

SWEET TOOTH

I love seeing children come alive on Halloween night: the dressing-up, everyone pretending to be someone or something they aren't; the once-a-year indulgence, often to excess.

I feel the same way about the holiday. One couldn't say I come *alive*, but you know what I mean.

I find much irony about the day as well. The tradition of Halloween costumery comes from an old need to hide from evil spirits and monsters, but in this postmodern, materialistic world, the only predators being warned about are all too human: psychopaths hiding razors in bubble gum, pedophiles watching from shadows. The real monsters are ignored. I correct myself: they're not ignored. Rather, they've become part of the game, part of the commercialization, decorations for yards and subjects of cheap mail-order costumes.

Speaking of cheap costumes, I tuck my janitor's thin, button-down linen shirt back into the drab pants that complete the uniform. Not too tightly - for a profession that ostensibly exists to maintain cleanliness, I've noticed that its members often appear rather slovenly. I press the button for the sixth floor, for all intents and purposes invisible behind the large plastic disposal cart I'm pushing. My badge is turned backward on its clip, since the face on it doesn't match mine. At most medical centers, nobody checks identification anyway, even during the day - certainly not at Edgar Franklin Memorial Hospital.

Why Franklin Memorial? A better question would be, why not Saint Mark's or Lutheran? I'd think the answer would be obvious. A few decades of corporate culture doesn't so easily negate their founders' original intent of Christian altruism. Crosses everywhere. I don't think so.

Edgar Franklin, however, was a serial philanderer, a mean drunk, and a general scoundrel in his business dealings, which he nevertheless conducted with skill and volume. Thus, he was rich. His hospital was a late-life salve to his conscience more than anything, and that conscience remained firmly secular until the day he finally died. So, Franklin Memorial it is.

The elevator dings at my floor, the tinny sound of a bell that would prefer to be somewhere else tonight. Nursing will be a skeleton crew (skeleton - how appropriate on Halloween). I've been here before, but services move, so I make sure this is still the correct location for inpatient endocrinology. It is. Onward to begin festivities.

I wheel my grey mini-dumpster down the hall toward the nurses' station. Most of the lights are off. I walk by the long, empty desk, computer screen-savers idling in a line. Behind the desk, the door to the staff break room is open, lights on the fake wood paneling flickering with the muted television. An obese nurse, who should be the only one on the floor tonight, munches from a family-sized bag of chips and thumbs through a tabloid magazine. She doesn't glance up. I make the corner.

Every hospital has its own particular style of scrubs, all of them basically cheap pajamas that one rents out of a vending machine or borrows from laundry service. Surgeons and anesthesiologists don't seem to particularly care about the poor quality, but one can't expect a female-dominated profession like nursing to capitulate to that barbarism. Hence, nurses often wear their own *fashionable* (read: expensive) pairs from

home. This being the case, one need not acquire a hospital's particular scrubs to be able to walk around like one belongs there. I quickly (and when I move quickly, it's quickly indeed) unbutton my janitor's shirt, strip off my baggy pants, and stash the uniform in the grey bin. Underneath I'm wearing a dark blue scrub set, free of "property of" printing and with the extra pockets that say "I'm store-bought." I strap a pack at my waist: my candy-bag, if you will. I may be old - older than I look, surely - but every year it's still exciting.

At the first room, I pull the chart from its holder on the door and check the patient's vitals sheet. Glucose monitoring happens every four hours, but the trend gives a good idea. This patient's most recent blood sugar was two-hundred and twenty, at nine o'clock PM. It's higher than is healthy for him, but not high enough for me. Right now, I feel like a boy scouting houses just before nightfall. Cartoonish gravestones in yard, complicated carved pumpkins: "Trick-or-treaters welcomed, we've stocked up on candy." Lights off, no decorations: "We don't celebrate Halloween, there's no candy here, don't bother us." (Alternatively, a dark house on Halloween could signal someone who takes it very seriously indeed. Either way, leave it alone.) I lightly knock on the door and enter. No thresholds here.

"Trick or treat," I whisper, giving a closed-mouth smile to the extremely fat man who groggily turns toward the dim light I let into the room. He doesn't recognize me, but it doesn't matter. Patients are accustomed to a spinning carousel of strangers in scrubs or white coats, most of whom never introduce themselves. "I'll just be a second here. Need to check that infusion." I move the controls with the nurse call button out of the patient's reach. At the head of the bed is the insulin pump. If you've never seen one, it's a bag and tubing connected to a machine that delivers the fluid in the bag at a set rate. The machine's program is locked in, but I reach over, hold down the secret button in the back that anyone who's ever used these things knows about, and unlock it. I turn the pump off.

