



**The Fragrance
Shed by a Violet**
Murder in the Medical Center

Lin Wilder

S E C O N D E D I T I O N

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Tom, Ann, Patty—this is for you.

He who learns must suffer. And even in our sleep pain that cannot forget falls drop by drop upon the heart, and in our own despair, against our will, comes wisdom through the awful grace of God.

—Aeschylus

ZZZZZ-end

Prologue

She lay listening to the unfamiliar night sounds: the pacing of other sleepless prisoners, the occasional echo of a heavy-footed guard making his rounds. Mostly though, she waited for the terror of the dream to subside, for the iron bands around her heart to loosen, and for the awful pressure on her chest to lighten so that she could breathe. And she waited for her heart to climb back down into her chest and out of her throat.

The dream was a familiar one. It had begun four years before following the sudden death of a fifty-two-year-old man whose heart she had catheterized. Dr. Lindsey McCall had surgical hands—a reference to the skill and dexterity that she brought to the Cardiac Catheterization Laboratory at Houston General Hospital. A colleague had made the comment during rounds one day during her cardiology fellowship at Houston General, and it had stuck.

There had been no reason for his death. Nate Morrison was a healthy senior executive with Southwest Oil, one of the largest oil conglomerates in the world. During his annual physical, Morrison had been referred to Houston General for a work up based on nonspecific changes in his cardiac diagnostic tests. Upon reviewing his tests, Lindsey had suspected that the man's coronaries might be clean—free of coronary artery disease. She was well aware of the numbers. Of the sixty thousand cardiac catheterizations performed each year in the United States, over 30 percent revealed clean coronaries: absence of plaque in the vessels supplying the heart with oxygenated blood. And the procedure was not benign. Complications of cardiac catheterization were not uncommon and ranged from mild hematoma to death. In twelve years, Lindsey had done over five hundred cardiac catheterizations and more than three hundred angioplasties. She had never lost a patient.

But close to 75 percent of the revenue of her department came from referrals from doctors practicing in Texas and the Houston metropolitan area; the physicians at Southwest Oil referred hundreds of patients to Houston General per year, usually for an angioplasty or cardiac cath.

Furthermore, McCall was well acquainted with the financial realities of her profession—turning down lucrative procedures such as cardiac catheterizations was not smart.

For some reason she could no longer recall, she, rather than one of the cath lab nurses, had gone to see this man the night before the procedure. While she had been reviewing the potential complications with her patient and obtaining his informed consent, Morrison had asked with a wink, “Just how many patients have you lost in your twelve-year career, Dr. McCall?”

His quick-grinned response to her answer had been, “Well then, let’s you and I make sure that I’m not the first, deal?”

Lindsey could picture that conversation as if it had happened a moment ago. Fourteen hours later, he was dead.

As she had done hundreds of times before upon awakening from the dream, Lindsey lay there second-guessing herself—asking all the questions that had been asked by his family, by the morbidity and mortality committee at the hospital, and by her chairman of medicine. The final diagnosis had been sudden death caused by a massive left ventricular infarct most likely from coronary spasm. Neither his family nor the hospital held her responsible. There had never been even the suggestion of negligence on her part.

Her technique had been flawless. She had been calm and confident throughout the two-hour procedure, explaining what she was doing to her patient and laughing at his quick-witted responses. Lindsey had completed the injection of dye into the man’s left anterior coronary artery, and after satisfying herself that it, too, was free of plaque, had almost completely extracted the catheter from his coronary in preparation to end the procedure when she heard the startled cry of her technician.

“Lindsey, he’s fibrillating, he’s fibrillating!”

For just a second, her gaze met that of her lead tech, Ben, who responded to her unspoken question. “He’s been in sinus rhythm for the whole exam—there was never any arrhythmia, not even a PVC!”

Ben was referring to premature ventricular contractions that are frequently harbingers of serious cardiac arrhythmias. Lindsey trusted this guy implicitly; they had worked together for over ten years. If Ben said there had been no warning of this potentially fatal arrhythmia, she believed him. So she and her staff went to work, certain that in just a few minutes, they would get control and be back to the routine work of winding down the procedure.

But they couldn’t.

They had worked for over three hours, along with six members of the hospital’s on-call code team who had responded to the emergency in the Cath lab. They were never able to restore a normal cardiac rhythm, despite massive amounts of antiarrhythmic and other emergency drugs and numerous attempts at electrical defibrillation.

