

**DEAN
KOONTZ**

**THE HOUSE
OF THUNDER**

Previously published under the pseudonym Leigh Nichols



BERKLEY BOOKS, NEW YORK

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*This book is for Gerda,
as it surely should have been
from the start.*

PART ONE

Fear Comes Quietly...

*The year was 1980-an ancient time,
so long ago and far away....*

1

When she woke, she thought she was blind. She opened her eyes and could see only purple darkness, ominous and shapeless shadows stirring within other shadows. Before she could panic, that gloom gave way to a pale haze, and the haze resolved into a white, acoustic-tile ceiling.

She smelled fresh bed linens. Antiseptics. Disinfectants. Rubbing alcohol.

She turned her head, and pain flashed the length of her forehead, as if an electric shock had snapped through her skull from temple to temple. Her eyes immediately swam out of focus. When her vision cleared again, she saw that she was in a hospital room.

She could not remember being admitted to a hospital. She didn't even know the name of it or what city it was located.

What's wrong with me?

She raised one dismayingly weak arm, put a hand to her brow, and discovered a bandage over half of her forehead. Her hair was quite short, too. Hadn't she worn it long and full?

She had insufficient strength to keep her arm raised; she let it drop back to the mattress.

She couldn't raise her left arm at all, for it was taped to a heavy board and pierced by a needle. She was being fed intravenously: the chrome IV rack, with its dangling bottle of glucose, stood beside the bed.

For a moment she closed her eyes, certain that she was only dreaming. When she looked again, however, the room was still there, unchanged: white ceiling, white walls, a green tile floor, pale yellow drapes drawn back at the sides of the large window. Beyond the glass, there were tall evergreens of some kind and a cloudy sky with only a few small patches of blue. There was another bed, but it was empty; she had no roommate.

The side rails on her own bed were raised to prevent her from falling to the floor. She felt helpless as a baby in a crib.

She realized she didn't know her name. Or her age. Or anything else about herself.

She strained against the blank wall in her mind, attempting to topple it and release the memories imprisoned on the other side, but she had no success; the wall stood, inviolate. Like a blossom of frost, fear opened icy petals in the pit of her stomach. She tried harder to remember, but she had no success.

Amnesia. Brain damage.

Those dreaded words landed with the force of hammer blows in her mind. Evidently, she had been in an accident and had sustained a serious head injury. She considered the grim prospect of permanent mental disorientation, and she shuddered.

Suddenly, however, unexpected and unsought, her name came to her. Susan. Susan Thorton. She was thirty-two years old.

The anticipated flood of recollections turned out to be just a trickle. She could recall nothing more than her name and age. Although she probed insistently at the darkness in her mind, she couldn't remember where she lived. How did she earn her living? Was she married? Did she have any children?

Where had she been born? Where had she gone to school? What foods did she like? What was her favorite kind of music? She could find no answers to either important or trivial questions.

Amnesia. Brain damage.

Fear quickened her heartbeat. Then, mercifully, she remembered that she had been on vacation in Oregon. She didn't know where she had come from; she didn't know what job she would return to once her vacation came to an end; but at least she knew where she was. Somewhere in Oregon. The last thing she could recall was a beautiful mountain highway. An image of that landscape came to her in vivid detail. She had been driving through a pine forest, not far from the sea, listening to the radio, enjoying a clear blue morning. She drove through a sleepy village of stone and clapboard houses, then passed a couple of slow-moving logging trucks, then had the road all to herself for a few miles, and then... then...

Nothing. After that, she had awakened, confused and blurry-eyed, in the hospital.

“Well, well. Hello there.”

Susan turned her head, searching for the person who had spoken. Her eyes slipped out of focus again, and a new dull pain pulsed at the base of her skull.

“How are you feeling? You *do* look pale, but after what you've been through, that's certainly to be expected, isn't it? Of course it is. Of course.”

The voice belonged to a nurse who was approaching the bed from the direction of the open door. She was a pleasantly plump, gray-haired woman with warm brown eyes and a wide smile. She wore a pair of white-framed glasses on a beaded chain around her neck; at the moment, the glasses hung unused on her matronly bosom.

Susan tried to speak. Couldn't.

