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W. W. Scott — Editor

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VAMPIRE GIRL

by BRYCE WALTON

The patient had a delusion she needed to drink blood

IT was five p.m. Friday. On the ledge outside the tenth floor window of an office building on N. E. 32 Street, a man appeared. He perched there screaming and entertaining the crowd below with repeated promises that he would soon jump.

Fire trucks also appeared be-

low. Men struggled with nets. Other men with grappling hooks crawled over the roof. Lieutenant Bill Hall stepped into the shadowed office and looked at the young man silhouetted in the window.

"My father-image is dead," he screamed. "I have nothing to live for."



Lt. Hall, a big, plodding, practical and serious man, did not believe in suicide. He did not believe in anything that failed to make the simplest kind of sense. Suicide was sheer nonsense.

"Son," Lt. Hall said, "get the hell inside here. I want to talk to you."

The young man turned. "Don't call me that," he yelled. "You're not my father. I never had a father. That was my trouble. He was my father-image. I was just completing a successful transference, and now he's dead."

Puzzled, an unusual condition for Lt. Hall, he turned and looked at the couch to the right of the white oak desk. A man rather tall and slim, and dressed in a rumpled tweed suit, lay stiffly on the couch. His mouth hung open. One hand dangled near the floor where lay a bottle of spilled white tablets, and an aluminum Yo-Yo.

As the young man in the window moved, a ray of the setting sun slipped passed him. It reflected from the Yo-Yo and

shone directly into Lt. Hall's eyes, momentarily blinding him. At this moment, the young man groaned and fell inside the office and lay in a dead faint on the plush gray shag rug.

Officer Jim Sloane came in and revived the young man while Lt. Hall bent over the man on the couch. Lt. Hall had seen enough dead men to know another one on sight, but for some reason he got the impression that this fellow was somehow the deadest dead man he had ever come across. Ridiculous, of course, because there weren't degrees of being dead.

Vaguely, Lt. Hall heard the vast sigh of relief bellow upward from the crowd below, tintured with an unconscious disappointment.

"Well, well," Lt. Hall murmured. The dead man's face was the color of wax, or rather, it was totally colorless and transparent. The contours of facial bones were starkly outlined as though threatening to push through the skin.

"This kid's coming around all right," he heard Sloane say.

"This one's dead," Lt. Hall

said. "Rigor mortis."

"The selfish hypocrite," the young man began screaming again. "Pretending he loved me and cared for me. Working on me and becoming my father-image, then killing himself. Rejecting me, abandoning me. The bastard, he didn't love me. He didn't care. Who ever cares about me?"

The young man then refused to say another word and was forceably removed from the office and taken to the precinct station for later questioning. The wagon and the medics and photographers arrived, together with the Assistant Medical Examiner, all of whom performed their cursory duties. And then Dr. Harold Eastman, psychiatrist, was taken away for the coroner's post mortem.

AFTER everyone else had left the scene, Lt. Hall stood alone in the office looking around and enjoying a cigar. The MA had said the pills were sleeping tablets. It seemed an obvious suicide. But until the report from the coroner's office, you were never sure. Meanwhile, Lt. Hall could

make certain precautionary efforts in preparation for an unexpected lab report that might suggest murder. In a way, Lt. Hall hoped it would be murder. Murder seemed a far more sensible thing than suicide.

Things, he thought, just never made the proper sense, and sometimes the suggestion of illogic all around made him uneasy. In fact, Lt. Hall, for no reason that he could explain, felt very uneasy now.

He picked up the Yo-Yo with his handkerchief and put it on the desk. Sloane had taken the sleeping tablets with him over to the police laboratory.

"Thirty-five bucks an hour," Lt. Hall mused. "This plush office. If it was suicide, then why didn't he have *his* head examined?"

Suicide among professional men was relatively high. But he couldn't off hand recall any doctor killing himself, at least not in his jurisdiction. And personal experience was the only kind that Lt. Hall considered relevant.

"This one was a head-doctor though," he thought. "They

call it mental disease. Couldn't that kind of disease be contagious? Like small pox? Maybe Eastman had caught something."

Interesting thought. It was growing dark rapidly. He switched on the green-shaded desk lamp and listened to the evening wind rising. He sat down on the corner of the desk and looked at the big metal cabinet, then at the couch.

The medical examiner had said that Dr. Eastman must have lain there on his own couch for at least 24 hours. Hall checked the dead man's appointment schedule stuck with scotch tape to the top of the desk leaf. The patients' names were all there. Eastman had had several scheduled appointments for the day, ending with that of the young man who had arrived at four forty-five. The square labeled 8:00 p.m. merely had the word "she" written in it.

