**The Little Black Bag**

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Dr. Full felt the winter in his bones as he limped down the alley. It was the alley and the back door he had chosen rather than the sidewalk and the front door because of the brown paper bag under his arm. He knew perfectly well that the flat-faced, stringy-haired women of his street and their gap-toothed, sour-smelling husbands did not notice if he brought a bottle of cheap wine to his room. They all but lived on the stuff themselves, varied with whiskey when pay checks were boosted by overtime. But Dr. Full, unlike them, was ashamed. A complicated disaster occurred as he limped down the littered alley. One of the neighborhood dogs—a mean little black one he knew and hated, with its teeth always bared and always snarling with menace—hurled at his legs through a hole in the board fence that lined his path. Dr. Full flinched, then swung his leg in what was to have been a satisfying kick to the animal’s gaunt ribs. But the winter in his bones weighed down the leg. His foot failed to clear a half-buried brick, and he sat down abruptly, cursing. When he smelled unbottled wine and realized his brown paper package had slipped from under his arm and smashed, his curses died on his lips. The snarling black dog was circling him at a yard’s distance, tensely stalking, but he ignored it in the greater disaster.

With stiff fingers as he sat on the filth of the alley, Dr. Full unfolded the brown paper bag’s top, which had been crimped over, grocer-wise. The early autumn dusk had come; he could not see plainly what was left. He lifted out the jug-handled top of his half gallon, and some fragments, and then the bottom of the bottle. Dr. Full was far too occupied to exult as he noted that there was a good pint left. He had a problem, and emotions could be deferred until the fitting time.

The dog closed in, its snarl rising in pitch. He set down the bottom of the bottle and pelted the dog with the curved triangular glass fragments of its top. One of them connected, and the dog ducked back through the fence, howling. Dr. Full then placed a razor-like edge of the half-gallon bottle’s foundation to his lips and drank from it as though it were a giant’s cup. Twice he had to put it down to rest his arms, but in one minute he had swallowed the pint of wine.

He thought of rising to his feet and walking through the alley to his room, but a flood of well-being drowned the notion. It was, after all, inexpressibly pleasant to sit there and feel the frost-hardened mud of the alley turn soft, or seem to, and to feel the winter evaporating from his bones under a warmth which spread from his stomach through his limbs.

A three-year-old girl in a cut-down winter coat squeezed through the same hole in the board fence from which the black dog had sprung its ambush. Gravely she toddled up to Dr. Full and inspected him with her dirty forefinger in her mouth. Dr. Full’s happiness had been providentially made complete; he had been supplied with an audience.

“Ah, my dear,” he said hoarsely. And then: “Preposterous accusation. ’If that’s what you call evidence,’ I should have told them, ’you better stick to your doctoring.’ I should have told them: ’I was here before your County Medical Society. And the License Commissioner never proved a thing on me. So gennulmen, doesn’t it stand to reason? I appeal to you as fellow members of a great profession?’

The little girl bored, moved away, picking up one of the triangular pieces of glass to play with as she left. Dr. Full forgot her immediately, and continued to himself earnestly: “But so help me, they couldn’t prove a thing. Hasn’t a man got any rights?” He brooded over the question, of whose answer he was so sure, but on which the Committee on Ethics of the County Medical Society had been equally certain. The winter was creeping into his bones again, and he had no money and no more wine.

Dr. Full pretended to himself that there was a bottle of whiskey somewhere in the fearful litter of his room. It was an old and cruel trick he played on himself when he simply had to be galvanized into getting up and going home. He might freeze there in the alley. In his room he would be bitten by bugs and would cough at the moldy reek from his sink, but he would not freeze and be cheated of the hundreds of bottles of wine that he still might drink, and the thousands of hours of glowing content he still might feel. He thought about that bottle of whiskey— was it back of a mounded heap of medical journals? No; he had looked there last time. Was it under the sink, shoved well to the rear, behind the rusty drain? The cruel trick began to play itself out again. Yes, he told himself with mounting excitement, yes, it might be! Your memory isn’t so good nowadays, he told himself with rueful good-fellowship. You know perfectly well you might have bought a bottle of whiskey and shoved it behind the sink drain for a moment just like this.

The amber bottle, the crisp snap of the sealing as he cut it, the pleasurable exertion of starting the screw cap on its threads, and then the refreshing tangs in his throat, the wannth in his stomach, the dark, dull happy oblivion of drunkenness—they became real to him. You could have, you know! You could have! he told himself. With the blessed conviction growing in his mind—It could have happened, you know! It could have!—he struggled to his right knee. As he did, he heard a yelp behind him, and curiously craned his neck around while resting. It was the little girl, who had cut her hand quite badly on her toy, the piece of glass. Dr. Full could see the rilling bright blood down her coat, pooling at her feet.

He almost felt inclined to defer the image of the amber bottle for her, but not seriously. He knew that it was there, shoved well to the rear under the sink, behind the rusty drain where he had hidden it. He would have a drink and then magnanimously return to help the child. Dr. Full got to his other knee and then his feet, and proceeded at a rapid totter down the littered alley toward his room, where he would hunt with calm optimism at first for the bottle that was not there, then with anxiety, and then with frantic violence. He would hurl books and dishes about before he was done looking for the amber bottle of whiskey, and finally would beat his swollen knuckles against the brick wall until old scars on them opened and his thick old blood oozed over his hands. Last of all, he would sit down somewhere on the floor, whimpering, and would plunge into the abyss of purgative nightmare that was his sleep.

After twenty generations of shilly-shallying and “we’ll cross that bridge when we come to it,” genus homo had bred itself into an impasse. Dogged biometricians had pointed out with irrefutable logic that mental subnormals were outbreeding mental normals and supemormals, and that the process was occurring on an exponential curve. Every fact that could be mustered in the argument proved the biometricians’ case, and led inevitably to the conclusion that genus homo was going to wind up in a preposterous jam quite soon. If you think that had any effect on breeding practices, you do not know genus homo.

There was, of course, a sort of masking effect produced by that other exponential function, the accumulation of technological devices. A moron trained to punch an adding machine seems to be a more skillful computer than a medieval mathematician trained to count on his fingers. A moron trained to operate the twenty-first century equivalent of a linotype seems to be a better typographer than a Renaissance printer limited to a few fonts of movable type. This is also true of medical practice.

It was a complicated affair of many factors. The supemormals “improved the product” at greater speed than the subnormals degraded it, but in smaller quantity because elaborate training of their children was practiced on a custom-made basis. The fetish of higher education had some weird avatars by the twentieth generation: “colleges” where not a member of the student body could read words of three syllables; “universities” where such degrees as “Bachelor of Typewriting,” “Master of Shorthand” and “Doctor of Philosophy (Card Filing)” were conferred with the traditional pomp. The handful of supernormals used such devices in order that the vast majority might keep some semblance of a social order going.

