

## Tunk

Or the guy who, when I asked if there was a history of head trauma, said, “Couple of barstools. Not really.”

Boston was his name. We rounded on him first each morning.

What Boston wanted was to teach me how to play Tunk. Tunk’s something they play on the streets. It’s an easy rummy.

The deal was, when he got out of here, we’d find a game beneath one of the overpasses. I’d pay in all well-dressed, using big words nobody understood—get them to think I just gave money away—then clean up: my book smarts, his street smarts kind of thing. Split everything down the middle.

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Our plan became so intricate, I forgot about the liver study.

“How much money we talking here?”

“You know those coffee cans made of plastic now?” he said.

“Yeah.”

“One of those filled with money.”

Boston came in on a 911 call made by his landlord the Wednesday before Thanksgiving, the reason, “Failure to Thrive.” Biggest misnomer in medicine. We were taking admissions until five. I was set to visit family when I received a page at four fifty-five.

“Is this a joke?”

No joke, there’s a man, a very skinny man, waiting for you in the ER, said whoever’d paged me.

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I vaulted downstairs, asked the clerk in what bed was my four-fifty-five-on-the-Wednesday-before-Thanksgiving admission. The ER doctor—who I’m told is a poet—snapped back another patient’s curtain.

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“No rush. It’s not like he’s going anywhere.”

I vaulted downstairs, asked the clerk in what bed was my four-fifty-five-on-the-Wednesday-before-Thanksgiving admission. The ER doctor—who I’m told is a poet—snapped back another patient’s curtain.

“BMI’s twelve,” he said.

The lowest adult BMI, per some nutrition lecture, was recorded in Gorakhpur, near the Indo-Nepalese border, a guy who ate strictly minerals, fourteen. Manute Bol, had he been six inches taller and seventy pounds lighter, would’ve had a BMI of thirteen. Twelve?

“Impossible,” I said.

“See for yourself.”

My first impression was, Why’s this joker even in a wheelchair?

The most important thing with Failure to Thrives is to spell out from the get-go how much weight you expect them to gain. I’ve seen residents write it in magic marker on a whiteboard, “You will gain THREE pounds by Tuesday!” Often this requires taking a hard line, which was how I approached Boston, a little tail of disdain with every organ system

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I tested, every symptom I reviewed.

“Profession.”

“Ex professional baseball player.”

“Team.”

“Washington Potomacs.”

“Sir, there are no Washington Potomacs.”

“Negro leagues, sir.”

The man loved being heard, that much was obvious. He told me he’d have played in the bigs had it not been for a bum leg, not to mention the cocaine.

“Push up a chair,” he said.

“Push?”

Boston told me that as a child, the word “pull” didn’t exist, that everyone went around saying “push,” as in, Push your socks up! or The dentist will push those teeth if you don’t brush them. “First time I heard a man say ‘pull,’ I thought he’d fabricated a word.”

“How’d anyone know what was being said?”

“We knew.”

He was thin alright. His ribs looked like xylophone keys, and you could make out the bends of his skull. His face looked like a veil. But BMI twelve?

I brought it up as deferentially as I could, told the ER doc things like this happen all the time, the nurse taking somebody’s word or worse, estimating a patient’s height: skews the whole BMI. “Nurses are suggestible,” I said. “I don’t think he’s sick.”

The ER doc, to his credit, would have none of that. “How do I let him go?” he said, pointing at him with an upturned palm like he was Fantasy Island. “Enjoy.”

I tried fighting it, took it straight to my boss, told her this patient was being admitted for no other reason than to feed him. “We’re not a soup kitchen, we’re a hospital.”

My boss, sweet lady that she is, put it very elegantly: “This is what we call a dump.”

She suggested we beef him up enough during the holiday to document a weight gain, discharge him the first thing Monday. “It’s Thanks-

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giving, Dr. Blackhawk," she said, touching her meaty legs, something she did whenever we discussed patients. "Try to escape."

I could have left it at that, could have patted Boston's sharp shoulder, dialed up a little oxygen, and found the nearest computer, documented my findings. I could have left the hospital, could have checked him out to the on-call guy, driven those obnoxious four hours up I-45, and met my family. But my boss' office was in the basement where the lab animals dwelled: dog cages rattling, wheels turning, a hint of woodchips in the air. I sensed opportunity.

