

A beautiful, young woman suffers a brain injury during an accident in a car chase. The medical rescue team helicopters her to the local community hospital, and ultimately she ends up on the service of Dr. John Bishop, a handsome rehab doctor only a few years out of his residency. Despite a stable medical condition, she dies suddenly and mysteriously in the middle of the night.

The Griffon Trilogy

Part 1

Order the complete book from

[Booklocker.com](http://www.booklocker.com)

<http://www.booklocker.com/p/books/433.html?s=pdf>

**or from your favorite neighborhood
or online bookstore.**

Your Free excerpt appears below. Enjoy!

The Griffon Trilogy
Part I

Copyright © 2001 Douglas & Andrea Murphy

All Rights Reserved

ISBN 1-931391-91-2

Published 2001

Published by Douglas & Andrea Murphy, U.S.A. ©2001 Douglas & Andrea Murphy. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, recording or otherwise, without the prior written permission of the author.

Manufactured in the United States of America.

The characters and events in this book are fictitious. Any similarity to real persons, living or dead, is coincidental and not intended by the author.

Booklocker.com, Inc.
2001

The Griffon Trilogy
Part I

Douglas & Andrea Murphy

Chapter 1

On a humid August day at dusk, a beautiful woman in her twenties drove recklessly down a winding country road outside of Baltimore, Maryland in a navy, 500 series BMW. Her hands were sweating from fear, and repeatedly she glanced into the rearview mirror toward the empty road behind. Every once and awhile her car raced by a tumbledown house with a pickup truck and children playing out in the yard. For the most part the road coursed through acres of forest and open fields.

She started to relax. When she glanced into the mirror, the empty road stretched behind, and eventually she allowed the car to slow to a speed just above the limit. Suddenly her face grimaced with pain and intense fear. Once again the yellow porsche, pursuing rapidly, appeared in the rearview mirror. Her car already raced more than 15 miles per hour above the speed limit. Nevertheless she pressed the gas pedal down further, and the car jumped forward climbing to nearly twice the speed limit. The tires screeched around curves, and still the yellow porsche began to get closer.

Her body braced with alarm. Up ahead a curve too tight for her speed jarred her into action. She applied pressure to the brake and slowed down to a level she thought was safe, but something unanticipated happened. The curve was strewn with gravel, and the car began to spin out of control. Reflexively she applied the brakes even harder, but the car spun furiously around and around until it hit an embankment, and her body flew out of the side door rolling over and over until the right side of her head hit a tree and her body lay inert in the grass as a pool of blood gathered beneath the back of her head.

THE GRIFFON TRILOGY - PART I

The noise of the accident attracted the attention of the people in the only house around. The woman inside and her children ran out to see what was going on. A small boy, barefoot, found the woman's body lying in the grass by the tree and ran to his mother who called 911 while the others gathered around wondering what they could do to help the poor woman stretched out before them.

A few hundred yards from the accident the yellow porsche at first had continued forward, but as soon as the people came out of the house it stopped dead in the road. After a minute, it turned around and sped away in a hurry.

Sara Pence, a young and vivacious nurse with her brown hair tied back in a bun, caught sight of Dr. John Bishop striding quickly down the carpeted hallway of the Rehab unit. He struck her as impossibly handsome with his athletic, 5 foot 11 inch frame, and wavy, chestnut hair often falling boyishly over blazing blue eyes that had the open innocence of a child. The man, however, seemed completely blind when it came to women and their attraction to him. Sara had had a crush on him since the rehab physician joined the hospital several years ago.

"Dr. Bishop," she yelled after him.

The doctor turned and stopped, trying to discern who had called him.

"Over here."

For a brief moment they huddled in the hallway.

"The new admission is here."

"Head injury?"

"Yes. Eva Bentley."

"I'll see her in a minute," and off he went to answer a page.

Shortly thereafter in room 6B he came to the bedside of a young woman who had just had a single vehicle car accident a few weeks ago and pulled the curtain around them.

“Hi. I’m Dr. Bishop,” he said to her and a man by the bedside. “I’m one of the attending physicians on the rehab floor. I’ll be taking care of you while you are here.”

The woman forced a smile that, due to some weakness in her face, came out somewhat askew, but nevertheless the flawless white teeth drew immediate attention to her rather striking beauty. Long, silky black hair swept from her head down around her shoulders framing a face, heart-shaped and irresistibly attractive as stunning, hazel eyes darted around the room with quick intelligence.

“Miss Eva Bentley?”

“Yes,” she said softly.