Some day the supernormals would mercilessly cross the bridge; at the twentieth generation they were standing irresolutely at its approaches wondering what had hit them. And the ghosts of twenty generations of biometricians chuckled malignantly.

It is a certain Doctor of Medicine of this twentieth generation that we are concerned with. His name was Hemingway—John Hemingway. B.Sc., M.D. He was a general practitioner, and did not hold with running to specialists with every trifling ailment. He often said as much, in approximately these words: “Now, uh, what I mean is you got a good old G.P. See what I mean? Well, uh, now a good old G.P. don’t claim he knows all about lungs and glands and them things, get me? But you got a G.P., you got, uh, you got a, well, you got a all-around man! That’s what you got when you got a G.P.—you got a all-around man.”

But from this, do not imagine that Dr. Hemingway was a poor doctor. He could remove tonsils or appendixes, assist at practically any confinement and deliver a living, uninjured infant, correctly diagnose hundreds of ailments, and prescribe and administer the correct medication or treatment for each. There was, in fact, only one thing he could not do in the medical line, and that was, violate the ancient canons of medical ethics. And Dr. Hemingway knew better than to try.

Dr. Hemingway and a few friends were chatting one evening when the event occurred that precipitates him into our story. He had been through a hard day at the clinic, and he wished his physicist friend Walter Gillis, B.Sc., M.Sc., Ph.D., would shut up so he could tell everybody about it. But Gillis kept rambling on, in his stilted fashion: “You got to hand to old Mike; he don’t have what we call the scientific method, but you got to hand it to him. There this poor little dope is, puttering around with some glassware, and I come up and ask him, kidding of course, ’How’s about a time-travel machine, Mike?’

Dr. Gillis was not aware of it, but “Mike” had an I.Q. six times his own and was—to be blunt—his keeper. “Mike” rode herd on the pseudo-physicists in the pseudo-laboratory, in the guise of a bottle-washer. It was a social waste—but as has been mentioned before, the supernormals were still standing at the approaches to a bridge. Their irresolution led to many such preposterous situations. And it happens that “Mike,” having grown frantically bored with his task, was malevolent enough to—but let Dr. Gillis tell it:

“So he gives me these here tube numbers and says, ’Series circuit. Now stop bothering me. Build your time machine, sit down at it and turn on the switch. That’s all I ask, Dr. Gillis—that’s all I ask.’

“Say,” marveled a brittle and lovely blond guest, “you remember real good, don’t you, doc?” She gave him a melting smile.

“Heck,” said Gillis modestly, “I always remember good. It’s what you call an inherent facility. And besides I told it quick to my secretary, so she wrote it down. I don’t read so good, but I sure remember good, all right. Now, where was I?”

Everybody thought hard, and there were various suggestions:

“Something about bottles, doc?”

“You was starting a fight. You said ’time somebody was traveling.’

“Yeah—you called somebody a swish. Who did you call a swish?”

“Not swish—switch!”

Dr. Gillis’ noble brow grooved with thought, and he declared: “Switch is right. It was about time travel. What we call travel through time. So I took the tube numbers he gave me and I put them into the circuit-builder; I set it for ’series’ and there it is—my time-traveling machine. It travels things through time real good.” He displayed a box.

“What’s in the box?” asked the lovely blonde.

Dr. Hemingway told her: “Time travel. It travels things through time.”

“Look,” said Gillis, the physicist. He took Dr. Hemingway’s little black bag and put it on the box. He turned on the switch and the little black bag vanished.

“Say,” said Dr. Hemingway, “that was, uh, swell. Now bring it back.”

“Huh?”

“Bring back my little black bag.”

“Well,” said Dr. Gillis, “they don’t come back. I guess maybe that dummy Mike gave me a bum steer.”

There was wholesale condemnation of “Mike” but Dr. Hemingway took no part in it. He was nagged by a vague feeling that there was something he would have to do. He reasoned: “I am a doctor, and a doctor has got to have a little black bag. I ain’t got a little black bag—so ain’t I a doctor no more?” He decided that this was absurd. He knew he was a doctor. So it must be the bag’s fault for not being there. It was no good, and he would get another one tomorrow from that dummy Al, at the clinic. Al could find things good, but he was a dummy— never liked to talk sociable to you.

So the next day Dr. Hemingway remembered to get another little black bag from his keeper—another little black bag with which he could perform tonsillectomies, appendectomies and the most difficult confinements, and with which he could diagnose and cure his kind until the day when the supernormals could bring themselves to cross that bridge. Al was kinda nasty about the missing little black bag, but Dr. Hemingway didn’t exactly remember what had happened, so no tracer was sent out, so— Old Dr. Full awoke from the horrors of the night to the horrors of the day.

His gummy eyelashes pulled apart convulsively. He was propped against the corner of his room, and something was making a little drumming noise. He felt very cold and cramped. As his eyes focused on his lower body, he croaked out a laugh. The drumming noise was being made by his left heel, agitated by fine tremors against the bare floor. It was going to be the D.T. ’s again, he decided dispassionately. He wiped his mouth with his bloody knuckles, and the fine tremor coarsened; the snaredrum beat became louder and slower. He was getting a break this fine morning, he decided sardonically. You didn’t get the horrors until you had been tightened like a violin string, just to the breaking point. He had a reprieve, if a reprieve into his old body with the blazing, endless headache just back of the eyes and the screaming stillness in the joints were anything to be thankful for.

There was something or other about a kid, he thought vaguely. He was going to doctor some kid. His eyes rested on a little black bag in the center of the room, and he forgot about the kid. “I could have sworn,” said Dr. Full, “I hocked that two years ago!” He hitched over and reached the bag, and then realized it was some stranger’s kit, arriving here he did not know how. He tentatively touched the lock and it snapped open and lay flat, rows and rows of instruments and medications tucked into loops in its four walls. It seemed vastly larger open than closed. He didn’t see how it could possibly fold up into that compact size again, but decided it was some stunt of the instrument makers. Since his time—that made it worth more at the hock shop, he thought with satisfaction.

Just for old times’ sake, he let his eyes and fingers rove over the instruments before he snapped the bag shut and headed for Uncle’s. More than few were a little hard to recognize—exactly that is. You could see the things with blades for cutting, the forceps for holding and pulling, the retractors for holding fast, the needles and gut for suturing, the hypos—a fleeting thought crossed his mind that he could peddle the hypos separately to drug addicts.

Let’s go, he decided, and tried to fold up the case. It didn’t fold until he happened to touch the lock, and then it folded all at once into a little black bag. Sure have forged ahead, he thought, almost able to forget that what he was primarily interested in was its pawn value.

