

# Differential

## 3800 words

The guy disappeared for a minute and when he came back he was carrying a fireplace log, and Pete's first reaction was, so they *do* allow fireplaces in new construction?

Or, was the guy holding some sort of pellet-stove job, something that fit the energy-efficient criteria and that was okay.

But no . . . it looked pretty organic and had old-fashioned bark and some yellow fibrous stuff clinging to it, and Pete was trying to figure out exactly what *was* going on when the guy reared back and hit him in the head with the log.

Later on he remembered falling backward, and then that was about it.

He didn't remember the neighbors starting to gather, the ambulance arriving or the squad car pulling up as they were loading him in.

He remembered waking up when the ambulance was nearing the side entrance to the hospital, because

there was a speed bump you had to go over . . . and why the heck would they have one of those?

They wheeled him in, there were people in scrubs waiting, they transferred him to a table, which hurt like hell, and they cut off his shirt and started checking him out.

Even not feeling real good Pete wondered, Gee, you can't take a little longer and unbutton the thing and not wreck it?

Then they went to work on the side of his forehead, there was bleeding that hadn't stopped, and they hauled him away for a CAT scan and brought him back and stitched him up.

He increasingly decided he wasn't going to die. The ER doc and the nurses gave him the impression he *might* at first. They were in a scramble, move-quick mode, with the doctor calling out stuff to the others.

Now Pete was in a side cubicle off the main ER, and he figured this was a temporary intensive care type deal, since you were right there where they could watch you, no door and even the side wall had a big glass window.

After a half hour in that little room he felt things stabilizing in his brain . . . to an extent.

He could remember back to being a kid, and he could *mostly* remember moving to Manhattan Beach, but his short term memory was dicey, which scared him.

He remembered debating ringing that guy's doorbell, but nothing after that until he woke up bouncing over the speed bump.

The worst break in the chain--he had no idea, until he asked a nurse-- where he was currently. What town, region, part of the country . . . and he wasn't clear on where he'd come here *from*.

Eventually the doctor came in. "Mr. Holmes, I didn't have a chance to introduce myself earlier, but I'm Dr. Wolfe," the guy said. "Our evaluation, besides the laceration, is you've sustained a class 4 concussion."

"Oh," Pete said. The Holmes part wasn't quite making sense, but he put it together . . . that they asked him his name and he must have given them his old friend Ray's.

"So," the doctor was saying, "considering the possible lingering severity of the head injury, and in

light of the fact that it resulted from an apparent assault, we're going to admit you overnight."

"Okay hold on there," Pete said. "If I could get a couple things straight . . . Did I speak to the police?"

"You might have, at the scene. We have no information on that."

"How about here?"

"Generally, an incident like this, an officer will take a statement from you within the hour."

"What hour?"

The doctor said, "You'll be here for a while, so no worries. May I ask why you're so concerned?"

"Well," Pete said. "I can't remember what happened *anyway*, I'm mostly going by what you told *me* . . . so what would I be able to add for the police?"

"I wouldn't stress over that, Mr. Holmes," the doctor said. "it's routine."

"Ah . . . let me ask you this, then. What's my first name?"

The doctor didn't react funny. He dealt with this stuff, no doubt. "Ken," he said.

Pete said, “Okay good then . . . At least my noggin, it’s got that part right.”

“Indeed,” the doc said. “And again, rest is the optimum remedy, so please don’t concern yourself with anything beyond that scope.”

“You admit me . . . that mean's a room and everything.”

“Of course. You’ll be right upstairs. The neurologist will be by tomorrow, and you’ll be re-evaluated.”

Pete said, “Well thank you. Would you have another shirt or something?”

“We really don’t, I’m sorry. But you can talk to our in-patient services coordinator when it is deemed appropriate to facilitate your release.”

Pete said, “You guys always talk like that?”

The doc at least had a sense of humor. “Depends on the med school. Some more formal than others.”

“Where’d *you* go?”

“I went to Vanderbilt.”

“Which is where--Nashville?”

“You got it.”

“Let me ask you this then . . . how is it living down there?”

The doctor said, “I can see you’re a spirited individual. My answer would be complicated, and would take more time than we have right now.”

“I’m looking to reinvent myself,” Pete said. “What happens though, I gotta keep *re*-reinventing from the *last* effort . . . if that makes sense.”

“Not at all,” the doctor said. “We’ll check on you in an hour though.”

