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The Last Patient of St. Aurelia

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Introduction

The ocean spends its nights breathing against the seawall beneath St. Aurelia Hospital, a slow tide that you can feel in the bones of the building. From my office window on the eighth floor, the harbor lights pricked the dark like a constellation, a reminder that the city hummed even when the corridors thinned and the gift shop's gate was pulled down. I'd just finished signing the evening notes—one case of postoperative fever, two new pneumonias, a stubborn cellulitis that laughed at standard therapy—and clicked my pen closed. Infectious disease isn't glamorous. It's patience and pattern, a microscope's-length dance between evidence and instinct. On good nights, the data line up neatly. On bad ones, they don't. Tonight, the air had that charged stillness that tells you a storm is somewhere offshore.

St. Aurelia is the kind of place that prints its mission statement on glass walls and hangs sepia portraits of founders in the main lobby. We're the region's safety net and its pride, a bright steel-and-glass testament to modern medicine perched above a working waterfront. The Emergency Department runs hot as a shipyard; the operating rooms gleam like a gallery. Between them, there's the quieter world I inhabit—consults, isolation rooms, phones that don't stop, labs that aren't ready when you need them to be. My routine is ritual: badge, scrub, coffee, listen. Listen to the rasp in a cough, the stutter in a heart rate, the unsaid thing at the edge of a family's eyes. Bacteria are honest. People, less so.

On my desk is a thin folder I don't show to residents. It isn't a case; it's a memory with a spine. Years ago, when I was fresh off a CDC fellowship and proud enough to be dangerous, I signed off on a trial analysis I should have read twice. A single line on a sheet of adverse events that didn't look like anything—until it did. The patient who paid for that oversight doesn't have a line on any sheet now. His name visits me sometimes in the sterile hours between two and four a.m., the hours when monitors forget to beep. Technically, everything had been "within protocol." That's the day I learned how protocols can be shields as much as scaffolds.

Downstairs, the ER never pretends. Elena Ortiz—hair pulled into a practical knot, eyes that miss nothing—caught me at the back hall earlier with a paper cup of something not quite coffee. "Full moon crowd," she'd said, half a grin, half a warning. "We've already had three fish-hook extractions and a man who tried to disinfect a cut with brake fluid. If you vanish, I'm sending security to fetch you." Elena trusts me with the truth of the floor: who's scared, who's blustering, who's suffering and won't say so. In a hospital, compassion needs scouts.

In the lobby, a glossy banner from a recent gala still hung in proud blues and silvers:

Aster Bio + St. Aurelia—Delivering Tomorrow’s Therapies Today. Their CEO, Lillian Park, had smiled from a stage in a dress that cost more than my student loans; our chief of medicine, Dr. Haines, had stood beside her like a lighthouse—handsome, gracious, the kind of presence that fills a room without raising a voice. He’s good at donors and good at rules. He’s also good at the art of telling you that your concern will be “addressed in committee” and moving on. I’ve learned to parse the pauses between his syllables.

Outside, the city breathed its mix of salt and diesel. A block away, the shelters were already lining up beds, and the clinic on Valencia had a sign taped to the door about a pertussis exposure. Disease doesn’t care about zoning or good intentions. It rides cracks in systems and hides in the places policy forgets. St. Aurelia is a beacon, but it also casts a long shadow. I keep a pair of walking shoes under my desk for the nights I can’t sit still. Tonight, I tapped one toe against the tile and told myself to go home on time, for once.

My pager answered with its own opinion, a tight buzz against my waist. Then the overhead speaker cleared its throat. “Code Triage to Emergency—Bay Three. ID consult stat.” The words moved through the building like a current, drawing bodies into motion. Somewhere above me, the helipad lights kicked on, washing the stairwell windows in a pale green glow. I was already moving, forcing myself not to run. Running spooks families and lies to your own nervous system; walking fast sends the same message to your legs without panicking your lungs.

By the time I cut through the double doors into the emergency corridor, Elena was there, eyes pinned sharp. “Ambulance inbound. Young. Fever off the charts. Multi-system involvement. They don’t like the look of his skin.” She handed me a pair of gloves and the sketch of a story: sudden onset, no travel history the medics could find, confusion, a rash that didn’t behave like anything familiar. I heard my own voice steady itself. “Labs? Cultures? Isolation?” We moved as a practiced unit, a small choreography in a fluorescent world.

