



DAVID CARNOY

**KNIFE
MUSIC**

A NOVEL

KNIFE MUSIC

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DAVID CARNOY

ParkMadison Press 

New York

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KNIFE MUSIC

PART 1

GALL AND GLORY

1/ Code three

Nov. 9, 2006—p.m. 11:16

The trauma alert went off in Parkview Medical Center's emergency department. Four miles from the hospital there had been an accident.

"I have a sixteen-year-old female involved in an MVA," a paramedic informed the triage nurse at Parkview by CB radio. "She is awake at the scene, arousable. But she appears to have some head and neck injuries as well as chest and abdominal injuries involving the steering column."

The girl's Volkswagen Jetta had jumped the curb and hit a telephone pole at high speed. Although she was wearing a seat belt, the front end of the car was crushed and the steering wheel driven back into her, pinning her to her seat. Rescue personnel had tried to move the seat back, but the tracks were jammed and they were forced to squeeze her out the best they could. Using all his strength, a fireman pulled the wheel a few inches away from the girl while paramedics carefully tugged on her until she was freed.

"We're arriving code three in four minutes," the paramedic said.

Ted Cogan, the senior trauma surgeon in the hospital that evening, came down to the emergency department from his on-call room on the second floor just as the paramedics were wheeling the victim into the hospital. Cogan was a tall man of medium build made to look even taller by the clogs he was wearing, which, when he walked on the hard, bare floors of the hospital, came out sounding like the slow clip-clop of a horse pulling a tourist carriage.

Only a few minutes earlier, he'd been resting comfortably in bed, dozing. One side of his hair, graying at the temples, was standing on end and his green scrub shirt was not tucked into his pants in the front. Rumpled as he was, though, the look didn't add years to him. Instead, it gave him a boyish charm, as if he were late for school, rather than on time for work.

The paramedics steered the victim into the trauma room. White and young with blond hair, she was looking up at the ceiling, her mouth covered by an oxygen mask. In the room, the head trauma nurse, Pam Wexford, started barking orders at an intern: "We need you on that side. No, there. OK, on three we lift."

They transferred the girl, who was strapped to a hardboard stretcher, her neck stabilized by a cervical collar, from the paramedics' gurney to the trauma-room gurney. Cogan moved into the room but stood off to the side, trying to stay out of the way of the emergency workers. Although he was at the top of the pyramid and technically in charge, there were few, if any, instructions he had to give in these early moments because standard procedure was in effect. The team would make sure the victim had an airway, they'd take her vital signs, start an IV, draw a blood sample, and strip off her clothes. Then they'd take preliminary X-rays of her neck, chest, and pelvis.

"Dr. Cogan, so nice of you to join us."

This was John Kim, the chief surgical resident, talking and working on the girl at the same time. Kim was thirty but he looked twenty. A baby-faced Korean-American. Cogan liked him, if only because he possessed the two qualities that made just about anybody tolerable: he was competent and had a good sense of humor.

“Wouldn’t miss it for the world,” Cogan said. “What happened?”

“She hit a telephone poll doing about 50.”

“Ouch.”

“90 over 60, Doctor,” Pam Wexford said. “Pulse 120. Hemoglobin 15.”

The girl’s blood count was normal. *But her blood pressure was lower than normal and her heart was running fast, which probably meant she was losing blood—the question was from where. She didn’t appear to have any major external lacerations, so they were probably looking at a fracture, some sort of chest trauma, or the laceration or rupture of an organ,* Cogan thought.

“We’re going to have to cut your clothes off,” Wexford said to the girl. “So please try to remain still.”

The girl responded by opening and shutting her eyes and groaning. She was wearing jeans, which made the cutting more difficult, but Wexford, a real-life version of Edward Scissorhands, still managed to shred her pants, mock-turtle neck shirt, bra, and panties, in under a minute. When she was finished, Cogan went over to a counter, where there was a latex-glove dispenser, and pulled out a couple of gloves. He stretched a glove over each hand, then turned his attention to the victim, who was lying naked on the gurney, her legs spread slightly apart. He noted that she was a thin, well-proportioned girl with muscular legs and a flat stomach. She had four or five superficial wounds—cuts and scratches—on her arms and face, then a deeper cut and bruise on her right shin that an intern was attending to.

