

## SEEING

By Greg Egan

I gaze down at the dusty top surface of the bank of lights suspended from the ceiling of the operating theatre. There's a neatly hand-lettered sticker on the grey-painted metal — slightly yellowing, the writing a little faded, peeling at one corner. It reads:

IN CASE OF OUT-OF-BODY EXPERIENCE

PHONE 137 4597

I'm puzzled: I've never come across a local number starting with a one — and when I look again, it's clear that the digit in question is actually a seven. I was mistaken about the 'dust', too; it's nothing but a play of light on the slightly uneven surface of the paint. Dust in a sterile, air-filtered room like this — what was I thinking?

I shift my attention to my body, draped in green save for a tiny square aperture above my right temple, where the macrosurgeon's probe is following the bullet's entry wound into my skull. The spindly robot has the operating table to itself, although a couple of gowned-and-masked humans are present, off to one side, watching what I take to be X-ray views of the probe approaching its target; from my vantage point, the screen is foreshortened, the images hard to decipher. Injected microsurgions must already have staunched the bleeding, repaired hundreds of blood vessels, broken up any dangerous clots. The bullet itself, though, is too physically tough and chemically inert to be fragmented and removed, like a kidney stone, by a swarm of tiny robots; there's no alternative to reaching in and plucking it out. I used to read up on this type of operation — and lie awake afterwards, wondering when my time would finally come. I often pictured this very moment — and I'd swear, now, that when I imagined it, it looked exactly like this, down to the last detail. But I can't tell if that's just run-of-the-mill déjà vu, or if my obsessively rehearsed visualisation is fuelling this present hallucination.

I begin to wonder, calmly, about the implications of my exotic point of view. Out-of-body experiences are supposed to suggest proximity to death . . . but then, all the thousands of people who've reported them survived to tell the tale, didn't they? With no way of balancing that against the unknown number who must have died, it's absurd to treat the situation as signifying anything at all about my chances of life or death. The effect is certainly linked to severe physical trauma, but it's only the ludicrous notion that the 'soul' has parted from the body — and is perilously close to floating off down a tunnel of light into the afterlife — that associates the experience with death.

Memories leading up to the attack start coming back to me, hazily. Arriving to speak at Zeitgeist Entertainment's AGM. (Physically present for the first time in years — bad move. Just because I sold off HyperConference Systems, why did I have to eschew the technology?) That lunatic Murchison making a scene outside the Hilton, screaming something about me — me! — stifling him on his miniseries contract. (As if I'd even read it, let alone

personally drafted every clause. Why couldn't he have gone and mowed down the legal department, instead?) The motorised window of the bulletproof Rolls gliding upwards to shut out his ranting, the mirrored glass moving silently, reassuringly —and then jamming . . .

I was wrong about one thing: I always thought the bullet would come from some anal-retentive cinephile, outraged by one of Zeitgeist's 'Sequels to the Celluloid Classics'. The software avatars we use as directors are always constructed with meticulous care, by psychologists and film historians committed to re-creating the true persona of the original auteur . . . but some purists are never happy, and there were death threats for more than a year after Hannah and Her Sisters II, in 3-D. What I failed to anticipate was a man who'd just signed a seven-figure deal for the rights to his life story — out on bail only because of Zeitgeist's generous advance — trying to blow me away over a discounted residual rate for satellite transmissions dubbed into the Inuit language.

I notice that the unlikely sticker on top of the lights has vanished. What does that presage? If my delusion is breaking down, am I deteriorating, or recovering? Is an unstable hallucination healthier than a consistent one? Is reality about to come crashing in? What should I be seeing, right now? Pure darkness, if I really am under all that green swaddling, eyes closed, anaesthetised. I try to 'close my eyes' — but the concept just doesn't translate. I do my best to lose consciousness (if that's the right word for what I'm experiencing); I try to relax, as if aiming for sleep — but then a faint whir from the surgeon's probe as it reverses direction rivets my attention.

I watch — physically unable to avert my unphysical gaze — as the gleaming silver needle of the probe slowly retracts. It seems to take forever, and I rack my brain for a judgement as to whether this is a piece of masochistic dream-theatricality, or a touch of authenticity, but I can't decide.

