

Corridor

by Barry R. Taylor

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The elevator doors opened. Stroud stepped out into the hospital corridor. “Here we go again,” he said. “I loathe these appointments.”

“I know you do, dear,” said Helena, who was walking beside him. “But there’s nothing for it, is there. Dr. Mortu is doing his best for you.”

“Yes, I suppose he is. Not that it matters.” His wife said nothing. She patted his hand.

“How are your knees?” he asked her.

“They’re not hurting today,” she replied, smiling.

They made their way slowly down the hallway, imbued with the patience that comes of old age. Stroud’s cane clicked against the tile floor. The corridor was long, and busy. They passed other people along the walk, many of them older, often in couples. Medical personnel hurried to and fro in scrubs and white shoes. The corridor was interrupted by waiting rooms and antechambers for one procedure or another. Hallways branched off from the main corridor here and there, announced by complex signs hanging from the ceiling. There were no windows.

In some places overflow chairs lined the wall of the corridor. Older couples sat in them, mostly, looking down. An old man sitting in a red chair looked up as Stroud and Helena passed by. He half-smiled in greeting. He was reading a dog-eared paperback called *Murder in Minorca*. Stroud frowned. “Did you notice that?” he said to his wife. “That man we just passed. He was here last month. Reading the same book.”

“An odd coincidence, isn’t it,” Helena said. “You must have similar appointment schedules.”

Stroud shook his head. “When you start recognizing other patients, you are spending too much time in a hospital.”

It was hard to imagine spending too little time in a hospital. Stroud felt that hospitals were one of the ugly inevitabilities of life, like taxes, dentistry or losing your memory. He looked around him. No windows, no skylights, no pictures, just pale walls plastered with rules and instructions. Go here for this doctor, go there for that treatment. Keep this door closed. Do not sit in reserved seats. No admittance. Take a number. Aggressive behaviour will not be tolerated. Stroud would have pointed out that the poster itself was aggressive, if anyone had been listening.

“I’ve decided why I despise hospitals so much,” Stroud remarked, as he and Helena walked down the long, busy corridor again.

“Oh?” his wife replied, “A new reason?” There was a twinkle in her eye.

He managed to chuckle. "I know, I do go on about it. But think about it. Look at all these people. Not a single person in this entire hospital is here because he wants to be. The patients are here because they're sick, or injured, or dying. The doctors and the nurses and all the rest are here because it's a job. Visitors come to see their sick friends and relatives, but they would rather be somewhere else. A few volunteers help everyone feel a little less miserable, but are they enjoying themselves? No one ever says, 'let's all go to the hospital this afternoon!' instead of going to the beach."

"There is the maternity ward," Helena pointed out.

"I'll grant you that," Stroud said. "You are the one with experience." For a moment he remembered what Helena had looked like when she was carrying Rupert, their eldest, fifty years earlier. She had been twenty-six then, still a recovering flower child, young and pretty and given to laughing easily. She had resigned from teaching elementary school when she began to show. There were no pregnancy leaves back then. Rupert had been followed by Colleen and then Mark. Twenty years passed before Helena returned to teaching.

"You know Savannah is pregnant, do you remember?" Helena said. She referred to the wife of their eldest grandson.

"She'll make me a great-grandfather," Stroud remarked, with some feeling. He liked Savannah, despite her strange name. She reminded him of Helena when she was that age, so long ago. He gripped his cane tightly. Sometimes the years felt like a great weight on his shoulders. He added, "That is, if I make it that far."

"You're strong; you've always been strong," his wife assured him.

At length they arrived at their destination at the far end of the corridor, a great swelling of rooms and side paths like the head of a mushroom: reception desks behind glass barriers, number dispensers, sign-in stations and more waiting rooms. A hanging sign said, "Diagnostic Imaging" in capital letters, ironically hanging next to a red Exit sign. "Well, may as well get on with it," Stroud grumbled. He walked up to the reception desk.

Some time later Stroud and Helena were sitting in a large waiting area across from four closed doors. Each door led to a mysterious room dominated by a piece of expensive technology for probing the interior of the human body. There was hardly any conversation among the dozen or so people waiting. They all looked bored or annoyed. Some were reading on their cell phones, many were simply sitting. The walls were beige, and undecorated. "I hate hospitals," Stroud grumbled.

