"

"I'm absolutely sure. Let me tell you something," I said as his eyes held mine. "I've never heard of a hernia repair where it affected a man's sexual abilities in any way. No such animal. It just doesn't happen."

He let out a deep breath and then smiled. "Hey, that's good to hear. Because I gotta tell you, my wife and I have always had a good life together, if you know what I mean."

"Of course I do. But let me assure you, Cal, there's nothing wrong with you sexually. You'll be able to perform just fine. It's going to be the same as always."

Relief seemed to seep through Calvin Williams's face as he leaned back on his pillow. His facial muscles relaxed. He closed his eyes for a moment. Then he turned and looked at me. A sly smile began on his lips and his eyes grew brighter. I could see the change even in the dim bedside light. The ward was very quiet, except for the faint sound of the other guy's radio. The three other patients were asleep and breathing heavily.

"That's the best news I've heard since I been here," said Calvin Williams. "Thank you, Doc."

"No sweat, Cal. It's been a pleasure talking to you." I stood and moved the chair back to a corner.

Grimacing from the surgical wound, he leaned toward me with his hand extended. We shook hands. The look on his face was serious, bespoke true gratitude and more than anything, relief.

"You'll be going home tomorrow," I said. "And in a week or so the pain will be gone. And you'll be able to resume your normal activities. *All* of them."

He nodded. We held eye contact for another moment.

"Well, I gotta go," I said.

"Sure. You got other patients to see, right?"

"Right." I turned and began walking toward the door.

"Hey, Doc," he called in a half whisper.

I turned back toward him.

"Thanks for takin' the time to explain things. I really appreciate it."

I nodded.

"I'm glad you came to see me."

"I'm glad, too. I enjoyed talking with you."

"You set me straight, Doc."

"Well," I said, "I'm the *head* doctor . . ."

We both laughed. He waved at me as I turned and headed down the corridor.

At the nursing station, the nurses had pretty much finished giving

report. Ms. Lowry—the nurse who'd entered the note requesting a psychiatric consultation—turned to me. "How's Mr. Williams?" she asked.

"Oh, he's fine."

"What's his problem?"

"Oh . . . just some personal issues he wanted to talk about. No big deal."

"You gonna make an entry in his chart?" she asked.

"Sure," I said, going to the chart rack.

I decided the only entry I'd make was that Mr. Williams and I talked about some personal things.

Some very personal things, indeed.