"Happy Halloween," I say quietly, reaching into my pack and pulling out a miniature candy bar. I hand it to the man. "Don't tell anybody, okay?" He grunts his sleepy assertion, tears the wrapping open, and stuffs it whole into his fat face. I smile again at him, give a quick wave, and leave.

I do the same thing, more or less, to eight more patients, all poorly-controlled diabetics. Insulin off, sneak a conspiratory candy bar. One lady even asked if I had a different kind. I did, and I obliged her.

If you're a medical professional, I know what you're asking. "Why not just run in some dextrose and be done with it?" You wouldn't dump a spoonful of sugar on your food and call it "candy," would you? It isn't the same.

With a little time to kill, I go back to my trash cart. On the off-chance that the nurse will emerge, I change back into the janitor's uniform. She does emerge, like a bloated hippopotamus wading out of a muddy river. I hear the door to the break room pushed open. She waddles around the corner.

"Hey, Erline." She realizes I'm not Erline. "Who are you? Where's Erline?"

"Erline called in sick. She wasn't feeling well." This is true. I've had my hands on a night-shift schedule for this place for a while now. I visited Erline in the middle of last night, when she got off work. She won't remember, but she's a little anemic right now. She'll be fine. I didn't kill her, and I didn't turn her.

“Hn. Okay.” She lumbers back into the break room and turns on the sound to the television. Fine with me.

I wait until about an hour has passed since I saw the first patient. During this time I restock my empty pack with syringes and small-gauge needles. I don't think the nurse is highly motivated to do her work promptly. Even if she were, I'll have at least another hour to gather my goodies before she gets up to make her rounds.

Humans who have been fed upon don't seem to remember our visits well, if at all. The phenomenon isn't a quantifiable entity, but I theorize that it's related to the same inexplicable (by empirical science, anyway) metaphysical quality responsible for our lack of reflection. To these patients, already somnolent with the late hour and likely somewhat delirious from illness and hospitalization, the memory of my visits will be somewhere between fleeting and absent for them.

Patients, especially diabetics, are used to skin pricks and blood samples. The first man snores through my arterial stick. I fill up a ten-milliliter heparinized syringe with bright red blood, then replace that syringe with a second. We prefer oxygenated arterial blood rather than venous for the same reason I'm sure you prefer fresh bread over stale. The heparin will keep the blood from clotting. Doesn't it change the taste, you ask? No more than the copious amount of sodium benzoate you intake every day.

While I'm placing a cap on the second syringe, the light in the hall becomes brighter behind me. The break room's door is wide open. The elephantine clop of the nurse's gaudy clogs signals her approach. I sigh. Her rotund shadow fills the patient's room.

“What are you *doing*?” The plump queen of this infirm hive is upset. She saw me in a janitor's uniform, and now I'm dressed in scrubs. Not all is lost.

I turn and give her my most seductive smile. “I think there's been a misunderstanding.”

Now, the information in Bram Stoker's book has proven so dangerous for my kind because he actually did his research, compiling his account from original sources. Modern authors, apparently beholden to romance more than to fact, have depicted us as brooding, beautiful sissies. As much as I despise that rubbish, it is true that once turned, a person becomes more physically attractive. They used to call my father “Franklinstein” (which ought to have been “Franklinstein's monster,” since Victor Frankenstein was by all accounts a handsome man; but the general populace and classic literature have been like, say, myself and garlic even since my own youth.) Thanks to dear Edgar's fortune, he did successfully marry a trophy wife - my mother, from whom I inherited a few favorable genes - but still the nickname passed to me. Nowadays, I suppose I would be recognizable as the man I was before, but my features have been optimized, perfected somehow. Predatory advantage, I suppose.

The nurse doesn't fall for it. Thickset woman, cropped hair, rather coarse features - either she's erected some severe emotional walls, or she's that sort for whom masculine charms hold no attraction. She scowls harder, makes a move for a phone. Bollocks. Only one thing to do about it, unfortunately, before she starts people scurrying. (Besides, what's Halloween without a bit of indulgence?) In less than I second I close the space between us, take us twenty feet across the hall and over the nurses' desk, and have her pinned against the wall in a corner.

