



# Richard Gordon

## Doctor in Love



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## About the Author

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**Richard Gordon**, real name Dr. Gordon Stanley Ostlere, was born in England on 15 September 1921. He is best-known for his hilarious 'Doctor' books. Himself a qualified doctor, he worked as an anaesthetist at the famous St. Bartholomew's Hospital (where he was also a medical student) and later as a ship's surgeon, before leaving medical practice in 1952 to take up writing full time. Many of his books are based on his own true experiences in the medical profession and are all told with the wry wit and candid humour that have become his hallmark.

In all, there are eighteen titles in the *Doctor* Series, with further comic writings in another seven volumes, including '*Great Medical Disasters*' and '*Great Medical Mysteries*', plus more serious works concerning the lives of medical practitioners.

He has also published several technical books under his own name, mainly concerned with anaesthetics for both students and patients. Additionally, he has written on gardening, fishing and cricket and was also a regular contributor to *Punch* magazine. His '*Private Lives*' series, taking in *Dr. Crippen*, *Jack the Ripper* and *Florence Nightingale*, has been widely acclaimed.

The enormous success of *Doctor in the House*, first published in the 1950's, startled its author. It was written whilst he was a surgeon aboard a cargo ship, prior to a spell as an academic anaesthetist at Oxford. His only previous literary experience had been confined to work as an assistant editor of the *British Medical Journal*. There was, perhaps, a foretaste of things to come whilst working on the *Journal* as the then editor, finding Gordon somewhat jokey, put him in charge of the obituaries!

The film of *Doctor in the House* uniquely recovered its production costs whilst still showing at the cinema in London's West End where it had been premiered. This endeared him to the powerful Rank Organisation who made eight films altogether of his works, which were followed by a then record-breaking TV series, and further stage productions.

Richard Gordon's books have been translated into twenty languages.

He married a doctor and they had four children, two of whom became house surgeons. He now lives in London.



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# Dedication

To  
ANTHONY & SIMON  
naturally

It is a fact well known to the medical profession that doctors marry either nurses, other doctors, or barmaids. During the most marriageable years these are the only women they meet. Indeed, at the age when other young men's fancies first lightly turn to thoughts of matrimony they are unable to marry at all, being still supported by an allowance from home. It is small consolation to reflect that the further you ascend the evolutionary scale the longer you find the young depend on the parent, which makes medical students the highest form of animal life known to science.

Although my classmates at St Swithin's Hospital included a couple of harassed young men who arrived at lectures with notebooks dutifully sharing string bags with sprouts and soap-flakes, a married medical student is almost as much an impossibility as a married Boy Scout. Then the magic touch of a diploma changes his emotional life as violently as his economic one. As an unqualified scallywag he has the alternative of dishonourable intentions or no intentions at all; but after the examination results engagement rings sparkle round the nurses' home as gaily as summer stars, and if the Royal Colleges of Physicians and Surgeons knew how many unions were first solemnized by their examiners they would be much alarmed.

The first of my companions to wed was Tony Benskin, who married a night nurse. This was reasonable, as he had once offered matrimony to all of them on duty one night to invalidate an over-enthusiastic proposal to one earlier in the evening. It was almost two years until I saw him again, for medical students at the end of their course, like ships' passengers at the end of their voyage, exchange addresses with more enthusiasm than earnestness. I ran into him one summer evening in the corridors of St Swithin's, where I was still working on the junior resident staff.

"Tony!" I cried. I stared at him in alarm. His face was pale and unshaven, his eye wild and bloodshot, his hair and his tie awry. "Tony! What on earth's the matter?"

"Hello, Richard," he said absently. "I brought Molly into the hospital last night."

"Oh, my dear fellow! Was it an accident?"

"Of course it wasn't an accident! We planned it."

"You mean... Oh, I see. She's having a baby?"

"What, you mean you didn't know?" His tone indicated an affair of universal importance.

"No, I'm afraid the news didn't reach me. So she's in the tender care of the midder department? There's nothing to worry about."

"Nothing to worry about! What do you understand about it? You've never had a baby."

"But it was a normal pregnancy, I hope?"

"Oh, yes, her pregnancy was normal enough, down to the last molecule of haemoglobin. But just think of the things which might go wrong now! Why, at the best it may be a breech. It could be a persistent occipito-posterior or a transverse lie, or a placenta praevia or a prolapsed cord. She might have a PPH or a Caesar or anything... Do you remember all those frightful pictures in the midder books?" He thrust his hands disconsolately into his trouser pockets. "It's alarming, isn't it?"

Seeing that his clinical detachment was as disarranged as his appearance, I laid a hand consolingly on his shoulder.

“Remember all the women who’re having babies every minute of the day. Why, at this very moment Molly will be lying there pleasantly doped with pethidine, listening to old Sister Studholme telling her to bear down nicely, dear, and try and save your pains.”

“But that’s the ruddy trouble!” Tony looked more anxious than ever. “I rushed her in all the way from Hampstead in the middle of the night, and not a thing’s happened since.”

“She’s just gone off the boil, as they say in the midwifery trade.”

“But think what it *might* be! She could have uterine inertia, deep transverse arrest, contracted pelvis...”

“Look,” I decided. “What you need is a drink.”

He paused. “You know, Richard, I believe you’re absolutely right.”

He calmed a little under the effect of three large whiskies in the King George opposite the Hospital.

“I’m afraid I’m not quite myself,” he apologized.

“But that’s understandable in the circumstances. Traditional, in fact.”

“I’m sorry, Richard. I ought to have slapped you on the back and asked you how you were and talked about the good old days, and so on. But it’s upsetting all this – bringing new life into the world, and so on.”

I laughed. “I’m not sure they shouldn’t have stuck you in the labour ward instead of Molly.”

“It may look funny to you, but it’s a shattering prospect for the first time. Just wait till it’s your turn.”

“Not me! I’m going to stay a bachelor. Changing imperceptibly from gay young to dirty old.”

“Bet you fifty quid you don’t!”

I considered the proposition. “I’ll take you on. It’s a good bet, because I’m determined to get my FRCS before I even think of marrying.” I still wanted to specialize in surgery, and the Fellowship of the Royal College was as essential as a flying licence to a prospective pilot. “And at the present rate I can’t see much chance of passing the exam before I get prostatic hypertrophy and the male menopause.”