“How’re we doing, Cynthia?” Cogan said to the X-ray technician.

“Ready when you are, Doctor.”

“Pam?”

“BP 90 over 60. Pulse 130.”

“OK, Cynthia. Gimme a Kodak moment.”

The X-ray technician moved the portable X-ray machine over to the victim. When it was in place, she told everybody to clear the room except for one intern, who was putting on a lead apron, preparing himself for the unenviable task of pulling the patient taut (by the feet) during the cervical shot. Cynthia took several X-rays, repositioning the machine for each new shot, always making sure to remind everybody to “clear” before she pressed the remote switch from where she stood behind the lead screen that prevented her from being exposed to the radiation.

As soon as she was done, the rest of the trauma team came back into the room and resumed their duties. A couple of zealous interns whose names Cogan always got mixed up started firing questions at the girl, who mainly responded with groans and grimaces.

Intern #1: “Do you know where you are? Do you know how you got here?”

Intern #2: “Miss, are you allergic to any medication?”

Intern #1: “Are you allergic to antibiotics? Penicillin?”

Intern #2 (touching her leg with the needle): “Can you feel that?”

Intern #1: “Miss, I’m going to have to give you a rectal exam. OK?”

“80 over 60, Doctor,” Pam Wexford said. “Pulse 150.”

“All right,” Cogan said. “Do we have a name for her yet?”

The nurse glanced at the paramedics’ paperwork. “Kristen,” she said. “Kristen Kroiter.”

“Kristen,” Cogan said, speaking to the girl. “Is that your name?”

She didn’t answer. She just opened and closed her eyes.

“OK. I’m Dr. Cogan and this is Dr. Kim and we’re here to help you. We’re all here to help you.

You’ve been in a car accident and you’re in a hospital. Do you understand that?”

With the oxygen mask still covering her mouth, the answer came out sounding like a grunt but it was affirmative enough for Cogan to continue.

“I’m going to ask you a few questions and give you a quick examination so we can determine your condition. OK?”

She groaned. Then, squirming a little in the restraints, she murmured through the mask: “It hurts so much.”

“I know it hurts,” he said, taking her hand. “And I’d like to make it so it doesn’t hurt. But I can’t give you anything just yet because if we give you something you might not be able to tell us where it hurts and we need you to tell us where it hurts so we can make it better.”

He examined her eyes, then said: “Eyes are equal and reactive.”

Lungs were next.

“Kristen,” he said, “I want you to try to take some deep breaths.”

As he listened with his stethoscope, a wave of pain appeared on her face every time she took a breath. But her lungs appeared to be clear. “Breath sounds equal and present bilaterally,” he announced to the team. Then to her: “Does it hurt when you breathe?”

She had trouble answering him so he told her if she didn’t want to speak that she could just squeeze his hand. She?

She could.

Next, with his free hand—his right—he began to examine her chest. Her skin was warm and moist—she was sweating; Cogan noticed sweat building up on her forehead. He worked his way slowly across her chest, pressing gently on her rib cage, feeling for tender spots. All of a sudden, she screamed, and Cogan felt one of her fingernails dig into his hand. He quickly let up on the spot.

“OK,” he said. “I’m sorry.”

He pressed down again, this time more gently on the left side of her abdomen. She didn’t scream but groaned instead, then closed her eyes and said, “Please.”

“Tender left upper quadrant with possible crepitation of left lower ribs,” he announced.

Just then Cynthia, the X-ray technician, came back into the room and said: “Film’s ready, Doctor.”

“Thanks. Kristen, can you hear me?”

The girl opened her eyes.

“You’re doing good,” he said. “I have to go away for a minute but Pam here is going to take care of you while Doctor Kim and I take a look at what’s going on inside of you. But we’ll be right back.”

Cogan got one more reading on her vital signs—her blood pressure and pulse were holding steady—then he went to the other side of the room, where Kim had put the X-rays up on the light box and was looking at her chest X-ray. He was looking at her lungs. White was air. Black was nothing, emptiness, a non-functioning lung.

They were looking at white.

“No pneumothorax,” Kim said, informing Cogan of what he, too, saw: neither lung had collapsed. “But she’s got rib fractures. Left ribs 9-11. That’s why she’s having trouble breathing.”

Rib fractures were extremely painful. They turned grown men into babies.

