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SOME
DREAMS
ARE
NIGHTMARES

JAMES GUNN

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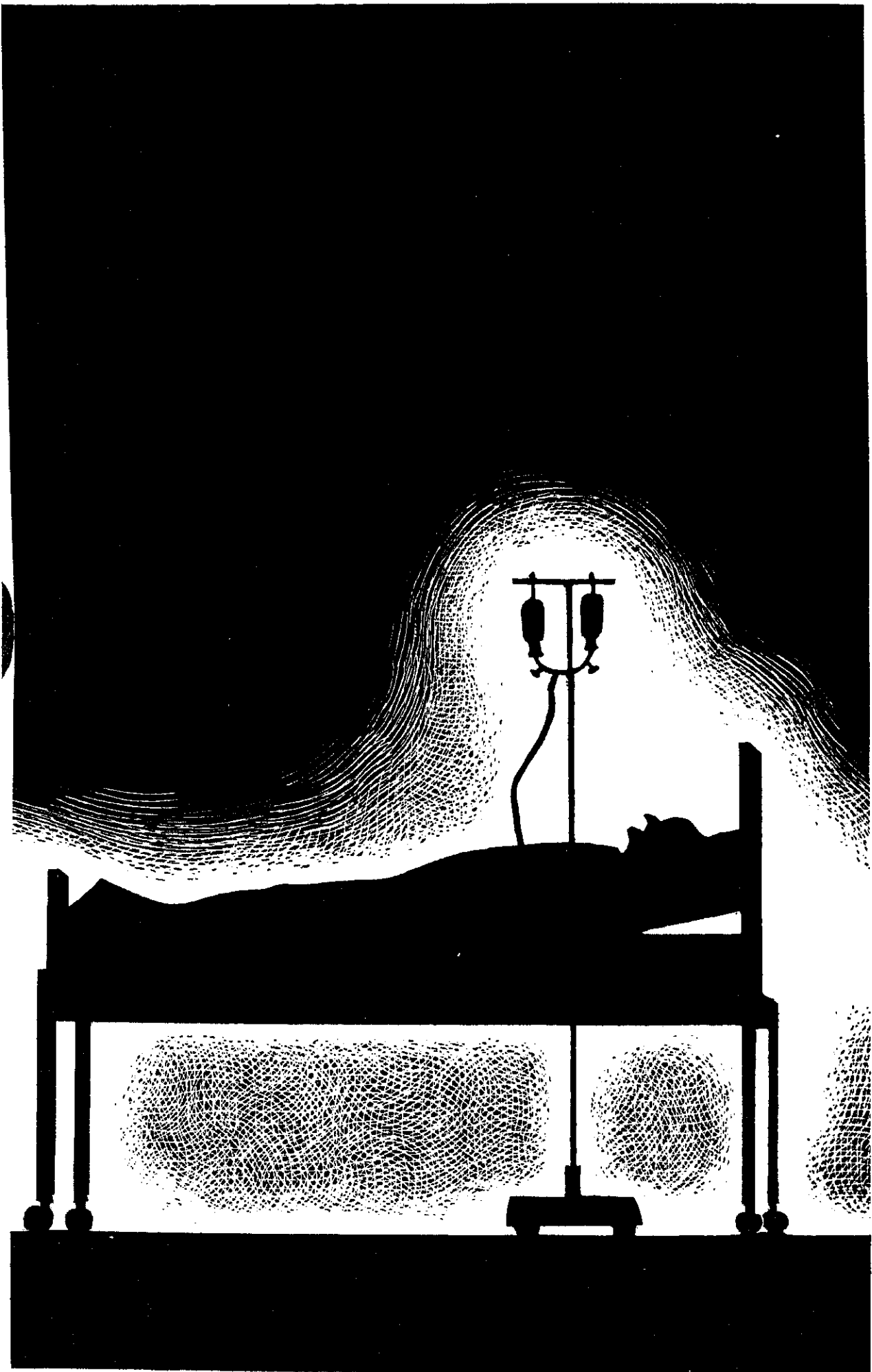
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THE YOUNG MAN WAS stretched out flat on the padded hospital table, his bare left arm muscular and brown on the table beside him. The wide, flat band of a sphygmomanometer was tight around his bicep, and the inside of his elbow, where the veins were blue traceries, had been washed with soap and water, swabbed with alcohol, stained brown with iodine.