With a definite objective, it was not too hard for him to get to his feet. He decided to go down the front steps, out the front door and down the sidewalk. But first— He snapped the bag open again on his kitchen table, and pored through the medication tubes. “Anything to sock the autonomic nervous system good and hard,” he mumbled. The tubes were numbered, and there was a plastic card which seemed to list them. The left margin of the card was a run-down of the systems— vascular, muscular, nervous. He followed the last entry across to the right. There were columns for “stimulant,” “depressant,” and so on. Under “nervous system” and “depressant” he found the number 17, and shakily located the little glass tube which bore it. It was full of pretty blue pills and he took one.

It was like being struck by a thunderbolt.

Dr. Full had so long lacked any sense of well-being except the brief glow of alcohol that he had forgotten its very nature. He was panic-stricken for a long moment at the sensation that spread through him slowly, finally tingling in his fingertips. He straightened up, his pains gone and his leg tremor stilled.

That was great, he thought. He’d be able to run to the hock shop, pawn the little black bag and get some booze. He started down the stairs. Not even the street, bright with mid-morning sun, into which he emerged made him quail. The little black bag in his left hand had a satisfying authoritative weight. He was walking erect, he noted, and not in the somewhat furtive crouch that had grown on him in recent years. A little self-respect, he told himself, that’s what I need. Just because a man’s down doesn’t mean— “Docta, please-a come wit’!” somebody yelled at him, tugging his arm. “Da-lift-la girl, she’s-a burn’ up!” It was one of the slum’s innumerable flat-faced, stringy-haired women, in a slovenly wrapper.

“Ah, I happen to be retired from practice—” he began hoarsely, but she would not be put off.

“In by here, Docta!” she urged, tugged him to a doorway. “You come look-a da litt-la girl. I got two dolla, you come look!” That put a different complexion on the matter. He allowed himself to be towed through the doorway into a messy, cabbage-smelling flat. He knew the woman now, or rather knew who she must be—a new arrival who had moved in the other night. These people moved at night, in motorcades of battered cars supplied by friends and relatives, with furniture lashed to the tops, swearing and drinking until the small hours. It explained why she had stopped him: she did not yet know he was old Dr. Full, a drunken reprobate whom nobody would trust. The little black bag had been his guarantee, outweighing his whiskey face and stained black suit.

He was looking down on a three-year-old girl who had, he rather suspected, just been placed in the mathematical center of a freshly changed double bed. God knew what sour and dirty mattress she usually slept on. He seemed to recognize her as he noted a crusted bandage on her right hand. Two dollars, he thought. An ugly flush had spread up her pipe-stem arm. He poked a finger into the socket of her elbow, and felt little spheres like marbles under the skin and ligaments roll apart. The child began to squall thinly; beside him, the woman gasped and began to weep herself.

“Out,” he gestured briskly at her, and she thudded away, still sobbing.

Two dollars, he thought. Give her some mumbo jumbo, take the money and tell her to go to a clinic. Strep, I guess, from that stinking alley. It’s a wonder any of them grow up. He put down the little black bag and forgetfully fumbled for his key, then remembered and touched the lock. It flew open, and he selected a bandage shears, with a blunt wafer for the lower jaw. He fitted the lower jaw under the bandage, trying not to hurt the kid by its pressure on the infection, and began to cut. It was amazing how easily and swiftly the shining shears snipped through the crusty rag around the wound. He hardly seemed to be driving the shears with fingers at all. It almost seemed as though the shears were driving his fingers instead as they scissored a clean, light line through the bandage.

Certainly have forged ahead since my time, he thought—sharper than a microtome knife. He replaced the shears in their ioop on the extraordinarily big board that the little black bag turned into when it unfolded, and leaned over the wound. He whistled at the ugly gash, and the violent infection which had taken immediate root in the sickly child’s thin body. Now what can he do with a thing like that? He pawed over the contents of the little black bag, nervously. If he lanced it and let some of the pus out, the old woman would think he’d done something for her and he’d get the two dollars. But at the clinic they’d want to know who did it and if they got sore enough they might send a cop around. Maybe there was something in the kit— He ran down the left edge of the card to “lymphatic” and read across to the column under “infection.” It didn’t sound right at all to him; he checked again, but it still said that. In the square to which the line and the column led were the symbols: “IV-g-3cc.” He couldn’t find any bottles marked with Roman numerals, and then noticed that that was how the hypodermic needles were designated. He lifted number IV from its loop, noting that it was fitted with a needle already and even seemed to be charged. What a way to carry those things around! So— three cc. of whatever was in hypo number IV ought to do something or other about infections settled in the lymphatic system—which, God knows, this one was. What did the lower-case “g” mean, though? He studied the glass hypo and saw letters engraved on what looked like a rotating disk at the top of the barrel. They ran from “a” to “i,” and there was an index line engraved on the barrel on the opposite side from the calibrations.

Shrugging, old Dr. Full turned the disk until “g” coincided with the index line, and lifted the hypo to eye level. As he pressed in the plunger he did not see the tiny thread of fluid squirt from the tip of the needle. There was a sort of dark mist for a moment about the tip. A closer inspection showed that the needle was not even pierced at the tip. It had the usual slanting cut across the bias of the shaft, but the cut did not expose an oval hole. Baffled, he tried pressing the plunger again. Again something appeared around the tip and vanished. “We’ll settle this,” said the doctor. He slipped the needle into the skin of his forearm. He thought at first that he had missed—that the point had glided over the top of his skin instead of catching and slipping under it. But he saw a tiny blood-spot and realized that somehow he just hadn’t felt the puncture. Whatever was in the barrel, he decided, couldn’t do him any harm if it lived up to its billing—and if it could ever come out through a needle that had no hole. He gave himself three cc. and twitched the needle out. There was the swelling—painless, but otherwise typical.

Dr. Full decided it was his eyes or something, and gave three cc. of “g” from hypodermic IV to the feverish child. There was no interruption to her wailing as the needle went in and the swelling rose. But a long instant later, she gave a final gasp and was silent.

Well, he told himself, cold with horror, you did it that time. You killed her with that stuff.

Then the child sat up and said: “Where’s my mommy?”

Incredulously, the doctor seized her arm and palpated the elbow. The gland infection was zero, and the temperature seemed normal. The blood-congested tissues surrounding the wound were subsiding as he watched. The child’s pulse. was stronger and no faster than a child’s should be. In the sudden silence of the room he could hear the little girl’s mother sobbing in her kitchen, outside. And he also heard a girl’s insinuating voice:

“She gonna be OK, doc?”

He turned and saw a gaunt-faced, dirty-blond sloven of perhaps eighteen leaning in the doorway and eyeing him with amused contempt. She continued: “I heard about you, Doc-tor Full. So don’t go try and put the bite on the old lady. You couldn’t doctor up a sick cat.”

“Indeed?” he rumbled. This young person was going to get a lesson she richly deserved. “Perhaps you would care to look at my patient?”

“Where’s my mommy?” insisted the little girl, and the blond’s jaw fell. She went to the bed and cautiously asked:

“You OK now, Teresa? You all fixed up?”