It was the head of the code team who called the code, suspecting that Lindsey was unable to do so. She had dropped her hands and stood staring at the futile electric signals displayed on the cardiac monitor, at the virtually unrecognizable semi-nude and mottled body of Nate Morrison and remembered joking with this man the night before. She remembered his smiles, good humor, and, most of all, his vitality. Then she walked out of the lab to tell his wife that her husband was dead. To tell her that he had had no coronary arterial disease but that he had died. And that she had no idea why.

That was the last time she had accepted a patient for catheterization.

The chairman of Medicine at Houston General had spent hours with Lindsey during that first year following the death of this patient. He had known her since she had been accepted into the cardiology fellowship almost fifteen years earlier and had followed the young woman’s career at

first with interest and later with excitement. For that entire year, Lindsey had been exceedingly grateful to Bayer for his concern and, yes, the love she knew he felt for her. She had tried, God knows, she had tried to return to the cath labs at the hospital, but she could not do it. Just opening the door to the labs and beginning to scrub for the procedure evoked a panic reaction so severe that she could not tolerate it. And the idea of seeking a psychiatrist for treatment was unacceptable to her. Naturally, many of her colleagues in Houston and around the country had suggested that some of the newer antianxiety drugs could mitigate her reaction, but the only one who could force her to seek psychiatric and pharmacologic help was Dr. Bayer, and he refused to do so.

During their last conversation on this matter, a luncheon he had scheduled to discuss her future at the medical school, Lindsey managed to convince Dr. Bayer that she would now have the time and the energy to focus on her drug research. And once more, that wonderful man had supported her. He had even shared her excitement when she explained again the vision she had for a modification of the digitalis molecule.

Dr. Simon Bayer was known to many as the cardiologists' cardiologist. He, too, had been excellent in diagnostics, research, and in education. Author of several textbooks and principal investigator of countless experimental drug protocols, Dr. Bayer was internationally admired and respected. But in close to forty years as chairman of Internal Medicine at Houston Medical, Dr. Bayer had never before seen the talent exhibited by this young physician.

Early in her fellowship, Lindsey had talked with Dr. Bayer about her preliminary doctoral work exploring alteration of the molecule for digitalis. At that time, he had listened politely. Lindsey remembered sensing that her chairman believed she was chasing windmills—the drug had been around forever, after all.

For centuries, physicians have treated heart failure with digitalis. Its effect on strengthening a failing left ventricle—the main pump of the four-chambered heart—remains unparalleled. But the drug has serious systemic side effects ranging from mild to potentially fatal depending on

dosage and frequency. Lindsey had become interested in the drug in high school when her mother had been diagnosed with idiopathic cardiomyopathy—heart failure of unknown origin—at the age of forty-three.

Cardiomyopathies are a strange and almost-universally-fatal type of heart failure. Thought to be caused by a virus, the actual mechanism of disease is poorly understood. But the course of the disease is all too well known: increasing heart failure and incapacitation over time and death if not treated with heart transplantation. Despite living fifty miles from the premiere transplant center of the world, the Texas Medical Center in Houston, Lindsey's mother would not consider transplantation. That she lived for close to thirty years without surgical intervention was regarded as a minor miracle by her physicians. Then, as now, digitalis was the drug of choice for heart failure, and so the balancing act of dosing had begun—sufficient medication to keep the heart out of failure but not so much as to cause severe nausea and vomiting and toxicity to the heart.

Before her illness, Lindsey's mom had been physically active with many outside interests and lots of friends. Although she had never worked outside her home, she had been active in volunteer and church work. The disease completely changed her personality; Ann became incapable of focusing on much other than her symptoms and the acute anxiety brought about by the facts of her illness and incapacitation. Formerly a dominant force in the McCall family, Mrs. McCall rapidly took on the role of a cardiac cripple. Unable to accept that her lifestyle need not change so long as she rested frequently and did not unduly exert herself, the terrors of her diagnosis imprisoned her and her family. The results were all too predictable. Lindsey's dad, a bit of a workaholic by nature, accepted the more risky assignments at NASA, and Paula, now twenty-three and a graduate nurse, took on the care of her mother by default. For Paula, a gravely ill mother provided the perfect excuse to avoid the realities of an already unhappy life.