His eyes followed the quick efficiency of the technician. Her movements were as crisp as the white uniform.

She opened the left-hand door of the big old refrigerator and took a brown bottle from the second shelf. There was a handle at the bottom, fastened to the bottle by a metal band; it was raised now. Swishing below it was an inch of sodium citrate. The rest was vacuum.

The technician broke the tab, stripped off the metal cap, exposing the rubber gasket. From a cardboard box beneath the table she pulled a few feet of plastic tubing. At each end it had a needle. One went into the donor's procaine-deadened vein. The other was thrust through the gasket into the bottle.

Dark red blood raced through the tube, spurted into the bottle; the sodium citrate swirled pinkly. A moment later it was the color of grape juice, frothing at the top.

The technician printed the date and the donor's name in the spaces provided on the label. At the bottom she put her initials. She stuck a piece of adhesive tape above the label

and wrote a number on it: 31,197; the same number was written on two small test tubes.

"Keep making a fist," she said, turning the bottle.

When the bottle was full, she closed a clamp on the tube and pulled the needle from the bottle. A square of gauze and a strip of tape was placed over the needle puncture in the donor's arm. She drained the blood in the tubing into the test tubes and slipped them into pockets in a tiny cloth apron hung over the neck of the bottle.

The tubing and needles were tossed away, and a strip of tape was pressed over the top of the bottle.

At the workbench by the window, the technician dabbed three blood samples onto two glass slides, one divided into sections marked A and B. She slipped the slides onto a light box with a translucent glass top; to one sample she added a drop of clear serum from a green bottle marked "Anti-A" in a commercial rack. "Anti-B" came from a brown bottle; "Anti-Rho" from a clear one.

She rocked the box back and forth on its pivots. The donor was sitting up now, watching her with interested eyes.

Sixty seconds later the red cells of the samples marked A and B were still evenly suspended. In the third sample, the cells had clumped together visibly.

"You're O neg all right," the technician said. She scribbled it across the label and on the strip of tape that sealed the top of the pint of blood.

The donor's young lips twisted at the corners.

"Valuable," the technician said briskly, making out a card and then a slip of paper. "Only kind we buy. Shall we put you on our professional donor's list?"

Without hesitation the young man shook his head.

The technician shrugged. She handed him the card. "Thanks anyway. Here's your blood type. Stay seated in the

waiting room for ten minutes. The paper is a voucher for twenty-five dollars. You can cash it at the cashier's office—by the front door as you go out.”

For a moment after the young man's broad back had disappeared from the doorway, the technician stared after him. Then she shrugged again, turned, and put the pint of blood onto the refrigerator's top left-hand shelf for serology tests.

A pint of whole blood—new life in a bottle for someone who might die without it. Within a few days the white cells will begin to die, the blood will decline in ability to clot. With the aid of refrigeration and the citrate solution, the red cells will last—some of them—for three weeks. After that the blood will be sent to the separator for the plasma, or sold to a commercial company for separation of some of the plasma's more than seventy proteins, the serum albumin, the gamma globulins. . . .

A pint of blood—market price: \$25. In a few hours it will be on the second shelf from the top, right-hand side of the refrigerator, with the other pints of O-type blood.

But this blood was special. It had everything other blood had, and something extra that made it unique. There had never been any blood quite like it.

Twenty-five dollars? How much is life worth?

The old man was seventy years old. His body was limp on the hard hospital bed. In the sudden silence after the cutout of the air conditioner's gentle murmur, the harsh unevenness of his breathing was loud. The only movement in the private room was the spasmodic rise and fall of the sheet that covered the old body.

He was living—barely. He had used up his allotted three-score years and ten. It wasn't merely that he was dying—we all are. With him, it was imminent.

Dr. Russell Pearce held one bony wrist in his firm, young right hand. His face was serious, his dark eyes steady, his tanned skin well molded over strong bones.