“Where’s my mommy?” demanded Teresa. Then, accusingly, she gestured with her wounded hand at the doctor. “You poke me!” she complained, and giggled pointlessly.

“Well—” said the blond girl, “I guess I got to hand it to you, doc. These loud-mouth women around here said you didn’t know your . . . I mean, didn’t know how to cure people. They said you ain’t a real doctor.”

“I have retired from practice,” he said. “But I happened to be taking this case to a colleague as a favor, your good mother noticed me, and—” a deprecating smile. He touched the lock of the case and it folded up into the little black bag again.

“You stole it,” the girl said flatly.

He sputtered.

“Nobody’d trust you with a thing like that. It must be worth plenty. You stole that case. I was going to stop you when I came in and saw you working over Teresa, but it looked like you wasn’t doing her any harm. But when you give me that line about taking that case to a colleague I know you stole it. You gimme a cut or I go to the cops. A thing like that must be worth twenty-thirty dollars.”

The mother came timidly in, her eyes red. But she let out a whoop of joy when she saw the little girl sitting up and babbling to herself, embraced her madly, fell on her knees for a quick prayer, hopped up to kiss the doctor’s hand, and then dragged him into the kitchen, all the while rattling in her native language while the blond girl let her eyes go cold with disgust. Dr. Full allowed himself to be towed into the kitchen, but flatly declined a cup of coffee and a plate of anise cakes and St.-John’s-bread.

“Try him on some wine, ma,” said the girl sardonically.

“Hyass! Hyass!” breathed the woman delightedly. “You like-a wine, docta?” She had a carafe of purplish liquid before him in an instant, and the blond girl snickered as the doctor’s hand twitched out at it. He drew his hand back, while there grew in his head the old image of how it would smell and then taste and then warm his stomach and limbs. He made the kind of calculation at which he was practiced; the delighted woman would not notice as he downed two tumblers, and he could overawe her through two tumblers more with his tale of Teresa’s narrow brush with the Destroying Angel, and then—why, then it would not matter. He would be drunk.

But for the first time in years, there was a sort of counter-image: a blend of the rage he felt at the blond girl to whom he was so transparent, and of pride at the cure he had just effected. Much to his own surprise, he drew back his hand from the carafe and said, luxuriating in the words: “No, thank you. I don’t believe I’d care for any so early in the day.” He covertly watched the blond girl’s face, and was gratified at her surprise. Then the mother was shyly handing him two bills and saying: “Is no much-a-money, docta—but you come again, see Teresa?”

“I shall be glad to follow the case through,” he said. “But now excuse me— I really must be running along.” He grasped the little black bag firmly and got up; he wanted very much to get away from the wine and the older girl.

“Wait up, doc,” said she. “I’m going your way.” She followed him out and down the street. He ignored her until he felt her hand on the black bag. Then old Dr. Full stopped and tried to reason with her:

“Look, my dear. Perhaps you’re right. I might have stolen it. To be perfectly frank, I don’t remember how I got it. But you’re young and you can earn your own money—”

“Fifty-fifty,” she said, “or I go to the cops. And if I get another word outta you, it’s sixty-forty. And you know who gets the short end, don’t you, doc?”

Defeated, he marched to the pawnshop, her impudent hand still on the handle with his, and her heels beating out a tattoo against his stately tread.

In the pawnshop, they both got a shock.

“It ain’t standard,” said Uncle, unimpressed by the ingenious lock. “I ain’t nevva seen one like it. Some cheap Jap stuff, maybe? Try down the street. This I nevva could sell.”

Down the street they got an offer of one dollar. The same complaint was made:

“I ain’t a collecta, mista—I buy stuff that got resale value. Who could I sell this to, a Chinaman who doesn’t know medical instruments? Every one of them looks funny. You sure you didn’t make these yourself?” They didn’t take the one-dollar offer.

The girl was baffled and angry; the doctor was baffled too, but triumphant. He had two dollars, and the girl had a half-interest in something nobody wanted. But, he suddenly marveled, the thing had been all right to cure the kid, hadn’t it?

“Well,” he asked her, “do you give up? As you see, the kit is practically valueless.”

She was thinking hard. “Don’t fly off the handle, doc. I don’t get this but something’s going on all right . . . would those guys know good stuff if they saw it?”

“They would. They make a living from it. Wherever this kit came from—”

She seized on that, with a devilish faculty she seemed to have of eliciting answers without asking questions. “I thought so. You don’t know either, huh? Well, maybe I can find out for you. C’mon in here. I ain’t letting go of that thing. There’s money in it—some way, I don’t know how, there’s money in it.” He followed her into a cafeteria and to an almost empty corner. She was oblivious to stares and snickers from the other customers as she opened the little black bag— it almost covered a cafeteria table—and ferreted through it. She picked out a retractor from a loop, scrutinized it, contemptuously threw it down, picked out a speculum, threw it down, picked out the lower half of an 0. B. forceps, turned it over, close to her sharp young eyes—and saw what the doctor’s dim old ones could not have seen.

All old Dr. Full knew was that she was peering at the neck of the forceps and then turned white. Very carefully, she placed the half of the forceps back in its loop of cloth and then replaced the retractor and the speculum. “Well?” he asked. “What did you see?”

’Made in U.S.A.,’ “she quoted hoarsely. ” ’Patent Applied for July 2450.’

He wanted to tell her she must have misread the inscription, that it must be a practical joke, that— But he knew she had read correctly. Those bandage shears: they had driven his fingers, rather than his fingers driving them. The hypo needle that had no hole. The pretty blue pill that had struck him like a thunderbolt.

“You know what I’m going to do?” asked the girl, with sudden animation. “I’m going to go to charm school. You’ll like that, won’t ya, doc? Because we’re sure going to be seeing a lot of each other.”

Old Dr. Full didn’t answer. His hands had been playing idly with that plastic card from the kit on which had been printed the rows and columns that had guided him twice before. The card had a slight convexity; you could snap the convexity back and forth from one side to the other. He noted, in a daze, that with each snap a different text appeared on the cards. Snap. “The knife with the blue dot in the handle is for tumors only. Diagnose tumors with your Instrument Seven, the Swelling Tester. Place the Swelling Tester—” Snap. “An overdose of the pink pills in Bottle 3 can be fixed with one pill from bottle—” Snap. “Hold the suture needle by the end without the hole in it. Touch it to one end of the wound you want to close and let go. After it has made the knot, touch it—” Snap. “Place the top half of the O.B. Forceps near the opening. Let go. After it has entered and conformed to the shape of—” Snap.

The slot man saw “FLANNERY 1—MEDICAL” in the upper left corner of the hunk of copy. He automatically scribbled “trim to .75” on it and skimmed it across the horseshoe-shaped copy desk to Piper, who had been handling Edna Flannery’s quack-exposé series. She was a nice youngster, he thought, but like all youngsters she over-wrote. Hence, the “trim.”