"Maybe we can plug him into one of your studies," I said.

My boss happened to be a PI—Principal Investigator—the biggest name in Zenker's Diverticulum. Her articles appeared regularly in *JAMA* and she lectured eight months out of the year at places like Cleveland Clinic and Karolinska in Stockholm. A study published beneath her was like having a private audience at NIH.

"A nice thought, Dr. Blackhawk, but try getting the IRB amended over the holidays," she said.

"What about the liver study?"

"Have you been reading?"

PIs have a way of testing you. They don't test your knowledge—because what is knowledge?—so much as your vision, how you see disease: do you see it as a self-contained phenomenon occurring within the box of your patient, or do you see something larger, something calculable? A mentor of mine once told me, "Medicine is beautiful, except there are patients." I fought this, tried rationalizing it, considered maybe he'd said it wrong, left out a preposition or something (he was Colombian), then I started residency, took call every fourth night for four years, heard all my patients describe their pain as 10 on a scale of 10 ("10 being the worst pain imaginable?" I'd inquire, "like a migraine of your anus?"). All this experience made one thing clear: human beings resist analysis. Our species, however, requires it.

I approached Boston with a deal. "Cards on the table," I said. "Ever heard of Tuskegee?"

Back before World War II, the U.S. government set out to study syphilis in Tuskegee, Alabama. I know this because I've been lectured

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on this, tested. Not sure how anyone without an MD behind his name would know without having looked into it himself, maybe for some ethics class, or maybe because a grandfather was involved, which would truly make me sad. I told Boston about it and he kept on stopping me. “Say that again,” he said. “Say it again.”

Briefly, what happened was this: researchers collected data over many years chronicling all of syphilis’s effects—ravages really—primary, tertiary, *neurosyphilis*, you name it. They enrolled lots of poor black men by offering food and never told the subjects they had the illness. For all these men knew, the symptoms were due to “bad blood,” which is exactly what the researchers called it. That was the first problem. What’s more fucked up is this: penicillin was discovered during the study, right smack in the middle, 1940 or thereabouts. And the researchers, even though they knew about it, even though they had a cure (one shot in the ass and poof, the spirochete’s gone), didn’t treat any of the subjects. They just watched these men die.

“Why you telling me this, doc?” he said as he dealt the cards. The deck was old with worn edges but each card was creaseless.

“I want you to be part of a study,” I said, my hands raised like it was a hold-up. “Full disclosure. Except there’s more.”

What I explained was that human experimentation, like baseball, had changed: it favored the player now. Depending on the study, you could make quite the tidy sum.

“How do you think I got through med school?” I said.

I admit: *getting through med school* is a malleable expression. What I was referring to was how I’d taken part in an acne study that required me to wear numbing cream and Saran Wrap over my face every morning for six months. The study involved lasers. As a result, I am permanently zit-free, albeit pink. I utilized the three hundred dollar installments to repay loans, as well as to enroll in a cooking class, not exactly *getting through med school*, but what is?

All the lectures emphasized how after Tuskegee, blacks grew suspicious of doctors, became unwilling participants in their own health, and how it was our job as the medical establishment to earn back their

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trust. Just how much a difference Tuskegee made as far as me caring for Boston, I couldn't say. One thing was clear: Boston wanted to take part in our study. I bet he thought it was free money.

The deal was this: a piece of his liver for three thousand dollars. Simple.

"Let's get this over with," he said, turning into the fetal position.

He may have been expecting a rectal exam, which I'm sure is what he should've gotten, rapport aside. Instead, I explained things to him, like what the liver was, how it regenerated, and then Boston started explaining things, like what fry was, how nobody in the Negro Leagues warmed up, Tunk. We played a practice round, then a real one. He asked if I was the type of doc to bet money and I said I was. An orderly saw, asked what we were doing, "Practice?" He called some of his friends from the night shift. The phlebotomists dropped by, as did respiratory, and soon we had a game going, Tunk in the TV room, three dollar buy-in. The Filipino nurses caught wind, mafia that they are, and we moved the game downstairs to the canteen. It got so big, the only time my boss could see Boston was early in the morning or very late in the evening, which was why she started leaving notes without documentation of an exam. "Patient discussed, not examined," was what she wrote.

My boss. When she wasn't talking about lab rats, she was an attractive woman.