“But you’ll *have* to get married, old man. Take it from me, a doctor’s got to. The patients don’t like you messing about with their wives unless they know you’ve got one of your own at home. Then you must have someone to answer the telephone and open the door and keep all the NHS cards straight and cook the dinner and do the laundry.”

“I could get a housekeeper.”

“The only housekeeper you could possibly employ would have to be so ugly and respectable she wouldn’t bear living with. No, Richard. You’ll have to settle for the pipe and armchair and the slippers and taking the dog for a walk at closing time.”

I took a mouthful of beer thoughtfully.

“But even allowing you’re right, Tony – where do I find the right girl? Supposing I picked the wrong one?”

“Sheer defeatism! Anyway, what’s the matter with one of the matron’s little charges? They’re all healthy girls, they know how to cook and make the beds, and they’re trained to put up with any amount of irritation from crotchety old men. You couldn’t ask for more.”

It has long been my contention that the most useful function of any nursing school in the country is turning out a supply of fully trained doctors' wives. Though," he added reflectively, "they tend to worry a lot about the regularity of your bowels." Suddenly I noticed his jaw drop. "It's just occurred to me," he muttered. "Supposing the poor little thing's got mixed-up guts or no feet or two heads, or any of those hundreds of congenital defects we had to learn about in embryology?"

"Don't be ridiculous, Tony! Despite the fact that it has you for a father, it will turn out a perfectly healthy and normal baby. The very worst you can worry about is twins."

He shook his head. "At least it can't be that – I sent Molly down to the X-ray department long ago. Do you want to see baby's first photo? I've got it in the back of the car."

The next afternoon I was surprised to see Molly Benskin sitting in the sunshine that pierced the dusty plane trees in the hospital courtyard, still looking like an overripe poppy-head.

"Hello!" I said. "I thought you'd be otherwise engaged."

She wrinkled her snub nose. "It's all Tony's fault. Instead of acting in a perfectly calm and professional manner as he would if I was his patient instead of his wife—"

"He's been behaving like any other expectant father?"

"Oh, much worse! Do you know, for the last month he's been trying to take my blood pressure pretty well hourly? And every time I had a backache he got the car out. In the end I couldn't stop him rushing me here at four in the morning as though I was on fire. I think he was scared stiff he'd have to deliver it himself."

"As far as I remember, Tony was never very accurate at midder," I told her sympathetically. "When I was a student with him we always seemed to arrive either three hours too early or five minutes too late."

"Now I've got to stay in the ward, I haven't got any of my things, my hair's terrible, I look most unglamorous, the food's uneatable, sister's a bitch, and I'm fed up." She pouted. "On top of that, I feel that I'm never going to have the poor little thing at all."

"Don't you worry, Molly. So do all expectant mothers. It's never been known to fail yet."

Two days afterwards she was delivered of an eight-pound baby boy, which Tony Benskin later carried through the main gate of the hospital with the expression of one who had discovered and patented the process himself. Helping them into the car, I was surprised to find that even I experienced strong avuncular feelings. Marriage, I had always felt, was some sort of disease which creeps up on everyone with age, like hardening of the arteries. For the first time I began to wonder how long my immunity would last.



The following morning I woke in my bare room in the St Swithin's resident staff quarters feeling like Sisera, who I remembered learning in Divinity had a tent-peg driven through his temple while he slept. The old diagnosis would have been *hangover vulgaris*; but now that my former classmates were scattering both geographically and professionally I rarely had anyone to go drinking with, and I had gone to bed at eleven after a cup of coffee with the night nurse down in casualty.

In the gloomy residents' dining-room, sitting beneath the chiding eyes of Hippocrates, Lord Lister, and Sir William Osler, I found that I couldn't eat my breakfast. This was unusual, because after even our most shameful student debauches I was always ready for my porridge and kippers as usual the next morning. I managed to swallow a cup of tea, then put on my white coat and crossed the hospital courtyard to my laboratory.

At the time I was coming to the end of my appointment as the junior resident pathologist I spent my days in the pathology block, sitting at a bench richly engrained with the brilliant blues, greens, and reds used for staining bacteria, doing calculations and tests on "specimens". These were of various sorts, and either sent across daily from the wards by the trayful or borne to us proudly by out-patients in a selection of jam-jars and beer bottles produced from inside the jacket or shopping basket.

"Do you mind if we have the window closed?" I asked the junior pathology demonstrator, my overseer. I pulled a high wooden laboratory stool to my usual place. "It's a bit nippy this morning."

"Nippy? It's a lovely hot summer's day!"

I drew my microscope towards me and shivered.

"Be a good lad and get on with this pile of blood counts," he continued. "There's been a rush of them over from the wards. Then there's some urines over there I'd like you to tackle when you're free. They're beginning to niff a bit."

When the demonstrator went off to lecture I shut all the windows. Then I was surprised to find that the weather had suddenly turned warmer and I was sweating. The climate was particularly irritating, because that morning my work was twice as troublesome as usual. I had difficulty in focusing the microscope, I kept shaking drops of blood from the little glass sides, and I couldn't add up. By lunch time I slunk back to my room and laid down, wondering why I felt so tired.

It didn't occur to me that I was ill. It never does to doctors, who are as shocked to find themselves sick as a policeman to discover that his home has been burgled or a fireman to see his own roof on fire. It was almost through curiosity that I rummaged for a clinical thermometer I kept somewhere in my sock drawer, and slipped it under my tongue.

"Good God!" I said. I had a temperature of a hundred and three.

I sat down on the edge of my bed, faced with the unnerving problem of self-diagnosis.

I gingerly felt my pulse. Ninety-six. Crossing to the mirror I stuck out my tongue, which looked like the inside of an old kettle. I stared down my throat, but found I couldn't see very far. Opening my shirt, I ran a stethoscope over as much of my chest as possible, and discovered that listening to your own breath-sounds for the first time is as alarming

as hearing a record of your own voice. After thinking for a few minutes I decided that it must be typhoid fever.

