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THE SUPPRESSER

(Sample)

A NOVEL BY: TRAV



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Chapter One

The soft conversations amongst grieving family members in the waiting area, whose discussions shielded their minds from the underlying reasons for their current unions; the alarm of sirens throughout the building, alerting doctors and nurses to specific points of interest; the urgent notifications of paging devices intermittent with the clamor of hurried footsteps down the hallway—none of these sounds could be heard.

In fact, if one could fully understand, beyond the barriers of the operating room, there were no physically perceivable presences capable of creating such noises.

The surgeons spoke sternly, muttering affirmations of previously determined movements, executed by tense upper bodies and sweating brows.

Though that is how the surgical team inside room 604 would perceive the areas outside the enclosure of the operating room, in Nathan's mind, there was no recognition to any of that—not the patient; not even himself.

At that moment, as far as he was concerned, there were but walls. So if one were to wander amongst them, past the empty nurse's station or on-call room, the only distraction from the bare, emptiness would be the portion of the wall containing the names of on-call physicians and patients. On this list, however, was only one piece of information:

*Dr. Nathan Foss,
Buchanan. Room 604, 8:45 a.m., May 18, 2022.*

The only architecture he considered lie in the form of mazes of white and grey brain matter. Although the patient's cranial pressure was increasing by the second, Nathan remained focused. He felt no anxiety while skillfully guiding the scope through different sections of the patient's brain.

The brain was a mansion of many apartments, and he was walking through each dark chamber of it, avoiding potential doors to areas science had not yet ventured. Though there were many elements of its décor, which would beg the attention of any other surgeon, Nathan's had yet to lay eyes upon his reason for being there: A Malignant Chordoma.

This cancerous mass was located near the base of the brain stem and blocked the patient's ventricles, resulting in a deadly influx of liquid surrounding the brain. The physical side-effects were slow, and victims most-often succumb to dementia.

If the procedure outlined in his research was executed without severing any nerves, Dr. Richard Buchanan could be spared.

There was confidence in preparation. Nathan had not been through this particular neural-maze before, or taken this unique a path, but he had been there mentally—devising his descent before ever stepping into the operating room.

He began by piercing the area between the left and right frontal cortexes, maneuvering past the pain-formulating region, the Sensory Cortex. Deeper still, he entered the Parietal Lobe and Wernicke's area, being especially careful. One mistake there would damage the patient's language recognition processes. Finally, after crossing the bridge between both lobes, the Corpus Callosum, Nathan pierced the Hippocampus—the chamber where memories were stored.

Chapter Two

The door opened only slightly, halted by the grip of rusted hinges. A cool breeze whistled between the door frames, carrying the stench of stagnancy. Nathan gripped the cold, bronze doorknob with both hands and

pressed his shoulder forcefully against the splintered wood. The mahogany buckled under the pressure, and the door gradually opened.

The moonlight was all that parted the darkness, casting its blue, diamond cutouts onto the Victorian carpet. It shined through the long wall of antique windows. The shadows of collapsed webs and dust dangled either from the high, white ceiling or from the window's arch.

The room was still.

The once-red wallpaper appeared maroon, darkened by a thick coat of dust constantly dancing through the light and finally settling along all the room's surfaces and furniture...expensive furniture whose uncovered, overturned state told a story of sudden, unplanned abandonment.

Circular craters in the soft carpet had almost begun to settle and disappear; telling Nathan that whatever caused this had not too long been there.

This was the mind of a man whose brain was a ransacked museum of knowledge, and somewhere, amongst the myriad of relics, was surely the thing obstructing it.

The brown, glass lamp shades along the wall barely glistened through the layer of dirt coating them. The bulbs inside had long-since lost their luminescence, unable to shine light on the few remaining pictures aligning the opposite wall. Fragments of wood lie on the floor from those that had fallen from their hooks, while the room smelled of wooden frames and paintings that had no-doubt burned recently.

A small stream of smoke rose from a piece of wood still burning in the fireplace. Nathan reached down, brushing the ash and soot from an unburned portion of a photograph—one that previously sat on the dusty mantle above it. The ash stained the olive skin and excited smile of a once-lively Dr. Buchanan. He clung tightly to a dark-haired, five-year-old boy. Though Nathan could tell the original, unscathed photo depicted a man surrounded by the people he loved—his wife, his sisters, his cousins—it was clear that this was the portion of the memory Dr. Buchanan clung to the most. The person who put that very smile on his face; the one memory that could repair the scorched, brittle edges: his grandson.