Even the meager effort of straining for words made her so light-headed that she thought she might pass out. Her extreme weakness scared her.

The nurse reached the bed and smiled reassuringly. “I knew you'd come out of it, honey. I just knew it. Some people around here weren't so sure as I was. But I knew you had moxie.” She pushed the call button on the headboard of the bed.

Susan tried to speak again, and this time she managed to make a sound, though it was only a low and meaningless gurgle in the back of her throat. Suddenly she wondered if she would ever speak again. Perhaps she would be condemned to making grunting, gibbering animal noises for the rest of her life. Sometimes, brain damage resulted in a loss of speech, didn't it? *Didn't it?*

A drum was booming loudly and relentlessly in her head. She seemed to be turning on a carousel faster and faster, and she wished she could put a stop to the room's nauseating movement.

The nurse must have seen the panic in Susan's eyes, for she said, “Easy now. Easy, kid. Everything'll be all right.” She checked the IV drip, then lifted Susan's right wrist to time her pulse.

My God, Susan thought, if I can't speak, maybe I can't *walk*, either.

She tried to move her legs under the sheets. She didn't seem to have any feeling in them; they were even more numb and leaden than her arms.

The nurse let go of her wrist, but Susan clutched at the sleeve of the woman's white uniform and tried desperately to speak.

“Take your time,” the nurse said gently.

But Susan knew she didn't have much time. She was teetering on the edge of unconsciousness again. The pounding pain in her head was accompanied by a steadily encroaching ring of darkness that spread inward from the edges of her vision.

A doctor in a white lab coat entered the room, apparently in answer to the call button that the nurse had pushed. He was a husky, dour-faced man, about fifty, with thick black hair combed straight back from his deeply lined face.

Susan looked beseechingly at him as he approached the bed, and she said, *Are my legs paralyzed?*

For an instant she thought she had actually spoken those words aloud, but then she realized she still hadn't regained her voice. Before she could try again, the rapidly expanding darkness reduced her vision to a small spot, a mere dot, then a pinpoint.

Darkness.

She dreamed. It was a bad dream, very bad, a nightmare.

For at least the two-hundredth time, she dreamed that she was in the House of Thunder again, lying in a pool of warm blood.

When Susan woke again, her headache was gone. Her vision was clear, and she was no longer dizzy.

Night had fallen. Her room was softly lighted, but only featureless blackness lay beyond the window.

The IV rack had been taken away. Her needle-marked, discolored arm looked pathetically thin against the white sheet.

She turned her head and saw the husky, dour-faced man in the white lab coat. He was standing beside the bed, staring down at her. His brown eyes possessed a peculiar, disturbing power; they seemed to be looking *into* her rather than at her, as if he were carefully examining her innermost secrets, yet they were eyes that revealed nothing whatsoever of his own feelings; they were as flat as painted glass.

“What’s... happened... to me?” Susan asked.

She could speak. Her voice was faint, raspy, and rather difficult to understand, but she was not reduced to a mute existence by a stroke or by some other severe brain injury, which was what she had feared at first.

She was still weak, however. Her meager resources were noticeably depleted even by the act of speaking a few words at a whisper.

“Where... am I?” she asked, voice cracking. Her throat burned with the passage of each rough syllable.

The doctor didn’t respond to her questions right away. He picked up the bed’s power control, which dangled on a cord that was wrapped around the side rail, and he pushed one of the four buttons. The upper end of the bed rose, tilting Susan into a sitting position. He put down the controls and half filled a glass with cold water from a metal carafe that stood on a yellow plastic tray on the nightstand.

“Sip it slowly,” he said. “It’s been a while since you’ve taken any food or liquid orally.”

She accepted the water. It was indescribably delicious. It soothed her irritated throat.

When she had finished drinking, he took the glass from her and returned it to the nightstand. He unclipped a penlight from the breast pocket of his lab coat, leaned close, and examined her eyes. Her own eyes remained flat and unreadable beneath bushy eyebrows that were knit together in what seemed to be a perpetual frown.

While she waited for him to finish the examination, she tried to move her legs under the covers. They were weak and rubbery and still somewhat numb, but they moved at her command. She wasn’t paralyzed after all.

