

No Bands Playing, No Flags Flying

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FOREWORD

This story was tailored in length (1500 words) for *Colliers* as a short-short. I then tried it on the *American Legion* magazine—and was scolded for suggesting that the treatment given our veterans was ever less than perfect. I then offered it to several SF editors—and was told that it was not a science fiction story. (Gee whiz and Goshwollickers!—space warps and FTL are science but therapy and psychology are not. I must be in the wrong church.)

But this story does have a major shortcoming, one that usually is fatal. Try to spot it. I will put the answer just after the end.

NO BANDS PLAYING, NO

FLAGS FLYING—

“The bravest man I ever saw in my life!” Jones said,

being rather shrill about it.

We—Jones and Arkwright and I—were walking toward the parking lot at the close of visiting hours out at the veterans hospital. Wars come and wars go, but the wounded we have always with us—and damned little attention they get between wars. If you bother to look (few do), you can find some broken human remnants dating clear back to World War One in some of our wards.

So our post always sends out a visiting committee every Sunday, every holiday. I’m usually on it, have been for thirty years—if you can’t pay a debt, you can at least try to meet the interest. And you do get so that you can stand it.

But Jones was a young fellow making his first visit. Quite upset, he was. Well, surely, I would have despised him if he hadn’t been—this crop was fresh in from Southeast Asia. Jones had held it in, then burst out with that remark once we were outside.

“What do you mean by ‘bravery’?” I asked him. (Not but what Jones had plenty to back up his opinion—this lad he was talking about was shy both legs and his eyesight, yet he was chin-up and

merry.)

“Well, what do you mean by ‘bravery’? Jones de

manded, then added, “sir.” Respect for my white hair rather than my opinions, I think; there was an edge in his voice.

“Keep your shirt on, son,” I answered. “What that lad back there has I’d call ‘fortitude,’ the ability to endure adversity without losing your morale. I’m not disparaging it; it may be a higher virtue than bravery—but I define ‘bravery’ as the capacity to choose to face danger when you are frightened by it.”

“Why do you say ‘choose’?”

“Because nine men out of ten often meet the test when it’s forced on them. But it takes something extra to face up to danger when it scares the crap out of you and there’s an easy way to bug out.” I glanced at my watch. “Give me three minutes and I’ll tell you about the bravest man I’ve ever met.”

I was a young fellow myself back between War One and War Two and had been in a hospital much like this one Arkwright and Jones and I had visited—picked up a spot on my lung in the Canal Zone and had been sent there for the cure. Mind you, this was years ago when lung therapy was primitive. No antibiotics, no specific drugs. The first thing they would try was a phrenectomy—cut the nerve that controls the diaphragm to immobilize the lung and let it get well. If that didn’t work, they used artificial pneumothorax. If that failed, they did a “backdoor job”—chop out some ribs and fit you with a corset.

All these were just expedients to hold a lung still so it could get well. In artificial pneumothorax they shove a hollow needle between your ribs so that the end is between rib wall and lung wall, then pump the space in between full of air; this compresses the lung like a squeezed sponge.

But the air would be absorbed after a while and you had to get pumped up again. Every Friday morning those of us on pneumo would gather in the ward surgeon’s office for the needle. It wasn’t grim—lungers

are funny people; they are almost always cheerful. This was an officers’ ward and we treated it like a club. Instead of queuing up outside the surgeon’s office we would swarm in, loll in his chair, sit on his desk, smoke his cigarettes, and swap lies while he took care of us. Four of us that morning and I was the first.

Taking the air needle isn’t bad—just a slight prick as it goes in and you can even avoid that if you want to bother with skin anesthesia. It’s over in a few minutes; you put your bathrobe back on and go back to bed. I hung around after I was through because the second patient, chap named Saunders, was telling a dirty story that was new to me.

He broke off in the middle of it to climb up on the table when I got off. Our number-one ward surgeon was on leave and his assistant was taking care of us—a young chap not long out of school. We all liked him and felt he had the makings of a great surgeon.