Piper dealt back a city hall story to the slot, pinned down Flannery’s feature with one hand and began to tap his pencil across it, one tap to a word, at the same steady beat as a teletype carriage traveling across the roller. He wasn’t exactly reading it this first time. He was just looking at the letters and words to find out whether, as letters and words, they conformed to Herald style. The steady tap of his pencil ceased at intervals as it drew a black line ending with a stylized letter “d” through the word “breast” and scribbled in “chest” instead, or knocked down the capital “E” in “East” to lower case with a diagonal, or closed up a split word—in whose middle Flannery had bumped the space bar of her typewriter—with two curved lines like parentheses rotated through ninety degrees. The thick black pencil zipped a ring around the “30” which, like all youngsters, she put at the end of her stories. He turned back to the first page for the second reading. This time the pencil drew lines with the stylized “d’s” at the end of them through adjectives and whole phrases, printed big “L’s” to mark paragraphs, hooked some of Flannery’s own paragraphs together with swooping recurved lines.

At the bottom of “FLANNERY ADD 2—MEDICAL” the pencil slowed down and stopped. The slot man, sensitive to the rhythm of his beloved copy desk, looked up almost at once. He saw Piper squinting at the story, at a loss. Without wasting words, the copy reader skimmed it back across the masonite horseshoe to the chief, caught a police story in return and buckled down, his pencil tapping. The slot man read as far as the fourth add, barked at Howard, on the rim: “Sit in for me,” and stamped through the clattering city room toward the alcove where the managing editor presided over his own bedlam.

The copy chief waited his turn while the makeup editor, the pressroom foreman and the chief photographer had words with the M . E. When his turn came, he dropped Flanneiy’s copy on his desk and said: “She says this one isn’t a quack.”

The M.E. read:

“FLANNERY 1—MEDICAL, by Edna Flannery, Herald Staff Writer.

“The sordid tale of medical quackery which the Herald has exposed in this series of articles undergoes a change of pace today which the reporter found a welcome surprise. Her quest for the facts in the case of today’s subject started just the same way that her exposure of one dozen shyster M.D.’s and faith-healing phonies did. But she can report for a change that Dr. Bayard Full is, despite unorthodox practices which have drawn the suspicion of the rightly hypersensitive medical associations, a true healer living up to the highest ideals of his profession.

“Dr. Full’s name was given to the Herald’s reporter by the ethical committee of a county medical association, which reported that he had been expelled from the association, on July 18, 1941 for allegedly ’milking’ several patients suffering from trivial complaints. According to sworn statements in the committee’s files, Dr. Full had told them they suffered from cancer, and that he had a treatment which would prolong their lives. After his expulsion from the association, Dr. Full dropped out of their sight—until he opened a midtown ’sanitarium’ in a brownstone front which had for several years served as a rooming house.

“The Herald’s reporter went to that sanitarium, on East 89th Street, with the full expectation of having numerous imaginary ailments diagnosed and of being promised a sure cure for a flat sum of money. She expected to find unkept quarters, dirty instruments and the mumbo-jumbo paraphernalia of the shyster M.D. which she had seen a dozen times before.

“She was wrong.

“Dr. Full’s sanitarium is spotlessly clean, from its tastefully furnished entrance hail to its shining white treatment rooms. The attractive, blond receptionist who greeted the reporter was soft-spoken and correct, asking only the reporter’s name, address and the general nature of her complaint. This was given, as usual, as ’nagging backache.’ The receptionist asked the Herald’s reporter to be seated, and a short while later conducted her to a second-floor treatment room and introduced her to Dr. Full.

“Dr. Full’s alleged past, as described by the medical society spokesman, is hard to reconcile with his present appearance. He is a clear-eyed, white-haired man in his sixties, to judge by his appearance—a little above middle height and apparently in good physical condition. His voice was firm and friendly, untainted by the ingratiating whine of the shyster M.D. which the reporter has come to know too well.

“The receptionist did not leave the room as he began his examination after a few questions as to the nature and location of the pain. As the reporter lay face down on a treatment table the doctor pressed some instrument to the small of her back. In about one minute he made this astounding statement: ’Young woman, there is no reason for you to have any pain where you say you do. I understand they’re saying nowadays that emotional upsets cause pains like that. You’d better go to a psychologist or psychiatrist if the pain keeps up. There is no physical cause for it, so I can do nothing for you.’

“His frankness took the reporter’s breath away. Had he guessed she was, so to speak, a spy in his camp? She tried again: ’Well, doctor, perhaps you’d give me a physical checkup, I feel rundown all the time, besides the pains. Maybe I need a tonic.’ This is a never-failing bait to shyster M.D. ’s—an invitation for them to find all sorts of mysterious conditions wrong with a patient, each of which ’requires’ an expensive treatment. As explained in the first article of this series, of course, the reporter underwent a thorough physical checkup before she embarked on her quack-hunt and was found to be in one hundred percent perfect condition, with the exception of a ’scarred’ area at the bottom tip of her left lung resulting from a childhood attack of tuberculosis and a tendency toward ’hyperthyroidism’— overactivity of the thyroid gland which makes it difficult to put on weight and sometimes causes a slight shortness of breath.

“Dr. Full consented to perform the examination, and took a number of shining, spotlessly clean instruments from loops in a large board literally covered with instruments—most of them unfamiliar to the reporter. The instrument with which he approached first was a tube with a curved dial in its surface and two wires that ended on flat disks growing from its ends. He placed one of the disks on the back of the reporter’s right hand and the other on the back of her left. ’reading the meter,’ he called out some number which the attentive receptionist took down on a ruled form. The same procedure was repeated several times, thoroughly covering the reporter’s anatomy and thoroughly convincing her that the doctor was a complete quack. The reporter had never seen any such diagnostic procedure practiced during the weeks she put in preparing for this series.

“The doctor then took the ruled sheet from the receptionist, conferred with her in low tones and said: ’You have a slightly overactive thyroid, young woman. And there’s something wrong with your left lung—not seriously, but I’d like a closer look.’

“He selected an instrument from the board which, the reporter knew, is called a ’speculum’—a scissorlike device which spreads apart body openings such as the orifice of the ear, the nostril and so on, so that a doctor can look in during an examination. The instrument was, however, too large to be an aural or nasal speculum but too small to be anything else. As the Herald’s reporter was about to ask further questions, the attending receptionist told her: ’It’s customary for us to blindfold our patients during lung examinations—do you mind?’ The reporter, bewildered, allowed her to tie a spotlessly clean bandage over her eyes, and waited nervously for what would come next.

“She still cannot say exactly what happened while she was blindfolded—but X rays confirm her suspicions. She felt a cold sensation at her ribs on the left side—a cold that seemed to enter inside her body. Then there was a snapping feeling, and the cold sensation was gone. She heard Dr. Full say in a matter-offact voice: ’You have an old tubercular scar down there. It isn’t doing any particular harm, but an active person like you needs all the oxygen she can get. Lie down and I’ll fix it for you.’