When the doctor finished examining her eyes, he held his right hand in front of her face, just a few inches away from her. “Can you see my hand?”

“Sure,” she said. Her voice was faint and quavery, but at least it was no longer raspy or difficult to understand.

His voice was deep, colored by a vague guttural accent that Susan could not quite identify. He said, “How many fingers am I holding up?”

“Three,” she said, aware that he was testing her for signs of a concussion.

“And now—how many?”

“Two.”

“And now?”

“Four.”

He nodded approval, and the sharp creases in his forehead softened a bit. His eyes still probed at her with an intensity that made her uncomfortable. “Do you know your name?”

“Yes. I’m Susan Thorton.”

“That’s right. Middle name?”

“Kathleen.”

“Good. How old are you?”

“Thirty-two.”

“Good. Very good. You seem clear-headed.”

Her voice had become dry and scratchy again. She cleared her throat and said, “But that’s just about *all* I’m able to remember.”

He hadn’t entirely relinquished his frown, and the lines in his broad, square face became sharply etched once more. “What do you mean?”

“Well, I can’t remember where I live... or what kind of work I do... or whether I’m married...”

He studied her for a moment, then said, “You live in Newport Beach, California.”

As soon as he mentioned the town, she could see her house: a cozy Spanish-style place with a red tile roof, white stucco walls, mullioned windows, tucked in among several tall palms. But no matter how hard she thought about it, the name of the street and the number of the house eluded her.

“You work for the Milestone Corporation in Newport,” the doctor said.

“Milestone?” Susan said. She sensed a distant glimmer of memory in her mental fog.

The doctor looked down at her intensely.

“What’s wrong?” she asked shakily. “Why are you staring like that?”

He blinked in surprise, then smiled somewhat sheepishly. Clearly, smiles did not come easily to him, and this one was strained. “Well... I’m concerned about you, of course. And I want to know what we’re up against here. Temporary amnesia is to be expected in a case like this, and it can be easily treated. But if you’re suffering from more than temporary amnesia, we’ll have to change our entire approach. So you see, it’s important for me to know whether the name Milestone means anything to you.”

“Milestone,” she said thoughtfully. “Yes, it’s familiar. *Vaguely* familiar.”

“You’re a physicist at Milestone. You earned your doctorate at UCLA a few years ago, and you went to work at Milestone immediately thereafter.”

“Ah,” she said as the glimmer of memory grew brighter.

“We’ve learned a few things about you from the people at Milestone,” he said. “You have no children. You aren’t married; you never have been.” He watched her as she tried to assimilate what he’d told her. “Is it starting to fall into place now?”

Susan sighed with relief. “Yes. To an extent, it is. Some of it’s coming back to me ... but no

everything. Just random bits and pieces.”

“It’ll take time,” he assured her. “After an injury like yours, you can’t expect to recuperate overnight.”

She had a lot of questions to ask him, but her curiosity was equaled by her bone-deep weariness and exceeded by her thirst. She slumped back against the pillows to catch her breath, and she asked for more water.

He poured only a third of a glass this time. As before, he warned her to take small sips.

She didn’t need to be warned. Already, after having consumed nothing more than a few ounces of water, she felt slightly bloated, as if she’d eaten a full-course dinner.

When she had finished drinking, she said, “I don’t know your name.”

“Oh. I’m sorry. It’s Viteski. Dr. Leon Viteski.”

“I’ve been wondering about your accent,” she said. “I do detect one, don’t I? Viteski... Is your heritage Polish?”

He looked uncomfortable, and his gaze slid away from hers. “Yes. I was a war orphan. I came to this country in 1946, when I was seventeen. My uncle took me in.” The spontaneity had gone out of his voice; he sounded as if he were reciting a carefully memorized speech. “I’ve lost most of my Polish accent, but I suppose I’ll never shake it entirely.”

Apparently, she had touched a sore spot. The mere mention of his accent made him strangely defensive.

He hurried on, speaking faster than he had spoken before, as if he were eager to change the subject. “I’m chief physician here, head of the medical staff. By the way... do you have any idea where ‘her’ is?”

“Well, I remember that I was on vacation in Oregon, though I can’t remember exactly where I was going. So this must be somewhere in Oregon, right?”

