

THE TRIAL

by Brian Stableford

Brian Stableford's novel *Streaking* (PS Publishing, 2006) was shortlisted for the Arthur C. Clarke Award. His other recent works include a mammoth reference book, *Science Fact and Science Fiction: An Encyclopedia* (Routledge, 2006), and a theatrical fantasy, *The New Faust at the Tragicomique* (Black Coat Press, 2007). Brian's most recent stories for us, "The Plurality of Worlds" (August 2006) and "Doctor Muffet's Island" (March 2007), have chronicled the alternate sixteenth century exploits of Sir Walter Raleigh, Captain Cook, and John Dee. In "The Trial," Brian takes a break from stories about a made-up past to explore the source of our own fickle memories.

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Tom Wharton shook his head sadly as he moved away from Mrs. Heatherington's bed, reluctantly marking a red X against her name. It was the third X in a row, and it was a bitter disappointment. There was only one more of the new intake to be checked, and if that one turned out to be a reject too the trial would be stalled for an entire week.

The main problem was that by the time Alzheimer's sufferers actually got admitted to a ward they were usually too far gone even to attempt the battery of cognitive tests that the trial required as a key indicator. Sufferers who were still in the community, on the other hand, mostly hadn't had their diagnosis confirmed with sufficient certainty. Patients suitable for the trial had to be caught within a very narrow margin of the observation regime, and the trial's protocols were way too tight to allow Tom any wriggle-room when it came to judgments of suitability.

"Hello, Mr. Asherson," he said, as he arrived by the next bedside. "How are you feeling today?"

"Name, rank, and serial number, you fascist bastard," Mr. Asherson replied. "That's all you'll get from me." Asherson was no spring chicken, but he was significantly younger than Mrs. Heatherington and most of the other human wrecks littering the ward. He was sitting up in the bed, and there was an angry but slightly puzzled glare in his eyes, as if something he couldn't quite put his finger on had deeply offended his moral sensibilities. His memory was playing tricks, though. He'd spent the greater part of his working life in secondary schools teaching biology and physical education; he wasn't old enough ever to have been a prisoner of war.

"That's all I need, Mr. Asherson," Tom said, cheerfully, as he flicked over the sheets on his clipboard looking for further background information. "What *is* your name, rank and serial number?"

"William Asherson," the old man replied. "Sergeant-Major. Six ... six ... six...?" His impetus ran out.

Tom found the detailed notes he was looking for. The serial number that William Asherson had been given during his only brief spell of military experience—while he was on National Service in 1949-50—had not, in fact, begun with the digits 666, and he had only attained the lowly rank of corporal before returning to civilian life. He had apparently exaggerated his achievements to his family, though; there was a scrawled note from the appraisal nurse to the effect that Asherson's daughter, Mrs. Patricia Lockley, had confirmed—in flat contradiction to Army records—that he really had been a sergeant-major, even though she knew that his claim to have once been in the SAS was a pure fantasy, belatedly made up to impress his infant grandson in the 1980s.

“I'd just like to run a few little tests, Mr. Asherson, if that's all right,” Tom said, carefully maintaining his broad smile. “Nothing painful or tedious—just puzzles, really.”

“If it'll get me out of here,” Asherson replied. “I need to get out. I don't belong here with all these *old* people. They're all sick, you know. Sick, sick, sick.”

Tom was heartened by the relative sanity of this response. It meant that Asherson was still in good enough condition to engage in what passed for merry banter in these parts. He sat down beside the bed, detached the screen from his laptop, and placed it carefully in front of the patient—who looked at it with frank distaste but refrained from doing any violence to it.

Half an hour later Tom had determined that Mr. Asherson was in good enough condition to relish a certain amount of attention and a little mental exercise, and was able to grapple more or less successfully with the series of mental tests used to measure the effects of LAW-1917. The old man had become frustrated when he failed tests that he felt he ought to have passed—some of which he seemed certain that he *had* passed, in spite of the computer's insistence that he had not—but he had completed each one without forgetting what it was that he was trying to do, and that could be counted a triumph in itself, in this particular context.

His achievements entitled Mr. Asherson to a big tick on Tom's list—whose inscription brought a big sigh of relief from the beleaguered junior doctor. The trial was making painfully slow progress, but at least it was still on track. William Asherson would be the eleventh subject out of a required sixteen—always provided, of course, that Patricia Lockley could be persuaded to sanction his acceptance on to the program. It was very rare for anyone to refuse, though; most relatives considered it a great opportunity for their fast-fading loved ones to be given privileged access to new experimental treatments.

“If I can get the consent form signed today, I'll see you again tomorrow, Mr. Asherson,” Tom said, making the effort to be pleasant even though he confidently expected that Mr. Asherson would not retain the slightest memory of him until the next day. “You'll have a room all to yourself, and you'll be known as Patient K. That'll be your codename for a secret mission—perhaps the last you'll ever have to

carry out.”

“Never volunteer,” the newly promoted Patient K advised him. “All present and correct, sir—sod off and die, you Sandhurst ponce. Get me the hell out of here. Sick sick sick.”

“Just sick enough—not to mention just thick enough—to earn you a big tick, Mr. Asherson,” Tom said, blithely. “You’re the pick of the bunch today. That’s the advantage of having been a teacher; you might lose your marbles but you never lose the habit of rising to a challenge.”

As he supervised the final preparations in the treatment room the following morning, Tom tried hard to think of any advantages there might be in carrying out trials on Alzheimer’s patients which might compensate for all the awful inconveniences. The only obvious one, he decided, was the lack of half-informed bolshiness. Alzheimer’s sufferers were notoriously stropky, of course—but only randomly. They weren’t calculatedly stropky in the grimly determined way that many healthy volunteers now set out to be in the wake of the TGN-1412 disaster at Northwick Park, perennially on the lookout for the possibility of a juicy compensation payout to augment their participation fees.

Mr. Asherson was certainly stropky enough, in his own quietly perverse fashion. He hadn’t taken well to being moved.

“Putting me in solitary, are you, you black bitch?” he said to Sarah Odiko, the nurse who was assisting Tom. “You won’t break me. Name, rank, and serial number.”

“Please don’t abuse the staff, Mr. Asherson,” Tom said. He had changed his tone from cheery to soothing, because that usually worked best in the circumstances. “You’re very lucky to be here. There are people clamoring to be let in on trials like these.”

He was telling the truth. The Northwick Park incident hadn’t inhibited the flow of volunteers at all. Indeed, by informing a much larger population of cash-strapped young men about the easy money to be made from participation in drug trials—which usually didn’t send their immune systems into crazy overdrive—it had actually increased recruitment, albeit with the compensating downside that the volunteers in question were much louder in the proclamation of their “rights.” Not that they actually cared about the precise exercise of the principle of informed consent, of course, or the minute details of the experimental design; they just wanted to lay the groundwork for future lawsuits, in case anything did go wrong.

That wasn’t the only way in which Tom’s job had become a great deal more stressful since the TGN-1142 affair. He knew as well as everyone else that the disaster could just as easily have struck St. Jude’s as any other hospital, and that no matter how many extra precautions were taken, something similar might happen to him at any time. While no one had known that an “immune system frenzy” was

anything more than a conjectural possibility, ignorance had permitted complacency, but now that the possibility had been luridly demonstrated it hung over every new trial of a monoclonal antibody like the sword of Damocles. It wasn't as if the regulatory authority could just slap a ban on the whole class of treatments—so many of them worked that the small risk of the occasional trial going badly awry was not only acceptable but necessary.