Only thirteen at the time, Lindsey handled the virtual loss of her mother through intense study: of the heart, of her mother's disease, and of the drugs that manage heart failure, specifically digitalis. This intellectual response to loss, crisis, and fear worked exceedingly well for the young girl and would become her primary response to trauma throughout her life.

At the age of seven, Lindsey had decided that she would be a cardiologist and a research scientist; the acute onset of Ann McCall's illness served to augment and crystallize Lindsey's ambition. Throughout her junior and senior high school years, the young girl persuaded her chemistry and biology teachers to support her determination to alter the digitalis molecule in ways that would optimize its inotropic, or strengthening, effects on the heart, while mitigating its toxic effects.

Lindsey's chemistry teachers were impressed with the exceptional motivation she demonstrated at her age. Recognizing and respecting his daughter's ambition, Tom McCall, Lindsey's father, a NASA test pilot, made certain that Lindsey received the best of what the Clear Lake Texas schools offered in their advanced science courses. Therefore, Lindsey received quality tutors throughout the six years of junior and senior high school. Lindsey McCall's cardiac models were entered at each science fair and, without fail, received first prize.

By the time of Lindsey's talk with Dr. Bayer, Lindsey had been studying digitalis off and on for close to thirty years. But actual research in the laboratory had been limited to her doctoral studies. After explaining the preliminary work she had done, and the abstract of her dissertation findings that had appeared in *Science* the year after she received the doctorate, she quietly asked, "So do you still think that I'm chasing windmills, Dr. Bayer?"

He had placed his hand on hers and smiled affectionately as he said, "Lindsey, you lost me three models ago; it has been too long since I've done basic science research. But here is what I can do for us." Noting her widened eyes at his use of the pronoun *us*, Dr. Bayer continued speaking in that measured, thoughtful, and precise tone of his, "Yes, of course, Lindsey, the medical school will benefit in immeasurable ways when you develop this drug. And you *will*, I have no doubt at all that you can do this. The clinical benefit of your work is immeasurable, and the monetary gain to both the medical school and the company with the patent is in the billions."

Waving off her attempts to thank him for his trust and confidence in her, Dr. Bayer explained that a close friend of his had just taken over as CEO of Andrews, Sacks, and Levine (ASL), one

of the largest drug companies in the world, a company that badly needed new drugs since the patents for the company's top three drugs were due to expire within the next twenty-four months. According to Dr. Bayer, Hank Reardon, ASL's new CEO, owed him some favors; Bayer would set up the meeting between Lindsey and Reardon within the next couple of weeks.

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Now fully awake, lying on her cell bed, Lindsey considered the irony of her current circumstances. She almost laughed out loud in the dark at herself—at least the terror of this dream was familiar and lay buried in her past; her real nightmare was no dream, no mere memory. And she could feel the fear uncoil, stretch, and begin to take her over once again. Closing her eyes, she began to pray:

ZZZZZ

Let nothing dismay thee.
All things pass.
God never changes.
Patience acquires all that is strived for.
She who has God finds that she lacks nothing.
God alone suffices.

ZZZZZ-end

ZZZZZ

I feel that the dormant goodwill in people needs to be stirred. People need to hear that it makes sense to behave decently or to help others, to place common interests above their own, to respect the elementary rules of human coexistence. They want to be told about this publicly ... Goodwill longs to be recognized and cultivated. For it to develop and have an impact it must hear that the world does not ridicule it ... people want to hear that decency and courage make sense, that something must be risked in the struggle against dirty tricks. They want to know that they are not alone, forgotten, written off.

—Vaclav Havel

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Kate Townsend wondered for the one hundredth time that evening why she felt so numb. This should have been the happiest night of her life. Her face was actually sore from the constant smile that had been fixed there for the last ninety minutes as colleagues from all over the country had approached to congratulate her at the open bar preceding the award ceremony that had now started.

The newspaper had spared no expense in planning the gala; Eleanor and Marguerite Philbin had arranged that the exclusive River Oaks Country Club adjust the Banquet Room's seating capacity to comfortably accommodate the fifteen-hundred-plus journalists representing over one thousand newspapers, and Kate truly appreciated the grace and dignity of the elegant building and its staff. Located at the end of San Felipe in the heart of the affluent River Oaks neighborhood in Houston Texas, the River Oaks Country Club was synonymous with celebratory events by and for prestigious and powerful Houstonians. The building was opulent yet understated with its clean antebellum sweeping design and simple lighting.