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Another characteristic of doctors is never allowing themselves to be ill by half-measures. In the process of self-diagnosis they think first of all the fatal diseases, next of the most outlandish, thirdly of the most uncomfortable, and finally reach a decision which would have had them thrown out of any qualifying examination in the country. Failing typhoid, I suspected glanders, psittacosis, or incipient cholera, and remembering the light-hearted way in which we manipulated dangerous bacteria in the laboratory I threw in rabies and plague as well.

After diagnosis comes treatment, and fumbling in my shaving locker for some white tablets which I thought were aspirins I swallowed a few. A further peculiarity of the physician healing himself is a wild disregard for labels and dosage: men who terrify patients by repeating sternly "Not more than two teaspoonsful after food" treat their own complaints largely with the pharmaceutical samples sent from drug manufacturers, in doses of either a moderate handful or a large swig. Feeling afterwards that I should call for professional advice, I picked up my bedside telephone and rang my friend Grimsdyke, who was working as a resident anaesthetist in the operating theatre.

"I'm ill," I told him, describing my symptoms. "What do you think I should do?"

"Go and see a doctor."

"Look here, this isn't a laughing matter. I feel terrible."

"Seriously, old lad. Get one of the house physicians. I don't know much more about pure medicine than I do about pure mathematics. We live in an age of specialization, don't we? Must get back to the theatre now – Patient looks a bit blue."

I then rang Hinxman, houseman to Dr Pennyworth, the St Swithin's senior physician.

"You've probably got the measles," he said cheerfully on the other end of the line. "There's a lot of it about at the moment."

"I've had it. A most nasty attack when I was six."

"It's quite possible to get it twice, of course. And it's usually much worse the second time. Or it might be mumps. You know what that leads to, don't you?" He roared with laughter: fellow-doctors show as little sympathy for each other in trouble as fellow-golfers. "It's a bit of a nuisance, because we've hardly got a spare bed in the ward. But I'll pop along and see you when I've got a moment."

Hinxman appeared an hour or so later. He was a red-faced, curly-headed young man much given to tweeds and pipes, who always entered a room as though coming from a brisk tramp across open moors on a gusty day. I found his aggressive healthiness deeply depressing as I nervously watched his broad pink hands pummel my abdomen.

"Deep breath, old man," he commanded. He frowned.

For the first time I realized how alarming a doctor sounds when he goes "M'm".

"Think I can get a touch of the spleen there," he added.

"Good Lord!" I jumped up. "It might be one of those horrible leukaemias."

"Yes, and it may be the chlorotic anaemia of young virgins. Don't get excited about it. I haven't felt a spleen for weeks, anyway, and I'm probably wrong. I'll get old Pennyboy along when he looks into the hospital at six. Meanwhile, go to bed."

"Bed?" I protested. "But I don't really want to go to bed. I hate lying down doing nothing."

“My dear chap, you must. The first thing any physician does is to put his victim to bed and tell him to keep quiet. It doesn't do the patient the slightest harm, and it gives everyone time to think. Why, we've had some of our patients in bed for weeks upstairs while we've been thinking. We're not like surgeons, you know – never happy unless they're doing something violent.”

Dr Pennyworth himself came to my room that evening, followed by Hinxman and his medical registrar. The hospital's senior physician was a small, thin, pale man with two tufts of grey hair jutting over his ears, dressed in a black jacket and pin-striped trousers. He was so quiet and so modest that he seemed to enter the room like a ghost, without using the door. He stood by my bedside, softly wished me good evening, perched a pair of rimless pince-nez on his nose, and inspected me through them in silence.

“Ever been in India?” he asked mysteriously.

“No, sir.”

“H'm.”

After some moments' thought gently took my hand and stood staring at my nails. This I recognized as the manner of a true physician: a surgeon would have burst into the room, pummelled me briskly, exclaimed “Does it hurt? Where? There? Don't worry, old fellow, we'll have it out!” and telephoned the operating theatre. Dr Pennyworth silently listened to my chest, scratched the soles of my feet, pulled down an eyelid, shook me by the hand, and after a whispered discussion with his assistants disappeared as softly as he came.

As no one had told me what was wrong, I lay staring at the ceiling and speculating on the further possibility of malaria, cerebral abscess, and *spirochaetis ictero-haemorrhagic*. I had almost given myself up for lost by the time Hinxman reappeared.

“You're to be warded, old man,” he announced cheerfully. “I've fixed everything up. Just slip on a dressing-gown and wander up to Honesty when you feel like it. Try not to breathe on too many people on the way, won't you?”

“But what have I got?”

“Oh, didn't we tell you? Look at your eyeballs.”

“Good Lord!” I exclaimed, turning to the mirror. “Jaundice.”

“Yes, you'd pass for a good-looking Chinaman anywhere. I'll come and see you later. By the way, we'll be needing a contribution for your own laboratory.”

Collecting my toothbrush, I obediently left the residency for the main hospital block and made my way upstairs to Honesty Ward. I had rarely been ill before, and I had never been in a ward in a subjective capacity at all. I now approached the experience with the feeling of a judge mounting the steps to his own dock.

“Well, well, fancy seeing you,” said the staff nurse, a motherly blonde I had once met at a hospital dance. “Sister's off, so I've put you in the corner. You're not terribly infectious, and we'll have you on barrier nursing.”

I got into the white iron bed, which was ready with hot-water bottle in knitted cover, red rubber sheet next to the mattress, back-rest, air-ring, and a small enamel bowl on the locker in case I wanted to put my teeth in it.

“Sorry we can't have you in a side-room,” she apologized. “But they're both in use. One might be free in a few days,” she added significantly, “and you can move in then.”

My first few days as a patient were delightful. My disease wasn't serious – though I

kept remembering the nasty phrase in one of my textbooks, “a small percentage of cases are fatal” – and it had the advantage that no treatment whatever was known to medical science. This left my days and nights undisturbed by having to swallow oversized pills or having to tolerate over-used needles. All I had to do was lie on my back and get better.

But I soon realized that being ill in a modern hospital is far from a passive process. A few years ago it dawned on physicians that patients shouldn't be allowed simply to rot in bed, but should be provided with daily exercise for both body and mind. This idea is now applied so enthusiastically and ward routine has become so strenuous that only people of a basically sound constitution can stand it.

