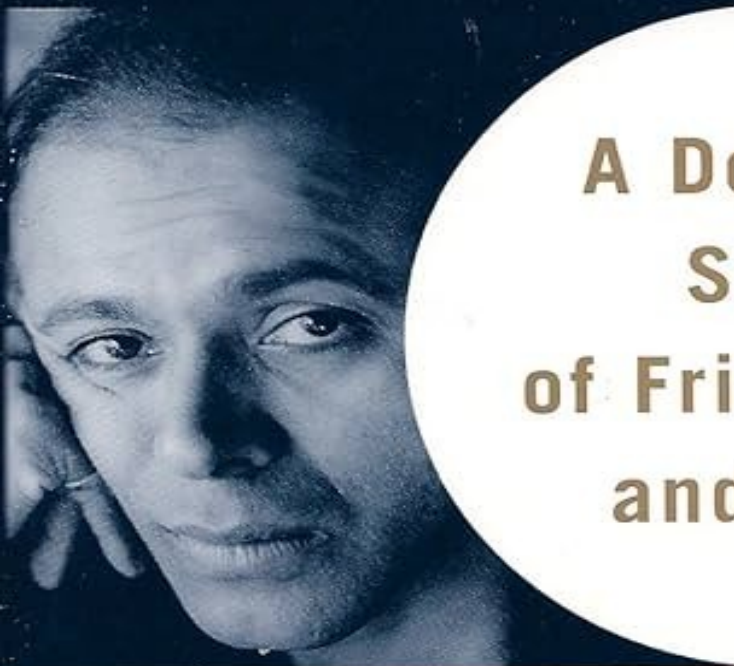


# THE TENNIS PARTNER



A Doctor's  
Story  
of Friendship  
and Loss

ABRAHAM  
VERGHESE

Author of the National Bestseller *My Own Country*

THE  
TENNIS PARTNER

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*A Doctor's Story of Friendship and Loss*

Abraham Verghese



HarperCollinsPublishers

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## *From the Front and Back Flaps*

In *My Own Country*, named one of the five best books of 1994 by *Time* magazine, Abraham Verghese ventured into the valleys of the Smoky Mountains, where he bore witness to the arrival of AIDS in a town that had never expected the disease or its terrible consequences. The *New York Times Book Review* called the book “an account of the plague years in America, beautifully written, fascinating and tragic, by a doctor who was shaped and changed by his patients.” As an African-born Indian, Dr. Verghese revealed something essential about our American soul, reminding us, said *Washington Post Book World* “of what is honorable and charitable in the way humans behave toward each other.” *My Own Country* presented an unflinching portrait of men and women facing the prospect of premature death, yet sometimes learning for the first time in that bleak circumstance how it is to live.

In 1991, Verghese moved west, bringing his wife and two young sons to the border town of El Paso, Texas. There he crossed paths with David Smith, a medical student who came to America from Australia on a tennis scholarship and played briefly on the pro tour before deciding to become a doctor. Recognizing some spark of commonality—perhaps just that of two strangers on the very edge of America—Verghese cajoled him into playing tennis again.

On the wards, Verghese is teacher and mentor as he guides David through difficult and sometimes colorful clinical problems seen in a county hospital. He teaches him how to read the signs from the human body, to use his hands to percuss, and to use his mind to listen. On the tennis court, their roles are reversed: The clinician becomes the student—almost. David helps Verghese hone his strokes and sharpen his game. But Verghese, a compulsive collector since childhood of tennis lore and trivia, a compiler of notebooks on tennis heroes, ephemeral styles, and trendy strategies, rekindles David’s love for the game, a love burnt out by the brutal

competitiveness of the professional circuit. Perhaps this is how friendships between men are born: at work and at play.

When the two men test their newfound bond, their friendship becomes something quite remarkable. Verghese confesses that his marriage is failing — and David admits that he is a recovering intravenous cocaine addict, struggling mightily to hold on to his girlfriend, his career, his sobriety. Against the stubborn, unyielding backdrop of the desert, their relationship grows increasingly rich and complex, more intimate than two men usually allow. Whether they are cycling on Old Mesilla, seeing a critically ill patient, or commiserating about a failed romance, each anticipates the other's needs, is there to buttress a fall, or to celebrate the small victories: David's graduation, Verghese's sons' birthdays.

Just when it seems that nothing can go wrong, that friendship will be able to conquer all, the dark beast from David's past emerges once again. As Verghese scrambles to rescue him, David proves that he is friend to everyone but himself. When David spirals out of control, almost everything Verghese has come to trust and believe in is threatened. It is a defining moment, the kind each of us must eventually face—it is from such adversity that our lives are carved.

*The Tennis Partner* is a remarkable journey to the ends and the edges of friendship, to its heights of intimacy and clarity, and also to its hellish depths of deception and betrayal. It is, above all, an unforgettable, illuminating story of how men live, and how they survive.