Finally — and I know it a moment before it happens (but then, I've felt that way all along) — the tip of the needle emerges, bonded outrageously by nothing more esoteric than a speck of high-strength glue (or so I once read) to the dull, slightly crumpled bullet.

I see the green cloth covering my chest rise and fall in an emphatic sigh of relief. I doubt the plausibility of this from an anaesthetised man on a breathing machine — then suddenly, overwhelmingly weary of trying to imagine the world at all, I allow it to disintegrate into psychedelic static, then darkness.

\* \* \* \*

A familiar, but unplaceable, voice says, 'This one's from Serial Killers For Social Responsibility. "Deeply shocked ... a tragedy for the industry . . . praying for Mr Lowe's swift recovery." Then they go on to disavow any knowledge of Randolph Murchison; they say that whatever he might or might not have done to hitchhikers in the past, celebrity assassination attempts involve an entirely separate pathology, and any irresponsible comments which blur the issue by confusing the two will result in a class action—'

I open my eyes and say, 'Can someone please tell me why there's a mirror on the ceiling over my bed? Is this a hospital, or a fucking bordello?'

The room falls silent. I squint up at the glass with a fixed gaze, unable to make out its borders, waiting for an explanation for this bizarre piece of decor. Then one possibility dawns on me: Am I paralysed? Is this the only way to show me my surroundings? I fight down a sense of panic: even if it's true, it need not be permanent. Nerves can be regrown, whatever's damaged can be repaired. I've survived, that's what counts — the rest is just a matter of rehabilitation. And isn't this what I always expected? A bullet in the brain? A brush with death? Rebirth in a state of helplessness?

In the mirror, I can see four people gathered around the bed — and I recognise them easily enough, in spite of the awkward view: James Long, my personal assistant, whose voice woke me. Andrea Stuart, Zeitgeist's senior vice-president. My estranged wife, Jessica — I knew she'd come. And my son, Alex — he must have dropped everything, and caught the first flight out of Moscow.

And on the bed, almost buried under a tangle of tubes and cables, linked to a dozen monitors and pumps, an ashen, bandaged, gaunt figure which I suppose must be me.

James glances up at the ceiling, looks down again, then says gently, 'Mr Lowe, there is no mirror. Shall I tell the doctors you're awake?'

I scowl, try to move my head, fail. 'Are you blind? I'm staring right at it. And if I'm not plugged into enough machinery to tell whoever's monitoring it all that I'm awake—'

James gives an embarrassed cough, a code he uses in meetings when I start to wander too far from the facts. I try again to turn to look him in the eye, and this time—

This time, I succeed. Or at least, I see the figure on the bed turn its head—  
—and my whole sense of my surroundings inverts, like an all-encompassing optical illusion exposed. Floor becomes ceiling and ceiling floor — without anything moving a millimetre. I feel like bellowing at the top of my lungs, but only manage a startled grunt . . . and after a second or two, it's hard to imagine that I'd ever been fooled, the reality is so obvious.

There is no mirror. I'm watching all this from the ceiling, the way I watched the bullet being extracted. I'm still up here. I haven't come down.

I close my eyes — and the room fades out, taking two or three seconds to vanish completely.

I open my eyes. The view returns, unchanged.

I say, 'Am I dreaming? Are my eyes really open? Jessica? Tell me what's going on. Is my face bandaged? Am I blind?'

James says, 'Your wife isn't here, Mr Lowe. We haven't been able to reach her yet.' He hesitates, then adds, 'Your face isn't bandaged—'

I laugh indignantly. 'What are you talking about? Who's that standing next to you?'

'Nobody's standing next to me. Ms Stuart and I are the only people with you, right now.'

Andrea clears her throat, and says, 'That's right, Philip. Please, try to calm down. You've just had major surgery — you're going to be fine, but you have to take it easy.' How did she get there — near the foot of the bed? The figure below turns to look at her, sweeping his gaze across the intervening space, and — as easily as the implausible one changed into a seven, as easily as the whole ludicrous sticker ceased to exist — my wife and son are banished from my vision of the room.