Our day, like the Army's, started at six-thirty with a wash in tepid water, and continued almost without a break until lights-out at nine. Apart from the regular upheavals caused by bed making, meals, hot drinks, blanket baths, temperature-taking, visits by the doctors, and the distribution of “bottles”, there always seemed to be some hospital functionary waiting to see you. Each morning there appeared a blonde girl looking like a Wimbledon champion in a white overall, who came from the Physiotherapy Department to conduct a horizontal PT class. When we had flexed our knees and twiddled our toes in unison under the bedclothes, another girl arrived from the Occupational Therapy Unit with a basket of felt scraps for making pink bunnies. Afterwards came the hospital librarian to see if you felt like reading, the hospital dietitian to see if you felt like eating, and the hospital chaplain to see if you felt like death. Next appeared the man who brought the post, the boy who sold the newspapers, and several women with brooms who swept under the beds and carried on a loud conversation between themselves about everyone's illnesses. If you still had time, you could explore the arid stretches of the morning and afternoon radio programmes through the headphones, or swap symptoms with your neighbour. There was a welcome period of enforced sleep after lunch, but this was generally disturbed by fifty students clattering in for a ward-round or one of the medical staff appearing to examine you to test some private theory. Later, those of us allowed up sat round the empty fireplace stroking the ward cat, smoking our pipes, and exchanging opinions in a tranquilly companionable atmosphere reminiscent of an old men's home.

It was in these circumstances that I first fell seriously in love.

She was the new night nurse on Honesty Ward. She was a pretty, pale girl, with large dark eyes and thick curly hair on which her official cap perched ridiculously, like the top of a *vol-au-vent*. She had a playful way of looking at you when she spoke, and the first words she addressed to me – “Would you like Horlicks or Ovaltine?” – sent odd sensations running up my spinal cord.

I had then been in the ward five days, the time I later learned from other nurses at which young men confined to bed start becoming amorous. Physicians perhaps overlook that patients’ feelings towards sex, like their feelings towards beer and tobacco, are not automatically held in abeyance while enjoying the benefit of medical care in hospital. Seeing the same half a dozen young women regularly all day naturally concentrates the invalid’s thoughts on any one of them, which has led many a convalescence to run concurrently with a honeymoon. The patient’s state is probably exacerbated by the nursing tradition of twice daily “doing the backs” – that is, massaging the lower spine with surgical spirit as a precaution against bedsores, which I understand is the method used to encourage recalcitrant bulls in the Argentine.

It was clearly worth making the night nurse’s closer acquaintance. As soon as the ward was dark, the flowers had been removed, the day nurses had gratefully reached for their corridor capes, and sister had left for the modest evening pleasures of the sisters’ home, I felt for the dressing-gown in my locker and crept out of bed.

She was in the small kitchen just outside the ward, starting to butter a large pile of bread for the patients’ breakfast.

“Hello,” I said.

She looked up. “Hello. But shouldn’t you be in bed?”

“I just thought I’d like to establish social contact as well as our professional relationship.”

Stretching her apron, she gave me a curtsy. “I am indeed honoured, kind sir, that a second-year houseman should take such trouble with a second-year nurse. Aren’t you terribly infectious?”

“Not much at this stage. Anyway, I’ll be frightfully careful not to touch anything. I’m afraid that I’ve just forgotten your name, Nurse – ?”

“Florence Nightingale.”

I laughed, but catching her eye apologized quickly. “I’m terribly sorry. Of course, there *could* be a nurse called Florence Nightingale...I mean, really it’s quite a common name, though I suppose unusual...”

“Oh, don’t worry. I’m quite used to it. My mother was desperately keen on the Red Cross. Hence the name. Hence the career. My friends call me Sally, by the way. But oughtn’t you really to stay in the ward?”

“You’re not worried about the night sisters, are you? They won’t be on the prowl for hours yet.”

“Ah, the night sisters! ‘How now, you secret, black, and midnight hags! What is’t you do? A deed without a name?’”

"You must be the first nurse I've ever heard quote Shakespeare on duty," I said in surprise.

She went on buttering a piece of bread with a faintly aggressive air. "You housemen! You seem to think we confine our reading to Evelyn Pearce's textbooks and the Engagement column in the *Telegraph*. Didn't you see me when the Dramatic Society did *As You Like It*?"

"No, I'm afraid I missed that one," I confessed. But seeing a common interest in sight I continued warmly, "I was terribly keen on the Dramatic Society myself. When I was a student and had more time."

"I know. I saw your last appearance. It was the week I arrived as a new probationer, and I'll never forget it."

This was perhaps unfortunate. My dramatic career at St Swithin's had reached its climax with the hospital production of *The Middle Watch*, in which I was cast as the Commander. At the start of the second scene the Captain, played by Grimsdyke, was to be discovered alone in his cabin turning over the pages of *The Field*, until interrupted by a knock and the appearance of Tony Benskin as Ah Fong the Chinese servant. Unfortunately I had mistimed the length of the interval, and Tony and I were still drinking pints of beer in the King George when the curtain rose. There being no knock, Grimsdyke anxiously scanned the entire *Field*, throwing imploring glances into the wings. He then thumbed his way through the *Illustrated London News*, the *Tatler*, and the *Sphere*, and finished the *Sketch* and *Punch* before striding off the stage in a fury and bringing down the curtain, leaving the audience mystified for the rest of the evening at the significance of this short but powerful scene.

"Are you sure you're feeling quite well?" Sally Nightingale continued, interrupting her slicing and laying a hand softly on my cheek. "You certainly *do* seem a little warm."

I was just reflecting how much pleasanter this was than having a glass-and-mercury icicle tasting of Dettol rammed under your tongue, when the door opened and Hinxman walked in.

"What are you doing here?" he said immediately.

"Oh, hello, old man. Yes, I know I should be in bed by rights. But being in the trade I thought I could take a few liberties with ward routine."

"Routine? It's nothing whatever to do with routine. It's a matter of your treatment."

"Have you met our new night nurse?" I asked.

"I know Nurse Nightingale very well. She was on day duty here until last week. Good evening, Sally."