“Then there was a repetition of the cold sensation, lasting for a longer time. ’Another batch of alveoli and some more vascular glue,’ the Herald’s reporter heard Dr. Full say, and the receptionist’s crisp response to the order. Then the strange sensation departed and the eye-bandage was removed. The reporter saw no scar on her ribs, and yet the doctor assured her: ’That did it. We took out the fibrosis— and a good fibrosis it was, too; it walled off the infection so you’re still alive to tell the tale. Then we planted a few clumps of alveoli—they’re the little gadgets that get the oxygen from the air you breathe into your blood. I won’t monkey with your thyroxin supply. You’ve got used to being the kind of person you are, and if you suddenly found yourself easy-going and all the rest of it, chances are you’d only be upset. About the backache: just check with the county medical society for the name of a good psychologist or psychiatrist. And look out for quacks; the woods are full of them.’

“The doctor’s self-assurance took the reporter’s breath away. She asked what the charge would be, and was told to pay the receptionist fifty dollars. As usual, the reporter delayed paying until she got a receipt signed by the doctor himself, detailing the services for which it paid. Unlike most the doctor cheerfully wrote:

’For removal of fibrosis from left lung and restoration of alveoli,’ and signed it.

“The reporter’s first move when she left the sanitarium was to head for the chest specialist who had examined her in preparation for this series. A comparison of X rays taken on the day of the ’operation’ and those taken previously would, the Herald’s reporter thought, expose Dr. Full as a prince of shyster M.D. ’s and quacks.

“The chest specialist made time on his crowded schedule for the reporter, in whose series he has shown a lively interest from the planning stage on. He laughed uproariously in his staid Park Avenue examining room as she described the weird procedure to which she had been subjected. But he did not laugh when he took a chest X ray of the reporter, developed it, dried it, and compared it with the ones he had taken earlier. The chest specialist took six more X rays that afternoon, but finally admitted that they all told the same story. The Herald’s reporter has it on his authority that the scar she had eighteen days ago from her tuberculosis is now gone and has been replaced by healthy lung-tissue. He declares that this is a happening unparalleled in medical history. He does not go along with the reporter in her firm conviction that Dr. Full is responsible for the change.

“The Herald’s reporter, however, sees no two ways about it. She concludes that Dr. Bayard Full—whatever his alleged past may have been—is now an unorthodox but highly successful practitioner of medicine, to whose hands the reporter would trust herself in any emergency.

“Not so is the case of ’rev.’ Annie Dimsworth—a female harpy who, under the guise of ’faith,’ preys on the ignorant and suffering who come to her sordid ’healing parlor’ for help and remain to feed ’rev.’ Annie’s bank account, which now totals up to $53,238.64. Tomorrow’s article will show, with photostats of bank statements and sworn testimony, that—”

The managing editor turned down “FLANNERY LAST ADD—MEDICAL” and tapped his front teeth with a pencil, trying to think straight. He finally told the copy chief: “Kill the story. Run the teaser as a box.” He tore off the last paragraph—the “teaser” about “Rev.” Annie—and handed it to the desk man, who stumped back to his masonite horseshoe.

The makeup editor was back, dancing with impatience as he tried to catch the M.E.’s eye. The interphone buzzed with the red light which indicated that the editor and publisher wanted to talk to him. The ME. thought briefly of a special series on this Dr. Full, decided nobody would believe it and that he probably was a phony anyway. He spiked the story on the “dead” hook and answered his interphone.

Dr. Full had become almost fond of Angie. As his practice had grown to engross the neighborhood illnesses, and then to a corner suite in an uptown taxpayer building, and finally to the sanitarium, she seemed to have grown with it. Oh, he thought, we have our little disputes— The girl, for instance, was too much interested in money. She had wanted to specialize in cosmetic surgery—removing wrinkles from wealthy old women and what-not. She didn’t realize, at first, that a thing like this was in their trust, that they were the stewards and not the owners of the little black bag and its fabulous contents.

He had tried, ever so cautiously, to analyze them, but without success. All the instruments were slightly radioactive, for instance, but not quite so. They would make a Geiger-Mueller counter indicate, but they would not collapse the leaves of an electroscope. He didn’t pretend to be up on the latest developments, but as he understood it, that was just plain wrong. Under the highest magnification there were lines on the instruments’ superfinished surfaces: incredibly fine lines, engraved in random hatchments which made no particular sense. Their magnetic properties were preposterous. Sometimes the instruments were strongly attracted to magnets, sometimes less so, and sometimes not at all.

Dr. Full had taken X rays in fear and trembling lest he disrupt whatever delicate machinery worked in them. He was sure they were not solid, that the handles and perhaps the blades must be mere shells filled with busy little watch-works— but the X rays showed nothing of the sort. Oh, yes—and they were always sterile, and they wouldn’t rust. Dust fell off them if you shook them: now, that was something he understood. They ionized the dust, or were ionized themselves, or something of the sort. At any rate he had read of something similiar that had to do with phonograph records.

She wouldn’t know about that, he proudly thought. She kept the books well enough, and perhaps she gave him a useful prod now and then when he was inclined to settle down. The move from the neighborhood slum to the uptown quarters had been her idea, and so had the sanitarium. Good, good, it enlarged his sphere of usefulness. Let the child have her mink coats and her convertible, as they seemed to be calling roadsters nowadays. He himself was too busy and too old. He had so much to make up for.

Dr. Full thought happily of his Master Plan. She would not like it much, but she would have to see the logic of it. This marvelous thing that had happened to them must be handed on. She was herself no doctor; even though the instruments practically ran themselves, there was more to doctoring than skill. There were the ancient canons of the healing art. And so, having seen the logic of it, Angie would yield; she would assent to his turning over the little black bag to all humanity.

He would probably present it to the College of Surgeons, with as little fuss as possible—well, perhaps a small ceremony, and he would like a souvenir of the occasion, a cup or a framed testimonial. It would be a relief to have the thing out of his hands, in a way; let the giants of the healing art decide who was to have its benefits. No, Angie would understand. She was a good-hearted girl.

It was nice that she had been showing so much interest in the surgical side lately—asking about the instruments, reading the instruction card for hours, even practicing on guinea pigs. If something of his love for humanity had been communicated to her, old Dr. Full sentimentally thought, his life would not have been in vain. Surely she would realize that a greater good would be served by surrendering the instruments to wiser hands than theirs, and by throwing aside the cloak of secrecy necessary to work on their small scale.

Dr. Full was in the treatment room that had been the brownstone’s front parlor; through the window he saw Angie’s yellow convertible roll to a stop before the stoop. He liked the way she looked as she climbed the stairs; neat, not flashy, he thought. A sensible girl like her, she’d understand. There was somebody with her—a fat woman, puffing up the steps, overdressed and petulant. Now, what could she want?