The old man's face was yellow over a grayish blue, the color of death. It was bony, the wrinkled skin pulled back like a mask for the skull. Once he might have been handsome; now his eyes were sunken, the closed eyelids dark over them, and his nose was a thin, arching beak.

There is a kinship in old age, just as there is a kinship in infancy. Between the two, men differ, but at the extremes they are much the same.

Pearce had seen old men in the wards, charity cases most of them, picked up on the North Side, filthy, winos. The only differences with this man were a little care and a few million dollars. Where this man's hair was groomed and snow-white, the others' was yellowish-gray, long, scraggly on the seamed, thin necks. Where this man's skin was scrubbed and immaculate, the others had dirt in the wrinkles, sores in the crevices.

Pearce laid the arm gently down beside the body and slowly stripped back the sheet. The differences were minor. In dying we are much the same. Once this old man had been tall, strong, vital. Now the thin body was emaciated; the rib cage struggled through the skin, fluttered. The old veins stood out, knotted, ropy, blue, on the sticklike legs.

"Pneumonia?" Dr. Easter asked with professional interest. He was an older man, his hair gray at the temples, his appearance distinguished, calm.

"Not yet. Malnutrition. You'd think he'd eat more, get better care. Money is supposed to take care of itself."

"It doesn't follow. You don't order around a million dollars."

"Anemia," Pearce went on. "Bleeding from a duodenal ulcer, I'd guess. Pulse weak, rapid. Blood pressure low. Arteriosclerosis and all the damage that entails."

Beside him a nurse made marks on a chart. Her face was smooth and young; the skin glowed healthily.

"Let's have a blood count," Pearce said to her briskly. "Urinalysis. Requisition a pint of blood."

"Transfusion?" Easter asked, lifting an eyebrow.

"It'll help—temporarily, anyway."

"But he's dying." It was almost half a question.

"Sure. We all are." Pearce smiled grimly. "Our business is to postpone it as long as we can."

A few moments later, when Pearce opened the door and stepped into the hall, Dr. Easter was talking earnestly to a tall, blond, broad-shouldered man in an expensively cut business suit. The man was about Easter's age, somewhere between forty-five and fifty. The face was strange: it didn't match the body. There was a thin, predatory look to it which was accentuated by slate-gray eyes.

The man's name was Carl Jansen. He was personal secretary to the old man who was dying inside the room. Dr. Easter performed the introductions, and the men shook hands. Pearce reflected that the term "personal secretary" might cover a multitude of duties.

"Dr. Pearce, I'll only ask you one question," Jansen said in a voice as flat and cold as his eyes. "Is Mr. Weaver going to die?"

"Of course he is," Pearce answered. "None of us escape. If you mean is he going to die within the next few days, I'd say yes—if I had to answer yes or no."

"What's wrong with him?" Jansen asked suspiciously.

"He's outlived his body. Think of it as a machine. It's worn out, falling apart, one organ failing after another."

"His father lived to be ninety-one, his mother ninety-six."

Pearce looked at Jansen steadily, unblinking. "They didn't make a million dollars. We live in an age that has almost conquered disease, but that has inflicted its price.

The stress and strain of modern life tear us apart. Every million Weaver made cost him five years of living.”

“What are you going to do—just let him die?”

Pearce’s eyes were just as cold as Jansen’s. “As soon as possible we’ll give him a transfusion. Does he have any relatives, close friends?”

“There’s no one closer than me.”

“We’ll need two pints of blood for every pint we give Weaver. Arrange it.”

“Mr. Weaver will pay for whatever he uses.”

“He’ll replace it if possible. That’s the hospital rule.”

Jansen’s eyes dropped. “There’ll be plenty of volunteers from the office.”

When Pearce was beyond the range of his low, penetrating voice, Jansen said, “Can’t we get somebody else? I don’t like him.”

“That’s because he’s harder than you are,” Easter said easily. “He’d be a good match for the old man when he was in his prime.”

“He’s too young.”

“That’s why he’s good. The best geriatrician in the Middle West. He can be detached, objective. All doctors need a touch of ruthlessness. Pearce needs more than most; he loses every patient sooner or later. He’s got it.” Easter looked at Jansen, smiling. “When men reach our age, they start getting soft. They start getting subjective about death.”