“Tony Bentley, her brother,” the man beside the bed said extending his hand. John shook it briefly, and the man left the room to allow John to finish his exam. Tony Bentley was of medium height, had black hair, short and bushy, and dark eyes that stared with discomfiting intensity.

“Now, Miss Bentley, I will need to get some information from you. So if you will bear with me I will go ahead and get started. We have a lot of territory to cover. I understand you are 28 years old?”

She nodded.

“Right handed?”

“Yes.”

“Car accident?”

“Eleven days ago. I was in a coma for two days. I don’t remember the accident at all.”

“I understand you didn’t injure your spinal cord?”

“Right. I fractured some bones in my neck but my spinal cord is ok. I have to wear this brace though.”

“Any other injuries?”

“Yes. They say my brain was bruised, and now I can’t move my left side very well.”

THE GRIFFON TRILOGY - PART I

With her right hand she pulled the covers down just enough to reveal a left arm that was pulled up against her chest. Her hand remained clenched in a tight fist, but she could push her arm out slowly and with a lot of effort. The left leg functioned somewhat better.

“Do you have feeling on the left side?”

“I do, but it’s not the same as on the right. Sometimes it hurts to touch my left arm.”

Dr. Bishop continued for the next hour until he had completed the history and physical examination. She appeared quite stable even though she was only two weeks from her injury. Eva Bentley came from a wealthy family in Boston. During a trip south she had wrecked her BMW as it skidded off a road around a curve. The workup in the emergency room included a brain scan which showed bruising and scattered areas of bleeding in the right side of her brain. Thus the woman had weakness in the left arm and leg. The report from the social worker showed a past history of high educational attainment and spectacular scores on intelligence tests. Undoubtedly, the accident and brain injury compromised those abilities. Later testing would show the problematic areas more precisely. The adjustment for this woman would not be easy. Understanding her injuries would take some time.

After the physical examination John chatted briefly with Miss Bentley and then excused himself and left to write notes and orders. Her deficits would slowly improve but not go away. Aside from the nervous system damage her health was impeccable.

Later in the day at 6pm John drove home feeling relaxed. His unit was filled with patients with disorders ranging from stroke to orthopedic problems to head trauma, but none of them, at least for the time being, had any acute medical problems such as infections or chest pain or acute respiratory difficulties. As a result the feeling of relaxation reached a delicious sense of comfort. His small car sped along the highway and then branched off into suburbia and

finally into his own neighborhood which was older and shaded with a canopy of large oak and maple trees.

And what had the past few years been like?

After medical school and residency he had worked in a poor Appalachian town for a year before choosing to be part of a rehab practice in a moderate sized, community hospital in Maryland. A small amount of research and a role in the training of residents added extra excitement to his days. He savored his current independence and growing financial solvency.

His mother had asked, 'Why are you moving so far from home?'

'It's only three hours away from you at most.'

'But you've got everything you need here.'

'It's not the same. For work, I have a great practice opportunity including the chance to do a little research and train residents. And for pleasure, the ocean and beaches are always nearby and there are lots of waterways, harbors, boats and seafood restaurants. It's a fun place to be with a warmer climate. I want you to visit all you want or, better yet, why don't you move down here?'

That was not the answer she had wanted, and, sadly, she had turned away not wanting to let her only son go, and the prospect of living alone without him filled her with sadness.

College and four years of medical school had cost him slightly over \$100,000 in debt. In the few years since residency, frugal living had allowed that amount to drop by half. With financial solvency on the horizon, the dream of a family with kids and pets and lots of neighborhood involvement began to take shape.

In the first year at this hospital he thought he had found the right woman, someone he had fallen in love with and wanted to marry. Somewhere between his inclination for stubbornness and her mercurial dynamism the relationship had veered out of control. Eventually, despite their genuine love for each other, they had splintered apart leaving bitterness and hurt feelings. His dreams and very much his heart were broken.

THE GRIFFON TRILOGY - PART I

As he entered his house pandemonium broke out. Two dogs, Humphrey, a dalmatian, and a somewhat silly looking Italian spinone hunting dog named Groucho greeted him. They whirled, barked and pranced in their traditional “Welcome home, John!” dance that never failed to split his face in a wide grin of delight. He quickly dropped his briefcase and immediately dedicated the next twenty minutes to romping and rolling with them before finally heading back to the kitchen. On winged paws and filled with joyous anticipation, Humphrey and Groucho followed closely behind.