Although this evening was the culmination of years of sacrifice and dogged determination on her part, Kate felt hollowed out, empty. Applause had interrupted her boss, Jeff Simmons, more times than she could count as he proudly spoke about her series of articles that had resulted in the

award of the Pulitzer Prize for his newspaper, the *Houston Tribune*. It had been over fifty years since the paper had been granted a Pulitzer, and its financial survival had been in question until Kate's series had electrified the Houston and the national media. Looking around the dinner table at the faces of the leading characters of what she had come to believe was a modern tragedy, she saw reflected on their faces emotions ranging from jubilation to studied neutrality. Immediately on her left sat Paula Livingston, the older sister of Dr. Lindsey McCall. Although she was over fifty and a mother of three children, Paula was an extremely attractive woman.

Paula confused Kate. She had met with her countless times in the last six months or so, yet she remained a mystery. Her ironclad self-control was unnerving. During their first couple of interviews, Kate had found Paula's conversation to be consistent with a loving but concerned older sister to Dr. Lindsey McCall. With her background as a cardiac ICU head nurse and her enormous blue eyes that seemed to reflect a deep and genuine sincerity, Paula had been an extremely effective witness at her sister's trial. It was likely her testimony that had been the most critical factor in the decision of the jury to convict Dr. Lindsey McCall of murdering her dying mother. Yet there were some inconsistencies that Kate had sensed in the story that Paula had told. Those inconsistencies plagued Kate. And so did the fact that Kate had been aware of them almost from the beginning; yet she had been unable to break through Paula's facade.

Paula sat staring at her glass of wine, wishing she could get to her flask without going to the bathroom again. She had promised herself that she would not drink tonight—of all nights—but while getting dressed, she realized that she could not face this evening and these people without fortification. So she went to the liquor cabinet to retrieve one of the five liters of Absolut vodka she maintained at all times.

Just one drink, she remembered thinking, *just one, that's all I'll need*. But by the time she was ready to leave the house, she had made the trip to the cabinet three times. By now Paula had realized that this long evening would be tolerable only if the dinner wine were fortified by lots of vodka. She had watched Kate Townsend studying her and was aware of the confusion with which Kate regarded her. Paula had become extremely adept at hiding her motives and emotions

over the years. And she was observant to the point of vigilance—she had to be. Being finely tuned to the covert behaviors and nonverbal signals of others was an essential attribute of any successful closet drinker. That’s what Paula called herself, a closet drinker: certainly not an alcoholic. Yet Paula’s compulsion to drink was growing—as was her tolerance—and when she allowed herself to dwell on it, she got really frightened.

Catching Dr. Christine Stewart’s gaze, she smiled and rolled her eyes as if to convey her boredom at the endless speech by the newspaper’s editor, Jeff Simmons. She murmured to Kate to excuse herself and silently left the table. Imagining that many pairs of eyes were following her exit from the room, Paula forced herself to move slowly. As she walked through the banquet hall, she thought of Lindsey—the absent star of this show—and laughed to herself thinking, *My “little sister,” how unnecessary all this really was.*

Thoughts of their last conversation—if you can call it that—brought back the rage that Paula had felt then: fury at Lindsey’s arrogance, her certainty, the coldness with which Lindsey had declared her “diagnosis” of Paula.

Now in the restroom, Paula breathed a sigh of relief as she took the flask from her purse and emptied it in three long swallows. Eyes stinging, she looked in the mirror to check her eyes. *Good, she thought, no redness, just a little teary, easily attributable to the tragedy that had befallen my brilliant little sister ... perfect.*

Returning the now-empty flask to her purse, Paula checked her watch and was stunned to see how little time had elapsed since her last bathroom break. This interminable evening had at least two hours to go before it was over, and she was out of vodka. Checking the panic that began to arise, she leaned into the mirror once more, whispering, “Girl, we can do this—we’ll take only a couple to help us through the next few hours.” And she reached into her purse again.