“I need to get out of here,” the newly appointed Patient K complained. “Have to see a man about a horse.”

“No you don't, Mr. Asherson,” Nurse Odiko informed him. “You've got a catheter for that.”

“You have to take your medicine now, Mr. Asherson,” Tom said. “Just drink it down.”

“No,” Asherson said. “Nasty taste.”

“It doesn't taste nasty, Mr. Asherson,” Tom assured him. “It's wonderful stuff. Just between the two of us, though, it's been a bit awkward finding people who can benefit from it. It's specific to a narrow range of neuronal intranuclear inclusions, you see, and if the results of the trial are to be meaningful it's necessary to be sure that the magic bullet is being aimed at the right target. If the trial were to record a negative result, and post mortems carried out six months or a year down the line were then to reveal that a significant number of our subjects had been suffering from CJD or some other exotic CAG-repetition dysfunction, the whole thing would have to be done over—and my reputation would be indelibly scarred. Fortunately, Mr. Asherson, we know that you have exactly the right kind of gunk gumming up your tired old brain, and you're still sufficiently *compos mentis* to do the cognitive tests I have to administer.” He paused to check whether the sound of his voice was having the desired effect. It wasn't. “That's puzzles, to you,” he added, with a sigh. “Just swallow it, for Christ's sake. You're not scared, are you? What kind of soldier-turned-teacher are you?”

“Sandhurst twit,” Asherson opined, looking at Tom the way he might have looked at a slug on his kitchen table—but he eventually consented to swallow his allotted dose of LAW-1917.

“That's good,” Tom said, as Sarah Odiko moved into position to monitor Patient K's heart-rate and blood-pressure. He carried on talking, for distraction's sake, making every effort to keep his voice level and friendly. “Everything will be fine, Mr. Asherson. We're pretty sure about that, because patients A to J were all okay. The disaster at Northwick Park wouldn't have been nearly so bad, you know, if they'd staggered the administration of the drug. Once the first patient had gone into frenzy, the others could have been spared the necessity. While I'm only able to administer LAW-1917 to one or two patients a week, there's no danger of a simultaneous meltdown of my entire sample. On the other hand, if the Northwick

Park trial *had* been staggered, no one would ever have known for sure whether or not the first patient's reaction was an idiosyncratic one that might not have affected the other members of the group. In my experience, every trial tends to turn up one hypersensitive reaction and one contradictory reaction, no matter how consistent the rest of the results are. Humans just aren't as similar to one another as mice. On the other hand, they can do cognitive tests, so you get a much clearer idea of the nature and extent of the effect that drugs are having on their gummed-up brains. It's all a matter of swings and roundabouts, isn't it, Mr. Asherson?"

"Met Eileen at the fair," Asherson commented. "Real fair—coconut shies and everything. Lousy ferris wheel, but what did I care? Sick sick sick. Is Eileen coming to see me today? She came to see me yesterday."

Tom carefully refrained from reminding Asherson that his wife was dead, and that the woman he occasionally mistook for her was his daughter. "Everything okay, Sarah?" he said to the nurse.

"Fine," she said. "BP up to one-thirty over ninety. Pulse eighty-five."

"Good," Tom said. "I'll do the first set of tests now, to set the baseline. Wheel the screen into position, will you?"

The display-panel used for the tests in the dedicated trial room was much more impressive than the one on Tom's laptop. It was a nineteen-inch flat screen mounted on the end of a mechanical arm connected to the main body of the computer by a slender bundle of cables enclosed in a plastic tube. Tom was able to sit beside the bed, facing the screen aslant, with the keyboard on a mobile desk in front of him.

"You know how we do this one, don't you, Mr. Asherson?" Tom said. "All you have to do is watch out for the lemon, and touch the screen when it appears."

Asherson couldn't remember how to do the test, but he caught on quickly enough when it was demonstrated. He was willing to oblige, in spite of uttering the judgment that it was all a waste of time and that he really needed to get away. He became less and less willing as the run went on, but Tom was able to complete the series. The results, as expected, were much the same as those he'd obtained the day before.

"That's fine, Mr. Asherson," Tom said, when he was through. "You can have your lunch now, and then a little nap, if you want. I'll tell your daughter that she can come in to see you, so that she can make sure that you're comfortable. I'll come back at five to do the second run—by which time, of course, you'll probably have forgotten all about the first run, so it will all seem fresh. We won't have to worry too much about the possibility of educative bias unless you actually begin to show some improvement. That's another advantage this trial has over the ones that only test the healthy, now I come to think about it. Things aren't as bad as we sometimes imagine, are they? Okay, Sarah—you're in charge."

“Officers are wankers,” Patient K opined. “Lions led by donkeys, we were. Sick sick sick.”

According to Mr. Asherson’s biography, which Tom had scrutinized more carefully since awarding the big tick, the teacher had served briefly in the Far East before completing his National Service, but he’d never been in anything the Army was prepared to define as a “conflict situation.” No matter what he’d told his children and his grandchildren thereafter, or what he was trying to tell Tom now, he’d never had the chance to be a *real* lion. He’d still been at school during World War II, and hadn’t even suffered the indignity of being an evacuee.

“Lie down like a lamb, there’s a good chap,” Tom said, in his best paternal manner. “We’ll see what kind of hero you are tonight—when your brain might be a little clearer, with luck and the benefits of LAW-1917. If so, we should see some *real* improvement tomorrow—although I shouldn’t tell you that, strictly speaking, in case the expectation actuates some kind of placebo effect.”

By now, Tom was genuinely optimistic about the possibility of improvement. Patients A to J had all shown some improved brain function, although some had done far better than others—and none of it was likely to be the result of a placebo effect, given the condition of the subjects. Those who’d done best of all, in fact, were still showing clear benefits two to six weeks later, and there seemed to be every possibility that more than half of their number would hang on long enough to take further treatment, if and when the program was able to move into Phase Two. All in all, the trial was going well in spite of the time it was taking.

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Simon Phipps, the English rep from the company on whose behalf the trial was being carried out, was waiting in Tom’s office when he got back.

“It’s going well,” Tom said, turning his clipboard around so that Phipps could see the long columns of numbers, ticks, and crosses.

“Patient K,” Phipps read off the top of the sheet. “He’s your only one this week? That still leaves L to P to find.”

“Four more weeks,” Tom said. “Six tops. In the meantime, you can buy me lunch. Have to be the canteen, mind—the protocol requires me to stay on the premises during the period of administration, in case of an adverse reaction.”

Phipps made no objection; bribing doctors with the occasional lunch was part of his job description. He even had the grace to wait until Tom had finished eating before he started whining about the time the trial was taking. “With the benefit of hindsight,” he said, “we’d have done better to split the trial between two hospitals, so as to cast the sampling net more widely.”

“No you wouldn’t,” Tom told him, wearily. “You’ve already got two for the price of one—the consultant at the Main is working with me, referring potential

candidates for the trial here.”

“A bigger city, then,” Phipps countered. “Birmingham or Manchester. There’s no shortage of senile old fools in Manchester.”

“No, but they mostly stay at home till they rot, because their offspring accept their decline as part of the normal pattern of life, and they all have complications—mostly lung cancer and chronic obesity. Down here, you have senile old fools whose loving offspring offload them on to the NHS at the first opportunity, some of whom are in pretty good physical nick, apart from their CAG-repeat neuronal intranuclear inclusions. The flow is slow, but it’s good quality. Patient K is a pearl—a career teacher at a middle-of-the-road selective school, who started out in the days when you needed common sense and mental toughness and took his BEd in his spare time. Kept his *mens sana* in good shape teaching biology and his *corpore sano* in tip-top condition teaching PE. Never smoked, and stayed fit enough to con his grandchildren into believing that he was once in the SAS. You don’t get many like him up in Manchester. We don’t want our precious trial to turn up negative results because the subjects are all crap, do we?”