The requisition for one unit of blood arrived at the blood bank. The hospital routine began. A crisp technician came from the cluttered, makeshift cubicle on the first floor. From one of the old man’s rosy veins she drew five cubic centimeters of blood, almost purple inside the slim barrel of the hypodermic.

The old man didn't stir. In the silence his breathing was a raucous noise.

Back at the workbench, she typed the blood sample quickly, efficiently. She wrote down the results on an 8½-by-11 printed form: patient's name, date, room, doctor. . . . Type: O. Rh: neg.

Divided by a double-ruled line was a section headed "Donors." The technician opened the right-hand door of the refrigerator and inspected the labels of the bottles on the second shelf from the top. She selected one and transferred to the sheet the name of the donor, bottle number, type, and Rh factor.

She put samples of the donor's and the patient's blood into two small test tubes.

A drop of donor's serum in a sample of the patient's blood provided the major crossmatch: it didn't make the red cells clump, and even under the microscope, after centrifuging, the cells were perfect, evenly suspended circles. A drop or two of patient's serum in a sample of the donor's blood and the minor crossmatch was done.

The technician signed the form and telephoned the nurse in charge that the blood was ready when needed. The nurse came for the blood in a few minutes. The technician took out a red-bordered label. She wrote:

FOR
LEROY WEAVER 9-4
RM. 305 DR. PEARCE

She pasted it beside the original label on the bottle containing the pint of blood. The nurse, nodding her appreciation, carried the bottle away casually, familiarly.

Dr. Pearce studied the charts labeled "Leroy Weaver." He picked up the report from the hematology laboratory.

Red cell count: 2,360,000/cmm. Anemia, all right. Worse than he'd even suspected. That duodenal ulcer was losing a lot of blood.

The transfusion would help. It would be temporary, but everything is, at best. In the end, it is all a matter of time. Maybe it would revive Weaver enough to get some food down him. He might surprise them all and walk out of this hospital yet.

He picked up the charts and reports, and he walked down the long, quiet corridor, rubbery underfoot, redolent of the perennial hospital odors: alcohol and ether, antiseptic and anesthetic. He opened the door of room 305, and walked into the coolness.

He nodded distantly to the nurse on duty in the room, not one of the hospital staff. She was one of the three full-time nurses hired for Weaver by Jansen.

Pearce picked up the clipboard at the foot of the bed and looked at it. No change. He studied the old man's face. It looked more like death. His breathing was still stertorous; his discolored eyelids still veiled his sunken eyes.

What was he? Name him: Five Million Dollars. He was Money. He served no useful function; he contributed nothing to society, nothing to the race. He had been too busy to marry, too dedicated to father. His occupation: money-maker.

Pearce didn't believe that a man with money was necessarily a villain. But anyone who made a million dollars or a multiple of it was necessarily a large part predator and the rest magpie.

Pearce knew why Jansen was worried. When Weaver died, Money died, Power died. Money and Power are not immune from death, and when they fall they carry empires with them.

Pearce looked down at Weaver, thinking these things,

and it didn't matter. He was still one of us, still human, still alive. That meant he was worth saving. No other consideration was valid.

Two pint bottles hung from the metal "T"—the clear, antiseptic, saline solution and the dark life fluid. A glass T-joint reduced two plastic tubes into one. Below was a transparent filter. At the end of the tube was a 20-gauge needle.

The nurse released the clamp closing the tube just below the saline solution. The salt water ran, bubbling a little, through the tubing, the joint—backing up to the clamp below the blood—the filter, and spurted from the needle tip. The nurse clamped it off close to the needle.

Now the tubes were full. They were free of air bubbles that could be forced into the patient's veins to cause an embolism.

The clamp below the saline solution was closed off. The nurse waited while Pearce picked up the needle and studied Weaver's arm. No need bothering with procaine.

The antecubital vein was available, swollen across the inside of the elbow, Pearce swabbed it with alcohol and iodine, pushed in the needle with practiced ease, and taped it down. He nodded to the nurse.