“I think that’s it,” the younger doctor went on after a moment, looking at her neck and pelvic X-rays. “C-spine is clear and her pelvic films are normal.”

“Doctor,” Wexford said, her voice more urgent than it had previously been. “Her blood pressure is falling. She’s getting more tachycardic.”

Both surgeons turned around and looked at the machines. She was 80 systolic. Her heart rate was up to 170. Her hemoglobin down to 12.

Kim looked at him, his face tense. They both were thinking the same thing.

“Do you want me to do a wash?” Kim asked.

“I’d better do it,” Cogan said.

He went back over to the patient and asked a nurse for a peritoneal lavage tray. “Quickly, please,” he said. His voice remained calm but the whole team immediately went on alert, for everybody knew that Cogan, unlike some surgeons, made such demands only when the situation truly called for it.

A “wash” was short for a peritoneal lavage, a procedure in which a saline solution is injected into the peritoneum, the membrane lining the abdominal cavity, then aspirated back into the syringe. If the saline solution comes back bloody, it means there is blood where there shouldn’t be.

Cogan made an incision in the girl’s belly button, then carefully pushed a narrow piece of plastic tubing into the hole he’d made. Next, he attached the tubing to a syringe filled with saline solution and, with his thumb, slowly squeezed the plunger on the syringe, gradually pushing the saline solution into the girl. When the syringe was almost empty, he carefully began to pull up on the plunger, aspirating the fluid back into the syringe.

What came back was a deep red.

“Grossly bloody,” he said, handing the syringe to a nurse. Then, after a brief pause: “OK, ladies and gentlemen. I think she’s got splenic rupture. Hang more fluid, cross her for six units, and let’s get her to the OR stat.”

With that order, the whole team began to focus its efforts on transferring the girl, along with her IVs, from the fixed gurney she was lying on to one that had wheels and was mobile.

“Kristen,” Cogan said to the girl, taking her hand. “You’re doing good but we’re going to take you upstairs so we can take a look at what’s going on inside you if we have to. Do you know where your parents are? We need to get their consent if we have to operate. Is there a number where we can reach them?”

He knew she probably wouldn’t be able to answer him but the rules said he had to at least make an attempt to contact the parents of a minor before he operated on her.

Her eyes were vacant; she looked at him, then closed them.

“OK, let’s go,” Wexford said loudly. “Head or feet, Dr. Kim?”

Kim took the feet at the front end of the gurney and pulled, while Pam pushed from the back where the girl’s head was. The team’s job was finished. The girl was officially Cogan’s patient.

2/ Why today?

March 31, 2007—p.m. 4:25

Standing by the visitor's dugout, Detective Hank Madden wipes his brow in the late Saturday afternoon sun. It's hot, too hot for March, and Madden's head is throbbing—from the heat and the fresh-cut grass of the outfield. His allergies have been wreaking havoc on him all week, but that hasn't kept him away from the newly refurbished La Entrada Middle School field in Menlo Park where his son is pitching in his team's opening game of the Alpine/West Menlo Little League.

The batter steps back into the batter's box. The kid thinks he's Barry Bonds. Same stance. Same cool cockiness. It makes Madden smile because there's his son, standing on the mound just like Greg Maddux. He knows that Henry, whom the other boys call Chico because of the hint of his mother's Hispanic features, is imitating Maddux. All he can talk about when he's at home is Maddux. Twelve years old. He knows every statistic, has every baseball card. He has the motion. The leg-kick.

The umpire's hand goes up in a fist. The pitch is a strike.

He never lets it show, but Madden takes immense pleasure in watching that motion. The sheer power it generates. Sometimes he smiles after a good inning or if one of the other parents comes up to him and compliments his son. But mostly he stands there with his hands in his pockets, silently watching the game, looking decidedly unpartisan, a man in his late fifties with a small head of receding gray hair combed carefully back, a thin man who wears glasses and keeps a neat, trim mustache.

Many years ago, when he was his son's age, he'd also stood off to the side of the Little League field near his home, watching the games, not able to play himself. It pains him to think of those days. As a boy, he had polio. The illness had left him with a short right leg and a drop foot. At school they'd called him Chester. He was that character on *Gunsmoke* who walked with a limp. Marshall Dillon's deputy, Chester.