Stroud contemplated the four closed doors on the far side of the room. He sometimes wondered if one door was a secret exit, known only to a few. Walk through that door and you found yourself outside, far away in a flower-filled meadow on a pleasant summer day. Which door was it? Maybe the magic door changed location from one day to the next. Helena said the magic door would be one with no room number on it.

A young woman in a smock and loose blue trousers appeared at one of the doors. “Mr. Hoffmann?” she said to the room. Stroud got to his feet. He folded his glasses and slipped them into his shirt pocket. He picked up his cane.

“I’ll wait for you here,” Helena said. She always said that.

Some time later Stroud and Helena were seated in a small office, across the desk from a middle-aged man wearing a white coat over his scrubs. There were no windows here either. The walls were painted cement blocks. “I’m afraid it doesn’t look good,” Dr. Mortu said. He had some images in his hands from Stroud’s latest visit. “The disease continues to progress. I had hoped we could slow things down, but these conditions are never easy to predict.”

Stroud was silent, stoic. Helena said, “Is there anything else we can do?”

The doctor shook his head. “Keep taking your medicine. Enjoy your time together. I’ll see you back here again in a month.”

“If I’m lucky,” Stroud said, climbing to his feet. He caught a glimpse of his reflection in the gold ball atop his cane. The face looking back no longer looked distinguished or grandfatherly. It looked tired; his eyes drooped behind his big glasses. He linked arms with Helena as they left the room.

Some time, in another room in the same hospital, someone asked, “The program is all that’s keeping him alive then?” The speaker was a thirtyish woman, brown-haired and lithe, with alert eyes. She was standing before a console where a half-dozen computer monitors displayed charts and figures.

“No, not like that,” replied the man sitting in front of the monitors. He was a few years older, dark-haired and intense, wearing a neat shirt and tie. “The AI monitors his physiological functions and tries keeps them within normal bounds, given his weak physical condition. But his body – and his mind – are still in charge.”

“You said he would die if we turned off the program.”

“Yes. Yes he would, sooner or later. Because something would go awry and his brain wouldn’t be able to steady it. The AI ensures that doesn’t happen. But it isn’t life support in the usual sense.”

He caught her frown. “Look, think of a pacemaker. The pacemaker ensures that the heart keeps beating at a steady pace, that it doesn’t go into arrhythmia or stop completely. It doesn’t pump blood though; the heart does that. In this case the AI has taken over the baseline functions. But it’s still his mind running his body.”

The woman looked past the monitoring station, through the glass wall to the room beyond. It was filled with medical equipment surrounding a single bed. An old man lay there, beneath neat white sheets.

“Is he in a coma?” the woman wanted to know.

“No. He’s deeply asleep. Or something akin to it.”

“Impressive technology. But why are you doing this? What’s the point?”

“For him, a peaceful death. His prognosis is terminal. For us, an opportunity to slow down the progress of debilitating disease, to give medical teams more time to figure things out, design better treatments.”

She turned back to him. “Dr. Walker, I’m not sure why you asked me here.”

He nodded. “Take a look at this.” He pointed to one of the monitors. Two graphs in the middle displayed several long, curved lines that kept changing shape and position. Figures on both sides updated every few seconds. “These readings reflect electrical activity in the prefrontal cortex,” Walker said. They should be quiescent. He’s asleep. Yet there is clearly something going on.”

She turned to look at him. “Is this why you asked me to collaborate?”

“Yes. Exactly. This problem is outside the expertise of my team. The prefrontal cortex is involved in processing of sensory information. We need a neuro-psychologist who understands perception. We need you, Dr. Florin.”

The woman had returned to looking through the glass wall. “Please call me Hope,” she said. “You said the patient is asleep, is that right?”

“Not exactly ordinary sleep, but yes. A state of suspended consciousness and slow metabolism.”

“Is he aware of his surroundings?”

“To some extent, perhaps. We haven’t been able to correlate a neural response with auditory or tactile stimuli. But once a nurse dropped a tray in his room. He jumped.”

“I see.” She returned to studying the monitors. “When we sleep,” she mused, “we isolate our minds from the outside world for a while. The avalanche of sensory information that pours into our brains during the waking hours is reduced to a gentle snowfall. But the mind is still active, still busy, still primed to collate sensory information; it needs something to do. So we dream. When we haven’t got information from the outside world, we make up our own world for a while. That’s the best explanation for dreaming that I know.” She paused, studying the lines and data. “If he’s not dreaming, what is he doing?”