"Good evening, Roger."

"Oh, I'm sorry," I apologized. "I didn't realize you'd met."

There was a silence, in which I felt that my professional adviser and colleague was behaving oddly. Hinxman was one of those enviably uncomplicated men who sing in their baths and never have hangovers or catch colds or feel draughts, and he had the most amiable personality in the whole resident staff quarters. We had previously enjoyed a friendship which ran to mutual loans of razor-blades and textbooks, but now he was breathing heavily and staring at me as though I were some particularly striking specimen in a bottle in the pathology museum.

"Well, you're the doctor." I shrugged my shoulders, remembering that many young

housemen appear weighty when first testing the delicate balance of the doctor-patient relationship. I decided to obey graciously, and said lightly to Sally Nightingale: "Good night, Nurse. I'll get back to my little waterproofed cot. If I'm still awake, come and talk to me when Dr Hinxman's gone."

The next morning the motherly staff nurse hooked my treatment board to the foot of my bed. "You're on complete bed rest," she announced.

"Oh no!"

"Yes, Mr Hinxman's written you up for it."

"But what on earth for? I'm getting better. Why, I ought to be out of hospital completely in a few days."

"I really don't know, I'm afraid. Ours is not to reason why, but to do what the houseman tells us."

My annoyance came less from the prospect of immobility than the threat it held – bedpans. These traditional features of the hospital scene, which defy the laws of geometry by possessing length and breadth but not depth, have never had, nor deserved, a word written in their favour. So far I had escaped them, but from now on I should have to catch the eye of the junior probationer like everyone else. I decided angrily to tackle Hinxman on his line of treatment as soon as he appeared.

"Look here," I complained. "I must say, this bed-rest business is about the limit. Why, I'm pretty well convalescent! Or have you just got me muddled up with someone else?"

Hinxman stared at me in silence. His face was pinker than ever; his eyes were heavy and bloodshot; his hands were thrust deep into the pockets of his white coat, among the percussion hammers, tuning-forks, and other little diagnostic toys beloved by physicians.

"You are at liberty to complain to the Chief about my treatment if you want to."

"Oh, I wouldn't want to go as far as that. After all, we're both in the trade. I know doctors make rotten patients, but I'm prepared to do as I'm told. I just can't see the point of it, that's all."

Expression for a second played on his face like the top of a milk saucepan caught at the boil. Then he turned and strode down the ward, with the step of a man finding things too much for him.

Romances in hospital, like romances at sea, progress rapidly. This is probably because both patients and passengers have little else to occupy their thoughts between meals. I spent the following days lying strictly in bed trying to read Boswell's *Life of Johnson* and thinking about Sally Nightingale, and the nights staying awake trying to snatch brief chats as she passed in the romantic twilight of the sleeping ward. Like the addict waiting for his daily dose of morphine, I found myself fretting as the evening dragged through its routine of supper, bedpans, and thermometers towards eight o'clock, when the tousled day staff went off duty and Sally reappeared in her fresh starched wrappings.

"Would you care for a little barley water?" she asked as she came to my corner a few nights later. "I've just made some."

"Barley water? I'd love it, thanks."

It would have been all the same if she'd offered hemlock.

"And how are you tonight, Richard?"

"Immeasurably better for seeing you."

"Now, now!" She gave me a playful look. "Don't you realize you should think of me purely as your nurse?"

"But that's impossible! Do you know, when I got this beastly disease I thought it was about the unluckiest thing that had happened to me for a long time. But the moment you walked into the ward, Sally... Well, I began to feel that it was the brightest event of my life."

She laughed as she gave my pillow a professional smoothing. "Pure delirium, doctor."

"I'm not at all febrile. Just you feel."

I had often heard the expression about laying cool hands on fevered brows but I had never until then experienced it. It was most satisfying.

"Perhaps for the sake of us both I'd better fetch you an ice-bag."

Just at this moment I became aware that Hinxman, too, was standing at my bedside.

"Hello," I said in surprise. "Rather early with your night round this evening, aren't you?"

He made no reply. Instead, he stared hard and said, "Nurse Nightingale, I should like the night report, if you please."

"Of course, Dr Hinxman. If you wish."

Hinxman listened to the report sitting under the green-shaded lamp at Sister's desk a few feet from my bed, and afterwards he settled there to write up his notes. He was still working when at last I fell asleep. The next morning I found myself prescribed three-hourly injections of Vitamin C and a diet of soya flour soup.

This rivalry naturally acted as a supercharger to my increasingly powerful feelings about Sally Nightingale. To lose her to such a passionless pachyderm as Hinxman struck me as not only a personal tragedy but a shocking waste. But I was miserably conscious of my present disadvantages in wooing her. I was static, and Hinxman was menacingly mobile; and though I was entitled to enjoy her company all night, Hinxman now stood sentry at Sister's desk until I joined in the snores of the rest of the ward.

My one advantage came on Thursday nights, when Dr Pennyworth's firm was on



emergency duty and his house physician liable to be called at any time to the casualty room by the main gate. The next Thursday I was delighted to see Hinxman's combination of lights flash in the indicator above the ward telephone, and he had to pay the penalty of choosing a self-sacrificing profession by taking himself downstairs to see a suspected coronary thrombosis.

"What are you doing to poor Roger Hinxman?" asked Sally, appearing almost at once from the sluice room.

I felt a little disappointed that she seemed to find such a serious affair amusing.

"What's he doing to *me*?" I replied warmly. "Why, the fellow's breaking his Hippocratic oath every time he picks up my treatment board – that bit about not administering any noxious thing, and so on."

She laughed. "I suppose I should be gratified. But it's a rather unusual way for a girl to be fought over."

"Is he in love with you?" I asked anxiously.

"Oh, of course. Roger's been in love with me since my first day in hospital. I broke a thermometer and he told Sister he did it. He's really awfully sweet, you know. But he *does* make me feel like a piece of china in a bull shop sometimes."

This sounded encouraging. Feeling that the coronary in casualty might easily turn out to be a simple case of indigestion, I immediately asked if she'd like to come out to dinner when I was better.

"That's a terribly bad principle," she replied.