It took him fourteen years to make detective. Just fourteen, he likes to tell people. The amount of time has not made him bitter; on the contrary, it has made him feel superior, for he feels he's worked harder, studied more, and is better prepared than any of his counterparts. And if there's anything he's tried to instill in his son, it's his work ethic.

In the off-season, they watch videotapes of the Padres' and A's pitching staffs, among the best in the league, then drive over to La Entrada, where the game is today, and his son pitches to him. The only problem is Madden isn't a good catcher. Anything a few feet too far to the left or right of him he has trouble getting to, which frustrates Henry because it embarrasses him to watch his father scramble awkwardly for the ball. He thinks he looks goofy.

"I know I look goofy," Madden admits. "So don't make me move. That should be your priority."

The advice has paid off. Today, his son is pitching strike after strike. The catcher barely has to move his mitt. After each out, Henry glances over at his father, who nods in approval. No words, not even a smile, just a nod. Then, in the middle of the third inning, Madden's beeper goes off.

He winces. It's the number of another detective, Jeff Billings. He waits a moment, then takes out his cell phone, turns it on, and speed-dials the number.

When Billings answers, he asks, “What’s up?”

“Where are you?”

“I’m at my kid’s Little League game. It’s opening day.”

“Pete’s looking for you,” he says, referring to their boss, Detective Sergeant Pete Pastorini. “Why aren’t you answering your phone?”

“I didn’t want to be reached.”

“Funny.”

“It’s true.”

“Well, he got a call a little while ago from someone in the DA’s office and had to go out and meet some people.”

“What people?”

“The parents of a girl who say she was raped by her doctor.”

Madden feels his throat tighten and his heart jump a little. It always happens, the moment he hears doctor is involved. He can’t help it. He hates that he can’t, and he hates that Billings knows he can’t, which only makes his heart race faster. Taking a breath, he looks at the mound. Another strike. Henry still hasn’t allowed a hit. *Damn*, he thinks. *Why today? Why now?*

“You’re the one on-call,” he says. “Why don’t you take it?”

Technically they’re all on-call, but they have an official schedule where each detective is assigned to specific off-hours blocks. That ensures that at least one detective will be able to respond quickly and soberly.

“He wants you, Hank,” Billings says, hiding his envy well. There’s only a faint hint of resentment in his voice. “Don’t ask me why. But he sounded anxious.”

If the sergeant had requested him it must be important. It must be something he didn’t feel Billings, the youngest and least experienced in the group, could handle.

“OK,” he says. “Where am I going?”

3/ Parting the Red Sea

Nov. 10, 2006—a.m. 12:34

Cogan walked out of the operating room.

“Beautiful, Dr. Kim,” he said as he left. “If you don’t make it as a surgeon, you have a bright future as a tailor.”

“Believe me,” said Kim, who was closing the girl, “I’ve considered it.”

By the scrub sink, Cogan pulled down his mask, stripped off his gloves, and removed his gown. Then he washed his hands and face, first with hot, then cold water. After he was finished, he checked his shoes for blood and wiped them clean with a paper towel, which he always did before meeting with a patient’s family.

“They’re outside, in the waiting room,” the desk nurse, Julie, informed him. “Mother and father.”

At this late hour, the OR was practically deserted. Just a skeleton staff remained.

“She insured?” Cogan asked.

“Through the father’s company.”

“Hey, you wouldn’t have any of your famous herbal tea stashed away there, would you?”

The nurse smiled. “What’s in it for me?”

“I’ve got cookies.”

“What kind?”

“Homemade chocolate chip. Remember O’Dwyer, the guy who was in the fight the other night? His wife hooked me up.”

She thought about it. Then, looking inside her desk drawer, she said, “It’s your lucky night, Cogan. I’ve got apricot.”

“I’ll be back.”

He pushed a button on the wall that opened the automatic OR doors and walked through them, down the hall to where the couple was seated on a vinyl couch.

“Mr. and Mrs. Kroiter?”

They stood up, anxiously. “Yes.”

“Hello, I’m Dr. Ted Cogan. I’m a surgeon. Please. Sit down.”

The couple probably would have been glad to continue standing but Cogan was the one who wanted to sit. He’d been standing for the last two and a half hours.