“So I can tell the Germans that the results will be positive, then?” Phipps said, eagerly, as they left the canteen to walk back to Tom’s office. “They might not mind the extra wait if I can promise them that it’ll be worth it.”

“It’s too soon to sound the trumpet,” Tom said, scrupulously. “With K to P yet to be assessed, there’s still time for the numbers to take a downturn, or for some perverse sod to have a bad reaction. On the whole, though, I’d say that all the signs are good. The stuff really does seem to gee up the T-cells almost immediately, and enables them to home in right away on the gunk that’s doing the damage. If I were a betting man, I’d be prepared to have a judicious punt on the possibility that your bosses will one day be able to whisper the sacred syllable where it’s never been whispered before. We’ll have to be very careful about getting the dosage exactly right, though, so we’ll have to be even more painstaking in Phase Two. It’ll be worth it in the long run. Trust me.”

Phipps knew that the “sacred syllable” was *cure*, but he’d been in the business too long to allow himself to get overly excited about Tom’s carefully moderated optimism. “You’d better be *very* careful, then,” he said. “The one thing the Germans hate worse than things going wrong at the outset is having a trial drag on for years, spinning off promises and expectations all the while, and then have it go tits up at the last hurdle.”

“It could happen,” Tom admitted, as he unlocked his office door and moved aside to let Phipps precede him. “Lap of the gods, mate—but we have to stay positive. One day at a time.”

“I hate these monoclonal antibody deals,” Phipps confessed, as he leaned against the office wall, spurning the armchair that was set deliberately low so that

Tom could look down on patients and visiting administrators alike. “Too nerve-racking.”

“We’d better get used to it,” Tom said, as he took his own chair. “Monoclonal antibodies are here to stay, and there are thousands more in Big Pharma’s pipeline. Anyway, it’s me who’ll take the worst of the shrapnel if anything does explode in our faces. I’m the guy at the sharp end—you’re just a suit in a chain of command.”

“Don’t give me that, Tom,” the rep retorted. “If anything were to happen, you’d pass the buck to me without pausing to draw breath—and it wouldn’t be nearly so easy for me to get rid...” He might have said more, but there was a knock on the office door just then, and Patricia Lockley, née Asherson, came in without waiting to be invited.

“He seems *much* better, doctor,” she gushed. “I can’t thank you enough for getting him on to the trial. I’m really glad they referred us here from the Main. I think it’s wonderful.”

“Sit down, Mrs. Lockley, please,” Tom said, not bothering to glance sideways at Phipps to underline the significance of the remark about the referral. “There’s no need to thank me—we’re very grateful to you for allowing Bill to participate. This is Simon Phipps, by the way—he works for the company that developed LAW-1917.”

“We’re very optimistic about it,” Phipps said. “Dr. Wharton is doing a terrific job—your father is in good hands.”

“You mustn’t expect too much, though,” Tom put in. “Your father probably perked up a little because we’ve been giving him so much attention—and because he was pleased to see you, of course.”

“That’s exactly it,” she said. “He *was* pleased to see me, and he knew who I was—didn’t call me Eileen once. I haven’t seen him tuck into lunch like that for months. It’s a miracle.”

“No, Mrs. Lockley, it isn’t,” Tom insisted. “It’s too soon for the drug to have taken effect—we won’t see any authentic improvement until this evening at the earliest. If the human immune system weren’t so reactive, we wouldn’t be able to see results as soon as that—but because it *is* so reactive, we have to be very careful not to overdo the dosage. We want the new T-cells to clear out some of the accumulated proteins that are stopping your father’s brain from working properly, but we have to make certain that they don’t start attacking the component that’s necessary for the brain to function at all. It’s early days yet.”

“I know,” Patricia Lockley said, blithely unaware of her own inconsistency, “but it’s wonderful all the same.”

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“Dr. Wharton, is it?” Asherson said, when Tom turned up to administer the second battery of tests. “All swings and roundabouts.”

“Very good, Mr. Asherson,” Tom said. “I can see that you’ll zoom through the tests without a hitch this time.”

“I was in the SAS,” Asherson told him. “I’ve had survival training. Kill a man with my bare hands.”

“I’m sure you can,” Tom agreed, taking his seat at the keyboard as Nurse Odiko moved the screen back into position, “but your experience as a teacher might stand you in better stead today. Can you spot the lemon?”

“Sandhurst wimp,” Asherson opined. “Never done a day’s work in your life, have you? Bare hands. Met Eileen at the fair. Sick sick sick. Is she coming back?”

“Please try to concentrate, Mr. Asherson,” Tom said. “I really need to do these tests, to see whether the drug has begun to work yet.”

“Law six six six” Asherson said—but he had already begun to tap the screen when the lemons appeared. “Stagger the trial. No meltdown. Swings and roundabouts. Arsehole.”

“It’s ell-ay-doubleyew-1917, Mr. Asherson,” Tom told him. “But you did well to notice that the letters spell *law*. That’s the teacher in you, although you seem to have mislaid him temporarily and got stuck in your teens, way back in 1949. Now this one’s a bit more complicated. Do you remember it?”

“Yes,” said Asherson, shortly—and it seemed that he did, because he passed with flying colors, without any need for an explanation of what he was supposed to do.

That was just the beginning. By the time the series of tests was complete, Tom’s record sheet was a solid mass of ticks and tens. “That’s very, very good, Mr. Asherson,” he said. “You’ve gone straight to the top of the class. If you can do that again tomorrow morning I’ll have to move you on to the Level Two tests and open up a whole new category of potential improvement.”

“Won’t be here,” Asherson said. “Things to do, got to get out. Mission to take on. Agent K. Secret. Can I have more medicine now? I need more medicine before I go.”

“That’s *Patient K*, Mr. Asherson,” Tom told him. “Yes, you are on a mission—but your mission is to stay here. That’s very important. We have a job to do, you and I. We need to prove that Alzheimer’s will be curable one day, and that LAW-1917 is one of the magic bullets that can do the trick. You mustn’t take any more medicine, because it would be dangerous. We can’t even sedate you, I’m afraid—although you should try to get some sleep. Nurse Odiko’s shift is over now, but Nurse Kasicka will stay with you all night. I’ll be just down the corridor. I’ll be

here all night too.”

Simon Phipps was waiting outside the door, having put off driving home until the latest results were in. “Good?” he said.

“Brilliant,” Tom said, dubiously. “Good enough to lift the average improvement between tests one and two by a point and a half—if he continues to improve he’ll break the record easily.”

“You don’t sound unduly delighted about it,” Phipps remarked.

“It’s never entirely good news when one set of results is so far out of line with the others,” Tom told him, “although I suppose it’s expectable, given that he had a more intellectually demanding job than A to J. Even so, you don’t want a drug’s effects to be too variable, especially a dose-sensitive drug like this one. Patricia Lockley was right—he’s made so much progress so fast that it’s almost a miracle. The trouble is, if the effect continues to increase at this pace, he might already have overdosed. If the new T-cells start clearing healthy proteins as well as the NIIs, it could kill him.”

“You mean he might go into the frenzy thing?”

