

THE FINAL DIAGNOSIS



最后诊断

外语教学与研究出版社

英语注释读物

Arthur Hailey

The Final Diagnosis

(*Condensed and Annotated*)

最后诊断

(缩写注释本)

阿瑟·黑利著

晓春注释

外语教学与研究出版社

最后诊断
ZUIHOU ZHENDUAN

晓春 注释

外语教学与研究出版社出版

(北京外国语学院23号信箱)

外文印刷厂排版印刷

全国各地新华书店经售

新华书店北京发行所发行

开本787×1092 1/32 9.75印张 154千字

1986年1月第1版 1986年1月北京第一次印刷

印数1—35,000册

书号：9215·289 定价：1.60元

前 言

《最后诊断》的作者是加拿大当代小说家、剧作家阿瑟·黑利 (Arthur Hailey), 1920 年生于英国, 1947 年移居加拿大, 入加拿大国籍。他的主要著作有: *Runway Zero-Eight* (1958), *The Final Diagnosis* (1959), *In High Places* (1962), *Hotel* (1965), *Airport* (1968), *Wheels* (1971), *The Money Changers* (1975) 等小说。他的小说被译成多种文字, 畅销西方各国, 其中 *Hotel*, *Airport*, *The Money Changers* 等还改编成剧本, 搬上银幕。

《最后诊断》一书, 于1960年在英国初版发行, 后被译成十几种文字, 多次再版, 成为畅销书之一。书中以美国宾夕法尼亚州的一所医院为背景, 描写了医院里围绕着改进管理、提高医疗水平等问题开展的一场新旧思想的斗争。该院新任董事长奥尔登·布朗聘请了精明强干, 精通管理事务的哈里·托马塞利为院长, 年青有为, 事业心强的外科医生肯特·欧唐奈为外科主任兼医委会主席, 在医院管理和医疗工作方面进行改革, 以图改变医院的落后状况。但是, 革新的努力, 遇到了医院内部以老病理科主任乔·皮尔逊为代表的保守势力的反对。皮尔逊曾经是一个技术精湛, 工作认真的病理医生, 早年对医院的建设和医疗工作做过贡献。但他长年沉湎于事务, 不读书, 不学习, 思想落后于飞速发展的科技时代; 他因循守旧, 故步自封, 在自己管辖的部门——病理科, 不采纳医科发展的新技术, 不信用年青一代的后起之秀。结果病理科工作迟缓落后,

极大地影响了医院医疗工作质量的提高，以致医疗事故一再发生，最后几乎造成医院关门。在事实面前，皮尔逊受到了教育，有所悔悟。故事最后以老病理科主任让位给年青的病理医生科尔曼，并衷心地劝告他“要读书，要学习，要跟上时代的发展”为结束。

小说通过对几个主要人物的思想性格，工作和私人生活的细微描写，刻画了现代科学技术的发展在人们思想上所引起的一系列矛盾和斗争，反映了现代美国生活的一个侧面。

现在这个注释本是根据加拿大 The Reader's Digest Association Ltd. 一九六〇年刊印的缩写本排印的。缩写本删除了一些烦琐的章节和低级趣味的描写，内容比较健康，文字简洁、规范，适合高等学校英语专业二年级以上学生和同等水平的自学英语的同志阅读。

中文注释附在各章后面，书末的附录中收集了本书中出现的有关医院、医疗、疾病的词汇，供有兴趣的同志查阅。

承蒙北京外国语学院夏祖焯教授对本书的注释做了细致的校阅和补充，特此表示感谢。

本书的注释系五年前所做，由于水平所限，挂一漏万，缺点、错误在所难免，欢迎读者批评指正。

注释者

MAIN CHARACTERS

Eustace Swayne	尤斯塔斯·斯韦恩	财阀，医院董事会董事
Denise Quantz	丹尼斯·匡茨	尤·斯韦恩之女
Orden Brown	奥登·布朗	医院董事长
Harry Tomaselli	哈里·托马塞利	医院院长
Kent O'Donnell	肯特·欧唐奈	医委会主席，外科主任
Joe Pearson	乔·皮尔逊	病理科主任
Lucy Grainger	露西·格兰杰	矫形医生
Charles Dornberger	查理·多恩伯格	产科医生
David Coleman	戴维·科尔曼	新任病理医生
Hilda Straughan	希尔达·斯特朗	营养科主任
Carl Bannister	卡尔·班尼斯特	化验员
John Alexander	约翰·亚历山大	化验室技师
Vivian Loburton	维维安·洛泊敦	护校学员
Mike Seddons	迈克·塞登思	住院外科医生