“Your daughter was in a car accident,” he began. “We’re not exactly sure what happened—we don’t know what caused the accident—but the paramedics said her car jumped the curb and she hit a telephone poll.” He paused briefly to let them absorb what he said, then continued: “She came into the hospital and we realized she was bleeding internally so we took her to the operating room. It turned out she’d ruptured her spleen and we had to do a splenectomy. The operation was uneventful and she

doing very well. She has a few broken ribs and some minor cuts and scratches but otherwise there's nothing wrong with her. She's on her way to the recovery room as we speak."

"Does that mean she's OK?" the girl's mother asked.

Cogan looked at Mrs. Kroiter. More and more, he noticed, his initial impressions of people were rooted less in looks but in temperament. Beauty registered, certainly, but his primary concern—the first question he invariably asked himself—was, "Is this person going to be difficult?"

The couple didn't look difficult. She was dressed in a nylon warm-up suit, purple and green, Nike—something she might wear for a quick trip to the mall or Safeway. The husband had on a jacket and tie. Business looking. Nothing flashy. *Funny*, Cogan thought, *he prefers to face the public in his standard uniform, even at two o'clock in the morning.* Mrs. Kroiter was slender, in her early forties, as was the husband. She had short hair, dark eyebrows, and blue eyes that were puffy and red, presumably from crying. The husband was bald but it didn't hurt his looks, for he had a military air to him, good strong bone structure in his face, and blue eyes like his wife, but brighter, more alert, and seemingly more patient. *One of those guys who played football in high school even though he probably shouldn't have*, he thought.

"Mrs. Kroiter," he said, "your daughter has sustained a very serious injury but if all goes well she should recover from it."

"So she's going to be OK?"

"Again, you have to understand, your daughter's just come out of surgery. We had to remove her spleen. Everything went very well. She's doing very well."

The husband put his arm around the wife, who was seated next to Cogan, and extended his right hand across her. "Bill Kroiter," he said in a deep, confident voice.

Cogan shook the hand.

"Cogan, you said your name was?"

"Yes."

"You performed the operation?"

"That's right."

"The spleen, that's an organ?"

"Yes. The spleen filters your blood and protects against bacterial infection. The body—especially the adult body—can function fine without it, but a major infection will always be a possibility. We gave your daughter an injection in the operating room to protect her from the bacteria to which she will be most susceptible, streptococcal pneumonia. She'll have to take antibiotics until she's twenty-one and she'll have to be very careful when she has a cold or feels at all fluish."

It went like that for a while. The couple asking questions and Cogan trying to answer them as clearly and succinctly as he could. But he kept having to repeat himself. It was the same with most families. They didn't trust you at the start (they didn't trust doctors), but if you could manage to give the same answers and tell the same story over and over, they started to believe you. And then, of course, there was always one final question: *could they see her?*

“Sure,” Cogan said. “But just for a minute, OK?”

He explained that they preferred not to have people visiting with patients in the recovery room. In the morning, she’d go to the floor—she’d be put in a room where they could visit with her as much as they wanted.

“If you could hold on a moment, I’d just like to make sure she’s settled in,” he said. “And if you have any more questions, I’ll be available during the day. The nurses will know how to track me down.”

Cogan walked back to the OR. Posted at the entrance, just above the button for the automatic doors was a large sign that read: “AUTHORIZED PERSONNEL ONLY. PROPER OPERATING ROOM ATTIRE REQUIRED.”

“She out yet?” he asked Julie, the desk nurse, a woman in her late thirties who was strikingly good looking above the waist but had inherited her father’s short, stocky or—as she sometimes called them—“fugly” legs.

“Not yet,” she said. “Here.” She handed him a mug of steaming tea. “Don’t burn yourself.”

“Thanks.”

He sat down in a chair next to her. As he took tiny sips of tea, he stared down at the floor. He was thinking about how much sleep he could get. If he went to sleep in fifteen minutes, after he was through with the girl’s parents, he could probably get three, maybe three and a half hours—

“You ever been to a spa, Ted?”

He looked up. “What?”

“You ever been to a spa?”

“Yeah. With my ex. She was a firm believer in paying to be pampered.”

“You never went alone, though?”

“No.”

“But what if you wanted to meet someone?”

“Would I go to a spa?”

“Yeah.”

He shrugged. “I think you’d be better off at Club Med.”