I spent all my Thanksgiving at the hospital, found an abandoned call room in the spinal unit, made it my little nest. Every night I poured over the liver data. I became so brain-fucked by Excel spreadsheets and sheer exhaustion that I started hallucinating, heard moans I knew weren't there. I kept telling myself, *Let the on-call guy take care of it*. Of course, you can't. It's how some of us are wired.

One night the real on-call guy spotted me. He was purchasing a Lean Cuisine from one of the canteen's vending machine, which I thought nobody did.

"Why are you here?" he said.

"Alright, alright," I said, squaring the cards. "Who needs Trazo-done?"

He kept repeating it, as if he couldn't conceive of it, somebody here

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during off hours. "Why are you here?"

I told him my apartment was without lighting still thanks to the hurricane and that I had to be in early anyway. Both lies.

**B**oston had no friends, no family, just legions of women he'd been intimate with who groomed him. One cleaned his navel. I walked to his room the morning before the biopsy and found his door ajar.

"We have nurses to help you with that," I called inside.

"I am a nurse."

"Morning, Abby."

Abby was from another unit. They'd pulled her due to the influx of liver admissions we had going. We'd never talked, but word was she'd administered the wrong meds to her first patient and sent him clear into shock. She'd struggled ever since. That's how I knew her name.

"I'll let you two finish up," I said.

The rest of the morning, whenever I was done with a patient, I caught Abby looking at me like she had me pegged. Rounds finished and I asked if we could speak privately.

"Tell me what you think you know," I said.

Abby was good looking in a nothing-better-here kind of way. A little thick, but at least she tried.

"His level of care concerns me," she said. Deferentially, but still.

She said he'd missed meals, blood work, of course PT, and it was like we didn't care, like we'd given up on him and were only waiting for the liver biopsy.

"Not one doctor has laid a hand on him," she said.

I wanted to tell her, We don't *have* to lay a hand on him, we *know* what's going on, we're just trying to figure out how to *regenerate* liver tissue, maybe *extend* a couple million lives. But the thing with Abby is, at least she noticed. So many blasé nurses working here, I felt sorry.

"You got ten minutes?" I said.

I took her downstairs to the basement where everything's automated, like the Death Star. That's where they put the canteen.

There were twenty vets, twenty vets in maroon pajamas. Boston,

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of course, was in the middle, running things. I snuck up on him and slid my stethoscope up his back. His skin felt like netting, like with a sharp nail I could puncture him, and for a second I wondered, Where the hell does all this lost weight go? Boston wheezed, jokingly.

"See," I said. "He's fine."

Abby stood starry-eyed behind one of the scooters. "This is something."

The vets whistled at her like it was V-J Day, but she didn't seem to mind. One of them—a guy on oxygen—put his hand on her hip. She smiled and patted his head as if to say, You're so old, what can you do?

After the game, we wheeled Boston upstairs. I went over the risks of the procedure in the elevator, bleeding and the like. I kept asking him, "Are you okay with that?" but Boston only flipped through his cards.

"We don't have to do anything you don't want, you understand that?" I told him. "You're in control here."

"I've noticed something about you, doc," he said. "You can talk yourself into things."

Abby pushed him once the elevator doors opened. Boston put the brakes on. "Nurse Abigail," he said, "may I ask you a personal question?"

"Of course."

"When we gonna titty fuck?"

Only Boston could ask a chubby nurse such a thing and make it sound like he'd called her "Sweetheart." He did so on many occasions.

Abby, to her credit, took it as flattery. "When you start winning," she said.

The moment he was back in bed, she began cleaning his navel. I had to intercede. "Here," I said to Boston. "Use some wet paper towels or something."

"I'll just get one of my girls to do it," said Boston, deadpan.

**N**o young doctor enjoys missing a diagnosis. I stopped by Boston's room that night when who should I find but the ER doc, sitting on his empty bed.

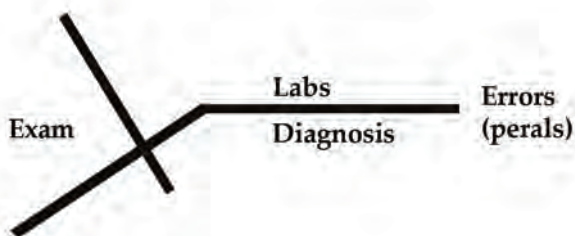
"What are you doing down here?" I said.