Angie let herself in and went into the treatment room, followed by the fat woman. “Do€tor,” said the blond girl gravely, “may I present Mrs. Coleman?” Charm school had not taught her everything, but Mrs. Coleman, evidently nouveau riche, thought the doctor, did not notice the blunder.

“Miss Aquella told me so much about you, doctor, and your remarkable system!” she gushed.

Before he could answer, Angie smoothly interposed: “Would you excuse us for just a moment, Mrs. Coleman?”

She took the doctor’s arm and led him into the reception hall. “Listen,” she said swiftly, “I know this goes against your grain, but I couldn’t pass it up. I met this old thing in the exercise class at Elizabeth Barton’s. Nobody else’ll talk to her there. She’s a widow. I guess her husband was a black marketeer or something, and she has a pile of dough. I gave her a line about how you had a system of massaging wrinkles out. My idea is, you blindfold her, cut her neck open with the Cutaneous Series knife, shoot some Firmol into the muscles, spoon out some of the blubber with an Adipose Series curette and spray it all with Skintite. When you take the blindfold off she’s got rid of a wrinkle and doesn’t know what happened. She’ll pay five hundred dollars. Now, don’t say ’no,’ doc. Just this once, let’s do it my way, can’t you? I’ve been working on this deal all along too, haven’t I?”

“Oh,” said the doctor, “very well.” He was going to have to tell her about the Master Plan before long anyway. He would let her have it her way this time.

Back in the treatment room, Mrs. Coleman had been thinking things over. She told the doctor sternly as he entered: “Of course, your system is permanent, isn’t it?’’

“It is, madam,” he said shortly. “Would you please lie down there? Miss Aquella get a sterile three-inch bandage for Mrs. Coleman’s eyes.” He turned his back on the fat woman to avoid conversation and pretended to be adjusting the lights. Angie blindfolded the woman and the doctor selected the instruments he would need. He handed the blond girl a pair of retractors, and told her: “Just slip the corners of the blades in as I cut—” She gave him an alarmed look, and gestured at the reclining woman. He lowered his voice: “Very well. Slip in the corners and rock them along the incision. I’ll tell you when to pull them out.”

Dr. Full held the Cutaneous Series knife to his eyes as he adjusted the little slide for three centimeters’ depth. He sighed a little as he recalled that its last use had been in the extirpation of an “inoperable” tumor of the throat.

“Very well,” he said, bending over the woman. He tried a tentative pass through her tissues. The blade dipped in and flowed through them, like a finger through quicksilver, with no wound left in the wake. Only the retractors could hold the edges of the incision apart.

Mrs. Coleman stirred and jabbered: “Doctor, that felt so peculiar! Are you sure you’re rubbing the right way?”

“Quite sure, madam,” said the doctor wearily. “Would you please try not to talk during the massage?”

He nodded at Angie, who stood ready with the retractors. The blade sank in to its three centimeters, miraculously .cutting only the dead horny tissues of the epidermis and the live tissue of the dermis, pushing aside mysteriously all major and minor blood vessels and muscular tissue, declining to affect any system or organ except the one it was—tuned to, could you say? The doctor didn’t know the answer, but he felt tired and bitter at this prostitution. Angie slipped in the retractor blades and rocked them as he withdrew the knife, then pulled to separate the lips of the incision. It bloodlessly exposed an unhealthy string of muscle, sagging in a dead-looking loop from blue-gray ligaments. The doctor took a hypo, Number IX, preset to “g,” and raised it to his eye level. The mist came and went; there probably was no possibility of an embolus with one of these gadgets, but why take chances? He shot one cc. of “g"—identified as “Firmol” by the card—into the muscle. He and Angie watched as it tightened up against the phaiynx.

He took the Adipose Series curette, a small one, and spooned out yellowish tissue, dropping it into the incinerator box, and then nodded to Angie. She eased out the retractors and the gaping incision slipped together into unbroken skin, sagging now. The doctor had the atomizer—dialed to “Skintite’ ’—ready. He sprayed, and the skin shrank up into the new firm throat line.

As he replaced the instruments, Angie removed Mrs. Coleman’s bandage and gaily announced: “We’re finished! And there’s a mirror in the reception hall—”

Mrs. Coleman didn’t need to be invited twice. With incredulous fingers she felt her chin, and then dashed for the hall. The doctor grimaced as he heard her yelp of delight, and Angie turned to him with a tight smile. “I’ll get the money and get her out,” she said. “You won’t have to be bothered with her anymore.”

He was grateful for that much.

She followed Mrs. Coleman into the reception hall, and the doctor dreamed over the case of instruments. A ceremony, certainly—he was entitled to one. Not everybody, he thought, would turn such a sure source of money over to the good of humanity. But you reached an age when money mattered less, and when you thought of these things you had done that might be open to misunderstanding if, just if, there chanced to be any of that, well, that judgment business. The doctor wasn’t a religious man, but you certainly found yourself thinking hard about some things when your time drew near— Angie was back, with a bit of paper in her hands. “Five hundred dollars,” she said matter-of-factly. “And you realize, don’t you, that we could go over her an inch at a time—at five hundred dollars an inch?”

“I’ve been meaning to talk to you about that,” he said.

There was bright fear in her eyes, he thought—but why?

“Angie, you’ve been a good girl and an understanding girl, but we can’t keep this up forever, you know.”

“Let’s talk about it some other time,” she said flatly. “I’m tired now.”

“No-I really feel we’ve gone far enough on our own. The instruments—”

“Don’t say it, doc!” she hissed. “Don’t say it, or you’ll be sorry!” In her face there was a look that reminded him of the hollow-eyed, gaunt-faced, dirty-blond creature she had been. From under the charm-school finish there burned the guttersnipe whose infancy had been spent on a sour and filthy mattress, whose childhood had been play in the littered alley and whose adolescence had been the sweatshops and the aimless gatherings at night under the glaring street lamps.

He shook his head to dispel the puzzling notion. “It’s this way,” he patiently began. “I told you about the family that invented the O.B. forceps and kept them a secret for so many generations, how they could have given them to the world but didn’t?”

“They knew what they were doing,” said the guttersnipe flatly.

“Well, that’s neither here nor there,” said the doctor, irritated. “My mind is made up about it. I’m going to turn the instruments over to the College of Surgeons. We have enough money to be comfortable. You can even have the house. I’ve been thinking of going to a warmer climate, myself.” He felt peeved with her for making the unpleasant scene. He was unprepared for what happened next.

Angie snatched the little black bag and dashed for the door, with panic in her eyes. He scrambled after her, catching her arm, twisting it in a sudden rage. She clawed at his face with her free hand, babbling curses. Somehow, somebody’s finger touched the little black bag, and it opened grotesquely into the enormous board, covered with shining instruments, large and small. Half a dozen of them joggled loose and fell to the floor.