“But everybody’s looking there. It’s a meat market.”

“I’d tend to think that would increase your odds.”

“But I don’t want to go to a place where everybody’s looking. It’s, you know—”

“Unromantic,” he said.

“Exactly.”

He told her she was going to have to get over that part. The fact was after you got married, it doesn’t matter where you met your husband. Wherever you met him was going to seem romantic. Or not,

depending on how you are getting on.

“I met my ex-wife on a chairlift, skiing at Heavenly Valley,” he said. “Not bad, right? But what do it count for now?”

She looked at him sympathetically and nodded. “So you really don’t think a spa is the way to go?”

He laughed. She’d already decided.

“Sure,” he said. “Why the hell not?” Then, standing: “Hey, what’s going on in five?”

They both looked over at the door to operating room number five. Through a small window that wa cut into the door, they could see glimpses of a commotion.

“Who’s in there?” he asked.

“Dr. Beckler. Emergency gall bladder.”

“Really. How’s the bug up her ass doing?”

“Thriving, last I checked.”

“I’m going take a closer look.”

“Be careful.”

Cogan took another sip of tea, set the mug down, then put his mask on and went into the operating room. There were four people in the room: resident surgeon Dr. Anne Beckler, an anesthesiologist, a nurse, and the patient, an extremely fat woman who was sprawled out on the table, the right side of h belly split open where Beckler had made a six-inch incision.

“Can you hold her open or can’t you?” Beckler was shouting at the resident, who was trying to kee the hole open so Beckler could get her hand inside the patient and see what she was feeling at the san time. The resident was trying to reattach a small retractor that had slipped off a contraption called a Bookwalter retractor, a steel halo that was affixed to the gurney and positioned over the patient. Several small bear-claw retractors were clipped onto the halo, their claws hooked into the tissue around the sides of the wound, pulling it back and creating a generous entrance into the body.

In the old days, when Cogan was in medical school, the Bookwalter didn’t exist. You had to hold wounds open “manually,” pulling the retractors apart yourself, which, in this instance, would have posed a particularly difficult challenge, because the patient was so fat that it would have taken the Incredible Hulk to hold her open for more than a few minutes without a rest. And the resident, Evan “DocToBe” Rosenbaum, was no Incredible Hulk. He was a skinny, five-foot-eight, twenty-nine-year-old from Long Island whose parents, the story went, had bought him a personalized license plate for his first car that read “DOCTOBE.” Rosenbaum spent all his free time playing golf, desperately tryin to make up for his inadequacies as a surgeon. He was a 20-handicap surgeon but a superb golfer, a skill that impressed some of his fellow surgeons far more than anything he could have accomplished in the operating room.

“I got it,” DocToBe Rosenbaum answered, finally getting the retractor properly attached. Cogan estimated the woman weighed close to four hundred pounds. Each flap of fat had to be a foot thick. Rosenbaum might as well have been trying to part the Red Sea, which, in this case, happened to be more white than red.

“What do you want, Cogan?” Beckler said without looking at him.

“Oh, I’m fine, Anne, and how are you this evening?”

“Take the peanut gallery somewhere else. I’ve got my hands full.”

Beckler always seemed to have her hands full. Cogan thought it was the only way she was able to function. The only problem was that in order to maintain her superiority she had to intimidate everybody into a more frazzled state than hers. The method worked well with her underlings—nurses and suck-ass residents like Rosenbaum. But it had less satisfactory results with her fellow surgeons, with whom she was forced to use more vicious tactics, the last of which was charm.

Cogan always wondered whether he would have forgiven her behavior if she’d been better looking. Not that she was bad looking—she was tall, thin, and had nice green eyes and alabaster skin. But out of uniform she dressed badly and was decidedly unsexy, almost androgynous. Cogan thought the longer she’d been one of the boys—been part of the club of surgeons—the more her exterior, from her mannerisms to her language, had become male. But on the inside she was still fiercely female or, at least, a fierce defender of feminist principles. And in that sense, Cogan, the Harvard man and an old boy if ever there was an old boy, represented to her all that was evil.

He, of course, disagreed with her assessment.

“What’s going on?” he asked.

“Dammit,” Beckler said, ignoring him, “get the light in here. Are you sure she hasn’t had it out already?”