After presenting them with their delectable evening repast of meat by-products, compliments of Alpo, John watched them for a moment in silent reflection. He had quickly recognized the deep void in his life after his painful breakup and instinctively sought to fill it for the sake of his own self-preservation. Not wanting to get trapped in a hasty rebound situation with another woman, he had chosen instead to enroll in the local SPCA foster care program. Humphrey and Groucho were the first unclaimed charges to find a safe harbor in his home. He loved every minute. He had adored all animals since he was a boy and had even considered, albeit briefly, becoming a veterinarian. Now, he was deeply grateful for their comic companionship and the sorely needed respite from medicine.

Nearly a week passed since his return home on the day of Eva Bentley’s admission. Late at night, quiet reigned in his neighborhood. In the darkness of his house as he lay sleeping, his beeper suddenly chirped madly. Muttering to himself and feeling groggy he reached over and checked the number. The nurses on the rehab floor were calling him. With great effort he got up and dialed the number.

“Dr. Bishop.”

“Code blue on Miss Bentley, Dr. Bishop!”

“ Did the code team come?”

“Five minutes ago.”

“Be there in ten.”

He slammed the phone down, dressed and ran out of the house. Within eight minutes of his page he was striding away from his car in the hospital parking lot. The yellow porsche in a visitor's spot hardly caught his attention in the quick dash to the Rehab floor and Miss Bentley's room, which now contained a stern crew of hospital personnel. An intern did CPR on her chest. The crash cart stood beside her. A medical resident stood at the head of the bed with the paddles set to shock her heart back to life. Eva Bentley's eyes pointed to the ceiling.

“Everybody back!” the resident yelled. He placed the paddles across her chest. As the electricity buzzed, Miss Bentley arched and then collapsed on the bed.

“Asystole.”

Grim thoughts raced through John's mind and a single conviction arose: she's not going to make it. Right after arriving he blended into the fury of activity of the code working resolutely toward her revival, but inside himself his intuition, honed from past experience in ICU's, told him the woman could not be revived. The resident defibrillated the patient once again. The irregular pattern of ventricular fibrillation deteriorated into a flat line. In a last ditch effort to save her, the chief resident inserted a needle directly through her chest into her heart and injected epinephrine.

“What's on the EKG?”

“Flatline.”

“Continue CPR.”

After awhile the code leader terminated the efforts and pulled the bed sheet over her head.

Before they were covered, the lifeless eyes, staring fixed and dilated at the ceiling, sent John into a numbing sense of shock and disbelief. The room lay in disarray. The crash cart stood at the side

THE GRIFFON TRILOGY - PART I

of the bed with the EKG machine. An IV bag hung from a pole that moments before had dripped saline into the port of a central line above the woman's collar bone. Wrappers from innumerable IV meds and syringes lay all over the bed. The nurses and the doctors began the weary process of cleanup and documentation. For the residents this code might be one of several that lay ahead of them on a night of call. Along with the others, mostly dressed in green scrubs, John filed slowly out of the room.

Apart from the numb sense of failure came the long list of responsibilities that lay ahead of him and that would stretch until daylight. Notes, of course, had to be written. The most difficult duty of all required him to deliver, in the dead of night, some most unexpected and tragic news to a long list of family members. Beyond this moment in the days ahead, all of the hospital protocols would leap from their silent positions in notebooks on forgotten shelves and compel everyone into a frenzy of activity. The situation would come before the hospital morbidity and mortality review board.

Some basic questions would raise their menacing heads from the beginning and wouldn't be answered until the end.

Could the death have been prevented?

Was a mistake made or was something overlooked in her care?

The answer to both questions came with utter clarity.

No.

The answer was not an evasion of guilt or responsibility. There was simply nothing in the time she had spent on the rehab unit that would have hinted at tonight's fatal outcome.

He didn't remember any warning signs that he might have missed or ignored. She had spent her week on his floor in a relatively stable state. Nevertheless guilt and some anxiety welled within him. He couldn't help that. Autopsies fairly often revealed details that almost seemed to change the past. Just as often autopsies did not clarify anything at all and only served to intensify

the mystery surrounding a death. Some families blamed the health care workers and system no matter what the circumstances, and for these people there was no peace and no appeasement. In some cases a lawsuit ensued.

People began to disperse. John conferred with one of the nurses who had been on that night.

“Can you tell me what happened?”

The nurse looked at him a moment before responding.

“Around three in the morning Miss Bentley’s call light went on. Through the intercom we asked her what was wrong and she asked if someone could come in to arrange her pillows as she had come awake and felt uncomfortable. We sent in Carmella, the LPN. Carmella said that Miss Bentley was in no distress at all, was smiling and very polite and grateful that Carmella had come. Just out of the blue she had a stricken look on her face and stopped breathing. Her heart had stopped. From the very beginning there was no pulse and no respirations. First we called the code team and started CPR, and then we called you.”