This time she pulled out a prescription bottle of Zoloft and stared at the label: “One to two capsules every six hours for severe anxiety, Christine Stewart, MD.” Shaking out two of the

capsules, Paula thought again of Lindsey and the arguments that had started all this. It was eight months ago almost to the day. The two sisters were standing in the hall of their mother's Clear Lake home, arguing. Paula had been begging Lindsey that entire month it seemed: first, to use her research drug to see if it could help their mother as her failing heart grew weaker and weaker and for one more prescription.

"Just one more, Lindsey, then I promise you, I'll never ask again." She had been sobbing.

"I've been up all night with Mom."

She had even dropped to her knees as she begged her sister for the drug.

God, Paula thought now, did I really do that? Kneel before her as if she were some kind of deity?

Disgusted and humiliated at the memory of her own desperation and Lindsey's cruelty, Paula mumbled a familiar curse to her absent little sister and thought, *I am so glad you finally get to be the lonely one, Lindsey, the frightened one—now it's your turn.*

Lindsey had stared down at Paula, who was sobbing as if her heart would break; stared as if her sister were someone she'd never seen before. And then Lindsey had said in that clinical, detached voice that Paula and their mother detested, "No, I am never writing another one Paula, ever. You are addicted to these things. You have a problem—a big one—and I am no longer going to be a part of it."

And she had not let it go there. No, while Paula had been awkwardly trying to regain her balance and get up off her knees on the slippery floor, "Dr." McCall had continued to berate her.

"And, Paula, I want you to see a friend of mine about your drinking. You're out of control, and I'm afraid you'll hurt yourself, one of your grandchildren, or one of your patients. He is a good

guy and has worked with a lot of addicts. Dan will even go with you to the first few AA meetings.”

All this was said in Lindsey’s calm and measured voice. Paula had once accused her of practicing on tape recorders to achieve that modulation and that pitch.

Lindsey had paused and was stepping back to a table in the hall for a pen and paper to write down the name of the shrink that she wanted Paula to see.

Paula’s hatred of her sister had been so intense that she had stopped the hysterics and began to think clearly. She thought back to a scene many years before when she’d first realized the depth of her animosity toward her younger sister, Lindsey. It was the night of Paula’s junior prom, and she was happier than she had ever been in her young life. She was the head cheerleader that year, and Tony, a guy already out of the navy, had asked Paula to her junior prom. She’d talked her mom into spending over \$750 dollars for her dress and knew that she looked beautiful. Her mother and father had asked Paula to pose for some pictures and planned to take more when Tony arrived. As her dad was happily snapping the photos, he’d been singing strains from the song “The Yellow Rose of Texas.”

But then her seven-year-old sister walked out and stood in the hallway, saying nothing at all, just staring at them all. Her little friend Julie was with Lindsey, as usual. Julie was the only friend the weird little kid had.

Paula could hear Lindsey’s seven-year-old voice all too clearly: there was an eerie adult and decisive tone to it. And Paula did not miss the look that passed between her dad and mother. How that kid had learned that her dress cost \$750 was completely beyond Paula, but the magical moment was gone. Both she and her mom had persuaded and cajoled for all they were worth, but Tom McCall was adamant. Now he’d learned that they had deceived him. How many times had Paula and her father had serious talks about her penchant to lie her way out of the scrapes that her impetuosity got her into? Too many for Paula to remember.

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Shaking herself free of the awful memories of that night, Paula screwed the cap back on the bottle of pills, checked her appearance one last time, and returned to the dinner, a smile plastered firmly on her face. As she returned to their table, she saw that Kate seemed to be concentrating on something; Kate did not look up when Paula took her seat.

Next to Paula sat Hank Reardon, the chief executive officer of Andrews, Sacks, and Levine, one of the leading pharmaceutical companies in the world. Of the nine people at her table, Kate had found Hank Reardon to be one of the most delightful surprises of her life. In the course of her research for the series on new drug investigation, Reardon's generosity of spirit had provided her with an unparalleled view of the world of academic medicine and clinical research. She remembered her nervousness when she was introduced to this powerful businessman. And her stunned response to Reardon's invitation to the Lausanne Corporate Offices for Andrews, Sacks, and Levine during their WebCor meeting in Dr. Christine Stewart's office.