Getting pumped up is not dangerous in any reasonable sense of the word. You can break your neck falling off a step ladder, choke to death on a chicken bone. You can slip on a rainy day, knock yourself out, and drown in three inches of rain water. And there is just as unlikely a way to hit the jackpot in

taking artificial pneumothorax. If the needle goes a little too far, penetrates the lung, and if an air bubble then happens to be forced into a blood vessel and manages to travel all the way back to the heart without being absorbed, it is possible though extremely unlikely to get a sort of vapor lock in the valves of your heart—air embolism, the doctors call it. Given all these improbable events, you can die.

We never heard the end of Saunders' dirty joke. He conked out on the table.

The young doc did everything possible for him and sent for help while he was doing it. They tried this and that, used all the tricks, but the upshot was that they brought in the meat basket and carted him off to the morgue.

Three of us were still standing there, not saying a word—me, reswallowing my breakfast and thanking my stars that I was through with it, an ex-field-clerk named Josephs who was next up, and Colonel Hostetter who was last in line. The surgeon turned and looked at us. He was sweating and looked bad—may have been the first patient he had ever lost; he was still a kid. Then he turned to Dr. Armand who had come in from the next ward. I don't know whether he was going to ask the older man to finish it for him or whether he was going to put it off for a day, but it was clear from his face that he did not intend to go ahead right then.

Whatever it was, he didn't get a chance to say it. Josephs stood up, threw off his bathrobe and climbed up on the table. He had just lighted a cigarette; he passed it to a hospital orderly and said, "Hold this for me, Jack, while Doctor"—he named our own surgeon—"pumps me up." With that he peels up his pajama coat.

You know the old business about sending a student pilot right back up after his first crack up. That was the shape our young doctor was in—he had to get right back to it and prove to himself that it was just bad luck and not because he was a butcher. But he couldn't send himself back in; Josephs had to do it for him. Josephs could have ruined him professionally that moment, by backing out and giving him time to work up a real case of nerves—but instead Josephs forced his hand, made him do it.

Josephs died on the table.

The needle went in and everything seemed all right, then Josephs gave a little sigh and died. Dr. Armand was on hand this time and took charge, but it did no good. It was like seeing the same horror movie twice. The same four men arrived to move the body over to the morgue—probably the same basket.

Our doctor now looked like a corpse himself. Dr. Armand took over. "You two get back to bed," he said to

Colonel Hostetter and me. "Colonel, come over to my ward this afternoon; I'll take care of your treatment."

But Hostetter shook his head. "No, thank you," he said crisply, "My ward surgeon takes care of my needs." He took off his robe. The young fellow didn't move. The Colonel went up to him and shook his arm. "Come, now Doctor—you'll make us both late for lunch." With that he climbed up on the table and exposed his ribs.

A few moments later he climbed off again, the job done, and our ward surgeon was looking human again, although still covered with sweat.

I stopped to catch my breath. Jones nodded soberly and said, "I see what you mean. To do what Colonel Hostetter did takes a kind of cold courage way beyond the courage needed to fight."

"He doesn't mean anything of the sort," Arkwright objected. "He wasn't talking about Hostetter; he meant the intern. The doctor had to steady down and do a job—not once but twice. Hostetter just had to hold still and let him do it."

I felt tired and old. "Just a moment," I said. "You're both wrong. Remember I defined 'bravery' as requiring that a man had to have a choice . . . and chooses to be brave in spite of his own fear. The ward surgeon had the decisions forced on him, so he is not in the running. Colonel Hostetter was an old man and blooded in battle—and he had Josephs' example to live up to. So he doesn't get first prize."

"But that's silly," Jones protested. "Josephs was brave, sure—but, if it was hard for Josephs to offer himself, it was four times as hard for Hostetter. It would begin to look like a jinx—like a man didn't stand a chance of coming off that table alive."

"Yes, yes!" I agreed. "I know, that's the way I felt at the time. But you didn't let me finish. I know for certain that it took more bravery to do what Josephs did."

"The autopsy didn't show an aft embolism in Josephs, or anything else. Josephs died of fright."

The End

The Answer: I'll bury this in other words to keep your eye from picking it up at once; the shortcoming is that this is a true story. I was there. I have changed names, places, and dates but not the essential facts.