“Somehow this corridor seems longer every time we visit,” Stroud remarked as he and Helena stepped off the elevator. “It doesn’t make sense. Why put the elevators way over here and all the medical rooms way down there?”

“It is a long way,” Helena replied. She was walking with delicate, deliberate steps that meant her knees were hurting. She would never say so, of course. “How are you doing?” she asked.

Stroud sighed. “I can still walk,” he said. He was leaning on his cane more heavily now. Gravity seemed stronger than he remembered. He’d spent forty-one years working as a large engine mechanic for CN Rail, tuning and repairing those giant locomotives, wrestling drive

shafts the size of a man and pistons like cannons, yet still coming home with energy to play baseball with the kids, help with supper, make love, whatever. Now walking down a long hallway was a job.

How many times had he made this trip, since the initial diagnosis? It occurred to him then that he really didn't know. After a while the appointments all blurred together in his mind. Still, he frowned. Surely he hadn't been scanned that many times; the first diagnosis had only been . . . when? Not that long ago.

Stroud nodded to other people, hurrying nurses and sauntering patients, as they passed. He was of a generation who thought it rude not to acknowledge passers-by. No one wore uniforms any more, but it was easy to tell people apart. The patients were disproportionately middle aged, or older. Medical personnel tended to be young, especially the women. They were all busy and scheduled, making small talk with their clients as they wrapped blood pressure sleeves, prepared needles or filled in forms. Doctors seldom appeared in the hall; they lived in offices or surgeries far away down side corridors, protected by guards and gates like the Wizard of Oz.

"I only now realize the real trouble with hospitals," Stroud said out loud.

Helena was amused. "There's more?" she asked.

"Modern medicine has become completely dehumanized. It's industrial. Do you notice there are no conveniences, no art, no human touches anywhere in this building? Why is everything beige and uncomfortable? It's all about efficiency, cost-effectiveness, throughput. This isn't a corridor, it's an input feed, like a fuel line. Hospitals are machines that take in the sick and the lame and spit out the healed and the dead. Humanity is incidental."

"That may be," Helena replied, and she wasn't smiling now. "But your humanity is not incidental to me."

They arrived at the big sign for Diagnostic Imaging, with the Exit sign close by. Stroud contemplated the red fire exit. "Alarm will sound when door opened," it warned. Maybe that's the magic door, Stroud reflected. Maybe we could all be free if we had the courage to set off the fire alarm. He gave his name to the receptionist behind the plexiglass barricade. He remembered her from last time. She didn't remember him. She called him Mr. Hoffmann.

"I wish I had more good news," Dr. Mortu said, some time later. He was looking at Stroud's latest images on an oversized computer monitor. "But I don't see any improvement in your condition. How are you feeling?"

"Pretty much myself," Stroud replied. "Except I'm tired all the time."

Dr. Mortu nodded. He had a lined, avuncular face, dark hair edged with grey. "That's to be expected. Are you in any pain?"

"No. I mean, not yet."

The doctor seemed mildly surprised. “Well, that’s good, that’s good. We can find a path to manage the pain when it does start. Until then, we’ll stay the course. Keep taking your medication, that’s important. Don’t over-exert yourself. Let me know if anything changes.”

Stroud watched the old man reflected in the ball of his cane nod in return as he got to his feet. He could see his reflected glasses, and the gold ball reflected back in them, the first steps in an infinite recursion too small to see. He and Helena left the room.

“Did he actually say, “find a path to manage the pain”? Helena asked, when they were out of earshot.

Stroud allowed himself a chuckle. “I’m afraid he did.”

She shook her head. “What does that even mean? Why can’t he just say, “We’ll give you drugs.”

“Because then he wouldn’t be a doctor.”

“It’s happening again,” said Dr. Walker, at some later time, as he watched data appear on the monitor. He sipped take-out coffee from a cardboard cup. “The same pattern of cerebral activity, repeated. It’s becoming more intense. Hope, do you have any idea what this means?”

“I wish I did have,” Hope Florin replied, sipping her own coffee. She was sitting in a wheeled chair beside him. “Activity in the prefrontal cortex during sleep is normally associated with the dream state.”

“Maybe his mind is replaying old memories, happy moments from childhood, that sort of thing. It’s not uncommon among the palliated.”