I say, 'I'm going mad.' That's not true, though: I'm dazed, and distinctly queasy, but a long way from coming unhinged. I notice that my voice — very reasonably — seems to come out of my one-and-only mouth, the mouth of the figure below me — as opposed to the point in empty space where my mouth would be, were I literally, bodily, hovering near the ceiling. I felt my larynx vibrate, my lips and tongue move, down there . . . and yet the sense that I am above, looking down, remains as convincing as ever. It's as if. . . my entire body has become as peripheral as a foot or a fingertip — connected and controlled, still a part of me, but certainly not encompassing the centre of my being. I move my tongue in my mouth, touch the tip to the point of my left incisor, swallow some saliva; the sensations are all intelligible, consistent, familiar. But I don't find myself rushing down to 'occupy' the place where these things are happening — any more than I've ever felt my sense of self pouring into my big toe, upon curling it against the sole of my shoe.

James says, 'I'll fetch the doctors.' I hunt for any trace of inconsistency in the direction of his voice . . . but I'm not up to the task of dissecting the memory of his speech into relative intensities in my left and right ears, and then confronting myself with the paradox that anyone truly up here, facing down, would hear it all differently. All I know is that the words seem to have emerged from his lips, in the customary manner.

Andrea clears her throat again, and says, 'Philip? Do you mind if I make a call? Tokyo opens in less than an hour, and when they hear that you've been shot—'

I cut her off. 'Don't call — go there, in person. Take the next suborbital — you know that always impresses the market. Look, I'm glad you were here when I woke' — glad your presence, at least, turned out to be more than wishful thinking — 'but the biggest favour you can do for me now is to make damned sure that Zeitgeist comes through this unscathed.' I try to make eye contact as I say this, but I can't tell whether I succeed or not. It's twenty years since we were lovers, but she's still my closest friend. I'm not even sure why I'm so desperate to get rid of her — but I can't help feeling exposed up here ... as if she might suddenly glance up and see me — see some part of me that my flesh always concealed.

'Are you sure?'

'I'm positive. James can baby-sit me, that's what he's paid for. And if I know you're looking after Zeitgeist, I won't have to lie here sweating about it; I'll know it's all under control.'

In fact, as soon as she's gone, the idea of worrying about anything as remote and inconsequential as my company's share price begins to seem utterly bizarre. I turn my head so that the figure on the bed looks straight up at 'me' once more. I slide my hand across my chest, and most of the cables and tubes that were 'covering me' disappear, leaving behind nothing but a slightly wrinkled sheet. I laugh weakly — an odd sight. It looks like a memory of the last time I laughed into a mirror.

James returns, followed by four generic white-coated figures — whose number shrinks to two, a young man and a middle-aged woman, when I turn my head towards them.

The woman says, 'Mr Lowe, I'm Dr Tyler, your neurologist. How are you feeling?'

'How am I feeling? I feel like I'm up on the ceiling.'

'You're still giddy from the anaesthetic?'

'No!' I very nearly shout: Can't you look at me when I'm speaking to you? But I calm myself, and say evenly, 'I'm not "giddy" — I'm hallucinating. I see everything as if I'm up on the ceiling, looking down. Do you understand me? I'm watching my own lips move as I say these words. I'm staring down at the top of your head. I'm having an out-of-body experience — right now, right in front of you.' Or right above you. 'It started in the operating theatre. I saw the robot take out the bullet. I know, it was just a delusion, a kind of lucid dream — I didn't really see anything . . . but it's still happening. I'm awake, and it's still happening. I can't come down.'

Dr Tyler says firmly, 'The surgeon didn't remove the bullet. It was never embedded; it only grazed your skull. The impact caused a fracture, and forced some bone fragments into the underlying tissue — but the damaged region is very small.'

I smile with relief to hear this — and then stop myself; it looks too strange, too self-conscious. I say, 'That's wonderful news. But I'm still up here.'

Dr Tyler frowns. How do I know that? She's bent over me, her face seems to be hidden — yet the knowledge reaches me somehow, as if conveyed through an extra sense. This is insane: the things I must be 'seeing' with my own eyes — the things I'm entitled to know — are taking on an air of unreliable clairvoyance, while my 'vision' of the room — a patchwork of wild guesses and wishful thinking — masquerades as the artless truth.

'Do you think you can sit up?'