“I checked, Doctor,” the anesthesiologist said. “It’s not on her chart.”

“Check it again. She’s got scars all over the fucking place.”

Cogan took the patient’s chart from the anesthesiologist and looked at it. He could see why Beckler was concerned. The woman already had four scars on her belly from previous operations. Two were from C-sections, one was an appendix, and the other could have been from any number of other procedures.

“What’s the problem, Anne?” he asked.

“Let me see her chart,” said Beckler. He held up the chart. “There’s nothing here about a gall bladder being removed.”

“Shit.”

“She can’t find it, can she?” Cogan whispered to the nurse.

“No,” the nurse whispered back, “she can’t.”

“Anne, why don’t you get a laproscope in there,” he said.

“I wouldn’t need a camera if Rosenbaum wasn’t such a lightweight.”

“Well, Rosenbaum is a lightweight. And I’m not scrubbing in. So you better get a scope in there.”

She shot him a piercing glance. Then she looked at the others, who were all waiting for her to respond. She was cornered and she knew it.

“OK,” she said after a moment, “let’s do it. Get her on TV.”

Usually, the camera, which looked like a stainless steel wand, was used for laproscopic surgery, which was much less invasive than open surgery. Four small holes were cut into the belly. In one went the camera wand, and in the others, the surgical instruments. The surgeon could do the whole operation looking at a television screen and the patient would, in theory, be out of the hospital in two days instead of five.

“To the left,” Beckler said.

They all looked at the television screen. Rosenbaum was maneuvering the wand into position under the liver, where the gall bladder was supposed to be. He moved the camera around the area, once, twice, then a third time. Cogan didn't see the gall bladder. But if the chart said it was there, it had to be there. And then he saw it.

“There,” he said pointing.

“Where?” Beckler asked.

“On the liver.”

Rosenbaum moved the camera to where he was pointing and pushed the liver to one side, flipping it up a little. And there, indeed, it was. A brown, pathetic looking mass attached to the liver.

“Wow, look at that,” Rosenbaum said. “It's literally fused to the liver.”

“Disgusting,” said Beckler.

Cogan smiled—a smile no one could see through his mask. But the pleasure showed in his eyes.

“Well, this surgeon's got an appointment with his bed. It's been fascinating as always. Good night, all.”

“ ‘Night, Ted,” the nurse said.

“Goodnight, Anne.”

Beckler didn't answer him. “Kelly, clamp please,” she said to the nurse.

He thought of saying goodnight to her again—but then thought better of it. He'd had enough fun with her for one evening. And she was definitely not amused.

4/ Domestic dispute

March 31, 2007—p.m. 4:38

The home is just off Middlefield Road, in a development called Vintage Oaks, a gated community in Menlo Park a few blocks from Menlo-Atherton High School. Madden knows the place well. The land it's on isn't exactly sacred, but in the early 90s some residents predictably accused nearby St. Patrick's Seminary, which once owned the property, of making a "deal with the devil" when it sold forty-two acres of vacant land to Vintage Oaks' developers for \$22 million to escape financial crisis.

The general area between San Francisco and San Jose is known as the Midpeninsula, and Menlo Park, twenty-five miles from each city, sits smack-dab in the middle of it. During the 60s and 70s this stretch of suburban sprawl grew at a tempered rate as residents warily guarded open space with an eye toward preserving their views and avoiding traffic jams. But with the rise of Silicon Valley and the dotcom boom—and all the wealth and publicity they brought with them—the Midpeninsula went upscale in a hurry. Property values skyrocketed, few open parcels near residential areas remained off-limits to development, and once modest Menlo Park, wedged between staid, old-money Atherton to the north and left-leaning, university-tied Palo Alto to the south, took on a bit of both its neighboring towns' personalities. Maybe that's why today Madden thinks the slightly snobbish yet remotely down-to-earth residents of Vintage Oaks are perfect representations of their geographical location.

As he drives onto the block he's looking for, he sees that a group of kids has gathered in front of a house at the end of the street. They're decked out in street-hockey gear, but clearly something has distracted them enough to table their game because he just passed their abandoned goals.

"Hey, guys," he calls out through the half-open passenger-side window, pulling up alongside them. "What's going on?"

They eye him curiously, squinting in the face of the late afternoon sun.