"What is?"

"Going out with your convalescent patients. When you see me in a world full of other women you'll think I'm just like any other banana in the bunch."

"Not a bit," I said stoutly. "I'm absolutely certain you're more beautiful than ever out of uniform."

"You'll think I look about four feet tall and sixteen years old. It's wonderful how this get-up puts years on you, isn't it? I suppose it's designed to give girls authority to tell men old enough to be their fathers to get back into bed."

"But uniform suits you wonderfully, too. It makes you look like a sort of clinical Joan of Arc."

She tucked in my bedclothes. "I'm afraid the only resemblance is that a lot of people would like to see me burnt alive. I've got to watch my step with matron's office just now. I'm due for my second-year report, and I don't really want to be thrown out."

I saw Hinxman's silhouette appear beyond the double glass doors of the ward.

"Will you come, Sally?" I whispered. "I know an awfully cosy little place in Soho."

"All right," she whispered back. "Slip a note into the nurses' home when you're in circulation."

Then she laughed and disappeared, to pretend she was fixing an intravenous drip.

Hinxman did nothing to my treatment board that night. But the crisis came three nights later, when he arrived to find Sally carrying out standing instructions for patients on full bed-rest by giving me a blanket bath. The next morning I found myself written up for a turpentine enema.

"It certainly *is* strange treatment," said Sister, when I complained angrily. "It's possible Dr Hinxman made a mistake."

"I'm quite certain he didn't make any mistake at all. And I absolutely and completely refuse to have it, Sister. I'll discharge myself from hospital first."

"Perhaps you'd better have a word with him yourself," she suggested tactfully. Like all St Swithin's sisters, she knew much more that went on in the ward than her nurses gave her credit for. "I'll get him to come over from the residency."

My interview with Hinxman was fortunately held behind screens, which had been put round my bed in anticipation of his sentence being carried out.

"What's all this damn nonsense about enemas?" I demanded.

In reply, he clenched and unclenched his fists. "You rotter," he said.

"That's a fine way to speak to a colleague, I must say."

"I love Sally more than anything else in the world."

"Oh, do you? And so, it happens, do I."

"I intend to marry her."

"And so do I."

It was the first time I had decided on the fact, and I think the answer surprised me as much as him.

He stood breathing heavily. "I've known her for more than two years."

"I've known her for less than two weeks. And I've made more progress."

"Look here, Gordon! I'm not up to all these fancy tricks. I'm no...blasted Casanova. I'm an ordinary simple chap, and I love her. If you try to...to..." But words were beyond him. He crashed one fist into another, then silently pushed his way through the screens and disappeared.

"I'm not having the enema," I called after him. "I'll complain to Pennyworth tomorrow."

When Dr Pennyworth reached my bedside on his ward-round the following afternoon Hinxman seemed strangely composed. I supposed that was because he had already countermanded the enema, and thought that I had nothing to complain about.

"How are you getting on?" whispered Dr Pennyworth, peering at me through his pince-nez.

"He's sleeping very badly," cut in Hinxman, before I could say anything. "We've tried him on all the usual narcotics of course, sir. But he seems to be one of these resistant cases."

"Very interesting."

"So I thought, sir, as he's desperate, you could prescribe him an effective dosage."

"Sleep," murmured Dr Pennyworth as I tried to protest, "is the physician's greatest friend. 'Oh Sleep! It is a gentle thing, Beloved from pole to pole?' Eh?" He then prescribed with his own pen a dose of barbiturate that would have kept a woodful of owls quiet.

"You'll have to swallow them all," said Sister, handing me the scarlet capsules that evening. "It's Doctor Pennyworth's own orders, you know."

I slept twelve hours a night solidly for a week, when to the relief of both Hinxman and myself Dr Pennyworth officially discharged me for convalescence at home.

My father, Dr Gregory Gordon, MB, BChir, had a general practice in a popular South Coast town, where we had lived as long as I could remember in an over-large Edwardian villa looking across the roofs of innumerable boarding-houses towards the sea. He too was a St Swithin's man, having qualified there about thirty years before I did. Since then he had been occupied in building a prosperous practice, and was now beginning to suffer success. The hourly ringing of doorbell and telephone were as natural a part of my childhood as the chiming of the grandfather clock below the stairs; but in those days my father still had time to read textbooks and occasionally take me to the County ground, while now that his patients included not only the Mayor but most of the Corporation and the Chamber of Commerce as well, he had barely a moment to sit down with the *Lancet* or glance at the cricket scores. Even as I arrived home the next afternoon I met him dashing from the front door with his bag.

"Hello, Richard my boy! Good to see you. Better?"

"Very much better, thanks."

"What was it you had? Catarrhal jaundice?"

"Yes, except that nowadays they call it infective hepatitis."

"You're a bit on the thin side. Sorry I couldn't get up with your mother to see you. They looked after you all right in St Swithin's, I hope? Who was your doctor?"

"Old Pennyworth."

"Good Lord, is he still going? I thought he'd be dead long ago. How are you feeling in yourself?"

"A bit tottery still."

"You'll soon get over it. As a matter of fact, I was rather hoping you could help me out with a few surgeries a little later on. Must rush off now – I've got a perforation miles away on the other side of the housing estate. Ask Miss Jamieson to make you some tea."

"Isn't mother in?"

"Mother? I can't remember whether it's her afternoon to help with the Young Conservatives or the Old Contemptibles." As my mother honoured all the obligations of a successful doctor's wife, she rarely seemed to meet my father at all between his being called away from breakfast to see a suspected appendix to his coming in at midnight from seeing a suspected drunk-in-charge. "By the way, if any phone calls come in be a good lad and see what you can make of the symptoms. Such a help to Miss Jamieson at this time of the year."

He then jumped into his car and drove off.

I had hoped during my convalescence gracefully to introduce the subject of Sally Nightingale. Although I had seen little more of her before leaving hospital – and I was conscious that she had seen me only lying on my back with my mouth wide open – the prospect of perhaps one day marrying her now lay on my mind much more excitingly than the prospect of perhaps one day passing my FRCS examination. It would be equally stimulating to my self-esteem, just as useful to my career, possibly easier, and much more fun.

