The Stethoscope Cure

Part 1

1.

"Excuse me, are you Mr. Toltan?"

The young man in the wheelchair in the dayroom looks up at me with blank eyes. No reply.

Now he's staring at the floor, as if the worn Formica tiles had been imported directly from the Sistine Chapel. I'm actually prepared for this. Mental illness is not polite. Behind me, across the room, I can hear the mimeograph machine busily at work at the nurses' station.

He's a good-looking guy, with his angular face, longish dirty-blond hair, dark brown eyes. He grips the metal arms of his wheelchair and for a moment I imagine he's going to stand up and shake my hand. But, no, that would be impossible; the man has no legs. Two short, fat stumps in their hospital whites stare up at me from the blanketed seat of the wheelchair. I want to step backwards, away from the sight, but force myself to hold my ground. I'm hoping this is the new patient assigned to me at morning rounds. Not easy to find someone here, even a vet in a wheelchair, since there are so many wheelchairs.

"And if I am?" The stocky patient looks back up at me. His voice is soft—I could almost mistake his tone for friendliness—but there's a hard edge to it, and I feel less asked a question than accused of something.

The dayroom is enormous, its beige-yellow walls streaked with age, almost as big as a football field. Clusters of patients sit talking, reading, sleeping, staring into space. A brace of men gather on metal chairs around the TV set in the corner. *Days of Our Lives* is on. Out of the corner of my eye I glimpse a middle-aged patient muttering to himself as he marches back and forth—as if in formation—along the wall near the radiators. On the blackboard behind him an aide has written: "Today is Wednesday, Sept 15, 1967. You are in the New York VA Hospital. Today is warm and sunny." The room smells medicinal. Psychotropic meds each have their own odor, or so the patients claim. They talk about "lithium aftershave" and "thorazine cologne," certain that their meds emit a smell through the skin.

I glance quickly into the manila folder with case notes the admitting doctor made the day before. "PFC. Christopher Toltan, age 22. Battlefield injury, schizophrenia, catatonia. Rule out paranoia." Hmm. Catatonia involves a withdrawn, sometimes mute, presentation. Not like the comeback I just got from this guy. Who wrote these notes? Dr. Fingers. Oh. Old School senior psychiatrist, World War II officer, big guy with a moustache. He kind of makes me catatonic, too.

The silence between me and the patient starts to creep into my chest. I feel as if I'm onstage, as if whatever I say is being broadcast like the soap opera on the TV. The dayroom itself—faded institutional couches with frayed plastic cushions, bare metal

chairs, a Ping-Pong table at the far end—seems to radiate out from where the two of us are negotiating whatever we're negotiating. I used to play Ping-Pong all the time in the basement of my home growing up. I want to be there now, safe in the basement of my childhood home, playing Ping-Pong with my buddies. Maybe I'm just too young for this work, though Mr. Toltan, right here in front of me—if it is Toltan—is even younger than me. And he's already lost his legs. Is that why this guy throws me more off-balance than usual here in the ward? Most of the vets are years older than me. Most are in civvies, some in hospital wear, and there are sporadic reminders of military service—embroidered unit names, Army, Navy, Marine patches or sewn decorations that the patient insists CANNOT BE REMOVED from their clothing. (No medals, though. Too sharp.)

My fellow resident, Dr. Darren Fritz, fountain pens arrayed in his jacket pocket, is talking to a patient not far away. Can he hear this exchange, or lack of it? I feel like a transient and, oddly, the patients feel like the permanent residents, even though our goal is to "return these men rapidly to their highest level of functioning," as Dr. Alazar, our suave and sophisticated Chief of Psychiatry, born and raised in France, likes to say, rolling his Rs in a way that makes it sound as if he is imparting select knowledge known only to a few. Sometimes he'll add, "These men are all heroes. They deserve the highest standards of medical care." And, often, "Of course we want to get these men back to active duty, quickly, if at all possible."

Of course. Though I guess a schizophrenic double amputee would merit an honorable discharge. Our goal is not to get Chris Toltan back to "active duty." But, then, what is the goal? I'm staring at a legless, pissed-off vet. What am I supposed to do here?