“Now see what you’ve done!” roared the doctor, unreasonably. Her hand was still viselike on the handle, but she was standing still, trembling with choked-up rage. The doctor bent stiffly to pick up the fallen instruments. Unreasonable girl! he thought bitterly. Making a scene— Pain drove in between his shoulderblades and he fell face down. The light ebbed. “Unreasonable girl!” he tried to croak. And then: “They’ll know I tried, anyway—”

Angie looked down on his prone body, with the handle of the Number Six Cautery Series knife protruding from it. “—will cut through all tissues. Use for amputations before you spread on the Re-Gro. Extreme caution should be used in the vicinity of vital organs and major blood vessels or nerve trunks—”

“I didn’t mean to do that,” said Angie, dully, cold with horror. Now the detective would come, the implacable detective who would reconstruct the crime from the dust in the room. She would run and turn and twist, but the detective would find her out and she would be tried in a courtroom before a judge and jury; the lawyer would make speeches, but the jury would convict her anyway, and the headlines would scream: “BLOND KILLER GUILTY!” and she’d maybe get the chair, walking down a plain corridor where a beam of sunlight struck through the dusty air, with an iron door at the end of it. Her mink, her convertible, her dresses, the handsome man she was going to meet and marry— The mist of cinematic clichés cleared, and she knew what she would do next.

Quite steadily, she picked the incinerator box from its loop in the board—a metal cube with a different-textured spot on one side. “—to dispose of fibroses or other unwanted matter, simply touch the disk—” You dropped something in and touched the disk. There was a sort of soundless whistle, very powerful and unpleasant if you were too close, and a sort of lightless flash. When you opened the box again, the contents were gone. Angie took another of the Cautery Series knives and went grimly to work. Good thing there wasn’t any blood to speak of—She finished the awful task in three hours.

She slept heavily that night, totally exhausted by the wringing emotional demands of the slaying and the subsequent horror. But in the morning, it was as though the doctor had never been there. She ate breakfast, dressed with unusual care— and then undid the unusual care. Nothing out of the ordinary, she told herself. Don’t do one thing different from the way you would have done it before. After a day or two, you can phone the cops. Say he walked out spoiling for a drunk, and you’re worried. But don’t rush it, baby—don’t rush it.

Mrs. Coleman was due at ten A.M. Angie had counted on being able to talk the doctor into at least one more five-hundred-dollar session. She’d have to do it herself now—but she’d have to start sooner or later.

The woman arrived early. Angie explained smoothly: “The doctor asked me to take care of the massage today. Now that he has the tissue-firming process beginning, it only requires somebody trained in his methods—” As she spoke, her eyes swiveled to the instrument case—open! She cursed herself for the single flaw as the woman followed her gaze and recoiled.

“What are those things!” she demanded. “Are you going to cut me with them? I thought there was something fishy—”

“Please, Mrs. Coleman,” said Angie, “please, dear Mrs. Coleman—you don’t understand about the . . . the massage instruments!”

“Massage instruments, my foot!” squabbled the woman shrilly. “The doctor operated on me. Why, he might have killed me!”

Angie wordlessly took one of the smaller Cutaneous Series knives and passed it through her forearm. The blade flowed like a finger through quicksilver, leaving no wound in its wake. That should convince the old cow!

It didn’t convince her, but it did startle her. “What did you do with it? The blade folds up into the handle—that’s it!”

“Now look closely, Mrs. Coleman,” said Angie, thinking desperately of the five hundred dollars. “Look very closely and you’ll see that the, uh, the sub-skin massager simply slips beneath the tissues without doing any harm, tightening and firming the muscles themselves instead of having to work through layers of skin and adipose tissue. It’s the secret of the doctor’s method. Now, how can outside massage have the effect that we got last night?”

Mrs. Coleman was beginning to calm down. “It did work, all right,” she admitted, stroking the new line of her neck. “But your arm’s one thing and my neck’s another! Let me see you do that with your neck!”

Angie smiled— Al returned to the clinic after an excellent lunch that had almost reconciled him

to three more months he would have to spend on duty. And then, he thought, and then a blessed year at the blessedly super-normal South Pole working on his specialty—which happened to be telekinesis exercises for ages three to six. Meanwhile, of course, the world had to go on and of course he had to shoulder his share in the running of it.

Before settling down to desk work he gave a routine glance at the bag board. What he saw made him stiffen with shocked surprise. A red light was on next to one of the numbers—the first since he couldn’t think when. He read off the number and murmured “OK, 674101. That fixes you.” He put the number on a card sorter and in a moment the record was in his hand. Oh, yes—Hemingway’s bag. The big dummy didn’t remember how or where he had lost it; none of them ever did. There were hundreds of them floating around.

Al’s policy in such cases was to leave the bag turned on. The things practically ran themselves, it was practically impossible to do harm with them, so whoever found a lost one might as well be allowed to use it. You turn it off, you have a social loss—you leave it on, it may do some good. As he understood it, and not very well at that, the stuff wasn’t “used up.” A temporalist had tried to explain it to him with little success that the prototypes in the transmitter had been transduced through a series of point-events of transfinite cardinality. Al had innocently asked whether that meant prototypes had been stretched, so to speak, through all time, and the temporalist had thought he was joking and left in a huff.

“Like to see him do this,” thought Al darkly, as he telekinized himself to the combox, after a cautious look to see that there were no medics around. To the box he said: “Police chief,” and then to the police chief: “There’s been a homicide committed with Medical Instrument Kit 674101. It was lost some months ago by one of my people, Dr. John Hemingway. He didn’t have a clear account of the circumstances.”

The police chief groaned and said: “I’ll call him in and question him.” He was to be astonished by the answers, and was to learn that the homicide was well out of his jurisdiction.

Al stood for a moment at the bag board by the glowing red light that had been sparked into life by a departing vital force giving, as its last act, the warning that Kit 674101 was in homicidal hands. With a sigh, Al pulled the plug and the light went out.

“Yah, “jeered the woman. “You’d fool around with my neck, but you wouldn’t risk your own with that thing!”

Angie smiled with serene confidence a smile that was to shock hardened morgue attendants. She set the Cutaneous Series knife to three centimeters before drawing it across her neck. Smiling, knowing the blade would cut only the dead horny tissue of the epidermis and the live tissue of the dermis, mysteriously push aside all major and minor blood vessels and muscular tissue— Smiling, the knife plunging in and its microtomesharp metal shearing through major and minor blood vessels and muscular tissue and pharynx, Angie~ cut her throat.

In the few minutes it took the police, summoned by the shrieking Mrs. Coleman, to arrive, the instruments had become crusted with rust, and the flasks which had held vascular glue and clumps of pink, rubbery alveoli and spare gray cells and coils of receptor nerves held only black slime, and from them when opened gushed the foul gases of decomposition.