I can — slowly. I'm very weak, but certainly not paralysed, and with an ungainly scrabbling of feet and elbows, I manage to raise myself into a sitting position. The exertion makes me sharply aware of every limb, every joint, every muscle . . . but aware most of all that their relationships with

each other remain unchanged. The hip bone is still connected to the thigh bone, and that's still what counts — however far away from both I feel 'myself' to be.

My view stays fixed as my body moves — but I don't find that especially disconcerting; at some level, it seems no stranger than the simple understanding that turning your head doesn't send the world spinning in the opposite direction.

Dr Tyler holds out her right hand. 'How many fingers?'

'Two.'

'Now?'

'Four.'

She shields her hand from aerial scrutiny with a clipboard. 'Now?'

'One. I can't see it, though. I just guessed.'

'You guessed right. Now?'

'Three.'

'Right again. And now?'

'Two.'

'Correct.'

She hides her hand from the figure on the bed, 'exposing' it to me-above. I make three wrong guesses in a row, one right, one wrong, then wrong again.

All of which makes perfect sense, of course: I know only what my eyes can see; the rest is pure guesswork. I am, demonstrably, not observing the world from a point three metres above my head. Having the truth rendered obvious makes no difference, though: I fail to descend.

Dr Tyler suddenly jabs two fingers towards my eyes, stopping just short of contact. I'm not even startled; from this distance, it's no more threatening than watching The Three Stooges. 'Blink reflex working,' she says — but I know I should have done more than blink.

She looks around the room, finds a chair, places it beside the bed. Then she tells her colleague, 'Get me a broom.'

She stands on the chair. 'I think we should try to pin down exactly where you think you are.' The young man returns with a two-metre-long white plastic tube. 'Vaccum cleaner extension,' he explains. 'There are no brooms in the private wards.'

James stands clear, glancing upwards self-consciously every now and then. He's beginning to look alarmed, in a diplomatic sort of way.

Dr Tyler takes the tube, raises it up with one hand, and starts scraping the

end across the ceiling. 'Tell me when I'm getting warm, Mr Lowe.' The thing looms towards me, moving in from the left, then slides across the bottom of my field of view, missing me by a few centimetres.

'Am I close yet?'

'I—' The scraping sound is intimidating; it takes some effort to bring myself to cooperate, to guide the implement home.

When the tube finally closes over me, I fight off a sense of claustrophobia, and stare down the long dark tunnel. At the far end, in a circle of dazzling radiance, is the tip of Dr Tyler's white lace-up shoe.

'What do you see now?'

I describe the view. Keeping the top end fixed, she tilts the tube towards the bed, until it points directly at my bandaged forehead, my startled eyes — a strange, luminous cameo.

'Try . . . moving towards the light,' she suggests.

I try. I screw up my face, I grit my teeth, I urge myself forward, down the tunnel: back to my skull, back to my citadel, back to my private screening room. Back to the throne of my ego, the anchor of my identity. Back home.

Nothing happens.

\* \* \* \*

I always knew I'd get a bullet in the brain. It had to happen: I'd made far too much money, had far too much good luck. Deep down, I always understood that, sooner or later, my life would be brought into balance. And I always expected my would-be assassin to fail — leaving me crippled, speechless, amnesic; forced to struggle to make myself whole again, forced to rediscover — or reinvent — myself.

Given a chance to start my life again.

But this? What kind of redemption is this?

Eyes closed or open, I have no trouble identifying pinpricks all over my body, from the soles of my feet to the top of my scalp — but the surface of my skin, however clearly delineated, still fails to enclose me.

Dr Tyler shows me—below photographs of torture victims, humorous cartoons, pornography. I cringe, I smile, I get an erection — before I even know what I'm 'looking' at.

'Like a split-brain patient,' I muse. 'Isn't that what happens? Show them an image in half their visual field, and they respond to it emotionally — without being able to describe what they've seen.'

'Your corpus callosum is perfectly intact. You're not a split-brain patient, Mr Lowe.'

'Not horizontally — but what about vertically?' There's a stony silence. I

say, 'I'm only joking. Can't I make a joke?' I see her write on her clipboard: inappropriate affect. I 'read' the remark effortlessly, in spite of my elevation — but I don't have the nerve to ask her if it's really what she wrote.