“No. If something like that were going to happen his physiological indicators would already be going hyper, and they’re not. His pulse and bp are sound as a bell. I mean that his brain might simply stop working—coma, PVS, then stone dead.”

“You can’t let that happen,” Phipps said.

“No, obviously not. At the first adverse sign, I’ll start medication—but even if I can stop the process going all the way, your trial will be well and truly messed up.”

“It’s *our* trial, Tom—and that *us* isn’t just you and me, but the expectant Germans as well. So far, it’s just an improvement, right? So far, it’s all good. I can tell them that.”

“Sure you can,” Tom said. “If I were you, though, I’d let it simmer tonight and pop back first thing in the morning to see how things stand then. If the situation’s stabilized ... well, if that’s the case, you might just find the sacred syllable dancing on my lips.”

“I’ll do that,” Phipps promised.

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Phipps was as good as his word; he arrived at Asherson’s room just as Sarah Odiko was changing places with Petra Kasicka again. The rep didn’t wait outside this time; he came in to see what was going on.

What was going on was that Tom was checking the log of the computer, whose keyboard was on William Asherson’s lap. Asherson’s eyes were glued to the

screen, which displayed a chessboard.

“He’s been playing for two hours,” Tom whispered to Phipps. “Petra says that he didn’t sleep a wink all night. When he got bored he insisted on running through the test-program I’d set up, and she had to let him do it in order to keep him quiet. After that, he started searching for something better, first on the hospital intranet and then on the web. He played a few chase-and-shoot games before he found the lightning chess program. He played nine games on level one, losing all but the last, then moved on to level two. He lost the first game on that level but won the second, and he seems to be winning the third.

“I can hear you, you know,” Asherson said, without moving his eyes from the screen. “It took me a while to learn the game, but I think I’ve got the hang of it now.”

Tom turned away from Simon Phipps to look at the patient. “You must have played chess before, Mr. Asherson. You haven’t really learned it from scratch this morning. Don’t you remember the school where you used to teach?”

“I tried it in the army,” Asherson said, “but I couldn’t get the hang of it. I don’t know why not—it seems easy enough now. It’s just a matter of persisting until it clicks, I suppose. Can I have more medicine now? I really need to get out of here, but I need my medicine first.”

“I’m sorry, Mr. Asherson,” Tom said, “but you’re part of a clinical trial, and we have to stick very rigidly to the protocol. One dose is all you get—at least until you qualify for Phase Two, which we might be able to begin in a couple of months, if the rest of Phase One works out.”

“To hell with protocol,” said Asherson, finally looking away from the screen, having checkmated the computer. “We’re talking about my brain here. I’m better, and I intend to stay that way. You’re right, of course—I could play chess. I do remember the school—but that’s not important. I’ve got things to do. You’d better not mess me about, Dr. Wharton. I used to be in the SAS.”

“No, you didn’t, Mr. Asherson,” Tom replied, almost without thinking. “That’s just a story you made up to tell your grandson.”

Asherson’s eyes narrowed momentarily, then widened again. “Is it?” he said, with sudden uncertainty. “I thought…” He fell silent.

“I suppose I’d better search out some new tests, Mr. Asherson,” Tom said. “Something tells me that you’ve moved beyond level two of Elementary Cognition. If the biology teacher’s beginning to resurface, we’ll need tests considerably more challenging.”

“LAW-1917,” Asherson said. “Monoclonal antibody originated in Germany, name of company withheld in accordance with client confidentiality policy. Original

compound derived from mice, humanized to make it acceptable to the human immune system, tested in that form on rats. Stimulates the production of white blood corpuscles capable of the elective ingestion and metabolic breakdown of a CAG-repeat derivative of an enkephalin allegedly responsible for the renewal of neurons. Am I right?"

"That's the gist of it," Tom agreed. "You haven't just been busy playing games, I see. If you understand that much, though, you must understand why it would be dangerous to risk an overdose."

"Wrong assumption," Asherson said, in a blithely patronizing manner that he must have honed to perfection in the classroom. "You think it would be a bad thing to clear out *all* the CAG-repeat protein, because some of it must be performing some function that determined the selective value of the gene, albeit less efficiently than the normal version. That's not a danger. I need a second dose, Dr. Wharton. You have to give it to me. Admittedly, it'll remove one of the subjects from your trial—but efficient treatment takes ethical priority. I need the second dose, and you have no ethical grounds for withholding it."

There you go, Tom thought. Bring them back from Alzheimer's hell and they just turn into exactly the same kind of self-important prick that blights all the other trials. He'll be suing for compensation next because we refused to top up his medication.

"That's not true, Mr. Asherson," Simon Phipps said, in the meantime. "If you were in mortal danger, Tom could abort this run of the trial to give you life-saving treatment, but you're obviously doing very well. We're not taking you out of the trial, Mr. Asherson. We need you in it. You're the best ad we've got!"

"Shut up, Simon," Tom said, sharply. "What makes you think the assumption is wrong, Mr. Asherson?"

"The protein's function isn't essential in the way you think it is, Dr. Wharton," Asherson said. "It doesn't matter if the whole supply is wiped out—no, I take that back. It *does* matter, but not in the way you think. It won't hurt me, Dr. Wharton. Quite the reverse. I need that second dose, and you have to give it to me."

"You have to be more specific, Mr. Asherson," Tom said. "I'd need a sound physiological reason for breaking protocol. You'll have to explain to me exactly what effect you think the second dose will have, and exactly how you've reached that conclusion. If the case were strong enough, I'd have to concede—but the science has to be in place. You understand that, as a biologist."

Asherson hesitated for a moment, then smiled. "Clever bugger, aren't you?" he said. "That's Sandhurst for you. Give me time, and the use of the computer, and I'll put the case together. Every i dotted and every t crossed. You mustn't worry about losing a subject from your test, Mr. Phipps. The drug works, and the subjects will demonstrate that, even if you can't find another K like me. A to J have already

shown that it has a modest beneficial effect on patients in worse condition than I was, while I can offer a tantalizing glimpse of its ultimate potential, as well as serving my own purposes. It's all swings and roundabouts, isn't it, Dr. Wharton? I met my wife at the fair, you know. Is she coming to see me today?"

Tom thought very carefully before speaking. Eventually, he said: "All right, Mr. Asherson. I'll give you time to put together a case, and the use of the computer. I want you to do something for me, though. I want to download an IQ test, and I'd like you to complete it, if you would. I still need a way of tracking your progress, you see. Even if you eventually come out of the official trial, I need to monitor you very carefully. You're my patient, remember—you're my responsibility."

"Arsehole," Asherson said. "Okay, I'll do your test. Don't be surprised if I beat you, though. I was in the SAS."

Tom reached out and took the keyboard, placing it carefully on the desk before starting to type. After a couple of minutes, he said: "It's all set, Mr. Asherson. You have an hour. I'll leave you to it—when you want me to come back, just ask Nurse Odiko to page me."

Simon Phipps wanted to start an argument as soon as they were back in Tom's office, but Tom wouldn't join in. "He's right, Simon," he said. "He's still confused, but he's right. It would be better if the official trial showed up consistent moderate results—but if he *can* give us a glimpse of further possibilities without relapsing, going completely off his head or dying on us, we could be way ahead of the game."

"Three big ifs," Phipps commented. "He's already halfway off his head, if you ask me. Remembering how to play chess is one thing, but putting together a scientific paper evaluating the function of an enkephalin is something else."

"I know," Tom said. "That's why I asked him to do it. We're in uncharted waters here, Simon—we're not in classical experimental design mode any more, we're in kick-it-and-see-how-it-reacts mode. If his brain *can* continue to function in any sort of respectable and responsible fashion ... this could be big. Aren't you glad you dropped in?"

