

# **HOSPITAL**

*A Dream-Vision*

By

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Chukka-chukka-chukka-chukka.

Swooping out of the late evening sky, the Dauphin XTP3000 plunged down towards the hospital.

The boy felt his stomach get left behind in the air above: if only.

On the hospital roof, the H of the helipad glowed brightly in its circle of halogen.

Paramedic Bill “Zapper” Billson spoke into his helmet-mic: ‘He’s fading fast.’

The patient was bagged, and Billson was doing what he could to keep oxygen flowing to his brain – keep the brain alive.

‘I’ll be landed in another minute,’ replied chopper pilot Hank “Cowboy” Smith.

The boy wanted to open his eyes, to look out the window, but the pain from his stomach was too great.

‘He hasn’t got much longer than that,’ replied Zapper, his voice devoid of panic. He’d signed off on two arrests already this shift, and had no intention of making it three in a row.

‘Trauma Team’s there,’ said Cowboy, who could see the group of them standing by the door. Downdraft from the rotorblades pressed their green and yellow uniforms against their bodies.

A figure with two fluorescent orange paddles stood on the H and waved Cowboy in. He didn’t need help – he’d done this thousands of times. Easy on the old stickeroo.

The boy felt the chopper bounce slightly on the concrete.

As soon as they were down, before the rotors stopped, Trauma Team swarmed onto the helipad.

‘Give us the weather report,’ said the authoritative voice of Sir Reginald Saint-Hellier.

‘Bloody pissing it,’ replied Zapper. He enjoyed their shorthand, from drizzle to thunderstorm.

‘Specifically.’

‘What we have here is an unidentified Caucasian male, mid-thirties, found in the local park having lost consciousness and fallen to the ground – looks like he was out for a run.’

The boy lay there quietly, trying not to draw attention to himself. He knew the medical people had a more urgent patient to deal with.

Cowboy sat back in the cockpit, doing post-flight checks. He felt mildly curious about whether this one would live but wasn’t going to let it ruin his evening.

‘I think he’s going to arrest soon,’ Zapper said.

‘Why don’t you let us take it from here?’ said Sir Reginald.

‘My pleasure,’ said Zapper, then, more quietly, so only Sir Reginald could hear, ‘See you later, sir.’

The older man gave Zapper a wink then helped slide the unconscious body onto the waiting gurney.

The boy, too, could sense he was being lifted out of the helicopter. He tried one last time to open his eyes, failed. Where was his mother? He needed his mother.

Nurse Gemma Swallow took the man’s hand. As soon as they were away from the din of the rotor-blades, she began her questions. ‘Can you hear me?’ she asked. ‘What’s your name? Can you tell me your name? I am Nurse Swallow. My first name is Gemma.’ She knew the man wasn’t going to answer, might never speak again. But this was the job Sir Reginald had given her when she joined Trauma Team, was it only four weeks ago? ‘It helps, sometimes,’ he had said. ‘Patients need

to be spoken to, even when they can't hear. They're human, we need to keep them as such by treating them that way. Also, it reminds the team that they aren't just symptomology.' And so Nurse Swallow continued, 'You are at the hospital now. They brought you here in a helicopter. We're going to look after you. We're going to find out what's wrong with you.' Then she said again, but with variation, 'You're in Hospital.'

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In through the doors – shoom – which part without being parted and along a short corridor with bright striplights scrolling overhead and round a tight corner with a slight jolt from uneven flooring and – bang – into the Emergency Medicine department, doors swinging shut swinging swinging shut behind them.

Nurse Swallow kept up – her stethoscope banging unnoticed against her breastbone, where she always had a few, faint saucer-shaped bruises.

The Trauma Team wheeled the gurney up to the examining table and then gently, on a count of three, transferred the body from one to the other.

'Alright,' said Sir Reginald, and repeated the exact words Zapper had told him: Caucasian man, mid-thirties. Then he added his gloss: Glasgow Coma Scale 3. Pupils pinpoint. No motor responses, no response to pain, not much of anything. So, we have precious little time. I want him intubated a.s.a.p. 100% Oxygen. I want saline. Type and cross-match 6 units packed cell CBC. Chem-7.'

As the great man reeled off his requirements, Nurse Swallow kept self-consciously speaking calm and clear words into the man's ear. She stood to his right, holding his right hand. 'You're in the best place, now.'

We're going to do everything we can for you. The other voice you hear is Sir Reginald Saint-Hellier. He's Consultant in Charge of Intensive Therapy. You're in very good hands. Can you tell me your name?' The body, of course, gave no reply.

Around Nurse Swallow, the Trauma Team was moving smoothly into action. To her left, bending over the patient's held open mouth, anaesthetist Sarah Felt slid a breathing tube down into the trachea. Patricia Parish, one of the most senior team-members, inserted a cannula into a vein in the left forearm, then attached the long plastic tube flowing out of a transparent saline bag. Other nurses moved swiftly in and out, bringing things, removing them.

Opposite her, standing back a little, Surgeon John Steele looked calmly on – it was not yet his time.

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The boy, his eyes screwed tight with pain, could hear the doctors very nearby, talking about the other patient, saying medical things. He was jealous, angry, wanting them to be discussing *him*, saving *his* life.

Most of all, he could hear the woman at his side, speaking sweetly into his ear, asking his name. He wanted to tell her what it was, but two things were stopping him: he couldn't speak and he couldn't remember.