About the Author

Arthur Hailey was born in England, in 1920. During the war he was a pilot in the RAF and, for a year, on the staff of the Air Ministry. In 1947 he emigrated to Canada to become the editor of a technical magazine, and then Sales Promotion Manager for Canadian Trailmobile.

In 1956, while on a plane, he had a daydream, imagining the crew suddenly incapacitated and himself called upon to pilot the plane to a safe landing. In his spare time he turned this daydream into a television play — “Flight to Danger” — which, to his own surprise, was immediately accepted by NBC. The play was made into a movie and turned up yet again as a novel, *Runway Zero-Eight*. On the basis of this script, and others that followed, he was given the “Best Playwright” award in Canadian TV for two successive years and named by *Time* as one of the six best TV playwrights in the world.

For research on *The Final Diagnosis* Mr. Hailey donned a white jacket and, equipped with tape recorder, spent several weeks in a large Pennsylvania hospital, sitting in on operations, autopsies and other hospital activities. Later he continued his research in a California hospital and one in New York City.

Now the author of eleven successful TV plays and three

motion pictures, he does his writing in a businesslike fashion, maintaining a regular nine-to-five day in his Scarborough, Ontario, home where he lives with his wife and three children.

CONTENTS

Main Characters	i
About the Author	ii
Chapter 1	1
Chapter 2	25
Chapter 3	54
Chapter 4	68
Chapter 5	85
Chapter 6	105
Chapter 7	119
Chapter 8	129
Chapter 9	147
Chapter 10	159
Chapter 11	173
Chapter 12	194
Chapter 13	216
Chapter 14	238
Chapter 15	257
Appendix: Selected Medical Terms	285

Chapter 1

At midmorning of a broiling July day the life of Three Counties Hospital ebbed and flowed like tide currents around an offshore island. Outside the hospital the citizens of Burlington, Pennsylvania,¹ perspired under a ninety-degree shade temperature with seventy-eight percent humidity. Within the hospital it was cooler, but not much. Among patients and staff only the fortunate or influential² escaped the worst of the heat in airconditioned rooms.³

There was no air conditioning in the Admitting department on the main floor, and Madge Reynolds, chief clerk in Admitting, reached into her desk for her fifteenth Kleenex⁴ that morning, and dabbed her face. It was time to locate four patients for admission that afternoon.

A few minutes earlier the day's discharge slips⁵ had come down from the wards, showing that twenty-six patients were being sent home instead of the twenty-four Miss Reynolds had expected. That, added to two deaths which had occurred during the night, meant that four new names could be plucked from the waiting list. Somewhere, in four homes in and around Burlington, a quartet of patients who had been waiting for this call either hopefully or in fear could now pack a few essential belongings and put their trust in medicine as practiced⁶ at Three Counties. Miss Reynolds opened a file

folder, picked up the telephone on her desk, and began to dial.

A hundred yards or so down the corridor Miss Mildred, senior records clerk at Three Counties, perspired profusely as she hurried after a quarry she had just seen disappear around the next corner.

“Dr. Pearson! Dr. Pearson!”

As she caught up with him the hospital’s elderly staff pathologist paused. He moved the big cigar he was smoking over to the corner of his mouth. Then he said irritably, “What is it?”

Little Miss Mildred, five foot nothing in her highest heels,⁷ quailed before Dr. Pearson’s scowl. But records, forms, files were her life. She summoned up courage. “These autopsy protocols have to be signed; Doctor. The Health Board⁸ has asked for extra copies.”