*For my sons, Steven, Jacob, and Tristan,  
and especially for Sylvia*



*In memory of David Smith, M.D., 1959–1994,  
James Searcy, 1936–1995,  
and Adolf Sanchez, 1950–1996*

# *Prologue*

*He had started rounds at five-thirty in the morning, working his way from one room to the next, writing progress notes as he went. He was at the bedside of his last patient when his beeper went off.*

When he saw the number displayed, his throat constricted. A crimson flush spread up his neck, to his cheeks. The elderly woman with Crohn's disease and a short-bowel syndrome, who quite liked this blond, boyish doctor, looked up at him with concern. A minute ago he had been listening to her heart; now she could almost swear she heard his.

He staggered out into the corridor, and stood there, leaning on the chart rack. He took a step in the direction of the stairwell. Then stopped. Then took another step that way. Then turned back.

The flush on his face retreated, taking every drop of color from his skin until it matched the whiteness of the walls. His world and his vision narrowed and he was unaware of the nurse who walked by him.

He did not notice that his patient had come out of the bed, pushing her IVAC pump before her, the yellow, white, and clear bags dangling from their hooks. She stood staring at him through the doorway.

With great difficulty he wheeled the charts back to the nurses' station and took up his pen in a peculiar four-fingered, childlike grip. His hand trembling, he brought the progress note he was writing to a close. To anyone but a nurse, his handwriting would have been completely illegible.

He did not answer the page from the phones nearby. Instead, he took the elevator down from the fifth floor to the lobby and walked directly to Dr. Lou Binder's office.

Binder was waiting for the phone to ring. When he saw the intern in his doorway, he stood up. Before the intern could so much as open his mouth, Binder said, "Let's go to the lab."

But the intern could not move. He held Binder's gaze for a second, then his face crumpled, his shoulders sagged, and he slumped into a chair in

front of Binder's desk.

"What have you done?" Lou asked, softly.

The intern sobbed, but no words came out.



An hour later, the two of them were at the El Paso International Airport, boarding a plane. Dr. Binder had not allowed him to go home for clothes. He had given one of his own jackets to the intern to put over his scrubs. The intern called his girlfriend from a pay phone but again the sobs robbed him of words. "I'm sorry" was all he could manage.

On the plane, a flight attendant had to remind him twice to put on his seat belt. He stared out the window as the plane took off, then made a steep, banking left turn allowing him to see the hospital clearly, and a few blocks beyond it, the Rio Grande, and Juárez, Mexico. The pilot leveled the plane, pointing it east for the one-and-a-half-hour flight to Dallas. Soon, El Paso receded from view, and with it his hopes and dreams. He had tried so hard, he told himself. Then he slapped himself in the face. Binder turned at the sound but was not surprised. "Not hard enough," the intern said aloud, to no one but himself.



In Dallas, Binder walked him over to the gate for the flight to Atlanta, and handed him his ticket. "The Talbott-Marsh clinic is your only chance."

The flight attendant collecting boarding passes could tell this was a significant leave-taking. She had a good sense about people, knew how to read the signs, having had years of practice. She was about to say something lighthearted about his scrubs, but decided not to when she looked in the man's face.

Binder watched the intern walk down the jet way. He remained at the window until the plane pulled away from the gate.



In Atlanta, four men awaited him. They introduced themselves: two were surgeons, one was an orthopedist, and one was an anesthesiologist. One of the surgeons was his father's age; the rest looked to be in their thirties or

early forties. In the car, one of them said, “You won’t believe me, but you’ll look back and think of this day as the first day of your real life.”



When they arrived at the cluster of buildings in suburban Atlanta that constituted the clinic, he was taken in to meet Dr. Talbott.

Doug Talbott, a big man with thick, silvery hair, came around his desk with an alacrity that belied his seventy years. His handshake was firm, and he took the young man’s hand in both of his and led him to one of two armchairs that faced each other next to a fireplace. His smile, under a brigadier’s mustache, was warm and unaffected.

They sat without speaking, the older man’s fingers resting thoughtfully on the side of his face. Despite the scar over his eyebrow and a sunken cheek from what looked like an old orbital fracture, his face was kindly. After a long while, his voice emerged from the depths of his chest, soothing and with no trace of a Southern drawl, pausing after every sentence, letting each thought hang there before he brought out the next one.

“You have a terrible disease. You need lifelong treatment.”

The intern sat, mesmerized, numb, conscious only of the sound of his own breathing.

“I am told I was a world-famous cardiologist,” Talbott continued, his gnarled hands moving like delicate wands to punctuate his words. “But I don’t know how. I was an alcoholic. When I couldn’t swallow alcohol anymore because of the vomiting, the hiatal hernia, I switched to meprobamate, which was not considered addictive. Then Demerol, which was not considered addictive, then Talwin, which was not considered addictive, then Equinil, which was not considered addictive ...” He smiled as he recited this, a tale he had told thousands of times, as if the naïveté of his generation of physicians still amazed him.

Talbott had been institutionalized several times, at one point spending a year and a half with psychiatrists who dismissed his alcohol use as a “cover-up for something deeper that you need to lie down on the couch and tell us about.” After many relapses, after many rounds with AA, after his oldest son, disgusted with him, beat him over a kitchen table, his wife finally committed him to an asylum for the criminally insane.