Not being able to speak was the worst thing, for it meant he couldn't tell her what was wrong – the appletreeseed. He had swallowed an appleseed, by mistake, and it had started to grow.

With eyes still closed, the boy could sense that his other senses, while not heightened, were easier to focus upon. Around him was a near-constant clatter: things banged into other things, but that's what they were designed to do; without damage. And then there were the beeps, a whole thick forest of electronic information. And also the smells, some

acid and eye-stingy, some balmlike and Nutrasweet. The floor had been almost-corrosively washed, and the breathing-space above it wasn't soon going to forget; monitoring equipment was cooled as its work heated it up, giving the dual scent of circuitry; patients with open wounds were swabbed to disinfect – a grazed-knee smell, of mending and *that didn't hurt so much* and *be a little soldier* and *what would you like as a treat?*; air-conditioning took away certain viler smells, but their absence was haloed there quite clearly: vomit, shit, blood (a difficult scent to ignore once noticed); the sweat of those long on shift and the deodorants of those just arrived (the close voice smelt light, floral, scented but not perfumed).

The pain inside him increased. It was unbearable – as if something were actually going to break.

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'I'm now going to remove your clothes,' said Gemma Swallow.

She went across and fetched the angled scissors, then began to cut off the man's white cotton t-shirt.

Next came his gray tracksuit bottoms and black cotton underpants.

She left his socks and trainers on – a twisted ankle was the least of the man's problems.

Until Gemma was finished, the nurses worked around her; then, when she had carried the clothes away, they formed a tight circle around the body.

At her previous hospital, Gemma would have been there among them. For a couple of quiet shifts, Sir Reginald had recognised this by allowing her to join in. However, she had been assigned to the lowly

knee and shin areas, where life-threatening discoveries were almost unheard of.

The only things she had come across were previously unnoticed cuts, bumps, scrapes, grazes and bruises on the broken bodies of Road Traffic Accident victims. She was by now more than used to the variations involved with Man vs. Truck and Child vs. Motorbike.

So far, her most glamorous announcement, apart from the usual broken and shattered and pulped bones, had been of splinters of glass from a car window in the calves of a poor twelve-year-old girl who been texting a friend while she crossed the road.

It made no difference, the delicate, broken little thing had died a few hours later – on the operating table of Mr John Steele. But Nurse Swallow knew he had done all he could, fought death every millimetre of the way, and she didn't blame him at all.

This evening, however, she was reduced to going through the man's pockets in search of any clue to his identity.

The left one contained a handkerchief, clean, wrapped around a set of keys; the right felt empty at first, but the fabric against Gemma's knuckle was unusually stiff.

Putting her hand in again, she encountered the soft edge of something – which, when she pulled it free, turned out to be the plastic-coated photograph of a girl. She was pretty.

Just then, Gemma heard an all-too-familiar sound: a harsh, unbroken wail from the ECG. Across the bottom of the monitor, she knew without seeing, flatline in lime green.

'He's crashed,' said Sarah. 'Why's he crashed?'

'Get the defibber,' called Steele.

The tight circle broke open, and Gemma – still holding the girl’s photograph – got a proper look at the patient. They looked alike, girl and man; he must be her father.

‘Tension pneumothorax,’ she said, almost before she had taken in the subtle signs: only the left side of the man’s chest was moving, and the veins in his neck were distended.

No-one had heard her, so she had to shout it. ‘Tension pneumothorax!’

By this point the paddles were almost charged, hovering in Sir Reginald’s hands just above the man’s body.

‘Really?’ he asked.

Gemma became aware that all eyes – most especially Steele’s – were upon her.

Then Sir Reginald looked down, and his vastly experienced eye took in the symptomology.

‘Well,’ asked Sarah Felt, as if deliberately to make things worse.

Time seemed almost to stand still, and Gemma felt at that moment as if her very fate hung in the balance.

Of course, of all those eyes upon her there was only one pair Gemma really cared about, one pair whose glance deeply affected her heart.

What a terrible humiliation it would be to be proven wrong in front of Steele! But she wasn’t doing this for him – if she’d had her way, she wouldn’t have needed to say anything at all.

‘Look, we should just zap him,’ said Steele. ‘He’s been under for –’

‘She’s right,’ said Sir Reginald. ‘I need a 14-16G intravenous cannula.’

The circle closed again, though not before Gemma had caught Steele’s eye – and been terrified by what she saw there.

Sir Reginald calmly performed the needle thoracostomy – a quiet hiss of air proving that Gemma had been completely right.

Almost immediately, the man's heart spontaneously started up again; no need for the defib machine.

With the smooth, relaxed movements of a professional, Sir Reginald stepped away from the body. 'You were wrong,' he said to Steele, quite gently but with definite intent. 'I think you owe Nurse Swallow an apology.'

She felt a deep deep anguish for the proud and brilliant surgeon – that she had caused him to be humiliated, even in such a small way, and in front of the whole Trauma team! He was such a proud man, and by doing what she'd done she had wounded him.

'Nurse Swallow,' she heard him gruffly say, 'I apologise for questioning your clinical judgement.'

Her throat felt far too tight to talk, but she managed to croak out, 'That's quite alright, Mr Steele.' She was just about to add, 'We all make mistakes,' when she realised what a fatal thing it would be to say – fatal to her hopes. But more fatal than the humiliation she'd already inflicted? Perhaps not.

Looking anywhere but at Steele, Nurse Swallow caught the eye of Patricia Parish, who gave her a little wink. 'Well done,' it said.