The radio crackled above the nurses’ station: “ETA two minutes. Unstable. Unknown exposure.” The doors at the ambulance bay waited like a held breath. Somewhere, the ocean shifted and hit the wall a little harder. I checked the seal on my mask, flexed my fingers inside latex, and tried not to think about the file on my desk or the banner in the lobby. We all tell ourselves stories to stay calm. Mine is simple: start with the patient; everything else is noise.

The siren cut out as the rig backed in. Then the doors slammed open on metal and haste and the specific kind of silence that descends when everyone in a room decides, at once, that this is different. Gurney wheels squealed. A shape under a crinkling blanket. A medic calling out vitals too fast. I stepped forward to the rail, and the smell of sterile plastic and salt hit my throat. Whatever had found its way to St. Aurelia

tonight wasn't on any algorithm. And it was here.

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CHAPTER ONE: The Night Case

The gurney was a blur of motion, the young man on it barely distinguishable beneath the thin, crinkling blanket. He was small, probably in his early twenties, and his face was a pale, unfamiliar canvas of fear and pain. His eyes, though wide and unfocused, seemed to hold a desperate plea. Around him, the ER staff moved with a practiced frenzy, a ballet of controlled chaos. Dr. Miller, one of the junior residents, was already at his side, shouting orders, his voice tight with urgency.

“Vital signs crashing!” Miller yelled, his hand pressed to the patient’s clammy forehead. “Temp 104.9! BP 70/40! Respirations shallow, irregular!”

Elena was a whirlwind, barking instructions at nurses, her gaze sweeping the room, identifying resources, anticipating needs. “Get me a rapid fluid bolus! Draw a full sepsis panel! Arterial blood gas, stat! Get him on a non-rebreather!”

I pushed closer, my eyes scanning the patient. His skin was mottled, a strange reddish-purple discoloration spreading across his chest and neck, not quite petechiae, not quite a rash. It looked almost bruised, but without any discernible trauma. His breathing was labored, a ragged gasp that pulled at my chest. He was confused, mumbling incoherently, his limbs twitching.

“Any history?” I asked the paramedic, who was already scribbling on a clipboard, sweat beading on his brow.

“None we could get from his roommate,” the medic replied, breathless. “Found him on the floor, seizing. Said he’d been feeling ‘flu-ish’ for a couple of days, then just... collapsed. No significant medical history, no recent travel, no known exposures.”

No known exposures. That was always the red flag. In my world, “unknown” was a dangerous word. It meant we were flying blind, without a map. I looked at the strange mottling on his skin again, the way it seemed to pulse faintly under the fluorescent lights. This wasn’t typical sepsis, not the kind I’d seen a thousand times. There was something else at play here, something insidious.

“Start broad-spectrum antibiotics, vancomycin and meropenem,” I instructed, my voice calm despite the rising panic in my gut. “And let’s get a lumbar puncture for meningitis workup. Viral panel too. Everything. We need to cast a wide net.”

Miller nodded, his brow furrowed, already relaying the orders. The patient, whose name I now saw on the chart was Samuel Thorne, let out a small, guttural sound, his

body arching slightly. His breathing grew even more labored, his chest heaving.

“He’s decompensating!” Elena shouted, her voice cutting through the din. “Pulse ox dropping!”

A crash cart was wheeled in, its contents gleaming. Dr. Anya Sharma, the attending emergency physician, arrived, her face grim. She took one look at Samuel, then at the monitors. “Intubate him,” she said, her voice sharp and decisive. “He’s losing his airway.”

The next few minutes were a blur of coordinated action. Tubes, wires, the hiss of oxygen, the steady thrum of the ventilator. Elena was a master orchestrator, her hands moving with precision, anticipating every need. I watched, my mind racing, trying to connect the dots, to find a pattern in the chaos.

The skin mottling was bothering me. It wasn’t a classic purpuric rash, nor did it look like erythema migrans or any of the usual viral exanthems. It had a faint blue tinge in places, almost like a bruise forming beneath the skin, but too symmetrical, too widespread to be trauma. And the rapid multi-system failure—respiratory distress, circulatory collapse, neurological deterioration—it was happening too fast for a typical bacterial infection, even a severe one, unless he was severely immunocompromised, which his history didn’t suggest.

“Has anyone checked for drug abuse?” I asked, thinking of the brake fluid incident Elena had mentioned. “Or unusual recreational drug use?”