She released the clamp under the blood. Slowly it stained the water, and then swirled darkly as she carefully eased open the bottom clamp. In a second it was all blood, running slowly through the long, transparent tubing into the receptive vein, new blood bringing new life to the old, worn-out mechanism on the hard hospital bed.

New blood for old, Pearce thought. *Money can buy anything.* "A little faster."

The nurse opened the bottom clamp a little wider. In the pint bottle, the level of the life fluid dropped faster.

Life. Dripping. Flowing. Making the old new.

The old man took a deep breath. The exhausted laboring of his chest grew easier.

Pearce studied the old face, the beaklike nose, the thin, bloodless lips, looking cruel even in their pallor. New life, perhaps. But nothing can reverse the long erosion of the years. Bodies wear out. Nothing can make them new.

Drop by drop the blood flowed from the pint bottle through the tubing into an old man's veins. Someone had given it or sold it. Someone young and healthy, who could make more purple life stuff, saturated with healthy red cells, vigorous white scavengers, platelets, the multiple proteins; someone who could replace it all in less than ninety days.

Pearce thought about Richard Lower, the seventeenth-century English anatomist who performed the first transfusion, and the twentieth-century Viennese immunologist, Karl Landsteiner, who made transfusions safe when he discovered the incompatible blood groups among human beings.

Now there was this old man, who was getting the blood through the efforts of Lower and Landsteiner and—he glanced inquisitively at the bottle and translated the upside-down printing into meaning—a donor named Cartwright; this old man who needed it, who couldn't make the red cells fast enough any longer, who couldn't keep up with the rate he was losing them internally.

What was dripping through the tubes was life, a gift of the young to the old, of the healthy to the sick.

The old man's eyelids flickered.

When Pearce made his morning rounds, the old man was watching him with faded blue eyes. Pearce blinked once and picked up the skin-and-bone wrist again and counted automatically. "Feeling better, eh?"

He got his second shock. The old man nodded.

"Fine, Mr. Weaver. We'll get a little food down you, and in a little while you'll be as good as new."

He glanced at his watch, looked away, and glanced back at it again. Gently, puzzledly, he lowered the old arm down beside the thin, sheeted body. He wrapped the wide, flat band of the sphygmomanometer around the stringy bicep and pumped it tight, listening at the inside of the elbow with his stethoscope. He looked at the gauge and let the air hiss out and listened for a moment at the old man's chest.

He sat back thoughtfully beside the bed, ignoring the bustling nurse. Weaver was making a surprising rally for a man in as bad shape as he had been. The pulse was strong and steady. Blood pressure was up. Somehow the transfusion had triggered hidden stores of energy and resistance.

Weaver was fighting back.

Pearce felt a strange and unprofessional sense of elation.

The next day Pearce thought the eyes that watched him were not quite so faded. "Comfortable?" he asked. The old man nodded. His pulse was almost normal for a man of his age.

On the third day, Weaver started talking.

The old man's thready voice whispered disjointed and meaningless reminiscences. Pearce nodded understandingly, and he nodded, inwardly, to himself. Arteriosclerosis had left its marks: chronic granular kidney, damage to the left ventricle of the heart, malfunction of the brain from a cerebral hemorrhage or two.

On the fourth day, Weaver was sitting up in bed talking to the nurse in a cracked, sprightly voice. "Yessirree," he said toothlessly. "That was the day I whopped 'em. Gave it to 'em good, I did. Let 'em have it right between the eyes. Always hated those kids. You must be the doctor," he said suddenly, turning toward Pearce. "I like you. Gonna see

that you get a big check. Take care of the people I like. Take care of those I don't like, too." He chuckled; it was an evil, childish sound.

"Don't worry about that," Pearce said gently, picking up Weaver's wrist. "Concentrate on getting well."

The old man nodded happily and stuck a finger in his mouth to rub his gums. "You'll git paid," he mumbled. "Don't *you* worry about that."

Pearce looked down at the wrist he was holding. It had filled out amazingly. "What's the matter with your gums?"

"Itch," Weaver got out around his finger. "Like blazes."

On the fifth day Weaver walked to the toilet.