Have you read Dracula? Stoker's original epistolary tome? The answer, most likely, is no, but even if you haven't, I'd wager you think you can guess how he was destroyed.

(I say “destroyed” rather than “died,” which is not something the undead can do. I’m a proponent of precise use of language.) Take a few guesses. Wrong on all of them: not a stake, not holy water, not a cross or running water, although they all work against my kind, plus other things I’m not going to divulge here. In reality, he was stabbed in the heart with a Bowie knife and beheaded with a kukri, the weapon of the Gurkha. My point: one or two mortal humans can cause terminal damage to my physical form by myriad mundane means. Villagers and pitchforks, security guards and handguns. An occurrence of that sort would be quite unacceptable to me, especially on a holiday.

I lift the nurse with one hand, her feet off the ground, back against the wall, one shoe fallen off.

“How much do you weigh?” I ask.

“Two...two hundred,” she chokes out. She’s either lying or self-deluded. Two hundred pounds is just over ninety kilograms, and she’s between one-twenty and one-twenty-five. Chances are good that she’s a diabetic as well; obesity is an enormous risk factor for type two diabetes. (By the way, weight loss is often curative for the disease. There’s your free medical advice.)

The classic (perhaps clichéd) next move for me would be to go for the neck. This woman’s carotid arteries are cocooned by fat, and accessing them would be neither easy nor clean. With one hand still around her throat, I use my other to wrench her wrist toward my face. She’s trying to scream, but the sounds are muffled by the soft tissue being pushed back and up into her mouth. She’s almost assuredly a snorer, likely with obstructive sleep apnea, and her pounding pulse, easily palpable beneath her neck pannus, tells me she has hypertension. The physical exam is becoming a lost art.

Medically speaking, the saliva I produce is fascinating. Beyond its anticoagulant properties, it also possesses amnestic and narcotic actions and promotes rapid wound healing. I actually have a sizable financial stake (no pun intended) in a small laboratory doing research in pharmaceutical application, using myself as a materials source. The same thing is being done elsewhere with derivatives of dart frog poison, so don’t act shocked.

I sink my teeth into her wrist above her tendon, puncturing her radial artery. Blood immediately fills my mouth, flowing as fast as I’m able to swallow. The rush of it dizzies me, but Halloween is no time for moderation. Her carotid artery hammers harder against my strangling grip. She’s terrified.

From a sustenance standpoint, there is absolutely nothing wrong with stored blood. The greatest coup we ever pulled off on western human culture was the acceptance and prevalence of “free blood drives.” The same people who sell their plasma give whole blood away. This is amazing to me, and appreciated.

Stored blood, though, is a bit like water to us: it does sustain adequately, but it’s rather boring (and it’s venous: stale, as I’ve mentioned before). Now, I’ve never been much of a drinker in either of my existences - in fact, in a rare instance of my current personal and professional lives melding, I run a support group for those who want to give up live feedings, who are tired of the reckless endangering of those around them. Indeed, the thirst for blood is much like alcoholism. To further the analogy: the blood of a person in the heat of passion is to us like wine, full of endorphins and hormones (mostly testosterone, even the ladies) that cause a euphoric sort of drunkenness, for lack of a better word. On the other hand, a state of fear - a “fight or flight” sympathetic

stimulation, adrenaline pumping - gives blood an entirely different profile, more like hard liquor. I'm taking shots now.

Yes, this officially counts as a "relapse."

The pulse at the nurse's neck quivers and stops. She pales and stills. She's not drained entirely; I can't drink that much volume. Her heart has given out, a casualty of poor conditioning. This is *not* part of my plan. I intended only to feed enough to cause her to wake up in the morning in a stuporous and amnesic state. I see a defibrillator on a resuscitation cart at its place at the nurses' station. I ignore it. What would I do - call a code and start compressions? Heroic resuscitative measures would no doubt be useless, especially performed by myself only, and even if successful, am I really going to call for an attending internist to admit her to the intensive care unit?

I have no choice but to take the single course of action still available to me. I carry her body to my trash bin around the corner and dump her over the lip, then change into the janitor's clothes. If my own heart still beat, it would be racing. I'm generally risk-averse, and I'm taking a huge one now. I take the elevator to the basement and wind through halls to Memorial Franklin's medical waste incinerator. I meet nobody; in my present state of mind, it's a fortunate thing.