The other patients appearing for their appointments throughout the day may or may not have forced their way into the Doctor's inner sanctum and

found him dead. If any had done so, only the suicidal young man had called attention to his discovery. That young man—or any of a murdered psychiatrist's patients—would certainly make interesting suspects.

A suspect, for example, who played with a Yo-Yo. Assuming, naturally, that Dr. Eastman had not been addicted to making a Yo-Yo crawl up and down thirty-six inches of string.

The idea that an authority on what made human beings tick might have died playing with a Yo-Yo irritated Lt. Hall's sense of propriety and he dismissed the thought.

He stopped shuffling through the neatly-filed folder of case histories in the filing cabinet because it made him feel somewhat like a Peeping Tom. He found lipstick and bobbie pins in one of the desk drawers and drew certain logical conclusions. He wondered about Eastman the man, whether or not he was married, and other questions. All of which weren't important, and wouldn't be until he got the coroner's report.

Then he saw the tape record-

er in the bottom desk drawer. After a moment's hesitation, he switched it on.

Half an hour later, his hand was nervous as he hastily lit a fresh cigar. The room was dark beyond the range of the shaded desk lamp. The room was unpleasantly quiet.

"Well," he said. "Well, well."

He reversed the tape, pressed the "play" button again. He leaned back in the leather chair, put his feet on the desk, and turned up the volume. But Dr. Eastman's posthumous voice still did not project well. It had a distant, weak sound.

This time, Lt. Hall listened more attentively, while his big homely face assumed the determined but uneasy look of the practical tourist being entertained by an Indian rope trick, or an act of levitation.

I TOOK on this new patient Dr. Eastman said from the tape, two weeks ago, May sixteen, after receiving a desperate phone call. The significant thing is that she called that first time after dark, from a public phone booth. She had

called my office. I wasn't in and she called my home number. She refused to give her name. She never told me where she lived or worked.

I had determined not to take on any new patients. I was suffering from exhaustion. I was considerably debilitated by the imposed stresses and strains of my numerous patients. My appetite had suffered. I was tired and found it difficult to get any genuine rest at night. I had lost a great deal of weight from lack of healthy nourishment and sleep. On the other hand, it was always my policy never to turn down a desperate call for help.

"All right," I said. "Tomorrow at eleven, would that be—"

"Oh no," she interrupted. "I must make an appointment for sometime in the evening, after dark."

Later she said to me coyly, "I guess you would say that I'm allergic to light."

I arranged to see her that evening at my office. I made an eight o'clock appointment for her. But she didn't appear. The following night she called again, still desperate, practically hysterical, and apologized

for not showing up, and begged me for another appointment. "I just couldn't make it last night," she said. "Because of the rain. I can't go out in the rain."

I agreed to see her that evening at eight and she arrived promptly. She was a strangely beautiful girl, hardly out of her teens, it seemed to me, although she never told me her age. She had a childlike quality that alternated with spells of brooding that made her seem much older.

She was very thin. She had bright red hair. Her skin was unbelievably white. She took an aluminum Yo-Yo out of her handbag and began playing with it as she sat across the desk from me. When she looked at me with an exceptionally direct and uninhibited stare, I noticed that her eyes were a peculiar shade of jade green.

I asked a number of routine questions, trying to classify her generally before proceeding. Despite my determination not to take on any more patients, I agreed to take her, and afterward I couldn't understand

why. In the first place, as I have said, I was exhausted with listening to patients all day. They were literally draining me of my vitality, I felt, and I knew I was liable to break down.

In the second place, after a few preliminary physical and psychological tests, including an electroencephalograph, I knew she was markedly schizophrenic. A nearly hopeless confusion of fantasy and reality. I had made it a strict policy never to take on schizophrenics because of the negligible percentage of effected cures.

Just the same, as I have said, I agreed to see her regularly, eight o'clock at my office, three nights a week.

SHE didn't lie on the couch until the second session. During the first session she sat across the desk and played with the Yo-Yo. The Yo-Yo irritated me from the beginning. I found myself staring at it as it rose and fell hypnotically on its red string. The light from the desk lamp shone on it, reflected into my eyes. I avoided looking at the Yo-Yo as much as possible, and, of course, at-

tempted to hide my irritation from my patient.

When she finally lay down on the couch she did not lie on her back, but on her side, so that she could, from time to time, run the Yo-Yo up and down.