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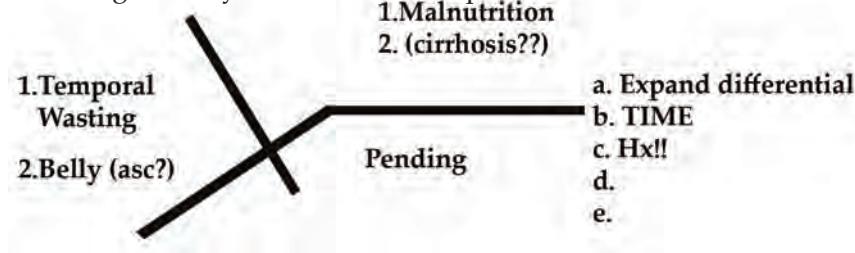
He wasn't my boss, but he was definitely my senior, as in he could tell my boss I was being insubordinate or an asshole if my behavior was anything but deferential, which basically amounted to being my boss. "Did you know he's cirrhotic?" he said.

All the loose ER docs in this world and Boston got the most OCD. He kept spiral notebooks filled with billing stickers from all the patients he'd ever laid hands on. Next to each bar code, he recorded notes on diagnoses, physical findings, little pearls, etc., all organized under a symbol:



"To know when I fuck up," he said regarding his little notebook, coyly.

The data on Boston's sticker was filled with smudges and thin areas on the paper ready to give way, as if he'd chewed on the eraser before using it. His symbol looked incomplete:



"I assumed when he said no medical problems, he knew the history," said the ER doc.

"Did you know he played in the Negro leagues?"

"No, I didn't." He took a very short mechanical pencil out of his white coat and in an architect's handwriting entered in into one of the

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slots, Negro leagues.

The ER doc had performed his own investigation during Thanksgiving. What he'd found was that Boston had no landlord: he lived at a halfway house where from the hours of 7A to 7P you had to be out and about.

"They spend all their time beneath the freeways, doing what, I can only imagine." He made a slapping motion against his forearm. I nodded as if to say, *Exactly*.

The ER doc was the kind of guy who *followed* his patients, virtually on a computer and physically on a bike. It wasn't uncommon for him to check urine cultures from a laptop at a coffee shop and ride out to the patient's house (or duplex or shelter) with a handful of antibiotics the moment something grew. All his investigative work with regard to Boston led him to one conclusion: the liver was shot. He needed a workup and he needed it pronto.

"I agree completely," I said. "We've enrolled him in the liver study."

"That would be ethically sub-optimal. Have you examined the patient?"

"Of course," I lied. If you boiled it down, like if we were in a court of law kind of thing, then yes, I'd examined him. Briefly.

I headed straight to the canteen, found Boston, wheeled him upstairs, and told him we were doing a legit exam, to ready himself while I washed my hands. When I came back, he was lying in the fetal position, shaking.

"Mr. Boston!"

I pulled his blankets expecting something awful: a big spleen, spiders, veins the size of shoestrings extending from the umbilicus. Amazing what you find beneath hospital gowns. What I found was a small wrapped package. I opened it: a deck of cards.

"Lookie lookie," said Boston. "Gotcha."

"Thank you, sir," I said, embarrassed. I never liked receiving gifts.

I tossed the deck on Boston's wheelchair and saw a stain on the seat. The mattress had worn thin along the edges and in the middle was bare so that you could see the bars beneath. I gloved up, turned Boston around, pulled down his pajamas, and lo and behold, found an ulcer on

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his sacrum, not an ulcer but a cavern, the biggest I've seen, no skin, just shredded tendon and eroded bone, a smear of feces on the sides.

"What's going on back there?" Boston said.

I paged my boss and received no response. I vaulted downstairs to her office, waited for her among the dusty reagents and stacks of journals, when I heard the moans again. Where's the on-call guy? I said to myself, I need him. I went looking for him, found him at the vending machines, and instead of telling him about Boston, I told him about my first call: I'd ordered food, had gone to pick it up, was heading back upstairs when the elevator opened and there were caged monkeys, six of them, unmanned, sedated. They looked as if they'd just come out of surgery. I couldn't get it out of my mind, They don't actually use monkeys for studies, do they? I thought. I didn't know what to do—get on the elevator and follow them, hold the door open, what? The doors closed, the elevator departed, no direction arrow lit up, and from then on, I always took the stairs.