Sharma shook her head. “Roommate said no. And his tox screen is still pending, but this doesn’t look like an overdose. This is... systemic.”

“It’s almost like an auto-immune storm,” Miller mumbled, more to himself than to me, as he adjusted a line.

An auto-immune storm. The phrase echoed in my mind. That was a good description of the body turning on itself, but what could trigger something so sudden, so devastating, in a healthy young man? Unless he wasn’t as healthy as his roommate claimed.

I moved to Samuel’s side, gently lifting his eyelid. His pupils were sluggish, barely reactive to light. “Any focal neurological deficits?” I asked Sharma.

She shook her head. “No, generalized encephalopathy. No signs of stroke or specific brain injury, just global dysfunction.”

The monitors continued their relentless beeping, a grim symphony of a body fighting

for its life. We were giving him everything we had – fluids, pressors, antibiotics, oxygen – but he wasn't responding. His blood pressure remained stubbornly low, his oxygen saturation precarious.

“Get a portable chest X-ray,” I ordered, “and an ECG. I want to rule out cardiac involvement.”

Elena brought over a stack of lab requisitions. “They’re rushing everything. Gram stain on the blood culture should be back in an hour or so, but everything else will take longer.”

I nodded, my gaze still fixed on Samuel. This was a race against time, a desperate scramble to find the invisible enemy before it consumed him entirely. The silence of the ocean outside, which had felt like a distant comfort earlier, now seemed to press in, a heavy, suffocating weight.

Two hours later, Samuel was still clinging to life, but barely. His kidneys were shutting down, his liver enzymes were climbing, and his white blood cell count was sky-high, yet his body wasn't producing the usual markers of a specific bacterial infection. The Gram stain from his blood culture came back negative. No bacteria.

“That doesn't make sense,” Miller said, frustration lacing his voice. “A patient this sick, with this kind of inflammatory response, has to have something growing.”

“Not necessarily,” I countered, though the missing pathogen gnawed at me. “Could be a fastidious organism, or a virus that isn't covered by our standard panel, or a toxin. Or,” I paused, a cold thought creeping in, “something entirely new.”

Sharma arrived back at the bedside, her face etched with exhaustion. “His family just got here. Parents are in shock. They keep asking what's wrong with him, and I don't have an answer.”

That was the hardest part of our job: facing families when the medical science failed, when the answers eluded us. I pictured the file on my desk, the ghost of a past mistake. The patient who didn't have a line on any sheet.

“I'm going to personally review all his labs and imaging,” I told Elena. “And check the previous shifts' admit logs for anything similar. Anything at all.”

She nodded, already moving towards the nurses' station. Elena was a force of nature, her loyalty to her patients unwavering. If there was a pattern to be found in the hospital's murky depths, she would find it.

I retreated to a small, quiet consultation room, the fluorescent hum a dull counterpoint

to the storm raging inside my head. The raw lab results blinked at me from the screen: elevated inflammatory markers, acute kidney injury, hepatic dysfunction, disseminated intravascular coagulation. But no positive cultures, no clear viral load, no smoking gun.

Then I saw it, buried amidst a dozen other values, something subtle but undeniably odd: a peculiar spike in a specific subset of cytokines, interferon-gamma, and IL-6, far higher than what would be expected for a typical bacterial or viral sepsis. And then, a lower-than-expected level of T-cells, specifically CD4+ lymphocytes, but without any history of immunocompromise. It was a contradiction, a biological paradox.

My mind raced through every known infectious disease, every exotic pathogen, every obscure immunological condition. None fit perfectly. The cytokine profile, combined with the T-cell suppression, was a bizarre combination. It suggested a powerful, targeted assault on the immune system, not a general inflammatory response.

I scrolled further down, looking at the preliminary toxicology screen. Everything came back negative. No common drugs, no unusual compounds. Just the baffling numbers.

I leaned back in the chair, the cool plastic pressing against my scalp. This was not normal. This was not typical. This was something new, something that defied the established algorithms. And that made it terrifying.

The door creaked open, and Elena's head poked in. Her face was pale. "Dr. Calder," she said, her voice barely a whisper. "We just got another incoming. Ambulance just called it in. A young woman, same symptoms. Same strange skin mottling."

My blood ran cold. Two patients. Same unusual, multi-system symptoms. No clear diagnosis. A chill, deeper than the ocean breeze, snaked its way down my spine. The storm wasn't offshore anymore. It had landed. And it was just getting started.

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