A mirror is thrust in front of my face — and when it's taken away, I see myself as less pale, less wasted than before. The mirror is turned towards me-above, and the place where I 'am' is 'shown' to be empty — but I knew that all along.

I 'look around' with my eyes every chance I get — and my vision of the room grows more detailed, more stable, more consistent. I experiment with sounds, tapping my fingers on the side of the bed, on my ribs, my jaw, my skull. I have no trouble convincing myself that my hearing is still taking place in my ears — the closer a sound is to those organs down there, the louder it seems, as always — but nor do I have any difficulty interpreting these cues correctly; when I snap my fingers beside my right ear, it's obvious that the source of the sound is close to my ear, not close to me.

Finally, Dr Tyler lets me try to walk. I'm clumsy and unsteady at first, distracted by my unfamiliar perspective, but I soon learn to take what I need from the view — the positions of obstacles — and ignore the rest. As my body crosses the room, I move with it, hovering more or less directly above — sometimes lagging behind or moving ahead, but never by far. Curiously, I feel no conflict between my sense of balance, telling me I'm upright, and my downwards gaze, which 'should' (but doesn't) suggest that my body is facing the floor. That meaning has been stripped away, somehow — and it has nothing to do with the fact that I can 'see' myself standing. Perhaps my true orientation is gleaned, subconsciously, from the evidence of my eyes, at some point before the damaged part of my brain corrupts the information — like my 'clairvoyant' knowledge of 'hidden' objects.

I could walk a kilometre, I'm sure, but not very quickly. I place my body in a wheelchair, and a taciturn orderly pushes it — and me — out of the room. The smooth, involuntary motion of my point of view is alarming at first, but then gradually starts to make sense: after all, I can feel my hands on the armrests, the chair against my legs, my buttocks, my back — 'part' of me is in the wheelchair, and, like a roller-skater staring down at his feet, I should be able to swallow the notion that the 'rest' of me is attached, and obliged to follow. Down corridors, up ramps, in and out of elevators, through swing doors ... I fantasise daringly about wandering off on my own — turning left when the orderly turns right — but the truth is, I can't begin to imagine how I could make that happen.

We turn into a crowded walkway linking the hospital's two main blocks, and end up travelling alongside another patient in a wheelchair — a man about my age, his head also bandaged. I wonder what he's been through, and what's in store for him now — but this doesn't seem like the time or place to strike up a conversation about it. From above (at least, as I see it) these two head-wound cases in hospital gowns are almost indistinguishable, and I find myself wondering: Why do I care what happens to one of these bodies, so much more than the other? How can it be so important . . . when I can barely tell them apart?



I grip the armrests of the chair tightly — but resist the temptation to raise a hand and signal to myself: This one is me.

We finally reach Medical Imaging. Strapped to a motorised table, my blood infused with a cocktail of radioactive substances, I'm guided into a helmet comprised of several tonnes of superconducting magnets and particle detectors. My whole head is engulfed by the thing, but the room doesn't vanish at once. The technicians, cut loose from reality, keep themselves busy fussing with the scanner's controls — like old celluloid-movie extras pretending, unconvincingly, to know how to operate a nuclear power station or an interstellar spacecraft. Gradually, the scene fades to black.

When I emerge, with dark-adapted eyes, for a second or two the room is unbearably bright.

\* \* \* \*

'We have no previous case histories of a lesion in exactly this location,' admits Dr Tyler, thoughtfully holding the brain scan at an angle which allows me to observe, and simultaneously visualise, its contents. She insists on addressing her remarks solely to me—below, though, which makes me feel a bit like a patronised child — ignored by the adults, who, instead, crouch down and say hello to Teddy.

'We do know it's associative cortex. Higher-level sense-data processing and integration. The place where your brain constructs models of the world, and your relationship to it. From your symptoms, it seems you've lost access to the primary model, so you're making do with a secondary one.'

'What's that supposed to mean? Primary model, secondary model? I'm still looking at everything through the same pair of eyes, aren't I?'

'Yes.'

'Then how can I fail to see it that way? If a camera is damaged, it produces a faulty image — it doesn't start giving you bird's-eye views from down on the ground.'