I asked him, "Have you seen anything like that? Monkeys in cages?" Poor guy was from Pakistan. Seeing monkeys wasn't at all a big deal.

"Dr. Blackhawk." I got in the next morning to find my boss waiting at Boston's door. I'd never seen her in a lab coat before. "Follow me," she said.

That Abby and the ER doc were already waiting in her office, dressed in street clothes, didn't surprise me.

"What is that in your hands?" said my boss. Instantly I recalled a story about her and this ex-Mossad turned neurologist. Apparently she saw the guy scratching himself or pulling the underwear out of his crotch, something, and pointed at his member. "Gross!" she said, loud enough for everyone to hear. "Go wash your hands!" The whole team looked on as this guy who'd killed God knows how many wrung his hands with disinfectant then washed them with regular soap. My boss kept perseverating, "We're dealing with patients." He'd been wearing scrubs, the paper-thin kind, but still.

"It's a gift," I said.

"Well then keep it."

"Thank you."

I started walking out when she told me to take a seat.

"What is Tunk?"

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I explained the best I could. She stopped me.

"I've read through the chart. I can't find the last time anyone examined him."

"He was evaluated for a biopsy."

"He's not getting a biopsy."

Of all things: turned out Boston had given the ER doc a bogus name. The real Boston came in last night, all emaciated (BMI 11!) and bleeding out. They admitted him to ICU, except when they did, the computer said he'd already been admitted. This caused a shitstorm that ended with my boss being called in at 3 a.m. She said the operator tried to get a hold of me, but I didn't return any of the pages.

"Where's your pager?"

"I think someone stole it," I said, patting myself. I realized this looked like complete bullshit.

My boss insisted our Boston was a squatter. Per her, there's a growing legion of these people. What they do is steal hospital gowns off the recently discharged and gallivant through the hospital until someone asks, "Are you lost?" Then they sniff out empty hospital rooms and make themselves at home before Environmental Services has time to turn the bed.

"This game, whatever you call it, it's a scam. He can't be in our study. He's not even sick."

"I doubt that," I said

"Excuse me?"

I looked at the ER doc, who looked into his lap.

"He's a criminal," said my boss. "He defrauded Medicare."

"He played in the Negro leagues."

"He's too young to have played in the Negro leagues. He's not sick. The other Boston's sick. Your Boston's playing games in the canteen."

I said nothing. My boss turned to her guests, asked them to leave, closed the door, and offered me candy.

"How're you getting along with everyone?" she said

"Fine."

"The way I see it, your ability is down here, and the department's is up here." She held her hands like that until I stopped chewing. "What you're doing is bringing the department down to your level."

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We won't be rounding on Boston anymore, she said. The new plan is to discharge him, ASAP. "It's clear he's a squatter. Arts & Crafts was ransacked last night," she said. "Where else did he get that deck?"

Five minutes later, that's exactly what I asked him, in front of my boss, the ER doc, Abby, everyone.

He pulled back the covers and stood out of bed. I'd never seen somebody so tall. For a second, I wondered if he was one of those athletes that hits the hard stuff from all the vertigo. He reached into one of his wheelchair pockets, whereupon I lifted his gown.

The best way to learn about disease is to read old journals, my grandfather once told me, where researchers actually take the time to *describe cases* without filling up empty space with pie charts and meaningless statistics. You could have written twenty pages on Boston's cavern, so much was apparent from the looks on my colleagues' faces, a restrained, professional horror, like the first day of anatomy.

Boston rotated toward the bed and covered himself. "For your daughter," he said, handing my boss a gift. It wasn't a deck of cards. It was a box of crayons.

My boss blushed. She stepped out and we followed her. "He's lucky we don't call the cops," she said and clopped off.

Sometime after midnight, they paged me regarding Boston. I came in to find him vanished, his only trace a sample of liver fixed in formalin. With all the day's fracas, nobody remembered to cancel the biopsy order in the computer, much less inform the specialist. The time listed on the procedure note is 10 PM, which impressed me: specialists don't typically stay so late.

