

# The Last Surgeon

## Prequel

Everybody dies precisely the same way—their heart stops beating.

The simple fact was to become the guiding force of Franz Willi Koller's life.

Whether the event preceding death was a bullet to the brain, a bolt of lightning, a clotted artery, or a marauding crush of rhinoceroses, in the end, the non-beating heart always made the final statement. Franz Koller, contemplated that truth as he wheeled the ECG machine down the lightly trafficked corridor of Riverside Hospital. The Cardiofax V looked perfectly normal, and it had been before Koller began modifying it. But now, inside, the machine was a deadly marvel with a customized circuit board that made it respond to its master like a marionette.

Let the games begin.

Koller, wearing latex gloves and fabric shoe covers, timed his arrival in the step down unit to coincide with the morning shift turnover. It had taken more than an hour before his bathroom mirror to convert himself from a lean, dark, athletic six-footer to a balding, portly fifty-year old, but the transformation was spot on.

Two applications of the disguise for two previous trips through the step-down unit had prepared anyone who might have noticed him, which nobody did. On the second day, he removed the circuit board from one of the identical Cardiovox machines, standing in a basement corridor near central supply, moved it to a utility room, and went to work.

“In hospitals,” Professor Jeremy Goldspan had taught him, “as in almost any other facility, but especially in hospitals, the key is to look like you know what you’re doing. With few exceptions, people are too locked into their own business to want to get involved in yours.”

Koller’s pulse, were he a normal human being, would have been racing wildly as he approached his mark. His heart would be pounding, and his skin clammy. He was, after all, about to commit murder for the first time.

But like the fiercest carnivore, Franz Willi Koller had been born to kill.

Goldspan, his abnormal psychology professor in college sensed that uniqueness in him after reading Koller’s remarkable term paper, “Theories on the World’s Most Notorious Uncaught Serial Killers.” His student’s insights were breathtaking, and Goldspan felt certain that the authorities would have been grateful for any number of them.

Soon after the end of the semester, Goldspan, who shared that he had recently retired as a “consultant” to the CIA and other similar organizations, introduced him to the world of murder-for-hire.

Technically, today marked Koller’s first day on the job, though in many ways, he had been preparing for this moment all his life.

“Nervous jitters are for amateurs,” Koller recalled Goldspan once saying. “However, even among the good ones, you, Franz, will be a gift to the profession. Your blood is ice.”

It took very little time for Goldspan to embrace his new protégé, and even less time for Koller to know that the administration of death to others was his calling. To truly succeed in the business, Goldspan explained, required knowledge beyond any med school graduate, improvisation and sharper theater skills than any actor, instincts keener than the most learned psychoanalyst, and a passion for the craft that transcended perfection.

Koller had no intention of entering the low-rent end of the business. That sort of work was best left for meetings in darkened lounges, with two-thousand-dollar handshakes and a good chance of cutting a deal with undercover cop. To work for the sort of high-paying clientele Goldspan had attracted, required an introduction. From there, Koller would earn his own reputation. The professor promised to make such an introduction on Koller’s behalf, though he never said when.

It was early evening, four days ago, that Koller’s first client appeared, unannounced and already inside his apartment, as though he had walked through the wall. Koller knew his complicated locks and appreciated craft when he saw it. Using any number of implements, he had mastered the art of entering places without leaving a trace. He smiled inwardly and thought about snapping the man’s neck to warn him against breaking into his apartment again, but he managed the necessary restraint.

The man, sharply dressed in an Italian suit, handed Koller a manila envelope and waited silently and unhurried as Koller studied its contents. CIA, Koller guessed, but with Goldspan's connections, he could just as easily have been the head of security for a Fortune 500 company, or some multimillionaire's personal assistant.

Either way, the promised payday was substantial. Five hundred thousand dollars to kill a banker, lying in his hospital room on a ventilator, unable to move from the neck down. A print-out contained with the payment arrangements and personal information on forty-two-year-old Edward Hutchings, described his medical condition in detail—Guillain-Barre Syndrome. Koller studied the sheet. A progressive loss of neurologic and muscular function, ascending from the lower extremities, and at times requiring a tracheotomy and assisted ventilation. Even in severe cases, the paralysis might largely vanish in four to eight weeks.

The assignment would have been brainlessly easy, were it not for a particular requirement that immediately began to fire up Koller's imagination. The man's death could not be ruled a homicide. Were an autopsy to determine that Hutchings had been murdered, it would void the contract and probably cost Koller his life.

*Murder that does not appear to be murder, Koller thought.*

*Nice.*

He mulled over the notion. Then he smiled. He had just found his niche. Murder that was not murder. Franz Willi Koller, would become the master of the non-kill. Koller nodded his acceptance of the deal, and the man took back the

envelope, making certain none of its contents were missing. Halfway to the door, he turned and handed over a large padded envelope, this one thick with bills.

“Within five days,” he said. “Do it right.”

*Do it right.*

The client’s warning echoed in Koller’s mind as he wheeled the EKG cart onto the step-down unit. After this kill, no one would ever threaten him like that again, he vowed. No one.

He brought his cart to a stop in front of a group of nurses, who were either talking loudly, or glued to their computer screens.

“This is supposed to go into 227,” he said. “I guess his machine is scheduled to be serviced today.”

The only nurse who paid any attention looked up at him and frowned, barely glancing at his perfectly forged ID badge.

