



Could I Have This Dance?

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Prologue

Summer 1973

My patient's scream penetrates the delivery room. "Slow deep breaths, honey," the nurse coaches. "Slow deep breaths."

I sense that she is going to scream again and turn my head toward the door, so I do not see her eyes.

Her voice is high-pitched and shrill, nothing like the softness I've heard in it before. Now, each cry is a dagger, finding its mark in my chest.

The room is hot, thanks to a faulty thermostat that I've had maintenance look at three times this week. But fixing the temperature won't make this one any more pleasant for me. My discomfort arises from a whole different level, a dread from the bottom of my gut that doesn't seem to be responding to the antacid I still taste in my mouth. I roll my tongue, scraping more of the metallic medicine toward the back of my throat. It's not working. My hands are trembling, and I can't bear to look into my patient's eyes.

I've never treated a more beautiful woman. I gaze on her writhing form for a moment, studying her in this vulnerable position as if for the first time.

But it is not the first time I've seen her like this, exposed and unprotected. Her forehead is beaded with sweat, her lips full and pursed, her breathing quick and shallow. In her face I see pain, and fear, and yet even in this moment of agony, I see her loveliness. I watch her, careful to avoid her eyes. Her eyes, wonderful, innocent blue. Deep pools I wish now I'd never looked into. I cannot bear to see her eyes now. If she catches my gaze, she'll see my fear—and then she'll know that I know.

I turn away, desperately trying to recapture the confidence that has carried me through the rigors of a country family practice. I've prided myself in being able to handle anything. From earaches to hernia repairs, from colicky babies to depressed, out-of-work farmers, I've seen it all. I've done it. And while other professionals in the city are specializing, here in

Stoney Creek I've stood proud like the docs of the old frontier: I can handle anything, including this routine vaginal delivery. I steal a glance at my patient again. Nothing different about this one. Except—

I interrupt my own thought. I can't let myself finish it. I cannot let myself think that it might be possible. Certainly the odds are against it. We were always so careful.

Clandestine encounters are supposed to remain a private matter, right? Nothing helpful can be gained by exposure now. I cough nervously and look at the clock on the wall. It's eleven P.M. and I haven't eaten since early this morning when I heard the first rumor that she was in labor.

The nurses are moving faster now, as the patient is close to delivery. The contractions come in a slow rhythm separated by only a minute, each one punctuated by a low groan. The patient is mumbling under her breath between contractions. I can only imagine her cursing, as her words are too quiet for me to hear above the room's clinical noise. Her husband, to my relief, is stationed in a waiting room. I hear that in big-city hospitals up north, they are letting the husbands into the delivery rooms. Well, just try that foolishness down here and we'll see how long I stay in this business. Thank God saner heads have prevailed in the South.

Since her husband is not here, I am the object of her scorn. I do not hear it in clear words, but I feel it in her moaning. She curses me as if she knows. It is not possible that she should know, but somehow, at a level deeper than mere reasoning, she knows. I am a scientist, not prone to such intuition. Still, I will not look in her eyes.

"How much Demerol has she had?" I can't stand to see her like this.

A nurse, a veteran named Mollie, wrinkles her nose at me. "A hundred milligrams. It doesn't seem to have touched her."

"Give her another twenty-five," I say, heading for the swinging door. "I'll be right outside."

Mollie knows I need to smoke. I always do when I'm nervous. I see her shaking her head in disapproval before I turn away. I let the door swing shut, leaving the commotion behind. In another minute, I'm standing in a small doctor's quarters inhaling a cigarette in long, deep breaths.

I pace the little room, wondering what would happen if anyone knew the truth about me, the truth about my patient. In the silence, with the smoke curling toward the ceiling, I think about breaches in professional ethics, standing before a state review board, and losing my license. My career could be over if anyone knew. And I vow that no one ever will.

The door pops open, and Ben Jasper, a general surgeon, heaves a sigh. "Hey, Jim. You're here late."

I nod. "Labor knows no respect for time. What's up?"

“I’ve got an appy to do.”

An appy. Not a real person with a real problem. Not even a patient with appendicitis or an appendectomy to perform, but an appy. Dr. Jasper, like most surgeons, abbreviates everything. I find myself wondering if he asks his wife for sup or if he calls his car a caddy.

“One of my patients?” I ask, feigning interest.

He laughed. “Everyone in Stoney Creek goes to you.” He held up a note card. “His name is Billy Burgess.”

I’ve treated Billy for ear infections a few times. His mother works in the McCall shoe factory with everyone else and had a huge melanoma removed from her back three years ago. I’m amazed she’s still alive.

I push my cigarette into an ashtray overflowing from the doctors’ tobacco addictions, an irony that doesn’t escape me. I reach for the door-knob and notice my hands are trembling. “I’ve got to get back to L and D.”

Once there, I slip on a pair of sterile exam gloves. I address my patient in a professional tone that feels forced and inappropriate. “I need to check your progress.”

The nurse coaxes the patient into position. “Come on, honey. Doc needs to see.” Mollie refers to me informally. It’s a rural thing, a small example of a more relaxed way of providing medical care. I wouldn’t want it any other way. Homey. Personal. Part of a one-stop country practice. But nothing seems homey about this. This delivery carries a big-city foreboding. I’m out of my element here. This one seems dark in a way that I can’t articulate.

Mollie sprays an iodine wash onto the patient’s perineum and I insert my glove. The cervix is wide open, completely effaced. I report the findings to Mollie. “Okay,” I add to the patient. “Let’s have this baby.”

The patient’s voice is urgent. “No! Nooo!”

I’m already putting on a sterile gown and a new pair of gloves. “Let’s get her in the stirrups.”

“I need something. It hurts!” she gasps. “Jimmy!”

I wince as the patient yells my name. I’m sure the nurses will think this is odd, but I glance at Mollie’s face, and it doesn’t seem to have fazed her. Labor makes women crazy. They say crazy things. Hopefully Mollie will think this, even if I don’t.

“Get me the pudendal tray.”

A second nurse, a young one who loves to flirt with me, is washing the patient again, this time applying the iodine paint in broad strokes to the thighs, perineum, and buttocks. Mollie opens the pudendal tray and places it on the sterile field, before gowning and gloving herself. She always stands to my left. I never have to tell her what I need; she always hands