With other nurses I had fancied at St Swithin's my plans never went further than our next outing to the cinema, but with Sally Nightingale I already saw myself looking like an advertisement for an insurance company. My knowledge of marriage, like my knowledge of medicine, was still dangerously theoretical, and I had taken advantage of Tony Benskin's calling to see me in hospital to ask frankly what it was like. His reply had been, "Magnificent, old man, simply magnificent!", which I felt was as unreliable as the cry of midwinter bathers, "Come on in, the water's fine!" This was confirmed immediately by his producing two dozen photographs of John Tristram Benskin, all of which looked to me exactly the same, though the father seemed to find subtle differences in each.

I now wanted to discuss the whole problem of matrimony with my parents, but it is as awkward a subject for a sensitive young man to work into the conversation as a plea for more cash. Another difficulty was never finding my parents together, or even one of them alone for more than a couple of minutes on end. The days slipped past with walks on the pier and rounds on the golf course, until it was the night before I was to return to St Swithin's. Then at last I managed to catch my father alone in his consulting-room, where he was telling an anxious mother on the telephone that green nappies in the first month were nothing to be alarmed about.

"Father," I began, as he put the instrument down, "I wonder if I could have a word with you?"

My solemnity surprised him. "Why, of course, Richard. What's the trouble? Do you want to buy another car?"

"No, it isn't that – though of course I'd love one of the new Austin Healeys if you felt you could raise the wind. But as a matter of fact," I said sheepishly, "I've recently been thinking rather seriously about marriage."

"Have you really, now? Good Lord! I never saw this note Miss Jamieson left on my desk – there's a gallstone colic at the Grand Hotel. So you're thinking of getting married, are you, Richard? What's her name?"

"Florence Nightingale."

"Come, come, Richard, surely you've got beyond childish jokes—"

"That really is her name, Father. Though everyone calls her Sally."

"Is she nice?"

"Terribly nice! Wonderful, in fact. Of course, I only got to know her in bed."

"Good gracious! I know you young people go the pace a bit, but I didn't think you'd be as brazen about it as that."

"I mean while I was having jaundice."

"Oh, I see. A nurse, eh? Well, you could do far worse than that. Most of my friends married nurses. I didn't. I met your mother when she had a Pott's fracture on my doorstep. However..." He fiddled with the blood-pressure machine on his desk. "Don't think I'm interfering in your affairs, Richard – damn it all, you're a registered medical practitioner, and therefore one of the few people legally credited with more sense than the average population – but don't you feel you ought to get to know this girl a little better before you decide to spend the next half-century in her company? You mean you've proposed to her?"

"Not properly, Father. Nothing as dramatic as that. I was only thinking of matrimony in a... well, a general sort of way. I don't think Sally even knows that I really want to marry

her yet.”

—He raised his eyebrows. “Well, I can only hope it comes as a nice surprise.”—

“But I really think I *will* marry her one day,” I continued earnestly. “Of course, I’ve had plenty of girl friends before – we all had at St Swithin’s – but never have I met anyone in which so many delightful feminine qualities have been collected together. You see she’s so—”

The telephone rang.

“One second, Richard. Yes? Speaking. Yes. Right, I’ll be along in five minutes. Fits somewhere behind the station,” he explained. “It’s an old GPI I’ve been nursing along for years. Delighted to hear your plans, Richard, We must have a long chat about them. What’s her name again?”

“Sally.”

“Sally. Look here, we’ll split a bottle over it when I get back from this case. Then you can tell me all about her.”

But after the fits behind the station and the gallstones in the Grand there was an acute retention down the road and a Colles’ fracture at the bus depot, so that my father didn’t arrive home until one-thirty. As the next morning I had to catch an early train, I left home without discussing my theoretical wife with anyone.

The date of my return to work was fixed less by my physical condition than Sally’s impending official three nights off duty, two of which she was dutifully spending with her mother at home in Barnet. As soon as I reached St Swithin’s I sent her a note suggesting a meeting the following evening. Taking advantage of my involuntary saving through lying in bed, I had picked a fashionable restaurant in Soho in which a pair of Sicilian brothers carried on their family tradition of banditry. It was a small place, with tables, waiters, and diners so crowded together that it was difficult to eat the establishment’s famous spaghetti without it becoming entwined with a neighbour’s asparagus. But it had an orchestra of Charing Cross Road gypsies with a fiddler who breathed encouragingly down girls’ necks, and I thought it an excellent place to pursue my suit.

I was sitting in the laboratory that morning thinking excitedly of the hours slipping past, when I was surprised to see Hinxman appear. He had not only refused to talk to me since my return to the hospital, but had pointedly got up and left rooms as I entered them. Now he seemed desperate to start a conversation. After making some distracted comments about glucose tolerance curves until the other pathologists were out of earshot, he exclaimed “She’s gone.”

“Gone? Who’s gone?”

“Sally Nightingale, of course.” I stared at him.

“But gone where?”

“For good.”

“No!”

“She has. She simply packed up this morning and left the hospital. She dropped her resignation in matron’s letter-box as she went past.” He sat down heavily on to a laboratory stool. “I’ve just this minute heard it from the staff nurse on Honesty.”

My first feeling was of bewilderment. “But what on earth did she want to do that for? She seemed so terribly keen on nursing.”

He made a despairing gesture over some samples of stomach contents. “It must have

been Godfrey, I suppose.”

—“Godfrey? Godfrey who?”

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“John Godfrey. That air pilot she specialised when he was in Honesty with virus pneumonia. She’s gone off with him – that’s obvious. What other reason could there be for a girl to disappear? They’re probably half-way to South America by now. It’s either him or that fellow from the BBC who had asthma, or the stockbroker chap in Private Block with the ulcer.”

“But I didn’t know anything about these men!”

“Huh! You didn’t know anything about Sally. Fine monkeys she made of us, I must say.” He rested his elbows wearily among a batch of throat swabs. “There are far too many girls in this hospital who imagine a nurse’s uniform isn’t complete without a couple of housemen’s scalps dangling from the belt. And to think,” he added painfully, “that I actually wanted to marry her.”

I said nothing.