“You’ve got to be kidding.” she said. “Is there a lemon law for these damn EKG’s?”

Koller smiled while handing her a clipboard with a forged Equipment Maintenance Record Form attached. These were the first multi-channel interpretive EKG machines with built-in LCD display. The breakthrough technology allowed caregivers to examine a patient’s waveforms before printing a record of their cardiogram. A call to the manufacturer’s customer support center confirmed Koller’s suspicion that these new machines required more exhaustive maintenance than previous models. The Internet provided him with the circuitry.

“Sorry to be a pest,” Koller said. “Look, I know you’re beat from the overnight. I’ll hook up the replacement if you want and then I’ll be out of your hair.”

The woman, not even looking up, granted the killer permission with a dismissive wave of her hand, followed by an exhausted sigh as she returned to her work.

Sabotaging the EKG machine had proven surprisingly easy. Koller had been dissecting computers since he was in grade school. He switched out the circuit board in an unattended Cardiofax machine because he wanted the serial number on the EKG itself to match hospital records.

Simple. Efficient. Deadly.

For the third time in four days, Koller stepped inside Edward Hutchings’ private hospital room. This time, however, unlike on the other visits, his mark was awake and alert. Koller, a black belt in Kenpo karate, and a student of several arcane killing arts, could have easily dispatched the man with one finger, or the edge of a credit card, but that was not the way his client wanted the banker to die, and Koller had no desire to ask why. His job was simply to separate the fellow from his life in a way that would neither arouse suspicion nor detection.

Hutchings’ ascending paralysis continued making unassisted breathing impossible, but Koller knew that the tube snaking from the hole in his neck and connecting his trachea with a ventilator would be removed as soon as the symptoms began to regress. From the neck down, the swarthy, rather

handsome man was immobile. His head turned slightly toward the door when Koller entered the room.

“Evening, Mister . . . Hutchings,” Koller said, making a pretense of checking his clipboard. “Could you please verify your name and date of birth. . . . Oh, my, I’m terribly sorry. You can’t verify anything, now, can you. Poor fellow.”

The sharp expression in the banker’s eyes said clearly that he was not used to being spoken to with such disrespect.

Koller moved quickly to sweep aside the nurse call cord rigged up by adhesive tape to the man’s chin and activated by a turn of his head.

The look in Hutchings eyes turned to confusion, and then to fear.

“Nothing to be upset about,” Koller said with mock reassurance. “Well, actually, there’s a lot to be upset about.”

Using practiced movements, he quickly disconnected the wire attaching Hutchings’ EKG leads to the console, and quickly reattached them to the new machine. Outside, at the nurses’ station there would be a momentary skip in the tracing from room 227, but not enough to set off the alarm. The nurse, who had been expecting the transfer, would glance up at the recording, which now looked steady and normal, even though it was no longer reflecting the current status of Edward Hutchings’ heart. Then she would return to her end-of-shift report.

Koller estimated he had fourteen minutes.

He would need four.

“Let me just help you with that nasty tracheotomy tube,” Koller said. “I’m sure the doctors have told you that you can’t breathe without it, but I know better. They’re all just after your insurance dollar.”

Without waiting for a reply, the killer twisted off the plastic arm attaching the ventilator to Hutchings’ trachea. Immediately, the movements of the man’s chest stopped. His eyes widened in utter disbelief. Koller checked the pulse at the banker’s wrist. One ten. His brain was already crying to his heart for more oxygen.

Outside, above the nurses’ station, the monitor pattern from room 227 continued unchanged at a nice, even sixty-four.

“Kind of like trying to suck molasses through a straw, isn’t it,” Koller said, gesturing to the man’s inert thorax.

After two minutes with no oxygen, Hutchings’ pulse began to drop. Koller got it at eighty, but feeble. After another thirty seconds, the man’s eyes drifted half-way closed. Death was coming to call.

At three minutes, Koller knew, it was over. What hope there was of brain cell recovery was all but gone.

Hutchings’ pulse was in the teens and dropping. The doctored circuit board had functioned perfectly. No one would ever inspect the machine, but even if they did, nothing would be amiss. The man’s heart had stopped. A misplaced beat, a sudden rise in potassium, a pulse of adrenaline, a glob of mucus. Sudden death happened all the time, especially in hospitals and double especially to patients on a vent.



Koller grinned.

When the alarm at the nurse's station signaled ventricular fibrillation—a cardiac arrest—he would have long ago left the floor, and Edward Hutchings would have been brain dead for more than eleven minutes.

*Pulse zero.*

The new, self-proclaimed master of the non-kill reconnected the ventilator, waited a minute, and checked for a pulse again.

Still nothing.

The steady rise and fall of the banker's chest was reassuring, although his color was quite dusky now.

It was time to leave.

Koller closed the dead man's eyelids entered the corridor, and turned left, away from the nurses' station. In thirty seconds, with no one having seen him, he was in the elevator, and in another thirty, he had dropped off the machine in the basement with the others across the hall from central supply. Then he walked slowly and inconspicuously toward the crowded main lobby.

Upstairs, on the second floor, Edward Hutchings' EKG pattern would be showing a few salvos of extra beats—the prelude to a full-blown arrest.

Koller was standing just outside the crowded lobby when the overhead page erupted.

“Code Blue, step down unit. Code Blue, step down unit.”

“Nicely done,” he whispered. “Nicely done.”