Without Hank Reardon, Kate mused, there would have been no series, or at least no Pulitzer Prize-winning series. The man had quite literally opened his heart and his life to Kate. That week in Switzerland had been magical, miraculous really, and Kate Townsend was well aware of the privileges she had been granted. Feeling the weight of her gaze, Reardon shifted his attention from the podium to Kate and grinned at her with his electric-blue gaze. Smiling back at him, Kate was struck by the depth of her affection for one of the ten wealthiest men in the world.

Reardon's sorrow had been genuine when he spoke of Lindsey during Kate's interviews with him. He spoke openly of their disagreements, but it was clear to Kate that he had admired McCall's insistence on controlling the methodology of her research and the early conclusions of her stage one clinical trial. It was, Kate recalled, just those arguments that drove the final nail into the relationship between Lindsey and her boss, Christine Stewart.

The three people seated next to Reardon were openly thrilled; smiles and toasts abounded at that corner of the large table. In this age of increasing public skepticism about the effectiveness of drugs, and suspicion about the actual science behind the development and introduction of new drugs, this new drug had provided a windfall both for Reardon's company and for Houston Medical School. Kate had read recently that shares in ASL had tripled in price in each quarter of this past fiscal year simply on the forecasted FDA approval of the modified digitalis drug now marketed as Digipro. Yet Reardon looked the same tonight as he had each time that Kate had met with him: intensely focused on the people and events unfolding about him. Inscrutable, she thought; no wonder he was so effective. Only the bruised, bluish shadows under his eyes betrayed the deep grief he was feeling at the recent death of his wife, Peg.

And next to Reardon sat the group from Houston General Medical School: Lindsey's former boss, chair of internal medicine, Dr. Christine Stewart; Dr. Anthony Miller, the president of the medical school; and Dr. V. Samuel Lister, the CEO of the Health Science Center. Although Dr. Stewart had been the only Houston General physician called to testify at Lindsey's trial, Kate had extensively interviewed both Miller and Lister to understand the complexities of academic medical centers in general and of clinical research in particular. They had been pleasant and accommodating, and had filled in extensive details for Kate upon her return from Switzerland.

Kate had enjoyed this part of her investigation more than almost any other of her series. In fact, she and Jeff had disagreed about the prominence that Kate had decided to give clinical research in her articles. Kate had argued successfully that clinical research, the drug industry, and academic medicine were black boxes and would be of significant interest to the public. Of her four articles in the series, it was this information in the first and second articles that had captured the attention of the national and international media.

Dr. Stewart interrupted Kate's reflections with a quizzical look. Realizing that she had been staring at Christine, Kate smiled warmly at the woman and hoped that her smile looked genuine.

Stewart was smart, ambitious, and was apparently excellent in her field. Academic medical departmental division heads were still predominantly male, even in the new millennium. Christine Stewart was a notable exception. Not only was she a cardiologist at Houston General Medical Center, but she was also chair of internal medicine at the medical school. Even today, when women account for more than half the medical school graduates in the United States, only 14 percent of cardiology fellows are women. And Stewart was one of only three female chairs of internal medicine in the country.

In the 1980s when both Christine and Lindsey were cardiology fellows, the numbers were even lower. Kate mused again on the improbable odds of two such unusual women arriving in the same place at the same time. That was one of the many ironies that had caught her attention when she had first begun her investigation of this case. Here were two female cardiologists: the subordinate Lindsey McCall and her superior Christine Stewart, who were so intensely competitive that only one had survived. It had seemed like a caricature to Kate in the beginning—like an old women’s liberation joke gone bad. She knew that Christine and Lindsey had never worked together until Christine had been recruited from California to replace Dr. Simon Bayer, Lindsey’s longtime mentor and friend, and wondered how differently this thing would have played out had Dr. Bayer not retired.

Sighing, Kate thought once again about Lindsey and wondered how that she held such admiration for someone she had never met—respect, profound sadness, and a deepening sense of responsibility for her plight.

Dr. Christine Stewart was a twenty-first-century academician. With her medical academic credentials from Stanford and Columbia, she obtained an MBA from Wharton in the late eighties and began to write about the financial tsunamis headed toward the specialties and academic medicine.