"I would be," Phipps told him, "if I didn't suspect that a passed buck might come flying at my head any second."

William Asherson called them back after forty minutes. He hadn't stopped early because he'd finished the test, but because he'd got bored. "That's good enough," he said to Tom. He activated the computer's automatic scorer himself, but frowned with dissatisfaction when his score came up as 151. "Shit," he said. "I used to get that sort of score before. I thought I'd got at least two hundred now. I must have made a few mistakes. Sick sick sick."

"That's okay, Mr. Asherson," Tom said. "It's still an amazing performance

for someone in your situation. We'll try again this afternoon. If you score even higher then..."

"I will," Asherson promised. "I won't make the same mistakes twice. You can get out again now. I need to prove to you that I'm telling the truth about the second dose—that it can't hurt me, and will do what I need it to do."

Tom obediently left the room again, taking Simon Phipps with him.

"That's one hell of an IQ score!" Phipps said. "Tom, you have *got* to keep that guy in the trial."

"Don't be ridiculous, Simon," Tom said, as he hurried along the corridor to his office. "If all LAW-1917 had done was to ameliorate the symptoms of his creeping Alzheimer's, he wouldn't be able to get near an IQ of 151, even if he's telling the truth about racking up that sort of score in his youth. Something strange is happening. He has to be hypersensitive, obviously—but he might just be right about orthodox theory being based on a wrong assumption about the aberrant protein's normal function."

"What's the right assumption, then?" Phipps wanted to know.

"I'm not sure. I'd dearly like to know what *he* thinks it is, though. Why is he so convinced that he needs a second dose? He could easily be barking up the wrong tree. He might have increased the speed at which he processes information very dramatically indeed, but he's still harboring delusions—and that could be a nasty combination. Efficient logic applied to false premises can lead to seriously weird conclusions."

"I don't follow," Phipps complained.

"IQ scores are very sensitive to the speed of information processing—they measure fast thinking rather than effective thinking. IQ tests pander to that, by presenting questions that have definite answers reachable by methodical logic. Open-ended questions are a different matter. He might go off the rails when he tries to supply his newfound calculative ability to something less neatly rule-bound than chess. He still thinks he was in the SAS, even though I've told him the truth. What's all this *sick sick sick* stuff? I thought the first time I heard it that it was one of the idiot puns that Alzheimer's patients sometimes make, twisting six six six ... but even if it were, we'd still have to account for his fascination with six six six." By now, Tom was sitting in his chair, swinging the rotatable seat from side to side as if the swaying might aid his fevered thought-processes.

"Don't freak out on me, mate," Phipps said. "If you don't calm down, I'll begin to suspect that you've been sampling the merchandise yourself. What do *you* think is wrong with the orthodox assumption about the enkephalin whose CAG-repeat variant clogs up the neurons of Alzheimer's sufferers?"

“I’m yet to be convinced that it is wrong,” Tom told him. “Given that natural selection built the protein into the genome and limited its expression to the brain, we have to assume that it serves some neurotransmissive function, and that it continues to serve that function even in the problematic form that eventually causes it to build up into obstructive plaques—in which case, an overdose of any treatment that breaks down the plaques would be bound to sabotage normal brain function. If the new improved Asherson thinks that’s wrong, he must think that even at its natural level—the level the healthier form of the protein routinely maintains in your brain and mine—the protein functions as an inhibitor, suppressing the efficiency of calculative thought, and maybe of memory too. Perhaps he thinks that if he takes a second dose, he’ll become even smarter than he’s already become—some kind of mental superman—or perhaps he thinks that he’ll be able to improve his memory to a much greater extent than he’s already achieved.”

“Might he be right—or is he just crazy?”

“I don’t know. If he *is* right ... well, LAW-1917 is more than a cure for Alzheimer’s. If we can get the dose right, maybe we can *all* be mental supermen with perfect memories. But if that were the case, why would natural selection have equipped us with the enkephalin in the first place? If simply getting rid of it were enough to give us that kind of reward, we’d surely have got rid of it ourselves.”

There was a knock on the door then, and Patricia Lockley came in without waiting for an invitation. “I just went in to see Dad,” she said. “He’s.... “Words failed her. Her tone was by no means wholeheartedly enthusiastic.

“You were right and I was wrong,” Tom told her. “It *is* a miracle.”

“Will he be like that forever?” Mrs. Lockley said, hesitantly. Obviously, it wasn’t a prospect she found totally attractive. She didn’t mean “forever” literally, of course—but Tom didn’t know, any longer, where the boundaries of possibility might lie.

“I have no idea,” Tom said. “In patients A to J, the effect continued to develop for several days, but your father has made such a rapid improvement that he might already have peaked—and I have no way of knowing what further effects might materialize.”

“He says he’s got an IQ of two hundred,” Mrs. Lockley said. “And he’s *convinced* that he was in the SAS. He got angry when I told him that he wasn’t. He said I was sick.”

“Did he?” Tom asked. “If what he actually said was *sick sick sick* I don’t think he meant you. Do you have any idea what it might mean? That or *six six six*?”

“That’s the number of the beast in the Bible,” she said, promptly.

“Apart from that. Something that *sick sick sick* might mean to your father,

specifically.”

“No. He always used to say that he’d never been sick in his life—he was fibbing, of course. He got colds like anyone else, and when it was flu he stayed in bed, like anybody else. Shouldn’t you be looking after him if there’s a danger of new effects?”

“Sarah will page me if any new symptoms appear,” Tom told her. “Your father’s working on a much harder test. He and I both needed time to think.”

“What about?” Mrs. Lockley wanted to know.

“The logic of natural selection,” Tom retorted, reflexively. “If he’s right, and we’re all walking around with our brains permanently muffled, running at a quarter of their potential efficiency, there has to be a logic to the situation—and if we knew what that logic is, we might be able to see why it would be a bad idea to take the muffler off.”

“None of the other patients reacted this way, Mrs. Lockley,” Phipps put in, trying to be helpful. “It’s just him—something about him. We need to work out what it is, if we can.”

“That’s not the point, though,” Tom said. “Yes, it’s worked much faster and more powerfully on him than it did on anyone else, mercifully without his immune system going into overdrive, so his neuronal intranuclear inclusions must be much easier to break down than the average—but we’ve already proved that the NIIs can be broken down in other patients. We don’t know that there’s anything *qualitatively* different about him. If it’s just a matter of degree ... damn!”

He reached into his pocket and pulled out his vibrating pager. “That’s Sarah,” he said. “Either Bill’s ready to show me his proof, or things have begun to go sour. Let’s find out.”

* * * *

Tom ran down the corridor and burst into the room reserved for his trial patients. Then he stopped dead, so suddenly that Simon Phipps ran into the back of him. Phipps muttered a curse, but Tom was dumbstruck.

William Asherson was out of bed. He had torn the line out of his forearm and detached the catheter. The sleeve of his gown was stained red. He was holding the hollow needle that had been transmitting fluid into his veins to the side of Sarah Odiko’s neck, threatening to drive it into the carotid artery. The nurse was terrified. Asherson’s eyes were ablaze with determination.

“Dad!” Patricia Lockley protested, from the doorway. “What are you *doing*? You’re a teacher, for God’s sake!”