On the sixth day he took a shower. When Pearce came in he was sitting on the edge of the bed, dangling his feet. Weaver looked up quickly as Pearce entered, his eyes alert, no longer so sunken. His skin had a subcutaneous glow of health. Like his wrist and arm, his face had filled out. Even his legs looked firmer, almost muscular.

He was taking the well-balanced hospital diet and turning it into flesh and fat and muscle.

With his snowy hair, he looked like an ad for everybody's grandfather.

Next day, his hair began to darken.

"How old are you, Mr. Weaver?" Pearce asked sharply.

"Seventy," Weaver said proudly. "Seventy my last birthday, June 5. Born in Wyoming, boy, in a sod hut. Still Indians around then. Many's the time I seen 'em, out with my paw. Never give us no trouble, though. Timid bunch, mostly."

"What color was your hair?"

"Color of a raven's wing. Had the blackest, shiniest hair in the country. Gals used to beg to run their fingers through it." He chuckled reminiscently. "Used to let 'em. A passel of blackheaded kids in Washakie County before I left."

He stuck his finger in his mouth and massaged his gums ecstatically.

“Still itch?” Pearce asked.

“Like a Wyoming chigger.” He chuckled. “You know what’s wrong with me, boy? In my second childhood. That’s what. I’m cutting teeth.”

During the second week, Weaver’s mind turned to business, deserting the long-ago past. A telephone was installed beside his bed, and he spent half his waking time in short, clipped conversations about incomprehensible deals and manipulations. The other half was devoted to Jansen, who was so conveniently on hand whenever Weaver called for him that Pearce thought he must have appropriated a hospital room.

Weaver was picking up the reins of empire.

While his mind roamed restlessly over possessions and ways of keeping and augmenting them, his body repaired itself like a self-servicing machine. His first tooth came through—a canine. After that they appeared rapidly. His hair darkened almost perceptibly; within the week it was as dark as he had described. His face filled out, the wrinkles smoothing themselves like a ruffled lake when the wind has gentled. His body became muscular and vigorous; the veins retreated under the skin to become blue trceries. The eyes darkened to a fiery blue.

The lab tests were additional proof of what Pearce had begun to suspect. Arteriosclerosis had never thickened those veins; or else, somehow, the damage of that fibrous tissue had been repaired. The kidneys functioned perfectly. The heart was as strong and efficient a pump as it had ever been. There was no evidence of a cerebral hemorrhage.

By the end of that week Weaver looked like a man of thirty. From birth, his body had aged no more than thirty years.

"Carl," Weaver was saying as Pearce entered the room, "I want a woman."

"That's easy," Jansen answered, shrugging. "Any particular one?"

"You don't understand," Weaver said bitingly. "I want one to marry. I made a mistake before; I'm not going to repeat it. A man in my position needs an heir. I'm going to have one. Yes, Carl—and you can hide that look of incredulity a little better—at my age!" He swung around quickly toward Pearce. "That's right, isn't it, doctor?"

Pearce shrugged. "There's no reason you can't father a child."

"Get this, Carl. I'm as strong and as smart as I ever was, maybe stronger and smarter. Some people are going to learn that very soon. I've been given a second chance, haven't I, doctor?"

"You might call it that. What are you going to do with it?"

"I'm going to do better. Better than I did before. This time I'm not going to make any mistakes. And you, doctor, do you know what you're going to do?"

"No. Tell me what I'm going to do."

Weaver's eyes twisted to Pearce's face. "You think I'm just talking. Don't make that mistake. You're going to find out why."

"Why?"

"Why I've recovered like I have. Don't try to kid me. You've never seen anything like it. I'm not seventy years old anymore. My body isn't. My mind isn't. Why?"

"What's your guess?"

"I never guess. I know. I get the facts from those who have them, and then I decide. That's what I want from you—the facts. I've been rejuvenated."

"You've been talking to Easter."

"Of course."

"But you never got that language from him. He'd never commit himself to that."

Weaver lowered at Pearce from under dark eyebrows. "What was done to me?"

"What does it matter? If you've been rejuvenated, that should be enough for any man."

"When Mr. Weaver asks a question," Jansen thrust in icily, "Mr. Weaver wants an answer."