Teaching and research are very expensive endeavors and require very deep pockets. As the funding climate had changed, and federal grant dollars were reduced in the difficult economic

turndown, all medical schools were forced to look beyond competitive government subsidies. It was only natural that medical schools turn to pharmaceutical companies. In a sense, these new revenue streams were obvious business partners for the struggling medical schools. The pharmaceuticals required the intellectual firepower of the academic medical centers and the AMCs badly needed money to replace funds lost from the turbulent changes in the federal subsidy, insurers, and costs of litigation. Ironically, it was Dr. Lindsey McCall who had brokered the largest research grant ever received by the Houston Medical School. Her ten-million-dollar grant, along with several others, placed Houston General Medical School among the top ten medical schools in the country for research dollars.

By the time Christine Stewart accepted Houston Medical's offer to replace Simon Bayer as chair of internal medicine, she had become extremely well-known nationally. To some, she was perceived as a necessary adaptation to the many shocks occurring in academic medicine; to others, she was a species to be observed and treated as potentially lethal.

A soft comment from her right brought Kate back to the here and now. It was Eleanor, speaking so that only Kate could hear her. "Kate dear, it looks as if Jeff is winding up, and you'll be introduced in just a few minutes. May I take this moment with you alone, my dear, to tell you how very proud you have made Marguerite and me?"

Kate turned to face the eighty-plus-year-old woman and, for the first time, grinned with a real face-splitting grin, not the perfunctory smiles of these last few hours. How she had come to love these two women! Of all the regret that the last year had brought, certainly her relationship with the two sisters was not one of them. Marguerite and Eleanor Philbin owned the *Houston Tribune*. They had privately told Kate that they were in the last stages of a merger with one of the syndicates when Kate's series broke. The three had met several times to plan Kate's series on clinical research, which had been so unexpectedly and so overwhelmingly successful. Although the sisters fit perfectly under the rubric of old Houston oil money, Marguerite and Eleanor Philbin were each a unique combination of wisdom, elegance, and wit. The face that was turned to Kate now was beautiful, aristocratic, and full of love. Eleanor gazed directly into Kate's eyes

and whispered, “Stop worrying about Lindsey and enjoy your accolades; you deserve this evening, Kate.” And she reached for Kate’s hand to squeeze it.

Kate was so surprised at the woman’s insight that she could feel her eyes start to tear up and her throat close; she had said nothing to anyone about any of her deepening concerns about McCall. Certainly not to Jeff, nor to Eleanor nor Marguerite, for the paper was still recovering from the financial toll of the years of diminishing circulation. In fact, the contract for the book sat unsigned on her desk at her home office. And one of the many demons now assaulting Kate was the knowledge that she could not sign that contract. The book was to be based on her series, and its appearance on the market would very likely assure the newspaper’s continued soaring circulation. Yet, she knew she couldn’t offer this prospect to the owners.

Kate sat rigidly, willing the wave of emotion to subside. But she held on to Eleanor’s hand, gripping it tightly. Finally, Kate recovered enough to draw a deep breath and another until she could look back at Eleanor and smile once more.

“Thank you,” she whispered, “thank you ever so much.”

The older woman nodded and drew Kate’s head down to whisper once more, “Kate dear, I know what is bothering you, but I believe this will all work out for her. Come see us, and we’ll talk about our plan for Lindsey; it’s a good one.”

Truly stunned, Kate turned to look at this woman, who now felt both like savior and oracle and murmured, “Eleanor, how could you know? I’ve not spoken with you about any of this.”

That dear face broke into a thousand wrinkles as Eleanor smiled back to repeat, “Come and see us this weekend, and we’ll all talk. Now, dear girl, Jeff is about to introduce you as the star of this show, so go on up there and accept the kudos. You have worked hard—very hard—but there is more to do. And we’ll all get it done. Jeff knows it, too.”

As Kate turned to look and listen to Jeff's glowing introduction, she realized that the crushing weight of the burden she had been carrying was gone. With Eleanor's astonishing revelation, Kate no longer felt like Dr. Lindsey McCall's only hope. Suddenly Kate was excited, really excited. She stood to walk toward the stage, smiling and thinking, *This thing is not over. It's just beginning.*

Standing at the podium, she turned to look at Jeff to thank him for his lengthy and somewhat laudatory introduction. Grinning, she started to speak, then stopped as she realized that no one could hear her since the entire room was on its feet, clapping wildly, and that the tall, lanky shadow standing by the door could be Steve. Still smiling, Kate stared across the huge banquet room, and the shadow moved into the light. Yes, Dr. Steve Cooper was back.