“Could be, but the wave patterns don’t look right and there’s no rapid eye movement. He’s not dreaming, at least as far as I can tell. Something is going on in his mind. I wish I understood what it was.” A pause. Then: “Clint, I’m not even sure we’re doing the right thing, keeping him alive this way.”

“We spent months getting ethical approval for this procedure. And more months finding a suitable candidate willing to volunteer. The ethics board has gone over everything.”

She shook her head. “Did the ethics board see this?” She pointed with her coffee toward the prefrontal cortex monitor.

He was silent a moment. “No. Nobody foresaw this. Whatever it is.”

Dr. Florin got up to look through the glass wall at the man on the other side. His aged face was a neutral mask, eyes closed. Electrodes grew out of his forehead like antennae. “His body is dying,” she remarked. “Coming to the end of what I understand was a good, long life. The AI keeps him asleep and blocks the pain, but he isn’t completely isolated from the outside world. I wonder; would you consider making a few adjustments to the protocol?”

“If it will help the patient, of course. What did you have in mind?”

“These appointments are pointless,” Stroud growled, as he and Helena stepped off the elevator. “They’re a-pointless-ments. Dr. Mortu has already said there’s nothing more he can do. What’s the point of hearing him say it again?” His cane banged against the tile floor.

“Dum spiro spero,” Helena said. “While I breathe, I hope. Remember you used to say that, when things got rough? A little hope is all we have left.”

He smiled a little. “‘Dumb spiral sparrow,’ that’s what I used to say. It made you laugh, and that was all that mattered.” They made their slow progress down the long corridor. Helena’s comment about a little hope reminded him of an old song: “With a little luck we can help it out, We can make this whole damn thing work out.” Strange to be remembering that now.

Stroud accepted that he didn’t have much time left. He was eighty, it was no cheat to pass now. He had lived a good life, all in all. Working hard, doing his best by his wife and kids. Rupert did something with investments that Stroud didn’t understand, and Mark worked in an insurance office. Colleen, the problem child, divorced, estranged, worked as a medical receptionist, which meant, ironically, that she could be any of the efficient, courteous women he dealt with every time he came to the hospital. Stroud had hoped they might reconcile before he passed, but that didn’t seem likely.

Stroud looked over fondly at his wife. She was wizened now, like him, and the arthritis had robbed her stride of its natural grace. She too bore the weight of years on her shoulders, but she carried it well. He could still see her as she was before, in versions that fit inside each other in his memory like Russian dolls: the cute, witty school teacher with nice legs that he met at an otherwise forgettable party; the young wife kissing him on his way to work and eager to see him when he returned; the mother of his eldest child, as excited as he about buying their first house, and equally excited about the second house when their family grew to five; the mature woman who watched with a mother’s quiet sadness as her children left home, one by one; the doting grandmother and environmental activist she became in her retirement years. All these visions of Helena telescoped together in his mind, overlapping and fading into each other. She was two years his junior, about to turn seventy-eight.

Something about that number gave him pause. Was Helena really that old? Had he missed something? She saw him looking her way and nudged his arm.

“Look, that man is there again,” she whispered. They passed by the overflow chairs where the old man was still sitting, waiting for his blood draw or eye exam or whatever. He was still reading *Murder in Minorca*.

“He’s almost finished the book,” Stroud remarked.

They walked on. The corridor somehow seemed longer than ever. Or maybe he was walking more slowly. Stroud looked down a side corridor leading to doctors’ offices and ophthalmology, according to the sign. Where would he end up if he followed that corridor instead of this one? Were there more side-corridors, and more, and yet more, each one promising this great doctor or this diagnosis, until he became lost forever in a maze of waiting rooms,

changing stations and X-ray machines? Or would the whole structure somehow turn in on itself, a multi-dimensional Möbius loop, bringing him out at Diagnostic Imaging (and Exit) again and again, no matter where he went? Finding out would require more energy than he could muster.

Some time later, Stroud found himself sitting in the waiting area among the other silent patients, with Helena sitting calmly beside him. It was all empty ritual now, Stroud knew. The last of the sand was running out of the hourglass. Why did he bother showing up at the hospital? He should be spending his final days at home, reading good books, spending time with his grand-kids, or walking along the river with Helena. These medical examinations had become a perverse habit.

How many times had he sat here? He watched his face in the gold ball on his cane, where his reflected glasses reflected the ball again. The appointments were like that, an infinite series extending backward farther than he could remember. It wasn't right.