“I couldn’t come up with a sound scientific proof, Dr. Wharton,” Asherson said, mockingly. “But I knew you were bluffing, just to gain time. I’m not. If you

don't bring me a second dose of LAW-1917 right now, I'll kill your nurse. I could do it with my bare hands, but the needle seems more symbolically appropriate. Is that a good enough reason for you?"

"Yes it is," Tom said, without hesitation. "I'll have to fetch the dose from the refrigerated locker in my office, but I'll do it right away. Don't worry, Sarah—everything will be okay."

"If you give him another dose he'll be eliminated from the trial!" Simon Phipps objected.

"I'm threatening to stab a nurse in the neck with a needle, Mr. Phipps," Asherson pointed out. "I think we can take it as read that I'm no longer a suitable candidate for your trial, don't you?"

"Shut the door behind me, Simon," Tom said. "Make sure no one else comes in. I'll be back in two minutes." He wasted no further time before running back down the corridor to do exactly as he'd promised.

Tom unlocked the cooler hurriedly, and measured out a dose of LAW-1917 into a small plastic cup. Then he carried it back to the trial room. He moved swiftly but carefully, to avoid the possibility of spillage.

The tableau within the other room was exactly as he'd left it.

"Here you are, Mr. Asherson," Tom said. "As your doctor, I have to advise you strongly against taking it. Whatever your opinion is of the quality of my assumptions, an overdose could kill you."

Asherson didn't let Sarah Odiko go. Tom had to lift the plastic cup to the old man's lips himself.

"You wouldn't be trying to fool me with a placebo, would you, Dr. Wharton?" Asherson said.

"No I wouldn't," Tom told him. "As you said to Simon, you're no longer Patient K. You're off the program—and you're calling the shots. You take it at your own risk. You've been warned."

"Wanker," Asherson said, and drained the tiny cup. Then he waited. They all waited, for what seemed like a ridiculously long time.

"Let the nurse go, Bill," Tom said, exercising his very best bedside manner. "You've got what you wanted."

Asherson seemed to have drifted off into a kind of reverie, but Tom's voice brought him back to his senses. He looked at the nurse imprisoned by his left arm, and the needle in his left hand, as if he had never seen either of them before. It was as if he had suddenly reverted to the common state of Alzheimer's patients, who

were notoriously prone to episodes in which they completely lost the thread of their existential continuity.

Asherson reacted to the revelation of what he was doing with candid horror. He screamed, and hurled the needle at the wall behind the bed. He released his prisoner and covered back—as if it were him, not her, who had the right to be terrified.

“Sick sick sick,” he said, in a tone redolent with astonishment. “Sick sick sick.” The second rendition was more plaintive than the first, almost agonized.

William Asherson covered his face with his hands, clutching at his eyebrows. It was almost as if he were trying to tear out his own eyes, but couldn’t quite get a grip on them. He wailed, but not loudly. It was more like an animal in despair than one in pain.

Patricia Lockley came forward and put her arms around Sarah Odiko protectively, as if to offer a guarantee that no further harm could come to her.

“It’s okay, Mr. Asherson,” Tom was quick to say. He reached out a hand as if in reassurance, but his legs refused to take a step forward. He was frightened of what his patient might do, if the old man’s next abrupt change of mood proved to be less self-accusing.

“What the hell do *you* know?” Asherson demanded. “Just because you’ve been to Sandhurst.”

“I’ve never been to Sandhurst,” Tom told him, quietly. “I’m Dr. Thomas Wharton—Tom. I went to Bristol University Medical School. I work here, at St. Jude’s Hospital, carrying out clinical trials on behalf of an assortment of biotech companies. There’s nothing to be afraid of, Mr. Asherson. Please get back into bed.”

Asherson’s hands came away from his face, and he looked Tom straight in the eye. “I was never in the SAS,” he whispered. “I was so *sure* ... but I’m a liar. I’m just a liar, too stupid to see through his own lies. I fooled myself. No one else—just myself. *Why?*”

The color seemed to have drained from the old man’s previously florid face, and for a moment or two Tom was certain that his patient was about to faint. That certainty enabled him to take a step forward, anticipating that he might have to catch Asherson as he fell—but Asherson didn’t fall. Instead, he moved, faster than anyone could have anticipated.

Asherson shoved Simon Phipps aside in order to clear a route to the door that wouldn’t compel him to bowl over his daughter and Sarah Odiko. Tom had closed the door behind him when he’d come back with the second dose of LAW-1917, but Asherson seized the handle and twisted, then slammed the door back against the wall

so hard that Tom heard the hinges splinter.

Asherson was already running down the corridor.

Tom grabbed hold of Simon Phipps to prevent him from falling over. “Look after Sarah and Mrs. Lockley,” Tom instructed him, tersely. “Shut the door. *Don’t let anyone in until I come back.*” He didn’t really expect to be obeyed, but he wanted to feel that he was still in control.

* * * *

Tom followed William Asherson, running as fast as he could. He knew that he wouldn’t be able to outpace the old man unless and until they got to an open space where his strength and stamina would give him a clear advantage, but he figured that it was only a matter of time.

Asherson didn’t head downstairs. Instead he went up—and then further up, toward the roof. The hospital building they were in, Tom knew, was seven stories high. If Asherson’s intention was to hurl himself off the roof, he’d have no difficulty in finding a strip of bare concrete to aim at. There was no chance whatsoever of a man of his age surviving such a fall.

The door to the roof was locked, but Asherson smashed the lock. He was an old man, but he’d been teaching PE for most of his life. He still had powerful muscles, and he was possessed by the recklessness of absolute determination.

Tom couldn’t latch the door behind him, but he was able to pull it to. Their chase had been observed and noted by half a hundred people, so someone would undoubtedly have notified security, but Tom was reasonably confident that anyone following him would be very discreet in opening the door to see what was happening, even if Simon Phipps wasn’t there to explain. This was by no means the first time the hospital had had a potential jumper on the roof, and the procedure for trying to prevent a jumper from taking the irrevocable step was almost as well known and well respected as the drug trial protocols.

Mercifully, Asherson was still sane enough to hesitate when he reached the parapet protecting the edge of the roof. He was still sane enough to look back at Tom. Tom was reassured to see that the old man now looked rueful, ashamed of his own stupidity

“I’ve made a mess of it, haven’t I, doctor?” the old man said, in a surprisingly calm tone. “I thought I’d become so clever that I couldn’t possibly make a mistake—but I guess that’s something else the insulation’s there to protect us from. It’s not just the awful truth of our vile and vicious selves, but that ridiculous confidence in our own abilities, our own judgments. Who could have imagined that human nature was so *ridiculous*?”

“Actually,” Tom said, leaving the customary ten foot gap between himself and the would-be jumper, “it’s not that surprising—not to me, at any rate. You’ve had a

bit of a shock, I know, but your very confusion should tell you that it's not a good idea to jump. Given time, you can certainly get through this. I need to keep you under observation, though. Whatever you intended to do, and whatever your motive was, the simple fact is that you've overdosed on a dangerous drug. We need to get you back to bed."

"I just threatened to kill your nurse, Dr. Wharton," Asherson said, bitterly. "I don't think going back to bed is going to set the matter to rest."

"Nobody knows about that but you, me, Simon, Patricia, and Sarah," Tom told him. "If you can speak for Patricia, I can speak for the others. Nobody will make a complaint. You were under the influence of a powerful psychotropic substance. Nobody will hold it against you. It won't even go into your patient notes. You're hypersensitive to an experimental drug, and you had a bad reaction. It's no big deal. Nobody's been hurt."

"*Nobody's been hurt!*" Asherson repeated, his voice somewhere between a hiss and a shriek. "You don't know, Dr. Wharton—you really don't."