To continue to light the fire inside Buchanan's mind, the brain had begun using even the most precious of reserves for fuel. But maybe, just

maybe, he could save this one...a memory strong enough to re-connect all others.

Nathan sat the photo on the mantle. That's when he noticed door hidden by the shadows.

As the small camera and dually functioning arms stretched their hands towards the blocked attic of the brain stem, the warm-colored tone and feel of the scars on the knob of its door presented the idea that he was not the only surgeon who had been this far before.

It was true: Dr. Buchanan had already undergone several similar procedures. But each time the surgeons stopped there. What was it? What was so terrifying that caused a sixteen-hour surgery to result in failure multiple times before?

Nathan knew that on the other side of this locked door, in the base of the brain stem, where he would undoubtedly find the tumor hidden amongst the optic tract and lateral lemniscuses, he *would* be the first. And in his hands, lie the key to a door that was easily unlocked but never opened.

There were things there, including the one thing that other physicians had become well-acquainted with: Death.

It was a risk Nathan had never encountered, but because of the riskiness of this invasive surgery, he knew Death was there, waiting.

Chapter Three

When Nathan entered the dark chamber was volatile. Death lurked reclusively in the shadows, where company was neither encouraged nor welcomed. Though Death normally stayed hidden, any mistake; any alteration; any inaccuracy, would summon it and elicit Death's desire to make an acquaintance.

It had become so damp that the walls appeared to sweat. The moist air was thickened by the over-oxygenated air pressing against everything

in the chamber. This part of the brain had become weak and malnourished. It was just a forgotten attic; in a lonely mansion of many apartments; on top of a desolate hill.

No three-year analysis, educated guess, or fathom could have provided the scrutiny to prepare him for the nature of this excavation.

With each movement of the robotic arm; with each millimeter of forward progress; with each step farther and further into the ambiguity that lie before him, Nathan evaded complication. He maneuvered cautiously through the darkness—holding his breath the entire time—because one mistake, one unintended move, would fracture its stability, and along with it, the life of the backer of his research.

Then he saw it: the tumor.

There was one all-too-expected problem, however— the reason that other surgeons before him refused to operate: the tumor, webbed by its cancerous attachments, rooted itself into the wall of the brainstem. Though this was a trend for most cancers of this nature, this one spread like a vicious ivy, whose poisonous attachments damaged the structure of the corner in which it clung. With each assisted breath Dr. Buchanan took, the tumor pulsed, breathing itself.

That's how Death operated: Working It's way into the lives of the damned, devising a unique path to their demise. For Mr. Buchanan, it was this tumor.

Now Nathan fully understood why the surgeons before him refused to continue. They knew Death was there, but they refused to be the one to call him. They feared. And Nathan, though confident, knew it would be a lie to say he did not experience remnants of the same thing.

He slowly approached it, his only tool being the small shears of one robotic arm and the grasp of the other. After feeling each large tentacle, he assessed their thicknesses to determine the degree of force to exert when cutting.

After a moment of hesitation, he grabbed the smallest root of the tumor and sliced it.

Nothing happened.

This could have meant one of two things: Either the tumor was not as severe as initially assumed, or the tumor did not affect the surrounding components of the brain.

It was strange that nothing happened; a tumor that symbiotically leached off its surroundings but, when cut, the surrounding remained un-phased? Alas, all vital signs were normal; so, he continued cutting.

Naivety does not go without consequence.

True—Nathan was indeed a decorated surgeon but, at this very moment, he was attempting a feat even more skilled surgeons logically could not perform.

Who was Nathan to think that he, a lesser surgeon, could do an even greater feat and remain unscathed?

Nathan's motions became swift and calculated, as he disconnected the growth from its endings. In fact, he was so focused and determined that he gave no notice to the *creaking* in the midst behind him.

The light began to fade, as if being blocked by some powerful mass. And just as he grasped and deliberated over which section to disassemble on the largest and final root of the tumor, the door in which he entered began to slowly shut—that particular indentation in the brain began to swell.

It was then heard it; the low-pitched *dragging* and *sighing hiss*.