"This lady was screaming," says a boy wearing a San Jose Sharks teal-colored road jersey, an expensive, kid-sized replica of the real thing. He's the tallest of the bunch but is still probably no more than ten or eleven.

"It sounded like Mrs. Kroiter," offers another, this one in Phoenix Coyotes regalia.

"We think they're having a domestic dispute," says the goalie of the group, appropriately short and stocky.

The way the kid says it, so matter-of-factly, makes Madden smile. His ten-year-old daughter sometimes mimics him, using words reserved for adults, and he can't help but find it amusing, even if the words she uses are sometimes disconcerting.

"You a cop, too?" the first boy asks, nodding in the direction of the patrol car that's parked in front of Pastorini's unmarked Chevy Impala. "They call for backup?"

Madden doesn't answer. Instead, he says: "Any of you guys know Timmy Gordon?" They shake their heads. "Well, Timmy Gordon was about your age when he got hit by a car three blocks from here and lost his leg. You kids should go play down at the park," he says, hoping to scare them off.

They look at him like he's crazy. He knows what they're thinking: *This is a gated community, and*

isn't a through street— who's going to drive fast into a cul-de-sac in a gated community in broad daylight?

“Who are you?” the goalie demands.

“A concerned citizen,” he says, edging his car forward. “Now, move along.”

Instead of parking on the sidewalk he turns into the driveway and pulls his unmarked Ford Crown Victoria in behind the less expensive of the two cars parked there, an older Audi A4 sportwagon. Next to it is a big 7-series BMW. *Probably the husband's car*, he thinks.

The home is at the end of a cul-de-sac, a large two-story, ranch-style house with a generous front yard, though nothing that could be described as a “spread.” For that, you have to head north another mile or two to Atherton. That's where the homes of the truly wealthy begin—and have always begun, dating back to the late 1800s, when rich San Franciscans like Faxon Dean Atherton built estates there (then it was called Fair Oaks) to escape the city's cold summers. Billings likes to call them “inset homes.” And it isn't because they're the homes of the “set” that's “in” at the moment. No, these are homes that you can't see from the road. They're set back, hidden from view by tall bushes, cement walls, or both.

These people have bushes, too: a short row that lines a walkway leading up to the house and cuts through a perfectly manicured lawn. At first, there's no hint of the commotion the boys alluded to. But in the middle of the walkway, Madden hears something that makes him stop in his tracks. It's muffled, but there's no mistaking what it is: a horrible moaning, guttural and anguished, mixed with inconsolable sobbing. And he knows then why Pastorini was looking for him. The domestic dispute, whatever its origins, had ended badly. Very badly indeed.

He raps lightly on the front door. The door's unlocked, so he pushes it open slowly and enters a spacious foyer with a high, vaulted ceiling. A modest but graceful crystal chandelier hangs over an impressively real looking silk floral arrangement sitting in the middle of a round mahogany table. Peering down a short hallway, he can make out the back of man's balding head—he's sitting on a couch in the living room—and Pastorini nearby pacing back and forth, holding a can of Diet Coke in one hand, talking on his cell phone with the other. Somewhere off to the right, a police radio squawks. The officer responds in a hushed tone, and the woman's wailing, which seems to be coming from the same place, suddenly stops. A moment of eerie silence, then he hears her mutter something: “I told him no police,” he thinks she said. “Godammit, I told him . . .”

As her voice trails off, Pastorini looks up and sees Madden standing in the foyer. The sergeant flashes a foreboding look, then, finishing his conversation, closes the flip on his cell phone and gestures to someone out of frame to approach. When the uniformed officer appears, Pastorini leans over to the man on the couch and says in a gentle voice, “Excuse me, Mr. Kroiter, one of my detectives is here. I'm going to step away for a minute. Your pastor is on his way.”

Madden takes a couple steps toward the living room, but before he gets there Pastorini intercepts him. “Come on,” he says, taking him by the arm and turning him around. “Let's talk outside.”

Madden's not used to seeing Pastorini like this, sullen and ominous. He's a big man, imposing, but usually very neurotic, which takes some of the bite out of him. People say he's missed his calling as an opera singer. Rotund and barrel-chested, he has short legs and wears his dark, wavy hair slicked back. Whenever he yells across the office in his booming tenor's voice, Billings, the resident

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