“Some other time. I’m in a hurry.” Joe Pearson was at his imperious worst.⁹

Miss Mildred stood her ground. “Please, Doctor. It’ll only take a moment. I’ve been trying to get you for three days.”

Grudgingly Pearson gave in. He took the forms over to a desk, grumbling. “I don’t know what I’m signing. What is it?”

“It’s the Howden case, Dr. Pearson.”

“There are so many cases. I don’t remember,” Pearson fretted.

Patiently Miss Mildred reminded him. "It's the workman who was killed when he fell from a high catwalk. The employers said the fall must have been caused by a heart attack because otherwise their safety precautions would have prevented it." Pearson grunted, but Miss Mildred continued her summation. She liked to leave things tidy. "The autopsy, however, showed that the man had a healthy heart and no other physical condition which might have caused him to fall."¹⁰

"I know all that." Pearson cut her short.¹¹ "It was an accident. They'll have to give the widow a pension." He adjusted his cigar and scrawled a signature, half shredding the paper. Miss Mildred wondered how many days it was since the pathologist had brushed his gray, unruly hair. Under the white lab coat she could see a knitted woolen vest with holes which were probably acid burns.¹² His gray, uncreased slacks dropped over scuffed shoes. Joe Pearson's personal appearance was something between a joke and a scandal at Three Counties Hospital. Since his wife had died some ten years earlier his dress had become progressively worse. Now, at sixty-six, his appearance sometimes suggested a vagrant rather than the head of a major hospital department.¹³

He signed the last paper and thrust the batch, almost savagely, at little Miss Mildred. "Maybe I can get on with some real work now, eh?" His cigar bobbed up and down, discharging ash partly on himself, partly on the polished

linoleum floor. Pearson had been at Three Counties long enough to ignore the "No Smoking" signs in the hospital corridors. He nodded curtly, then ducked down the stairway which led to his own department in the basement.

On the Surgical floor, three stories above, the atmosphere was more relaxed. With temperature and humidity carefully controlled throughout the whole operating section, staff surgeons, interns and nurses, stripped down to their underwear beneath green scrub suits,¹⁴ could work in comfort. Some of the surgeons had completed their first cases of the morning and were drifting into the staff room for coffee. Between sips¹⁵ Lucy Grainger, an orthopedic surgeon, was defending her purchase of a Volkswagen¹⁶ the day before.

"I'm sorry, Lucy," Dr. Gil Bartlett was saying. "I'm afraid I may have stepped on it in the parking lot."

"Never mind, Gil," she told him. "You need the exercise you get just walking around that Detroit monster¹⁷ of yours."

Bartlett, a general surgeon, was noted for his cream Cadillac,¹⁸ which in its gleaming spotlessness reflected the dapperness of its owner, one of the best dressed of the Three Counties physicians. He was also the only member of the staff with a beard — a Van Dyke,¹⁹ always neatly trimmed.

Kent O'Donnell strolled over. He was chief of Surgery and also president of the hospital's medical board. Bartlett hailed him.

"Kent, I've been looking for you. I'm lecturing the nurses next week on adult tonsillectomies. Do you have some Kodachromes²⁰ showing aspiration tracheitis and pneumonia?"

O'Donnell ran his mind over the color photographs in his teaching collection. What Bartlett was referring to was one of the lesser-known effects²¹ which sometimes follow removal of tonsils from an adult. Even with extreme operative care a tiny portion of tonsil may escape the surgeon's forceps and be drawn into the lung, where it forms an abscess. O'Donnell recalled a group of pictures portraying this condition; they had been taken during an autopsy. He told Bartlett, "I think so. I'll look for them tonight." He smiled at Lucy. They were old friends; in fact, he sometimes wondered if, given more time and opportunity,²² they might not become something more. He liked her for many things, not least the way she could hold her own in what was sometimes thought of as a man's world.²³ At the same time, even in the shapeless scrub suit she was wearing now, she never lost her essential femininity.