Asherson set one foot on the parapet, as if the probability of his taking the decision to jump had been increased rather than decreased by Tom's attempted reassurance. He also looked over the edge to measure the drop, though, and reflexive vertigo froze his limbs in position. Tom shivered as a slight gust of wind chilled his face. The sky was overcast and rain seemed likely to start falling at any moment. That would doubtless discourage Asherson from staying too long on the roof, but Tom had no idea how it would affect the probability of his taking the quicker route down.

"I mean that no one's been physically injured," Tom said. "Nobody needs to be, if you'll just step away from the edge."

"I'm still thinking about it," Asherson told him. "Still weighing it up. I'm seventy-five years old, doctor, and I have Alzheimer's. You say that I had a bad reaction to an experimental drug, but that's a lie. You're not a fool—you know what really happened."

"No, I don't," Tom told him, "and neither do you. I realize that the effect must have seemed entirely beneficial to you, at first, when you got your memory back and discovered an ability to think that you'd never had before—but you still made mistakes, didn't you? You were still confused about certain things. There's always a downside to these dramatic effects, Mr. Asherson. We need to figure out what it is—and by *we* I mean both of us. You need to understand what happened, if you're to go forward from here, but the important thing is that you *can* go forward. The overwhelming probability is that you're not going to lose what you've gained, and I can certainly help you cope with whatever panicked you into thinking that you couldn't go on."

"You'll need more than vague promises, Dr. Wharton." Asherson retorted.

“I’m going to need you to put together a sound scientific argument for me, with all the evidence in place and every logical step filled in. That’s what you demanded from me, remember?”

“Did I get it?” Tom countered.

“No,” Asherson conceded. “But you haven’t got an alternative. You haven’t got anyone to hold hostage instead, have you?”

“I wouldn’t do that,” Tom told him, “even if there seemed to be no other way. As it happens, though, there is another way. I’ll give you your sound scientific argument—with every i dotted and every t crossed, with logic so inexorable that you’ll *have* to agree not to jump—if you’ll tell me why you were so utterly determined to have that second dose, even though you couldn’t find an argument of that sort to support your case.”

“I think you’ve got your incentives a little confused,” Asherson told him. “And I suspect that you’re just spinning this out—keeping me talking at any cost.”

“Maybe,” Tom conceded, hugging himself as another gust of wind chilled him. “But you do want to hear my argument, don’t you? And I certainly want to hear yours.”

Asherson, who didn’t seem to be feeling the wind’s effects at all, shrugged his shoulders. His limbs weren’t rigid any more, but he hadn’t looked down again. That seemed to Tom to be a good sign. “I haven’t got much to trade,” the old man confessed, a trifle shamefacedly. “My reasons weren’t scientific at all. They were personal, and stupid. I was convinced—*convinced*, mind—that I needed an extra dose to clear away the residual confusion, to cut through the veil of uncertainty. There were other things, but the kicker was that I was so sure I’d been in the SAS. I *knew* that if only I could clarify my memory, I’d have every last detail at my beck and call, to prove it to myself and everyone else.”

“But you weren’t in the SAS,” Tom supplied. “You were a secondary schoolteacher for your entire working life, once you’d completed your National Service. All the second dose revealed to you was the extent of your own self-delusion.”

“*All*?” Asherson repeated. “*All* it revealed. Oh, if only you knew, Dr. Wharton—if only you knew.”

“So tell me,” Tom said.

“Don’t be an idiot,” Asherson retorted. “If I’ve spent an entire lifetime hiding it from myself, because I couldn’t even tolerate *me* knowing, I’m hardly going to spill it all to you, am I? Don’t give me any of that crap about confession being good for the soul, or the necessity of recovering our repressed memories so that we can deal with them. *Deal* with them! Why do you think God gave us the protein whose

miraculous dissolution is enabled by your precious LAW-1917? Because life would be unbearable if we *couldn't* cover things up. It ensures that all we can remember is the *fact* and not the *event*, and sometimes not even that. Well, I remember now, doctor. I remember everything—and I really do have to go, doctor. I really do have to get out of here, to see a man about a scythe.”

“Sick sick sick,” Tom quoted.

That struck a nerve. Asherson straightened up—but he didn't step back from the parapet. If anything, he seemed even more inclined to jump—but he was curious, and while he was curious he wasn't going to do anything stupid.

“Have I been saying that out loud?” Asherson asked. “I've been repeating it internally all my life, without even knowing what it meant. You'd be astonished by the number of subtle everyday sounds that repeat in threes. You probably don't notice them at all—but I do. And to me, they don't say *tick tick tick* or *cluck cluck cluck*. They say *sick sick sick*, even when I slur them into *six six six*—which isn't really much less ominous, is it? I never said it aloud—not, at any rate, until I began to lose my mind and couldn't keep it in any longer—but it's always been there, eating away at me, *judging* me, for as long as I can remember ... well, almost. I don't think I hated myself quite so much *before*....”

“I'm afraid I don't know what you mean, Mr. Asherson,” Tom said, softly.

“Of course you don't. If you did, I'd have to kill you—or myself. If I gave you the explanation you want, you see, I'd *have* to kill myself. I might anyway, simply because *I* know what I mean. Purely as a matter of interest, though, do you have any medication that can undo what LAW-1917 has done to me? Could you put the muffler back, if I decided not to go?”

“Of course I have,” Tom assured him. “The methods might be a trifle crude, but they'd do the trick. Thorazine would probably take care of it in the short term. If the protein doesn't begin to regenerate naturally, we may have to improvise a little, but we'll work our way through it. You'll be in far better shape when we do than you were the day before yesterday. You'll be back to your *real* old self—the one without Alzheimer's.”

“Promises, promises,” Asherson said. “Sorry, Dr. Wharton—I don't believe a word of it.”

“That's a coincidence,” Tom said. “I don't believe you, either. I don't believe it can be half as unbearable as you pretend it is merely to discover the truth about yourself. A bit of a shock, maybe—a reflexive paroxysm of humiliation—but not unbearable. And I don't mean to imply that I can't believe you've never done anything terrible. What I mean is that even if you were Hitler, Stalin, or Pol Pot, with millions of deaths on your conscience and countless instances of torture against your account, I don't believe that mere self-confrontation would be enough to deliver you irredeemably into Hell.”

“And yet,” Asherson retorted, “God or natural selection gave us that protein to spare us all the necessity. Are you really so sure, Dr. Wharton, that you could bear to remember all your own follies and evil deeds?”

“Pretty sure,” Tom said. “And that’s not unjust hot air, Bill—I certainly intend to try. Now I’ve seen what LAW-1917 can really do, I’ll have to try it.”

“I wish you the best of luck,” said Asherson, steeling himself to look over the parapet at the long drop to the parking lot for a second time. This time, he maintained his composure and didn’t freeze up. “Maybe it won’t work on you,” he added. “Maybe I was uniquely unlucky.”

“Nobody’s unique,” Tom told him, taking a precautionary step forward. “Especially not in the matter of unluckiness. Okay—forget the deal I offered you earlier. I’ll go first. I’ll give you the sound scientific reason why you can’t possibly jump. I’ll *prove* to you, beyond the shadow of a doubt, that you can’t jump. Okay?”

“You don’t need my permission,” Asherson said. “Go right ahead. Why can’t I jump, now that my head’s finally clear?”

