



His back arched like a brontosaur's, his steps a wide-stanced shuffle, his hands gnarly and stiff, his stethoscope pinching his thick neck: so goes our hospital's longest-serving physician, old Dr. C. He wheezes down the hall after giving me a gruff, myopic nod.

Dr. C is over the age of seventy. He serves on the local hospital board. He was an instrumental figure in the construction of the modern hospital ten years ago. He's been photographed at every ribbon-cutting event the hospital has held since they started hanging pictures on the walls. Over fifteen years ago he served two terms as town mayor.

Four of Dr. C's cases have come up for review at morbidity and mortality rounds this year. It is known they are his because the errors are so singular and gross that knowledge of them quickly spreads among attending staff. Assembled physicians discuss the nature of the complaint, what tests they would have ordered, what treatments or consultations they would have arranged. Each case is taken to its conclusion and, as one of those present, I am concerned by the medical mayhem on display. If the patients didn't die, they became gravely ill in a preventable way. Dr. C never attends these sessions.

Our local troublemaker physician has been waging a battle with Dr. C for years. He has scored a few hits because of his acknowledged reputation as an excellent diagnostician. He lambastes Dr. C in private for his "ossified skill," his "dark-ages repertoire" and his "reliance on reputation." However, Dr. C has treated almost everyone of importance in town, and it is because of his considerable reputation that he is immune to such snip-

ings. The troublemaker continues to publicize Dr. C's failings, but the old man has an unassailable dignity, maintained by a wise silence as well as accumulated achievement. His legacy is secure after fifty years of work.

Two months ago someone died because of a gross medical error. A toddler presented with headache, fever and neck stiffness. Her parents were sent home with advice to "give Tylenol and wait it out." Waiting facilitated the lethality of meningitis, and acetaminophen did nothing to halt the advance of meningococemia. The bacterium then spread to family members, who were identified as having the disease only when they brought their daughter, her purpura blossoming like an orchid, to the troublemaker in the emergency department.

His lumbar puncture drained pure pus. The child died soon after. The troublemaker cursed this death after he heard that the child had seen the doctor just yesterday, that she had a headache and fever, that she would not move her neck. His intravenous antibiotics couldn't save the child, and that night his grief caused him to metamorphose into a righteous prophet, the agent of Dr. C's demise.

The last morbidity and mortality rounds foretold the content of medical staff rounds. Dr. C was called to attend by special summons. From across the table we confronted him as a group. Curiously, the troublemaker was absent. We offered the polite opinion that Dr. C should retire from active clinical duty and perhaps serve in a purely administrative role.

There was no brimstone tirade. Only a pause before he agreed with grace, asking us all, "Now what should I do?"

— *Dr. Ursus*