It was, of course, an anxiety-relieving devise. Similar to nail-biting, smoking, doodling, other such habits. It was a symptom, and, as such, I could hardly object to it, because my purpose is to provoke symptoms and anxiety in order to study and alleviate them. That fifty minutes was hers. And it was not incumbent upon me to protest against the monotonous playing with the Yo-Yo. As the sessions continued, the Yo-Yo, however much it was relieving her anxiety, provoked my own.

She free-associated readily enough. She talked constantly of weird dreams which she later insisted had, at least in part, actually occurred. A common characteristic of severe schizophrenics.

Physically, I had found nothing wrong with her except anemia, and that was rather serious. I recommended medical treatment. But I could find no

indication of organic disintegration usually found in schizophrenics. Her anemia, I decided, accounted for her abcessive idea that she hungered for blood. Her anemia created and reinforced the obsession. And the obsession increased the emotional state that encouraged the anemia. Such is the vicious and inevitable cycle.

I wanted to break the cycle, of course, and I knew it would be a long difficult pull, with a good chance of failure. But she intrigued me. The nature of the delusions fascinated me, despite my generally run-down condition. There is a terrible similarity in mental illnesses. But she was a very exceptional patient, I must admit.

Her dreams and fantasies invariably involved darkness; the night, picking up children, sometimes young men, and, after somehow rendering them unconscious and taking their blood, murdering them.

She would entice men to her room, or more often allow herself to be picked up and taken to their rooms, or for drives in a car. The illogic and the inconsistencies of these fantasies and dreams made them ob-

viously fantasies and dreams, despite her insistence that they had actually happened. Later she said that murder was not the object and that most of the time they didn't die.

I would sit listening and trying to avoid looking at the shining disc of the Yo-Yo rise and fall. It made me strangely sleepy, or rather numb mentally, perhaps semi-hypnotized, and sometimes I would be startled into the realization that I hadn't been listening at all to her speaking, that minutes of unawareness had passed.

I forget now which session it was—perhaps the third or fourth—but I woke up and found that she had left my office while I was in some sort of stupor. It was the first time I had ever been guilty of falling asleep during a session. An analyst, in spite of himself, is often bored. But he tries not even to yawn in a patient's face, not to mention passing out.

Once, in the next session, I asked her, "Have you always had this fear of the dark?"

In schizophrenics, a partial

or complete reversal of more previous conditions is observed. They are usually found to be the opposites of what they once were. Former pleasures and pursuits suddenly develop into depraved, suicidal, or antisocial behavior. However, she answered that she had always been afraid of the dark, had always been the way she was now, and couldn't remember having been any different.

Free association, dreams, drugs, nothing elicited any information from her unconscious that contradicted her assertions.

"I can," she said, "remember a house in the hills back in the woods, away off somewhere. It was an old house. The road was muddy and no one ever came there. I can't remember my parents but they were there. We went out after dark. But never in the rain. It seems like a dream. We always slept during the days and went out at nights."

I asked her where she lived now, and she wouldn't tell me. I asked her how she lived, where she worked. She answered that she worked as a part-time waitress, at nights.

She slept during the days. On rainy nights she never went to work, but that was why she was a part-time waitress. There was always a job for her.

Obsessed as she was, she became even more of an obsession with me. This poor, lonely and wretched girl—that she should have to believe herself some sort of night creature, some sort of vampire, in order to feel some identity and importance, this was intolerable to me. I determined to break the delusions imprisoning her. My other patients became less and less significant, banal is the word. My exhaustion increased. I began to cancel daytime appointments.

Perhaps I should have laughed more, if not in their face, at least after my patients left me alone. Every patient suggested at times an animated Charles Addams drawing, but it is the burden of my profession that every egomaniacal and tortured soul must be taken with absolute dead seriousness. Other wise, their cure is endangered. A maximum identification with them is necessary for

me. It cannot be achieved by taking fantasies, delusions, hallucinations, and babblings in any whimsical way.

Finally I asked her point-blank if she considered herself to be, somehow, not human. She answered that she had never felt human. I watched the damned Yo-Yo flash up and down on its red string.

"That's why I'm here," she said simply. "I've tried to explain it to myself some other way. I'm not like other people. Sometimes I want to be. But I never have been and I don't feel human at all. I feel—something like a vampire, sometimes."

I had avoided using or hinting at such direct labeling of the obsession.

"Well," I said, "we can start on the road to recovery by making it absolutely and categorically a fact that you are not now nor have you ever been any such damn thing as that."

"Is there any other explanation?" she asked.

"Yes, there is," I said. "Or I wouldn't be here."

I told her there was a logical, normal explanation for

her condition. I told her what it was. I knew what it was. The point to be considered was—when would she be capable of accepting a normal rational explanation? Not yet. Still, I wanted to plant the seeds in her unconscious early, give the submerged healthy part of her psyche something to feed on, something with which to combat the delusions and obsessions with which she had tried to justify her seedy existence.