“Sounds good,” Pete said, and he tried his best to size things up.

First of all, it was interesting--and a good idea--that he apparently combined two of his favorite people’s names, Ray’s and Ken’s . . . as opposed to laying a Pete McGirk on them.

Since the smart move at this point was leave yourself out of it.

Even though here you were on the theoretically innocent *receiving* end . . . why up the radar quotient?

Pete’s mind was starting to un-fog itself a bit more. Could they have checked his ID in the ambulance?

Taken his wallet out of his pants pocket, looked inside, and put it back?

He decided that was unlikely because this doc kept calling him Mr. Holmes. Maybe there was some civil rights deal where they *couldn't* pull your ID without your permission . . . though probably not . . . and that'd be another discussion.

Bottom line . . . the thing now, would be to get *the fuck* out of here . . . if only he felt a little more up for it.

The doc was good for his word, he did check back every hour, but a couple things Pete was worried about happened.

First, a petite gal with a Texas accent shows up with a clipboard and a folder full of forms she's going to fill out in Pete's presence. Pete volunteered his name, Ken Holmes, and she began the process. Then Pete said, "Beyond that, I can't give you anything, but I'm pretty sure I'll have it all straight by tomorrow, can you come back then?"

"That's not ideal," the woman said, "but we at least need your insurance carrier tonight."

Pete told her to come back in 90 minutes in that case, that he was doing the brain exercises the doctor gave him and should be clearer on all of it by then.

It was pretty obvious the lady knew when he was full of baloney, but she picked up the paperwork and left.

A few minutes later a policeman comes in. An older guy, uniform, no hat, not looking in a good mood, like he'd just completed his shift and was getting ready to go home and then this pops up.

“Sorry for your situation,” the officer said, no formalities, getting right to it.

“Well I appreciate you coming by,” Pete lied.

“Now we have a Robert Jordan,” the cop said, flipping open a notepad, “involved in a confrontation with you. Not much to go on past that, other than what a resident said they saw.”

“What'd they see?” Pete said.

“How bout you *tell* me.”

“If I had it clear upstairs in my frontal lobe I would,” Pete said. “I believe I was looking for an address . . . and I might of rang the wrong bell. What'd that guy hit me with anyway?”



“So *that* you do remember,” the cop said. “A piece of wood.”

“Either way . . . let’s just wrap it up, how about . . . I’m not interested in pursuing anything. So can we do that?”

“No,” the cop said. “There was an alleged assault. I’m required to make a report. Otherwise, I got better places to be wiping my ass at.” Though Pete was pretty sure the guy didn’t have to make *any* report if he wasn’t pressing charges, but the guy had his attitude.

“But see?” Pete said. “That’s what I was just thinking when you walked in . . . this guy’s already pissed off, he’s had enough for one day.”

“Well you’re a genius then . . . You got some ID on you there pal?”

Pete said, “Nah, not *on* me, no.”

The guy stopped with the pad and gave Pete his full attention. He said, “You some kind of prick now? I ain’t got time for this.”

And of course in the old days of police work a guy with this kind of chip on his shoulder would make sure no one was looking, and close a curtain if they had one,

and stand Pete up and spin him around and pull out his wallet.

Pete was thinking overall, the big picture, that *was* probably the best way to conduct police work. A little force, when someone who should have been cooperating wasn't. Yeah, there'd be mistakes made and some people jerked around unfairly . . . but you'd avoid a lot of legal red tape and solve more crimes.

But right now his concern was how not to cooperate.

He said, "Welp, I feel bad you had to make the trip out here. I'm fine though . . . no harm, no foul. Does that make sense?"

"No," the cop said, putting his notebook away. "I'm rolling it over to my lieutenant. His name's Selby. He'll be in touch. You'll find out, he's not as patient a man as I am."

They never bothered taking his trousers off when they treated him and when the cop left Pete checked his pockets, which he should have done before now but wasn't thinking great.

Back to back inside his wallet were two drivers' licenses. Peter H. McGirk on one, and *Jeffrey Masters*

the other--and dang, some guy really did do a job--not remembering who that guy was, who obviously faked the second ID for him--but you couldn't tell them apart.

In his other pocket was a bus ticket, Reno to Spokane, Washington.

Ooh boy. Now what would *that* be all about?

Meanwhile the wall clock in his cubicle sure wasn't wasn't very hi tech, and it was pissing him off because you heard a click when the hands moved.