A nurse entered discreetly. "Dr. O'Donnell," she said, "your patient's family are outside."

"Tell them I'll be right out." He moved into the locker room and began to slip out of his scrub suit. With only one operation scheduled for the day he was through with surgery now. When he had reassured the family outside — he had just operated successfully for removal of gallstones — his

next call would be the administrator's office.

Two floors above Surgical, in private room 48, George Andrew Dunton had lost the capacity to be affected by heat or coolness and was fifteen seconds away from death. As Dr. MacMahon held his patient's wrist, waiting for the pulse to stop, Nurse Penfield turned the window fan to "high" because the presence of the family had made the room uncomfortably stuffy. This was a good family, she reflected — the wife, grown son and younger daughter. The wife was crying softly, the daughter silent but with tears coursing down her cheeks. The son had turned away but his shoulders were shaking.

Now Dr. MacMahon lowered the wrist and looked across at the others. No words were needed, and methodically Nurse Penfield noted the time of death as 10:52 a.m.

In Obstetrics, on the fourth floor, Dr. Charles Dornberger scrubbed alongside two other obstetricians. Babies, he thought, had an annoying habit of coming in batches. There would be hours, even days, when things would be orderly, quiet, and babies could be delivered in tidy succession. Then suddenly all hell would break loose,²⁴ with half a dozen waiting to be born at once. This was one of those moments.

His patient, a buxom, perpetually cheerful colored woman, was about to deliver her tenth child. While he was still scrubbing, Dornberger heard the intern tell her to relax and the answer came back, "Relax, sonny? Ah am relaxed."²⁵ Ah

always relaxes when ah has a baby. That th' only time there's no dishes, no washin', no cookin'. Why, ah look forward to comin' in here." She paused as pain gripped her. Then, partly through clenched teeth, she muttered, "This'll be my tenth, and th' oldest one's as big as you, sonny. Now you be lookin' fo' me a year from now. Ah'll be back."

Dornberger heard her chuckling as her voice faded, the deliveryroom nurses taking over. Scrubbed, gowned and sterile, he followed her into the delivery room.

In the hospital kitchens, Hilda Straughan, the chief dietitian, nibbled a piece of raisin pie and nodded approvingly at the senior pastry cook. She suspected that the calories would be reflected on her bathroom scales²⁶ but quelled her conscience by telling herself it was a dietitian's duty to sample the hospital fare. Besides, it was somewhat late now for Mrs. Straughan to fret about her weight. The accumulated result of many earlier samplings caused her nowadays to turn the scales around two hundred pounds.

Mrs. Straughan glanced around her empire with satisfaction — the shining steel ovens and serving tables, the gleaming utensils, the sparking white aprons of the cooks. She was in love with her job, and her heart warmed at the sight of all of it.

This was a busy time in the kitchens. In twenty minutes the diet trays would go up to the wards, and for two hours afterward the service of food would continue. Then, while

the kitchen help cleared and stacked dishes, the cooks would begin preparing the evening meal.

The thought of dishes caused Mrs. Straughan to frown, and she moved into the back section where the two big automatic dishwashers were installed. This was an older and less gleaming part of her domain, and the chief dietitian reflected, not for the first time, that she would be happy when the equipment here was modernized. It was understandable, though, that everything could not be done at once, and she had to admit she had browbeaten the administration into a lot of expensive new equipment²⁷ in her two years at Three Counties. All the same, she decided, she would have another talk with the administrator about those dishwashers soon.

Two hundred yards away from the main hospital block, in a rundown factory building that did duty as a nurses' home,²⁸ student nurse Vivian Loburton was having trouble with a zipper that refused to zip.

Vivian, nineteen and fresh from Oregon,²⁹ was in her fourth month of training and at one and the same time was awed and fascinated, repulsed and disgusted. She supposed that close contact with sickness and disease was always a shock for anyone new. But knowing that did not help much when your stomach was ready to do flipflops and it took all the will you possessed not to turn and run away.³⁰

"Hellfire!" she thought, using an expression much favored by her lumberman father. The gap between morning classes