A nurse received Boston in the PACU following, wrote a note, checked his vitals, dressed his wound—the biopsy wound—but disappeared, doing what, with *whom*, we can only imagine, the consequence being Boston was left unattended. Hours later, they called me on account of someone discovering a set of long maroon pajamas spread over sheets, a heavy crust of something in the area of his sacrum. Environmental services asked if I wanted them. "Why would I?" I said.

I did my usual rounds. I went to the canteen: shut down. I asked

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the Filipino nurses. They pretended like they'd never heard of him. I combed the animal cages. Everything was sleeping. I waited twenty-three hours before discharging Boston AMA and heading to the library.

With my boss' testimony (if you can call it that), I was placed on academic probation, which amounted to a slap on the wrist. My colleagues kept telling me, "You could have lost your job!" but I knew the establishment needed bodies, because who's gonna admit patients on Christmas and New Years and Martin Luther King, researchers running multi-million dollar labs like my boss? But I followed up on Boston's biopsy. I had our pathologist read it and then I sent it to a friend at Mayo. Not to get too technical, but the Kuppfer cells in Boston's liver contained inordinate amounts of necrosis in a pattern not unlike what you find in a cocaine addict's neurons, starry sky pattern. Beautiful really, at least beneath the microscope. Path had never seen anything like this, not in the liver. They had bona fide names for the cytology as it occurred in other organs, "Crack Pancreas" and "Crack Lung," sure, but Crack Liver? Unheard of! They said I was on to something. I did a lot of reading and it turned out they were right, I'd discovered a whole new disease. I typed up an abstract and sent it to my boss by email. In the subject heading, I wrote, "My apologies," and in the body, I spelled out my intention to make up for all my lack of documentation and whatever else with a paper; did she happen to have any connections at journals I might send this to? Twelve drafts and ten months later, it appeared as an original article in the Archives of Hepatic Virology and Toxicology. I was listed as second author, my boss, first. The title was "Crack Cocaine Liver: A Case of Kuppfer Cell Regulatory Degeneration Secondary to Illicit Drug Use and Sexually Transmitted Illness." I fought long and hard against the "Crack Cocaine," my point being all crack is cocaine, why not just call it "Crack Liver?" But the editors insisted on this nomenclature, so what can you do?

My boss was so pleased that she told me that if I stuck with this, one day I could have my own lab.

"We want you here," she said, her nails making a fine raspy sound against her legs.

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But I had to disconnect. Residency finished and I took a locum tenens position that took me as far as New Zealand and as close as Lufkin. The salary wasn't good, but the company helped with loan repayment, which tipped the balance. Patient-wise, I can't say there was much of a difference: everyone everywhere's the same. Americans somaticize their pain to the chest while Haitians do it to their abdomen: so what? In medicine, you wade through the thick part of the Gaussian curve so you can take care of guys like Boston.

I went looking for him. Made the drive down 45 during holiday season, scoured the overpasses. One night I followed a guy on a scooter to this bumfest below where all the highways converge. Who knows what I was thinking, there'd be barrel fires and sun-damaged men and whiskey going around, games of Tunk aplenty, but there was none of that. There was only the mentally ill. I asked the old guys who only play games about Tunk. Nobody'd heard of it.

I came to find that Boston died not two weeks after leaving us. Liver failure, as predicted. The ER doc told me this at the Christmas party, which is held in the Doctor's Lounge every fucking year. I was with Abby. She'd Facebooked me telling me how the nurses would love to see me, to please stop by, so I did, I dressed real nice and cool and touched hands with her as she got sloshed. She went for more drinks and I told the ER doc about Tunk.

"You think he invented it?" he said.

I took him to my old nest where we tossed through all the crap I'd left abandoned, defibrillators with the old school paddles, paper journals, bars of soap, socks with traction. Boston's deck was somewhere in all that mess. The ER doc asked me if I really knew how to play. I dealt him an open hand practice-style, flipped over a card after each turn. There were nudie pictures of black girls on each one.

By the time we got back to the party, Abby had disappeared. We looked in Boston's room, the ER, her old unit, everywhere. I was about to call the operator, tell her we have another vanished person on our hands, when she emerged all radiant and big breasted from one of the handicapped bathrooms. The specialist came out right behind.

Poor Abby. The nurses still double-check her work.

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The first time I examined Boston, I told him he was going to die soon.  
“From what?”  
“A lifetime of alcohol and cocaine,” I said.  
Boston grinned. “That very well may be.”

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