The doctor showed up again and with a nurse this time, and they took his blood pressure and vital signs . . . and something else occurred to Pete.

“Doc, let me ask you this,” he said, after they'd made notes on his chart, and of course a handheld device was in play now too, the nurse typing God knows what into that, and she finished and left the room.

“Certainly,” the doctor said.

“Okay, well . . . how am I overall? I mean pretty good shape and everything?”

“Excuse me?”

“No, I mean ignoring my head thingamajig . . . if I walked in here cold and you examined me . . . what would you have?”

“That’s a strange concern right now, I must admit,” the doctor said. “But your basics seem fine. Especially for a patient who’s endured a significant trauma.”

“Okay fair enough, but what do we have *beyond* the basics?”

“Mr. Holmes, I’m afraid you’ll need to be more specific.”

“Okay here’s the deal . . . A lab in San Francisco death-sentenced me, let’s see what it was . . .” and Pete started counting it off on his fingers, “Jeez, going on 10 months ago now. At any rate, it was supposedly a stage-4 deal, and grim.”

“I see,” the doc said. “And you’ve been undergoing treatment?”

“Nah. They couldn’t come up with one victim like me, who they cured with the treatment they wanted to hammer me with . . . So I said screw that bullshit . . . Sorry about my language.”

“Uh-huh,” the doctor said. “Well naturally we’d need more information.”

“You think I’m full of crap, don’t you?”

The doctor didn’t say anything.

Pete said, “My doc back then, he’s a friend of mine I grew up with. He had a voluptuous receptionist I was pretty sure he was banging on the side, and that strained our old relationship. Once he conveyed my news, I never went back.”

Pete knew he was talking funny, letting it fly from the hip . . . and figuring they probably shot him up with multiple meds before he came to. But it was good to get some feedback from this guy.

The doctor said, “What you point to is why we recommend against engaging practitioners who you have an outside relationship with.”

“Fine,” Pete said, “ignoring that--do I look to you like a guy *on the way out*?”

“Head injuries are tricky,” the doctor said, “I’m going to level with you there. We’re just scratching the surface, I’m afraid, of understanding the long term

residuals. At the moment, you appear stable and relatively coherent.”

“*Forget* the head business,” Pete said, “could someone have fouled up my *sample*? Looked into the wrong microscope? Got distracted by a text message when they’re entering my name into a data bank . . . and mixed me up with someone *else*?”

“It can happen, I suppose,” the doctor said. “We’re all human. If you’re concerned--and you really are not concocting this--your test sequence can be easily repeated.”

“Yeah . . . so I’ve heard,” Pete said, and he said thanks and the guy left.

So, putting it all together . . . he’d had a rudimentary physical tonight, and nothing jumped out that moved the needle haywire.

Which you’d have to call, not a *win*, maybe, but at least a plus. Just too bad it required getting hit over the head to obtain that information . . . but it was what it was.

Pete was rolling it around again, could you simply get up--a little wobbly admittedly--and walk out of

here . . . but before he could commit himself to the concept two orderlies appeared with a new doctor, and the doc said they were officially admitting him now and moving him to the third floor, and to take it easy.

Everyone kept telling him to rest, like a broken record . . . but wasn't there something he'd heard, when you have a concussion you try to stay *awake*?

There were two beds, the other one empty, and a nurse or assistant nurse came in--that was another thing, you couldn't tell what anyone *was* in this place. The orderlies were wearing the same scrubs as the doctors, but maybe that was the idea, keep you confused so you give up and don't act difficult.

The nurse or assistant was cute, bubbly personality, big mop of blonde hair piled up high on her head.

As she was straightening out his pillows and showing him how to adjust the bed and work the TV changer Pete said, "I'm gonna say something, and you tell me if I'm wrong . . . your name is Kay, and you have rosy cheeks."

Kay smiled and said, "That's very perceptive of you Mr. Holmes. You read my name tag well."

“How’d I figure out the cheeks?”

“That would be a mystery,” she said.

“Because my cognitive abilities, they’re supposed to be impaired. But this just shows, I’m fine.”

Kay kept going about her business and said, “Well you seem like a person who wouldn’t get into a fight. What happened to you?”

Pete said, “Are you asking me from a medical standpoint? Or just from the couch, unofficially, like someone watching Dr. Phil?”

“The second one,” Kay said.

“So . . . let me out of here, and I’ll buy you dinner and tell you.”

“Very funny.”