"We should stop doing this," he remarked to Helena. But then the second door opened and a young woman called his name. "That's not the magic door today," Stroud said, getting to his feet.

"I'll wait for you here," said Helena.

Sometime in a late afternoon, Hope Florin entered the room full of monitors. She carried an old-fashioned notebook in one hand. "Clint, I think I see what's going on," she said.

Clint Walker was sitting in his usual seat, watching the monitors. He was chewing on a sandwich. He looked up when his colleague came in. "The frontal cortex activity? It's still there. The AI says it's a single, long sequence, repeated over and over."

"Exactly." She sat down in a wheeled chair beside him. "I've been looking at your data: alpha waves, delta waves, repeated gamma bursts, these are all the neural signatures of a lucid dream. But the patient isn't dreaming. If he isn't dreaming but his brain is active, he must be aware, somehow. I think his mind may be trying to construct a whole internal reality."

Walker frowned. "He's asleep," he said.

Hope shook her head. "Not entirely. That's the problem. The AI keeps his body asleep but his mind is awake, busily processing sensory information, even when there isn't any. It has created a new reality, using whatever information it can find. There's almost no new sensations coming in; his reality, his life, can't go anywhere. I suspect that he's reliving a familiar scenario, over and over again. That's why we keep seeing similar brain wave patterns."

She got up to study the man lying on the other side of the glass wall. He looked as placid as ever. The lights were off there too. At her recommendation, Dr. Walker had installed daylight spectrum lights and set them on a seasonal day-night schedule. People could sense light and dark while asleep, even with their eyes closed. Maybe it would help. A couple of speakers played soft, background music during the day.

Dr. Walker considered her words. “We all make an internal model of the outside world. His mind is trying to do that with almost no new data from his senses. Is that what you mean?”

“Yes! It’s hard work, and the framework has got to be fragile. My guess is that he’s using memories to patch the gaps.” She paused, studying the man in the bed. “He’s in purgatory. He’s trapped in an infinite loop between life and death.”

Dr. Walker caught the seriousness of her tone. He leaned forward. “The loop is fragile, stitched together from fragments of memory. Sooner or later it will fray. Incongruencies will accumulate. His fabricated reality will start to unravel. Then what happens?”

“Then I’m afraid he’ll slide into hell.”

“I don’t understand why we keep doing this,” Stroud grumbled, as he stepped out of the elevator. “There is nothing to be gained from it. This is foolish.”

“We need to keep the appointments,” Helena insisted. “Dr. Mortu is doing all he can.”

That struck Stroud as an inane thing to say. The days were growing shorter. He should be spending his time shuffling through autumn leaves, savouring hot chocolate or taking his grandkids to a museum. A dying man should spend his last days living, not monitoring the progress of his death.

He shot his wife a critical look. She smiled back at him. Stroud’s cane tapped on the tile floor like a heartbeat as they began the long walk down the corridor.

The hallway was as busy as ever, and seemingly endless. Stroud leaned on his cane as he made his slow way down the black and white tiles. Every step was effortful. He felt like he had done this walk a hundred times, or maybe a thousand. He could hardly remember doing anything else.

He nodded at nurses and other patients along the route. They acknowledged him curtly. The old man reading a book wasn’t there. Oddly, his paperback novel, *Murder in Minorca*, was still lying on the empty chair. “He must have left it behind the last time he was here,” Helena remarked.

“I hope he found out who did it,” Stroud said.

The corridor was busy with people and information. There were signs and posters on the walls, hanging from the ceiling, everywhere. Side corridors branching off here and there – had there always been that many? The signs at the end of the hall, Diagnostic Imaging, and Exit, seemed far, far away.

He wondered about Helena as they walked along. She was as kind and supportive as ever. Something of her younger self, that wit and incisiveness that spiced her gentle nature, was missing now. Yet she was still comforting to talk to, and he sometimes brought her flowers.

He frowned at that thought. Images of flowers kept intruding into his mind. Bouquets of flowers. Carrying flowers somewhere. The image was upsetting. He tried to force it out of his mind but it wouldn’t go away. Carrying flowers . . . to the cemetery.

“What’s the matter, dear?” Helena asked, concern in her voice. “You look pale. Is everything all right?”

He turned to her. His Helena, his light, his joy, his partner for life. He could see every version of her, from flower child to grandmother in one glance. The cemetery –

He stepped away from her, shocked. “Helena!” he cried, in a voice half grief and half terror. “No, you can’t – I visit your grave every week! It’s been five years. You can’t be here!”