'Forget about cameras. Vision is nothing like photography — it's an elaborate cognitive act. A pattern of light on your retina doesn't mean a thing until it's been analysed: that means everything from detecting edges, detecting motion, extracting features from noise, simplifying, extrapolating — all the way up to constructing hypothetical objects, testing them against reality, comparing them to memories and expectations . . . the end product is not a movie in your head, it's a set of conclusions about the world.

'The brain assembles those conclusions into models of your surroundings. The primary model includes information about more or less everything that's directly visible at any given moment — and nothing else. It makes the most efficient use of all your visual data, and it makes the least possible number of assumptions. So it has a lot of advantages — but it doesn't arise automatically just because the data was gathered through your eyes. And it's not the only possibility: we all build other models, all the time; most people can imagine their surroundings from almost any angle—'

I laugh incredulously. 'Not like this. Nobody could imagine a view as vivid as this. I certainly never could.'

'Then perhaps you've managed to redeploy some of the neural pathways responsible for the intensity of the primary model—'

'I don't want to redeploy them! I want the primary model back!' I hesitate, put off by the look of apprehension on my face, but I have to know. 'Can you do that — can you repair the damage? Put in a neural graft?'

Dr Tyler tells my Teddy Bear, gently, 'We can replace the damaged tissue, but the region's not well enough understood to be repaired, directly, by microsurgions. We wouldn't know which neurons to join to which. All we can do is inject some immature neurons into the site of the lesion, and leave them to form their own connections.'

'And . . . will they form the right ones?'

'There's a good chance they will, eventually.'

'A good chance. If they do, how long will it take?'

'Several months, at least.'

'I'll want a second opinion.'

'Of course.'

She pats my hand sympathetically — but leaves without so much as a glance in my direction.

Several months. At least. The room begins to rotate slowly — so slowly that it never actually moves at all. I close my eyes and wait for the feeling to pass. My vision lingers, refusing to fade. Ten seconds. Twenty seconds. Thirty seconds. There I am, on the bed below, eyes closed . . . but that doesn't render me invisible, does it? It doesn't make the world disappear. That's half the trouble with this whole delusion: it's so fucking reasonable.

I put the heels of my palms against my eyes, and press, hard. A mosaic of glowing triangles spreads out rapidly from the centre of my field of view, a shimmering pattern in grey and white; soon it eclipses the whole room.

When I take my hands away, the afterimage slowly fades to darkness.

\* \* \* \*

I dream that I look down upon my sleeping body — and then drift away, rising up calmly, effortlessly, high into the air. I float above Manhattan — then London, Zurich, Moscow, Nairobi, Cairo, Beijing. Wherever the Zeitgeist Network reaches, I'm there. I wrap the planet in my being. I have no need of a body; I orbit with the satellites, I flow through the optical fibres. From the slums of Calcutta to the mansions of Beverly Hills, I am the Zeitgeist, the Spirit of the Age—

I wake suddenly, and hear myself swearing, before I even know why.

Then I realise I've wet the bed.

\* \* \* \*

James flies in dozens of the top neurologists from around the world, and arranges remote consultations with another ten. They argue about the precise interpretation of my symptoms — but their recommendations for treatment are all essentially the same.

So, a small number of my own neurons, collected during the original surgery, are genetically regressed to a foetal state, stimulated to multiply in vivo, then injected back into the lesion. Local anaesthetic only; at least this time I get to 'see' more or less what really happens.

In the days that follow — far too early for any effects from the treatment — I find myself adapting to the status quo with disarming speed. My coordination improves, until I can perform most simple tasks with confidence, unaided: eating and drinking, urinating and defecating, washing and shaving — all the lifelong familiar routines start to seem ordinary again, in spite of the exotic perspective. At first, I keep catching glimpses of Randolph Murchison (played by the persona of Anthony Perkins) sneaking into the steam-clouded bathroom every time I take a shower — but that passes.

Alex visits, finally able to tear himself away from the busy Moscow bureau of Zeitgeist News. I watch the scene, oddly touched by the ineloquence of both father and son — but puzzled, too, that the awkward relationship ever caused me so much pain and confusion. These two men are not close — but that's not the end of the world. They're not close to a few billion other people, either. It doesn't matter.