“Yes. The town’s Willawauk. About eight thousand people live here. It’s the county seat. Willawauk County is mostly rural, and this is its only hospital. Not a huge facility. It’s just four floors, two hundred and twenty beds. But we’re good. In fact I like to think we’re better than a lot of more sophisticated big-city hospitals because we’re able to give more personal attention to patients here. And personal attention often makes an enormous difference in the rate of recovery.”

His voice contained no trace of pride or enthusiasm, as it ought to have, considering what he was saying. It was almost as flat and monotonous as the voice of a machine.

Or is it just me? she wondered. Is it just that my perceptions are out of whack?

In spite of her weariness and in spite of the hammering that had just started up again inside her skull, she raised her head from the pillow and said, “Doctor, why am I here? What happened to me?”

“You don’t recall anything about the accident?”

“No.”

“Your car’s brakes failed. It was on an extremely twisty stretch of road, two miles south of the Viewtop turnoff.”

“Viewtop?”

“That’s where you were headed. You had a confirmation of your reservation in your purse.”

“It’s a hotel?”

“Yes. The Viewtop Inn. A resort. A big, rambling old place. It was built fifty or sixty years ago, and I’d guess it’s more popular now than it was then. A real get-away-from-it-all hotel.”

As Dr. Viteski spoke, Susan slowly remembered. She closed her eyes and could see the resort in a series of colorful photographs that had illustrated an article in Travel magazine last February. She’d booked a room for part of her vacation as soon as she’d read about the place, for she had been charmed by the pictures of the inn’s wide verandas, many-gabled roofline, pillared lobby, and extensive gardens.

“Anyway,” Viteski said, “your brakes failed, and you lost control of your car. You went over the edge of a steep embankment, rolled twice, and slammed up against a couple of trees.”

“Good God!”

“Your car was a mess.” He shook his head. “It’s a miracle you weren’t killed.”

She gingerly touched the bandage that covered half her forehead. “How bad is this?”

Viteski’s thick, dark eyebrows drew together again, and it suddenly seemed to Susan that his expression was theatrical, not genuine.

“It isn’t too serious,” he said. “A wide gash. You bled heavily, and it healed rather slowly at first. But the stitches are scheduled to come out tomorrow or the day after, and I really don’t believe there’ll be any permanent scarring. We took considerable care to make sure the wound was neatly sewn.”

“Concussion?” she asked.

“Yes. But only a mild one, certainly nothing severe enough to explain why you were in a coma.”

She had been growing more tired and headachy by the minute. Now she was abruptly alert again. “Coma?”

Viteski nodded. “We did a brain scan, of course, but we didn’t find any indication of an embolism. There wasn’t any swelling of brain tissue, either. And there was no buildup of fluid in the skull, nor signs whatsoever of cranial pressure. You did take a hard knock on the head, which surely has *something* to do with the coma, but we can’t be much more specific than that, I’m afraid. Contrary to what the television medical dramas would have you believe, modern medicine doesn’t always have an answer for everything. What’s important is that you’ve come out of the coma with no apparent long-term effects. I know those holes in your memory are frustrating, even frightening, but I’m confident that, given sufficient time, they’ll heal over, too.”

He still sounds as if he’s reciting well-rehearsed lines from a script, Susan thought uneasily.

But she didn’t dwell on that thought, for this time Viteski’s odd manner of speech was less interesting than what he had said. *Coma*. That word chilled her. *Coma*.

“How long was I unconscious?” she asked.

“Twenty-two days.”

She stared at him, *gaped* at him in disbelief.

“It’s true,” he said.

She shook her head. “No. It can’t be true.”

She had always been firmly in control of her life. She was a meticulous planner who tried to prepare

for every eventuality. Her private life was conducted with much the same scientific methodology that had made it possible for her to earn her doctorate in particle physics more than a year ahead of other students who were her age. She disliked surprises, and she disliked having to depend on anyone but herself, and she was virtually terrified of being helpless. Now Viteski was telling her that she had spent twenty-two days in a state of utter helplessness, totally dependent on others, and that realization deeply disturbed her.

What if she had never come out of the coma?