I explained that her abnormal childhood environment had set the course of distorted reasoning. She had been exposed to a certain kind of weird atmosphere, and, needing some justification for her feeling of being odd and a freak, she had accepted the only reason available and had used it, built on it.

She had inherited a certain kind of anemia, I said. That explained her genuine hunger for blood. That is a common occurrence in medical case histories. The red blood cells, the erythrocytes, had been disintegrating. The chemical organisms had been involved in an intense struggle to balance. She had certain classical physical

features reinforcing the delusion. Her white skin, her red hair, green eyes. Childhood neglect, loneliness and emptiness filled in with imagination, books, movies, superstitions.

Of course it was far more involved than that. That was the basis. On it was the superstructure of neurotic blocks built high. The self-justification in being different. The over-compensation. The feelings of pride in being unique. The compensatory power image. Even of immortality perhaps.

Her anemia would be treated, and analysis in depth would start her back up the trail to normalcy. She lay on her side on the couch listening, the Yo-Yo dancing up and down. It was all I could do to keep from grabbing it away from her and throwing it into the wastepaper basket.

I assured her that she would be like the others. She would go into the sunshine and the rain and she would fall in love with a nice young man and have normal children and an apartment and a teevee set and all the rest.

But as in all cases of that sort, the patient was frightened of being cured. Unpleasant as her delusions were, they were familiar, and less terrifying than the normalcy she knew nothing about. She was like one who had never known love, knows that love is vital to healthier living, yet is afraid to love. That is the trouble, you see. This resignation to states of living death because of the fear of full life.

AN hour ago I woke up and she was gone. She had left sometime during her session. I can't remember when. It is now a little after ten o'clock. The reason I'm recording all this is because I'm afraid. The truth is, I am so physically weak I can hardly lift my own weight out of this chair. Indeed I can scarcely speak into this microphone. It isn't that I'm sleepy, you understand. It is a kind of total exhaustion together with an extreme nervous excitation that makes any kind of beneficial sleep impossible. I haven't been able to benefit from a decent hour's sleep for two weeks.

I should have gone for a thorough physical check-up months ago. I suppose the nature of my profession contributed to my not doing so. After all, I have always assured my patients that all their physical symptoms are mental. It seems only just that I should give myself the benefit of the psychiatric doubt. However, this dogmatic attitude could have been a terrible mistake. Perhaps I am exaggerating my condition tonight, but the truth is that I'm not sure I can get across the room to the couch and lie down. I will take a couple of sleeping tablets and hope for a few hours rest.

I'll cancel my appointments tomorrow. I would also cancel hers for eight tomorrow night. But I don't know how to get in touch with her, don't even know her name.

I wish I could go away, take a long vacation. Where no one ever says anything at all, never talks. Or where there are no people except perhaps those who are dumb.

I hear her footsteps. She is coming down the hall now. Coming back. They always

come back. All I can give is never enough.

But now I notice that it is raining. That is probably the explanation. She got caught in the rain and is coming back to tell me why the rain burns like fire. The truth is I don't care why anymore. There are too many of them—

LT. HALL switched off the recorder. His legs were stiff as he took his feet from the desk. He called Dr. Guthrie over at the morgue.

"Sure," Guthrie said, "He took several sleeping tablets. But that didn't kill Eastman. From causes I haven't yet been able to determine, he lost most of his blood. No internal or external indications of h e m o r r h a g e. No hemoptytic symptoms. Just damn near totally without any blood!"

"Is it a homicide?"

"I don't know. I don't know how. But he's just been bled white, that's all!"

There was an ominous click of a dead line.

"Well, well," Lt. Hall started to say, but was interrupted by a soft chime from the clock

and looking up he saw that it was eight o'clock. He hadn't heard the door open, but he saw a white hand move across the desk.

"I knew I left it here," she said as she dropped the Yo-Yo and it spun like a silver spider down the cord, then up, then down, then up and down, flashing it in the light from the green-shaded desk lamp.

"Well, well," Lt. Hall tried to say again, without success. He also tried to detach his gaze from the silver disc glistening while he heard her speaking softly to him about sleep and how dark it was and the silver disc grew brighter.

Then he didn't care because there was something fascinating about the Yo-Yo. And it occurred to him oddly that never in his life before had he ever been what anyone would call fascinated by anything.

And as the Yo-Yo expanded and brightened, he felt the plain simple rules that had held his life together suddenly let go, relax, expand, and with a shiver of released vibration, dance off into space.

THE END