Suddenly Hinxman held out his pink hand. “Richard, we’ve been complete and utter fools. I want to give you my apologies about everything. Particularly the enema.”

“Roger, I accept them with humility.”

We clasped hands across a pile of agar plates growing streptococci.

“You’re a gentleman,” he said. “It’s been a lesson to me, let me tell you. Never again.”

“And I thought she was such a nice girl.”

“The nicer they seem, the deeper they bite.”

But it was only when I left the laboratory after a busy morning’s work that the numbness of my psychological wound wore off and I felt how painful it really was. I found a letter in my room from my mother saying how delighted she was, and asking when I was bringing Sally down to see them.

“Women,” sighed Grimsdyke reflectively. “A creature I once saw described in an American gynaecology book as ‘A constipated biped with pain in the back’.”

“Well, there’s one thing,” I told him firmly. “It’s going to be many a long day before I get involved with another one.”

“I only wish I could agree with you, old lad. I really do. But unfortunately it’s a striking psychological fact that once a man has made a fool of himself over one woman, he can hardly wait to repeat the performance with another.”

The conversation then lapsed. It was our last night at the hospital we had first entered as students over eight years before, and we were sitting together in a corner of the empty bar of the King George, looking dejected. My final weeks in St Swithin’s had not been particularly happy ones. Gossip spreads in a hospital like sand at a picnic, and my companions in the residency had enjoyed chaffing me heartily, while all the nurses bit their lips and giggled every time I went past. Our jobs had come to their inevitable end, and now my old friend Grimsdyke and myself were to part and make our separate professional ways.

“Haven’t you any idea at all what you want to do next?” I had asked him a few days previously in the surgeons’ room, as he took off his sterile gown after the day’s operating list.

“Not in the slightest,” he had replied cheerfully. “I shall again throw myself on the medical labour market. The happiest times in my life have always been when I was out of work.”

I was concerned, because I felt that Grimsdyke’s unusual talents needed careful organization. But I had overlooked his most enviable quality, which generally saw him out of his scrapes and difficulties – a knack of meeting chaps in pubs. A few days after our conversation in the surgeons’ room he had run into a doctor called Paddy O’Dooley in Mooney’s Irish House off Piccadilly Circus, who discovered that Grimsdyke was a graduate of the Society of Apothecaries of Cork and immediately offered him a locum in his practice in County Wexford. This my friend accepted, and he was leaving from Paddington the morning after our farewell drink in the King George. His only worry was discovering the exact whereabouts of his new post, the letter of appointment being scrawled on the back of a packet of Player’s cigarettes which his new employer had pressed into his hand before disappearing into the seductive glare of Piccadilly.

“I’m a bit vague about the whole set-up,” Grimsdyke, confessed, ordering another beer and a tonic water. The gloom of our evening was deepened through Dr Pennyworth’s forbidding me to taste alcohol for three months. “I gather it’s really Paddy’s old man’s practice, which is at the moment being run by a Polish chum of doubtful morals and doubtful qualifications. Still, it’ll be a change of scenery. There’s a lot of money round there, so I hear – estates and so on. *And no NHS.*”

“You’re sure you don’t want to go on with anaesthetics? You might have a big future there, Grim. You didn’t kill anybody and you kept the operating team amused when things were going badly. Those are the only attributes a successful anaesthetist needs.”

“Ah, a professional stuffist! I really wouldn’t have minded specializing in it, I must confess. I rather like messing about with the knobs, and it brings out the artist in me. A good anaesthetist’s like a French chef, you know – take some pure oxygen, flavour with a touch of ether, add a *souçon* of pentothal, mix with pethidine, and serve garnished with gas. But you realize the trouble with anaesthesia as a life work?”

“Surgeons?”

He nodded. “Charming and erudite chaps most of them, but as soon as they get into their operating theatres their characters change. It’s just like other people getting into their cars. And their stories! Even such an amiable bird as old Cambridge insists on telling his five funny ones to each new batch of students. When you’re one of the permanent fixtures in the theatre, the laughter comes less blithely to the lips after the eighth or ninth repetition. Has he told you the one about him and old Sir Lancelot Spratt chasing a duke in his pyjamas down Devonshire Place?”

I nodded.

“Well, imagine hearing it regularly once a month for the rest of your life. Not that it’s much of a tale to start with. No, I’m afraid anaesthesia is going to lose me.”

“But haven’t you thought of trying some other specialty before burying yourself in Ireland? ENT, for instance? Obstetrics? Or psychiatry, now? That ought to be in your line.”

“I’ve thought of it all right. But contrary to popular belief, psychiatry doesn’t consist of listening to beautiful blondes lying on couches telling you all about their sex life. Before you get to that you have to sweat it out for years with ordinary common-or-garden lunatics. I don’t think I’d last long working in a mental institution – they say the medical staff soon get dottier than the patients. No, old lad. Not uncle Grimsdyke’s cup of tea. In fact, the whole ruddy National Health Service isn’t. Some chaps may like being able to look up the book and see exactly how much cash they’ll be getting at the age of sixty, but not me. I’ve got the pioneering spirit. The only trouble is, these days there’s nowhere left to pioneer to.”

“Well... County Wexford might be the start of a distinguished and prosperous career, then?” I suggested hopefully.

“As well it might, Richard. I feel I’ve got sympathetic vibrations with the Irish.”

“Steer clear of the poteen.”

“And you steer clear of the girls.”

The following morning I packed my books and belongings at St Swithin’s, and saying good-bye to my friends went into lodgings in that indistinct part of London known as “South Ken”. I had chosen for economy a seedy Victorian house which seemed to have every Underground train on the Inner Circle passing immediately under its foundations. As each of the rooms had a ring attached to its gas fire they were called “flatlets”, and were occupied by young women who dashed in at six and dashed out again at six-thirty, students from the hotter parts of the Commonwealth, and several fat fair-haired women who puffed up and down stairs with cigarettes between their lips, carrying cats. Like many similar houses I had occupied as a student in London, it was a place where people seemed to arrive from nowhere, talk to no one, and leave suddenly. Rent was always payable in advance, and the green-baize letter-board next to the bamboo hat-stand in the hall was heavy with official-looking envelopes to former tenants who had gone to the



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