Or worse yet—what if she had awakened to find herself paralyzed from the neck down, condemned to a life of utter dependency? What if she'd had to be fed and dressed and taken to the bathroom by paid attendants for the rest of her life?

She shivered.

“No,” she told Viteski. “I can't have lost that much time. I *can't* have. There must be some mistake.”

“Surely you've noticed how thin you are,” Viteski said. “You've dropped fifteen pounds or more.”

She held up her arms. Like two sticks. Earlier, she had realized how frightfully thin they looked, but she hadn't wanted to think about what that meant.

“You've been getting fluids intravenously, of course,” Dr. Viteski said. “Otherwise, you'd have died of dehydration long ago. There's been some nourishment in the fluids you've gotten, primarily glucose. But you've had no real food—no solid food, that is—in more than three weeks.”

Susan was five-foot-five, and her ideal weight (considering her delicate bone structure) was about a hundred and ten pounds. At the moment she weighed between ninety and ninety-five, and the effect of the loss was dramatic. She put her hands on the blanket, and even through the covers she could feel how sharp and bony her hips were.

“Twenty-two days,” she said wonderingly.

At last, reluctantly, she accepted the unacceptable.

When she stopped resisting the truth, her headache and her extreme weariness returned. As limp as a bundle of wet straw, she fell back against the pillows.

“That's enough for now,” Viteski said. “I think I've let you talk too much. You've tired yourself unnecessarily. Right now you need plenty of rest.”

“Rest?” she said. “No. For God's sake, I've *been* resting for twenty-two days!”

“There's no genuine rest when you're in a coma,” Viteski said. “It isn't the same thing as normal sleep. Rebuilding your strength and stamina is going to take a while.”

He picked up the control switch, pushed one of the four buttons, and lowered the head of the bed.

“No,” Susan said, suddenly panicky. “Wait. Please, wait a minute.”

He ignored her protests and put the bed all the way down.

She hooked her hands around the rails and tried to pull herself into a sitting position, but for that moment she was too exhausted to lift herself.

“You don't expect me to go to sleep, do you?” she asked, although she couldn't deny that she needed sleep. Her eyes were grainy, hot, and tired. Her eyelids felt as heavy as lead.

“Sleep is precisely what you need most,” he assured her.

“But I *can't*.”

“You look as if you can,” he said. “You’re plainly worn out. And no wonder.”

“No, no. I mean, I don’t *dare* go to sleep. What if I don’t wake up?”

“Of course you will.”

“What if I slip into another coma?”

“You won’t.”

Frustrated by his inability to understand her fear, Susan gritted her teeth and said, “But what if I *do*?”

“Listen, you can’t go through life being afraid to sleep,” Viteski said slowly, patiently, as if he were reasoning with a small child. “Just relax. You’re out of the coma. You’re going to be fine. Now, it’s quite late, and I need a bite of dinner and some sleep myself. Just relax. All right? Relax.”

If this is his best bedside manner, Susan thought, then what is he like when he isn’t *trying* to be nice?

He went to the door.

She wanted to cry out: *Don’t leave me alone!* But her strong streak of self-reliance would not permit her to behave like a frightened child. She didn’t want to lean on Dr. Viteski or on anyone else.

“Get your rest,” he said. “Everything’ll look better in the morning.”

He turned out the overhead light.

Shadows sprang up as if they were living creatures that had been hiding under the furniture and behind the baseboard. Although Susan couldn’t remember ever having been afraid of the dark, she was uneasy now; her heartbeat accelerated.

The only illumination was the cold, shimmering fluorescence that came through the open door from the hospital corridor, and the soft glow from a small lamp that stood on a table in one corner of the room.

Standing in the doorway, Viteski was starkly silhouetted by the hall light. His face was no longer visible; he looked like a black paper cutout. “Good night,” he said.

He closed the door behind him, shutting out the corridor light altogether.

There was only one lamp now, no more than a single fifteen-watt bulb. The darkness crowded close to Susan, laid long fingers across the bed.

She was alone.

She looked at the other bed, which was shrouded in shadows like banners of black crepe; reminded her of a funeral bier. She wished ardently for a roommate.

This isn’t right, she thought. I shouldn’t be left alone like this. Not after I’ve just come out of a coma. Surely there ought to be somebody in attendance—a nurse, an orderly, *somebody*.