By the end of the fourth week, I'm desperately bored — and losing patience with the infantile tests with concealed wooden blocks that Dr Young, my psychologist, insists I perform twice daily. Five red and four blue blocks can turn into three red and one green, when the partition hiding them from my eyes is lifted — and so on, a thousand times . . . but it no more demolishes my world-view than pictures of vases that turn into pairs of human profiles, or patterns with gaps that magically fill themselves in when aligned with the retinal blind spot.

Dr Tyler admits, under duress, that there's no reason I can't be discharged, but—

'I'd still prefer to keep you under observation.'

I say, 'I think I can do that myself.'

\* \* \* \*

A two-metre-wide auxiliary screen attached to the videophone lies on the floor of my study; a crutch, perhaps, but at least it takes the clairvoyance factor out of knowing what's happening on the smaller screen in front of my face.

Andrea says, 'Remember that team of Creative Consultants we hired last

spring? They've come up with a brilliant new concept: "Celluloid Classics That Might Have Been" — ground-breaking movies that were almost made, but didn't quite survive the development process. They plan to start the series with *Three Burglars* — a Hollywood remake of *Tenue de Soiree*, with Arnold Schwarzenegger in the Depardieu role, and either Leonard Nimoy or Ivan Reitman directing. Marketing have run a simulation which shows twenty-three per cent of subscribers taking the pilot. The costings aren't too bad, either; we already own emulation rights for most of the personas we need.'

I nod my puppet head. 'That all sounds . . . fine. Is there anything else we need to discuss?'

'Just one more thing. The Randolph Murchison Story.'

'What's the problem?'

'Audience Psychology won't approve the latest version of the screenplay. We can't leave out Murchison's attack on you, it's far too well known—'

'I never asked for it to be left out. I just want my post-operative condition left unspecified. Lowe gets shot. Lowe survives. There's no need to clutter up a perfectly good story about mutilated hitchhikers with details of a minor character's neurological condition.'

'No, of course not — and that's not the problem. The problem is, if we cover the attack at all, we'll have to mention the reason for it, the miniseries itself. . . and AP says viewers won't be comfortable with that degree of reflexivity. For current affairs, all right — the programme is its own main subject, the presenters' actions are the news — that's taken for granted, people are used to it. But docudrama is different. You can't use a fictional narrative style — telling the audience it's safe to get emotionally involved, it's all just entertainment, it can't really touch them — and then throw in a reference to the very programme they're watching.'

I shrug. 'All right. Fine. If there's no way around it, axe the project. We can live with that; we can write it off.'

She nods, unhappily. It was the decision she wanted, I'm sure —but not so casually given.

When she hangs up, and the screen goes blank, the sight of the unchanging room quickly becomes monotonous. I switch to cable input, and flick through a few dozen channels from *Zeitgeist* and its major competitors. The whole world is there to gaze upon, from the latest Sudanese famine to the Chinese civil war, from a body paint fashion parade in New York to the bloody aftermath of the bombing of the British parliament. The whole world — or a model of the world: part truth, part guesswork, part wish-fulfilment.

I lean back in my chair until I'm staring straight down into my eyes. I say, 'I'm sick of this place. Let's get out of here.'

\* \* \* \*

I watch the snow dust my shoulders between the sharp gusts of wind that blow it away. The icy sidewalk is deserted; nobody in this part of Manhattan seems to walk anywhere in the most clement weather any more, let alone on a day like this. I can just make out the four bodyguards, ahead of me and behind me, at the edge of my vision.

I wanted a bullet in the head. I wanted to be destroyed and reborn. I wanted a magic path to redemption. And what have I ended up with?

I raise my head, and a ragged, bearded tramp materialises beside me, stamping his feet on the sidewalk, hugging himself, shivering. He says nothing, but I stop walking.

One man below me is warmly dressed, in an overcoat and overshoes. The other is wearing threadbare jeans, a tattered bomber jacket, and baseball shoes full of holes.

The disparity is ridiculous. The warmly dressed man takes off his overcoat and hands it to the shivering man, then walks on.

And I think: What a beautiful scene for The Philip Lowe Story.