He could see nothing, only a small pore of light escaping from the swollen area behind him. It's moonlight tone pierced the darkness with just enough luminance to see the cancerous mass.

The *dragging* became louder. Frantically, his patience, although still remarkably calm compared to most, diminished the longer he deliberated. Even the smallest hairs on the back of his neck began to rise as the *hiss* stopped behind him. It breathed down his neck.

A chill crept down his body.

It was a sound that could momentarily snatch away the focus of any doctor who alerted it. The presence reached around Nathan's shoulder; down his arm; down to his hand.

There was a coldness—one only characteristic of bones long-since void of muscle tissue, circulatory vessels, and epidermis. The cartilage-free grasp and interlocking fingers *popped* and *cracked* while forcing his hand to move to another portion of the tumor.

The *hissing* continued. Only this time, intermitted with each sigh, were words.

“Not there; there,” a voice said.

Just before the sheers could knick the root, Nathan stopped.

He realized what it was: it was doubt.

If a neurosurgeon had doubt, that neurosurgeon could know Death.

Death was not evil, for that would be a word that did not truly justify Its demeanor.

Death was wicked.

Death was a character of the upmost intelligence, and its presence romanticized the mind of the many, only evading the mind of the few. This concept was a doctor’s greatest weapon, but also their greatest fear. It was the thing making each situation “life or death.”

A certain portion of the growth possibly encompassed a nerve essential to cardiac function, if cut Dr. Buchanan would die.

Nathan hesitated as he rapidly reasoned over the location of the nerves that possibly innervated it: *The Pulvinar Junction runs into the Pineal Body; which enters the Superior Colliculus; then the Inferior Colliculus—*

He forgot.

“No. If you cut there, Nathan, you will damage the Trochlear Nerve. Cut lower,” Death whispered in his ear, Its quixotic nature destroying Nathan’s concentration.

Yes, the Trochlear nerve. Or is it the Inferior Colliculus?

Nathan moved the robotic arms back and forth between two different locations on the root of the tumor. It was possible that this growth had embedded itself so deep that dismantling this last connection could destroy some of the autonomic functions of the body—breathing, cardiac function, life. The walls of the brain were pushing against the arms of the sheers, and every time he thought his mind was made-up, Death was there to doubt and tempt him, changing the decision.

“Yes!” Death hissed, “Right there, Nathan. Hurry!” Nathan moved to an area near the base of the tumor while Death continued to urge him, “Yes, that one! Cut that one, Nathan!”

Death’s excitement began to rise as It slowly released Its grip on Nathan’s hand, retracted his darkness back up his shoulder, and reached

behind Its back. “That’s it,” Death said excitedly as It reached down, gripping a scythe with both hands. Just as It lifted it high in the air to deliver a death blow, Nathan moved the scissors to the alternate spot and cut it.

The chamber rocked as he grabbed the tumor, and, almost instantaneously, the chamber began to fill with cerebrospinal fluid. At that moment, as Nathan retracted the camera and surgical arms, he could feel himself being snatched backwards through the hippocampus, the amygdala, the thalamus, and back across the bridge of the corpus callosum. All the while, he could see Death in the distance trailing him, swinging the scythe violently—Its *airy hiss* became less pronounced and its clamor declined. Death stopped, and looked with a deep, chilling stare. There was a moment of quietness. In Death's face, Nathan saw an air of curiosity, a quiet moment of assessment, and a shift of tactical judgment.

It turned away and descended back to the shadows, leaving only an evil laugh ringing through the cavities of the deep.

It was these few seconds that bothered Nathan the most.

Chapter Four

Quickly, while Nathan retracted the mechanical arm from the frontal lobe of the brain, the quiet concentration circumventing the operating room was now erased. The EKG traded its once-periodic indication for a more constant monotone alarm.

“He is flat-lining. Prep the defibrillator and issue 120 joules!” Nathan ordered as he discarded the tumor in the surgical tray next to the chair.

“Dammit Nathan, you cut the wall of the medulla. I’m taking over,” Dr. Don Jacobs, another equally qualified member of the surgical team, said anxiously—with a demeaning sarcasm. He grabbed a breathing tube from the tray beside him. “We have to incubate!”

Nathan shouted, “No! We have to place a shunt to relieve the cerebrospinal fluid’s pressure on the brain. Where is the guide tube?!”

He looked amongst the sterilized surgical tools for a guide tube for a shunt.