Like everything in this hospital, the incinerator is hardly state-of-the-art, but it heats high enough to turn bone to ash. The iron monstrosity fills the far half of the spacious concrete room. The walls of it had apparently been painted at least three times, three different colors, all peeling so badly that it's impossible to tell which was first. The heavy metal door, blackened around the edges, is barely large enough to accommodate the corpulent nurse's corpse, but it does. I shut the door and start the incinerator.

The smell of burning flesh is pleasant to me. Not appetizing, although there was a time, before I was changed, when I would have found it so if I hadn't known what it was - like a barbecue. Imagine the scent of pipe tobacco, or your favorite candle. That's more akin to my enjoyment. The scent lasted only a moment; this device was not built for slow-roasting.

I consider that this night has not gone exactly to plan, but if I hurry, my trick-or-treating might still be successful. The morning brings daylight, but the hospital comes alive before the sun rises. The incinerator calms its roar, the nurse turned to ash. I put on scrubs and toss the janitor's uniform and the rest of the waste from the bin into the furnace for a second round. I swiftly steal back up to the sixth floor, taking the stairs. With the efficiency of a seasoned phlebotomist (which, in a way, I suppose I am) I take blood from the remaining patients. My pack filled with syringes, and feeling more like a monster than I usually do, I open the waiting room window and crawl down the outer hospital wall. I make my escape.

At the oldest graveyard in the city lies a mausoleum, another testament to Edgar Franklin's desire to leave a legacy. All is dark; dawn is still hours away. I step inside, into a sculpted space where three stone coffins lie, one to a side.

"Good haul tonight," I say to my parents' graves, amusing myself. I take a capped syringe of the diabetics' glucose-saturated blood and squirt it into my mouth.

Just like candy. I do so love Halloween.

The next night, I'm back at work. I cover eight hours of night shift at the asylum as the attending psychiatrist. I go by Dr. Pierce there - not my real name, of course. I'm a bit of an American Presidential history buff, and, considering the natural state of my

canines, “pierce” is rather fitting, I think. It isn’t difficult for me to create new identities for myself, even a physician’s credentials. One of my thralls is an unethical lawyer (but I repeat myself), and since I actually own the asylum’s building and grounds through a shell foundation, I have no problem hiring myself. The asylum is a renovated manse that used to be a home. Since the home was *mine* - my father’s - the threshold, by now nearly obliterated by time and other use, isn’t a problem. I say hello to the nurses and orderlies coming on shift and review our list of patients. Psychiatry is easy for me, as it ought to be, as long as I’ve been practicing. The names of the diagnoses change, of course. People and their madnnesses don’t.

A pretty nurse - I only hire pretty ones - comes up to me. “We missed you last night, Doctor Pierce.”

I smile at her. “You know me and Halloween.” I think to myself, “It’s my Christmas,” but I can never actually vocalize that holiday’s name, although I can write it.

“Did you see this?” She hands me a newspaper. I don’t use computers at the asylum. “One of our day nurses trained with the woman in the article.”

I read it. It would appear that Wendy Bell, a nurse at Franklin Memorial, failed - whether accidentally or purposefully, investigators couldn’t say - to maintain the insulin pumps for her diabetic patients. Three of them had subsequently gone into ketoacidosis overnight and died. There was no sign of the nurse, who had no doubt fled in an effort to avoid charges of either murder or involuntary manslaughter. If anyone has any information of her whereabouts, please contact the authorities.

My physiology is no longer capable of showing reflexive signs of emotional distress - flushing, sweating, tears - and for that I was thankful. I sink my forehead into my hand as I read. Bollocks and *merde*. In my haste, I had forgotten to turn the insulin drips back on, and now three people are dead. (Yes, I know, in actuality *four*, but three that I hadn’t known about. Don’t be a wise guy.)

A small, warm hand pats my shoulder. “I’m sorry, Dr. Pierce. I know you’re sensitive.” She smiles gently, apologetically. “It’s what makes you such a good doctor.”

The phone rings. Another nurse answers. She speaks with the other party, then cups her hand over the end and looks at me.

“Saint Mark’s wants to send over a cutter. Female, seventeen, slit both her wrists last night. She’s stable after surgery. Vascular checks have been good for the last twenty-four hours. Can we accept?”

“Of course.” I frown in concern. It truly upsets me when one so young feels her life is so valueless. The asylum has an excellent record of care, one of the best in the state. “Let’s prepare a room in the east wing.” Two orderlies leave to do so.

One last thought strikes me. I turn to the nurse with her hand still over the phone.

“And make sure they send some blood over with her.”

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