Pete said, “What you’re saying is . . . that might make sense, except it’s breakfast time at the moment . . . The answer to your question, I don’t *know* what happened.”

“See then? That’s why we need to keep an eye on you.” She wiggled her finger, pretend-scolding him.

“How about this then?” Pete said. “We go out the back door, down the emergency stairwell, we get in your



car and you drive me to southern California . . . What would you charge me to do that?”

Kay said, “You’re a nut.”

“You just tell ‘em you had a little situation, and you needed a few days off, spur of the moment . . . How about two thousand dollars?”

“Yeah, right,” she said.

“Make it three. Take you about 17 hours total, there and back. Since I have it straight now, we’re in Reno.”

“I must say,” Kay said, “this discussion, it would be considered an atypical interaction with a patient.”

“I know what you mean,” Pete said. “Four.”

“This is outrageous,” Kay said. “And I can’t believe you’re half serious.”

You could tell now, the wheels were at least turning, and on some level she was addressing the possibility.

“What kind of car do you have?” Pete said.

“None of your business,” she said, and Pete enjoyed this side surfacing.

He said, “Because I might up my price, depending how comfortable the ride would be.”

“You’re *very* strange.”

“You know how they conduct auctions?” he said. “Though not as much that way any more, they’re pasteurizing the spirit out of them now . . . I went to a real estate auction, condos that didn’t sell and got repossessed?”

“And your point?”

“The auctioneer, he didn’t put on any act. That used to be the best part. The: *Do I hear TWO, diddy-diddy* . . . a good auction presentation is an art form, like a top-notch horse race announcer when they’re thundering down the stretch.”

“Hmm,” Kay said.

“What I’m getting to,” Pete said, “at the end, the *going once, going twice . . . Sold.*”

“They’ve gotten rid of that part too?”

“No, that’s still there. So here’s your chance . . . *Five* thousand . . . Going once . . . going twice . . . *oh*, sorry, time’s up.”

“I can’t think it over at least?” Kay said.

“No. You gotta act quick, when an opportunity presents itself . . . Keep that in mind in the future, from an old guy who’s lived a little bit. I’m not joking.”

“You don’t look that old.”

“I turned 42.”

“Yes, well, that’s about right.”

“Jeez, you’re supposed to phrase that a little different . . . I’ll spot you though, just tell me how to get out of here, where I’d be causing the least disruption.”

Kay looked at him and waited for more, and Pete kept his mouth shut and waited too.

She said, “You’re serious, aren’t you? Something tells me you *were* serious before too.”

“Indeed. That part, you blew.”

“Mr. Holmes . . . let me ask you this . . .”

“Call me Ken.”

“Ken, is it you’re worried, someone . . . might be looking for you?”

Pete hadn’t thought of that angle, but this was good. He said, “That’s the way it works, yeah. Unfinished business.”

“Well Gosh,” she said, starting to actually look concerned, “are you sure?”

“No I’m not,” he said. “But I have a bad feeling . . . This IV, can you pull it out, for starters?”

Kay took a moment and said, “I’m sorry, I can’t help you with that.”

“Okay thanks anyway, you’re a good sport,” Pete said, and Kay was near the door, and he said, “You happen to have an extra set of scrubs or something?”

And Kay said she didn’t . . . but as she was leaving the room she added over her shoulder that they kept them in the closet past the water fountain . . . and to be sure and get some rest, and she’d check on him in an hour.

A few minutes later Pete was down the hall and into the nearest stairwell, and he’d gotten the dang IV out of his forearm no problem, he’d been overthinking it, and he had the scrubs on, which were at least an improvement over the hospital gown they’d forced on him . . . no idea where his trousers went after they moved him upstairs, but he had his shoes . . . and he’d held onto his wallet, so what more did you need really?

When you got to the bottom of the stairs you could exit on the ground level or go another flight down to the parking garage.

That seemed like a good option, keep going . . . and what it let you do was walk *up* the ramp, nice and civilized, if a little awkward, and then you were on the street, not having to cross the hospital grounds in full view of anyone to get there.

The only obstacle was the parking attendant, likely not used to seeing too many humans walking the ramp, but Pete gave the guy a smile and a little salute like they knew each other, and the guy reacted okay, and then Pete was in the middle of the street you fed into, Staggs Boulevard, making sure he didn't get hit by a car since it wasn't that light out yet--and Jeez, wouldn't *that* be something.