It was not there.

An operation never began without the proper the equipment. Each item was arranged in order of its importance and likely usage in the procedure. But at the end of the row—past the scalpel, electrical saw, and forceps—the guide tube was missing.

I saw it there before I began. It was always right there.

Adam, a first-year nurse, frantically exited the operating room to retrieve it, and the sounds of ambulances and hospital staff slipped through the open door.

There was a reason why Nathan never liked for that door to be opened during his surgeries, because, as fate would have it, the panic outside the OR only further destroyed his focus and intensified the doubt that was building inside his psyche.

“Clear!” ordered another doctor as she administered the shock.

Dr. Buchanan's chest leapt forward from in the operating chair, the shock penetrating the partially-sedated nerves of the 59 year-old and forcing his arms into an uncontrolled, un-calculated whaling that knocked over the remaining, sterilized surgical utensils on the tray.

Looking at Don and preparing to issue a local anesthetic, Nathan said confidently and sarcastically, “Don, I am a good surgeon, and I do not make mistakes. That influx of liquid is a ruptured hydro-pocket beneath the base of the tumor. Were you not just operating on the same patient?”

Nathan was a good surgeon, but in a situation like this, being good was not good enough.

The atmosphere became tense as opposing opinions erupted. It stemmed mainly from the fact Nathan had performed 28 high-level surgeries flawlessly and never lost a patient due to error—the other doctors had.

“I will not let you issue a local anesthetic on this patient! He will not be able to breathe, and he will die!” Don argued as he grabbed Nathan's arm.

Nathan looked at Don's grip on his wrist. There, guiding Don's hand...was Death.

Death's presence made time crawl; It made seconds feel like minutes. Death's *hiss* spoke in unison with every word Don muttered. “Nathan, I would not do that if I were you!”

Nathan, attempting to mask his fear, quickly looked at the entry to the OR and back at the needle. The tip of it was lodged just beneath the first layer of the patient's skin. “Where is that nurse?!!” he asked impatiently. Terror grew in his widening eyes, as his adrenaline began elevating.

Two other members of the surgical team, Dr. Marion Patti and Dr. Richard Dixon, struggled to contain Dr. Buchanan's unpredictable whaling.

And though his body was concealed underneath blue surgical masking sheet—to reduce the exposure of any part of his body other than his head—it was obvious Dr. Buchanan was experiencing an immense level of unbearable pain. His hands began shifting vigorously and gripped the arms of the chair beneath him.

Then, a stillness moved throughout the room, as his eyes opened in a wide shock. It was as if he could see Death floating before him.

The darkness beyond the hemisphere of lamplight, above the operating chair, was pierced once again by the light outside the OR. The nurse quickly wheeled in a cart containing the necessary tools to place the shunt.

The constant *hum* from the EKG machine rang loudly while Death, releasing Its persuasive grip on Don, reached forth both hands and placed Its grasp behind the neck of the patient. Its ragged, shadowy aura contained a certain mysticism that danced in a non-existent wind and floated softly while moving closer to the Dr. Buchanan. The lamplight above only magnified Death's appearance—illuminating certain parts of Its blackness. With the slow, fluttering frequency of Its gown's motion, one would expect there to sound.

There was no sound.

Death was pure deadliness; so much so It was incapable of exhibiting any quality characteristic of life. With Its hood-hidden face close to that of the Dr. Buchanan, Death began to move backwards, and, with a devious jolt paralleled with a sound *cracking* bones, immediately snatched the head of the doctor's soul loose from his body. Dr. Buchannan's eyes slowly closed.

The soul's head remained still and lifeless as it hung from Dr. Buchanan's body. The lips were slightly parted and the eyes were open, but there was no distinction between pupil and iris—just a plain smoothness.

Releasing Its grip on the neck, Death allowed Its hand to slide along the contour of the soul's cheek; then, Its boney, grey fingertips moved to the chin. Though not physically touching the soul, when Death lifted Its hand, the soul also lifted its head.

Death *hissed* a deep breath, and the soul awakened. The eyes began to lose their smoothness and the mildly-transparent pupils were now visible. The soul looked around confused and afraid, until it spotted Death, immediately becoming drunk with Its deadly hypnotic seduction and willingly allowing itself to gradually exit the tomb of its current resting place.