She smiled that calming smile he had always loved. “I said I would be with you until the end.”

Stroud staggered away from her, confused and terrified. Everything was wrong. How many times had he been here, keeping the appointment, again and again and again? Stroud made his desperate way down the corridor. The hospital had become the whole universe, reaching the end of the hall his sole purpose. His footsteps echoed like drumbeats; the tap of his cane became the clang of a funeral bell. The hall had grown dark, lit now only by glowing signs hanging from the ceiling. Arrows showing the way pointed in all directions.

He passed a side corridor, then another, then another, until he was standing in the hub of a giant wheel looking down endless, terrifying corridors in every direction. He whirled about, bewildered. He had to keep his appointment. He found the sign in the distance, Diagnostic Imaging (and Exit), brightly illuminated, and stumbled toward it, down a night-shadowed corridor that split and merged and split again. All the letters had grown dark except the first one in each word. They seemed to float in the air, glowing. Patients and nurses and doctors appeared and faded around him like wraiths.

Then he was standing beneath the sign, in front of a reception desk, facing a scowling, middle-aged secretary who looked liked Colleen. “Take a number!” she screamed. “You’re late for your appointment! You’re late! You’re too late!”

Stroud clutched his cane, struggled to keep his balance. The corridor had become chaos, the hospital a madhouse. The walls pulsed, the floor moved beneath his feet. Number dispensers spit out a thousand zeros that floated about him like falling leaves. Lights flashed in bright, impossible colours; doors flung open at random, revealing ghastly torture machines within. Technicians in black robes stood beside them, sharpening knives. The Colleen-devil was still screaming at him. “Keep your appointment! I won’t call you back! You’re late, you’re late, you’re too late!”

Patients and nurses and technicians pressed around him, pushing him this way and that, shouting and hissing and tearing at his clothes. Dr. Mortu himself appeared; his scrubs were blood-red, his face pallid and long-toothed like a vampire. “Why aren’t you in pain!” he crowed. He held up lurid pictures of Stroud’s internal organs, all misplaced, swollen and churning. “You must have pain! Pain and more pain and pain and pain!”

“Leave me alone!” Stroud shouted at the people pressed around him. “This is all wrong! Get me out, get me out!” He began to push through the crowd, desperate and terrified. But the

crowd only grew, filling the corridor with clawing hands and screaming mouths. Stroud felt himself suspended in the mad corridor, replaying each awful moment again and again, an infinite recursion of horror like the reflection in the ball of his cane. The madness had no beginning and he was drowning in it forever.

Some time very late at night, Dr. Hope Florin was sitting in the control room, alone this time. The room lights were off. Everyone else had long since gone home. She sat in a pool of light over the computers, surrounded by darkness. She looked up from her notes when an alarm went off, “What’s this?” she exclaimed. Then after a moment: “Oh no. Here it is.”

She studied the readouts flowing up the monitors. Several showed big warnings in red letters. The system wanted input. There were decisions to be made. Hope looked at the telephone. Clint Walker would be home, sound asleep. She got up and approached the glass wall. The patient was lying as still as ever. Something was different about his face. It no longer seemed placid. A muscle twitched in his cheek.

She returned to the monitoring station. She studied the outputs. She watched the lines dance on the prefrontal cortex monitor. The patient wasn’t asleep. He was making his own reality, with whatever information the algorithm let him have. A new warning appeared on the screen. “System failure imminent. Continue? Shut Down?”

Hope took a deep breath. She whispered, “You have spent too long in purgatory, my friend. It’s time to visit heaven.” She hovered the pointer over an icon. For a few seconds she hesitated. Then she pushed a button.

A light appeared in the murky darkness of the Hadean corridor. Stroud looked up through the screaming riot to see the Exit sign fully illuminated. He pushed through the pressing crowd, throwing people roughly aside, fighting his way past Dr. Mortu, until he reached the red door. “Requiem will sound when door opened,” it said in giant white letters. Stroud pushed down the handle until the latch clicked and the door swung wide.

Instantly he was dazzled by summer sunshine. He stepped through the door into a hilltop meadow ablaze with flowers and flecked with butterflies. He smelled spring grass and felt the warm sun on his face. The sky was a dome of perfect blue spotted with drifting white clouds. He dropped his cane. For a timeless instant he knew peace.