John stared at her, dumbfounded. Events like these occurred, rarely. One of his patients had fallen into a dreadful abyss beyond his medical skills, beyond any medical skills whatsoever. The sense of loss swallowed him up like a gray fog.

After consulting the chart he dialed the number of the brother he had met the first day. The brother was listed as the person to call in an emergency.

“Hello, Mr. Bentley?”

“Yes?”

“This is Dr. Bishop. Your sister...”

“Is she ok?”

“No, I’m afraid not. Her breathing and heart stopped tonight. Suddenly. The code team was right there in minutes. I regret very much to say she died. I’m sorry. We did everything possible.”

Silence.

THE GRIFFON TRILOGY - PART I

“If there is anything at all I can do, please let me know. Again I am truly sorry.”

“My sister died?” A long pause. “Do you know why?”

“Unfortunately, not at this point. The results of the autopsy might tell us. Perhaps we’ll know then.”

“Yes. I have to make some phone calls. Good-bye, Dr. Bishop.”

“I understand.”

The brother hung up. Frustrated, John cursed under his breath. His efforts to console the brother fell short of his hopes. Not only that, the tone in the brother’s voice seemed to say, ‘I accuse you, doctor.’

Other relatives were called. All reacted with the same stunned silence and then the whispered confirmation half to themselves. The work continued through the night in the same manner until dawn began to break. When all the various duties had been addressed and after working late into the afternoon of the next day, he headed home with his head swimming with fatigue and stress.

Instead of sleeping he paced around his house, both exhausted and at the same time at red alert from the events of the evening. The brother worried him. From the moment John had informed him of his sister’s death, the brother’s voice had assumed an angry and accusatory tone. In the evening he turned on the TV and absently watched the news and drifted into a fitful sleep until he awoke early the next day still in his armchair with the TV blaring before him.

The following day the chief of staff of medicine, Dr. Lenker, approached him somberly.

“Hi, John. I’m sorry to hear the news about that patient of yours, but unfortunately we’re going to have to ask you to present the case at morbidity and mortality rounds. There’s going to be a full review on this one. Someone from medicine will review this, also,

and present it to the medical staff meeting along with the report from nursing. Rounds are at seven this Thursday.”

John nodded, numbly, absently.

The next day at the nursing station, Lauren, an RN approached him.

“Dr. Bishop, did you see them?”

“Who, Lauren?”

“The lawyers.”

“The what?”

“The Bentley family sent them down today and they’ve been swarming around like rats asking questions, talking to people, looking over records. I think her brother sent them. What are they looking for? Nobody did anything.”

“I don’t know.”

Tightlipped and pale John paced briskly down the hallway.

The family began to clamor for the results of the autopsy, which Dr. Flexner performed two days after the death. The report came quickly to John, and he studied every word with both hope and fear for insight into the cause of death.

He read the report carefully as it described the different organs in cold, clinical detail until finally the summary came along with its pronouncement of causation. The final words left him feeling ambivalent.

Probable cause of death: pulmonary embolus. Probably a clot had formed in a large vein in her leg, broken off, traveled back up through the heart and then into the lung blocking the blood in that area from getting oxygen. If enough blood did not get oxygen then death would follow.

John sighed. The coroner had found a medium sized clot in the left lower lobe of Eva’s lung. The heart and abdominal organs were all normal. The brain had minor abnormalities no doubt incurred during the code blue and from the car accident. There was

THE GRIFFON TRILOGY - PART I

an aneurysm in the basilar artery, which runs along the brainstem (that part of the brain that extends from the spinal cord in the neck above the base of the skull). Critical respiratory and cardiac centers maintained the life of the body in this location. The aneurysm, a weak pocket of the vessel wall, had not bled.

John reviewed what had been done to prevent such a pulmonary embolus and the list included all the interventions that were possible: heparin shots, anti-embolism stockings, daily leg and calf muscle exercises. The standard protocol had been implemented, and yet it had failed. Or had it? Had Dr. Flexner rushed the autopsy and arrived at a hasty, convenient explanation?

A beautiful, young woman suffers a brain injury during an accident in a car chase. The medical rescue team helicopters her to the local community hospital, and ultimately she ends up on the service of Dr. John Bishop, a handsome rehab doctor only a few years out of his residency. Despite a stable medical condition, she dies suddenly and mysteriously in the middle of the night.

The Griffon Trilogy

Part 1

Order the complete book from

[Booklocker.com](http://www.booklocker.com)

<http://www.booklocker.com/p/books/433.html?s=pdf>

**or from your favorite neighborhood
or online bookstore.**