The other doctors and nurses continued unnoticeably, releasing their grips and shouting orders back-and-forth around the operating room.

They could not see as Nathan could, because if the patient died, it would be by Nathan's hands—not theirs.

“Get that tube over here stat!” Nathan shouted, angrily. Still holding the needle in his hand, his eyes moving vigorously between the patient and Nurse Adam rolling the machine over. Time was dwindling. If he hesitated any longer, Dr. Buchannan man would die.

The soul moved forward slowly, looking into the darkness of Death's face, inebriated and falling in love with the promises and appeal.

“Ok, I'm in! Tube!” Don ordered, as he inserted the breathing tube.

As if all at once, Nathan pulled the needle from Dr. Buchanan's skin and thrust it back into his brain stem, traveling through the pre-determined

spot on the his neck and coinciding with the previous location of the extracted tumor.

Death turned his head towards Nathan and *screamed* a shrill cry.

It wasn't simply a yell of anger and discontent; it was shriek of violation.

“Clear!” Don yelled.

With each jolt from the defibrillator, Dr. Buchanan’s heart fought to maintain a constant beat, getting closer to a constant flat-line each time.

The soul began clamoring excitedly in an attempt to maintain its grip on Death, as it began to retract back into the Dr. Buchanan’s body. It cried, tearing at Death’s gown and it. Death’s frenetic contact increased as It grabbed and snatched at the soul.

Death felt the soul belonged to it—a certain sense of entitlement. He hooked his scythe behind the soul’s neck and struggled to pull it back towards the darkness of the OR with him.

Nathan pushed the plunger of the needle in harder, causing the solution to vacate into the constricted area where the tumor once clung. This forced the aquatic opening that induced hydrocephalus to relax and close.

“140. Clear!” a nurse yelled. A final shock from the defibrillator forced the soul back into Dr. Buchanan’s, and Death was snatched back into the shadows.

“We have a pulse,” Nathan sighed. "We have a pulse."

Don relinquished his respiratory efforts, and the *beeping* from the EKG apparatus returned to its normal state. Nathan inserted one end of the catheter into the Cerebrospinal Fluid of the upper spinal cord and pierced the abdominal cavity with the other. After the placement of the shunt, the tension in the room began to subside

The Cerebrospinal Fluid was reabsorbed by the abdominal cavity, and Nathan stepped back and said, “The flow is constant; he is stable; this is done. Clean up.” He ripped the clasp of the surgical gown from his neck and entered the darkness behind him through an alternate door that led to the post-surgical locker room.

As Nathan shed his suit, he stepped into the bathroom. The flooring and portion of the wall was checkered with alternating patterns of small white and grey squares. Most of the areas escaping the arctic, white glow of the few halogen lights encircling the room were shadowy. It was cold and lonely.

He preferred it that way.

The challenges and power held during those surgical moments was a drug. Being alone in the bare, empty shower was the best way to wean himself off of it.

He looked up at the shower head—the soft, churning sound of the water running up the pipes and ejecting down from it. Nathan closed his eyes as he allowed the initial coldness of the water to loosen the doubt, anxiousness, and anxiety that he acquired during that eighteen-hour surgery. Then, as the temperature increased, he granted the hot water permission to wash the other things away.

He stepped out and walked across the cool floor tiling to the sink. Nathan stared at his partially-drenched reflection, combing his fingers backwards through his hair. The water dripped from the endings of conjoined masses of dark brown hair hanging over his forehead. Though the other clusters were wet, because of the cylindrical bar of light above the mirror, his natural intermittent highlights were visible along a few strands of grey scattered occasionally throughout. The contours of his face trailed down past the three lightly indented crevices of his forehead; down past the mildly chiseled cheek and jawbones; down to his cleft chin. Running both hands across his face to remove most of the remaining water from his brow and face, Nathan peered into his own dark eyes.

He was relieved at the success of the operation. This case was specifically important, because three years of research and two months of preventative measures, all came down to saving the life of the largest contributor to his research. But in the eyes of the camera crew that filmed from the observation deck, it was a test that assessing his rank as a surgeon.

After a moment, Nathan looked away, as if embarrassed that there was someone who knew the truth.

Nathan looked away because he realized that, in the shower, he *had* washed off many things—the doubt, the confusion, the nervousness—but not the fear.

Nathan met Death for the first time in that operating room.