Weaver brushed him aside. "Dr. Pearce doesn't frighten. But Dr. Pearce is a reasonable man. He believes in facts. He lives by logic. Understand me, doctor! I may be thirty now, but I will be seventy again. Before then I want to know how to be thirty again."

"Ah," Pearce sighed. "You're not talking about rejuvenation now. You're talking about immortality."

"Why not?"

"It's not for mortals. The human body wears out. Three-score years and ten. That—roughly—is what we're allotted. After that we start falling apart."

"I've had mine. Now I'm starting over at thirty. I've got forty to go. After that, what? Forty more?"

"We all die," Pearce said flatly. "Nothing can stop that. Not one man born has not come to the grave at last. There's a disease we contract at birth from which none of us recover; it's invariably fatal. Death."

"Suppose somebody develops a resistance to it?"

"Oh, I didn't mean that death was a specific disease," Pearce said quickly. "We die in many ways: accident, infection—" *And senescence*, Pearce thought. *For all we know, that's a disease. It could be a disease. Etiology: virus, unisolated, unsuspected, invades at birth or shortly thereafter—or maybe transmitted at conception.*

Incidence: total.

Symptoms: slow degeneration of the physical entity, appearing shortly after maturity, increasing debility, failure

of the circulatory system through arteriosclerosis and heart damage, malfunction of sense and organs, loss of cellular regenerative ability, susceptibility to secondary invasions. . . .

Prognosis: 100% fatal.

"Everything dies," Pearce went on smoothly. "Trees, planets, suns. . . . It's natural, inevitable. . . ." *But it isn't. Natural death is a relatively new thing. It appeared only when life became multicellular and complicated. Maybe it was the price for complexity, for the ability to think.*

Protozoa don't die. Metazoa—sponges, flatworms, coelenterates—don't die. Certain fish don't die except through accident. "Voles are animals that never stop growing and never grow old." Where did I read that? And even the tissues of the higher vertebrates are immortal under the right conditions.

Carrel and Ebeling proved that. Give the cell enough of the right food, and it will never die. Cells from every part of the body have been kept alive indefinitely in vitro.

Differentiation and specialization—that meant that any individual cell didn't find the perfect conditions. Besides staying alive, it had duties to perform for the whole. A plausible explanation, but was it true? Wasn't it just as plausible that the cell died because the circulatory system broke down?

Let the circulatory system remain sound, regenerative, and efficient, and the rest of the body might well remain immortal.

"Nothing's natural," Weaver said. "You gave me a transfusion. Immunities can be transferred with the blood, Easter told me. Who donated that pint of blood?"

Pearce sighed. "Someone named Marshall Cartwright."

The blood bank was in the oldest part of the building. Pearce led the way down the hot, narrow corridors, as far

south on the east wing's second floor as possible, down a wandering stairway, to the square, cluttered little room.

"If you're smart," Jansen told him on the stairs, "you'll cooperate with Mr. Weaver. Do what he asks you. Tell him what he wants to know. You'll get taken care of. If not—" Jansen smiled unpleasantly.

Pearce laughed uneasily. "What can Weaver do to me?"

"Don't find out," Jansen advised.

The technician accepted the job without comment. She flipped the pages of a ledger, searching. "Weaver?" she said. "Oh, here it is. On the fourth." Her finger traveled across the sheet. "O neg. Hasn't been replaced, by the way."

Pearce turned on Jansen. "I thought you were going to take care of that."

"You'll get your blood tomorrow," the secretary growled. "Who was the donor?"

"Marshall Cartwright," said the technician. "O neg. Kline: Okay. Replaced— Now I remember. That was the day after our television appeal. We ran low on O neg, and our professional donor list was exhausted. Got a big response."

"Remember him?" asked Jansen.

She frowned and turned her head away to stare out the window. "That was the third. We have more than twenty donors a day. And that was over a week ago."

"Think!" Jansen demanded.

"I *am* thinking," she flared. "What do you want to know?"

"What he looked like. What he said. His address."

"Was there something wrong with the blood?"

Pearce grinned suddenly. "'Contrariwise,' said Tweedle-dee."

A brief smile slipped across the technician's face. "We don't get many complaints like that. I can give you his address easy enough." She riffled through a box of 4-by-5