The overhead sign announced a 15-minute delay in the train’s arrival. Hans headed for the small food shop within the terminal. The 16-hour shift at the hospital had squeezed the last residual drop of empathy from him like a sponge caught in an industrial vise. He tried to conjure concern for the 88-year-old woman with dementia who came in with a stroke, but nothing materialized. He scrutinized his heart for compassion for the 42-year-old patient with alcohol withdrawal seizures, but again nothing.

He chewed his sandwich and stared at the waiting passengers. They read, they texted, they mostly worked on laptops. The train arrived and they boarded. Quickly everyone settled in and restarted their preoccupation. The young professionals gazed rigidly at laptops or tablets. Feverishly they typed, graphed, and power-pointed. The elderly passengers stared at the ground or amused themselves with large paperback books with titles like Word Find: US States or Sudoku: Super-Quick. Hans’ own laptop was open with a largely white screen under the heading “Functional imaging of genetic epilepsies.” But he did not type. He had no lack of focus nor was fatigue to blame for his stagnant manuscript production. Like most people, he had not felt the need to sleep nor even had fatigue in the last 4 years.

His cell phone started to buzz and like a swamp on a July night the rest of the train’s right front pockets started to hum and vibrate. The passengers rummaged around their belongings and pulled out their bottles of Productivia. Hans found his own prescription and rolled the 150-mg pill between his fingers, looking at the markings on the green-hued hexagon. He placed the pill on his tongue, but then quietly spit it back into his hand. Within 20 minutes, his eyes closed. His fellow passengers at first just averted their eyes, but soon their furtive glances gave way to nervous whispers, but Hans was not disturbed.
Right Brain: Ondine's curse
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