Her eyes were heavy, incredibly heavy.

No, she told herself angrily. I mustn’t fall asleep. Not until I’m absolutely sure that my nice little nap won’t turn into another twenty-two-day coma.

For a few minutes Susan struggled against the ever-tightening embrace of sleep, clenching her fists so that her fingernails dug painfully into her palms. But her eyes burned and ached, and at last she

decided that it wouldn't hurt to close them for just a minute, just long enough to rest them. She was sure she could close her eyes without going to sleep. Of course she could. No problem.

She fell over the edge of sleep as if she were a stone dropping into a bottomless well.

She dreamed.

In the dream, she was lying on a hard, damp floor in a vast, dark, cold place. She wasn't alone. *They* were with her. She ran, staggering blindly across the lightless room, down narrow corridors of stone, fleeing from a nightmare that was, in fact, a memory of a real place, a real time, a real horror that she had lived through when she was nineteen.

The House of Thunder.

The following morning, a few minutes after Susan woke, the plump, gray-haired nurse appeared. A moment before, her glasses were suspended from a beaded chain around her neck, and they bobbed on her motherly bosom with each step she took. She slipped a thermometer under Susan's tongue, took hold of Susan's wrist, timed the pulse, then put on her glasses to read the thermometer. As she worked, she kept up a steady line of chatter. Her name was Thelma Baker. She said she'd always known that Susan would pull through eventually. She had been a nurse for thirty-five years, first in San Francisco and then here in Oregon, and she had seldom been wrong about a patient's prospects for recovery. She said she was such a natural-born nurse that she sometimes wondered if she was the reincarnation of a woman who had been a first-rate nurse in a previous life. "Of course, I'm not much good at anything *else*," she said with a hearty laugh. "I'm sure as the devil not much of a housekeeper!" She said she wasn't very good at managing money, either; to hear her tell it, just balancing the checkbook every month was a Herculean task. Wasn't much good at marriage, she said. Two husbands, two divorces, no children. Couldn't cook very well, either. Hated to sew; *loathed* it. "But I'm a darned good nurse and proud of it," she said emphatically, more than once, always with that charming smile that involved her brown eyes as well as her mouth, a smile that showed how much she truly did enjoy her work.

Susan liked the woman. Ordinarily, she had little or no patience with nonstop talkers. But Mrs. Baker's chatter was amusing, frequently self-deprecating, and oddly soothing.

"Hungry?" Mrs. Baker asked.

"Starved." She had awakened with a ravenous appetite.

"You'll start taking solid food today," Mrs. Baker said. "A soft diet, of course."

Even as the nurse spoke, a young, blond, male orderly arrived with breakfast: cherry-flavored Jell-O, unbuttered toast with a single spoonful of grape jelly, and a thin, chalky-looking tapioca. To Susan, no other meal had ever been so appealing. But she was disappointed by the size of the portions, and she said as much.

"It doesn't look like a lot," Mrs. Baker said, "but believe me, honey, you'll be stuffed before you've eaten half of it. Remember, you haven't taken solid food in three weeks. Your stomach's all shrunk up. It'll be a while before you'll have a normal appetite."

Mrs. Baker left to attend to other patients, and before long Susan realized that the nurse was right. Although there wasn't a great deal of food on the tray, and although even this simple fare tasted like ambrosia, it was more than she could eat.

As she ate, she thought about Dr. Viteski. She still felt that he had been wrong to let her alone and unattended. In spite of Mrs. Baker's sprightly manner, the hospital still seemed cold, unfriendly.

When she could eat no more, she wiped her mouth with the paper napkin, pushed the rolling board table out of her way—and suddenly had the feeling she was being watched. She glanced up.

He was standing in the open door: a tall, elegant man of about thirty-eight. He was wearing dark shoes, dark trousers, a white lab coat, a white shirt, and a green tie, and he was holding a clipboard in his left hand. His face was arresting, sensitive; his superbly balanced features looked as if they had been carefully chiseled from stone by a gifted sculptor. His blue eyes were as bright as polished gems and they provided an intriguing contrast to his lustrous black hair, which he wore full and combed.

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