“Because this isn’t about you. This isn’t about whatever it is you remembered you did, or how horrible it made you feel. All that’s pretty much irrelevant. This is about the trial. You stopped being William Asherson when your daughter signed that release form, and you became Patient K. You might think you resigned from the trial when you forced me to give you that second dose, and it’s true that you’ll have to be eliminated from the Phase One sample, but that doesn’t nullify the trial. The trial has to go on—and we both know, now, exactly how much hangs on its results. We both know that we need to understand exactly what LAW-1917 does, and how. Even if it is a ticket to Hell—*especially* if it’s a ticket to Hell—we need to know what it does and how to control what it does. The trial isn’t over, Mr. Asherson—it’s hardly begun. Phase One can still continue, especially if what happened in that room downstairs is carefully omitted from my research notes. There’s only one thing that could stop Phase One in its tracks and bring investigation of LAW-1917 to an abrupt halt, Mr. Asherson. That will happen if, and only if, you actually jump off that parapet. That’s why you can’t do it—because this is *not about you*. It’s about LAW-1917. It’s about the trial. It’s about *science*. You cannot jump off that parapet, Mr. Asherson, because the trial needs you to step back. You’re a teacher—you understand that.”

“I understand how little it means to be a teacher,” Asherson said, bitterly. “I understand that I could never pay it back, never redeem myself, if I’d worked for a thousand years instead of forty. I understand what really matters—I think, in a way, the Alzheimer’s did that for me. Even before I got my memory back, it had forced me to zero in on the one thing I ever did that made me what I am, and destroyed any hope I ever had of being a good man.”

“Think about what you just said, Mr. Asherson,” Tom said, softly. “It *was*

the Alzheimer's that got you hung up on something, and blew it up out of all proportion. When you suddenly got your memory and calculative ability back, it was still blown out of all proportion—but it won't stay that way. All you have to do is give it time, and you'll get your equilibrium back. I can't imagine what kind of shock you got when all those layers of repression were stripped away and you were able to remember all the horrid things you'd contrived to forget that you ever did, but I do know that you can see the force of my argument. I know that you know exactly what I mean when I say that this about the trial, not you—about science, not your past sins. You can't jump, Mr. Asherson. You simply cannot jump, no matter how much you hate whatever it is you did while you were on National Service in 1949."

"It was 1950," Asherson retorted, quietly and rather ominously. "How much more have you figured out?"

"Nothing much," Tom admitted. "I assume that there must have been an officer involved—someone who went to Sandhurst. And something that made a triple ticking noise. My guess is that those are just incidentals, though—trivia gathered in by association, which have come to stand in place of the event itself, helping to mask it even while they provided incessant reminders of it. You haven't said a word about the thing itself. The muffler was still in place, with regard to your speech, even when the Alzheimer's took hold. All you could do was beat around the bush. I still don't believe that it was as bad as you think, but that really doesn't matter. As a biology teacher, you must understand that what's important is discovering exactly what LAW-1917 does. The trial has to go on."

"There was no trial," Asherson whispered. "There should have been, but there wasn't. That Sandhurst idiot just let it go, as if it had never happened. He judged us, though—he sure as hell judged us. The way he looked ... just stood there, silently, with that stupid bloody ceiling-fan going *sick, sick, sick*. Not really, of course—it was just a noise, just a wordless noise. But that's the way I heard it, and that's the way I've heard every noise like it, ever since, without ever knowing why."

"Please come with me, Mr. Asherson," Tom said. "Just give yourself a little time. I can medicate it, if you'll let me."

"All those years," Asherson continued, having drifted into a reverie again. "Why did I tell the poor little sod that I'd been in the SAS? Why? Why couldn't I tell him that I'd helped to educate ten thousand students? Why couldn't I tell him something true? Why did I have to make up such a stupid, stinking *lie*? Sergeant-Major! I should have been ashamed to be a bloody corporal! How could I do that, Dr. Wharton?"

The fact that the question had been asked told Tom that he had won, even though he didn't know the answer to it. "I don't know," he said, truthfully, "I could probably help you to find out, if I weren't going to be so busy, but I'm going to have one hell of a workload now that the trial's taken such an unexpected turn."

Asherson shook his head, and contrived the faintest smile imaginable. “You were right,” he said, as if it were cause for wholehearted astonishment. “I can see that. Who’d have thought it?”

“I did,” Tom reminded him. “Will you come back to your room now? I really need to start monitoring you properly. There are a lot of tests I ought to do. I need to know what’s happening inside your head—biochemically, of course. You and I have so much work to do.”

Asherson took his foot off the parapet, and came away. He went past Tom, ignoring the arm Tom extended by way of offering support, and headed back to the stairwell under his own steam. He paused, looking uncertainly at the broken door.

“It’s okay,” Tom assured him. “I’ll get rid of them.” He went to the door and held it slightly ajar. He instructed the people waiting behind it to clear the corridor and the staircases, and to go about their everyday business as though nothing had happened. He closed the door again, as best he could.

While they waited for that to happen, Asherson said, “I used to tell my kids—the ones I taught, that is, not *my* kids—that maintaining National Service after the war had been a terrible mistake. I told them that it had taught an entire generation of young men to lie, cheat, steal, and skive as a matter of pride as well as habit, and had instilled a lasting contempt for all authority. I didn’t tell them the worst of it, though. I lied by omission.”

“It was National Service,” Tom told him. “It wasn’t the Red Army marching through the ruins of Germany in 1945. It wasn’t Auschwitz. Whatever you did, other people had done far, far worse only a few years earlier—and other people have done worse since.”

Asherson reached out and put a gnarled hand on the doctor’s shoulder, roughly forcing him to meet his eyes. “No, doctor,” he said. “If it really is all about the trial, about science, that’s something you need to understand. There isn’t any excuse, and even if there were, *other people have done far worse* couldn’t even begin to provide it. It’s the other way around. Every sin, every crime, every evil deed, is an adequate damnation in itself. No matter what other people might have done, or how often, *your* action is *your* curse, and the thing that *you* cover up is the thing that *you* can’t bear. You have to understand that, if you’re going to put yourself on trial by taking LAW-1917. It won’t be anywhere near as easy as you suppose. You have to understand what we’ll be doing, if we carry this thing forward. If we take away the ability, or the right, that people have to blot out what we all need to blot out, the *physical* pain we’ll remember all too clearly won’t be the worst of it. Each of us lives his life like a cartoon character who’s run off the edge of a cliff, but who’s safe from falling as long as he doesn’t realize it. You’re right about it being about science, doctor, about the need to find out what this drug of yours can do—but you have to understand that it’s not going to be an easy ride, by any stretch of the imagination.”

Tom nodded his head sympathetically. “But now we know,” he said, “we have to face up to it, don’t we? However challenging its effects might be, we can’t just forget that it ever existed, can we? Natural selection might have favored that solution, but we can’t. We have to be strong enough to face the truth, if we’re to count ourselves true human beings.”

Asherson released Tom’s shoulder, and nodded assent. Then he pulled himself together, hoisting his shoulders like a military man on parade or a PE teacher leading a class, ready for anything and determined to fulfil his purpose.

There was yet another gust of wind, this one carrying raindrops, which caused Tom to flinch as well as shiver. It made the ill-latched door vibrate, and the broken lock clicked three times in quick succession. After a slight pause, it did it again.

Tick tock tick, it seemed to be saying, non-judgmentally. *Tick tick tock*.

Tom suspected that William Asherson might not be hearing it in exactly the same way, but that didn’t trouble him. After all, this wasn’t about William Asherson, and never had been. This was about the trial—the petty trial that was already halfway through, and the greater trial that was about to begin.

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